Wisconsin
2025 LPN
Workforce Survey Report

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WCN is thankful to the Wisconsin Department of Workforce Development (DWD) for its guidance and access to the data that shapes this important survey. The data it provides on the LPN workforce in Wisconsin helps address demographic, geographic, and workforce factors influencing nursing shortages, as well as contributing to the goal of a competent, diverse nursing workforce. We appreciate the Wisconsin Department of Safety and Professional Services (DSPS) for ensuring the survey is accessible to LPNs upon re-licensure.

We wish to acknowledge and thank the schools of nursing, health systems, organizations, and policymakers throughout Wisconsin who rely on and utilize the survey data to improve nursing education, practice, and workforce stability in the state.

Above all, we extend our deepest gratitude to the LPNs of Wisconsin. By taking the time to complete this survey, you have contributed invaluable information that will help shape workforce planning, education, policy, and patient care across our state for years to come. Beyond the data, this report tells the story of a profession that is the foundation of healthcare for thousands of Wisconsinites. More than 85% of Wisconsin LPNs provide direct patient care, with nearly two-thirds practicing in long-term care and ambulatory care settings, where relationships are built not over days, but over months and years. Your expertise in caring for older adults, individuals with chronic illness, and those navigating life's most vulnerable moments is reflected in the finding that nearly half of Wisconsin LPNs identify geriatrics and gerontology as their primary area of clinical expertise. These data underscore the indispensable role LPNs play in supporting Wisconsin's rapidly growing aging population and strengthening the continuity of care across our communities.

On a personal note, as the daughter of a career LPN, I have witnessed firsthand the extraordinary impact of this profession. My mother became part of extended family of many she served through the trust, compassion, and consistency she provided over many years of caring for them. Those enduring relationships exemplify what makes the LPN profession so unique. While this report presents statistics and trends, behind every number is a dedicated professional whose skill, kindness, and commitment improve the lives of patients, residents, and families every day. On behalf of the Wisconsin Center for Nursing Board of Directors, thank you for your unwavering service to the people of Wisconsin. Your work matters, your voices matter, and your contributions to our healthcare system are both immeasurable and deeply appreciated.

In Appreciation,

Kerri Kliminski, Ed.D., MSN, RN

President – Wisconsin Center for Nursing, Inc.

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Executive Summary

The LPN role is foundational in nursing practice, and indeed, within the entire healthcare system. LPNs provide care in a diverse group of settings, including at the bedside, in schools, and in clinics. They work alongside RNs and other healthcare team members to provide essential healthcare services for a diverse group of patients. LPNs also provide a pipeline of skilled individuals into future RN and APRN roles. However, this role is often underutilized, inadequately supported, and is often not recognized for its significant contribution to healthcare. Through data collection and monitoring of trends within the Wisconsin LPN Workforce survey, efforts to promote LPNs, and provide resources for retention can be accomplished.

The 2025 Wisconsin LPN Workforce Survey is the eighth biennial LPN report and was completed by 9,225 respondents. After data cleaning, 608 responses were excluded, leaving a remaining 8,683 surveys for analysis. This represents an increase of approximately 10% over the 7,845 surveys analyzed in 2023.

*486 responses were excluded as the respondent did not live or work in WI

The biennial LPN workforce survey is mandated by the Wisconsin State Legislature (Chapter 106.30) and is administered by the Wisconsin Department of Health and Professional Services in partnership with the Wisconsin Department of Workforce Development and the Wisconsin Center for Nursing (WCN). The survey, developed by the Wisconsin Department of Workforce Development, was first launched in 2011.

Organization of Report

Section I: Introduction

This section shows how the collected survey data was managed and cleaned for final analysis. Table 1 includes all reasons for exclusion. For example, the largest number of exclusions (n = 486) was from respondents who neither live nor work in Wisconsin. A total of 9,225 surveys were received in 2025. After data cleaning was completed, 8,683 surveys were submitted for final analysis. This represents an increase over the 2023 survey but still shows a decrease from 2021 (where 9,590 surveys were included in the final analysis).

Section II: State Data Key Findings

A. LPN Workforce Demographics

- The 2025 survey saw an increase in the number of LPN respondents by 1,087 for a total of 8,683.
- LPN license holders have strong connections to the state with 96.7% residing in Wisconsin and 85.4% working within the state.
- Wisconsin's LPN workforce continues to remain predominately White (82.9%) and Female (93%).
- Diversity has made gains within the workforce. Black/African American respondents increased to 11.3% compared to the prior results in 2023 of 9.3%. Between 2017 and 2025 there has been an increase in the percent of the LPN nursing workforce made up by the following nurses: Black/African American of +5.1%, Hispanic/Latino/Latinx +1.9%, Asian +1%, and American Indian/Alaska Native +0.8%. There has been a nominal increase in the percentage of male nurses, of 0.5%.
- The mean age of the workforce remained similar at 48.6 years compared to the previous survey at 48.3 years.
- Approximately 2/3 of LPNs work in urban areas, with the remaining serving rural Wisconsin.
- Of LPNs in Wisconsin, 92.6% report speaking only English. More LPNs in Southeastern Wisconsin speak a second language compared to other regions of the state.

Recommendations

- Efforts focused on increasing diversity of the LPN workforce should remain a priority. This has been recognized in the Future of Nursing 2020-2030 report as a recommendation in an effort to achieve health equity.
- Rural communities rely heavily on the 1/3 of LPNs that work within their communities to provide their healthcare needs. Support for LPNs in these areas is essential to allow for growth and retention of this vital workforce. Employers should consider strategies to support LPNs in rural areas such as employer-supported education pathways and career ladders.
- The LPN workforce mean age remains higher at 48.6 years of age. While this remains lower than the national average identified in the 2024 National Nursing Workforce Survey (50 years), it demonstrates the need to recruit individuals earlier to a nursing career (Smiley et al., 2025).

- Diversity among nursing staff has been demonstrated to improve patient outcomes, including lower overall mortality rates and increased patient satisfaction. While some gains have been demonstrated in this area (Williams et al., 2025), the LPN workforce in Wisconsin remains predominantly white at 82.9%. Increasing diversity and an LPN workforce that aligns with patient population characteristic can support culturally competent care. Efforts to actively recruit individuals from different genders, racial, or socioeconomic backgrounds are key to preparing for an increasingly diverse patient population and reducing health determinants.
- The number of LPNs who report speaking a second language other than English decreased in this survey compared to 2023. To support diversity and provide culturally competent care of diverse patient groups, efforts to recruit individuals with language experience or support LPNs in pursuing education in languages should be prioritized.

Education Patterns

- The LPN diploma/certificate remains the highest nursing degree held by a reported 82.9%. This is a slight decrease from 84.2% in 2023. There was a slight increase in the number of respondents who report holding an ADN (a higher degree) at 6.4% from 5.6% in 2023.
- A continued trend when reviewing longitudinal survey results in education trends demonstrate increasing numbers of LPNs who have no plans to pursue additional nursing studies. The trend is reflected in the continuing decrease in LPNs planning to pursue further studies within the next two years and the number of LPNs who are enrolled in ADN or BSN programs.
- Primary barriers to pursuing further education with costs of lost work, tuition, and educational materials books, etc as most frequently mentioned. Family/personal reasons were the third most common reason influencing LPNs' decisions to not return for further education. These remain the top three barriers when compared to previous years.
- The 2025 survey asked about student loans for the first time. The majority of LPNs (60.2%) reported holding no student loan debts. However, 21.3% reported holding student loans that had supported their nursing education. Younger nurses were more likely to hold student debt with the largest age group reporting loans being those 25-34 years old.

Recommendations

- The low number of LPNs who hold certifications highlights the ongoing need to continue to support employers to encourage LPNs to pursue further education in their specialty, and gain recognition through certification.
- The costs of pursuing higher education, including tuition, books, and lost income continues to be a deterrent for LPNs interested in continuing their education. Providing avenues for student loan support or loan forgiveness for individuals pursuing nursing careers can be an incentive for new LPN recruitment as well as for career growth.
- LPN education needs to incorporate assessing and providing interventions for health

disparities as recommended in the Future of Nursing Report 2020-2030. An increasingly diverse patient population requires a well-prepared nursing workforce who recognize how health disparities impact the lives and healthcare of patients. LPNs often work in areas where patients are making an initial contact with the health care system so must have the skills to promote health equity (National Academies of Science, Engineering, and Medicine, 2021).

Employment Patterns

- The number of LPNs who report being retired increased from 5.3% in 2023 to 6.9% in 2025.
- The number of LPNs who reported working as a nurse slightly increased, by 428, while the total percent of LPNs who reported working as a nurse decreased by 3.1%.
- The top three factors LPNs identified as influencing their return to nursing are 1) greater flexibility in hours/shift (36.2%), 2) improved pay (32.4%), and more positive work environment (27%). This may demonstrate a shift to prioritizing work/life balance. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity Report suggests that attention to nurses' well-being is crucial to ensuring quality care.
- The LPN workforce showed stability with 73.2% of respondents reporting no change in employment status. However, 48.3% of LPNs report plans to leave their present type of work in the next ten years.
- The majority (85.7%) of LPNs report their primary function as providing direct patient care (DPC). Almost half (45.9%) of LPNs indicate a plan to continue in DPC for 5-19 years. Over one in four (27.2%) report an intention to leave DPC in the next four years.
- The top three settings where LPNs provide DPC include 1) extended care (39.3%), 2) ambulatory care (27.4%), and 3) hospital (9.3%).
- Over half (61.8%) are full time employees for an hourly wage.
- New in 2025, LPNs were asked their reasons for holding a secondary position. The top three reasons reported were 1) additional income (74.9%), 2) to gain work experience or develop skills (19.9%), and 3) area of interest separate from my primary position (19.5%). Notably, 15.9% of LPNs reported having a second position in order to pay off student loans.
- There was an improvement in the number of LPNs who reported not receiving any benefits. The reason given by over half of respondents (53.4%) was that they were covered elsewhere.
- The top three areas of expertise reported by respondents were 1) geriatrics/gerontology (47%)y, 2) adult health (23.1%), and 3) family health (19%). This year, family health rose to the top three, surpassing hospice/palliative care which had previously been in the top three.
- The number of LPNs who hold a certification remains low. IV certification continues to be the most reported certification held.

Recommendations

- Maintaining the health and well-being of the nursing workforce must be prioritized.

The Future of Nursing Report 2020-2030 has recognized that the health and well-being of nurses will affect the quality, safety, and cost of care provided. Encouraging employers and organizations to develop policies that promote improving the nursing environment will encourage LPNs' growth and retention (NASEM, 2021). Areas of concern are sufficient staffing, leadership, collaboration, shared governance, and meaningful recognition.

- Encourage and support employers to offer tuition reimbursement for continuing education and mentorship for new nurses.
- Encourage organizations and employers to include LPNs in leadership roles or governance councils. LPNs fill crucial roles in healthcare and can offer significant experience and insight in these positions.
- Encourage organizations to offer career and education pathways to support LPNs, such as access to leadership programs both virtually and in person.
- Creative strategies in supporting nursing assistants (e.g., CNAs) to complete training as an LPN should also be considered.

