Health workforce survey data
Registered Nurse report

October 20, 2025

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Executive summary

Utah's registered nurse (RN) workforce has grown modestly over the past five years, but recent data point to slowing momentum and stabilization, with only 2% of RNs reporting being unemployed and seeking work. Most nurses work in direct patient care and plan to keep their current hours, though younger nurses are more likely to seek full-time schedules. Job postings remain low following a post-pandemic hiring surge, and all major healthcare nursing sectors saw declines in 2023.

RN respondents working in urban areas report similar full-time hours, as well as plans to continue working as they are, when compared to RN respondents working in rural areas. Additionally, long-term care employs fewer RNs, and those RNs earn approximately $30,000 less on average than RNs working in non-long-term care settings. Monitoring and addressing these issues will be essential to maintaining a stable and sufficient nursing workforce in Utah.

Key findings

- **Most RN respondents plan to continue working in their current capacity for the next two years.** While most respondents plan to continue working the same hours they work now, over the next two years, 11% of RN respondents indicated they plan to increase their hours, usually to full-time.

- **RN employers and RN job postings continue to decline.** Over the past five years, both have steadily decreased.

- **RN graduates have decreased.** The latest data shows a decline in the number of RN graduates from 69,856 in the 2021 school year to 57,864 in the 2022 school year.

- **Most Utah RN licensees also received their education in Utah.** Over 75% of respondents indicated graduating from a nursing school in Utah.

- **There appears to be a shortage of RN positions for those entering the workforce.** There may be a shortage of RN job openings for new graduates, with both job postings and employers hiring RNs steadily declining. However, only 2% of respondents reported being unemployed and actively seeking licensed positions.

- **Fewer RN respondents are working in long-term care,** and those who do earn on average $30,000 less than their peers.

- **Both urban and rural RN respondents show similar percentage makeups of FTE work,** as well as plans to continue working as they currently are.

- **Average RN wage is below the national median,** with the average Utah pay being $74,000 versus the national average of $93,000

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/), was established in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to collect and analyze healthcare workforce data. This legislation also established the Governor's Health Workforce Advisory Council (HWAC), which provides strategic guidance and oversight on policies and initiatives aimed at strengthening 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 to 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.

Background

RNs in Utah are essential healthcare professionals who provide a wide range of patient care services. Their duties include assessing patients, developing and implementing individualized care plans, administering medications, and educating patients and their families about health conditions. RNs collaborate closely with other healthcare professionals to ensure coordinated care and may also supervise other nursing staff. They are guided by the Utah Nurse Practice Act and are expected to use critical thinking and clinical judgment to provide safe and effective care.

To become a RN in Utah, individuals must complete an accredited nursing program, either an Associate Degree in Nursing (ADN) or a Bachelor of Science in Nursing (BSN). For those pursuing advanced practice roles such as APRNs (Advanced Practice Registered Nurses), earning a Master's degree or Doctor of Nursing Practice (DNP) in nursing is typically required. APRNs may serve as primary care providers. For more detailed information about APRNs and their healthcare workforce, please visit our website at hwic.utah.gov for the full report.

After graduation, RNs must pass the National Council Licensure Examination (NCLEX-RN) and apply for a license through the Utah DOPL, which includes a background check. To maintain their license, RNs are required to complete continuing education every two years, ensuring they stay up-to-date with current best practices in the nursing field.

Utah RN workforce in context

The table below compares key characteristics of Utah's RN workforce to national averages. It highlights differences in wages, employment density, education levels, age, and gender distribution. Understanding these comparisons helps identify areas in which Utah's nursing workforce aligns with or differs from broader trends.

Table 1. Comparison of Utah RN Workforce to National Averages

Measure	National average	Utah
Average RN Wage	$93,000	$74,000
RNs per 1,000 jobs	9	15
Associate's degree holders	46%	55%
Bachelor's degree holders	44%	42%
Master's degree holders	5%	2%
Average RN age	43	45
Gender distribution (female)	88%	87%

Methods

DOPL Survey

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┌─────────────────────────────┐
│   47309 RN licenses         │
│   eligible for renewal      │
└─────────────────────────────┘
              │              ┌─────────────────────────────┐
              │─────────────▶│   17987 did not attempt     │
              ▼              │        the survey           │
┌─────────────────────────────┐
│   29322 answered the        │
│        survey               │
└─────────────────────────────┘
              │              ┌─────────────────────────────┐
              │─────────────▶│   5127 not working in a     │
              ▼              │   position of nursing       │
┌─────────────────────────────┐
│   24195 actively working    │
│   in a position of nursing  │
└─────────────────────────────┘
              │              ┌─────────────────────────────┐
              │─────────────▶│   7988 working outside      │
              ▼              │        of Utah              │
┌─────────────────────────────┐
│   16207 actively working    │
│   in a position of nursing  │
│        in Utah              │
└─────────────────────────────┘
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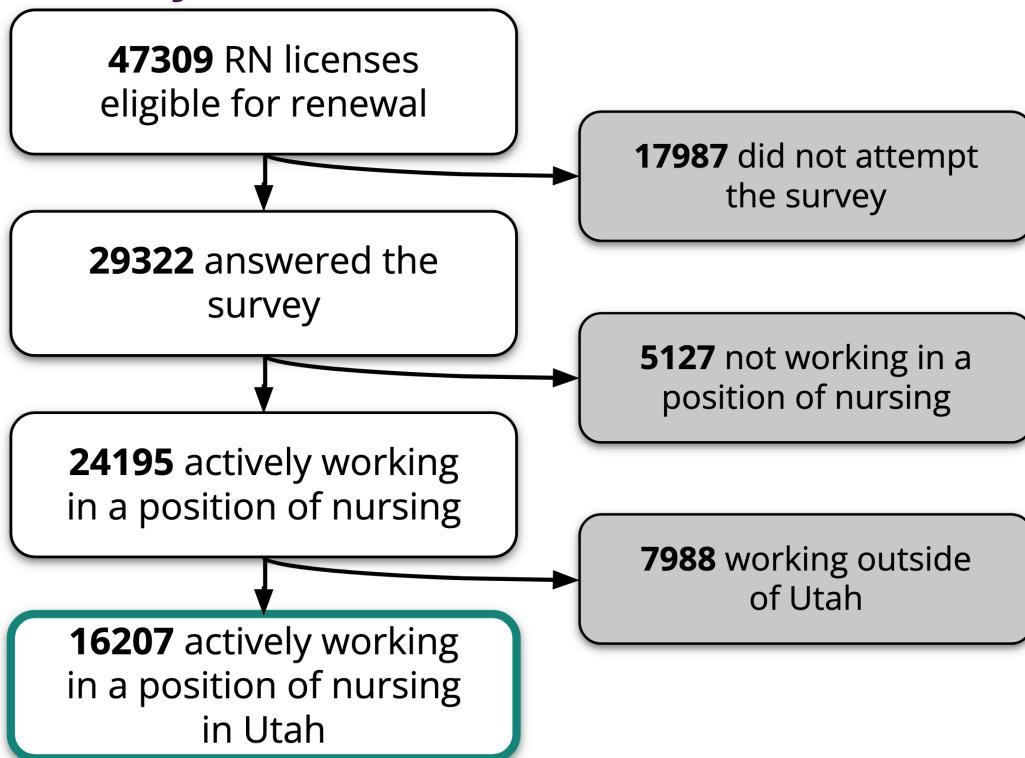
All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results, see Appendix A. Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

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.

RNs whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 47,309 RNs were sent a renewal link and survey invitation. Of those, 29,322 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the RN DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the RN workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 40411 providers during 2018-2023. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows the HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Some of its limitations include that most professionals who don't bill for services don't keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

Help wanted online data is provided by DWS to track job postings. Data is received as needed to report on specific health workforce professions based on SOC (Standard Occupational Classification) codes.

Use caution when you interpret **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

Results

Licensed and active workforce

RNs renewing their licenses and those whose license had expired within the previous two years were invited to participate in the DOPL survey upon renewal of their license. Of those, 61.98% responded to at least one survey question and provided a valid license number.

The 2024 DOPL survey results look to be an improvement compared to past surveys in terms of the number of responses. This survey showed the most responses recorded of any RN surveys reported on by HWIC to date, with a 61.98% response rate.

Figure 1. Count of RNs with wages
RNs with wages have incresed slightly
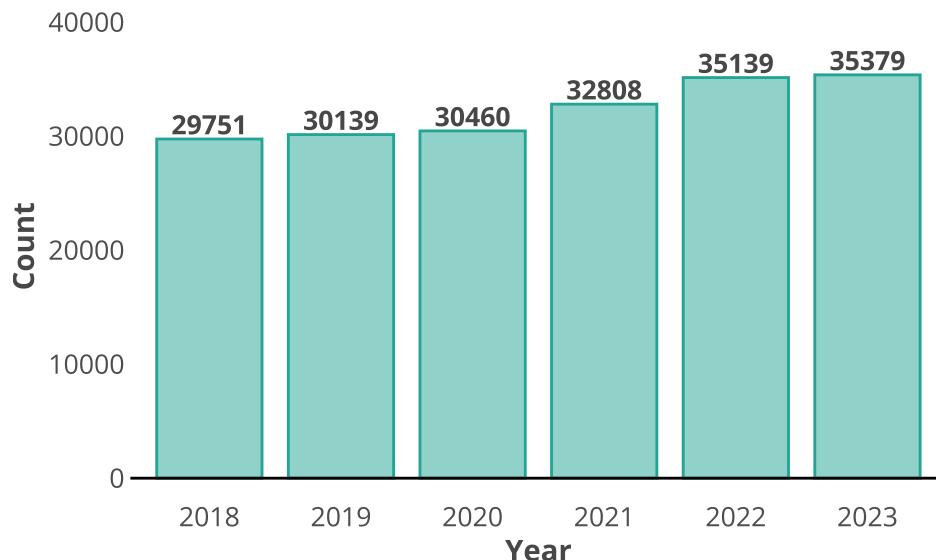
Unemployment insurance data, DWS, 2024

## Figure 2. RN survey reponses

RN survey responses were the highest recorded
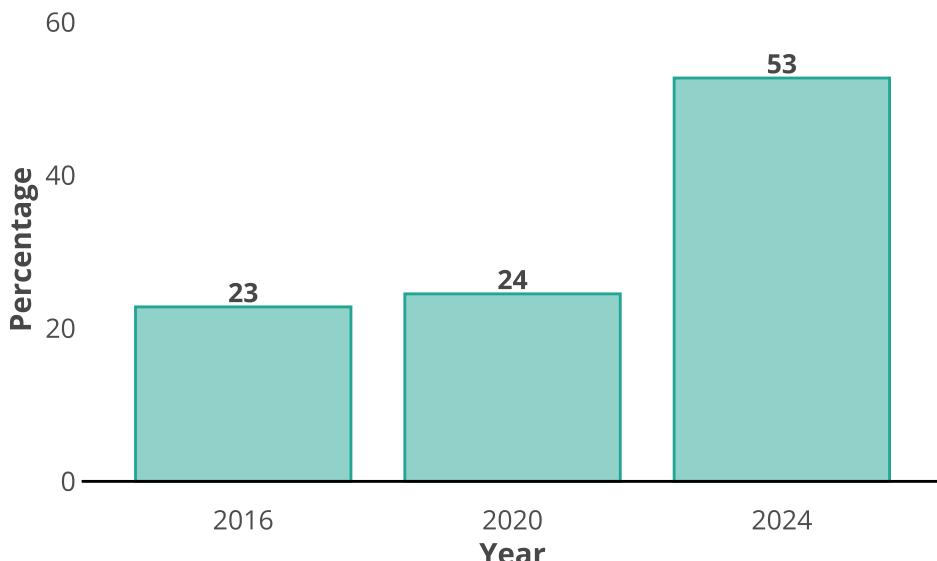
RN workforfce survey, Utah, 2024

