Wisconsin
2016 RN
Workforce Survey

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Executive Summary

Introduction

Professional registered nurses (RNs) make up the largest portion of the health care workforce in Wisconsin. Along with many other health care professionals, RNs provide essential health care to people across the state. Nationally, a serious RN shortage is projected due to the retirement of the baby boomer workforce members, increasing health needs of the population, and insufficient numbers of nurse graduates (American Association of Colleges of Nursing [AACN], 2014). Projections in Wisconsin indicate a negative gap between RN supply and demand of 43% by 2040 if significant steps are not taken in the near future to increase the size of the Wisconsin RN workforce (Walsh, 2016).

This report summarizes key data on the size and characteristics of the RN workforce gleaned from the mandated RN Survey completed as a requirement for relicensing every 2 years. The RN workforce described in this report includes direct care providers, advanced practice registered nurses (APRNs), nurse leaders, and nurse faculty. There are 87,444 relicensed RNs in the state. Newly licensed nurses are not included in the report because they were not eligible to complete the survey administered at the time of re-licensure. In 2015, 3,520 nurses took the National Council Licensure Exam (NCLEX) as a first time test, but were not yet eligible for re-licensure in 2016 (AACN, 2016).

The *Wisconsin 2016 RN Workforce Survey* report includes 76,781 valid responses from RNs living and working in Wisconsin, after application of exclusion criteria. The 2016 results are compared to results from prior years when it was possible to do so. Comparisons are limited due to changes in the question data sets and exclusion criteria over time. This is the fourth report sponsored by Wisconsin Center for Nursing (WCN), Wisconsin's nurse workforce center, based on the mandated RN re-licensure survey. This report provides recommendations and strategies to promote a nurse workforce that meets the needs of Wisconsin. The intent is that this report will be useful for leaders in health care and professional organizations, educational institutions, and governmental agencies to address key policy and organizational decisions related to nursing and health care workforce issues.

Key Findings – Overall

- The overall size of the RN workforce has increased from 83,918 in 2014 to 87,444 in 2016, a 4.2% increase in overall size in the past 2 years.
- Similar to 2014, the majority of Wisconsin RNs live in the state (96.8%), are female (92.9%) and White (94.9%), with a median age of 47 years. Small increases in the size and diversity of the nurse workforce from 2014 are noted. The number of men in nursing increased to 7.1%, but still lags in comparison to the national average of 8% (Budden, Moulton, Harper, Brunell, & Smiley, 2016).
- Nurses in the diverse race and ethnicity categories were younger (42.6 years) than nurses in the non-diverse (White) category (47.1 years), which may reflect diversity gains in recent graduates. Similar to 2014, a higher percentage were men in the diverse category (9.9%) compared to men in the non-diverse category (6.9%).

- 88.5% of the RN workforce were employed in 2016, with 82.7% working as an RN. By comparison, 88.7% were employed in 2014, with 84.2% working as an RN, indicating a slight decrease in employed nurses.
- In 2016, 7.3% of the RN workforce was retired, which is a 1% increase from 2014 and a 1.8% increase from 2012. This may indicate an important trend of increased retirements.
- The majority (52.3%) of RNs reported working in hospitals as their primary place of employment, which is a small decrease from 2014. 78.3% of RNs reported working in direct patient care roles, which is an increase from 2014.
- The trend in intention to leave direct care continues, with 4,029 of respondents stating they plan to continue providing direct patient care for 2 years or less, and 24,070 (43.2%) of respondents stating they plan to continue in direct care positions for 9 years or less.
- 46.1% reported baccalaureate as their highest degree, which is a 2% increase over 2014.
- The number of nurses enrolled in nursing baccalaureate (BSN), master's (MSN), and doctorate (DNP) programs has increased; however, a significant drop in the number of nurses enrolled in PhD programs was noted. The most frequently listed barriers to acquiring additional education include cost of tuition and fees and family/personal reasons.

Overall Implications for Practice, Education, and Policy

The increase in the nurse workforce is encouraging, but continued monitoring is important, especially due to the number of nurses planning to leave direct patient care and the increasing size of the retired RN workforce. While there have been advances in diversity and gender within the nurse workforce, there are still gains needed to meet national goals and to reflect the diversity within the state. Practice settings need to continue retention strategies, such as nurse residency programs, in order to keep the number of RNs working in nursing settings high and to foster retention of older RNs to limit wisdom drain. While the number of RNs enrolled in BSN, MSN, and DNP programs is increasing, the low number enrolled in PhD programs is worrisome, since it perpetuates the shortage of nurse faculty. Barriers to advanced education will need to be addressed through innovative educational programs (i.e., online and early-entry programs) and scholarship programs.

Key Findings by State Region

- Similar to 2014, the Northeastern region has the lowest working RN to 1,000 population ratio (9.9:1,000), while the Southern region has the highest ratio (11.1:1,000).
- The Northern region has the highest percentage of retired nurses (8.8%).
- The Northern region has the lowest percentage of baccalaureate nurses (35.9%).
- The number of APRNs has increased from 2014 in each region.
- In all regions, over 30% of nurses report intent to leave direct care in less than 9 years.
- No region currently meets the IOM goal of 80% baccalaureate prepared RNs by 2020.

Regional Implications for Practice, Education, and Policy

The aging population and reduced access to health care providers in rural regions points to a need for greater investment in strategies to increase access to health care, such as through telehealth. In addition, efforts should include increased rural health educational programs for nurses, as well as increased scholarships and programs to support the retention and recruitment of RNs to work in those rural regions.

Key Findings Regarding Advanced Practice Registered Nurses (APRNs)

- There are 5,056 APRNs licensed in Wisconsin. Of those, 4,511 work as APRNs and 4,395 work as APRNs in Wisconsin. This represents 5.9% of the nurse workforce, which is significantly below the national average of 10.4% of the U.S. nurse workforce (Budden et al., 2016).
- The number of APRNs has increased since 2014 across all regions.
- 29.3% of APRNs reported intent to leave direct care in the next 9 years, while 42.4% reported intent to leave current employment in the next 9 years. Variations by role exist, with 38.4% of clinical nurse specialists (CNS) reporting the highest intent to leave direct care within 9 years.
- The CNS mean age is 50.7 years, which is slightly higher than the other APRN roles.

APRN Implications for Practice, Education, and Policy

Overall, the number of APRNs is well below national norms, below the national goal of 10% of the nurse workforce, and well below what is needed to meet access to health care needs in the state. Barriers to full scope of practice for APRNs continue in the state. If these barriers were removed, Wisconsin could be a more attractive place for APRNs to practice. Efforts to address this gap should include support for schools of nursing to increase the number of APRNs to meet the forecasted demands and scholarship programs to support students seeking APRN education. Efforts should also focus on retention and recruitment efforts for APRNs, with an emphasis on CNS, midwife, and certified registered nurse anesthetist (CRNA) roles, to mitigate the impact of existing APRNs who plan to leave direct patient care. There is a need to better understand and forecast supply and demand for future APRN roles in acute and primary care settings. Collaboration with leaders from health care systems, key nursing organizations, and Administrators of Nursing Education of Wisconsin (ANEW) to forecast demand and to establish targets and strategies for APRN, CRNA, midwifery, acute care nurse practitioner (NP), and CNS positions will be essential.

Key Findings Regarding Nurses in Leadership Roles

- 49.5% of RNs indicated engaging in one or more leadership roles. For the large majority (27,052, 91.5%), these roles were within their primary work areas (e.g., charge nurse, team leader, or unit manager) and 2,711 (9.2%) were at the organizational level.
- Relatively few respondents reported leading major committees within their organization (1,895), serving on an organization's governance board (844), or serving

on a public policy board (196). However, reports of involvement on boards increased by 102 from 2014.

- One-third (9,623, 32.6%) of current nurse leaders across types of leadership positions intend to leave their current position in 4 or fewer years.

Nurse Leader Implications for Practice, Education, and Policy

These findings point to the importance of leadership development at all education levels. Academic programs should ensure that students build competency for leadership roles. Undergraduate curricula should include basic skills for leadership and provide opportunities to practice for clinical leadership roles. Leadership role development should also be a required component of new nurse residency programs. Graduate curricula (MSN, PhD, and DNP) should deliver content related to organization, system, and academic leadership and, ideally, include opportunities to demonstrate leadership skills through policy or leadership practica. Increased access to leadership development programs and continuing education for nurses will help organizations build a pipeline of nurse leaders at all levels. More emphasis is needed on formal succession planning for executive and academic leadership roles.

Key Findings Regarding Academic Faculty

- Mean age of faculty is 50.8 years.
- Gender diversity of faculty (3.6%) is lower than the national (8%) and state (7.1%) averages for men in nursing.
- Only 825 nurse faculty report academic education as a primary work site, and only 171 have a doctoral degree, of which 81 have a PhD in Nursing.
- 58.5% of nurse faculty report an intent to leave current employment within the next 9 years.

Nurse Faculty Implications for Practice, Education, and Policy

Wisconsin is facing a dramatic faculty shortage, which may have a serious impact on the ability of nursing schools to educate nurses to meet the needs of Wisconsin residents. Significant opportunities exist to increase funding to address the size and diversity of nurse faculty in the state. Efforts to accelerate the development of a faculty pipeline should be implemented immediately, along with strategies to attract and retain diverse faculty. These efforts should include continued scholarships, loan forgiveness programs, and support for doctoral education. Innovative programs, such as early-entry doctoral programs and joint DNP/PhD programs, should be encouraged. Reexamination of the use of MSN programs to increase faculty prepared to teach at the undergraduate level should also be considered.

Survey and Data Recommendations

The survey gathers detailed data essential for workforce planning. The value of these data for forecasting and research increases with consistency of how the questions are asked, the frequency of the data points, and the accessibility of the data to health workforce planners, educators, policymakers, and researchers over time. To the extent possible, it is helpful to have

consistency in question format, analysis methods, and report format. The value of the data set for trend analysis and other research will increase if multiple years of data are made available through download from a structured, well-designed, and well-maintained database.

Some survey questions could be improved through additional definitions and instructions in order to increase the consistency with which respondents interpret the questions. For example, the terms "nurse faculty" and "nurse educator" may mean the same thing to some respondents and different things to other respondents. Having clear definitions of terms in the survey would help reduce classification errors during analysis. Survey technology also continues to improve and will increasingly provide administrative means to reduce errors during survey response (for example, making it impossible to enter an invalid date or using skip logic to prevent responses when they are not valid) and reduce the number of responses excluded from analysis.

National data using the Minimum Data Set will become available in future years and will be valuable for cross-state comparisons and national workforce planning. Wisconsin Department of Workforce Development should compare these two nurse workforce data sets and data collection methods to assure Wisconsin contributes to the national data set in ways that allow robust cross-state and state-to-nation comparisons.

Organization of Report

Section I introduces the report and provides information about data management methods and limitations.

Section II provides an overview of the State of Wisconsin RN labor force**.** Overall demographics, employment, and educational patterns are presented, and diversity challenges are discussed.

Section III provides a breakdown of the data into the Wisconsin DHS regions, comparing each region to every other region (see Appendix C for map of DHS regions). Section III also provides information on the present employment patterns of nurses in both primary and secondary positions, with special consideration to data on direct care providers currently in practice, as well as probable future employment plans. Section III includes data about the educational preparation of the RN workforce and the future educational plans of respondents.

Section IV provides information on the APRN workforce. Information is organized for overall demographics, education, and characteristics by education, including certifications, provision of care, and future work intentions. Data include both state and regional levels.

Section V includes data from a set of questions new to the *2016 Nurse Workforce Survey* focused on leadership. Types of leadership roles reported by RNs across the state and by DHS regions are described. Demographic characteristics of nurses who report serving in leadership roles of various types are compared to characteristics of nurses who do not report a leadership role. Comparisons of work roles and work settings are described for nurse leaders compared to those not reporting leadership roles. Barriers to taking on leadership roles and future work intentions of current nurse leaders are also described.

Section VI includes data on nurses reporting academic faculty roles, including overall demographics, areas of clinical specialty, primary position, education, plans for further education, and future employment plans.

Section VII includes recommendations for future RN workforce surveys.

Appendices include *At a Glance* Summary, Wisconsin RNs by county, the DHS Regions Map, Certification Table, and copy of 2016 RN Renewal Survey.

Section I. Introduction

Beginning in 2010, Wisconsin State Statute 106.30 has required mandatory biennial surveys of all RNs renewing their licenses to practice in Wisconsin. This report presents the findings from the *Wisconsin 2016 RN Workforce Survey* conducted in the State of Wisconsin. The State of Wisconsin Department of Workforce Development (DWD) administers the survey.

Wisconsin Center for Nursing (WCN), in partnership with DWD, sponsored the analysis. A research team from the University of Wisconsin-Madison received the complete data set from DWD, conducted analysis, and wrote the report. UW-Madison Health Sciences IRB determined the project to be exempt from review.

In 2016, 87,444 RNs completed the survey either online or in paper format by February 29, 2016 with their license renewals. This report presents findings from 76,781 RN respondents to the online survey retained in the sample after application of exclusion criteria (See Table 1).

This report focuses on the Wisconsin RN workforce, defined as RNs living and/or working in Wisconsin. Many nurses maintain licensure in Wisconsin and work in Wisconsin, but live outside of the state. There are also a number of nurses living in Wisconsin and not working. Both of these groups are included in the analyses. When possible, relevant descriptive comparisons to the 2012 and 2014 results are provided. Although some analyses in this full report are the same as those in the *At a Glance* summary report (Appendix A), many are not, since they may be based on a different subsample of respondents.

Data Management

Data were reviewed to identify those RNs who do not live or work in Wisconsin and for questionable responses, such as dates of licensure or degree or certification receipt that were impossible or highly unlikely given the date of birth or number of hours in a day or week. Table 1 summarizes the criteria used to exclude data from the final data set used for the analyses in this report. In addition, data from respondents to paper surveys (2,074) were not provided to the research team and are not included in the analysis.

Data are reported as the number of valid respondents, the percentage of valid responses, or the mean (average) or median (a score that falls in the middle of a distribution with half the scores above and half the scores below), as appropriate. When the number of valid responses was so small (less than five respondents) as to risk the identity of the respondent, results were not reported.

Table 1. Excluded Responses

Electronic Responses Received (*n* = 85,370)	
Excluded Responses	***n***
Does not live or work in Wisconsin	7,203
Date US or WI RN license obtained prior to or at date of birth	31
RN license prior to first degree or certification	218
First US or WI license prior to age 16	312
Provided direct care for 6 or more years prior to first degree	319
Provided direct care for 6 or more years prior to first license	745
Received first degree or certification prior to age 16	69
Provided direct care prior to age 16	51
Currently working more than 10 jobs	37
Working excessive hours in primary job, secondary job, or both	306[a]
Working or unemployed looking for work after age 85	8[b]
Usable Responses	**76,781**

Note. Respondents may have reported data that met exclusion criteria in more than one category.
[a]Respondents who selected that they worked more than 84 hours weekly in a primary job, 72 hours weekly in a secondary job, and/or 92 hours weekly in both primary and secondary jobs were excluded.
[b]The working or unemployment exclusion age was changed from 75 years of age to 85 years of age in the 2016 analysis; it provides an enriched view of the current state of the nurse workforce.

Limitations

This report includes only RN re-licensure data. Newly licensed RNs were not included in the data set or this analysis. As with all surveys, response errors are possible that may have led to missing, incorrect, or incomplete responses. Regional numbers often do not add up to the state number because:

1) The state data set is restricted to RNs who live or work in Wisconsin.
2) The Wisconsin Department of Health Services (DHS) regional data reflect those RNs whose primary position or residence is in the region.
3) Not every RN who works in Wisconsin provided information that allowed identification of a county where the RN was working.

Comparisons were made when possible to the 2012 (Murray, Westphal, Acord, Schiffman, & Henriques, 2013) and 2014 (Schiffman, Zahner, Westphal, Breakwell, & Henriques, 2015) RN Survey reports. However, the ability to analyze trends over these three surveys was limited due to changes in survey questions over time and limited access to datasets.

Section II. Wisconsin RN Workforce Demographics

Demographics of the RN Workforce

Table 2 displays demographic information on Wisconsin's RN workforce. The majority of RNs licensed in Wisconsin reside in Wisconsin (96.8%), are female (92.9%), and speak English only (89.8%). Median age of RNs in this analysis was 47 years.

Table 2. Wisconsin RN Workforce Demographics (*n* = 76,781)

Residence	*n*	%
Wisconsin	74,357	96.8
Outside Wisconsin	2,424	3.2
Gender		
Female	71,338	92.9
Male	5,443	7.1
Age		
Mean age (SD)	46.8 (13.3)	
Range	21 to 96 years	
Age Distribution		
Less than 25 years	1,163	1.5
25 – 34 years	16,967	22.1
35 – 44 years	16,540	21.5
45 – 54 years	16,155	21.0
55 – 64 years	18,824	24.5
65 – 74 years	6,547	8.5
75 years and older	585	0.8
Primary Racial Identity		
White	72,873	94.9
Black	1,428	1.9
Asian	1,181	1.5
Native Hawaiian or other Pacific Islander	79	0.1
American Indian/Native Alaskan	265	0.3
Multiracial	955	1.2
Hispanic/Latino Ethnicity		
Yes	1,303	1.7
No	75,478	98.3

Language Proficiency	*n*	%
English language only	68,973	89.8
One other language	7,091	9.2
Two or more other languages	611	0.8

Note. Table 2 includes responses to survey questions 63 – 67 and 69.
Note. Online survey responses only.

Small increases in the size and diversity of the nurse workforce were noted when 2016 results were compared to the 2012 and 2014.

