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# Licensed Practical Nurse 2019 Workforce Survey Report

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- The Illinois Nursing Workforce Center Advisory Board:
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Completed in 2019, under the leadership of the Illinois Nursing Workforce Center Advisory (INWC) Advisory Board of Directors, this survey was offered this voluntary survey was offered with individual online licensure renewal.

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

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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.

# Talking Points

## Illinois Nursing Workforce Center Licensed Practical Nurse Survey 2019

### Based on 3,662 LPN Respondents

#### Aging of the LPN Workforce

45% of the LPN workforce is over the age of 55 years

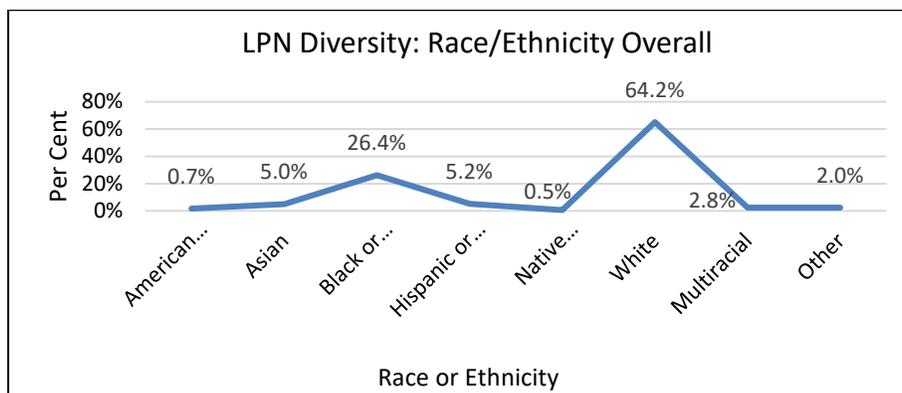
22% of LPNs who practice in nursing homes/extended care facilities plan on retiring in 1 – 5 years

#### Diversity

23% of Hispanic/Latino LPNs are less than 34 years of age

7% of the LPN workforce are male, which is lower than national average, though 36% of this group are under the age of 44 years

58% of Asian LPNs are younger than 45 years of age



26% of LPNs identify as Black/African American, the largest reporting minority; the percentage the same (approximately 25%) for three age ranges: 35-44, 45-54 and 55-64 years of age

#### LPN Workplace Settings

50% practice in nursing homes/extended care/assisted living – especially LPNs in younger age cohorts

14% practice in the ambulatory care settings

9% practice in the home health settings

#### LPN Position Title, Education

75% Provide direct patient care as staff nurses

55% of LPNs currently licensed obtained their education through a community college

#### Summary

There is an aging LPN workforce, one fifth are planning to retire within the next 5 years

Experience of the LPN is a more complex picture as data 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 varying levels of experience.

There is a need to increase the diversity of LPN workforce to mirror the state population

Fifty-five percent of LPNs currently licensed received their education through a community college

# Executive Summary

## Illinois Nursing Workforce Center Licensed Practical Nurse Survey 2019

### General Overview

This report details the results of the 2019 Illinois Licensed Practical Nurse (LPN) workforce survey. The survey was structured to capture data on the demographics of the current LPN workforce, including their cultural diversity, relative numbers of LPNs in each age group, educational preparation, and workplace settings. Participation in the survey was voluntary and was conducted during the 2019 LPN license renewal period from 11/13/2018 to 1/31/2019. In 2019, over 88% of Illinois LPNs completed their license renewal via the on-line platform. The survey was completed by 3,662 LPNs representing approximately 13% of the 28,109 total LPNs licensed in Illinois. 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. These data are essential for State LPN workforce planning.

### Age of the Workforce

Similar to the RN workforce, LPNs are an aging group; 45% of the respondents are 55 years of age or older. When combined with the 45-54 years old age groups, the data indicate that 68% of the LPN workforce falls into upper age ranges, which is slightly more than the LPNs who participated in the 2017. Serious concerns about the capacity of this group to meet future population's health needs surface as 23% of respondents plan to retire in one to five years.

### Diversity

The LPN group, particularly in comparison to the RN workforce, is a racial and ethnically 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 23-26% 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 23% are less than 34 years of age. The gender diversity is low with approximately 7% males, though 36% 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 (50%). Another large group of LPNs practice in the ambulatory care setting (14%) and (9%) practice in the home health setting. 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.

