Health workforce survey data
long-term care registered nurse report

February 20, 2026

Table of contents

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 is 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

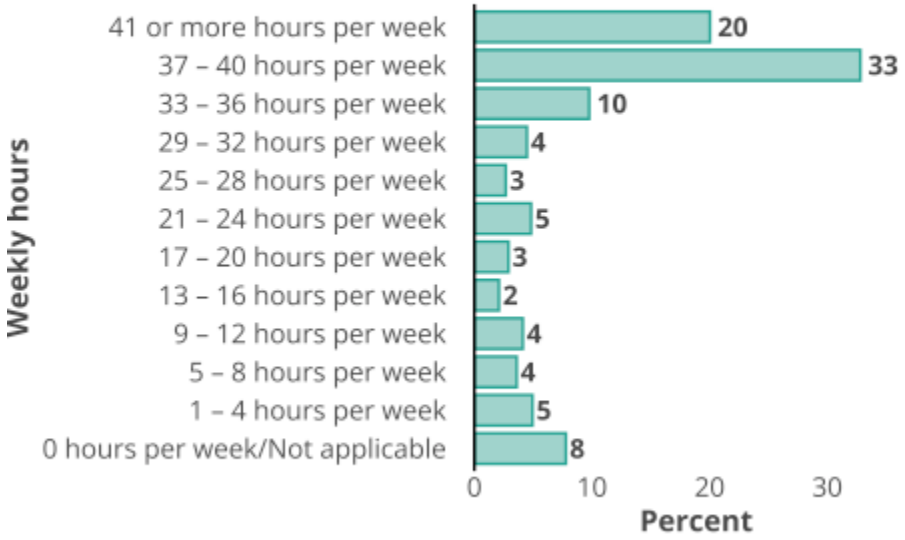
Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed including how to evaluate duplicate respondents records, questions with multiple responses, and null-type values. Only participants from respondents who replied to a question and 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 on the survey, and respondents can indicate how many of their working hours are spent directly on their patients care. This data illustrates how many respondents are working full-time versus how many respondents are working full-time in DPC.

Figure 1. LTC RN respondents average hours at primary location

Almost 2/3 of LTC RNs work 33+ hours a week



RN workforce survey, Utah, 2024

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

The spread for direct patient hours are more distributed than average hours

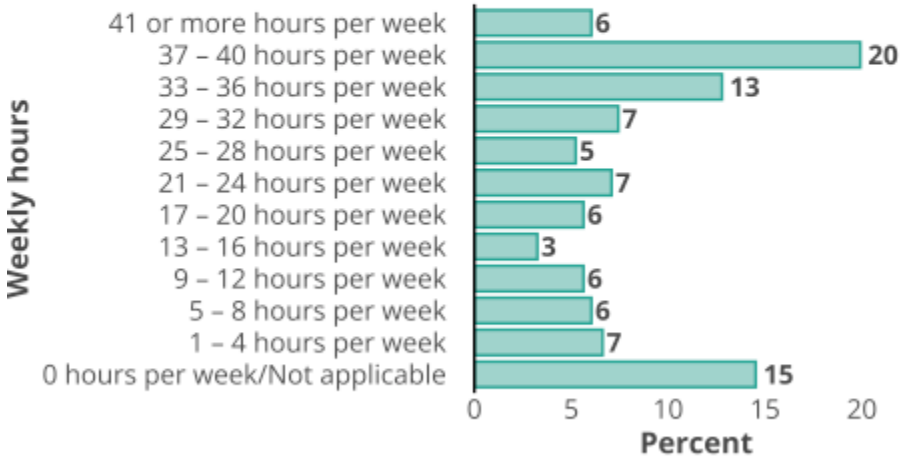


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Figure 3. LTC RN respondents primary role types