Figure 3. RN respondents' work status

Most RN respondents are working in a position that requires their license
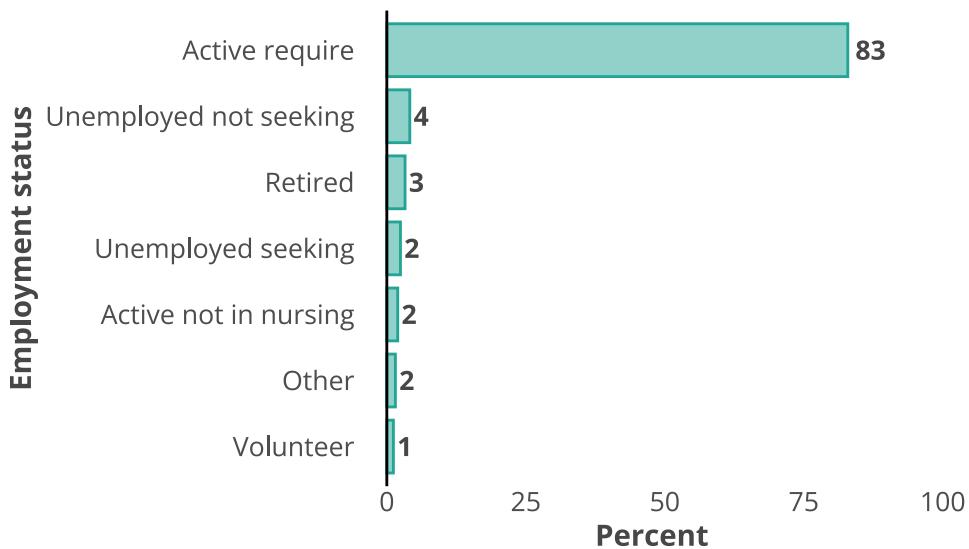
RN workforfce survey, Utah, 2024

Response options were modified for the presentation of the chart. What is displayed as "Active require" appeared on the survey as "Actively working in a position that requires this license". "Unemployed seeking" appeared on the survey as "Unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "Volunteer work only". "Unemployed not seeking" appeared on the survey as "Unemployed and not seeking work that requires this license". "Active not in nursing" appeared on the survey as "Actively working in a position in a field other than nursing".

Approximately 83% of respondents reported that they work in a position that requires their license. Three percent of respondents indicated they have retired, and only 2% of respondents indicated they are unemployed and seeking a position that requires their nursing license.

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 on the survey, and respondents can indicate how many of their working hours are spent directly towards their patients care. This data illustrates how many respondents are working full-time versus how many respondents are working full-time in DPC.

Figure 4. RN respondents working and direct patient care hours (primary location)

Half of FTE RN respondents work their full time in direct patient care at their primary practice

Most respondents indicate they are working 33 hours or more per week at their primary practice. About half of the respondents are working full-time in direct patient care at their primary practice.

Figure 5. RN respondents working and direct patient care hours (secondary location)

Half of FTE RN respondents work their full time in direct patient care at their secondary practice
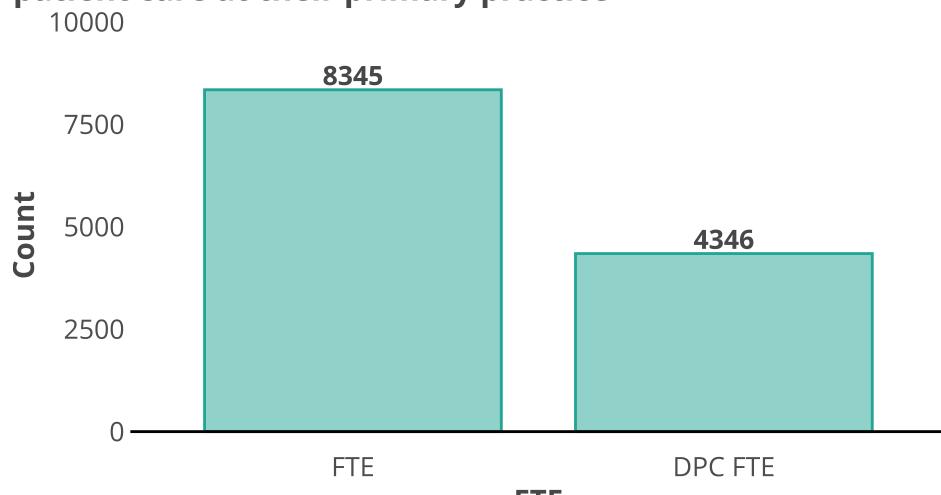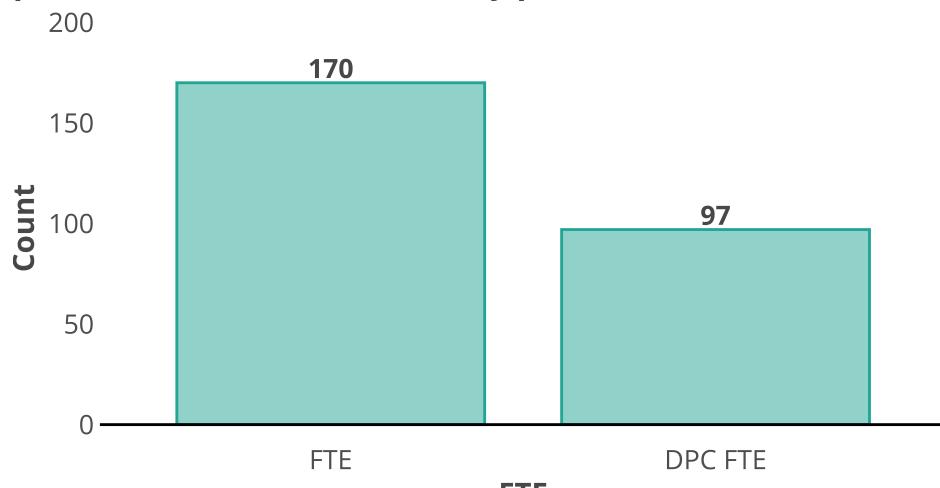

RN workforfce survey, Utah, 2024

Most respondents indicate they are working 33 hours or more per week at their secondary practice. About half of respondents are working full-time in direct patient care at their secondary practice.

Figure 6. RN respondents primary specialties
**Most RN respondents work in Acute/Critical Care**
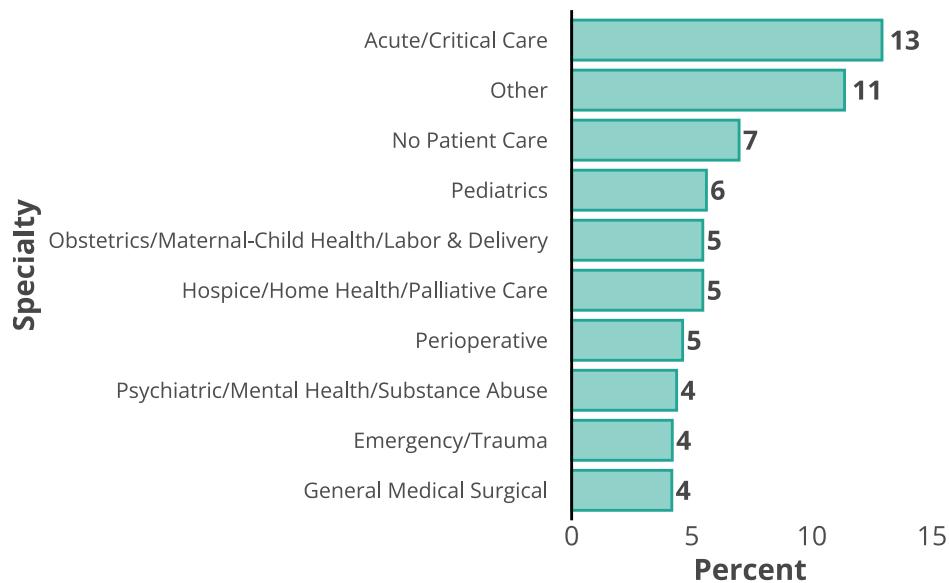
RN workforfce survey, Utah, 2024

As seen in Figure 6, there is a large range of specialties among RN respondents. Most (15%) RN respondents reported working in acute/critical care.

Setting

This section details RN survey responses regarding the types of practice settings including telehealth.

Figure 7. FTE RN respondents top specialties
FTE RN respondents top specialty is Acute/Critical Care

Specialty	Percent
Acute/Critical Care	16
Other	12
Hospice/Home Health/Palliative Care	5
Psychiatric/Mental Health/Substance Abuse	5
No Patient Care	5
Perioperative	4
Emergency/Trauma	4
General Medical Surgical	4
Pediatrics	4
Cardiology/Cardiac/Cardiovascular Care	4
Oncology	4
Obstetrics/Maternal-Child Health/Labor & Delivery	4
Adult Health	3
Gerontology/Geriatric Health	3
Family Health	3
Neonatal Health	2
Rehabilitation	2
Primary Care	2
No Specific Area	2
Public Health/Community Health	1

RN workforfce survey, Utah, 2024

The most common primary setting for RN respondents is a hospital (29%). The least commonly reported RN work settings were long-term care (LTC; 3%), psychiatric (2%), and public/community health (2%).

Figure 8. RN respondents primary setting

Most common RN primary practice setting is hospitals
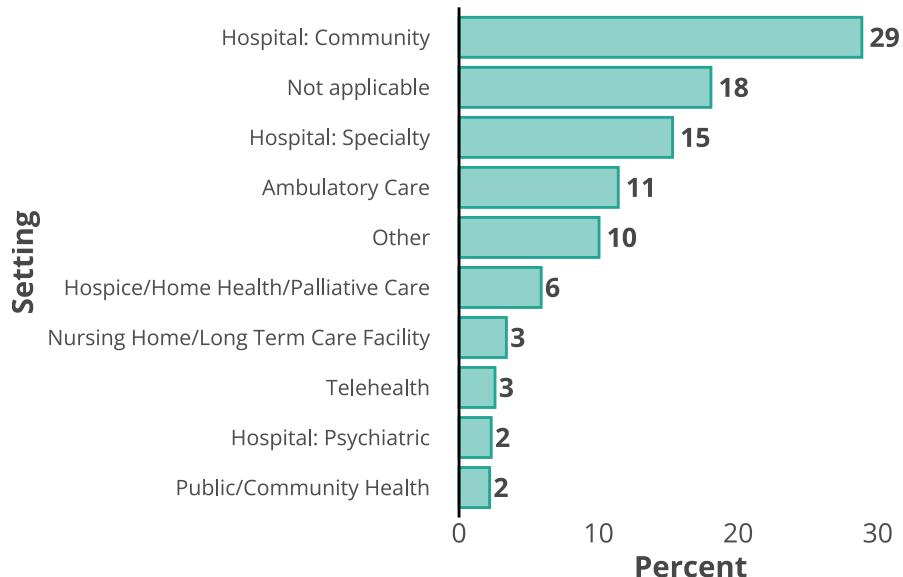
RN workforfce survey, Utah, 2024

Figure 9. RN respondents working in long term care

Very few RN respondents work in long term care
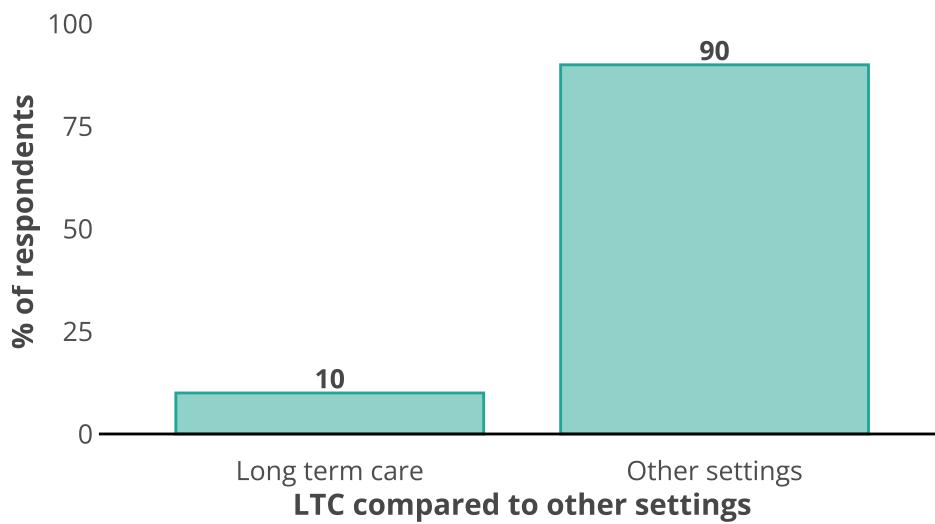
RN workforfce survey, Utah, 2024

An LTC setting includes one of the following: nursing home, long-term care facility, hospice, home health, palliative care, or long-term care area of a hospital. As shown in Figure 9 above only about 10% of RN respondents work in these settings. While LTC is an essential part of the healthcare ecosystem, wages in this sector have grown more slowly than for the broader RN workforce. Given differences in pay and workforce size, the data was analyzed by comparing LTC to non-LTC (see Table 2).

