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Nurse Salary Research Report

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Introduction

The 2020 Nurse.com Nurse Salary Research Report was conducted to assess salary, compensation and benefits, education and various demographic points for registered nurses (RNs), advanced practice registered nurses (APRNs) and licensed practical/vocational nurses (LPNs/LVNs) across the country. Salary surveys are a benefit to both employees and employers. Employees can use this information to assess whether a job offer is as good as it seems, while employers can use the information to remain competitive when recruiting and retaining top talent. Additionally, the data in this report will assist recruiters in understanding where differences may or may not lie in the salary, employment and educational needs of nursing professionals.

Methodology

Nurse.com from Relias conducted the salary and benefit survey in late March through May 2020. The survey questions were created by two doctorally prepared RNs and several industry experts in 2017 and updated in 2020 to gather more information on educational-related concerns, as well as on APRNs and LPNs/LVNs. Analysis was completed by a doctorally prepared RN. Recognizing that the COVID-19 pandemic may influence results, efforts were taken to word questions that obtain individual data points from work experience prior to February 2020, such as overtime and hours worked per week. The survey was open for approximately two months, giving individuals a greater opportunity to participate.

The overall sample is representative of each state's percentage of RNs when compared to the U.S. workforce. For instance, California's 330,000 nurses represent 10% of the U.S. nursing workforce. Similarly, 10% of the survey's nurse respondents live and work in California. Therefore, they were equally represented in the survey as they are within the U.S. nursing workforce.

Any RN, APRN or LPN/LVN who was currently employed and working as an RN, APRN or LPN/LVN nationwide was invited to participate in the 10- to 15-minute online survey. Results were separated by license type and, in some instances, by gender. Participants were recruited through emails and social media. There was an incentive to participate by way of a discount coupon for an online continuing education module of the respondent's choice.

In this survey, respondents could choose not to answer any specific question and continue to answer proceeding questions. This design led to different sample sizes for different questions. While there were 7,431 individual participants, some participants chose not to answer certain questions, such as "What is your current salary?" Therefore, as you read through the results, not all questions' sample sizes add up to 7,431.

Key:

Sd = Standard deviation

N = Number of respondents

M = Median

Top Findings from Survey

1. The top 3 states for potential relocation for RNs were Florida, North Carolina and Texas.
2. The top benefit nurses desire that they do not have are bonuses, followed by tuition reimbursement, paid continuing education and profit sharing.
3. Among all respondents, 11% are actively looking to change employers and 38% are passive job seekers, who are not actively looking but are open to new opportunities.
4. Sixty-eight percent of respondents are willing to commute up to 29 miles for a job.
5. About 56% of men and 49% of women are considering pursuing higher education, certification or training to boost their salary potential.
6. When considering a nursing program, cost and flexible scheduling matter most.

Demographics

Approximately 7,431 individuals met our qualifications to take the survey. Of those who qualified, 6,493 were RNs, 363 were APRNs and 575 were LPNs/LVNs. The overall sample is representative of each state's percentage of RNs when compared to the U.S. workforce, as reported by the U.S. Bureau of Labor Statistics' (BLS) last dated report in May 2019. The sampling error is 1.5% with a 95% confidence interval. Overall, data is reported for all participants for each question. Any difference in sample sizes is due to missing data.

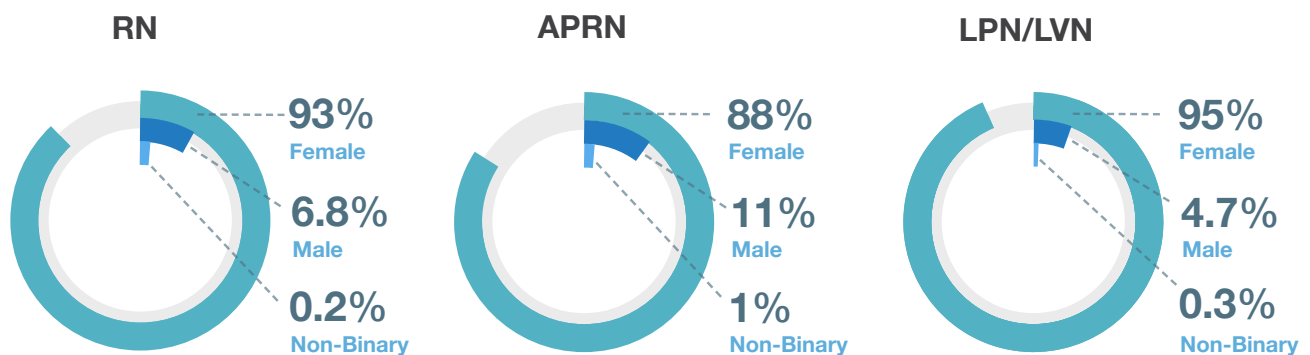
Gender

New in this survey is adding non-binary for gender identification. Non-binary gender describes individuals who may experience a gender identity that is neither exclusively male or female. Due to variances in sample and responses, some questions will not have data for this identification.

This survey sample had a slightly higher percentage of women as RNs and LPNs/LVNs than APRNs. As a group, APRNs' gender was not collected for certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs) in U.S. BLS data. However, for nurse practitioners (NPs) in our sample who reported their gender, 88% identified as female in alignment with U.S. BLS figures.

Of those responding to "What is your gender?," 93% were female, 7% were male, and 0.2% were non-binary (N=5429; missing data= 2002 did not complete).

Table 1: Gender Identification



*U.S. BLS May 2019 data states 89% of RNs, 88% of NPs and 91% of LPNs/LVNs are women. Data is not given for males and non-binary.

