Licensed Practical Nurse

2017 Workforce Survey Report

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- The Illinois Nursing Workforce Center Advisory Board:
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Completed in 2017, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors, this voluntary survey was offered with individual on-line licensure renewal.

The survey was accomplished through the collaboration of the following Illinois Department of Financial and Professional Regulation sections: Licensing and Testing Section, Nursing Section, Illinois Nursing Workforce Center, the IDFPR's Information Technology Section, and the Office of the Secretary.

We owe a special thanks to the Nursing Workforce Center Data Workgroup: Kathleen R. Delaney, PhD, PMH-NP – Vice-Chairperson; board member Corinne Haviley, RN, MS, PhD, and Linda Taylor, PhD, RN, CNE, who provided strategic guidance in the design and production of the report. Our thanks also go to Michele Bromberg, MSN, RN, IDFPR Nursing Coordinator; Kathleen Alcorn, IDFPR Office of the Secretary, and Linda B. Roberts, MSN, RN, Nursing Workforce Center Manager.

Special thanks to the nurses licensed in Illinois who responded to the survey. The feedback provided will make a significant contribution to planning health services in Illinois, specifically those focused on the nursing workforce.

Executive Summary

Illinois Nursing Workforce Center Licensed Practical Nurse Survey 2017

This report details the results of the 2017 Illinois Licensed Practical Nurse (LPN) workforce survey. The survey was structured to capture data on the demographics, education, workplace settings, and state distribution of LPNs in Illinois. The voluntary survey was conducted during the 2017 LPN license renewal period from 11/7/2016 to 1/31/2017. In 2017 over 88% of Illinois LPNs completed their license renewal via the on-line platform. After the on-line renewal process, including payment of fee, there was a link to the survey along with an explanation of its purpose. The survey was completed by 4,951 LPNs representing 17.7% of the 29,541 total LPNs licensed in Illinois.

General Overview

Data on the characteristics, size, practice foci, educational pipeline and distribution of LPNs in the State of Illinois is essential to planning for provision of essential health care services to many groups of Illinois citizens, particularly the elderly and home bound. This report contains data on the demographics of the current LPN workforce, the relative numbers of LPNs in each age group, their workplace and their plans for retirement; data which is essential for State workforce planning.

Age of the Workforce

Similar to the RN workforce, LPNs are an aging group; 31% of the respondents are between the ages of 55-64 years. Taken together with the 65+ and 45-54 years old age groups, the data indicate that 66.7% of the LPN workforce falls into upper age ranges, which is slightly more than those LPNs who participated in the 2015 survey when 61.8% were 45 years or older. Serious concerns about the capacity of this group to meet future population's health needs surface when one considers that, on the question related to retirement and plans to leave the workforce, 21% of respondents plan to retire in one to five years.

Diversity

The LPN group, particularly in comparison to the RN workforce, is a racially diverse group. Twenty six percent of respondents to the question on race placed themselves in the Black/African American category. Three age-ranges of Black/African American LPNs (35-44, 45-54 and 55-64 years of age) were 25-26% of respondents, which speaks to some consistency in the diversity of this group.   Interestingly the Hispanic/Latina percent was highest in the younger years, showing approximately 60% are less than 44 years of age. The gender diversity is low with approximately six percent males, though thirty-nine percent of this group are under 44 years of age.   While there is a clear need to increase diversity in the nursing workforce, the LPN group demonstrates some promising trends.

Workplace Settings

Nursing homes/extended care/assisted living environments were the primary workplace settings for close to half of the respondents (47.6%). Another large group of LPNs (11%) practice in home health. Of concern is that approximately 35% of the LPNs who practice in the nursing homes/extended care/assisted living environment plan on retiring in one to ten years. Demand projections for this workforce depend on the anticipated shift from nursing to home health care for the elderly but long-term employment growth is expected to continue into 2030 (Spetz, Trupin, Bates & Coffman, 2015; HRSA, 2018).   Combining workplace setting, age and intent to retire data have clear implications for Illinois workforce planning groups, particularly the need to focus on the nursing home/ home health population, its growth, service needs and the demand/workforce capacity imbalance.

Distribution

To determine the distribution of LPNs throughout Illinois, the total number of LPNs in licensure database was used. Illinois counties are the common denominator for geographic information presented. Illinois LPNs are generally clustered in the dense Cook County (36%) population. The ratio of LPNs to population density is lowest in sparsely populated rural counties. Part of this distribution could be a result of the location of Community Colleges and Proprietary Schools that offer an LPN certification in Cook County.

Summary

The LPN survey data indicates a workforce that is aging with a diminishing LPN pipeline to replace these nurses. It is well known that aging of the US population poses particular demands on health care services, one sector being long-term care needs. Recent reports on long term care raise concerns about the quality of these services (Harrington, Wiener, Ross, & Musumeci, 2017). Given LPNs traditional roles in nursing homes/extended care/assisted living environments and home care and the anticipated growth of the elderly population there is an urgent need for work force planning. As we plan for the LPN nursing workforce needed to meet health care demands created by both population shifts and health care transformation, it would be helpful to have a better understanding of the drivers for choosing an LPN certification and how we might optimize each individual's interest in a nursing career.

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About the Data

The primary source of data for this report is a survey offered to individual Licensed Practical Nurses (LPNs) completing on-line licensure renewal. The renewal period ran from (11/7/16) to (1/31/17). There were 29,541 LPNs in Illinois as of January 2017, and the voluntary survey yielded 4,951 participants or 17% response rate. When individuals concluded the renewal process, there was a link to the survey along with an explanation of its purpose. Over 88% of Illinois LPNs completed license renewal via an on-line platform.

The survey data were compared with the Illinois Department of Financial and Professional Regulation (IDFPR) database, and the voluntary responses are reflective of the Illinois LPNs with respect to age, with two exceptions. There were slightly more (8.3%) survey responses in the 55-64 years of age category and slightly less (6%) in the 26-24 years of age category. These LPN ages were obtained from the IDFPR licensure database on April 29, 2018 – approximately one year after survey completion.

The survey includes 26 questions consistent with the national minimum dataset requirements of the National Forum of State Nursing Workforce Centers https://nursingworkforcecenters.org/minimum-datasets/. A comprehensive record of questions and options for response is provided in Appendix A. Information obtained from the survey can be categorized into four areas. Demographic information includes age, diversity (ethnicity, gender), and retirement horizon. Human capital elements are education, area of employment specialty including work setting and other details. Earnings include a section on workplace benefits. Geographic information is derived from the IDFPR licensure database of all Illinois licensed LPNs.