Table 2 compares LTC and non-LTC RNs in terms of the number of employers, number of RNs, and average wages by year. While the number of LTC employers and RNs has remained fairly stable, non-LTC employers and RNs have seen slight growth over the past seven years.

Over the past seven years, average wages for non-LTC RNs have risen by more than $20,000, while LTC RN wages have increased by only about $7,000 and even slightly decreased from 2023 to 2024 (Table 2). These differences have resulted in a 34% (2018) to 40% (2024) difference in average wages (Figure 11). Additionally, the demand for LTC nurses has not grown as much as for other RNs. The number of non-LTC RNs increased about 41.4% from 2018 to 2024 compared to only a 8.3% increase for LTC nurses (Table 2).

Table 2. Utah RN Employment and Average Wages by Setting (Non-LTC vs. LTC), Utah, 2018–2024

| Year	Non-LTC RN employers	Non-LTC RNs	Non-LTC RN average wage	LTC RN employers	LTC RNs	LTC RN average wage
2018	2,902	27,012	$56,691	114	2,256	$37,474
2019	3,057	28,003	$58,875	110	2,325	$39,375
2020	3,359	29,462	$60,301	109	2,375	$40,134
2021	3,676	31,270	$63,474	109	2,428	$39,459
2022	3,876	32,546	$69,980	108	2,245	$44,079
2023	3,986	33,955	$74,274	117	2,352	$44,256
2024	4,102	35,291	$74,134	108	2,444	$44,195

Figure 10. Average wage LTC vs. non-LTC

Recent data shows the gap between wages for LTC and non-LTC RNs has grown
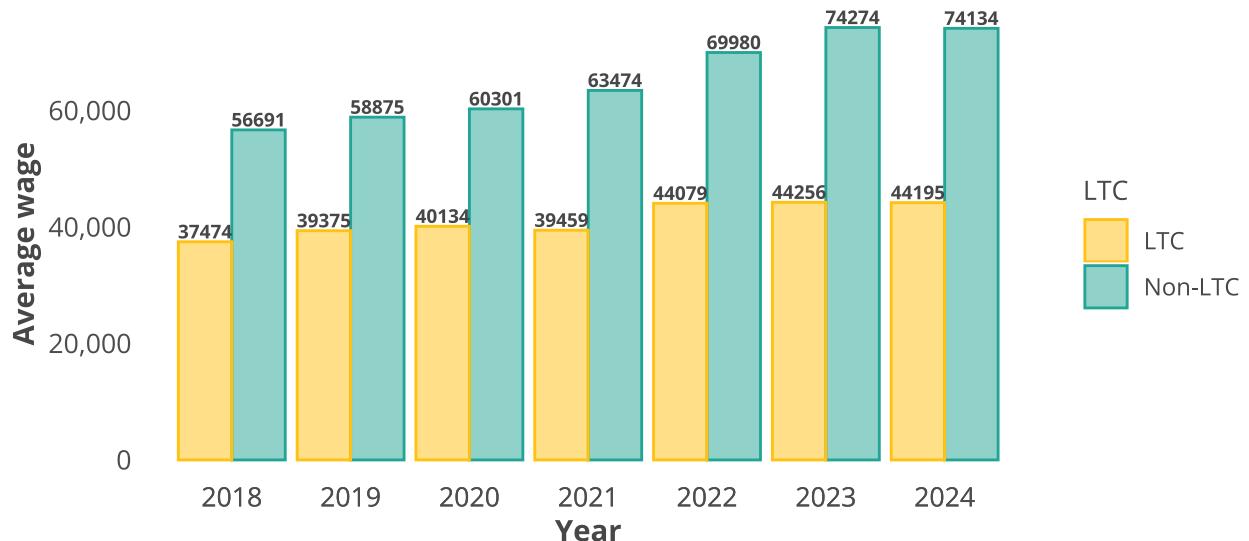
Unemployment insurance data, DWS, 2024

Figure 11. Non-LTC RNs wage versus LTC RNs wage

The percent pay gap between LTC and non-LTC RNs is 40%
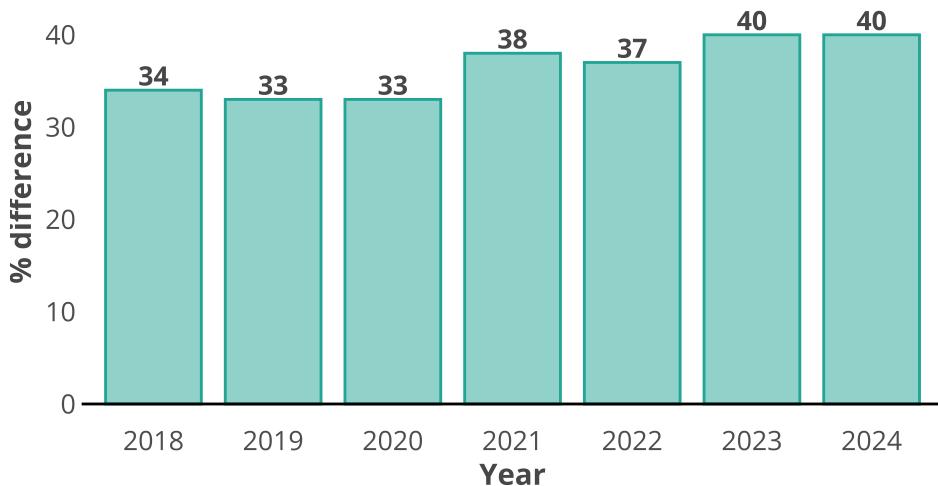

Unemployment insurance data, Utah, 2024

Urban versus rural comparisons

Rural care is always a focus to ensure residents in non-urban counties are receiving adequate care as well. Two measures are used below to compare respondents practicing in urban counties versus those practicing in rural counties: the first being FTE and the second being two-year employment plans.

Figure 12. RN respondents by FTE, Urban vs. Rural

Both rural and urban counties have the same percentages of FTE RN respondents
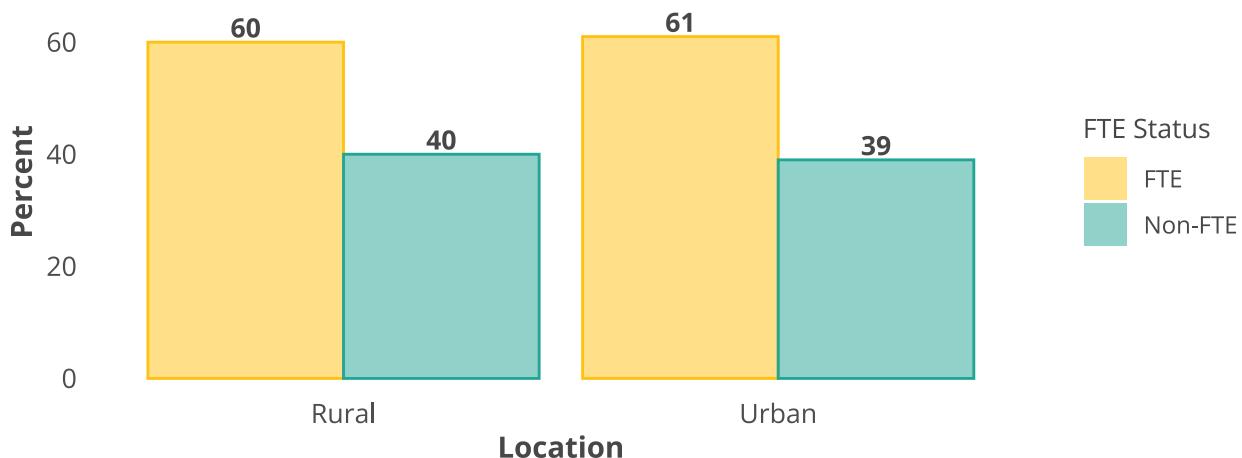

RN workforce survey, Utah, 2024

FTE hours appear to be very comparable between the two geographic groups of respondents, with both reporting about 60% FTE and 40% Non-FTE

## Figure 13. RN respondents by employment plan, rural counties

The majority of RN respondents in rural counties plan to continue working as they are
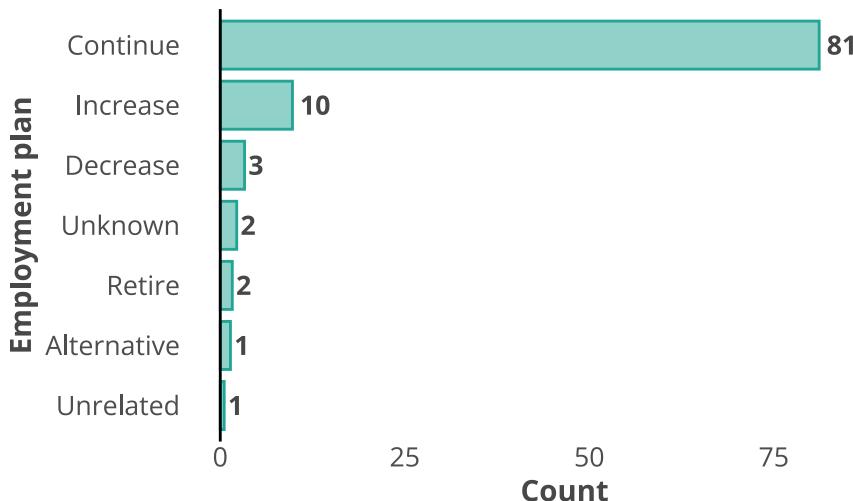
RN workforce survey, Utah, 2024

Figure 14. RN respondents by employment plan, urban counties

The majority of RN respondents in urban counties plan to continue working as they are
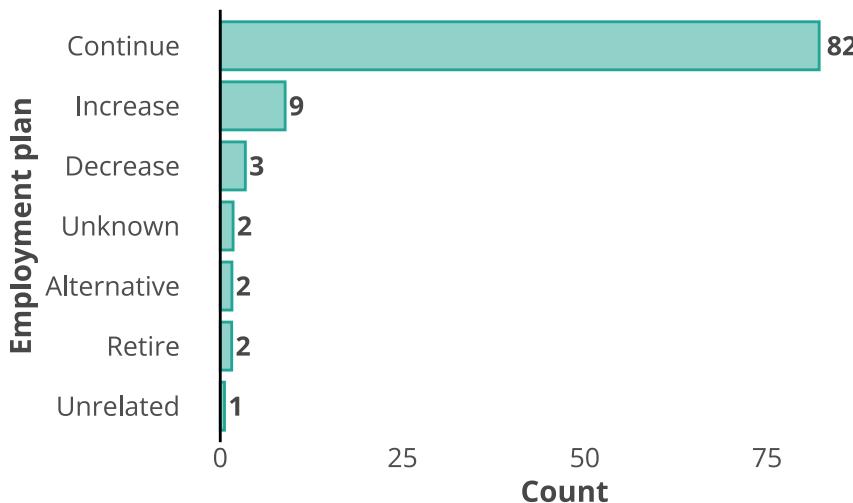

RN workforce survey, Utah, 2024

Two-year employment plans appear to be similar as well, with 81% of rural practicing respondents indicating plans to continue as they are, versus 82% of urban practicing respondents indicating the same.

