2024

Nurse Salary and Work-Life Report

Nurse.com

Contents

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Nurses are **evolving** professionally

The nursing profession is in a constant state of change, and nurses like you want to know trends in pay, staffing, technology, workplace settings, and wellness options. As the profession continues to evolve in the aftermath of the pandemic, Nurse.com's *2024 Nurse Salary and Work-Life Report* provides insight into the current state of nurse salaries and career options. Conducted every two years, our survey identifies nurses' priorities, challenges, and aspirations for the future.

This year's report includes opinions and data from 3,600 nurses surveyed nationwide in September and October 2023. Respondents include registered nurses (RNs), advanced practice registered nurses/advanced registered nurse practitioners (APRNs/ARNPs), and licensed practical/vocational nurses (LPNs/LVNs). Designed to serve the nurse community, this report shares the latest findings and insights that will spark ideas for moving your nursing career forward and making your work life healthier and more sustainable.

Currently, the national RN turnover rate is 22.5%[1], and the vacancy rate is 15.7%. Therefore, it is vital to improve the professional and personal fulfillment that nurses get from their careers and strengthen the profession's appeal to encourage new nurses to join the community.

In terms of pay, the Nurse.com survey found that nurse salaries increased for most license types, although not by a high percentage. This could explain why regular merit increases remain a top priority for nurses and why nurses have become more proactive in negotiating pay, according to our survey. Nurses also plan to pursue more education and certification to expand their job options.

But compensation alone is not enough to encourage nurses to stay in their jobs. Almost one-quarter of survey respondents said they are considering leaving the profession. This is why our survey also covered how nurses feel about the benefits they receive and what their educational goals are.

For the first time, our salary survey also asked nurses about their experiences with workplace violence and how their jobs affect their mental health and wellness. Unfortunately, we found that 64% of nurse respondents had been subjected to verbal abuse, and 39% had been intimidated by a patient or family member. And many said they would benefit from a stronger focus by employers on nurses' physical and mental health.

Our nurse salary report also provides valuable insights into factors — such as nurse burnout — that contribute to survey respondents' overall job satisfaction and the outlook for the nursing profession.

How nurses can use this report as a career resource

The Nurse.com *2024 Nurse Salary and Work-Life Report* allows you to use a data-driven approach to put yourself in the best possible position to take advantage of available opportunities and advance your nurse career. You can use the information in this report to:

- Compare your salary and benefits to your peers and determine if you are being compensated fairly.
- Decide when to negotiate compensation at your current job or a future role.
- Determine if your career goals should include pursuing more training, a degree, or certification.
- Identify challenges and shortcomings at your organizations.
- Spark conversations with nursing leaders about workplace challenges and advocate for a safer, healthier workplace for you, your patients, and your nursing colleagues.

Let's review the key findings from our survey. Then we'll take a deeper dive into the important data that nurses shared.

Key findings

1. **RN salaries increased by 2.6%, but APRN salaries dropped 4.4%.**

   The median RN salary reported by survey respondents was $80,000, an increase of $2,000 from our 2022 survey. Median salary for LPNs/LVNs was $58,000, an increase of $10,000 compared with the 2022 survey (about a 21% increase). The median salary for APRNs/ARNPs was $117,300, which is a decrease of $2,700 (about 2%) from the 2022 report. This is possibly due to the younger average age of respondents in this group of nurses.

2. **Nurses across all licensures share the same goal of obtaining additional education. For many nurses, increased education resulted in higher salaries.**

   Education can equip nurses with skills and expertise to advance their careers. It is also an effective way to obtain higher compensation, according to our survey results. Among nurses across all licensures in our survey, 37% said they planned to pursue a degree, 42% of LPNs/LVNs, 51% of RNs, and 68% of APRNs/ARNPs shared that they intend to pursue a certification. Across license types, 40% of nurses who earned certification said it resulted in a salary increase.

3. The gender pay gap for RNs has narrowed but has not disappeared.

The median salary for a male RN is $6,000 higher than the median salary for a female RN (compared with a $14,000 gap in the 2022 survey). Our survey identified some possible explanations for the salary gap, including that male RNs are more likely to work the night shift (which typically offers a higher pay differential) and are more likely to negotiate salary either always or most of the time (40%) compared with female RNs (36%). However, the gap in male-female negotiating tendencies is closing.

4. Nurses across all licensures and age groups said the profession has affected their mental health and wellness. Younger nurses, in particular, are struggling.

Nurses' mental health and how to promote and support their wellness have become key topics of interest over the past few years.[2] In our Nurse.com salary survey, 17% of nurses said that their work had a negative effect on their mental health.

Nurses ages 18 to 34 were more likely to report experiencing burnout, ethical dilemmas and moral injury, and compassion fatigue. They were also more likely to be concerned about nursing's effects on their physical and mental health, compared with older nurses.

In our survey, top-ranked negative factors reported by nurses included dissatisfaction with salary or wage increase policies, lack of responsive leadership, unmanageable nurse-to-patient ratios, and unequal work-life balance.

5. Many nurses have either witnessed or directly experienced workplace violence.

There is growing evidence of the toll that workplace violence is taking on nurses.[3] This is a pressing concern and continues to affect retention, a pressing concern for employers.

In our survey, about 22% of nurses said their organization has either weekly or monthly instances of workplace violence. Almost one-third (31%) of nurses had been subjected to verbal abuse by a colleague. 64% had been subjected to verbal abuse and 23% to physical assault or abuse by a patient or a patient's family member.

Research methodology

We surveyed nurses at all levels and across settings to gather information on compensation, benefits, education, employment characteristics, and professional perspectives. To capture issues of top concern to nurses, we asked questions related to workplace violence and mental health and wellness, which were not included in our previous survey.

The survey questions were developed by nurses and other industry experts at Nurse.com and our parent company, Relias. As an incentive for participation, respondents could opt in to a random drawing to win one of five $150 Amazon gift cards.

In all, 3,662 qualified nurse respondents (margin of error 1.6%) successfully completed the Nurse.com survey, which was fielded from September 13 to October 13, 2023. In comparison, our 2022 survey report had 2,516 qualified nurse respondents.

Demographics

Out of the 3,662 nurse respondents, the median age of nurses surveyed was 47 — considerably younger than the median age of 53 in our 2022 survey report.

License type and setting

A high percentage of respondents were RNs, followed by LPNs/LVNs, and a small percentage of APRNs/ARNPs.

Breakdown by License Type

72%
RN

2,636 Respondents

4%
APRN/ARNP

145 Respondents

24%
LPN/LVN
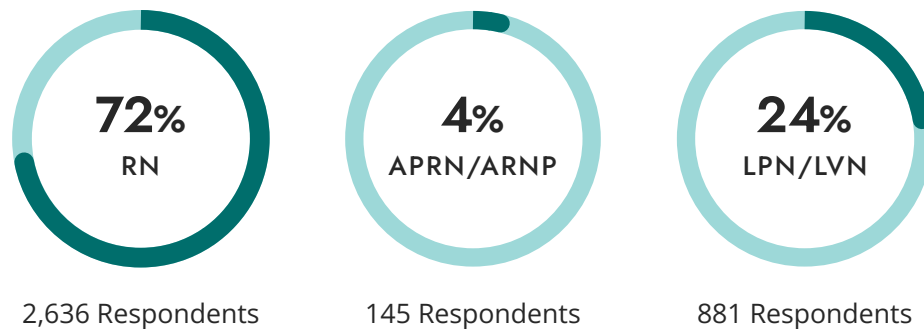
881 Respondents

Discoveries

- In our sample, hospitals employed the largest percentage of respondents across all licensures (29%), followed by long-term care (20%), and ambulatory and outpatient settings (11%).

- The greatest proportion of RNs said they worked at acute care hospitals or inpatient settings (38%), followed by long-term care (14%), and ambulatory and outpatient settings (10%).

- The greatest proportion of APRNs/ARNPs worked at ambulatory and outpatient settings (37%), followed by acute care hospitals (19%). The highest percentage of LPNs/LVNs worked in long-term care (42%), followed by assisted living (13%) and skilled nursing (12%).

- Among APRNs/ARNPs, 85% said that they were nurse practitioners (NPs), 6% were certified registered nurse anesthetists (CRNAs), 6% were clinical nurse specialists (CNSs), and 3% were certified nurse midwives (CNMs).

Age and generation

The median age of survey respondents was 47, down from our 2022 survey. The decline aligns with data from the National Council of State Boards of Nursing, which showed the median age of nurses (RNs and LPNs/LVNs) decreased from 52 to 47 from 2020 to 2022.[4]

Breakdown by Generation

4%
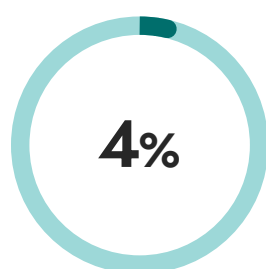
GENERATION Z
149 Respondents
Age 26 or younger

33%
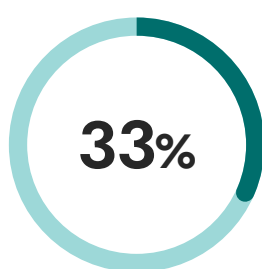
MILLENNIALS
1,218 Respondents
Age 27-42

41%
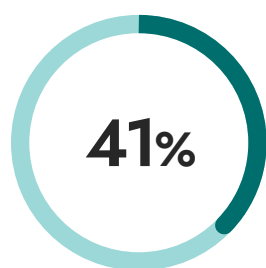
GENERATION X
1,516 Respondents
Age 43-58

21%
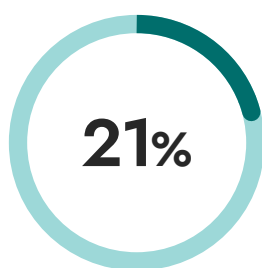
BABY BOOMERS
773 Respondents
Age 59-77

Note: Generational definitions from Pew Research Center.[5] There were six respondents from the Silent Generation (.01%).

Gender

Across all license types, 89% of nurse respondents identified as female, 10% as male, and 0.1% as nonbinary (1% preferred not to answer).

Gender Identification by License Type

	RN	APRN/ARNP	LPN/LVN
Female	89%	83%	90%
Male	10%	16%	9%
Nonbinary	0%	1%	0%

Female
3,266 Respondents

Male
356 Respondents

Nonbinary
7 Respondents
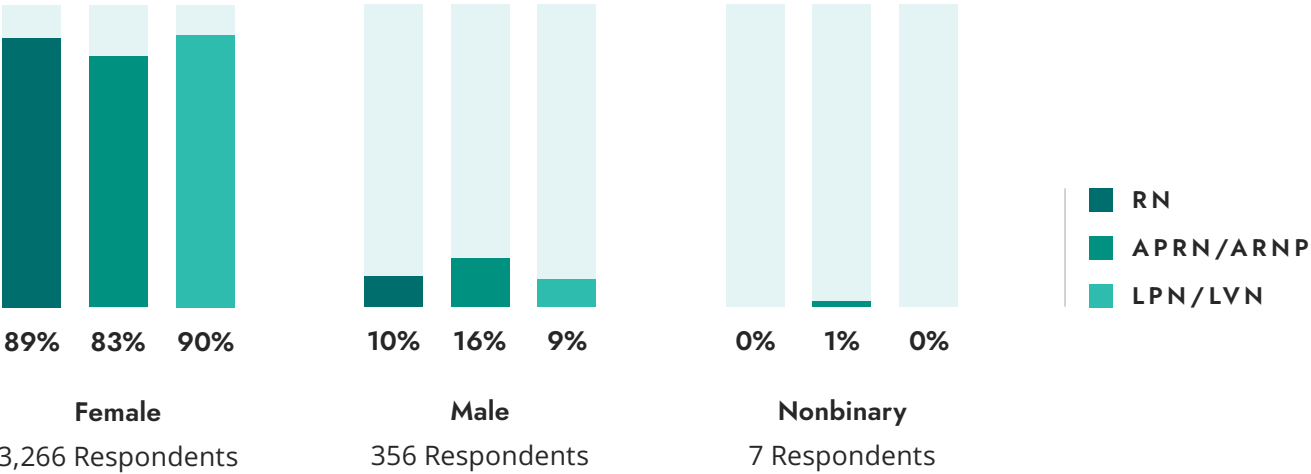
Discoveries

- In our sample, 10% of nurses across all license types identified as male, which is the same as in our 2022 survey.

- The survey findings mostly align with data from the U.S. Bureau of Labor Statistics (BLS) for 2023, which reports the following percentages of nurses identifying as female: 87.4% of RNs, 89.8% of NPs, and 88.7% of LPNs/LVNs. Our data shows 83% female representation for APRNs, which includes NPs. The BLS does not provide data on individuals who identify as male or nonbinary[6].

