

**Health workforce survey
data
long-term care licensed
practical nurse report**

February 20, 2026

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Introduction

The Utah Health Workforce Information Center (HWIC, <https://hwic.utah.gov/>), was created in 2022 through HB176 (<https://le.utah.gov/~2022/bills/static/HB0176.html>) and serves as a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Governor's Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include workforce survey questions as part of the licensing process. These surveys, previously developed and administered by the Utah Medical Education Council (UMEC), help inform decisions regarding workforce trends and needs. Data collected from the DOPL surveys will help the Health Workforce Advisory Committee (HWAC) in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Tracy Gruber, Executive Director of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

DOPL data preparation and analysis

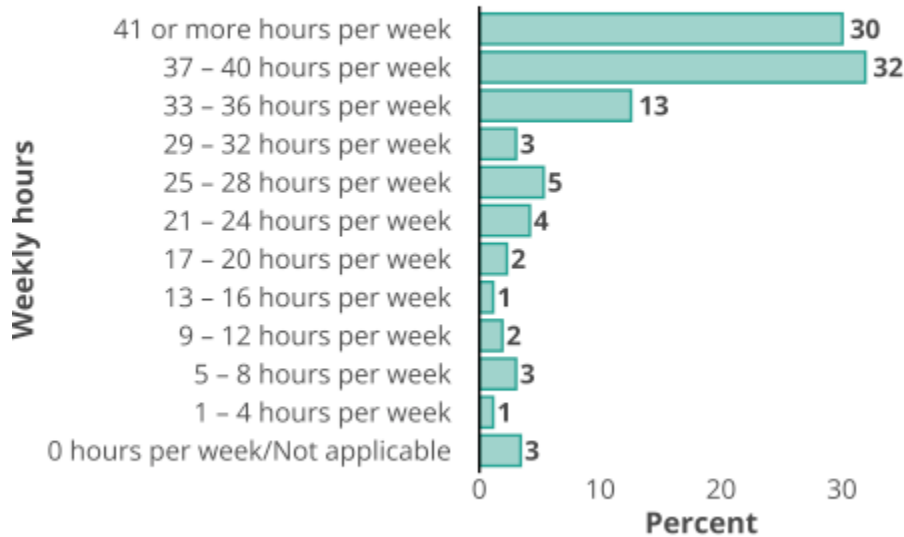
Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed including how to evaluate duplicate respondents records, questions with multiple responses, and null-type values. Only participants from respondents' who replied to a question and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Full-time equivalence (FTE) and direct patient care

Full-time equivalence is calculated based on the respondent working 33+ hours a week. This is due to response constraints, with many respondents working full-time at 36 hours a week based on three 12-hour shifts, which is standard in nursing. However, due to response constraints, the response options for FTE were: "33 – 36 hours per week", "37 – 40 hours per week", and "41 or more hours per week". Direct patient care (DPC) is also asked for in the survey, and respondents can indicate how many of their working hours are spent directly on their patients' care. These data illustrates how many respondents are working full time versus how many respondents are working full time in DPC.

Figure 1. LTC LPN respondents average hours at primary location

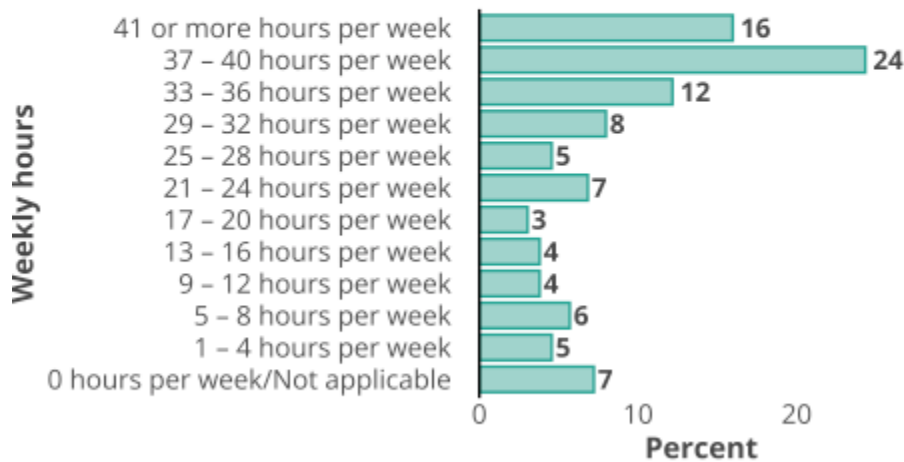
3/4 of LTC LPNs work 33+ hours a week



LPN workforce survey, Utah, 2024

Figure 2. LTC LPN respondents average hours working in direct patient care at primary location

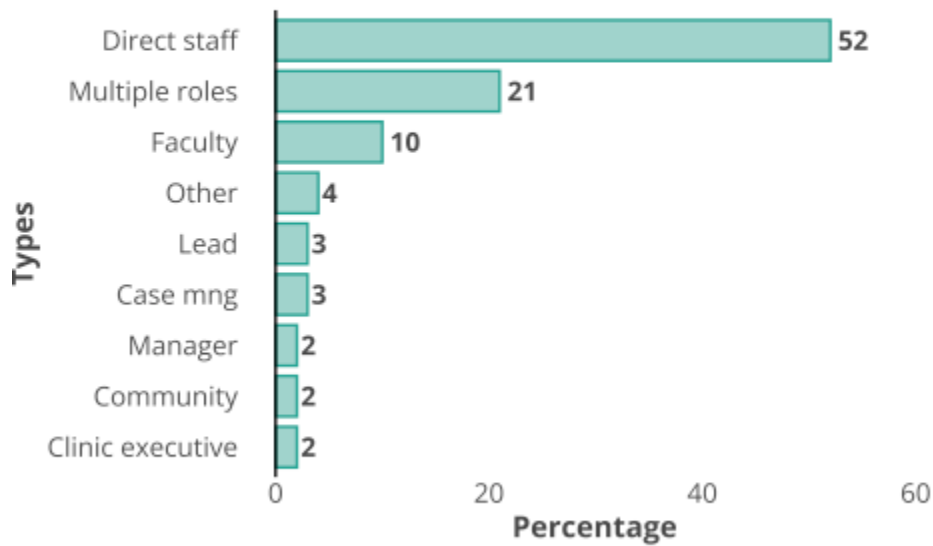
Over half of LTC LPN respondents work full time in direct patient care



