REPORT OF FINDINGS FROM THE 2024 WISCONSIN REGISTERED NURSE SURVEY (WRNS)

AND

2025 WISCONSIN LICENSED PRACTICAL NURSE SURVEY (WLPNS)

STATE OF WISCONSIN
DWD
Department of Workforce Development

JOB CENTER of WISCONSIN

A proud partner of the AmericanJobCenter® network

DETI-17077-P (R. 9/2025)

REPORT OF FINDINGS FROM THE 2024 WISCONSIN REGISTERED NURSE SURVEY (WRNS)

AND

2025 WISCONSIN LICENSED PRACTICAL NURSE SURVEY (WLPNS)

BUREAU OF WORKFORCE INFORMATION AND TECHNICAL SUPPORT (BWITS)

DEPARTMENT OF WORKFORCE DEVELOPMENT | DIVISION OF EMPLOYMENT AND TRAINING (DET)

Executive Summary

This report presents findings from the **2024 Wisconsin Registered Nurse Survey (WRNS)** and the **2025 Wisconsin Licensed Practical Nurse Survey (WLPNS)**, both administered by the Wisconsin Department of Safety and Professional Services (DSPS) as a requirement for license renewal. In accordance with Wis. Stat. s. 106.30, the Department of Workforce Development (DWD) compiles these data to help policymakers assess the supply, demand, and turnover of nurses, identify regional or specialty shortages, and understand barriers to entering the nursing profession in Wisconsin. Survey highlights:

- **Registered Nurses (RN)** completing the online survey: **106,031**.
  - After eliminating incomplete and unusable surveys, the final sample included **93,008** RNs.
  - Of the remaining usable surveys, 81,098 (87.2%) were employed as RNs, while 1,267 (1.4%) were either unemployed or were not currently working but actively looking for work in nursing.
  - 60,056 (74.1%) of the sample did not change primary employment position in the year before completing the survey. For those who did change employment positions, the most common reason was dissatisfaction with a previous position, followed by retirement, and promotion/career advancement.
  - Around half (47,227 or 51.3%) of the RN sample reported holding a bachelor's degree in nursing or a related field as their highest level of education. Another 23,940 (26.0 %) reported holding an associate degree in nursing or a related field. A total of 34,055 RNs (36.6%) indicated they took out student loans to support their nursing education, while 9,680 (10.4%) reported having student loans for other types of education.
  - In 2024, a total of 7,576 nurses were working as Advanced Practice Registered Nurses (APRNs). Overall, 9,130 nurses held at least one national board certification as an APRN, recognizing that some nurses may hold more than one certification. Of these, 7,545 (82.6%) were Nurse Practitioners (NP), 1,007 (11.0%) were Certified Registered Nurse Anesthetists (CRNA), 378 (4.1%) were Clinical Nurse Specialists (CNS), and 285 (3.1%) were Certified Nurse Midwives (CNM). In addition, 8,562 nurses were credentialed as Advanced Practice Nurse Prescribers (APNPs), of whom 7,466 (87.2%) were working in Wisconsin.

Nurse Practitioners	Certified Registered Nurse Anesthetists	Clinical Nurse Specialists	Certified Nurse Midwives
NP 7,545 (82.6%) of WI APRN	CRNA 1,007 (11.0%)	CNS 378 (4.1%)	CNM 285 (3.1%)
Diagnose and treat illnesses, prescribe medication, order & diagnose diagnostic / laboratory tests, and manage patient care.	Provide anesthesia care, including pre-anesthetic evaluation, anesthesia delivery, and post-anesthetic care, to patients of all ages.	Diagnose, treat, and manage patients, prescribe medication, order & interpret tests as experts in specialized areas of nursing.	Provide prenatal care, childbirth, and postpartum support as specialists in woman's reproductive health and gynecologic family planning.

- **Licensed Practical Nurses (LPN)** responding to the online survey: **9,207**.
  - After eliminating incomplete and unusable surveys, the final sample included **8,683** LPNs.
  - Of the remaining usable surveys, 7,631 (87.9%) were employed as LPNs and 206 (2.4%) were either unemployed or not currently working but actively looking for work in nursing. 5,589 (73.2%) LPNs of the sample did not change employment position in the year before completing the survey. For those who did change employment positions, the most common reason was retirement, followed by dissatisfaction with a previous position, and salary/medical or retirement benefits.
  - Most LPNs reported their highest level of education to be either a diploma in nursing or a vocational nursing degree (87.4%). 734 (8.7%) had an associate degree in nursing or a related field. 1,847 LPNs (21.3%) indicated they had student loans to support their nursing education, 1,374 (15.8%) reported having student loans for both nursing and other types of education, and 5,228 (60.2%) indicated they had no student loans.
- Overall, the nurse workforce population is not as diverse as the Wisconsin population at large.
  - The nursing workforce is dominated by women, with 91.5% of RNs and 93.0% of LPNs reported to be women. By comparison, women make up 47.3% of Wisconsin's overall workforce, according to 2019-2023 American Community Survey (ACS) 5-year estimates.
  - Both RNs and LPNs were, on average, older than Wisconsin's overall workforce. The average age was 46 for RNs and 49 for LPNs. By comparison, the state's overall workforce averaged 44 years of age, according to ACS data.
  - Racial and ethnic composition differed between LPNs and RNs. Among survey respondents, 81.6% of LPNs were White, and 4.3% were Hispanic, Latino, or Latinx, while 92.7% of RNs were White, and 7.1% were Hispanic, Latino, or Latinx. By comparison, ACS 5-year data for Wisconsin reported 83.7% of the population as White and 6.8% as Hispanic, Latino, or Latinx.
- Most RNs worked in hospitals (52.3%), followed by ambulatory care (21.1%). In contrast, the majority of Advanced Practice Nurse Prescribers (APNP) were employed in ambulatory care (45.0%), with a smaller share reported to be working in hospitals (38.1%). The most common principal place of work for LPNs was extended care facilities (39.3%), followed by the ambulatory care setting (27.5%).
- The number of RNs who reported using **Artificial Intelligence (AI)** at their primary place of work is 3,736 (4.6%). Among these RNs, 51.0% said their productivity was about the same as before AI implementation, 43.7% reported it was better or much better, and 5.2% reported it was worse or much worse. Among LPNs, 174 (2.3%) reported using AI at their primary place of work. Of these LPNs, 55.2% said their productivity was about the same as before using AI, 37.9% reported it was better or much better, and 7.0% reported it was worse or much worse.
- More than half of respondents reported no change in their overall personal health since the **COVID-19** pandemic. Specifically, 56.6% of RNs and 64.6% of LPNs indicated their physical or mental health was about the same as before the pandemic. Only 9.4% of RNs and 13.0% of LPNs reported better overall health, while 29.5% of RNs and 19.0% of LPNs said their health was worse than before COVID-19.

"Nurses are eager to further understand AI's positive applications as well as limitations. Ensuring there are guardrails that lead to virtuous use of this powerful technology is a necessary first step to embracing the benefits of AI for nursing."

- Pamela Cipriano, PhD, RN, NEA-BC, FAAN, president of the International Council of Nurses.

CONTENTS

LIST OF TABLES AND FIGURES

Introduction

Nurses are essential providers for patient care. In 2024, more than 3.28 million nurses were employed in the U.S., making nursing the largest category of healthcare professionals.[1] Over the past 20 years, the Registered Nurse (RN) workforce has faced recurring staffing challenges driven by the aging population, limited nursing school faculty, and increasing retirements, all of which have placed sustained pressure on the healthcare system.[2] Although recent research suggests that the U.S. nursing workforce is beginning to recover since the pandemic, its long-term stability remains uncertain, and high levels of stress and burnout persist despite some improvement in emotional exhaustion and workloads since 2022.[3]

Recent data show increases in student enrollment across most undergraduate and graduate programs at U.S. nursing schools, reversing earlier downward trends.[4] In Wisconsin, this pattern is evident in the growth of first-time National Council Licensure Examination (NCLEX) test-takers, which increased from 1,795 in 2003 to 4,068 in 2024.[5] Nationally, employment of registered nurses is projected to grow 5% from 2024 to 2034, faster than the average for all occupations. An average of 189,100 openings is expected each year, largely due to the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.[6]

The State of Wisconsin is committed to monitoring both the supply of and demand for nurses, while also ensuring the continued delivery of high-quality healthcare. Since 2010, Wisconsin Statute 106.30 has required surveys of registered nurses (RNs) in even-numbered years through the **Wisconsin Registered Nurse Survey (WRNS)** and of licensed practical nurses (LPNs) in odd-numbered years through the **Wisconsin Licensed Practical Nurse Survey (WLPNS)**. Conducted as part of the license renewal process, these surveys gather information on the characteristics of nurses licensed throughout the state.

The Department of Workforce Development (DWD) collects and analyzes the results of these two surveys biennially to provide insights into the demographics, employment, education, and growth of Wisconsin's nursing workforce. Since 2010, parallel with this legislative report, DWD also produces a biennial RN supply and demand forecast. The most recent forecast, covering 2022–2040, projects a flat supply of RNs alongside rapidly increasing demand, resulting in a projected shortfall of 26% (19,190 RNs) by 2040.[7] In addition, the Wisconsin Center for Nursing (WCN) conducts an in-depth analysis on the survey data to further inform workforce planning and policy development.[8] The Office of Economic Advisors (OEA) also uses the data to develop academic papers for submission to peer-reviewed journals, expanding the research's impact beyond policy into the broader academic and healthcare workforce research communities.

Survey Methods

The Wisconsin Department of Safety and Professional Services (DSPS) is responsible for licensing healthcare providers in Wisconsin. As part of the licensing and renewal process, RNs and LPNs must complete the WRNS and WLPNS.[9] The surveys collect data on nurses who live and/or work in Wisconsin. The information is organized into the following sections:

1. Licensing, Education and Training
2. Impact of COVID-19
3. Artificial Intelligence (AI)
4. Current Employment Status
5. Nursing Specialization Information
6. Advance Practice Nursing (only included in the RN survey)
7. Demographics

Section 3 is a new category designed to explore how the nursing workforce is being impacted by advancements in artificial intelligence (AI).