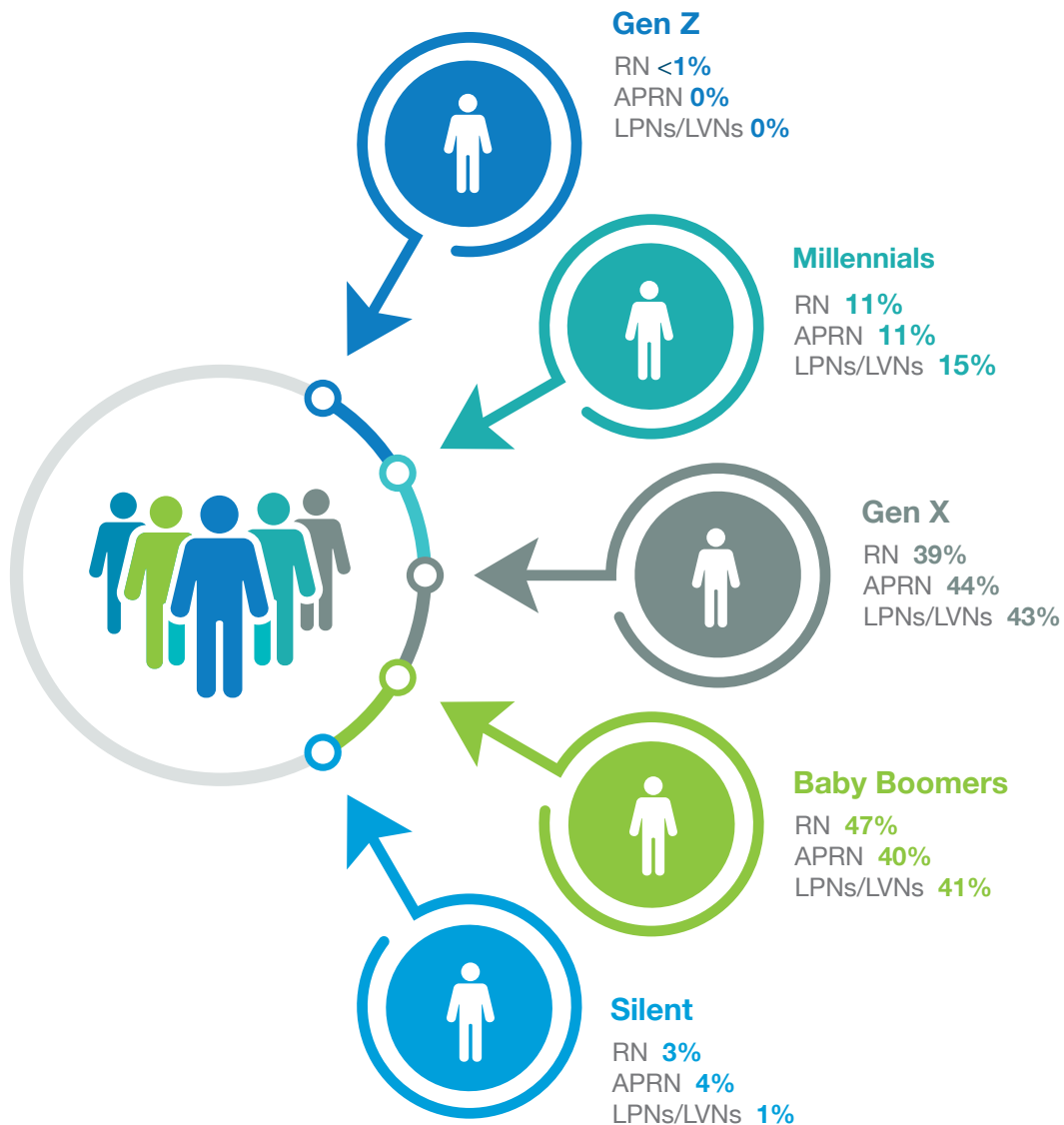
Length of Time as a Nurse

The overall length of time as a nurse for RNs is 26 years (sd=11.72) which is longer than noted in our 2018 Nurse.com Nursing Salary Research Report (19 years). APRNs, as expected, have a slightly longer length of time at 28 years (sd=11.33) and LPNs/LVNs have a shorter time of 19 years (sd=11.34).

Age

The average age for nurses in the survey was slightly older than national comparisons at 53 (SD=10.2). Further analysis is provided on some questions that look at differences between genders, as well as generational differences. New this year is the addition of Generation Z to the generational analysis. The Strauss-Howe Generational Theory (1991) informed the year breakdown of Generation Z (Gen Z), millennials (Gen Y), Generation X (Gen X), baby boomers (BB), and the Silent Generation (Silent). There are fewer millennial responses to this survey compared to the number of millennial nurses nationwide.

Table 2: Generational Breakdown by Nurse Type



Race

Participants were asked to identify their race and were able to mark all that applied. Race categories used were in alignment with the U.S. Census Bureau.

Key Finding

As a group, Blacks are overrepresented as LPNs/LVNs and underrepresented as RNs, based on U.S. Census data compared to the U.S. BLS data on nurses. Our sample was similar to the BLS for whites. The BLS only breaks down nursing comparators for white, Hispanic, Black and Asian.

Table 3: Breakdown by Race

Race	RNs	APRNs	LPNs/LVNs	U.S. Census 2010
White	78%	74%	75%	77%
Hispanic	6%	8%	7%	18%
Black	9%	11%	11%	13%
Asian	5%	4%	3%	6%
American Indian/ Alaska Native	1%	2%	3%	1%
Native Hawaiian/ Pacific Islander	1%	1%	1%	0.2%
Other	1%	2%	2%	0%

Salary

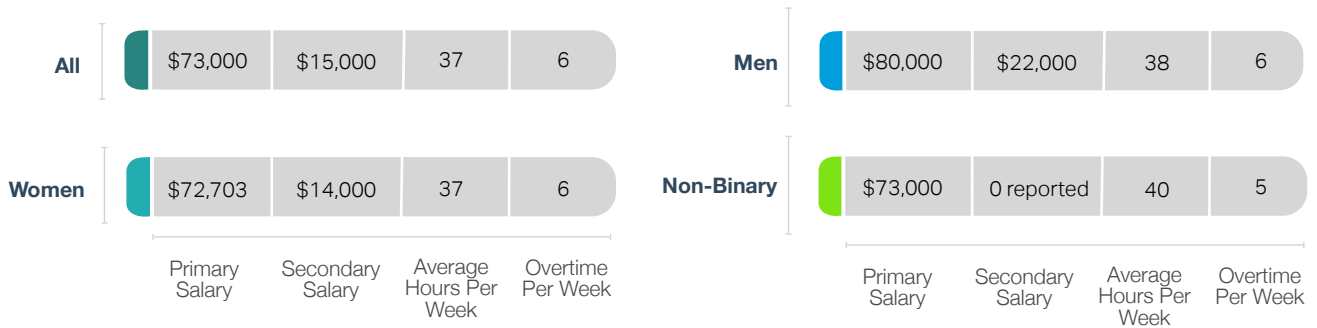
RN Salaries

Salary is one of the biggest concerns most RNs have, particularly when it comes to benchmarking to peers, as well as determining if additional education or a position move is the right decision financially. The average primary salary overall for this sample is **\$75,293**. The median is the best measure of typical compensation and is the value that splits the individual data into two halves. Mean was used to calculate hours per week worked and overtime. Median salary for all RNs is \$73,300 per U.S. BLS RN salary (May 2019), which is similar to the median for our RN sample.

Key Finding

For RNs, men continue to make more than women despite males reporting less education and being less likely to be certified. Hours worked per group are different for primary positions, but the differences do not equate to differences seen in salaries.

Table 4: RN Annual Salary and Average Hours Worked

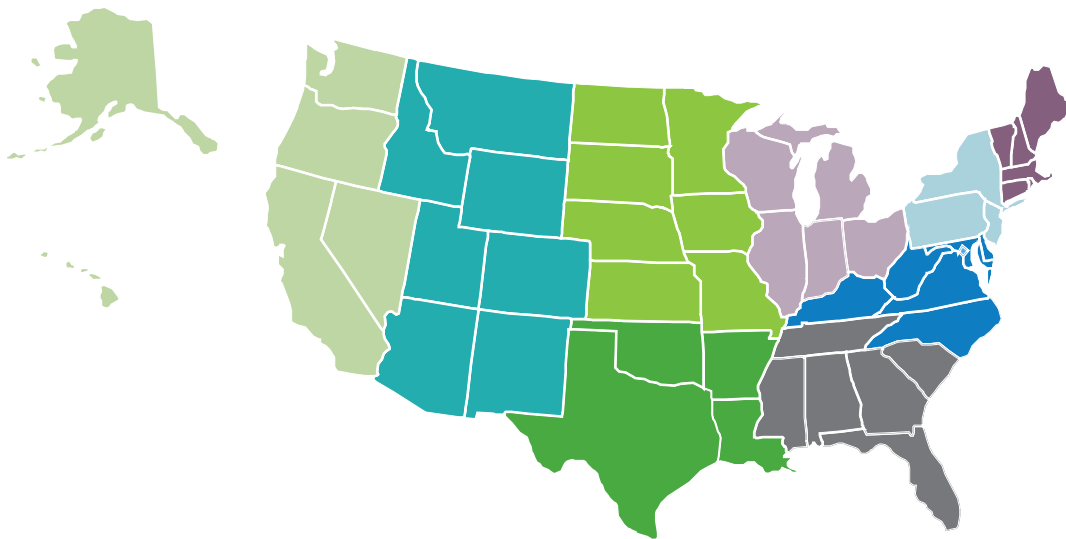


RN Salary Per U.S. Region

RN salary by region in this survey is as defined by the American Hospital Association. Median is noted and the range of medians is included.

Key Finding

Compared to the 2018 report, Regions 3 (\$66,435 in 2018) and 6 (\$62,634 in 2018) showed increases in median salaries. Other regions showed no change or slightly decreased.