A. Demographics of LPN Workforce by DHS Region

- Throughout Wisconsin, the median age of LPNs remains similar to the previous survey at 46.9 years. Females make up 92.9% of the workforce. Of all LPNs, 83.6% report that they are white.
- The Southern region had 1,156 LPNs. The median age is higher than the state average at 48.8 years. It has a higher percentage of males at 7.1% and a higher percentage of the workforce identifying as white (91%).
- The Southeast is the region with the highest number of respondents at 2,525. Region median age is 47.4 years. It reported only 5.3% of LPNs are male, but had the highest percentage of respondents identifying as Black/African American at 30.9%, Hispanic/Latino at 8.1%, and as Asian at 3.1%. Because the increased racial diversity in this region, the number of respondents identifying as white (64.5%) is much lower than the rest of the state. LPNs who report fluency in a language other than English have the highest percentage in the southeast at 11.3%. This region also has the only measurable number of LPNs identifying as Non-binary, gender non-conforming, or transgender, although the number remains low at 0.2%
- The Northeast region has the second-highest number of respondents at 2,245, and they have a slightly younger median age at 44.8 years. Only 5.3% of respondents reported they are male, and 92.4% identified as white. This region did report the second-highest percentage of LPNs who identified as Asian at 2.9%.
- The Western region reports a smaller number of LPNs, with only 985 respondents. Those who identified as white made up 95.9%, and 6.3% of LPNs reported they were male. This region had the smallest reported percentage of respondents identifying as Black/African American at 1%.
- The Northern region had the smallest LPN workforce with 501 respondents, but the largest number who identified as American Indian/Alaska Native at 2.4%, and the largest group of male respondents at 8.2%.

B. Employment Patterns of LPN Workforce by DHS Region

- The majority of LPNs report working as a nurses (78.9%). The percentage of LPNs who report working as a nurse was the lowest in the Northen region at 74.1% and ranged to the highest in the Southeast region at 80.6%.
- The Southeast region had the most LPNs that were not currently working but seeking work in nursing at 2.6%, while the Western and Northern region both had the lowest at 2.2%.
- The percentage of retirees who maintain their LPN license is highest in the Southern region at 8.0% and the lowest in the Northeast region at 6.6%.
- The Northern region has the highest percentage (3.1%) of LPNs not working, not seeking work, and not retired, while the Southern region has the lowest at 1.8%. This category represents the potential workforce that could be recaptured.

C. Education Patterns of LPN Workforce by DHS Region

- The Southern region has the highest percentage of LPNs (79.6%) that hold a practical or vocational nursing diploma, while the Southeast has the lowest at 75.2%.
- The highest percentage of Associate degrees was in the Northern region at 14.6%, while the Southeast region was the lowest at 7.9%. The regions with the greatest increase in the percentage of Associate degrees compared to 2023 were the Northeast region, 9.2% from 6.2%, and the Northern region, 14.6% from 9.4%.

Section IV: Artificial Intelligence

New for 2025, LPNs were asked about their use of artificial intelligence (AI) in the workplace.

- In total, 97.9% report that their primary place of work does not utilize AI. As an emerging field in healthcare, there may be a lack of awareness of AI integration into common nursing tools, such as electronic health records which are used widely across settings of nursing practice.
- Areas of AI use in the workplace that were surveyed included assessment, diagnosis, planning, implementation, and evaluation. LPNs recognized that implementation had the highest AI usage at 1.3%, while diagnosis had the lowest at 0.4%.
- The most common setting reporting AI use was ambulatory care at 3.6%, with the hospital in second place at 3.0%. Over half of LPNs (55.0%) who identified using AI in the workplace stated that productivity remained about the same after implementing AI.
- However, due in part to the low reported usage of AI only 2.1% of LPNs answered the question about how AI is used.

Section V: COVID

COVID-19 continues to present a public health concern..

- LPNs report their top three information sources for COVID-19 were employers (27.2%), the CDC (24.6%), and government agencies (10.8%). However, potentially unverified sources were also identified, including the TV (10.7%), social media (7.6%), newspapers (4.0%), and the radio (3.6%).
- Three-quarters of respondents reported providing direct patient care to patients with COVID-19, with the most common settings being a skilled nursing facility (46.4%) and a

medical practice clinic or physician office (18.7%).

- Almost a quarter of LPNs (22.4%) report their personal health as worse than before the pandemic.

Section I. Introduction

LPNs continue to play a vital role in supporting the health of Wisconsin's residents. The Wisconsin 2025 LPN Workforce Survey Report provides insight into all LPNs who renewed their licenses to practice in the state during the prior year. In 2025, 9,225 LPNs completed the survey, offering data that highlight demographic characteristics, work environments, plans for continued employment and further education, and differences across regions of Wisconsin.

The analysis in this report is sponsored by the Wisconsin Center for Nursing in collaboration with the Wisconsin Department of Workforce Development (DWD). Its purpose is to present an overview of the currently licensed LPN workforce, identify emerging trends, and recommend strategies to strengthen both 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 2025 were required to complete the Wisconsin LPN Workforce Survey, as outlined in Wisconsin statute Chapter 106.30. The survey was completed electronically, and participants were informed about both the purpose of the survey and the methodology behind it. The survey collects information on demographics, education and training, employment patterns, and future career plans, and it also includes a regional breakdown of responses.

A total of 9,225 electronic LPN survey responses were received in 2025. Data cleaning was performed to remove sources such as duplicate cases and invalid inputs, as detailed in Table 1. This resulted in 608 exclusions, almost twice the 359 seen in 2023. The final analysis utilized a clean LPN dataset of 8,683 surveys responses, a notable increase from 7,845 in the previous year. Counts within the report's tables and figures may vary due to questions skipped or deemed non-applicable by respondents.

Table 1. Excluded Responses

Electronic Responses Received	**9,225**
Excluded Responses	
Duplicate cases	18
Does not live or work in Wisconsin	486
Received first degree or certification prior to age 16	15
Received first degree or certification after age 65	4
Provided direct care prior to age 16	28

Over age 85 and still working	1
First WI license prior to age 16	12
First US license prior to age 16	12
Born after first WI license	5
Born after first US license	5
Reports currently working more than 10 jobs	2
Works excessive hours in primary job, secondary job, or both	20
Total Exclusions	**608**
Final number if each discrepant data point was unique	**8,617**
Number of respondents in Clean WI Only LPN Data	**8,683**

Section II. Findings

A. LPN Workforce Demographics

Table 2 provides a demographic overview of surveyed LPNs. Results indicate a strong connection to the state: 96.7% live and 85.4% work in Wisconsin. In line with previous findings, the LPN workforce is predominantly female (93.0%) and White (82.9%). Over one in ten respondents (11.3%) identify as Black or African American, and 4.3% of the workforce identifies as Hispanic, Latino, or Latinx. Most LPNs (92.6%) speak only English. Two-thirds (66.1%) indicate working in urban settings, with the remaining third (33.9%) being employed in rural communities. The mean age for respondents was 48.6 years, with a range of 19 to 89 years.

Table 2. LPNs Licensed in Wisconsin

Residence (*N* = 8,683)	***n***	**%**	
Wisconsin	8,395	96.7	
Outside Wisconsin	288	3.3	
Location of Primary and/or Secondary Job (*N* = 8,683)			
Works in Wisconsin	7,413	85.4	
Works outside Wisconsin	1,270	14.6	
Geographic Designation of Primary Position (*N* = 7,270)			
Urban	4,807	66.1	
Rural	2,463	33.9	
Employment Status (*N* = 8,683)			
Employed	7,631	87.9	
Not currently employed	1,052	12.1	
Gender (*N* = 8,682)			
Woman	8,076	93.0	
Man	500	5.8	
Non-binary, gender non-conforming, or transgender	11	0.1	
Prefer not to answer	95	1.1	
Languages Spoken (*N* = 8,683)			
No language other than English	8,038	92.6	
One language other than English	609	7.0	
Two or more languages	36	0.4	
Race/Ethnicity (*N* = 8,384)			**Wisconsin[1,2] Population (%)**
White	7,085	82.9	86.1
Black or African American	963	11.3	6.7
American Indian or Alaska Native	119	1.4	1.2
Asian	220	2.6	3.5
Native Hawaiian or Other Pacific Islander	15	0.2	0.1
Other	144	1.7	2.4

Hispanic, Latino, or Latinx (*N* = 8,683)		
Yes	376	4.3
No	8,307	95.7
Age (*N* = 8,682)		
Mean	48.6	
SD	13.7	
Min	19.0	
Max	89.0	

[1] U.S. Census Bureau (2024),

[2] QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Helath Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Table 3 presents a longitudinal overview of the demographic trends within the Wisconsin LPN workforce. The previously consistent increase in the proportion of men has slightly reversed, declining from 6.0% in 2023 to 5.8% in 2025. For race and ethnicity, the percentage of White LPNs has continued to decrease, reaching 82.9% in 2025. Individuals identifying as Black or African American represent 11.3% of the workforce, reflecting a 1.7% increase since 2023. This is continuing the trend of previous years and aligns with statewide demographics. The proportion of Asian LPNs rose marginally by 0.1%, maintaining parity with Wisconsin figures. In contrast, the percentage of Hispanic, Latino, or Latinx respondents decreased notably from 7.5% in 2023 to 4.3% in 2025.

Table 3. Demographics Yearly Comparison

	2017	2019	2021	2023	2025
	%	%	%	%	%
Gender					
Woman	94.7	94.6	94.1	93.8	93.0
Man	5.3	5.4	5.7	6.0	5.8
Non-binary, gender non-conforming, or transgender	-	-	0.2	0.2	0.1
Race					
White	89.5	87.7	87.7	85.1	82.9
Black or African American	6.2	6.4	7.7	9.6	11.3
Asian	1.6	1.7	2.0	2.5	2.6
American Indian or Alaska Native	0.6	0.6	1.3	1.5	1.4
Native Hawaiian or Other Pacific Islander	0.0*	0.1	0.2	0.1	0.2
Other	-	-	-	3.0	1.7
Two or more races	2.2	1.9	-	-	-
Ethnicity					
Hispanic, Latino, or Latinx	2.4	2.8	3.5	7.5	4.3

B. Educaiton Patterns

When considering the data regarding educational achievements and goals of Wisconsin LPNs, it is important to review the availability of nursing education around the state. The Administrators of Nursing Education of Wisconsin (ANEW) lists eleven LPN programs, twenty Associate Degree Programs, eighteen Bachelor of Science Programs, and sixteen Bachelor of Science Degree Completion and Accelerated Programs around the state. When reviewing these offerings regionally, ANEW separates them into four areas: the Northwest region, Northeast region, Southwest region, and Southeast region. The Northwest region offers the University of Wisconsin in Eau Claire, Oshkosh, and Stevens Point, Viterbo University, Rasmussen College, and five technical colleges. The Northeast region offers the University of Wisconsin in Green Bay, Oshkosh, Lakeland University, Marian University, Rasmussen College, Bellin College, and five technical colleges. The Southwest region offers the University of Wisconsin in Madison, Herzing University in Madison, Maranantha Baptist University, George Williams College of Aurora University, Edgewood College, Madison College, and two technical colleges. The Southeast region offers the University of Wisconsin in Milwaukee, Cardinal Stritch University, Carroll University, Concordia University Wisconsin, Herzing University, Marquette University, Mount Mary University, Milwaukee School of Engineering, Alverno College, Carthage College, Columbia College, Wisconsin Lutheran College, and four technical colleges. https://wisconsinanew.wordpress.com/nursing-education-in-wisconsin/

Table 4 outlines the educational attainment of Wisconsin LPNs across both nursing and non-nursing disciplines. Most respondents (77.9%) reported a practical or vocational nursing diploma as their highest overall degree, a decrease of 1.6% from 79.5% in 2023. There was also a 1.3% increase in the proportion of respondents indicating an associate's as the highest overall degree.

Table 4. Highest Degree Earned

Highest Nursing Degree (*N* = 8,412)	***n***	**%**
Practical or Vocational Nursing Diploma	6,977	82.9
Diploma in Nursing	875	10.4
Associate Degree in Nursing	537	6.4
Bachelor of Science in Nursing	19	0.2
Masters of Science in Nursing	*	0.0
Doctorate in Nursing	*	0.0
Highest Degree (Non-Nursing and Nursing; *N* = 8,432)	***n***	**%**
Practical or Vocational Nursing Diploma	6,568	77.9
Diploma in Nursing	803	9.5
Associate degree	734	8.7
Bachelor's degree	265	3.1
Master's degree	56	0.7
Doctorate	6	0.1

*Value too small to report (less than 5).