The 2024 WRNS includes 106,031 completed surveys. After eliminating incomplete and unusable observations, the final RN sample includes 93,008 surveys. The 2025 WLPNS includes 9,207 surveys. After removing incomplete and unusable data, the final sample includes 8,683 surveys.

Licensing and Current Employment

Most of the tables in this report are based on the final clean sample, which includes responses from 93,008 RNs and 8,683 LPNs working and/or living in Wisconsin. The sample sizes for some tables may vary due to the nature of the question.

Table 1 displays frequencies and percentages for questions about employment status and factors related to employment changes. Considering current employment status, 87.2% of RNs, and 87.9% of LPNs were employed. Of those employed, most of them worked in the nursing field: 82.8% of RNs and 79.4% of LPNs. Another 1.4% of RNs and 2.4% of LPNs were not employed but were seeking work in nursing, while 8.6% of RNs and 6.9% of LPNs were retired.

Additionally, 74.1% of the RN sample and 73.2% of the LPN sample reported no change in employment status in the year before completing the survey. For RNs, 11.2% reported a new position with the same employer, 11.6% reported a new position with a different employer, and 3.2% reported the same position with a different employer. For LPNs, 8.1% reported a new position with the same employer, 13.0% reported a new position with a different employer, and 5.7% reported the same position with a different employer. In total, 64.2% of RNs and 63.1% of LPNs worked about the same hours as the year before completing the survey. Only 12.3% of RNs and 14.8% of LPNs indicated that they worked fewer hours, while 23.5% of RNs and 22.1% of LPNs worked more hours in a typical week.

The most common reasons RNs cited for changing their positions included dissatisfaction with the prior position, (15.5%) followed by retirement (13.5%) and promotions and career advancement (12.3%). For LPNs, the top reasons were retirement (18.7%),

Table 1. Licensing and Current Employment of RNs and LPNs

	RN		LPN	
	n	%	n	%
Current Employment Status	***93,008***	***100.0***	***8,683***	***100.0***
a-Employed	**81,098**	**87.2**	**7,631**	**87.9**
Actively working as a nurse	77,012	82.8	6,897	79.4
Actively working in healthcare, not nursing	2,571	2.8	454	5.2
Actively working in another field	1,515	1.6	280	3.2
b-Not Employed	**11,910**	**12.8**	**1,052**	**12.1**
Not working, seeking work in nursing	1,267	1.4	206	2.4
Not working, seeking work in another field	245	0.3	34	0.4
Not working, not seeking work and not retired	2,383	2.6	215	2.5
Retired	8,015	8.6	597	6.9
Changes in Employment				
Change in Hours	***81,098***		***7,631***	
Work more hours than last year in a typical week	19,071	23.5	1,685	22.1
Work fewer hours than last year in a typical week	9,968	12.3	1,132	14.8
Work about the same hours as the previous year	52,059	64.2	4,814	63.1
Change in Position	***81,098***		***7,631***	
Different position with same employer	9,087	11.2	617	8.1
Different position with different employer	9,399	11.6	988	13.0
Same position with same employer	60,056	74.1	5,589	73.2
Same position with different employer	2,556	3.2	437	5.7
Most Important Factor in Change in Employment	***27,122***	***100.0***	***2,072***	***100.0***
Dissatisfaction with previous position	4,800	15.5	278	13.4
Retired	4,182	13.5	387	18.7
Promotion/career advancement	3,801	12.3	96	4.6
Salary/medical or retirement benefits	2,940	9.5	255	12.3
Seeking more convenient hours	2,602	8.4	127	6.1
Childcare responsibilities	2,202	7.1	104	5.0
Relocation/moved to a different area	1,568	5.1	111	5.4
Other family responsibilities	1,389	4.5	117	5.7
Change in my health status	1,112	3.6	99	4.8
Returned to school	877	2.8	97	4.7
Change in financial status	687	2.2	43	2.1
Laid off	483	1.6	54	2.6
Change in spouse/partner work situation	479	1.5	28	1.4
Other	3,870	12.5	276	13.3
Years Since First Licensed (years)	***93,008***	***100.0***	***8,683***	***100.0***
< 10	34,598	37.2	3,577	41.2
10. - 20	25,878	27.8	2,420	27.9
20 - 29	14,233	15.3	1,152	13.3
30 - 39	10,252	11.0	648	7.5
40 - 49	6,730	7.2	731	8.4
50 - 59	1,224	1.3	149	1.7
60 +	93	0.1	6	0.1

dissatisfaction with the previous position (13.4%), and salary/medical or retirement benefits (12.3%). Of those surveyed, 37.2% of RNs and 41.2% of LPNs had their license for less than 10 years.

A total of 71,266 (92.5%) of the RNs and 6,703 (97.2%) of LPNs reported that they work as a nurse in Wisconsin (See **Table 2**). Of those working in Wisconsin, 83.1% of the RNs and 91.8% of the LPNs provided direct patient care. Direct patient care (DPC) is defined as "administering nursing care one-on-one to patients, the ill, the disabled, or clients in the hospital, clinic, or other patient care setting."

Table 2. RNs and LPNs Working and Providing Direct Patient Care

	RN		LPN	
	n	%	n	%
Working as a Nurse in Wisconsin	71,266	92.5	6,703	97.2
Working as a Nurse outside of Wisconsin	5,746	7.5	194	2.8
Total (n)	***77,012***	***100.0***	***6,897***	***100.0***
Direct Patient Care in Wisconsin				
Provides Direct Patient Care	59,204	83.1	6,155	91.8
Does Not Provide Direct Patient Care	12,062	16.9	548	8.2
Total (n)	***71,266***	***100.0***	***6,703***	***100.0***

Demographics

Overall, the nursing survey population is not as diverse as the general labor force in Wisconsin. Table 3 provides a comparison between the three groups. The RN and LPN workforce continue to be dominated by women, who represented 91.5% of RNs and 93.0% of LPNs. Women represented 47.4% of the Wisconsin labor force in the same time period.[10]

Both the RN and LPN survey populations are generally older than the Wisconsin labor force at large. The average age of the RN workforce was 46 years, and the median age was 44 years. The average age of the LPN workforce was 49 years, and the median age was 48 years old. In comparison, the ACS for Wisconsin reported an average and median age of 44 years. In general, the RN population is younger than the LPN population. Table 3 shows 26.1% of RNs were between 30 and 40 years old, compared to 19.2% of LPNs. Considering the baby boomer population (born between 1946 and 1964), 20.0% of RNs and 24.2% of LPNs were between 60 and 75 years of age. The percentage of this older population has increased in the nursing field, which has significant implications for workforce planning. Note that only the nurses renewing their licenses are required to complete the survey, and this could explain in part the disparity between the overall Wisconsin and nursing percentage of the labor force of RNs and LPNs under the age of 25.

Overall, the racial and ethnic makeup of the nursing labor force differs from that of Wisconsin's broader workforce. LPNs had more representation of racial and ethnic minority groups than RNs. **Table 3** shows that 81.6% of LPNs were White, 11.1% were Black, and 4.3% were Hispanic, Latino, or Latinx. By comparison, 92.7% of RNs were White, 2.9% were Black, and 7.1% were Hispanic, Latino, or Latinx. In the

Table 3. Demographic Characteristics

	State of WI*	RN		LPN	
	%	n	%	n	%
Total		***93,008***		***8,683***	
Gender		***93,008***	***100.0***	***8,683***	***100.00***
Woman	47.4	85,139	91.5	8,076	93.0
Man	52.6	7,637	8.2	500	5.8
Other, non-binary	N/A	232	0.3	11	0.1
Prefer not to answer	N/A	N/A	N/A	95	1.1
Age (years)		***93,008***	***100.0***	***8,682***	***100.00***
Less than 25	6.8	1,880	2.0	232	2.7
25-29	11.4	9,255	10.0	598	6.9
30-34	11.1	11,551	12.4	745	8.6
35-39	11.6	12,728	13.7	923	10.6
40-44	11.2	11,895	12.8	1,060	12.2
45-49	10.4	9,401	10.1	1,038	12.0
50-54	10.9	8,749	9.4	920	10.6
55-59	11.3	7,526	8.1	921	10.6
60-64	8.9	8,516	9.2	979	11.3
65-69	3.7	6,589	7.1	745	8.6
70-74	1.7	3,470	3.7	377	4.3
75 and older	0.9	1,448	1.6	144	1.7
Primary Racial/Ethnic Identity**					
White	83.7	86,230	92.7	7,085	81.6
Black	5.0	2,722	2.9	963	11.1
Other	11.3	5,269	5.7	498	5.7
Hispanic, Latino or Latinx	6.8	6,615	7.1	376	4.3
Residence		***93,008***	***100.0***	***8,682***	***100.00***
Wisconsin		89,486	96.2	8,395	96.7
Outside Wisconsin		3,522	3.8	288	3.3

*American Community Survey 2019-2023 5-Year Estimates. Labor Force Population older than 21 years old.
**Totals may exceed 100% due to multiple responses; calculated as % of respondents.
N/A = Data not collected for this category

total Wisconsin labor force, 83.7% of workers were White, 5.0% were Black, and 6.8% were Hispanic, Latino, or Latinx. Most of the nursing workforce resided in Wisconsin (96.2% of RNs and 96.7% of LPNs).

Table 4 shows the second-language capabilities of the nursing workforce. Although 93.6% of RNs and 92.5% of LPNs reported English proficiency, a wide range of languages were spoken. The main second language in the nursing workforce is Spanish; the proportion of Spanish speaking nurses was 2.4% for RNs and 3.3% for LPNs.

