

# Wisconsin 2021 LPN Survey



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In appreciation,

Erika C3lon, BSN, RN  
President – Wisconsin Center for Nursing, Inc.

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## Executive Summary

The fifth biennial *Wisconsin 2021 LPN Workforce Survey* was completed by 10,885 licensed practical nurses (LPNs). After data cleaning, 1,295 surveys were eliminated; 9,590 surveys were included in the analysis. All LPNs renewing their licenses in Wisconsin were included, regardless of where or whether they were working in Wisconsin. The biennial LPN workforce survey is required by the Wisconsin State Legislature (Chapter 106.30) and conducted by the Wisconsin Department of Health and Professional Services in collaboration with the Wisconsin Department of Workforce Development and the Wisconsin Center for Nursing (WCN). The Wisconsin Department of Workforce Development created the survey, which was first implemented in 2011. All LPNs completing the survey were provided with a statement describing the purpose and methodology of the survey and were given the option of completing the survey electronically or in paper format.

## Organization of Report

### Section I: Introduction

Section I describes how survey data were managed and the reasons for elimination of some surveys from the analysis. Several factors were used to exclude surveys from the final analysis. For example, surveys from LPNs not living or working in Wisconsin ( $n = 442$ ) were not included in the analysis. Other reasons for survey elimination are detailed in Table 1. Following data cleaning and exclusion of those living and working outside the state, 9,590 completed surveys were included in the analysis. Total number of responses may be lower if specific questions were skipped by the respondent.

### Section II: State Data Key Findings

#### A. LPN Workforce Demographics

- The nursing workforce remains predominately White and female. There was a slight increase in male LPNs between the 2019 (5.4%) and 2021 (5.7%) surveys.
- The mean age of LPNs is 47 years, down 2 years from the 2019 survey.
- Although there was a slight increase in workforce participation of some racial/ethnic minorities, LPNs identifying as Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Hispanic, Latino, or Spanish ethnicity continue to be underrepresented relative to their percentage of the Wisconsin population.
- 635 (6.6%) LPNs indicated fluency in a non-English language. This number and percentage are down slightly from the 2019 survey (699 and 8.2%). The percentage of LPNs with expressed second language fluency saw a significant rise from 2011 (4.8) to a peak in 2017 (8.4). Both the 2019 and 2021 surveys suggest the percentage of LPNs with second, non-English language fluency is declining.
- Work flexibility, pay, and benefits continue to create barriers for LPNs licensed in Wisconsin to return to LPN work.

## **Recommendations**

- The need to attract, recruit, and retain a diverse workforce, including racial/ethnic minorities and men, continues. Building a workforce that reflects the cultures and ethnicities of the Wisconsin population will improve accessibility and quality of healthcare for Wisconsin's increasingly diverse population.
- New approaches to recruiting and retaining a diverse workforce are needed. While some increases in representativeness of the LPN workforce have occurred, these increases are extremely slow. Disseminating best practices for recruiting and retaining nurses from diverse backgrounds and systematically collecting data to determine how widely these practices are implemented would be an important step in addressing this continuing shortfall. Efforts should be made to recruit nurses who speak a second, non-English language and to provide opportunities for nursing students and practicing nurses to gain language skills and cultural knowledge that match Wisconsin's population. Data should be gathered to determine the alignment of LPNs who are fluent in a second language with patient populations that speak those particular languages. We need to determine whether LPNs are able to use their second language in patient care settings. Increasing immersion experiences in communities that speak a language other than English, to supplement courses in second languages, should be encouraged and supported.

## **B. Education Patterns**

- The majority of LPNs (8,930, 93.3%) hold a diploma in nursing as their highest nursing degree.
- Consistent with prior surveys, about one-third of LPNs are either enrolled in or planning to enroll in some form of further education within the next 2 years.
- Financial issues are the primary barriers to LPNs furthering their education. The three highest ranked barriers to pursuing further education were (1) cost of lost work time and lost benefits; (2) cost of tuition, materials, and books; and (3) family/ personal reasons. These are unchanged from prior years.

## **Recommendations**

- Employers should support and encourage continued education of LPNs employed in their organizations. For LPNs who will not be continuing into higher degree programs (most LPNs), it would be important to gather information on their access to continuing educational opportunities, including certification in their specialty areas. This is particularly a concern with the low rate of certification in geriatric nursing, as most LPNs are working in extended care, but do not have certification in geriatric nursing care.
- It would be useful to collect information on LPN attitudes toward enrolling in transition programs, whether they have considered enrolling in such a program, whether they would be interested in higher education and more advanced degrees, and if so, what barriers they have faced.



- Information on the documented patient impact of increased knowledge and the importance of continuing education should be emphasized as part of LPN training programs.
- LPNs play a vital role in healthcare delivery. However, there are differing opinions about their roles across healthcare delivery settings and the ideal mix of RNs and LPNs in general or in specific environments. In order to make recommendations about whether and to what extent LPNs should be encouraged to enroll in higher degree programs, it would be important for the profession to consider the role of LPNs, where they are needed, and develop a longer-term plan related to continuing education and degree achievement.
- Considering the complexity of nursing practice, a target should be set to increase the number of LPNs with associate degrees relative to diplomas.

## **B. Employment Patterns**

- The percentage of LPNs who are actively working rose from 74.9% in 2015 to 77.6% in 2019, dropping slightly in 2021 to 75.3. The percentage of retired LPNs trended upwards, from 5.9% in 2013 to 8.9 % in 2021.
- Most LPNs described their primary job as full-time, earning an hourly wage (5,060, 62%), a percentage consistent with 2019.
- Extended care continues to be the primary work setting for LPNs, with ambulatory care the second most common setting. However, the 2021 survey documented a significant drop in the percentage of LPNs working in extended care and an increase in hospital employment. This shift likely reflects the impact of COVID-19 on both hospital and extended care settings.
- Similar to prior years, the top four reasons for LPNs to change their place of employment were dissatisfaction with previous position, seeking more convenient hours, seeking increased salary and benefits, and promotion/career advancement.
- In 2021, over 45% of LPNs earned between \$18.75/hour and \$23.99/hour.
- Of the 8,164 LPNs who responded to the question about primary employment, 7,135 (88.1%) were currently providing direct patient care, up slightly from the prior survey.
- The percentage of LPNs planning to leave direct patient care within the next 10 years (44.4%) remains relatively unchanged.
- The most frequent certification obtained by LPNs was for IV therapy certification (1,310,13.7%). This is at odds with the primary work setting, which would suggest a need for certification in geriatric nursing.
- 43.7% (2,969) of LPNs reported currently holding a leadership position, up slightly from the 2019 survey.

## **Recommendations**

- Most LPNs responded that they had no current certification. Over 1,000 LPNs indicated certification in IV therapy, and over 700 LPNs indicated other, non-specified area. Only 400 of responding LPNs claimed certification in geriatric

nursing. Considering the primary workplace for LPNs has been and is continuing to be extended care, encouraging and supporting certification in geriatric nursing seems crucial for improving both care and work life quality.

- Managing patients is becoming more complex, with increasing comorbidities among patients. Opportunity for LPNs to obtain/improve their clinical skills through continuing education and higher degrees is critical.

### **Section III: LPN Workforce by DHS Region**

#### **A. Demographics of LPN Workforce by DHS Region**

- The median age of LPNs is lowest (43 years) in the Northeast region of Wisconsin.
- LPNs in the Northern, Southeast, and Southern regions share a median age of 49 years.
- Ethnic population concentrations vary tremendously by region.
- Considerable regional variation is observed in the percentage of LPNs with second language fluency. The greatest percentage of second language fluency can be found in the Southeast region (10.4%) with the lowest in the Western region (3.7%).

#### **B. Employment Patterns of LPN Workforce by DHS Region**

- The percentage of LPNs who reported currently working as an LPN ranged from 93% in the Western region to 83% in the Northern region. These percentages are down slightly from the 2019 survey.
- Unemployment rates for LPNs wishing to work ranged from 0.4% in the Southern region to 0.8% in the Southeast region, similar to the statewide average of 0.6%.

#### **C. Education Patterns of LPN Workforce by DHS Region**

- The West and Southeast regions of Wisconsin had the highest percentage of LPNs with an associate degree (13.4%).
- The North and Northeast regions had the lowest percentage of LPNs with an associate degree as their highest degree.
- There were only 28 LPNs (0.4%) currently working in Wisconsin who held a master's or higher degree; the majority (14) were working in the Southeast region.

### **Section IV: Emergency Preparedness**

- 52.5% of LPNs reported having had emergency preparedness training, down from 66.8% who reported having received training in emergency preparedness in the 2019 survey. The percentage holding membership in the Medical Reserve Corps or Wisconsin Emergency Assistance Registry increased from less than 1% in the 2019 survey to 5.6% in the 2021 survey.

## **Recommendations**

- While there has been an increase in LPNs who are trained in emergency preparedness, the percentage is still very low (5.6%). The barrier to achieving emergency preparedness training is not clear. Efforts should be made to explore the reasons and to ensure development and LPN access to such programs.

## **Section I. Introduction**

The nursing profession plays a critical role in maintaining the health of Wisconsin's citizens and ensuring their health needs are being addressed. LPNs play an important role in this responsibility. The *Wisconsin 2019 LPN Workforce Survey Report* provides information on all LPNs renewing their licenses to practice in Wisconsin. In 2021, 10,885 LPNs completed the survey. The data provide an overview of demographics, work setting, intentions regarding continued work and further education, work place, worker, and job characteristics.

The analysis presented in this report is sponsored by the Wisconsin Center for Nursing in partnership with the State of Wisconsin Department of Workforce Development (DWD), who constructed the survey and collected the data. The purpose of this report is to provide an overview of the currently licensed LPN workforce in Wisconsin, to identify trends, and to recommend strategies for improving the capacity and quality of Wisconsin's LPN workforce. This study was determined to be exempt by the University of Wisconsin-Madison, Health Sciences Institutional Review Board.

### **Data Management**

#### **Sample and Methods**

All LPNs who renewed their licenses in 2021 were required to complete the *Wisconsin LPN Workforce Survey*, as detailed in Wisconsin statute (Chapter 106.30). LPNs were able to complete the survey electronically and were provided with information regarding the purpose of the survey data, as well as the methodology and intent of the data. The survey consisted of 55 items describing the education, training, employment, future education goals, and leadership positions of Wisconsin's LPNs.

#### **Data Cleaning**

A total of 10,885 LPN survey responses were received in 2021. Table 1 describes the excluded data and rationale for exclusion. After data were excluded, 9,590 responses were analyzed. Tables throughout the report may have different response rates (*n* values) based on respondent completion of the survey (e.g., incomplete survey or skipping questions).