- In our survey, a higher proportion of male nurses (6%) held an APRN/ARNP license than female nurses (4%).

Race and ethnicity

Participants were asked to identify their racial or ethnic heritage
(or choose not to answer) and were able to mark all that applied.

Race and Ethnicity by License Type

74% **80%** **66%**

White
2,666 Respondents

8% **10%** **18%**

Black or African American
386 Respondents

7% **1%** **8%**

Hispanic, Latinx, or Spanish
259 Respondents

8% **4%** **5%**

Asian
262 Respondents

2% **1%** **2%**

**American Indian
or Alaska Native**
64 Respondents

0% **1%** **1%**

**Native Hawaiian
or other Pacific Islander**
22 Respondents

■ **RN**
■ **APRN/ARNP**
■ **LPN/LVN**

3% **1%** **3%**

Prefer not to answer
123 Respondents
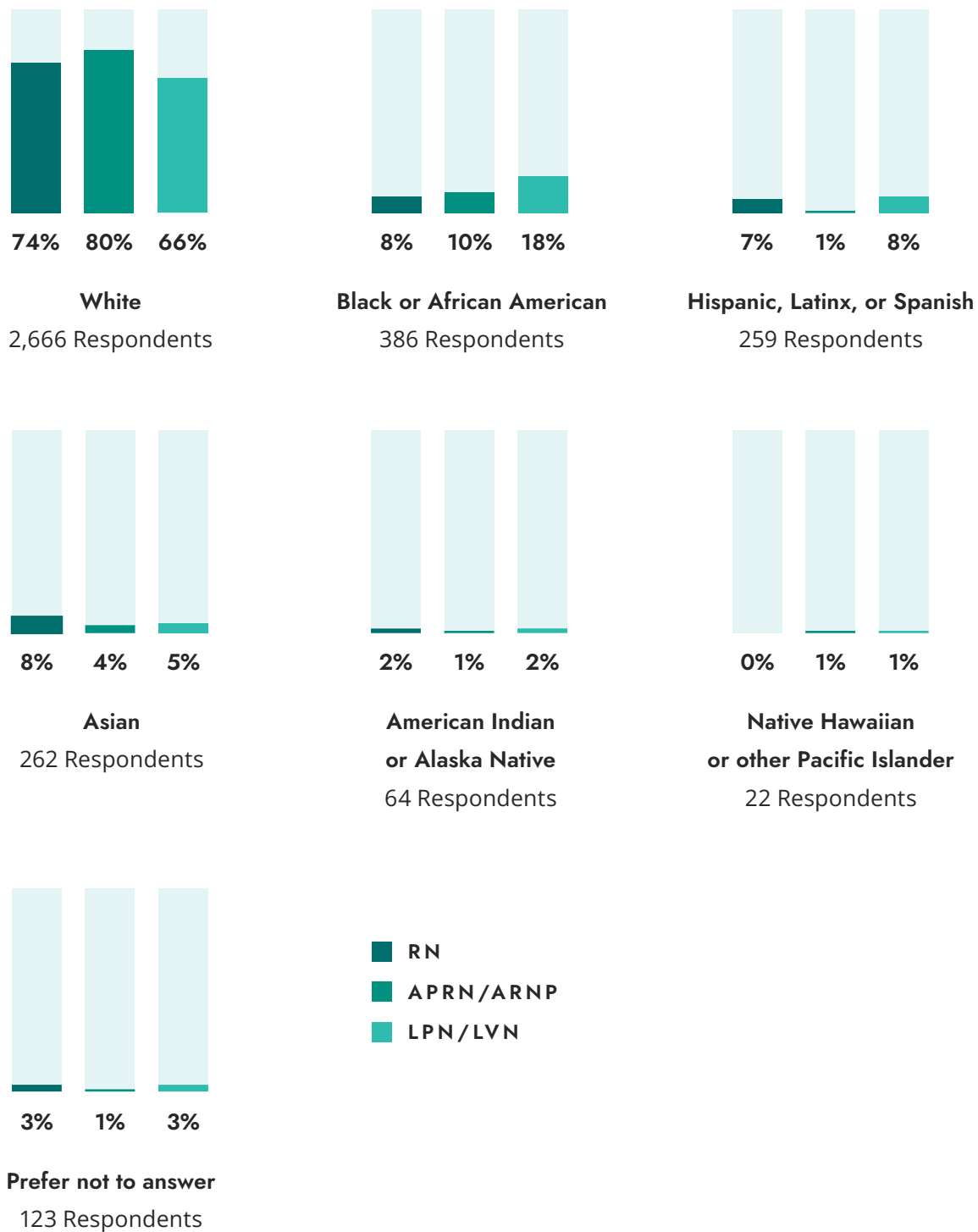
Breakdown of Each License Type by Race/Ethnicity

Our survey also looked at the breakdown of license types within each race and ethnicity category, according to the number of respondents within each category.

RN

64%	American Indian or Alaska Native
81%	Asian
55%	Black or African American
71%	Hispanic, Latinx, or Spanish
50%	Native Hawaiian or other Pacific Islander
74%	White
50%	Other
74%	Prefer not to answer

APRN/ARNP

2%	American Indian or Alaska Native
2%	Asian
4%	Black or African American
1%	Hispanic, Latinx, or Spanish
5%	Native Hawaiian or other Pacific Islander
4%	White
15%	Other
2%	Prefer not to answer

LPN/LVN

34%	American Indian or Alaska Native
16%	Asian
41%	Black or African American
28%	Hispanic, Latinx, or Spanish
45%	Native Hawaiian or other Pacific Islander
22%	White
35%	Other
24%	Prefer not to answer

Discoveries

- A larger percentage of Native Hawaiian or other Pacific Islander (45%) and Black (41%) nurses have LPN/LVN licenses than other racial and ethnic groups.

- The number of nurses across all licensures who identified as white (73%) was similar to U.S. Census data (75.5%).[7]

- Some racial and ethnic groups are underrepresented in our sample compared with their proportion in the U.S. population as a whole, according to the U.S. Census. Nurses who identify as Black or African American consti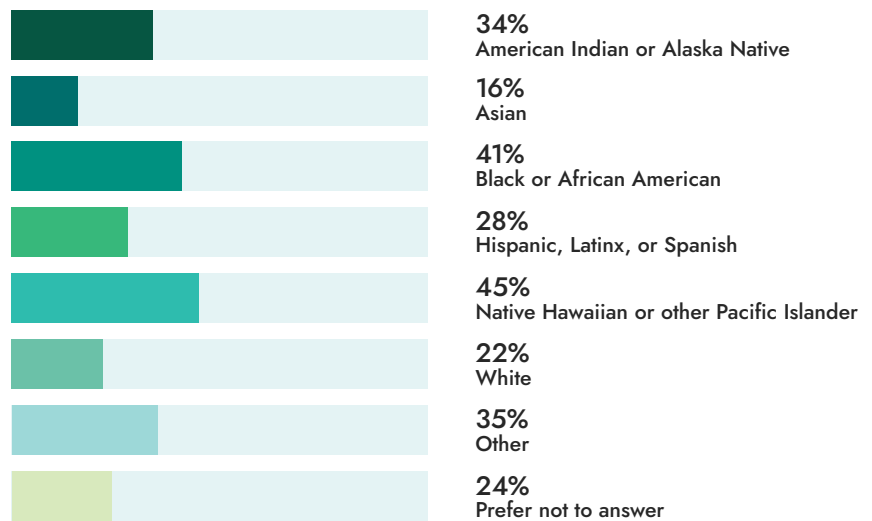tute 11% of our survey respondents, but individuals who identify as Black or African American constitute 13.6% of the U.S. population. Hispanic, Latinx, or Spanish nurses made up 7% of our survey respondents, but individuals who identify as Hispanic or Latino constitute 19.1% of the U.S. population.[7]

- A lower proportion of APRNs/ARNPs identified as Hispanic, Latinx, or Spanish compared with other racial and ethnic groups.

- A lower proportion of male nurses across all licensures (5%) identified as Black or African American, and a higher proportion (12%) of male nurses identified as Asian, compared with the overall sample (10%).

"**Diversity in nursing is essential for cultural competence.** It reflects the mosaic of patients we serve and enhances our collective ability to provide care that respects varied backgrounds.

But the statistics from the *2024 Nurse Salary and Work-Life Report* highlight the **urgent need for balance**. With Black, Hispanic, Latinx, and Spanish nurses underrepresented in our profession, we miss out on essential viewpoints. Encouraging a diverse nursing workforce is essential for a culturally competent healthcare system that serves all communities with understanding and respect. Diversity within nursing is not just a metric to be achieved — it's a **healthcare imperative**."

Alice Benjamin, MSN, ACNS-BC, FNP-C
Chief Nursing Officer Consultant at Nurse.com

Years of nursing experience

For RNs, the median years of experience was 15; for APRNs/ARNPs, 20 years; for LPNs/LVNS, 13 years. Across licensures, nurses have been employed in their current position for a median of three years. RNs reported a median of three years in their current position. LPNs/LVNs and APRNs/ARNPs both reported employment in their current position for a median of four years.

Median Years of Experience in Nursing by Gender

15 — Female Nurses
11 — Male Nurses
6 — Nonbinary Nurses
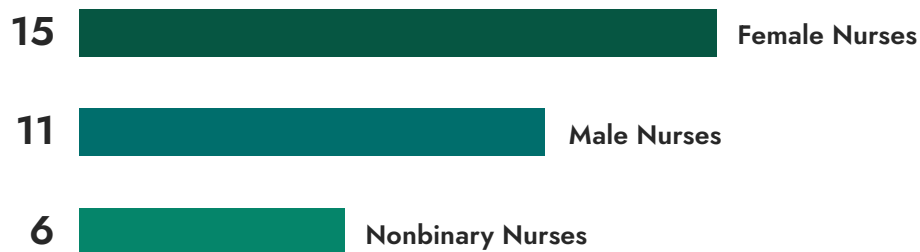
Median Years of Experience in Nursing by Race and Ethnicity

16 — White
13.5 — Native Hawaiian or Other Pacific Islander
13 — Black or African American
12 — Asian
10 — American Indian or Alaska Native
10 — Hispanic, Latinx, or Spanish
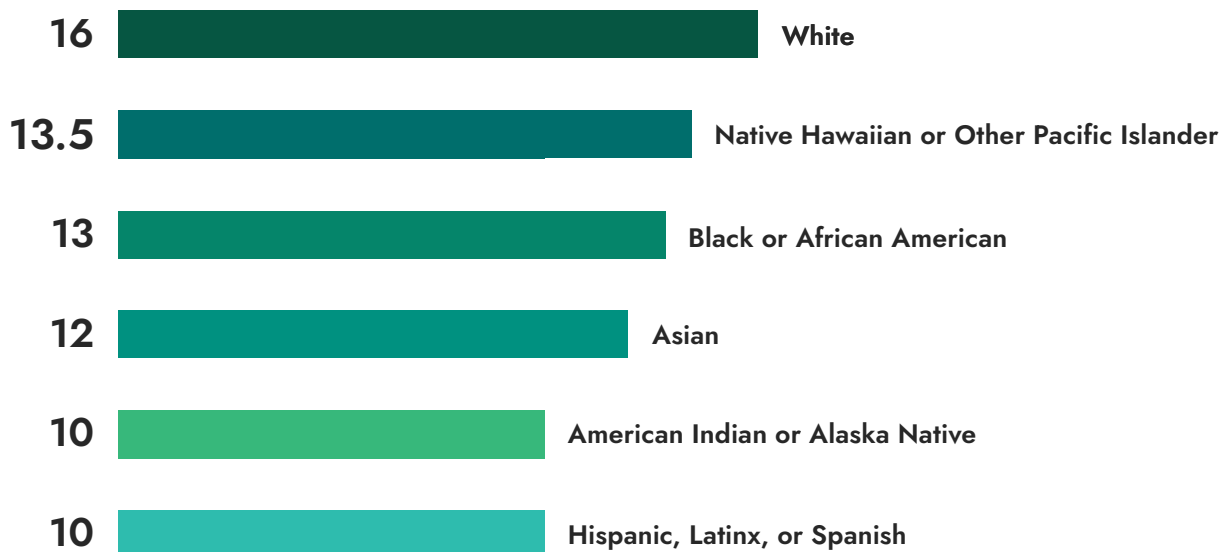
Workplace violence

In our survey, 64% of nurses reported having been subjected to verbal abuse by a patient or family member, and 23% had experienced a physical assault or abuse by a patient or family member.