LPN workforce survey, Utah, 2024

Figure 3. LTC LPN respondents primary role types

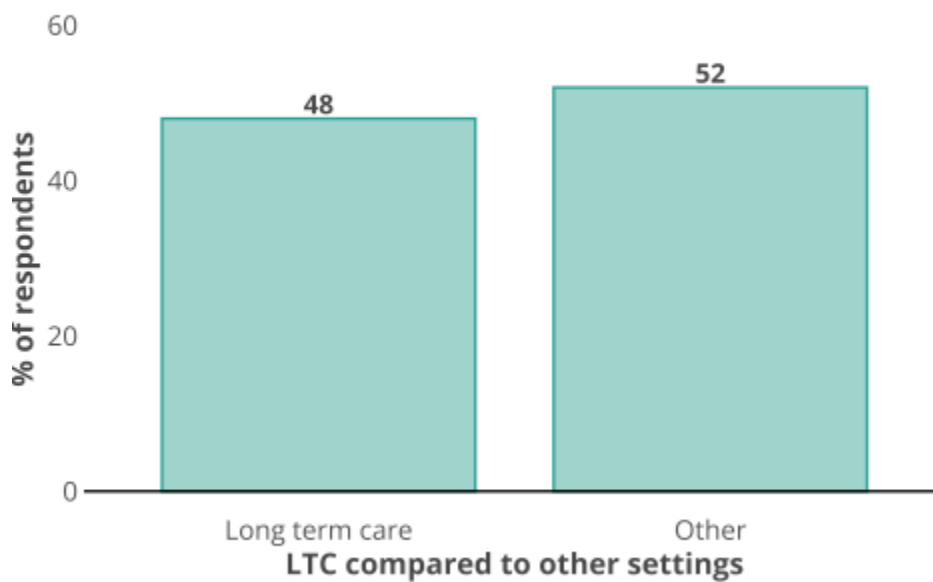
Most work as direct staff



LPN workforce survey, Utah, 2024

Figure 3. LTC versus non-LTC settings

Almost half of LPNs work in LTC



LPN workforce survey, Utah, 2024

Table 2. LTC LPN employment and average wages by setting (non-LTC vs. LTC), Utah, 2018-2024

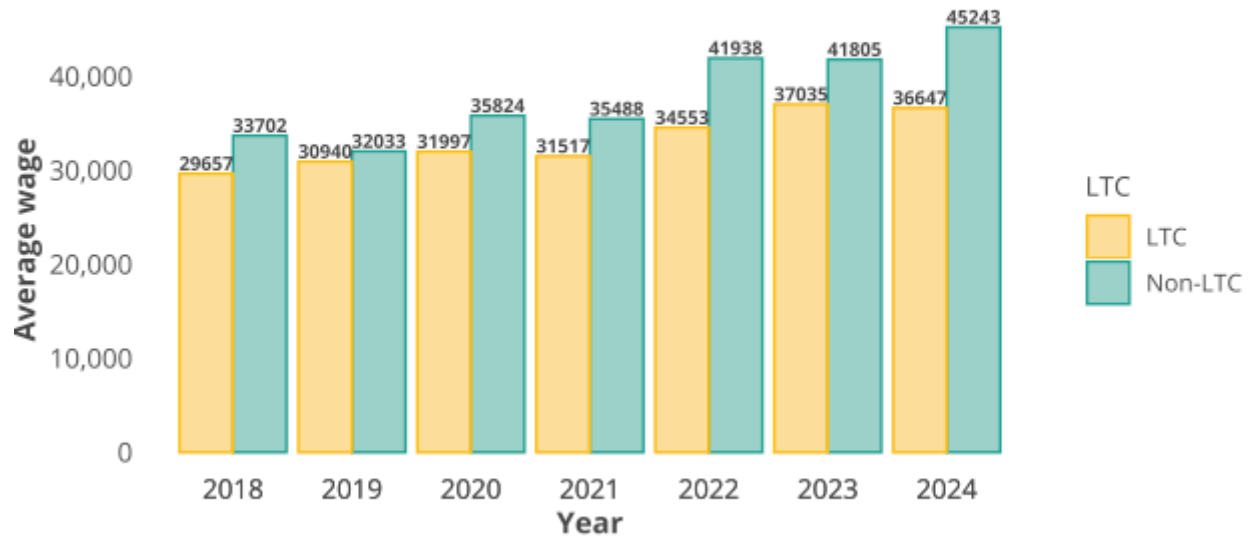
Year	Non-LTC LPN employers	Non-LTC LPNs	Non-LTC LPN average wage	LTC LPN employers	LTC LPNs	LTC LPN average wage
2018	888	2,830	\$33,702	104	1,220	\$29,657
2019	894	2,508	\$32,033	98	1,157	\$30,940
2020	949	2,913	\$35,824	98	1,230	\$31,997
2021	936	2,601	\$35,488	95	1,141	\$31,517
2022	1,003	3,109	\$41,938	95	1,140	\$34,553
2023	917	2,766	\$41,805	104	1,108	\$37,035
2024	962	3,313	\$45,243	95	1,279	\$36,647

Unemployment insurance data, DWS, 2024

Table 2 compares LTC to non-LTC in terms of the number of employers, number of LPNs, and average wages by year. While the number of LTC employers of LPNs and the number of LPNs in LTC have remained consistent, the number of non-LTC employers and non-LTC LPNs has increased. While LPN average wages for LTC and non-LTC have increased, the average wage for non-LTC has increased at a larger rate.