Table 5 provides an overview of barriers to further education as indicated by Wisconsin LPNs. The three most commonly cited barriers were "cost of lost work, benefits, and/or income" (33.3%), "cost of tuition, materials, and books" (30.1%), and "family/personal reasons" (16.7%), consistent with findings from the previous survey. The proportion of respondents indicating no plans to pursue higher education (28.0%) remained nearly unchanged compared to 28.1% in 2023.

Table 5. Barriers to Further Education

Barrier (*N* = 8,426)	***n***	**%**
Cost of lost work, benefits, and/or income	2,893	33.3
Cost of tuition, materials, books, etc.	2,616	30.1
Family/personal reasons	1,453	16.7
Commuting distance to educational program	216	2.5
Lack of flexibility in work schedule	918	10.6
Scheduling of educational programs offered	274	3.2
Limited access to online learning or other online resources	223	2.6
Other, not listed	315	3.6
None	1,408	16.2
No plans to pursue higher education	2,433	28.0

Note: Participants could select more than one response.

Table 6 presents a longitudinal view of Wisconsin LPNs' intentions to pursue further education. Consistent with prior survey findings, most respondents (69.0%) indicated no plans to enroll in additional learning programs, a slight increase from 67.4% in 2023. Nearly one in five LPNs (19.1%) reported the intent to pursue additional nursing education within the next two years, representing a modest decline from previous years. The proportion of respondents currently enrolled in associate's (9.7%), bachelor's (1.9%), or non-degree specialty certification programs (0.2) decreased slightly across all categories, while the percentage enrolled in graduate studies remained stable at 0.1%.

Table 6. Plans for Further Education in Nursing

Educational Plans (*N* = 8,683)	**2017 *n* (%)**	**2019 *n* (%)**	**2021 *n* (%)**	**2023 *n* (%)**	**2025 *n* (%)**
No plans for additional nursing studies	6,679 (64.5)	6,352 (66.4)	6,321 (65.9)	5291 (67.4)	5,991 (69.0)
Plans to pursue further education in nursing within two years	2,292 (22.1)	1,977 (20.7)	1,957 (20.4)	1591 (20.3)	1,655 (19.1)
Enrolled in an associate program in nursing	1,230 (11.9)	1,084 (11.3)	1,111 (11.6)	767 (9.8)	845 (9.7)
Enrolled in a BSN program	103 (1.0)	112 (1.2)	161 (1.7)	155 (2.0)	164 (1.9)
Enrolled in non-degree specialty certification program	47 (0.5)	38 (0.4)	32 (0.3)	31 (0.4)	18 (0.2)
Enrolled in a graduate program in nursing	5 (0.0)	5 (0.1)	8 (0.1)	10 (0.1)	10 (0.1)

Table 7 details LPNs who hold student loans. This is the first time LPNs have been asked about student loans. Most LPNs (60.2%) reported having no active loans. Among those with educational debt, 15.8% held loans for both nursing and non-nursing education, 21.3% for nursing education only, and 2.7% for non-nursing education only.

Table 7. Student Loans

Student Loan Status (*N* = 8,683)	***n***	**%**
No loans	5,288	60.2
Yes, for both nursing and other education	1,374	15.8
Yes, to support my nursing education but not other education	1,847	21.3
Yes, to support other education but not nursing	234	2.7

Table 8 outlines the distribution of student loan status among LPN respondents by age group. Overall, younger nurses were more likely to report educational debt, with 67.1% of those aged 25–34 holding active loans, compared to 7.9% of those 65–74. LPNs under 25 indicated lower rates of loans across all categories compared to respondents aged 25-44. Nursing loans were the most common type among younger LPNs, particularly within the 25–34 age group (35.7%). Approximately one in four LPNs aged 25-44 reported loans for both nursing and non-nursing education. In contrast, the vast majority of respondents 55 and older (81.3%–98.6%) reported no active student loans, a trend that increased progressively with age.

Table 8. Student Loan Status by Age Group

Age	No Loans *n* (%)	Nursing and Non-Nursing Loans *n* (%)	Nursing Loans Only *n* (%)	Non-Nursing Loans Only *n* (%)
Under 25	135 (58.2)	24 (10.3)	66 (28.4)	7 (3.0)
25-34	442 (32.9)	371 (27.6)	480 (35.7)	50 (3.7)
35-44	801 (40.4)	508 (25.6)	606 (30.6)	68 (3.4)
45-54	1,129 (57.7)	326 (16.6)	455 (23.2)	48 (2.5)
55-66	1,545 (81.3)	111 (5.8)	198 (10.4)	46 (2.4)
65-74	1,033 (92.1)	34 (3.0)	41 (3.7)	14 (1.2)
75 and older	142 (98.6)	0 (0)	*	*

C. Employment Patterns

Table 9 details employment trends among LPNs from 2017 to 2025. A consistently high proportion work as nurses, with a modest 3.1% decrease from the peak of 82.5% in 2023 to 79.4% in 2025. The share of respondents employed in healthcare but outside of nursing has remained relatively stable at around 5 to 6% across survey years. LPNs who reported not working but seeking employment in nursing increased from 0.3% in 2023 to 2.4% in 2025, while those looking for work in other fields saw a mirror decrease from 2.0% in 2023 to 0.4% in 2025. These numbers align with previous rates prior to 2023. The percentage of respondents who indicated retirement rose slightly by 1.6% since 2023, though it remains below the levels observed from 2017 to 2021.

Table 9. Employment Status and Principal Job

Employment (*N* = 8,683)	**2017 *n* (%)**	**2019 *n* (%)**	**2021 *n* (%)**	**2023 *n* (%)**	**2025 *n* (%)**
Working as a nurse	8,033 (77.6)	7,427 (77.6)	7,219 (75.3)	6,469 (82.5)	6,897 (79.4)
Working in healthcare, not nursing	590 (5.7)	533 (5.6)	551 (5.7)	373 (4.8)	454 (5.2)
Working in another field	376 (3.6)	323 (3.4)	318 (3.3)	223 (2.8)	280 (3.2)
Not working, not seeking work and not retired	304 (2.9)	271 (2.8)	316 (3.3)	180 (2.3)	215 (2.5)
Not working, seeking work in nursing	251 (2.4)	214 (2.2)	282 (2.9)	25 (0.3)	206 (2.4)
Not working, seeking work in another field	40 (0.4)	38 (0.4)	45 (0.5)	159 (2.0)	34 (0.4)
Retired	762 (7.4)	762 (8.0)	858 (8.9)	416 (5.3)	597 (6.9)

Table 10 describes the potential factors influencing a return to nursing for respondents who indicated employment in another field. The most commonly reported items included increased flexibility for hours and shifts (36.2%), improved pay (32.4%), and work environment (27.0%). Flexibility replaced pay as the most frequently cited factor. There was a modest increase in the proportion of LPNs indicating not planning to return regardless, from 10.3% in 2023 to 12.4% in 2025.

Table 10. Employed in Non-Nursing Job - Factors That Would Influence Return to Nursing

Factor* (*N* = 1,786)	***n***	**%**
More flexibility in hours/shift	647	36.2
Improved pay	579	32.4
Work environment	482	27.0
Other	437	24.5
Worksite location	344	19.3
I would not consider returning	222	12.4
Modified physical requirements of job	215	12.0
Improved health care benefits	213	11.9
Improvement in my health status	180	10.1
Opportunity for career advancement	180	10.1
Retirement benefits	179	10.0
Affordable childcare at or near work	82	4.6

**Note:* Participants could select more than one response.

Table 11 outlines employment status changes among respondents over the past year. Nearly two-thirds (65.7%) reported continuous employment as an LPN over the past year (Table 9). However, workforce mobility remains notable: 6.2% entered LPN roles after not working as as an LPN in the previous year, while 14.7% exited employment as an LPN during the same period. Among those employed, 73.2% retained the same position with the same employer, while approximately one in five (21%) reported some form of job change, either within or across employers. The majority of respondents indicated working the same number of hours over the past year, while 22.1% reported an increase and 14.8% a reduction in hours.

Table 11. Employment Status Change Over the Past Year

Job Status Change (*N* = 8,682)	***n***	**%**
I AM WORKING as an LPN now, but last year I WAS NOT working as an LPN.	538	6.2
I AM WORKING as an LPN now, and last year I WAS working as an LPN.	5,706	65.7
I am NOT WORKING as an LPN now, but last year I WAS working as an LPN.	1,280	14.7
I am NOT WORKING as an LPN now, and last year I WAS NOT working as an LPN.	1,158	13.3
Position Change (*N* = 7,631*)*	***n***	**%**
I have the SAME position with the SAME employer as I had last year.	5,589	73.2
I have a DIFFERENT position with the SAME employer as I had last year.	617	8.1
I have a DIFFERENT position with a DIFFERENT employer than the one I had last year.	988	12.9
I have the SAME position with a DIFFERENT employer than the one I had last year.	437	5.7
Hours Change (*N* = 7,631*)*	***n***	**%**
I work MORE hours in a typical week than I did in a typical week last year.	1,685	22.1
I work the SAME NUMBER of hours in a typical week than I did in a typical week last year.	4,814	63.1

I work FEWER hours in a typical week than I did in a typical week last year.	1,132	14.8

Table 12 compares employment status changes across years. Longitudinal data indicates a continued rise in employment stability among Wisconsin LPNs, with those reporting no change in position status increasing from 65.4% in 2019 to 73.2% in 2025. Job mobility has remained relatively consistent. Approximately one in five LPNs reported changing positions - either within the same organization or with a new employer - over multiple survey years. Notably, the percentage of LPNs no longer employed in the field more than doubled from 5.7% in 2023 to 14.7% in 2025. Meanwhile, weekly workload trends have remained relatively stable since 2021, with around 20% of respondents working more and roughly 15% working fewer hours than in the prior year.

Table 12. Employment Status Change Over the Past Year, 2019-2025

Status Change, Select Options	**2019** ***n* (%)**	**2021** ***n* (%)**	**2023** ***n* (%)**	**2025** ***n* (%)**
No change in employment status	6,260 (65.4)	3,327 (34.7)	4,952 (63.1)	5,589 (73.2)
New position with new employer	950 (9.9)	1,000 (10.4)	986 (12.6)	988 (12.9)
New position with same employer	370 (3.9)	782 (8.2)	653 (8.3)	617 (8.1)
Not previously working as LPN, but now in LPN job	308 (3.2)	360 (3.8)	929 (11.8)	538 (6.2)
Was working as LPN, but no longer working as LPN	362 (3.9)	544 (5.7)	447 (5.7)	1,280 (14.7)
Works more hours in a typical week than last year	-	3,083 (32.1)	1,589 (20.3)	1,685 (22.1)
Works fewer hours in a typical week than last year	-	1,757 (18.3)	1,089 (13.9)	1,132 (14.8)

Table 13 illustrates the most important factors for changes in employment over the years. For the first time, salary and benefits were split into two separate categories. Top reasons in 2025 – excluding retirement, which lead at 18.7% after a jump from 7.5% in 2023 - were dissatisfaction with previous position (13.4%), salary (10.5%), and other (13.3%). Promotion or career advancement (4.6%), seeking more convenient hours (6.1%), and return to school (4.7%) declined from earlier survey years.