Region 1: \$68,000
(\$56,500-\$81,000)

Region 4: \$62,193
(\$45,000-\$75,000)

Region 7: \$69,244
(\$65,750-\$75,000)

Region 2: \$75,250
(\$68,000-\$81,000)

Region 5: \$67,600
(\$64,000-\$71,000)

Region 8: \$69,800
(\$62,000-\$75,000)

Region 3: \$72,000
(\$58,000-\$86,000)

Region 6: \$64,480
(\$60,000-\$70,000)

Region 9: \$88,156
(\$76,740-\$104,200)

APRN and LPN/LVN Salaries

Key Findings

1. While men's APRN salaries are higher overall, approximately 57% of CRNAs are male, which typically has a higher rate of males employed compared to other APRN types. Based on U.S. BLS data, CRNAs on average are paid higher than NPs and CNMs (CNSs are not reported). NPs (88%), CNMs (91%) and CNSs (71%) all had higher numbers of females.
2. Female APRNs were more likely to work additional shifts as an RN. Of those working additional shifts as an RN, they were statistically more likely to bill under the physician for their services as APRNs.
3. Regardless of gender, CRNAs' salaries are higher for all (male: \$190,500 and females: \$120,000) compared to other APRN roles. The average salary for NPs is \$111,840 and has the highest concentration of females, while CRNAs' average salary is \$181,040 (U.S. BLS 2019).
4. Approximately 55% of APRNs bill for services as incident under physicians and 45% bill under their own PIN. Additionally, 12% of APRNs stated they work additional shifts as an RN. APRNs working additional shifts as an RN has been viewed as controversial because the APRN is working below his/her level of education and certification.
5. No male CRNAs, CNMs or CNSs who responded to the survey stated they worked extra shifts as an RN. However, 11% of NPs, both male and female, 33% of female CRNAs, 30% of female CNMs, and 30% of female CNSs stated they work as RNs for additional income.
6. Additionally, it was found that CRNAs, CNMs and NPs who billed under their own PIN were statistically less likely to work additional shifts as an RN'.

Table 5: APRN Yearly Salary and Average Hours Worked

Category	Primary Salary	Secondary Salary	Average Hours Per Week	Overtime Per Week
All	\$107,000	\$15,570	39	6
Women	\$104,000	\$13,979	38	6
Men	\$120,000	\$11,600	42	7
Non-Binary	\$121,000	\$2,950	40	3
All NPs	\$107,000	\$17,457	39	7
All CRNAs	\$184,000	\$26,000	39	8
All CNMs	\$113,800	\$7,166	37	2
All CNSs	\$100,000	\$6,650	40	5

Table 6: LPN Yearly Salary and Average Hours Worked

Category	Primary Salary	Secondary Salary	Average Hours Per Week	Overtime Per Week
All	\$45,000	\$6,611	38	8
Women	\$45,000	\$6,719	38	8
Men	\$45,000	\$9,644	43	2
Non-Binary	0 reporting	--	--	--

RN Salary by Race

Key Finding

There is a variation in salaries and hours worked between races, with whites working fewer hours compared to other races. The median salaries are higher for other races, which could be explained by the higher overtime reported by other races compared to whites.

Table 7: Salary Median and Average Hours Worked for RNs by Race

Race	Average Hours Worked	Average OT Per Week	Primary Median Salary	Average Income for Secondary Position
American Indian/ Alaska Native	39	4	\$72,500	\$8,631
Asian	38	7	\$85,000	\$13,642
Black or African American	38	7	\$78,000	\$14,342
Hispanic, Latino or Spanish	38	6	\$80,000	\$12,355
Native Hawaiian or Pacific Islander	37	5	\$84,320	\$3,750
White	36	5	\$72,000	\$8,065
All	37	8	\$74,000	\$18,329
Other	37	6	\$73,000	\$9,623

Negotiating Salary

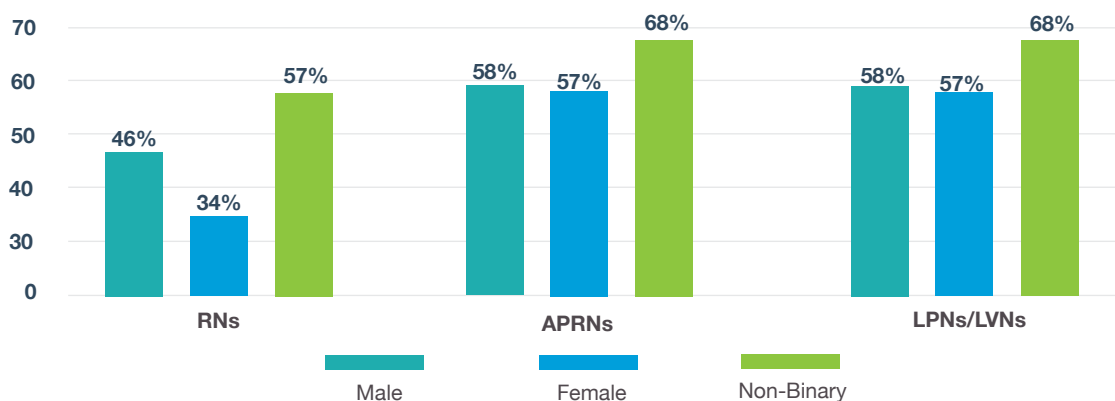
Respondents were asked if they negotiate their salary at the start of each new nursing job. The scale was 1-5 with 1 being always and 5 being never. Of interest, there is a large difference between genders with RNs, and that gap closes for APRNs and LPNs/LVNs. There were no statistically significant differences in negotiating salary between genders for APRNs and LPNs. However, based on means, there is a significant difference between genders on negotiating salary for RNs, with women ($m=3.26$, $sd=1.53$) negotiating less often compared to non-binary individuals ($m=2.71$, $sd=1.70$) and men ($m=2.89$, $sd=1.58$)².

Additionally, for RNs, APRNs and LPNs/LVNs, there is a small correlation between higher primary salary and negotiating salary. Participants who are more likely to negotiate salary also are more likely to be paid more³.

Key Finding

Men and non-binary individuals negotiate salary more often than women. Negotiating salary can result in a higher salary.

Table 8: Negotiating Salary (% who chose "most of the time" and "always")



RN Salary by Role

Salary was further divided by role as reported by participants. The total sample size (all participants) was noted in the “Total Sample Size” column. Both male and female samples are subsets of the total number.

Table 9: Median Salary by Role and Certification Level

Role	Total Sample Size	Median Salary	Median Men’s Salary	Median Women’s Salary	Professional Certification
Executive	13	\$150,000	\$110,000	\$163,000	61%
Vice President	11	\$150,000	None reported	\$150,000	42%
Director	173	\$105,800	\$107,000	\$105,000	47%
Nurse Manager	266	\$92,000	\$90,000	\$93,000	53%
Assistant Nurse Manager	57	\$90,000	\$89,500	\$88,000	67%
Supervisor	213	\$79,000	\$91,000	\$79,000	49%
Charge Nurse	536	\$76,375	\$81,000	\$75,000	55%
Nurse Educator	229	\$68,000	\$70,500	\$68,000	54%
Case Manager	405	\$78,000	\$77,767	\$79,000	46%
Staff RN	2,623	\$70,000	\$72,000	\$69,000	48%
School Nurse	290	\$53,800	\$46,900	\$53,000	35%

*RN only review due to sample size

Salary and Certification by Academic Preparation

Satisfaction with Salary by Role

In regard to salary, respondents were asked to rate how satisfied they were with their salary on a scale of 1-10 (1 = very unsatisfied to 10 = very satisfied). APRNs were most satisfied with a mean of 6.63 (sd= 2.44), followed by RNs with 6.3 (sd = 2.54), then LPNs with 5.53 (sd = 2.62).