Figure 5. Average LPN wage for LTC compared to non-LTC

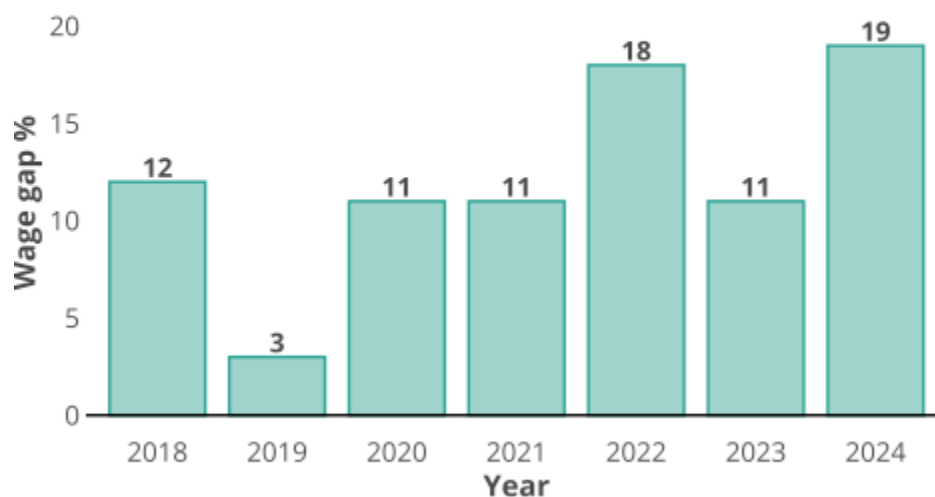
LTC drop while non-LTC rise



Unemployment insurance data, DWS, 2024

Figure 6. Wage gap % between LTC and non-LTC wages

Wage gap between LTC and non-LTC has increased



Unemployment insurance data, 2024

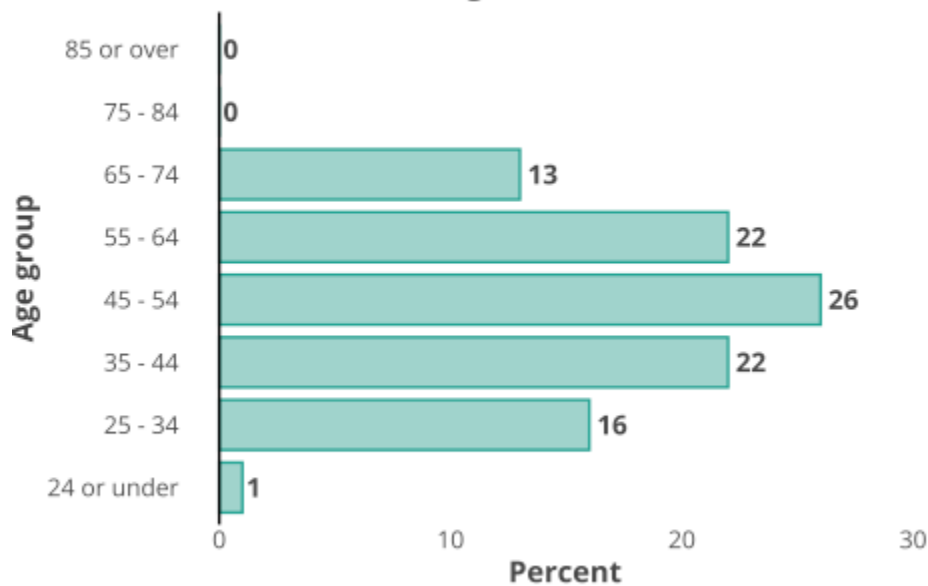
Demographics

The following section includes LTC LPN survey response information on demographic information such as age, race/ethnicity, and sex/gender

Age

Figure 5. LTC LPN respondents by age group

Almost 2/3 of LTC LPNs are aged between 25 and 54

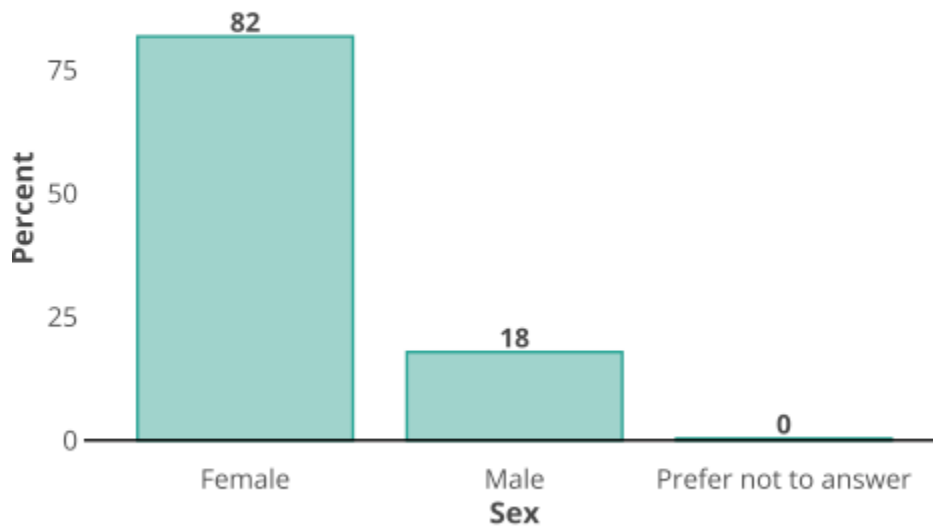


LPN workforce survey, Utah, 2024

Age data comes from the DOPL licensee database. Age was calculated by subtracting the day of the birth date from the date the survey was made available.