- Black nurses increased to 1,428 from 1,327 in 2014 (7.6% increase) and 1,256 in 2012 (13.7% increase).
- Asian nurses increased to 1,181 from 1,045 in 2014 (13.0% increase) and 900 in 2012 (31.2% increase).
- American Indian/Native Alaskan nurses increased to 265 from 260 in 2014 (2.0% increase) and 228 in 2012 (16.2% increase).
- Native Hawaiian/Other Pacific Islander nurses held steady at 79.
- Multiracial nurses increased to 955 from 866 in 2014 (10.3% increase) and 516 in 2012 (85% increase).
- Hispanic nurses increased to 1,303 from 1,141 in 2014 (14.2% increase) and 970 in 2012 (34.3% increase).
- White nurses increased to 72,873 from 69,559 in 2014 (5.0% increase) and 67,266 in 2012 (8.3% increase).
- Male nurses increased to 5,443 from 5,019 in 2014 (8.4% increase).

While increases were seen in the number of nurses in most of the ethnic/racial categories, the percentage of the total Wisconsin RN workforce by race/ethnicity and gender is largely unchanged from prior years and does not reflect the demographic diversity of the population of Wisconsin. Furthermore, the diversity of the RN workforce in Wisconsin lags behind the national diversity benchmarks of 33% in the entire U.S. workforce and 25% in the U.S. nurse workforce (National Advisory Council on Nurse Education and Practice [NACNEP], 2013). The number of men in nursing in Wisconsin increased to 7.1%, which still lags in comparison to the national average of 8% (Budden et al., 2016).

Although the great majority of nurses speak English only, 7,091 (9.2%) speak one other language, while 611 speak two or more languages. There are 4,687 Spanish-speaking nurses. Other languages include German (650), French (444), Hmong (389), Filipino (341), Russian (216), Polish (134), Hindi (116), and other (1,157). There are 566 nurses who use American Sign Language.

While progress is being made, continued efforts to improve diversity within the RN workforce are needed.

Employment Patterns of RNs in Wisconsin

Employment Status

Table 3 displays information about the employment status of Wisconsin RNs in 2016. The majority (88.5%) of respondents are employed, with 82.7% of respondents employed as RNs. The number of retired nurses who continue to hold licenses has risen from 4,608 (6.3%) in 2014 to 5,596 (7.3%) in 2016.

Table 3. Employment Status of RNs in Wisconsin (n = 76,781)

	n	%
Employed	**67,913**	**88.5**
Employed as RN	63.492	82.7
Employed in health field, not RN	3,093	4.0
Employed in another field	1,328	1.7
Not Employed	**8,868**	**11.5**
Retired	5,596	7.3
Unemployed, seeking work in nursing	1,073	1.4
Unemployed, seeking work in another field	132	0.2
Unemployed, not seeking employment	2,067	2.7

Note. Table 3 includes responses to survey question 11.

The percentage of RNs employed in nursing shows little change from 2014 (84.2%) to 2016 (82.7%), but the number of respondents working as RNs has increased to 63,492. There is an increase in the number of respondents working in non-RN health care positions in both number (from 2,109 in 2014 to 3,093 in 2016) and percentage of the nurse workforce (from 2.9% in 2014 to 4.0% in 2016). While this shows the increasing demand for RNs in the health care field as a whole, it also could present future problems as the need for RNs in direct care positions continues to increase.

Primary Position Characteristics

Table 4 shows respondents by primary place of work, type of position, and type of compensation. The majority reported a hospital as their primary work setting (52.3%), paid hourly (71.8%), and providing direct patient care (78.3%). A majority of respondents work in staff nurse positions (61.8%). The number of nurses working in ambulatory care settings rose from 10,764 (17.2%) in 2014 to 12,152 (18.6%) in 2016. Nurses reporting working in education rose from 1,324 in 2014 to 1,705 in 2016. The number of RNs working in public or community health also rose from 2,375 in 2014 to 2,591 in 2016. In contrast, the number of RNs who reported working in nursing homes or extended care facilities decreased to 6,108 in 2016 from 6,578 in 2014.

Table 4. Characteristics of Primary Position (*n* = 65,339)

Primary Place of Work	*n*	%
Hospital	34,163	52.3
Ambulatory care	12,152	18.6
Nursing home/extended care	6,108	9.3
Home health	3,645	5.6
Public health or community health	2,591	4.0
Academic education	1,705	2.6
Other	4,975	7.6
Primary Position Description		
Staff nurse	40,381	61.8
Nurse manager	4,636	7.1
Case manager	5,739	8.8
Advanced practice nurse	4,443	6.8
Administrator	958	1.5
Consultant/contract	833	1.3
Nurse executive	772	1.2
Nurse faculty	1,212	1.9
Nurse researcher	276	0.4
Staff, other non-medical	223	0.3
Manager, other non-medical	142	0.2
Other	5,724	8.8
Primary Position is Temporary External Pool/Travel/Staffing Placement		
Yes	985	1.5
Primary Position is Self-Employment		
Yes	1,203	1.8
Compensation in Primary Position		
Paid hourly	46,920	71.8
Paid salary	17,308	26.9
Volunteer	811	1.2

Compensation Benefits (could select more than one)	n	%
Retirement plan	54,505	83.4
Dental insurance	49,936	76.4
Personal health insurance	44,785	68.5
Family health insurance	41,734	63.9
None	7,492	11.5
Direct Patient Care Provider in Primary Position	**51,184**	**78.3**
Reason to Work More than Scheduled Hours		
Salaried position	14,174	21.7
Agreed as part of employment	5,206	8.0
Required (not on call)	4,208	6.4
Required (on call)	7,219	11.0
Voluntarily agreed	34,532	52.9
Time Worked	**Mean**	**SD**
Hours worked per week in primary and secondary jobs	36.0	12.0
Weeks worked in calendar year 2015 (including paid vacations)	47.3	10.7

Note. Table 4 includes responses to survey questions 25, 28, 29, 31 – 33, 35 – 37.

Future Intentions for Employment

The survey included questions that explored intent to continue to provide direct patient care and intent to continue in current employment. Table 5 displays responses by the length of time they plan to continue providing direct patient care and by mean age, mean years of direct care experience, and number of total weekly hours worked. A substantial number of respondents (24,070, 43.2%) indicated a plan to continue to provide direct care for less than 10 years; 4,029 (7.2%) stated they plan to leave direct care within the next 2 years. These results, combined with demographic trends toward an aging population in Wisconsin with increased needs for direct nursing care, demonstrate the increasingly urgent need to recruit and retain direct care staff.

Respondents who plan to continue longer in direct patient care are younger on average, have less experience providing direct care, and work more hours per week. Conversely, respondents planning to stop providing direct care sooner are older on average, with more years of experience, and work fewer hours per week. It seems likely that RNs who intend to transition out of direct patient care in the near term start cutting back on hours some years prior to leaving direct care entirely. It is interesting to note that the mean age of RNs planning to leave direct patient care in the next 2 years is 52.1 years, which could indicate that while they intend to leave direct patient care, they may be moving into other types of RN employment rather than retiring from the profession entirely.

Table 5. Intent to Continue Providing Direct Patient Care by Age, Mean Years as an RN, and Hours Worked (*n* = 55,667)

	n	%	Mean Age	Mean Years as RN in Direct Patient Care	Hours Worked between Primary and Secondary Job
Less than 2 years	4,029	7.2	52.1	22.1	32.3
2 – 4 years	8,011	14.4	50.2	20.0	32.8
5 – 9 years	12,030	21.6	48.7	18.4	35.8
10 – 19 years	14,697	26.4	44.3	14.3	36.0
20 – 29 years	9,168	16.5	37.9	9.5	36.4
30 years or more	7,732	13.9	31.2	5.0	36.5

Note. Table 5 includes responses to survey questions 17, 20, 21, 29, 30, 45, 46.

Table 6 displays the responses of RNs asked about their intent to continue in their current employment. The number of nurses intending to leave their current employment in the next 2 years is 8,724 (12.8%), and the number of nurses planning to leave in the next 9 years is 38,597 (56.5%). Although some of these results are due to RNs intending to retire and end their careers, these results also reflect a level of turnover within the RN workforce, contributing to substantial organizational costs associated with recruitment and retention.

Table 6. Predicting Intent to Continue in Current Employment (*n* = 68,335)

	n	%	Mean Age	Mean Years as RN in Direct Patient Care	Hours Worked between Primary and Secondary Job
Less than 2 years	8,724	12.8	45.2	14.4	33.8
2 – 4 years	14,817	21.7	46.2	15.1	35.1
5 – 9 years	15,056	22.0	49.6	17.6	36.9
10 – 19 years	15,121	22.1	47.4	15.7	37.7
20 – 29 years	8,682	12.7	39.9	10.6	37.0
30 years or more	5,935	9.1	32.6	5.9	37.2

Note. Table 6 includes responses to survey questions 17, 20, 21, 29, 30, 45, 46.

Specialized Clinical Knowledge Required in Primary Position

Table 7 displays the breadth of clinical specialty knowledge areas required for their primary positions, as reported by respondents. More than one clinical specialty knowledge area could be selected by respondents. The most frequently reported knowledge areas were medical-surgical (36.1%), acute care/critical care/intensive care (24.3%), and geriatrics/gerontology (19.8%). A category for parish/faith community clinical specialty knowledge was added in the 2016 survey, and 8,433 respondents reported this as an expertise area.

Table 7. Clinical Specialty Knowledge and Experience (*n* = 76,781)

Current Practice in Primary Position	*n*	%
Acute care/critical care/intensive care	18.680	24.3
Adult health	13,956	18.2
Addiction/AODA/substance abuse	2,920	3.8
Anesthesia	1,677	2.2
Cardiac care	12,843	16.7
Community health	5,444	7.1
Correctional health	1,539	2.0
Dialysis	3,061	4.0
Emergency care	10,527	13.7
Family health	5,731	7.5
Geriatrics/gerontology	15,197	19.8
Home health	9,206	12.0
Hospice care/palliative care	9,402	12.2
Labor and delivery	5,911	7.7
Maternal and child health	5,540	7.2
Medical/surgical	27,738	36.1
Neonatal care	4,549	5.9
Obstetrics/gynecology	6,049	7.9
Occupational health/employee health	2,303	3.0
Oncology	6,192	8.1
Pediatrics	1,075	1.4
Parish/faith community	8,433	11.0
Psychiatric/mental health	6,406	8.3
Public health	3,492	4.5
Rehabilitation	5,686	7.4
Respiratory care	2,855	3.7
School health	2,175	2.8
Surgery/pre-op/post-op/PACU	11,363	14.8
Women's health	4,875	6.3
Other	11,719	15.3
None of the above	4,271	5.6

Note. Table 7 includes responses from survey question 14.
Note. Percentages do not total 100 since respondents could select more than one category.

Educational Patterns of RNs in Wisconsin

Academic Preparation

Academic preparation for working as a professional RN can be achieved through a variety of degrees and programs. Table 8 reveals the academic backgrounds reported by survey respondents. Most respondents (75%) received their most recent degree of any type from a program in Wisconsin.

The highest number and percentage of respondents hold the Baccalaureate Degree in Nursing (BSN) as their highest degree in nursing (35,434, 46.1%). This is an increase from 2014, when 44.1% reported the BSN as their highest degree in nursing. The number reporting the Associate Degree in Nursing (ADN) as the highest degree in nursing was 35.7% (27,407), a small decline compared to 2014 (26,444, 36.2%). There are 3,600 (4.7%) respondents currently enrolled in BSN programs. While the trend in increasing numbers of RNs with BSN degrees is positive, reaching the Institute of Medicine (IOM) recommendation in *The Future of Nursing*: *Leading Change, Advancing Health* (IOM, 2011) that 80% of RNs hold baccalaureate degrees by 2020 will require substantial investment in program expansion, as well as addressing barriers faced by nurses in obtaining additional education. This survey found that most respondents do not plan to pursue further education (67.8%). The three most frequently selected barriers to pursuing additional education were cost of tuition and fees (38,127, 31.5%), family/personal reasons (25,891, 21.4%), and cost of lost work time and benefits (18,242, 15.1%).

Graduate degrees have been attained by a small percentage of RNs in Wisconsin overall. A master's degree in nursing (MSN) was reported as the highest nursing degree by 7,873 (10.3%), a small decline from 2014 (8,092, 11.1%). This may reflect the increasing accessibility of the Doctor of Nursing Practice (DNP) degree, which was reported as the highest degree in nursing by 422 (0.5%), up substantially from 2014 (264, 0.3%). The number currently enrolled in DNP programs in 2016 (714, 0.9%) also increased from 2014 (521, 0.7%). In contrast, the number of RNs reporting the PhD as the highest degree in nursing was 251 (0.3%), a decline from 2014 (276, 0.3%). Similarly, the number reporting current enrollment in a PhD program in nursing was 108 (0.1%), down from 135 (0.2%) in 2014.

Table 8. Educational Preparation for Nursing Practice (*n* = 76,781)

Location of Most Recent Educational Degree	*n*	%
Wisconsin	57,612	75.0
Not Wisconsin	19,169	25.0
Highest Nursing Degree		
Practical or vocational nursing diploma	95	0.1
Diploma in nursing	5,081	6.6
ADN	27,407	35.7
BSN	35,434	46.1
MSN	7,873	10.3

	n	*%*
DNP	422	0.5
DSN or ND	17	0.0
PhD	251	0.3
Highest Degree Earned		
Practical or vocational nursing diploma	88	0.1
Diploma in nursing	4,654	6.1
AD	26,372	34.3
BS	35,336	46.0
MS	9,474	12.3
Doctorate, any field	857	1.1
Plans for Further Education		
No plans	52,094	67.8
Enrolled in BSN	3,600	4.7
Enrolled in MSN	2,159	2.8
Enrolled in MS in related health field	344	0.4
Enrolled in DNP	714	0.9
Enrolled in PhD in Nursing	108	0.1
Enrolled in PhD in related field	61	0.1
Enrolled in specialty certificate	832	1.1
Plan to pursue further education with next 2 years	16,869	22.0
Barriers to Pursuing Additional Education[*] (*n* = 76,781)		
Commuting distance	2,146	1.8
Cost of loss of work and benefits	18,242	15.1
Cost of tuition and fees	38,127	31.5
Family/personal reasons	25,891	21.4
Lack of flexibility in work schedule	7,881	6.5
Limited access to online learning or other resources	716	0.6
Schedule of educational programs offered	2,052	1.7
None identified	20,116	16.6
Other	5,700	4.7

Note. Table 8 includes responses to questions 5 – 7.

[*]Respondents could check two challenges.

Age at First and Subsequent Degree

Nurses have many educational options to prepare them for the RN licensure examination, and these options have changed over time. As shown in Table 9, the largest number of respondents to the 2016 survey indicated they received their first degree in nursing through a BSN program (32,152), followed by the ADN program (28,046), a vocational certificate program (7,554), a diploma program (8,333), and direct entry master's program (462).

Progression to higher levels of educational attainment in nursing depends on many factors, including age at first degree. Table 9 shows the average age of respondents at their first degree in nursing and at the time they achieved all subsequent degrees (if any). The mean age for nurses completing the ADN as their first degree was 30.4 years and was 25.1 for nurses completing the BSN as their first degree. This age differential persists as nurses attain graduate degrees, so that BSN prepared nurses who eventually obtained a MSN did so at an average age of 34.6, compared to 41.2 for the ADN first degree nurse. Similarly, a nurse with a BSN as the first degree completed the PhD at an average age of 43.5 compared to 49.2 for the ADN nurse (41.2 for DNP compared to 45.9). While attaining graduate education at any age has benefits to the nurse and society, achieving advanced degrees at a younger age allows for a longer career in advanced nursing practice, research, or teaching.

Table 9. Mean Age at First Degree in Nursing and at Subsequent Degrees if Attained

	n	Vocational Nursing Certificate	Diploma	ADN	BSN	MSN	PhD	DNP
Practical or vocational nursing diploma	7,554	27.6	31.4	32.7	36.7	42.4	49.3	44.4
Diploma	8,333	-	23.6	31.4	34.6	40.8	49.1	50.3
ADN	28,046	-	-	30.4	36.4	41.2	49.2	45.8
BSN	32,152	-	-	-	25.1	34.6	43.5	41.3
MSN	462	-	-	-	-	31.2	40.5	38.1

Note: Table 9 includes responses to survey question 4.

Racial and Ethnic Diversity of RNs in Wisconsin

Table 10 illustrates the demographics, job titles, hours worked, highest nursing degree, and primary position type by self-reported racial and ethnic diversity category compared to non-diverse category (classified as White). Diversity in gender is more prominent among racially and ethnically diverse respondents (9.9%) than among non-racially and ethnically diverse respondents (6.9%). Additionally, a higher percentage of racially and ethnically diverse respondents have baccalaureate degrees (48.8%) when compared to non-diverse respondents (45.8%); the percentages with higher degrees are similar. Racially and ethnically diverse respondents also reported higher language proficiencies, with 36.7% reporting proficiency in more than one language and 4.1% reporting proficiency in more than two languages.

While the percentages of racially and ethnically diverse respondents in administrative, managerial, and research positions align with non-diverse respondents, it is important to note that the absolute number of racially and ethnically diverse respondents in each of those positions is much smaller.