Most work as direct staff

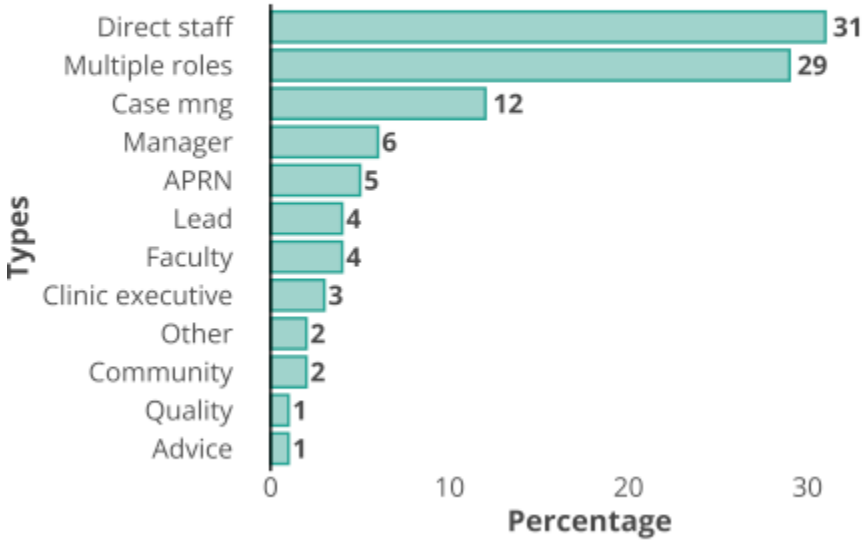

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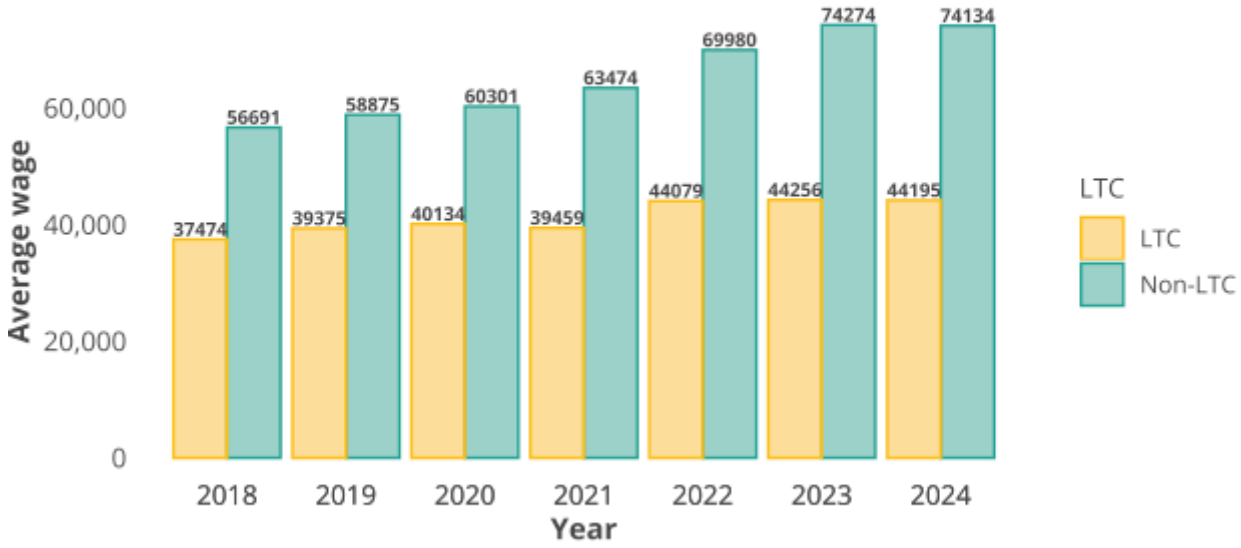
Table 2. Utah LTC (long term care) RN Employment and Average Wages by Setting (Non-LTC vs. LTC), Utah, 2018–2024

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 4. Average wage LTC vs. non-LTC

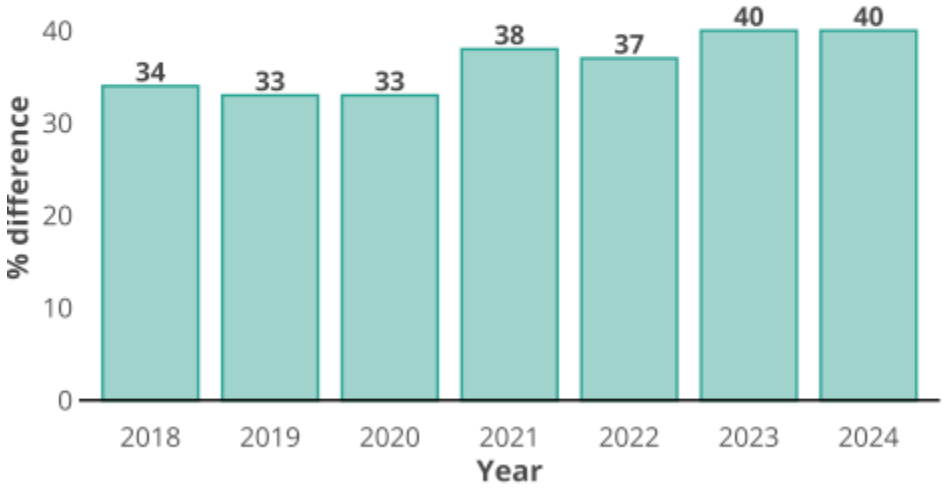
Recent data shows the gap between wages for LTC and non-LTC RNs has grown



