2022
Nurse Salary Research Report

Trends and Insights for Leaders and Recruiters

RELIAS | **NURSE**.com
Powered by Relias

Contents

Introduction:
Out of Crisis Comes Opportunity

The COVID-19 pandemic has made unprecedented demands on healthcare organizations and on their nurses. Nurses and nurse leaders have stepped up to the challenges, displaying extraordinary adaptability and ingenuity while caring for staggering numbers of complex patients.

Our Nurse.com 2022 Nurse Salary Research Report reveals some repercussions from the pandemic and trends related to nurses' views of their jobs and satisfaction in their roles. In addition to nurse salaries, we uncover plans to change roles or settings, ideal benefits, and differences among demographics.

Healthcare leaders, recruiters, and hiring managers can gain insights from the survey results and our analysis that can inform your efforts to hire and retain nurses. By understanding what trends are occurring in nurses' opinions of their roles and their salaries, you can develop strategies that help them feel cared for and engaged with your organization.

Before we examine the survey results, let's consider the context in which nurses answered our survey questions.

It's no surprise that, for the 20th year in a row, the American public has ranked nurses No. 1 in Gallup's annual Honesty and Ethics survey.[1] Yet, the heroic efforts required of nurses are having repercussions for them personally and for their leaders and organizations.

In a survey conducted by the American Organization for Nursing Leadership (AONL) in August 2021, 75% of nurse leaders indicated that the emotional health and well-being of their staff is their top challenge. Among nurse leaders themselves, 25% said they are not emotionally healthy, with nurse managers particularly at risk — 36% of this group reported that they are not emotionally healthy.[2]

NURSING SHORTAGES HAVE REACHED CRISIS LEVELS

The current instability of the nursing workforce also reflects and contributes to the pandemic's toll on nurses. Nursing staff shortages are nothing new, but the pandemic has made the problem much worse. A few sobering statistics:

+ The vacancy rate for registered nurses was almost 10% in 2020, almost a full point higher than the prior year. Over a third of hospitals reported a vacancy rate higher than 10%.[3]

+ Nurse turnover rates are increasing, standing at about 22% in 2021, compared to 18% in 2019.[4]

+ It takes an average of three months to recruit a qualified nurse to fill a vacancy, a period that is expected to increase in the wake of the disruptions caused by COVID-19.[3]

The AONL survey found that 90% of nurse leaders anticipate post-pandemic staffing shortages,[2] and hospital CEOs rank personnel shortages as their top concern. The American Nurses Association recently called on the U.S. Department of Health and Human Services to "declare the current and unsustainable nurse staffing shortage facing our country a national crisis."[6]

OPPORTUNITIES FOR NURSES

While nurses are both physically and emotionally exhausted, the potential for more satisfying and rewarding careers is on the horizon. On one level, this is a supply-and-demand issue: As healthcare organizations compete for nursing talent, nurses are in an excellent position to negotiate better salaries, benefits, and working conditions.

Healthcare organizations have also learned some hard lessons during the pandemic: To keep facilities adequately staffed, they've paid a premium for travel nurses, in addition to overtime and critical staffing pay. This trend has challenged organizations to focus on long-term investments in their core nursing staff to improve nurse satisfaction and retention.

Healthcare leaders are implementing a variety of measures to attract and retain nurses.[2,7,8] These include:

+ Higher salaries

+ More flexible work schedules

+ Sign-on bonuses and relocation packages

+ Loan forgiveness

+ Tuition assistance

+ Incentives for pursuing certifications and other career development opportunities

+ Enhanced benefits, such as better retirement plans and child care discounts

As nurses contemplate what's next for their careers, they're in an ideal position to think through what they really want — and then ask for it. Healthcare leaders and recruiters who take note of what's important to nurses will be better positioned to attract and retain optimal talent. These insights are increasingly critical as the nursing shortage is projected to continue through 2030.

INSIGHTS FROM OUR SURVEY RESULTS

This report outlines where nurses are in their careers and where they may plan to go. The Nurse.com 2022 Nurse Salary Research Report was conducted to assess salary, benefits, education, and more for registered nurses (RNs), advanced practice registered nurses (APRNs), and licensed practical/vocational nurses (LPNs/LVNs) across the country.

You can use the information in this report to see how current nurses' salary and benefits compare with those within your organization with similar education and job titles. This information can guide you in deciding whether to alter your organization's current compensation levels to remain competitive within the market. As nurses field offers for a new job, they're thinking more strategically than ever before about the quality of the offer.

Leaders and recruiters who understand what motivates nurses to stay or leave will have an advantage in recruiting nurses, increasing job satisfaction, and growing nurse leaders. Also included in this report are insights about how additional education or certification might impact nursing career development and prospects.

This year, we included a number of questions about how the pandemic has affected nursing careers. The answers to these questions can help you better understand the impact that this crisis is having on the nursing profession and the repercussions on nurse hiring and retention.

Methodology

Nurse.com from Relias and its research partner, Brandware, surveyed nursing professionals between November 12 and December 12, 2021. The survey questions were developed by research professionals and industry experts as part of Nurse.com's biennial salary survey, with new questions added this year to gather information about the impact of COVID-19.

Relias invited respondents to participate in the 10-to-15-minute online survey via newsletters, emails, and social media. The number of qualified nurses successfully completing the survey was 2,516.

Respondents had the option of choosing not to answer a question and skipping to the next. This means that not all questions have a sample size that adds up to 2,516. Also, respondents could choose more than one response for some questions.

The number of qualified nurses successfully completing the survey was

2,516

Key Takeaways

1. Nursing salaries are up for most groups.

The median RN salary reported by survey respondents was $78,000. This was a substantial increase over the median RN salary of $73,000 reported in our 2020 report. Median salary is up for other license types as well, with an increase of $13,000 for APRNs and $3,000 for LPN/LVNs.

RNs who work in American Hospital Association Region 3, which covers Delaware, Kentucky, Maryland, North Carolina, Virginia, West Virginia, and the District of Columbia, saw a decline in salary compared to our 2020 report.

When asked if the pandemic has affected their salaries, 25% of all nurse respondents noted increases in their salaries, and 9% noted decreases.

2. The pandemic has had a profound impact on whether nurses want to stay in the profession and under what terms.

The pandemic has led to a precipitous increase in the number of nurses considering leaving the profession. Our survey found that 29% of survey respondents were considering leaving nursing. This percentage, which includes nurses across all licensures, is substantially higher than the 11% who indicated they were considering leaving in our 2020 survey.

Among our survey respondents, 4% said they work as travel nurses, and 62% of those became travel nurses in 2020 or 2021. Higher pay far surpassed all other reasons for becoming a travel nurse, followed by dissatisfaction with management.

Higher pay and dissatisfaction with management were also key drivers of nurses changing work settings in 2020 or 2021, with 28% saying they've changed settings. The percentage of nurses considering changing employers increased to 17% in 2021 from 11% in 2020, while the percentage of nurses who are passive job seekers — not actively looking for a new job but open to new opportunities — also increased, from 38% in 2020 to 47% in the current survey.

3. The gender pay gap for RNs widened. One factor may be that male nurses are more likely to negotiate their salary.

The current survey shows the median salary for a male RN as $14,000 higher than the median salary for a female RN. This gap was $7,297 in our 2020 survey.

It is striking that 30% of nurses surveyed said they never negotiate salary versus 18% who said they always do. Female RNs were less likely to negotiate salary either always or most of the time (31%) compared to male RNs (40%). Given the current demand for nurses and the commitment by many healthcare organizations to invest in their core nursing staff as the pandemic wanes, nurses are well-positioned to negotiate better salaries.

Demographics

LICENSE TYPE AND SETTING

Of the 2,516 survey respondents, almost 87% were RNs.

Breakdown by License Type

	RN	APRN	LPN/LVN
% OF RESPONDENTS	86.7%	5.1%	8.3%
NUMBER OF RESPONDENTS	2180	128	208
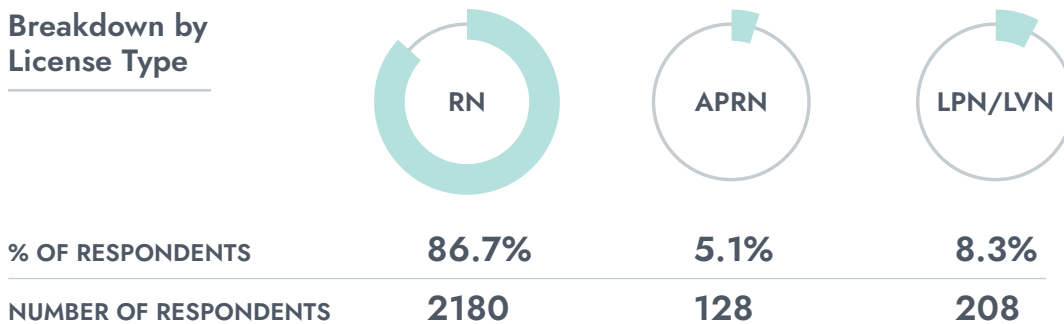
Among APRNs, 90% said they are nurse practitioners (NPs), 7% practice as clinical nurse specialists (CNSs), 2% as certified registered nurse anesthetists (CRNAs), and 1% as certified nurse-midwives (CNMs).

In our sample, hospitals continue to employ the largest number of RNs, with ambulatory settings representing the main employers of APRNs and LPN/LVNs. This is consistent with data from the U.S. Bureau of Labor Statistics (BLS) for May 2020 for RNs and APRNs. For LPN/LVNs, the BLS found that skilled nursing facilities employ the largest number of LPN/LVNs, with ambulatory settings second.

The highest percentage of RNs said they work for nonprofit organizations (44%), with the highest percentages of APRNs (42%) and LPN/LVNs (48%) working in for-profit settings.

AGE AND GENERATION

The median age of nurses in the survey was 53, which aligns with national comparisons.[10] The mean age was 51.3.