Telehealth services

Figure 15. RN respondents providing telehealth

Most RN respondents don't provide telehealth services

Yes
value: 27%

No
value: 73%
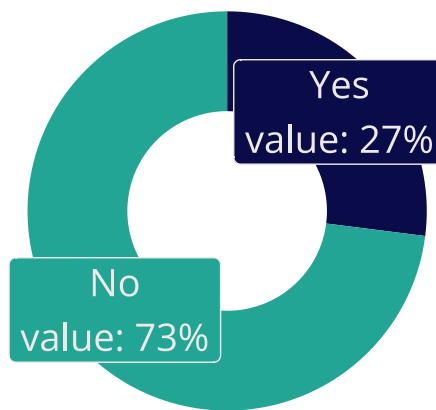
RN workforfce survey, Utah, 2024

For RN survey respondents, the hours worked to hours spent providing telehealth services was 26 to 5. This means that RN respondents work an average of around 26 hours per week and provide an average of 5 hours of telehealth per week. Note that these are averages due to the response options being in range format (i.e., "21-24 hours worked a week", etc.). As seen in Figure 15, most RN respondents (73%) indicated they provide zero or very little care via telehealth.

Demographics

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

Age

Figure 16. RN respondents by age group
75% of RNs are aged between 25 and 54
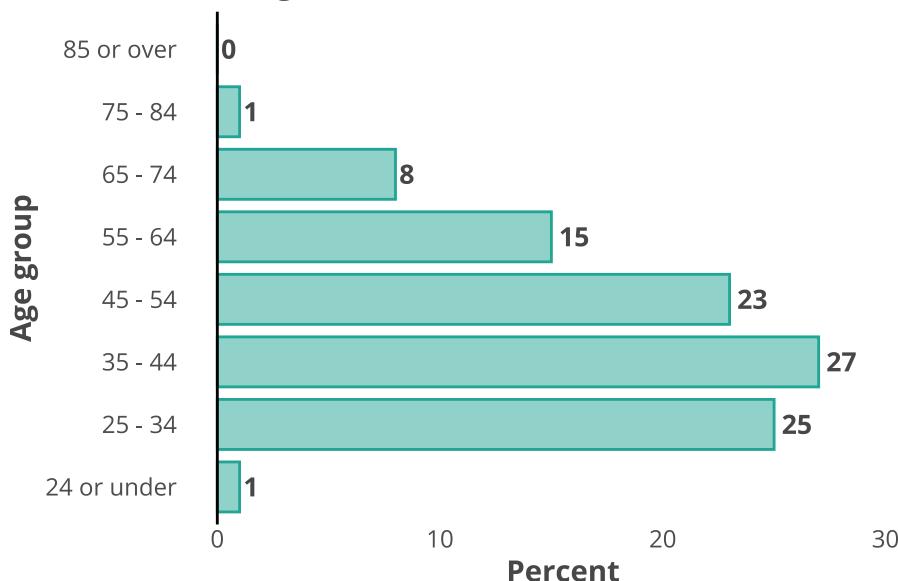
RN workforce survey, Utah, 2024

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.

The average age of RN respondents in Utah is 45. Many RN respondents may retire in the next 10–15 years, which could create gaps in staffing if not enough new RNs enter the workforce. The RN workforce is experienced but aging, which may point to a need for proactive planning to sustain RN capacity.

Sex

Figure 17. RN respondents by sex

Most RN respondents are female
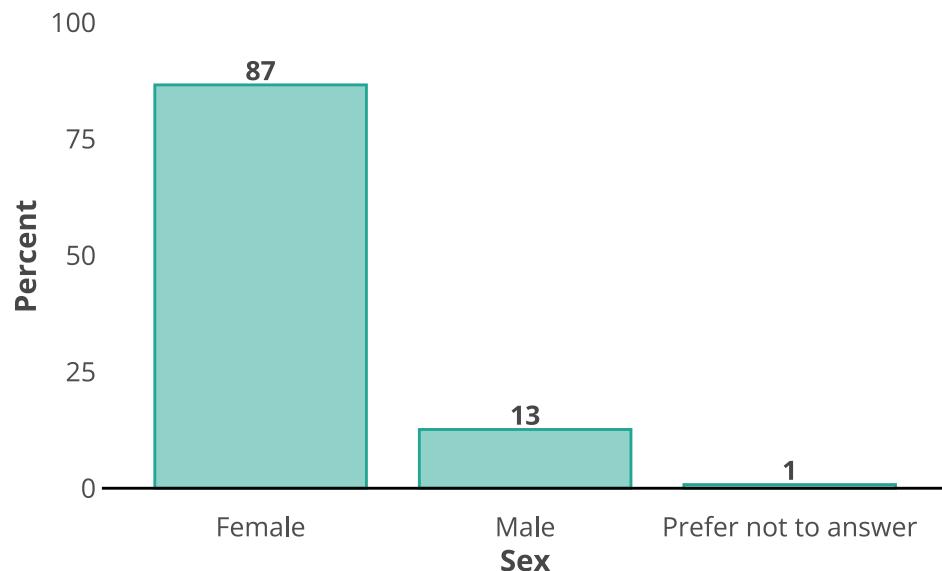
RN workforfce survey, Utah, 2024

The Utah RN workforce is predominantly female (87%), with males representing only 13%, showing an uneven gender distribution.

Race and ethnicity

Figure 18. RN respondents by race
Most RN respondents are white

White — 91
Other Race — 3
Asian — 3
Multiracial — 2
Black or African American — 1
Native Hawaiian/Pacific Islander — 0
American Indian or Alaska Native — 0
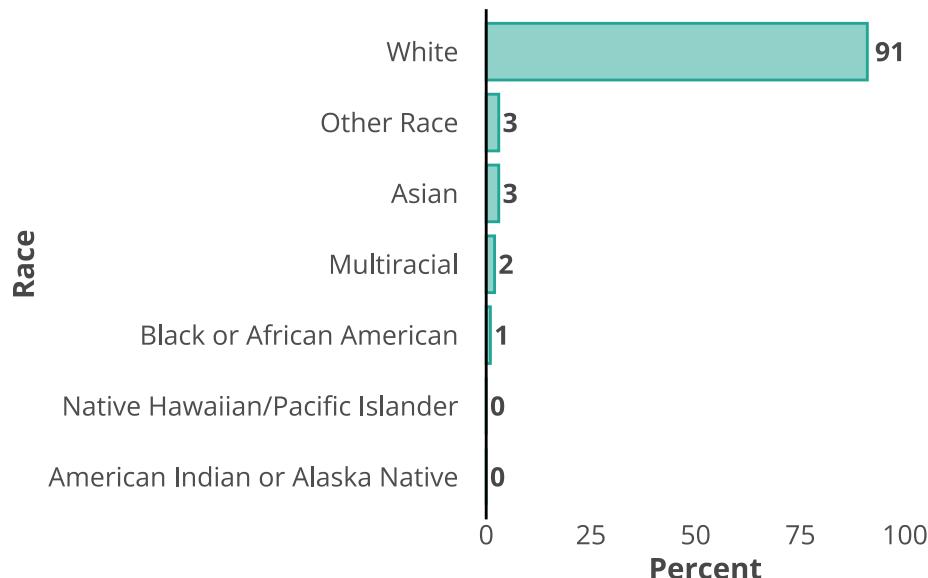
RN workforfce survey, Utah, 2024

Figure 19. Hispanic/Latino(a)/Spanish RN respondents statistics
9% of RN respondents are Hispanic

No — 91
Yes — 9
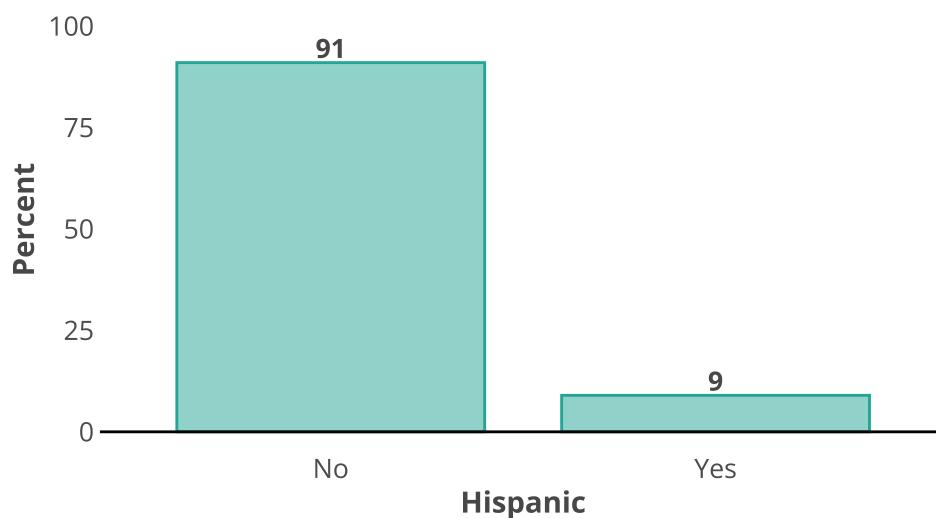
RN workforfce survey, Utah, 2024

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 91% of RN survey respondents identified as White, compared with roughly 75% of Utah's overall population in 2025. Additionally, approximately 9% 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 RN survey response information on education information, including qualifying education and highest education.

Qualifying education

Figure 20. RN respondents qualifing degrees

Almost all RN respondents qualifying degree was associate or bachelor level
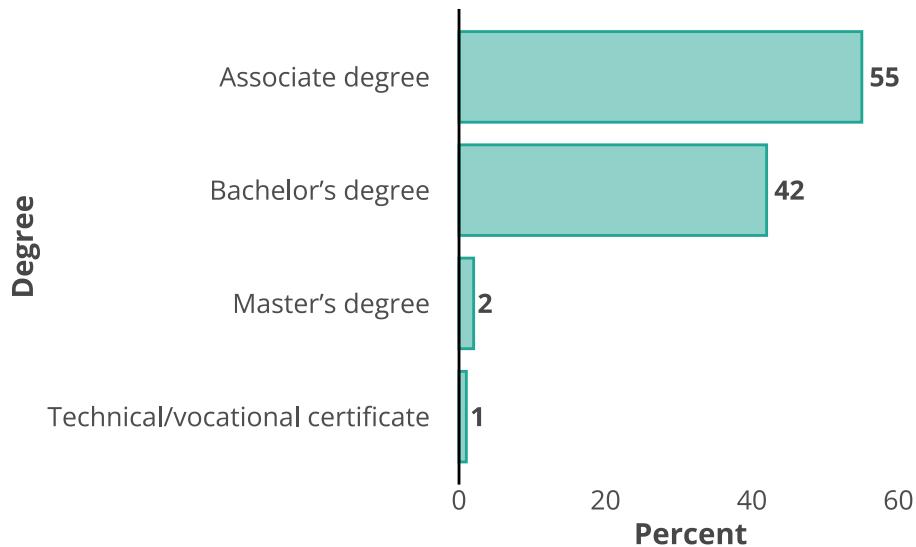
RN workforfce survey, Utah, 2024

Figure 21. RN respondents graduation years
Many RN respondents graduated between 2010 - 2019
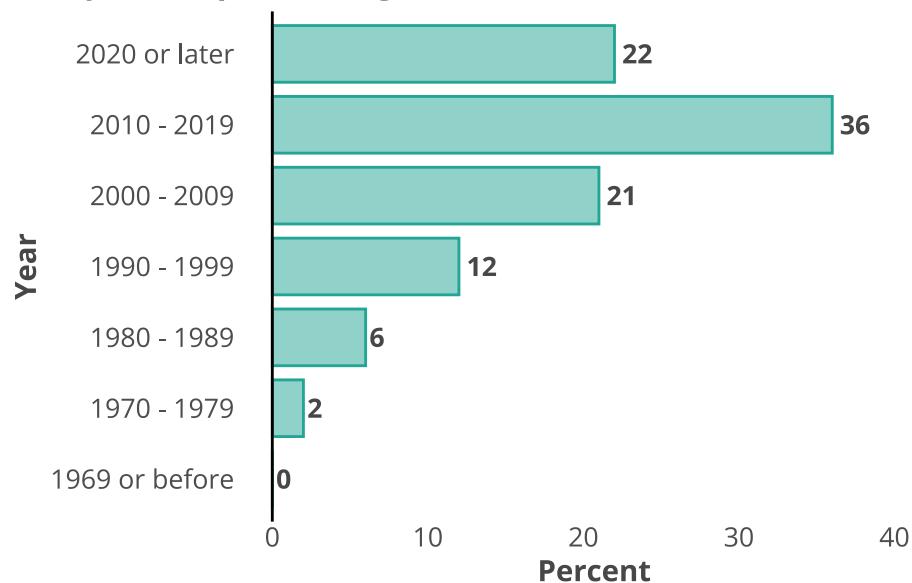
RN workforfce survey, Utah, 2024

Many RN respondents graduated during 2010-2019, suggesting a relatively experienced cohort entering mid-career.