Demographics

General Overview

Data on the characteristics, supply and distribution of LPNs in the State of Illinois is essential to expanding access to care and planning for provision of essential primary and other health care services. This report contains data on the demographics of our current LPN workforce, the relative numbers of LPNs in each age group, their cultural diversity, and educational preparation.

Figure 1 presents the distribution of Licensed Practical Nurse (LPN) survey participants by selected age categories. Age is derived from unfiltered participant responses to date of birth. The years of age are listed on the vertical axis, on the left of the horizontal bar, to the right of the horizontal bar is the per cent. The substantial share of Illinois LPNs in advanced age categories represents a significant context for many other observations in this report. The value of these age categories as a cross-reference for other information is enhanced by the relatively small number of non-responses (80).

Figure 1: Age Cohorts
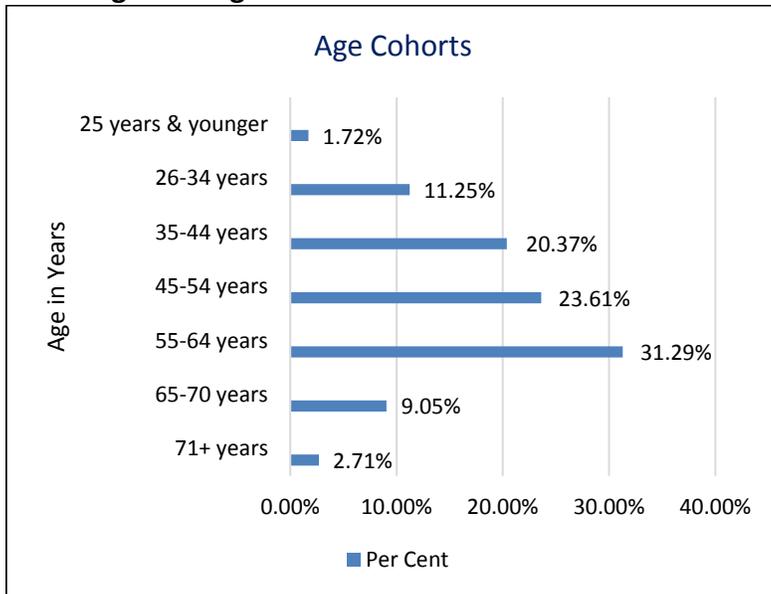
The selected age categories should facilitate comparison to data from other sources. In particular, age distribution is a common focus of other reports on the nursing workforce. Forty-three percent of Illinois LPNs are 55 years of age or older. In 2015 only 36.86% Illinois LPNs were over the age of 55 years. The average age of Illinois LPNs is slightly older than national average, which is 47.8 years of age (National Forum State Nursing Workforce Centers (Forum) and National Council State Boards of Nursing (NCSBN), 2015). Of concern is that close to 40% of the LPNs who practice in nursing homes/extended care plan on retiring in one to five years (Figure 7, page 11). Demand projections for this workforce depend on the anticipated shift from nursing homes to home health care for the elderly but long-term employment growth is expected to continue into 2030 (Spetz, Trupin, Bates & Coffman,2015).

Diversity of the Illinois LPN workforce is illustrated in Figures 2 and 3. Figure 2 represents racial and ethnic diversity distributed amongst age cohorts, and Figure 3 is diversity of respondents. The US Census Bureau describes the Hispanic ethnonym as a culture regardless of race, so these data may represent duplicate counts. White females constitute a substantial majority (65.1%); however, there are indications of changing demographics observable across age categories. Diversity of the workforce varies depending on age. For Black/African Americans, the percent was the same, 25-26%, for three age ranges: 35-44, 45-54 and 55-64 years of age. Black/African American is the largest reporting minority group (25.7%). This is higher than the

national LPN average (15%) (Forum-NCSBN, 2015). Interestingly the Hispanic/Latina percent was highest in the younger years, showing approximately 60% of Hispanic/Latina LPNs are less than 44 years of age.

Figure 2: Diversity by Age Cohorts

	Diversity by Age Cohorts Race, Ethnicity and Age Distribution								
	25 years and under (1992-2017)	26-34 years old (1983-1991)	35-44 years old (1983 - 1991)	45-54 years old (1963-1972)	55-64 years old (1953-1962)	65-70 years old (1947-1952)	71+ years old (1926-1946)		Total
American Indian or Alaska native	0.00% 0	7.59% 6	18.99% 15	24.05% 19	35.44% 28	7.59% 6	6.33% 5		1.64% 29
Asian	1.75% 4	18.86% 43	27.19% 62	28.95% 66	17.11% 39	3.95% 9	2.19% 5		4.73% 228
Black or African American	1.13% 14	11.92% 148	25.60% 318	25.04% 311	26.57% 330	7.65% 95	2.09% 26		25.77%, 1.242
Hispanic or Latino	3.23% 8	26.21% 65	31.05% 77	17.74% 44	17.74% 44	2.42% 6	1.62% 4		5.1% 248
Native Hawaiian or Other Pacific Islander	0.00% 0	33.33% 9	40.74% 11	18.52% 5	3.70% 1	3.70% 1	0.00% 0		0.56% 27
White	1.95% 61	9.79% 306	17.41% 544	22.94% 717	35.69% 1,084	10.14% 317	3.07% 96		64.85% 3,125
Multiracial	3.39% 4	16.95% 20	31.36% 37	20.34% 24	19.49% 23	7.63% 9	0.85% 1		2.45% 118
Total Respondents	80	511	948	1,115	1,149	429	127		4,689

Figure 2: number skipped: race: 93, ethnicity: 31

In terms of race/ethnicity by age-groups, larger percentages of minorities are younger as compared to those nearing retirement, suggesting the workforce will become more diverse as the younger age cohorts advance. For example, 47.8% of Asians reported being younger than age 45 years, while 3.95% reported being age 65 or older. Another notable observation from Figure 2 is the minimal ethnic diversity of the youngest age category, but there are also limited number of responses from this age group, 80 total. Compared to the recent data on the RN workforce (IDPR, Illinois Nursing Workforce Center, 2016) the LPN cohort appears to be more diverse and this diversity is clustered in younger age categories.