Table 13. Most Important Factor for Change of Employment (*N* = 2,072)

Factor	2019 *n* (%)	2021 *n* (%)	2023 *n* (%)	2025 *n* (%)
Retired	278 (8.4)	24 (1.6)	245 (7.5)	387 (18.7)
Dissatisfaction with previous position	421 (12.7)	262 (17.0)	374 (11.5)	278 (13.4)
Salary/medical or retirement benefits*	288 (8.7)	182 (11.8)	420 (12.9)	-
Salary*	-	-	-	218 (10.5)
Medical or retirement benefits*	-	-	-	37 (1.8)
Seeking more convenient hours	385 (11.6)	163 (10.6)	281 (8.6)	127 (6.1)
Promotion/career advancement	285 (8.6)	257 (16.7)	294 (9.0)	96 (4.6)
Change in health status	160 (4.8)	30 (1.9)	191(5.9)	99 (4.8)
Childcare responsibilities	140 (4.2)	50 (3.2)	184 (5.6)	104 (5.0)
Other family responsibilities	173 (5.2)	67 (4.4)	173 (5.3)	117 (5.6)
Relocation/moved to a different area	144 (4.4)	89 (5.8)	133 (4.1)	111 (5.4)
Change in financial status	111 (3.4)	62 (4.0)	137 (4.2)	43 (2.1)
Change in spouse/partner work situation	68 (2.1)	23 (1.5)	61 (1.9)	28 (1.4)
Laid off	68 (2.1)	43 (2.8)	44 (1.4)	54 (2.6)
Returned to school	-	92 (6.0)	282 (8.7)	97 (4.7)
Other	-	195 (12.7)	440 (13.5)	276 (13.3)

Note: Salary/medical or retirement benefits was split into two separate categories in the 2025 survey.

Figure 1. Plan to Work in Present Employment (N = 8,683)

Figure 1 represents LPNs' intention to continue their present type of work, calculated in the number of years they intend to continue. Planning for the future of nursing needs to include the loss of 48.3% of current LPNs over the next ten years. This has decreased slightly from the previous LPN Workforce survey in 2023, where the ten-year loss was 51.8%.

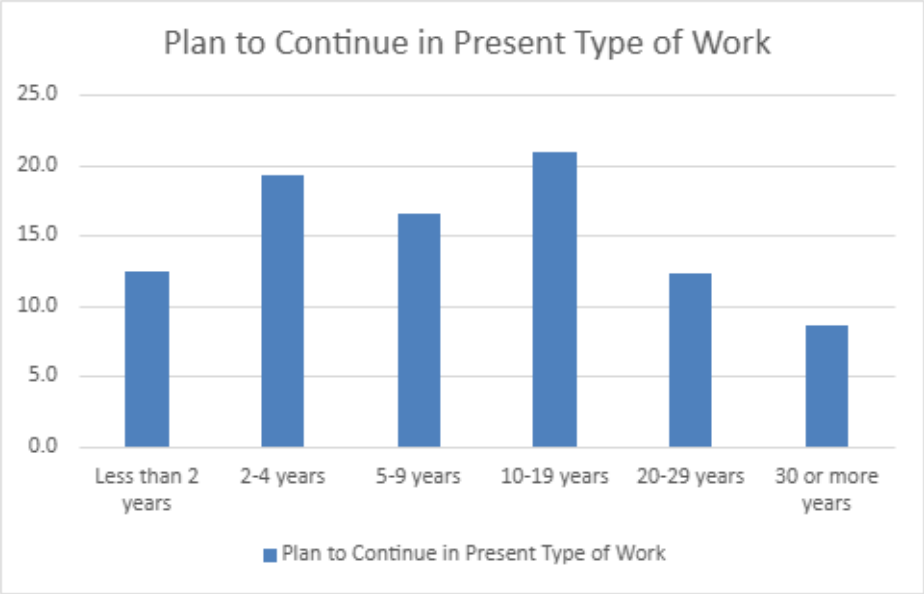


Figure 2. Plan to Continue Working in Extended Care Versus Hospital

Figure 2 demonstrates the number of years that LPNs plan to continue working in the fields of Hospital or Extended Care. Overall, LPNs in Extended Care are more likely to remain in their present type of work, which reflects the trend from the previous survey.

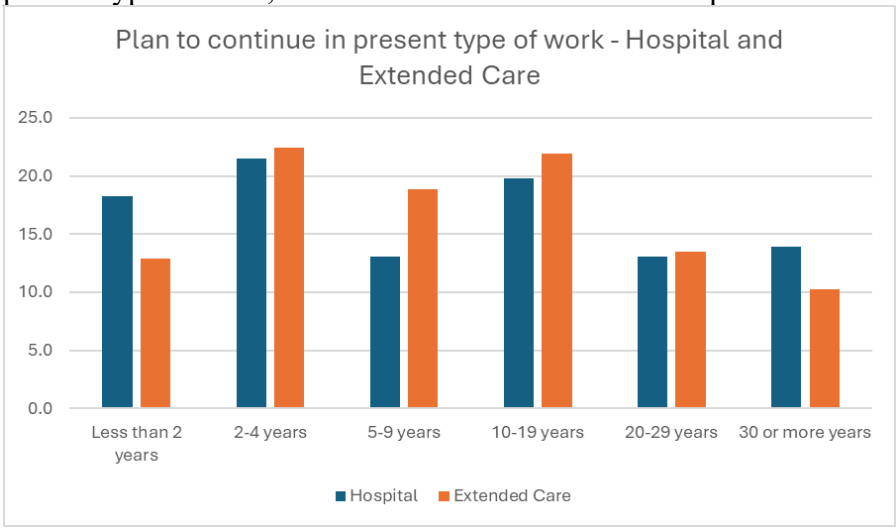


Figure 3. Plan to Work in Present Type of Work by Urban or Rural Work Setting
Figure 3 compares LPNs intention to stay in their present work setting by urban and rural communities. Overall, urban and rural setting are similar across the breakdown of years.

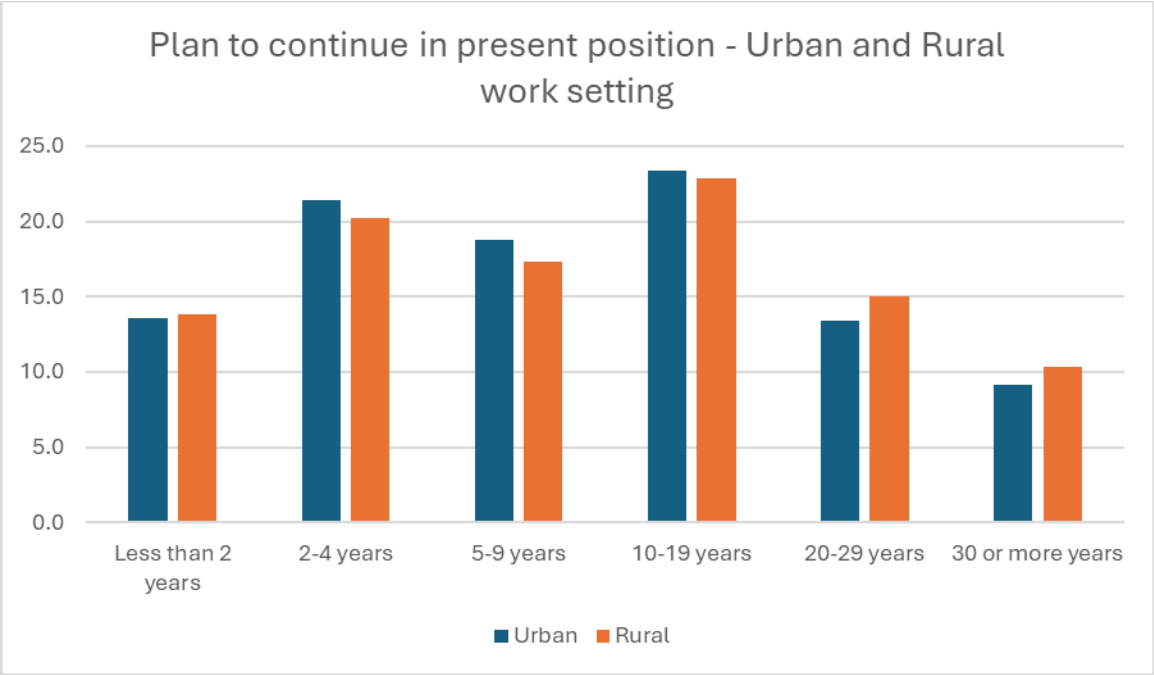


Table 14 showcases the proportion of the Wisconsin LPN workforce providing direct patient care (DPC) and plans for continuation. The strong majority of respondents (85.7%) report a position with the primary function of providing DPC. For future intentions, almost half (45.9%) of LPNs indicate plans to continue DPC for 5-19 years, a slight uptick from 44.3% in 2023. Over one in four (27.2%) noting the intention to leave DPC within the next four years, representing a 1.5% increase from the previous year.

Table 14. Provision of Direct Patient Care

Primary Function to Provide Direct Patient Care (*N* = 7,631)	***n***	**%**	
Yes	6,537	85.7	
No	1,094	14.3	
Plan to Continue Providing Direct Patient Care (*N* = 6,543)	***n***	**%**	**Mean Age (N=6,536)**
Less than 2 years	569	8.7	52.9
2-4 years	1,210	18.5	52.2

5-9 years	1,317	20.1	51.1
10-19 years	1,689	25.8	46.5
20-29 years	961	14.7	40.7
30 or more years	797	12.2	32.8

Figure 4. Plan to Provide Direct Patient Care, Hospital Versus Extended Care, Ambulatory Care

Figure 4 illustrates LPNs' intentions to continue providing direct patient care by setting Extended Care, Ambulatory Care, and the Hospital. All categories demonstrate that almost half of LPNs intend to leave direct patient care in less than ten years. This is an echo of the trend noted in Figure 1, where 48.3% of LPNs' report their intention to leave their present employment in the next ten years.

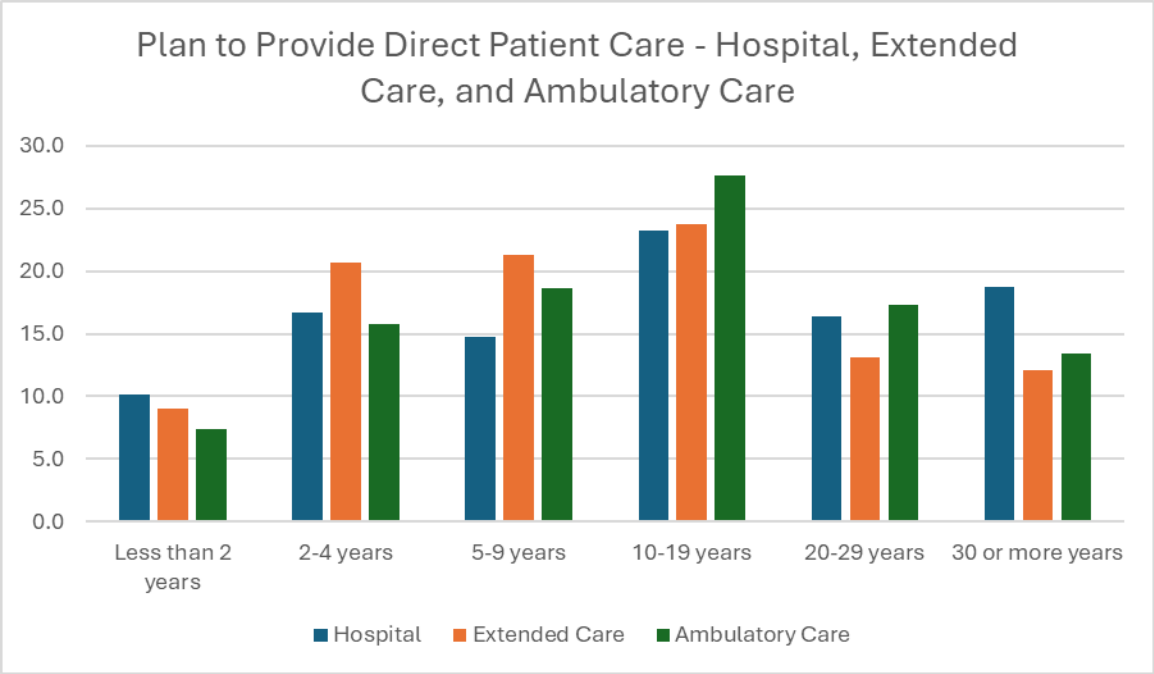


Table 15 describes the primary job characteristics of Wisconsin's LPNs. Most indicated full-time employment for an hourly wage as a regular employee, consistent with results from previous years. The proportion of respondents reporting retirement increased 1.6% from 2023, and the number of LPNs with a primary job as a nurse decreased 3.1% from 2023 to 2025.

