



# Registered Nurse Workforce Survey Report 2018

# Acknowledgements

The Illinois Nursing Workforce Center (INWC) would like to express our gratitude to the individuals and organizations that have made this report possible. We would especially like to thank:

- The Governor of Illinois, Bruce Rauner; the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR), Bryan A. Schneider; and the Director of Professional Regulations, Jessica Baer, for their support and interest in the study of nursing workforce.
- The Illinois Center for Nursing Advisory Board:
  - Kathleen Delaney, PhD, PMH-NP, Chairperson
  - Lynda M. Bartlett, MS, MBA, RN
  - Laura W. Bernaix, PhD, RN
  - Susan Edamala, MSN, RN
  - Corinne Haviley, PhD, MSN, RN
  - Carmen C. Hovanec, MSN, RN
  - Krista L. Jones, DNP, MSN, APHN, RN
  - Cynthia L. Maskey, PhD, RN
  - Marsha A. Prater, PhD, RN
  - Linda D. Taylor, PhD, MSN, RN, Vice-chairperson
  - Theresa E. Towle, DNP, FNP-BC, CNRN

Completed in 2018, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors, this survey was the third Illinois Registered Nurse (RN) workforce survey offered with individual on-line licensure renewal. The acquisition of data was accomplished through the collaboration of the following IDFPR sections: Licensing, the Division of Nursing, the Illinois Nursing Workforce Center and the State of Illinois Department of Innovation and Technology.

We owe a special thanks to: the INWC Data Workgroup: Kathleen R. Delaney, PhD, PMH-NP – Chairperson; Linda D. Taylor, PhD, MSN, RN; and Corinne Haviley, RN, MS, PhD, who provided many hours in the production of this report work. Also, Michele Bromberg, MSN, RN, IDFPR Nursing Coordinator; and Linda B. Roberts, MSN, RN, INWC 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.

# Table of Contents

1. Talking Points.....	Page 4
2. Executive Summary.....	Page 5
3. About the Data .....	Page 7
4. Demographics.....	Page 8
5. Human Capital .....	Page 12
6. Earnings.....	Page 18
7. Limitations.....	Page 20
8. Discussion and Implications.....	Page 20
9. References.....	Page 25
10. Appendix A .....	Page 27

## About the Data

The primary source of data for this report was from a voluntary survey offered to individual Registered Nurses (RNs) completing an on-line licensure renewal conducted from 3/07/18 to 5/31/18. Of the 182,951 Registered Nurses in Illinois, 31,047 completed the survey, representing 17% of those who hold and RN-only license. Advanced Practice Registered Nurses (APRNs), who are also licensed as Registered Nurses, were not included in the survey data.

### **The Illinois Nursing Workforce Center Registered Nurse (RN) Workforce Survey 2018**

The survey included 26 questions consistent with the national minimum dataset requirements of the National Forum of State Nursing Workforce Centers. A comprehensive record of questions is provided in Appendix A. Information obtained from the survey can be categorized into three areas: 1) demographic information such as age, diversity (race, ethnicity, gender), and retirement horizon; 2) human capital elements of education and area of employment specialty; 3) job characteristics of work setting, earnings, workplace violence, earnings and other details.

## Talking Points

### Illinois Nursing Workforce Center Registered Professional Nurse Survey 2018 31,047 RNs

17% of 182,951 RNs licensed in Illinois\*

#### Aging of the RN Workforce

52% of the RN workforce is in the upper age ranges

34% are between the ages of 55-64 years

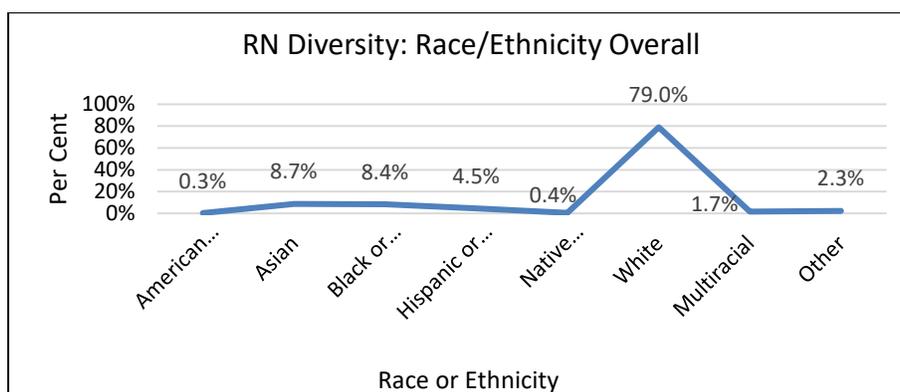
27% plan to retire in one to five years

#### Diversity

31% of Hispanic/Latino nurses are less than 34 years of age

10% of nurses are male

14-16% of Asian, Native Hawaiian or Other Pacific Islander nurses are male



27% of nurses identify as Multiracial and are less than 34 years of age

#### RN Workplace Settings

52% Hospital/acute care setting – especially nurses in the younger age cohorts

9% Practice in ambulatory care settings

#### RN Position Title

66% Provide direct patient care as staff nurses

16% Identify as nurse manager, administrator or patient care coordinator

3% Nursing faculty

#### Summary

Aging RN workforce, one third are planning to retire within 5 years

Increase diversity of RN workforce among younger age groups

Majority of RNs work in a hospital or acute care setting

There are a limited number of RNs working as nursing faculty

\*APRNs who are also licensed as RNs were not included in the survey data

# Executive Summary

## Illinois Nursing Workforce Center Registered Nurse Workforce Survey 2018

The purpose of this report is to detail the results from the 2018 Illinois Registered Nurse (RN) workforce survey. The survey was structured to capture data on the demographics, education, state distribution, and practice foci of RNs in Illinois. The survey was conducted during the 2018 Illinois RN licensure renewal period, from 3/07/18 to 5/31/18. In Illinois, over 90% of individual RNs completed licensure renewal via an on-line platform. When individuals concluded the renewal process, there was a link to the survey along with an explanation of its purpose. The voluntary survey was completed by 31,047 RNs, representing 17% of the total RN population in Illinois. In general, the 2018 survey results are similar to those collected during the 2016 RN on-line license renewal, trends and differences will be highlighted.

**General overview:** Data on the characteristics, supply and distribution of RNs in the State of Illinois is essential to maintaining access to health care and planning for the provision of essential primary care and other health services. This report contains data on the demographics of the current RN workforce, the relative numbers of RNs in each age group, their cultural diversity, educational preparation, and specialty practice area. Based on these findings, issues and concerns around the capacity, distribution and diversity of the nursing workforce are identified.

**Aging workforce:** The report presents important information about the aging of the RN workforce. In 2018, 52% of respondents are 55 years or older, which although only a 2% increase since 2016 is approximately 10% increase in this cohort of Illinois RNs since 2014. The relatively rapid increase in RNs in older age categories has significant implications for workforce planning. Similar to 2016, approximately 27% of the respondents indicated intent to retire within the next five years. This combination of aging workforce and retirement plans indicate the potential of an impending nursing shortage within the next five years.