The diversity of the nursing workforce in Illinois was determined by two questions asked in sequence: "Are you Hispanic or Latino;" followed by the question "What is your race/ethnicity (mark all that apply)". Responses are illustrated in Figure 3. There were 4,689 responses, 124 individuals did not respond to the race and ethnicity questions. These results are similar to the 2015 Illinois LPN survey with two exceptions. In 2017 Multiracial was offered as an option and asking if one was Hispanic or Latino was a separate question. There was an approximately 2% variance in responses between 2017 and 2015.

Figure 3: Diversity: Race/Ethnicity Overall

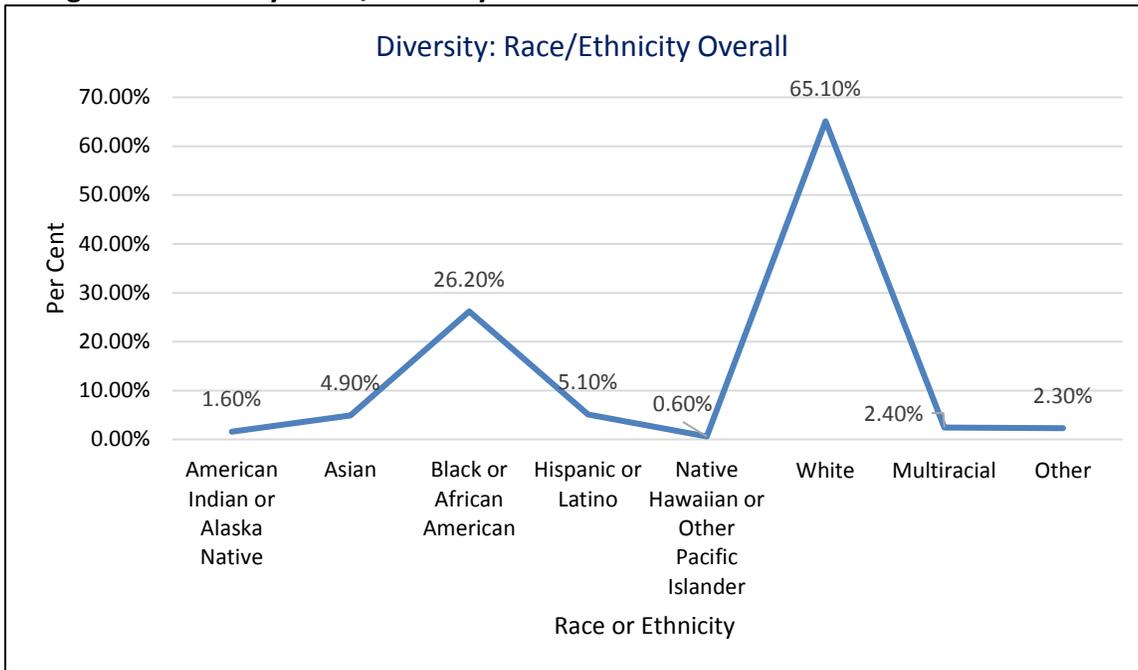**Diversity: Race/Ethnicity Overall**

Figure 3: number skipped: race: 93, ethnicity: 31

The gender diversity is low with approximately six per cent males, though thirty-nine per cent are under 44 years of age. This is similar to national average, where data revealed that 7.5% of the LPN workforce was male and 92.5% are female. However, the national study also found increasing proportions of males in more recently licensed cohorts, suggesting higher percentages of males in the LPN workforce in the future (Forum-NCSBN, 2015). While there is a clear need to increase diversity in the nursing workforce, the LPN group demonstrates some promising trends in multiple categories.

Figure 4: Years to Retirement

How Much Longer Do You Plan to Practice as an LPN in Illinois?

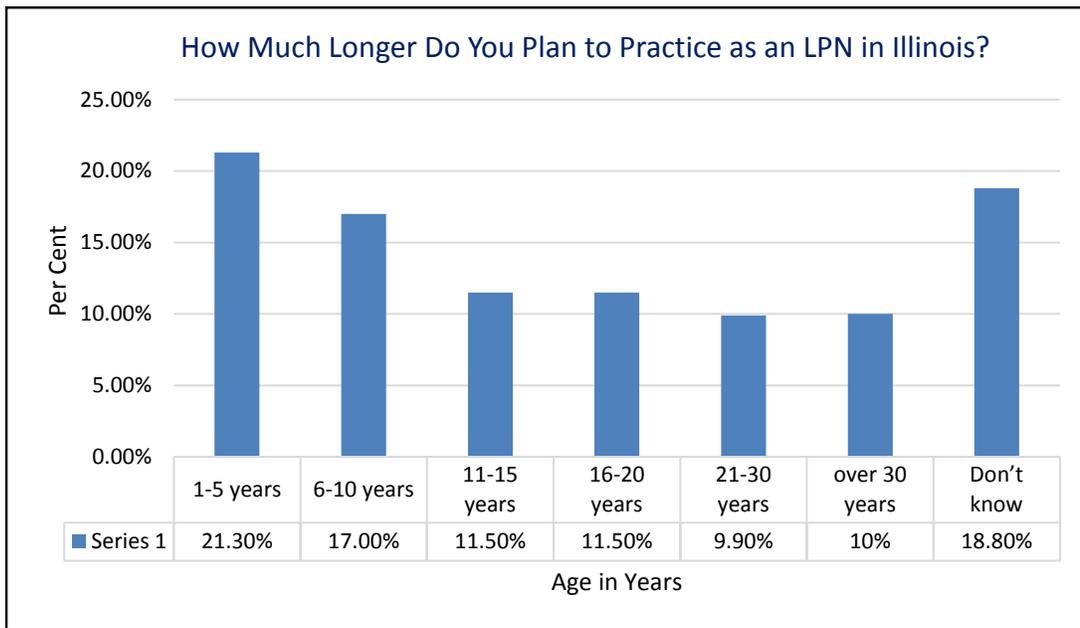|	1-5 years	6-10 years	11-15 years	16-20 years	21-30 years	over 30 years	Don't know
Series 1	21.30%	17.00%	11.50%	11.50%	9.90%	10%	18.80%

Age in Years

Figure 4: Number skipped: 458

The survey asked participants a pair of questions related to retirement plans. The distribution across selected categories of years to retirement is presented in Figure 4 (above). The largest category is composed of LPNs within five years of intent to retire (21.3%).   Approximately 38.3% of survey participants report anticipated retirement over the next decade, which is less than in the 2015 survey, which showed 30.3% intended to retire in 5 years, 45% within 10 years. On this question there are a substantial number, 18.8% (843 respondents) indicating uncertainty with regards to retirement plans, and there were 458 non-responders.