Table 15. Primary Job Characteristics

Employment Status (*N* = 7,633)	***n***	**%**
Regular employee	6,995	91.6
Self-employed	215	2.8
Temporary employment agency	135	1.8
Travel nurse or traveling nurse agency	261	3.4
Volunteer	27	0.4
Current Employment Status (*N* = 8,683)	***n***	**%**
Working as a nurse	6,897	79.4
Working in health care, not nursing	454	5.2
Working in another field	280	3.2
Not working, seeking work in nursing	206	2.4
Not working, seeking work in another field	34	0.4
Not working, not seeking work and not retired	215	2.5
Retired	597	6.9
Employment Basis for Primary Position (*N* = 7,632)		
Full time, salaried	825	10.8
Full time, hourly wage	4,715	61.8
Part time, salaried	57	0.7
Part time, hourly wage	1,515	19.9
Per diem (called as needed)	502	6.6
Volunteer	18	0.2

Table 16 outlines the primary work settings of LPNs. Extended care (39.3%) and ambulatory care facilities (27.4%) remain the most commonly reported areas for employment. For the first time, respondents were given the option of tribal health as a work setting, which was selected by 1.9% of LPNs. Almost one in ten respondents (9.3%) indicated employment at hospitals, comparable to the previous year.

Table 16. Primary Work Setting

Work Setting (*N* = 7,633)	***n***	**%**
Hospital (Medical/Surgical, AODA/Psychiatric, Long-Term Acute Care)	711	9.3
Extended Care (e.g., CBRF, RCAC, AFH Facilities)	2,996	39.3
Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)	2,093	27.4
Home Health (Private Home)	510	6.7

Community/Public Health	319	4.2
Correctional Care	191	2.5
Tribal health	142	1.9
Other (Insurance, call center etc.)	671	8.8

Table 17 illustrates the employment categories for positions held by Wisconsin LPNs. Nursing remains the dominant field overall, accounting for 86.8% of primary and 53.5% of secondary work, though these percentages are down 2.9% and 10.3%, respectively, compared to 2023 levels. Results also highlight that the distribution for secondary employment continues to be notably more varied, showing greater diversification across categories. Notably, the choice of "Other" represents a substantial 27.2% of roles, a notable increase from 19.7% in 2023.

Table 17. Employment Category

Category for Primary Place of Work (*N* = 7,633)	***n***	**%**
Nursing	6,625	86.8
Health-related services outside of nursing	429	5.6
Retail sales and services	32	0.4
In-service or patient educator	44	0.6
Financial, accounting, and insurance processing staff	65	0.9
Consulting	14	0.2
Other	424	5.6
Secondary Place of Work (*N* = 1,257)	***n***	**%**
Nursing	672	53.5
Health-related services outside of nursing	141	11.2
Retail sales and services	82	6.5
In-service or patient educator	*	*
Financial, accounting, and insurance processing staff	12	1.0
Consulting	*	*
Other	342	27.2

*Value too small to report (*n* less than 5).

For the first time, respondents were asked about reasons for holding a secondary position, as described in Table 18. An overwhelming majority of respondents (74.9%) indicate doing so for additional income. Beyond this, almost one in five LPNs reported reasons related to work experience and skill development (19.9%) as well as pursuing an area of interest separate from their primary position (19.5%). Targeted financial pressures, specifically the need to pay off student loans, was cited by 15.9% of the respondents as a reason for secondary employment.

Table 18. Reasons for Secondary Position

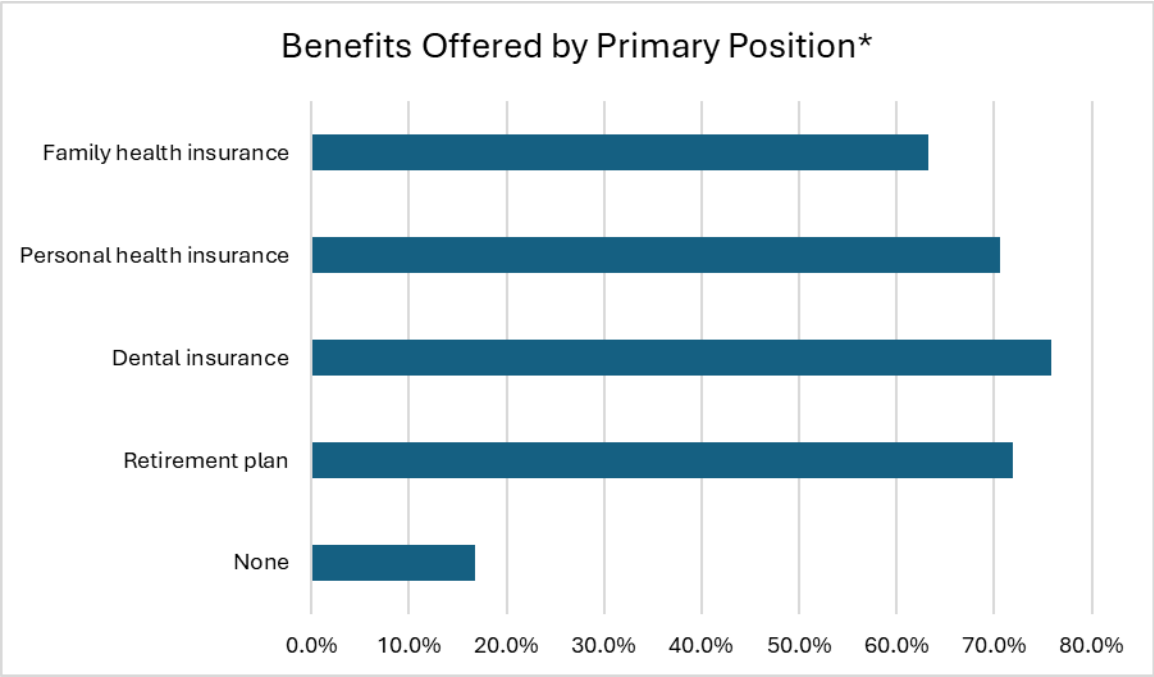
Reason for Secondary Position *(*N* = 1,225)	*n*	%
Additional income	918	74.9
To gain work experience or develop skills	244	19.9
Area of interest separate from my primary position	239	19.5
To pay off student loans	195	15.9
Use area(s) of expertise	80	6.5
Benefits (health insurance, retirement, etc.)	78	6.4
Maintain certification or licensure requirements	72	5.9
Job uncertainty	66	5.4
Other	157	12.8

*Participants were able to select more than one response.

Figure 5. Approximate Annual Earnings

Figure 5 illustrates the range of annual salaries for LPNs. Over half of LPNs fall between an annual salary of $35,000 to $65,000. A positive indication was the decreased number of LPNs earning less than $35,000 from the previous survey.

Figure 6. Benefits Offered in Primary Position (n=7,579)
Figure 6 shows the type of benefits offered to LPNs from their primary place of work. This year demonstrated an improvement in the number of LPNs who reported not receiving any benefits, 16.8% compared to the previous survey result of 26.7%. It is important to note that this question was reworded for the current survey cycle to add clarity, which may account for the increase.



*respondents could select more than one response.

Figure 6b. Reasons to Opt Out of Offered Benefits
Figure 6b provides reasons given by respondents on why they chose not to take the offered benefits. Over half (53.4%) report they were covered elsewhere; however, the next largest category (27.9%) reported benefits were too expensive. This could impact retention efforts if LPNs are unable to afford benefits.

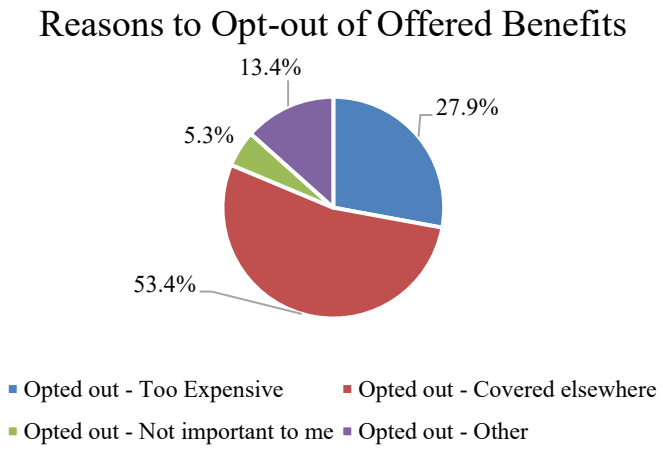


Table 19 outlines the areas of clinical expertise reported by Wisconsin's LPNs, defined as specialized knowledge and/or experience of two or more years. In line with previous surveys, the most commonly reported area was geriatrics/gerontology (47.0%), followed by adult health (23.1%). Family health replaced hospice/palliative care as the third most common area of clinical expertise. Many fields saw increases in the proportion of respondents reporting clinical expertise, including pediatrics, corrections, women's health, rehabilitation, and community health.

Table 19. Clinical Expertise

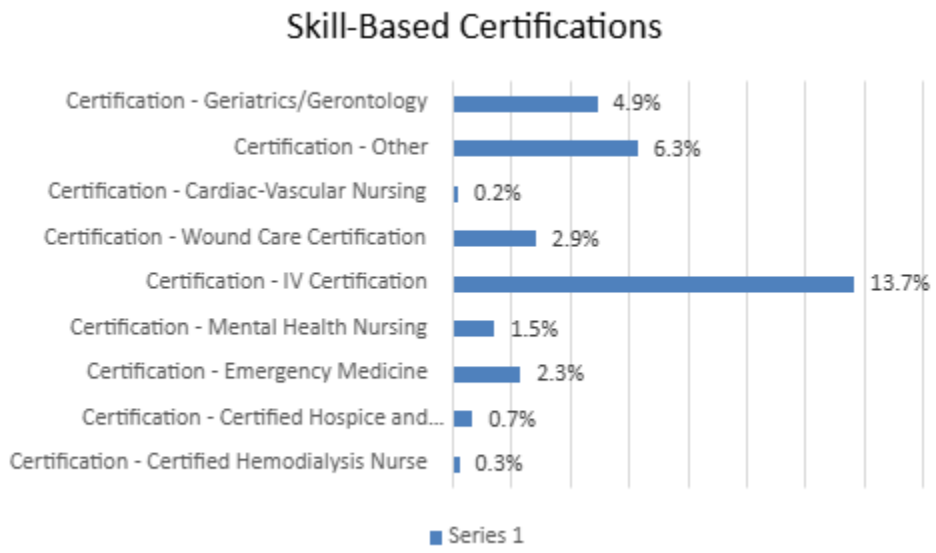
Clinical Expertise (*N* = 8,683)	***n***	**%**
Geriatrics/Gerontology	4,078	47.0
Adult Health	2,010	23.1
Family Health	1,652	19.0
Hospice Care/Palliative Care	1,621	18.7
Home Health	1,495	17.2
Rehabilitation	1,334	15.4
Medical - Surgical	1,050	12.1
Pediatrics	879	10.1
Psychiatric / Mental Health	783	9.0
Acute Care/Critical Care/Intensive Care	753	8.7
Corrections	574	6.6
Community Health	558	6.4
Women's Health	474	5.5
Addiction/AODA/Substance Abuse	464	5.3
Cardiac Care	439	5.1
Obstetrics/Gynecology	412	4.7
Respiratory Care	374	4.3
Surgery/Pre-op/Post-op/PACU	373	4.3
Emergency/Trauma	336	3.9
Occupational Health/Employee Health	330	3.8
School Health (K-12 or post-secondary)	302	3.5
Oncology	255	2.9
Dialysis/Renal	221	2.5
Public Health	196	2.3
Labor and Delivery	157	1.8
Maternal-Child Health	150	1.7
Nephrology	83	1.0
Neonatal Care	55	0.6
Anesthesia	21	0.2
Other, not listed	1,311	15.1

None	999	11.5

Note: respondents were able to select more than one area of clinical expertise.