Nurses Subjected to Workplace Violence

31% **64%**
Verbal abuse

34% **39%**
Intimidation

4% **23%**
Physical assault or abuse

2% **4%**
Sexual assault or abuse

55% **31%**
None of the above

■ By a colleague
■ By a patient or family member
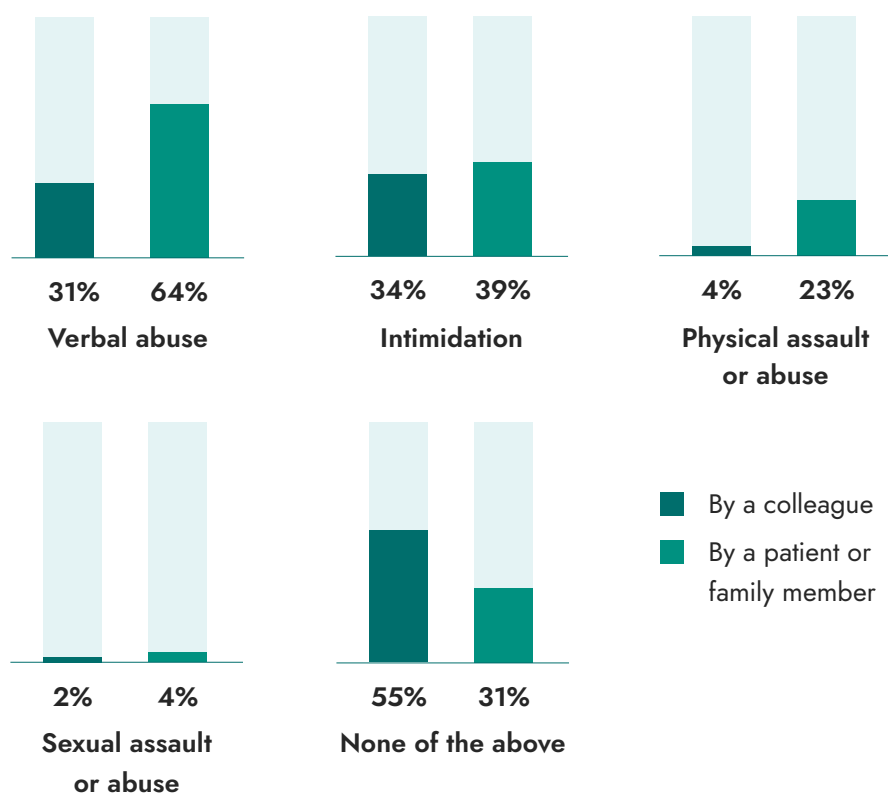
Healthcare professionals are expressing concern that workplace violence is exacerbating the nursing shortage.The Nurse.com sample showed that nurses are frequently subjected to workplace violence, with a varying degree of risk depending on the license, setting, gender, and race/ethnicity.

Nurses were asked how often their organization had instances of workplace violence. The frequency was 12% weekly, 10% monthly, 8% quarterly, and 7% yearly.

Discoveries

- RNs were more likely to report weekly or monthly instances of workplace violence and more likely to have been subjected to verbal abuse or to intimidation by a colleague, patient, or a patient's family member.

- Female nurses were more likely to have been subjected to intimidation by colleagues than male nurses.

- Not surprisingly, nurses in acute care were more likely to report having been subjected to verbal abuse, intimidation, or physical assault or abuse (either by colleagues or by a patient or patient's family member) compared with nurses in other settings.

"**Workplace violence** in any healthcare setting impacts both staff well-being and patient care quality. And when nurses or any healthcare professional faces **risk of physical injuries**, **psychological trauma**, and **job dissatisfaction**, **high turnover rates** and staffing shortages ensue.

This violence generates a **culture of fear** and strains entire healthcare systems by diverting resources away from patient care to address security concerns and staff support."

Cara Lunsford, RN, CPHON
Vice President of Community at Nurse.com

Mental health and wellness challenges

Nurses were asked to identify aspects of their work that positively or negatively affected their mental health and well-being. Although a high percentage of nurses said their work usually had a positive effect on their mental health and well-being, the percentages of nurses whose work had negative effects is concerning.

Despite increased awareness of nurses' mental health challenges, some nurses avoid seeking help due to stigma.[8] In our Nurse.com survey, 19% of nurses said they decided not to seek mental health support because they feared it would negatively impact their career.

How Work Affects Nurses' Mental Health and Well-being

7%

It always has a positive effect.

73%

It usually has a positive effect.

17%

It has a negative effect.

2%

It has no effect.

"It's crucial for nurses to have **access to mental health benefits**. As a pediatric nurse who faced frequent encounters with the untimely death of young patients and their families' grief, being able to speak with a therapist while on duty was vital for preserving my own mental well-being and played a **pivotal role in my effectiveness** as a nurse."

Cat Golden, BSN, RN
Partner at Nurse.com

Top 10 Work Aspects That Positively Affect Mental Health and Well-Being Across All Licensures

- Positive interactions with patients and families
- Good work-life balance
- Strong relationships with colleagues
- Positive patient outcomes
- Effective, supportive leadership
- Helping patients improve their physical health and supporting their wellness
- Competitive salary and wage increases
- Manageable nurse-to-patient ratios or workload
- Good benefits
- A culture of diversity, equity, inclusion, and belonging

71%
67%
64%
63%
59%
59%
56%
50%
50%
42%
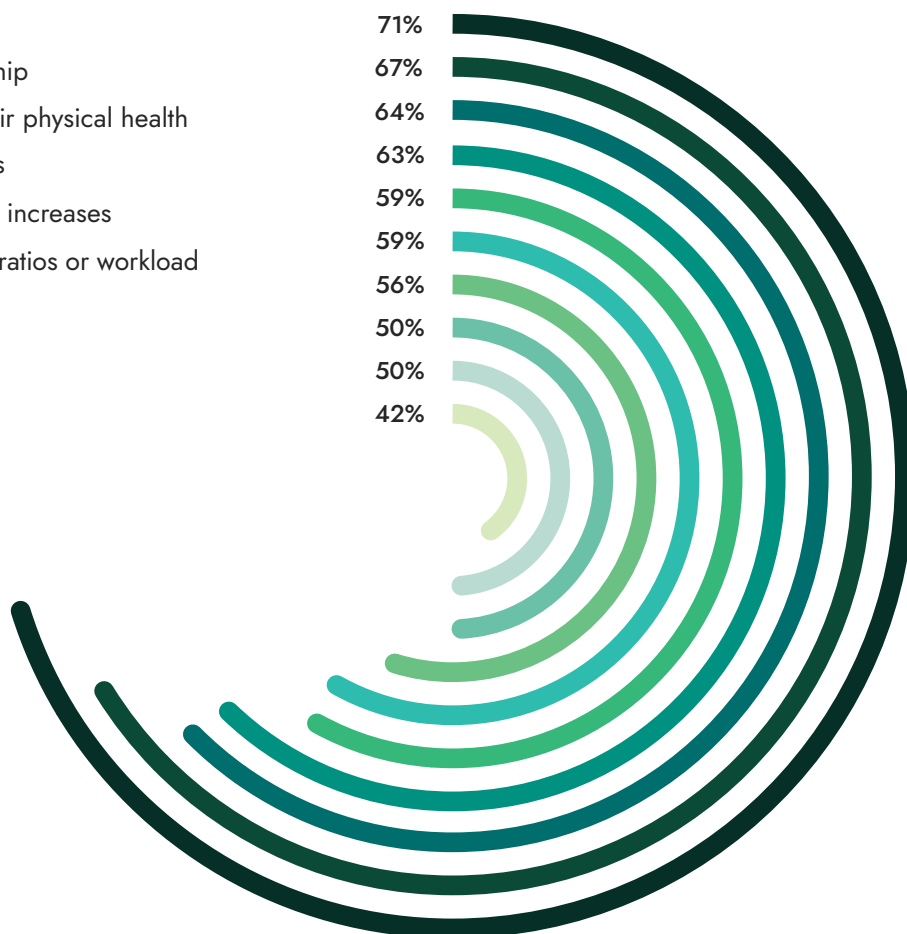
Top 10 Work Aspects
That Negatively Affect
Mental Health and Well-Being

- Dissatisfaction with salary or wage increase policies
- Lack of responsive leadership
- Unequal work-life balance
- Not being heard
- Unmanageable nurse-to-patient ratios
- Documentation workload
- Consistently unable to take regular breaks
- Negative interactions with patients and families
- Dissatisfaction with benefits
- Not being given an opportunity to provide input or feedback

63%
60%
54%
54%
54%
52%
49%
47%
31%
30%
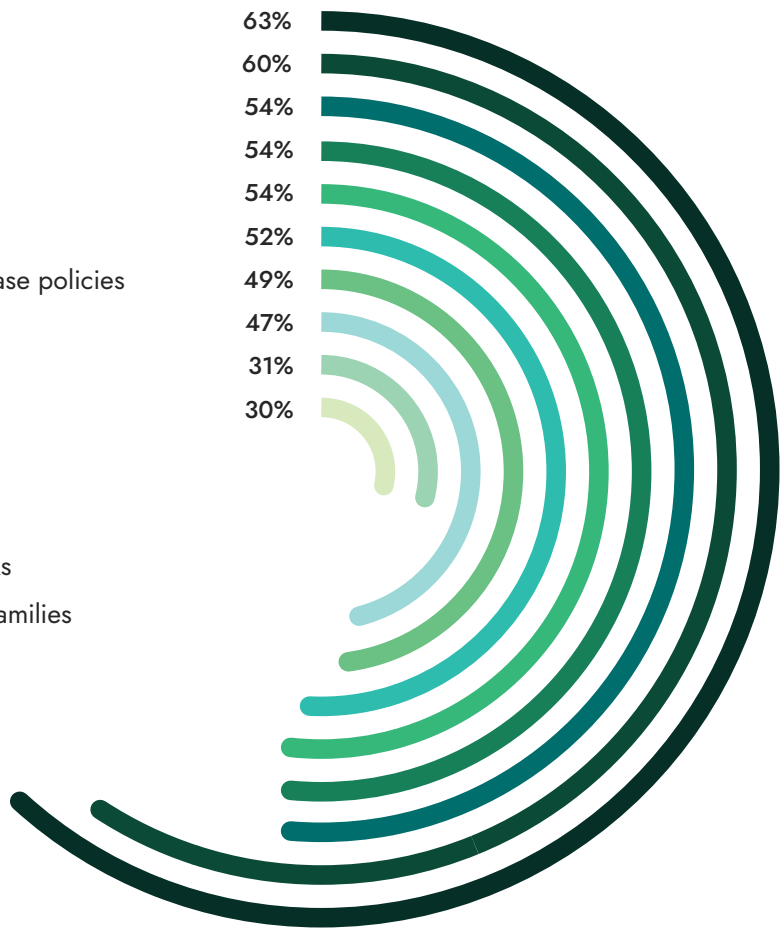
Top 5 Aspects
That Negatively Affect RNs

62%
Dissatisfaction with salary or wage increase policies

60%
Lack of responsive leadership

53%
Unmanageable nurse-to-patient ratios

53%
Unequal work-life balance

52%
Not being heard
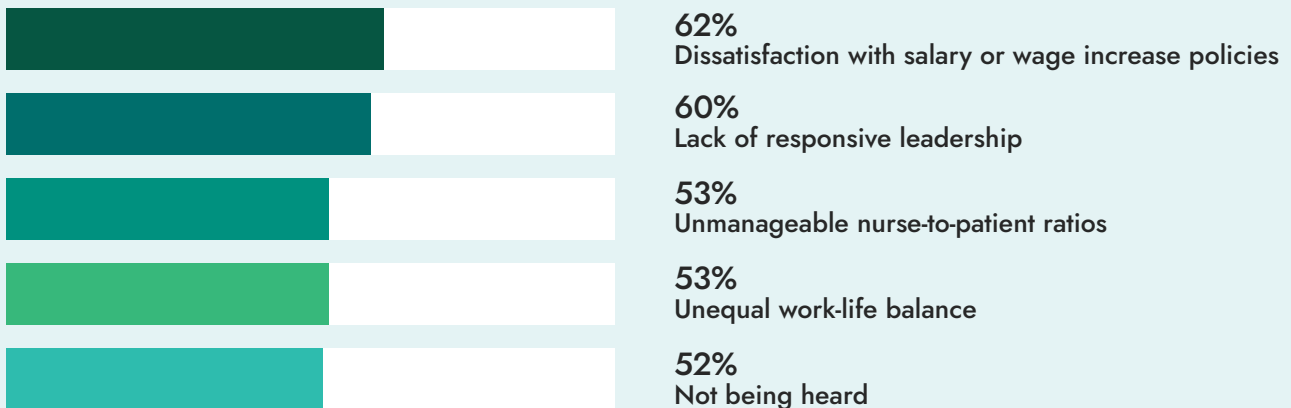
Aspects Nurses Have Experienced in the Past Two Years