Unemployment insurance data, DWS, 2024

Figure 5. 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

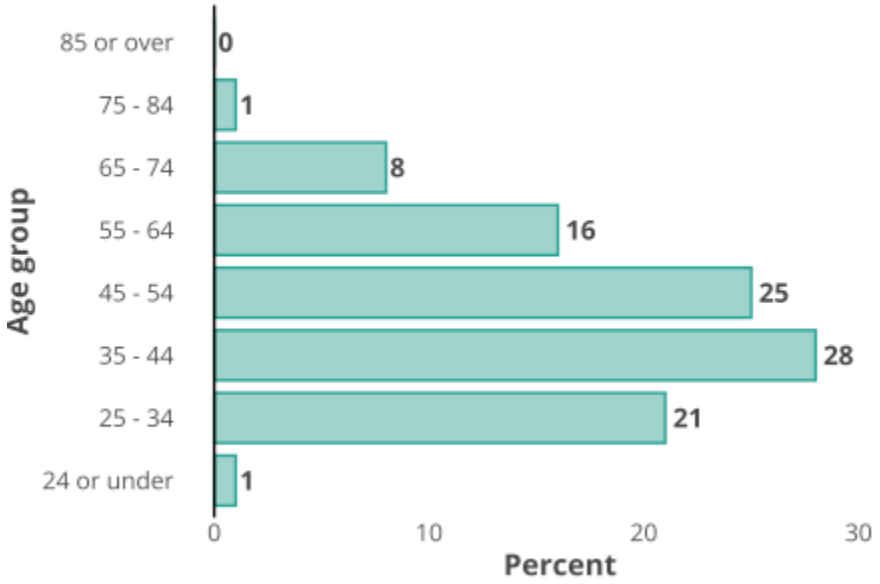
Demographics

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

Age

Figure 7. LTC RN respondents by age group

74% of LTC RNs are aged between 25 and 54



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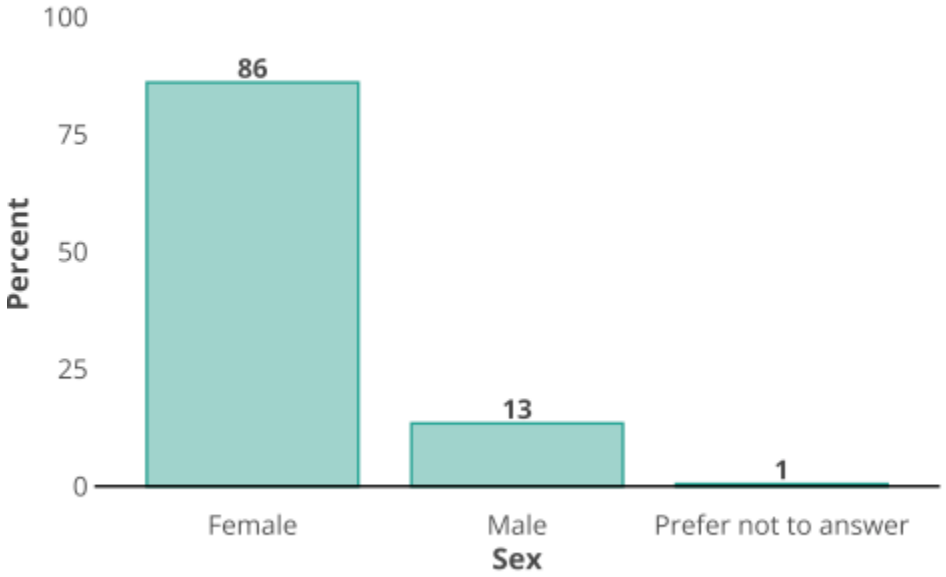
Age data comes from the DOPL licensee database. Age was calculated by subtracting the day of the birth date from the date the survey was made available.

Sex

Figure 8. LTC RN respondents by sex

Most LTC RN respondents are female



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The Utah LTC RN workforce is predominantly female (86%), with males representing only 13%, showing an uneven gender distribution.