Table 4. Languages other than English

	RN		LPN	
	n	%	n	%
No other languages	87,028	93.6	8,036	92.5
Spanish	2,256	2.4	286	3.3
Filipino, Tagalog	616	0.7	44	0.5
Hmong	601	0.6	22	0.3
German	307	0.3	38	0.4
French	272	0.3	18	0.2
Hindi	229	0.2	80	0.9
Russian	217	0.2	9	0.1
Arabic	130	0.1	10	0.1
American Sign Language	123	0.1	6	0.1
Polish	118	0.1	13	0.1
Other	1,625	1.7	168	1.9

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.

Education and Training

Education and ongoing training are essential for RNs and LPNs to deliver high-quality care across a wide range of settings and situations. The education requirements for RNs and LPNs differ (see **Table 5**). Most RNs are required to hold at least an associate degree, while LPNs typically complete a postsecondary non-degree program. As a result, most LPNs (87.4%) have less than an associate degree, whereas the opposite is true for RNs. Over the past 15 years, the educational attainment of the RN workforce in Wisconsin has increased significantly. In 2010, 88.0% of the RN sample had an associate degree or higher, compared to 96.4 % in 2024. In 2024, 26.0% of RNs held an associate degree, 51.3% a bachelor's degree, 16.2% a master's degree, and 2.9% a doctoral degree as their highest level of education.

78.3% of RNs and 69.0% of LPNs reported no plans to pursue further nursing education. However, 15.3% of RNs and 19.1% of LPNs planned to continue their education within the next two years. Among RNs planning to pursue further education, 37.3% intended to enroll in a bachelor's program and 33.9% in a master's program. In comparison, 63.3% of LPNs planned to pursue a bachelor's degree during the same period. Additionally, 6.4% of RNs and 12.0% of LPNs were already engaged in further studies. When asked about barriers to continuing education, the primary challenge for RNs was the cost of tuition and materials (35.6%),

Table 5. Education and Training of RNs and LPNs

	RN		LPN	
	n	%	n	%
Education (Highest Nursing or Related Field Degree)	***92,134***	***100.0***	***8,432***	***100.0***
Diploma in Nursing or Vocational Nursing	3,361	3.7	7,371	87.4
Associate Degree	23,940	26.0	734	8.7
Bachelor Degree	47,227	51.3	265	3.1
Master Degree	14,951	16.2	56	0.7
Doctorate	2,655	2.9	6	0.1
Enrollment Plans for Future Education	***93,008***	***100.0***	***8,683***	***100.0***
No plans	72,788	78.3	5,991	69.0
Associate program	N/A	N/A	845	9.7
BSN program	1,980	2.1	164	1.9
MSN program	2,098	2.3	N/A	N/A
Master's program (related health field)	309	0.3	N/A	N/A
DNP program	966	1.0	N/A	N/A
Nursing PhD program	87	0.1	N/A	N/A
PhD program (related field)	44	0.1	N/A	N/A
Graduate program in Nursing	N/A	N/A	10	0.1
Non-degree certification program	476	0.5	18	0.2
Plan to pursue further education within two years	14,260	15.3	1,655	19.1
Further Education Next Two Years	***14,260***	***100.0***	***1,655***	***100.0***
Bachelor Degree	5,324	37.3	1,048	63.3
Master Degree	4,831	33.9	19	1.2
Doctorate	2,619	18.4	55	3.3
Other	1,486	10.4	533	32.2
Challenges to further education (select top two) *	***93,008***	***100.0***	***8,683***	***100.0***
Cost of tuition, materials, books, etc	33,104	35.6	2,616	30.1
Cost of lost work time and benefits	21,230	22.8	2,893	33.3
Family/personal reasons	18,626	20.0	1,453	16.7
Lack of flexibility in work schedule	7,213	7.8	918	10.6
Scheduling of educational programs offered	1,344	1.5	274	3.2
Commuting distance to education program	931	1.0	216	2.5
Limited access to online learning	423	0.5	223	2.6
Other	2,456	2.6	315	3.6
None	13,625	14.7	1,408	16.2
Student Loans to support	***93,008***		***8,683***	
Nursing education	34,055	36.6	N/A	N/A
Only nursing education	N/A	N/A	1,847	21.3
Other education	9,680	10.4	N/A	N/A
Only other education	N/A	N/A	234	2.7
Both nursing and other education	N/A	N/A	1,374	15.8
No student loans	N/A	N/A	5,228	60.2

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.
N/A = Data not collected for this category

followed by the cost of lost work time and benefits (22.8%). For LPNs, the top barrier was the cost of lost work time and benefits (33.3%), followed by tuition and materials (30.1%).

Figures 1 and 2 illustrate the relationship between education level and age among RNs and LPNs, respectively. Figure 1 shows that younger RNs tended to have higher levels of educational attainment. Older RNs were more likely to hold a nursing diploma, while those in the middle age range (35 to 65 years) have a higher proportion of associate's degrees. A bachelor's degree was most common among younger RNs. The proportion of RNs with a master's or doctoral degree in nursing or a related field remained relatively consistent across all age groups. Figure 2 reveals a u-shaped pattern in the percentage of LPNs with a nursing diploma, with the highest percentages seen in those under 25 and over 65. LPNs in the middle age range (25 to 65 years) were more likely to hold associate's degrees. Similar to RNs, the proportion of LPNs with a bachelor's, master's, or doctoral degree in nursing or a related field remained stable across age groups.

In the most recent surveys, questions about student loan debt were also included. Among RNs, 36.6% reported having student loans related to nursing education, while 10.4% had loans related to other types of education. For LPNs, 21.3% reported having only nursing education loans, 2.7% had only other education loans, and 15.8% had both.

Figure 1: Education and Age Distribution RN 2024

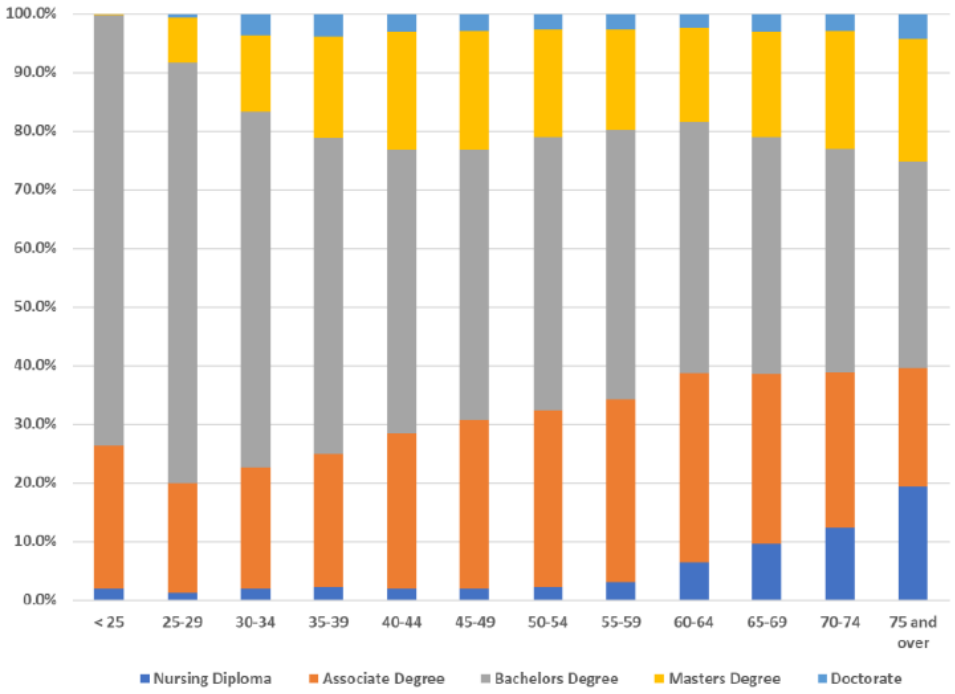
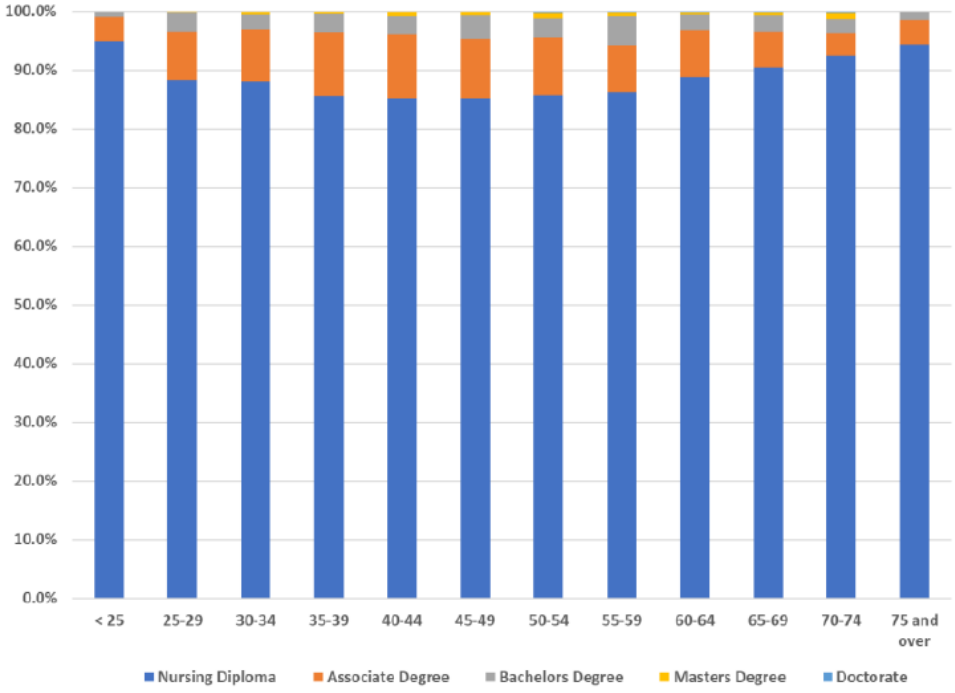


Figure 2: Education and Age Distribution LPN 2025



Work Setting and Specialization Considerations

Tables 6 and 7 show the clinical areas in which RNs and LPNs have specialized knowledge and/or experience of two or more years. For RNs, Medical-Surgical (26.7%) and Acute Care/Critical Care/ Intensive Care (25.1%) led the way, followed by Adult Health (15.0%); Geriatrics/Gerontology (14.9%), and Surgery/Pre-op/Post-op/PACU (14.1%). For LPNs, the largest share was in Geriatrics/Gerontology (47.0%), followed by Adult Health (23.2%), Family Health (19%), Hospice Care/Palliative Care (18.7%), and Home Health (17.2%).

