



Nursing.org

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The State of Nursing 2016

White Paper

Table of Contents

Executive Summary.....	3
The State of Nursing in 2016-2017.....	4
The Nursing.org Career Insight Survey.....	5
Nursing Education.....	6
Associate Degree in Nursing (ADN).....	7
Bachelor of Science in Nursing (BSN).....	9
Master of Science in Nursing (MSN).....	11
Doctor of Nursing Practice (DNP).....	13
Online Learning.....	14
Education Highlights.....	15
Nursing Career Choices.....	16
Nursing by Specialty.....	17
Medical-Surgical.....	17
Critical Care.....	18
Gerontological.....	19
Home Health.....	21
Cardiac Care.....	22
Nursing Specialty Highlights.....	23
Nursing by Licensure.....	24
Certified Nursing Assistant.....	24
Licensed Practical Nurse.....	25
Registered Nurse.....	26
Advanced Practice Registered Nurse.....	28
Nursing Licensure Highlights.....	30
Nursing Trends by Age and Gender.....	31
Ages 18-29.....	32
Ages 30-44.....	33
Ages 45-59.....	34
Ages 60 and over.....	35
Male and Female Nursing Experiences.....	36
Age and Gender Highlights.....	37

Executive Summary

This report presents a summary of the state of nursing today, based on a proprietary survey we conducted with nurses from around the country. Given the current, growing nursing shortage, our research helps highlight both proposed changes and organic shifts within the field to secure a better plan

for the future. By analyzing the career trajectories of nurses, it's possible to develop a wider perspective on the profession and foresee the ramifications these changes could cause. Our data is divided into three parts.



NURSING EDUCATION

A nurse's education heavily impacts their career trajectory. However, not all nurses have similar training or educational experience. This section examines survey data from nurses holding an associate degree in nursing (ADN), a bachelor of science in nursing (BSN), a master of science in nursing (MSN) or a doctor of nursing practice degree (DNP).

- ADN nurses generally disagree with the proposal for nurses to return to school to earn BSN degrees. MSN and DNP nurses are more likely to support it, and BSN nurses are divided.
- Two perceptions are common across all educational levels: ADN nurses have better clinical and bedside skills than BSNs, and the BSN degree is geared toward management roles.
- Nurses at every educational level wished they had pursued more education earlier in their careers.



NURSING CAREER CHOICES

Nurses can pursue a range of career options today. To best represent such a variety, our survey highlights respondents' income, job satisfaction, perception of their jobs, and daily challenges from multiple nursing specialties. Type of licensure received by respondents is also broken down by Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN), Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN).

- Regardless of specialization, floor nurses in traditional hospital settings struggle with chronic understaffing, often resulting in forced overtime.
- Duties associated with speciality credentials offer the most personal fulfillment.
- Specialities such as geriatric or cardiac care benefit from the aging population, which is creating jobs in the field.



NURSING TRENDS BY AGE AND GENDER

Survey respondents of different ages and genders vary greatly in experience and opinion regarding their work. Nurses across demographics differ in both the educational pathways available to them prior to entering the field, and in what education level they believe nurses should reach to fulfill specific roles. Nurses from age groups 18-29, 30-44, 45-49 and 60 and over are represented in our survey. Both the negative and positive ways nurses are perceived are divided by gender, as reported by our respondents.

- Young respondents are more likely to have started out with a four-year degree while veterans of the field usually have high school diplomas or ADN degrees.
- Respondents aged 45-59 were least likely to have returned to school for further education and least likely to have earned postgraduate degrees.
- Male nurses reported slightly higher wages, and both genders experienced sexism.

The State of Nursing in 2016-2017

Our nation is on the verge of a severe shortage of nurses. For years, experts have [predicted](#) that a variety of economic factors would combine to foster this unprecedented employment landscape.

The aging Baby Boomer generation is one of the largest drivers behind this trend. Born during a post-WWII population surge, these Americans have benefited from a series of health and science discoveries over the past few decades. This new research, coupled with rapid technological developments, has given Baby Boomers a significantly [longer life expectancy](#).



1/3 of today's nurses are at or near retirement.

Patients aren't the only ones aging. The National Center for Health Workforce Analysis estimates that a [third](#) of today's nurses are at or near retirement age. To

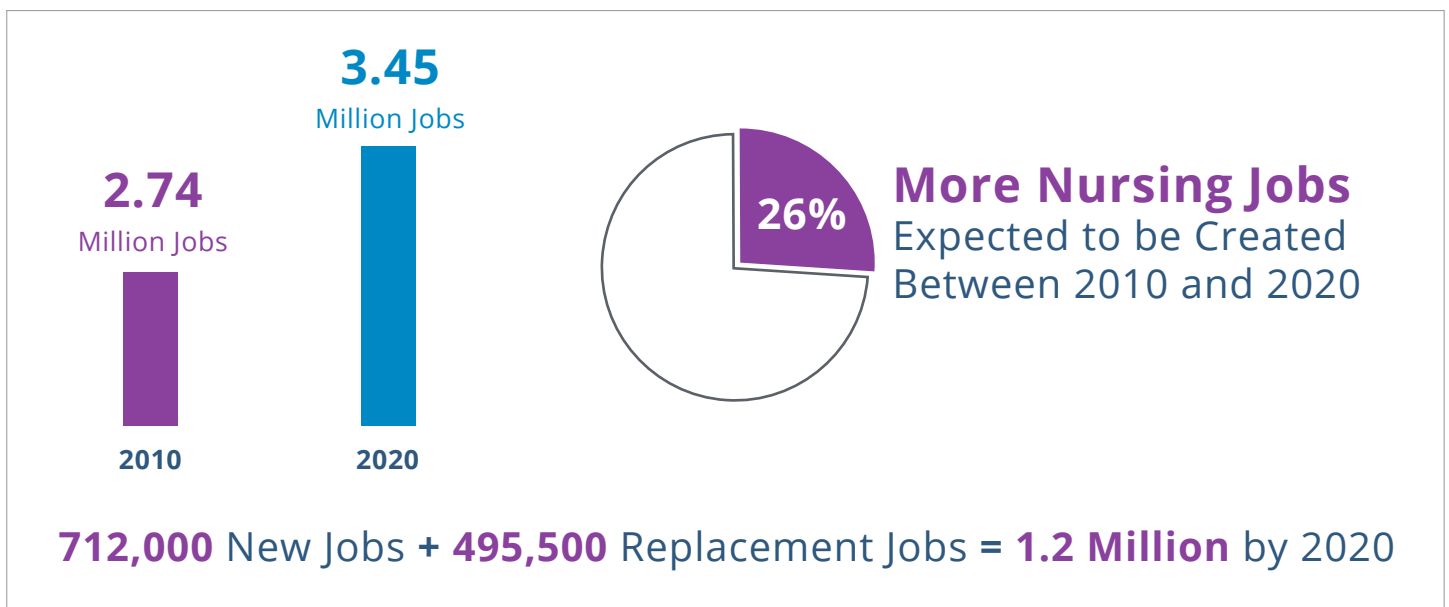
replace retiring nurses, the U.S. Bureau of Labor Statistics (BLS) anticipates a need for 525,000 nurses and projects another 526,800 jobs. Combined, these numbers represent a massive predicted shortfall in the amount of qualified nurses to fill these positions.

In 2010, the Institute of Medicine (IOM) addressed this shortfall with its landmark report, The Future of Nursing. The report called for leaders across all economic sectors to implement changes that the IOM claims will ease the nursing shortage. IOM recommendations were directed at stakeholders at all levels, including the federal government, public policy makers, healthcare providers, nursing schools, healthcare facilities, state nursing boards, and physicians.

In perhaps the most hotly debated position in the paper, the IOM also calls for a more educated nursing workforce. Specifically, the IOM believes that the BSN should be the minimum educational requirement for RNs. A 2-year degree is the current benchmark; though RNs may opt for a 4-year degree, only 55% of them have done so. The IOM proposal intends for the remaining 45% to return to school for a bachelor's degree by 2020. The proposal doesn't stop at the RN level; it also boosts educational expectations for nurses in advanced practice. Overall, it seeks to establish higher education as a top priority for all nurses.



Bureau of Labor Statistics (BLS) anticipates a need for **525,000** nurses and projects another **526,800** jobs.



The Nursing.org Career Insight Survey

Regardless of whether current and future nurses adhere to the IOM's recommendations, the sweeping changes will affect the industry for years to come. Nursing schools have risen to the occasion, rapidly implementing or expanding baccalaureate and postgraduate nursing programs, with online nursing programs experiencing a particularly strong surge.

Many aspiring nurses are drawn to helping the sick or infirm, while others are lured by the promise of steady employment. If you're considering working in nursing, an insider's account of the field can help you decide whether this is the right career path for you.

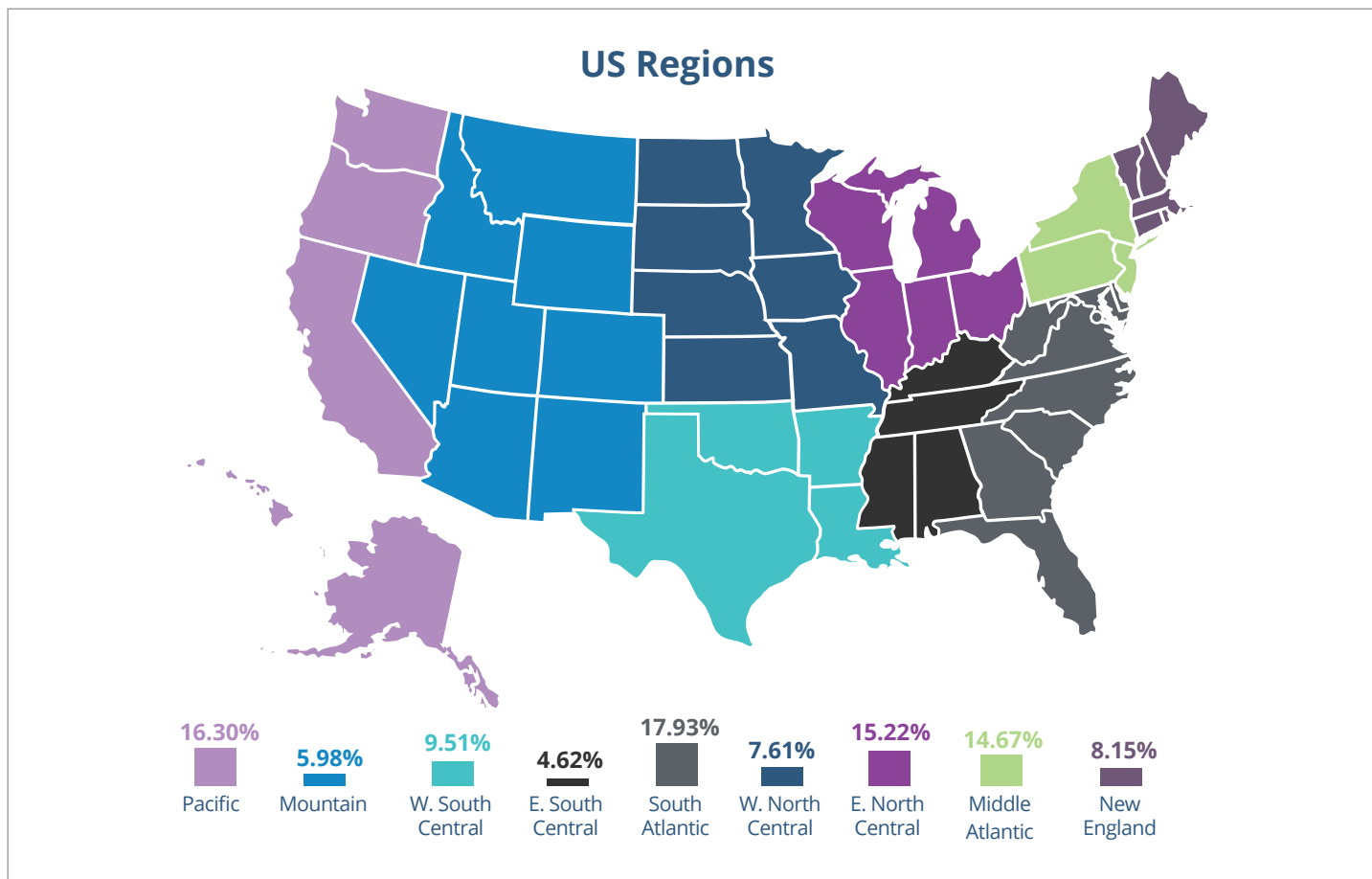
To that end, we launched our online nursing survey at the end of 2015. Over a span of 10 weeks, we collected detailed information from working nurses at all levels of practice and from all educational backgrounds.

These nurses' contributions offer insight into a nursing career trajectory, beginning with their experiences in formal education. The survey was designed to elicit a chronological history of these nurses' lives as they explored the professional options their

scholastic background afforded them. The information they provided, in measurable data and thoughtful commentary, provides a snapshot of today's nursing environment.

Our Sources

Altogether, 470 nursing professionals completed our online survey. They range in age from 18 to 65 and represent every region in the U.S. Women outnumber men in the field 9 to 1. Their academic achievements include the now-defunct nursing diploma, the associate degree in nursing (ADN), the bachelor of science in nursing (BSN), the master of science in nursing (MSN), the doctor of nursing practice (DNP), and the PhD in Nursing. Professional credentials held by these respondents included Certified Nurse Assistant (CNA), Licensed Practical Nurse (LPN), Registered Nurse (RN), and Advanced Practice Registered Nurse (APRN) certification. All nursing specialties were represented.



Nursing Education

A nurse's educational background does more than deliver a specific skill set or body of knowledge; it also leads directly to the credentials that graduates need to work in the industry. Because every nursing job requires some level of credentialing, the choice among degree programs is an important one.

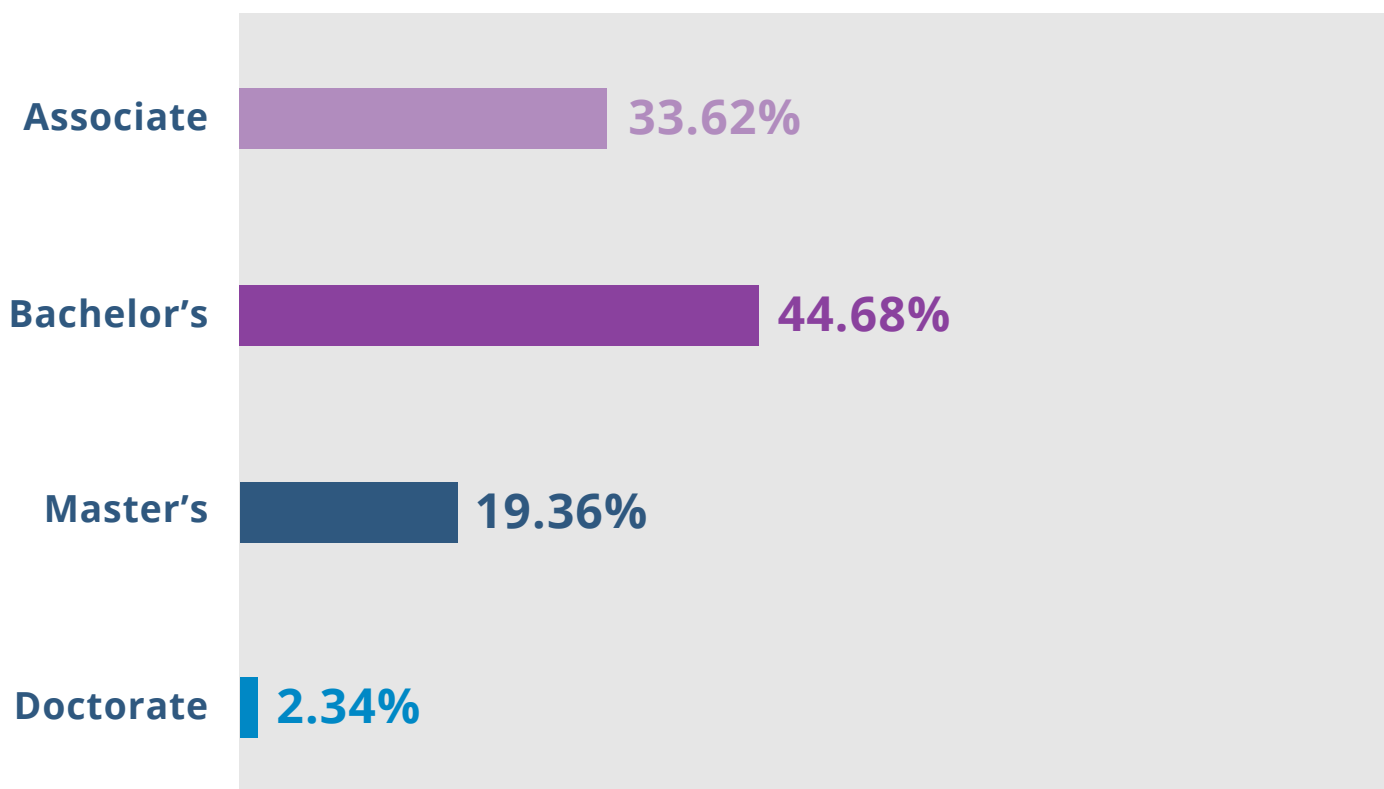
To understand our respondent's thoughts on their education, we examined demographics that may be relevant to personal career fulfillment, including age,

income, and job satisfaction. Where applicable, we asked whether respondents felt prepared for the NCLEX-RN examination. To highlight useful information for aspiring students, we asked our respondents what they wish they had known about nursing school before starting school. We also solicited respondents' opinions on the IOM proposal. Below, we present a summary of these factors for each program.