**Education post-licensure:** Responses to questions regarding registered nurses' intent to seek higher degrees revealed a low percent of respondents intend to pursue additional education. Respondents who are not pursuing a degree post-licensure indicated that the greatest barrier was cost, specifically cost of tuition, followed by family obligations. Ten per cent of respondents indicated they were currently enrolled in a nursing education program, which in the entire RN population is approximately 18,000 RNs. Of those in a nursing education program, 4.5% are working towards a baccalaureate degree, 4.5% towards a master's degree, and 1.4% are in a doctoral program.

**Diversity:** Consistent with the increase in cultural and racial diversity in Illinois, data indicated a slight increase in the cultural diversity of the RN workforce in select groups of the younger cohorts. For, those identifying as Hispanic/Latino, 32% are younger than age 36 years, while only 6% are over age 55 years. In the multiracial category, 27% are 35 years of age or younger, while 11% are over the age of 65 years. The increase in younger age cohorts did not hold true for all age groups, 9% of Black/African American respondents reported being younger than 35 years, compared to the 17% in those over 65 years. White females with initial licensure in the U.S. constitute a substantial majority, approximately 80% of respondents.

**Specialty foci:** The respondents reported employment in these top five nursing specialties: acute care specialties, family focus, medical, surgical and community-health promotion. The data also demonstrated the distribution of nurses in specialties by age cohorts, revealing significantly fewer younger nurses in specialties such as psychiatric mental-health, school, home health, gerontology, and community health nursing. These trends stand in contrast to the Illinois report, *The Workforce Implications of New Health Care Models (2014)*, which forecasts a significant increase in ambulatory services, as well as a concomitant need for RNs to practice in community based models of care.

**Summary:** Collectively, the 2018 Illinois Registered Nurse (RN) workforce survey is a useful resource as health care planners project the human health care capital that will be needed in Illinois. The information will allow the Illinois Nursing Workforce Center (INWC) to address

questions around the current RN supply, and if it will be adequate to meet the health care needs of Illinois citizens? Health care workforce planners should use these data to help determine what types of RN (e.g. specialty) will be in greatest demand, in what locales, as well as the types of specialties and skills that will be required in future models of care.

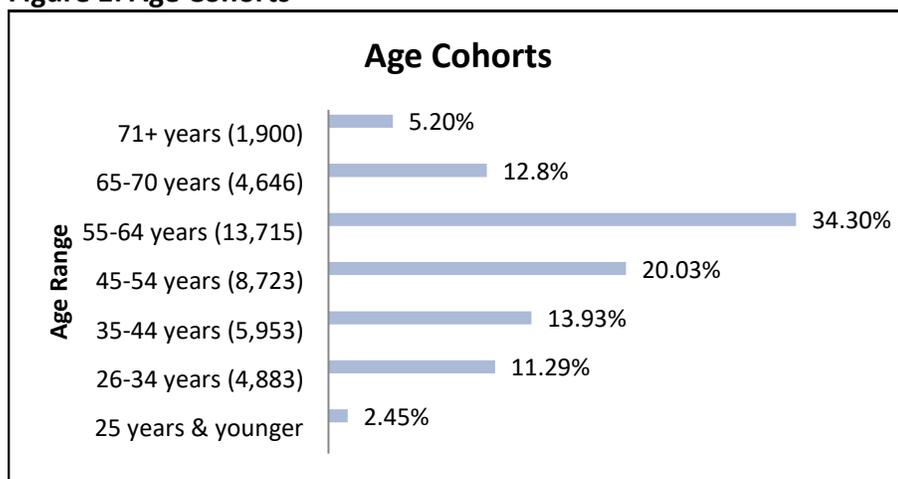
# Demographics

## General Overview

Data on the characteristics and supply of RNs 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 RN workforce, the relative numbers of RNs in each age group, their cultural diversity, educational preparation, employment specialty, earnings and job characteristics of work setting.

Figure 1 presents the distribution of Registered Nurse (RN) 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, the horizontal bar for each category represents the per cent of respondents in this age category. The substantial share of Illinois RNs 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 (601).

**Figure 1: Age Cohorts**

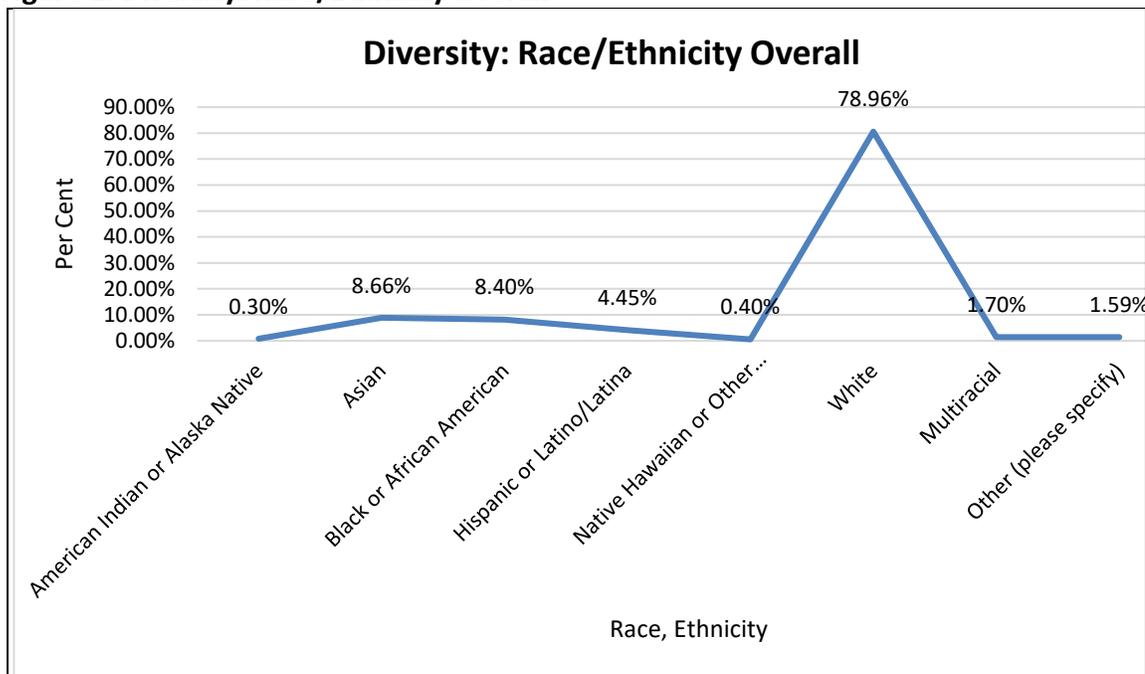


*Number skipped: 601*

The age cohorts of Illinois RNs in 2018 are similar to those reported in 2016. For example, in 2016 50% of respondents were 55 years of age and over; in 2018 52% were over the age of 55 years, an approximate 2% increase in this cohort in a two-year period. In 2014, 42% of respondents were 55 years of age and older, a 10% increase over a short four-year time period. The steady increase in RNs

in the older age categories has significant implications for workforce planning. The substantial share of Illinois RNs in advanced age categories represents a significant context for many other observations in this report.