Figure 5: Reasons for Delaying Retirement

Is There a Primary Factor That Would Pursuade You to Continue Working as a Nurse, Extend Your Retirement Date?

43.2% Do Not Plan to Retire
17.2% Economic…
11.3% Increased…
9.7% Less…
7.6% Shorter Hours
3.5% New Learning
3.9% Other
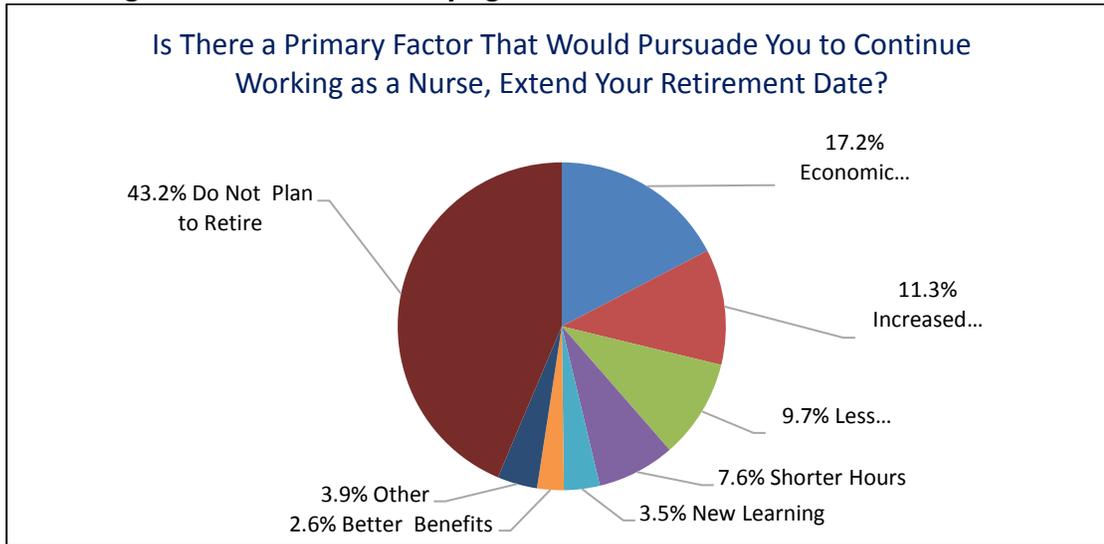2.6% Better Benefits

Figure 5: number skipped: 2,034

Figure 5 (above) presents primary reasons for delaying retirement.   The results of this question are difficult to interpret. First, there are a large number of non-responses (2, 034, approximately 40%). Two, 1,254 respondents, which is approximately 25% of total responding to the question, indicated no eminent retirement as a reason for skipping the question options. The remaining responses are ordered by frequency of response with economic conditions as the leading concern. Other frequent responses to the question of "reasons that could persuade one to extend a retirement date", were reduced physical demands and increased compensation including benefits. Thus, economics still plays an important role in keeping people in the workplace.
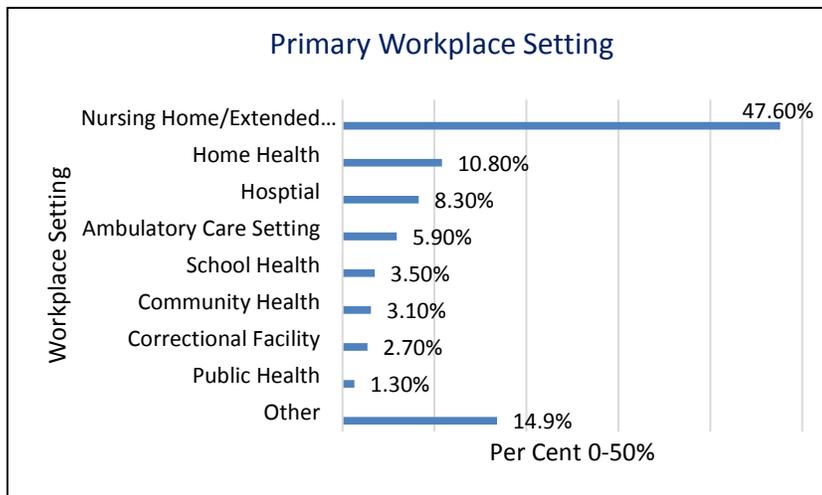
Human Capital

The concept of human capital frames workforce issues in terms of the productive capacity of each individual. Skills and knowledge can be general (productive in a variety of contexts) or specific (most valuable in a particular context, such as a unique industry setting or specialized occupational role). A human capital perspective is essential to our full appreciation of the role of health care, education, and workforce development in promoting economic growth and societal wellbeing. In this section we look at education and area of clinical practice specialties in the Licensed Practical Nurse (LPN) survey responses.

Employment, Job Characteristics

The overwhelming majority of respondents, 92.69%, work full-time at one job and are actively employed in nursing. The majority of respondents who work part-time or per diem are also actively employed in nursing. A small number of respondents, approximately 15-18%, work multiple jobs. Approximately half or 54.1% of respondents work a total of 40 hours per week on all jobs. For those who work part-time, approximately 24% work less than 40 hours per week, and approximately 19% work between 50-60 hours per week; very few respondents work more than 60 hours per week.

Figure 6: Setting of Employment

Primary Workplace Setting

Workplace Setting	Per Cent 0-50%
Nursing Home/Extended…	47.60%
Home Health	10.80%
Hosptial	8.30%
Ambulatory Care Setting	5.90%
School Health	3.50%
Community Health	3.10%
Correctional Facility	2.70%
Public Health	1.30%
Other	14.9%

Figure 6: number skipped 689

Participants were asked to identify the type of setting that most closely corresponds to their primary nursing position. The most common primary care setting was in nursing home/extended care/assisted living (47.6%). This was followed by the settings of home health (10.8%) followed by hospital (8.3%). These responses are similar to the findings in the 2015 LPN report, with less than 2% variance. A review of the individual response in the 14.9% "other" category reflected primarily non-acute settings such as physician offices, school nurse, developmentally disabled (DD) home, etc. The range of workplace is quite varied indicating this workforce skill set fits with a variety of workplace needs.

The most common LPN workplace settings nationally are similar to Illinois: nursing home/extended care, followed by home health and hospitals. As noted in the NCSBN 2015 LPN Report; the findings support a report by Coffman et al. (2015) that indicate long-term care employs more LPN/VNs than any other industry. In fact, the number of LPN/VNs working in long-term care increased from 258,670 in 2008 to 289,946 in 2013, an increase of 13%, while the number of LPN/VNs working in hospitals, outpatient care, and other sectors

decreased by 20%. Illinois has LPN data collected in 2017 and 2015, but the commonalities between Illinois and national data are evident.