Race and ethnicity

Figure 9. LTC RN respondents by race

Most LTC RN respondents are white

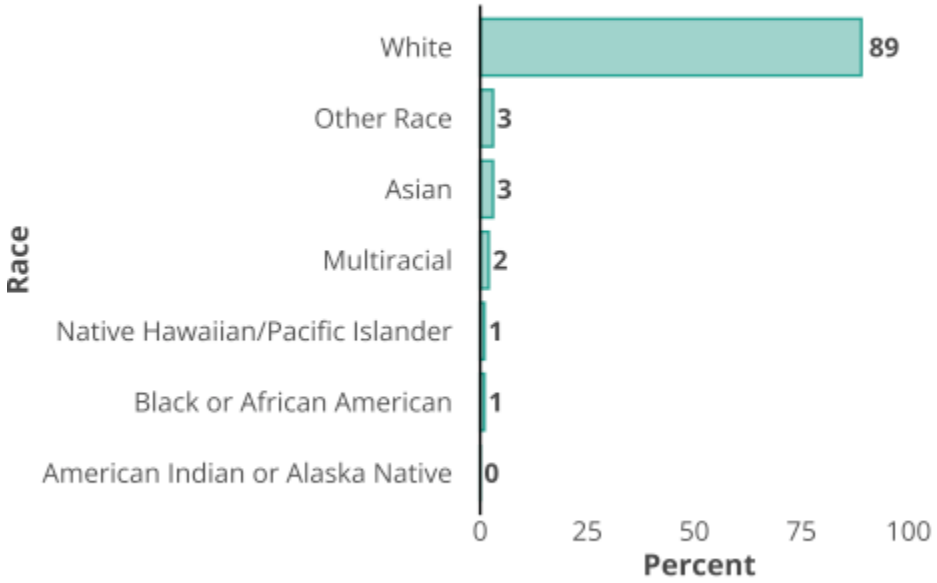

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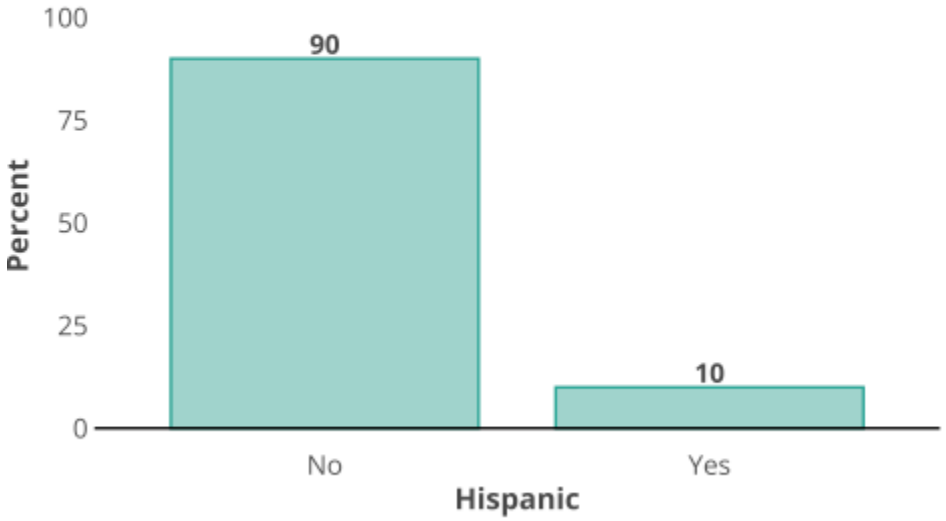
Figure 10. Hispanic/Latino(a)/Spanish LTC RN respondents statistics

10% of LTC RN respondents are Hispanic



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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 89% of LTC RN survey respondents identified as White, compared with roughly 75% of Utah’s overall population in 2025. Similarly, approximately 10% 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.

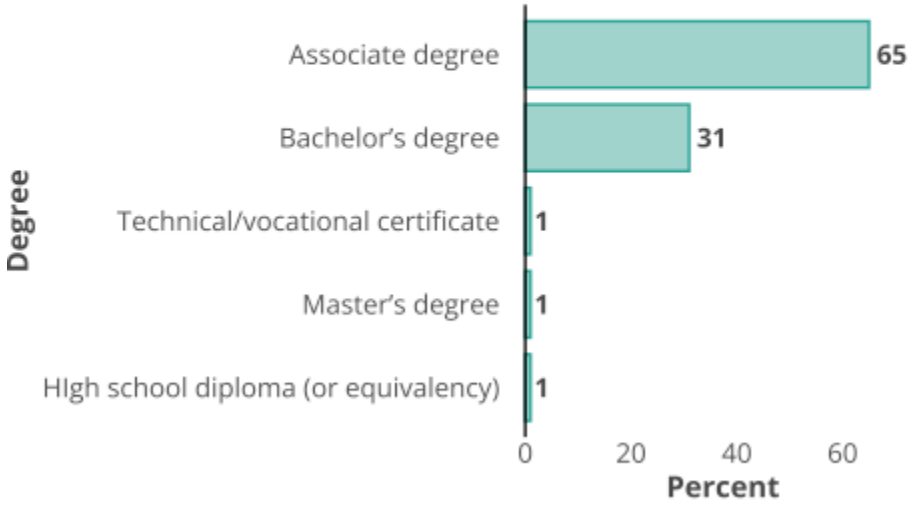
Education

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

Qualifying education

Figure 11. LTC RN respondents qualifying degrees

Almost all LTC RN respondents qualifying degree was associate or bachelor level



RN workforce survey, Utah, 2024

Figure 12. LTC RN respondents qualifying degree graduation years

40% of LTC RN respondents graduated between 2010 - 2019

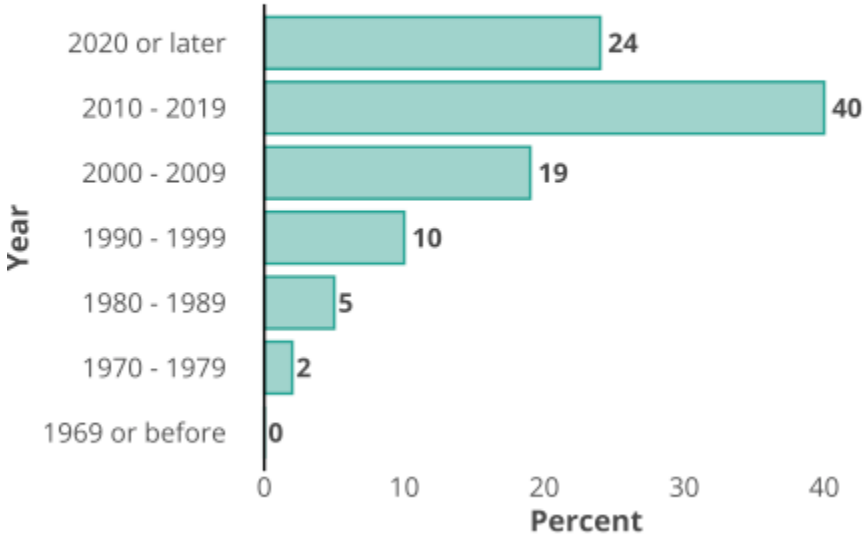


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Figure 13. LTC RN respondents qualifying degree location