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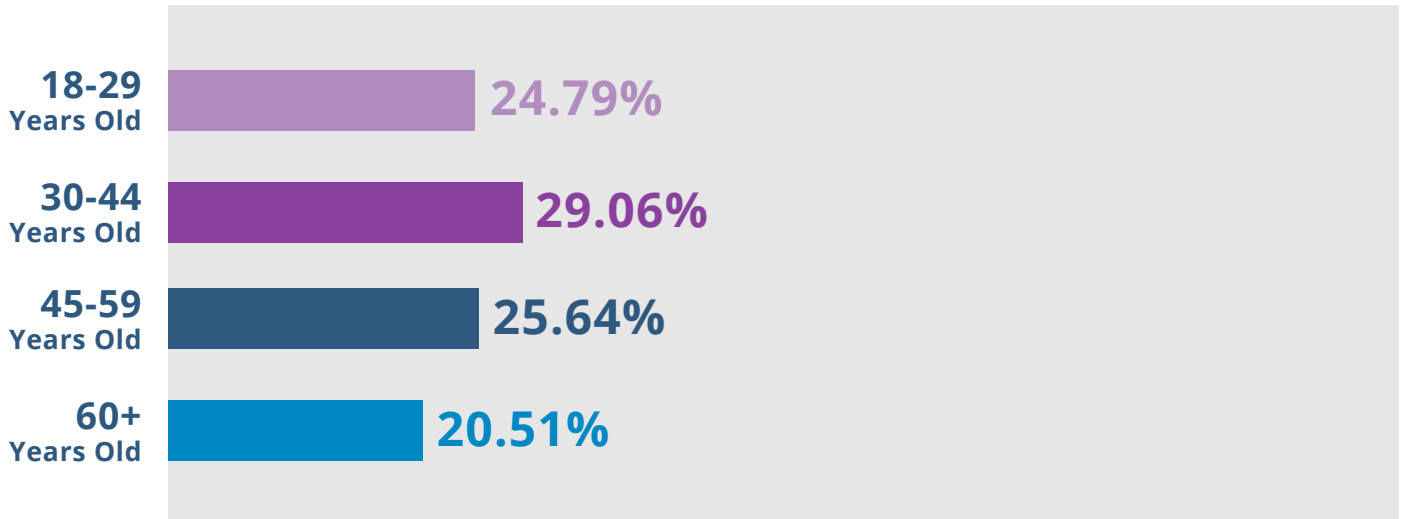
Age, Income, and Job Satisfaction.

What is your highest degree level?



Associate Degree in Nursing (ADN)

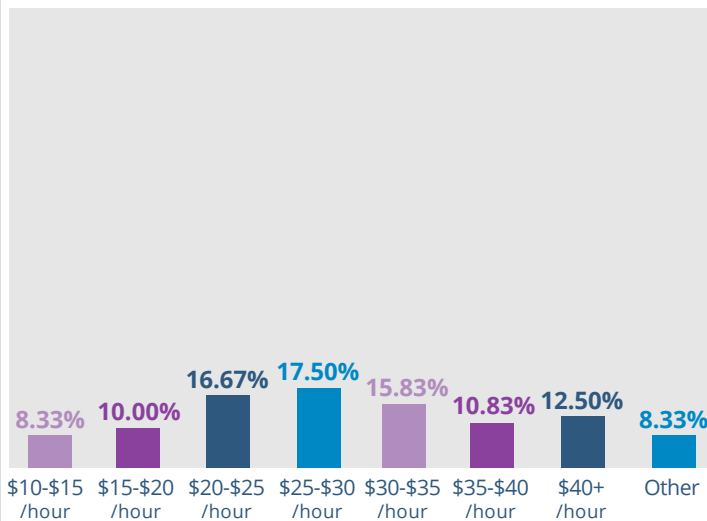
Age of Respondents with an ADN



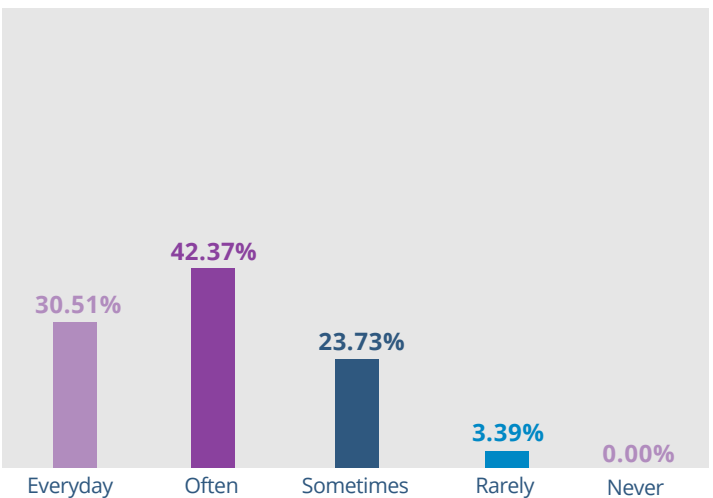
The ADN-prepared respondents were evenly split across all four age brackets, though there were slightly more ADN's ages 30-to-44. Earnings among these respondents fell across all income classes, though most clustered in the lower-middle tiers and earned

\$20 to \$35 per hour. By and large, responding ADN's are content with their work. Nearly three-quarters of these nurses cite daily or near-daily job satisfaction; of the remaining respondents, only a small fraction claimed rare or infrequent career satisfaction.

Which of the following best describes your income level?



Do you feel satisfied with your nursing career?





Almost 50% felt they didn't need to hold a BSN to perform their duties;

About 25% felt they did, while the rest held neutral opinions.

ADN- and diploma-prepared nurses are most directly affected by the IOM's call for enhanced education.

When asked whether the future of nursing requires a BSN-prepared workforce, these nurses collectively disagreed with the proposed changes. Of the professionals surveyed, almost half felt they didn't need to hold a BSN to perform their duties; about 25 percent felt they did, while the rest held neutral opinions. As the respondents elaborated, several themes emerged.

A common belief held by ADNs is that BSN-prepared nurses don't have the clinical skills garnered in an ADN program. A scenario often encountered by this group involved working alongside BSN-prepared staff who may have been well-versed in theory, but were sorely lacking in practical bedside experience. According to these ADN's, effective training takes place in the field, and BSN graduates haven't been exposed to the clinical environment enough to perform as well as their ADN-prepared peers.

The BSN is commonly viewed as a stepping stone to management positions. Because not all nurses aspire to leadership roles, they question the necessity of a baccalaureate degree. Many respondents hold that most of a staff nurse's functions can and should

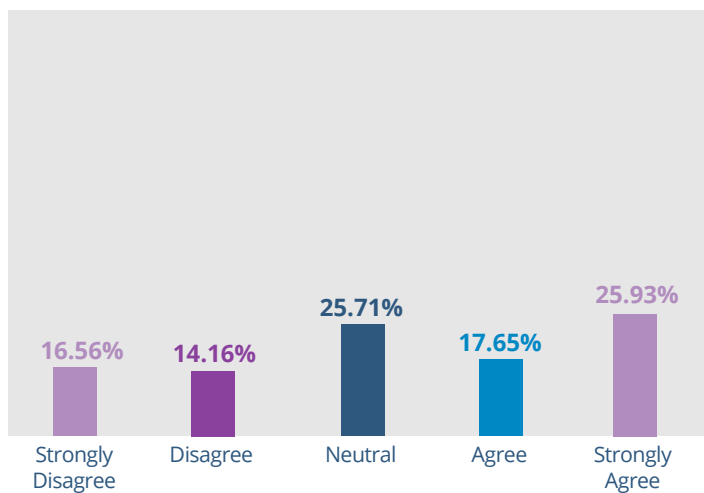
be handled by associate-degree nurses. These nurses cite certification within a nursing specialty as a surer path to career advancement than the BSN.

Many ADNs cite feasibility issues with earning the BSN, including devoting two more years to school. Referring to the anticipated nursing shortage, our respondents questioned whether two extra years of study defeated the purpose of filling the workplace with qualified nurses. Many also approach the notion of schooling pragmatically, and question the potential return on their investment. As one ADN said, "the few dollars extra I'd make per hour would never add up to the great debt I'd enter into to do this."

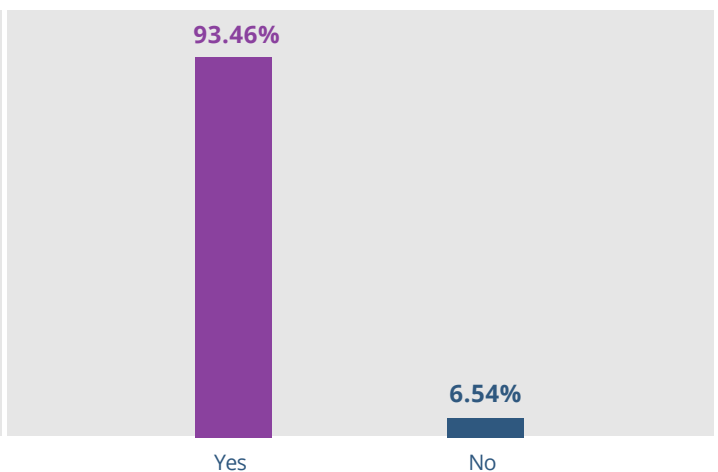
Regarding nursing school in general, respondent ADNs generally fell into two camps. Many ADNs indicated that they were unprepared for nursing school's difficulty and competitiveness. Others expressed regret that they hadn't pursued a BSN, despite the fact that many of them dispute the BSN's necessity.

Interestingly, those ADNs who would have preferred to earn the BSN sometimes vehemently disagreed with the IOM call to action. Regardless, most of these nurses believed that their education adequately prepared them for the NCLEX-RN exam.

Do you agree with the Institute of Medicine that the future of nursing depends on creating more BSN educated nurses?

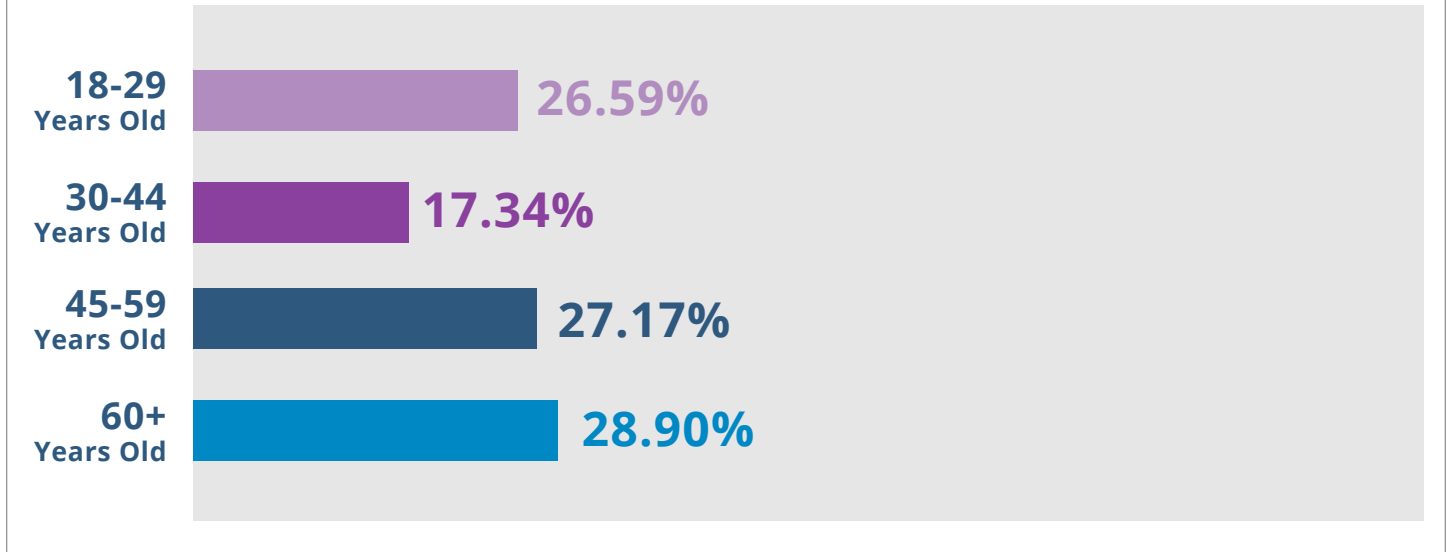


Do you feel your nursing program adequately prepared you for the NCLEX-RN?



Bachelor of Science in Nursing (BSN)

Age of Respondents with a BSN

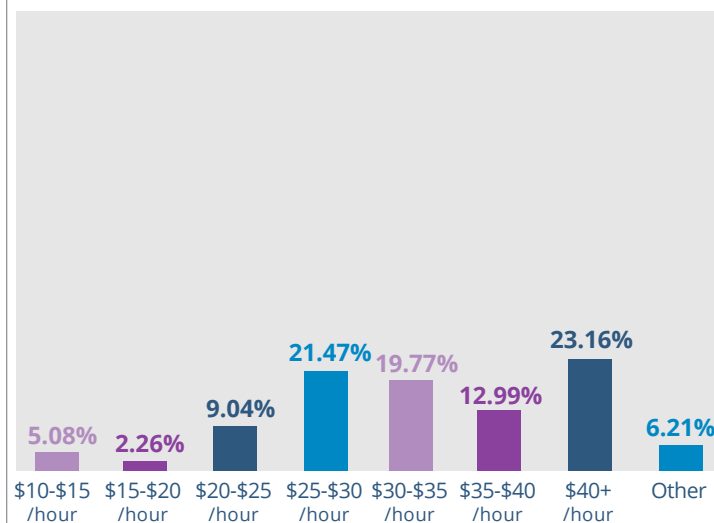


Our BSN respondents were mostly scattered across age brackets, besides a noticeable dip in the 30-44 age group. Forty percent of the nurses we surveyed in that age group hold only associate degrees, and it appears that this cohort would be most affected by the IOM's proposal.

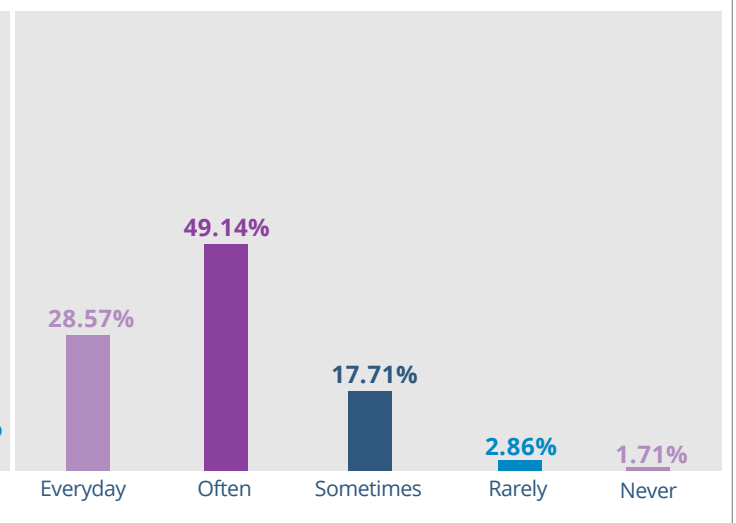
Our respondents reported a wide range of incomes.

Half of our BSN holders reported earning between \$25 and \$40 per hour, and nearly a quarter of them are paid in excess of \$40 per hour. Bachelor-prepared nurses report job satisfaction commensurate with their associate-degreed peers; 28% experience this daily, 49% often, 18% sometimes, and a fraction rarely or never.

Which of the following best describes your income level?



Do you feel satisfied with your nursing career?



Because they already hold baccalaureate degrees, these nurses are not directly affected by the IOM recommendations. However, the proposal does impact their work environment, and the BSN's we surveyed have strong opinions about using the degree

as a benchmark. Half of them are in favor of a BSN-prepared workforce, and only a quarter of them oppose the idea. Some of their sentiments echo those of their ADN-prepared colleagues.

“...the doctors would ask me to make rounds and help with treatments instead of the four-year graduates because they had so little hands-on experience.”

Many BSNs claim that, compared to their associate-prepared peers, bachelor-prepared nurses are ill-equipped with practical bedside skills. Most cited the extensive clinical exposure that ADNs receive in school. In fact, some BSN holders who completed an ADN program first feel that their 2-year degree better prepared them for the workplace than their bachelor's.

One nurse who holds both degrees related an experience that many of her colleagues share. “When I graduated with a diploma degree and went to work at a Chicago hospital, the doctors would ask me to make rounds and help with treatments instead of the four-year graduates because they had so little hands-on experience.”

Nurses with 4-year degrees repeatedly expressed gratitude for a deeper understanding of the science that drives decision-making in healthcare. This, plus more attuned critical thinking skills, gives these nurses confidence in the workplace.

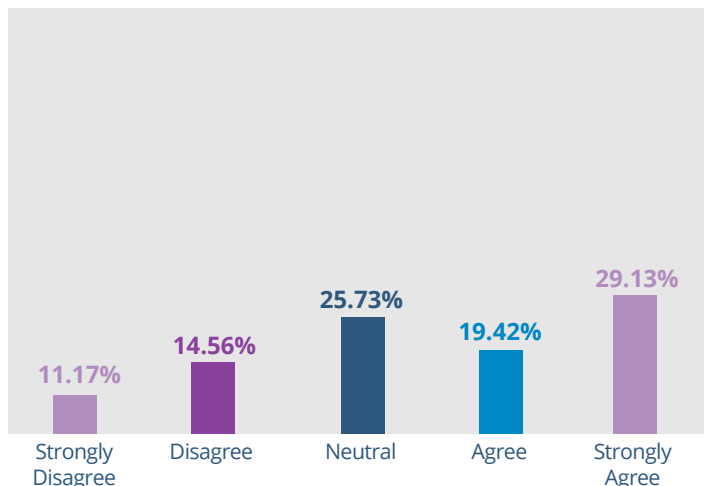
BSNs feel that much of the knowledge gained in a baccalaureate program better prepares nurses for a dynamic work environment where more and more responsibilities are given to nursing staff. BSN-prepared nurses often claim that their baccalaureate training helps them easily meet these challenges because they are prepared to quickly master new skills.

Both BSN- and ADN-prepared nurses view baccalaureate programs as a stepping stone to larger roles, including graduate school or positions in management. While this may be a reflection of curriculum standards followed by typical BSN programs, it also means that many BSN's only spend a portion of their career at the bedside. Some nurses worry that, in the long run, these future supervisors may lack the experience necessary to be effective leaders, and that consequently, patient care could suffer.