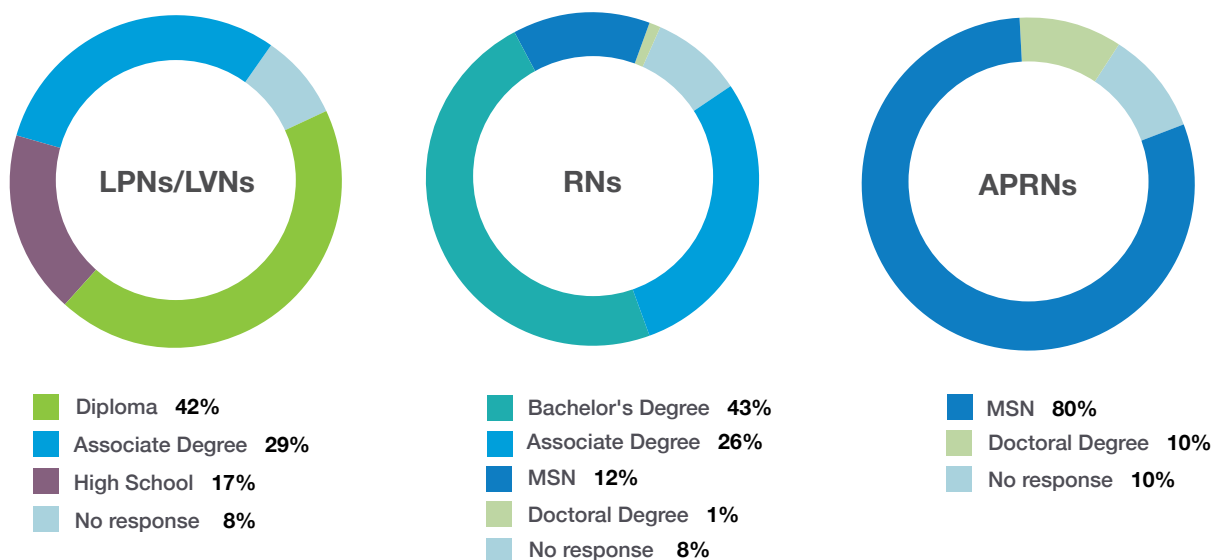
Satisfaction with Salary by Gender

Participants were asked about their overall satisfaction with their current salary (1 = very unsatisfied to 10 = very satisfied). Men were statistically more satisfied with their salary (M = 6.47; SD = .2.5) than women (M = 6.26, SD = 2.54) and non-binary (M= 4.00, SD 2.60)⁶.

Key Finding

Males reported a higher satisfaction with salary, but also have a higher reported salary than females.

Table 10: Respondent Education Levels

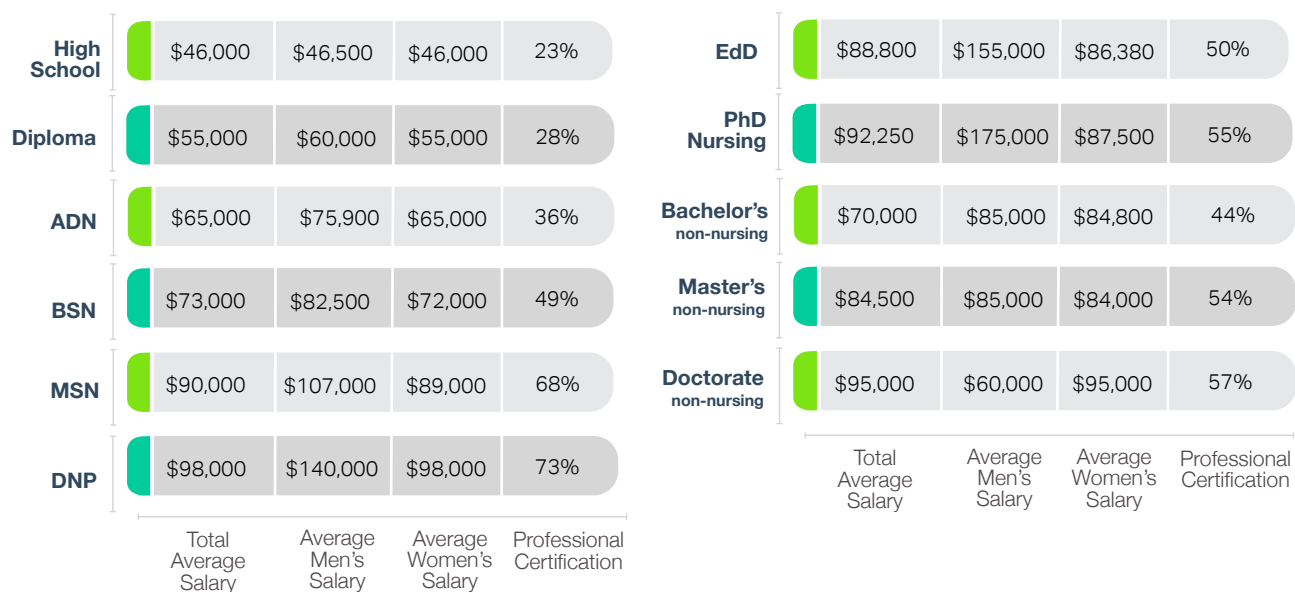


Higher certification percentages with higher degrees can be explained mostly due to these individuals also being APRNs, which requires a certification for advanced practice.

Key Findings

1. As educational preparation increases, so does salary.
2. The majority of DNP-prepared respondents also were APRNs.

Table 11: Salary and Certification by Academic Preparation



Travel, Agency, Float and Secondary Positions

Respondents were asked if their primary position was as a travel, agency or float nurse. Additionally, respondents were asked if they had a secondary position and if that position was as an agency or float nurse. Approximately 3% of RNs, 2% of APRNs and 2% of LPNs/LVNs stated they worked as travel nurses. A larger percent worked as agency nurses. Of those respondents who stated they worked as agency nurses, 23% of RNs, 1% of APRNs and 3% of LPNs/LVNs stated it was a secondary position. For RNs, 43% stated that their float nurse position was a secondary position.

Table 12: Travel, Agency or Float Position

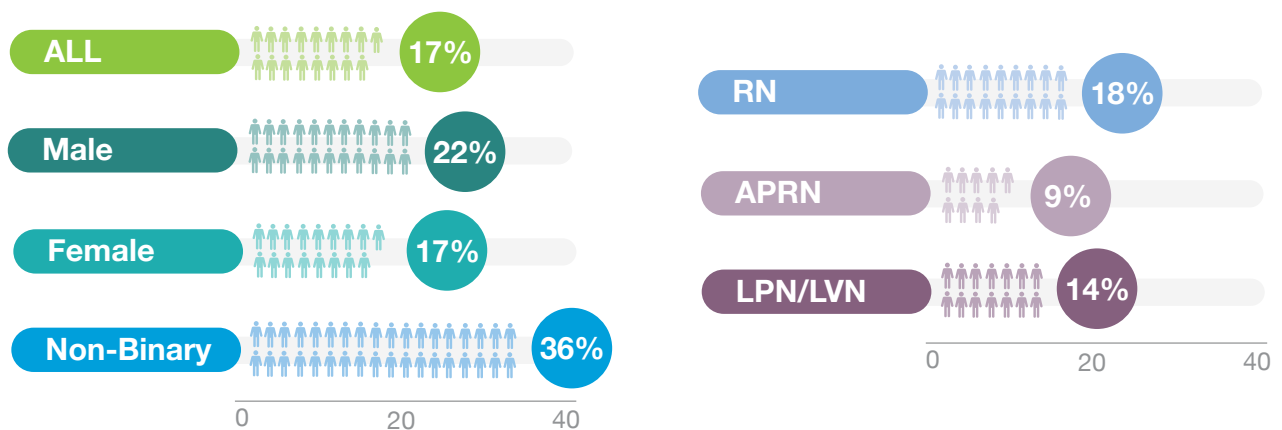
	RNs	APRNs	LPNs/LVNs
Work as Travel Nurse	3%	2%	2%
Work as Agency Nurse	5%	2%	14%
Agency is Secondary Position*	23%	1%	3%
Work as Float Nurse	6%	1%	9%
Float is Secondary Position*	43%	1%	3%

*% that answered "yes" to working in a float or agency position

Union Insights

New in this survey is the question, "Are you represented by a union?" Approximately 1,295 participants stated they belong to a union, with RNs being the highest percentage.

Table 13: Union Membership



Percentage of nursing professionals who belong to a union

Union Insights

Salary differences based on union representation can vary by state. Certain states have higher union representation than others, and there also is a wide variation in salaries between states. It is important to compare RNs within the same state and to compare states with the highest union membership.

All states reported some percentage of union representation. However, four states were used for further analysis of differences in salaries. The percentage of staff RNs noting union representation were California (24%), New Jersey (6%), New York (13%) and Washington (9%). All other states had smaller samples that could not be used to compare salaries within that state.