**Table 1. Excluded Responses**

<b>Electronic Responses Received</b>	<b>10,885</b>
<b>Excluded Responses</b>	
Duplicate cases	600
Completed less than 10% of the survey	7
No information about state of residence or employment	137
Does not live or work in Wisconsin	442
Reported being LPN prior to first degree or LPN certification	60
Provided direct care for 10 or more years prior to first degree	64
Received first degree or certification prior to age 16	10
Provided direct care prior to age 16	27
Provided direct care for 6 or more years prior to first license	130
First WI license prior to age 16	10
First US license prior to age 16	12
Born after first WI license	4
Born after first US license	4
Wisconsin license before US license	32
Works excessive hours in primary job, secondary job, or both	199 <sup>a</sup>
Did not report year of birth	258
<b>Total Exclusions</b>	<b>1,295</b>
<b>Final number if each discrepant data point was unique</b>	<b>8,889</b>
<b>Number of respondents in Clean WI Only LPN Data</b>	<b>9,590</b>

*Note.* Respondents may have reported data that met exclusion criteria in more than one category.

<sup>a</sup>Respondents who selected they worked more than 84 hours weekly in a primary job, 72 hours weekly in a secondary job, and/or 92 hours weekly in both primary and secondary jobs were excluded.

Descriptive data organized by DHS regions reflecting LPNs currently working in the State of Wisconsin resulted in  $N = 9,590$ .

### Limitations

Limitations of this dataset include the exclusion of many responses received (Table 1), which may lead to inaccuracies in the findings. In addition, all surveys include a level of interpretation. Question interpretations made by LPNs completing the survey that are misaligned with the intent of the question yield inaccurate data. Finally, LPNs completing the survey sometimes chose not to respond to a particular question, which resulted in missing data.

## Section II: State Data Key Findings

### A. LPN Workforce Demographics (*N* = 9,590)

#### Key Demographics Questions

- What is the age distribution of the LPN workforce?
- What are the demographic characteristics of the Wisconsin LPN population?
- What are the gender, racial, and ethnic characteristics of Wisconsin LPNs?
- Does the LPN workforce reflect the demographic characteristics of Wisconsin?

Most LPNs who hold a license reside and have a primary and/or secondary job in the State of Wisconsin (84.9%). Table 2 provides a general demographic description of Wisconsin’s LPNs, illustrating that LPNs in Wisconsin continue to be mostly female (94%) and White (86.5%).

**Table 2. LPNs Licensed in Wisconsin**

<b>Residence (<i>N</i> = 9,562)</b>	<i>n</i>	%	
Wisconsin	9,351	97.5	
Outside Wisconsin	211	2.2	
<b>Work Status</b>			
Works in Wisconsin	7,803	81.4	
Works outside Wisconsin	352	3.7	
Not currently employed	1,435	15.0	
<b>Gender (<i>N</i> = 9,580)</b>			
Female	9,013	94.1	
Male	549	5.7	
Other (non-binary)	18	0.2	
<b>Second Language Fluency (<i>N</i> = 9,578)</b>			
Yes	635	6.6	
No	8,943	93.3	
<b>Race/Ethnicity (<i>N</i> = 9,580)</b>			<b>Wisconsin<sup>1</sup> Population (%)</b>
White	8,403	87.7	80.4
Black	739	7.7	6.4
American Indian or Alaska Native	120	1.3	1.0
Asian	187	2.0	3.0
Native Hawaiian or Other Pacific Islander	15	0.2	0.0*
Other	247	2.6	3.1
<b>Hispanic, Latino, or Latinx (<i>N</i> = 9,580)</b>			
Yes	333	3.5	7.6
No	9,247	96.5	92.4
<b>Age</b>			
Mean	49.2		
SD	13.7		
Min	21		
Max	90		

<sup>1</sup>U.S. Census Bureau (2020).

\*This number is not zero, but the number is so small that when rounded, it is close to zero.

The cultural and linguistic diversity of Wisconsin's population continues to increase (see Table 3). In terms of linguistic diversity, the non-English languages spoken by the largest number of Wisconsin residents are Spanish (261,122) and Hmong (38,938); although, several other languages are also spoken by Wisconsin residents, particularly among those who are foreign born (Deloitte Consulting, 2019). Although the exact number is unknown, many Wisconsin residents speak English *less than well* (generally referred to as limited English proficiency [LEP]; Ledesma, 2016). Based on a 2019 Wisconsin demographics report, 8.75% of Wisconsin residents speak a language other than English (Deloitte Consulting, 2019). The negative impact of language barriers between patients and providers is well documented, including decreased quality of care, decreased patient and provider satisfaction, increased likelihood of adverse events, and poor patient outcomes (Al Shamsi et al., 2020). Therefore, ensuring adequate patient/provider communication for non-English speaking Wisconsin residents relies on access to providers who are fluent in their native language.

Wisconsin is also home to 11 federally recognized Native American tribes and several others not included in the federally recognized category (Wisconsin Department of Health Services, 2008). The Native American population in Wisconsin continues to increase. Each tribe has its own language, spiritual beliefs, and health practices.

- Data from the 2021 LPN Workforce Survey document the number and percentage of LPNs with fluency in a second language as just under 7%. The percentage of LPNs fluent in a second language is only slightly less than the percentage of Wisconsin's population who speak English less than well. However, no information is available on which languages LPNs are fluent in or their geographic distribution. Important unanswered questions include:
  - Is there a match between the second languages spoken by 7% of LPNs and the languages spoken by Wisconsin residents whose primary language is not English?
  - To what extent are LPNs who speak a second language working in areas where those languages are spoken?
  - To what extent are LPNs working with these culturally diverse populations able to provide care that is culturally sensitive.
  - Are training programs for LPNs included in training how to provide care to culturally diverse groups or to gain the skills necessary to recognize and adapt to cultural differences relevant to patient care delivery.

Table 3 illustrates demographic trends in Wisconsin LPNs over time. The percentage of Black or African American LPNs has reached, and slightly surpassed, the percentage of Wisconsin residents identifying as Black or African American. Male nurses, as a percentage of all LPNs, continues a slow but steady rise, having increased from 4.4% in 2013 to 5.7% in 2021, representing a 30% increase over 8 years. LPNs identifying as Asian have shown a similar slow but steady increase, from 1.3% in 2013 to 2.0% in 2021 (a 54% increase), but still lag behind the percentage of Wisconsin’s population identifying as Asian. An additional 58% increase would be required to align the percentage of Asian LPNs with the Wisconsin Asian population. LPNs identifying as Hispanic, Latino, or Latinx have shown a slightly higher percentage increase, from 1.9% in 2013 to 3.5% in 2021, representing an 85% increase. While this is a significant increase, the percentage of Hispanic, Latino, Latinx LPNs continues to lag well behind the percentage of the Wisconsin population identifying with these demographic categories and does not reflect the cultural identity of Wisconsin residents. The lack of knowledge about whether diversity in the LPN workforce is aligned with diversity in Wisconsin residents geographically raises important questions about the quality and accessibility of care for racial, ethnic, and linguistic minority populations in Wisconsin.

**Table 3. Demographics Yearly Comparison**

	2013	2015	2017	2019	2021
	%	%	%	%	%
<b>Gender</b>					
Female	95.6	94.8	94.7	94.6	94.1
Male	4.4	5.2	5.3	5.4	5.7
Other (non-binary)	-	-	-	-	0.2
<b>Race and Ethnicity</b>					
White	91.0	90.4	89.5	87.7	87.7
Black or African American	6.3	6.0	6.2	6.4	7.7
Asian	1.3	1.3	1.6	1.7	2.0
American Indian or Alaska Native	1.0	0.4	0.6	0.6	1.3
Native Hawaiian or Other Pacific Islander	0.1	0.1	0.0*	0.1	0.2
Hispanic, Latino, or Latinx	1.9	2.2	2.4	2.8	3.5
Two or more races	1.4 <sup>a</sup>	1.9	2.2	1.9	-

\*This number is not zero, but the number is so small that when rounded, it is close to zero.

<sup>a</sup>This number was listed as *other not two or more races* in the 2013 survey.



## Demographic Recommendations

- It would be important to gather data on the deployment of LPNs who are fluent in a second language to learn whether they are currently working with patients who speak that language. That is, it would be important to gather information on whether these LPNs are able to use their second language in caring for patients. Maldistribution of healthcare providers is an important continuing barrier to care for ethnic minority, rural, and economically disadvantaged populations.
- Nurses and other health professionals are most likely to work in communities similar to those where they grew up. This suggests that workforce gaps are most effectively addressed by recruiting health professionals from areas and underserved populations. Greater effort should be made to recruit nurses who reflect the diversity of the Wisconsin population, particularly those where significant health disparities exist.
- The ability to communicate with healthcare providers influences decisions to seek care, quality of care received, and ability to engage in effective self-care. There is a need to promote both greater ethnic diversity and competence in a second language among LPNs. A greater number of LPNs who speak Spanish fluently and are from Spanish speaking communities is urgently needed. This should be a priority for recruitment.

## B. Education Patterns

### Key Education Questions

- What is the educational credential distribution pattern of Wisconsin LPNs?
- What are the barriers to continuing or advancing education?
- What are the educational plans of LPNs in Wisconsin?

Table 4 shows the highest degree earned by Wisconsin LPNs, both in nursing and non-nursing. The majority of Wisconsin's LPNs (94.5%) earned a practical or vocational diploma as their highest nursing degree.

**Table 4. Highest Degree Earned**

<b>Nursing Degree (N = 9,464)</b>	<b>n</b>	<b>%</b>
Diploma in Nursing	8,943	94.5
Associate Degree in Nursing	509	5.4
Bachelor of Science in Nursing	11	0.1
Doctorate in Nursing	*	*
<b>Non-Nursing Degree (n = 554)</b>		
Associate	248	44.8
Bachelors	263	47.5
Masters	39	7.0
Doctorate	4	0.7

\*Too few to report.

Table 5 represents the factors that LPNs in Wisconsin indicated are barriers to further education. While LPNs could select more than one barrier, the most commonly cited barrier was cost of lost work time and benefits (33.8%), closely followed by cost of tuition, materials, books, etc. (32.6%). Respondents could choose more than one option.