Figure 7. Skill-Based Certification (N=8,682)

Figure 7 reports the types of certifications held by LPNs. IV therapy remains the most common type of certification, as reported in previous surveys. Also in the top three is Geriatrics/Gerontology. However, only 4.9% of LPNs hold this certification compared to the 47% that reported this field as their clinical expertise in Table 15. Although improved from the previous survey, the majority of LPNs (67.2%) reported having no certifications. When comparing certification level to Wisconsin's RN workforce survey, LPNs demonstrate a higher rate of certification, with 74.9% of RNs reporting having no certification in 2024.



*67.2% of respondents reported no certification

Table 20 presents the proportion and characteristics of LPNs who reported holding a position in leadership. Compared to the previous survey, the share of respondents in leadership roles declined by 1.1%, from 35.9% in 2023 to 34.8% in 2025. During this period, the percentage of e White LPNs in leadership dropped by 2.3%, while Black/African American and Asian nurses saw an increase of 1.7% and 1.2%, respectively. "Work area" remains the most common type of leadership position at 71.7%, followed by "Other" (13.0%) and "Organizational Level" (6.5%).

Table 20. Leadership Characteristics of LPNs Working as Nurses

Leadership (*N* = 8,683)	***n***	**%**
Holds leadership position (*n* = 8,683)		
Yes	3,019	34.8
No	5,664	65.2
Race/ethnicity by reported leadership position (*n* = 2,997)		
White/Caucasian	2,340	78.1
Black or African American	464	15.5
Asian	89	3.0
American Indian/Alaska Native	43	1.4
Native Hawaiian/Other Pacific Islander	8	0.3
Other	53	1.8
Gender by reported leadership position (*n* = 3,018)		
Woman	2,755	91.3
Man	225	7.5
Non-binary, gender non-conforming, or transgender	*	*
Prefer not to answer	34	1.1
Language fluency by reported leadership position *(n* = 3,019)		
No other language than English	2,767	91.7
One other language besides English	233	7.7
Two or more languages	19	0.6
Highest nursing degree earned by reported leadership position (*n* = 2,922)		
Practical or Vocational Nursing Diploma	2,330	79.7
Diploma in Nursing	379	13.0
Associate Degree in Nursing	205	7.0
Bachelor of Science in Nursing	7	0.2
Master's Degree in Nursing	0	0.0
Doctorate in Nursing	*	*
Type/location of leadership position (*n* = 3,349)		
Work area (e.g., charge nurse, team leader, unit manager)	2,400	71.7
Organizational level (e.g., dean, chief nursing officer, director)	218	6.5
Chair of major committee in organization of primary position	53	1.6
Governance board (e.g., board of trustees/board of directors)	41	1.2
Public official (e.g., county board of supervisors, state legislator)	16	0.5
Role in a professional association (e.g., task force, committee chair)	185	5.5
Other	436	13.0

Demographic characteristic by leadership position (*N* = 8,683)	
Mean age	49.1
Mean years working as LPN	11.4
Mean hours per week in primary job	37.1
Mean total hours per week in primary and secondary jobs	39.5
Mean number of certifications	0.5
Mean years worked as an LPN providing direct patient care	15.3
Mean number of separate nursing jobs currently held	1.9

Note. Respondents were able to select more than one leadership position.
*Value too small to report (*n* less than 5).

Table 21 illustrates the proportion of LPNs holding leadership positions by demographic group. Nearly half of Black/African American respondents (48.2%) reported serving in leadership roles, a slight decrease from 51.7% in 2023. Among Hispanic/Latino LPNs, leadership representation declined from 34.5% in 2023 to 31.9% in 2025. In contrast, the percentage of male LPNs in leadership roles rose modestly from 44.0% to 45.0% over the same period.

Table 21. Leadership Position by Black, Hispanic, and Male Working as a Nurse

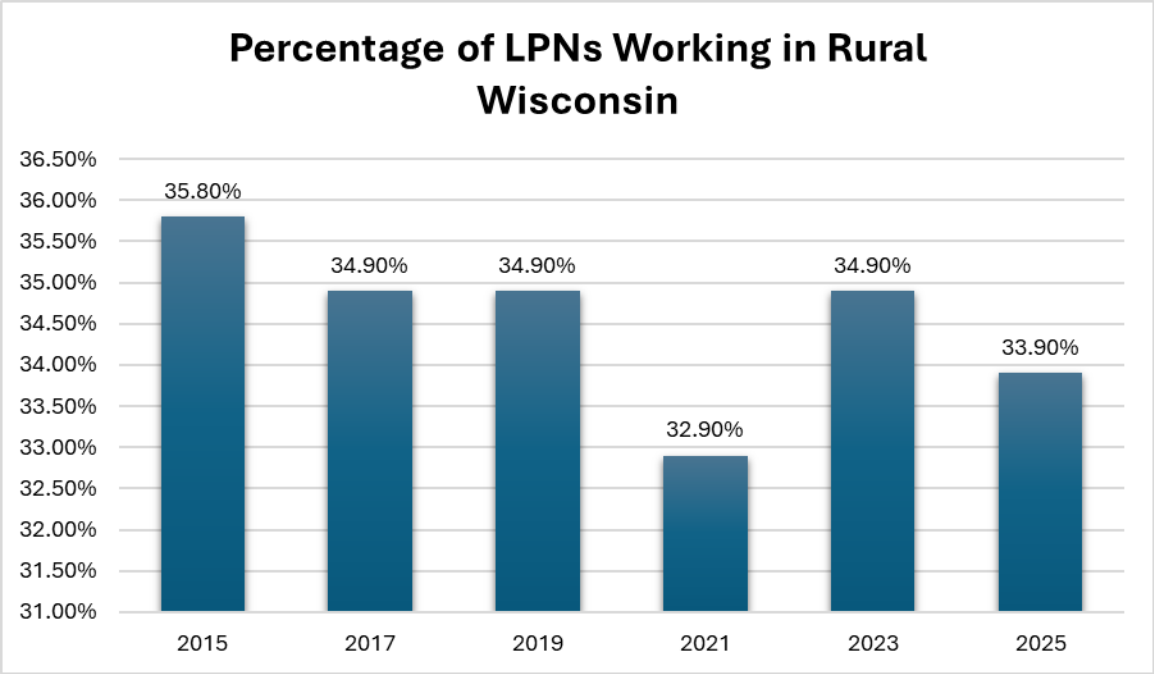
Demographic	Holds Leadership Position *n* (%)	No Leadership Position *n* (%)	Total	LPN Population (%)
Black or African American	464 (48.2)	499 (51.8)	963	11.3
Hispanic/Latino	120 (31.9)	256 (68.1)	376	4.3
Male	225 (45.0)	275 (55.0)	500	5.8

Figure 8. LPNs in Leadership Positions Plans to Continue in Current Employment

Figure 8 shows the intent of LPNs in leadership positions to continue in their current position. Over a quarter (31.7%) reported their intention to leave within the next 5 years.

Figure 9. Percentage of LPNs Working in Rural Wisconsin

Figure 9 demonstrates the number of LPNs who serve rural communities in Wisconsin. This number has remained with little variation outside of the COVID pandemic. This survey result remains similar to the previous survey, with approximately one-third of LPNs serving Wisconsin's rural communities.



Section III. LPN Workforce by DHS Region

A. Demographics of LPN Workforce by DHS Region

Table 22 presents LPN demographics by region. Across the state, the respondent pool remains predominantly White and female. The Southeast region of Wisconsin continues to stand out as the most diverse, showing a substantial increase in the percentage of Black/African American LPNs – from 23.8% in 2023 to 30.9% in 2025. Smaller increases were observed in the South (up 1.9%) and North (up 0.8%). In contrast, Hispanic/Latino representation declined statewide, with the most notable decreases in the Southern (-5.3%) and Southeastern (-2.7%) regions. For age, the Northeast continues to report the youngest workforce, with a mean age of 44.8 and median age of 44 – both below the statewide averages of 46.9 and 47. The Southern region remains older than the overall state, with mean and median ages of 48.8 and 50, respectively.

Table 22. LPN Workforce by DHS Region and State

Demographic	**State[1] *n* = 7,412**		**Southern *n* = 1,156**		**Southeast *n* = 2,525**		**Northeast *n* = 2,245**		**Western *n* = 985**		**Northern *n* =501**	
Mean Age	46.9		48.8		47.4		44.8		48.2		46.8	
Median Age	47		50		47		44		49		46	
Gender	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Female	6,885	92.9	1,061	91.8	2,355	93.3	2,103	93.7	909	92.3	457	91.2
Male	438	5.9	82	7.1	134	5.3	119	5.3	62	6.3	41	8.2
Non-binary, gender non-conforming, or transgender	10	0.1	*	*	5	0.2	*	*	*	*	*	*
Prefer not to answer	79	1.1	12	1.0	31	1.2	20	0.9	13	1.3	*	*
Race (*n* = 7,137)	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
White/Caucasian	5,966	83.6	1,030	91.0	1,522	64.5	2,013	92.4	935	95.9	466	94.7
Black/African American	876	12.3	78	6.9	728	30.9	54	2.5	10	1.0	6	1.2
American Indian/ Alaska Native	111	1.6	7	0.6	32	1.4	49	2.2	11	1.1	12	2.4
Asian	193	2.7	20	1.8	74	3.1	63	2.9	23	2.4	13	2.6
Native Hawaiian/ Other Pacific Islander	13	0.2	0	0	6	0.3	*	*	*	*	*	*
Other	121	1.7	16	1.4	69	2.9	24	1.1	8	0.8	*	*
Ethnicity (*n* = 7,413)	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Hispanic/Latino	346	4.7	29	2.5	204	8.1	90	4.0	12	1.2	11	2.2

[1]State data include only those LPNs who work in Wisconsin.
*Value too small to report (*n* less than 5).

Table 23 details the geographical distribution of LPNs reporting fluency in a language other than English. Compared to 2023, all regions saw a notable decline in the number of respondents indicating fluency in an additional language. The Southern region had a 5.9% decrease, while the Southeast and Northeast regions each declined by 6.0%, the Western region fell 5.6%, and the North dropped 6.8%. In line with the previous survey, the Southeastern region still displayed the highest prevalence of LPNs (11.3%) who report fluency in an additional language other than English.

Table 23. Fluency in a Language Other than English by DHS Region and State

Languages Spoken	State[1] *n* = 7,413		Southern *n* = 1,156		Southeast *n* = 2,525		Northeast *n* = 2,246		Western *n* = 985		Northern *n* = 501	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Has fluency in one language other than English	546	7.4	61	5.3	286	11.3	138	6.1	38	3.9	23	4.6
Has fluency in two or more languages other than English	29	0.4	*	*	14	0.6	9	0.4	*	*	*	*

[1]State data include only those LPNs who work in Wisconsin.
*Value too small to report (*n* less than 5).

Table 24 breaks down the employment status of LPNs across the state and by region. LPN employment continues a downward trend with 78.9%, compared to 87.8% in 2023. This trend was demonstrated in all regions. This year's survey report identifies the number of respondents who are retired (7.1%), but maintained their license.