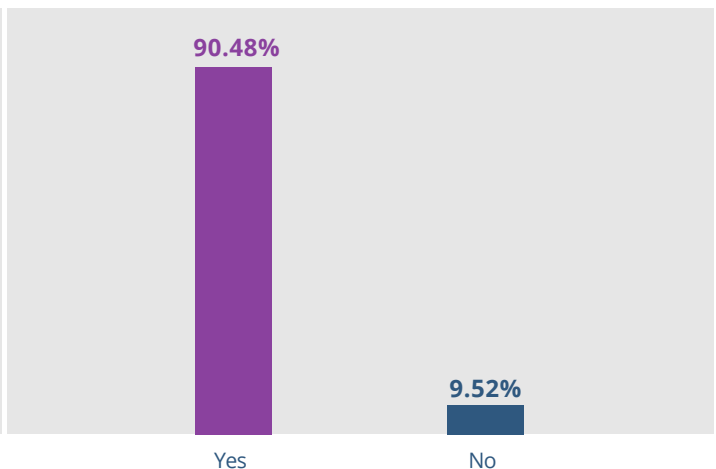
Respondents holding BSN's reported having similar experiences in nursing school as their ADN-prepared colleagues. Generally, these nurses were somewhat

surprised by the demands of nursing school, but believe that the BSN contributes to their personal fulfillment and career mobility.

Do you agree with the Institute of Medicine that the future of nursing depends on creating more BSN educated nurses?

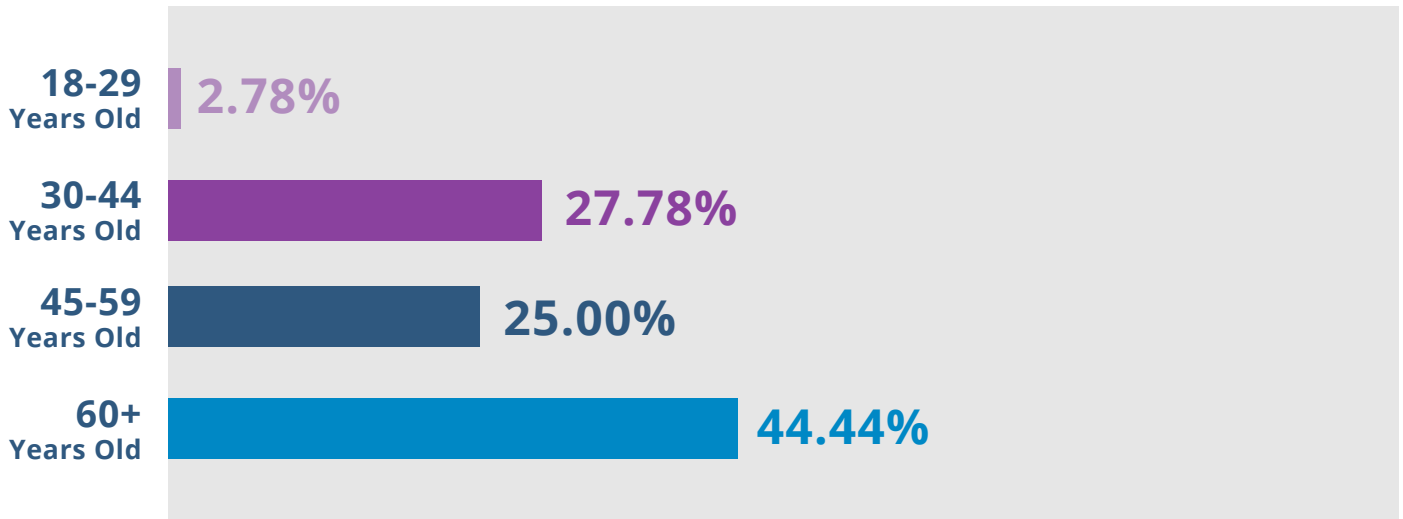


Do you feel your nursing program adequately prepared you for the NCLEX-RN?



Master of Science in Nursing (MSN)

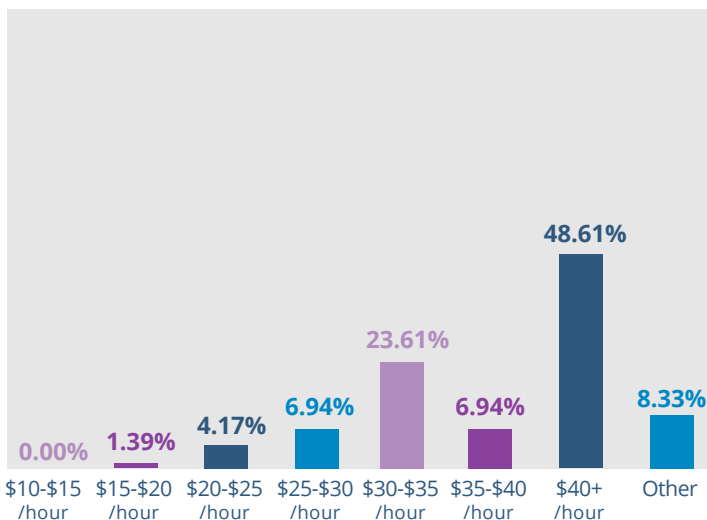
Age of Respondents with an MSN



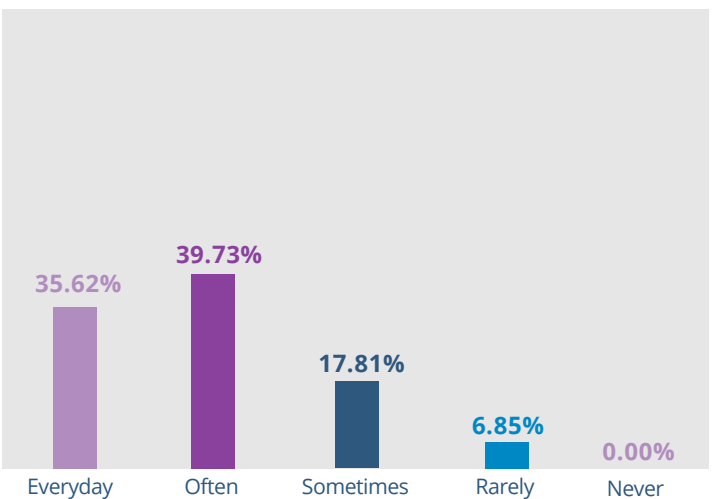
Of the nurses who responded to our survey, those who hold the MSN are generally older than most of their peers; 28% are between 30 and 44, 25% between 45 and 59, and 44% are 60 or older. Earnings in this group correlates with more advanced education and more on-the-job experience: nearly half of our respondents make at least \$40 per hour, and the majority of the

rest make at least \$30. Less than 14% of MSN holders report earnings beneath \$40 per hour. MSN-prepared nurses report job satisfaction scores similar to those of their colleagues with ADNs or BSNs; 75% of them experience job satisfaction daily or nearly every day, 18% some days, and only 7% rarely.

Which of the following best describes your income level?



Do you feel satisfied with your nursing career?





More than 60%
of MSN holders agree with the IOM proposal

Of all the nurses we asked about the proposed new industry benchmark, master's degree-holders were most strongly in favor. More than 60% of master's-

Today, nurses often find themselves in situations that were once handled by physicians or supervisors. In a rapidly changing workplace environment, the critical thinking skills learned in a baccalaureate program prepares nurses to innovate and problem-solve. According to some MSN-holders, this is the key to advancing the nursing profession.

Students who spend additional time in school are expected to perform in a variety of work environments. As part of their training, bachelor's degree holding nurses work with students and faculty from a range of cultural and educational backgrounds. In today's nursing environment, MSN respondents believe that this training is essential in a multidisciplinary workplace that requires cultural sensitivity.

The perception persists that BSNs are uninterested in bedside nursing. It's a commonly held theory that nurses who stay at the bedside do so because they feel direct patient care is their calling; some MSN's theorize

Our respondents with an MSN found nursing school to be fiercely competitive, demanding total commitment. The time-consuming nature of nursing school may be why these respondents also expressed regret at not completing their academic pursuits earlier in their careers.

prepared nurses agree with the IOM proposal, and less than 20% of MSN holders find it misguided. Perhaps reflecting their lengthy careers, much of their reasoning stems from taking a broad view of the industry. Seen through the lens of an experienced, masters-prepared workforce, this initiative could ultimately benefit all nurses.

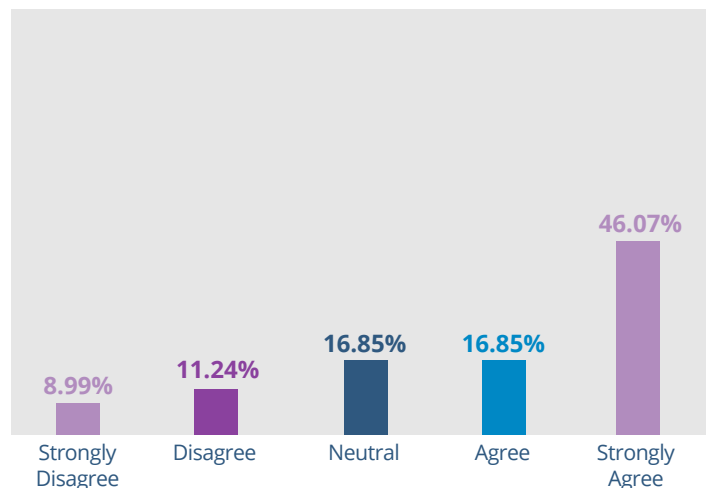
that if all nurses are required to hold a bachelor's, fewer of them will pursue management careers. If all nurses hold BSN's, an entire sector of the nursing workforce will be equipped to provide a higher level of patient care.

Many respondents express frustration that nursing isn't viewed as a true profession by their colleagues in healthcare. Mandating a 4-year degree for entry-level jobs may be an effective way to combat this viewpoint, say some MSNs. The teamwork and management skills that are part of a BSN curriculum can bestow soft skills that may lead to greater respect.

Many MSN respondents view nursing as a true vocation. Some MSNs question whether a 2-year path to employment lends itself to the gravity that professional nursing demands. "I feel a 4-year degree better prepares people for the seriousness of having people's lives in your hands. It's not just a job," explained one MSN.

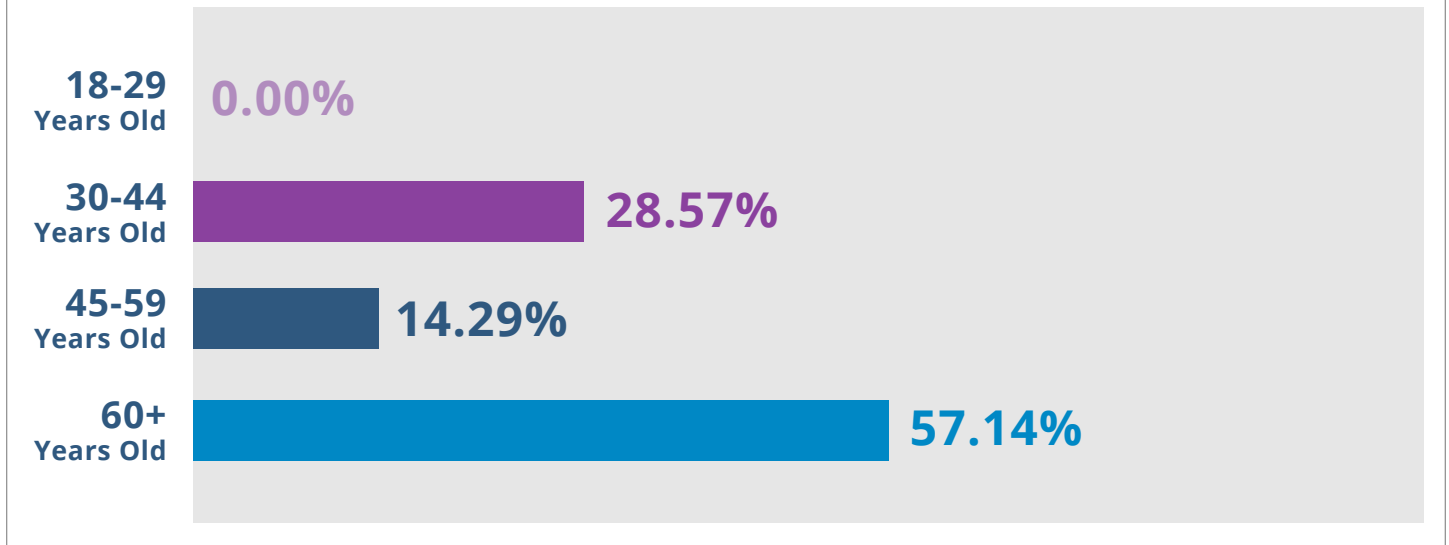
Ultimately, these nurses feel that on-the-job training is the only true path to bedside skills, regardless of the level of education that a nurse receives. As one MSN-holder said, "You'll have a license to learn. You won't know all that you need to know."

Do you agree with the Institute of Medicine that the future of nursing depends on creating more BSN educated nurses?



Doctor of Nursing Practice (DNP)

Age of Respondents with a DNP

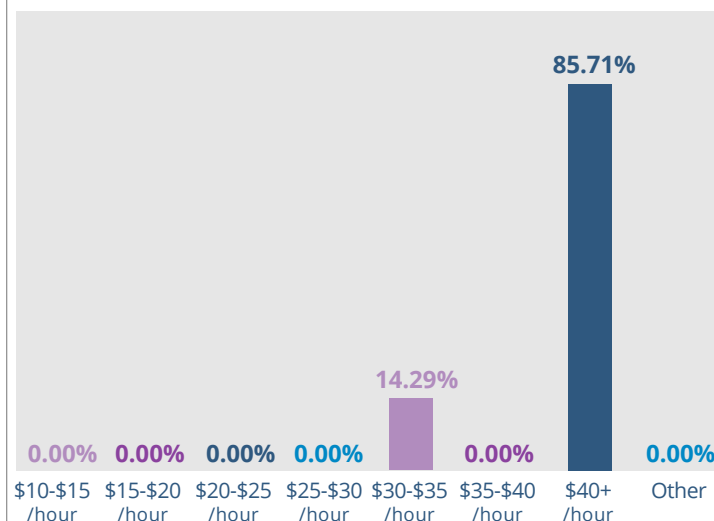


The American Association of Colleges of Nursing (AACN) and the IOM recommended that nurses who aspire to advanced practice earn the Doctor of Nursing Practice degree. If implemented, postdoctoral degrees will become more common. For now, however, they're relatively rare. Of all the nurses who responded to our survey, only a small fraction have completed doctoral study. While their responses to the survey are valid, they should be interpreted carefully; our sample size

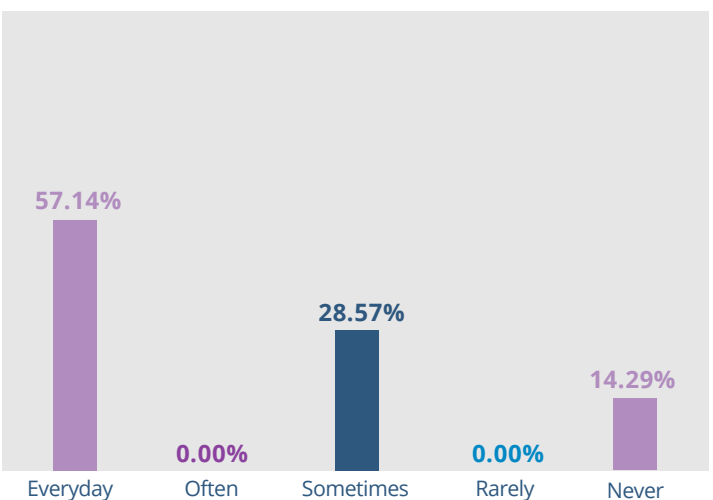
may not be large enough to accurately reflect the opinions of doctoral-level nurses as a whole.

Still, more than half of the respondents holding the DNP were age 60 or older, and none were younger than 30. They are all well-paid, usually earning more than \$40 per hour. Interestingly, despite the relatively high salary, respondents weren't universally satisfied with their career.

Which of the following best describes your income level?



Do you feel satisfied with your nursing career?



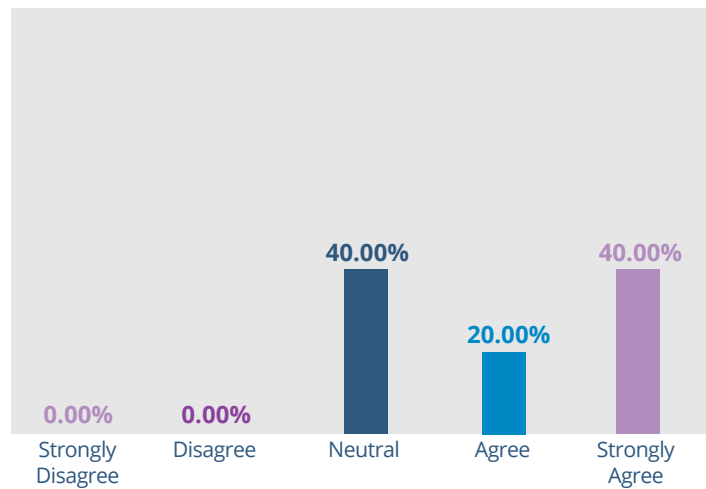


Critical thinking skills are again cited as a **major advantage** provided by a bachelor's degree.

This group is also in heavily in favor of making the BSN a standard requirement for entry-level nurses. All of them agree with the IOM, and most strongly agree. Taking a broader view of the development of the nursing profession, they cite the increasing complexity

of the healthcare system as a reason to require more education for entry-level jobs. Critical thinking skills are again cited as a major advantage provided by a bachelor's degree.

Do you agree with the Institute of Medicine that the future of nursing depends on creating more BSN educated nurses?



ONLINE LEARNING

Few of our survey respondents took classes online: almost 80% attended traditional schools without an online program. Of the nurses who did take online classes, the vast majority of them took only a handful per program; only 1.09% of all respondents completed their degree entirely online. Another 4.37% took most or half of their classes online, but not all.

Often, students who did take online classes did so because there was no other way to take the course. This also appears to hold true for hybrid mixes of online study and classroom lecture. For other students, flexibility and affordability were given equal weight

when choosing classroom formats.