There was a significant difference in salaries for union represented ($m=\$84,308$, $sd=\$21,385$) and non-union ($m=\$69,406$, $sd=\$28,737$) clinical RNs⁴ for Washington State. California also saw a significant difference in salaries for union represented ($m=\$111,586$, $sd=\$37,350$) and non-union ($m=\$81,288$, $sd=\$30,933$) clinical RNs⁵.

Key Findings

1. While males worked slightly more hours than females, differences in hours worked do not seem to explain the median salary difference between males and females.
2. Salaries for unionized staff can be higher than non-unionized staff.

There was no difference in salaries between union represented and non-union clinical RNs in New York and New Jersey. The result of the difference or lack thereof could be due to variations in unionization between acute care hospitals and other settings. The clinical RNs were from a range of settings.

Table 14: RN Union Member Median Salary and Average Hours Worked by Gender



Benefits

Overall, health insurance remains the most frequent benefit received by the largest number of employees.

Table 15: What benefits do you receive through your employer?

Benefits	RNs	APRNs	LPNs/LVNs
Medical	66%	68%	58%
Dental	64%	64%	53%
Life Insurance	57%	58%	46%
Long-Term Disability	43%	49%	29%
Short-Term Disability	46%	51%	36%
Health Savings Account	38%	45%	25%
Bonus	19%	34%	17%
Profit Sharing	6%	9%	4%
401(k)	65%	68%	47%

Table 16: What benefits do you want that you do not currently have?

Benefits	RNs	APRNs	LPNs/LVNs
Medical	4%	6%	9%
Dental	5%	6%	9%
Life Insurance	5%	8%	9%
Long-Term Disability	10%	10%	13%
Short-Term Disability	9%	9%	12%
Tuition Reimbursement	14%	17%	18%
Health Savings Account	5%	5%	9%
Bonus	32%	28%	31%
Profit Sharing	17%	24%	16%
Reimbursement/ Paid Continuing Education	27%	25%	28%
401(k)	7%	10%	17%
Child Care	7%	9%	5%
Concierge	7%	9%	4%

Benefits

How important are the following aspects to your overall job satisfaction? (Respondents ranked each item on a scale from 1 to 10, with 1 being least important and 10 being most important.) Numbers in the table represent mean scores.

Table 17: Important Aspects to Overall Job Satisfaction

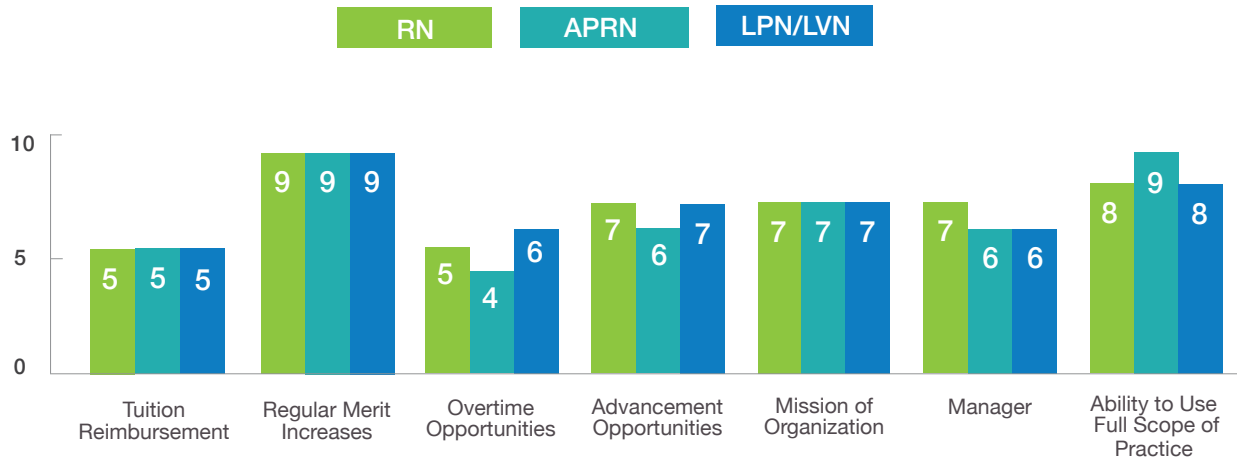


Table 18: Current Commute in Miles Range

	<1	1-9	10-19	20-29	30-39	40-49
All*	6%	33%	29%	16%	8%	4%
Males	5%	37%	29%	13%	18%	4%
Females	6%	33%	29%	16%	8%	4%
RNs	6%	30%	25%	14%	6%	3%
APRNs	3%	25%	28%	17%	9%	2%
LPNs/LVNs	6%	27%	29%	19%	10%	5%

*Sample size for non-binary commute too small/missing values

Table 19: Willing to Commute in Miles Range

	<1	1-9	10-19	20-29	30-39	40-49
All*	2%	12%	27%	27%	17%	6%
Males	1%	13%	25%	25%	16%	8%
Females	2%	12%	27%	27%	17%	6%
RNs	1%	11%	24%	23%	14%	6%
APRNs	0.3%	9%	17%	26%	21%	5%
LPNs/LVNs	1%	9%	24%	28%	19%	8%

Employment Setting

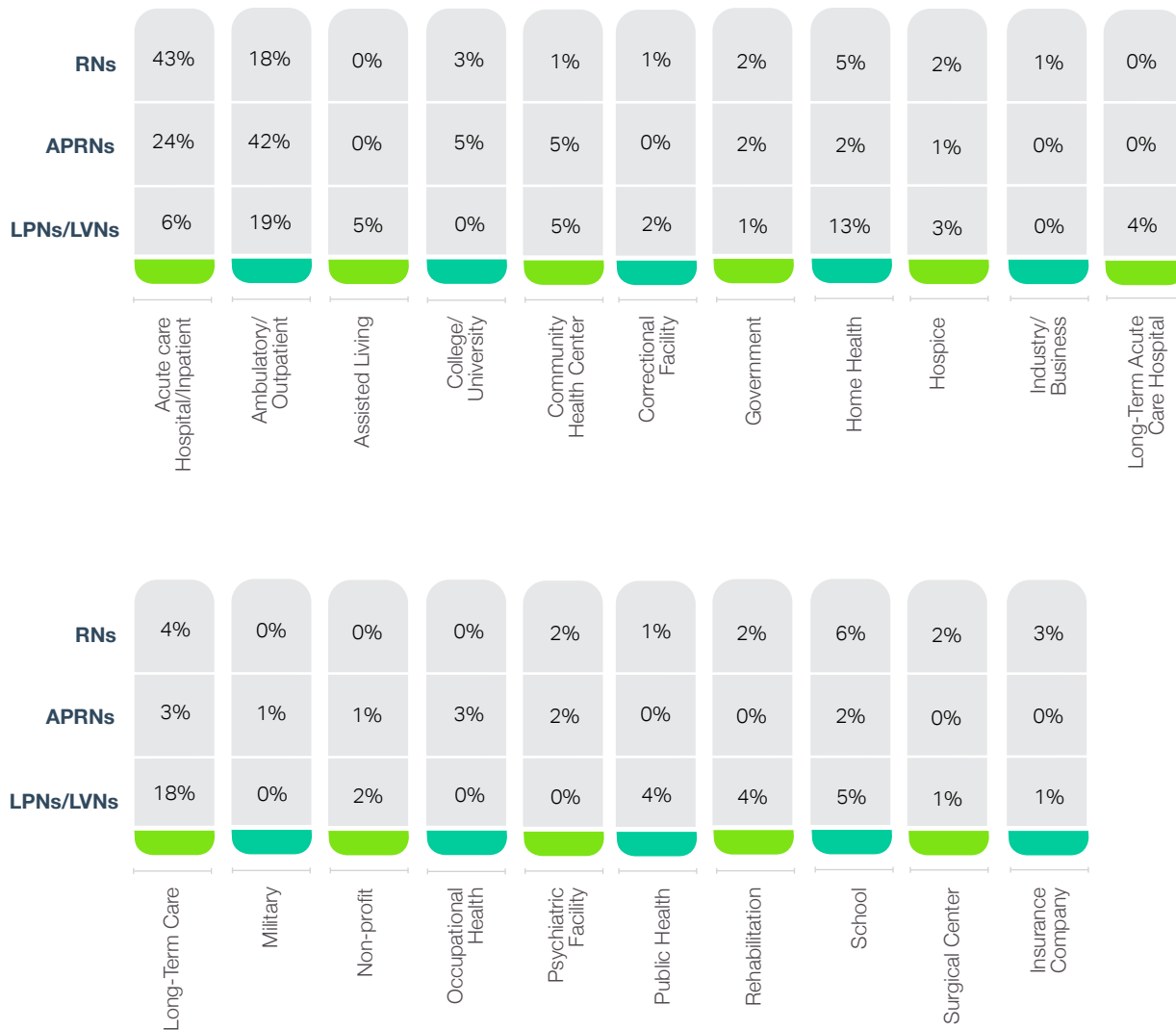
Of those who responded to the survey question on employment setting (5,429), 35% stated they worked in a for-profit organization, 45% worked in a nonprofit, 12% for a government agency and 7% stated they were not sure.