- ■ Feeling overwhelmed
- ■ Burnout
- ■ Prolonged stress
- ■ Worry about your job's effect on your physical health
- ■ Worry about your job's effect on your mental health
- ■ Compassion fatigue
- ■ Depression
- ■ Feeling isolated on the job
- ■ Alarm fatigue
- ■ Ethical dilemmas/moral injury

68%   59%   54%   49%   48%   47%   34%   28%   27%   24%
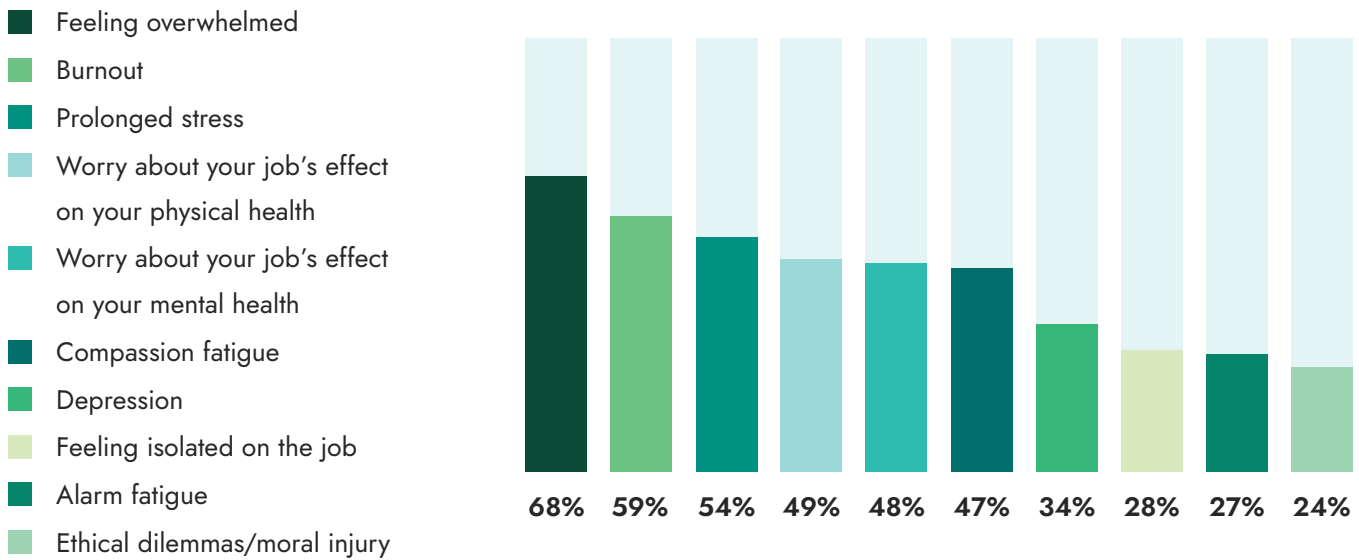
Discoveries

- Nurses who work in acute care (23%) and ambulatory settings (15%) are more likely to say that work has a negative effect on their mental health and well-being.

- Female nurses ranked dissatisfaction with salary or wage increase policies (62%), lack of responsive leadership (60%), and witnessing or directly experiencing workplace violence (55%) on the list of aspects that negatively affect their mental health and well-being.

- Nurses who identified as Black or African American ranked unequal work-life balance (74%), lack of responsive leadership (67%), and not being heard highest on the list of aspects that negatively affect their mental health and well-being.

- Male nurses were slightly more likely to report compassion fatigue than female nurses (48% versus 46%). Generation Z nurses were more likely to report experiencing burnout, ethical dilemmas/moral injury, and compassion fatigue, than nurses of any other generation.

How does my salary compare to that of my peers?

Salaries increased for most license types, but about a third of nurses were unsatisfied with their current salary. Our survey identified that a gender pay gap still exists and how work shift, licensure, and negotiating habits could figure in.

Salary by license type and education

Median annual salary has increased for most license types compared with our 2022 survey. RN salary increased by $2,000, while LPN/LVN salary increased by $10,000. APRN/ARNP salary was the exception, showing a decrease of about $2,700 compared with our 2022 survey.

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

RN	$80,000
APRN/ARNP	$117,300
LPN/LVN	$58,000

Median Hourly Salary

RN	$42/hr
APRN/ARNP	$61/hr
LPN/LVN	$30/hr
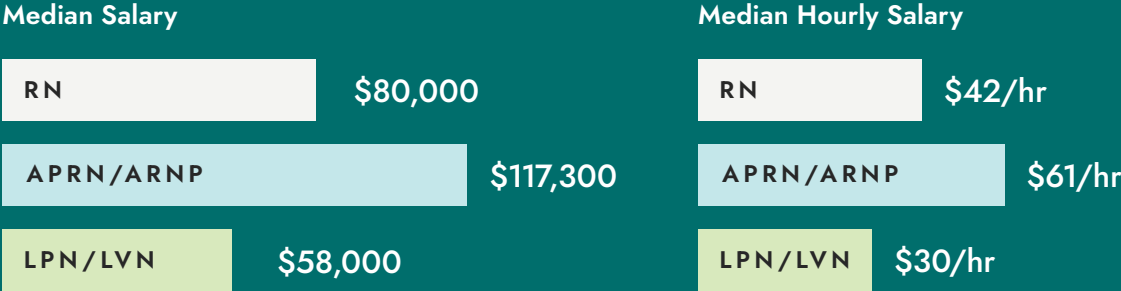
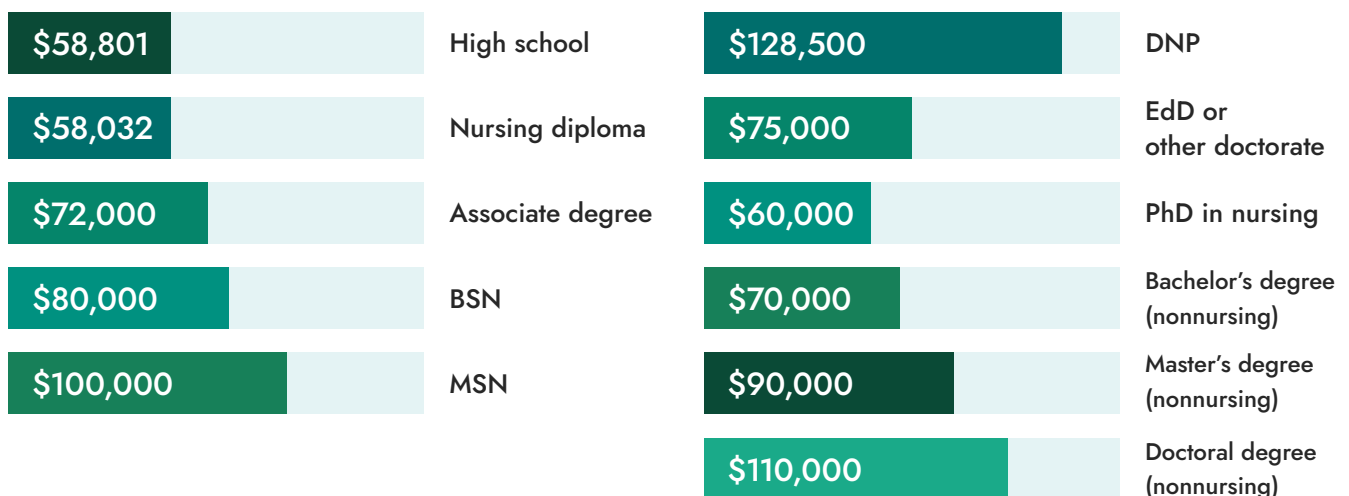# Discoveries

- The median salary for all license types reported by survey respondents was $73,000 — a decrease of $5,000 from our 2022 report. This could reflect the lower median age of participants in our 2024 survey report, as well as the greater proportion of LPNs/LVNs in our current sample (24% versus 8.3% in the 2022 survey).

- Our Nurse.com findings align closely with BLS 2022 data[9], which showed the median annual salary was $81,220 for an RN and $54,620 for an LPN/LVN.

- In our survey, among the top earners for APRNs were nurse practitioners, with a median salary of $118,000 (based on 123 respondents).

- Nurses across all licensures worked mandated overtime, with a larger portion of LPNs/LVNs in our survey working mandated overtime (29%). We found that 25% of RNs and 15% of APRNs/ARNPs worked mandated overtime.

Salary by Education

Salary	Education		Salary	Education
$58,801	High school		$128,500	DNP
$58,032	Nursing diploma		$75,000	EdD or other doctorate
$72,000	Associate degree		$60,000	PhD in nursing
$80,000	BSN		$70,000	Bachelor's degree (nonnursing)
$100,000	MSN		$90,000	Master's degree (nonnursing)
			$110,000	Doctoral degree (nonnursing)

Salary by U.S. region

Regional Salary Breakdown

Move your cursor over the map to see details about salary information.