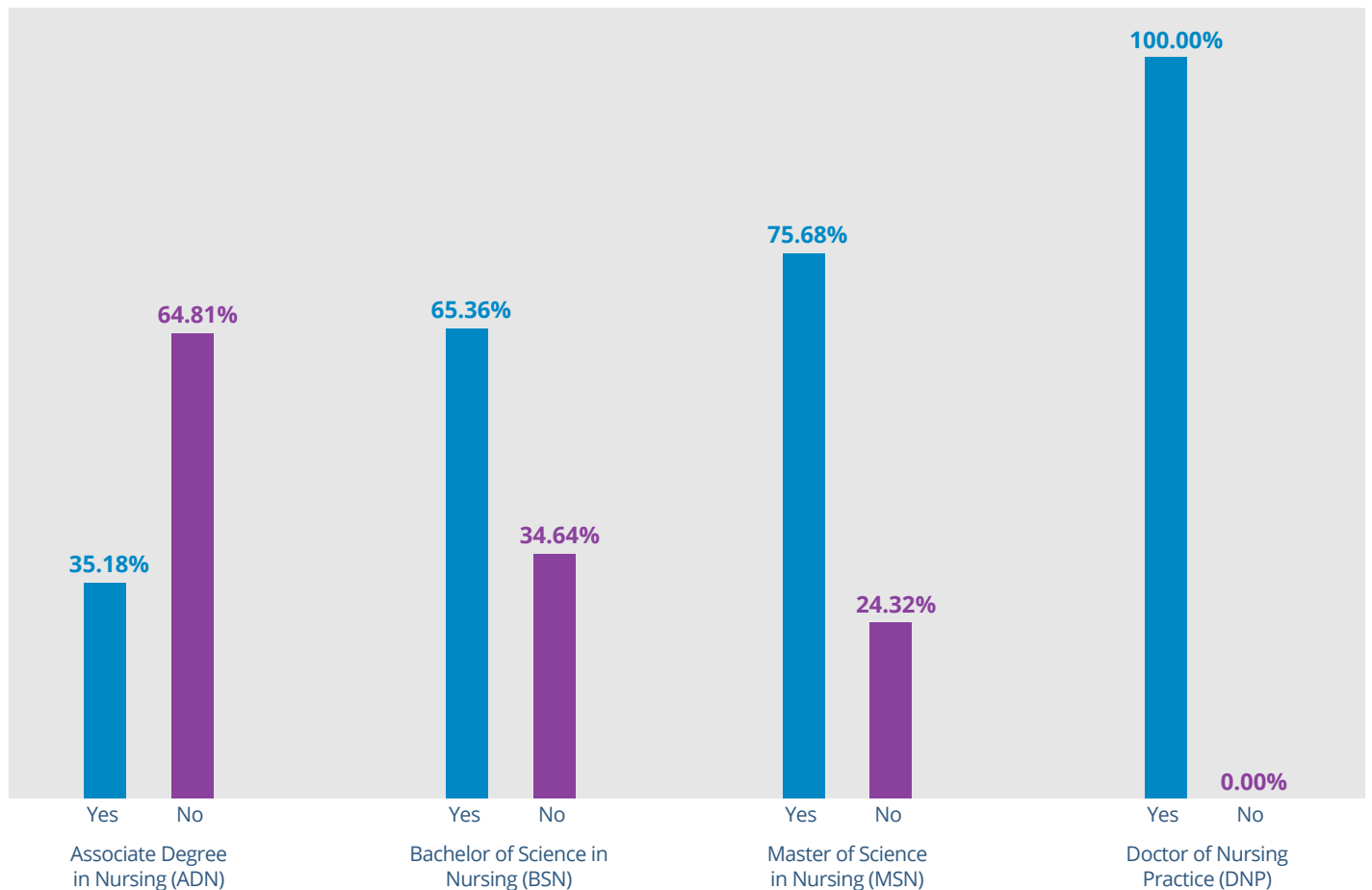
This can primarily be explained by the demographics of our respondents; nearly all respondents who didn't attend online classes stated that they simply weren't available at the time they attended school. The students who were most likely to have taken online courses were in a DNP program, but even among doctoral students who studied online, only about 50% of them took half of their classes this way, and none studied entirely online. In our results, students in MSN and ADN programs were most likely to have completed their degree entirely online.



EDUCATION HIGHLIGHTS

- Our respondents' experience clearly demonstrates that income rises in tandem with education level.
- Job satisfaction, on the other hand, appears to exist independently of academic experience, suggesting that nurses derive fulfillment from other factors in the workplace.
- While one might expect academic achievement to rise in conjunction with age, our data on BSN-prepared nurses suggests otherwise; of respondents aged 30 to 44, more had 2-year degrees than BSN's.
- Associate-prepared nurses, those most directly affected by the IOM proposal, generally disagree with the idea. Masters-prepared and doctoral-prepared nurses are most likely to support it, and BSN-prepared nurses are divided.
- Two perceptions exist across all educational levels: that ADN-prepared nurses have better clinical skills than BSNs, and that the BSN degree is mostly geared toward management roles.
- Nurses at every educational level expressed regret at not having pursued more education earlier in their careers.

Do you agree with the Institute of Medicine that the future of nursing depends on creating more BSN educated nurses?

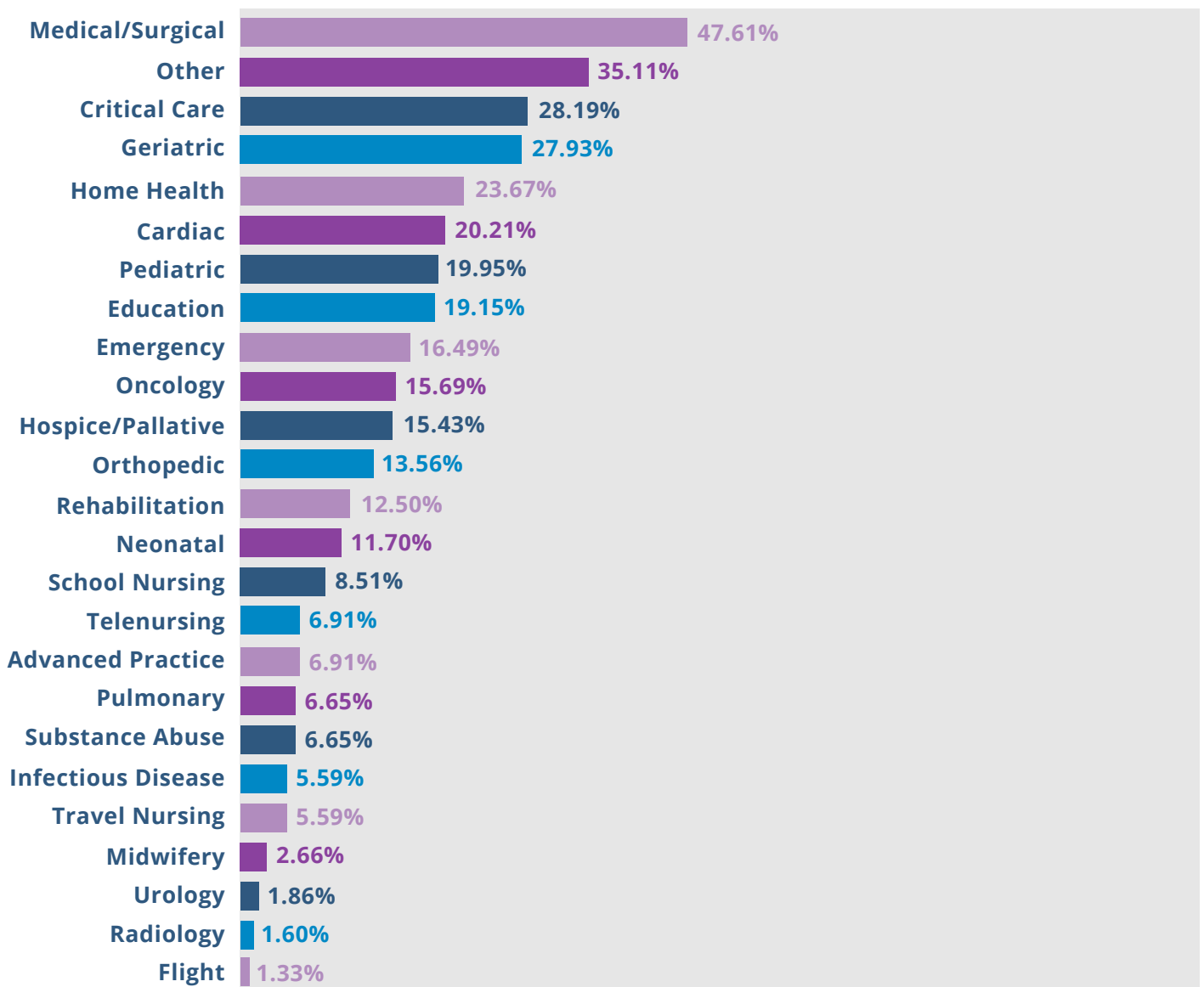


Nursing Career Choices

As the body of knowledge in medical sciences has grown, nurses have commensurately embraced additional responsibilities. Today, nurses can choose from 104 specific areas of practice that focus on either a disease/condition, patient population, or area of medicine. They may also choose among four areas of licensure, each of which carries its own educational and clinical experience requirements. All nurses must carry valid licensure, though specialization is optional.

To illustrate each of these career paths, we asked respondents to report not only their income, but their satisfaction with their pay given their training and responsibilities. We also considered their relationships with colleagues in other roles, particularly their perception of the professional respect afforded to them. Finally, we examined the daily challenges and highlights of their experiences. Using these insights, we created a career profile for each option.

Which of the following nursing specialties have you worked in? Please check all that apply.



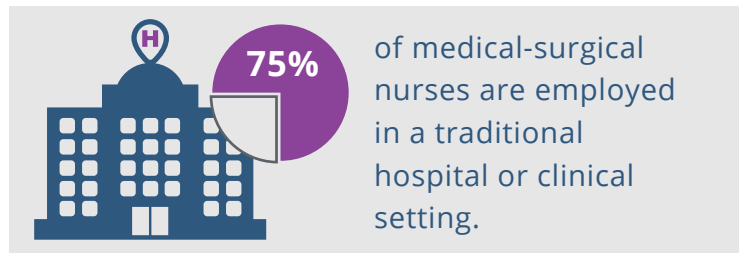
Nursing by Specialty

Nursing specialties are available to nurses at all educational levels and are regulated by independent certifying bodies. Nurses must meet strict educational and training standards to earn specialty credentials. It's important to note that these credentials are not required for entry to the field or for long-term employment; standard state licensure qualifies nurses for work throughout our healthcare system, and many opt to use their credentials in a variety of general care settings. Other nurses, however, prefer to focus their efforts on a particular group of patients. Nurses who choose this path often increase not only their knowledge, but their income, career mobility, and status in the workplace.

Nursing specialty credentials lead to almost as many different career paths as there are patient diagnoses, and the range of choices can be overwhelming to aspiring nurses. In our online survey, we asked respondents to identify their areas of specialty and elaborate on workplace experiences within them. Almost 80% of survey respondents offered their insight into various specialties. Below, we've aggregated the results of the five most frequently named specialties: medical-surgical, critical care, gerontological, home health, and cardiac.

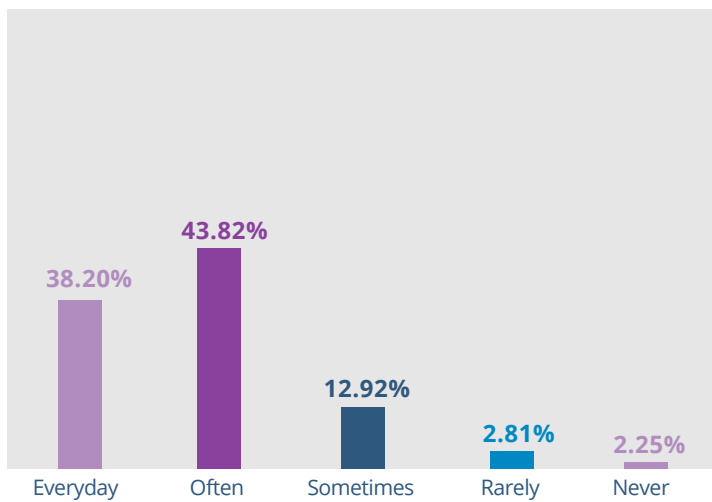
Medical-Surgical

A few generations ago, all nurses were medical-surgical professionals. Today, medical-surgical nursing is a [specialty area](#) with its own independent certification process. Nurses working in this specialty employ foundational nursing knowledge along with several advanced skills. These nurses typically work on wards in hospitals, clinics, and residential treatment centers, and are arguably the most visible face of the profession.

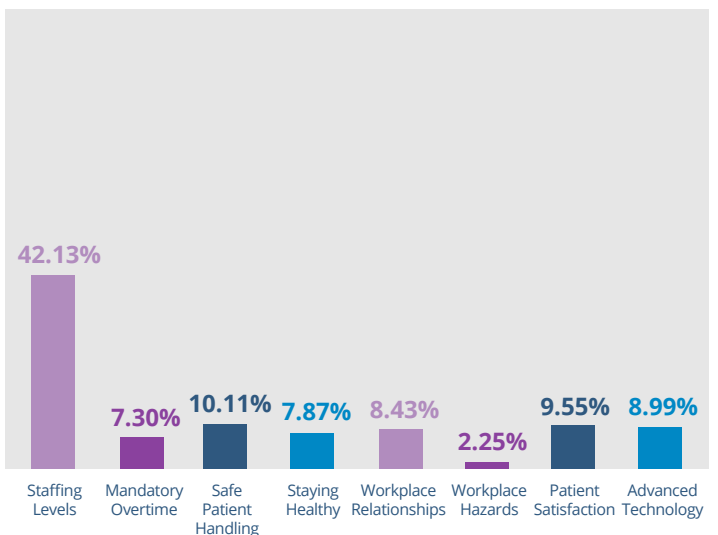


Medical-surgical nurses handle as many as seven adult patients at a time, managing admissions and discharges throughout their shifts. They are responsible for medication and treatment administration, patient assessments, and documentation. Because the medical-surgical nurse serves as a liaison for the physicians on staff, therapists, hospital administrators, and patient

Career satisfaction in the medical-surgical field



Biggest workplace challenge in the medical-surgical field



family members, the job requires agility and strong communication skills.

As is typical across the nursing industry, medical-surgical nursing is the most popular specialty among our survey respondents. Of the medical-surgical specialists who answered our survey, nearly three-quarters are employed in a traditional hospital or clinical setting, urgent care clinic, community center, or hospice facility. The remaining respondents offer a glimpse of the range of applications that a medical-surgical nursing certification carries. They are employed in a variety of fields, including school districts, insurance agencies, physician's offices, correctional facilities, and nursing schools.

These nurses are relatively high earners. Most of them report earnings of at least \$25 per hour, and more than a quarter of them make \$40 per hour or more. When asked whether they're satisfied with their incomes, however, responses were a mixed bag. Ten percent of respondents are extremely satisfied, about a third of respondents are very satisfied or moderately satisfied, and the rest are unhappy with their compensation level.

Dissatisfaction with pay often goes hand in hand with workplace challenges, and there are no shortage of them in this specialty. Among our respondents, adequate staffing represents their largest obstacle, and staffing problems are far and away the most common complaint from these nurses. Many secondary concerns, like patient safety or patient satisfaction, could be ameliorated by changes to staffing policy. Further down the list, but still of significance, lies the ability to keep themselves healthy while working in a hospital. Mandatory overtime is another challenge, and also a reflection of chronic understaffing. Overall, this group experienced few surprises in the workplace other than the standard physical and emotional burdens inherent to the profession.



Almost 50% feel their profession is seen as one limited to menial tasks, or that the job is purely "women's work."

As in many other branches of nursing, others have misconceptions about the skills and qualifications needed to thrive in this specialty. Almost half of

respondents in medical-surgical positions feel that their profession is seen as one limited to menial tasks, or that the job is purely "women's work." Another 23% feel that they are viewed as unqualified or unintelligent, or that they lack advanced skills or decision-making abilities. Other misconceptions stem from gender bias. According to our survey, many outsiders think that women nurses are promiscuous, and that men in the field are gay.

Though medical-surgical nursing is not without its challenges, our respondents generally reported feeling fulfilled at work. Most medical-surgical nurses thrive on the positive impact they can have on a patient or family, and truly desire to make a difference in the lives of patients. Providing empathy, support, and knowledge to a person in need is a daily highlight for these nurses, and seeing a patient's health improve under their care is gratifying. As one respondent elegantly said, "It is a privilege to walk with strangers in a supportive capacity."

Critical Care

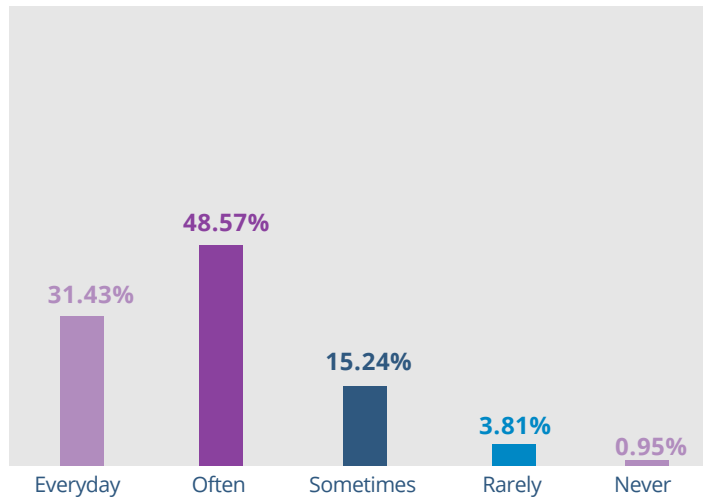
Critical care was a popular choice among our respondents, as nearly 30% of the nurses who answered our survey chose to work in this demanding specialty. Critical care nurses work with patients in life-threatening situations. Their job is foremost to serve as a patient advocate for individuals who are too ill to make informed decisions themselves. At the bedside, a critical care nurse provides a high level of skilled care, and ensures that the patient's best interests are served during their hospital stay. This can mean interceding in emergency situations on the patient's behalf, educating the patient or their family members, and monitoring the patient's treatment for safety and effectiveness.

These nurses most commonly work in intensive-care units or step-down units that house recent ICU residents. Other critical-care nurses work in emergency rooms or post-operative recovery treatment. Certification in critical care nursing isn't mandatory, but most employers prefer to hire nurses who hold this [credential](#). Typically, after an RN has logged at least two years of experience, he or she may pursue this certification. Other critical care specialists go on to earn a master's degree and advanced practice credentialing in critical care.