Figure 22. RN respondents graduation location
Most RN respondents completed their education in Utah
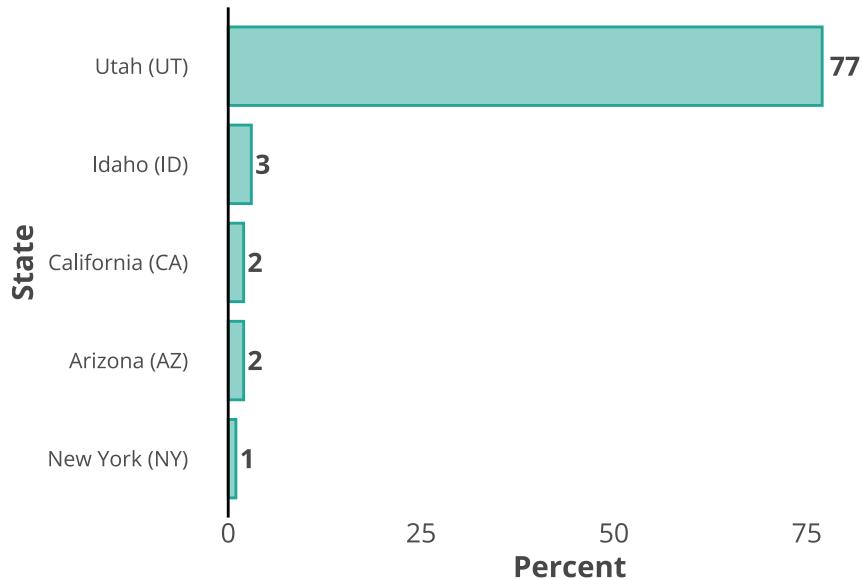
RN workforfce survey, Utah, 2024

Figure 23. RN respondents graduation location
Most respondents completed their education in Utah
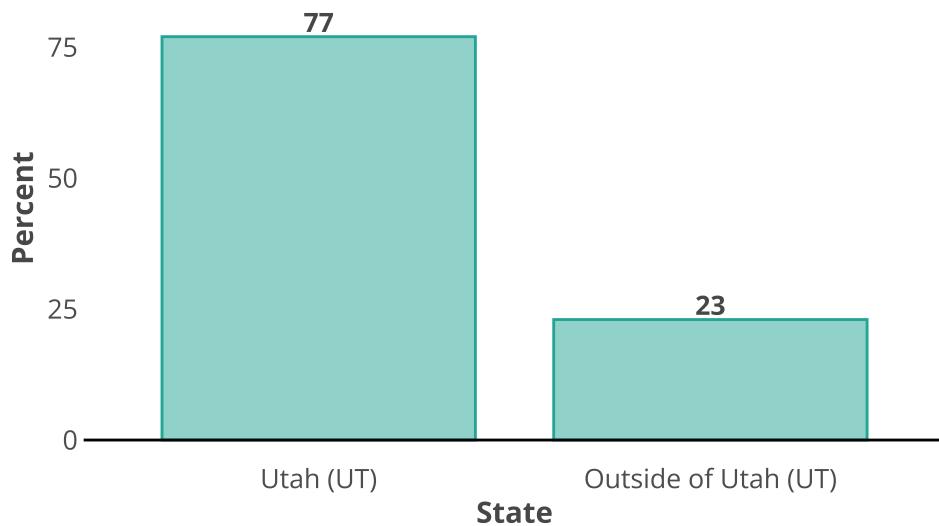
RN workforfce survey, Utah, 2024

Most RN respondents completed their nursing education in Utah, which is promising for retention, as locally trained nurses are more likely to stay in the state.

Highest education

Figure 24. RN respondents highest degree

Over half of RN respondents highest degree is a baccalaureate degree
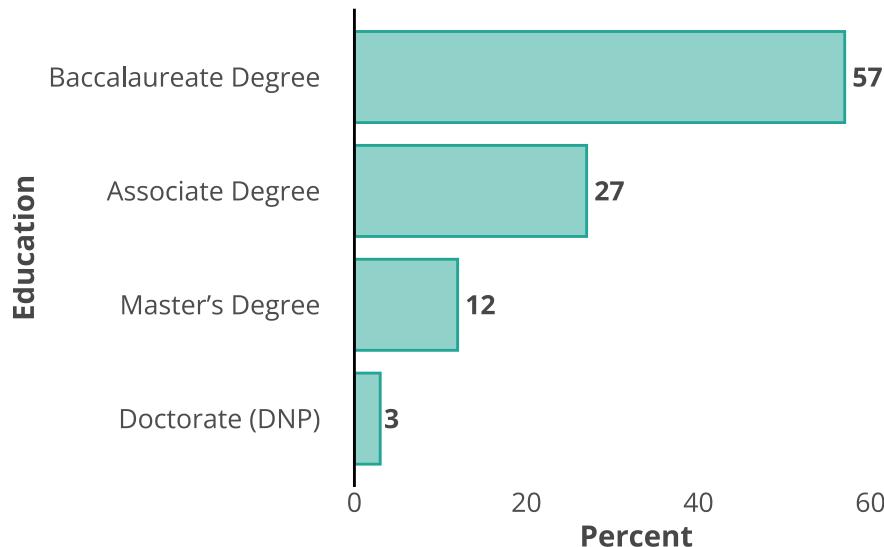
RN workforfce survey, Utah, 2024

The Utah RN workforce shows some strengths. Most RN respondents hold either a Bachelor's degree or higher (Figure 24; 72%). Over half have completed a Bachelor's as their highest degree (57%), indicating a generally well-educated workforce. Although 55% of RN respondents initially qualified with an Associate's degree, only 27% report it as their highest degree and this may indicate that many RN respondents are pursuing a Bachelor's or higher degree to advance their education and careers. This shows the workforce maybe actively upskilling beyond entry-level requirements.

Education debt

This section includes RN survey response information on educational debt.

Figure 25. RN respondents by educational debt

The largest group of RNs are debt free
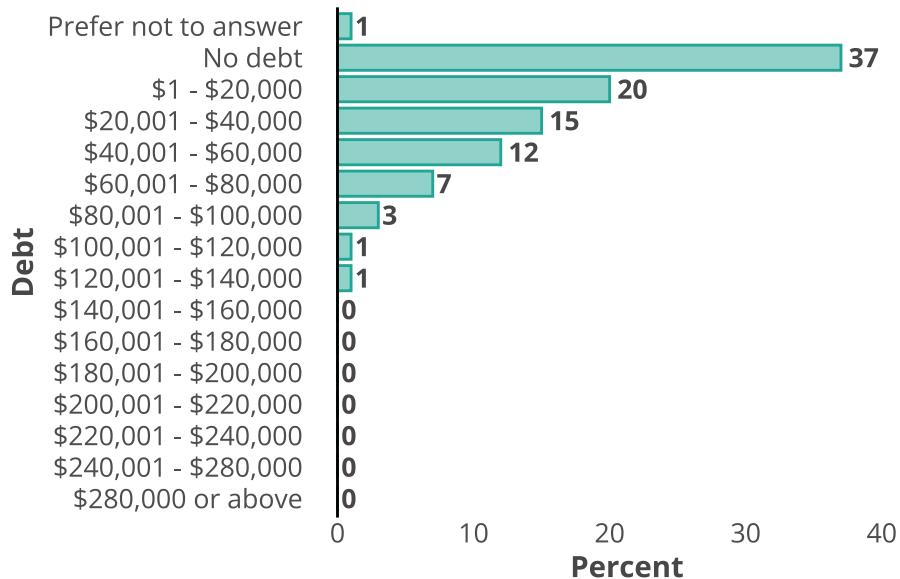
RN workforfce survey, Utah, 2024

Over one third of RN respondents indacted being debt free, which gives them greater flexibility in career choices, including pursuing advanced roles, participating in professional growth opportunities, or working in underserved areas. These factors may contribute to higher retention rates for employers.

Employment characteristics

This section includes RN survey response information on their employment, such as specialty, role, telehealth hours, precepting status, and patient types.

Precepting

Figure 26. RN respondents by having precepted

Over half of RN respondents indicated having precepted within the last two years
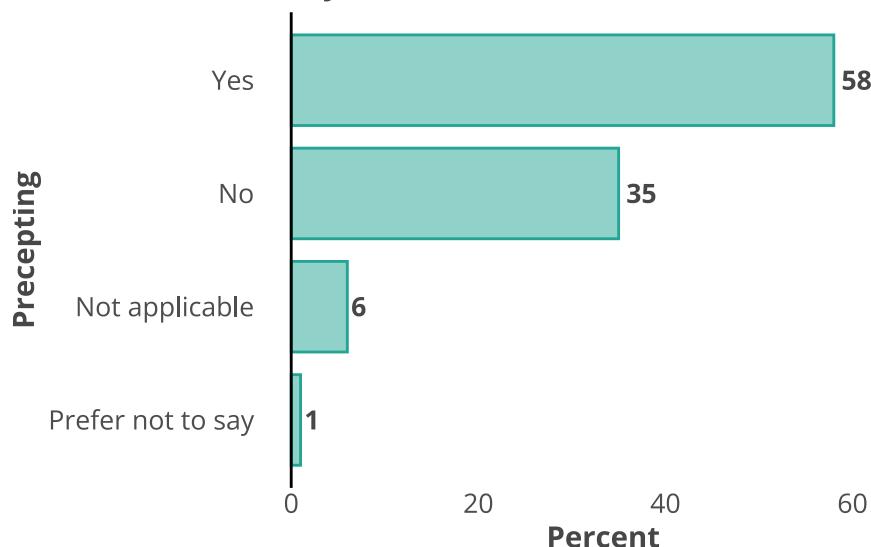
RN workforfce survey, Utah, 2024

Precepting refers to RN providers mentoring, teaching, or guiding a student or new staff member. Figure 26 shows that over half (58%) of RN survey respondents reported precepting. Responses of "not applicable" were grouped with "no," and those who selected "prefer not to say" were excluded from the analysis. Precepting is essential for building and sustaining the nursing workforce, but it also requires resources and support to avoid overburdening experienced staff.