**Figure 2: Diversity: Race/Ethnicity Overall**



*Number skipped ethnicity question: 205; number skipped race question: 352*

Overall diversity of the nursing workforce in Illinois was determined by two questions asked in sequence: “Are you Hispanic or Latino;” followed by the question “Select one of the following races that apply to you”. Responses are illustrated in Figure 2 (above). There were 30,597 responses, 312 individuals did not respond to the question. These 2018 results are similar to those of the 2014 and 2016 Illinois RN surveys. One difference between 2016 and 2018: in 2016 the instructions for the question collecting responses about race were: check all that apply, including “multiracial” and “other”; the 2018 instructions were to select only one answer. There was almost a 5% variance in responses between 2014 and 2016. Between 2016 and 2018 there was a <0.5% variance in responses, except that the category of White/Caucasian was 78.96% in 2018, which is 1.62% lower than it was in 2016.

Diversity of the Illinois RN workforce and age is explored in Figure 3 (below). The U. S. Census Bureau describes the Hispanic ethnonym as a culture regardless of race, so these data may represent duplicate counts.

**Figure 3: Diversity: Race/Ethnicity, by Age**

Race/Ethnicity, by Age								
Age	<25 years	26-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total
American Indian or Alaska Native	0	10	15	20	27	11	4	87
Percent	0%	11.49%	17.24%	22.99%	31.03%	12.65%	4.60%	2.98%
Asian	69	424	445	781	560	226	77	2,582
Percent	2.67%	16.42%	17.23%	30.25%	21.69%	8.75%	2.98%	8.69%
Black/African American	22	199	449	604	786	291	144	2,495
Percent	0.88%	7.98%	18.00%	24.21%	31.50%	11.66%	5.77%	8.40%
Native Hawaiian or Other Pacific Islander	2	15	23	43	28	3	5	119
Percent	1.68%	12.61%	19.33%	36.13%	23.53%	2.52%	4.20%	0.40%
White/Caucasian	599	2,531	3,037	4,423	8,745	3,259	1,310	23,904
Percent	2.51%	10.59%	12.70%	18.50%	36.58%	13.63%	5.48%	80.48%
Hispanic/Latino	63	352	336	257	264	57	17	1,346
Percent	4.68%	26.15%	24.96%	19.09%	19.61%	4.23%	1.26%	4.44%
Multiracial	19	119	126	95	101	37	17	514
Percent	3.70%	23.15%	24.51%	18.48%	19.65%	7.20%	3.31%	1.73%
The U.S. Census Bureau describes the Hispanic ethnonym as a culture regardless of race, so these data may represent duplicate counts.								

*Number skipped ethnicity question: 205; number skipped race question: 352*

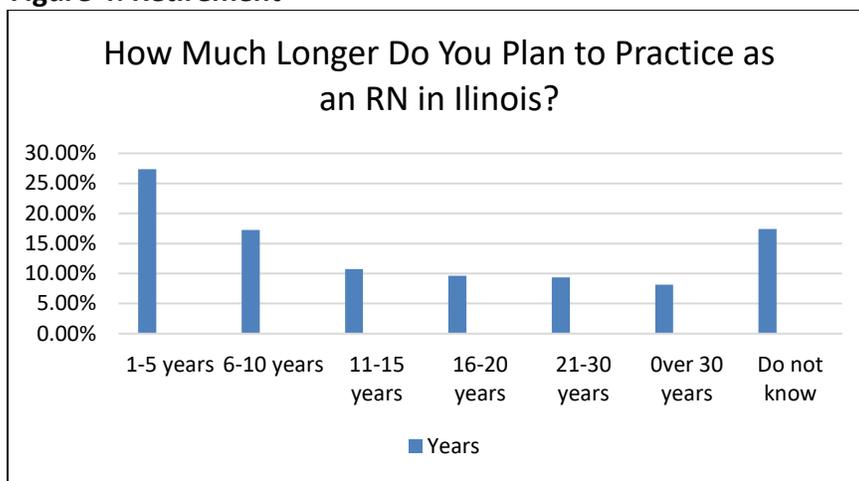
Diversity of the workforce differs depending on the age of the nurse. White females with initial licensure in the U. S. constitute a substantial majority, approximately 80%; however, there are indications of changing demographics observable across age categories. For instance, 30.83% Hispanic respondents are 34 years or younger, with 5% over 65 years of age. Of the multiracial

respondents, 26.85% are 34 years or younger, with 10.51% over the age of 65 years. For Asians, 19.09% are 34 years or younger and 11.73% over the age of 65 years. Nine percent of Black/African Americans are 34 years of younger, with 17.43% 65 years or older. This is approximately the same as national RN average in this age group (20%) (1).

Gender distributions do differ by race: for Asian, Native Hawaiian or “Other” Pacific Islander, approximately 84% are female, 14-16% male; for Multiracial or other, 90% are female and 10% are male. The gender distribution among the Illinois nursing workforce continues to be dominated by women. In 2014, 2016 and 2018 the responses were 94% female. This is slightly higher than the 91% national average (2).

Consistent with the 2014 and 2016 Illinois RN surveys, the overwhelming majority of respondents received initial licensure in the United States. In 2018, 94.47% received initial RN licensure in the United States, 0.15% Canada, 4.7% Philippines, 0.68% India, and 681 did not respond to the question. In summary, the number of Illinois RNs who received their initial license in a foreign country has remained essentially unchanged since the 2007 Illinois Center for Nursing Survey (3).

**Figure 4: Retirement**



Number skipped: 1,490

The retirement plans of respondents were assessed by a pair of questions in the survey. Responding to the question, *How much longer do you plan to practice as an RN in Illinois*, there was a small number (1,490) of non-responses and 17% (5,154) indicating uncertainty with regards to retirement plans. The largest group of respondents (27.4%) is composed of RNs within five

years of exiting nursing practice. Approximately 44% of those responding to this question report anticipated retirement over the next decade. The percent anticipating retirement in the next 10 years remains unchanged between 2016 and 2018. However, a comparison between the 2014 and 2018 survey data shows an increase of 8.4% in the percentage of respondents who plan to retire in 10 years, from 36.3% in 2014 to, 44.6% in 2018. What is unknown is the number of the respondents who have already retired but continue their license.

The second question, *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, to extend your date of retirement (Select only one)*, was skipped by 2,630 respondents, and 51% checked that they do not plan to retire. The two categories receiving the most responses were: shortened/flexible work hours and economic conditions.

## Human Capital

The concept of human capital encourages us to think of the workforce 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 well-being. In this section we look at education and area of practice specialty in the RN survey responses.