Respondents were asked in which setting they were employed. Due to variation in practice, licensing and scope, the responses were divided out by nursing type and included the top responses.

Key Finding

Hospitals continue to be the main employer for RNs, with ambulatory settings for APRNs and long-term care settings for LPNs/LVNs, which is all consistent for the No. 1 setting compared to the U.S. BLS May 2019 data.

Table 20: Most Frequent Position Setting by %



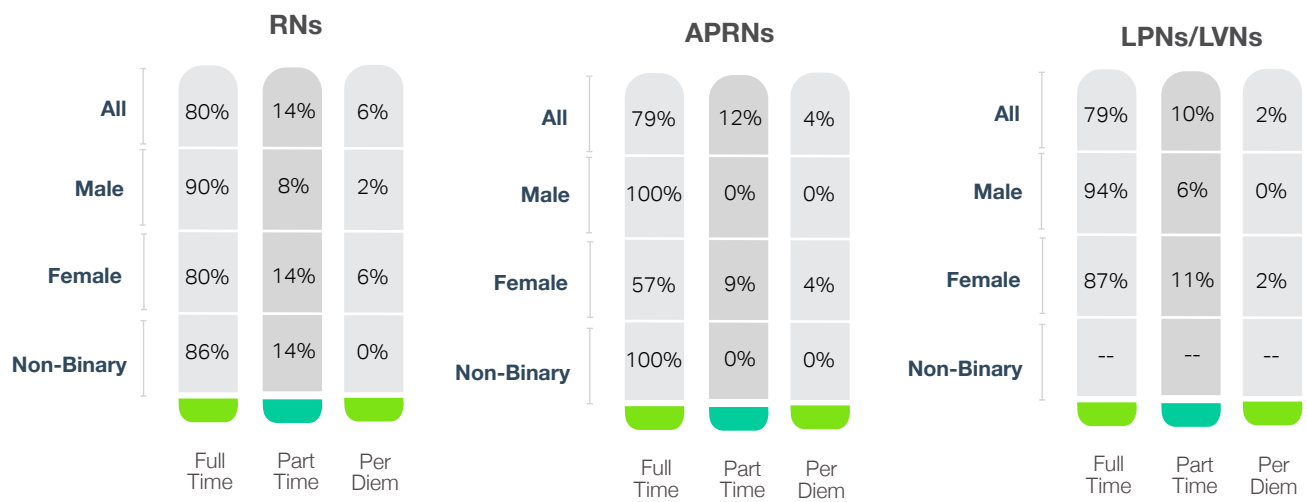
Employment Status

The majority of respondents — whether they were RNs, APRNs or LPNs/LVNs — noted they are employed full time (78%-80%), and a majority (RNs = 75%, APRNs = 86%, LPNs/LVNs = 71%) work the day shift.

Key Finding

Males are more likely to work full time than females, which is consistent with the U.S. BLS data that overall (all jobs) 75% of males work full time compared to 63% of females (U.S. BLS 2017 data).

Table 21: What is your employment status at your primary job?



Mandated Overtime

Mandated overtime is a topic of concern for many nurses. In this survey, less than 11% of respondents stated they were subjected to mandated overtime.

Table 22: Mandated Overtime



Education and Certification

With professional certification and the focus on education levels, it is important to note the current landscape of education and certification levels of respondents. Participants were asked if they were considering pursuing higher education, certification or training to boost their salary potential. When comparing genders, 56% of men said yes compared to only 49% of women. When controlling for education and number of hours worked, a significant relationship was noted between men's and women's salary and certification.

Table 23: Highest Level of Education

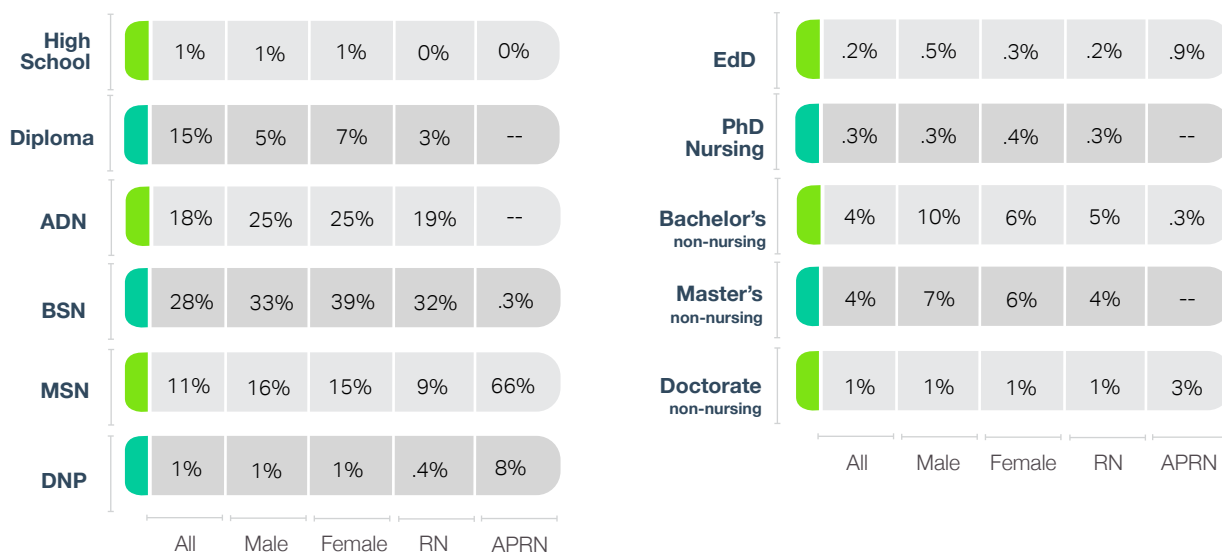


Table 24: Professional Practice

	Professional Certification	Professional Organization Member
All	48%	45%
Males	46%	43%
Females	47%	45%
Non-Binary	64%	55%
RNs	48%	43%
APRNs	76%	79%
LPNs/LVNs	20%	13%

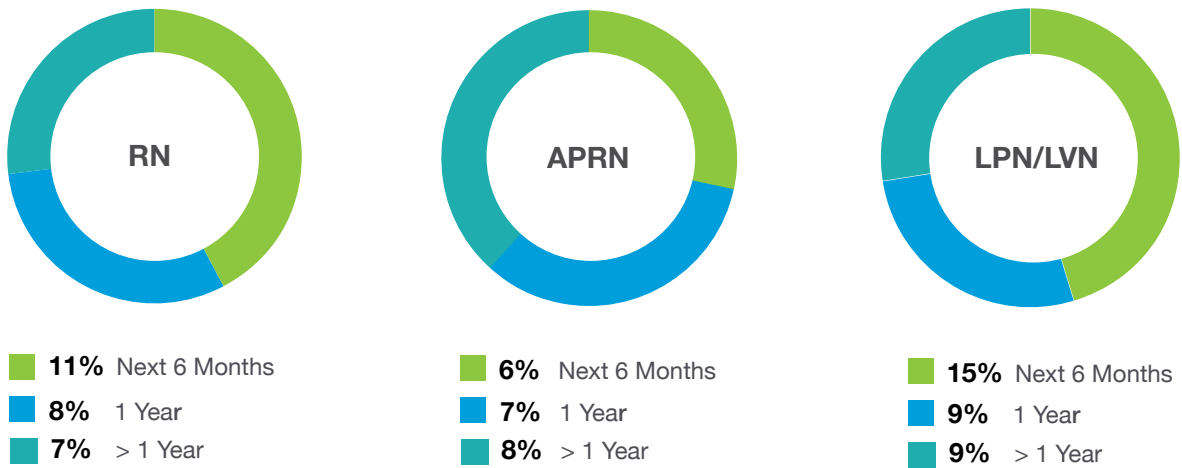
Education and Certification

When asked if they are considering furthering education, training or certification, 40% of RNs, 32% of APRNs and 43% of LPNs/LVNs said yes. Specifically, 26% of RNs, 22% of APRNs, and 35% of LPNs/LVNs are considering additional degrees. The majority of RNs who responded to this question will be seeking BSNs (8%), MSNs (12%) and DNPs (3%). APRNs will be seeking DNPs (16%), PhDs (2%) and non-nursing doctorates (2%). LPNs/LVNs will be seeking ADNs (9%) and BSNs (21%).