Sex

Figure 6. LTC LPN respondents by sex
Most LTC LPN respondents are female



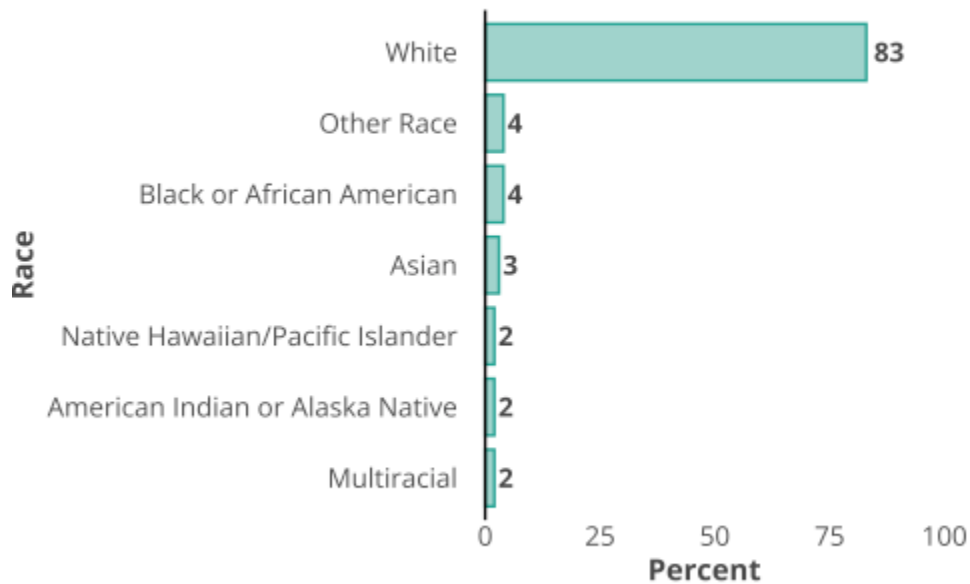
LPN workforce survey, Utah, 2024

The Utah LTC LPN workforce is predominantly female (82%), with males representing only 18%, showing an uneven gender distribution.

Race and ethnicity

Figure 7. LTC LPN respondents by race

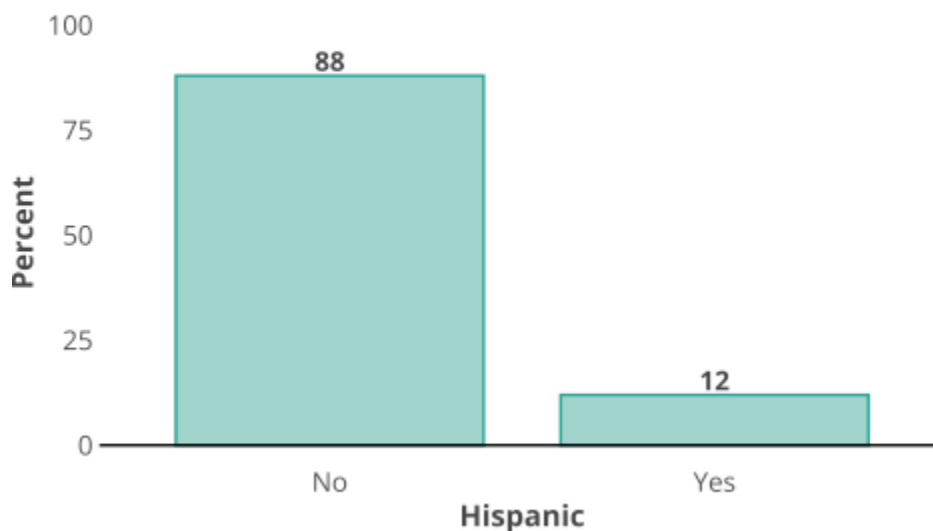
Most LTC LPN respondents are white



LPN workforce survey, Utah, 2024

Figure 8. Hispanic/Latino(a)/Spanish LTC LPN respondents statistics

12% of LTC LPN respondents are Hispanic



LPN workforce survey, Utah, 2024

Data note: “Multiracial” did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

About 83% of LTC LPN survey respondents identified as White, compared with roughly 75% of Utah’s overall population in 2025. Additionally, approximately 12% of respondents identified as Hispanic, while Hispanic residents make up about 17% of the state’s population in 2025. Expanding the range of backgrounds in the nursing workforce could broaden perspectives in the workforce and improve patient care.

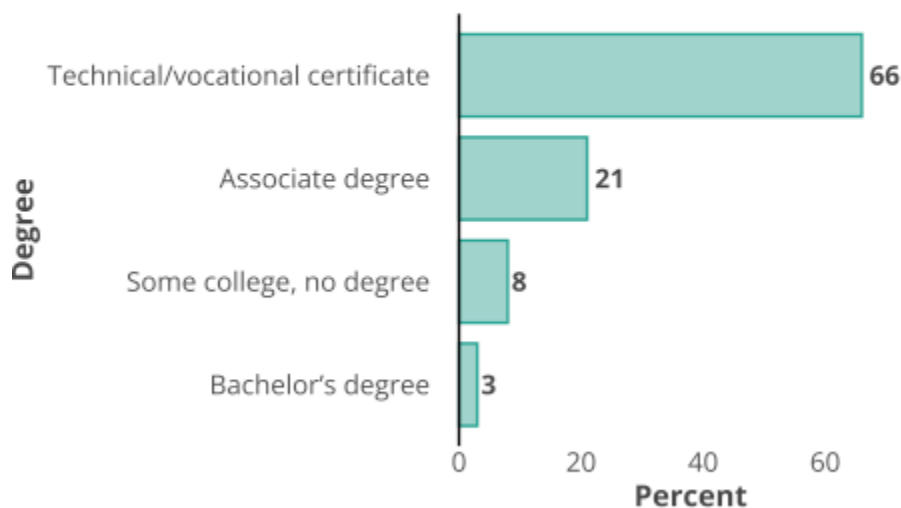
Education

This section includes LTC LPN survey response information on education information, including qualifying education and highest education.