In their employment settings, approximately three fourths (75.6%) of the respondents provide direct patient care as staff nurses. The next highest categories were nursing care coordinator (5.3%) and nurse administrator/manager (4.9%), followed by nurse faculty (3.1%). The "other health-related" category was 9.5%. This question did not provide for individual responses, so it is not known what "other related" refers to. These data are similar to the 2015 LPN report where 74.6% identified as staff nurses, 8.17% as nurse administrator/manager and 2.85% as nurse faculty; nursing care coordinator category was not available as an option in 2015.

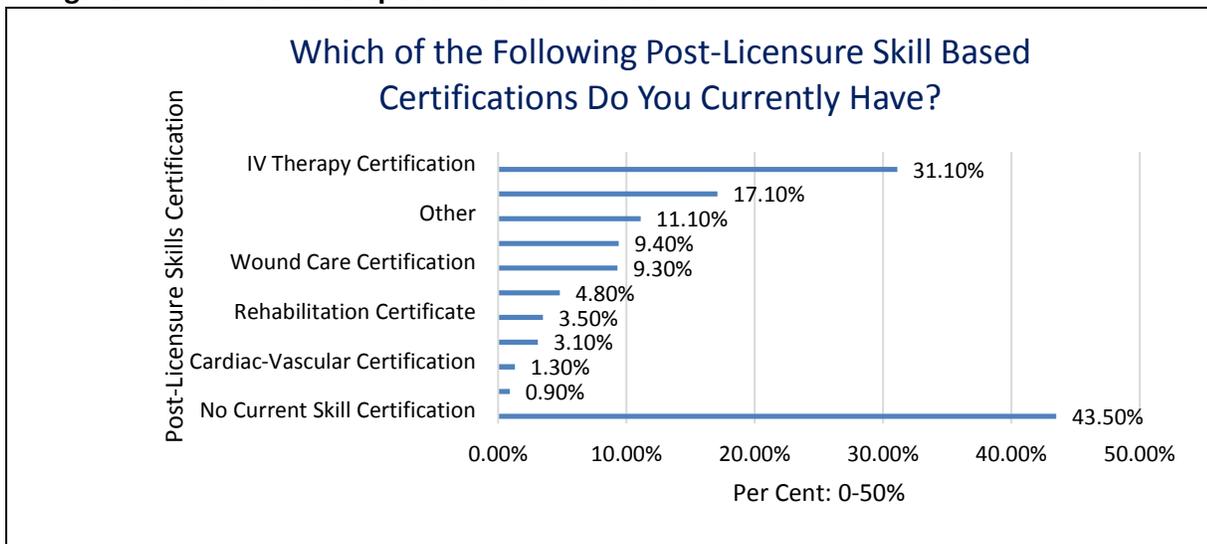**Figure 7: Post-Licensure Specialized Certification**

Figure 7: Number skipped: 716

Specialized certification enhances skills that are most valuable in a particular employment context. There are several specialty certifications available to LPNs. Figure 7 (above) reflects the specialty certifications held by the respondents. The top four specialty certifications are IV (intravenous) Therapy, Pharmacology, Gerontology, and Wound Care. These specialty certification areas, particularly the top one, IV training, could reflect demand in the field for these skills. It should be noted that approximately half of the respondents (43.5%) do not hold any specialty certification.

Of interest is the relationship of work place setting to retirement plans (Figure 8). The data on intent to retire indicate that 21% of the total Illinois LPN workforce intends to retire in the next 1-5 years (Figure 4), however, the number of nurses retiring in the next five years varies significantly depending on workplace setting. Figure 8 illustrates that of those LPNs planning on retiring in the next 5 years, approximately 40% are working in nursing homes/extended care/assisted living (also sometimes referred to as long-term care facilities); approximately 12% are in home health and 11% are in a hospital setting. The settings not listed in Figure 8 reflect categories with less than 2% of those retiring in five years in each category. This high percent

of LPNs who anticipate retirement, working in long term care, raises concern for staffing of skilled care facilities particularly in light of the growing older adult population.

Figure 8: Workplace Setting and Retirement Plans

Retirement Plans and Type of Workplace Setting							
Years Until Retirement	Nursing Home/Extended Care/Assisted Living	Home Health	Hospital	Ambulatory Care	School Health	Community Health	Correctional Facility
1-5 years	41.32%	12.09%	10.44%	8.02%	3.63%	2.97%	2.42%
6-10 years	42.88%	11.92%	10.14%	6.58%	3.70%	2.33%	2.19%
11-15 years	46.56%	12.35%	6.68%	6.48%	2.83%	3.24%	2.23%
16-20 years	50.40%	9.00%	8.2%	5.40%	3.20%	4.00%	2.60%

Figure 8: number skipped: 147

Experience by Age Distribution

Years of experience as an LPN is another individual element that can be derived from survey responses. In Figure 9 (below), the horizontal bar is age of the respondents, the vertical column is years of experience as an LPN; the numbers in the grid are total responses in each category. It is not surprising that the youngest age cohort, 25 years and younger, have the least experience. However, a more complex picture emerges for age groups 35-44 years, 45-54 years and even 55-64 years of age. In each of these age categories are individuals with diverse levels of experience. This observation is consistent with heterogeneity in the timing of LPN career choice. That is, individuals enter the field at different points in the life cycle, up to their late 40's and beyond. Thus, in these older age cohorts, one cannot equate age with years of experience.