Table 6. Specialized Knowledge/Experience of RNs

*Specialized Knowledge or Two or more years' experience (Check all that apply)**	*n*	*%*
Total RN	***93,008***	***100.0***
Medical-Surgical	24,852	26.7
Acute Care/Critical Care/Intensive Care	23,338	25.1
Adult Health	13,960	15.0
Geriatrics / Gerontology	13,871	14.9
Surgery/Pre-op/Post-op/PACU	13,093	14.1
Cardiac Care	12,917	13.9
Emergency/Trauma	11,620	12.5
Hospice Care/Palliative Care	9,581	10.3
Home Health	8,418	9.1
Pediatrics	8,215	8.8
Family Health	7,163	7.7
Psychiatric/Mental Health	6,810	7.3
Oncology	6,480	7.0
None	6,458	6.9
Labor and Delivery	5,951	6.4
Obstetrics/Gynecology	5,474	5.9
Community Health	4,971	5.3
Maternal-Child Health	4,882	5.3
Rehabilitation	4,879	5.3
Women's Health	4,681	5.0
Neonatal Care	4,274	4.6
Addiction/AODA/Substance Abuse	3,247	3.5
Dialysis/Renal	3,074	3.3
Public Health	3,047	3.3
Respiratory Care	2,332	2.5
School Health (K-12 or post-secondary)	2,202	2.4
Anesthesia	2,098	2.3
Occupational Health/Employee Health	1,971	2.1
Corrections	1,844	2.0
Nephrology	1,125	1.2
Parish/Faith Community	472	0.5
Other, not listed	13,561	14.6

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.

Table 7. Specialized Knowledge/Experience of LPNs

*Specialized Knowledge or Two or more years' experience (Check all that apply)**	*n*	*%*
Total LPN	***8,683***	***100.0***
Geriatrics/Gerontology	4,078	47.0
Adult Health	2,010	23.2
Family Health	1,652	19.0
Hospice Care/Palliative Care	1,621	18.7
Home Health	1,495	17.2
Rehabilitation	1,334	15.4
Medical - Surgical	1,050	12.1
Pediatrics	879	10.1
Psychiatric / Mental Health	783	9.0
Acute Care/Critical Care/Intensive Care	753	8.7
Corrections	574	6.6
Community Health	558	6.4
Women's Health	474	5.5
Addiction/AODA/Substance Abuse	464	5.3
Cardiac Care	439	5.1
Obstetrics/Gynecology	412	4.7
Respiratory Care	374	4.3
Surgery/Pre-op/Post-op/PACU	373	4.3
Emergency/Trauma	336	3.9
Occupational Health/Employee Health	330	3.8
School Health (K-12 or post-secondary)	302	3.5
Oncology	255	2.9
Dialysis/Renal	221	2.6
Public Health	196	2.3
Labor and Delivery	157	1.8
Maternal-Child Health	150	1.7
Nephrology	83	1.0
Neonatal Care	55	0.6
Anesthesia	21	0.2
None	999	11.5
Other, not listed	1,311	15.1

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.

Table 8. Specialty Board Certification of RNs

Top Medical Certifications (Check all that apply)*	n	%
Total RN	***93,008***	***100.0***
Not certified	70,619	75.9
Family Health	2,446	2.6
Acute Care/Critical Care	2,251	2.4
Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)	1,316	1.4
Emergency Nursing (CEN®, CFRN®)	1,009	1.1
Anesthesia (CRNA)	969	1.0
Medical-Surgical Nursing	955	1.0
Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)	953	1.0
Pediatric Nursing	896	1.0
OB/GYN/Women's Health Care	878	0.9
Adult Health	836	0.9
Peri-Operative (CNOR®)	745	0.8
Gerontological Nursing	617	0.7
Case Management Nursing	612	0.7
Medical-Surgical Nursing (CMSRN®)	542	0.6
Neonatal	474	0.5
Psychiatric & Mental Health Nursing-Advanced (APMHN)	453	0.5
Psychiatric & Mental Health Nursing	443	0.5
Hospice and Palliative Nursing (CHPN®, ACHPN®)	415	0.5
General Nursing Practice	410	0.4
Cardiac-Vascular Nursing	393	0.4
Perianesthesia (CPAN®, CAPA®)	237	0.3
Nurse Educator (CNE)	234	0.3
Ambulatory Care Nursing	198	0.2
Community Health	197	0.2
Diabetes Management - Advanced	183	0.2
Orthopedic Nursing (ONCÂ®)	175	0.2
Home Health Nursing	167	0.2
Public/Community Health	164	0.2
Respiratory/Pulmonary Care	161	0.2
Nursing Professional Development	146	0.2
Rehabilitation (CRRN®)	143	0.2
Nursing Case Management	136	0.2
Nurse Executive (CENP)	131	0.1
Perinatal Nursing	129	0.1
Transplant	124	0.1
School Nursing	117	0.1
Occupational Health (COHN)	111	0.1
Parish Nurse	108	0.1
Neurology (CNRN)	102	0.1
Nurse Manager and Leader (CNML)	99	0.1
Pain Management	97	0.1
Gastroenterology (CGRN)	91	0.1
Nurse Executive - Advanced	91	0.1
School Nursing (NCSN®)	85	0.1
Nephrology (CNN, CDN)	77	0.1
Addiction/AODA	74	0.1
Informatics Nursing	74	0.1
Infusion Nursing (CRNI)	61	0.1
High-Risk Perinatal Nursing	53	0.1
Cardiac Rehabilitation Nursing	44	0.1
Radiology/Invasive Procedures Lab	43	0.1
Legal Nurse Consultant (LNCC®)	36	0.04
Domestic Violence/Abuse Response	26	0.03
Family Planning	20	0.02
Public Health Nursing-Advanced (APHN)	14	0.02
College Health Nursing	11	0.01
Certification - Correctional Nursing (CCRN)**	-	-
Other certification, not listed	4,436	4.8

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.
**Missing observations due to a technical problem.

Tables 8 and 9 show the specialties in which RNs and LPNs hold current national board certifications. 24.1% of RNs and 28.0% of LPNs reported that they were board certified in a medical specialty. The top specialty areas for RNs were Family Health, Acute Care/Critical Care, Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®), Medical Surgical Nursing, and Emergency Nursing (CEN®, CFRN®). The top national board certifications for LPNs were IV Certification, Geriatrics/Gerontology, Wound Care, and Emergency Medicine.

Table 9. Specialty Board Certification of LPNs

Top Medical Certifications (Check all that apply)*	n	%
Total LPN	***8,683***	***100.0***
Not certified	6,255	72.0
IV Certification	1,272	14.7
Geriatrics/Gerontology	460	5.3
Wound Care Certification	266	3.1
Emergency Medicine	218	2.5
Mental Health Nursing	136	1.6
Certified Hospice and Palliative Licensed Nurse	66	0.8
Certified Hemodialysis Nurse	24	0.3
Cardiac-Vascular Nursing	20	0.2
Other	587	6.8

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.

Table 10 summarizes the primary work settings of RN and LPN survey respondents. "Primary work" refers to the setting in which a nurse works the most hours, regardless of whether the work is paid or voluntary. Among RNs, the majority were employed in hospitals (52.3%), followed by ambulatory care (21.1%) and extended care (7.0%). In contrast, LPNs primarily worked in extended care (39.3%), followed by ambulatory care (27.5%), and hospitals (9.3%). Regarding job roles, most RNs identified as staff nurses (62.2%), followed by Advanced Practice Nurses (9.3%), nurse managers (7.2%), and case managers (6.0%).