Breakdown by Generation

	Generation Z	Millennials	Generation X	Baby Boomers
% OF RESPONDENTS	1.2%	19.8%	39.7%	39.3%
NUMBER OF RESPONDENTS	30	499	999	988
AGES	24 or younger	25–40	41–56	57–75
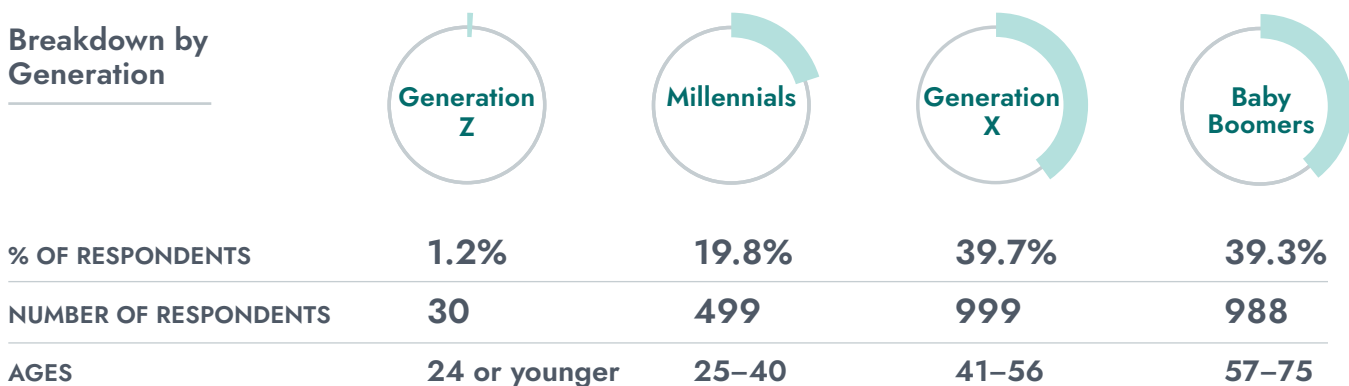
Note. Generational definitions from Pew Research Center.[11]

GENDER

Of survey respondents of all license types, 90.4% identify as female, 9.5% as male, and 0.2% as nonbinary.

Gender Identification by License Type

RN
APRN
LPN/LVN

	Female	Male	Nonbinary
RN	90%	10%	0%
APRN	86%	14%	0%
LPN/LVN	94%	6%	0%

Female
2,274
respondents

Male
238
respondents

Nonbinary
4
respondents
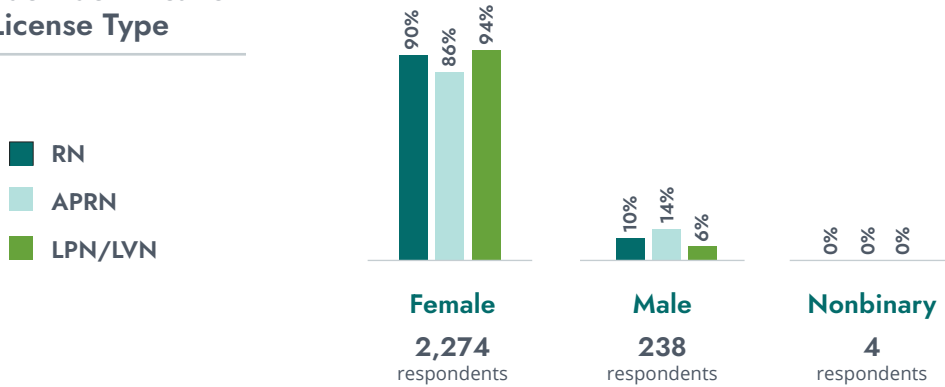
BLS data for May 2020 identifies 86.7% of RNs, 87.4% of NPs, and 91.3% of LPN/LVNs as women. Data is not given for individuals who are male or nonbinary.[12]

FINDINGS

+ A higher proportion of nurses (9.5%) identified as male in 2021 than in 2020, when the proportion was 7%. This holds true across license types, where the proportion of male RNs increased from 6.8% to 10%, APRNs from 11.1% to 14%, and LPN/LVNs from 4.7% to 6%.

+ A higher proportion of male nurses (8%) hold an APRN license than female nurses (5%).

+ 91% of male nurses work full time vs. 80% of female nurses. This aligns with 2019 BLS data that shows 89% of employed men work full time vs. 77% of employed women.[13]

+ Male nurses are more likely to work the night shift than female nurses.

RACE AND ETHNICITY

Participants were asked to identify their racial or ethnic heritage and were able to mark all that applied.

Race/Ethnicity by License Type

Legend:
- RN
- APRN
- LPN/LVN
- U.S. Census 2020[a]

White — 1,914 respondents
- RN: 77%
- APRN: 75%
- LPN/LVN: 73%
- U.S. Census: 76.3%

Black or African American — 199 respondents
- RN: 7%
- APRN: 5%
- LPN/LVN: 16%
- U.S. Census: 13.4%

Hispanic, Latinx, or Spanish — 168 respondents
- RN: 6%
- APRN: 6%
- LPN/LVN: 9%
- U.S. Census: 18.5%

Asian — 139 respondents
- RN: 6%
- APRN: 7%
- LPN/LVN: 1%
- U.S. Census: 5.9%

American Indian or Alaska Native — 38 respondents
- RN: 2%
- APRN: 2%
- LPN/LVN: 1%
- U.S. Census: 1.3%

Native Hawaiian or other Pacific Islander — 18 respondents
- RN: 1%
- APRN: 1%
- LPN/LVN: 0%
- U.S. Census: 0.2%

Other — 41 respondents
- RN: 2%
- APRN: 3%
- LPN/LVN: 1%
- U.S. Census: n/a

Prefer not to answer — 102 respondents
- RN: 4%
- APRN: 4%
- LPN/LVN: 3%
- U.S. Census: n/a

[a]In the U.S. census, respondents are asked about ethnicity, i.e., whether they identify as Hispanic or Latinx, separately from race. The question about racial identity (white, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander) is a separate question. Persons whose ethnic identity is Hispanic or Latinx may be of any race. The census also has a separate category for "Two or more races," selected by 2.8% of respondents.[14]

Compared to BLS data, white RNs and LPN/LVNs were overrepresented in our survey. The 2021 BLS race/ethnicity breakdown for RNs indicates that 74.9% of RNs identify as white, 13.3% as Black or African American, 8.6% as Asian, and 8.8% as Hispanic or Latinx. For LPN/LVNs, the BLS breakdown is 66.5% identifying as white, 27.6% as Black or African American, 2.7% as Asian, and 13.7% as Hispanic or Latinx. The only APRN category reported by BLS is NPs. The BLS data shows 85.6% of NPs identifying as white, 7.0% as Black or African American, 3.9% as Asian, and 5.5% as Hispanic or Latinx. BLS does not report data for any other racial/ethnic groups.[12]

Another way to look at race and ethnicity by license type is by the breakdown of license type within each race/ethnicity category.

Breakdown of License Type Within Each Race/Ethnicity Category

- ■ White (dark teal)
- ■ Black or African American (light teal)
- ■ Hispanic, Latinx, or Spanish (green)
- ■ Asian (dark gray)
- ■ American Indian or Alaska Native (yellow/gold)
- ■ Native Hawaiian or other Pacific Islander (teal)
- ■ Other (light green)
- ■ Prefer not to answer (gray)

RN

White	Black or African American	Hispanic, Latinx, or Spanish	Asian	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Other	Prefer not to answer
87%	81%	84%	92%	88%	94%	85%	90%

APRN

White	Black or African American	Hispanic, Latinx, or Spanish	Asian	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Other	Prefer not to answer
5%	3%	5%	6%	6%	6%	11%	5%

LPN/LVN

White	Black or African American	Hispanic, Latinx, or Spanish	Asian	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Other	Prefer not to answer
8%	16%	11%	2%	6%	0%	4%	6%

FINDINGS

+ Looking at the data from Nurse.com, the BLS, and U.S. Census together, a few clear findings emerge:

  • Persons who identify as Hispanic or Latinx are underrepresented across all nursing license types compared to their proportion in the U.S. population as a whole.

  • Persons who identify as Black or African American are overrepresented in the LPN/LVN group and underrepresented in the APRN group compared to their proportion in the U.S. population as a whole.

  • Persons who identify as Asian are overrepresented in the RN group and under-represented in the LPN/LVN group compared to their proportion in the U.S. population as a whole.

+ In our sample, a higher proportion of Black or African American nurses and Hispanic, Latinx, or Spanish nurses were LPN/LVNs compared to other race/ethnicity groups.

+ In our sample, a lower proportion of Black or African American nurses were APRNs compared to other race/ethnicity groups.

+ Black or African American men were only 2% of male nurses in our survey, whereas Black or African American women made up 8% of female nurses. By contrast, Asian men made up 10% of male nurses, whereas Asian women made up only 5% of female nurses.

+ 30% of Asian nurses said they worked the night shift vs. 15% for the sample as a whole.

YEARS OF NURSING EXPERIENCE

For RNs, the average number of years of experience is 22.5, which is down from the 26-year average indicated by our 2020 data. For APRNs, the average is 23.5 years, down from 28 years in the prior survey. For LPN/LVNs, the average is 19.3 years, which is consistent with our prior data.

UNION REPRESENTATION

In our sample, 17% were represented by a union, with Millennials and Generation X most likely to belong to a union. This percentage aligns with other national reports.[15]

**Union Representation
by Generation**

11%

Generation Z

89%

21%

Millennials

79%

Belong to a union
■ Yes   ■ No

19%

Generation X

81%

14%

Baby Boomers

86%
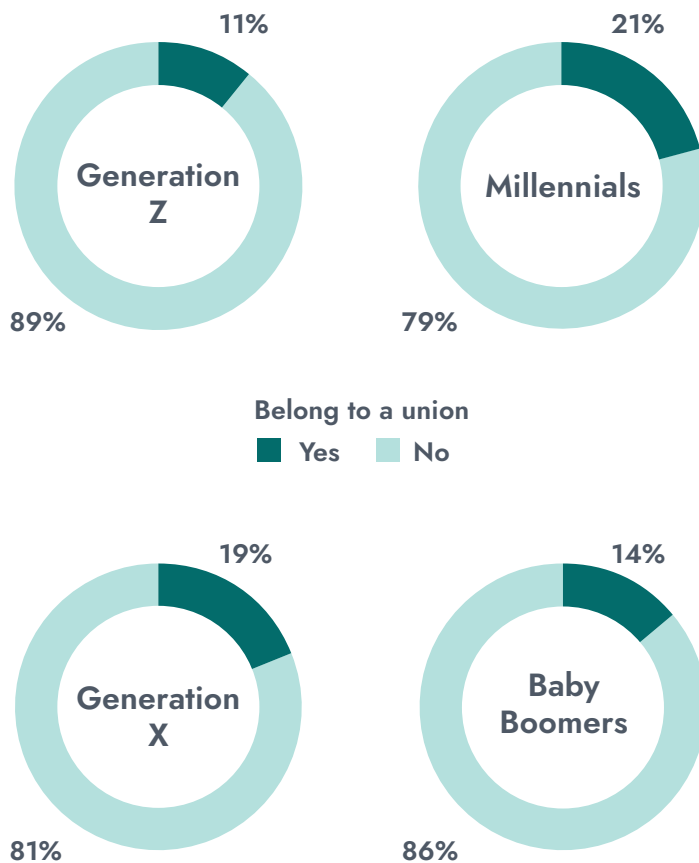
Supporting a nursing profession that exemplifies diversity, equity, and inclusion is important, noted Relias Director for Post-Acute Care Solutions Trish Richardson, MSN, BSBA, RN, NE-BC, CMSRN.