Role and employment type

Figure 27. RN respondents by primary role

Most RN respondents work in Staff/Direct Care primary roles

Role	Percent
Staff/Direct care	33
Other	11
APRN	8
Case manager	6
Faculty	4
Clinical nurse leader	4
Manager	3
Community/Public health	2
Clinical executive	2
Quality improvement	1
Informatics	1
Consultant	1
Advice/Triage	1
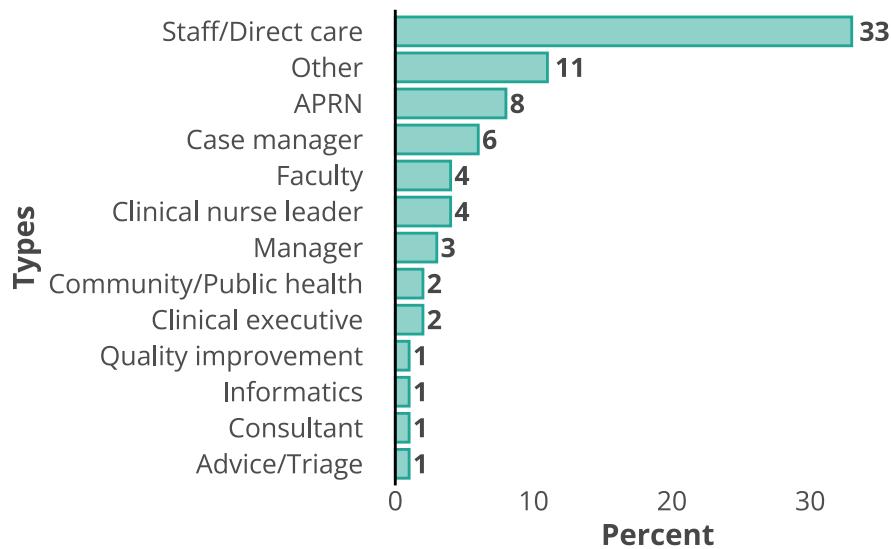
RN workforfce survey, Utah, 2024

The greatest portion of respondents (33%) staff are in staff or direct patient roles, which is essential for meeting patient needs (Figure 27)

Figure 28. RN repondents by secondary role
Most RN respondents work in Other secondary roles
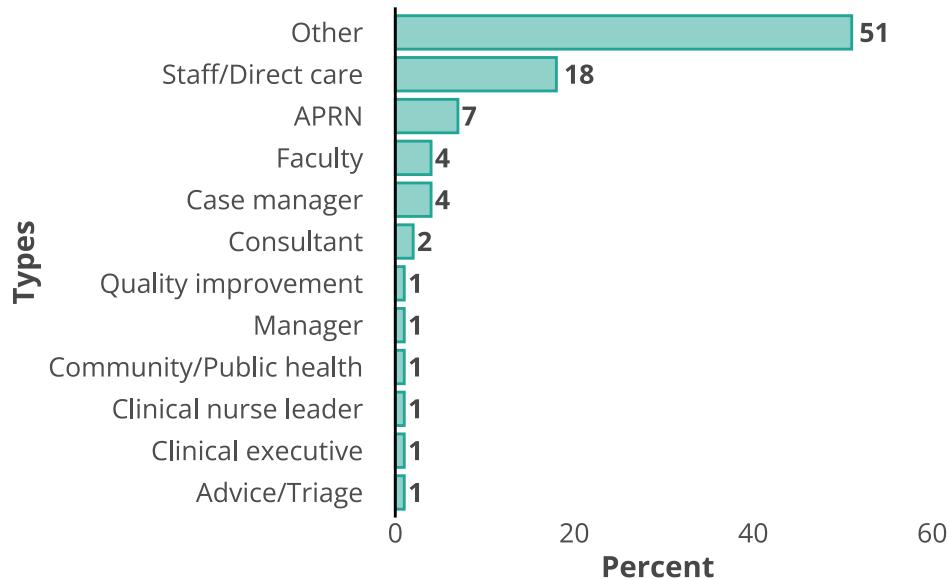
RN workforfce survey, Utah, 2024

Data note: "Multiple" did not appear as a response option on the survey, but was constructed for this report by counting respondents who selected multiple response options.

Income

Table 3. Utah Registered Nurse Workforce: Counts, Employers, and Wages, Utah, 2018–2023

Year	RN count	Employer count	Total wages	Average wage (mean)
2018	29,751	4,617	$ 1,526,296,592	$ 51,302.36
2019	30,139	4,262	$ 1,651,170,561	$ 54,785.18
2020	30,460	3,936	$ 1,792,712,916	$ 58,854.66
2021	32,808	4,112	$ 2,020,017,428	$ 61,570.88
2022	35,139	4,356	$ 2,355,733,642	$ 67,040.43
2023	35,379	4,199	$ 2,619,710,356	$ 74,047.04

Data note: Income data including employment and wages comes from matching RN providers from DOPL data to unemployment insurance (UI) data from DWS. "RN Count" refers to distinct RN providers, while "Employer Count" refers to distinct employers of RN providers. "Total Wages" are the sum of RN provider wages, while "Average wage" is the mean RN provider wage.

The average RN wage from UI data increased about 44.4% from 2018 to 2023 (Table 3). Utah's RN workforce has grown steadily from 2018 to 2023, with rising wages possibly reflecting demand and competition for staff.

Patient characteristics

About 71% of the RN workforce cares for adults (Figure 29). When a workforce is heavily focused on caring for one group, there may be potential gaps in services for other patient groups.

Figure 29. RN respondents by poulation groups served
Most RN respondents serve multiple population groups, most common being adults

Population	Percent
Adults	71
Geriatrics (ages 65+)	57
Speak a language other than English	51
Individuals with disabilities	48
Medicaid beneficiaries	47
Medicare beneficiaries	43
Adolescents (ages 11-19)	40
Individuals experiencing homelessness	38
Children (ages 2-10)	31
Newborns	27
Incarcerated individuals	21
None of the above	11
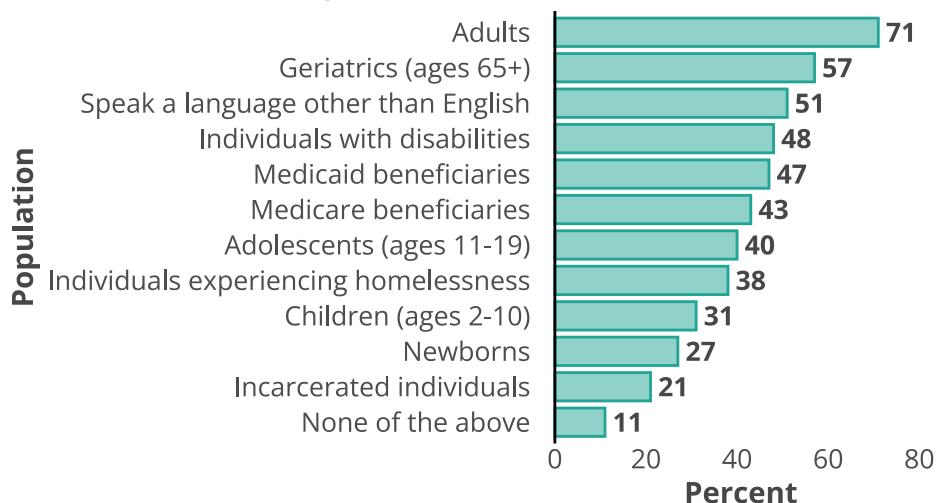
RN workforfce survey, Utah, 2024

Future employment

This section includes RN 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.

Figure 30. RN respondents by two year employment intentions

Most RN respondents plan on working the same amount of hours
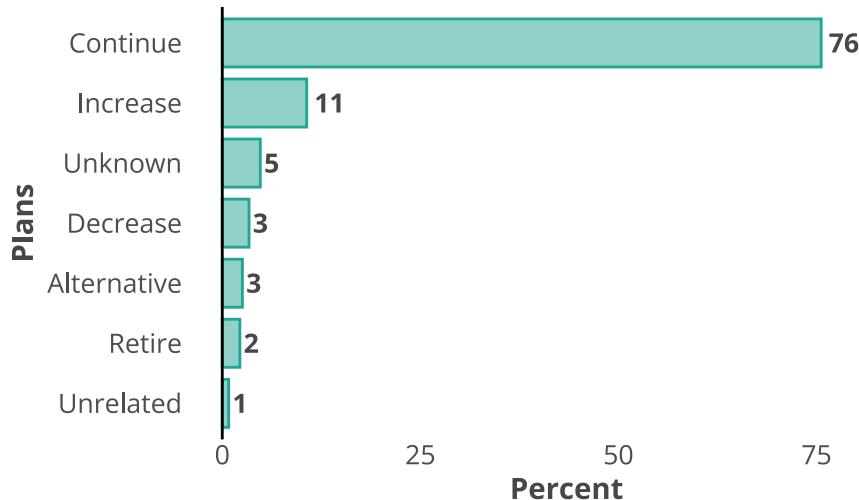
RN workforfce survey, Utah, 2024

Figure 31. RN respondents by plans to change hours

Of those planning to change hours, more plan to increase
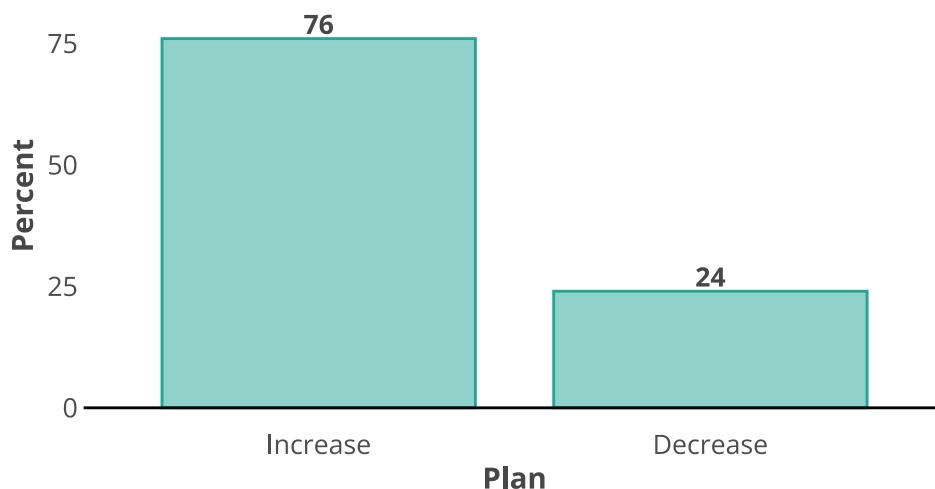
RN workforfce survey, Utah, 2024

Figure 32. RN respondents by plans to increase hours

Of those planning to increase hours, most plan on increasing to 37 - 40 hours per week

Increase	Percent
0 hours per week	0
41 or more hours per week	13
37 – 40 hours per week	23
33 – 36 hours per week	10
29 – 32 hours per week	8
25 – 28 hours per week	3
21 – 24 hours per week	6
17 – 20 hours per week	7
13 – 16 hours per week	4
9 – 12 hours per week	9
5 – 8 hours per week	5
1 – 4 hours per week	4
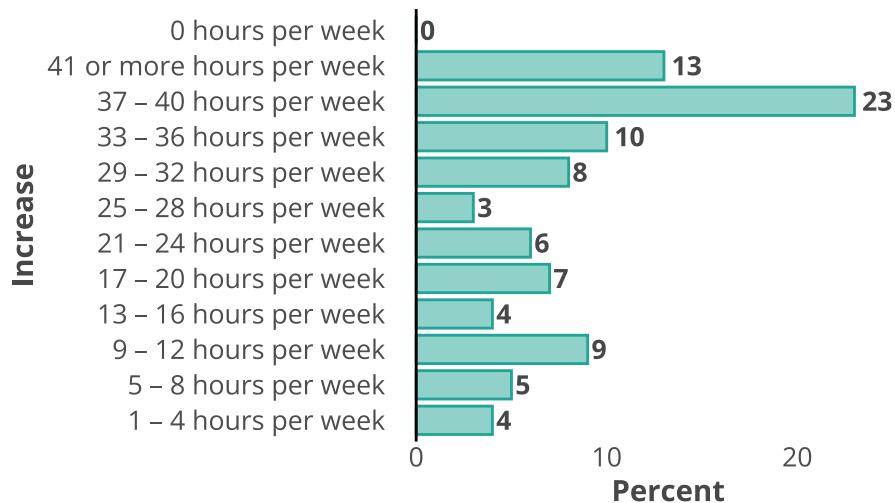
RN workforfce survey, Utah, 2024

Figure 33. RN respondents by plans to decrease hours

Of those planning to decrease hours, most plan on decreasing to 21 - 24 hours per week