**Table 5. Barriers to Further Education**

<b>Barrier (N = 9,590)</b>	<b><i>n</i></b>	<b>%</b>
Cost of lost work time and benefits	3,240	33.8
Cost of tuition, materials, books, etc.	3,123	32.6
None	2,839	29.6
Family/personal reasons	2,354	24.5
Lack of flexibility in work schedule	1,240	12.9
Other, not listed	861	9.0
Scheduling of educational programs offered	457	4.8
Commuting distance to educational program	288	3.0
Limited access to online learning or other online resources	252	2.6

Table 6 reflects LPNs' reported plans for enrolling in various types of continuing education programs. As in prior years, the majority of LPNs reported no plans for continuing their education or obtaining an advanced nursing degree (6,321, 65.9%). A very small percentage of LPNs (1.7%) are currently enrolled in a bachelor's degree in nursing. Although still a very small number and percentage of LPNs, the percentage increase in LPNs currently enrolled in a bachelor's degree nursing program has increased 89% since 2013. The percentage of those planning to continue their education, in any form, has remained level since 2013.

**Table 6. Plans for Further Education in Nursing**

<b>Educational Plans</b>	<b>2013 <i>n</i> (%)</b>	<b>2015 <i>n</i> (%)</b>	<b>2017 <i>n</i> (%)</b>	<b>2019 <i>n</i> (%)</b>	<b>2021 <i>n</i> (%)</b>
No plans for additional nursing studies	7,110 (63.5)	7,188 (64.4)	6,679 (64.5)	6,352 (66.4)	6,321 (65.9)
Plans to pursue further education in nursing within 2 years	2,608 (23.3)	2,533 (22.7)	2,292 (22.1)	1,977 (20.7)	1,957 (20.4)
Enrolled in an associate program	1,314 (11.7)	1,264 (11.3)	1,230 (11.9)	1,084 (11.3)	1,111 (11.6)
Enrolled in a bachelor's program	96 (0.9)	131 (1.2)	103 (1.0)	112 (1.2)	161 (1.7)
Enrolled in non-degree specialty certification	60 (0.5)	37 (0.3)	47 (0.5)	38 (0.4)	32 (0.3)
Enrolled in a graduate degree nursing program	*	*	5 (0.0)	5 (0.1)	8 (0.1)

\*Too few to report.

### **Education Recommendations**

- The knowledge needed to provide care is complex and rapidly evolving. The ability to provide high quality care is highly dependent on continued learning and professional development. Employers should support and encourage continued education of their nursing staff, including LPNs. For LPNs who will not be continuing into higher degree programs (most LPNs), it would be important to gather information on their access to continuing educational opportunities, including certification in their specialty areas.
- It would be useful to collect information on LPN attitudes toward enrolling in transitions programs, whether they have considered enrolling in such a program, whether they would be interested in higher education and more advanced degrees, and if so, what barriers they have faced.

- Information on the documented patient impact of increased knowledge and the importance of continuing education should be included as part of LPN training programs.
- LPNs play a vital role in healthcare delivery. However, there are differing opinions about their roles across healthcare delivery settings and the ideal mix of RNs and LPNs, in general or in specific environments. In order to make recommendations about whether or to what extent LPNs should be encouraged to enroll in higher degree programs, it would be important for the profession to consider the role of LPNs where they are needed and to develop a long-term plan related to continuing education and degree achievement.

## **C. Employment Patterns**

### **Key Employment Patterns Questions**

- What is the employment status of LPNs licensed in Wisconsin?
- What are the intentions of unemployed LPNs?
- What are the reasons given for employment change, future employment plans, and career decisions?
- How many LPNs are currently providing direct patient care?
- What are the specialty certifications held by LPNs?
- How many currently licensed LPNs are retired from the workforce?

Table 7 provides an overview of LPN employment status. Just over 75% of the LPNs licensed in Wisconsin (7,219) were actively employed *as a nurse* at the time of the survey, a small decline compared to the previous 2019 LPN Workforce Survey. While the percentage of licensed LPNs actively working as a nurse has remained relatively constant, the total number of LPNs working as a nurse in Wisconsin continues to drop since 2017. The percentage of LPNs licensed in Wisconsin reporting their status as retired increased from 5.9% in 2013 to 8.9% in 2021, a significant increase. This increase is consistent with trends in aging of the nurse workforce in Wisconsin and across the United States (American Organization of Nurse Leaders, 2010; Buchan et al, 2020). The number of nurses who are unemployed but seeking work in nursing increased from the prior two surveys, but decreased by 42% since 2013.

**Table 7. Employment Status Principal Job**

<b>Employment</b>	<b>2013 n (%)</b>	<b>2015 n (%)</b>	<b>2017 n (%)</b>	<b>2019 n (%)</b>	<b>2021 n (%)</b>
Actively working as a nurse	8,423 (75.0)	8,353 (74.9)	8,033 (77.6)	7,427 (77.6)	7,219 (75.3)
Actively working in healthcare, not nursing	730 (6.5)	765 (6.9)	590 (5.7)	533 (5.6)	551 (5.7)
Actively working in another field	472 (4.2)	502 (4.5)	376 (3.6)	323 (3.4)	318 (3.3)
Unemployed, not seeking work	364 (3.3)	365 (3.3)	304 (2.9)	271 (2.8)	316 (3.3)
Unemployed, seeking work in nursing	488 (4.4)	340 (3.0)	251 (2.4)	214 (2.2)	282 (2.9)
Unemployed, seeking work in another field	58 (0.5)	36 (0.3)	40 (0.4)	38 (0.4)	45 (0.5)
Retired	660 (5.9)	797 (7.1)	762 (7.4)	762 (8.0)	858 (8.9)

Table 8 suggests that most LPNs (over 99%) who are not currently working in nursing would consider returning if specific barriers were removed. In the context of a continually increasing shortage of practicing nurses, this is vital information, necessary to guide interventions designed to address the continuing shortage. Pay and work environment were the most commonly identified by LPNs responding to the survey as factors that could positively influence their decision to return to work as an LPN.

**Table 8. Employed in Non-Nursing - Factors Influencing Return to Employment in Nursing (N = 554)**

<b>Factors influencing return to nursing</b>	<b><i>n</i></b>	<b>%</b>
I would not consider returning	11	2.0
Modified physical requirements of the job	93	16.8
Affordable childcare at or near work	40	7.2
Improvement in my health status	117	21.1
Improved healthcare benefits	71	12.8
Retirement benefits	56	10.1
More or flexible hours	170	30.7
Opportunity for career advancement	74	13.4
Improved pay	170	30.7
Shift	113	20.4
Work environment	165	29.8
Worksite location	129	23.3
Other	145	26.2

Table 9 shows LPNs' change in employment status over time. The percentage reporting no change in employer or work hours dropped dramatically from previous surveys, suggesting that over 65% of LPNs changed some component of their employment status during the preceding year, compared to only about one-third of LPNs in each of the prior surveys. The most frequently given reason for employment status changes was an increase in work hours. Almost 20% of LPNs experienced a work status change in the form of increased hours worked. Of those changing job types, only 3.8% changed from working in a non-LPN job to working as an LPN, while a greater percentage of LPNs (5.7%) left LPN positions to work non-LPN jobs, a net loss. While not a large number overall, the percentage of LPNs remaining with the same employer, but taking a new position, doubled from prior years (3.9% in 2019 to 8.2% in 2021).

**Table 9. Employment Status Change Over the Past Year**

<b>Status Change</b>	<b>2015 <i>n</i> (%)</b>	<b>2017 <i>n</i> (%)</b>	<b>2019 <i>n</i> (%)</b>	<b>2021 <i>n</i> (%)</b>
No change in employment status	7,322 (65.6)	6,760 (65.3)	6,260 (65.4)	3,327 (34.7)
New position with new employer	1,046 (9.4)	1,040 (10)	950 (9.9)	1,000 (10.4)
New position with same employer	458 (4.1)	403 (3.6)	370 (3.9)	782 (8.2)
Not previously working as LPN, but now in LPN job	332 (3.0)	377 (3.4)	308 (3.2)	360 (3.8)
Was working as LPN, but no longer working as LPN	467 (4.2)	537 (4.8)	362 (3.9)	544 (5.7)
Work MORE hours in a typical week than I did in a typical week last year	-	-	-	3,083 (32.1)
Work FEWER hours in a typical week than I did in a typical week last year.	-	-	-	1,757 (18.3)

Table 10 documents the reasons given for employment changes. The top reasons were: 1) dissatisfaction with prior employer, 2) promotion or career advancement, 3) salary/medical or retirement benefits, and 4) seeking greater flexibility in work hours. These are similar to prior years, with the exception of a higher percentage of LPNs identifying promotion/career advancement as the reason for a change in their employment.

**Table 10. Most Important Factor for Change of Employment (N = 1,593)**

<b>Factor</b>	<b>2015 n (%)</b>	<b>2017 n (%)</b>	<b>2019 n (%)</b>	<b>2021 n (%)</b>
Retired	325 (8.5)	288 (8.0)	278 (8.4)	24 (1.6)
Dissatisfaction with previous position	420 (10.0)	404 (11.3)	421 (12.7)	262 (17.0)
Salary/medical or retirement benefits	322 (8.7)	372 (10.3)	288 (8.7)	182 (11.8)
Seeking more convenient hours	420 (4.3)	391 (10.9)	385 (11.6)	163 (10.6)
Promotion/career advancement	338 (8.8)	333 (9.3)	285 (8.6)	257 (16.7)
Change in health status	197 (5.1)	192 (5.3)	160 (4.8)	30 (1.9)
Childcare responsibilities	160 (4.2)	167 (4.6)	140 (4.2)	50 (3.2)
Other family responsibilities	198 (5.2)	167 (4.6)	173 (5.2)	67 (4.4)
Relocation/moved to a different area	157 (4.1)	175 (4.9)	144 (4.4)	89 (5.8)
Change in financial status	154 (4.0)	138 (3.8)	111 (3.4)	62 (4.0)
Change in spouse/partner work situation	76 (2.0)	172 (2.0)	68 (2.1)	23 (1.5)
Laid off	142 (3.7)	76 (2.1)	68 (2.1)	43 (2.8)
Returned to school	-	-	-	92 (6.0)
Other	-	-	-	195 (12.7)



Figure 1 represents the LPNs' plans to continue working their present type of work by number of years intended to continue.