"Intentionally leaning in and engaging in critical conversations to better understand and remove roadblocks to professional growth and development will help transform the nursing profession."

Nurse Salary Comparison

SALARY BY LICENSE TYPE AND EDUCATION

The median RN salary reported by survey respondents was $78,000. This was a substantial increase over the median salary of $73,000 reported in our 2020 report.

Median is typically a more representative indicator of salary for a population than the mean, or average, since median is not affected by a small number of high or low outlier responses.

Median Annual Salary by License Type for Primary Nursing Position

Median salary

	Median salary
RN	$78,000
APRN	$120,000
LPN/LVN	$48,000
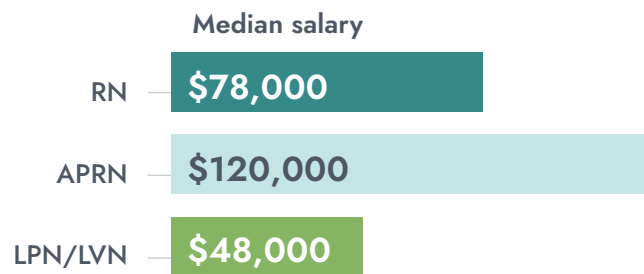
FINDING

Median annual salary has increased across all license types compared to our 2020 data: RN salary is up $5,000; APRN salary is up $13,000; and LPN/LVN salary is up $3,000.

BLS data for May 2020 shows the median annual salary of an RN at $75,330 and of an LPN/LVN at $48,820. Among APRNs, BLS shows the median annual salary of an NP at $111,680, a nurse midwife at $111,130, and a nurse anesthetist at $183,580.[9]

RNs and LPN/LVNs who reported working a secondary nursing position earned a median salary of $20,000 for this work, with the median for APRNs being $21,500.

Salary by Education

Median salary

	Median salary	
Associates or below	$67,000	797 respondents
BSN	$78,000	1,049 respondents
Graduate nursing degree	$100,000	409 respondents
Non-nursing college or graduate degree	$75,000	254 respondents
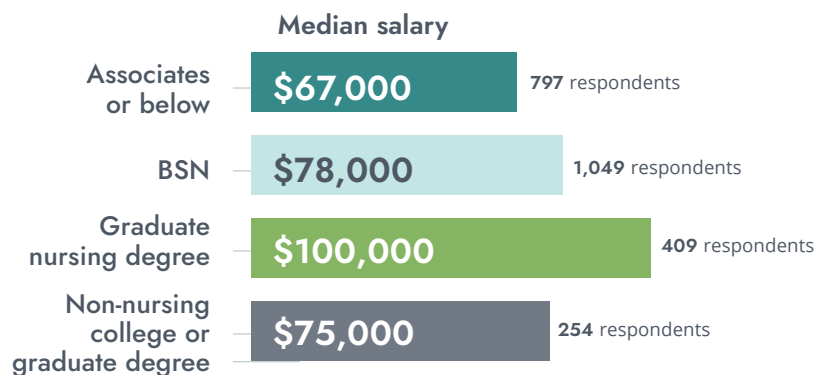
SALARY BY U.S. REGION

Regional Salary Breakdown

	Median salary for all license types	RN median salary
Region 1	$76,500	$77,750
Region 2	$85,000	$85,000
Region 3	$67,308	$68,000
Region 4	$69,000	$70,000
Region 5	$74,159	$74,000
Region 6	$67,600	$69,000
Region 7	$73,000	$75,000
Region 8	$78,902	$80,000
Region 9	$100,000	$100,000

FINDINGS

Nurse salaries increased across all U.S. regions, as defined by the American Hospital Association, with the exception of Region 3, which covers Delaware, Kentucky, Maryland, North Carolina, Virginia, West Virginia, and the District of Columbia. RN median salary in Region 3 declined to $68,000, down from $72,000 in our 2020 report.
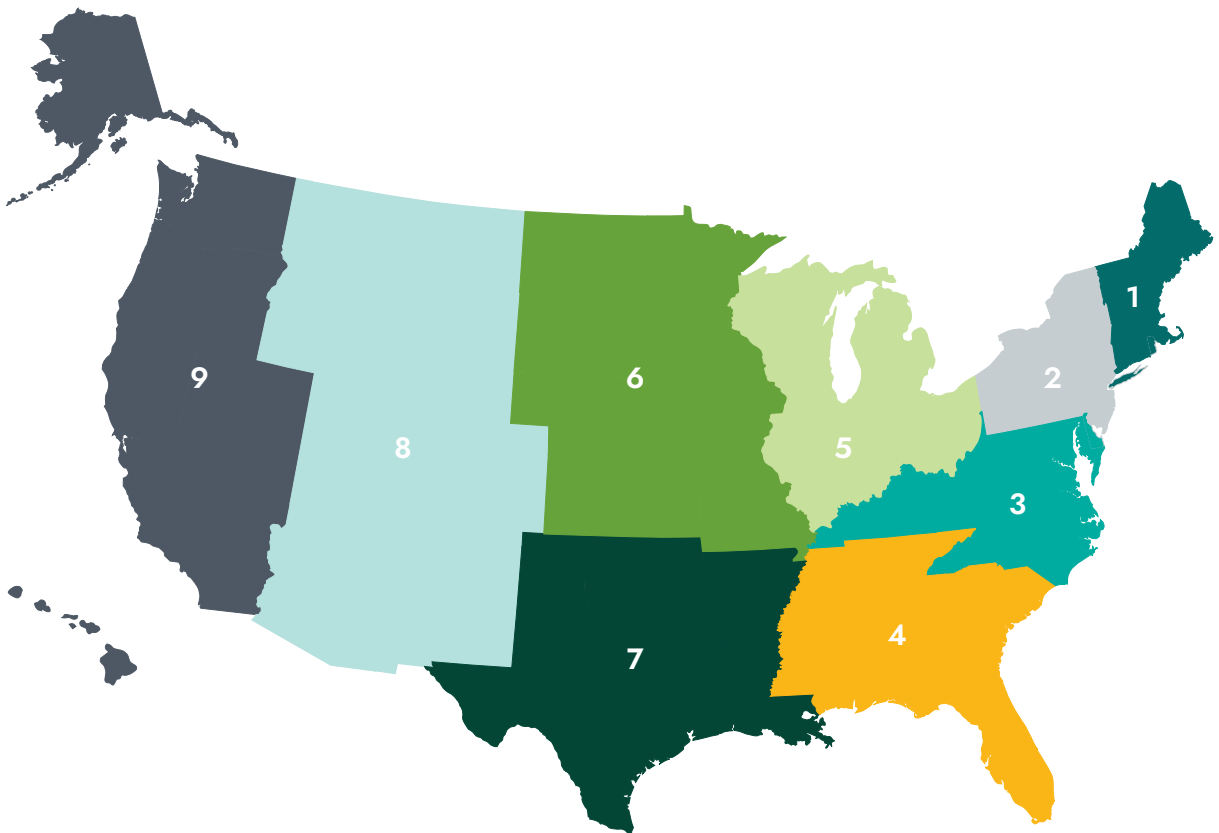
SALARY BY GENDER

Median Primary Salary by Gender and License Type

FEMALE
Median primary salary

RN	**$76,000**
APRN	**$122,000**
LPN/LVN	**$48,000**

MALE
Median primary salary

RN	**$90,000**
APRN	**$120,000**
LPN/LVN	**$45,000**
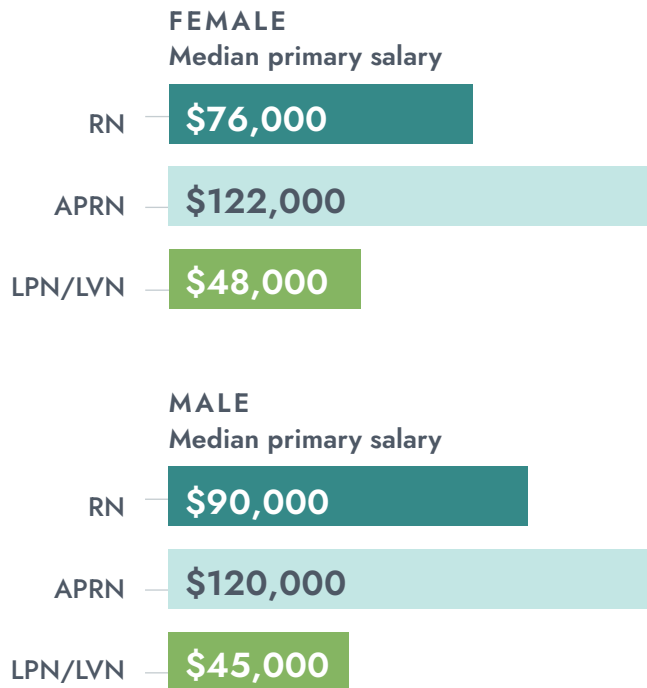
Note: The nonbinary sample for this survey consists of 4 RNs with a median primary salary of $84,000.

FINDINGS

+ The gender pay gap for RNs widened, with the median salary for a male RN $14,000 higher than the median salary for a female RN. This gap was $7,297 in our 2020 survey.

+ Female APRNs and LPN/LVNs had slightly higher salaries than their male counterparts.

Across license types, male nurses reported working an average of 39 hours per week plus five hours of overtime. Female nurses reported working an average of 37 hours per week plus four hours of overtime. Nonbinary nurses reported working an average of 38 hours per week plus six hours of overtime.

The median salary is fairly close for women and men with APRN and LPN/LVN certifications, observed Felicia Sadler, MJ, BSN, RN, CPHQ, LSSBB, Partner in Acute Solutions at Relias. Looking at the more substantial gender pay gaps for RNs, those could be due to explanatory variables such as clinical settings, higher acuity specialties that pay higher differentials, and certifications, she noted.

SALARY BY RACE AND ETHNICITY

Primary Median Salary and Average Hours Worked by Race/Ethnicity

	Primary median salary	Average hours worked per week	Average overtime per week
White	$75,000	37	4
Black or African American	$75,000	41	6
Hispanic, Latinx, or Spanish	$76,000	38	5
Asian	$95,000	37	4
American Indian or Alaska Native	$80,000	43	5
Native Hawaiian or other Pacific Islander	$103,000	36	5
Other	$81,120	35	5
Prefer not to answer	$75,000	37	4

FINDINGS

+ Nurses who identify as Asian or as Native Hawaiian or other Pacific Islander reported the highest salaries. This may be due in part to the low number of LPN/LVNs in these groups among our sample.