Most LTC RN respondents completed their qualifying education in Utah

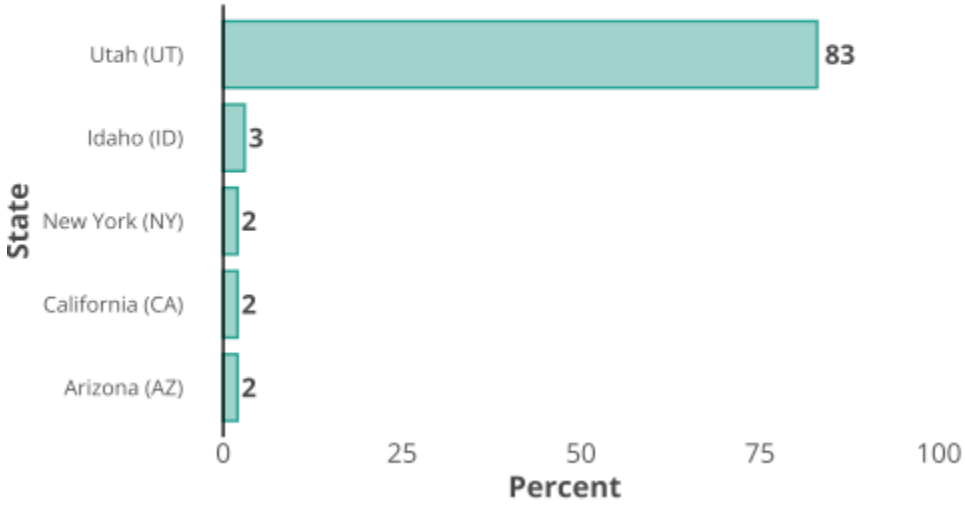

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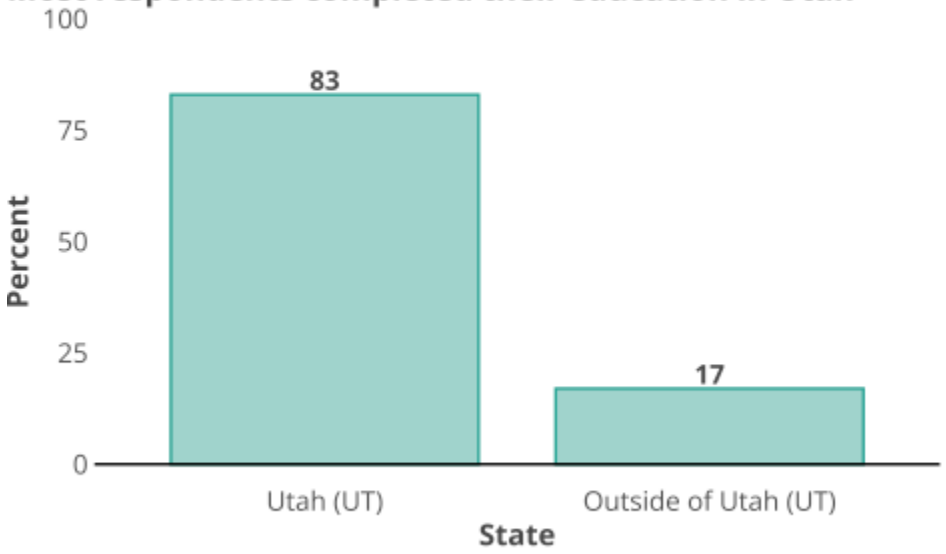
Figure 14. LTC RN respondents graduation location, Utah versus non-Utah

Most respondents completed their education in Utah



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Highest education

Figure 15. LTC RN respondents highest nursing degree

Almost half of LTC RN respondents highest nursing degree is a baccalaureate degree