Midwest

$70,000
Median salary for all licenses types

$75,000
RN median salary

Northeast

$85,000
Median salary for all licenses types

$88,000
RN median salary
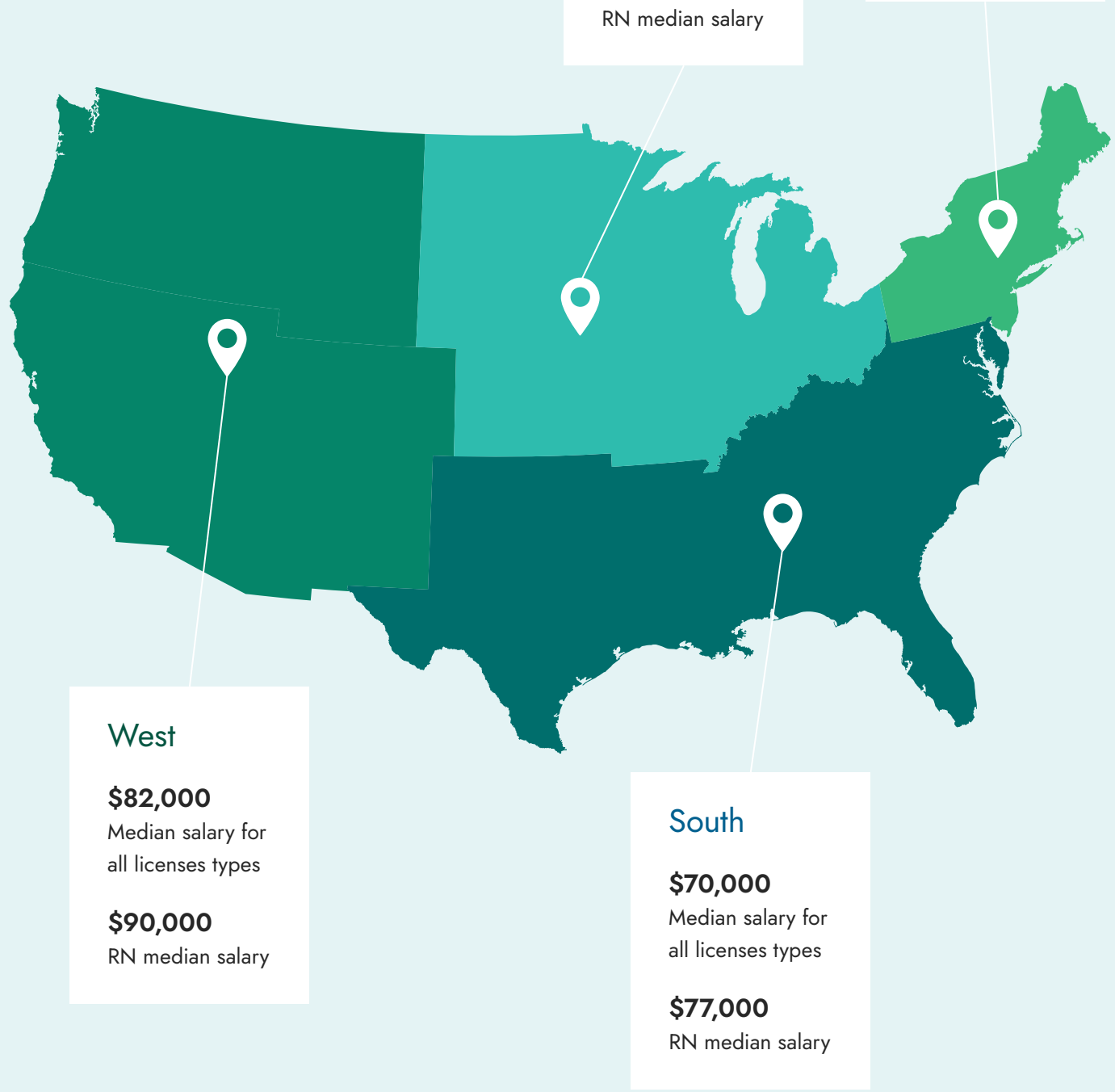
West

$82,000
Median salary for all licenses types

$90,000
RN median salary

South

$70,000
Median salary for all licenses types

$77,000
RN median salary

Salary by gender

Median Primary Salary by Gender and License Type

Median primary salary

FEMALE RN	$79,000
MALE RN	$85,000

FEMALE APRN	$116,500
MALE APRN	$131,000

FEMALE LPN/LVN	$57,600
MALE LPN/LVN	$59,000

Hourly rate of pay

FEMALE RN	$42/hr
MALE RN	$43/hr

FEMALE APRN	$60/hr
MALE APRN	$65/hr

FEMALE LPN/LVN	$30/hr
MALE LPN/LVN	$30/hr
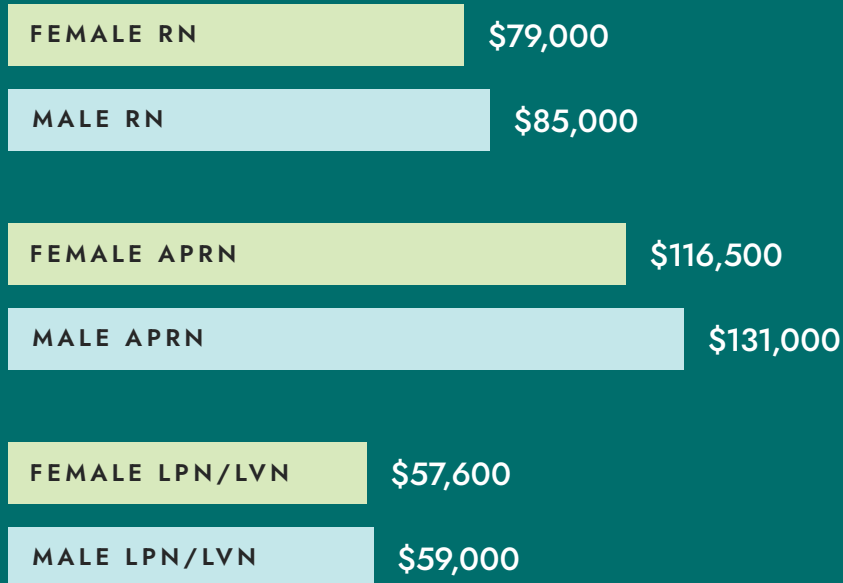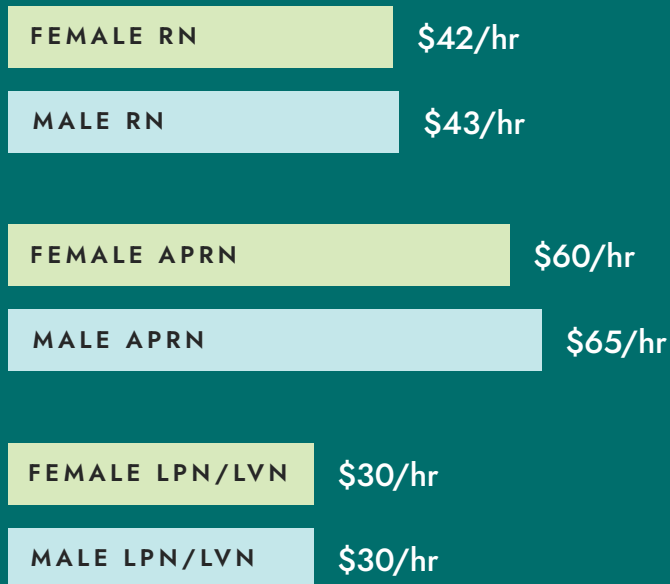
Note: The nonbinary sample for this survey consists of six RNs with a median primary salary of $78,000.

Discoveries

- In our survey, 25% of female nurses and 28% of male nurses said they worked mandated overtime.

- Across license types, the median annual salary for male nurses was $80,000 versus $72,000 for female nurses. The median hourly rate for male nurses was $41 versus $39 for female nurses.

- The gender pay gap for RNs decreased, with the median salary for a male RN being $6,000 higher than the median salary for a female RN. This gap was $14,000 in our 2022 survey. However, the pay gap for APRNs/ARNPs was significant (median salary was $14,500 higher for males). Median salary was $1,400 higher for male LPNs/LVNs. In contrast, in our 2022 survey, female ARPNs/ARNPs and LPNs/LVNs had slightly higher salaries than their male counterparts.

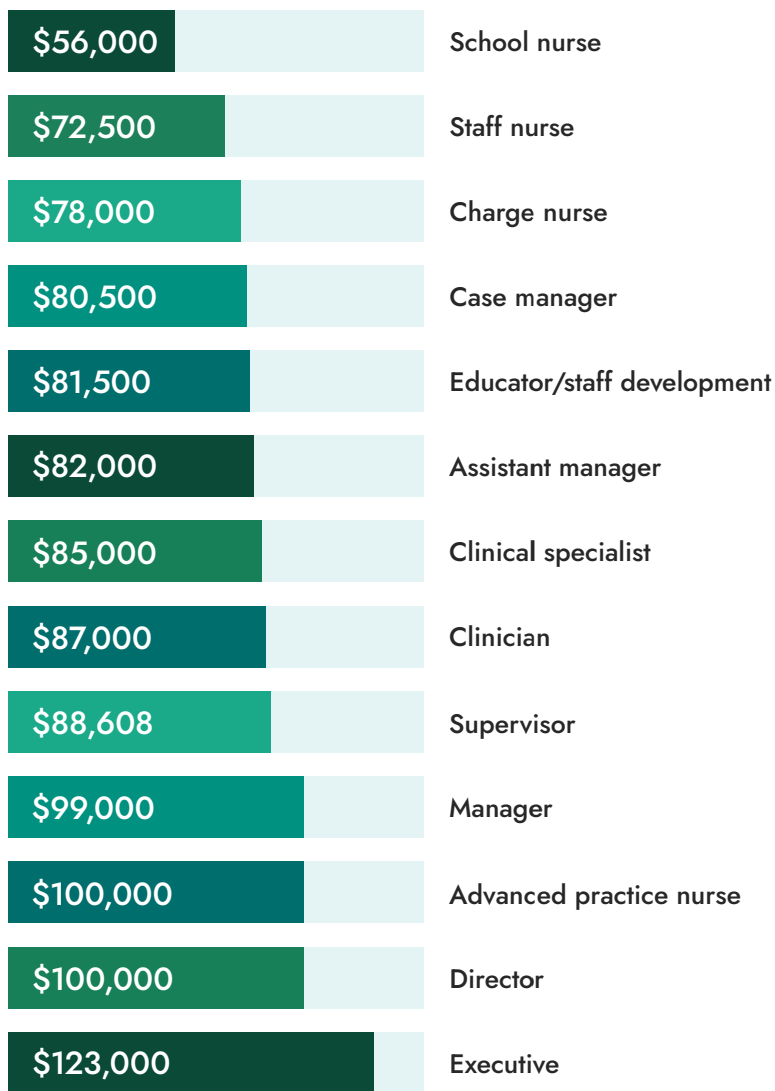The Nurse.com sample reveals several possible explanations for the persistent gender pay gap:

- Male nurses who responded to our survey were more likely to work the night shift, which typically includes a pay differential, than female nurses.

- Male nurses were more likely than female nurses (34% versus 23%) to leave their last job for a position with a higher salary.

- Our data showed that 88% of male nurses worked full time versus 83% of female nurses.

- Of note, the proportion of female and male nurses with a professional certification specific to the nursing field was almost identical. However, more male nurses than female nurses (50% versus 39%) stated that earning the certification resulted in a higher salary.

"These findings surrounding **salary negotiation** are encouraging. But it's important that organizations commit to structures and processes that ensure continuous process improvements. Despite the shrinking pay gap, ongoing organizational salary reviews and advocacy and awareness campaigns are needed to **close the gap and keep it closed**."

Felicia Sadler, MJ, BSN, RN, CPHQ, LSSBB
VP of Quality and Partner at Relias

Median RN Salary by Nursing Position

Salary	Position
$56,000	School nurse
$72,500	Staff nurse
$78,000	Charge nurse
$80,500	Case manager
$81,500	Educator/staff development
$82,000	Assistant manager
$85,000	Clinical specialist
$87,000	Clinician
$88,608	Supervisor
$99,000	Manager
$100,000	Advanced practice nurse
$100,000	Director
$123,000	Executive

Salary by race and ethnicity

Primary Median Salary by Race/Ethnicity Across All Licensures

Primary median salary across all licensures

Group	Salary
American Indian or Alaska Native	$70,360
Asian	$80,000
Black or African American	$70,000
Hispanic, Latinx, or Spanish	$74,000
Native Hawaiian or other Pacific Islander	$73,463
White	$73,000
Other	$90,750

Primary median salary for RNs

Group	Salary
American Indian or Alaska Native	$79,000
Asian	$84,000
Black or African American	$82,000
Hispanic, Latinx, or Spanish	$80,084
Native Hawaiian or other Pacific Islander	$94,000
White	$79,000
Other	$93,220

Legend:
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latinx, or Spanish
- Native Hawaiian or other Pacific Islander
- White
- Other

Discoveries

- Nurses who identified as Asian reported the highest median salaries. This may be affected by this group of nurses having the highest proportion of professional certifications (31%) specific to the nursing field.

- The level of nursing license could play a role in the salaries across all licensures reported by some racial and ethnic groups. The racial and ethnic groups with the highest percentages in the LPN/LVN category were Native Hawaiian or other Pacific Islander (45%), Black or African American (41%), and American Indian or Alaska Native (34%). The groups with the highest percentage of APRN/ARNP licenses were Native Hawaiian or other Pacific Islander (5%), Black or African American (4%), and white (4%).

- Nurses who identified as white or as Hispanic, Latinx, or Spanish were more likely to work part time than other racial and ethnic groups.

Negotiating salary

Nurses were asked how often they negotiated their salary when offered a new nursing role — always, most of the time, sometimes, rarely, or never. Although 36% of nurses across all license types said they negotiate their salaries "always" or "most of the time," 37% said they negotiate either rarely or never.
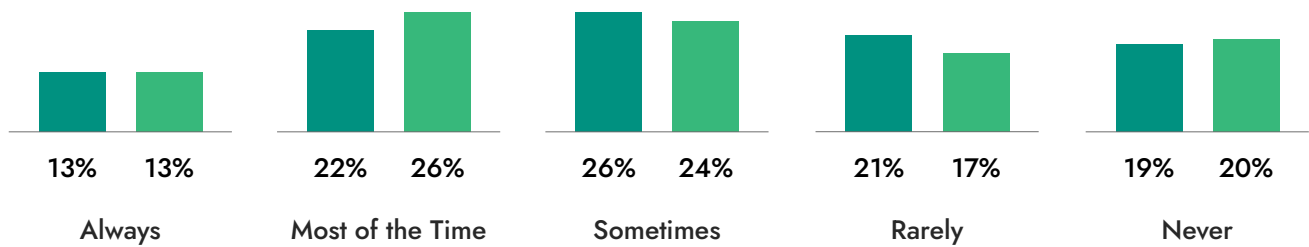
Although nurses may not believe that negotiating salary is possible in every case, and employers may have policies or budgets that limit the wiggle room they have on nurse salaries, negotiating salary when possible is of utmost importance because:

- By negotiating, nurses can ensure that they are not undervalued and receive a salary that aligns with market standards.

- A higher starting salary can impact long-term earnings and financial stability.

- Negotiating can demonstrate confidence, assertiveness, and professionalism, which are valuable qualities in any job.