+ Nurses who identify as Black or African American or as American Indian or Alaska Native nurses reported the lowest levels of satisfaction with their current salary. These two groups also report working more hours per week than other racial/ethnic groups.

Recent studies have shed a light on how the differences in workforce distribution — like those noted in our survey — have affected patient health, especially for Black patients and American native patients, who are arguably the most at-risk groups for race-related disparities in the U.S., noted Relias Senior Clinical Effectiveness Consultant Rola Aamar, PhD. The Health Equity Report 2017 indicates that Black or African American and American Indian or Alaska Native nurses make up a small portion of the total nursing staff in the U.S. (10% and 0.4%, respectively).[16]

"Low satisfaction with salary and work hours could increase the risk of burnout. Of nurses actively leaving the field, reducing the number of Black/African American and American Indian/Alaska Native nurses from these populations is critical," noted Aamar. "Without a diverse workforce, we're going to be limited in the progress we can make in reducing health inequity and disparities and improving health outcomes for patients from all backgrounds."

SALARY BY UNION REPRESENTATION

Although salary differences based on union representation vary by state, overall salary differences were striking for nurses who were represented by unions and those who were not. Nurses with union representation had a median primary salary of $89,590, and those who did not have union representation had a median primary salary of $75,000.

Nurse Benefits Comparison

BENEFITS RECEIVED THROUGH EMPLOYER

RN

401(k)	76%
Bonus	31%
Child care	2%
Concierge service	2%
Dental	73%
Health savings account	47%
Life insurance	68%
Long-term disability	50%
Malpractice insurance	8%
Medical	72%
Paid time off	81%
Profit sharing	4%
Reimbursed or paid continuing education	38%
Short-term disability	50%
Tuition reimbursement	44%
Wellness resources	37%
Other	9%

APRN

401(k)	80%
Bonus	44%
Child care	2%
Concierge service	2%
Dental	70%
Health savings account	45%
Life insurance	65%
Long-term disability	46%
Malpractice insurance	67%
Medical	78%
Paid time off	80%
Profit sharing	4%
Reimbursed or paid continuing education	56%
Short-term disability	53%
Tuition reimbursement	33%
Wellness resources	31%
Other	6%

LPN/LVN

401(k)	62%
Bonus	27%
Child care	2%
Concierge service	1%
Dental	60%
Health savings account	38%
Life insurance	53%
Long-term disability	41%
Malpractice insurance	6%
Medical	61%
Paid time off	72%
Profit sharing	8%
Reimbursed or paid continuing education	26%
Short-term disability	45%
Tuition reimbursement	27%
Wellness resources	24%
Other	11%

All

401(k)	75%
Bonus	31%
Child care	2%
Concierge service	1%
Dental	72%
Health savings account	46%
Life insurance	66%
Long-term disability	49%
Malpractice insurance	11%
Medical	71%
Paid time off	80%
Profit sharing	5%
Reimbursed or paid continuing education	38%
Short-term disability	50%
Tuition reimbursement	42%
Wellness resources	36%
Other	9%

FINDINGS

+ The most common benefits, received by at least two-thirds of all respondents, are paid time off, 401(k), dental, medical, and life insurance. LPN/LVNs, however, are much less likely to receive these benefits than RNs and APRNs.

+ Nurses working in acute care and ambulatory settings received more benefits than nurses working in home health, long-term care, or school settings.

BENEFITS NOT RECEIVED BUT DESIRED

RN

401(k)	9%
Bonus	43%
Child care	10%
Concierge service	10%
Dental	5%
Health savings account	5%
Life insurance	4%
Long-term disability	9%
Malpractice insurance	21%
Medical	3%
Paid time off	6%
Profit sharing	21%
Reimbursed or paid continuing education	17%
Short-term disability	7%
Tuition reimbursement	11%
Wellness resources	12%
Other	13%

APRN

401(k)	8%
Bonus	35%
Child care	8%
Concierge service	13%
Dental	5%
Health savings account	7%
Life insurance	5%
Long-term disability	10%
Malpractice insurance	9%
Medical	4%
Paid time off	10%
Profit sharing	25%
Reimbursed or paid continuing education	15%
Short-term disability	5%
Tuition reimbursement	11%
Wellness resources	12%
Other	15%

LPN/LVN

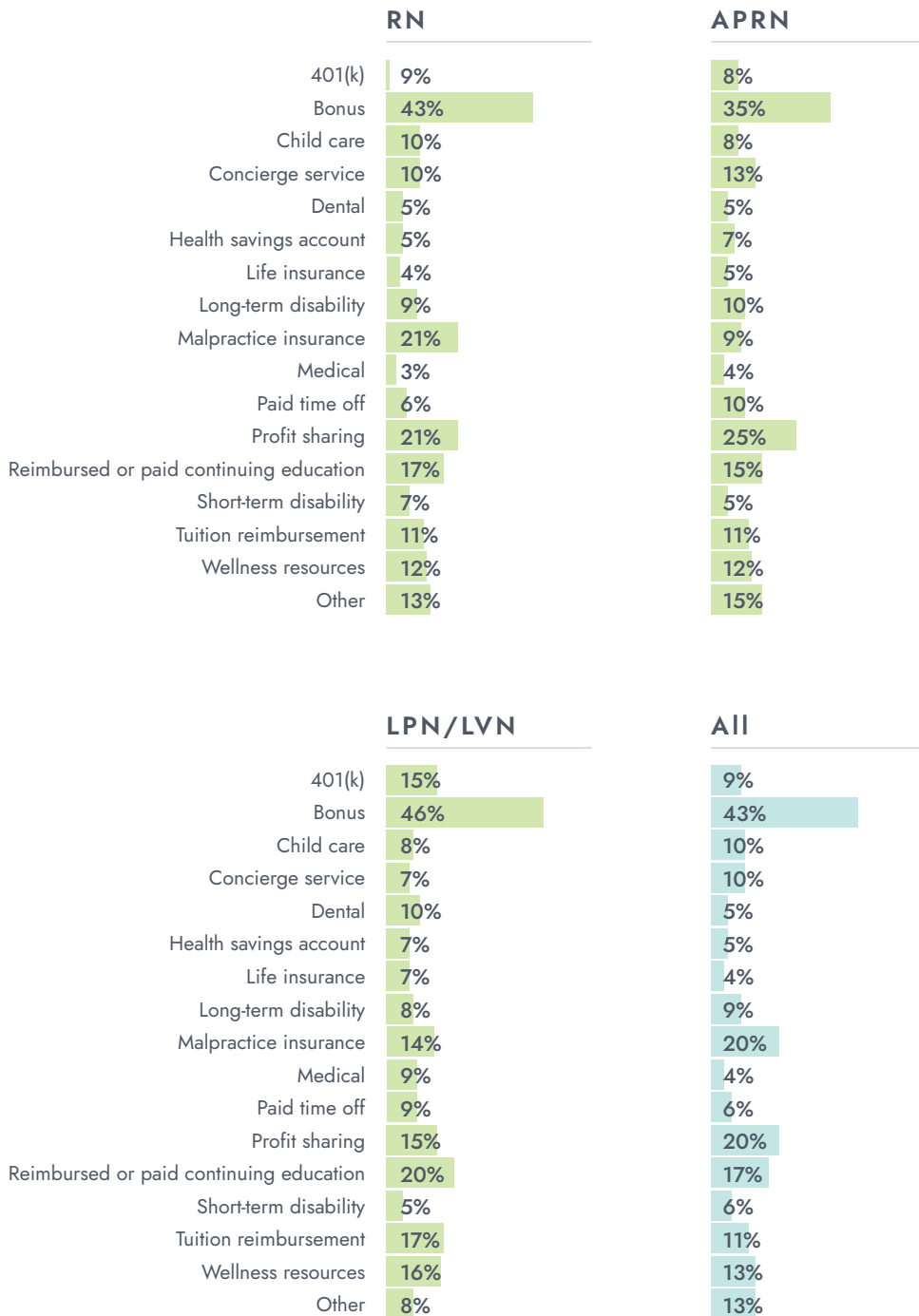|	
401(k)	15%
Bonus	46%
Child care	8%
Concierge service	7%
Dental	10%
Health savings account	7%
Life insurance	7%
Long-term disability	8%
Malpractice insurance	14%
Medical	9%
Paid time off	9%
Profit sharing	15%
Reimbursed or paid continuing education	20%
Short-term disability	5%
Tuition reimbursement	17%
Wellness resources	16%
Other	8%

All

401(k)	9%
Bonus	43%
Child care	10%
Concierge service	10%
Dental	5%
Health savings account	5%
Life insurance	4%
Long-term disability	9%
Malpractice insurance	20%
Medical	4%
Paid time off	6%
Profit sharing	20%
Reimbursed or paid continuing education	17%
Short-term disability	6%
Tuition reimbursement	11%
Wellness resources	13%
Other	13%

FINDINGS

+ Top three benefits nurses wanted but didn't currently have:
  - RNs: bonus, malpractice insurance, profit sharing
  - APRNs: bonus, profit sharing, reimbursement or paid continuing education
  - LPN/LVNs: bonus, reimbursement or paid continuing education, tuition reimbursement

+ For nurses working in long-term care, 401(k) ranked as a top three desired benefit.

+ For Asian nurses, child care ranked as a top three desired benefit.
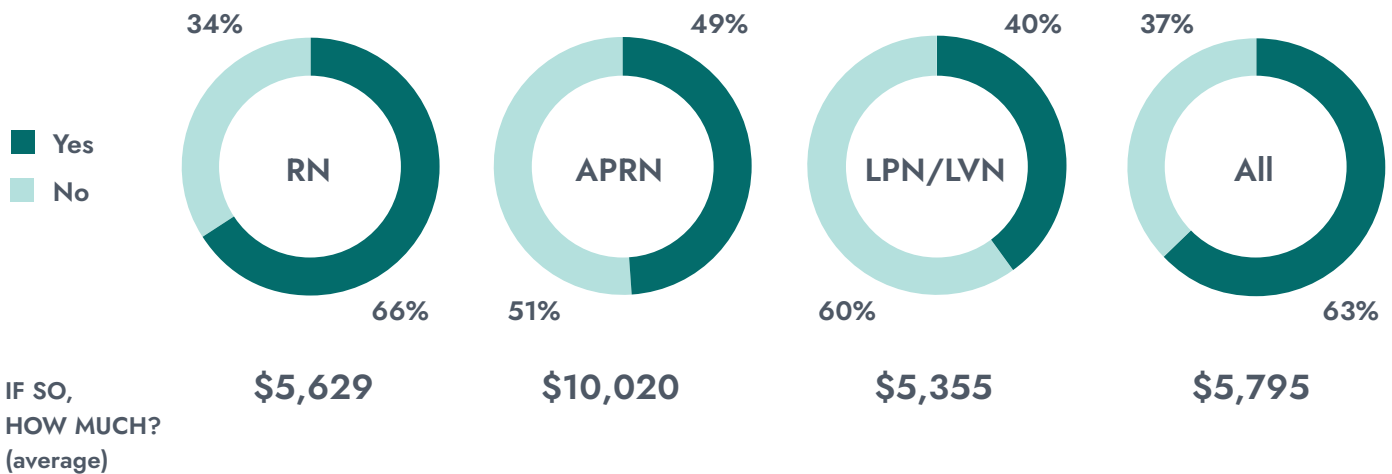
REIMBURSEMENT OR PAID CONTINUING EDUCATION

In our sample, 58% of nurses said that their employers reimbursed or provided paid continuing education. Of these, 30% said their employers provided full coverage, and 70% said their employers provided partial coverage. These percentages varied by license type:

+ RNs: 59% received this benefit; of these, 29% received full coverage, and 71% received partial coverage.
+ APRNs: 73% received this benefit; of these, 44% received full coverage, and 56% received partial coverage.
+ LPN/LVNs: 39% received this benefit; of these, 39% received full coverage, and 61% received partial coverage.