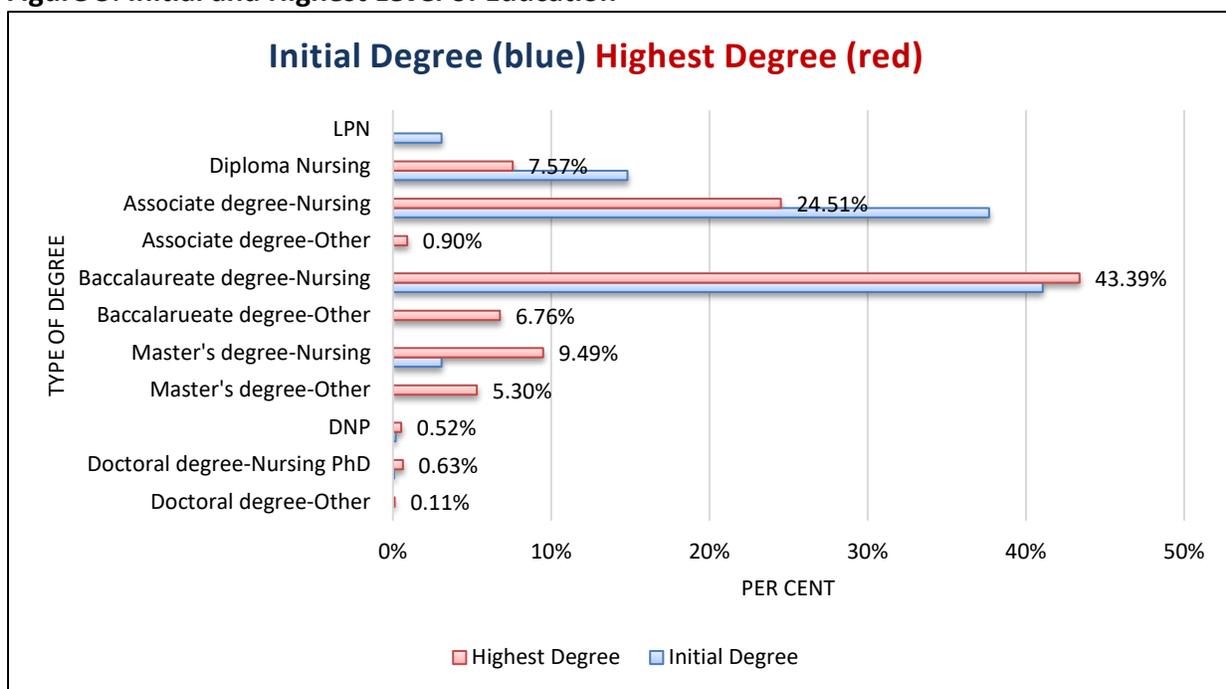
### Education

Traditional pre-licensure nursing education programs for Registered Nurses (RNs) in Illinois are the hospital diploma program, an associate degree (ADN) obtained at a community college or a private college, or a bachelor's degree (BSN) obtained at a university or college. Bachelor of Science in Nursing (BSN) Accelerated programs admit students that already have obtained a bachelor's degree in another discipline to obtain a BSN degree in an accelerated format and amount of time. Master of Nursing (MSN) Entry programs allow students that already have a bachelor's degree in another discipline to obtain an MSN degree, instead of a

BSN degree, while preparing them to take the NCLEX® licensure exam. These are the three traditional pre-licensure RN programs, and the two non-traditional programs.

Illinois graduates approximately 7,000 newly licensed RNs annually (4). There are associate degree RN (ADN) programs in 44 community colleges; traditional RN baccalaureate (BSN) degree programs in 31 colleges or universities; the 11 accelerated BSN programs are located in the colleges and universities that also have the traditional BSN programs. Of the five MSN entry programs, three have both an MSN entry program as well as a traditional BSN program. There is one hospital RN diploma program. The question, *What type of nursing degree/credential qualified you for your first U.S. nursing license*, refers to one of these five types of initial RN educational programs. The chart below, Figure 5, combines two questions regarding nursing education: *What is your initial level of education and what is your highest level of education*.

**Figure 5: Initial and Highest Level of Education**



*Number skipped initial degree question: 6; number skipped highest degree question: 844*

The percentage of nurses initially becoming licensed as an RN and entering the field via the Associate Degree in Nursing (ADN) route (37.7%), was close to those entering at the Bachelor of Science in Nursing (BSN) level 41.06%. The next highest category of those entering the field

was comprised of nurses who initiated their career via a diploma school (14.82%). The remaining 6% were distributed across a broad spectrum of educational categories.

The table above (Figure 5) shows both the educational degree at the time of initial license (blue lines) and the current or highest degree (red line). The type of degree that Illinois RNs acquired prior to initial licensure has remained essentially unchanged from 2014 through 2018. For example, in both 2014 and 2018, 38% of respondents indicated the initial degree prior to RN licensure was an associate degree (ADN). In 2014, 39% respondents indicated the initial degree was a BSN, and in 2018 41% indicated the initial degree was a BSN.

When respondents were asked to indicate the highest degree attained (red lines), 24.5% of respondents indicated an associate degree (ADN); and 7.6%, indicated a hospital diploma, suggesting many nurses continue their education during the course of their careers. Since 2014, the number of RNs whose *highest* level of education is a bachelor's degree (BSN) or higher has continued to increase, from 63% to 67%. There is an approximate 10% decrease in the number of nurses whose highest degree is an ADN; this is similar to past survey (2014, 2016) responses. While a significant percent of nurses return to school to obtain a master's degree, either in nursing (9.49%) or another field (5.3%) the number of nurses with an earned research doctorate (PhD) remains small (0.63%).

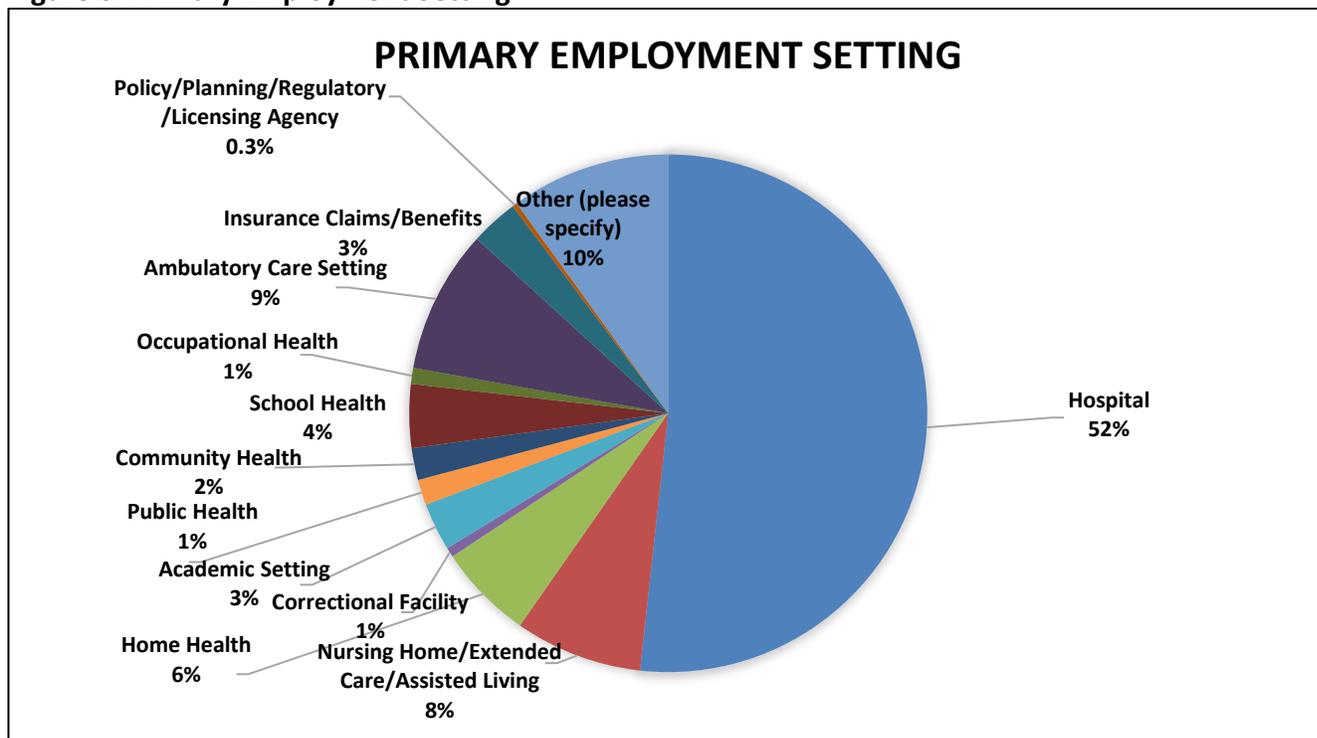
Respondents were asked: *Are you currently enrolled in a nursing education program leading to a degree/certificate?* and, 90% responded "no". When asked the barriers to continuing your education: the greatest barrier was cost, specifically cost of tuition (37%), followed by family obligations (15%). These results regarding barriers are similar to the results in 2016 and 2014, when approximately 10% of Illinois RNs indicated they were returning to school, continuing education leading to a degree or certification.