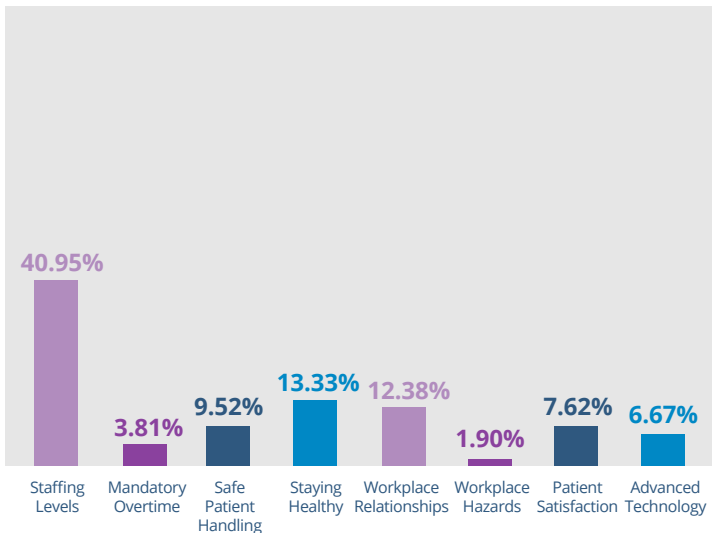


75% of critical care nurses earn at least **\$30/hr**, and **37%** report compensation well in excess of **\$40/hr**.

Career satisfaction in the critical care field



Biggest workplace challenge in the critical care field



The critical care nurses we spoke to are well-compensated for their work; three-quarters of them earn at least \$30 per hour, and 37% report compensation well in excess of \$40 per hour. As a group, they're largely content with their pay. Forty-five percent of them claim to be extremely or very satisfied with their compensation packages; 34% express moderate satisfaction, while only 20% are dissatisfied with their income.

Overall, this group identified nearly identical workplace challenges as the medical-surgical respondents. Staffing was listed as the primary challenge for most critical care nurses, followed by concerns about safe patient handling and staying healthy in a pathogen-laden workplace. More specific comments from this group of respondents speak to the clinical challenges inherent in critical care nursing, and the information gap new nurses must overcome: "It takes years to become proficient," according to one respondent. Along with demanding knowledge requirements, this specialty relies on teamwork to succeed. Many critical care nurses expressed initial surprise at this facet of their jobs.

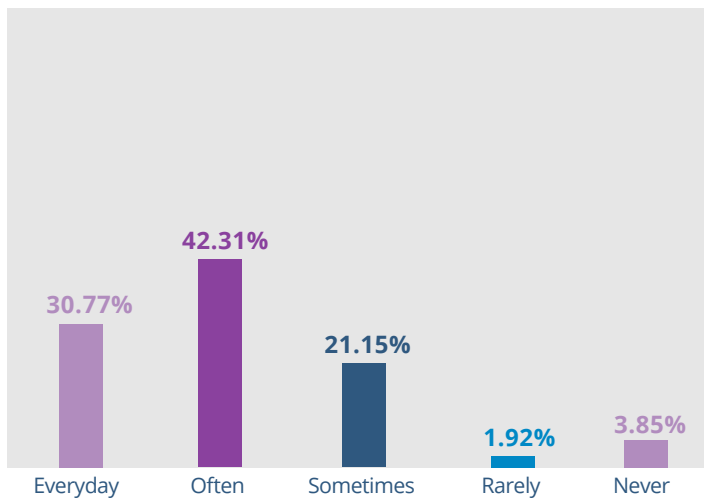
Stereotyping in the workplace affects this group of nurses similarly to their medical-surgical peers. Most often, critical care nurses feel that their jobs are considered menial, or suitable for women only. Many also felt that they're seen as unqualified, and are there to serve as the doctor's assistant. This respondent group also reported a perception of brusqueness, which may simply be a reflection of working in a tense environment.

Like most nursing professionals, critical care nurses are in their line of work because they want to be. The majority of them cite the ability to help patients as the best thing about their jobs. In a distant second place, these nurses also love the benefits the profession offers, particularly the professional mobility and flexible scheduling options. These nurses also find fulfillment in the relationship-building aspect of their jobs, both with patients and their colleagues.

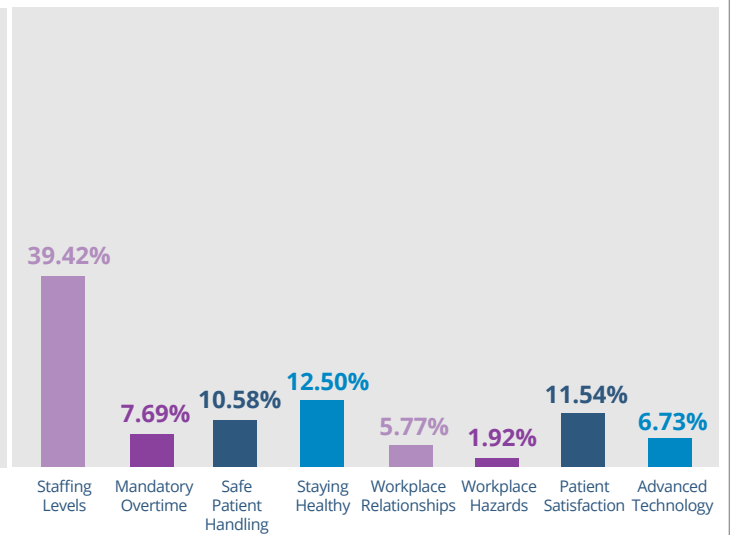
Gerontological

Geriatric nurses, sometimes called gerontological nurses, care specifically for elderly patients. Because their advanced age makes them susceptible to particular illnesses and injuries, much of their care is

Career satisfaction in the gerontological field




Biggest workplace challenge in the gerontological field



focused on prevention and maintenance. Certification in this specialty area signifies that an RN is prepared to treat patients with degenerative disease, mental impairment, limited mobility, chronic pain, and other occurrences endemic to this population.

Geriatric nurses usually work in residential facilities like nursing homes, rehabilitation centers, geriatric physician practices, or patients' homes. Because the nation's elderly population is growing, this nursing specialty has particularly good job prospects. Even now, most long-term care patients and [half of all hospital patients are over age 65](#). Certification in this specialty isn't mandatory, but can certainly improve professional mobility in a competitive environment. Credentialing is available to RNs who can demonstrate at least two years of staff nursing for the elderly.

 Compensation for this group covers a **broader range** than in other specialties.

About 27% of the nurses who responded to our survey work with geriatric patients, which roughly aligns with industry norms. Compensation for this group covers a broader range than in other specialties. Roughly half of these nurses report wages between \$25 per hour and \$40 per hour; the rest are evenly split between \$10-\$25 per hour and \$40 or more. Satisfaction with

pay rates is similarly varied; most report moderate satisfaction, and the rest are divided equally between positive and negative opinions of their compensation.

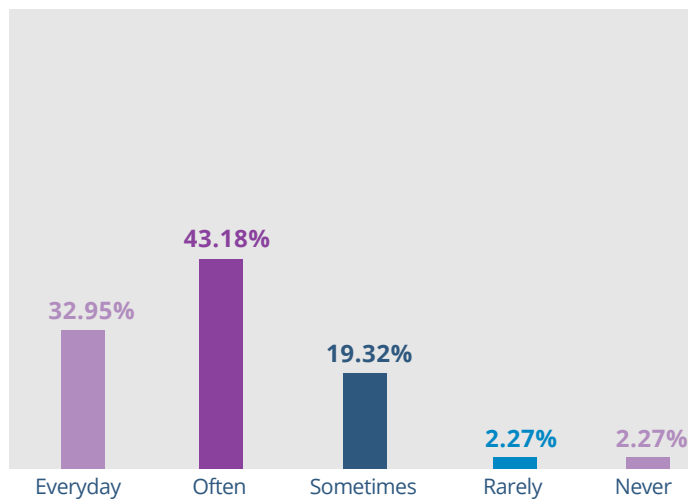
This group of respondents faces slightly different challenges than their peers in critical care or medical-surgical nursing. Hazards in the workplace are a top concern, which could be because facilities other than hospitals (particularly private homes) may present safety obstacles; for example, patients who require home care may live in relatively unsanitary conditions. Difficulty with relationships runs a close second, as does working with advanced technology. Mandatory overtime is also a common problem.

Fortunately, this group of respondents seems to experience fewer instances of negative stereotyping. Those who do, cite similar issues as in other specialties: that the work is considered menial or suited for women only, or that they're unqualified to make decisions. One gerontological nurse humorously summarized the experience of many: "Patients and families think nurses are a cross between a waitress, a personal servant, and a drug dispenser." As with many nurses, the personal fulfillment from seeing a patient recover is these respondents' favorite aspect of their jobs. Geriatric nurses report that helping a patient regain independence is a job highlight, and that their relationships with patients and family are emotionally rewarding.

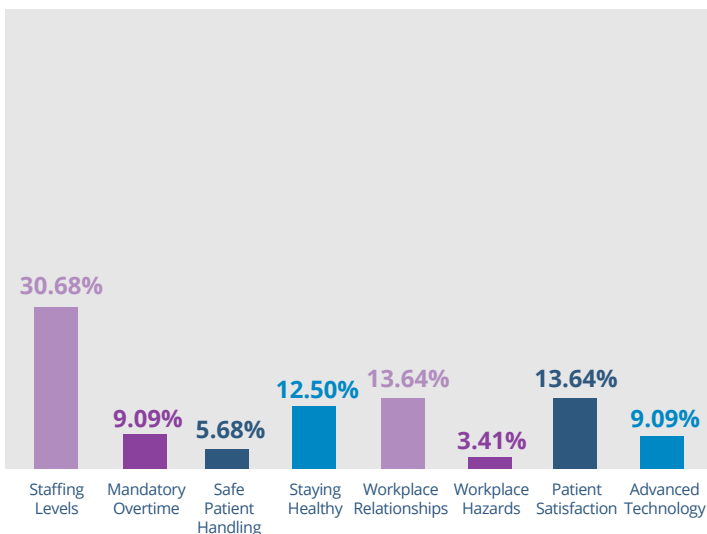


While home health nursing compensation varies widely, the specialty generally pays well. **40%** of home health nurses earn between **\$25** and **\$40/hr**, and the rest **\$10-\$25/hr**.

Career satisfaction in the home health field



Biggest workplace challenge in the home health field



Home Health

Many of our respondents are home health nursing specialists. Home health nurses work mostly in private residences and sometimes in nursing homes. Generally, they are employed by agencies or work as independent contractors, traveling to each patient as necessary. Their patients are primarily elderly, but many of them also treat children and adults whose health needs require skilled nursing assistance outside of a hospital. Regardless of age, home health nurses try to give their patients a measure of independence. The exception to this is in hospice, where the focus is on palliative care.

Medication management and administration, wound dressing, monitoring vital signs, and patient and family education are all typical tasks in home health. In some situations, home health nurses coordinate care with physical therapists, occupational therapists, or home health aides. This specialty also enjoys strong career prospects due to the aging US population. Formal certification credentialing has been retired by the industry; however, home health nurses seeking additional certification may be interested in [managed](#)

[care](#) or medical specialty certifications.

While home health nursing compensation varies widely, the specialty generally pays well. Forty percent of our respondents earn between \$25 and \$40 per hour, and the rest \$10-\$25 per hour. When asked whether they felt well compensated for their work and skill levels, their responses were mostly positive. Nearly three quarters of these home health nurses reported feeling satisfied, and 21% of them are very satisfied with their earnings.

Workplace challenges for this group reflect the nature of home health nursing itself. The most often-cited difficulties lie in maintaining personal safety in unregulated environments and in working with inconsistent or old technology. Other concerns include maintaining relationships with patients and families, and the safe handling of patients. One nurse expressed a common sentiment among nurses of all specialties, noting that she finds herself working with more poorly trained colleagues than she herself was at the start of her career 30 years prior.

This group of nurses is subject to workplace

stereotyping, with respondents reporting gender bias and a general disregard for their expertise in some instances. That may be a worthy trade-off, however, for the flexibility in scheduling that many home health nurses say is the best part about their jobs. These nurses also enjoy a range of patient situations they encounter, each requiring different skills and knowledge. Helping patients manage their health and understand their diagnoses is also frequently cited as a plus.

Cardiac Care

Heart disease is the leading cause of death in the country, so it's unsurprising that cardiac care nursing is a common specialty. Cardiac nurses provide postoperative care, as well as administer and interpret sophisticated diagnostics like stress tests or electrocardiograms. They care for patients of all ages, frequently working in intensive care units, coronary care units, cardiac rehabilitation facilities, or physician's offices.

Education is a large part of a cardiac care nurse's typical day. Many patients who experience cardiac health problems must make lifestyle changes, and these nurses serve as coaches, guiding their patients to better health. Other duties include patient assessment and screening, evaluating pacemaker performance, and medication administration and management. Cardiac nurses working outside of the



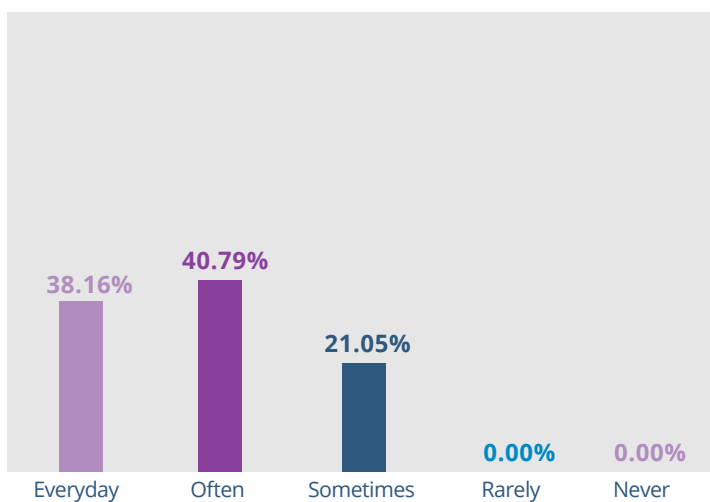
The cardiac nurses are well compensated. **Almost 40%** of cardiac care nurses make at least **\$40/hr.**

ICU/CCU often help physicians to monitor patients in cardiac catheterization labs, telemetry units, or electrophysiology labs.

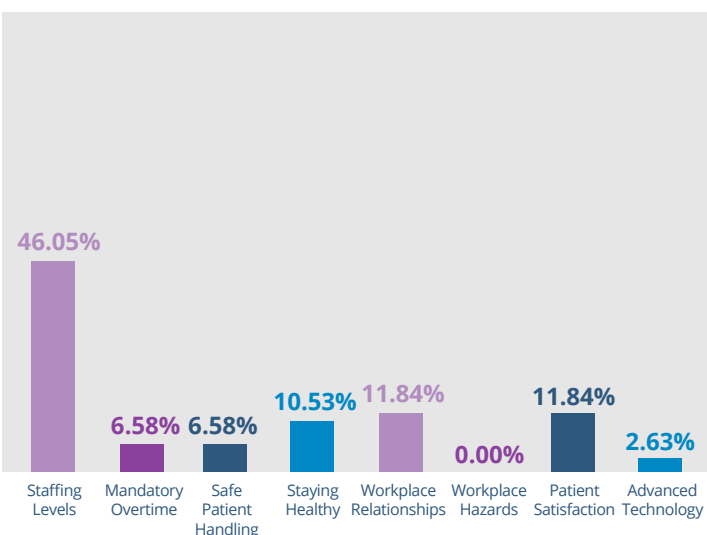
Certification in Basic Life Support and Advanced Cardiac Life Support is required for this specialty. Additional credentialing is available to RNs with two years of experience in cardiac care, and advanced practice nurses who pursue the MSN may opt for clinical nurse specialization in cardiac care. APRN [credentialing](#) is not required, but is available, and many employers prefer this proof of advanced training.

The cardiac nurses who responded to our survey are well compensated compared to their peers in other specialties. This group had the most respondents reporting wages of at least \$40 per hour, as almost 40% of respondents fell into this bracket. Another 45% earn \$25-\$40 per hour, with only a small fraction earning less. As a group, these nurses are quite happy with their pay. More than 70% claim to feel well compensated for their knowledge and skills, and only 9% expressed outright dissatisfaction with pay.

Career satisfaction in the cardiac care field



Biggest workplace challenge in the cardiac care field



According to these nurses, the greatest obstacle to workplace happiness is chronic understaffing and mandatory overtime. Other complaints included standard safety hazards in any hospital, and the need to grasp highly advanced technology. Unfortunately, this respondent group experiences more instances of stereotyping in the workplace than in other specialties. Half of these cardiac nurses feel that their jobs are menial or gender-based, and many also feel undervalued intellectually.