Table 10. Comparison of Demographics, Job Titles, Education, and Employment Sector Characteristics by Diversity Category

	Racially and Ethnically Diverse		Non-Racially and Ethnically Diverse	
	n	*%*	*n*	*%*
	4,795	6.2	71,986	93.8
Hispanic/Latino				
Yes	1,303	27.2		
Race				
White	887	18.5	71,986	100.00
Black	1,428	29.8		
Asian	1,181	24.6		
Native Hawaiian/Pacific Islander	79	1.6		
American Indian/Alaska Native	265	5.5		
Multiracial	955	19.9		
Age				
Valid Responses	4,795		71,986	
Mean (SD)	42.6 (11.7)		47.1 (13.3)	
Gender				
Female (% within diverse)	4,319	90.1	67,019	93.1
Male (% within diverse)	476	9.9	4,967	6.9
Proficient in Another Language				
No (% within diverse)	2,838	59.2	66,135	91.9
1 other language (% within diverse)	1,760	36.7	5,331	7.4
2 or more other languages (% within diverse)	197	4.1	520	0.7
Job Title of Primary Position (% within diverse)				
Valid Responses	4,135		61,204	
Administrator	62	1.5	896	1.5
Advanced practice nurse	220	5.3	4,223	6.9
Case manager	387	9.4	5,352	8.7
Consultant/contract	48	1.2	785	1.3
Manager, other non-medical industry	*		138	0.2

	Racially and Ethnically Diverse		Non-Racially and Ethnically Diverse	
	n	*%*	*n*	*%*
Nurse executive	33	0.8	739	1.2
Nurse faculty	74	1.8	1,138	1.9
Nurse manager	255	6.2	4,381	7.2
Nurse researcher	16	0.4	260	0.4
Staff nurse	2,755	66.6	37,626	61.5
Staff, other non-medical industry	7	0.2	216	0.4
Other	274	6.6	5,450	8.9
Total Mean Hours/Week Primary/Secondary Position				
Valid Responses	4,135		61,204	
Mean (SD)	37.9 (12.6)		35.9 (11.9)	
Highest Nursing Degree (% within diverse)				
Valid responses	4,741		71,421	
Practical or vocational nursing diploma	*		91	0.1
Diploma in nursing	133	2.8	4,948	6.9
ADN	1,761	36.9	25,646	35.7
BSN	2,341	49.0	33,093	46.3
MSN	484	10.1	7,389	10.3
DNP	28	0.6	394	0.6
DNS or ND	*		15	0.0
PhD in nursing	24	0.5	227	0.3
Highest Degree Earned (% within diverse)				
Valid Responses	4,795		71,986	
Practical or vocational nursing diploma	*		84	0.1
Diploma	127	2.6	4,527	6.3
AD	1,715	35.8	24,657	34.3
BS	2,342	48.8	32,994	45.8
MS	540	11.3	8,934	12.4
Doctorate, any field	67	1.4	790	1.1
Primary Position (% within position)				
Valid Responses	4,135		61,204	
Ambulatory care	550	11.7	11,602	19.0
Nursing home/extended care	483	11.7	5,625	9.2
Academic education	104	2.5	1,601	2.6

	Racially and Ethnically Diverse		Non-Racially and Ethnically Diverse	
	n	*%*	*n*	*%*
Public/community health	232	5.6	2,359	3.9
Home health	325	7.9	3,320	5.4
Hospital	2,151	52.0	32,012	52.3
Other	290	7.0	4,685	7.7

Note. Table 10 includes responses to survey questions 4, 29, 30, 36, 37, 45, 46, 64 – 67.
*Too few to report.

Summary

The increase in the nurse workforce is encouraging, but continued monitoring is important, especially due to the number of nurses planning to leave direct patient care and the increasing size of the retired RN workforce. While there have been advances in diversity and gender within the nurse workforce, there are still gains needed to meet national goals and to reflect the diversity within the state. Practice settings must continue retention strategies, such as nurse residency programs, in order to keep the number of RNs working in nursing settings high and to foster retention of older RNs to limit wisdom drain. The low numbers of RNs enrolled in PhD programs is worrisome, since it perpetuates the shortage of nurse faculty. Barriers to advanced education will need to be addressed through innovative educational programs (i.e., online and early-entry programs) and scholarship programs.

Section III. Wisconsin RN Workforce by Wisconsin Department of Health Services (DHS) Regions

In this section, data are presented to describe the nurse workforce in each of the five DHS regions of the state (see Appendix C for map and listing of DHS regions). These findings and recommendations can aid policymakers, employers, and educators in decisions related to the nurse workforce in each region of the state and Wisconsin as a whole. Regional data reported in this section are limited due to survey design, missing data, and small numbers.

Demographics of Wisconsin RNs by Region

Table 11 presents demographic information from survey respondents tabulated by state and region. In all five regions, the percentage of RNs who live in the region and report working as an RN is 80% or above. This percentage is lowest in the Northern region (80%), which also has the highest percentage of retired RNs. The ratio of RNs to population is highest in the Southern region and lowest in the Northeastern region. The number of RNs working in each county can be found in Appendix B. The number of RNs working in each county per 1,000 county residents ranged from a low of 1.5 in Marquette County to a high of 19.9 in Eau Claire and La Crosse Counties. Overall, Wisconsin currently has 12.93 RNs per 1,000 residents. The ratio of working RNs to population is slightly lower at 10.6 RNs per 1,000 residents (See Table 11).

The regional distribution of RNs by race/ethnicity is similar to that of the overall population in the state. The level of language proficiency other than English is higher in the South and Southeast regions, which may reflect higher diversity within the population of those regions.

Table 11. Demographic Information for RNs Residing in Each DHS Region

	State $n = 74,357$		Southern $n = 14,994$		Southeastern $n = 28,446$		Northeastern $n = 14,963$		Western $n = 9,309$		Northern $n = 6,645$	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Working as RN	61,187	82.3	12,440	83.0	23,340	82.1	12,247	81.8	7,843	84.3	5,317	80.0
Working RNs/1,000 population in region of primary employment	10.6		11.1		11.0		9.9		10.0		10.9	
Descriptive Data												
Mean age	46.6		46.8		46.7		46.4		47.1		47.8	
Gender												
Female	69,184	93.0	13,891	92.6	26,565	93.4	14,018	93.7	8,609	92.5	6,101	91.8
Male	5,173	7.0	1,103	7.4	1,881	6.6	945	6.3	700	7.5	544	8.2

	State $n = 74,357$		Southern $n = 14,994$		Southeastern $n = 28,446$		Northeastern $n = 14,963$		Western $n = 9,309$		Northern $n = 6,645$	
	n	%	n	%	n	%	n	%	n	%	n	%
Diversity												
White	70,594	94.9	14,397	96.0	26,078	91.7	14,536	97.1	9,107	97.8	6,476	97.5
Black/ African American	1,387	1.9	149	1.0	1,176	4.1	35	0.2	13	0.1	14	0.2
American Indian/ Alaska Native	253	0.3	25	0.2	80	0.3	85	0.6	31	0.3	32	0.5
Asian	1,129	1.5	263	1.8	571	2.0	160	1.1	69	0.7	66	1.0
Native Hawaiian/ Other Pacific Islander	77	0.1	9	0.1	45	0.2	7	0.0	6	0.1	10	0.2
Multiracial	917	1.2	151	1.0	496	1.7	140	0.9	83	0.9	47	0.7
Hispanic Origin	1,263	1.7	187	1.2	811	2.9	143	1.0	73	0.8	49	0.7
Language Proficiency												
English language only	66,840	89.9	13,383	89.3	24,884	87.5	13,747	91.9	8,687	93.3	6,139	92.4
One other language	6,825	9.2	1,420	9.5	3,282	11.5	1,099	7.3	566	6.1	458	6.9
Two or more other languages	692	0.9	191	1.3	280	1.0	117	0.8	56	0.6	48	0.7

Note. Table 11 includes survey questions 11, 27, 63 – 69.

Employment Status of RNs Residing in Wisconsin by DHS Regions

Table 12 describes the employment status of the RNs in each of the five DHS regions. Those unemployed and seeking employment in nursing ranges from 1.2% to 1.7% by region, which means there are not many nurses currently seeking employment who could be added to the active workforce. The number of RNs who are unemployed and seeking non-RN positions is low (ranging from 0.1% to 0.2%). Regional variation in primary place of employment may be influenced by the geographic location of major health centers and hospitals, as well as academic institutions.

Table 12. Employment Status of RNs Working in Wisconsin DHS Regions

	State n = 63,201		Southern n = 12,900		Southeastern n = 24,119		Northeastern n = 12,343		Western n = 8,302		Northern n = 5,537	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Currently working as RN providing direct patient care	49,698	78.6	10,314	80.0	18,934	78.5	9,593	77.7	6,563	79.1	4,294	77.6
Mean years (SD) providing direct patient care as an RN	14.6 (11.5)		14.6 (11.5)		14.5 (11.3)		14.4 (11.3)		14.7 (11.5)		14.9 (11.3)	
Primary Place of Employment												
Ambulatory care (office, clinic, urgent care, surgery center, school health, etc.)	11,850	18.7	2,557	19.8	3,927	16.3	2,614	21.1	1,492	18.0	1,260	22.8
Extended care (nursing home, assisted living, hospice facility, etc.)	5,943	9.4	1,109	8.6	1,768	7.3	1,445	11.7	1,042	12.6	579	10.5
Academia	1,631	2.6	288	2.2	665	2.8	333	2.7	230	2.8	115	2.1
Public health/ community health	2,524	4.0	499	3.9	970	4.0	474	3.8	340	4.1	241	4.4
Home health	3,521	5.6	731	5.7	1,298	5.4	777	6.3	430	5.2	285	5.1
Hospital	33,113	52.4	6,832	53.0	13,835	57.4	5,722	46.4	4,212	50.7	2,512	45.4
Other	4,619	7.3	884	6.9	1,656	6.9	978	7.9	556	6.7	545	9.8
Job Title of Primary Position (*n* = 63,201)												
Administrator	919	1.5	168	1.3	371	1.5	176	1.4	104	1.3	100	1.8
Advanced practice nurse	4,303	6.8	786	6.1	1,617	6.7	922	7.5	580	7.0	398	7.2
Case manager	5,567	8.8	1,081	8.4	2,082	8.6	1,078	8.7	752	9.1	574	10.4

	State n = 63,201		Southern n = 12,900		Southeastern n = 24,119		Northeastern n = 12,343		Western n = 8,302		Northern n = 5,537	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Consultant/ contractor	712	1.1	164	1.3	278	1.2	124	1.0	93	1.1	53	1.0
Nurse executive	713	1.2	158	1.2	255	1.1	139	1.1	108	1.3	71	1.3
Nurse faculty	1,155	1.8	199	1.5	450	1.9	243	2.0	170	2.0	93	1.7
Nurse manager	4,506	7.1	918	7.1	1,564	6.5	925	7.5	697	8.4	402	7.3
Nurse researcher	252	0.4	65	0.5	131	0.5	24	0.2	20	0.2	12	0.2
Staff nurse	39,246	62.1	8,314	64.4	15,102	62.6	7,464	60.5	5,102	61.5	3,263	58.9
Staff other non-medical industry	214	0.3	35	0.3	73	0.3	51	0.4	19	0.2	36	0.7
Manager other non- medical industry	134	0.2	28	0.2	45	0.2	31	0.3	16	0.2	14	0.3
Other	5,462	8.6	984	7.6	2,151	8.9	1,166	9.4	640	7.7	521	9.4
Payment Basis of Position												
Hourly	43,398	68.7	9,222	71.4	16,162	67.0	8,519	69.0	5,817	70.1	3,678	66.4
Salary	16,916	26.9	3,100	24.1	6,877	28.5	3,276	26.6	2,059	24.8	1,604	29.0
Per diem	2,151	3.4	446	3.5	779	3.2	405	3.3	320	3.9	201	3.6
Volunteer	736	1.2	132	1.0	301	1.2	143	1.2	106	1.3	54	1.0
Total mean hours worked per week, primary & secondary jobs in Wisconsin	36.0		35.9		36.3		35.4		35.5		36.6	
Primary employment through temporary employment agency or travel agency	665	1.1	94	0.7	321	1.3	159	1.3	45	0.6	46	0.8

Note. Table 12 includes responses to survey questions 11, 20, 25, 28 – 30, 36, 37, 45, 46.

Patterns of Employment in Nursing

Table 13 describes the employment patterns of nurses in each region. The average years of experience providing direct care was 15 years, and staff nurse was the most common position for RNs. The number of respondents working as APRNs has increased in each region compared to 2014 (See Section IV for more discussion of findings related to APRNs). A majority of respondents continue to be paid on an hourly basis.

Table 13. Patterns of Employment in Nursing

	State n = 74,357		Southern n = 14,994		Southeastern n = 28,446		Northeastern n = 14,963		Western n = 9,309		Northern n = 6,645	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Employed as an RN	61,187	82.3	12,440	83.0	23,340	82.1	12,247	81.8	7,843	84.3	5,317	80.0
Employed in health care, not RN	3,016	4.1	543	3.6	1,244	4.4	644	4.3	286	3.1	299	4.5
Employed in another field	1,319	1.8	248	1.7	504	1.8	276	1.8	133	1.4	158	2.4
Unemployed, seeking work in nursing	1,070	1.4	193	1.3	473	1.7	180	1.2	125	1.4	99	1.5
Unemployed, seeking work in another field	132	0.2	22	0.1	52	0.2	34	0.2	8	0.1	16	0.2
Unemployed, not seeking employment	2,060	2.8	384	2.6	847	3.0	449	3.0	207	2.2	173	2.6
Retired	5,573	7.4	1,164	7.8	1,986	1.0	1,133	7.6	707	7.6	583	8.8

Note. Table 13 includes responses to survey questions 11, 69.
Note. Percentages are based on the valid responses in the category and may vary between categories.

Table 14 describes the employment setting of respondents in each region. The majority of respondents work in nursing (over 85% in each region), with the lowest category being retail sales and services (0.1% or less in each region). The number of nurse educators has declined to 2,584 from 2,686 in 2014 and now comprises 3% of respondents in each region.

Table 14. Employment of RNs in Nursing and Other Areas across DHS Regions Where Employed

	State n = 63,201		Southern n = 12,900		Southeastern n = 24,119		Northeastern n = 12,343		Western n = 8,302		Northern n = 5,537	
	n	%	n	%	n	%	n	%	n	%	n	%
Nursing	54,829	86.8	11,386	88.3	20,891	86.6	10,562	85.6	7,277	87.7	7,181	87.6
Nurse educator (university, technical, K-12 combined)	2,576	4.1	468	3.6	1,017	4.2	557	4.5	340	4.1	194	3.5
Retail sales and services	60	0.1	12	0.1	20	0.1	21	0.2	6	0.1	*	
Health-related services outside of nursing	2,004	3.2	373	2.9	767	3.2	419	3.4	233	2.8	212	3.8
Financial, accounting, and insurance processing	556	0.9	95	0.7	178	0.7	154	1.2	43	0.5	86	1.6
Consulting	631	1.0	133	1.0	233	1.0	123	1.0	84	1.0	58	1.0
Other	2,545	4.0	433	3.4	1,013	4.2	507	4.1	319	3.8	273	4.9

Note. Table 14 includes responses to survey questions 23, 26.
*Too few to report.

Specialized Clinical Knowledge

Table 15 shows the specialized knowledge and experience of respondents in each DHS region. Respondents were asked to select all areas of clinical specialty knowledge in which they possess 2+ years of experience and to take into account all nursing work experience, including unpaid volunteer nursing work, when responding to the question. Medical-surgical remains the most common specialty area, with pediatrics as the least commonly selected area. The breakdown of specialty areas is similar across regions.

Table 15. Areas of Specialized Clinical Knowledge and Experience by DHS Region of Residence

	State n = 74,357		Southern n = 14,994		Southeastern n = 28,446		Northeastern n = 14,963		Western n = 9,309		Northern n = 6,645	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Acute/ critical/ intensive care	18,032	24.3	3,746	25.0	7,370	25.9	3,317	21.0	2,088	22.4	1,691	25.4
Addiction/ AODA/ substance abuse	2,820	3.8	517	3.4	1,115	3.9	488	3.3	411	4.4	289	4.3
Adult health	13,479	18.1	2,939	19.6	5,148	18.1	2,661	17.8	1,529	16.4	1,202	18.1
Anesthesia	1,582	2.1	383	2.6	479	1.7	307	2.1	236	2.5	177	2.7
Cardiac	12,389	16.7	2,312	15.4	5,109	18.0	2,424	16.2	1,431	15.4	1,113	16.7
Community health	5,263	7.1	1,004	6.7	2,082	7.3	977	6.5	698	7.5	502	7.6
Correctional health	1,503	2.0	371	2.5	456	1.6	411	2.7	169	1.8	96	1.4
Dialysis/ renal	2,938	4.0	523	3.5	1,202	4.2	613	4.1	337	3.6	254	3.8
Emergency/ trauma	10,117	13.6	2,114	14.1	3,369	11.8	1,996	13.3	1,590	17.1	1,048	15.8
Family health	5,509	7.4	1,163	7.8	1,777	6.2	1,213	8.1	765	8.2	591	8.9
Geriatrics/ gerontology	14,712	19.8	2,911	19.4	4,769	16.8	3,208	21.4	2,256	24.2	1,568	23.6
Home health	8,849	12.2	1,706	11.4	3,368	11.8	1,858	12.4	1,134	12.2	783	11.8
Hospice/ palliative care	9,068	12.2	1,791	11.9	3,308	11.6	1,992	13.3	1,162	12.5	815	12.3
Labor & delivery	5,719	7.7	1,147	7.6	1,747	6.1	1,329	8.9	949	10.2	547	8.2
Maternal-child health	5,355	7.2	1,107	7.4	1,865	6.6	1,212	8.1	753	8.1	418	6.3
Medical-surgical	26,868	36.1	5,531	36.9	9,996	35.1	5,286	35.3	3,503	37.6	2,552	38.4
Neonatal	4,383	5.9	800	5.3	1,754	6.2	922	6.2	534	5.7	373	5.6
Obstetrics/ gynecology	5,834	7.8	1,223	8.2	1,963	6.9	1,296	8.7	830	8.9	522	7.9

	State n = 74,357		Southern n = 14,994		Southeastern n = 28,446		Northeastern n = 14,963		Western n = 9,309		Northern n = 6,645	
	n	%	n	%	n	%	n	%	n	%	n	%
Occupational/ employee health	2,218	3.0	383	2.6	729	2.6	596	4.0	232	2.5	278	4.2
Oncology	6,002	8.1	1,125	7.5	2,592	9.1	1,254	8.4	546	5.9	485	7.3
Pediatrics	1,048	1.4	188	1.3	435	1.5	219	1.5	106	1.1	100	1.5
Parish/faith community[*]	8,144	11.0	1,751	11.7	3,372	11.9	1,404	9.4	891	9.6	726	10.9
Psychiatric/ mental health	6,191	8.3	1,245	8.3	2,294	8.1	1,273	8.5	855	5.5	334	5.0
Public health	3,356	4.5	657	4.4	1,226	4.3	629	4.2	510	9.2	524	7.9
Rehabilitation	5,521	7.4	878	5.9	2,245	7.9	1,234	8.2	666	7.2	498	7.5
Respiratory care	2,767	3.7	647	4.3	1,073	3.8	454	3.0	365	3.9	228	3.4
School health (K-12, post-secondary)	2,104	2.8	449	3.0	798	2.8	378	2.5	282	3.0	197	3.0
Surgery/pre-op/post-op/ PACU	11,084	14.9	2,240	14.9	4,028	14.2	2,346	15.7	1,361	14.6	1,109	16.7
Women's health	4,710	6.3	903	6.0	1,884	6.6	1,026	6.9	576	6.2	321	4.8
Other	11,390	15.3	2,328	15.5	4,435	15.6	2,257	15.1	1,342	14.4	1,028	15.5

Note. Respondents could select more than one category.
Note. Table 15 includes responses to survey questions 14, 69.