- Negotiating salary sets a precedent for future negotiations, promotions, and career advancements.
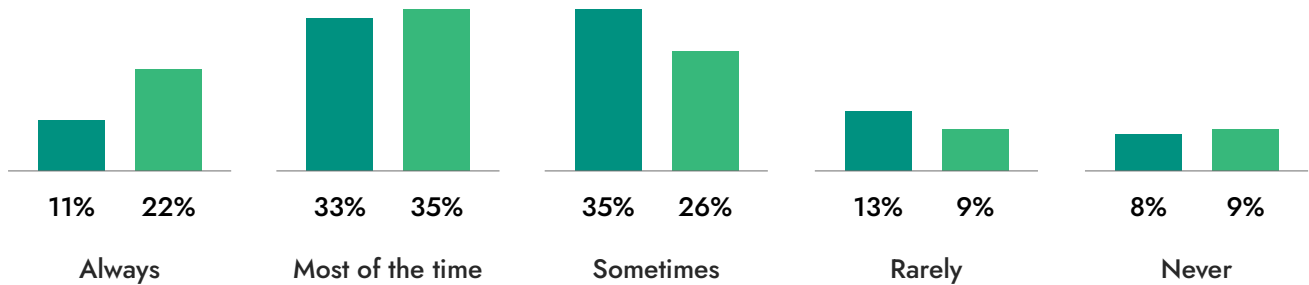
Negotiating Salary
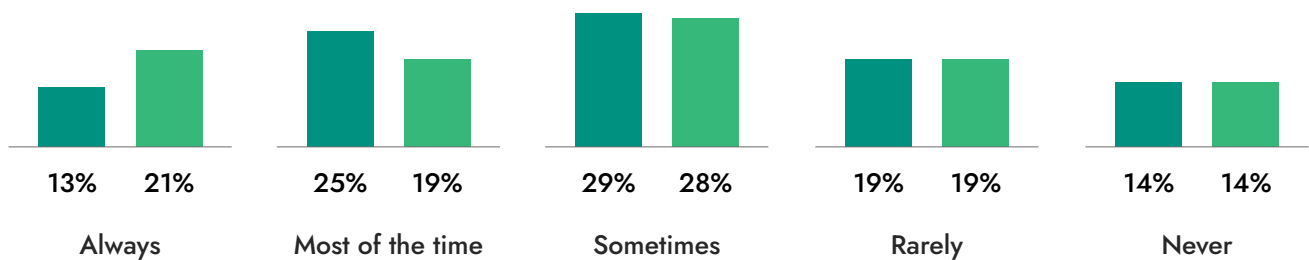## by Gender and License Type

■ FEMALE ■ MALE

RN

	Always	Most of the Time	Sometimes	Rarely	Never
Female	13%	22%	26%	21%	19%
Male	13%	26%	24%	17%	20%

APRN/ARNP

	Always	Most of the time	Sometimes	Rarely	Never
Female	11%	33%	35%	13%	8%
Male	22%	35%	26%	9%	9%

LPN/LVN

	Always	Most of the time	Sometimes	Rarely	Never
Female	13%	25%	29%	19%	14%
Male	21%	19%	28%	19%	14%

Discoveries

- APRNs/ARNPs were more likely to negotiate salaries always or most of the time (46%) than RNs (35%) or LPNs/LVNs (38%).

- Male nurses were more likely to negotiate salaries always or most of the time (40%) than female nurses (36%). While female RNs are less likely to negotiate always or most of the time, they are negotiating more frequently than indicated in our 2022 report (31%). Also, only 17% of female nurses in this survey said they never negotiate salary, compared to 31% in our 2022 data.

- Millennials (39%) and Generation X (37%) nurses from all license types were more likely to negotiate salary, whereas 48% of Generation Z nurses said they negotiate either rarely or never.

"Having conversations about **negotiating salary** can be uncomfortable for nurses, but it's **essential** in today's competitive environment. Nurses should understand their value to better **advocate for themselves** and what they bring to an organization. Although factors like degree, certification, and experience impact salary, it's important for nurses to ensure they've done everything possible to ensure a meaningful negotiation process."

Felicia Sadler, MJ, BSN, RN, CPHQ, LSSBB
VP of Quality and Partner at Relias

Satisfaction with salary

Satisfaction With Salary by License Type

■ Unsatisfied or Very Unsatisfied
■ Satisfied or Very Satisfied

RN

| 33% | 41% | |

APRN/ARNP

| 16% | 57% | |

LPN/LVN

| 39% | 31% | |

Discoveries

- Across all licenses, 40% of nurses were satisfied or very satisfied with their current salary; 34% were dissatisfied or very dissatisfied with their current salary.

- APRNs' relatively high satisfaction level is interesting given that our survey revealed that they were more likely to negotiate salary (46%) than RNs (35%) and LPNs/LVNs (38%).

- Nurses who identified as Native Indian or Alaska Native, as Black or African American, or as Hispanic, Latinx, or Spanish were more likely to be dissatisfied with their current salary than other racial and ethnic groups.

- Nurses from older generations such as Generation X (41%), Baby Boomer (48%), and Silent Generation (83%) were more satisfied with their current salary than nurses from younger generations, like Generation Z (30%) and Millennial (34%).

Special work settings

Our data indicated some noted shifts in remote roles and travel nursing.

Remote roles

Remote nursing roles became more prevalent during the pandemic and have proliferated in a wide variety of practice settings.[10] Across all license types, 11% of nurses in our survey currently work in a remote role.

Remote Roles by Generation
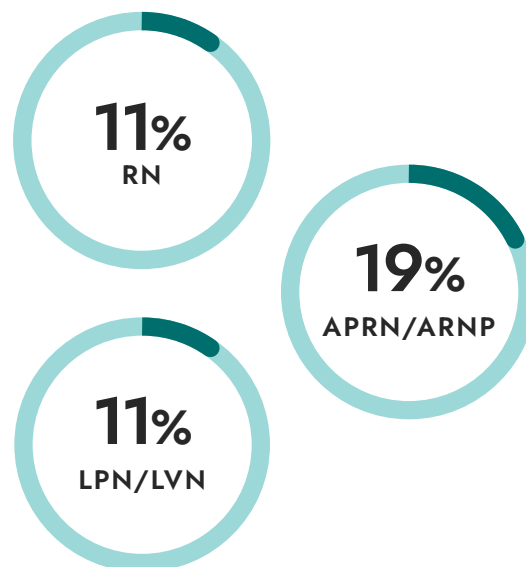
3%

| Generation Z

10%

| Millennial

11%

| Generation X

14%

| Baby Boomer

Nurses Who Work in Remote Roles by License

11%
RN

19%
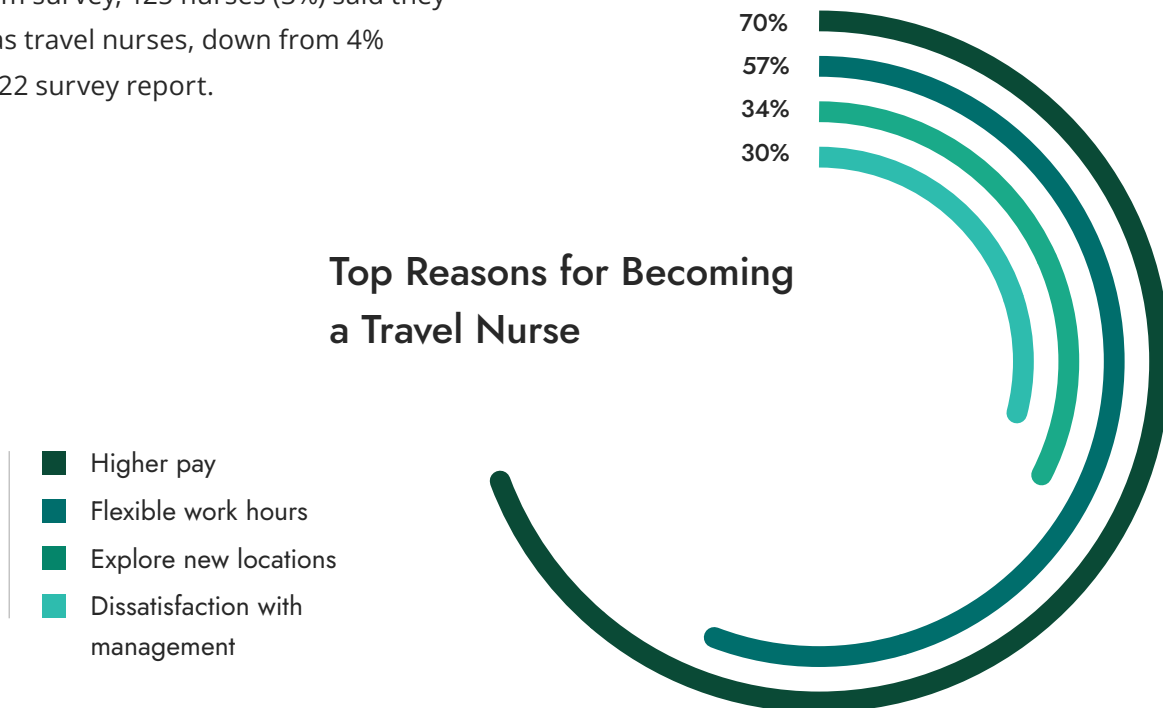APRN/ARNP

11%
LPN/LVN

Discoveries

Our data shows that these demographic groups were most likely to report currently working in a remote role:

- APRNs/ARNPs (19%, compared to 11% each for RNs and LPNs/LVNs)

- Female nurses (11% compared to 7% for male nurses)

- Nurses who work in home health or hospice

- Millennials, Generation X, and Baby Boomer nurses

Travel nursing

Wages have leveled out or declined for travel nurses over the past year[11]. In our current Nurse.com survey, 125 nurses (3%) said they worked as travel nurses, down from 4% in the 2022 survey report.

Top Reasons for Becoming a Travel Nurse

70%
57%
34%
30%

- Higher pay
- Flexible work hours
- Explore new locations
- Dissatisfaction with management

Discoveries

- Nurses were asked about their reasons for becoming travel nurses. Higher pay was a factor for 70% of the travel nurses in our survey, and 57% cited flexible work hours. In contrast, our 2022 survey report showed that higher pay far surpassed all other factors in becoming a travel nurse.

- A higher percentage of female nurses (59%) chose travel nursing for the flexible work hours compared to male nurses (40%). More male nurses chose new options for social and leisure activities (33%) compared to female nurses (19%).

- Nurses who identified as white were more likely to work as travel nurses than other racial and ethnic groups, followed by nurses who identified as Black or African American.
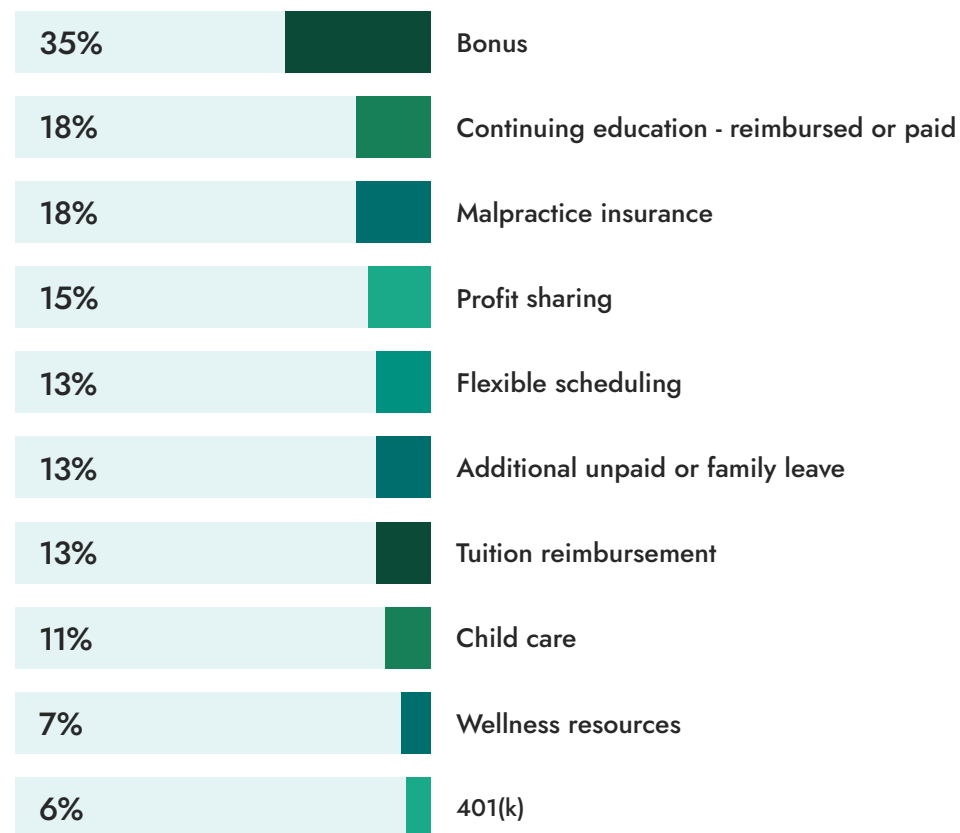
How do my benefits compare to those of my peers?

At least two-thirds of nurses across all licensures said they received a 401(k) (69%), dental (70%) and medical (70%) insurance, and paid time off (79%). Only 35% of nurses received tuition reimbursement.