Qualifying education

Figure 9. LTC LPN respondents qualifying degrees

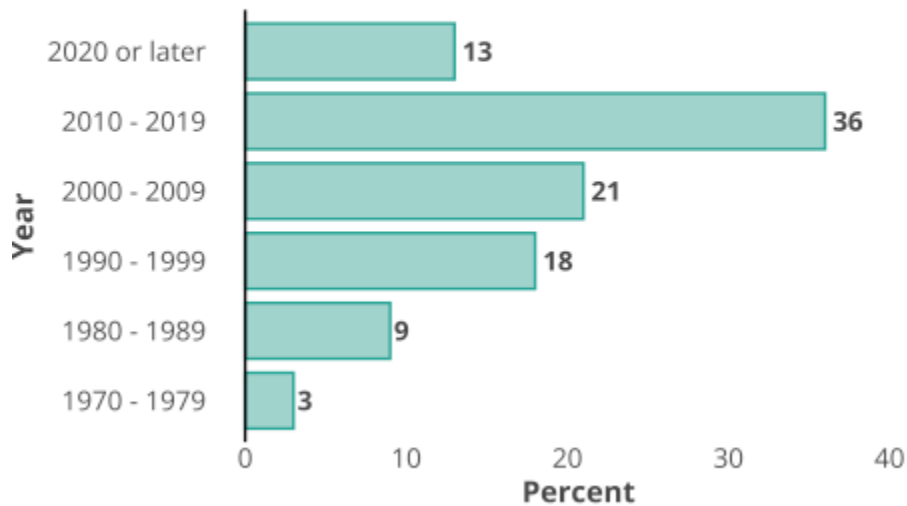
2/3 of LTC LPN respondents qualifying degree was a technical/vocational certificate



LPN workforce survey, Utah, 2024

Figure 10. LTC LPN respondents qualifying degree graduation years

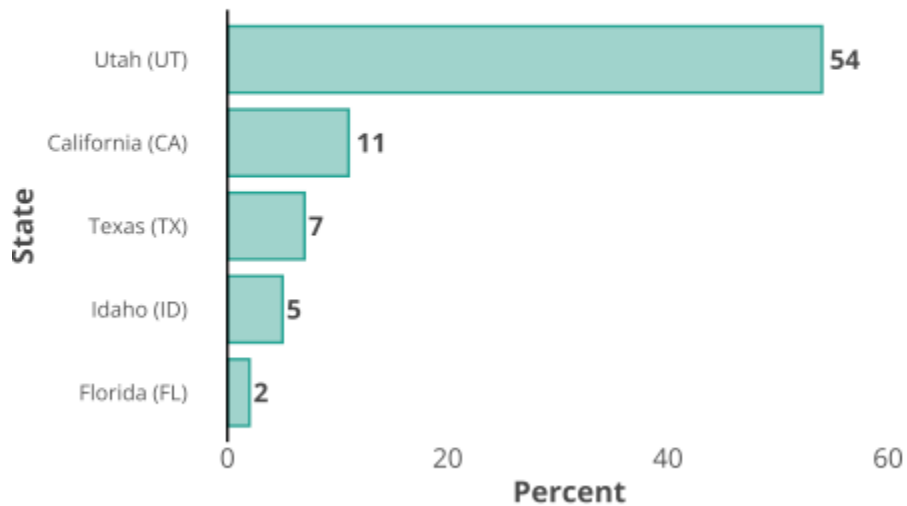
Over 1/3 of LTC LPN respondents graduated between 2010 - 2019



LPN workforce survey, Utah, 2024

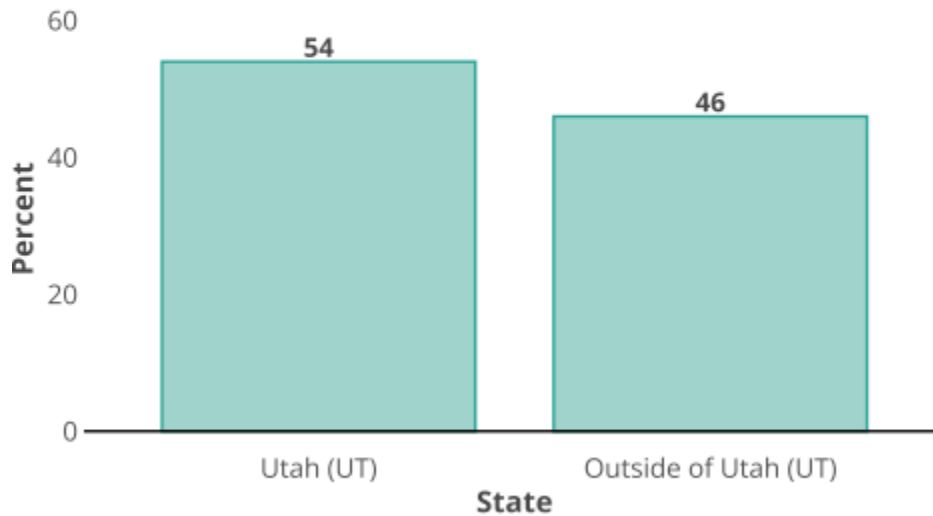
Figure 11. LTC LPN respondents qualifying degree location