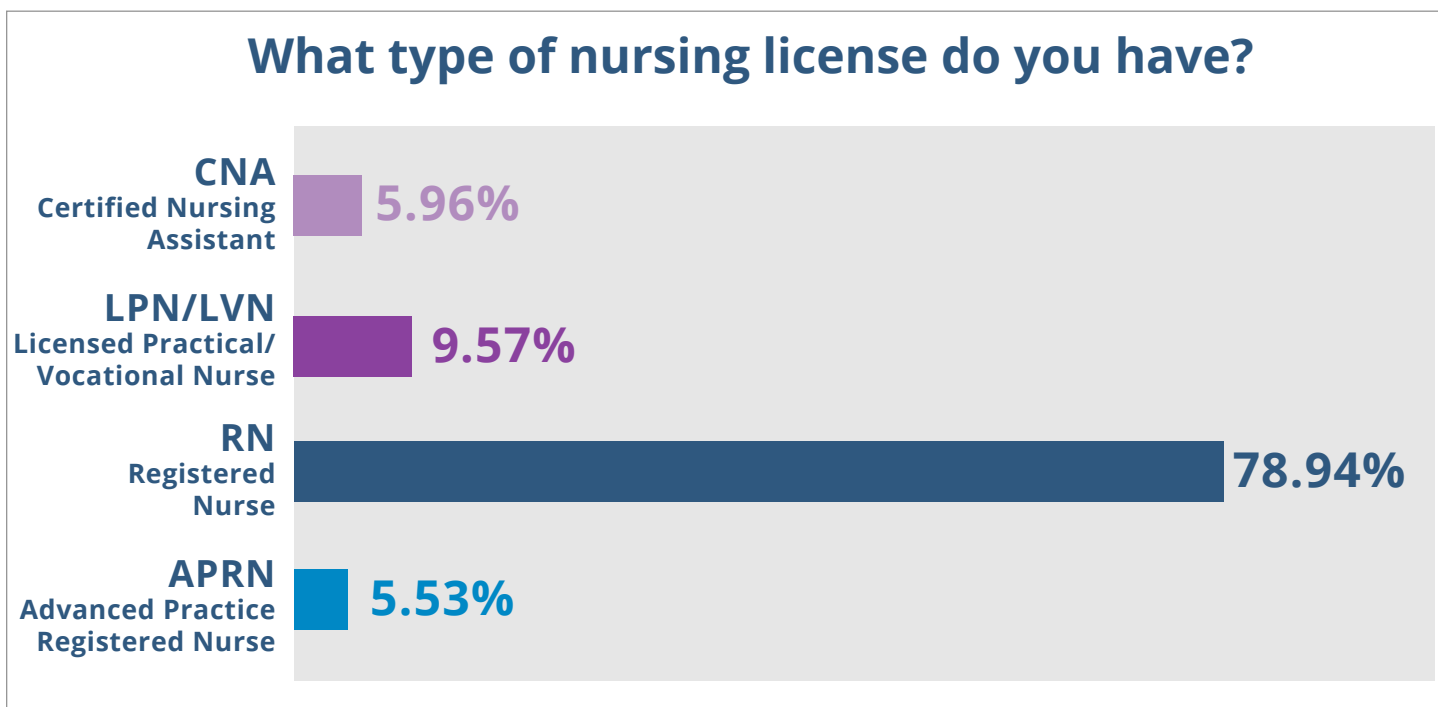
When asked to list their favorite things about the cardiac nursing, the personal satisfaction gained from a patient's recovery tops the list. Secondly, this group enjoys the flexibility and professional mobility the specialty offers. Multiple options in scheduling and work environments appear to ease some of the stress of high-stakes nursing.



NURSING SPECIALTY HIGHLIGHTS

- Across all specialties, floor nurses in traditional hospital settings struggle with chronic understaffing. For many of these professionals, the fallout includes mandatory overtime.
 - Of the top five specialties we examined, each of them tend to pay at least \$30 per hour and often significantly more. Critical Care and Cardiac Care specialty nurses are most likely to earn wages in excess of \$40 per hour.
 - Medical-surgical nursing carries the broadest application in the workplace. Respondents report a range of employment opportunities within traditional clinical settings and in non-traditional roles outside of hospitals.
 - Some overlap exists between specialties, especially between gerontological and home health nursing.
- Though the industry has phased out formal home health nursing certification, this group of nurses is still significant. Given the shortage of suitable residential facilities for elderly patients, it's likely that this trend will continue.
- Some specialties directly benefit from an aging population. In addition to the obvious certification in geriatric care, nurses with cardiac care credentials will also be in demand.
 - Duties associated with specialty credentials often deliver the most personal fulfillment. For example, critical care nurses particularly enjoy their relationships with colleagues and patient families; this job perk is an outgrowth of their role as patient advocates.

Nursing by Licensure



Nursing licensure is required for employment by every state in the nation, at all levels of nursing. There are four levels of licensure available, each tied directly to educational attainment. As a nurse completes academic and clinical training for each rung of the ladder, eligibility for specific licensure is achieved. The distinctions between licensures are generally similar, though each state dictates their own educational and training standards, along with the scope of practice definitions for each license.

Respondents to our online survey represent each of the four nursing licensures. These nurses are largely RNs; 79% of them hold this license. The remainder are LPNs (10%), CNAs (6%), and APRNs (5%).

Certified Nursing Assistant

Certified Nursing Assistants (CNAs) handle the most basic forms of bedside patient care. They help patients with everyday activities like bathing, eating, and dressing. Other typical duties include measuring food and liquid intake, monitoring vital signs, dressing wounds, assisting with procedures, changing linens,

cleaning patient rooms, and answering patient calls. Most CNAs work in a residential facility like a nursing home or rehabilitation center, though some find employment in hospitals. This job requires regular interaction with patients, so strong communication skills are important. Physical agility and strength is also crucial in this role, as patients are often unable to lift themselves out of bed.

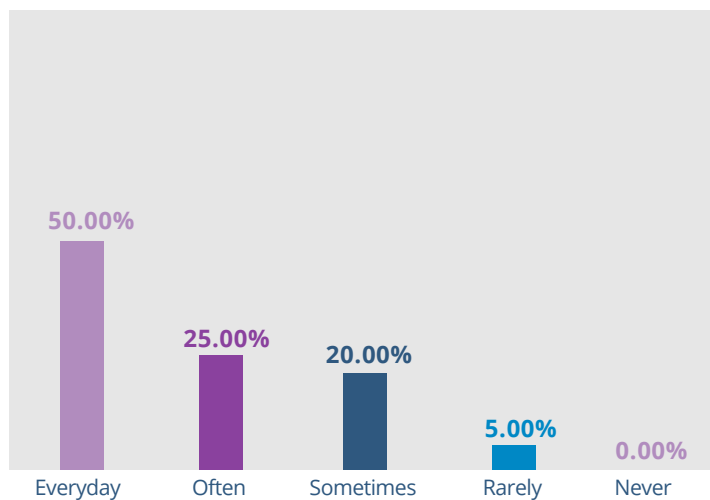
A college degree isn't necessary for CNA credentialing. Generally, aspiring CNAs can complete an accredited certification course and take a competency exam within three months. As our population continues to age, the need for CNAs will also rise: the U.S. Bureau of Labor statistics projects an 18% increase in the number of available CNA jobs through 2024.

For many healthcare professionals, CNA credentialing is the first step toward a lifelong nursing career. Because it requires a limited amount of specialized training, it serves as an ideal entry point into the profession. Many CNAs choose to enhance their nursing credentials with LPN or RN licensing, either of which are logical next steps in career development.

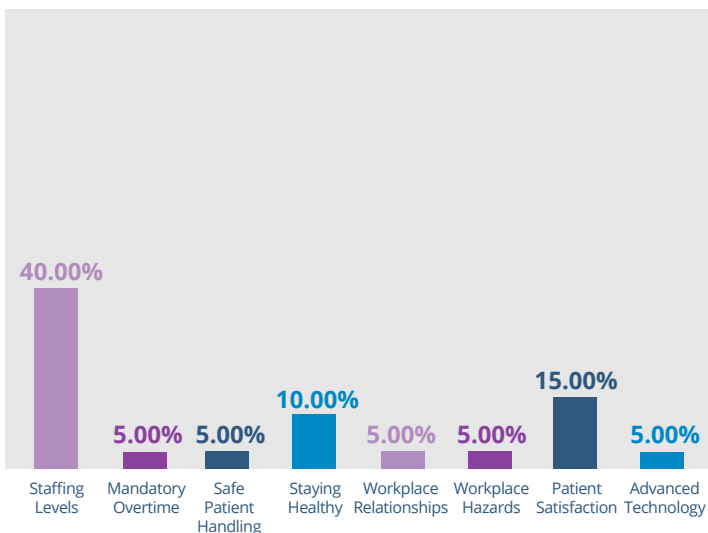


The majority of CNAs make between **\$10-\$15/hr.** About **25%** of CNAs earn between **\$15-\$25/hr.** Unfortunately, these nurses generally are unhappy with their pay.

Career satisfaction for CNAs



Biggest workplace challenge for CNAs



The majority of CNAs who responded to our survey make between \$10 and \$15 per hour, and about one-fourth of them report earnings between \$15 and \$25 per hour. Unfortunately, these nurses generally are unhappy with their pay. Less than 20% report that they're extremely or very happy with their income, and nearly 25% are flatly dissatisfied. These CNAs report similar workplace challenges as their colleagues, including understaffing and stereotyping. These respondents do, however, express a high level of job satisfaction. Seventy-five percent of them claim to love their jobs every day or nearly every day, and most cite their ability to help a person in need as the best aspect of their work.

Licensed Practical Nurse

Licensed practical nurses (LPNs), referred to as licensed vocational nurses in some states, are qualified to assist with certain procedures that require advanced training. Like their CNA peers, LPNs assist RNs and physicians in a clinical setting. Though each state legislates its own rules around scope of practice, all LPNs are prepared to perform similar duties. They are trained in several bedside procedures, including:

- Specimen collection
- Blood draws

- Oral and IV medication administration
- Nasogastric insertion and feeding
- Catheter insertion and care
- Dressing changes
- Ventilator care
- Ostomy care

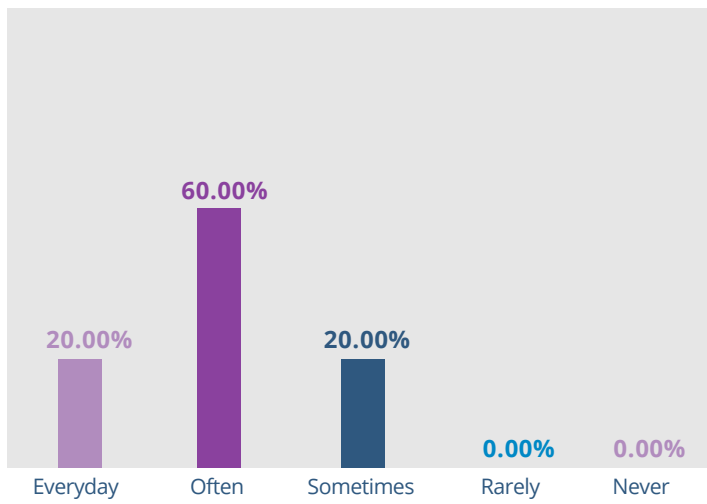
Most LPNs work in community hospitals, residential facilities, medical offices, schools, or private homes. Currently, large teaching hospitals with magnet status do not hire LPNs. LPN credentialing does not require a degree; aspiring LPNs can find 12-month training programs at accredited technical schools or community colleges. These programs include clinical experiences in several specialties, and prepare graduates to take their states' NCLEX-PN licensing exam.

Nearly all of the LPNs who answered our survey earn between \$15 and \$30 per hour, though a small fraction

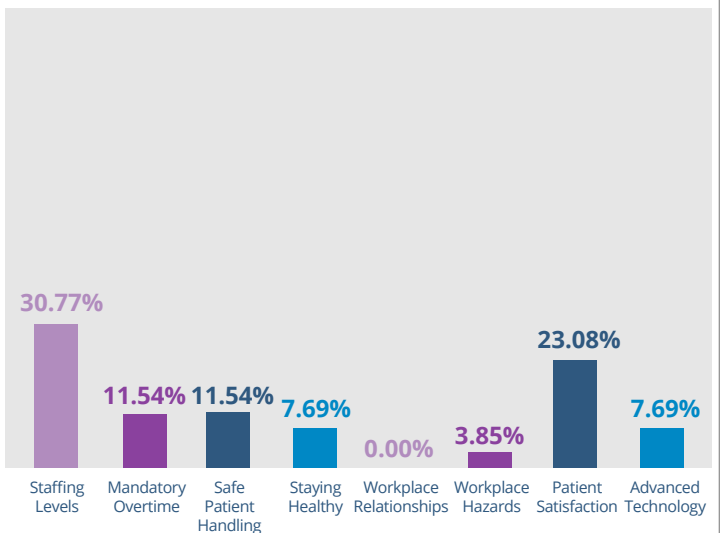


84% of the LPNs who answered our survey earn between **\$15-\$30/hr.** They are largely pleased with their income.

Career satisfaction for LPNs



Biggest workplace challenge for LPNs



report higher hourly wages. These professionals are largely pleased with their income: 88% claim to be moderately, very, or extremely satisfied with compensation. While they claim to experience similar stereotyping in the workplace as do other groups of respondents, more LPNs believe that their role is considered a menial one.

Registered Nurse

In today's market, most RNs hold associate degrees, though many older nurses earned diplomas in hospital nursing programs that have since been phased out by the industry. A 2-year degree is the minimum education standard required for state licensing, though aspiring RNs may also opt for the 4-year bachelor of science in nursing (BSN) degree. The BSN is not required by law but is preferred by many employers, especially since the Institute of Medicine hopes to establish it as the industry gold standard for RNs. All aspiring RNs, whether ADN-prepared or BSN-prepared, must pass the National Council Licensure Examination (NCLEX-RN) to qualify for employment.

RNs play a crucial role on any health care team, helping physicians and other specialists with hands-on care. RN-holders are qualified for work across

a range of healthcare facilities, practice specialties, and occupations outside of bedside nursing. Of the RNs who responded to our questionnaire, half work in hospitals as traditional floor nurses. The range of employers cited by the rest illustrates the enormous breadth of career opportunities the RN affords. These RNs work in physician's offices, nursing homes, rehabilitation facilities, urgent care clinics, home health agencies, surgical centers, schools, and hospice. Other non-traditional careers include nursing education, research, legal or insurance consulting, forensics, and occupational health.

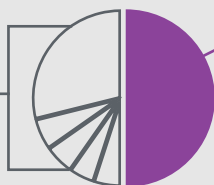


88.35% of RNs earn at least **\$25/hr.** These nurses are generally content with their pay.

Our survey respondents report incomes across all wage brackets, though most of them earn at least at least \$25 per hour. Roughly 10% earn less than that, and nearly 30% make more than \$40 per hour. Several respondents also reported wages well above \$60 per hour. These nurses are generally content with their pay; only 15% claim to be 'slightly' satisfied, and just 9% are not satisfied at all.

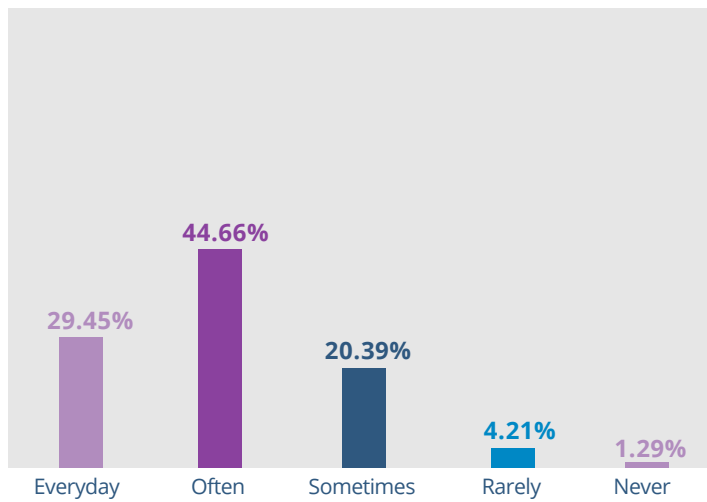
While specific on-the-job challenges are difficult to quantify given the variety of positions available, some areas of discontent are universal. Of the hundreds of respondents who identified daily challenges, more than 90% cite chronic understaffing as their biggest impediment to performance. Short-staffing creates

49.84% work in other fields

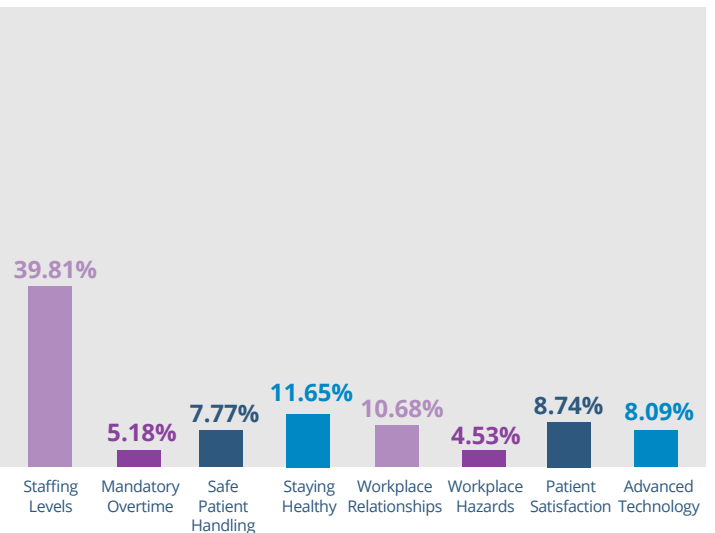


50.16% work as traditional floor nurses.

Career satisfaction for RNs



Biggest workplace challenge for RNs



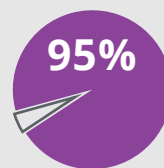
“Management has no idea whatsoever of the roles, responsibilities and capabilities of their nursing staff.”

a chain reaction, which for many of our respondents means mandatory overtime; this finding partially contradicts the popular notion that nursing is a career with enormous flexibility. Another contributing factor is the stringent legislation covering patient documentation. Nurses today cite charting as a significant time-drain, and on an understaffed floor, extra documentation is a big problem.

The shortage of qualified nurses in the job market is undoubtedly a factor in staffing problems, but there may be other industry trends in play. According to many of the RNs who contributed to this research, upper management in healthcare is often out of touch. Respondents frequently complain that healthcare is profit-driven, operating as a business rather than a solution, and that consequently, nurses pay a price. It doesn't help that the whims of insurance companies often dictate standards of care. Many nurses feel that management is too distanced from day-to-day nursing to effectively direct it, perhaps because decision-makers are focused on end goals other than the patient's best interest. One frustrated respondent wrote that “management has no idea whatsoever of the roles, responsibilities and capabilities of their nursing staff.”

Another recurring sentiment is one that indirectly supports the IOM's call for all RNs to hold a bachelor's degree. Of these RNs, 51% hold a BSN, another 19% hold the master of science in nursing (MSN), and the rest hold 2-year degrees. When these nurses were asked what they'd have preferred to have known earlier in their careers, many stated that they'd have pursued advanced education sooner rather than later, as immediately earning a bachelor's leads to better career mobility. In another camp, some RNs advocate earning specialty certification or a master's degree for the same reason. It may be of special interest to today's younger nurses that their colleagues in the trenches support advanced education.

Despite these challenges, RNs are overwhelmingly satisfied with their career. Of all survey respondents in this subgroup, 95% of them report job satisfaction on a



of RNs report job satisfaction on a daily, frequent, or occasional basis.

daily, frequent, or occasional basis. Of these, 63% cite their ability to help patients as their favorite part of the job. One respondent spoke for many when she said, “I love my patients. Some are so afraid...if I can give them relief with understanding their illness and how to manage home care, it is outstandingly [sic] the best reward.”