Employment Status Change

Table 16 describes patterns in respondents' changes in employment status in the past year. Most respondents (65.7% to 66.8 % across regions) remained in their positions. The most common type of employment status change was a new position with the same employer. A small percentage of the RN workforce returned to work as an RN from a non-RN position (1.8% to 2.2%).

Table 16. Employment Status Change of RNs Living in Each DHS Region

	State *n* = 74,357		Southern *n* = 14,994		Southeastern *n* = 28,446		Northeastern *n* = 14,963		Western *n* = 9,309		Northern *n* = 6,645	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
No change	49,344	66.4	10,017	66.8	18,915	66.5	9,830	65.7	6,208	66.7	4,374	65.8
Changed number of hours worked	5,904	7.9	1,180	7.9	2,198	7.7	1,232	8.2	768	8.3	526	7.9
New position with same employer	6,295	8.5	1,239	8.3	2,482	8.7	1,312	8.8	765	8.2	497	7.5
New position with different employer	7,716	10.4	1,535	10.2	2,907	10.2	1,538	10.6	944	10.1	747	11.2
Working as RN, previous employment not as RN	1,526	2.1	334	2.2	610	2.1	272	1.8	188	2.0	122	1.8
No longer working as RN	1,947	2.6	387	2.6	730	2.6	394	2.6	238	2.6	198	3.0
Other	1,625	2.2	302	2.0	604	2.1	340	2.3	198	2.1	181	2.7

Note. Table 16 includes responses to survey questions 12, 69.

Table 17 describes the reasons for employment changes. The three most common reasons for an employment change in the past year were promotion/career advancement, followed by dissatisfaction with previous position and seeking more convenient hours, which remain unchanged from previous years. Retirement as a status change in each region increased from 2014. The reasons for employment change are similar in each region.

Table 17. Important Factors in Employment Change in the Past Year across DHS Regions Where Employed

	State $n = 63,201$		Southern $n = 12,900$		Southeastern $n = 24,119$		Northeastern $n = 12,343$		Western $n = 8,302$		Northern $n = 5,537$	
	n	%	n	%	n	%	n	%	n	%	n	%
Retirement	424	0.7	86	0.7	149	0.6	84	0.7	68	0.8	37	0.7
Childcare responsibilities	1,391	2.2	291	2.3	591	2.5	249	2.0	146	1.8	114	2.1
Other family responsibilities	1,010	1.6	207	1.6	404	1.7	180	1.5	127	1.5	92	1.7
Salary, medical, or retirement benefits	2,114	3.3	464	3.6	740	3.1	419	3.4	273	3.3	218	3.9
Laid off	285	0.5	44	0.3	110	0.5	62	0.5	29	0.3	40	0.7
Change in spouse/ partner work situation	476	0.8	81	0.6	186	0.8	103	0.8	74	0.9	32	0.6
Change in financial situation	607	1.0	109	0.8	250	1.0	115	0.9	84	1.0	49	0.9
Relocation/ moved to another area	1,322	2.1	335	2.6	438	1.8	258	2.1	177	2.1	114	2.1
Promotion/ career advancement	4,188	6.6	769	6.0	1,709	7.1	856	6.9	502	6.0	352	6.4
Change in health status of RN	550	0.9	117	0.9	218	0.9	91	0.7	70	0.8	54	1.0
Seeking more convenient hours	3,201	5.1	639	5.0	1,154	4.8	690	5.6	454	5.5	264	4.8
Dissatisfaction with previous position	3,517	5.6	679	5.3	1,438	6.0	675	5.5	402	4.8	323	5.8
Other	2,922	4.6	571	4.4	1,073	4.4	609	4.9	403	4.9	266	4.8

Note. Table 17 includes responses to survey questions 13, 69.

Secondary Employment

Table 18 shows patterns of employment in secondary positions. Compared to 2014, an increasing number of RNs have secondary positions. The mean number of hours worked per week in the respondents' secondary position has held steady from 2014 at 8 hours. The most common area of secondary employment continues to be nursing.

Table 18. Patterns of Secondary Employment by Area of Residence

	State n = 8,132		Southern n = 1,632		Southeastern n = 3,096		Northeastern n = 1,591		Western n = 1,120		Northern n = 693	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Secondary job requires RN licensure	6,700	9.0	1,314	8.8	2,598	9.1	1,283	8.6	943	10.1	562	8.5
Nursing	5,769	7.8	1,172	7.8	2,193	7.7	1,088	7.3	829	8.9	487	7.3
Nurse educator	717	1.0	123	0.8	324	1.1	150	1.0	74	0.8	46	0.7
Retail sales and services	149	0.2	40	0.3	46	0.2	29	0.2	24	0.3	10	0.2
Health-related services outside of nursing	508	0.7	97	0.6	182	0.6	112	0.7	61	0.7	56	0.8
Financial, accounting, and insurance processing staff	43	0.1	*		17	0.1	13	0.1	*		6	0.1
Consulting	138	0.2	21	0.1	53	0.2	25	0.2	22	0.2	17	0.3
Other	808	1.1	176	1.2	281	1.0	174	1.2	106	1.1	71	1.1
Mean number of hours worked per week (SD)	9.9 (10.5)		8.3 (8.2)		9.0 (8.5)		8.4 (8.5)		8.5 (8.5)		7.9 (7.7)	

Note. Table 18 includes responses from survey questions 40, 41, 44, 45, 69.
*Too few to report.

Employment Intentions

Table 19 shows that the majority of nonworking respondents are undecided about returning to work in nursing, with retirement/unable to return to work as the second highest intention category selected. The results are similar across the regions. There are low numbers of nonworking nurses seeking employment (range 1.5% - 1.8% per region).

Table 19. Current Intentions Regarding Work in Nursing

	State _n_ = 74,357		Southern _n_ = 14,994		Southeastern _n_ = 28,446		Northeastern _n_ = 14,963		Western _n_ = 9,309		Northern _n_ = 6,645	
	_n_	%	_n_	%	_n_	%	_n_	%	_n_	%	_n_	%
Currently seeking employment in nursing	1,192	1.6	218	1.5	502	1.8	227	1.5	137	1.5	108	1.6
Plan to return to nursing in the future	1,196	1.6	240	1.6	470	1.7	244	1.6	130	1.4	112	1.7
Retired/ unable to return to nursing	3,101	4.2	648	4.3	1,107	3.9	664	4.4	347	3.7	335	5.0
Definitely will not return to nursing, but not retired	674	0.9	125	0.8	292	1.0	132	0.9	63	0.7	62	0.9
Undecided at this time	5,279	15.4	1,003	6.7	2,070	7.3	1,063	7.1	625	6.7	518	7.8

Note. Table 19 includes responses to survey questions 61, 69.

Table 20 shows the factors that RNs list as influencing their return to nursing. The most common factors selected were other and more flexible work hours. Overall, 10.9% to 12.7% said they would not consider returning to nursing.

Table 20. Factors Influencing a Return to Nursing

	State n = 11,442		Southern n = 2,234		Southeastern n = 4,441		Northeastern n = 2,330		Western n = 1,302		Northern n = 1,135	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Would not consider returning to nursing	2,480	21.7	491	22.0	932	21.0	531	22.8	281	21.6	245	21.6
Modified physical job requirements	1,379	12.1	279	12.5	561	12.6	255	10.9	145	11.1	139	12.2
Affordable child care at or near work	345	3.0	69	3.1	150	3.4	74	3.2	29	2.2	23	2.0
Improvement in health status	1,086	9.5	220	9.8	417	9.4	223	9.6	111	8.5	115	10.1
Improved health benefits	801	7.0	144	6.4	334	7.5	157	6.7	72	5.5	94	8.3
Retirement benefits	827	7.2	158	7.1	339	7.6	149	6.4	71	5.5	110	9.7
More or flexible hours	2,720	23.8	564	25.2	1,093	24.6	502	21.5	289	22.2	272	24.0
Opportunity for career advancement	705	6.2	133	6.0	284	6.4	143	6.1	65	5.0	80	7.0
Improved pay	1,791	15.7	323	14.5	794	17.9	335	14.4	154	11.8	185	16.3
Shift	1,572	13.7	309	13.8	666	15.0	299	12.8	150	11.5	148	13.0
Work environment	2,539	22.2	497	22.2	1,025	23.1	470	20.2	286	22.0	261	23.0
Worksite location	1,920	16.8	401	17.9	764	17.2	341	14.6	212	16.3	202	17.8
Other	3,237	28.3	643	28.8	1,219	27.4	692	29.7	382	29.3	301	26.4

Note. Table 20 includes responses from survey questions 62, 69.
Note. Respondents could choose two selections.

Future Employment Plans

Table 21 shows the future employment plans of respondents in each region. Each of the regions has over 30% of its current nurse workforce intending to leave direct patient care in the next 9 years. This will increase the need for nurses in the pipeline who can replace those leaving direct patient care.

Table 21. Intent to Continue Providing Direct Patient Care by DHS Region of Employment

	State $n = 63,201$		Southern $n = 12,900$		Southeastern $n = 24,119$		Northeastern $n = 12,343$		Western $n = 8,302$		Northern $n = 5,537$	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Less than 2 years	3,729	5.9	770	6.0	1,463	6.1	687	5.6	469	5.6	340	6.1
2 – 4 years	7,423	11.7	1,528	11.8	3,033	12.6	1,264	10.2	972	11.7	626	11.3
5 – 9 years	11,283	17.9	2,337	18.1	4,516	18.7	2,048	16.6	1,447	17.4	935	16.9
10 – 19 years	13,809	21.8	2,934	22.7	5,211	21.6	2,618	21.2	1,808	21.8	1,235	22.4
20 – 29 years	8,641	13.7	1,897	14.7	2,989	12.4	1,796	14.6	1,200	14.5	759	13.7
30 years of more	7,219	11.4	1,393	10.8	2,511	10.4	1,654	13.4	1,056	12.7	605	10.9

Note. Table 21 includes responses to survey questions 4, 21.

Educational Preparation of RNs in Wisconsin by Region

Table 22 shows the educational preparation for nursing practice by region. The Northern (35.9%), Western (39.8%), and Northeastern (45.3%) regions have lower percentages of RNs with the BSN degree compared to the state as a whole (46.1%), The region with the highest percentage of BSN prepared is the Southeastern region (51.1%). All regions remain well below the national targeted goal of 80% baccalaureate or higher nursing prepared RNs by 2020. In 2014, there were 236 DNPs, which has increased by 60% to 377 in 2016; however, the number of nurses with a master's degree has decreased by 185.

Table 22. Educational Preparation for Nursing Practice (Highest Nursing Degree) by DHS Region Employed

	State $n = 63,046$		Southern $n = 12,873$		Southeastern $n = 24,042$		Northeastern $n = 12,314$		Western $n = 8,290$		Northern $n = 5,527$	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Practical or vocational nursing diploma	73	0.1	22	0.2	24	0.1	11	0.1	5	0.1	5	0.1
Diploma in nursing	3,178	5.0	598	4.6	1,313	5.5	623	5.1	312	4.0	309	5.6
ADN	23,079	36.5	4,422	34.4	7,517	31.3	4,706	38.1	3,767	45.4	2,667	48.3
BSN	29,467	46.6	6,317	49.1	12,293	51.1	5,574	45.3	3,300	39.8	1,983	35.9
MSN	6,661	10.5	1,390	10.8	2,639	11.0	1,310	10.6	801	9.7	521	9.4
DNP	377	0.6	79	0.6	139	0.6	66	0.5	56	0.7	37	0.7
PhD in Nursing	199	0.3	41	0.3	113	0.5	21	0.2	19	0.2	5	0.1
Total BSN or higher degree in nursing	36,704	58.2	7,827	60.8	15,184	63.2	6,971	56.6	4,176	50.4	2,546	46.1

Note. Table 22 includes responses from survey questions 4, 27.

Future Educational Plans

Table 23 shows the future educational plans of nurses working in each DHS region. The number of nurses interested in pursuing further education in nursing is the lowest in the Western region, where 67.2% of respondents state that they have no current plans for further education. However, the number of respondents who have no plans to continue their education is above 63% in every region. The number of nurses who plan to pursue further nursing education in the next 2 years is also declining in every region. The number of respondents enrolled in PhD and master's programs has decreased, and the number of respondents enrolled in DNP programs has increased. Additionally, the number of respondents in non-degree certification programs has decreased.

Table 23. Plans for Further Education in Nursing by DHS Region

	State *n* = 63,201		Southern *n* = 12,900		Southeastern *n* = 24,119		Northeastern *n* = 12,343		Western *n* = 8,302		Northern *n* = 5,537	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
No plans	40,947	64.8	8,292	64.3	15,210	63.1	8,381	67.9	5,344	64.4	3,720	67.2
Enrolled in BSN program	3,307	5.2	641	5.0	1,220	5.1	614	5.0	600	7.2	232	4.2
Enrolled in MSN	1,973	3.1	365	2.8	980	4.1	305	2.5	190	2.3	133	2.4
Enrolled in MS degree program in a related field	297	0.5	58	0.4	122	0.5	52	0.4	50	0.3	15	0.3
Enrolled in DNP program	655	1.0	207	1.6	221	0.9	98	0.8	100	0.5	29	0.5
Enrolled in a nursing PhD program	90	0.1	19	0.1	50	0.2	11	0.1	6	0.1	*	
Enrolled in a PhD program in a related field	52	0.1	9	0.1	28	0.1	7	0.1	*		5	0.1
Enrolled in a non-degree specialty certification program	733	1.2	154	1.2	275	1.1	142	1.2	83	1.0	79	1.4
Plan to pursue further nursing education in the next 2 years	15,147	24.0	3,155	24.5	6,013	24.9	2,733	22.1	1,926	23.2	1,320	23.8

Note. Table 23 includes responses to survey questions 4, 6.
*Too few to report.

Challenges to Further Education

Table 24 shows the challenges that RNs find to pursuing further education. The most common barriers cited are cost of tuition, fees, materials, etc. and family/personal reasons.

Table 24. Barriers to Pursuing Additional Education for RNs Living in Each DHS Region

	State		Southern n = 14,994		Southeastern n = 28,446		Northeastern n = 14,963		Western n = 9,309		Northern n = 6,645	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
None	19,569	26.3	3,986	26.6	7,165	25.2	4,149	27.7	2,392	25.7	1,877	28.2
Commuting distance	2,072	2.8	417	2.8	425	1.5	461	3.1	331	3.6	438	6.6
Cost of lost work and benefits	17,617	23.7	3,589	23.9	6,653	23.4	3,486	23.3	2,290	24.6	1,559	24.1
Cost of tuition, fees, materials, etc.	36,869	31.5	7,002	46.7	14,852	52.2	7,154	47.8	4,750	51.0	3,111	46.8
Family/ personal reasons	25,082	21.4	5,121	34.2	9,645	33.9	5,188	34.7	3,078	33.1	2,050	30.9
Lack of flexibility in work schedule	7,580	6.5	1,559	10.4	2,989	10.5	1,543	10.3	868	9.3	621	9.3
Limited access to online learning or other resources	693	0.6	174	1.2	211	0.7	118	0.8	107	1.1	83	1.2
Schedule of education programs offered	1,967	1.7	431	2.9	805	2.8	369	2.5	214	2.3	148	2.2
Other	5,539	4.7	1,164	7.8	2,236	7.9	1,000	6.7	675	7.3	464	7.0

Note. Table 24 includes responses to survey questions 7, 69.

Emergency Response Training

Table 25 shows that 45,960 nurses have received emergency preparedness and response training. However, only 23,586 have had to apply that training.

Table 25. Nurse Participation in Emergency Response

	State $n = 63{,}201$	Southern $n = 12{,}900$	Southeastern $n = 24{,}119$	Northeastern $n = 12{,}343$	Western $n = 8{,}302$	Northern $n = 5{,}537$
Received training in emergency preparedness and response	45,960	9,276	17,127	9,034	6,495	4,028
Applied training in emergency preparedness and response	23,586	4,816	8,613	4,625	3,484	2,048
Participation in an emergency preparedness exercise in past 2 years	22,349	4,540	8,176	4,406	3,303	1,924
Responded to an actual emergency, incident, or disaster in the past 2 years	2,149	483	741	388	320	217
Member of Wisconsin Emergency Assistance Volunteer Registry (WEAVR)	967	213	272	208	176	98
Member of Medical Reserve Corps	122	31	40	14	31	6

Note. Table 25 includes responses to survey questions 9, 10, 27.

Table 26 shows that a majority of nurses receive formal emergency preparedness education and that the primary provider of that education is employers.

Table 26. Formal Education in Emergency Preparedness State and DHS Region

	State $n = 63,201$	Southern $n = 12,900$	Southeastern $n = 24,119$	Northeastern $n = 12,343$	Western $n = 8,302$	Northern $n = 5,537$
Emergency preparedness training	45,960	9,276	17,127	9,034	6,495	4,028
Provided by employer	42,602	8,525	15,949	8,431	6,027	3,670
Provided by voluntary organization	1,686	388	608	317	225	148
Other	2,578	558	896	466	376	282

Note. Table 26 includes responses to survey questions 8, 27.