Table 24. Employment Status of LPNs Who Live and/or Work in Wisconsin

Employment Status	State[1] *n* = 8,395		Southern *n* = 1,303		Southeast *n* = 2,840		Northeast *n* = 2,592		Western *n* = 1,103		Northern *n* = 557	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Working as an LPN	6,625	78.9	1,013	77.7	2,290	80.6	2,052	79.2	857	77.7	413	74.1
Working in healthcare, not nursing	441	5.3	73	5.6	139	4.9	129	5.0	63	5.7	37	6.6
Working in another field	277	3.3	47	3.6	62	2.2	89	3.4	47	4.3	32	5.7
Not working, seeking work in nursing	206	2.5	36	2.8	75	2.6	59	2.3	24	2.2	12	2.2
Not working, seeking work in another field	34	0.4	6	0.5	9	0.3	13	0.5	*	*	*	*
Not working, not seeking work, not retired	215	2.6	24	1.8	64	2.3	78	3.0	32	2.9	17	3.1
Retired	597	7.1	104	8.0	201	7.1	172	6.6	77	7.0	43	7.7

[1]State data include only those LPNs who work in Wisconsin.

*Value too small to report (*n* less than 5).

Table 25 shows the number of LPNs that are engaged in direct patient care (DPC) in Wisconsin. The percent of LPNs who report providing direct patient care has remained stable from the 2023 survey. The Western and Northern regions saw slight increases in the percent of LPNs who report providing DPC, increasing from 84.0% to 86.4% and 82.4% to 85.2%, respectively.

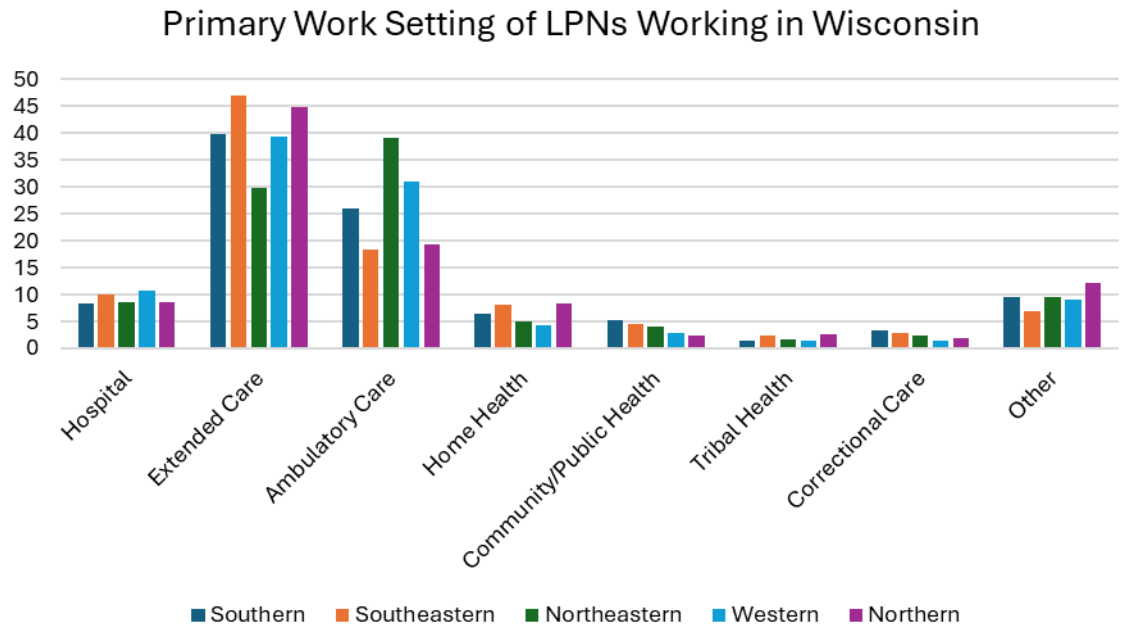
Table 25. Provision of Direct Patient Care in Primary Nursing Position

Employment Status	State[1] *n* = 7,405		Southern *n* = 1,156		Southeast *n* = 2,522		Northeast *n* = 2,243		Western *n* = 984		Northern *n* = 500	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Currently providing direct patient care	6,359	85.9	976	84.4	2,191	86.9	1,916	85.4	850	86.4	426	85.2
Not currently providing direct patient care	1,046	14.1	180	15.6	331	13.1	327	14.6	134	13.6	74	14.8

[1]State data includes only those LPNs who work in Wisconsin.

Figure 10. Primary Work Setting of LPNs Who Work in Wisconsin

LPNs continue to be primarily employed in extended and ambulatory care settings. This continues the trends noted in the previous workforce surveys. There are some regional variations noted. The Southern, Southeastern, Western, and Northern regions have higher percentages of LPNs in extended care. In contrast, the Northeastern region has a higher percentage of LPNs employed in ambulatory care.



B. Education Patterns of LPN Workforce by DHS Region

The majority of LPNs in Wisconsin reported their highest nursing degree as a practical or vocational nursing diploma. The Northern Region reported the highest percentage (14.6%) of LPNs who also had an associate degree.

Table 26. Highest Degree Earned by DHS Region

Wisconsin LPNs continue to report that a practical or vocational nursing diploma is the degree held by the majority of respondents. This has remained similar to the previous survey.

Degree	State[1] *n* = 7,198		Southern *n* = 1,124		Southeast *n* = 2,449		Northeast *n* = 2,187		Western *n* = 960		Northern *n* = 478	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Practical or vocational nursing diploma	5,574	77.4	895	79.6	1,841	75.2	1,723	78.8	750	78.1	365	76.4
Diploma in nursing	694	9.6	89	7.9	327	13.4	175	8.0	76	7.9	27	5.6
Associate degree	658	9.1	96	8.5	193	7.9	201	9.2	98	10.2	70	14.6
Bachelor's degree	225	3.1	34	3.0	73	3.0	74	3.4	31	3.2	13	2.7
Master's degree	42	0.6	8	0.7	13	0.5	14	0.6	*	*	*	*
Doctorate	5	0.1	*	*	*	*	0	0	*	*	0	0

[1]State data includes only those LPNs who work in Wisconsin.
*Value too small to report (*n* less than 5).

Section IV. Artifical Intelligence (AI) and COVID

A. Artifical Intelligence

Figure 11. Use of Artificial Intelligence in Primary Place of Work (n=8,683)

Figure 11 displays the percentage of LPNs who identify that their primary work utilizes artificial intelligence (AI) in their workflows. The vast majority (97.9%) report not using AI in their primary place of work. This is a new topic for the 2025 LPN Workforce survey. AI is becoming more prevalent in healthcare and offers many opportunities to improve patient safety and nurse satisfaction. AI is an emerging field in healthcare. It is likely that LPNs are using versions of AI (e.g., though use of an electronic health record) and there may be a lack of awareness of AI integration into common nursing tools.

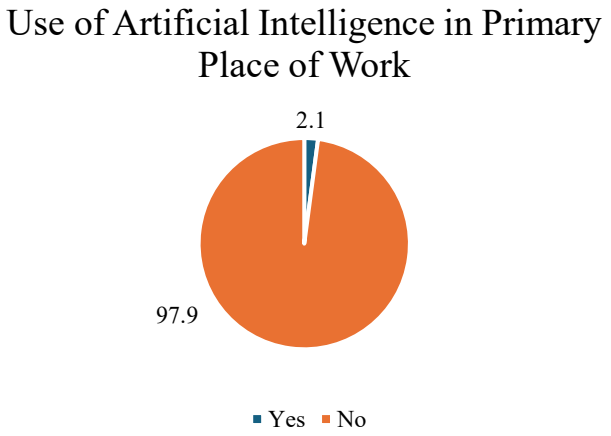


Table 27. Prevalence and Type of AI Utilization by DHS Regions

Table 27 presnents the prevalence and type of use of AI for LPNs who reported using AI in their primary work place by DHS region. The majority of LPNs reported using AI in implementation, though importnatnly this only represents a small subset of all LPNs (Figure 11).

	State of WI		Southern		Southeastern		Northeastern		Western		Northern	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
AI Use												
Yes	169	2.0	24	1.8	41	1.4	49	1.9	47	4.3	8	1.4
Type of AI Use												
Assessment	67	0.8	7	0.5	21	0.7	21	0.8	13	1.2	5	0.9
Diagnosis	33	0.4	5	0.4	12	0.4	10	0.4	*	*	*	*
Planning	58	0.7	10	0.8	12	0.4	18	0.7	14	1.3	*	*
Implementation	108	1.3	13	1.0	26	0.9	29	1.1	38	3.4	*	*
Evaluation	48	0.6	6	0.5	15	0.5	12	0.5	10	0.9	5	0.9

Participants could select more than one response.
*Value too small to report (*n* less than 5).

Table 28. Use of Artificial Intelligence Across Primary Work Settings

Table 28 presents use of AI across different work settings. AI was most commonly used in ambulatory care (3.6%), followed by hospital and other (3.0%), though this only represents a small subset of LPNs (Figure 11).

Use of AI in Primary Work Setting (N =7,633)	Yes (*n* = 174)		No (*n* = 7,459)	
Setting	***n***	**%**	***n***	**%**
Hospital (medical/surgical, alcohol or drug abuse [AODA]/psychiatric, long-term acute care)	21	3.0	690	97.0
Extended Care (adult family homes [AFH], community-based residential facilities [CBRF], and residential care apartment complexes [RCAC])	40	1.3	2,956	98.7
Ambulatory Care (employee health, outpatient care, clinics, surgery center)	75	3.6	2,018	96.4
Home Health (private home)	8	1.6	502	98.4
Correctional Care	*	*	190	99.5
Community/Public Health	5	1.6	314	98.4
Tribal Health	*	*	138	97.2
Other (insurance, call center, etc.)	20	3.0	651	97.0

*Value too small to report (n less than 5).

Table 29. AI and Productivity at Primary Place of Work

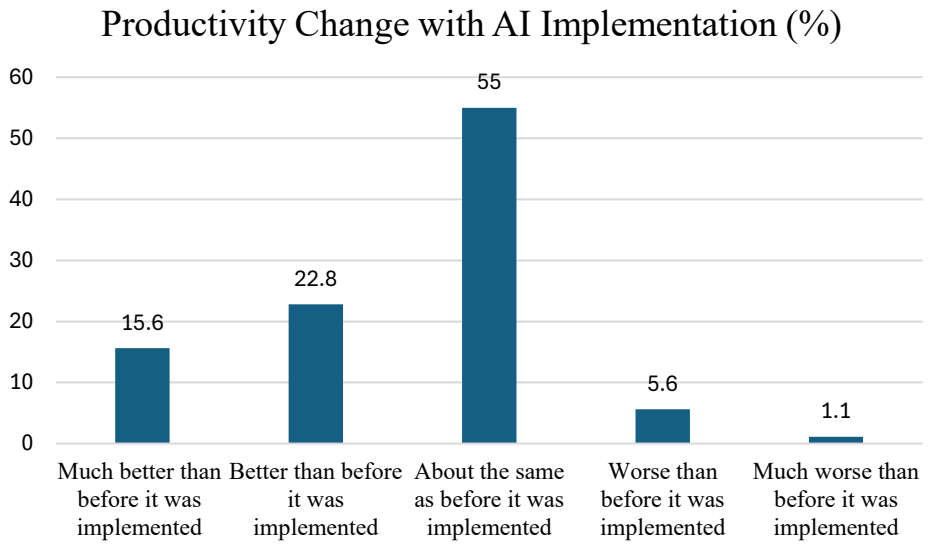
Table 29 presents perceptions of productivity related to use of AI. The majority of LPNs who report using AI report their productivity as about the same as compared to when AI was implemented.