Advanced Practice Registered Nurse

Advanced practice registered nursing (APRN) credentials indicate that a nurse has had specialized postgraduate training through an MSN or a doctor of nursing practice (DNP) degree. In addition to the requisite graduate studies, aspiring APRNs must have passed the NCLEX-RN and hold current state licensure

to qualify for these advanced credentials. APRN licensure is the highest level of certification available to nurses, qualifying them to perform many of the same tasks as physicians. APRN credentialing can take several forms, each of which is dedicated to a specific patient population or medical specialty. Registered nurses who aspire to APRN status may elect to pursue the following certifications:

NURSE PRACTITIONER (NP)

Nurse practitioners are trained to practice independently of physician supervision, commonly assuming the role of primary care provider in certain settings. NPs assess their patients, order and interpret diagnostic testing, prescribe medication, and monitor their patients' progress with acute or chronic illnesses. A key distinction between these professionals and

physicians is that the NP focuses heavily on patient education and illness prevention. **Nurse practitioner training requires a minimum of an MSN, and in some states doctoral level education is required.** The speciality focuses on pediatric, family practice, women's health, internal medicine, gerontology, or mental health.

CLINICAL NURSE SPECIALIST (CNS)

These nurses are highly trained in a specialty area of practice. These specialties may be organized around certain patient populations, such as pediatrics or women's health; levels of care that require specialized

training, like rehabilitation facilities; a disease or treatment specialty, such as oncology; or a specific health issue like pain management or wound care.

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

Much like nurse practitioners, CRNAs are qualified to perform the role of a traditional medical doctor in a setting that requires anesthesia or pain management. In many parts of the United States, especially rural areas, CRNAs perform all pain management

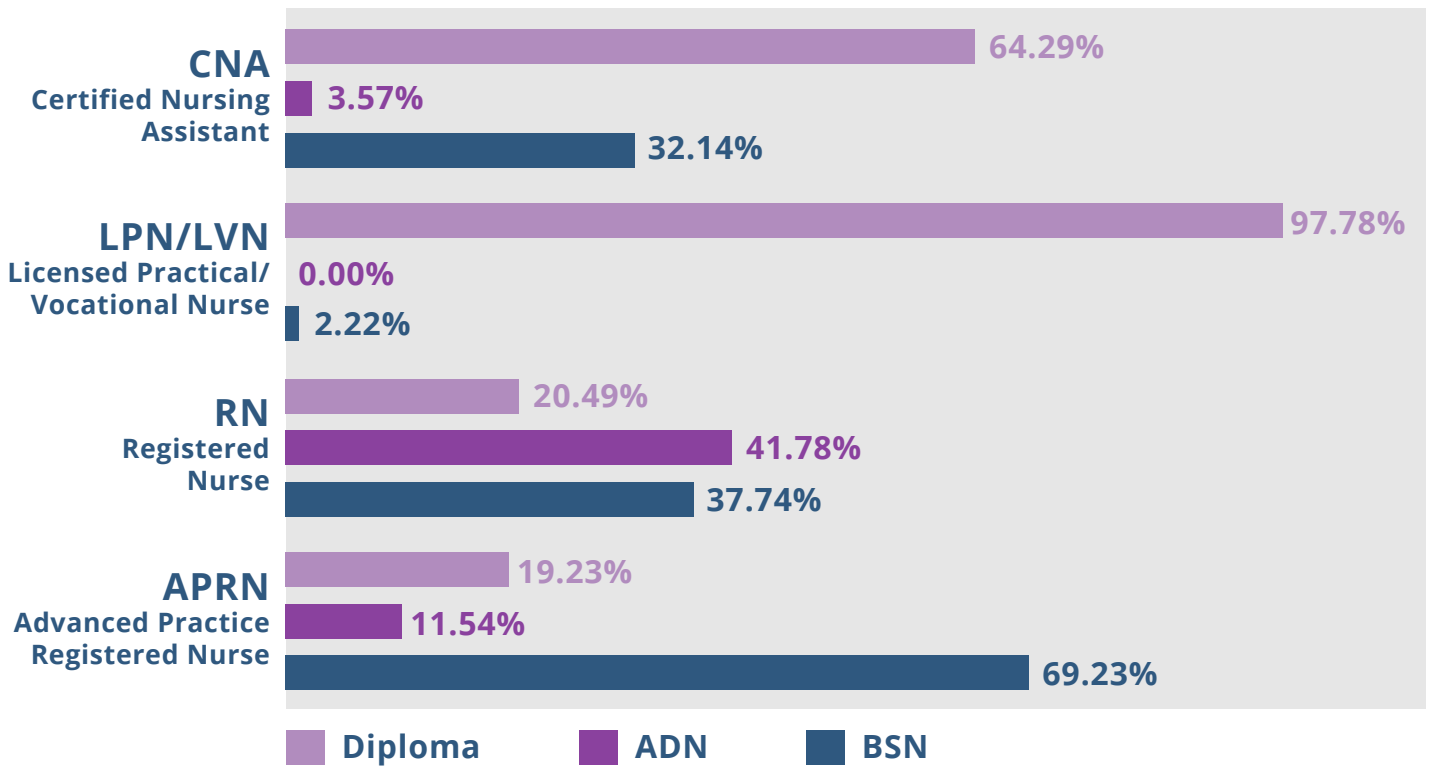
procedures. They commonly administer pain control during and after surgical procedures, during childbirth, or manage short-term acute pain issues from injury or illness.

CERTIFIED NURSE MIDWIFE (CNM)

This specialty certification qualifies RNs to treat patients across the spectrum of women's health, from standard gynecologic care to family planning, pregnancy, labor and delivery, and newborn care.

Because these nurses are also licensed to practice independently, many work in women's health centers or birthing centers.

When you first pursued nursing, what educational path did you take?



Educational data for this group of nurses reveals a different approach to higher education, and only partly because an advanced degree is required for APRN licensure. Almost three-fourths of our APRN respondents hold an MSN, and the rest hold a doctoral degree. In a notable departure from their peers, these APRNs were far more likely to have earned a bachelor's degree when they first entered the field. Conversely, respondents with CNA, LPN, or RN licensure nearly always began their career with a diploma or 2-year degree, completing the bachelor's degree later.

While it's impossible to know what drove these APRNs to choose a baccalaureate degree over a two-year program early in their careers, we can speculate: potential motivating factors include socioeconomic status, personal ambition, faith in the value of higher education, or aspiration to a particular role. Regardless of the impetus, this group of nurses is heavily invested in education.

Advanced practice nurses are compensated well for their additional training and education: more than half of the APRNs who answered our questionnaire reported incomes exceeding \$40 per hour. Most of them feel satisfied with their income: 47% are

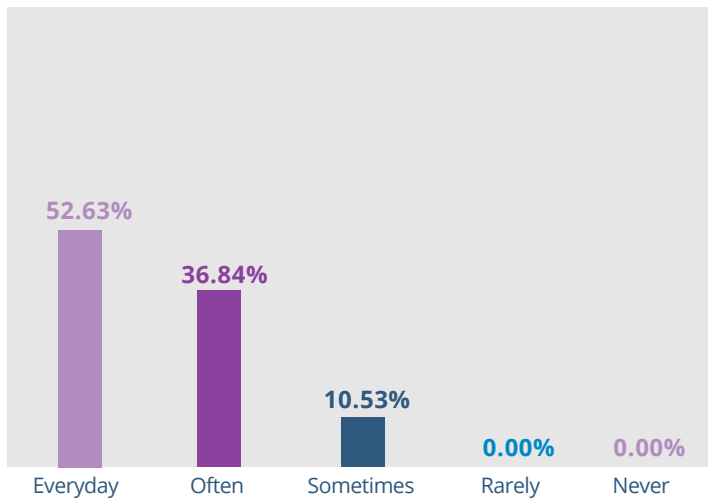


More than 50% of the APRNs who answered our survey reported incomes exceeding **\$40/hr.**

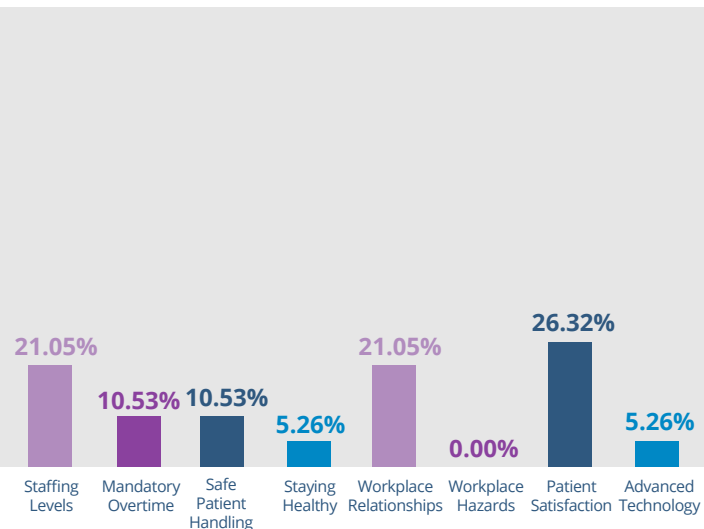
'very' satisfied, 10% 'extremely' satisfied, and 10% 'moderately' satisfied. Only two respondents expressed total dissatisfaction with their pay.

These nurses also differ from their colleagues in the hurdles they face in the workplace. For example, CNAs, LPNs, and RNs all list staffing problems foremost among daily challenges. Overall, staffing is the most-often cited concern for APRNs, though many list it as a secondary matter. Instead, APRN respondents report that patient satisfaction is their first concern. This switch in priorities may be indicative of the differences in the jobs commonly held by APRNs. Many of these nurses occupy management roles, so these findings may speak to their accountability for patient satisfaction scores. Similarly, more APRNs than not list workplace relationships as a primary challenge, which could indicate particular stresses tied to leadership positions.

Career satisfaction for APRNs



Biggest workplace challenge for APRNs



Challenges aside, the APRNs who responded to this survey are **happier** in their careers than respondents who hold other credentials.

Challenges aside, the APRNs who responded to this survey are happier in their careers than respondents who hold other credentials. More than half claim to love their jobs every day; 37% enjoy their jobs often,

and only 11% sometimes. No APRN respondents report on-the-job dissatisfaction. As with every other subgroup of nurses we spoke to, APRNs list their ability to help patients as the best part of their jobs.



NURSING LICENSURE HIGHLIGHTS

- Many nurses across all licensures report feeling stereotyped in the workplace; the perception that their roles are menial, unqualified ones is almost universal. LPNs in particular express frustration with a lack of respect.
- Among the duties that add difficulty to day-to-day nursing, increased charting is commonly mentioned. Ever-tighter regulations around patient documentation translate to more headaches for all nurses.
- Many nurses, and our respondent RNs in particular, share the belief that decision-making in healthcare is focused on profits more than patients. In their view, this leads to poor management and ultimately reduced quality of care.
- APRNs are more likely to focus their attention on patient satisfaction than nurses with other credentials, which could be because these nurses are more likely to hold supervisory positions and are therefore distanced from the obstacles their colleagues face.
- CNAs are more likely to feel dissatisfied with their pay, but are also more likely to experience frequent on-the-job satisfaction.
- The educational path for APRNs nearly always begins with a bachelor's degree; a 2-year degree usually kick-starts the careers of CNAs, LPNs and RNs.
- In spite of the challenges these nurses face, most are content with their career choices. Forty-four percent report frequent satisfaction, and 31% are happy in their careers every single day.

Nursing Trends by Age and Gender

While the ages and stages of a nurse's career are best interpreted through the lens of professional development, there is still value in understanding the common experiences facing nurses from different age groups. Gender disparity is also significant, as female nurses outnumber their male counterparts nine to

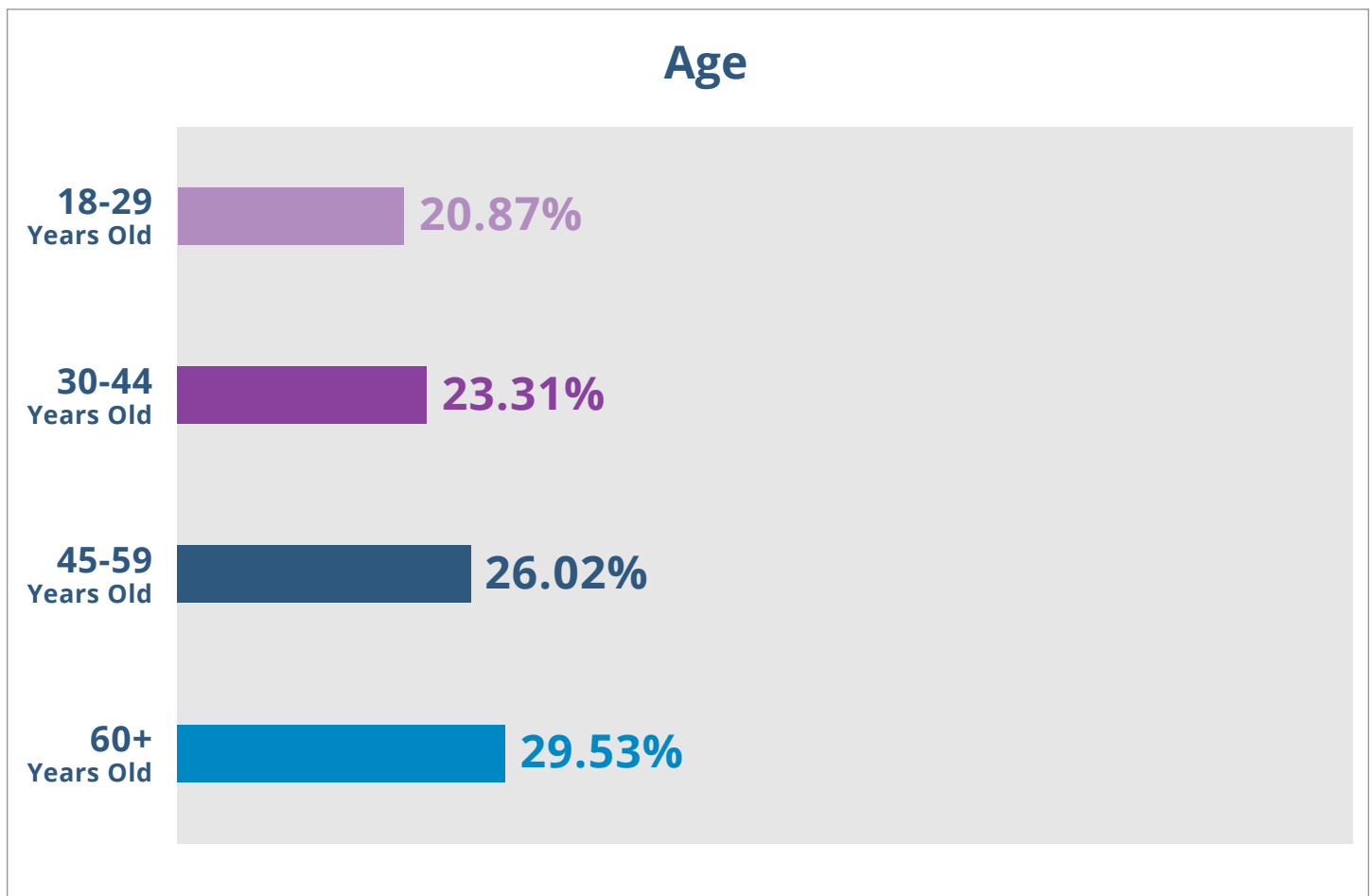
one. For aspiring nurses of any age or sex, examining their peers' shared experiences could inform their expectations for the future. Below, we've extrapolated data from our nursing survey and grouped the results by age and gender.



29.53% of the nurses that responded to this survey are over **60 years old.**



Female nurses outnumber their male counterparts **9-1.**



Ages 18-29



Of all respondents, nurses in this age bracket were most likely to have pursued a **4-year degree** before entering the profession.

The youngest group of nurses we surveyed were 18 to 29 years old. Of all respondents, nurses in this age bracket were most likely to have pursued a 4-year degree before entering the profession. More than half completed the BSN the first time they attended school, versus 19% who earned an associate degree and 22% a diploma. The RN is easily the most common licensure at this age, though it's worth noting that there are more CNAs and LPNs in this bracket than among nurses in any other age group. Some of these nurses have returned to school to earn advanced degrees and enhance their career prospects.

Reported income in this age group spans all wage brackets, though most of these nurses earn between \$25 and \$35 per hour. Regardless of income, nurses at this age are usually content with their compensation,

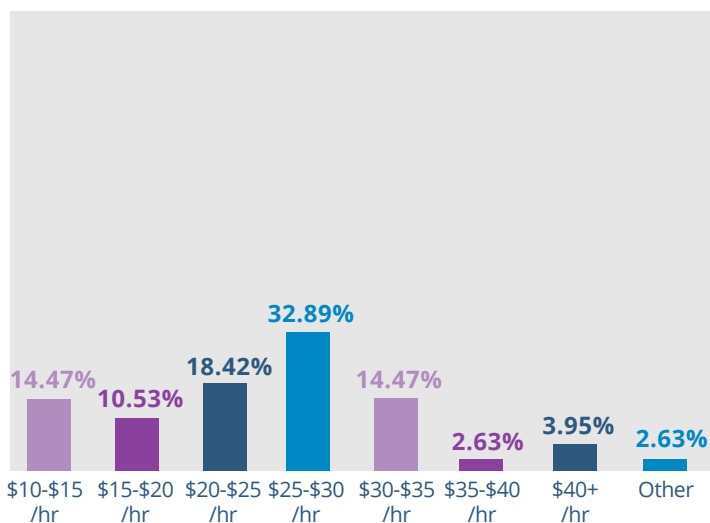
This age group is **strongly** in support of the IOM's proposal, which correlates with this demographic's general acceptance of the BSN as a career entry point.

and only 13% express dissatisfaction with pay. These nurses are equally happy in their jobs, as 76% claim daily or frequent job satisfaction. As a whole, this age group is strongly in support of the IOM's proposal, which correlates with this demographic's general acceptance of the BSN as a career entry point.