Summary

Regional variation is expected given the geographic distribution of major health care centers that employ large numbers of nurses. However, the aging population and reduced access to health care providers in rural regions points to a need for greater investment in strategies to increase access to nurses and to interprofessional health care services such as can be provided through telehealth programs. In addition, efforts should include increased rural health educational programs for nurses, as well as increased scholarships and programs to support the retention and recruitment of RNs to work in those rural regions.

Section IV. Advanced Practice Registered Nurses

Section IV provides information on the advanced practice registered nurse (APRN) workforce in Wisconsin. The 2014 survey was reworded to be consistent with the definition of advanced practice nurse prescribers (APNP) in the Wisconsin Administrative Code Chapter N8.04 in order to better identify the APRN workforce. There were no wording changes for APRNs in the 2016 survey; however, additional analysis was completed on specialties that include national certification and in predicting employment plans. Findings from the state level are presented (Tables 27, 28, 29, and 30), then broken down by Wisconsin Department of Health Services (DHS) regions (see Appendix C for map and listing of DHS regions) of the primary position of APRNs (Tables 31, 32, and 33).

Demographics of APRNs in Wisconsin

There are 5,056 APRNs, with 4,511 working as an APRN and 4,395 working in Wisconsin as APRNs. This represents 5.9% of the nurse workforce, with 89.3% of the APRNs working in Wisconsin. In 2014, there was a 6.2% increase from 2012 data, and in 2016, there was a 692 increase in APRNs over 2014, resulting in a 2016 increase of 18.7%. The largest increase was in the APNP role. Males comprised 11.2% of APRNs. 90% of APRNs hold a MSN or higher degree (Table 27). The number of APRNs who hold a DNP has increased to 6.6% of the APRN workforce. The age range of APRNs is 25 years to 79 years, with a mean age of 46.1 (SD 11.1). Family specialty certification is the most frequent specialty focus area (1,775, 39.3%), followed by adult (815, 18.1%) and gerontology (290, 6.4%).

Table 27. APRN Demographics

	n	%
Demographics		
Works in Wisconsin as APRN	4,395	89.3
Works out of Wisconsin as APRN	116	2.6
Male	507	11.2
Female	4,004	88.8
Mean age (SD)	46.1 (11.1)	
Diverse	245	5.4
Not diverse	4,266	94.6
Highest Nursing Degree		
Diploma	40	0.9
ADN	56	1.2
BSN	356	7.9
MSN	3,705	82.1
DNP	297	6.6

	n	%
DNS or ND	5	0.1
PhD in nursing	52	1.2
Highest Degree Earned		
Diploma in nursing	26	0.6
AD	29	0.6
BS	121	2.7
MS	3,967	87.9
Doctorate, any field	368	8.2

Note. Table 27 includes responses to survey questions 4, 26, 63 – 67.

Certification, Employment Status, and Age of APRNs

Table 28 describes APRNs who work in Wisconsin by their type of certification and age. The majority (69.4%) of APRNs are certified APNP. Certified registered nurse anesthetists (CRNA) have increased 7.9%, from 672 in 2014 to 725 in 2016. Certified nurse midwives have increased 12.1%, from 164 in 2014 to 184 in 2016. Clinical nurse specialists remained stable, from 363 in 2014 to 364 in 2016.

Table 28. APRN Age by Certification Type (*n* = 5,056)

Current National Certification as an APRN	*n*	%	Mean Age
NP	2,802	55.4	45.8
CNS	364	7.2	52.0
CNM	184	2.4	47.1
CRNA	725	14.3	45.0
APNP	3,510	69.4	44.0

Note. Table 28 includes responses to survey question 48.

Nurse practitioners (NP) had a mean age of 45.8 years. Most NPs work in ambulatory care (1,371, 52.7%) followed by hospital (785, 30.2%). Other primary work settings for NPs include public health (4.4%), extended care (3.6%), academic education (3.0%), and home health (2.0%). Roles of NPs most frequently reported are advanced practice nurse (92.9%). Other reported positions of NPs include nurse faculty (59), staff nurse (23), administrator (20), nurse manager (13), case manager (7), and researcher (6). Providing direct care was reported by 86.5% of the NPs.

Clinical nurse specialists reported a median age of 52 years, with 158 (62.5%) working in the hospital, followed by 52 (20.6%) working in ambulatory care, seven (2.8%) working in public health, and 16 (6.3%) working in academic education. Most reported working as an APRN (224, 88.5%), followed by nurse faculty (6, 2.4%), administrator (4, 1.6%), nurse manager (4, 1.6%), and three working as a nurse executive and case manager.

Certified nurse midwife had a mean age of 47.1 years. Most reported working in ambulatory care (73, 48.7%), followed by hospital (49, 32.7%) and public health (14, 9.3%). Only nine reported working in academic education. Most identified their position as APRN (138, 92%), with two working as nurse managers and two as administrators. Only four identified their position as nurse faculty. Providing direct care was reported by 90%.

Certified registered nurse anesthetists have a median age of 45 years. Most reported working in the hospital setting (513, 88.8%), with 10.2% in ambulatory care and only one in public health and academic education. Most have an APRN position (530, 91.7%). Twenty-one reported working as a staff nurse, two as a nurse manager, and two as an administrator, with only one working as a nurse faculty. Providing direct care was reported by 98.1%.

Advanced practice nurse prescribers (APNP) had a median age of 44 years. Most reported working in ambulatory care (1,665, 50.2%), followed by hospital (1,102, 33.2%), public health (132, 4.0%), extended care (131, 4.0%), academic education (90, 2.7%), and home health (61, 1.8%). Reported primary position was APRN (3,107, 93.7%), nurse faculty (66, 2.0%), staff nurse (33, 1.0%), administrator (17, 0.5%), nurse manager (15, 0.5%), and nurse executive (14, 0.4%).

Table 29. APRN Employment Status by Specialty

	NP $n = 2,602$		CNM $n = 150$		CRNA $n = 578$		CNS $n = 253$		APNP $n = 3,315$	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Primary Place of Employment										
Ambulatory care (office, clinic, urgent care, surgery center, school health, etc.)	1,371	52.7	73	48.7	59	10.2	52	20.6	1,665	50.2
Extended care (nursing home, assisted living, hospice, etc.)	93	3.6	0		0		6	2.4	131	40.0
Academia	79	3.0	9	6.0	*		16	6.3	90	2.7
Public/community health	115	4.4	14	9.3	0		7	2.8	132	4.0
Home health	51	2.0	0		0		*		61	1.8
Hospital	785	30.2	49	32.7	513	88.8	158	62.5	1,102	33.2
Other	108	4.2	5	3.3	*		11	4.3	134	4.0
Job Title of Primary Position										
Administrator	20	0.8	*		*		*		17	0.5
Advanced practice nurse	2,416	92.9	138	92.0	530	91.7	224	88.5	3,107	93.7
Case manager	7	0.3	0		0		*		7	0.2
Consultant/contract	5	0.2	0		0		0		6	0.2
Nurse executive	9	0.3	0		0		*		14	0.4
Nurse faculty	59	2.3	*		*		6	2.4	66	2.0

	NP n = 2,602		CNM n = 150		CRNA n = 578		CNS n = 253		APNP n = 3,315	
	n	%	n	%	n	%	n	%	n	%
Nurse manager	13	0.5	*		*		*		15	0.5
Nurse researcher	6	0.2	0		0		*		*	
Staff nurse	23	0.9	0		21	3.6	*		33	1.0
Staff, other non-medical industry	*		0		0		0		*	
Manager, other non-medical industry	*		0		0		0		0	
Other	40	1.5	*		22	3.8	7	2.8	46	1.4

Note. Table 29 includes responses to survey questions 36, 37, 48.
*Too few to report.

Table 30 describes the specialty certifications available to APRNs and the number of Wisconsin APRNs reporting certification in these specialties. For NPs, the largest certification specialty area was family nursing (47.4%), followed by adult (22.1%). Only 290 (6.4%) hold a gerontology certification. Adult critical care NPs increased 58.7%, from 165 in 2014 to 262 in 2016. The number of CNSs with national certifications decreased in 2016, from 375 in 2014 to 363 in 2016. Only 101 CNS are certified in adult health.

2,161 (47.9%) APRN nurses hold one certification, while 2,313 (51.3%) hold two national certifications and 37 (0.8%) hold three national certifications. It should be noted that 1,000 nurses said they held a national certification, but did not list the type (data not listed).

Table 30. Specialty Certification (Nurse Practitioner and Clinical Nurse Specialist)

Certification as Nurse Practitioner (current) (n = 4,511)	n	%
Acute care	262	5.8
Adult	815	18.1
Adult psychiatric & mental health	48	1.1
College health	*	
Diabetes management	24	0.5
Emergency nursing	28	0.6
Family	1,775	39.3
Family planning	11	0.2
Family psychiatric & mental health	60	1.3
Gerontology	290	6.4
Neonatal	77	1.7
OB-Gyn/women's health	209	4.6

Certification as Nurse Practitioner (current) (*n* = 4,511)	*n*	%
Pediatric	287	6.4
School	7	0.2
No specialty designation	24	0.5
Other	279	6.2
Certification as Clinical Nurse Specialist (current) (*n* = 363)		
Acute/critical care – Adult	37	0.8
Acute/critical care – Pediatric	*	
Acute/critical care – Neonatal	0	0.0
Adult health	101	2.2
Adult psychiatric & mental health	44	1.0
Child/adolescent psychiatric & mental health	9	0.2
Diabetes management – Advanced	10	0.2
Home health	*	
Gerontology	24	0.5
Medical-Surgical	11	0.2
OB-Gyn/women's health	13	0.3
Palliative care – Advanced	8	0.2
Pediatric	12	0.3
Community/public health	9	0.2
No specialty designation	31	0.7
Other	51	1.1

Note. Table 30 includes response to survey questions 48 – 50.
*Too few to report.

APRNs by Setting and Population

Table 31 provides a summary of primary care or outpatient mental health services for APRNs. 2,114 APRNs provide primary care or outpatient mental health services. This represents 46.8% of all certified APRNs working in Wisconsin and is an increase from 2014 data. Those providing outpatient primary care reported an average of 28.76 hours per week (SD 13.6). Those providing mental health services reported an average of 5.38 hours per week (SD 11.3). A small number (283) reported providing direct care at a second location, with 9.55 hours per week (SD 11.4) (data not shown).

Table 31. Certified APRNs Providing Primary Care or Outpatient Mental Health Services (*n* = 2,114)

	n	*%*
Family	920	20.4
Women's health	583	12.9
Certified nurse midwife	111	2.5
Pediatric	468	10.4
Adult	971	21.5
Geriatric	618	13.7
Mental health	392	8.7
Other	171	3.8

Note. Table 31 includes responses to survey questions 53, 54.
Note. Could select multiple options.

Table 32 provides a summary of the reported population focus areas for APRNs. The highest areas are family health followed by adult-gerontology.

Table 32. APRN Population Focus Areas (*n* = 4,511)

	n	*%*
Family/individual across the lifespan	2,012	44.6
Adult-gerontology	1,621	35.9
Neonatal	74	1.6
Pediatric	305	6.8
Women's health/gender-related	341	7.6
Psychiatric-Mental health	158	3.5

Note. Table 32 includes responses to survey questions 51, 52.

APRNs by Wisconsin DHS Regions

The DHS region of the primary position could be identified for 4,883 APRNs, as reported in Table 33. The primary reason for no identification of a DHS region was not working in Wisconsin. The Southeastern region has the highest proportion of APRNs (38.6%); the Northern region has the lowest proportion of APRNs (8.9%). Overall, the number of APRNs per region increased from 2014. APRNs across the region are generally not diverse except for the Southeastern region (8.9%). The percentage of APRNs with DNP preparation has been rising in all regions. In 2012, the percentage of DNP prepared APRNs ranged from 1.3% to 2.4% across regions. These percentages increased to 2.5% to 5.4% in 2014 and to 5.5% to 7.5% in 2016. Across all regions, 7.1% of APRNs have a doctoral degree (DNP or PhD) as their highest degree.

Table 33. Demographics of APRN Workforce with Primary Position in DHS Region
(*n* = 4,883)

	Southern *n* = 917		Southeastern *n* = 1,855		Northeastern *n* = 1,034		Western *n* = 648		Northern *n* = 429	
Working APRNs/ 1,000 population	.70		.79		.75		.75		.80	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Demographics										
Works in region as APRN	786	85.7	1,663	89.6	935	90.4	587	90.6	389	90.7
Not working as APRN	131	14.3	192	10.4	99	9.6	61	9.4	40	9.3
Male	81	10.3	119	7.2	119	12.7	99	16.9	74	19.0
Female	705	89.7	1,544	92.8	816	87.3	574	83.1	315	81.0
Diverse	30	3.8	148	8.9	28	3.0	13	2.2	15	3.9
Not diverse	756	96.2	1,515	91.1	907	97.0	383	97.8	374	96.1
Mean age (SD)	46.9 (11.3)		45.1 (11.4)		45.9 (10.7)		47.6 (10.7)		47.6 (10.4)	
Highest Nursing Degree										
Diploma	12	1.5	7	0.4	8	0.9	7	1.2	5	1.3
ADN	8	1.0	8	0.5	12	1.3	20	3.4	7	7.8
BSN	83	10.6	86	5.2	56	6.0	85	14.5	35	9.0
MSN	621	79.0	1,449	85.3	802	85.8	438	74.6	310	79.7
DNP or ND	53	6.8	113	6.8	53	5.7	32	5.5	29	7.5
PhD in nursing	9	1.1	30	1.8	*		5	0.9	*	
Highest Degree Earned										
Diploma in nursing	7	0.9	*		6	0.6	6	1.0	*	
AD	*		*		8	0.9	13	2.2	*	
BS	27	23.4	37	2.2	18	1.9	26	4.4	11	2.8
MS	684	87.0	1,470	88.4	844	90.3	503	85.7	341	87.7
Doctorate, any field	65	8.3	150	9.0	59	6.3	39	6.6	32	8.2

Note. Table 33 includes responses to survey questions 4, 27, 63 – 67.
*Too few to report.

Certification and Employment Characteristics of APRNs by Region

Table 34 shows the distribution of working APRNs across the DHS regions by their primary position. The distribution across the regions is fairly similar. The majority of APRNs are nurse practitioners.

Table 34. Employment Characteristics of the APRN Workforce with Primary Position by DHS Region

	Southern n = 789		Southeastern n = 1,663		Northeastern n = 935		Western n = 587		Northern n = 389	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Credentialed (current)										
NP	465	59.2	1,037	62.4	501	53.6	319	54.3	199	51.2
CNS	38	4.8	154	9.3	25	2.7	14	2.4	12	3.1
CNM	23	2.9	52	3.1	24	2.6	42	7.2	*	
CRNA	126	10.4	100	6.0	111	11.9	134	22.8	80	20.6
APNP	563	71.6	1,250	75.2	732	78.3	385	65.6	290	74.6

Note. Table 34 includes responses to survey questions 27, 48.
Note. Could select more than one.
*Too few to report.

Table 35 displays the distribution of NPs in the most frequently reported specialty. The Southeastern region has a higher concentration of specialty certification among NPs and APRNs.

Table 35. Specialty Certification (Nurse Practitioner)

	Southern n = 786		Southeastern n = 1,663		Northeastern n = 935		Western n = 587		Northern n = 389	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Acute care	54	6.9	143	8.6	34	3.6	16	2.8	13	3.3
Adult	188	23.9	298	17.9	159	17.0	82	14.0	61	15.7
College health	*		*		*		0		0	
Diabetes management	5	0.6	11	0.7	*		*		*	
Emergency nursing	*		12	0.7	*		9	1.5	*	
Family	187	23.8	640	38.5	472	50.5	224	38.2	193	49.6
Family planning	*		7	0.4	0		0		*	
Adult psychiatric & mental health	13	1.7	15	0.9	8	0.9	5	0.9	*	
Family psychiatric & mental health	12	1.5	23	1.4	7	0.7	10	1.7	*	
Gerontology	69	8.8	117	7.0	47	5.0	27	4.6	19	4.9
Neonatal	9	1.1	40	2.4	15	1.6	8	1.4	*	
OB-Gyn/women's health	51	6.5	73	4.4	35	3.7	35	6.0	11	2.8
School	*		*		*		0		*	
Pediatric	74	9.4	160	9.6	20	2.1	21	3.6	6	1.5
Other	47	6.0	77	4.6	75	8.0	50	8.5	20	5.1

Note. Table 35 includes responses to survey questions 27, 49.
*Too few to report.

Future Work Intentions

Understanding the future work intentions of APRNs is critical to planning for the necessary advanced practice resources for Wisconsin. Table 36 summarizes the age, direct care role, and intent to provide direct patient care by certification level. APRNs have an essential role in access, direct care, population health, and system redesign needs.

Table 36. APRN Intent to Leave Direct Patient Care

	State n = 4,511		NP n = 2,602		CNS n = 253		CNM n = 150		CRNA n = 578		APNP n = 3,315	
Mean age (range)	46.1 (11.1)		45.9 (25-79)		50.7 (27-71)		47.1 (28-67)		46.9 (28-74)		45.6 (25-79)	
% of role direct care	86.1		86.5		46.6		90.0		98.1		88.1	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Not applicable	646	14.3	391	15.0	92	36.4	12	8.0	17	2.9	449	13.5
Less than 2 years	176	3.9	99	3.8	16	6.3	8	5.3	23	4.0	121	3.7
2 – 4 years	373	8.3	203	7.6	29	11.5	17	11.3	53	9.2	251	7.6
5 – 9 years	771	17.1	466	17.9	52	20.6	32	21.3	92	15.9	569	17.2
10 – 19 years	1,101	24.4	615	23.6	41	16.2	35	23.3	173	29.9	827	24.9
20 – 29 years	958	21.2	541	20.8	21	8.3	32	21.3	163	28.2	704	21.2
30 or more years	486	10.8	287	1.0	2	0.8	14	9.3	57	9.9	394	11.9

Note. Table 36 includes responses to survey questions 21, 48.
Note. Could check more than one category.