Key Finding

A large number of RNs, APRNs and LPNs/LVNs are considering additional degrees and education. When respondents were asked when they would pursue further education, responses show the following:

Table 25: Pursuing Education Timeframe



There are many factors nurses look at when deciding on a nursing program. The survey asked respondents if they plan to pursue further education and to select all important factors they considered when deciding on a program.

Key Findings

1. Cost and a flexible schedule are of highest importance in nursing program consideration.
2. Online education is preferred over on-site programs.

Table 26: Most Important Factors When Choosing a Nursing Program

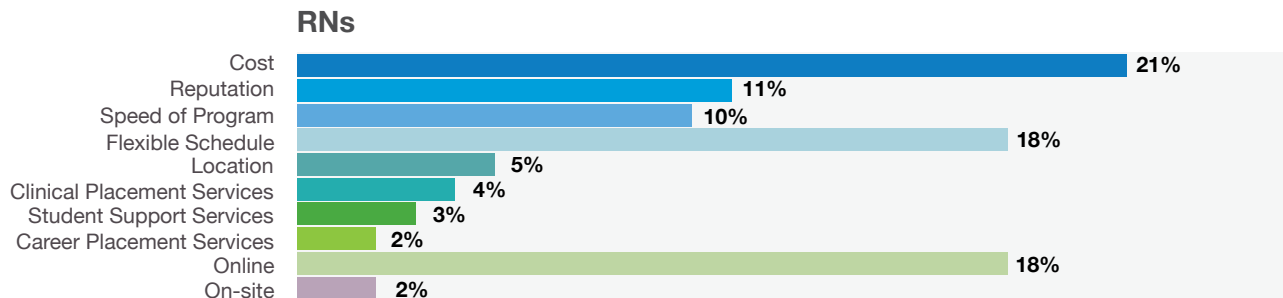
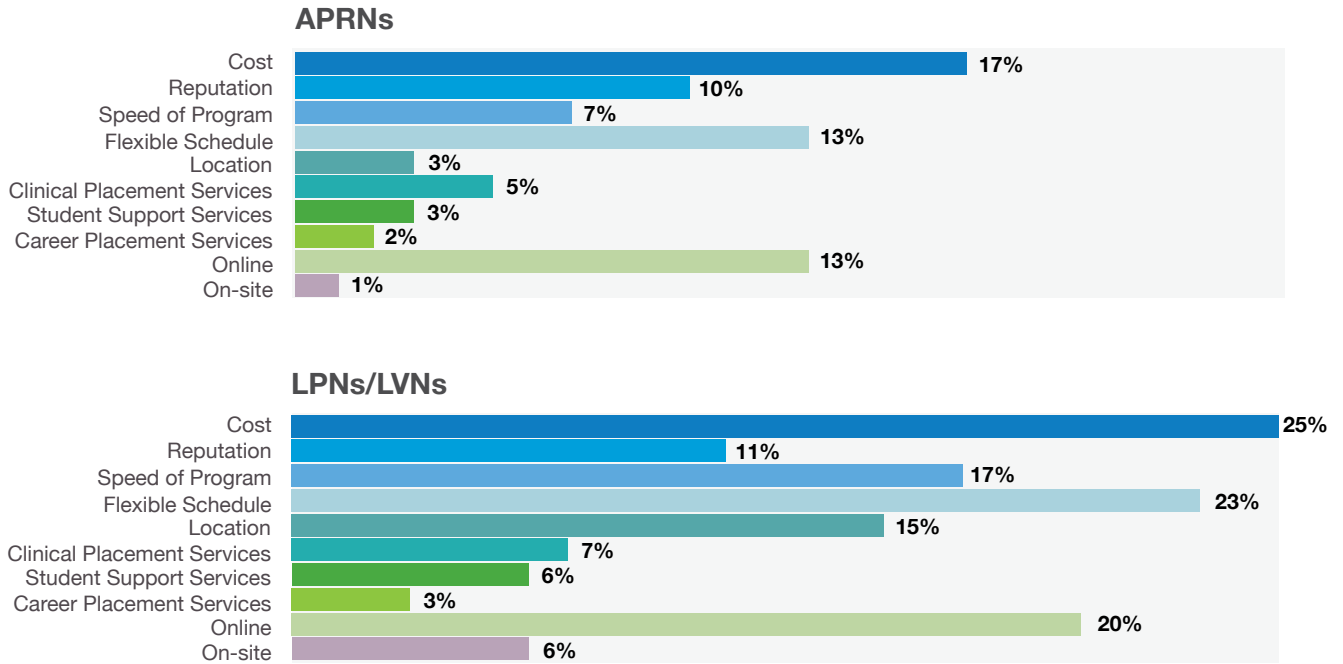


Table 27: Most Important Factors When Choosing a Nursing Program



Respondents also were asked to select all that apply related to their beliefs on the benefits of a degree program.

Key Finding

Personal achievement, career advancement and advanced clinical expertise were considered top benefits of attending a degree program.

Table 28: Benefits of a Degree Program

Benefits	RNs	APRNs	LPNs/LVNs
Career Advancement	19%	11%	26%
Increased Compensation	13%	6%	23%
Personal Achievement	20%	16%	26%
Better Patient Outcomes	8%	5%	11%
Improved Self-Esteem	7%	4%	12%
Recognition	4%	5%	7%
Job Security	9%	3%	18%
Improved Clinical Judgment	11%	9%	15%
Leadership Skills	11%	9%	14%
Advanced Clinical Expertise	13%	12%	16%

Tuition Reimbursement

When asked “Does your employer provide tuition reimbursement?,” approximately 40% of RNs, 25% of APRNs and 25% of LPNs/LVNs stated their employers offer tuition reimbursement. When asked what percent of total tuition expenses were covered by their employer, for RNs approximately 23% of employers cover less than 10% of total expenses, 28% of APRNs noted less than 10% coverage of total expenses and 16% of LPNs/LVNs noted less than 10% of total expenses. However, 5% of RNs, 8% of APRNs and 4% of LPNs/LVNs said their employers paid 100% of their tuition expenses.

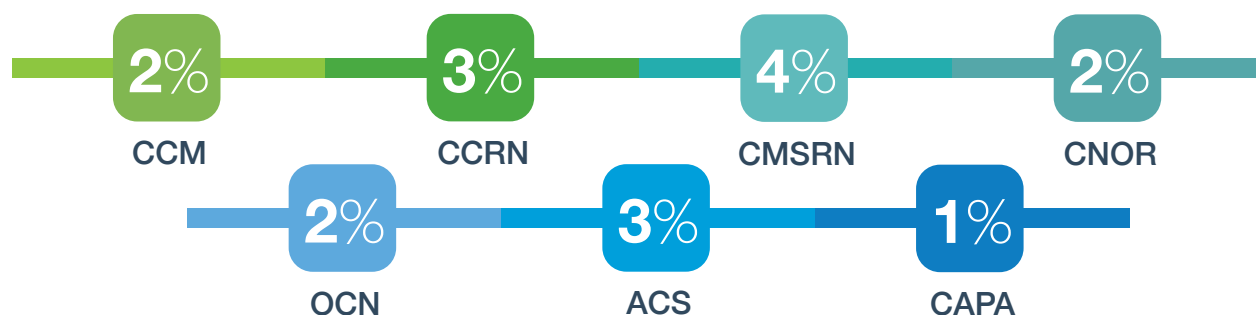
Total School Loan Debt

When asked about total student loan debt, the ranges covered included none to more than \$100,000. Because of smaller response sizes, not all potential answers are shown.