Over half of LTC LPN respondents completed their qualifying education in Utah



LPN workforce survey, Utah, 2024

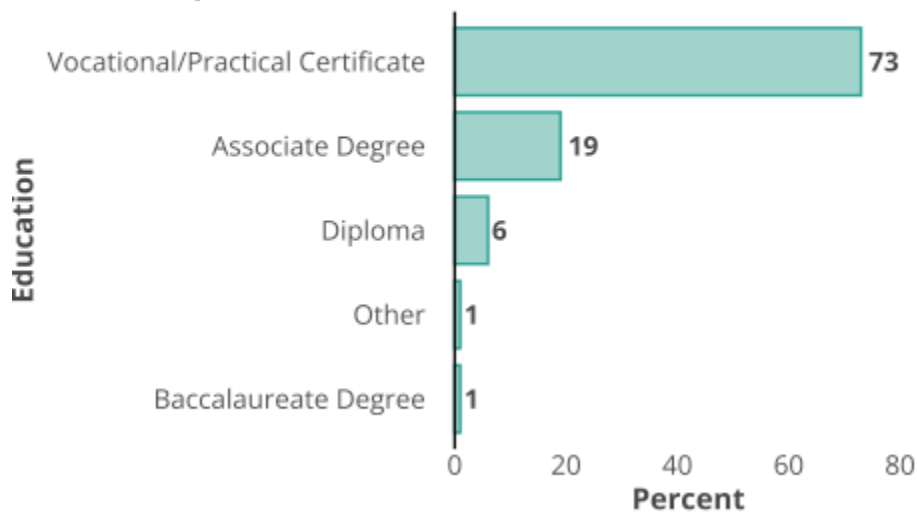
Figure 12. LTC LPN respondents graduation location, Utah versus non-Utah
54% of respondents completed their education in Utah



LPN workforce survey, Utah, 2024

Highest education

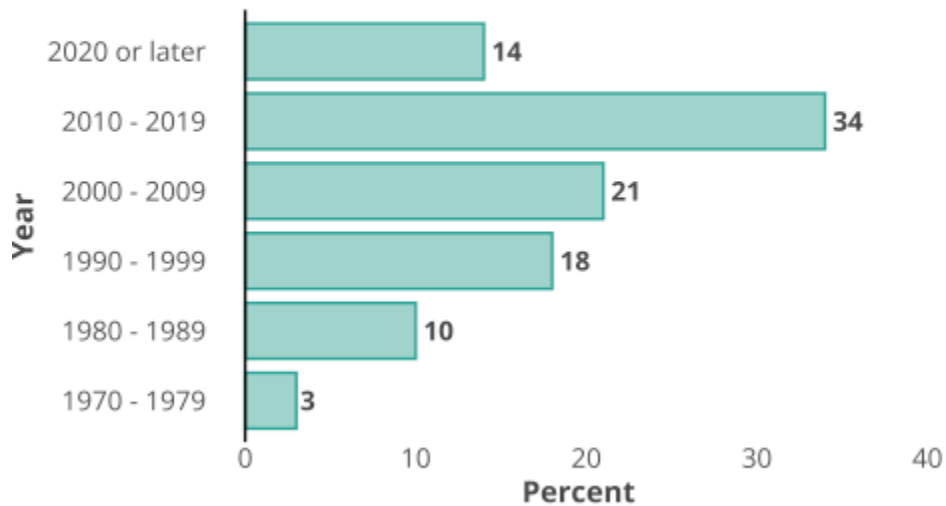
Figure 13. LTC LPN respondents highest nursing degree
73% of LTC LPN respondents highest nursing degree is a vocational/practical certificate



LPN workforce survey, Utah, 2024

Figure 14. LTC LPN respondents highest degree graduation years

About one third of LTC LPN respondents graduated with their highest degree during 2010-2019



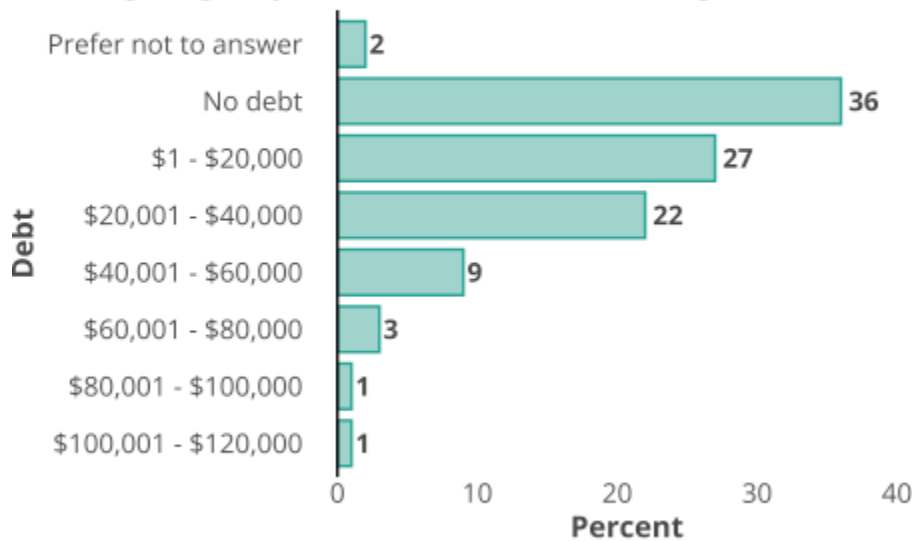
LPN workforce survey, Utah, 2024

Education debt

This section includes LTC LPN survey response information on educational debt.