Figure 9: Age and Years of Experience as an LPN

	Age						
	25 years & younger	26-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years
Years of Experience							
0-10 years	80	480	535	344	136	13	2
20 years	0	55	354	282	295	37	12
30 years	0	0	60	385	332	63	25
40 years	0	0	0	107	531	99	21
50 years	0	0	0	0	244	199	30
60 years	0	0	0	0	0	11	26

Educational Distribution

Figure 10: Highest Level of Education

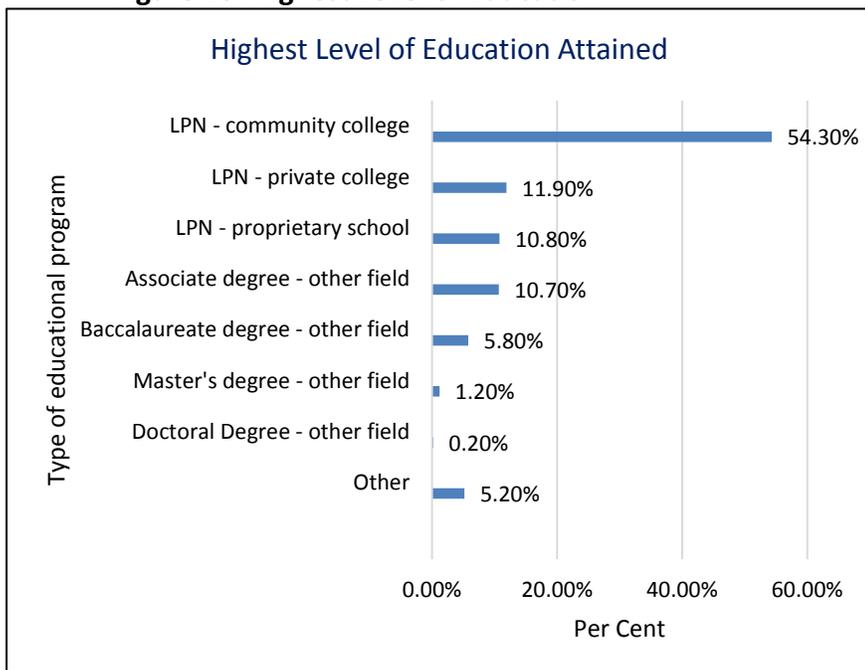**Highest Level of Education Attained**

Figure 10 presents a current snapshot of Illinois LPN educational attainment. The response frequencies choices for educational attainment are to the right of each horizontal bar. The categories are ordered by overall frequency with LPN obtained through a community college as the highest ranking followed by private college, then proprietary school. Seven-point two percent of respondents hold advanced degrees including baccalaureate (nursing and other). Other responses (5.2%) include LPN education completed through high school education and primarily a variety of college courses.

Figure 9: number skipped: 68

Community college remains an important pipeline for the LPN workforce; these data are similar to 2015 LPN survey responses which indicated that 59% respondents received their LPN education through community college. Taken together the data from these two reports may reflect the consistency of community college education availability for LPN education throughout the state.

Figure 11: Current Enrollment Patterns

Currently Enrolled in a Nursing Education Program by Age Distribution								
Degree Program Enrolled In	25 & Younger	26 - 34	35 - 44	45 - 54	55 - 64	65 - 70	71 and older	Total
Associate Degree	43	118	137	80	36	2	0	416
Baccalaureate Degree	5	28	38	32	11	3	0	117
Masters' Degree	0	0	2	1	0	0	0	3
Post-Masters Certificate	0	0	0	0	0	0	0	0
Doctoral Program	0	0	0	2	0	0	0	2
Post-Doctoral Program	0	0	0	0	1	1	0	2
Other	1	7	8	16	13	4	2	51
Total	49	153	185	131	61	10	2	591

The educational pipeline demands attention to all levels of educational settings including community colleges, universities and other academic settings. Figure 11 indicates the number of nurses (by age cohorts) enrolled in differing educational programs. Of note is the number of nurses pursuing an associate and baccalaureate degree in the 26 to 34 age cohort and increasing in the 35 to 44 age range and then slightly declining in the 45 to 54 cohort. The number of younger LPNs currently enrolled in an associate degree and baccalaureate degree programs could explain the large number of younger respondents who intend on retiring in one to five years, perhaps they anticipate moving ahead with another career or an RN level position.

Geography

Location-oriented data are collected through four questions on the survey. Question #5 gathers information on country of initial licensure, questions #12 and #13 have respondents identify all states of current licensure and practice, and question #19 asks respondents for the state and zip code of their primary employer.

To determine the distribution of LPNs throughout Illinois, the licensure database was used. On August 20, 2018 there were 23,172 LPNs licensed in Illinois; distribution was based on home zip code. Illinois counties are the common denominator for geographic information presented. There are 102 counties in the state. Given the geography of population density in Illinois it is neither surprising nor particularly informative to know that LPNs are generally clustered where people are generally clustered, in this case in the Cook County area. Viewing a ratio of LPN workforce density relative to the population would provide a more informative measure for comparison across geographic areas. Figure 12 below demonstrates a heat map of LPNs; Figure 13 reflects the numerical distribution.

Distribution Practicing Outside of Illinois

As noted earlier the survey collects data on states in which respondents currently practice, which is not restricted to Illinois. The overwhelming majority of Illinois LPNs (98%) are both licensed and practice in Illinois. The other states in which Illinois LPNs are most likely to have additional licenses are the ones that border Illinois: Wisconsin (1.6%), Indiana (3.4%), Missouri (2.1%) and Iowa (1.6%); the two states not bordering Illinois that respondents indicated a second license were California (0.58%) and Florida (0.81%). For all other states that respondents indicated a second license, the responses were less than half a per cent. There were 272 respondents who skipped the question.

Figure 12: Heat Map of Illinois LPNs by Home Address Zip Codes*

*Number of LPNs: Cook County: 8,423, Du Page: 1,158, Will: 1,126, Lake: 610, Kane: 403

Figure 13: Distribution of Illinois Licensed Practical Nurses by County

County	Total LPNs		County	Total LPNs		County	Total LPNs
Adams	351		Iroquois	119		Pike	92
Alexander	24		Jackson	184		Pope	28
Bond	56		Jasper	31		Pulaski	33
Boone	71		Jefferson	115		Putnam	17
Brown	37		Jersey	58		Randolph	277
Bureau	106		Jo Daviess	41		Richland	58
Calhoun	12		Johnson	105		Rock Island	367
Carroll	46		Kane	403		St. Clair	656
Cass	78		Kankakee	365		Saline	204
Champaign	290		Kendall	95		Sangamon	831
Christian	217		Knox	364		Schuyler	39
Clark	73		Lake	610		Scott	38
Clay	34		La Salle	219		Shelby	113
Clinton	110		Lawrence	47		Stark	36
Coles	206		Lee	150		Stephenson	120
Cook	8,423		Livingston	115		Tazewell	347
Crawford	46		Logan	144		Union	89
Cumberland	53		McDonough	87		Vermilion	199
DeKalb	94		McHenry	337		Wabash	33
De Witt	45		McLean	307		Warren	74
Douglas	56		Macon	485		Washington	57
DuPage	1,158		Macoupin	224		Wayne	65
Edgar	62		Madison	496		White	74
Edwards	14		Marion	248		Whiteside	282
Effingham	159		Marshall	39		Will	1,126
Fayette	111		Mason	106		Williamson	326
Ford	36		Massac	44		Winnebago	592
Franklin	215		Menard	65		Woodford	86
Fulton	178		Mercer	62			
Gallatin	46		Monroe	70			
Greene	74		Montgomery	186			
Grundy	75		Morgan	200			
Hamilton	43		Moultrie	74			
Hancock	84		Ogle	180			
Hardin	37		Peoria	388			
Henderson	24		Perry	112			
Henry	205		Piatt	46			