Nurses who work in acute care and ambulatory care settings were significantly more likely to receive reimbursement or paid continuing education than nurses who work in home health, long-term care, or school settings.

TUITION REIMBURSEMENT

Does Employer Provide Tuition Reimbursement?

Yes
No

	RN	APRN	LPN/LVN	All
No	34%	49%	40%	37%
Yes	66%	51%	60%	63%

IF SO, HOW MUCH? (average)

| $5,629 | $10,020 | $5,355 | $5,795 |

Nurses who work in acute care and ambulatory care settings are significantly more likely to receive this benefit than nurses who work in home health, long-term care, or school settings.

The Nursing Profession in the Wake of the Pandemic

PANDEMIC'S EFFECTS ON SALARY AND HOURS WORKED

When asked if the pandemic has affected their salaries, 25% of all nurse respondents noted increases in their salaries, and 9% noted decreases.

RNs were more likely to report increases and less likely to report decreases than APRNs. LPN/LVNs were more likely to report increases than both RNs and APRNs but also more likely to report decreases than RNs.

Other groups that were most likely to report pandemic-related increases in their salaries include:

+ Nurses ages 25 to 44, with 30% reporting increases
+ Male nurses, with 30% reporting increases, in contrast to 25% of female nurses
+ Nurses in acute care (32%) and long-term care (26%) settings
+ Nurses who identify as Black or African American (30%) or as Native Hawaiian or other Pacific Islander (40%)

The average number of total hours worked per week at the pandemic's peak, including overtime and on call, was 39.9, with some groups reporting more hours than others, including:

+ Male nurses at 44.6 hours compared to female nurses at 39.3
+ LPN/LVNs at 41.9 hours
+ Nurses working in acute care (41.6 hours) and long-term care (45.5)
+ Black or African American nurses (42.6 hours)

Nurses age 65 or older were more likely than younger nurses to say their salary decreased during the pandemic. These nurses also tended to work fewer hours a week during the pandemic's peak than younger nurses.
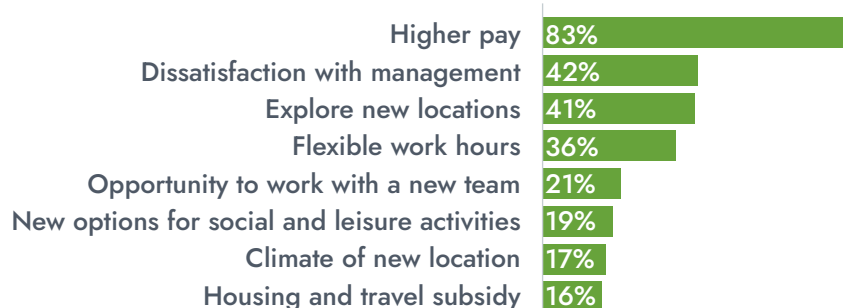
TRAVEL NURSING

The demand for travel nurses skyrocketed during the pandemic, as healthcare facilities sought to fill staffing gaps. According to one survey, 90% of hospital executives and senior leaders hired travel nurses in 2020, compared to less than 60% in 2019.[17] This demand has meant escalating pay for both nurses and staffing agencies.[5]

In the Nurse.com survey, 4% of respondents said they work as travel nurses, and 62% of those became travel nurses in 2020 or 2021.

A number of groups were more likely to work as travel nurses:

+ Young nurses in Generation Z are most likely to work as travel nurses, with 12% choosing this mode of working. The propensity for travel nursing drops as age increases.

+ At 5%, more males chose travel nursing than females (3%). Male nurses were more likely than female nurses to have become travel nurses prior to the pandemic, with only 50% of male travel nurses saying they began this work in 2020 or 2021, compared to 64% of female travel nurses.

+ LPN/LVNs were more likely than nurses with other licenses to work as travel nurses (8%), with 71% of these nurses saying they began travel nursing in 2020 or 2021.

+ At 8%, Black or African American nurses were more likely to work as travel nurses than other racial or ethnic groups, with 66% saying they began travel nursing in 2020 or 2021.

Reasons for Becoming a Travel Nurse

Reason	Percent
Higher pay	83%
Dissatisfaction with management	42%
Explore new locations	41%
Flexible work hours	36%
Opportunity to work with a new team	21%
New options for social and leisure activities	19%
Climate of new location	17%
Housing and travel subsidy	16%

Higher pay far surpassed all other reasons for becoming a travel nurse, followed by dissatisfaction with management and exploring new locations. Female nurses and LPN/LVNs also ranked flexible work hours highly.

"Pay is one of the most common factors that allure nurses to consider traveling," noted Sadler. With 83% of respondents indicating higher pay as a reason they selected travel nursing and 36% indicating flexible work hours as a reason, "Employers should consider offering additional pay incentives and benefits with increased flexibility in scheduling," Sadler said. "Offering more options to nurses looking to improve their income and work-life balance can promote retention of experienced nurses and institutional knowledge, higher nurse satisfaction, and higher levels of overall engagement."

RECENT CHANGES TO WORK SETTINGS

Of survey respondents, 28% said they had changed work settings in 2020 or 2021.

Reasons for Changing Work Settings

Dissatisfaction with management	41%
Better pay	38%
Lower risk to my mental health	33%
More flexible hours	32%
Lower risk to my physical health	27%
Better benefits	17%
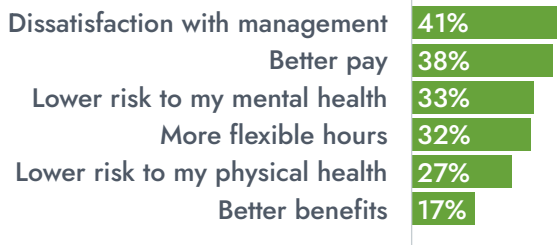
+ Nurses younger than 55 were more likely to say they changed settings than older nurses. Interestingly, nurses younger than 55 were more likely than older nurses to cite the lower risk to mental health as a reason to change, whereas those 55 and older were more likely to cite the lower risk to physical health.

+ Better pay was rated by 57% of male nurses as their motivation to change work settings, in contrast to 36% of female nurses. Female nurses rated more flexible hours almost as highly as better pay at 33%, with 25% of male nurses rating flexible hours as a reason they changed.

+ Asian nurses were less likely to change work settings (19%) than other racial or ethnic groups, but when they did, they were more likely to cite the risk to physical health as a reason.

CONSIDERING CHANGING EMPLOYERS

The percentage of nurses considering changing employers increased to 17% in 2021 from 11% in 2020. The percentage of nurses who are passive job seekers — not actively looking for a new job but open to new opportunities — also increased, from 38% in 2020 to 47% in the current survey.

Of those either actively or passively looking to change employers, less than 20% plan to stay with their current employer for more than three more years, with 30% planning to leave in the next two to three years.

Groups most likely to be actively looking to change employers:

+ Millennials, with 23% expressing that intention

+ Male nurses, 20% vs. 17% for female nurses

+ Nurses in acute care (18%) and long-term care (22%)

+ Black or African American nurses (21%)

"Burnout is real and impacts the lives of nurses at every age and stage in their career," Richardson said. These findings are even more significant given the chronic staffing shortage, considering 51% of nurses are age 50 or older, and nearly half of new graduate nurses are choosing to leave the profession within their first two years, she said.

Finding ways to address nurses' concerns is vital to retention and care quality. "When seasoned nurses leave, so too does the depth and breadth of experience they bring to the bedside," Richardson noted.

Groups most likely to be not actively looking but open to new opportunities:

+ The overwhelming majority of Generation Z (73% open to new opportunities though only 14% are actively looking for a new job)

+ Male nurses, 53% vs. 46% for female nurses

In terms of expected time frame for leaving for those actively or passively looking to change employers:

+ Male nurses are more likely than female nurses to say they expect to change employers in two to three years (36% vs. 29%).

+ 63% of Black or African American nurses expect to change employers in less than two years.

Relocation

When asked if they would consider relocating to another state for a job, 19% said, "Yes," up from 15% in our 2020 survey; 30% said, "Maybe."

Younger nurses are more likely to consider relocating than older nurses. Other groups more likely to consider relocating include:

+ Male nurses (29% yes, 38% maybe)

+ Acute care nurses (22% yes, 33% maybe)

+ Black or African American nurses (24% yes, 35% maybe)

Among those who would or might consider relocating, Florida was the most popular state for potential relocation for nurses of all licensures, with 27% choosing this state, a much higher percentage than in 2020. For example, among RNs in this year's survey, 27% selected Florida for potential relocation versus only 11% in 2020. Rounding out the top three this year, among all nurses, were Colorado (19%) and California (18%), which mirrors the top three states chosen by RNs.