Impact of AI on Productivity at Primary Place of Work (N = 180)									
Much Better than Before AI was Implemented		**Better than Before AI was Implemented**		**About the Same as When AI was Implemented**		**Worse than Before AI was Implemented**		**Much Worse than Before AI was Implemented**	
n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
28	15.6	41	22.8	99	55.0	10	5.6	*	*

*Value too small to report (n less than 5).

Figure 12. Productivity Change with AI Implementation (%)

Figure 12 presents the perceived changes in productivity with the implementation of AI in the workplace. Over half of LPNs did not see any improvement in their productivity. However, it is important to note that the majority of LPNs (97.9%) did not respond to this survey question.



B. COVID

Table 30. Sources Used for Receiving Information about COVID-19

COVID-19 continues to circulate within Wisconsin communities and presents challenges to public health. In the face of continually changing public health needs, it is important to ensure up-to-date and reliable information is available to the nursing workforce. The majority of LPN respondents report receiving COVID-19 information from their employer, the CDC, or another government agency. However, potentially unverified sources are also reported, including social media, TV, or radio. Knowing sources of information can allow for future planning to meet public health needs through the nursing workforce.

Information Source (N = 8,683)	***n***	**%**
Newspaper	710	4.0
Radio	636	3.6
Employer	4,871	27.2
Government agency	1,927	10.8
CDC	4,398	24.6
TV	1,911	10.7
Social media (Facebook, Twitter, Tik Tok, other)	1,363	7.6
Professional	1,234	6.9
Other	852	4.8

Participants could select more than one response.

Table 31. Direct Patient Care (DPC) to Patients with COVID-19

Table 31 presents those LPNs who report providing direct patient care (DPC) to patients with COVID-19. The majority of LPNs (74.5%) report providing DPC to pateints with COVID-19.

	DPC to Patients with COVID (N = 8,683)	
	n	**%**
Yes	6,469	74.5
No	2,214	22.5

Table 32. Setting for DPC for COVID-19

Table 32 presents the primary work setting for LPNs who report providing DPC topatients with COVID-19. The majority (46.4%) report working in skilled nursing facilities, followed by medical practice clinic, physician office (18.7%) and hospital (24-hour inpatient unit; 4.8%).

Setting (N = 6,469)	***n***	**%**
Hospital (emergency/urgent care)	204	3.2
Hospital (24-hour inpatient unit)	313	4.8
Hospital (intensive care)	43	0.7
Hospital (Obstetrics)	10	0.2
Hospital (in several hospital units)	174	2.7
Skilled nursing facility	2,999	46.4
Hospice facility	44	0.7
Intermediate care facility of the intellectually disabled (ICFID)	18	0.3
Assisted living facility (CBRF, RCAC, or CCRC)	575	8.9
Adult family home	70	1.1
Medical practice clinic, physician office	1,212	18.7
Surgery center, dialysis center	35	0.5
Urgent care, not hospital-based	152	2.3
Outpatient mental health	30	0.5
Correctional facility	155	2.4
Home health agency	212	3.3
Parish nurse services	*	*
Public health	30	0.5

Community health	89	1.4
School health services (K12, college, and university)	80	1.2
Academic educational institution (college or university)	5	0.1
Technical or community college	16	0.2

Figure 13. Rating of Personal Health Compared to Pre-COVID-19 Pandemic

Figure 13 compares LPNs' perception of their health to pre-pandemic levels. Almost a quarter (22%) of LPNs report their health has worsened since the COVID pandemic. However, this is a smaller percentage in comparison to the 2024 RN Workforce survey, where 34% of RNs reported their health had worsened since the pandemic.

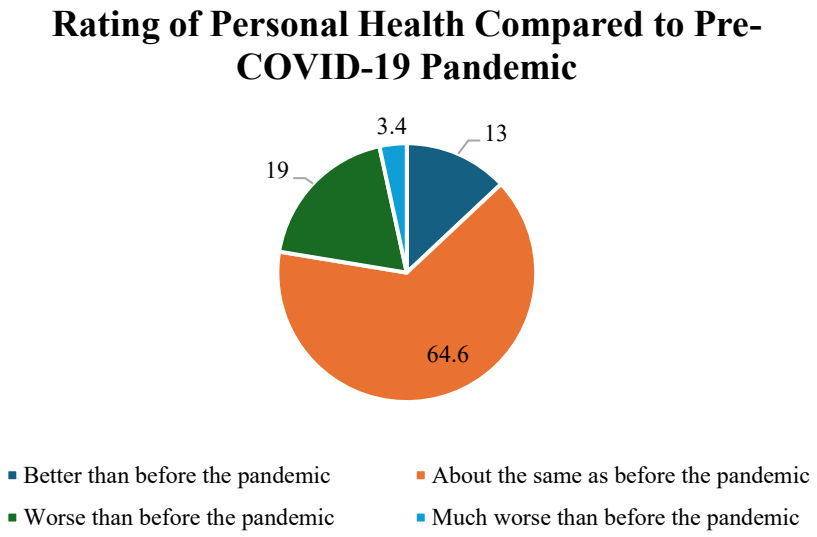


Table 33. Health Rating Compared to Pre-Pandemic, by Gender, Age, and Race/Ethnicity

Table 33 displays a comparison between LPN's reported health compared to before the COVID-19 pandemic by demographic. Notably, a higher percent of LPNs identifying as non-binary reported worse health compared to LPNs identifying as men and women. LPNs identifying as Native American or Alaska Native were more likely to report much worse health compared to other LPNs.

Demographic	Better (*n* = 1,132)		About the Same (*n* = 5,604)		Worse (*n* = 1,651)		Much Worse (*n* =295)	
	n	%	*n*	%	*n*	%	*n*	%
Gender (*n* = 8,682)								
Woman	1,040	12.9	5,228	64.7	1,542	19.1	266	3.3
Man	77	15.4	322	64.4	80	16.0	21	4.2
Non-binary, gender non-	*	*	*	*	6	54.4	*	*

conforming, or transgender								
Prefer not to answer	14	14.7	51	53.7	23	24.2	7	7.4
Age (*n* = 8,682)								
<25	45	19.4	137	59.1	43	18.5	7	3.0
25-34	205	15.3	803	59.8	282	21.0	53	3.9
35-44	272	13.7	1,171	59.1	454	22.9	86	4.3
45-54	240	12.3	1,232	62.9	403	20.6	83	4.2
55-64	226	11.9	1,268	66.7	351	18.5	55	2.9
65-74	134	11.9	870	77.5	108	9.6	10	0.9
>75	10	6.9	123	85,4	10	6.9	*	*
Race and Ethnicity (*n* =8,683)								
White	799	11.3	4,604	65.0	1,424	20.1	258	3.6
Black or African American	208	21.6	603	62.6	131	13.6	21	2.2
American Indian or Alaska Native	20	16.8	69	58.0	23	19.3	7	5.9
Asian	49	22.3	138	62.7	28	12.7	5	2.3
Native Hawaiian or other Pacific Islander	*	*	8	53.3	5	33.3	0	0
Hispanic, Latino, or Latinx	67	17.8	236	62.8	60	16.0	13	3.5
Other	33	22.9	79	54.9	28	19.4	*	*

Table 34. Comparing RN/LPN Values Health Rating Compared to Pre-Pandemic

Table 34 presents a comparison of RN and LPN reported health as compared to before the COVID-19 pandemic (Pawlak et al., 2026). Across all demographics, a higher proportion of RNs reported much worse health compared to LPNs.

Demographic	Better %		About the Same %		Worse %		Much Worse %	
	RN	**LPN**	***RN***	**LPN**	***RN***	**LPN**	***RN***	**LPN**
Gender								
Woman	9.2	12.9	56.8	64.7	29.7	19.1	4.4	3.3
Man	11.3	15.4	55.5	64.4	27.1	16.0	6.1	4.2
Non-binary, gender non-conforming, or transgender	16.4	*	30.2	*	36.2	54.4	17.2	*

Prefer not to answer	*	14.7	*	53.7	*	24.2	*	7.4
Age (*n* = 8,682)								
<25	12.2	19.4	54.8	59.1	29.8	18.5	3.1	3.0
25-34	10.3	15.3	48.1	59.8	36.1	21.0	5.5	3.9
35-44	9.6	13.7	50.6	59.1	33.9	22.9	5.9	4.3
45-54	9.1	12.3	55.3	62.9	30.5	20.6	5.2	4.2
55-64	8.4	11.9	63.9	66.7	24.6	18.5	3.1	2.9
65-74	9.0	11.9	76.2	77.5	13.7	9.6	1.1	0.9
>75	8.1	6.9	83.5	85,4	7.7	6.9	0.7	*
Race and Ethnicity (*n* =8,683)								
White	8.8	11.3	56.8	65.0	29.9	20.1	4.5	3.6
Black or African American	17.7	21.6	54.3	62.6	24.2	13.6	3.8	2.2
American Indian or Alaska Native	10.4	16.8	47.8	58.0	34.9	19.3	7.0	5.9
Asian	18.8	22.3	54.9	62.7	22.7	12.7	3.6	2.3
Native Hawaiian or other Pacific Islander	17.4	*	45.3	53.3	34.8	33.3	2.5	*
Hispanic, Latino, or Latinx	10.6	17.8	53.6	62.8	30.8	16.0	5.0	3.5
Nonwhite and/or Hispanic	13.9	*	53.5	*	27.8	*	4.8	*
Other	13.6	22.9	48.8	54.9	30.1	19.4	7.5	*

value too small to report, less than 5

Table 35. Health Rating Compared to Pre-Pandemic by Primary Place of Work

Table 35 presnets perception of health as compared to before the COVID-19 pandemic across primary places of work. LPNs in extended care were more likely to report much worse health (4.1) as compared to other settings of practice.

Primary Place of Work (n = 7,633)	Better (*n* = 1,001)		About the Same (*n* = 4,843)		Worse (*n* = 1,530)		Much Worse (*n* =259)	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Hospital (medical/surgical, AODA/psychiatric, long-term acute care)	105	14.8	446	62.7	136	19.1	24	3.4
Extended care (e.g., CBRF, RCAC, AFH	399	13.3	1,854	61.9	620	20.7	123	4.1

facilities)								
Ambulatory Care (Employee Health, Outpatient Care, Clinics, Surgery Center)	243	11.6	1,381	66.0	415	19.8	54	2.6
Home health	77	15.1	328	64.3	88	17.3	17	3.3
Public/community health	47	14.7	205	64.3	56	17.6	11	3.4
Correctional care	25	13.1	123	64.4	39	20.4	*	*
Tribal health	21	14.8	87	61.3	30	21.1	*	*
Other (insurance, call center, etc.)	84	12.5	419	62.4	146	21.8	22	3.3

value too small to report, less than 5

Table 36. Health Rating Compared to Pre-Pandemic by Category of Primary Position

Table 36 presnts health ratings as compared to pre-COVID-19 pandemic across primary position types. LPNs working in health related services outside of nursing were more likely to report much worse health as compared to other position types.

Category of Primary Position (n = 7,633)	Better (*n* = 1,001)		About the Same (*n* = 4,843)		Worse (*n* = 1,530)		Much Worse (*n* =259)	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Nursing	856	12.9	4,192	63.3	1,354	20.4	223	3.4
Health related services outside of nursing	63	14.7	258	60.1	89	20.7	19	4.4
Retail sales and services	*	*	22	68.8	*	*	*	*
In-service or patient educator	6	13.6	28	63.6	10	22.7	*	*
Financial, accounting, or insurance	7	10.8	43	66.2	11	16.9	*	*
Consulting	*	*	9	64.3	*	*	*	*
Other	63	14.9	291	68.6	61	14.4	9	2.1

value too small to report, less than 5

Appendix 1. DHS Regions of the State

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

Appendix 2.

Wisconsin Counties by DHS Region

Southern Region	Southeastern Region	Northeastern Region	Western Region	Northern Region
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	

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