### **Employment, Job Characteristics**

The overwhelming majority of respondents, 92%, work full-time at one job and are actively employed in nursing. Of those respondents who work part-time or per diem, the majority are also actively employed in nursing. A small number of respondents, approximately 10-14%, work multiple jobs. Approximately half or 54% of respondents work a total of 40 hours

per week on all jobs. For those who work part-time, 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: Primary Employment Setting**



Number skipped: 5,987

Figure 6 (above) reflects the respondents' response when asked to identify the type of setting that most closely corresponds to their primary nursing position. The main employment setting for RNs is in a hospital/acute care setting (52%), which is a decrease from 54% in 2016. The remainder are employed in a myriad of settings; the most common are nursing home (8%), ambulatory (9%) and include community (2%), school (4%), extended care (8%), and home health (6%). This is only a slight decrease in nursing working in hospitals since 2014/2016, but a significant decrease since 2000 when 64.4% RNs were employed in a hospital acute care setting. This shift in care setting reflects an increased focus on RN positions in non-acute care or ambulatory and community settings.

**Position Title:** In the employment settings approximately two thirds (65%) of the respondents provide direct patient care as staff nurses. The next most common position title is

nurse manager or administrator (11%), followed by patient care coordinator (5%), and nursing faculty (3%). These responses are similar to both the 2014 and 2016 RN survey reports.

**Employment specialty:** displays the breadth of clinical specialty knowledge areas required for the RN's primary position. For this question, more than one clinical specialty area could be selected by respondents. The most frequently reported specialty areas were: medical (12.52%), surgical (8.74%), acute care/critical care/intensive care (21.79%), family (15.79%), and community, health promotion (10.64%). Below is a list of specialty areas, and percent of nurses working in each area.

- **Acute Specialties:** Acute Care (8.57%), Critical Care (6.2%), Emergency (4.86%), Trauma (0.28%), Neonatal (1.88%)
- **Community, Health Promotion:** Community (1.39%), Home Health (4.22%), Public Health (1.38%), School Health (3.65%)
- **Family** – includes Pediatrics through Gerontology/Geriatrics: Family Health (1.20%), Primary Care (1.46%), Geriatric/Gerontology (5.93%), Adult Health (2.53%), Pediatrics (3.52%), Women's Health (1.15%)
- **Maternal-Child Health (4.49%)**
- **Medical, includes Specialties:** Medical (4.77%), Nephrology (1.31%), Oncology (2.90%), Rehabilitation (2.55%), Occupational Health (0.99%)
- **Other:** respondents listed individual specialty titles (18.2%)
- **Palliative Care (0.72%)**
- **Psychiatric/Mental Health/Substance Abuse (3.62%)**
- **Surgical, Perioperative: Anesthesia (0.17%), Perioperative (3.15%), Surgical (5.42%)**
- **Tele-health (2.55%)**

For those that chose "Other" as a specialty area, the most common comments were: case management, care coordination or managed care, hospice, insurance, outpatient, not working/retired and working two types of jobs. As in past surveys (2014 and 2016) the percent of respondents choosing "other" as a category has remained at approximately 18%.

Employment specialty by age cohorts is illustrated in Figure 7 (below). There are subtle but notable differences with acute/ critical care, emergency, medical and telehealth commanding greater shares within young cohorts. Specialty areas with larger shares in older cohorts include psychiatric/mental health/substance abuse, school nursing, geriatric/gerontology and community health This is particularly concerning given the high need for mental health and the anticipated rise in the geriatric population.

**Figure 7: Employment Specialty by Age**

<b>Age by Employment Specialty</b>	<b>Age Range in Years</b>								
<b>Employment Specialty</b>	<25	26-34	35-44	45-54	55-64	65-70	71+		<b>Total</b>
<b>Acute Specialties</b>									
Acute Care	3%	15%	16%	22%	34%	8%	2%		11%
Critical Care	6%	23%	20%	21%	25%	5%	1%		8%
Emergency	4%	20%	22%	20%	27%	5%	1%		6%
Trauma	4%	14%	19%	30%	29%	3%	1%		0.35%
Neonatal	6%	16%	16%	23%	32%	6%	1%		2%
<b>Community, Health Promotion</b>									
Community	1%	6%	10%	19%	38%	16%	11%		2%
Home Health	0%	6%	13%	22%	40%	14%	5%		5%
Public Health	1%	6%	9%	22%	46%	12%	4%		2%
School Health	0%	4%	14%	21%	44%	13%	4%		5%
<b>Family</b>									
Family Health	1%	10%	11%	26%	39%	9%	4%		2%
Primary Care	2%	10%	17%	25%	36%	9%	2%		2%
Geriatric/Gerontology	1%	10%	15%	24%	34%	11%	5%		7%
Adult Health	3%	9%	13%	18%	37%	14%	7%		3%
Pediatric	6%	19%	17%	18%	30%	8%	2%		4%
Women’s Health	2%	14%	20%	23%	30%	6%	5%		1%
<b>Maternal-Child Health</b>	4%	14%	19%	22%	31%	9%	2%		5%
<b>Medical, includes Specialties</b>									
Medical	8%	22%	15%	20%	28%	7%	1%		6%
Nephrology	1%	9%	21%	30%	29%	9%	1%		2%
Oncology	4%	15%	16%	26%	32%	6%	1%		4%
Rehabilitation	4%	14%	14%	26%	34%	6%	2%		3%
Occupational Health	0%	3%	4%	20%	49%	13%	7%		1%
<b>Palliative Care</b>	0%	3%	17%	28%	39%	8%	5%		1%
<b>Psychiatric/Mental Health/ Substance Abuse</b>	1%	11%	14%	23%	32%	14%	5%		4%
<b>Surgical, Perioperative</b>									
Anesthesia	0%	30%	16%	26%	21%	5%	2%		0.21%
Perioperative	1%	7%	15%	22%	45%	9%	1%		4%
Surgical	3%	15%	17%	20%	35%	9%	2%		7%
<b>Tele-health</b>	4%	14%	16%	23%	33%	9%	1%		3%
<b>Employment Specialty</b>	<25	26-34	35-44	45-54	55-64	65-70	71+		<b>Total</b>
<b>Age by Employment Specialty</b>	<b>Age Range in Years</b>								

Number skipped: 5,991

## Emerging Trends: Workplace Violence

The Illinois General Assembly (IGA) recently passed the Health Care Violence Prevention Act (Public Act #100-1051) to combat the violence that occurs against health care workers in nearly all care settings. To better understand workplace violence, three questions were added. The questions were prefaced by the Emergency Nurses Association (ENA) definition of violence: an act of aggression directed toward persons at work or on duty that ranges from offensive or threatening to homicide. Workplace violence is commonly understood as any physical assault, emotional or verbal abuse, or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm. Both the questions and the definition were used with permission from the Emergency Nurses Association (5).