Top States for Potential RN Relocation

Florida	**27%**
Colorado	**19%**
California	**18%**
Arizona	**17%**
Hawaii	**17%**
Texas	**17%**
South Carolina	**16%**
North Carolina	**15%**
Tennessee	**15%**
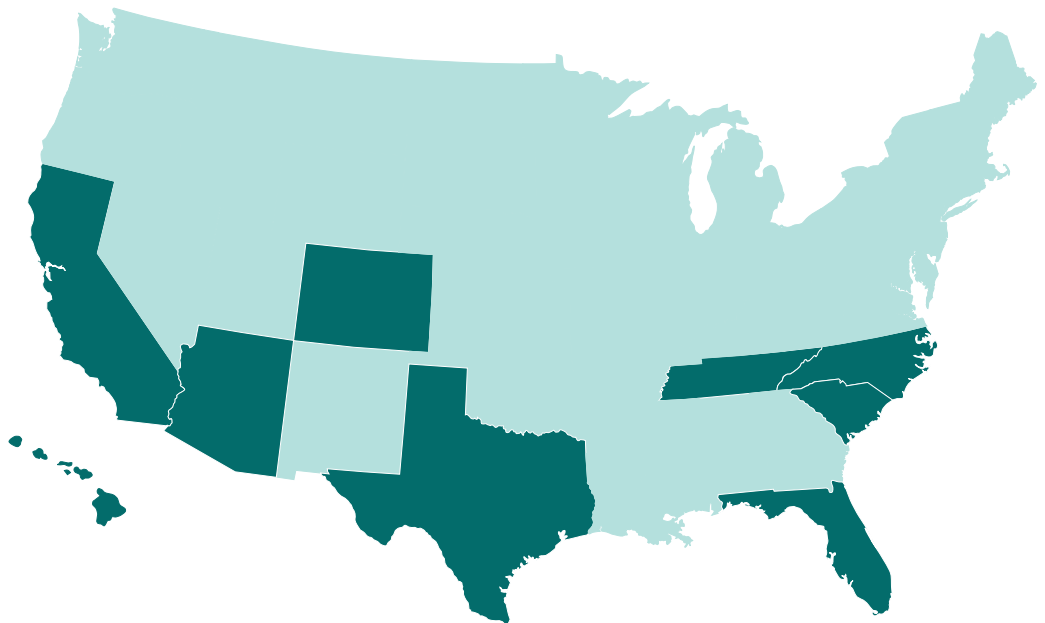
JOB SATISFACTION

Nurses were asked to rate how important various items are to their overall job satisfaction on a scale of 1 to 10, with 1 being least important and 10 being most important. The highest percentage of nurses (83%) rated regular merit increases as most important to their job satisfaction (rating of 8, 9, or 10 on the scale), followed by ability to use full scope of nursing practice (65%) and manager (59%).
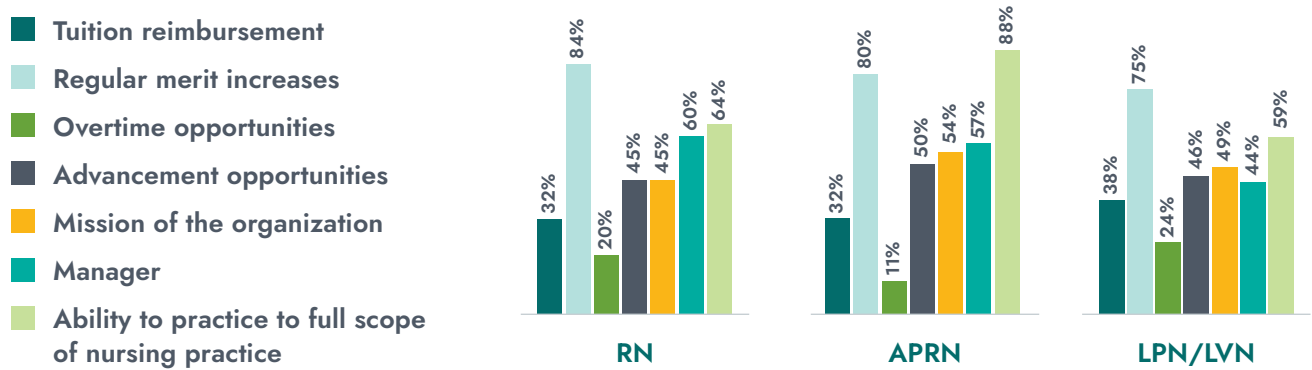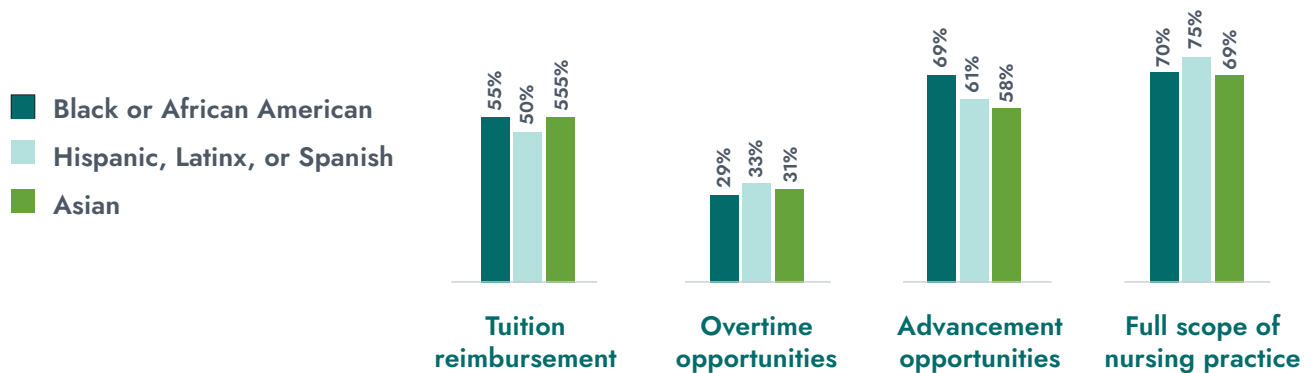
Most Important to Overall Job Satisfaction, by License Type

Legend:
- Tuition reimbursement
- Regular merit increases
- Overtime opportunities
- Advancement opportunities
- Mission of the organization
- Manager
- Ability to practice to full scope of nursing practice

RN
- Tuition reimbursement: 32%
- Regular merit increases: 84%
- Overtime opportunities: 20%
- Advancement opportunities: 45%
- Mission of the organization: 45%
- Manager: 60%
- Ability to practice to full scope of nursing practice: 64%

APRN
- Tuition reimbursement: 32%
- Regular merit increases: 80%
- Overtime opportunities: 11%
- Advancement opportunities: 50%
- Mission of the organization: 54%
- Manager: 57%
- Ability to practice to full scope of nursing practice: 88%

LPN/LVN
- Tuition reimbursement: 38%
- Regular merit increases: 75%
- Overtime opportunities: 24%
- Advancement opportunities: 46%
- Mission of the organization: 49%
- Manager: 44%
- Ability to practice to full scope of nursing practice: 59%

Note: Percentages reflect proportion of nurses who rated the item 8, 9, or 10 on the scale.

+ A number of items are significantly more important to overall job satisfaction for nurses who identify as Black or African American; Hispanic, Latinx, or Spanish; or Asian than for white nurses. These items include tuition reimbursement, overtime opportunities, advancement opportunities, and ability to use full scope of nursing practice.

Legend:
- Black or African American
- Hispanic, Latinx, or Spanish
- Asian

Tuition reimbursement
- Black or African American: 55%
- Hispanic, Latinx, or Spanish: 50%
- Asian: 555%

Overtime opportunities
- Black or African American: 29%
- Hispanic, Latinx, or Spanish: 33%
- Asian: 31%

Advancement opportunities
- Black or African American: 69%
- Hispanic, Latinx, or Spanish: 61%
- Asian: 58%

Full scope of nursing practice
- Black or African American: 70%
- Hispanic, Latinx, or Spanish: 75%
- Asian: 69%

+ Tuition reimbursement, advancement opportunities, and manager are significantly more important to overall job satisfaction to nurses younger than 55 years of age than to those 55 or older. The mission of the organization is significantly less important to those younger than 35 than to older nurses.

+ Regular merit increases are significantly more important to nurses working in acute care and ambulatory care than to nurses in other settings. Overtime opportunities are more important to those working in acute care.

CONSIDERING LEAVING NURSING

The pandemic has led to a precipitous increase in the number of nurses considering leaving the profession. The longitudinal survey of nurse leaders conducted by AONL found the intent to leave among nurse leaders increased by 123% between February and August 2021.[2] A survey published by the American Association of Critical-Care Nurses in September 2021 found that two-thirds of ICU nurses have considered leaving the profession because of the pandemic.[7]

Our survey provides further evidence of this development. This year, we see 29% of nurses across all license types considering leaving, compared with 11% in our 2020 report.

Among groups most likely to be considering leaving:
+ Male RNs (34%)
+ Female LPN/LVNs (33%)
+ Baby Boomers (32%)
+ White nurses (31%) are more likely to be considering leaving than nurses who identify as Black or African American (23%); Hispanic, Latinx or Spanish (21%); or Asian (20%).
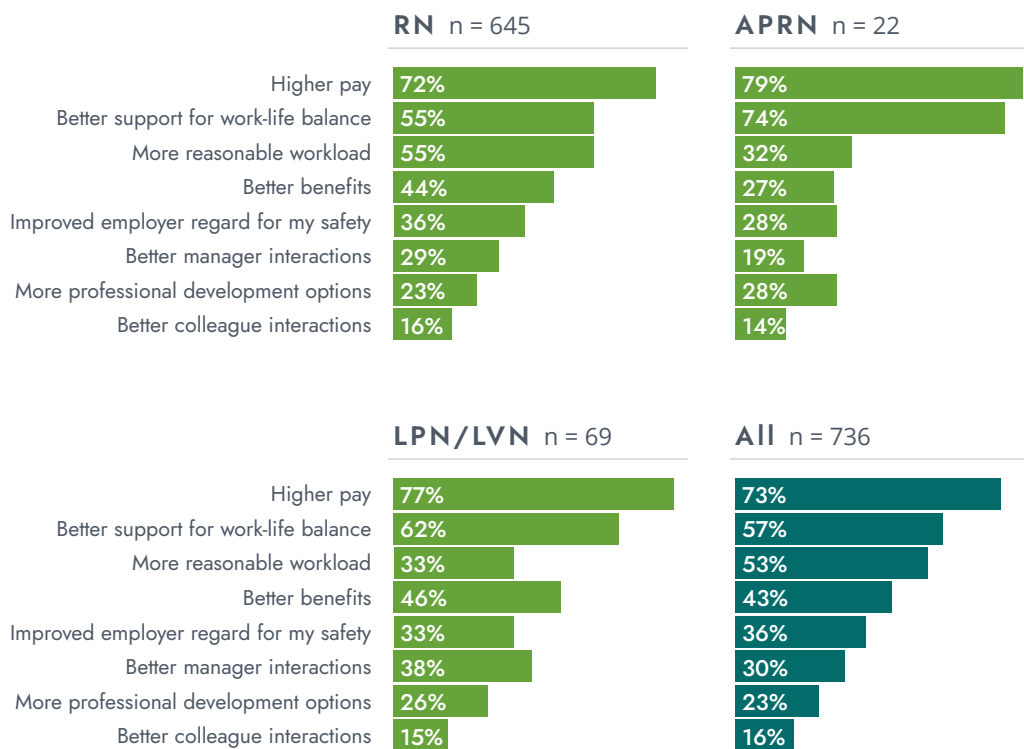
Among nurses who are considering leaving the profession, higher pay was the most influential motivation to stay, followed by better support for work-life balance and more reasonable workload.