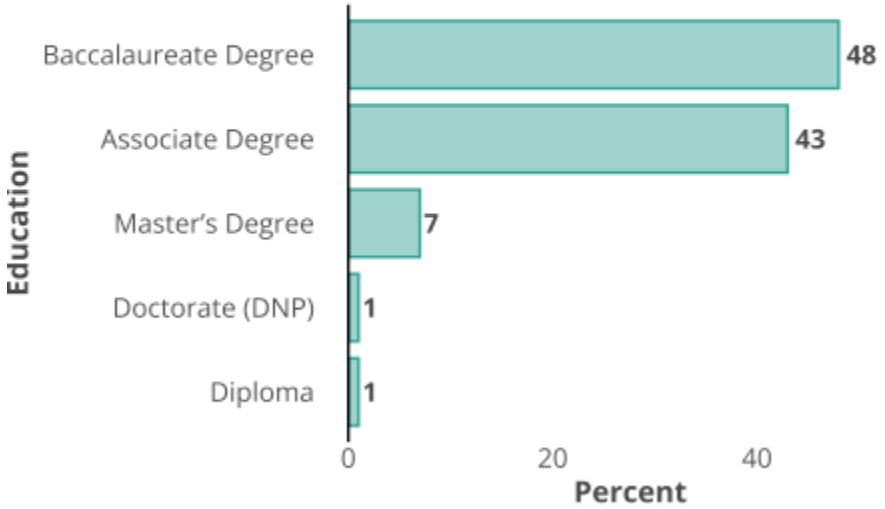

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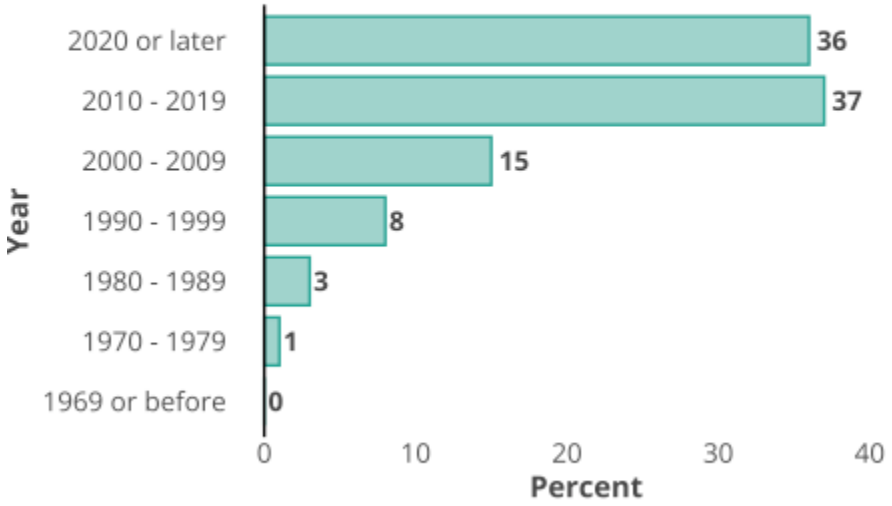
Figure 16. LTC RN respondents highest degree graduation years

Almost 3/4 of LTC RN respondents have graduated with their highest degree since 2010



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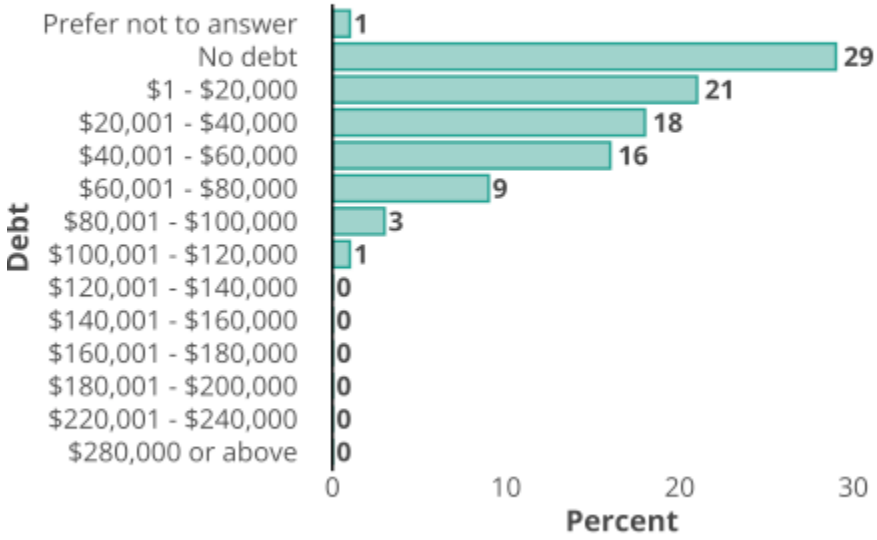
Education debt

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

Figure 17. LTC RN respondents by educational debt

The largest group of RNs were debt free at graduation



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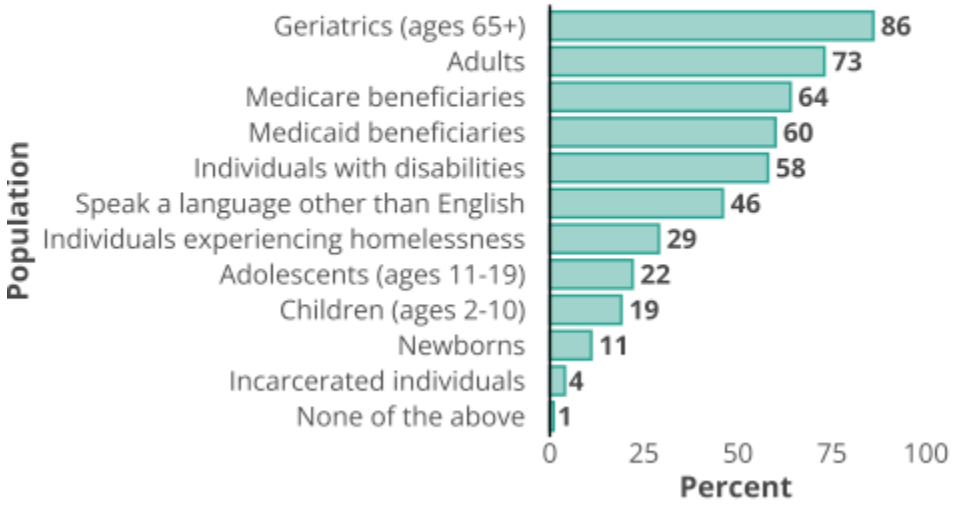
Patient characteristics

Figure 18. LTC RN respondents by population groups served

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



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Future employment

This section includes LTC 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.