**Figure 1. Plan to Work in Present Employment (N = 8,190)**

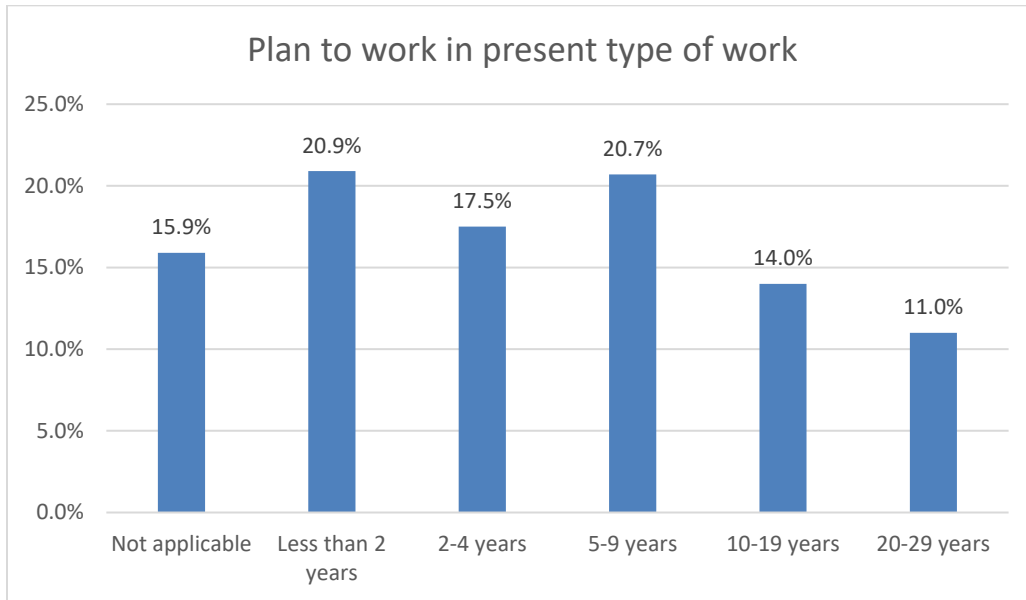


Figure 2 shows the breakdown in years that LPNs plan to work in their current positions. Approximately 25.0% of LPNs working in extended care settings plan to continue working 10 years or more; 23.8% of nurses working in hospitals plan to continue working in their current hospital positions for 10 years or more.

**Figure 2. Plan to Continue Working in Extended Care Versus Hospital**

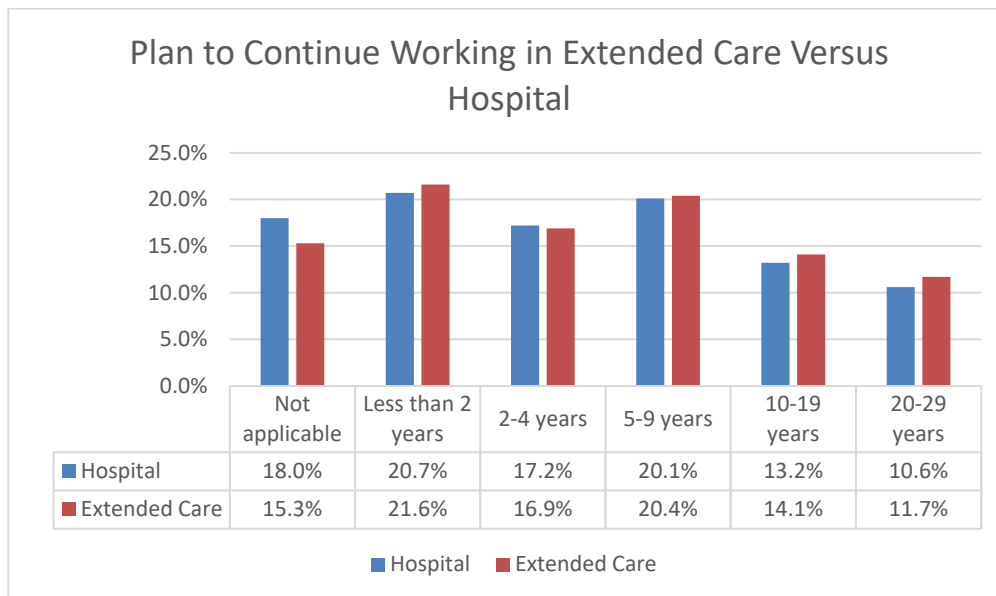
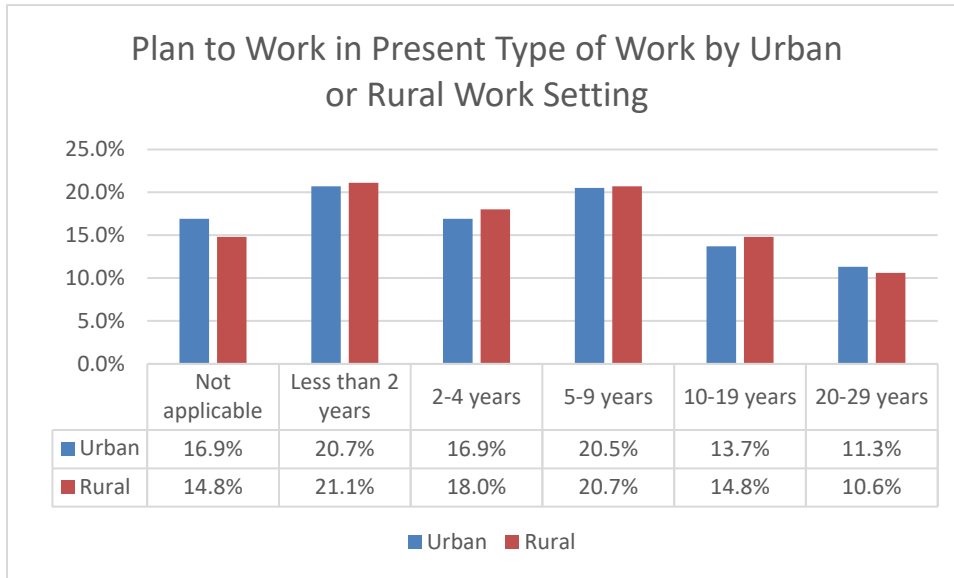


Figure 3 illustrates LPNs’ plans to work in present position by urban or rural work setting. In the near future (4 years or less), slightly fewer rural LPNs plan to continue working in their current setting, compared to LPNs working in urban settings. However, slightly more rural LPNs (compared to LPNs in urban settings) were planning to stay in their position for 5 years or more. Overall, plans to stay in present position are similar between LPNs working in rural and urban settings.

**Figure 3. Plan to Work in Present Type of Work by Urban or Rural Work Setting**



### Direct Patient Care

Table 11 shows the breakdown of LPNs who reported providing direct patient care. Consistent with previous years, the majority (88.1%) report providing direct patient care.

**Table 11. Provides Direct Patient Care**

<b>Provides Direct Patient Care (N = 8,164)</b>	<b><i>n</i></b>	<b>%</b>
Yes	7,195	88.1
No	969	11.9

Figure 4 represents LPNs who are currently working in direct patient care and their plans to continue to work in direct patient care; 45.1% of LPNs plan to leave direct patient care in less than 10 years.

**Figure 4. Plan to Continue Direct Patient Care (N = 6,916)**

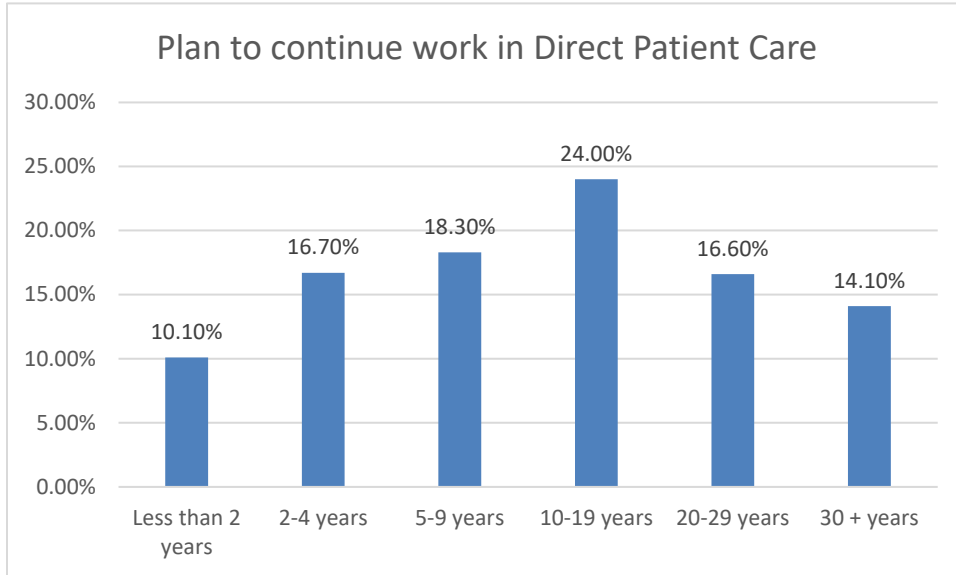
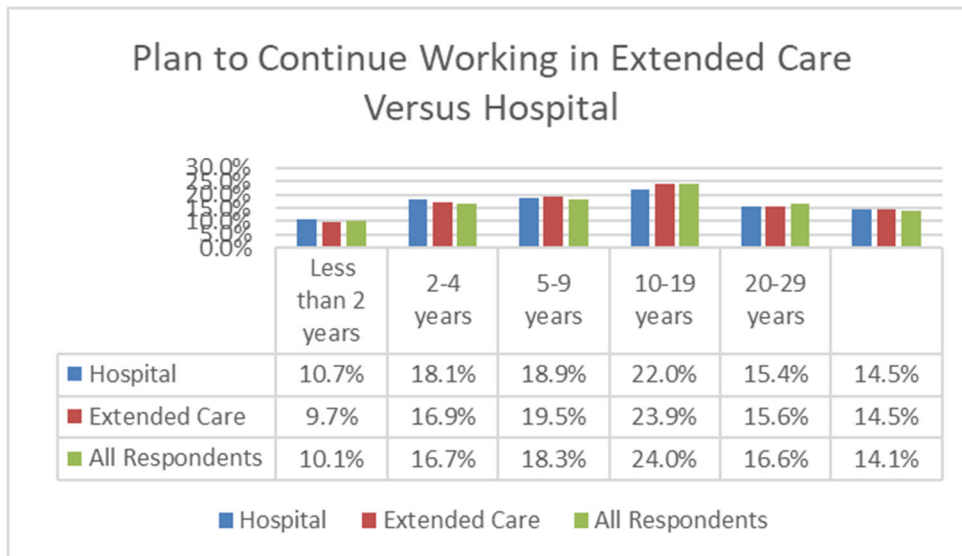


Figure 5 represents LPNs’ current plans for continuing in hospital and extended care work. The figures suggest little difference between the plans of LPNs working in extended care and those working in hospitals—relatively comparable across all three breakdowns. When compared to the 2019 LPN survey, a smaller percentage of nurses in either hospital or extended care reported planning to remain in their current position for greater than 10 years.