Almost 30% of NPs reported intent to leave direct care practice in less than 9 years. For the CNS, only 46.6% reported providing direct patient care. Over 38% reported intent to leave direct care in 9 or less years. For CNSs, the intent to leave percentage is the highest of any role. Similar to the CNS role, almost 38% of the CNMs reported intent to leave direct care in 9 years or less, with over 5% in the next 2 years. The APNPs reported 88.1% providing direct patient care, with 28.5% reporting intent to leave direct care in 9 or less years. Approximately 29% of CRNAs reported intent to leave direct patient care in 9 or less years. Table 37 provides a summary of intent of APRNs to stay in their current employment. These reported intentions are higher than intent to leave direct care, with 57% of CNSs and 48% of CNMs reporting an intent to stay in their current positions for 9 or fewer years.

Table 37. APRN Plans to Stay in Current Position

Plans to Stay in Position	State n = 4,477		NP n = 2,580		CNS n = 251		CNM n = 150		CRNA n = 576		APNP n = 3,289	
	n	%	n	%	n	%	n	%	n	%	n	%
Not Applicable	34	0.8	22	0.8	*		0	0	*		26	0.8
Less than 2 years	348	7.7	214	8.2	27	10.7	11	7.3	31	5.4	252	7.6
2 – 4 years	616	13.7	348	13.4	47	18.6	28	18.7	60	10.4	439	13.2
5 – 9 years	947	21.0	573	22.0	70	27.7	33	22.0	102	17.6	681	20.5
10 – 19 years	1,179	26.1	651	25.0	69	27.3	36	24.0	169	29.2	872	26.3
20 – 29 years	924	20.5	522	20.1	27	10.7	28	18.7	154	26.6	677	20.4
30 or more years	463	10.3	272	10.5	11	4.3	14	9.3	60	10.4	368	11.1

Note. Table 37 includes responses to survey questions 17, 48.
Note. Respondents could check more than one category.
*Too few to report.

Summary

The majority of APRNs are nurse practitioners. There are similarities in the type and distribution of APRNs across the DHS regions. The Southeastern region has the highest overall proportion of APRNs, with low numbers in the Western and Northern regions. Fewer than 50% of APRNs provide primary care or outpatient mental health care. The shifts in health care resulting from health care reform are expected to require more APRNs, particularly nurse practitioners in primary care (IOM, 2011), to meet the health care needs of the citizens of Wisconsin.

The APRN percentage in the nurse workforce in Wisconsin is 5.9%, which is well below the national average of 10.4% of the U.S. nurse workforce (Budden et al., 2016). Due to the need for improved access for care and the key role that advanced practice nurses provide, Wisconsin established a goal of a minimum of 10% of the RN workforce should be APRNs (WCN, 2013) by 2020. There continues to be a need to increase the number of APRNs in the state, especially in the rural areas. Most concerning was the number and intent of APRNs to leave direct care within the next 9 years. Significant efforts should be made to address the shortage in the APRN workforce. Policy efforts to assure that APRNs can practice to the full scope of practice should be encouraged. Further research is needed to identify barriers to practice.

Section V. Nurses in Leadership Roles

In 2011, the IOM strongly endorsed the expansion of leadership roles for nurses. This section presents the results of the 2016 survey related to nurses in leadership roles.

Characteristics of Nurses in Leadership Roles

Of the 59,747 respondents working as RNs in Wisconsin, 29,589 (49.5%) indicated engagement in one or more leadership role. Among those who reported being in a leadership role, 27,052 (91.5%) reported that those roles were within their primary work areas (e.g., charge nurse, team leader, or unit manager) and 2,711 (9.2%) reported leadership positions at the organizational level.

Table 38. Nurses in Leadership Positions by Role Type and DHS Region

	State		Southern		Southeastern		Northeastern		Western		Northern	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Engaged in leadership role	29,589	49.5	5,909	48.2	11,500	50.6	5,416	46.5	4,224	49.1	2,662	51.2
Not engaged in leadership role	30,158	50.5	6,339	51.8	11,238	49.4	6,219	53.5	3,700	46.7	2,540	48.8
Total	59,747		12,248		22,738		11,635		7,924		5,202	
Type of Role Reported by Nurses Engaged in Leadership Roles (*n* = 29,589)												
Work area (e.g., charge nurse, team leader, unit manager)	27,061	91.4	5,373	90.9	10,566	91.9	4,955	91.2	3,846	91.1	2,321	91.4
Organization level (e.g., dean, CNO, director)	2,711	9.2	536	9.1	950	8.3	538	9.9	447	10.6	240	9.4
Governance board (e.g., board of trustees)	844	2.9	170	2.9	344	3.0	169	3.1	103	2.4	58	2.3
Public official (e.g., county board of supervisors, state legislator)	196	0.7	50	0.8	42	0.4	42	0.8	33	0.8	29	1.1
Chair of major committee in organization	1,895	6.4	415	7.0	791	6.9	325	6.0	229	5.4	135	5.3

Note. Table 38 includes responses to survey questions 18, 26.
Note. Respondents could select more than one leadership role.

Relatively few respondents reported leading major committees within their organization (1,895, 6.4%), serving on an organization's governance board (844, 2.9%), or on a public policy board (196, 0.7%). Regional response patterns were similar to the state as a whole. See Table 38 for number and percentage of nurses working in Wisconsin reporting leadership roles by type and by DHS region.

Overall, the average age of RNs engaged in leadership roles (44.8 years) was slightly higher than for those not in leadership roles (44.3 years). Similarly, a slightly higher percentage of nurse leaders could be classified as belonging to the diverse racial/ethnic category (6.7%) compared to those not reporting engagement in leadership roles (6.1%). Table 39 displays the age, gender, diversity, and education characteristics of nurses reporting engagement in leadership roles.

While the overall results generally reflect the overall characteristics of the RN workforce sample, there are a few points of contrast worth noting. Organizational level nurse leaders reported higher mean age (47.1 years) compared to nurses reporting work area leadership roles (44.4 years). This may reflect a pattern of greater opportunity for nurses with more years of experience to move into organizational leadership roles. The gender breakdown of nurses reporting leadership roles is similar to the overall gender breakdown, with the exception of leadership as a public official, where the percentage who are male is much higher (36, 18.4%) compared to overall sample or other leadership roles. This may reflect the overall society, where men serve in elected positions at a higher rate than women, but may also be a function of the small numbers overall who reported this type of engagement. The percentage racially and ethnically diverse is similar to the overall sample (6.2% overall compared to 6.7% among those reporting leadership roles) except in working as committee chairs and public officials, where the percentage racially and ethnically diverse is slightly lower (4.6% and 4.1%, respectively).

Nurses who report any leadership role have similar nursing education backgrounds overall. However, nurses who report organizational level leadership more frequently reported having a master's degree (20.8% compared to 8.9% overall) or doctoral degree (2.4% compared to 1.1% overall). This likely reflects minimum job requirements in academic and health care organizations, as well as correlating with older age and more experience. Nurses reporting serving as major committee chairs also reported having higher nursing degrees, with 50.4% reporting baccalaureate degrees compared to 46.9% overall, 20.7% reporting master's degrees compared to 8.9% overall, and 2.2% reporting doctoral degrees compared to 0.7% overall. This may reflect greater engagement in shared governance committees common in hospitals with Magnet status, which also have a higher percentage of RN staffing with baccalaureate degrees.

Table 39. Age, Diversity, Gender, and Education Reported by Nurses with Leadership Role(s)

	State (e.g., any leadership role) n = 29,589		Work Area (e.g., charge nurse, team leader, unit manager) n = 27,061		Organization Level (e.g., dean, CNO, director) n = 2,711		Governance Board (e.g., board of trustees) n = 844		Public Official (e.g., county board of supervisors, state legislator) n = 196		Committee Chairs n = 1,895	
	Range	Mean	Range	Mean	Range	Mean	Range	Mean	Range	Mean	Range	Mean
Age	21-85	44.8	21-85	44.4	23-78	47.1	23-78	45.3	24-80	46.4	23-78	45.3
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Racially or ethnically diverse	1,982	6.7	1,853	6.8	150	5.5	49	5.8	8	4.1	88	4.6
Gender												
Female	27,384	92.5	25,011	92.4	2,530	93.3	773	91.6	160	81.6	1,772	93.5
Male	2,205	7.5	2,050	7.6	181	6.7	71	8.4	36	18.4	123	6.5
Education – Highest Nursing Degree (*n* = 29,513)												
Practical or vocational nursing diploma	37	0.1	33	0.1	*		0		0		*	
Diploma in nursing	1,236	4.2	1,143	4.2	88	3.3	23	2.7	8	4.1	62	3.3
ADN	11,407	38.7	10,836	40.1	746	27.6	204	24.2	70	35.9	392	20.7
BSN	13,865	47.0	12,781	47.4	1,169	43.2	392	46.4	83	42.6	955	50.4
MSN	2,645	9.0	2,039	7.5	564	20.9	164	19.4	31	15.8	393	20.7
DNP	198	0.7	24	0.5	66	2.4	32	3.8	*		41	2.2
PhD/DNS	125	0.4	44	0.2	66	2.4	29	3.4	0		49	2.6
Education – Highest Degree (*n* = 29,589)												
Practical or vocational nursing diploma	34	0.1	31	0.1	*		0		0		*	
Diploma in nursing	1,144	3.9	1,065	3.9	73	2.7	20	2.4	8	4.1	57	3.0
AD	11,003	37.2	10,474	38.7	698	25.7	183	21.7	67	34.2	362	19.1
BS	13,887	46.9	12,925	47.8	1,044	38.5	375	44.4	81	41.3	921	48.6
MS	3,152	10.7	2,383	8.8	734	27.1	197	23.3	36	18.4	452	23.9
Doctorate, any field	369	1.2	183	0.7	159	5.9	69	8.2	*		102	5.4

Note. Table 39 includes responses to survey questions 4, 18, 64 – 66.
Note. Respondents could select more than on role.
*Too few to report.

Leadership Roles by Work Roles and Work Settings

Respondents reported leadership roles in all categories of primary work roles and in all primary work settings. Overall, the largest number of nurses reporting leadership roles were staff nurses (17,684), reflecting the work roles reported in the overall sample. Table 40 displays the primary work roles of respondents who reported engagement in leadership compared to those who did not report leadership roles.

Variation in reports of leadership roles by primary role at work was identified in the findings. As expected, nurses reporting direct care roles reported lower engagement in leadership than nurses in management types of positions did. Of all staff nurses (38,912), 45.4% indicated they held some type of leadership role at work (e.g., charge nurse, team leader, unit manager). Findings for case managers were similar, with 44% reporting serving in a leadership role at work. Only one-third of APRNs reported having a leadership role. Role categories generally associated with leadership responsibilities (nurse manager, administrator, nurse executive, and manager – non-medical industry) all demonstrated high percentages of respondents reporting leadership roles (92.3% to 97.9%). The findings for nurse faculty and nurse researchers were similar to the direct care roles, with 45.9% of nurse faculty and 44.8% of nurse researchers reporting serving in leadership roles.

Table 40. Leadership Roles by Primary Work Role

	State Total *n* = 59,747	Report Leadership Role *n* = 29,589		Did Not Report Leadership Role *n* = 33,291	
Primary Work Role	*n*	*n*	%	*n*	%
Staff nurse	38,912	17,684	45.4	21,228	54.6
Nurse manager	4,317	4,207	97.5	110	2.5
Case manager	5,414	2,382	44.0	3,032	56.0
APRN	3,889	1,296	33.3	2,593	66.7
Administrator	624	596	95.5	28	4.5
Nurse executive	661	647	97.9	14	2.1
Nurse faculty	1,025	470	45.9	555	54.1
Consultant/contractor	492	238	48.4	254	51.6
Nurse researcher	210	94	44.8	116	55.2
Staff, other non-medical industry	156	50	32.1	106	67.9
Manager, other non-medical industry	52	48	92.3	4	7.7
Other	3,995	1,877	47.0	2,118	53.0

Note. Table 40 includes responses to survey questions 18, 36.

Table 41 displays the work settings reported by nurses in leadership and non-leadership roles. Over half of nurses working in hospital settings (55.4%) reported serving in a leadership role. This is a much higher percentage than in any other primary work setting category. This may be due to the overall frequency of opportunity for leadership roles in hospital settings compared to other settings, given the definition of leadership roles included in the survey (e.g., charge nurses, team leaders).

Table 41. Primary Work Setting of Nurses with Leadership Roles (*n* = 29,589)

	Report Leadership Role *n* = 29,589		Did Not Report Leadership Role *n* = 30,158	
	n	%	*n*	%
Hospital	16,389	55.4	15,868	52.6
Extended care	4,414	14.9	1,351	4.5
Ambulatory care	4,288	14.5	7,002	23.2
Other[a]	1,329	4.5	2,238	7.4
Home health[b]	1,472	5.0	1,889	6.3
Public health[c]	985	3.3	1,164	3.9
Academic education	712	2.4	646	2.1

Note. Table 41 includes responses to survey questions 18, 37.
[a]Includes telehealth, call center, insurance.
[b]Includes hospice.
[c]Includes community, occupational, and school health.

Barriers to Leadership Roles

Respondents who were not in leadership roles were asked to indicate their two most important barriers to engaging in leadership roles. The most frequently reported barrier was a lack of interest in leadership (45.5%), followed by having other personal priorities (20.6%). Lack of leadership preparation (5.7%) and lack of opportunity (14.7%) were also reported barriers. The percentage reporting lack of leadership development/preparation was higher in the Southern (12.8%) and Northeastern (12.5%) regions compared to the other regions and the state as a whole. The reasons behind this variation are not clear. Assessment of the number and reach of leadership development programs for nurses in the state could help explain this variation.

Table 42. Barriers to Leadership Roles

	State $n = 58,072$		Southern $n = 12,248$		Southeastern $n = 22,738$		Northeastern $n = 11,635$		Western $n = 7,924$		Northern $n = 5,202$	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Not engaged in leadership role	37,010	50.5	6,339	51.8	11,238	49.4	6,219	53.5	3,700	46.7	2,662	51.2
Barriers to Engagement in Leadership Roles												
Lack of leadership development or preparation	2,094	6.9	458	7.2	818	7.3	958	15.4	240	6.5	177	6.6
Lack of opportunity	5,431	18.0	1,217	19.2	1,934	17.2	1,134	18.2	640	17.3	506	19.0
Other personal priorities	7,628	25.3	1,677	26.5	2,977	26.5	1,491	24.0	876	23.7	607	22.8
Not interested	16,854	55.9	3,405	53.7	6,158	54.8	3,655	58.8	2,132	57.6	1,504	56.5

Note. Table 42 includes responses to survey questions 18, 19.
Note. Could select two options.

Turnover among nurse leaders may create substantial costs for organizations if they do not engage in succession planning and leadership development. Table 41 displays results from the survey indicating that 32.6% (9,623) of current nurse leaders in all types of leadership positions intend to leave their current position in 4 or fewer years. Among organizational level leaders, the proportion intending to leave in 4 or fewer years, while slightly lower, is a substantial 29.1% (789). These data point to the need for succession planning and leadership development programs in organizations that employ nurse leaders.

Table 43. Nurse Leader Intent to Leave Current Position

	Total Nurse Leaders $n = 29,442$		Work Leaders $n = 26,924$		Organizational Level Leaders $n = 2,703$		Governance Level Leaders $n = 839$		Public Officials $n = 196$		Committee Chairs $n = 1,887$		Did Not Report Leadership Role $n = 29,928$	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Not Applicable	147	0.5	137	0.5	8	0.3	5	0.6	0		8	0.4	230	0.8
Less than 2 years	3,423	11.6	3,169	11.7	276	10.2	101	12.0	23	11.7	228	12.0	3,937	13.1
2 – 4 years	6,200	21.0	5,682	21.0	513	18.9	175	20.7	41	20.9	412	21.7	6,633	22.0
5 – 9 years	6,515	22.0	5,833	21.6	675	24.9	183	21.7	47	24.0	417	22.0	6,462	21.4
10 – 19 years	6,905	23.3	6,256	23.1	698	25.7	193	22.9	52	26.5	450	23.7	6,220	20.6
20 – 29 years	3,931	13.3	3,644	13.5	353	13.0	110	13.0	19	9.7	222	11.7	3,783	12.5
30 years or more	2,468	8.3	2,329	8.6	188	6.9	77	9.1	14	7.1	158	8.3	2,893	9.6

Note. Table 43 includes responses to survey questions 17, 18.
Note. Not all nurse leaders responded to this question.

Summary

Half of all nurses reported having leadership roles. Because the number of nurses in staff level positions dominates the sample, most of the leadership roles are at the level of the work unit and in hospitals. Given the many opportunities to serve in leadership roles at this level, attention should be paid to leadership development for staff nurses in these settings. The lower percentage of nurses reporting leadership roles for APRN compared to staff nurses was surprising given the focus of DNP programs on system leadership competencies. The relatively lower percentages of leadership roles reported by nurse faculty/researchers was also somewhat surprising given the nature of academic work, which includes service in university and professional associations. Turnover among leaders can be a serious problem for all types of organizations. With almost a third of current nurse leaders intending to leave their positions within 4 years, there is an urgent need for succession planning and leadership development for nurses in many settings. Lack of

access to leadership development or preparation was identified as a barrier, with some regional variation. Assessment of the number and reach of leadership development programs for nurses in the state could help identify opportunities for reducing barriers to leadership for nurses. More analysis of leadership roles within job types may be warranted for a more complete understanding of nurses as leaders. Future survey designers may want to define leadership roles more precisely to assure accurate responses.

Section VI. Nurse Faculty

Nurse educators and faculty are essential to the education and development of the nurse workforce. Among the survey respondents, 2,690 reported being nurse educators, and of that number, 1,212 identified themselves as nurse faculty. Of the 1,212 nurse faculty, 1,169 reported working in Wisconsin with faculty as their primary or secondary job and 1,025 identified working in a faculty position as their primary position as a nurse.