Our survey also asked nurses about the benefits they desired most but did not receive.

Desired benefits

10 Benefits Nurses Desire but Do Not Receive

Percentage	Benefit
35%	Bonus
18%	Continuing education - reimbursed or paid
18%	Malpractice insurance
15%	Profit sharing
13%	Flexible scheduling
13%	Additional unpaid or family leave
13%	Tuition reimbursement
11%	Child care
7%	Wellness resources
6%	401(k)

Discoveries

- The top three benefits RNs wanted but didn't have were bonuses, malpractice insurance, and reimbursed or paid continuing education.

- Though malpractice insurance was a desired benefit, only 5% of RNs and 3% of LPNs/LVNs received it, compared with 63% of APRNs/ARNPs. Generation Z nurses were more likely to want malpractice insurance (32% versus 18% for the overall sample).

- Male nurses ranked profit sharing higher than female nurses (25% versus 14%). Female nurses ranked flexible scheduling higher than male nurses (13% versus 9%).

"RaDonda Vaught's story played out in the media for the world to see and made many nurses more aware of their roles and **risks in medical malpractice** cases. Yes, most nurses are covered by their organizations for malpractice if they're included or named in a malpractice lawsuit. But if a nurse is in private practice or acts as a nurse practitioner or other role in advanced practice and/or in high-risk areas, they should consider obtaining their own **malpractice insurance**.

Hospital leaders must provide adequate information so that nurses truly understand what extent they're covered in malpractice instances. However, nurses need to understand their potential risks and whether they want to purchase additional coverage for **extra protection**."

Lora Sparkman, MHA, BSN, RN, VP
**Vice President of Patient Safety and Quality at Relias**

Reimbursed or paid educational opportunities

In our sample, 51% of nurses said their employers reimbursed or provided paid continuing education. Of these, 33% said their employers provided full coverage, and 67% said their employers provided partial coverage.

Receives Reimbursed or Paid Continuing Education by License

54%	69%	39%
RN	APRN/ARNP	LPNs/LVN
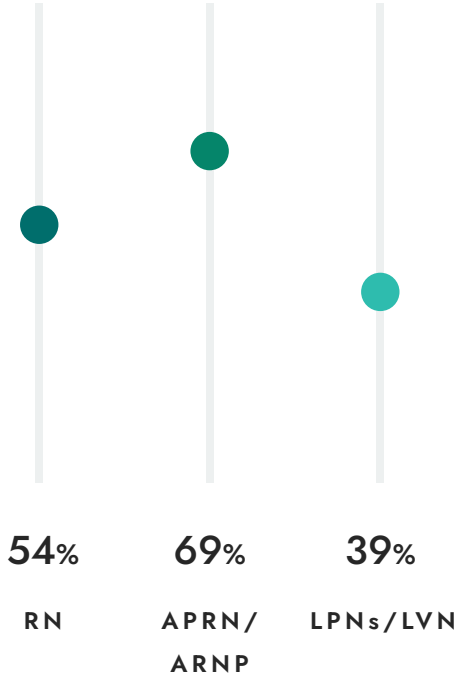
Nurses Who Receive Tuition Reimbursement

58%	43%	36%
RN	APRN/ARNP	LPN/LVN
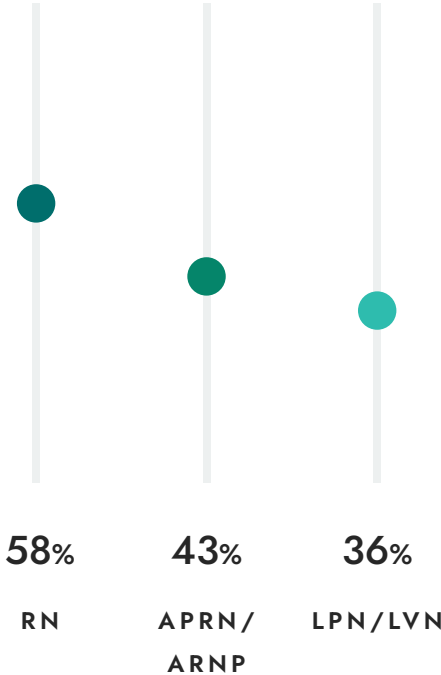
The median amount of tuition reimbursement received was $3,000 for LPNs/LVNs and $4,000 for RNs and APRNs/ARNPs. The median amount for male nurse in our survey was higher than for female nurses ($5,000 versus $4,000).

Wellness resources

Our data indicate that nurses would like support for their mental health and overall wellness goals.

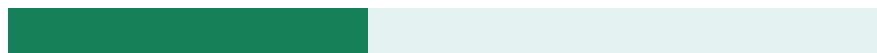## Wellness Resources Nurses Want Across Licensures

59%

Fitness stipends for memberships, equipment, or athletic wear

54%

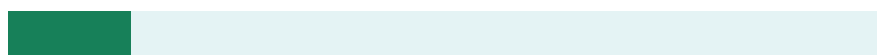Reimbursement or stipends for helpful apps for relaxation, fitness, and nutrition

41% Free or reduced-cost mental health counseling services (in person, online, or via telephone)

14% Peer support groups or hotlines

Discoveries

- Both male (62%) and female nurses (59%) ranked fitness stipends as the top-desired wellness resource.

- Female nurses (42%) were more likely than male nurses (35%) to want free or reduced cost mental health counseling services, as well as reimbursement or stipends for helpful apps (54% versus 49%).

- Generation Z and Millennial nurses were more likely to want fitness stipends for memberships, equipment, or athletic wear, or for helpful apps than nurses from other generations.

"**Nurse benefit packages are often very lean** on what they offer for mental health care, and services like seeing a therapist are often very limited. The number of visits are limited, the co-pays are expensive, and nurses often have limited access to their desired therapist. And if they have to go out of network, therapy is often **too expensive** for many to even consider.

Hospital leadership should revisit the effectiveness of the mental health benefits they offer — especially considering **the current state of nursing** and why nurses change jobs or consider leaving nursing altogether. It's not really a benefit if nurses can't afford it."

Lora Sparkman, MHA, BSN, RN
Vice President of Patient Safety and Quality at Relias

How can I advance my nursing career?

Many nurses in our survey were making plans to pursue certifications, degrees, and additional training. These efforts can advance their careers, increase their salaries, and propel their professional growth.

Pursue certification

Nurses Who Plan To Pursue Certification by License

51%	68%	42%
RN	APRN/ARNP	LPN/LVN
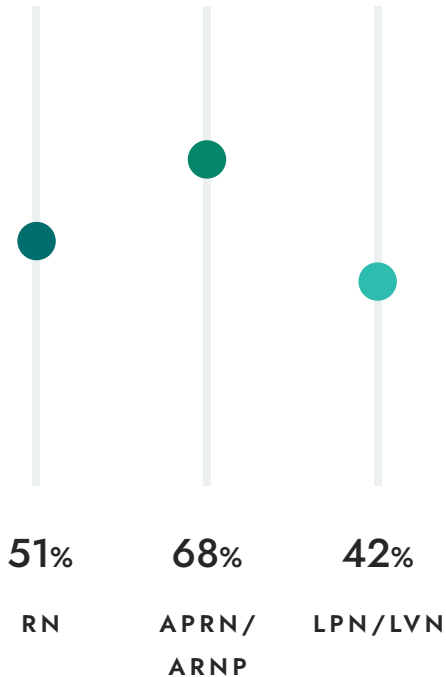
Nurses Who Have Certification Specific to Nursing

| 31%	83%	13%
RN	APRN/ARNP	LPN/LVN
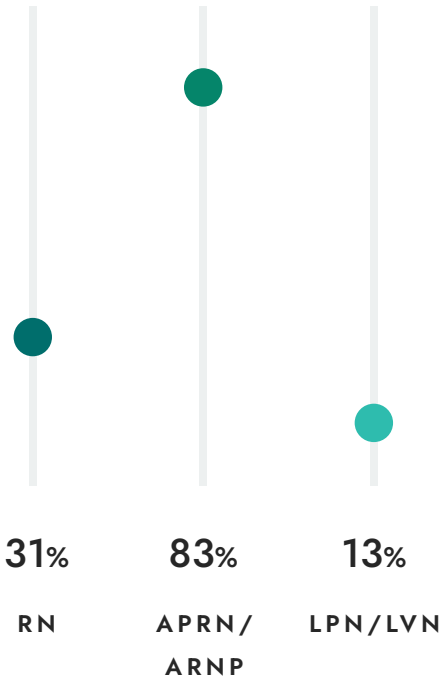
Discoveries

- In our sample, 29% of nurses reported having a professional certification specific to the nursing field, while almost half (48%) said they planned to pursue a certification.

- Of the nurses who have professional certification, 36% of RNs, 54% of APRNs/ARNPs, and 51% of LPNs/LVNs said it led to higher salaries.

- APRNs/ARNPs were significantly more likely to plan to pursue certification (68%, compared with 51% for RNs and 42% for LPNs/LVNs).

- After earning a certification, LPNs/LVNs reported a $13,482 increase, RNs reported a $10,000 increase, and APRNs/ARNPs reported a $40,000 increase.

Pursue a degree or training

Nurses Who Plan To Pursue a Degree or Training by License

	RN	APRN	LPN/LVN
Degree	33%	26%	49%
Training	42%	39%	47%

Legend: Degree, Training
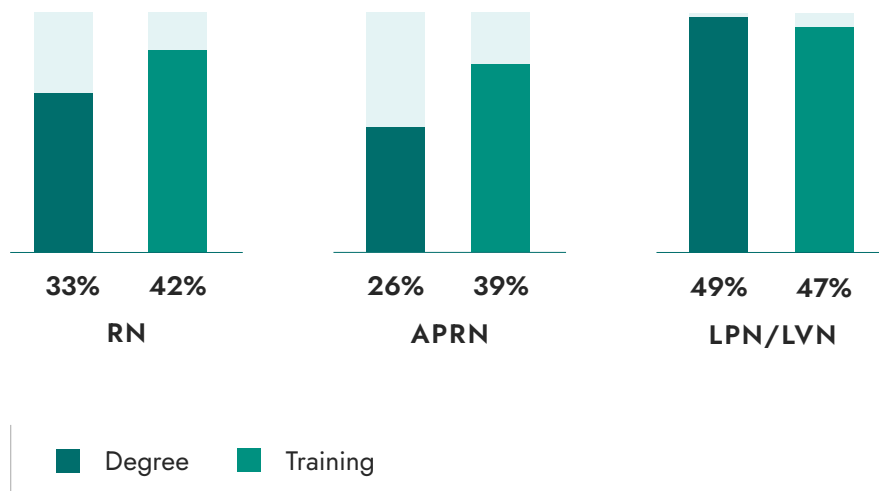
Discoveries

- In our survey, 37% of nurses across all licensures planned to pursue a degree.

- Of RNs intent on pursuing a degree, 48% plan to pursue an MSN, 28% a BSN, and 13% a DNP.

- APRNs/ARNPs were most likely to pursue a PhD (53%).

- Male nurses were more likely than female nurses to report plans to pursue a degree (45% versus 36%) or to say that they planned to pursue training to boost their salary (45% versus 42%).

- Across all licensures, nurses planning to pursue a degree rated career advancement (77%), more compensation (62%), and personal achievement (70%) as the top three benefits of a degree program.

- Nurses across all licensures were interested in pursuing training to increase their salaries: 42% of RNs, 39% of APRNs/ARNPs, and 47% of LPNs/LVNs.
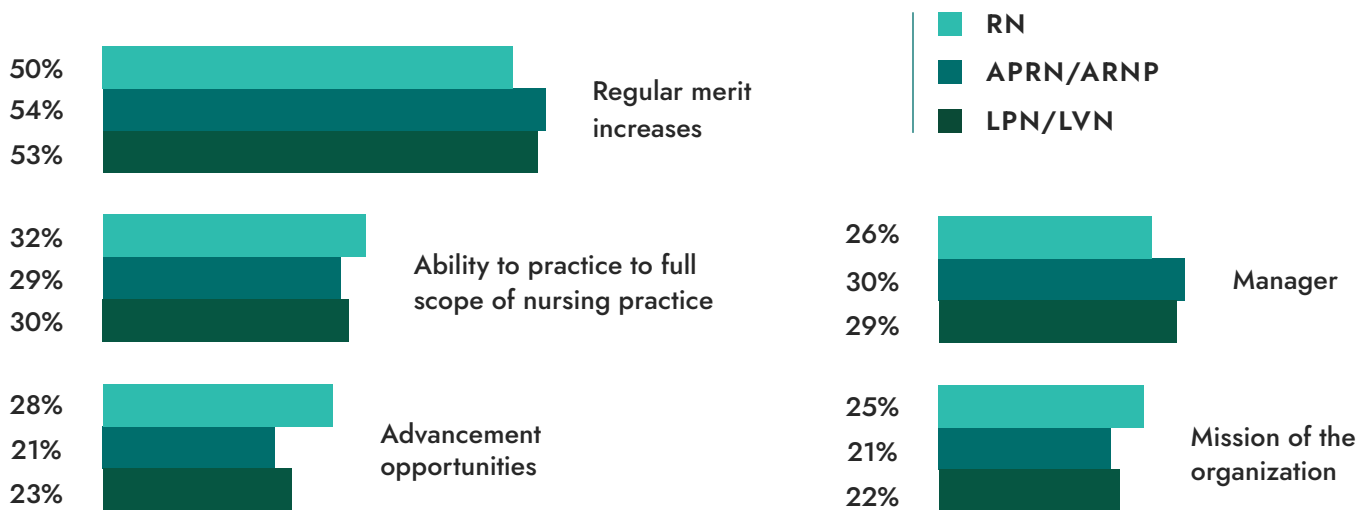
What would keep me in the profession?