Table 29: School Loan Debt

School Loan Debt	RN	APRN	LPN/LVN
Never Had School Loan Debt	36%	28%	15%
\$5,000-\$9,000	7%	3%	2%
\$10,000-\$14,000	4%	3%	2%
\$15,000-\$19,000	3%	3%	1%
\$20,000-\$24,000	3%	4%	1%
\$25,000-\$29,000	3%	3%	1%
\$30,000-\$34,000	2%	2%	2%
\$35,000-\$39,000	1%	1%	1%
\$40,000-\$44,000	2%	3%	1%
\$45,000-\$49,000	1%	2%	0%
\$50,000-\$54,000	1%	3%	0%
\$55,000-\$59,000	1%	2%	0%
\$60,000 or More	1%	2%	0%
Greater Than \$100,000	1%	11%	0%

Table 30: Certification Highest for RNs



All other certifications represented 1% or less each for RNs. For APRNs, approximately 8% held an AGACNP and 3% held an FNP certificate.

Job Change and Relocation

With recent changes in the economy, RNs comparatively are less likely to change jobs or relocate. Understanding willingness to relocate by group may be useful in specific recruitment efforts. For instance, men are statistically more likely to consider relocating than women⁸.

Would you consider relocating to another state for a job?

For this question, 15% of all respondents said they would consider relocating to another state for a job and 29% responded that maybe they would consider relocating. More males (20%) would consider relocating to another state, compared to females (15%). APRNs (18%) were more likely to consider relocating — more so than RNs (15%) or LPNs/LVNs (13%).

Of those who would consider relocating out of state, the question was asked to which three states would they be willing to relocate. The top 10 states are listed below.

Key Finding

Across all nursing positions, Florida was the most popular state for potential relocation.

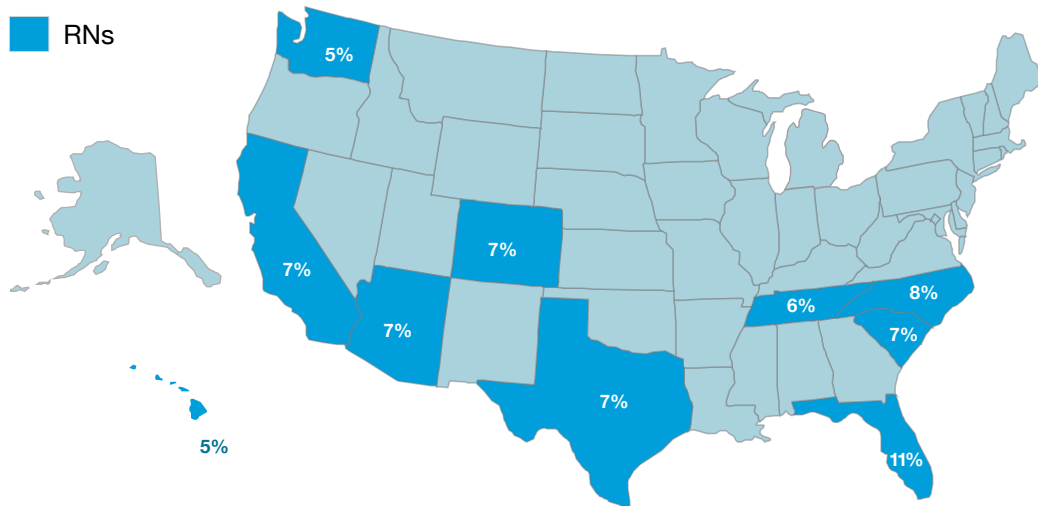


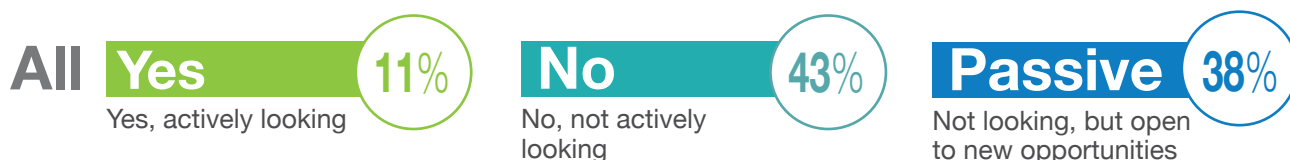
Table 31: Top 10 States for Potential Relocation

Rank	RNs	APRNs	LPNs/LVNs
1	FL 11%	FL 17%	FL 15%
2	NC 8%	NC 11%	TX 9%
3	TX 7%	TN 10%	AZ 8%
4	CA 7%	SC 9%	SC 8%
5	CO 7%	AZ 8%	CA 8%
6	AZ 7%	HI 8%	NC 8%
7	SC 7%	VA 8%	TN 7%
8	TN 6%	CA 8%	GA 6%
9	WA 5%	CO 7%	HI 6%
10	HI 5%	WA/GA 6%	VA 5%

Table 32: Are you considering changing employers?

Among all respondents, 11% are actively looking to change employers and 38% are passive job seekers, which means they are not actively looking but are open to new opportunities. Among female respondents, 12% are actively looking to change employers and 41% are passive job seekers.

Among male respondents, 14% are actively looking to change employers and 44% are passive job seekers. More APRNs (14%) are actively looking to change employers or are open to new opportunities (41%), compared to RNs (11% and 41%, respectively) or LPNs/LVNs (14% and 45%, respectively).



Of those looking to change employers, overall, 34% believe they will change within the next 2-3 years. Men are looking to change employers the soonest.

Table 33: When do you think you will change employers?

	0-3 Months	4-6 Months	7 or More Months	2-3 Years	Greater Than 3 Years
All	11%	16%	22%	34%	18%
Males	11%	26%	26%	28%	17%
Females	10%	16%	22%	35%	18%
Non-Binary	38%	25%	25%	12%	0%
RNs	10%	16%	22%	34%	18%
APRNs	7%	8%	10%	20%	8%
LPNs/LVNs	15%	16%	19%	31%	19%

Considering Leaving Nursing

When asked if respondents were considering leaving nursing (yes or no response), approximately 11% stated yes. More female LPNs/LVNs (12%) responded yes compared to RNs (11%) and APRNs (6%).

Free text responses were reviewed describing many reasons for leaving.

Table 34: Top Reasons for Leaving Profession



Summary of Key Points

Overall, this report reviewed salary, education and roles of RNs, APRNs and LPNs/LVNs in early 2020. As found in other salary surveys, men continue to make more money than women as RNs. Salary is the No. 1 compensation factor for all RNs in relationship to job satisfaction. However, all RNs were moderately satisfied with their salary. Education and certification do positively correlate with higher salaries in both genders, and a high number of RNs are planning on pursuing higher education, training or certification to increase income. While there were many differences noted between genders on numerous questions, fewer differences were noted between generations. This suggests that less attention may be warranted on generational differences in RNs as a whole.

Reference Key:

- 1) $\chi^2(1, N=321) = 11.94, p < 0.001$.
- 2) $F(2,4750) = 9.30, p = 0.000$.
- 3) $r = -.066, p = 0.000$ (RNs) $r = -.142, p = 0.002$ (LPNs), $r = -.122, p = 0.026$ (APRNs)
- 4) $t(115) = 3.193, p = 0.002$
- 5) $t(279) = 7.57, p = 0.00$.
- 6) $F(2,5426) = 5.54, p = 0.004$
- 7) Howe, Neil (1992). *Generations: The History of America's Future, 1584 to 2069*. ISBN 978-0688119126.
- 8) U.S. Census Bureau, <https://www.census.gov/>
- 9) U.S. Bureau of Labor Statistics, <https://www.bls.gov/>

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