Demographic Patterns among Nurse Faculty

Table 44 describes the demographics of the 1,025 respondents who reported working primarily as a nurse faculty member in Wisconsin. The gender diversity of faculty (3.6% male) is lower than the state (7.1%) and national (8.0%) percentages of men in nursing (Budden et al., 2016). Respondents reported primary racial identity as White (95.4%), African American (2.8%), Hispanic (1.9%), and Asian (0.7%). The mean age of all nurse faculty was 50.8 years.

Table 44. Nurse Faculty Demographics (*n* = 1,025)

Demographic	*n*	% of Faculty
Male	37	3.6
Female	988	96.4
Mean age (SD)	50.8 (11.7)	
Diverse	60	5.9
Not diverse	965	94.1
Highest Nursing Degree		
Diploma in nursing	9	0.9
ADN	102	10.0
BSN	181	17.7
MSN	590	57.6
DNP	57	5.6
PhD in Nursing	81	7.9
Highest Degree Earned		
Diploma in Nursing	8	0.9
AD	100	9.8
BS	162	15.8
MS	583	56.9
Doctorate, any field	171	16.7

Note. Table 44 includes responses to survey questions 4, 26, 36, 63 – 66.

Table 45 displays nurse faculty respondents by type of highest degree and mean age. Most nurse faculty are academically prepared at a master's level. Only 171 nurse faculty have attained doctoral degrees. Nurse faculty prepared at a doctoral level report a mean age of 55.2 years.

Table 45. Nurse Faculty Age by Highest Degree (*n* = 1,025)

Highest Degree Earned	*n*	Mean Age (SD)	Age Range
Diploma in Nursing	8	62.8 (7.5)	49-71
ADN	100	45.7 (13.1)	23-74
BS	162	44.3 (14.3)	23-75
MS	583	52.0 (10.1)	27-78
Doctorate, any field	171	55.2 (9.6)	32-83

Note. Table 45 includes responses to survey questions 4, 36, 63.

Employment Patterns for Nurse Faculty by Setting and Region

Of the 1,025 nurses who reported being nurse faculty, the majority (825, 80.5%) reported working in academic education as their primary position. The remainder reported another work setting as primary, while also working as a nurse faculty. Table 46 describes the primary work settings reported by nurse faculty respondents.

Table 46. Primary Work Setting of Nurse Faculty (*n* = 1,025)

Primary Place of Work	*n*	%
Hospital	90	8.8
Ambulatory care	43	4.2
Nursing home/extended care	31	3.0
Home health	12	1.2
Public health/community health	15	1.5
Academic education	825	80.5
Other	9	0.9

Note. Table 46 includes responses to survey questions 36, 37.

Table 47 displays the number of nurse faculty by DHS region. The Southeastern region has the highest number of nurse faculty (394), while only 78 respondents reported working in the Northern region.

Table 47. Nurse Faculty by Region (*n* = 1,025)

DHS Region	*n*	% Total Nurse Faculty
Southern	180	17.6
Southeastern	394	38.4
Northeastern	217	21.2
Western	156	15.2
Northern	78	7.6

Note. Table 47 includes responses to survey questions 26, 36.

Faculty Intentions Regarding Future Work and Education

Table 48 displays nurse faculty plans to stay in current employment. A significant finding for nurse faculty is that 58.5% reported an intent to stay in their current employment for less than 9 years, with 33.8% reporting intent to stay in their current employment for less than 4 years.

Table 48. Nurse Faculty Intent to Stay in Current Employment (*n* = 1,025)

	n	%
Not applicable	10	1.0
Less than 2 years	117	11.4
2 – 4 years	230	22.4
5 – 9 years	253	24.7
10 – 19 years	247	24.1
20 – 29 years	111	10.8
30 years or more	57	5.6

Note. Table 48 includes responses to survey questions 17, 36.

Table 49 displays the intent of nurse faculty to pursue further education. Of the 1,025 faculty, 45 are enrolled in PhD programs and 36 are enrolled in DNP programs. In addition, 223 nurse faculty have an intent to pursue further education in the next 2 years. Limited access to online learning and cost of tuition and fees are the most significant barriers to pursuing further education reported.

Table 49. Nurse Faculty Plans for Further Education and Barriers to Pursue Education

	n	%
Plans for Further Education (*n* = 1,025)		
No plans	662	64.6
Enrolled in BSN	15	1.5
Enrolled in MSN	25	2.4
Enrolled in MS in related field	*	
Enrolled in DNP	36	3.5
Enrolled in PhD in Nursing	32	3.1
Enrolled in PhD in related field	13	1.3
Enrolled in specialty certificate	16	1.6
Plan to pursue further education within next 2 years	223	21.8
Barriers to Pursuing Additional Education[a] (*n* = 1,025)		
Commuting distance to education program	47	4.6
Cost of loss of work time and benefits	189	18.4
Cost of tuition and fees	549	53.6
Family/personal reasons	308	30.0
Lack of flexibility in work schedule	105	10.2
Limited access to online learning or other resources	6	0.6
Schedule of educational programs offered	39	3.8
None identified	286	27.9
Other	76	7.4

Note. Table 49 includes responses to survey questions 7, 6, 36.
[a]Respondents could check two challenges.
*Too few to report.

Nurse Faculty Clinical Specialty Knowledge

Table 50 displays the clinical specialty knowledge of nurse faculty with experience over 2 years. Medical-surgical nursing and geriatrics were the most frequently reported specialties.

Table 50. Areas of Clinical Specialty Knowledge and Experience (*n* = 1,025)

Current Practice in Primary Position	*n*	%
Acute care/critical care/intensive care	309	30.1
Adult health	303	29.6
Addiction/AODA/substance abuse	55	5.4
Anesthesia	7	0.7
Cardiac care	190	18.5
Community health	189	18.4
Correctional health	29	2.8
Dialysis	26	2.5
Emergency care	123	12.0
Family health	111	10.8
Geriatrics/gerontology	246	24.0
Home health	137	13.4
Hospice care/palliative care	119	11.6
Labor and delivery	115	11.2
Maternal-child health	134	13.1
Medical-surgical	516	50.3
Neonatal care	82	8.0
Obstetrics/gynecology	115	11.2
Occupational health/employee health	43	4.2
Oncology	81	7.9
Pediatrics	39	3.8
Parish/faith community	124	12.1
Psychiatric/mental health	124	12.1
Public health	112	10.9
Rehabilitation	78	7.6
Respiratory care	26	2.5
School health	71	6.9
Surgery/pre-op/post-op/PACU	101	9.9
Women's health	120	11.7

Current Practice in Primary Position	n	%
Other	188	18.3
None of the above	32	3.1

Note. Table 50 includes responses to survey questions 14, 36.

Summary

A shortage of nurse faculty restricts the number of nurses who can be educated for the nurse workforce. The faculty shortage is acute and could worsen in the near term. Wisconsin currently has only 825 nurse faculty working as educators in academic institutions. There are only 171 faculty members prepared at a doctoral level. The mean age of these faculty members is 55.2 years. Most concerning is the nearly 60% of nurse faculty who reported an intent to leave their current employment in less than 9 years. Limited access to online learning and cost of tuition and fees were the most significant barriers reported for pursuing additional education.

Wisconsin should develop robust plans to recruit and retain nurse faculty. A shortage of faculty at a time when large numbers of baby boomers are retiring from direct care could result in significant bottlenecks to educating the future nurse workforce and meeting the care demands for Wisconsin.

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Appendix A

2016 Wisconsin RN Survey At a Glance Summary

Wisconsin 2016 RN Workforce Survey

TECHNICAL NOTES:

The data reported in this publication reflect the results of a survey mandated under Chapter 106.30 of the Wisconsin Statutes for all registered nurses (RNs) in Wisconsin. The survey was conducted as an element in the biannual license renewal requirement for the year 2016. The mandate was communicated to nurses through numerous venues and organizations, as well as to employers.

Two forms of the *Wisconsin 2016 RN Workforce Survey* were utilized; an online version and a paper version. The responses from both formats totaled 87,444. Data summarized in this overview include only responses from the online survey (n=85,370). It does not include responses from the paper survey (n=2,074), or responses of RNs who neither lived nor worked in the state of Wisconsin (n=7,203). **The results summarized in this overview (n=76,781) are based only on data from the online responses after exclusionary criteria were applied to remove any questionable or misleading data. This was done in order to strengthen the validity of the data, and to focus on RNs who live and/or work in Wisconsin.**

The 2016 survey instrument was constructed and processed by the Wisconsin Department of Workforce Development. Members of the Data Collaborative of the Wisconsin Council on Medical Education and Workforce (WCMEW), and experts from nursing organizations contributed to the survey design and questions. The survey was administered by the Wisconsin Department of Safety and Professional Services.

The survey encompasses multiple characteristics of the registered nurse workforce and contains all data elements of the National Nursing Workforce Minimum Dataset: Supply, as developed by The National Forum of State Nursing Workforce Centers www.nursingworkforcecenters.org.

Detailed analysis of the *Wisconsin 2016 RN Workforce Survey* was carried out by nurse researchers from the University of Wisconsin-Madison, School of Nursing: Susan J. Zahner, DrPH, MPH, RN, FAAN; Barbara Pinek-enstein, DNP, RN-BC, CPHIMS; and Jessica G. Rainbow, BA, BSN, RN, Project Assistant and PhD Student. The statistician for the project was Jeffrey B. Henriques, PhD. For complete reports and more information on the nursing workforce and nursing education in Wisconsin go to www.wicenterfornursing.org.

On behalf of the Wisconsin Center for Nursing and the many partners involved with the design, implementation and analysis of the *Wisconsin 2016 RN Workforce Survey*, we wish to thank all who assisted with the survey, and the nurses of Wisconsin for completing the survey. The cooperation and dedication of all involved will aid policy makers and others in assuring a sufficient, competent and diverse nursing workforce for the people of Wisconsin.

To receive additional copies of this publication, send your request to info@wicenterfornursing.org.

2016 Wisconsin registered nurses by age (n= 76,781)

Age	Count
< 25	1,163
25-29	7,405
30-34	9,562
36-39	8,710
40-44	7,830
45-49	7,633
50-54	8,522
55-59	9,723
60-64	9,101
65-69	4,897
70-74	1,650
>75	585

Wisconsin Center for Nursing

Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2016.

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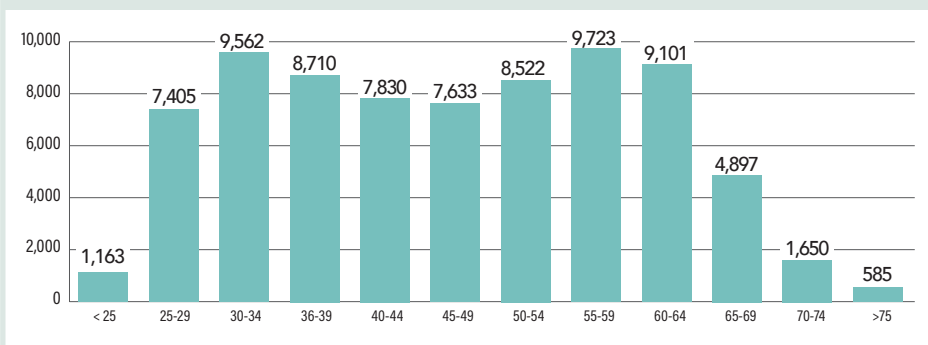
At a Glance Information

	Total valid online survey respondents	% of applicable respondents
Total survey response n = 87,444*	**76,781**	**100**
Gender	(n=76,781)	
Female	71,338	92.9
Male	5,443	7.1
Age distribution	(n=76,781)	
Less than 25	1,163	1.5
25-34	16,967	22.1
35-44	16,540	21.5
45-54	16,155	21.0
55-64	18,824	24.5
65 and older	7,132	9.3
Race/Ethnicity	(n=76,781)	
White	72,873	94.9
Black/African American	1,428	1.9
Hispanic	1,303	1.7
Asian	1,181	1.5
Other	1,299	1.7
Highest degree held in nursing	(n=76,781)	
Diploma in nursing	5,081	6.6
Associate degree in nursing	27,407	35.7
Bachelor degree in nursing	35,434	46.1
Master degree in nursing	7,873	10.3
Doctorate of nursing practice	422	0.5
Doctorate of nursing science/nursing doctorate	17	0.0
PhD in Nursing	251	0.3

Holds at least one current national board certification	Earned most recent nursing degree in Wisconsin
17,793 / 23.2% (n=76,781)	**57,612 / 75%** (n=76,781)

Employment status	(n=76,781)	
Actively working as a nurse	63,492	82.7
Actively working in health care, not nursing	3,093	4.0
Actively working in another field	1,328	1.7
Unemployed, seeking work in nursing	1,073	1.4
Unemployed, seeking work in another field	132	0.2
Unemployed, not seeking work	2,067	2.7
Retired	5,596	7.3

Age 55 & over by work setting	(28.7%)	55 & over (%)	Average Age
Academic education	784	46.0	52
Ambulatory care	3,676	30.3	46
Home health	1,238	34.0	48
Hospital	7,504	22.0	42
Nursing home/extended care	2,079	34.0	47
Public/community health	1,082	41.8	50
Other	2,188	44.0	51

Wisconsin Labor Market

	Total valid online survey respondents	% of applicable respondents
Registered nurse workforce	(n=76,781)	
Working in healthcare	66,585	86.7
Working in healthcare in Wisconsin	61,942	80.7
Primary place of work in current Wisconsin labor market	(n=63,201)	
Academic education	1,631	2.6
Ambulatory care	11,850	18.7
Home health	3,521	5.6
Hospital	33,113	52.4
Nursing home/extended care	5,943	9.4
Public/community health	2,524	4.0
Other	4,619	7.3

Serves in a Leadership Position	Nursing positions at primary place of work in Wisconsin (n=63,201)		
Governance Boards **1,206 / 1.6%**	Staff nurse	39,246	62.1
	Case manager	5,567	8.8
	Nurse manager	4,506	7.1
	Advanced practice nurse	4,303	6.8
Public Officials **285 / 0.4%**	Administrator	919	1.5
	Nurse executive	731	1.2
	Nursing faculty	1,155	1.8
(n=76,781)	Other	6,774	10.7

Plans to leave Direct Patient Care (DPC) in Wisconsin	(n=49,698)	
Less than 2 years	3,115	6.3
2-4 years	6,685	13.5
5-9 years	10,340	20.8
10 or more years	27,998	56.3

Current DPC providers in Wisconsin	Certified as APN prescriber in Wisconsin	Working in role requiring an APN in Wisconsin
49,698 / 78.6% (n=63,201)	**3,412 / 69.9%** (n = 4,883)	**4,360 / 6.9%** (n = 63,201)

Advanced Practice Nurse (APN) Workforce	(n=73,136)	
Certified to practice as APN	5,056	6.6
Certified to practice as APN and working in Wisconsin	4,883	6.4
Advanced Practice Nurses in Wisconsin with master's or higher	(n=4,292)	
Nurse practitioner	2,582	60.2
Clinical nurse specialist	319	7.4
Certified nurse midwife	163	3.8
Certified registered nurse anesthetist	311	7.2
Advanced practice nurse prescriber	3,142	73.2

*Online responses = 85,370 Paper responses = 2,074
Online responses from RN's who do not live or work in Wisconsin = 7,203
Data Source: Labor Market Information, Wisconsin Department of Workforce Development, 2016

Appendix B

Wisconsin RNs by County

	Number of RNs working in county	Number of RNs per 1,000 population in county	Mean age of RNs working in each county
Adams	56	2.7	48.4
Ashland	227	14.1	47.4
Barron	444	9.7	46.7
Bayfield	31	2.1	50.6
Brown	3,468	13.6	43.0
Buffalo	23	1.7	50.0
Burnett	84	5.4	46.7
Calumet	170	3.4	44.7
Chippewa	429	6.8	46.4
Clark	143	4.1	43.4
Columbia	337	5.9	44.0
Crawford	93	5.6	46.1
Dane	7,740	15.2	43.7
Dodge	637	7.1	45.8
Door	201	7.2	48.9
Douglas	297	6.7	49.6
Dunn	228	5.2	46.0
Eau Claire	2,014	19.9	43.4
Florence	21	4.7	50.0
Fond du Lac	962	9.4	45.0
Forest	45	4.9	46.4
Grant	342	6.5	45.2
Green	322	8.7	46.4
Green Lake	167	8.8	46.2
Iowa	158	6.6	47.2
Iron	24	4.1	49.5
Jackson	127	6.1	46.1
Jefferson	351	4.2	47.4
Juneau	172	6.4	47.7
Kenosha	1,232	7.4	45.0
Kewaunee	42	2.0	45.8
La Crosse	2,339	19.9	44.5
Lafayette	42	2.5	46.4
Langlade	159	8.1	46.6
Lincoln	189	6.6	45.3
Manitowoc	603	7.4	46.8
Marathon	1,747	12.9	43.6
Marinette	380	9.2	45.0
Marquette	23	1.5	52.6
Menominee	38	8.8	48.0
Milwaukee	13,692	14.4	43.7
Monroe	404	8.9	45.7

	Number of RNs working in county	Number of RNs per 1,000 population in county	Mean age of RNs working in each county
Oconto	137	3.6	44.5
Oneida	510	14.2	49.0
Outagamie	2,042	11.3	43.0
Ozaukee	988	11.3	44.1
Pepin	40	5.4	46.7
Pierce	108	2.6	43.0
Polk	324	7.4	46.9
Portage	453	6.4	44.1
Price	113	8.1	48.2
Racine	1,502	7.7	46.1
Richland	121	6.8	48.9
Rock	1,441	9.0	45.5
Rusk	88	6.0	47.4
St. Croix	560	6.5	44.9
Sauk	587	9.4	45.9
Sawyer	118	7.1	49.0
Shawano	225	5.4	47.0
Sheboygan	894	7.8	44.7
Taylor	134	6.5	45.4
Trempealeau	165	5.6	42.7
Vernon	200	6.6	45.9
Vilas	87	4.0	49.8
Walworth	536	5.2	46.1
Washburn	107	6.7	49.0
Washington	763	5.7	45.1
Waukesha	3,674	9.3	46.1
Waupaca	385	7.4	47.6
Waushara	65	2.7	44.6
Winnebago	1,883	11.2	43.9
Wood	1,344	18.0	45.2
Whole State of WI	61,631	10.7	44.6