The highest percentage of nurses across all licensures (81%) rated regular merit increases as most important to their job satisfaction (rating of 8, 9, or 10 on the scale), which is only a slight decline from our 2022 report (83%).

Job satisfaction

Nurses were asked to rate how important various items were to their overall job satisfaction on a scale of 1 to 10, with 1 being least important and 10 being most important.

Most Important to Overall Job Satisfaction by License Type

Legend:
- RN
- APRN/ARNP
- LPN/LVN

Regular merit increases
- 50%
- 54%
- 53%

Ability to practice to full scope of nursing practice
- 32%
- 29%
- 30%

Advancement opportunities
- 28%
- 21%
- 23%

Manager
- 26%
- 30%
- 29%

Mission of the organization
- 25%
- 21%
- 22%

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

Discoveries

- Manager (62%) and ability to practice to full scope of nursing practice (62%) were next in importance after merit increases to nurses of all licensures.

- Overall, most nurses (59%) were satisfied or very satisfied with their current roles, while 12% were unsatisfied or very unsatisfied.

- Sixty-one percent of RNs said they were satisfied or very satisfied in their current role, compared with 52% of LVNs/LPNs and 73% of APRNs/ARNPs.
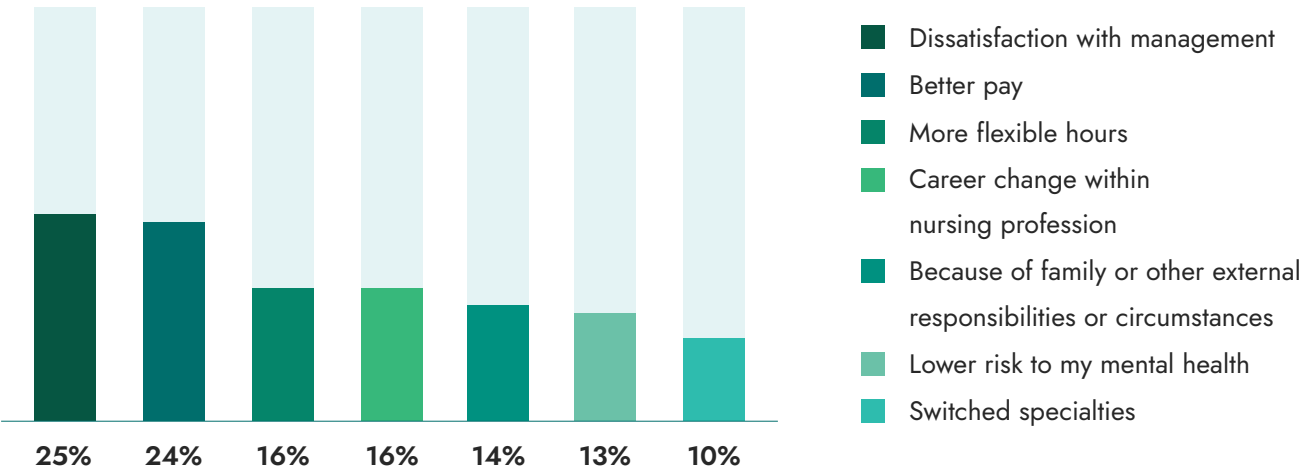
Leaving nursing and motivators to stay

In our survey, 23% of nurses across all license types were considering leaving nursing, compared with 29% in our 2022 report and 11% in our 2020 report.
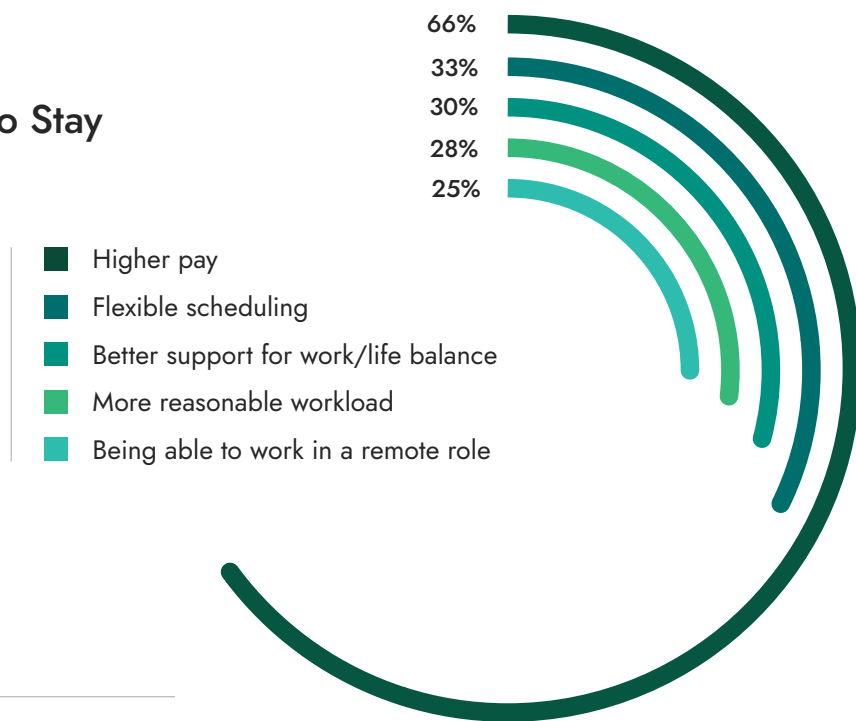
Among groups most likely to be considering leaving:

- RNs (23%) and LPNs/LVNs (22%)

- Male nurses (28%), compared to 22% of female nurses

- Silent Generation (33%) and Millennial (25%) nurses

- Nurses who identify as American Indian or Alaska Native (41%)

Top-Ranked Reasons for Leaving Last Position, Across All Licensures

| 25% | 24% | 16% | 16% | 14% | 13% | 10% |

- Dissatisfaction with management
- Better pay
- More flexible hours
- Career change within nursing profession
- Because of family or other external responsibilities or circumstances
- Lower risk to my mental health
- Switched specialties

Top 5 Factors Motivating Nurses To Stay in the Profession

66%
33%
30%
28%
25%

■ Higher pay
■ Flexible scheduling
■ Better support for work/life balance
■ More reasonable workload
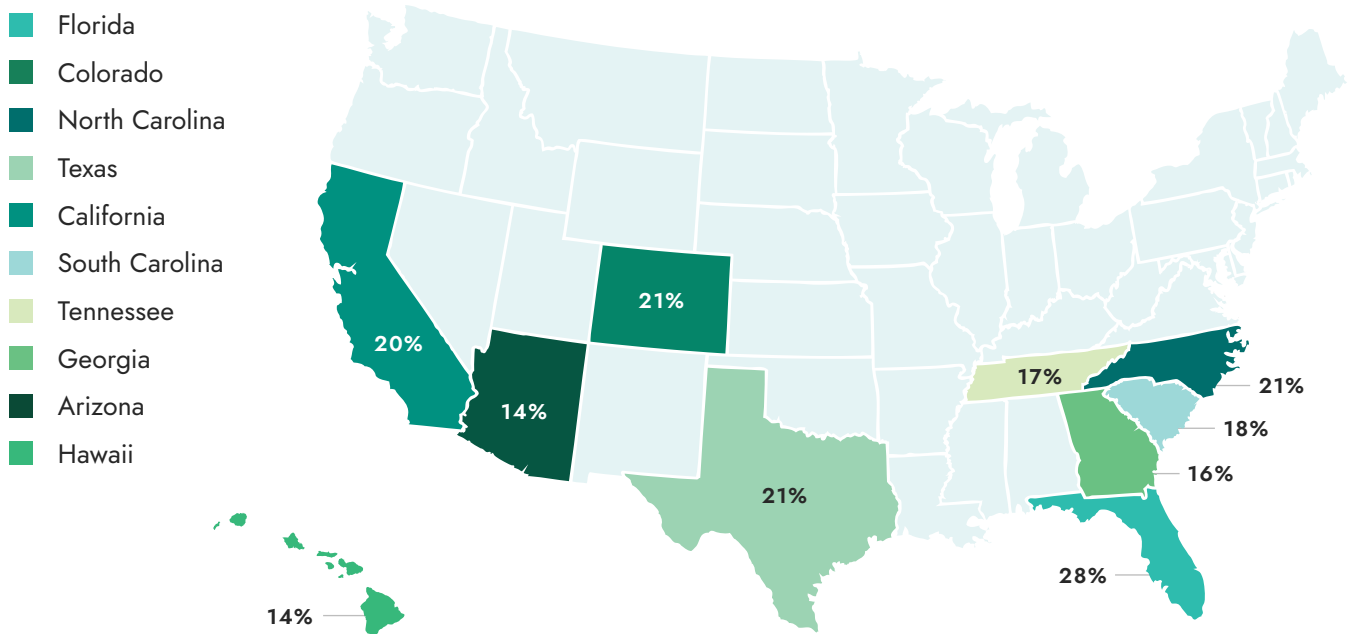■ Being able to work in a remote role

Discoveries

- The top-ranked reasons for leaving nursing were dissatisfaction with management (25%) and better pay (24%).

- Across nurses of all licenses, the top three motivators to stay in nursing were higher pay, flexible scheduling, and better support for work-life balance.

- Over one-third of male nurses (34%) said that better pay was the reason for leaving their last position, in contrast to 23% of female nurses.

- Nurses who identified as Black or African American were more likely to be motivated to stay in nursing by more professional development options; Asian nurses and Native Hawaiian or other Pacific Islander by better benefits; and Hispanic, Latinx, or Spanish; American Indian or Alaska Native, and Native Hawaiian or other Pacific Islander by being able to work in a remote role.

- Generation Z nurses were more motivated to stay in nursing by more transparency from nursing leadership and opportunity to change shifts, compared with nurses of other generations.

Relocating for job opportunities

When asked if they would consider relocating to another state for a job, 20% said "Yes" (up from 19% in our 2022 survey) and 31% said "Maybe," which means more than half of the nurse respondents consider relocation a viable option.

Top States for Potential RN Relocation

Legend:
- Florida
- Colorado
- North Carolina
- Texas
- California
- South Carolina
- Tennessee
- Georgia
- Arizona
- Hawaii

Map values:
- California: 20%
- Arizona: 14%
- Colorado: 21%
- Texas: 21%
- Tennessee: 17%
- North Carolina: 21%
- South Carolina: 18%
- Georgia: 16%
- Florida: 28%
- Hawaii: 14%

Discoveries

- Nurses under 35 were more likely to consider relocating than older nurses.

- Other groups more likely to consider relocating included RNs (20% Yes, 30% Maybe) and LPNs/LVNs (20% Yes, 35% Maybe).

- Male nurses (27% Yes, 33% Maybe), compared to female nurses (19% Yes, 31% Maybe).

- Nurses who identified as Black or African American (31% Yes, 35% Maybe) and Hispanic, Latinx, or Spanish nurses (22% Yes, 36% Maybe).

Conclusion

Our Nurse.com survey shows that **compensation**, **education opportunities**, **workplace safety**, and **mental health and wellness** are **top priorities** for nurses. We know salaries are important to you, and that a **safe and healthy workplace** is also essential.

We encourage you to use the information in this report to weigh your options, consider new opportunities, strengthen your negotiating power, or spark conversations with leaders to improve your workplace. The following Nurse.com resources can help:

- Take the next step in your career with the Nurse.com Talent Marketplace.

- Grow your skills with our continuing education modules and certification review courses.

- Explore pertinent topics on the NurseDot Podcast.

- Read about important issues and timely topics on the Nurse.com blog.

For more information about any of these resources, visit Nurse.com.

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