The most recent survey included a question on perceptions of staffing levels. Only 37.2% of RNs and 39.7% of LPNs reported feeling adequately staffed. Meanwhile, 11.6% of RNs and 12.2% of LPNs reported feeling very understaffed, while 47.7% of RNs and 43.8% of LPNs reported feeling somewhat understaffed. Only 2.2% of RNs and 2.0% of LPNs reported feeling somewhat or very overstaffed. These findings suggest that most nurses perceive current staffing levels as insufficient, which may negatively impact workload, job satisfaction, and quality of patient care. This concern aligns with recent reports from Wisconsin healthcare leaders, who continue to warn that workforce demand outpaces supply, particularly due to an aging population and rising patient care needs.[11]

Table 10. Principal Place of Employment - Primary Work

	RN		LPN	
	n	%	n	%
Principal Place of Employment	***81,098***	***100.0***	***7,625***	***100.0***
Hospital	42,424	52.3	711	9.3
Ambulatory Care	17,136	21.1	2,093	27.5
Extended Care	5,702	7.0	2,994	39.3
Home Health	4,206	5.2	507	6.7
Community/Public Health	3,180	3.9	318	4.2
Educational Institutions	1,695	2.1	N/A	N/A
Correctional Care	453	0.6	191	2.5
Tribal Health	277	0.3	142	1.9
Other (Insurance, call center etc.)	6,024	7.4	669	8.8
Primary Job Position or Function	***81,098***	***100.0***	***7,625***	***100.0***
Staff Nurse	50,476	62.2		
Advanced Practice Nurse	7,573	9.3		
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 Health Care Related	5,439	6.7		
Other Not Health Care Related	1,482	1.8		
Perception of Staffing	***81,098***	***100.0***	***7,625***	***100.0***
Very understaffed	9,384	11.6	933	12.2
Somewhat understaffed	38,673	47.7	3,338	43.8
Adequately staffed	30,189	37.2	3,028	39.7
Somewhat overstaffed	1,453	1.8	113	1.5
Very overstaffed	293	0.4	37	0.5
Unsure	1,105	1.4	176	2.3
Additional Paid Positions (Check all that apply)*	***12,767***		***1,225***	
Additional income	8,680	68.0	918	74.9
Area of interest separate from my primary position	4,155	32.5	239	19.5
To pay off student loans	2,700	21.1	195	15.9
To gain work experience or develop skills	2,284	17.9	244	19.9
Use area(s) of expertise	1,466	11.5	80	6.5
Job uncertainty	742	5.8	66	5.4
Maintain certification or licensure requirements	616	4.8	72	5.9
Benefits (health insurance, retirement, etc.)	564	4.4	78	6.4
Other	1,259	9.9	157	12.8

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.
N/A = Data not collected for this category

The latest survey also asked whether respondents held additional paid positions outside their primary job. The two most common reasons for doing so were the same for both groups: "additional income" and "an area of interest separate from their primary position." The third most cited reason differed: for RNs, it was "to pay off student loans," while for LPNs, it was "to gain work experience or develop skills."

Table 11 presents information on telehealth and remote work at respondents' primary place of employment. Among RNs, 35.6% never provided services by telephone, 27.5% spent less than 25% of their time on the phone, 8.4% spent 26-50%, 8.2% spent 51-75%, and 20.3% spent 76-100%. Among LPNs, 33.8% never used the phone, 19.9% spent less than 25% of their time on the phone, 9.7% spent 26-50%, 10.7% spent 51-75%, and 26.0% spent more than 75% of their time providing services via telephone. The most frequently used remote communication method for both RNs and LPNs was the telephone (49.2% and 46.8%, respectively), followed by electronic messaging (21.5% and 24.6%), and email (16.2% and 17.7%).

The most recent surveys included a new question about working remotely in respondents' primary positions. Among RNs, 66.4% reported never working remotely. In contrast, 19.0% worked remotely less than 25% of their time, 3.5% between 26- 50%, 2.4% between 51- 75%, and 8.7% more than 75% of their time. Among LPNs, 86.2% reported never working remotely. Of the remainder, 6.6% worked remotely less than 25% of their time, 1.1% between 26- 50%, 0.7% between 51- 75%, and 5.4% more than 75% of their time.

Table 11. Telehealth and Remote Work- Primary Work

	RN		LPN	
	n	%	n	%
Time Spent Providing Services via Phone	***81,098***	***100.0***	***7,625***	***100.0***
Never	28,871	35.6	2,575	33.8
1% - 25%	22,287	27.5	1,515	19.9
26% - 50%	6,829	8.4	736	9.7
51% - 75%	6,677	8.2	816	10.7
76% - 100%	16,433	20.3	1,983	26.0
Remote communication*	***81,098***		***7,631***	
Telephone	39,913	49.2	3,570	46.8
Electronic messaging	17,431	21.5	1,877	24.6
Email	13,144	16.2	1,349	17.7
Video call	11,406	14.1	1,111	14.6
Voice over internet protocol (VoIP)	1,576	1.9	140	1.8
Virtual ICU	1,201	1.5	129	1.7
Other	2,833	3.5	462	6.1
Do not provide remote communication	37,293	46.0	3,618	47.4
Remote Work	***81,098***	***100.0***	***7,624***	***100.0***
Never	53,875	66.4	6,573	86.2
1% - 25%	15,422	19.0	501	6.6
26% - 50%	2,839	3.5	87	1.1
51% - 75%	1,945	2.4	53	0.7
76% - 100%	7,016	8.7	410	5.4

*Totals may exceed 100% due to multiple responses; calculated as % of respondents.

Income

Table 12 provides information on annual pre-tax earnings at primary workplaces in Wisconsin. Considering compensation in the primary position, 26.3% of RNs were full-time salaried and 48.6% were full-time hourly. For LPNs, the majority were full-time hourly (61.8%), while 10.8% were full-time salaried. Considering only full-time positions, 17.0% of RNs had annual pre-tax earnings in the range of $75,001–$85,000, followed by $65,001–$75,000 (15.7%), and $85,001–$95,000 (13.6%). Notably, 35.0% of RNs earned more than $95,000, while 18.8% earned less than $65,000 per year. For LPNs, 43.2% earned less than $55,000 per year in their primary job, followed by $55,001–$65,000 (21.3%) and $65,001–$75,000 (14.6%). Only 20.9% of the LPNs earned $75,000 or more.

Table 12. Income from Primary Workplace

	RN		LPN	
	n	%	n	%
Compensation in Primary position	***81,098***	***100.0***	***7,625***	***100.0***
Full time, salaried	21,289	26.3	825	10.8
Full time, hourly wage	39,449	48.6	4,713	61.8
Part time, salaried	1,948	2.4	57	0.8
Part time, hourly wage	14,794	18.2	1,513	19.9
Per diem	3,446	4.3	500	6.6
Volunteer	171	0.2	16	0.2
Annual Pre-tax Earnings*	***60,738***	***100.0***	***5,538***	***100.0***
< $25,000	805	1.3	154	2.8
$25,001 - $35,000	679	1.1	297	5.4
$35,001 - $45,000	1,053	1.7	735	13.3
$45,001 - $55,000	2,548	4.2	1,203	21.7
$55,001 - $65,000	6,390	10.5	1,178	21.3
$65,001 - $75,000	9,514	15.7	808	14.6
$75,001 - $85,000	10,322	17.0	556	10.0
$85,001 - $95,000	8,259	13.6	281	5.1
$95,001 - $105,000	6,844	11.3	155	2.8
$105,001 - $115,000	4,677	7.7	63	1.1
$115,001 - $125,000	3,021	5.0	47	0.9
$125,001 - $135,000	2,010	3.3	24	0.4
$135,001 - $145,000	1,245	2.1	7	0.1
$145,001 - $155,000	826	1.4	6	0.1
> $155,000	2,545	4.2	24	0.4

*Includes overtime and bonuses, but excludes sign-on bonuses. Only full-time positions are included.

Figure 3 presents full-time annual pre-tax earnings at primary workplaces by gender identity for RNs. Among women, 57.8% fell within the middle earning range of $55,000–$95,000, 8.6% earned less than $55,000, and 33.6% earned more than $95,000. For men, 47.3% were in the middle range, 46.4% earned more than $95,000, and 6.3% earned less than $55,000. Among those identifying as nonbinary, 63.0% were in the middle range, 24.3% earned more than $95,000, and 12.7% earned less than $55,000. Overall, the data revealed a gender-based gap in earnings above $95,000, with men more likely than women and nonbinary RNs to be in the highest income category.

Figure 3: Annual Pre-Tax Earnings of Full-Time RNs in 2024, by Gender Identity (% Distribution)

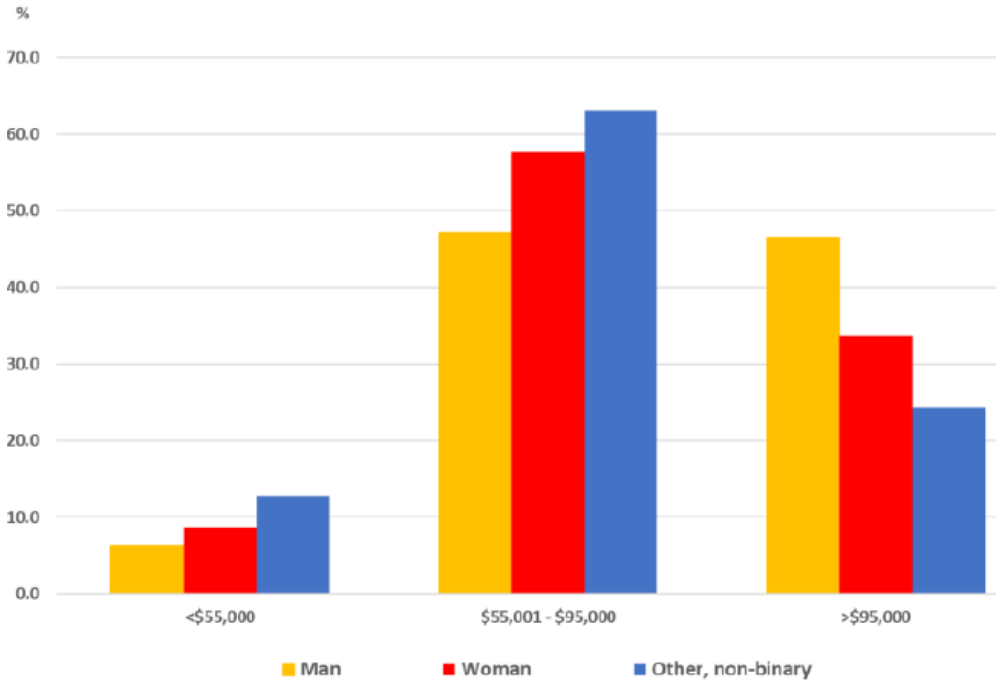
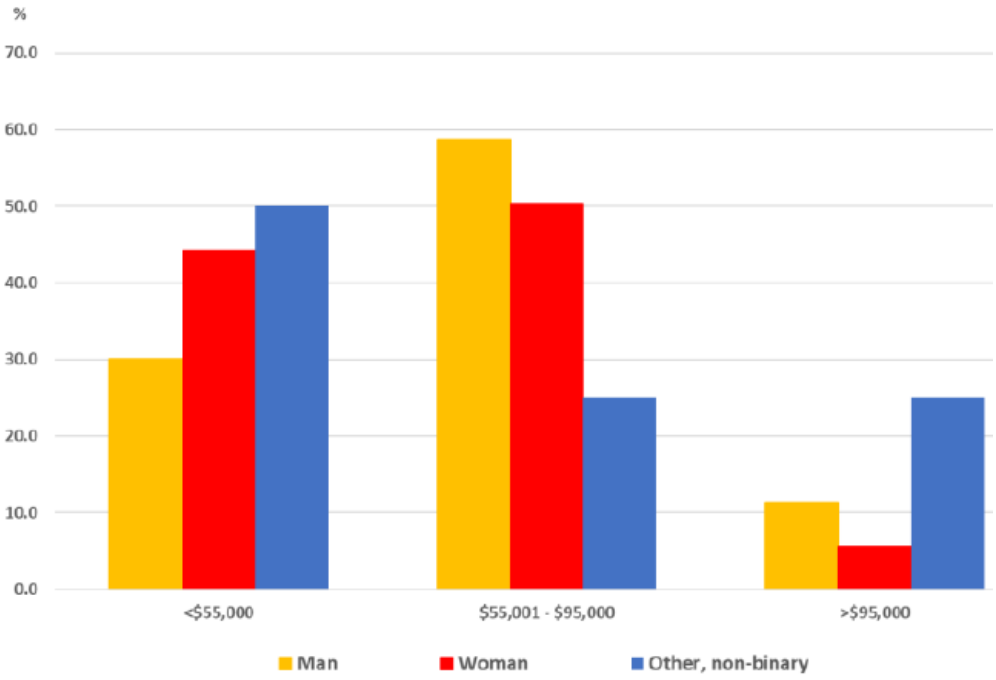