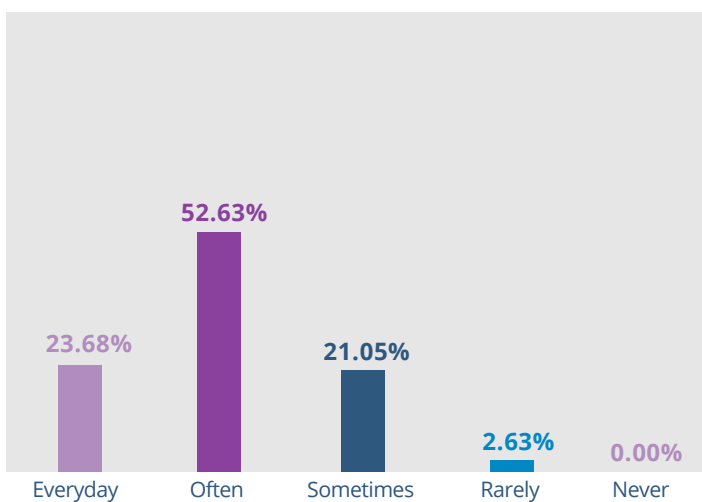


Reported income in this age group spans all wage brackets, though most of these nurses earn between **\$25-\$35/hr.** Nurses at this age are usually content with their compensation.

Income level for 18-29 year old nurses



Career satisfaction for 18-29 year old nurses



Ages 30-44



Has the highest percentage of **APRN credentials** among all age brackets.

According to our survey, nurses ages 30 to 44 were most likely to have earned an associate degree prior to licensure. Almost half initially completed the ADN, while 16% earned a nursing diploma and 37% the BSN. More nurses aged 30-44 began their careers with the ADN than did any other age group, which could illustrate the educational options that were available when they first became adults. Many of these nurses have returned to school; ultimately, 35% hold the BSN, 23% the MSN, and 2% have a doctoral degree. As with all age brackets we examined, most nurses hold the RN, but this age group also boasts the highest percentage of APRN credentials among all age brackets.

Reported incomes in this group are commensurate with high education, and skews heavily towards \$30 per hour and up. These nurses express nearly identical income satisfaction percentages as the 18-29 age group. Likewise, they are extremely happy in their jobs: 93% of them report that they are sometimes, often, or always satisfied in their careers.

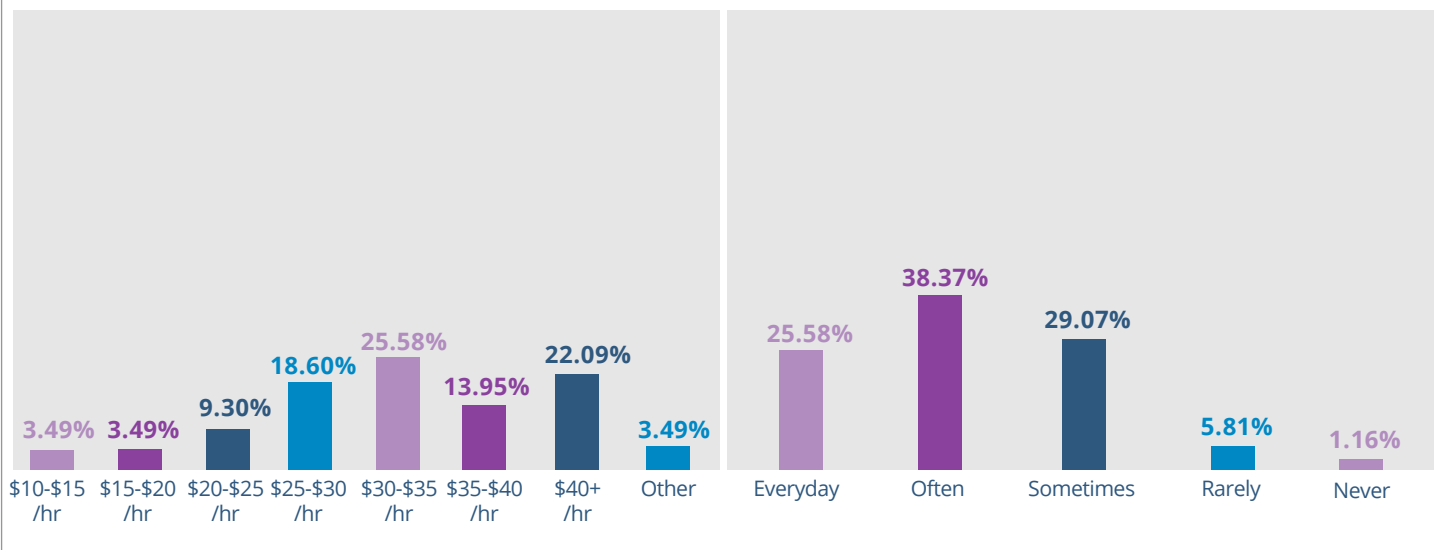
Survey respondents in this age group clearly value higher education, and many of them wrote that if they had the chance to do it over again, they would have pursued more education at an earlier point in their careers. But when asked whether BSNs are necessary for RN licensure, opinions were evenly divided. Those who disagree claim that BSN programs cannot match the clinical preparation delivered by an ADN program. Those who support the IOM proposal acknowledge that the BSN is oriented toward management roles, but believe that widespread changes in the healthcare industry create space for BSN-prepared RNs.



Reported incomes in this group are commensurate with high education, and skews heavily towards **\$30/hr** and up. These nurses express nearly identical income satisfaction percentages as the 18-29 age group.

Income level for 30-44 year old nurses

Career satisfaction for 30-44 year old nurses



Ages 45-59



This age group is vocal in their **disagreement** with the IOM proposal.

Among nurses aged 45-59, two-thirds of them began their careers in a two-year program, while a third earned the BSN prior to licensure. Ultimately, a small percentage of these respondents pursued further education; less than half hold a BSN, 19% an MSN, and only 1% a doctoral degree. Respondents aged 45-59 also report the smallest percentages of postgraduate degrees of any age group, the highest percentages of RNs, and the fewest APRNs. This is in direct contrast to nurses we surveyed who are both younger and older. The reasons for this downward trend are murky, but most respondents did not feel urged to go back to school.

The majority of respondents earned at least \$30 per hour, with nearly a third making \$40 per hour or more. Experience and education level are the two biggest factors behind the high salaries among this demographic. These nurses are content with their

“Please do not put us out to pasture. Some of us can work circles around some of these BSNs!”

pay: 76% are ‘moderately’ or ‘very’ satisfied. They are equally happy in their jobs on a daily basis, and only 3% cite dissatisfaction with their career choices.

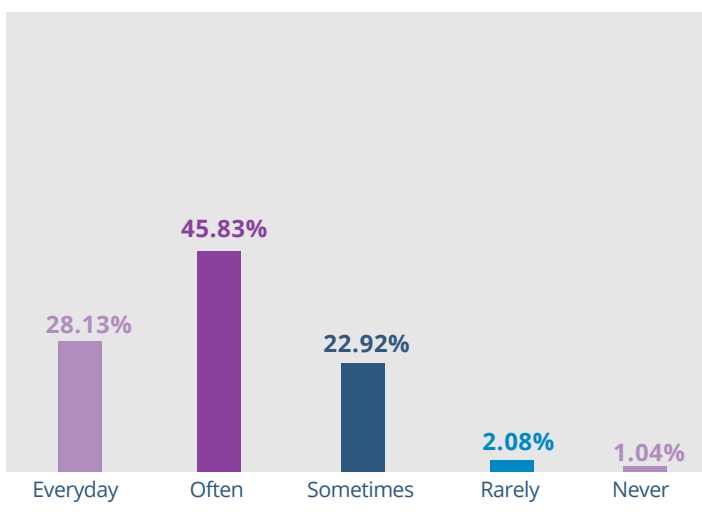
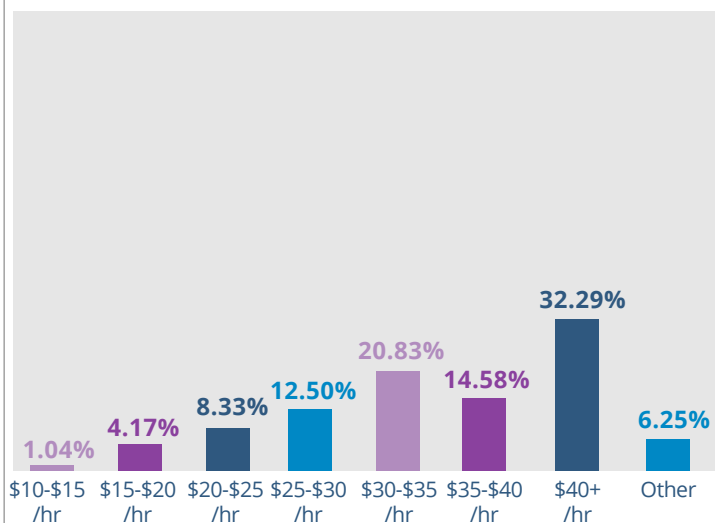
This age group is somewhat vocal in their disagreement with the IOM proposal, which could be expected given the group’s educational trends. Those who do hold a BSN allow that the degree delivers an understanding of nursing science and better-developed critical thinking ability, but they don’t agree that those skills are a requirement for floor nurses. “Every nursing function does not require a higher level nursing licensure,” said one. She added: “there are plenty of ‘Old School’ RNs who have years of experience and are still valuable resources in the healthcare field. Please do not put us out to pasture. Some of us can work circles around some of these BSNs!”



76% are ‘moderately’ or ‘very’ satisfied. The majority of respondents earned at least **\$30/hr**, with nearly a **1/3** making **\$40/hr** or more.

Income level for 45-59 year old nurses

Career satisfaction for 45-59 year old nurses



Ages 60 and over

Nurses in this group were far more likely to have returned to school.



29% hold the MSN



4% hold a doctorate

Of all the nurses who responded to our survey, the largest group was 60 years old and older. This group of respondents most often began their nursing journey in a hospital diploma program, which reflects the options that were available to these nurses early in their career. Nurses in this group were far more likely to have returned to school; 29% hold the MSN and 4% hold a doctorate, both representing the largest percentages among all age groups.

Most nurses in this group earn \$40 or more per hour, and significantly higher pay is not uncommon. These nurses are usually content with their wages; only 9% feel that they aren't compensated fairly. This age group enjoys the most job satisfaction of all ages surveyed, with 85% claiming daily or frequent happiness in their jobs.

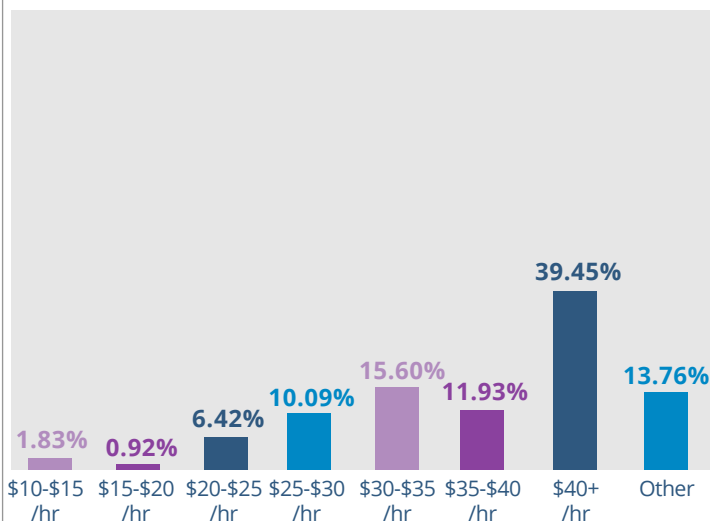


Most nurses in this group earn **\$40+/hr**, and significantly higher pay is not uncommon.

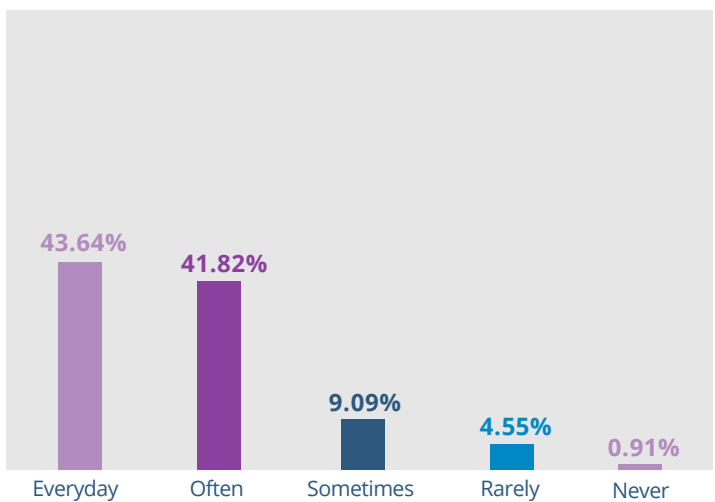
When asked what they would rather have changed about their career trajectory, 21% stated that they would have pursued further education earlier than they did. This group is also most strongly in favor of the IOM proposal: "The field of nursing is changing. When my Grand Aunt was a nurse in the early 1900's she had one patient, sat by the bed and mostly did the work of what we have nurse's aides do today," explained one respondent. Citing the range of treatments RNs administer and their responsibility for their patients, she argues for broad-based education to meet these needs.

In a stark departure from their colleagues in other age brackets, 43% of respondents report employment in non-traditional nursing positions. Examples of current jobs include school nurse, campus nurse, health insurance consultant, private contractor, case manager, public health officer, researcher, and educator.

Income level for 60+ year old nurses



Career satisfaction for 60+ year old nurses



Male and Female Nursing Experiences



10% of the nurses in this survey were men. These numbers align perfectly with U.S. census data.

Of the nurses who participated in our online survey, roughly 10% were men. Fortunately, these numbers align perfectly with U.S. [census](#) data on the field of nursing; though our sample size of respondents is small, it can be considered an accurate reflection of the gender breakdown in the industry.

The wage gap is well-documented among all sectors of the U.S. economy, and according to our survey, it appears in nursing as well. Women reported wages across a range of income brackets, mostly clustering in the middle tiers between \$25-\$40 per hour. Male incomes, however, cluster at the high end of the scale, mostly in the \$40+ tier. Looking at the top tier alone,

25% of female nurses report pay in excess of \$40 per hour, while 30% of their male counterparts are in the same range.

Women respondents reported higher income satisfaction than men. Taking into account that income satisfaction was measured independently, we can look to other variables to predict the reasons for this twist. For example, a greater percentage of males hold APRN credentialing than do their female colleagues; therefore, we could speculate that males' dissatisfaction with pay could be related to roles commonly associated with APRN status.

Men and women also reported some difference in



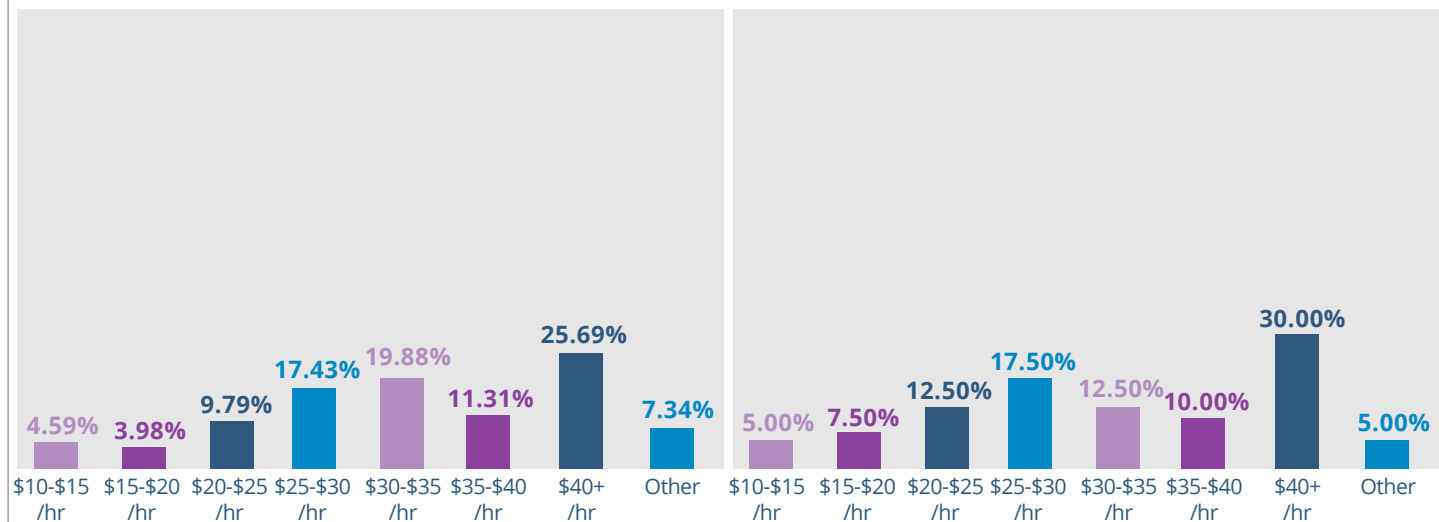
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Income level for female nurses

Income level for male nurses



workplace relationships. When asked to identify incidences of stereotyping, women were more likely to report that they're treated as though they're "airheaded" or "dumb." Men, on the other hand, were much more likely to perceive that colleagues viewed

them as "unqualified." While these difference may be a matter of semantics, there appears to be some sexist stereotyping present in the workplace.



Women were more likely to report **"airhead"** or **"dumb"** stereotypes.

Men were more likely to report **"unqualified"** stereotypes.



AGE AND GENDER HIGHLIGHTS

- The younger our respondents were, the more likely they were to have begun their schooling with a 4-year degree; more experienced nurses were more likely to have earned a diploma or associate degree at entry into the profession.
- Nurses who hold CNA or LPN licensure are more likely to fall into the youngest age bracket. Fewer CNAs and LPNs are seen in older brackets as these nurses return to school and earn additional credentials later in their careers.
- Opinions of the IOM call to action differed sharply when split by age groups. Younger nurses are strongly in support of the IOM call to action; nurses aged 30-44 are evenly divided on the issue; ages 45 to 59 are mostly against a BSN requirement; and nurses aged 60 and over are the most strongly in favor.
- MSN degrees and APRN certifications are more likely to be found in the 30-44 age group than in any other.
- Of all ages we surveyed, respondent nurses aged 45-59 were the least likely to have returned to school for additional education. This age group is also least likely to have earned postgraduate degrees or APRN credentials.
- Nurses older than 60 were much more likely to be employed in non-traditional roles like that of health insurance consultant or public health officer.
- Overall, male nurses who responded to our survey report slightly higher wages than their female colleagues.



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