Below are the three questions with summary of responses; approximately 5,000 respondents skipped each question.

1. How often have you experienced patient/visitor/family physical or verbal abuse while at work? the range of options began with “on each shift” (4.27%) through “never” (22.87%). Weekly (12.75%), monthly (13.23%), quarterly (8.36%), semi-annually (6.34%), annually (4.81%), less than annually (18.77%), I am not currently working (4.71%).
2. Where have you attended workplace violence training: current facility (56.81%), other location (11.34%), both current facility and other location (9.98%), have never attended training (21.87%).
3. Does your facility have a policy in place for reporting workplace violence incidents: yes (84.24%), no (3%), don’t know (12.75%).

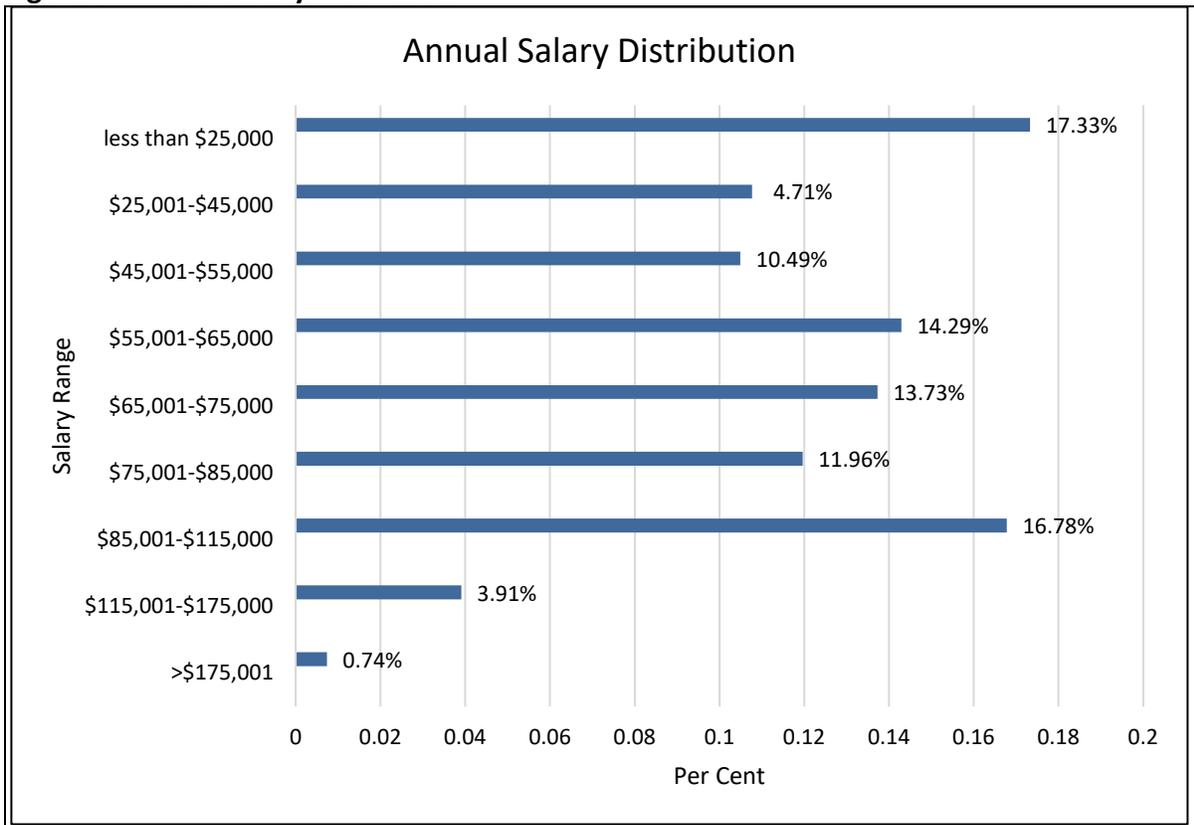
In summary, 39% of RNs reported experiencing physical or verbal abuse (based on the ENA definition) at least quarterly; 21% have never attended workplace violence training and the vast majority, 84% know that the facility where they work has a policy for reporting workplace violence.

## Earnings

The survey included a question about annual salary: *what is your current annual salary for your primary nursing position?* Twenty intervals were provided as a range for annual earnings

from primary nursing position; about 7% (1,955) of RNs did not respond. The median response range was \$60,000 to \$75,000, with reported values throughout the full range of possibilities. The United States Department of Labor, Bureau of Labor Statistics national average (May 2017) shows an annual mean income for RNs working in Illinois to be \$72,090 (#29-1141) ([https://www.bls.gov/oes/current/oes\\_il.htm#29-0000](https://www.bls.gov/oes/current/oes_il.htm#29-0000)). The Illinois RN income is approximately the same as national wage estimate; in both the 2014 and 2016 survey, respondents' wages were similar to national wage estimates.

**Figure 8: Annual Salary Distribution**



Number skipped: 1, 965

## Limitations

There are several limitations to this survey report. First, there was a 17% response rate to the voluntary survey offered to individual registered nurse (RNs) during the on-line license renewal. This limits conclusions that can be drawn from the survey. The data were compared with the Illinois Department of Financial and Professional Regulation (IDFPR) database for all licensed RNs, and the voluntary responses are reflective of the Illinois RNs with respect to age. Therefore, the confidence is that the results are consistent with Illinois licensed RNs. The IDFPR license database collects limited information during the license renewal process, so it is difficult to compare other categories of survey data to the larger Illinois population of RNs.

## Discussion and Implications

One of the recommendations of the 2010 Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*, is to increase the proportion of nurses holding a Bachelor of Science degree in nursing (BSN) degree or higher to 80 per cent by 2020. Susan Hassmiller, PhD, RN, FAAN, Robert Wood Johnson Foundation (RWJF) Senior Adviser for Nursing, has said that

... The business case for at least 80 percent of all nurses having a Bachelor of Science in nursing (BSN) is solid. It is even stronger once other factors are considered: the crushing nurse faculty shortage; the need for many more primary care nurse practitioners; and the growth in community-based care, driven by consumer preferences and the Affordable Care Act. To fill these needs, nurses must have advanced degrees, so first attaining a BSN is imperative to move up the education ladder (7).