**Figure 5. Plan to Provide Direct Patient Care, Extended Care Versus Hospital**



## Characteristics of Primary Job

Table 12 documents that the majority of LPNs are regular employees and that 62.0% work full time for an hourly wage. These percentages are consistent with surveys from prior years.

**Table 12. Characteristics of Primary Job**

<b>Employment Status (N = 8,165)</b>	<b>n</b>	<b>%</b>
Regular employee	7,500	91.9
Self-employed	242	3.0
Temporary employment agency	174	2.1
Travel nurse or traveling nurse agency	174	2.1
Volunteer	75	0.9
<b>Employment Basis for Primary Position (N = 8,164)</b>		
Full time, hourly wage	5,060	62.0
Part time, hourly wage	1,806	22.1
Full time, salaried	696	8.5
Part time, salaried	57	0.7
Per diem (called as needed)	463	5.7
Volunteer	82	1.0

Table 13 reflects the primary work setting of LPNs in Wisconsin. Extended care remains the most common primary work setting; though, there was a decrease in extended care compared to prior years, with a rise in LPNs identifying hospitals as their primary work place. Nursing homes experienced the highest illness and death rates from COVID-19 in the United States. Many staff, including LPNs, left their nursing home positions due to illness (contracting COVID-19), fear of bringing COVID-19 to their families, or the need to stay home with children during school closures (Denny-Brown et al., 2020). The increased need for nursing staff in hospitals during the pandemic led many hospitals to reverse their policies of not hiring LPNs. Nursing home staff leaving their positions may be due to the elevated need for staff in hospital settings and the significant challenges faced by long-term care settings during the COVID-19 pandemic.

**Table 13. Primary Work Setting (N = 8,163)**

<b>Work Setting</b>	<b>n</b>	<b>%</b>
Extended care	2,839	34.8
Ambulatory care	2,473	30.3
Hospital	1,017	12.5
Other*	801	9.8
Home health	561	6.9
Community/Public health	472	5.8

\*Other includes call center/tele-nursing; government agency other than public/community health or corrections; non-governmental health policy, planning or professional organization; insurance company claims/benefits; sales (pharmaceutical, medical devices, software, etc.); self-employed/consultant; other.

Table 14 reflects the category that best describes LPNs' places of work. The largest percentage of LPNs work in extended care (34.8%), followed by ambulatory care (30.3%).

**Table 14. Employment Category**

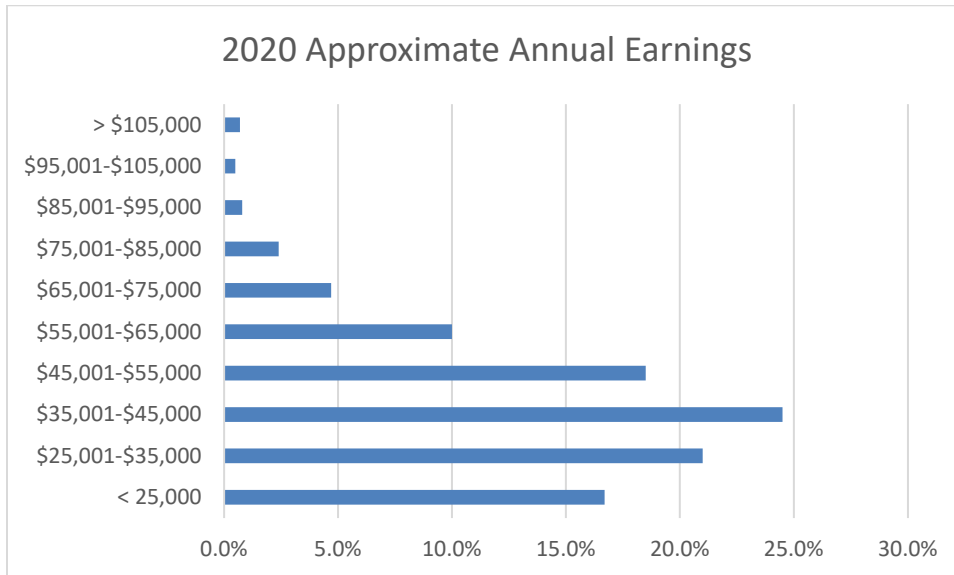
<b>Best Describes Your Primary Job (N = 8,163)</b>	<b><i>n</i></b>	<b>%</b>
Hospital (medical/surgical, alcohol or drug abuse [AODA]/psychiatric, long-term acute care)	1,017	12.5
Extended Care (adult family homes [AFH], community-based residential facilities [CBRF], and residential care apartment complexes [RCAC])	2,839	34.8
Ambulatory Care (employee health, outpatient care, clinics, surgery center)	2,473	30.3
Home Health (private home)	561	6.9
Community/Public Health	472	5.8
Other (insurance, call center, etc.)	801	9.8
<b>Best Describes Your Primary Place of Work (N = 8,165)</b>	<b><i>n</i></b>	<b>%</b>
Nursing	6,987	85.6
Health-related services outside of nursing	510	6.2
Retail sales and services	50	0.6
In-service or patient educator	45	0.6
Financial, accounting, and insurance processing staff	74	0.9
Consulting	27	0.3
Other	472	5.8
<b>Best Describes Your Secondary Place of Work (N = 1,126)</b>	<b><i>n</i></b>	<b>%</b>
Nursing	924	82.1
Health-related services outside of nursing	71	6.3
Retail sales and services	5	0.4
In-service or patient educator	6	0.5
Financial, accounting, and insurance processing staff	*	*
Consulting	9	0.8
Other	108	9.6

\*Too few to report.

## Compensation

Figure 6 summarizes current hourly wages for LPNs. Over 62% of LPNs make \$45,000 or less per year, representing approximately \$22/hour. The data represent overtime and bonuses, but exclude sign-on bonuses.

**Figure 6. Approximate Annual Earnings**



## Compensation from Primary Job

Figure 7 shows the benefits offered to LPNs at their principal place of work. Over 25% of LPNs reported they do not receive any benefits.

**Figure 7. Compensation in Primary Position**

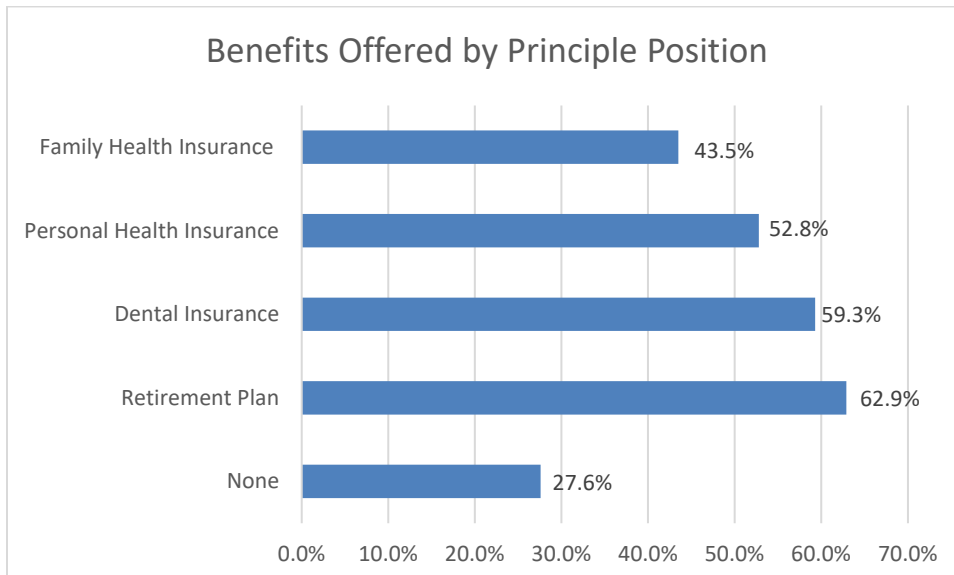
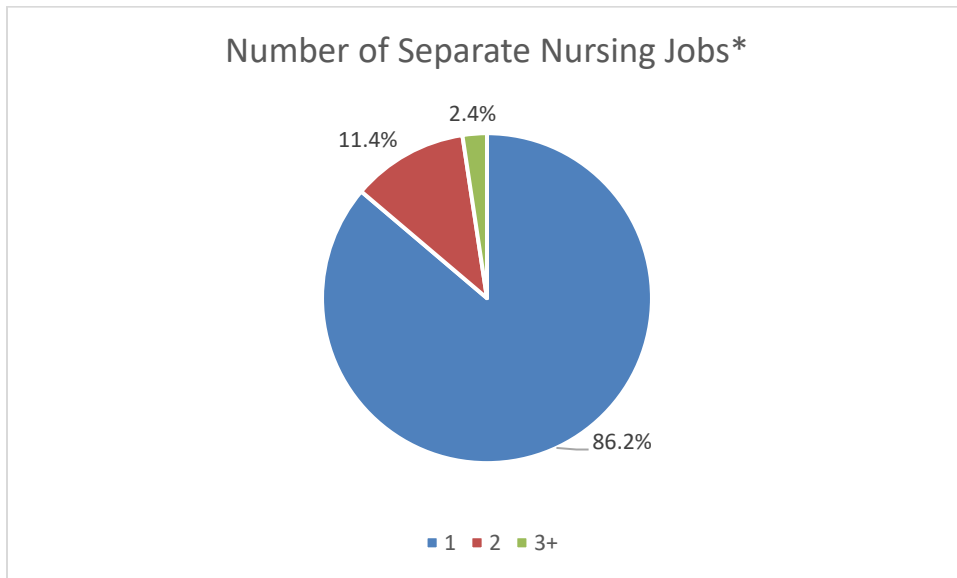


Figure 8 represents the number of separate nursing jobs held by LPNs. The majority (86.2%) held one nursing job, while 11.4% held two nursing jobs. The number of jobs includes unpaid volunteer nursing work.

**Figure 8. Number of Separate Nursing Jobs.**



## Specialization and Certification

Table 15 shows the clinical expertise reported by LPNs in Wisconsin. There were 9,566 respondents (24 missing), and respondents could choose more than one option. The highest single percentage of expertise was in geriatrics/gerontology (48.8%), followed by adult health (27.0%).