Two-year employment intentions

Figure 19. LTC RN respondents by two year employment intentions

Most LTC RN respondents plan on working the same amount of hours

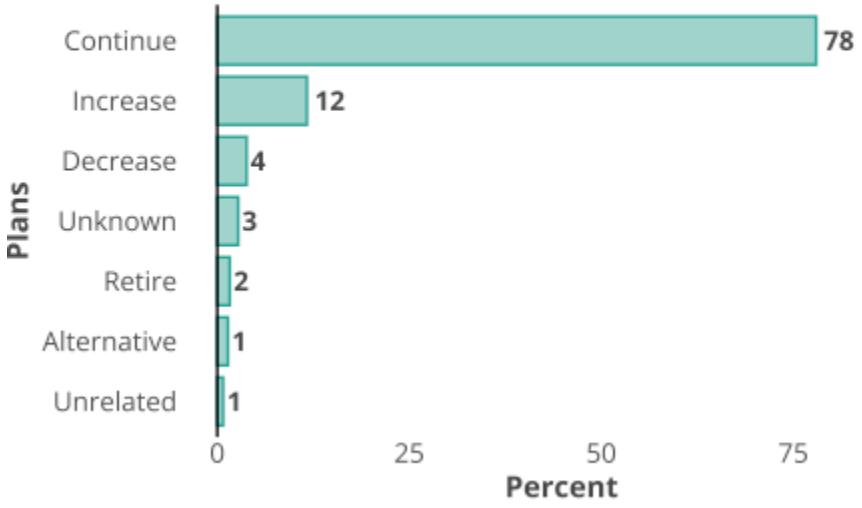

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Figure 20. LTC RN respondents by plans to change hours

Of those planning to change hours, more plan to increase

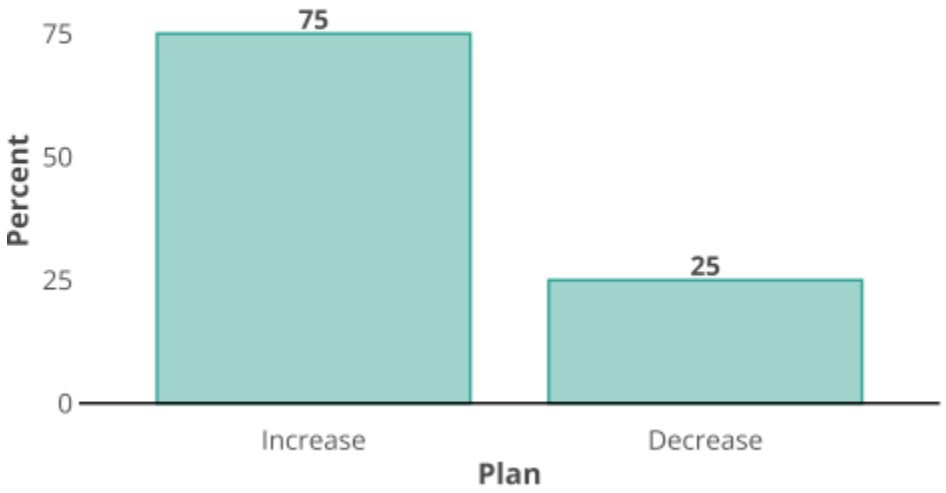

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Figure 21. LTC RN respondents by plans to increase hours

Of those planning to increase hours, almost half plan on increasing to 37+ hours per week

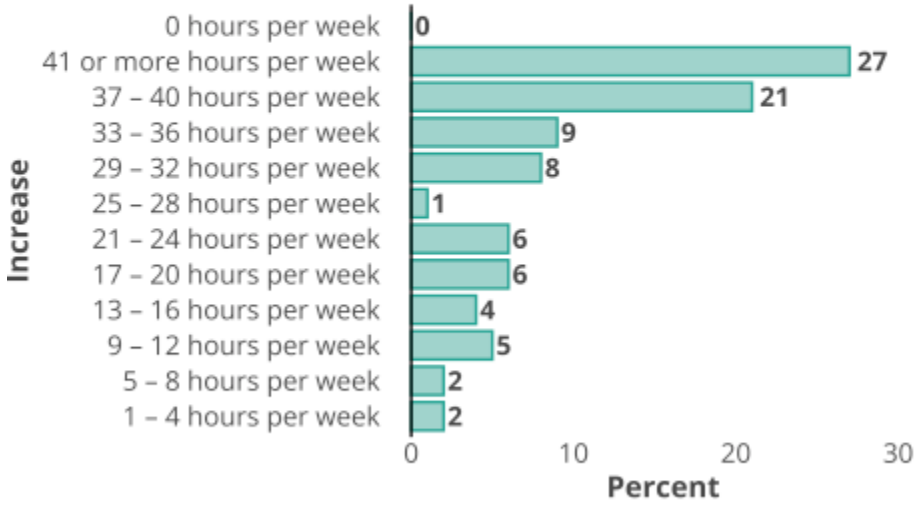

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Figure 22. LTC RN respondents by plans to decrease hours