Figure 4 shows full-time annual pre-tax earnings at primary workplaces by gender identity for LPNs. Among women, 44.1% earned less than $55,000, 50.3% earned between $55,000 and $95,000, and only 5.5% earned more than $95,000. Among men, most earned between $55,000 and $95,000 (58.7%), followed by 30.1% who earned less than $55,000 and 11.3% who earned more than $95,000. For respondents identifying as nonbinary, 50.0% earned less than $55,000, 25.0% earned between $55,000 and $95,000, and 25.0% earned more than $95,000.

Figure 4: Annual Pre-Tax Earnings of Full-Time LPNs in 2025, by Gender Identity (% Distribution)



Figures 5 and 6 illustrate full-time annual pre-tax earnings at primary workplaces by education level for RNs and LPNs, respectively. As expected for RNs, lower educational attainment was associated with a higher proportion of RNs in the lower income brackets, and a smaller presence in the higher income brackets. Conversely, for higher levels of income, a greater proportion of RNs tended to hold a bachelor's, master's, or doctoral degree. Specifically, nearly 83% of RNs earning more than $95,000 annually had at least a bachelor's degree. A similar pattern is observed for LPNs: those with lower educational attainment were more likely to fall within the lower income brackets, while those in higher income brackets were more likely to hold an associate, bachelor's, master's, or doctoral degree.

Figure 5: Educational Attainment and Annual Pre-Tax Earnings of Full-Time RNs in 2024 (% Distribution)

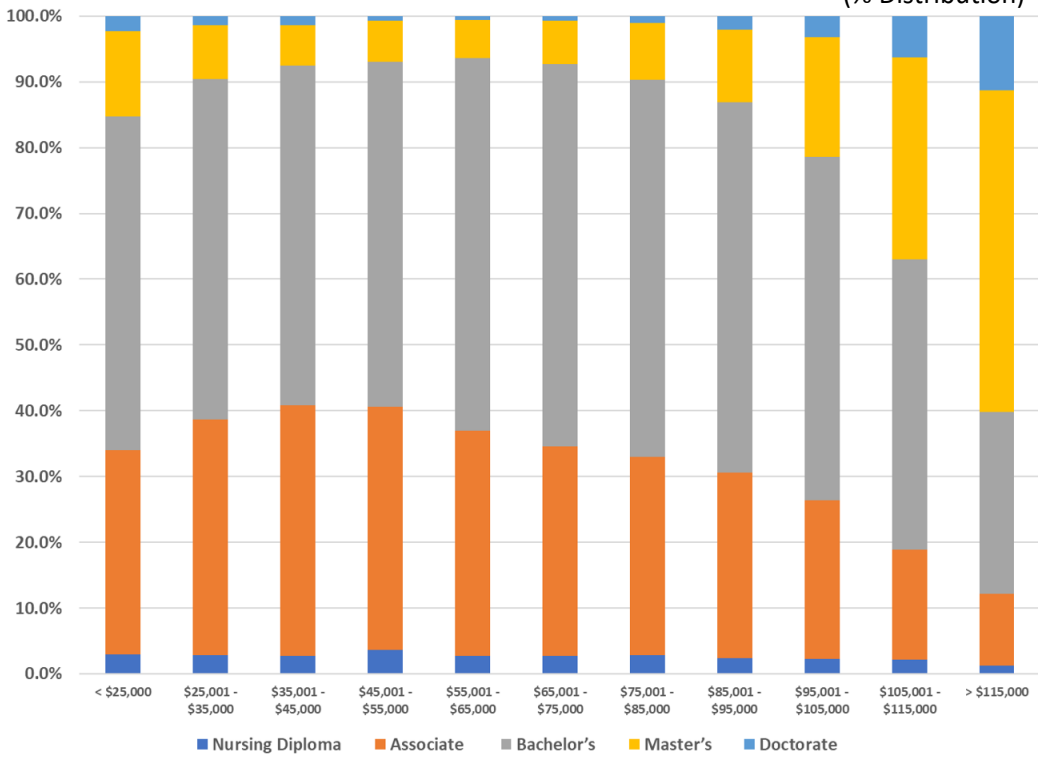
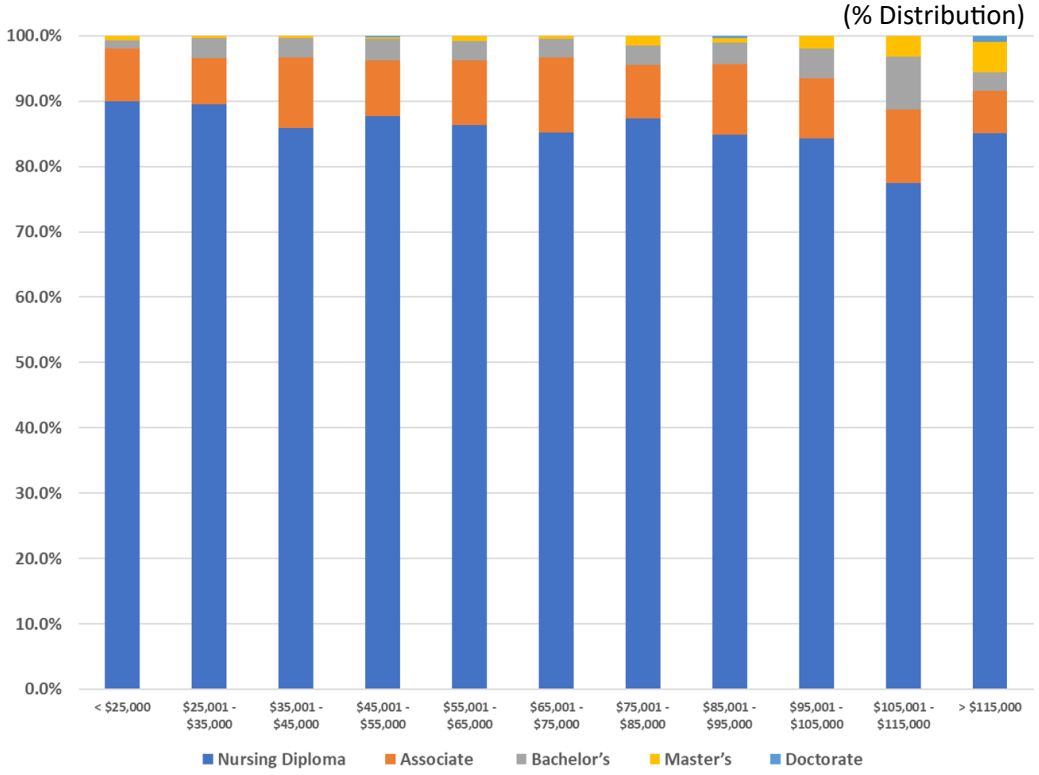


Figure 6: Educational Attainment and Annual Pre-Tax Earnings of Full-Time LPNs in 2025 (% Distribution)



Artificial Intelligence (AI)

This new section of the report focuses on Artificial Intelligence (AI) and employment. Research suggests that AI can support nurses by reducing administrative tasks, aiding clinical decision-making, and improving work-life balance without replacing their critical role in patient care.[12] The most recent surveys incorporated questions about the use of AI in the primary workplace (See **Table 13**). Among respondents, 3,736 RNs (4.6%) and 174 LPNs (2.3%) reported using AI in their primary positions. It is important to note that the WRNS 2024 survey was conducted between January and February 2024, while the LPN survey took place between March and April 2025. This timing difference may help explain the relatively low proportion of nurses using AI.

Of those RNs using AI, 63.3% used it for assessment (for example, identifying patient risk for adverse events), 44.0% for diagnosis (for example, querying databases such as UpToDate), 43.6% for implementation (for example, auto-documentation of care provided), 35.8% for planning (for example, nurse assignments or patient placement), and 32.7% for evaluation (for example, comparing outcomes for patients with a specific condition receiving treatment plan A versus B). Among LPNs using AI, 62.6% used it for planning, 38.5% for assessment, 32.8% for implementation, 27% for evaluation, and 19.0% for diagnosis.