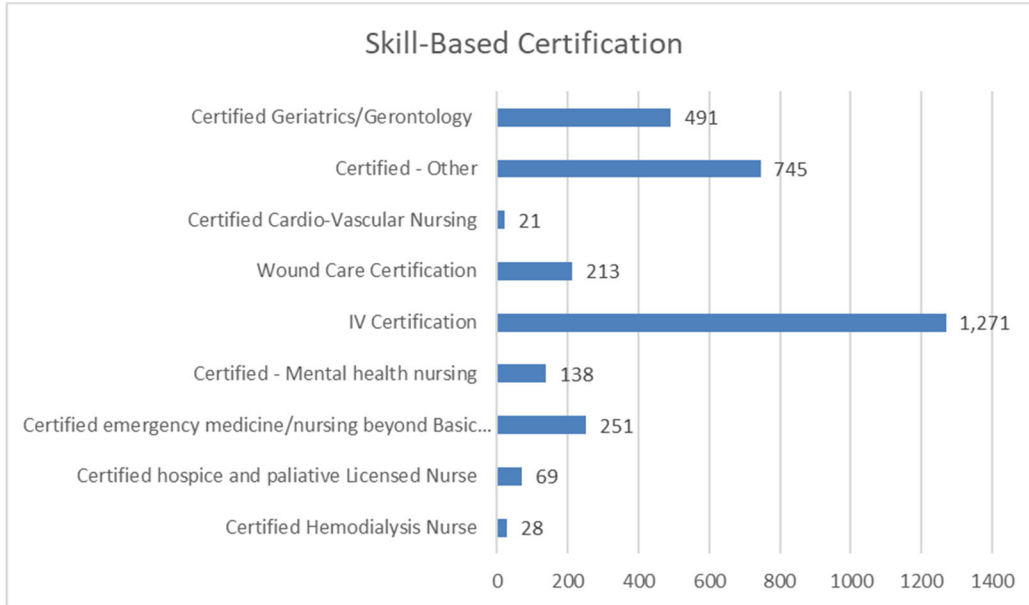
**Table 15. Clinical Expertise**

Clinical Expertise	<i>n</i>	%
Geriatrics/gerontology	4,668	48.8
Adult health	2,583	27.0
Family health	1,810	18.9
Hospice/palliative care	1,730	18.1
Community health	1,561	16.3
Home health	1,543	16.1
Other, not listed	1,395	14.6
Rehabilitation	1,349	14.1
Medical surgical	1,138	11.9
Acute/critical/intensive care	1,040	10.9
Cardiac care	1,003	10.5
Pediatrics	953	10.0
Psychiatric/mental health	807	8.4
None	761	8.0
Corrections	661	6.9
Addiction/AODA/substance abuse	571	6.0
Emergency/trauma	558	5.8
Women's health	504	5.3
Obstetrics/gynecology	494	5.2
Respiratory care	458	4.8
Surgery/pre-op/post-op/PACU	446	4.7
Occupational/employee health	384	4.0
Dialysis/renal	366	3.8
Anesthesia	317	3.3
School health (K-12 or post-secondary)	305	3.2
Oncology	265	2.8
Maternal-child health	241	2.5
Public health	219	2.3
Labor and delivery	197	2.1
Neonatal care	72	0.8



Figure 9 demonstrates the skill-based certifications reported by LPNs. Contrary to the majority of LPNs holding clinical expertise in geriatrics/gerontology (Table 15), the highest reported skill-based certification was IV insertion, followed by Other. The largest selection was no current skill-based certification.

**Figure 9. Skill-Based Certification**



\*7,074 selected no current skill-based certification.

## Leadership Positions

In 2021, 41.7% of LPNs reported holding a leadership position. The percentage is up 3% from 2019. The majority of LPN leaders reported being White (82.5%), followed by Black (12.5%). Notably, this is nearly 5% greater than the statewide number of LPNs who reported being Black (7.7%, Table 2).

**Table 16. Leadership Characteristics of LPNs Working as Nurses (N = 7,219)**

<b>Leadership</b>	<b>n</b>	<b>%</b>
<b>Holds leadership position</b>		
Yes	3,013	41.7
No	4,206	58.3
<b>Race/ethnicity by reported leadership position (n = 3,010)</b>		
White/Caucasian	2,484	82.5
Black	376	12.5
Asian	64	2.1
American Indian/Alaska Native	39	1.3
Native American/Other Pacific Islander	*	*
Other	92	3.1
<b>Gender (holding leadership position)</b>		
Female	2,819	93.7
Male	183	6.1
Non-binary	8	0.3
<b>Fluency in language other than English</b>		
Hold leadership position	259	8.6
Do not hold leadership position	261	6.2
<b>Highest nursing degree earned (n = 2,983)</b>		
Diploma in nursing	2781	94.2
Associate degree in nursing	194	6.6
Bachelor's degree in nursing	8	0.3
<b>Type/location of leadership position (n = 3,013)</b>		
Work area (e.g., charge nurse, team leader, unit manager)	2,668	88.5
Organizational level (e.g., dean, chief nursing officer, director)	146	4.8
Chair of major committee in organization of your primary position	17	0.6
Governance board (e.g., board of trustees/board of directors)	21	0.7
Public official (e.g., county board of supervisors, state legislator)	9	0.3
Leadership role in a professional association (e.g., task force, committee chair)	108	3.6
<b>Demographic characteristic by leadership position</b>		
Mean age	47.8	
Mean years working as LPN	17.2	
Mean hours per week in primary job	36.7	
Mean total hours per week in primary and secondary jobs	38.6	
Mean number of certifications	1.3	
Mean years worked as an LPN providing direct patient care	16.72	
Mean number of separate nursing jobs currently held	1.24	

\*Too few to report.

Note. Respondents may hold more than one leadership position.

Table 17 shows the breakdown for Black, Hispanic and male nurses who indicated working as a nurse and holding leadership positions.

**Table 17. Leadership Position by Black, Hispanic, and Male Working as a Nurse**

Category	Holds Leadership Position <i>n</i> (%)	No Leadership Position <i>n</i> (%)	Total
Black	376 (60.0)	251 (40.0)	627
Hispanic/Latino	121 (42.8)	162 (57.2)	283
Male	183 (44.0)	233 (56.0)	416

Figure 10 documents plans for continued work in current setting for LPNs currently holding a leadership position. The lower percentage specifying 20 years or more likely reflects the mean age of those reporting current leadership position.

**Figure 10. LPNs in Leadership Positions Plan to Continue in Current Employment**

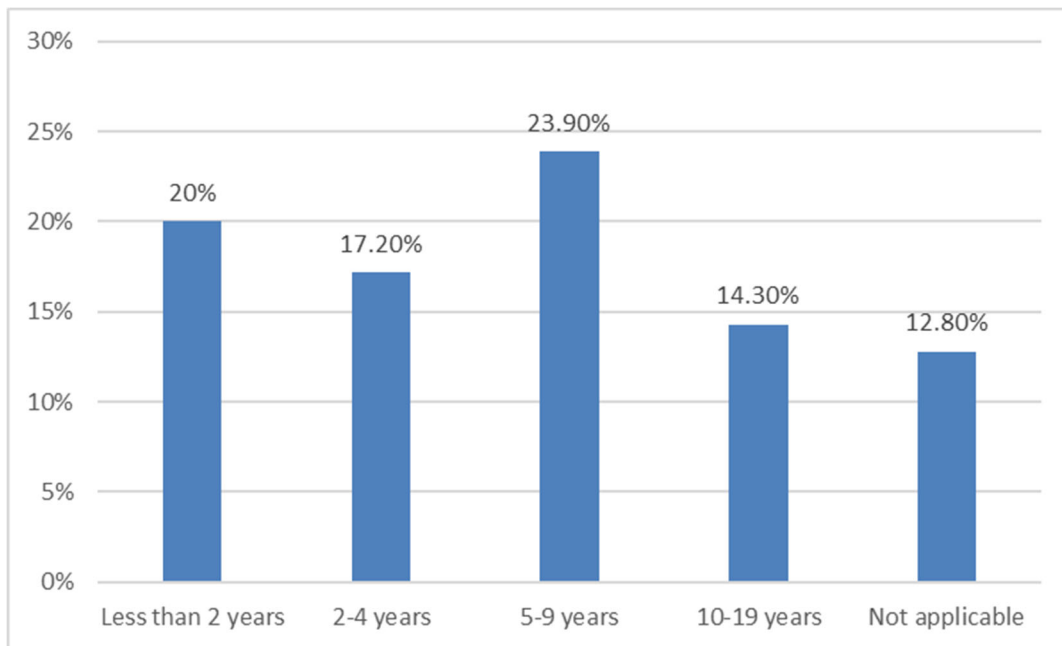
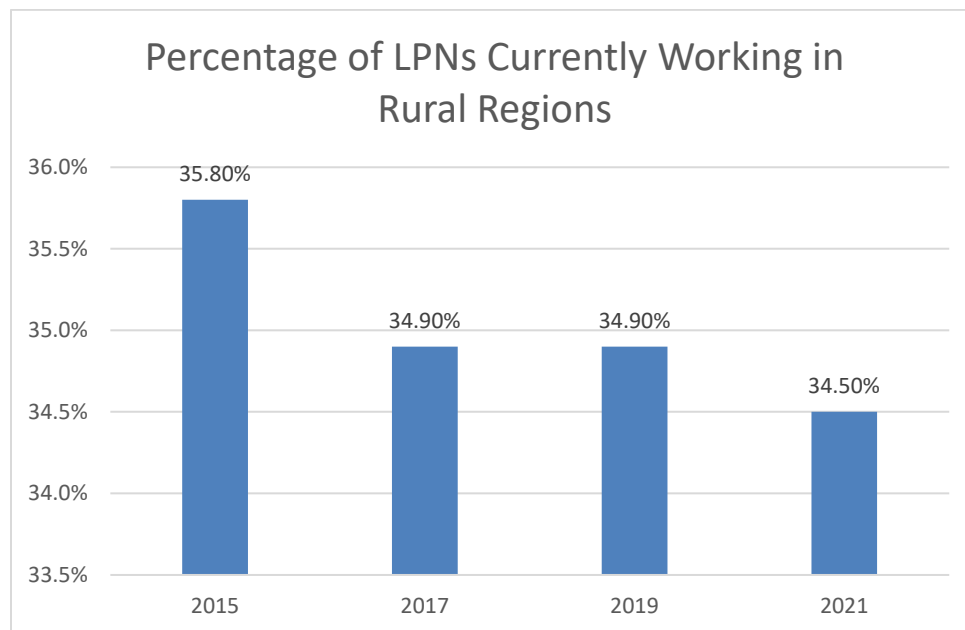


Figure 11 shows the percentage of LPNs working in rural regions in Wisconsin. Since 2015, the percentage of LPNs who reported working in rural regions has dropped almost 3%.