RNs are more motivated by a more reasonable workload than nurses of other license types, and LPN/LVNs are motivated by better manager interactions.

An RN's workload is affected by higher patient acuity and higher nurse-to-patient ratios, among other factors. "RNs understand the impact workload can have on safe and effective care," Sadler observed. "RNs providing primary oversight in the delivery of care desire to work in a safe environment and want to feel they are providing the best care possible. This can be a primary motivator when it comes to remaining in an organization."

Because LPNs/LVNs often function under the supervision of a registered nurse, they are highly dependent on interactions with their supervisors in the provision of care. "Providing a positive environment with collaborative opportunities, such as two-way feedback, can be highly effective in motivating LPNs/LVNs to stay with an organization," Sadler said.

Factors That Would Motivate Nurses To Stay in the Profession

RN n = 645

Factor	%
Higher pay	72%
Better support for work-life balance	55%
More reasonable workload	55%
Better benefits	44%
Improved employer regard for my safety	36%
Better manager interactions	29%
More professional development options	23%
Better colleague interactions	16%

APRN n = 22

Factor	%
Higher pay	79%
Better support for work-life balance	74%
More reasonable workload	32%
Better benefits	27%
Improved employer regard for my safety	28%
Better manager interactions	19%
More professional development options	28%
Better colleague interactions	14%

LPN/LVN n = 69

Factor	%
Higher pay	77%
Better support for work-life balance	62%
More reasonable workload	33%
Better benefits	46%
Improved employer regard for my safety	33%
Better manager interactions	38%
More professional development options	26%
Better colleague interactions	15%

All n = 736

Factor	%
Higher pay	73%
Better support for work-life balance	57%
More reasonable workload	53%
Better benefits	43%
Improved employer regard for my safety	36%
Better manager interactions	30%
More professional development options	23%
Better colleague interactions	16%

+ Baby Boomers, who are nearing retirement age, are more likely to be considering leaving nursing and less likely to rate any of the listed reasons as a reason to stay. According to NSI Nursing Solutions Inc., 52.6% of hospitals have a strategy to retain older nurses in recognition of how retirements will exacerbate the nursing shortage, up from just 21.6% with such a strategy in 2018.[3]

+ Generation Z (76%) and Millennials (74%) are more motivated by better work-life balance than other generations. Generation Z is also significantly more motivated by better colleague interactions than other generations, with 46% rating this as a reason to stay in the profession.

+ Nurses in acute care settings rate a more reasonable workload (64%) and improved employer regard for their safety (43%) more highly than nurses in other settings.

+ Black or African American nurses give a high rating to better support for work-life balance as a motivator to stay in nursing (72%), while Asian nurses give a similar high rating (72%) to a more reasonable workload.

Nurses and physicians are at higher risk than the general population for burnout and moral injury due to the demands of their jobs, which puts them at an increased risk for depression, anxiety, trauma-like symptoms, relational problems, and suicide, Aamar noted. "Improving work-life balance not only increases the likelihood that nurses will stay in their roles but also improves overall quality of life and reduces the risk of burnout," she said.

Aamar shared some steps that employers can take to improve work-life balance:

+ Prioritizing the well-being of staff by offering adequate access to mental health services

+ Encouraging the use of personal time, sick days, and mental health days to recharge

+ Reviewing the competing priorities of the role and identifying ways to streamline organizational processes to help daily workloads be more manageable

Nurse Career Advancement
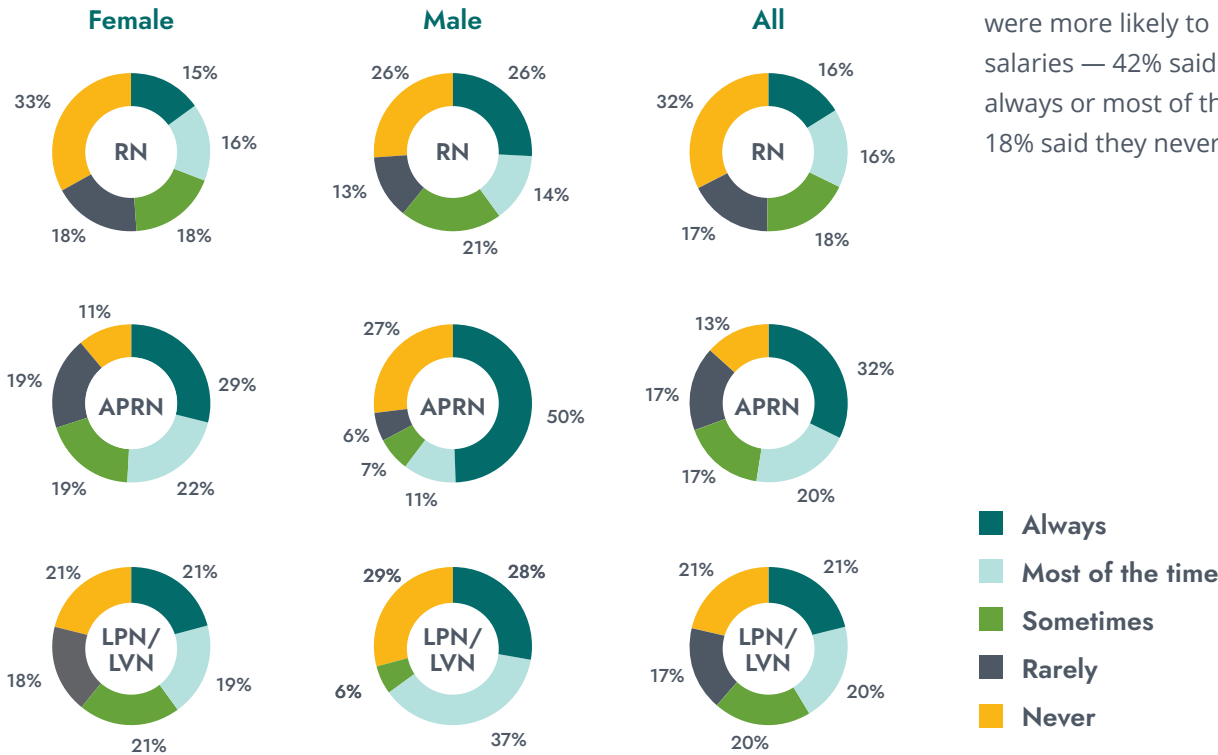
NEGOTIATING SALARY

Respondents were asked how often they negotiated their salary when offered a new nursing role — always, most of the time, sometimes, rarely, or never.

What's most striking is that 30% of nurses surveyed said they never negotiate salary versus. 18% who said they always do. Given the current demand for nurses and the commitment by many healthcare organizations to invest in their core nursing staff as the pandemic wanes, nurses are well-positioned to negotiate better salaries.

Our data shows that RNs are less likely to negotiate salaries than nurses with other license types, while APRNs are more likely to do so.

+ Female RNs were less likely to negotiate salary either always or most of the time (31%) compared to male RNs (40%).

+ Nurses ages 18–24 were least likely to negotiate (51% said they never negotiate) while nurses in the 45–54 age group were most likely.

+ Black or African American nurses were more likely to negotiate their salaries — 42% said they negotiated always or most of the time, and only 18% said they never negotiate.

Negotiating Salary, by Gender and License Type

Female

RN: 15%, 16%, 18%, 18%, 33%

APRN: 29%, 22%, 19%, 19%, 11%

LPN/LVN: 21%, 19%, 21%, 18%, 21%

Male

RN: 26%, 14%, 21%, 13%, 26%

APRN: 50%, 11%, 7%, 6%, 27%

LPN/LVN: 28%, 37%, 6%, 29%

All

RN: 16%, 18%, 17%, 32%

APRN: 32%, 20%, 17%, 17%, 13%

LPN/LVN: 21%, 20%, 20%, 17%, 21%

Legend:
- Always
- Most of the time
- Sometimes
- Rarely
- Never

When a nurse is seeking a career move, salary tends to be a motivating factor, and the ability to negotiate can affect the salary. "Nurses with experience know their value and understand the demand for their skill set," noted Lora Sparkman, MHA, BSN, RN, Relias Partner in Clinical Solutions for Patient Safety & Quality. "There is definitely opportunity for all nurses to negotiate their salary, and that is a real positive for the nursing profession."

Looking at individual factors, "The nurse's own natural ability to lead and their vision of success are also important for successfully navigating the career journey," observed Relias Senior Clinical Implementation Consultant Alisha Cornell, DNP, MSN, RN. "If the goal of a career move involves an increase in salary, the influence of one's race/ethnicity should be considered."
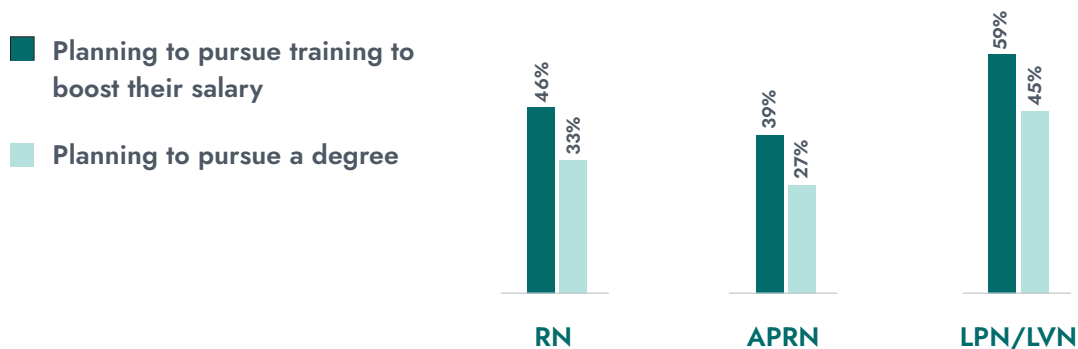
The data presented in this survey can inform nurses as they consider how race/ethnicity may play a role in salary negotiations, Cornell noted, specifically in terms of representation and education. Using the data as a guide, nurses should first consider the areas where they are most underrepresented for their current license. "This data is related to their scope of practice and ability to facilitate a higher level of care to the patient population, which will increase their value in the market and ability to obtain a higher paying role," Cornell said.

Nurses whose race/ethnicity is underrepresented and who also possess an under-represented level of education for that race/ethnicity, should typically possess more negotiating power when seeking a new role, Cornell said. "Keeping that in mind and utilizing the salary information, a well-informed nurse should let go of the mindset that their next career move will be perfect," she advised. "Instead, these nurses can adopt the mindset that a successful career begins where their representation and education are the most needed to eliminate inefficiencies in the system and optimize opportunities that benefit the health of the community."