Table 13. Effect of Artificial Intelligence (AI) on the Workplace

	RN		LPN	
	n	%	n	%
Using AI at Primary Place of Work	***81,098***	***100.0***	***7,631***	***100.0***
Yes	3,736	4.6	174	2.3
No	77,362	95.4	7,457	97.7
Areas of Work that use AI	***3,736***	***100.0***	***174***	***100.0***
Assessment	2,366	63.3	67	38.5
Diagnosis	1,643	44.0	33	19.0
Implementation	1,630	43.6	57	32.8
Planning	1,339	35.8	109	62.6
Evaluation	1,222	32.7	47	27.0
Impact of AI on Employee Productivity	***3,736***	***100.0***	***174***	***100.0***
Much better than before AI was implemented	422	11.3	26	14.9
Better than before AI was implemented	1,212	32.4	40	23.0
About the same as before AI was implemented	1,907	51.0	96	55.2
Worse than before AI was implemented	166	4.4	10	5.8
Much worse than before AI was implemented	29	0.8	2	1.2
AI Within Primary Place of Employment	***3,736***	***100.0***	***174***	***100.0***
Hospital (Medical / Surgical, AODA/Psychiatric, Long-Term Acute Care)	2,130	57.0	21	12.1
Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)	731	19.6	75	43.1
Home Health (Private Home)	184	4.9	8	4.6
Extended Care (Nursing, Hospice, CBRF, RCAC, AFH Facilities)	150	4.0	40	23.0
Educational Institutions	150	4.0	N/A	N/A
Community/Public Health	41	1.1	5	2.9
Correctional Care	*	*	*	*
Tribal Health	*	*	*	*
Other (Insurance, call center etc.)	343	9.2	20	11.5

*Estimate not shown because of small sample size
N/A = Data not collected for this category

The survey also asked about the impact of AI on nurses' productivity. Many technology companies are increasingly developing AI tools for healthcare aimed at improving clinical decision-making and patient engagement, reflecting a broader trend of integrating generative AI into care delivery. However, as with other AI applications, its growing use in healthcare raises concerns about safety, ethics, and the potential risks of over-reliance on technology.[13] Among respondents who were using AI, 51.0% of RNs and 55.2% of LPNs reported that their productivity was about the same as before AI was implemented. Another 43.7% of RNs and 37.9% of LPNs said their productivity was better or much better, while only 5.2% of RNs and 7.0% of LPNs reported their productivity was worse or much worse than before AI was integrated into their work routines.

When considering AI use in the workplace, most RNs worked in hospitals (57.0%), followed by ambulatory care (19.6%), home health (4.9%), extended care (4.0%), educational institutions (4.0%), and community/public health (1.1%). Among LPNs, the largest proportion worked in ambulatory care (43.1%), followed by extended care (23.0%), hospitals (12.1%), home health (4.6%), and community/public health (2.9%).

COVID-19 Pandemic

It is well known that the pandemic increased long-standing issues of stress and burnout among the nursing workforce, raising concerns about projected staffing shortages.[14]

Table 14 presents responses about the pandemic and nurses' experiences during it. For RNs, the most frequent sources of information about COVID-19 were employers (55.3%) and the CDC website (also 55.3%). For LPNs, the employer was most frequent (56.1%), followed by the CDC website (50.7%).

Considering the whole sample, 69.5% of RNs and 74.5% of LPNs provided Direct Primary Care (DPC) to people with COVID-19. For RNs, the most frequent settings in which nurses provided DPC to infected people included Hospital 24-hour Inpatient Units (25.8%), Hospital Emergency/Unit Care facilities (12.7%), and Hospital Several Units (12.6%). For LPNs, the most frequent settings for COVID-19 DPC included Skilled Nursing facilities (46.4%), Medical Practice Clinics (18.7%), and Assisted Living facilities (8.9%).

Table 14 also displays information about overall personal health (physical or mental). More than half of the respondents (56.6% of RNs and 64.6% of LPNs) indicated their health was about the same as before the pandemic. Only 9.4% of RNs and 13.0% of LPNs reported that their health was better than before COVID-19. Meanwhile, 34.0% of RNs and 22.4% of LPNs indicated their health was worse or much worse than before the pandemic. These findings highlight the lasting impact of the pandemic on nurses' physical and mental health.

Table 14: COVID-19 pandemic and Nurses' response

	RN		LPN	
	n	%	n	%
Sources of information about COVID-19*	***93,008***		***8,683***	
Employer	51,413	55.3	4,871	56.1
CDC website	51,387	55.3	4,398	50.7
Government Agency websites	25,091	27.0	1,927	22.2
TV	22,877	24.6	1,911	22.0
Professional Associations	20,797	22.4	1,234	14.2
Social Media	16,663	17.9	1,363	15.7
Newspaper	9,648	10.4	710	8.2
Radio	8,737	9.4	636	7.3
Other	10,171	10.9	852	9.8
Provided direct patient care (DPC) to people with COVID-19	***93,008***	***100.0***	***8,683***	***100.0***
Yes	64,620	69.5	6,469	74.5
No	28,388	30.5	2,214	25.5
Primary setting for DPC for COVID-19	***64,620***	***100.0***	***6,249***	***100.0***
Hospital, 24-hour Inpatient Unit	16,669	25.8	313	4.8
Hospital, Emergency/Urgent Care	8,184	12.7	204	3.2
Hospital, in several hospital units	8,121	12.6	174	2.7
Hospital, Intensive Care	7,052	10.9	43	0.7
Skilled Nursing facility	5,737	8.9	2,999	46.4
Medical Practice clinic, Physician Office	5,407	8.4	1,212	18.7
Hospital, Obstetrics	3,120	4.8	10	0.2
Home Health Agency	2,023	3.1	212	3.3
Surgery Center, Dialysis Center	1,804	2.8	35	0.5
Assisted Living Facility	1,266	2.0	575	8.9
Urgent Care, not Hospital based	1,137	1.8	152	2.4
Hospice facility	739	1.1	44	0.7
Community Health	733	1.1	89	1.4
School Health Services (K12, college, and university)	682	1.1	80	1.2
Correctional Facility	595	0.9	155	2.4
Public Health	501	0.8	30	0.5
Outpatient Mental Health	338	0.5	30	0.5
Adult Family Home	240	0.4	70	1.1
Intermediate Care Facility of the Intellectually Disabled (ICFID)	111	0.2	18	0.3
Academic Educational Institution (college or university)	99	0.2	5	0.1
Technical or Community College	36	0.1	16	0.3
Parish Nurse Services	26	0.04	3	0.1
Overall personal (physical or mental) health	***93,008***	***100.0***	***8,683***	***100.0***
Better than before the pandemic	8,749	9.4	1,132	13.0
About the same as before the pandemic	52,633	56.6	5,605	64.6
Worse than before the pandemic	27,404	29.5	1,651	19.0
Much worse than before the pandemic	4,221	4.5	295	3.4

*Totals greater than 100% due to multiple choices. Calculated as % of respondents

Advanced Practice Registered Nurses

The WRNS also provides data on Advanced Practice Registered Nurses (APRNs). Chapter N 8 of the Wisconsin Board of Nursing defines APRNs and outlines the certification requirements for a specific subset of advanced practice nurses known as Advanced Practice Nurse Prescribers (APNPs).

According to Chapter N 8,[15] an Advanced Practice Nurse must:

1. Hold a current license to practice in Wisconsin or in another state that is part of a licensure compact;
2. Be certified as a nurse-midwife, certified registered nurse anesthetist (CRNA), or clinical nurse specialist (CNS);
3. Hold a master's degree in nursing or a related health field.

Advanced Practice Nurses who were certified in any of these fields prior to July 1, 1998, are not required to hold a master's degree.

To be certified as an APNP, a nurse must meet all APRN criteria and, in addition:

- Complete at least 45 contact hours in clinical pharmacology or therapeutics, and
- Pass a jurisprudence examination specific to APNPs.

Tables 15 and 16 and **Figure 7** include information from licensed APRNs only.

There were 7,576 nurses (8.2%) working as APRNs in 2024. Among them, 6,885 (90.9%) provided DPC and worked in Wisconsin, while 691 (9.1%) worked outside the state. To be recognized as an APRN in Wisconsin, in addition to holding an RN license and a graduate degree in an advanced nursing role, nurses must also obtain a national board certification in one of the four APRN roles: Nurse Practitioner (NP), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA), or Clinical Nurse Specialist (CNS). The most common national certification was NP (82.6%), followed by CRNA (11.0%), CNS (4.1%), and CNM (3.1%). Additionally, 8,562 nurses were APNPs, and 7,466 (87.2%) of them worked in Wisconsin.