Figure 15. LTC LPN respondents by educational debt

The largest group of RNs were debt free at graduation

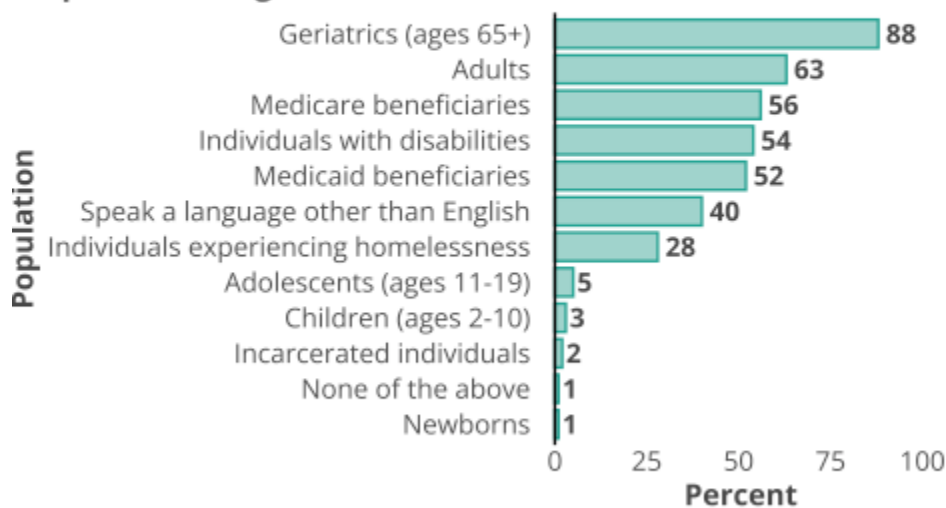


LPN workforce survey, Utah, 2024

Patient characteristics

Figure 16. LTC LPN respondents by population groups served

The most common population groups served by LTC LPN respondents is geriatrics



LPN workforce survey, Utah, 2024

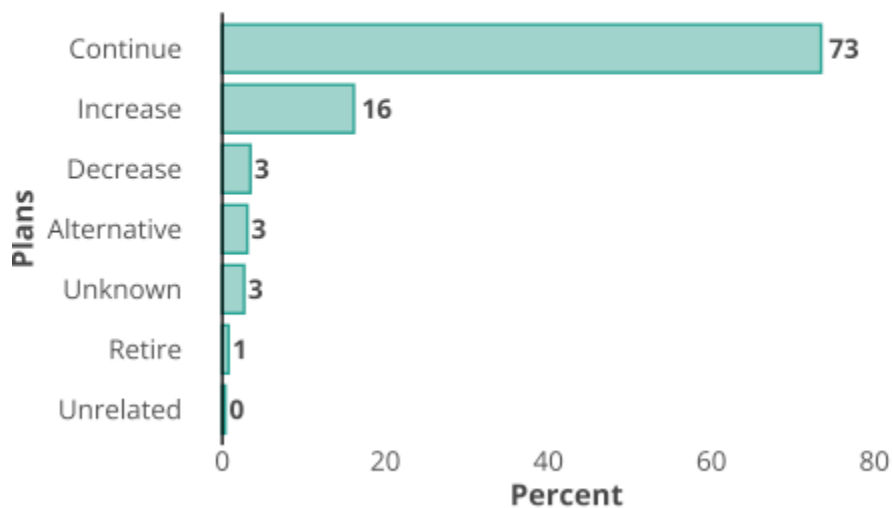
Future employment

This section includes LTC LPN survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 17. LTC LPN respondents by two-year employment intentions

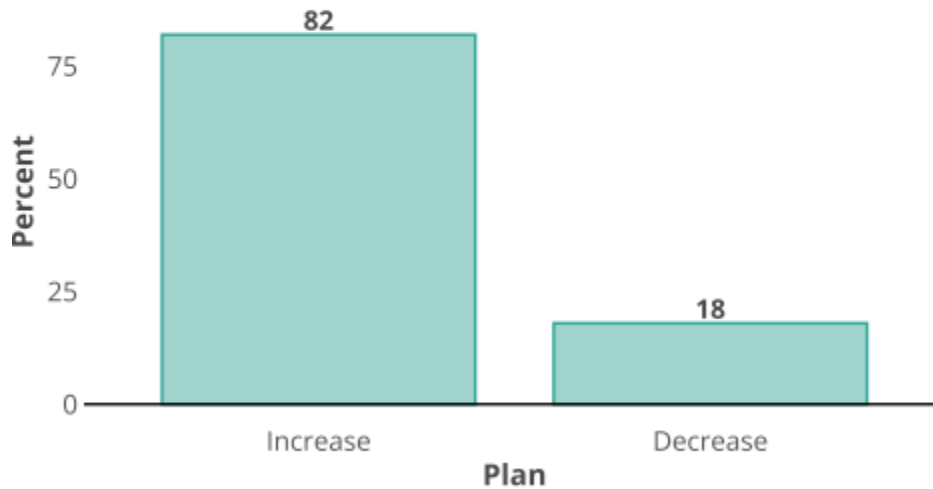
Most LTC LPN respondents plan on working the same number of hours



LPN workforce survey, Utah, 2024

Figure 18. LTC LPN respondents by plans to change hours

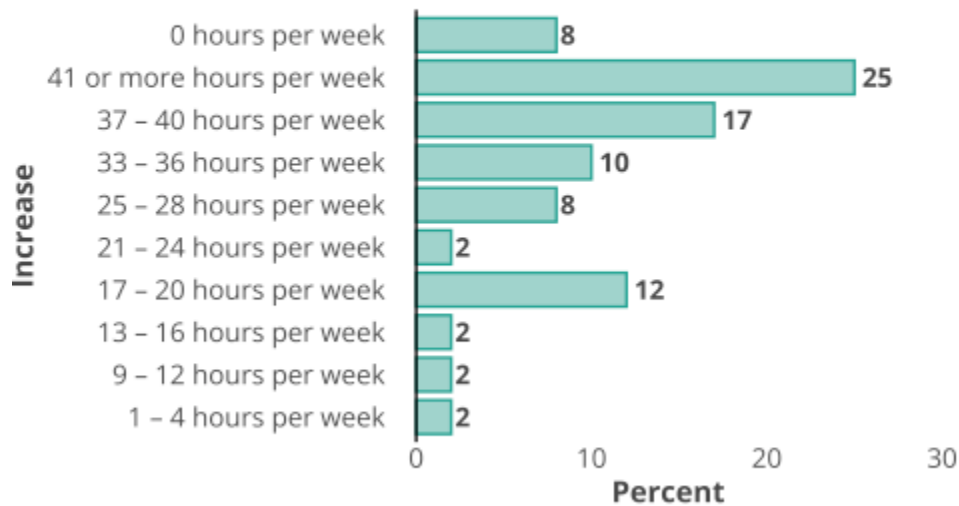
Of those planning to change hours, more plan to increase