Earnings

Figure 14: Annual Earnings

Annual Earnings

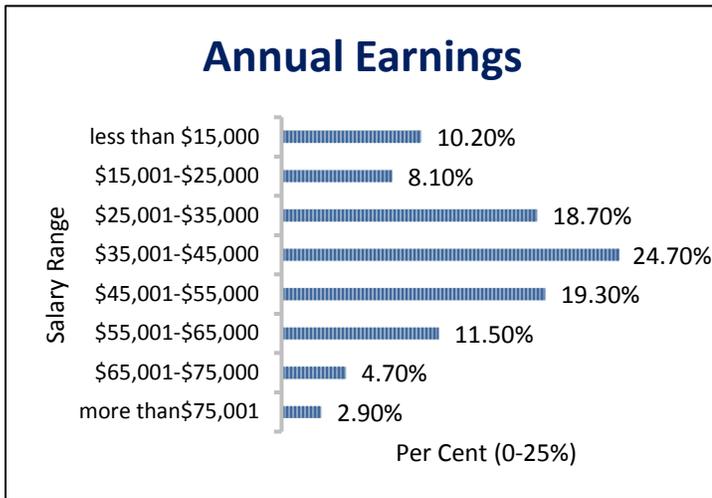| Salary Range	Per Cent (0-25%)
less than $15,000	10.20%
$15,001-$25,000	8.10%
$25,001-$35,000	18.70%
$35,001-$45,000	24.70%
$45,001-$55,000	19.30%
$55,001-$65,000	11.50%
$65,001-$75,000	4.70%
more than$75,001	2.90%

Figure 14 No response 783

The final question of the 2017 LPN survey asks: "Please estimate your pre-tax earnings from your primary nursing position." Twenty-one earning intervals were provided. The median response was $35,000 to $45,000, with reported values throughout the full range of possibilities. This median salary range is the same median range that was reported in the 2015 Illinois LPN report. The majority of respondents indicated salaries between $25,000 and $55,000; with approximately 19% reporting a salary above $55,000. The United States Department of Labor, Bureau of Labor Statistics national average shows an annual mean income for LPNs working in Illinois to be $48,070 for non-metropolitan areas, and $52,880 for the Chicago-Naperville-Arlington Heights metropolitan area (#29-2061) https://www.bls.gov/oes/current/oes_il.htm#29-0000 According to the 2015 Forum-NCSBN biennial LPN/Vocational Nurse (VN) Report, the median salaries of LPN/VNs differed by employment setting, position title, and other demographic characteristics. While the overall median earnings and the median earnings for female LPN/VNs was $38,000, the median earnings for male LPN/VNs was $43,000. The report also noted that that median salaries differed considerably based on geographic region: Washington, D. C., and Alaska had the highest salaries and South Dakota and West Virginia, the lowest.

Earlier, when reviewing responses to the question, "What would make you delay retirement", some respondents indicated better benefits, which is a component of an economic incentive to continue working. The survey included a question asking which benefits the respondents currently received. Approximately 50% all respondents indicated that they had a retirement plan, dental insurance and personal health insurance; 40% had family health insurance and 29% did not have any benefits at all. The type of benefits received in addition to a salary varied significantly with workplace setting. The top four workplace settings, where the majority of Illinois LPNs work, and the benefits received are illustrated in Figure 15. Workplace settings not included in Figure 15 due to the small (approximately 5%) number responding: correctional facility, academic setting, public health, community health, school health, occupational health, insurance claims benefits, policy planning. Clearly home health LPNs have limited access to employee compensation benefits, as the benefits vary by workplace setting.

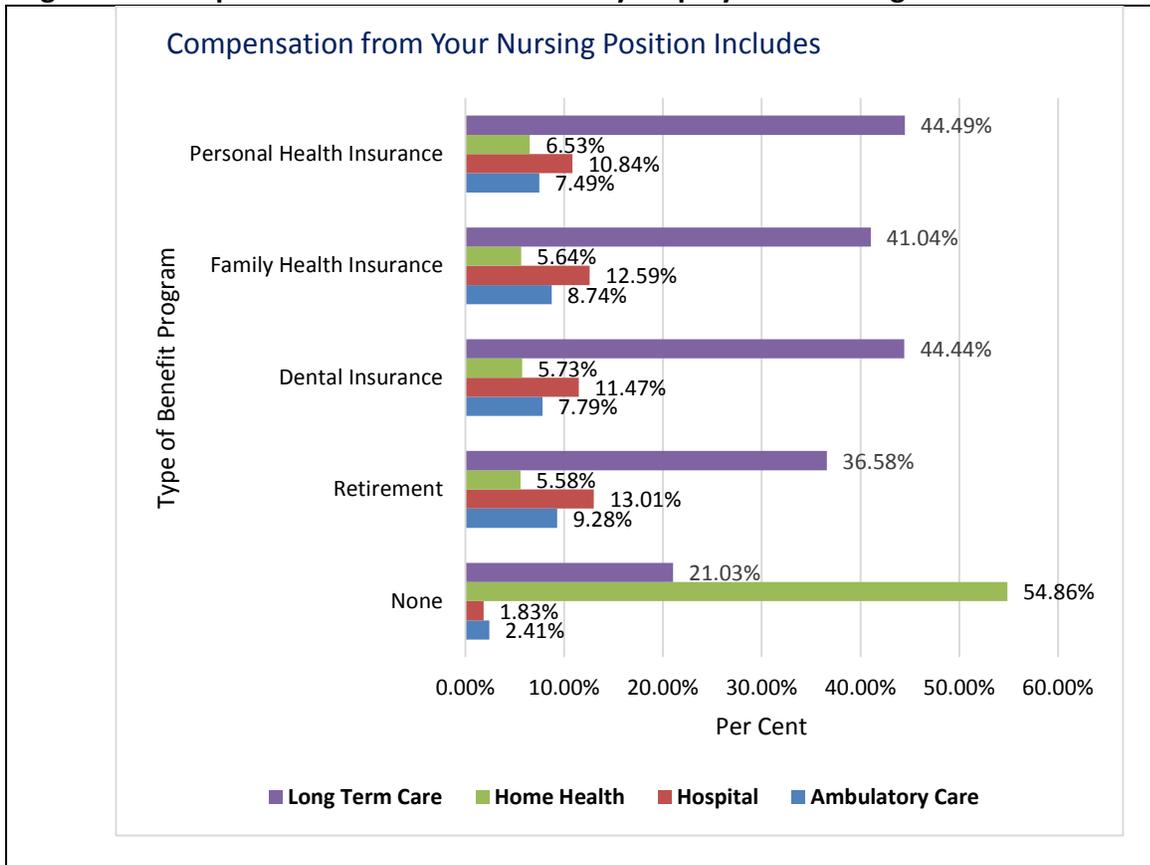**Figure 15: Compensation Benefits Received by Employment Setting**