Table 15 lists NP and CNS specialties. The nurses surveyed could choose more than one response. In the case of NPs, the top specialty was Family (55.0%), followed by Adult Health (16.4%), Acute Care (8.6%), Gerontological (8.2%), and Pediatric (6.0%). For CNSs, the most common specialties

Table 15. Certification and Specialization of APRNs

	n	%
Working as an APRN	***93,008***	***100.0***
Yes	7,576	8.2
No	85,429	91.9
Working as an APRN and Provides Direct Patient Care in WI	***7,576***	***100.0***
Yes	6,885	90.9
No	691	9.1
National Board Certification as APRN (Check all that apply)*	***9130***	***100.0***
Nurse Practitioner (NP)	7,545	82.6
Certified Nurse Midwife (CNM)	285	3.1
Certified Registered Nurse Anesthetist (CRNA)	1,007	11.0
Clinical Nurse Specialist (CNS)	378	4.1
Credentialed as an Advanced Practice Nurse Prescriber (APNP)	***8,562***	***100.0***
Works in Wisconsin as APNP	7,466	87.2
Works outside of Wisconsin as APNP	1,096	12.8
Nurse Practitioner Specialty (Check all that apply)*	***7545***	***100.0***
Family	4,148	55.0
Adult Health	1,237	16.4
Acute Care	650	8.6
Gerontological	619	8.2
Pediatric	455	6.0
Family Psych & Mental	364	4.8
Adult Psychiatric & Mental Health	297	3.9
OB-Gyn / Women's Health Care	287	3.8
No specialty designation	180	2.4
Neonatal	158	2.1
Not currently certified	66	0.9
Emergency Nursing	65	0.9
Diabetes Management	33	0.4
Family Planning	17	0.2
Clinical Nurse Leader	16	0.2
School	9	0.1
College Health	5	0.1
Other Specialty	525	7.0
Clinical Nurse Specialty (Check all that apply)*	***378***	***100.0***
Adult Health	153	40.5
Gerontological	88	23.3
Acute and Critical Adult	68	18.0
Adult Psychiatric & Mental Health	63	16.7
OB-Gyn / Women's Health Care	35	9.3
Pediatric	35	9.3
Medical-Surgical	26	6.9
Child & Adolescent	17	4.5
Diabetes Management	14	3.7
Acute and Critical Pediatric	12	3.2
Home Health	11	2.9
Community/Public	10	2.6
Palliative Care	7	1.9
Acute and Critical Neonatal	3	0.8
Other Specialty	136	36.0
No specialty designation	234	61.9
Outpatient Primary Care or Mental Health Services*	***3194***	***100.0***
Family	1,478	46.3
Women's Health	888	27.8
Perinatal or reproductive health	267	8.4
Pediatric	744	23.3
Adult	1,448	45.3
Geriatric	1,025	32.1
Mental health services	1,003	31.4
Other	232	7.3

* Totals may exceed 100% due to multiple responses; calculated as % of respondents.

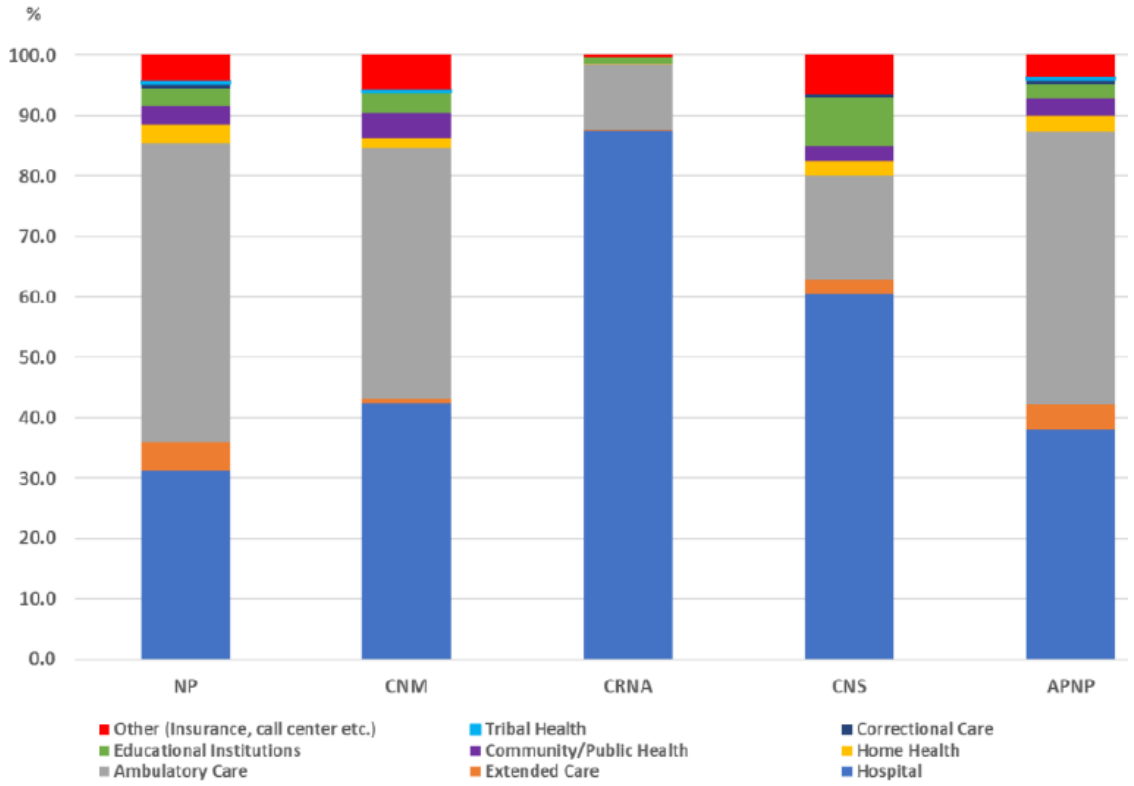
were Adult Health (40.5%), Gerontological (23.3%), Acute and Critical Care-Adult (18.0%), and Adult Psychiatric and Mental Health (16.7%).

Table 16 and Figure 7 illustrate APRN certification by principal place of employment. A combined 83.1% of all APNPs worked in either ambulatory care (45.0%) or hospitals (38.1%). The remaining APNPs were employed in extended care (4.2%), community/public health (2.8%), home health (2.7%), and educational institutions (2.4%). Nearly 50% of NPs and 41.6% of CNMs worked in ambulatory care, while 31.3% of NPs and 42.4% of CNMs were employed in hospitals. CRNAs and CNSs were primarily based in hospitals (87.4% and 60.4%, respectively), followed by ambulatory care.

Table 16: APRN Certification by Principal Place of Employment

	NP		CNM		CRNA		CNS		APNP	
	n	%	n	%	n	%	n	%	n	%
Hospital	2,239	31.3	111	42.4	853	87.4	197	60.4	3,118	38.1
Extended Care	344	4.8	2	0.8	2	0.2	8	2.5	343	4.2
Ambulatory Care	3,530	49.3	109	41.6	107	11.0	56	17.2	3,690	45.0
Home Health	221	3.1	4	1.5	1	0.1	8	2.5	220	2.7
Community/Public Health	230	3.2	11	4.2	-	0.0	8	2.5	231	2.8
Educational Institutions	200	2.8	9	3.4	9	0.9	26	8.0	197	2.4
Correctional Care	53	0.7	-	0.0	-	0.0	2	0.6	53	0.7
Tribal Health	41	0.6	1	0.4	-	0.0	-	0.0	42	0.5
Other (Insurance, call cen	303	4.2	15	5.7	4	0.4	21	6.4	298	3.6
Total	*7,161*	*100.0*	*262*	*100.0*	*976*	*100.0*	*326*	*100.0*	*8,192*	*100.0*

Figure 7: APRN Certification by Principal Place of Employment for RNs in 2024 (% Distribution)



Summary

The purpose of this report is to summarize key findings from the 2024 Wisconsin Registered Nurse Survey (WRNS) and the 2025 Wisconsin Licensed Practical Nurse Survey (WLPNS). While these surveys provide valuable descriptive data on the responses of Wisconsin's RNs and LPNs, they alone cannot predict the extent of any potential nursing shortage in the state. Additional research is currently being undertaken by the Office of Economic Advisors (OEA) at the Wisconsin Department of Workforce Development (DWD) regarding demand for and supply of RNs,[16] along with different characteristics of the nursing workforce.

Further analysis of past and future survey results, together with other factors influencing the labor market, will be essential to continue developing informed strategies and policies that address Wisconsin's nursing workforce needs.

If you have questions about this report or need additional information regarding the surveys, please contact:

María del Pilar Casal, PhD
Research Analyst Senior
(608) 733-3859 / Maria.Casal@dwd.wisconsin.gov

Notes

[1] https://www.bls.gov/oes/current/area_emp_chart/area_emp_chart.htm

[2] https://www.aacnnursing.org/news-data/fact-sheets/nursing-shortage

[3] https://www.ncsbn.org/news/ncsbn-research-highlights-small-steps-toward-nursing-workforce-recovery-burnout-and-staffing-challenges-persist

[4] https://www.aacnnursing.org/news-data/all-news/schools-of-nursing-enrollment-increases-across-most-program-levels-signaling-strong-interest-in-nursing-careers

[5] https://www.ncsbn.org/public-files/2024_NCLEXExamStats_Final.pdf

[6] https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6

[7] https://jobcenterofwisconsin.com/wisconomy/wits_info/downloads/nurse-survey-reports/supply-nurse-reports/2020_WI%20RN%20Nurse%20Supply%20Demand%20Forecast%202020-2040.pdf

[8] http://www.wicenterfornursing.org/

[9] https://dsps.wi.gov/Pages/Professions/RN/

[10] American Community Survey 2019-2023 5-Year Estimates. Labor Force Population older than 22 years old.

[11] https://fox47.com/news/local/wisconsin-health-care-workforce-struggles-to-keep-up-with-the-demands-from-population

[12] Khan Rony MK, Alrazeeni DM, Akter F, Nesa L, Das DC, Uddin MJ, Begum J, Khatun MT, Noor MA, Ahmad S, Tanha SM, Deb TR, Parvin MR. The role of artificial intelligence in enhancing nurses' work-life balance. J Med Surg Public Health. 2024 Aug 1;3:100135

[13] https://gizmodo.com/openai-makes-a-play-for-healthcare-2000648210

[14] Martin B, Kaminski-Ozturk N, O'Hara C, Smiley R. Examining the Impact of the COVID-19 Pandemic on Burnout and Stress Among U.S. Nurses. J Nurs Regul. 2023 Apr 14(1):4-12. doi: 10.1016/S2155-8256(23)00063-7. Epub 2023 Apr 5. PMID: 37035777; PMCID: PMC10074070.

[15] 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

[16] https://www.jobcenterofwisconsin.com/wisconomy/wits_info/downloads/OCCPRJ/RN-Demand-Forecast.pdf

STATE OF WISCONSIN

DWD

Department of Workforce Development

201 E. Washington Ave.
Madison, WI 53707
608-266-3131|dwd.wisconsin.gov