EDUCATION

Of all nurses surveyed, 46% said they plan to pursue training to boost their salary, and 34% said they plan to pursue a degree. Not surprisingly, the younger the nurse, the more likely the nurse is to see additional education in their future.

LPN/LVNs are more likely to pursue additional education than nurses with other license types, with APRNs least likely. Across the board, higher percentages of nurses anticipate pursuing a degree compared to last year's survey.

Planning to pursue training to boost their salary

Planning to pursue a degree

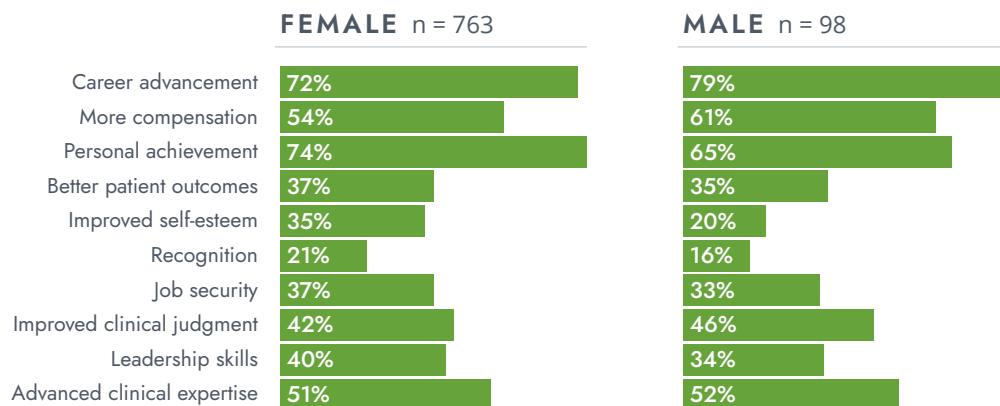|	RN	APRN	LPN/LVN
Planning to pursue training to boost their salary	46%	39%	59%
Planning to pursue a degree	33%	27%	45%

Of RNs planning to pursue a degree, 49% plan to pursue an MSN, 21% a BSN, and 17% a DNP. APRNs are most likely to pursue a DNP (71%) or a PhD (16%). Among LPN/LVNs planning to pursue a degree, 44% plan to pursue a BSN, 35% an associate degree, and 11% a non-nursing bachelor's degree. LPN/LVNs are more likely than nurses of other license types to say that they plan to pursue a degree in a year or less.

+ Male nurses are significantly more likely than female nurses to say they plan to pursue training to boost their salary (54% vs. 45%) or pursue a degree a degree (41% vs. 33%).

+ White nurses were less likely than nurses from other racial or ethnic groups to say they were planning to pursue training to boost their salary (41%) or pursue a degree (29%). Asian nurses were significantly more likely than all other racial/ethnic groups to be planning to pursue a PhD (9%).

Benefits of Degree Programs

RNs planning to pursue a degree rated personal achievement (73%), career advancement (72%), and more compensation (53%) as the top three benefits of a degree program. For APRNs, the top three were personal achievement (77%), advanced clinical expertise (67%), and career advancement (57%). LPN/LVNs see the top benefits as career advancement (81%), more compensation (70%), and personal achievement (69%).

Benefits of a Degree Program, by Gender

	FEMALE n = 763	**MALE** n = 98
Career advancement	72%	79%
More compensation	54%	61%
Personal achievement	74%	65%
Better patient outcomes	37%	35%
Improved self-esteem	35%	20%
Recognition	21%	16%
Job security	37%	33%
Improved clinical judgment	42%	46%
Leadership skills	40%	34%
Advanced clinical expertise	51%	52%

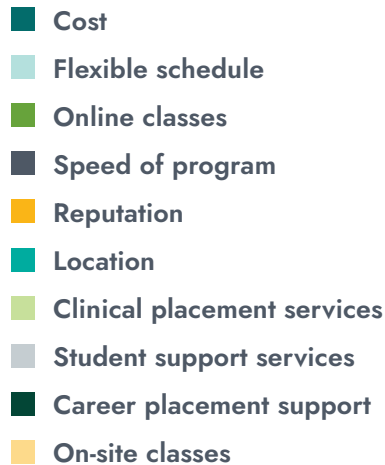*Note:* There were too few nonbinary respondents to make a meaningful comparison.

Preferences Related to Nursing Programs

Nurses who plan to pursue a degree prefer online programs (58%), followed by programs with both on-campus and online learning (38%) and on-campus-only programs (4%). LPN/LVNs were more likely than RNs and APRNs to prefer programs that combine on-campus and online learning (55%).

+ Female nurses are significantly more likely to prefer online programs than male nurses, 61% to 40%.

+ Hispanic, Latinx, or Spanish nurses (51%), and Asian nurses (47%) were less likely to prefer online programs than white nurses (61%) or Black or African American nurses (64%).

The top criteria for choosing which nursing program to attend include cost, flexible schedule, and online classes.

Criteria for Choosing a Nursing Program

- ■ **Cost**
- ■ **Flexible schedule**
- ■ **Online classes**
- ■ **Speed of program**
- ■ **Reputation**
- ■ **Location**
- ■ **Clinical placement services**
- ■ **Student support services**
- ■ **Career placement support**
- ■ **On-site classes**

RN
n = 731

Cost 82%, Flexible schedule 65%, Online classes 64%, Speed of program 42%, Reputation 35%, Location 22%, Clinical placement services 23%, Student support services 19%, Career placement support 14%, On-site classes 8%

APRN
n = 34

Cost 62%, Flexible schedule 58%, Online classes 70%, Speed of program 42%, Reputation 33%, Location 17%, Clinical placement services 32%, Student support services 9%, Career placement support 5%, On-site classes 3%

LPN/LVN
n = 98

Cost 77%, Flexible schedule 70%, Online classes 69%, Speed of program 52%, Reputation 22%, Location 41%, Clinical placement services 15%, Student support services 5%, Career placement support 8%, On-site classes 12%

Female nurses value speed of program and online classes significantly more than male nurses, while male nurses value clinical placement services and career placement support significantly more than female nurses.

CERTIFICATION

Of nurses surveyed, 42% of RNs and 85% of APRNs said they earned a specialty certification. Nurses who plan to pursue certification include 42% of RNs, 34% of APRNs, and 32% of LPN/LVNs. Nurses working in acute care settings (50%) were more likely to say they plan to pursue certification than nurses working in other settings.

+ For female nurses, 43% said they've earned a certification compared to 47% of male nurses. Significantly more male nurses (50%) than female nurses (40%) said they planned to pursue certification.

+ At 37%, white nurses were significantly less likely to say they were planning to pursue certification than nurses of other racial/ethnic groups.

References

[1] American Nurses Association. (2022, January 12). *Amid a persistent pandemic and longstanding staffing crisis, Americans rank nurses the most honest and ethical professionals* [Press release]. https://www.nursingworld.org/news/news-releases/2021/amid-a-persistent-pandemic-and-long-standing-staffing-crisis-americans-rank-nurses-the-most-honest-and-ethical-professionals/

[2] American Organization for Nursing Leadership. (2021, August). *AONL COVID-19 longitudinal study August 2021 report: Nurse leaders' top challenges, emotional health, and areas of needed support, July 2020 to August 2021.* https://www.aonl.org/system/files/media/file/2021/09/AONL%20COVID-19%20Longitudinal%203%20Written%20Report.pdf

[3] NSI Nursing Solutions Inc. (2021). *2021 NSI national health care retention & RN staffing report.* https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

[4] Evans, M. (2021, November 22). Nurse salaries rise as demand for their services soars during Covid-19 pandemic. *The Wall Street Journal.* https://www.wsj.com/articles/nurse-salaries-rise-as-de-mand-for-their-services-soars-during-covid-19-pandemic-11637145000?page=1

[5] Kacik, A. (2022, February 4). Recruitment and retention is the top priority, hospital execs say. *Modern Healthcare.* https://www.modernhealthcare.com/labor/recruitment-and-retention-top-pri-ority-hospital-execs-say?utm_source=modern-healthcare-am&utm_medium=email&utm_campaign=20220206&utm_content=article1-headline

[6] American Nurses Association. (2021, September 1). A*NA urges US Department of Health and Human Services to declare nurse staffing shortage a national crisis*. https://www.nursingworld.org/news/news-releases/2021/ana-urges-us-department-of-health-and-human-services-to-declare-nurse-staff-ing-shortage-a-national-crisis/

[7] Farmer, B. (October 21, 2021). Worn-out nurses stressing hospital budgets. *Modern Healthcare.* https://www.modernhealthcare.com/labor/worn-out-nurses-stressing-hospital-budgets

[8] Devereaux, M. (July 23, 2021). The high cost of temporary nurses forces providers to get creative. *Modern Healthcare*. https://www.modernhealthcare.com/labor/high-cost-temporary-nurses-forces-providers-get-creative

[9] U.S. Bureau of Labor Statistics. (October 13, 2021). *Occupational employment and wage statistics: May 2020 occupation profiles.* Retrieved March 6, 2022, from https://www.bls.gov/oes/current/oes_stru.htm

[10] National Council of State Boards of Nursing. (n.d.). *National Nursing Workforce Study.* Retrieved March 1, 2022, from https://www.ncsbn.org/workforce.htm

[11] Dimrock, M. (January 17, 2019). *Defining generations: Where Millennials end and Generation Z begins*. Pew Research Center. https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/

[12] U.S. Bureau of Labor Statistics. (January 20, 2022). *Labor force statistics from the Current Population Survey.* Retrieved March 2, 2022, from https://www.bls.gov/cps/cpsaat11.htm

[13] U.S. Bureau of Labor Statistics. (April 2021). *Women in the labor force: A databook.* BLS Reports. https://www.bls.gov/opub/reports/womens-databook/2020/home.htm

[14] United States Census Bureau. (n.d.). *Quick facts: United States.* U.S. Department of Commerce. Retrieved March 3, 2022, from https://www.census.gov/quickfacts/fact/table/US/POP010220

[15] Spolar, C., Kreidler, M., & Bichell, R.E. (December 16, 2021). Nurses in crisis over COVID dig in for better work conditions. *Modern Healthcare.* https://www.modernhealthcare.com/labor/nurses-crisis-over-covid-dig-better-work-conditions

[16] Health Resources and Services Administration, Office of Health Equity. (2018). *Health equity report 2017.* https://www.hrsa.gov/sites/default/files/hrsa/health-equity/2017-HRSA-health-equity-report.pdf

[17] Devereaux, M. (September 16, 2021). Travel nurses 'a double-edged sword' for desperate hospitals. *Modern Healthcare.* https://www.modernhealthcare.com/labor/travel-nurses-double-edged-sword-desperate-hospitals