**Figure 11. Percentage of LPNs Working in Rural Wisconsin**



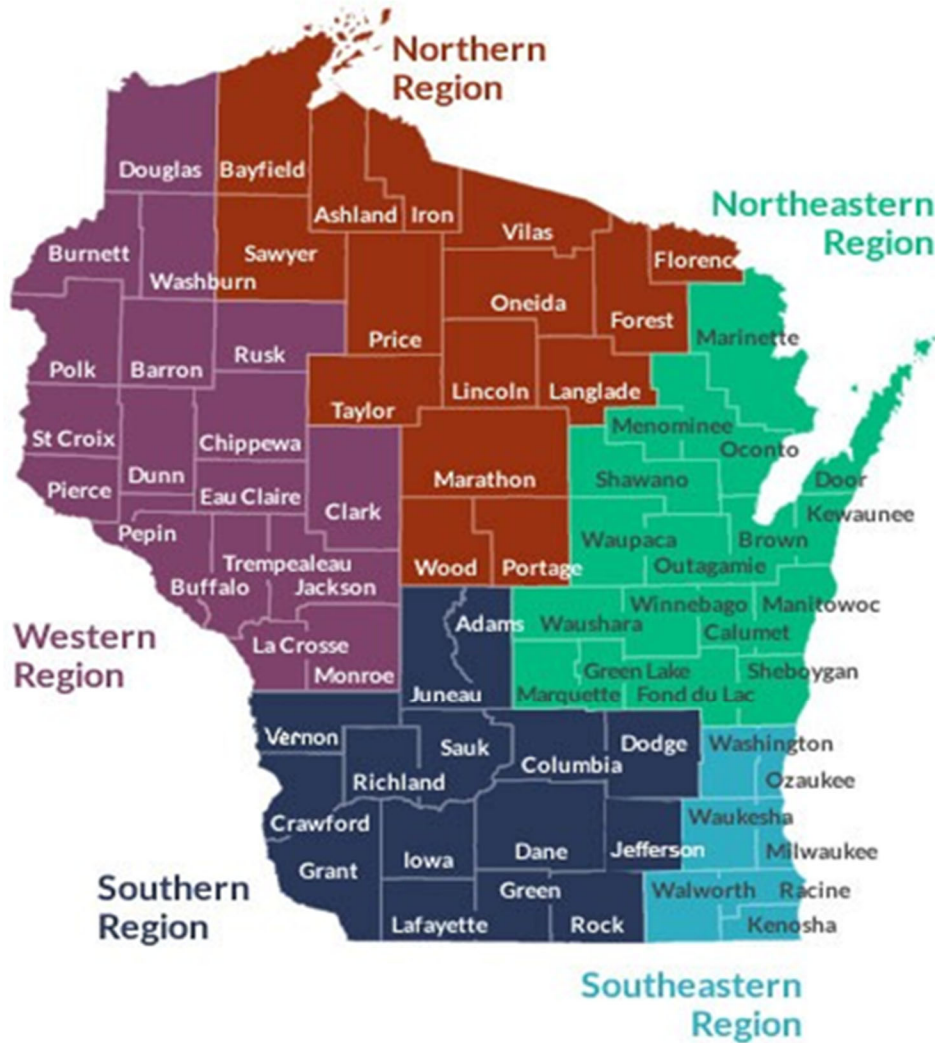
### **Employment Recommendations**

- The percentage of retired LPNs has continued to increase since the 2013 survey. This is likely to continue, given the documented age of respondents and their projections for continued work, suggesting a significant influx of new LPNs will be needed. Since LPNs are predominantly providing direct care in extended care facilities, these settings will be the most negatively affected by a continuing rise in LPN retirement. These settings are already experiencing a significant shortage of workers, including LPNs. Both the number and care complexity of individuals receiving care in these settings is also increasing. There is an urgent need to both increase the skill level and the number of LPNs working in extended care.
- Opportunities for advanced gerontological training and certification, in addition to credential advancement for LPNs in extended care, is an urgent need. Clear plans need to be developed to increase access to pathways that will result in better preparation for the work demands.
- Particular attention is needed to increase the numbers of and to advance the preparation of LPNs working in rural settings.
- The increase in work hour flexibility as a reason for leaving a job suggests the need for a greater focus on staffing flexibility. This is likely related to the overall nursing shortage, particularly in extended care settings.
- Managing patients is becoming more complex, with the increasing number of comorbidities. Opportunities for LPNs to obtain/improve their clinical skills through a range of certifications is critical.

### Section III. LPN Workforce by DHS Region

This section provides an overview of workforce issues in the five Department of Health Services (DHS) regions, as well as comparisons across the DHS regions. Figure 12 and Table 18 display the counties within each DHS region.

**Figure 12. DHS Regions of the State**



Source: Wisconsin Department of Health Services (<https://www.dhs.wisconsin.gov/aboutdhs/regions.htm>)

**Table 18. Wisconsin Counties by DHS Region**

<b>Southern Region</b>	<b>Southeastern Region</b>	<b>Northeastern Region</b>	<b>Western Region</b>	<b>Northern Region</b>
Adams	Jefferson	Brown	Barron	Ashland
Columbia	Kenosha	Calumet	Buffalo	Bayfield
Crawford	Milwaukee	Door	Burnett	Florence
Dane	Ozaukee	Fond du Lac	Chippewa	Forest
Dodge	Racine	Green Lake	Clark	Iron
Grant	Walworth	Kewaunee	Douglas	Langlade
Green	Washington	Manitowoc	Dunn	Lincoln
Iowa	Waukesha	Marinette	Eau Claire	Marathon
Juneau		Marquette	Jackson	Oneida
Lafayette		Menominee	La Crosse	Portage
Richland		Oconto	Monroe	Price
Rock		Outagamie	Pepin	Sawyer
Sauk		Shawano	Pierce	Taylor
Vernon		Sheboygan	Polk	Vilas
		Waupaca	Rush	Wood
		Waushara	St. Croix	
		Winnebago	Trempealeau	
			Washburn	

## A. LPN Workforce Demographics by DHS Region

Table 19 shows LPN demographics by region across the state, while Table 20 reflects LPNs who reported fluency in a language other than English. LPNs in Wisconsin continue to be mostly White women. The Southeastern region of the state showed a noticeably higher percentage of Black/African American LPNs (20.9%), compared to the other regions of the state, and was the only region with a percentage higher than the state. Additionally, the Southeastern region showed the highest percentage of LPNs who reported fluency in a language other than English (10.4%). The Northeastern region showed the youngest median age of LPNs by region and was the only region with a median age below the state median.

**Table 19. LPN Workforce by DHS Region and State**

Demographic	State <sup>1</sup> n = 7,731		Southern n = 1,244		Southeast n = 2,505		Northeast n = 2,384		Western n = 1,069		Northern n = 529	
<b>Median Age</b>	47		48		49		45		47		47	
<b>Gender</b>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Female	7,281	93.9	1,159	93.0	2,355	93.6	2,267	94.3	1,017	94.9	483	91.3
Male	461	5.9	85	6.8	154	6.1	120	5.0	57	5.3	45	8.5
Non-binary	15	0.2	*	*	7	0.3	*	*	*	*	*	*
<b>Ethnicity</b>												
White/Caucasian	6,743	86.9	1,157	92.9	1,838	73.1	2,219	92.8	1,034	96.1	495	93.6
Black/African American	638	8.2	51	4.1	526	20.9	49	2.1	8	0.7	*	*
American Indian/ Alaska Native	105	1.4	9	0.7	30	1.2	39	1.6	12	1.1	15	2.8
Asian	159	2.0	0	0.0	62	2.6	45	1.9	13	1.2	13	2.5
Native Hawaiian/ Other Pacific Islander	13	0.2	0	0.0	*	*	*	*	*	*	*	*
Hispanic/Latino	303	3.9	38	3.0	163	6.5	80	3.3	12	1.1	10	1.9
Other	215	2.8	29	2.3	107	4.3	52	2.2	19	1.8	8	1.5

<sup>1</sup>State data includes only those LPNs who work in Wisconsin.

\*Too few to report.

**Table 20. Fluency in a Language Other than English by DHS Region and State**

Languages Spoken	State <sup>1</sup> n = 7,755		Southern n = 1,246		Southeast n = 2,514		Northeast n = 2,390		Western n = 1,076		Northern n = 529	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Has fluency in a language other than English	543	7.0	84	6.7	261	10.4	134	5.6	40	3.7	24	4.5

<sup>1</sup>State data include only those LPNs who work in Wisconsin.

## B. LPN Workforce Employment Patterns by DHS Regions

Table 21 displays the employment status of LPNs across the state broken down by regions. The vast majority of LPNs reported currently working as an LPN (88.4%).

**Table 21. Employment Status of LPNs Who Live and/or Work in Wisconsin**

Employment Status	State <sup>1</sup> n = 7,762		Southern n = 1,247		Southeast n = 2,518		Northeast n = 2,391		Western n = 1,076		Northern n = 530	
	n	%	n	%	n	%	n	%	n	%	n	%
Working as an LPN	6,844	88.4	1,110	89.0	2,241	89.0	2,134	89.3	935	86.9	444	83.8
Working in healthcare, not nursing	522	6.7	81	6.5	165	6.6	151	6.3	80	7.4	45	8.5
Working in another field	304	3.9	48	3.8	83	3.3	85	3.6	52	4.8	36	6.8
Unemployed, seeking work in nursing	44	0.6	5	0.4	19	0.8	12	0.5	5	0.5	*	*
Unemployed, seeking work in another field	4	0.1	0	0.0	*	*	*	*	*	*	0	0.0
Unemployed, not seeking work	24	0.3	*	*	8	0.3	8	0.3	*	*	*	*

<sup>1</sup>State data includes only those LPNs who work in Wisconsin.

\*Too few to report.

Table 22 represents LPNs reporting currently working providing direct patient care. Mostly consistent across the state and all regions, around 88% of LPNs report currently working in direct patient care.

**Table 22. Provision of Direct Patient Care in Primary Nursing Position**

Employment Status	State <sup>1</sup> n = 7,762		Southern n = 1,247		Southeast n = 2,518		Northeast n = 2,391		Western n = 1,076		Northern n = 530	
	n	%	n	%	n	%	n	%	n	%	n	%
Currently providing DPC*	6,841	88.1	1,091	87.5	2,230	88.6	2,112	88.3	949	88.2	459	86.6
Not currently providing DPC*	921	11.9	156	12.5	288	11.4	279	11.7	127	11.8	71	13.4

<sup>1</sup>State data includes only those LPNs who work in Wisconsin.