Compensation from Your Nursing Position Includes

Type of Benefit Program		Per Cent

Personal Health Insurance: 44.49%, 6.53%, 10.84%, 7.49%
Family Health Insurance: 41.04%, 5.64%, 12.59%, 8.74%
Dental Insurance: 44.44%, 5.73%, 11.47%, 7.79%
Retirement: 36.58%, 5.58%, 13.01%, 9.28%
None: 21.03%, 54.86%, 1.83%, 2.41%

Legend: Long Term Care, Home Health, Hospital, Ambulatory Care

Figure 15: number skipped 841

Discussion and Implications

Similar to the Illinois RN workforce, Licensed Practical Nurses (LPNs) in our State are an aging workforce. Forty-three per cent of Illinois LPNs are 55 years of age or older, slightly higher than in 2015 when only 36.86% of Illinois LPNs had reached this age. The average age of Illinois LPNs is slightly older than national average, which is 47.8 years of age. The most common care setting for LPNs was in nursing home/extended care/assisted living environment (47.6%). The large number of older LPNs working in this sector raises serious concerns about the capacity of this group to meet future population's health needs. Adding to this concern are the data indicating that 21% of the group that responded to the retirement question plans to do so in one to five years. Approximately 40% of those planning on retiring in the next 1-5 years work in nursing home/extended care/assisted living facilities.

The anticipated growth in the US elderly population is well documented: estimates are that between 2010 and 2030, the number of elderly will grow by an average of 2.8 percent annually (US Department of Commerce, https://www.census.gov/population/socdemo/statbriefs/agebrief.html) Given this demographic trend, the impending retirement of the LPN workforce should be a focal issue for Illinois workforce planning groups. At the current time workforce planning groups seem to be focused on the growth of the community health care worker group to address many workforce issues of elder adults (HCTF, 2014). Considering the competencies required to care for older adults, it is essential for Illinois workforce planning groups to focus on the needs of the nursing home/ home health population, its growth and the demand/workforce capacity imbalance.

In terms of diversity, 34.9% of responding LPNs identified themselves as a racial/ethnic minority, while 68.1% of the respondents were White/Caucasian. Black/African American is the largest reporting minority group (25.7%), which is higher than the national LPN average (15%) (Forum-NCSBN 2015). Larger percentages of minorities were younger as compared to nearing retirement, suggesting the workforce will become more diverse as the younger-age cohorts advance. In terms of gender diversity, six percent are male, though thirty-nine percent are under 44 years of age. This is similar to national average, where data revealed that approximately seven percent of the LPN workforce was male. While there is a clear need to increase diversity in the nursing workforce, the LPN group demonstrates some promising trends in multiple categories.

The growth in demand for LPNs in long-term care settings relative to hospitals also has important implications for LPN education. LPNs who work in long-term care settings have less direct supervision than their counterparts in hospitals and need to exercise more independent judgment regarding patient care. LPN education programs need to ensure that students obtain sufficient clinical training in long-term care settings and have the critical thinking and communications skills necessary to practice effectively in these settings (Coffman et al, 2015).

The LPN survey data indicate a workforce that is aging with a small younger aged pipeline to replace retiring nurses. Discussion around workforce planning needs to occur given LPNs traditional roles in nursing

homes/extended care and home care and the anticipated growth of the elderly population. An informed discussion on LPN demand/capacity must also consider the nursing competencies stipulated in new models of team-based care (HCTF, 2014). As we plan for the nursing workforce needed to meet health care demands created by population shifts and health care transformation, it would be helpful to have a better understanding of the drivers for choosing an LPN certification and how we might optimize each individual's interest in a nursing career.

References

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Appendix A

Questions from the 2017 LPN voluntary license renewal survey

1. What is your gender?
2. Are you Hispanic or Latino?
3. Select one or more of the following races that apply to you: (Mark all that apply):
4. What year were you born? (Place a number in a box)
5. In what country were you initially licensed as a LPN?
6. For this question, if another country was your original place of nursing education and licensure, please answer this question, otherwise you may skip this question. If another country was your original place of nursing education and licensure, were you originally licensed in that other country as RN or LPN?
7. What is your highest level of education?
8. Are you currently enrolled in a nursing education program leading to a degree/ certificate?
9. What is the greatest barrier to continuing your education? (Select only one)
10. What year did you obtain your initial U.S. Licensure?
11. What is the status of the Illinois license you currently hold?
12. Please list all states in which you are currently licensed as an LPN:
13. Please list all states in which you are currently PRACTICING as an LPN:
14. Which of the following nursing skill-based certifications do you currently have? (Check all that apply)
15. What is your employment status? (Mark ALL that apply)
16. If you are unemployed, not currently working as a nurse, please indicate the reason(s): check all that apply:
17. In how many positions are you currently employed as a nurse:
18. How many hours per week do you work during a typical week in ALL your nursing positions?
19. Please indicate state and zip code of your primary employer:
20. Please identify the type of setting that most closely corresponds to your primary nursing position:
21. Please identify the position title that most closely corresponds to your primary nursing position:
22. Please identify the type of setting that most closely corresponds to your secondary nursing position:
23. Please identify the position title that most closely corresponds to your secondary nursing position:
24. Does your compensation from your primary nursing position include (check all that apply):
25. How much longer do you plan to practice as a nurse in Illinois?
26. If you plan to retire within the next 5 years, is there a primary factor that would persuade you to continue working as a nurse, extend your date of retirement? (Select only ONE):
27. What is your current annual salary for your primary nursing position. Include overtime, on-call earnings, and bonuses.