Decrease	Percent
0 hours per week	2
41 or more hours per week	1
37 – 40 hours per week	2
33 – 36 hours per week	3
29 – 32 hours per week	11
25 – 28 hours per week	7
21 – 24 hours per week	21
17 – 20 hours per week	13
13 – 16 hours per week	9
9 – 12 hours per week	16
5 – 8 hours per week	7
1 – 4 hours per week	5
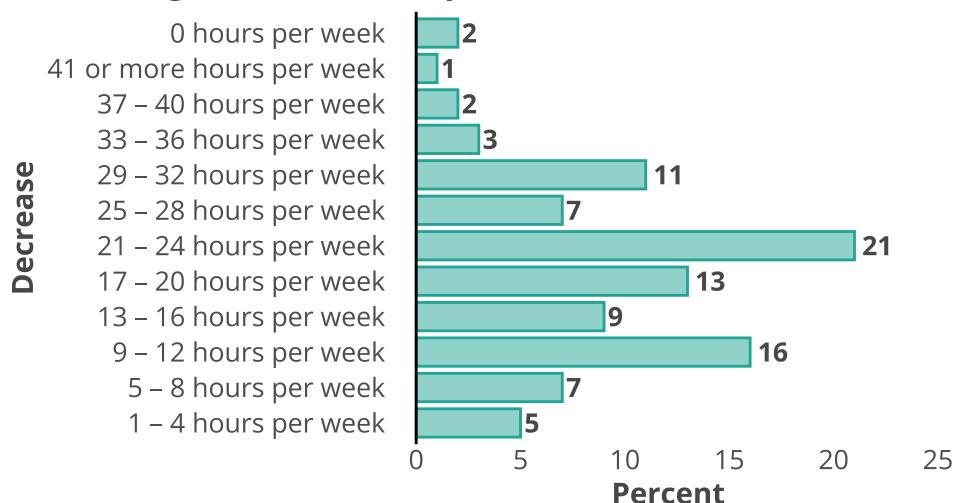
RN workforfce survey, Utah, 2024

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

	24 or under	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
1 – 4 hours per week	0.00	4.55	4.06	5.87	4.18	5.68	40.00
5 – 8 hours per week	13.04	4.29	6.84	4.70	6.43	12.50	0.00
9 – 12 hours per week	0.00	6.89	11.40	10.28	4.82	13.64	20.00
13 – 16 hours per week	0.00	4.68	4.56	3.23	3.54	11.36	0.00
17 – 20 hours per week	4.35	4.81	9.81	8.52	6.43	9.09	20.00
21 – 24 hours per week	0.00	7.15	6.84	6.02	7.72	12.50	0.00
25 – 28 hours per week	0.00	2.47	3.47	3.38	2.25	4.55	0.00
29 – 32 hours per week	0.00	7.93	7.63	8.66	11.25	7.95	0.00
33 – 36 hours per week	26.09	13.52	8.52	10.13	9.00	5.68	0.00
37 – 40 hours per week	56.52	31.34	23.19	21.73	26.05	12.50	20.00
41 or more hours per week	0.00	12.35	13.68	17.47	18.33	4.55	0.00

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

	24 or under	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
1 – 4 hours per week	0.00	3.28	6.74	5.00	2.26	7.14	23.53
5 – 8 hours per week	0.00	5.57	5.70	6.67	8.27	12.34	17.65
9 – 12 hours per week	9.09	22.95	11.92	10.00	15.79	20.78	17.65
13 – 16 hours per week	0.00	8.20	8.81	8.33	8.27	12.34	5.88
17 – 20 hours per week	0.00	13.77	13.47	18.33	13.53	13.64	11.76
21 – 24 hours per week	72.73	25.25	24.35	10.83	20.30	19.48	11.76
25 – 28 hours per week	9.09	8.20	7.25	5.83	11.28	3.25	0.00
29 – 32 hours per week	9.09	8.52	12.95	20.00	15.04	8.44	5.88
33 – 36 hours per week	0.00	2.30	6.22	5.00	3.01	1.30	5.88
37 – 40 hours per week	0.00	1.64	2.59	7.50	2.26	0.65	0.00

	24 or under	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
41 or more hours per week	0.00	0.33	0.00	2.50	0.00	0.65	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 relatively low number of respondents indicating they plan to increase or decrease hours.

About 76% of RN respondents indicate they plan to continue working the same hours as they do currently. However, for those who indicate they would like to change their hours, a substantial portion plan to increase their hours (Figure 31; 76%), typically to a full-time schedule of 37–40 hours per week. This is especially true among younger RN respondents aged 24 and younger, where about 56% would like to increase their hours to full-time (Table 5). Conversely, about 7.5% of mid-career, aged 45-62, RN respondents plan to reduce hours, often to part-time levels of 22 hours or less.

These data suggest that the majority of the RN workforce is stable, with most RN respondents maintaining their current hours. However, there is some potential for the workforce to shift as younger RN respondents move toward full-time schedules and some mid-career RN respondents reduce hours, creating a potential for part-time gaps. Overall, workforce planning should account for these shifts.

Programs

RN academic locations
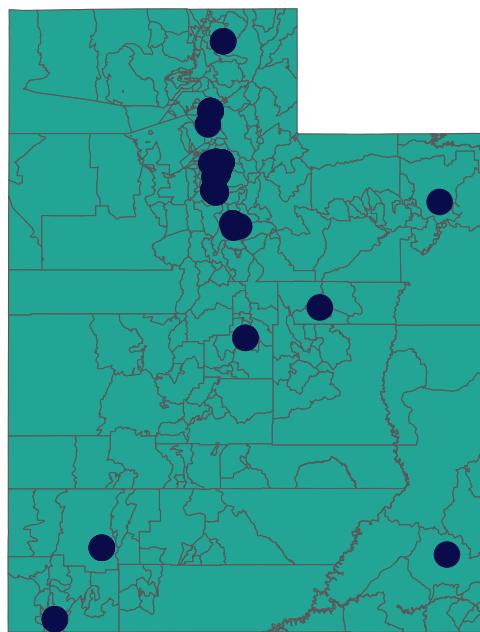
Table 6. Number of RN schools and programs by county, Utah, 2024

County	School count	Program count
Salt Lake	8	42
Utah	3	5
Weber	1	5
Iron	1	3
Washington	1	3
Cache	1	2
Sanpete	1	2
Carbon	1	1
Davis	1	1

County	School count	Program count
San Juan	1	1
Uintah	1	1

Data note: Only RN programs were included for analysis.

Figure 34. RN graduates by academic year
RN graduates have decreased
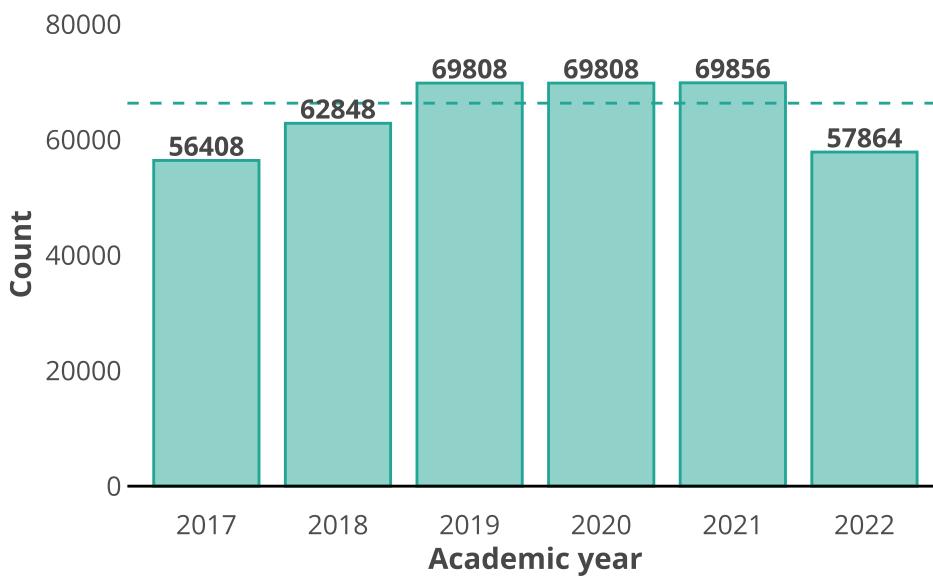
Graduates data, Utah, 2024

Data notes: Data comes from registered nurse graduates derived from medicine Classification of Instructional Programs or CIP code (29-1141) completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2023 provisional data files from the IPEDS Data Center, were accessed in November 2024.

Graduation trends show that the number of graduates increased steadily from 56,408 in 2017 to 69,856 in 2021 (Figure 34), representing a 23.8% increase over that period. However, in 2022, the number of graduates dropped to 57,864, a 17.2% decrease from 2021. These trends suggest strong growth in the workforce pipeline through 2021, followed by a notable decline.

Workforce indicators

This section includes workforce indicators and Help Wanted Online data.

Figure 35. RN employer counts by year
RN employers have decresed since 2018
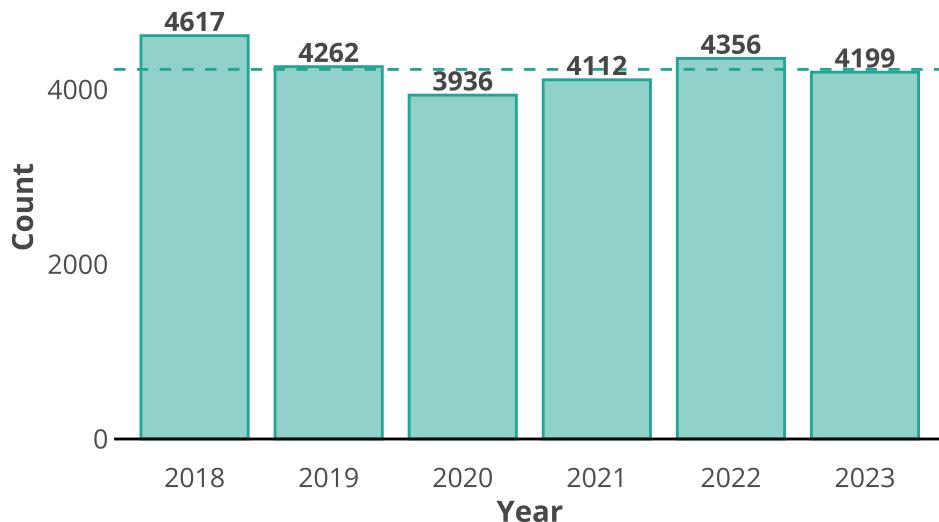
Unemployment insurance data, DWS, 2024

RN employer counts from unemployment insurance data indicate a 3.6% decrease in 2023 compared to 2022 and an overall 9% decline since 2018 (Figure 35). This data highlights a downward trend in the number of RN employers.

Help-wanted online job postings

Data comes from DWS Help Wanted Online Job Postings. Job postings are received as monthly counts of unique listings. For this report, those counts are used to calculate quarterly averages. Advertised wages are averages of wages specified in monthly job postings and are used for the following forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying values of means rather than the sum of counts was decided because there was a perceived higher risk of inflating counts through summing due to the possibility of including duplicates which is avoided by taking the mean. While the same job may be listed in different months the mean would avoid compounding its representation while the sum would not.