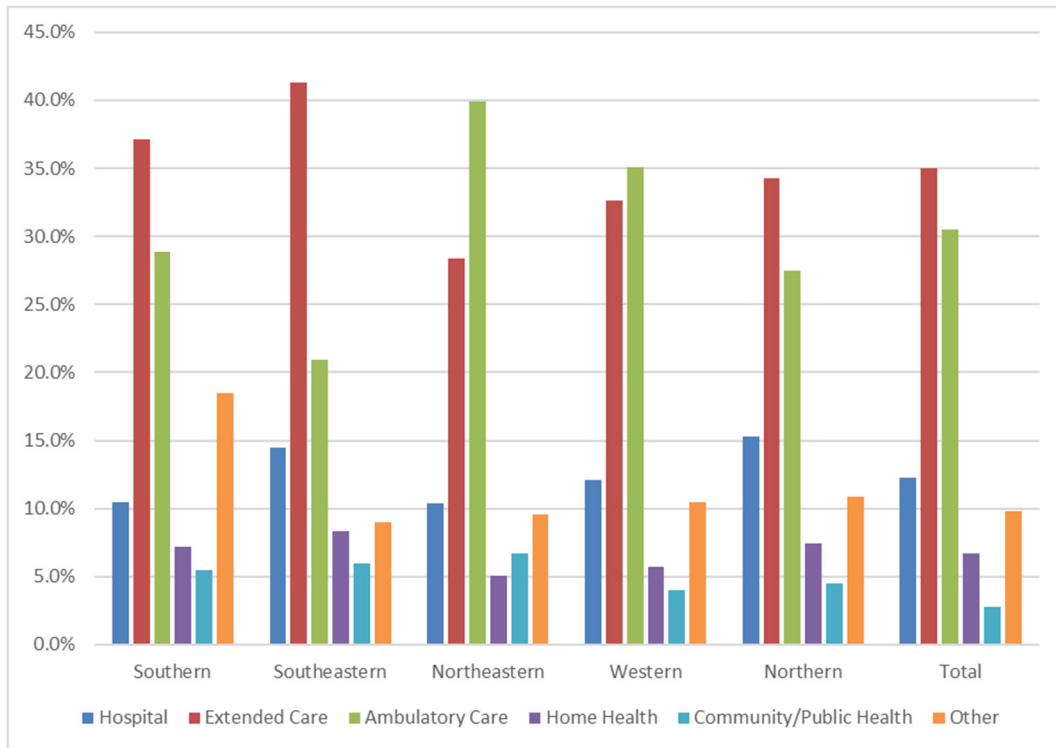
\*Direct patient care.



### Primary Work Setting of LPNs Across DHS Regions

As in prior years, extended care and ambulatory care continue to be the primary work settings for LPNs; although, although there is variation in distribution between these two settings. While extended care was the most common place of work for LPNs across the state, the Northeastern and Western regions (some of the most rural regions) reported more LPNs working in ambulatory care. The Southeastern region (far more urban) reported the highest proportion of LPNs working in extended care.

**Figure 13. Primary Work Setting of LPNs Who Work in Wisconsin**



### C. LPN Workforce Education Patterns by DHS Region

The majority of LPNs in Wisconsin reported a highest degree of practical or vocational nursing diploma or a diploma in nursing. Only 8.1% of all of Wisconsin’s LPNs reported having an associate degree. The Northern region was the only region that reported over 10% of LPNs who held an associate degree.

**Table 23. Highest Degree Earned by DHS Region**

Degree	State <sup>1</sup> n = 7,688		Southern n = 1,224		Southeast n = 2,500		Northeast n = 2,381		Western n = 1,067		Northern n = 516	
	n	%	n	%	n	%	n	%	n	%	n	%
Practical or vocational nursing diploma	6,533	85.0	1,056	86.3	2,097	83.9	2,047	86.0	905	84.8	428	82.9
Diploma in nursing	272	3.5	31	2.5	120	4.8	70	2.9	36	3.4	15	2.9
Associate degree	621	8.1	86	7.0	201	8.0	183	7.7	94	8.8	57	11.0
Bachelor’s	231	3.0	45	3.7	71	2.8	73	3.1	28	2.6	14	2.7
Master’s	28	0.4	*	*	10	0.4	8	0.3	*	*	*	*
Doctorate	*	*	*	*	*	*	0	0	0	0	0	0

<sup>1</sup>State data includes only those LPNs who work in Wisconsin.

\*Too few to report.

## Section IV. Emergency Preparedness

Table 24 displays LPNs holding membership in Medical Reserve Corps (MRC) or Wisconsin Emergency Assistance Volunteer Registry (WEAVR). MRC is a search and rescue team in Northern Wisconsin that strives to support first responders, hospitals, and public health during emergencies. WEAVR is a voluntary web-based system that assists with filling critical roles during public health emergencies (Wisconsin DHS, 2017b) Despite the COVID-19 pandemic, very small numbers of LPNs in Wisconsin reported membership in either MRC or WEAVR.

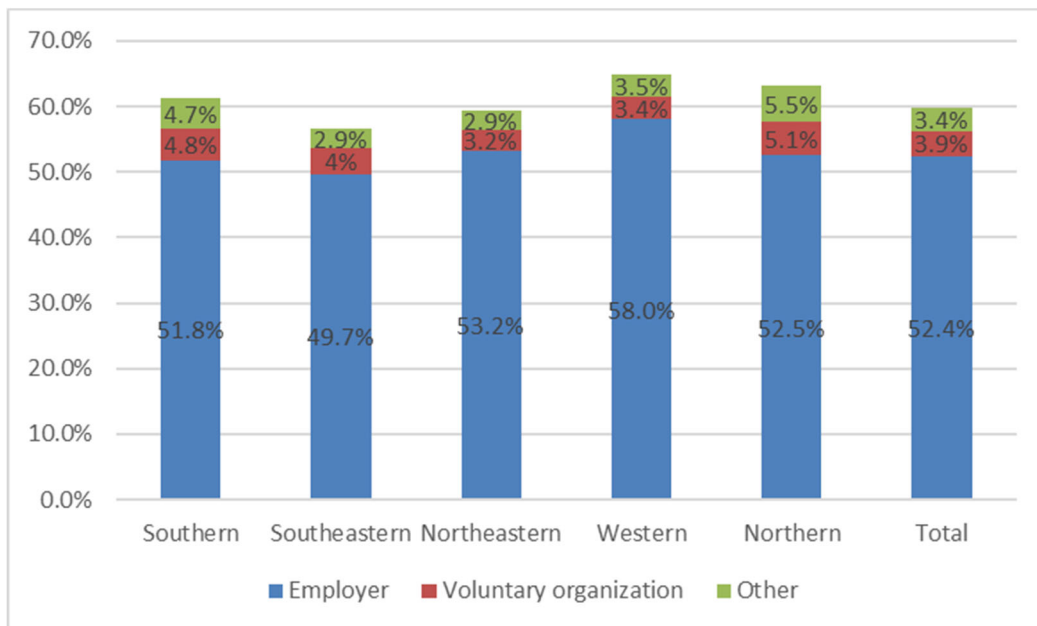
**Table 24. Emergency Preparedness Training**

Membership in Organization	WEAVR <i>n</i> (%)	MRC <i>n</i> (%)
Yes	241 (2.5)	*
No	9,349 (97.5)	9,589 (100.0)

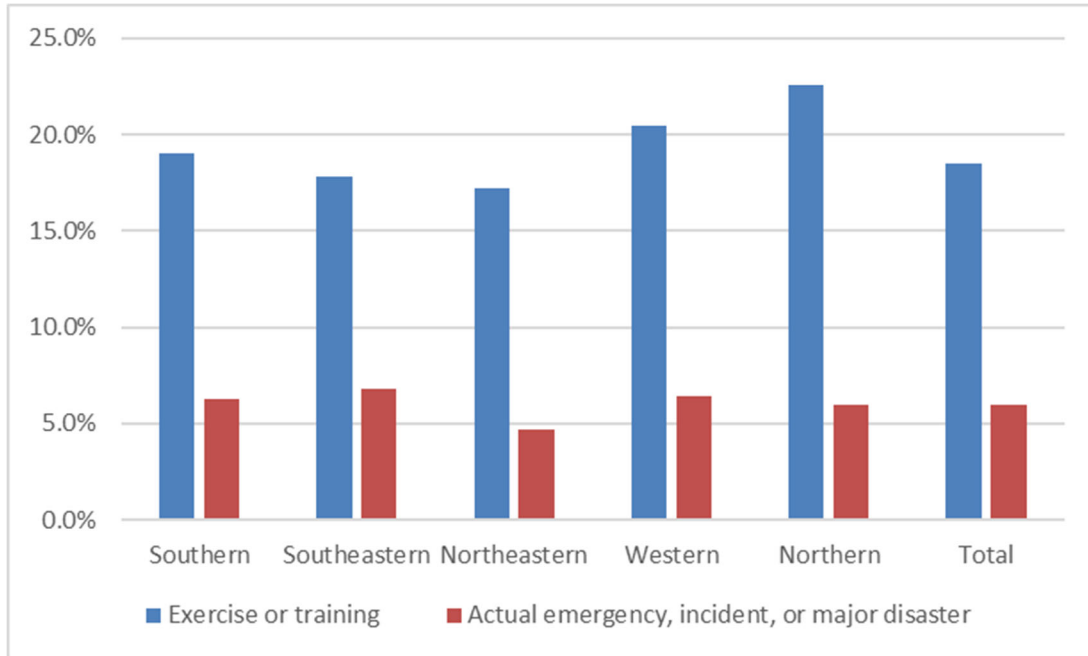
\*Too few to report.

Figures 14 and 15 reflect those LPNs who reported emergency response training by source and the application of training in exercise or emergency response, as broken down by region. Employers are the greatest providers of emergency response training. Voluntary organizations made up less than 4% of statewide emergency response trainings. Additionally, less than 25% of LPNs reported applying emergency response training in an exercise, and less than 10% reported applying emergency response training in an actual emergency (Figure 14).

**Figure 14. Training in Emergency Response by DHS Region**



**Figure 15. Applied Training in Emergency Exercise or Emergency Response by DHS Region**



**Emergency Preparedness Recommendations**

- Support and encourage LPNs to volunteer with WEAVR and/or MRC, as appropriate by region.
- Review employer-based trainings for adequacy and appropriateness, particularly considering scope of practice and region.
- Consider strategies to increase emergency preparedness trainings for LPNs, including supporting employers by providing resources, tools/toolkits, and clear guidance for providing emergency response training to LPNs.

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