Of those planning to decrease hours, the responses vary greatly

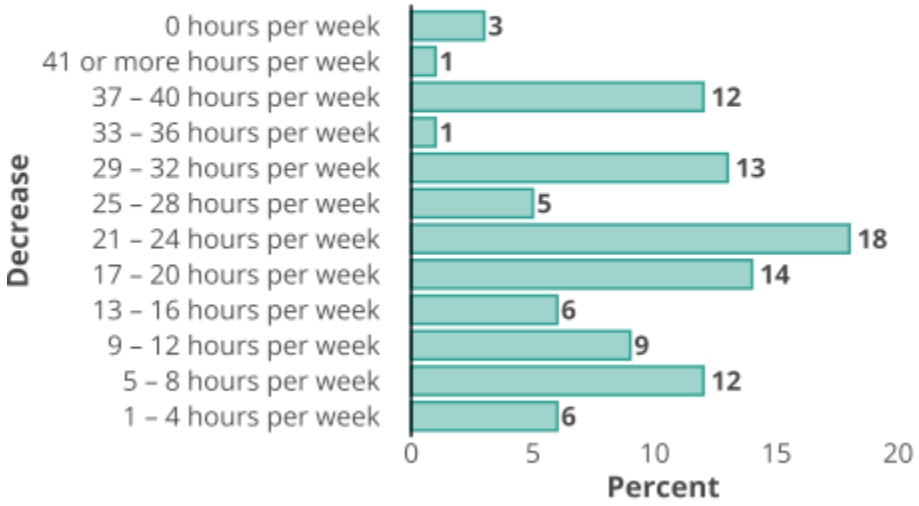

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Table 4. Percent of LTC RN survey respondents planned an increase in work hours by LTC RN age Group, Utah, 2024 % increase hours plans by age

	24 or under	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1 – 4 hours per week	0.00	5.00	1.20	1.92	0.00	0.00
5 – 8 hours per week	0.00	2.50	2.41	1.92	0.00	0.00
9 – 12 hours per week	0.00	5.00	8.43	1.92	3.03	0.00
13 – 16 hours per week	0.00	10.00	0.00	7.69	3.03	0.00
17 – 20 hours per week	0.00	0.00	9.64	1.92	15.15	0.00
21 – 24 hours per week	0.00	2.50	9.64	5.77	9.09	0.00
25 – 28 hours per week	0.00	2.50	0.00	0.00	0.00	50.00
29 – 32 hours per week	0.00	10.00	12.05	5.77	3.03	0.00
33 – 36 hours per week	0.00	15.00	7.23	3.85	18.18	50.00
37 – 40 hours per week	100.00	22.50	25.30	19.23	24.24	0.00
41 or more hours per week	0.00	25.00	24.10	50.00	24.24	0.00

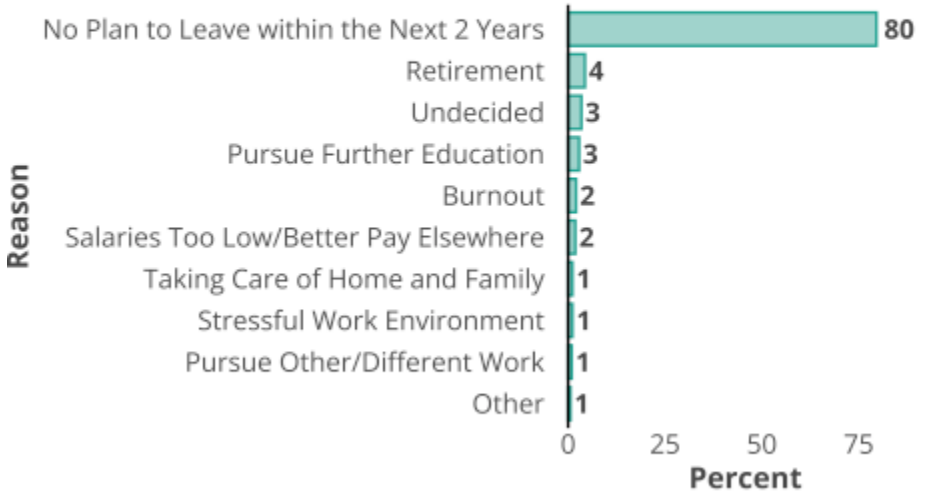
Table 5. Percent of LTC RN survey respondents planned a decrease in work hours by LTC RN age Group, Utah, 2024 % decrease hours plans by age

	24 or under	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84
1 – 4 hours per week	0.00	0.00	26.67	0.00	0.00	7.69	0.00
5 – 8 hours per week	0.00	0.00	6.67	5.00	14.29	46.15	0.00
9 – 12 hours per week	0.00	21.43	13.33	0.00	14.29	0.00	20.00
13 – 16 hours per week	0.00	0.00	13.33	0.00	0.00	15.38	0.00
17 – 20 hours per week	0.00	14.29	6.67	10.00	28.57	0.00	80.00
21 – 24 hours per week	100.00	14.29	6.67	30.00	28.57	15.38	0.00
25 – 28 hours per week	0.00	14.29	6.67	0.00	14.29	0.00	0.00
29 – 32 hours per week	0.00	7.14	13.33	25.00	0.00	15.38	0.00
33 – 36 hours per week	0.00	0.00	6.67	0.00	0.00	0.00	0.00
37 – 40 hours per week	0.00	28.57	0.00	25.00	0.00	0.00	0.00
41 or more hours per week	0.00	0.00	0.00	5.00	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 23. LTC RN respondents reason for leaving nursing permenently 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 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. 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 may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's LTC 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.

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