Figure 36. Average RN job postings by quarter
Average quarterly RN job postings continue to decrease

Quarter	Postings
2024 Q4	6
2024 Q3	3
2024 Q2	1
2024 Q1	6
2023 Q4	4
2023 Q3	1
2023 Q2	4
2023 Q1	2
2022 Q4	2
2022 Q3	3
2022 Q2	3
2022 Q1	4
2021 Q4	11
2021 Q3	3
2021 Q2	4
2021 Q1	6
2020 Q4	23
2020 Q3	8
2020 Q2	12
2020 Q1	41
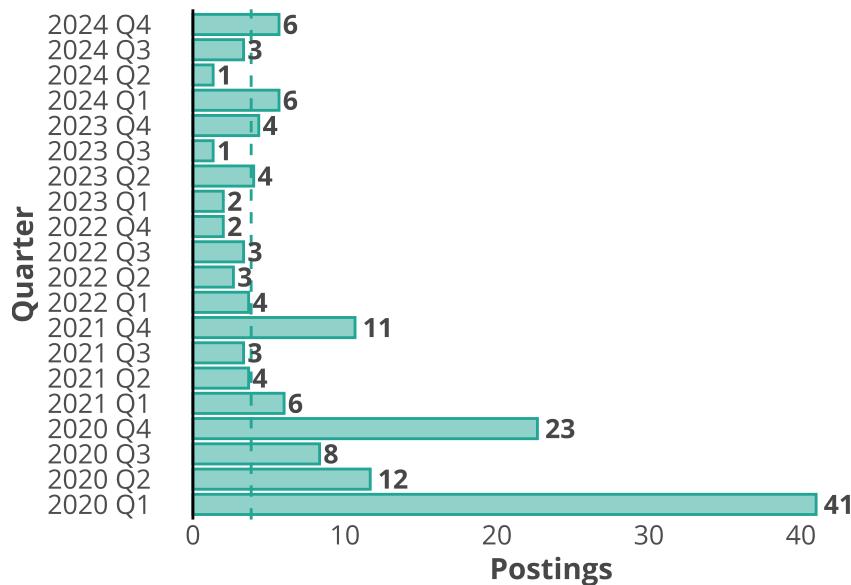
Help wanted online data, DWS, 2024

Data from Figure 36 suggests that RN job postings saw an unusual surge in early 2020, likely linked to the initial COVID-19 pandemic response, followed by relatively low and stable demand from 2022 to 2024. The spike reflects a short-term, extraordinary need for nursing staff, whereas the later quarters indicate typical hiring activity.

Forecasting job postings

Table 7. Number of forecasted RN job openings by month, Utah, 2025

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		1	-9	3	3	5	4	5	0	-5	-4
-2	-1										

Figure 37. RN job listings forecast

RN Job listings are predicted to continue to decrease

Forecasts from MLP
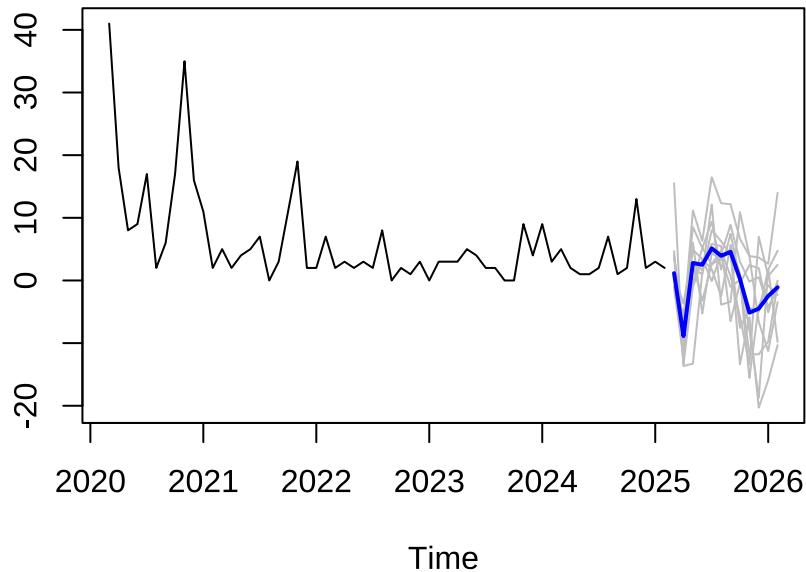
Data note: Projections are done using a Multi-Layer Perceptron (MLP), which is a low-level neural network. This architecture is the baseline for many common AI applications today. Grey lines show the various simulations run by the neural network, while the blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as the concrete truth as unpredictable factors are in play (COVID-10 being a great example).

The data from Table 7 and Figure 37 indicate a broader trend of declining RN job postings. While month-to-month changes fluctuate modestly, overall job postings show a downward trajectory in the coming months. This indicates that demand for new hires may remain limited, with only small seasonal increases unlikely to offset the general decline.

Figure 38. 2023 marked a net negative in the RN workforce
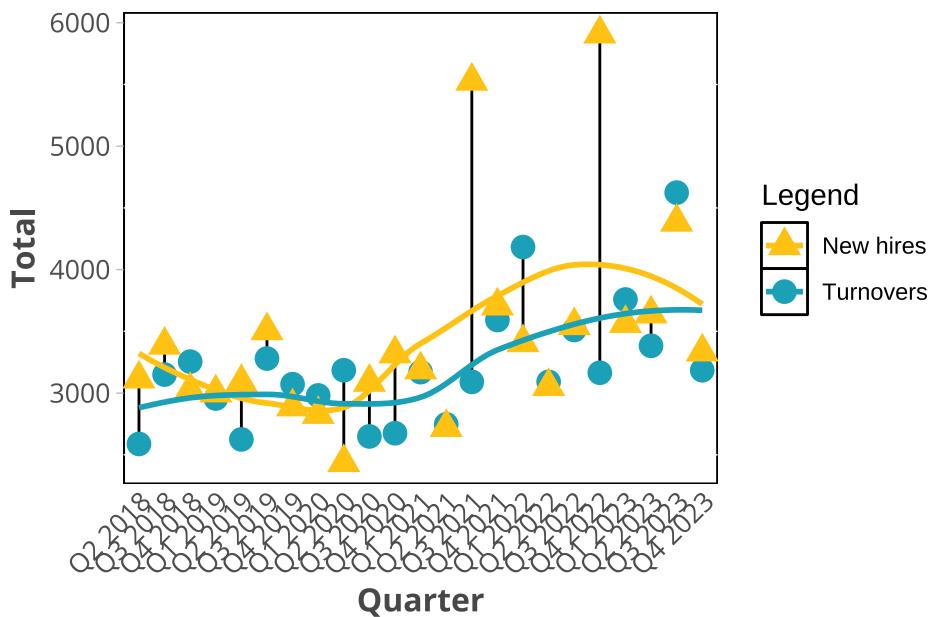
Staffing levels appear to be stable (Figure 38), with turnovers and new hires closely tracking each other and alternating months where either new hires or turnovers are greater than the other. Additionally, many of the RNs hired during the pandemic seem to have remained in the workforce, as monthly turnovers have not reached the peaks of new hires seen during the COVID-19 hiring years.

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs "Added" are counts of new hires, while "Loss" are counts of providers leaving a specific job or employment. The "Net" is simply the sum of the "Added" and "Loss" aggregates.

Table 8. Number of RNs making a wage by year, Utah, 2018-2023

Year	Added	Loss	Net
2018	9,527	8,993	534
2019	12,484	11,933	551
2020	11,673	11,490	183

Year	Added	Loss	Net
2021	15,144	12,600	2,544
2022	15,920	13,950	1,970
2023	14,926	14,950	-24

Data note: A major limitation of unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice. Regardless of the limitations, the data shows a large spike in the number of RNs in 2021 and 2022. The number of RNs added has since slowed down significantly, even reaching net negative in 2024.

Table 8 shows trends in the number of RNs reporting wages in Utah from 2018 to 2023. Overall, the workforce experienced modest net growth from 2018 through 2022, with annual net increases ranging from 183 (2020) to 2,544 (2021). However, 2023 shows a slight net loss of 24 RNs, indicating that for the first time in this period, losses slightly exceeded additions. This suggests that while the RN workforce generally expanded in recent years—especially following the pandemic surge in hires—growth may be stabilizing or beginning to decline.

Table 9. Number of RNs making a wage by NAICS group and year, Utah, 2018-2023

NAICS group	2018	2019	2020	2021	2022	2023
Ambulatory Health Care Services	5,148	5,512	5,568	6,289	6,710	7,884
Hospitals	16,009	16,395	16,512	17,849	18,958	19,233
Nursing and Residential Care Facilities	3,886	3,799	3,575	3,628	3,491	3,380
Social Assistance	652	633	547	530	555	558

Data notes: The North American Industry Classification System is used by federal agencies to analyze business data.

Data from Table 9 shows that in 2023, there was an increase in RNs earning a wage from 2019-2021 across all sectors, but a drop from 2022 to 2023 across all sectors.

As shown in Table 9, across all sectors, RN employment saw substantial growth in 2021 and 2022, likely reflecting pandemic-related staffing surges. Hospitals and ambulatory health

care services consistently employ the largest numbers of RNs, peaking at 15,363 and 12,883 in 2022, respectively. Nursing and residential care facilities and social assistance sectors employ fewer RNs, with slower growth overall. By 2023, the numbers will decrease across all sectors compared with 2022, suggesting a contraction or stabilization after pandemic-related peaks.

Discussion

This report provides an important snapshot of the supply and distribution of registered nurses in Utah. Together, these trends indicate that while the current RN workforce remains largely stable, maintaining adequate capacity will depend on supporting new graduates, supporting full-time work among early-career RNs, and managing gradual reductions in hours among mid-career professionals. The RN workforce in Utah is growing, but at a slowing pace. Total RN counts increased from approximately 29,700 in 2018 to 35,379 in 2023; however, net growth in job postings and total paid RNs has slowed and even decreased in recent years. The number of new RN graduates has also declined since 2021, and both employer counts and job postings have shown slight downward trends. Data suggest that growth is slowing, and future RN supply may be constrained if these trends continue. Additionally, the data indicate that the large increase in RN hiring during the pandemic has not resulted in significant layoffs. The continued need for RNs hired during the pandemic may indicate that employers may continue to need RNs due to more patients, an aging population, or expanded services. Understanding these dynamics is critical for policymakers, educators, and healthcare systems seeking to support the RN workforce.

Limitations

While these findings offer valuable insights, they should be interpreted in light of 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 RN 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. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a RN role. All employment and demographic information is 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 may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's RN 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.

Target population

All DOPL registered nurse related-licenses were included in the license renewal process. Registered nurse-related license types include:

- RN

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 62%. The following item response rates are based on those who provided a valid license number and responded to at least one question, rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those excluded are not-applicable items.

Number	Text	%
1	What is your sex?	99.88
2	What is your race? Mark one or more boxes.	99.71
3	Are you of Hispanic, Latina/o, or Spanish origin?	99.54
4	What type of degree/credential first qualified you for this license?	99.85
5	What year did you complete the education program/degree that first qualified you for this license?	99.56
6	Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed).	99.79
7	In which city & country did you complete your qualifying education program/degree?	0.99
8	Please indicate what degree was conferred with your highest-level nursing degree:	99.81
9	What year did you complete your highest level of nursing degree?	99.51
10	What is your employment status?	99.51
11	What best describes your employment plans for the next 2 years?	99.31
12	If you previously indicated you plan to increase or decrease hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work after the change. If this does not apply, please select not applicable.	16.02
13	Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?	98.36
14	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.	97.55

Number	Text	%
15	Please indicate the population groups to which you provide clinical services. Please check all that apply.	97.93
16	What is your primary practice location? If this does not apply, please select "N/A".	90.50
17	Which of the following best describes your current employment arrangement at your principal practice location?	97.96
18	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	95.21
19	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable".	96.83
20	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select not applicable. Does not include time on call.	97.22
21	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select not applicable.	97.14
22	What is your secondary practice location? If this does not apply, please select "N/A".	77.99
23	Which of the following best describes your current employment arrangement at your secondary practice location?	64.22
24	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	22.85
25	Which of the following best describes the practice setting at your secondary practice location? If this does not apply, please select "not applicable".	50.92
26	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select not applicable. Does not include time on call.	49.77

Number	Text	%
27	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select not applicable.	49.99
28	Please indicate the amount of total educational debt incurred for your nursing education (at time of graduation, excluding non-education debt).	94.87
29	Have you mentored/precepted students within the last two years?	96.94
30	If you plan to leave the nursing field permanently in the next 2 years, what is your primary reason for leaving?	85.69
31	How did you finance your initial nursing education? (Please mark all that apply).	95.23

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