LPN workforce survey, Utah, 2024

Figure 19. LTC LPN respondents by plans to increase hours

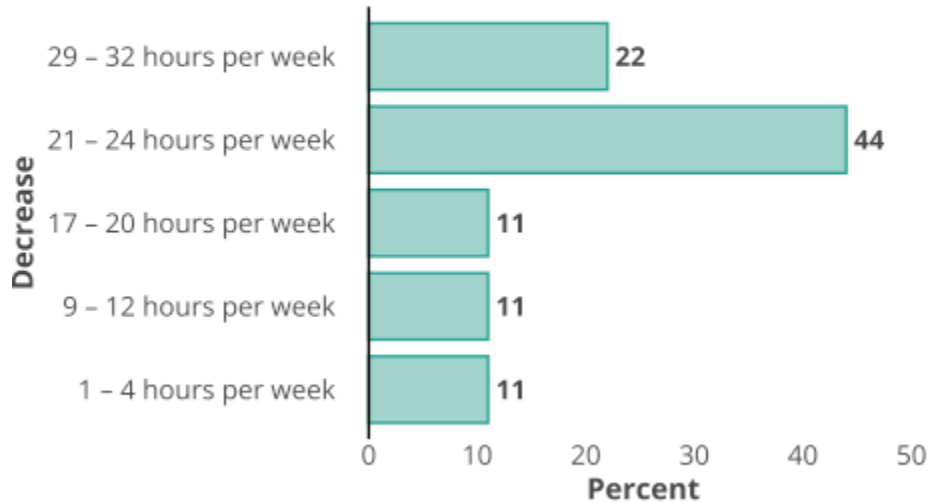
Of those planning to increase hours, the most common response was 41+ hours



LPN workforce survey, Utah, 2024

Figure 20. LTC LPN respondents by plans to decrease hours

Of those planning to decrease hours, the most common response was 21-24 hours per week



LPN workforce survey, Utah, 2024

Table 4. Percent of LTC LPN survey respondents planned an increase in work hours by LTC LPN age Group, Utah, 2024 % increase hours plans by age

	25 - 34	35 - 44	45 - 54	55 - 64	75 - 84
1 – 4 hours per week	0.00	5.88	0.00	0.00	0.00
5 – 8 hours per week	0.00	0.00	0.00	0.00	0.00
9 – 12 hours per week	0.00	5.88	0.00	0.00	0.00
13 – 16 hours per week	0.00	5.88	0.00	0.00	0.00
17 – 20 hours per week	0.00	5.88	14.29	57.14	0.00
21 – 24 hours per week	11.11	0.00	0.00	0.00	0.00
25 – 28 hours per week	0.00	23.53	0.00	0.00	0.00
29 – 32 hours per week	0.00	0.00	0.00	0.00	0.00
33 – 36 hours per week	22.22	11.76	0.00	0.00	100.00
37 – 40 hours per week	22.22	5.88	85.71	0.00	0.00
41 or more hours per week	44.44	35.29	0.00	42.86	0.00

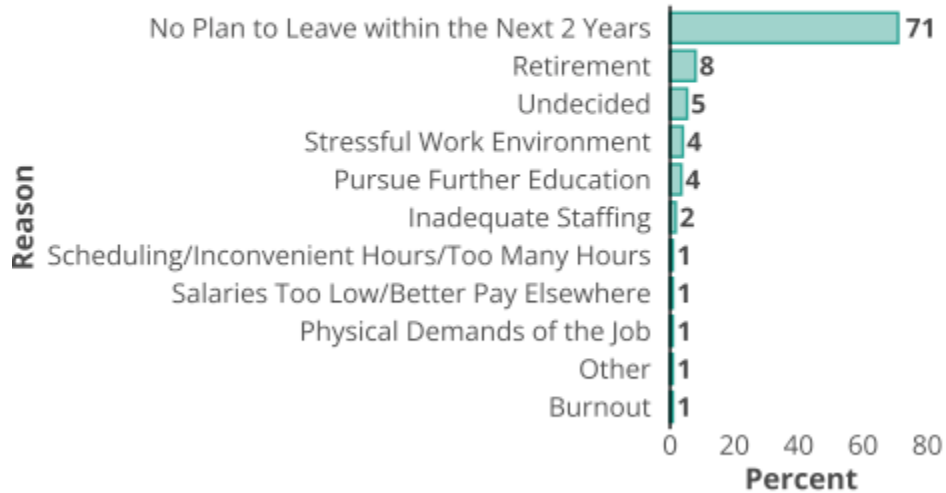
Table 5. Percent of LTC LPN survey respondents planned a decrease in work hours by LTC LPN age Group, Utah, 2024 % decrease hours plans by age

	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1 – 4 hours per week	100.00	0.00	0.00	0.00	0.00
5 – 8 hours per week	0.00	0.00	0.00	0.00	0.00
9 – 12 hours per week	0.00	0.00	0.00	33.33	0.00
13 – 16 hours per week	0.00	0.00	0.00	0.00	0.00
17 – 20 hours per week	0.00	0.00	0.00	33.33	0.00
21 – 24 hours per week	0.00	100.00	0.00	33.33	100.00
25 – 28 hours per week	0.00	0.00	0.00	0.00	0.00
29 – 32 hours per week	0.00	0.00	100.00	0.00	0.00
33 – 36 hours per week	0.00	0.00	0.00	0.00	0.00
37 – 40 hours per week	0.00	0.00	0.00	0.00	0.00
41 or more hours per week	0.00	0.00	0.00	0.00	0.00

Data note: It should be noted that the small response rate related to the question regarding change in hours is a consequence of the lower number of respondents indicating they plan to increase or decrease hours.

Figure 21. LTC LPN respondents reason for leaving nursing permanently in the next two years

The most common reason for leaving nursing is retirement



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Limitations

While these findings offer valuable insights, they should be interpreted considering several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire LTC LPN workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all RNs in Utah must be interpreted with caution. All employment and demographic information are self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represent a single point in time and do not reflect changes in the workforce that might occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's LTC LPN workforce.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/Nursing_profession-specific-survey-HWAC-adopted-.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). The UCPMDS is the underlying set of questions covering the highest-priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. The UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

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