Appendix C

DHS Regions of the State

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

Appendix D

Certification Data for the Wisconsin Nursing Workforce

Certification	N	%
I am not certified	58,988	76.8
Acute Care/Critical Care	1,506	2.0
Addiction/AODA	40	0.1
Adult Health	626	0.8
Ambulatory Care Nursing	123	0.2
Anesthesia (CRNA)	764	1.0
Cardiac Rehabilitation Nursing	39	0.1
Cardiac-Vascular Nursing	271	0.4
Case Management Nursing	564	0.7
College Health Nursing	11	0.0
Community Health	31	0.0
Diabetes Management - Advanced	158	0.2
Domestic Violence/Abuse Response	11	0.0
Emergency Nursing (CEN®, CFRN®)	747	1.0
Family Health	1,038	1.4
Family Planning	22	0.0
Gastroenterology (CGRN)	86	0.1
General Nursing Practice	366	0.5
Gerontological Nursing	476	0.6
High-Risk Perinatal Nursing	31	0.0
Home Health Nursing	181	0.2
Hospice and Palliative Nursing (CHPN®, ACHPN®)	438	0.6
Informatics Nursing	50	0.1
Infusion Nursing (CRNI)	46	0.1
Legal Nurse Consultant (LNCC®)	71	0.1
Medical-Surgical Nursing	544	0.7
Medical-Surgical Nursing (CMSRN®)	467	0.6
Neonatal	411	0.5
Nephrology (CNN, CDN)	68	0.1
Neurology (CNRN)	135	0.2
Nurse Educator (CNE)	168	0.2
Nurse Executive (CENP)	73	0.1
Nurse Executive - Advanced	70	0.1
Nurse Manager and Leader (CNML)	91	0.1
Nursing Case Management	163	0.2
Nursing Professional Development	74	0.1
OB/GYN/Women's Health Care	564	0.7
Occupational Health (COHN)	175	0.2
Orthopedic Nursing (ONC®)	154	0.2
Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)	1,107	1.4
Parish Nurse	144	0.2
Perianesthesia (CPAN®, CAPA®)	200	0.3
Peri-Operative (CNOR®)	564	0.7

Certification	N	%
Pain Management	133	0.2
Pediatric Nursing	684	0.9
Perinatal Nursing	61	0.1
Public/Community Health	141	0.2
Public Health Nursing-Advanced (APHN)	16	0.0
Psychiatric & Mental Health Nursing	225	0.3
Psychiatric & Mental Health Nursing-Advanced (APMHN)	134	0.2
Radiology/Invasive Procedures Lab	36	0.0
Rehabilitation (CRRN®)	216	0.3
Respiratory/Pulmonary Care	217	0.3
School Nursing	127	0.2
School Nursing (NCSN®)	40	0.1
Transplant	100	0.1
Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)	780	1.0
Other, not listed	4,462	5.8

Appendix E

2016 Wisconsin RN Survey

2016 Registered Nurse Workforce Survey
Information to Grow Wisconsin's Workforce!

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

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

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

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

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

Please have the following information available before you begin:

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

Complete, and return the survey and signed affidavit to DSPS:
Fax: 608-251-3036
Email: DSPSRenewal@wisconsin.gov
Mail: DSPS – Renewal Unit
            PO Box 8935
            Madison, WI 53708-8935

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

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

LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

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

   ___ U.S.
   ___ Another Country

2. In what year did you obtain your **initial** U.S. licensure as an RN?

   _____ Enter a 4-digit year between 1930 and 2016

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

   _____ Enter a 4-digit year between 1930 and 2016
   (To look up first year of licensure go to https://app.wi.gov/LicenseSearch/)

Education

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

   Enter a 4-digit year between 1930 and 2016 for all that apply:

   _____ Practical Nursing or Vocational Nursing Diploma
   _____ Diploma in Nursing
   _____ Associate Degree in Nursing
   _____ Bachelor Degree in Nursing
   _____ Bachelor Degree in a related field
   _____ Master's Degree in Nursing or related health field
   _____ Master's Degree in a related health field
   _____ Doctor of Nursing Practice
   _____ Doctor of Nursing Science or Nursing Doctorate (DNSc, DSN, ND or DN)
   _____ PhD in Nursing
   _____ PhD in a related field

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

   ___ Yes
   ___ No

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

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

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

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

Training

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

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

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

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

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

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

CURRENT EMPLOYMENT INFORMATION

Please take into account **only your current employment status** while answering the following questions. **Do not include unpaid volunteer work.**

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

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

12. Has your employment status changed during the past year?
    (If you have experienced more than one change, please **select the most significant change**.)

       ___ No change in employment status
       ___ Yes I changed the number of hours worked
       ___ New position with the same employer
       ___ New position with a different employer
       ___ I was not working as a registered nurse, but am now in a registered nursing job
       ___ I was working as a registered nurse but I am no longer working as a registered nurse
       ___ Other

13. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

       ___ Not applicable
       ___ I retired
       ___ Childcare responsibilities
       ___ Other family responsibilities
       ___ Salary/medical or retirement benefits
       ___ Laid off
       ___ Change in spouse/partner work situation
       ___ Change in financial status

___ Relocation/moved to a different area

___ Promotion/career advancement

___ Change in my health status

___ Seeking more convenient hours

___ Dissatisfaction with previous position

___ Other

NURSING CAREER INFORMATION

Please take into account **all your nursing work experiences, including unpaid volunteer nursing work,** when answering the questions in this section.

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

     ___ None

     ___ Acute Care /Critical Care/Intensive Care

     ___ Addiction/ AODA/Substance Abuse

     ___ Adult Health

     ___ Anesthesia

     ___ Cardiac Care

     ___ Community Health

     ___ Corrections

     ___ Dialysis/Renal

     ___ Emergency/Trauma

     ___ Family Health

     ___ Geriatrics/Gerontology

     ___ Home Health

     ___ Hospice Care/ Palliative Care

     ___ Labor and Delivery

     ___ Maternal-Child Health

     ___ Medical-Surgical

     ___ Neonatal Care

     ___ Obstetrics/Gynecology

     ___ Occupational Health/Employee Health

     ___ Oncology

     ___ Pediatrics

     ___ Parish/Faith Community

     ___ Public Health

     ___ Psychiatric/Mental Health

     ___ Rehabilitation

     ___ Respiratory Care

     ___ School Health (K-12 or post-secondary)

     ___ Surgery/Pre-op/Post-op/ PACU

___ Women's Health

___ Other, not listed

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

      ___ I am not certified

      ___ Acute Care/Critical Care

      ___ Addiction/AODA

      ___ Adult Health

      ___ Ambulatory Care Nursing

      ___ Anesthesia (CRNA)

      ___ Cardiac Rehabilitation Nursing

      ___ Cardiac-Vascular Nursing

      ___ Case Management Nursing

      ___ College Health Nursing

      ___ Community Health

      ___ Diabetes Management - Advanced

      ___ Domestic Violence/Abuse Response

      ___ Emergency Nursing (CEN®, CFRN®)

      ___ Family Health

      ___ Family Planning

      ___ Gastroenterology (CGRN)

      ___ General Nursing Practice

      ___ Gerontological Nursing

      ___ High-Risk Perinatal Nursing

      ___ Home Health Nursing

      ___ Hospice and Palliative Nursing (CHPN®, ACHPN®)

      ___ Informatics Nursing

      ___ Infusion Nursing (CRNI)

      ___ Legal Nurse Consultant (LNCC®)

      ___ Medical-Surgical Nursing

      ___ Medical-Surgical Nursing (CMSRN®)

      ___ Neonatal

      ___ Nephrology (CNN, CDN)

      ___ Neurology (CNRN)

      ___ Nurse Educator (CNE)

      ___ Nurse Executive (CENP)

      ___ Nurse Executive - Advanced

      ___ Nurse Manager and Leader (CNML)

      ___ Nursing Case Management

      ___ Nursing Professional Development

      ___ OB/GYN/Women's Health Care

      ___ Occupational Health (COHN)

___ Orthopedic Nursing (ONC®)
___ Oncology Nursing (OCN®, CPON®, CBCN, AOCNP®, AOCNS®)
___ Parish Nurse
___ Perianesthesia (CPAN®, CAPA®)
___ Peri-Operative (CNOR®)
___ Pain Management
___ Pediatric Nursing
___ Perinatal Nursing
___ Public/Community Health
___ Public Health Nursing-Advanced (APHN)
___ Psychiatric & Mental Health Nursing
___ Psychiatric & Mental Health Nursing-Advanced (APMHN)
___ Radiology/Invasive Procedures Lab
___ Rehabilitation (CRRN®)
___ Respiratory/Pulmonary Care
___ School Nursing
___ School Nursing (NCSN®)
___ Transplant
___ Wound/Ostomy Nursing (CWOCN, CWCN, COCN, CCCN, CWON)
___ Other, not listed

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

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

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

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

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

18. In which setting(s) do you have a designated/appointed/ or elected formal leadership role? (Check all that apply)

___ Work Area (e.g. Charge Nurse, Team Leader, Unit Manager)
___ Organizational Level (e.g. Dean, CNO, Director)
___ Governance Board (e.g. Board of Trustees)
___ Public Official (e.g. County Board of Supervisors, state legislator)
___ Chair of major committee in the organization of your primary position
___ None

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

___ Does not apply (If you check this please continue to the next question)
___ Lack of leadership development/preparation
___ Lack of opportunity
___ Other personal priorities
___ Presently, I am not interested in a leadership role

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

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

_____ Number of years

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

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

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

_____ Number of jobs

If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 61.

PRINCIPAL PLACE OF WORK

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

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

___ Nursing

___ Health related services outside of nursing

___ Retail sales and services

___ Nursing education

___ Financial, accounting, and insurance processing staff

___ Consulting

___ Other

___ I am not working at the present time.

If not working, please skip to the UNEMPLOYED SECTION, Question 61.

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

___ Yes

___ No

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

___ A regular employee

___ Self-employed

___ Employed through a temporary employment service agency

___ Travel nurse or employed through a traveling nurse agency

___ Volunteer

26. What is the zip code of your **principal 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.)

Zip code (if in the U.S.) _____(5 digits only)

___ Outside of U.S.

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

    ___ Does not apply

    Specify name of Wisconsin county: _____

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

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

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

    _____ Number of hours

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

    _____ Number of days

31. For what reason would you work more than your scheduled hours for the two week time period?
(Select only one response)

    ___ I am salaried
    ___ I have agreed to this as part of my employment
    ___ I am required to work the additional hours (not on-call)
    ___ I am required to work the additional hours (on-call)
    ___ I may voluntarily agree to work the additional hours

32. How many weeks did you work (including paid vacations) in calendar year 2015?

    _____ Number of weeks

33. Does your compensation from your principal working position include:
(Check all that apply)

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

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

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

35. In your current role, is your **primary** function to provide **direct patient care**?

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

(Select only one response)

_____ Yes
_____ No

36. Which one of the following **best** describes your position or function at your principal place of work? (Select only one response)

_____ Staff Nurse
_____ Case manager/Care Coordinator
_____ Staff Other Non-Medical Industry
_____ Nurse Manager
_____ Manager Other Non-medical industry
_____ Advanced Practice Nurse
_____ Consultant/Contractor
_____ Administrator
_____ Nurse Executive
_____ Nurse Faculty
_____ Nurse Researcher
_____ Other

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

Hospital (Medical/Surgical, AODA/Psychiatric, Long-Term Acute Care)
__Hospital, emergency/urgent care
__Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
__Hospital, outpatient/ambulatory care
__Hospital, obstetrics
__Hospital, intensive care
__Hospital, inpatient mental health/substance abuse
__Hospital, long-term acute care
__Hospital, perioperative services (OR, PACU, and others)
__Hospital, other departments
__Hospital, I work in several/all hospital units

Extended Care (Nursing, Hospice, CBRF, RCAC, and AFH Facilities)
__Nursing Facility
__Skilled Nursing Facility (nursing care to residents that require some medical attention and continuous skilled nursing observation)
__Hospice facility
__Intermediate Care Facility of the Intellectually Disabled (ICF-ID)
__Assisted Living Facility (CBRF, Community Based Residential Facility)
__Assisted Living Facility (RCAC, Residential Care Apartment Complexes)
__Adult Family Homes (AFH/Group Home)

Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)
__Medical practice, clinic, physician office,
__Surgery center, dialysis center
__Urgent care, not hospital-based
__Outpatient mental health/substance abuse
__Correctional facility, prison or jail (federal, state or local)
__Occupational health or employee health service

Home Health (Private Home)
__Home health agency
__Home health service
__Hospice

Public/Community Health
__Public health (governmental: federal, state, or local)
__Community health centers, agencies and departments
__Parish nurse services
__School health services (K-12, college and universities)

Nurse/Educator

__Education- Universities

__Education Technical Colleges

__Education Hospital/Health System

Other (Insurance, call center etc.)

__Call center/tele-nursing center

__Government agency other than public/community health or corrections

__Non-governmental health policy, planning or professional organization

__Insurance Company Claims/Benefits

__Sales (pharmaceutical, medical devices, software, etc.)

__Self-employed/consultant

__Other

38. Is this a federally owned facility?

     ___ Yes

     ___ No

39. Is this a tribal facility?

     ___ Yes

     ___ No

SECONDARY PLACE OF WORK

40. Do you have a secondary place of work?

     ___ Yes

     ___ No

     If No, please skip this section and go to the ADVANCED PRACTICE NURSING section, and start with Question 48.

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

41. 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
    ___ Nurse Education
    ___ Financial, accounting, and insurance processing staff
    ___ Consulting
    ___ Other

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

    ___ Yes
    ___ No

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

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

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

    ___ Does not apply
    Specify name of Wisconsin county: _____

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

    _____ Number of hours

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

    _____ Number of days

47. In this job, how many weeks did you work (including paid vacations) in calendar year 2013?

    _____ Number of weeks

ADVANCED PRACTICE NURSING

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

(1) "Advanced practice nurse'' means a registered nurse who possesses the following qualifications:
(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

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

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

[1]**Doctor of Nursing Practice is acceptable alternative to the master's degree (DSPS position statement)**

(2) **"Advanced practice nurse prescriber''** means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

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

48. Indicate if you **currently have national certification** as an APN by the definition given in this survey. (Check all that apply)

___ Nurse Practitioner (NP)
___ Certified Nurse Midwife (CNM)
___ Certified Registered Nurse Anesthetist (CRNA)
___ Clinical Nurse Specialist (CNS)
___ Advanced Practice Nurse Prescriber (APNP)
___ None of the above
If None of the above, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

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

___ Does not Apply
___ No specialty designation
___ Not currently certified
___ Acute Care NP
___ Adult NP
___ Adult Psychiatric & Mental Health NP
___ College Health NP

___ Diabetes Management NP – Advanced
___ Emergency Nursing NP
___ Family NP
___ Family Planning NP
___ Family Psych & Mental Health NP
___ Gerontological NP
___ Neonatal NP
___ OB-Gyn / Women's Health Care NP
___ Pediatric NP
___ School NP
___ Clinical Nurse Leader (CNL)
___ Other Specialty NP

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

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

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

___ Yes
___ No
If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

52. 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

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

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

       ___ Yes
       ___ No
    If No, please go to Question 57

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

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

55. 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

56. 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

57. Do you provide **primary care or outpatient mental health services** at your **secondary place of work**?

    ___ Yes
    ___ No

    If No, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

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

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

59. 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

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

    _____ Number of hours

    Please go to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

UNEMPLOYED SECTION

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

    ___ Currently seeking employment in nursing

    ___ Plan to return to nursing in the future

    ___ I am retired/unable to return to nursing

    ___ Definitely will not return to nursing, but not retired

    ___ Undecided at this time

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

    ___ I would not consider returning

    ___ Modified physical requirements of job

    ___ Affordable childcare at or near work

    ___ Improvement in my health status

    ___ Improved health care benefits

    ___ Retirement benefits

    ___ More or flexible hours

    ___ Opportunity for career advancement

    ___ Improved pay

    ___ Shift

    ___ Work environment

    ___ Worksite location

    ___ Other

    Please continue to the DEMOGRAPHIC INFORMATION section, and start with Question 63.

DEMOGRAPHIC INFORMATION

63. What is your year of birth?

    _____ Enter a 4-digit year between 1915 and 1995.

64. What is your gender?

    ___ Female
    ___ Male

65. Are you of Hispanic, Latino, or Spanish ethnicity?

    ___ Yes
    ___ No

66. Which of the following would you use to describe your **primary** racial identity?
    (Select the most appropriate)

    ___ White
    ___ Black or African American
    ___ American Indian or Alaska Native
    ___ Asian
    ___ Native Hawaiian or Other Pacific Islander
    ___ Two or more races

67. Please indicate languages, other than English, in which you can communicate with patients and
    pose questions about their condition:

    ___ No other languages
    ___ Spanish
    ___ Filipino, Tagalog
    ___ German
    ___ French
    ___ Russian
    ___ Hmong
    ___ Hindi
    ___ Polish
    ___ American Sign Language
    ___ Other

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

Zip code (if in the U.S.) _____(5 digits only)

___ Outside of U.S.

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

___ Does not apply
Specify name of Wisconsin county: _____

You have successfully completed the survey.
Thank you!

Wisconsin Department of Safety and Professional Services

REGISTERED NURSE WORKFORCE SURVEY

ATTESTATION FORM

(Must Return with Paper Copy of Survey)

Name: _____ Credential #: _____

       Last   First   MI

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

Signature: _____ Date: __ __ / __ __ / __ __

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