A 2014 interdisciplinary study found that increasing the proportion of BSN-prepared nurses in a hospital to 80 percent or more, and having those nurses interact most with patients, improves outcomes on several measures and reduces costs. The research team found that patients who received 80 percent or more of their care from BSN-prepared nurses had 18.7% lower odds of readmission, and 1.9% percent shorter lengths of stay. Researchers also found that a 10 percent increase in the proportion of BSN-educated care was associated with a 10 percent reduction in the odds of mortality. The savings realized by having more BSN-educated

nurses outweighed the cost of paying these nurses a higher salary. The team estimated that increasing the proportion of BSN-prepared nurses caring for each patient to 80% or more would reduce annual readmissions by roughly 248 days, reducing costs by \$5, 653,022.97 annually. The cost associated with salaries for a larger group of BSN-prepared nurses was estimated to be \$1,843,266.46 for the nurses included in the study (8).

The focus on education is important as the Bachelor of Science in nursing degree is the catalyst to career growth. For example, a graduate degree in nursing is required by the Illinois Board of Nursing (BON) for all Illinois RN pre-licensure education faculty. As schools move to requiring the Doctorate of Nursing practice (DNP) degree as a minimum credential for advanced practice nursing education, rather than the masters' degree in nursing, the increased cost of these degrees should be considered.

The data collected in this survey is similar to past surveys conducted during the re-licensure process (2014, 2016); Illinois continues to have a robust RN workforce with practice in every setting where health care is delivered. However, the data raise several concerns around sustaining this workforce. The registered nurse (RN) workforce is an aging group, with 52% respondents over the age of 55 years, which is approximately a 10% increase in this age cohort of Illinois RNs since 2014. In addition, one fourth of respondents indicated an intent to retire within the next five years. Note that since a significant number did not answer this question, there is no way of knowing how many of these non-responders are already retired. Overall, the number of graduates from pre-licensure RN programs has held steady in the last 3-4 years, though the number of associate degree RN graduates has decreased from 41 to 36% (9) (There is also an increased demand for healthcare because of an aging population; since January 1, 2011 Pew Research has indicated that a total of 10,000 men and women, the baby boomers, have been retiring daily and will continue to retire daily for 19 years (10). Given anticipated retirements, this raises the concern that the rate of nurses retiring will outpace the number of new nurses entering the workforce.

Another related concern involves the RN pipeline and adequate faculty to teach in Illinois nursing programs. In Illinois, RN pre-licensure nursing education requires that faculty teaching

RN students have at least a master's degree with a major in nursing. A doctoral degree is often required to teach graduate nursing education, both Advanced Practice Registered Nurses (APRNs) and nursing education programs. Eighty-eight percent of RN respondents indicated that they do not plan on continuing their education which could result in a shortage of masters and doctorally prepared faculty. Having enough nursing faculty to maintain the nursing education pipeline is essential to the supply of nurses required to maintain and improve the health status of Illinois citizens.

The actual supply and demand for nurses in Illinois demands additional consideration. Nationally there has been considerable debate around nursing supply and demand. In discussing the nursing pipeline, Salsberg, a workforce expert, commented that after 14 years of steady growth, the number of newly educated RNs in America appears to be leveling off (11). Yet the recent RN workforce report of the U.S. Health Resources and Services Administration (HRSA) estimates a surplus of RNs by 2020 in particular states (12). The HRSA model is described as a micro-simulation model that uses data on individuals to develop forecasts. This model assumes that supply and demand for RNs was balanced in 2012, graduations will remain stable at the 2012 rate and employment patterns will not change notably. This model does not acknowledge that enrollment in nursing pre-licensure education programs is susceptible to the fragile supply of nurse educators. HRSA also acknowledges that state data based on licensure data holds more accurate predictions. For Illinois, there was a shortage of RNs based on the 2011 demand study (13) and the 2014 and 2016 RN reports indicate significant retirements. Thus, in Illinois there is reason to be concerned about the future supply of RNs.

An informed discussion on RN demand/capacity must also consider the nursing competencies that will be demanded in new models of care, such as team-based care as well as community based and health care at home (14). Another dynamic impacting RN roles is the shift in health care from acute to non-acute care with the increased emphasis on health promotion and disease prevention (15). According to the Bureau of Labor Statistics (BLS), approximately 1.3 million jobs within the homecare field will be added through 2020. In fact, the BLS reports that

those working in home health positions will see a 69% growth through 2020, compared to the 14% growth rate that all jobs on average are expected to have (16).

The Illinois survey results indicate some shifting away from employment in acute care settings (64% in 2000 to 53.4% in 2016) and a movement to family health (Pediatrics-through-Geriatrics/Gerontology) (16.4% of respondents) and, Community/Health Promotion (10.16%). However, the data indicating that nurses in the younger age cohorts continue to choose acute care nursing roles, which raises concerns around the nursing workforce that will be needed to meet health care demands created by service delivery changes, population shifts and health care transformation. It would be helpful to have a better understanding of the drivers for choosing an RN degree, and how the profession might optimize each individual's interest in a nursing career. As we engage in workforce planning what must be considered is the movement of RNs to community roles and the training that it will demand. As the need for more RNs and health care providers in non-acute care settings grows, educators must consider how to assist in retraining the acute care RN workforce.

One in four Americans experience a behavioral health illness each year, and the majority of those individuals also suffer from a comorbid physical health condition (17). Given the increased demand for behavioral health services it is concerning that a limited number of Illinois nurses are choosing psychiatric- mental health nursing. Moreover, between 30 to 80% of all primary care visits are driven, in part, by behavioral health issues, necessitating that primary care physicians (PCPs) provide mental health care and substance use disorder services (18). RNs are well suited for integrated care given the wide breadth of skills and emphasis on holistic health (19). Workforce planning for behavioral health will demand consideration of how to optimize the RN role in these new models of care (20).

There are additional concerns raised in this report, including around the diversity of the RN workforce. In several of the younger cohorts the diversity remains similar, 2016 and 2018. For example, among African American nurses in 2016 10% were under the age of 34 years, in 2018 the per cent was 9%. For Hispanic/Latino nurses, the percent in 2016 was 32% in 2018 31%. Perhaps reflecting population trends, there is an increase of Hispanic nurses in Illinois. Vigilance to this issue is necessary, particularly how the profession might increase diversity by optimizing

entrée to nursing through community college routes and plan for smooth academic progression (21).

Given these issues and concerns there are policy implications in five areas: these five areas are unchanged from the 2016 RN workforce report:

1. To assure an adequate RN pipeline, there is a need for more nursing faculty in both pre-licensure nursing education and post-licensure education, especially graduate nursing education. Incentives for nurses to enter educational programs for nursing faculty are needed, particularly PhD programs. Student loan forgiveness for nursing faculty is another consideration.

2. With the changing focus of where individuals receive health care and health promotion, there is a need for improved competencies in community health, both in the education setting, and in the expanding work areas.

3. Behavioral health demands are great particularly given the move to integrated care and providing behavioral health care in a variety of settings. Programs are needed to incentivize RNs to seek careers in psychiatric mental health (PMH) as well as retraining for the existing acute care PMH RN workforce.

4. Increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care.

5. Given the conflicting views on the need for RNs in Illinois in the next decade, and the data indicating the retirements of a large segment of the workforce, there is a need to study demand in Illinois and build supply demand models considering all areas of the state and all RN specialties.

This report is a starting point for focusing on RN workforce in Illinois, and the gaps in the care providers that *exist* and need to be filled to meet the needs of Illinois citizens. Moving forward, policy decisions regarding nursing education and employment patterns should be based on the data obtained through the biennial RN workforce surveys. Comparisons from subsequent surveys should be analyzed for shifting trends and to evaluate progress toward meeting workforce requirements for addressing the current and future healthcare needs of Illinois.

## References

1. National Council State Boards of Nursing and the National Forum of State Nursing Workforce Centers (2015) *National Nursing Workforce Study*. Retrieved from <https://www.ncsbn.org/workforce.htm>
2. National Council State Boards of Nursing and the National Forum of State Nursing Workforce Centers (2015) *National Nursing Workforce Study*. Retrieved from <https://www.ncsbn.org/workforce.htm>
3. Illinois Nursing Workforce Center, *The 2007 Illinois Nursing Workforce Survey Report, October 2007*, retrieved from <http://nursing.illinois.gov/ResearchData.asp>
4. Illinois Nursing Workforce Center, Pre-licensure Nursing Education Programs, Admission/Graduation Data <http://nursing.illinois.gov/PreLeducation.asp>
5. J. Gacki-Smith, et al., *Violence Against Nurses Working in U.S. Emergency Departments, J. Nursing Admin.* (Jul./Aug. 2009, 340-39).
6. National Council State Boards of Nursing Annual Report (2015). *NCSBN 2015 Annual Report*. Retrieved from: <https://www.ncsbn.org/9155/.htm>
7. Hassmiller, S. *The Top Five Issues for Nursing in 2015*, (December 2, 2014) Retrieved from <https://campaignforaction.org/top-five-issues-nursing-2015/>
8. O. Yakusheva, R. Lindrooth and M. Weiss, *Medical Care*, October 2914, Vol 52, Issue 10, pp 864-869.
9. Illinois Department of Financial and Professional Regulation (2016) *IDFPR Board of Nursing Report on Pre-Licensure Nursing Education Programs, Students and Faculty 2011-2015*. Retrieved from [http://nursing.illinois.gov/PDF/2017-02-22\\_BONSurveyFinalReport](http://nursing.illinois.gov/PDF/2017-02-22_BONSurveyFinalReport)
10. Pew Research Center, *Baby Boomers Retire*, (2010) Retrieved from: <http://www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire/>
11. Salsberg, E. (2016) *Examining the Nurse Pipeline: Where We Are and Where We're Headed*, Health Affairs Blog, <http://healthaffairs.org/blog/>
12. U. S. Department of Health and Human Services, Health Resources and Services Administration (201) *Supply and Demand Projections of the Nursing Workforce:2014-2030*.

Retrieved from [https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA\\_HRSA\\_Nursing\\_Report.pdf](https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf)

13. Illinois Center for Nursing, *2011 Nursing Workforce Supply-Demand Analysis for Illinois Nurses*. Retrieved from: [http://nursing.illinois.gov/PDF/2011%20RN%20Statewide%20Sup-Dem%20Analysis%20FINAL%20\(2\).pdf](http://nursing.illinois.gov/PDF/2011%20RN%20Statewide%20Sup-Dem%20Analysis%20FINAL%20(2).pdf)
14. Healthcare Task Force Report to the Illinois Workforce Investment Board (2014). *The Workforce Implications of New Healthcare Models*. Retrieved from: <https://www.illinoisworknet.com/DownloadPrint/HCTF%20Final%20Report.pdf>
15. Ashley, C., Halcomb, E., & Brown, A. (2016). *Transitioning from Acute to Primary Health Care Nursing: An Integrative Review of the Literature*. *Journal of Clinical Nursing*, 25(15-16), 2114-2125.
16. U. S. Department of Labor, Bureau of Labor Statistics, *Occupational Outlook Handbook*, Retrieved from: <https://www.bls.gov/ooh/#tab-6>
17. American Hospital Association (2014). *Integrating Behavioral Health Across the Continuum of Care*. Chicago, IL: Health Research & Educational Trust. Retrieved from [www.hpoe.org/integratingbehavioralhealth](http://www.hpoe.org/integratingbehavioralhealth)
18. Wodarski, J. S. (2014). *The Integrated Behavioral Health Service Delivery System Model*. *Social Work in Public Health*, 29(4), 301-317. doi:10.1080/19371918.2011.622243.
19. Delaney, K.R., Nagel, M., A. Valentine, N. M., Antai-Otong, D., Groh, C., & Brenneman, L. (2017). *The effective use of RNs and APRNs in integrated care: Policy implications for increasing access and quality*. *Journal of Behavioral Health Services and Research*. May 8, 2017, <https://doi:10.1007/s11414-017-9555-x>
20. Delaney, K. R. (2016). *Psychiatric Mental Health Nursing Workforce Agenda: Optimizing Capabilities and Capacity to Address Workforce Demands*. *Journal of the American Psychiatric Nurses Association*, 22(2), 122-131.
21. Pennington, K., Berg, B., & Jarrett, S. (2013). *Giving Credit Where Credit is Due: The RN-to-BSN Block Transfer*. *Nurse Educator*, 38(3), 103-105.

# Appendix A

## Survey Questions

Question 1: What is Your Gender?

\*Question 2: Are you currently licensed as an APRN (CRNA, CNM, CNP, CNS)? If yes, please cease participation.

Question 3: Are you Hispanic or Latino? (Yes or No)

Question 4: Select one of the following races that apply to you.

Question 5: What year were you born? (Place a number in a box)

Question 6: In what country were you initially licensed as RN or LPN?

Question 7: What type of nursing degree/ credential qualified you for your first U. S. nursing license?

Question 8: What is your highest level of education?

Question 9: Are you currently enrolled in a nursing education program leading to a degree/ certificate?

Question 10: What is the greatest barrier to continuing your education? (Select only one)

Question 11: What year did you obtain your initial U.S. Licensure? (Place a number in a box)

Question 12: What is the status of the Illinois license currently held?

Question 13: How much longer do you plan to practice as an RN in Illinois?

Question 14: 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).

Question 15: What is your employment status? (Mark ALL that apply)

Question 16: If you are not currently working as a nurse, what are the reasons(s)? (Check all that apply).

Question 17: Please estimate our 2017 pre-tax annual earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.

Question 18: In how many positions are you currently employed as a nurse?

Question 19: In how many hours per week do you work during a typical week in ALL your nursing positions?

Question 20: Please identify the position title that most closely corresponds to your primary nursing position.

Question 21: Please identify the employment specialty that most closely corresponds to your primary nursing position.

Question 22: Please indicate state and zip code of your primary employer.

Question 23: Please identify the type of setting that most closely corresponds to your primary nursing position.

Question 24: How often have you experienced patient/visitor/family physical or verbal abuse while at work?

Question 25: Where have you attended workplace violence training?

Question 26: Does your hospital/facility have a policy in place for reporting workplace violence incidents?

(\*) An asterisk prior to a question indicates that the question is mandatory and must be answered in order for the respondent to continue.