### 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 U.S. 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). There is an urgent need for work force planning to meet future healthcare needs. LPNs traditional roles in nursing homes/extended care/assisted living environments and home care with the anticipated growth of the elderly population will increase the demand for LPNs. As we plan for the future LPN nursing workforce demands created by both population shifts and health care transformations, it would be helpful to have a better understanding of the drivers for choosing an LPN license 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 in the State of Illinois. The renewal period ran from (11/13/18) to (1/31/19). There were 28,109 LPNs in Illinois as of October 1, 2018, and the voluntary survey yielded 3,662 participants or 13.1% response rate. When individuals concluded the renewal process, including payment of the license renewal fee, 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 (11%) survey responses in the 55-64 years of age category and less (10%) in the 25-34 years of age category. The LPN age data were obtained from the IDFPR licensure database on December 4, 2018 –about mid-way thorough survey completion.

The survey included 28 questions consistent with the national minimum dataset recommendations of the National Forum of State Nursing Workforce Centers <https://nursingworkforcecenters.org/minimum-datasets/>. A comprehensive record of questions is provided in Appendix A. Information obtained from the survey can be categorized into three areas. Demographic information includes age, diversity (ethnicity, race, gender), and retirement horizon. Human capital elements include education, area of employment specialty including work setting and other details. Earnings include a section on workplace benefits.

# Demographics

## General Overview

Data on the characteristics, supply and distribution of LPNs in the State of Illinois are 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: Age Cohorts**

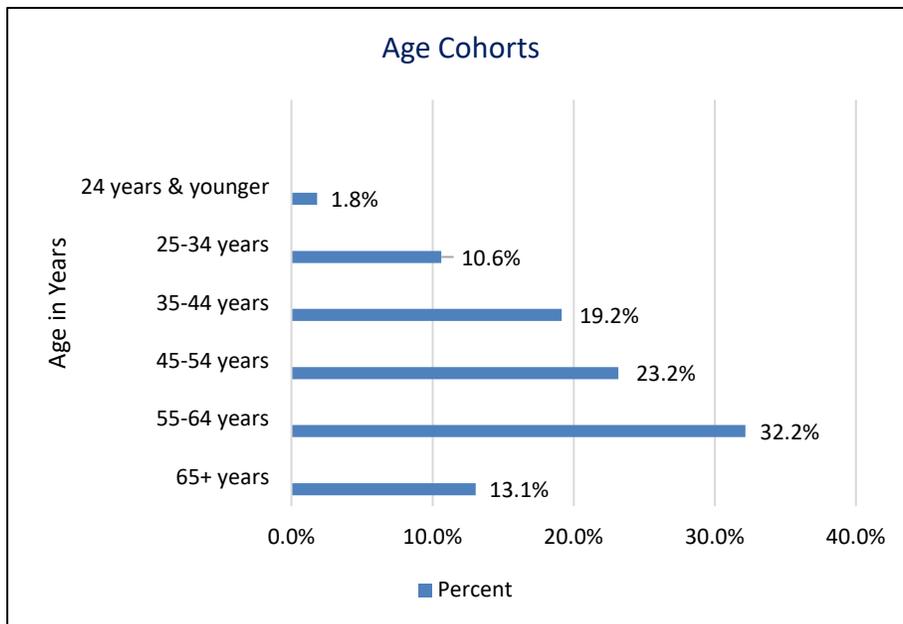


Figure 1 presents the distribution of Licensed Practical Nurse (LPN) survey participants by selected age categories. Age is derived from unfiltered participant responses to date of birth. The years of age are listed on the vertical axis, on the left of the horizontal bar, to the right of the horizontal bar is the percent. 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 ( $n = 65$ ).

Diversity of the Illinois LPN workforce is illustrated in Figures 2 and 3. Figure 2 represents diversity of respondents, and Figure 3 illustrates racial and ethnic diversity distributed amongst age cohorts. The U.S. 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 (64.2%); however, there are indications of changing demographics observable across age categories.

The cultural 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 2. There were 3,652 responses, 55 individuals did not respond to Hispanic or Latino and 26 did not respond to the race/ethnicity.

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

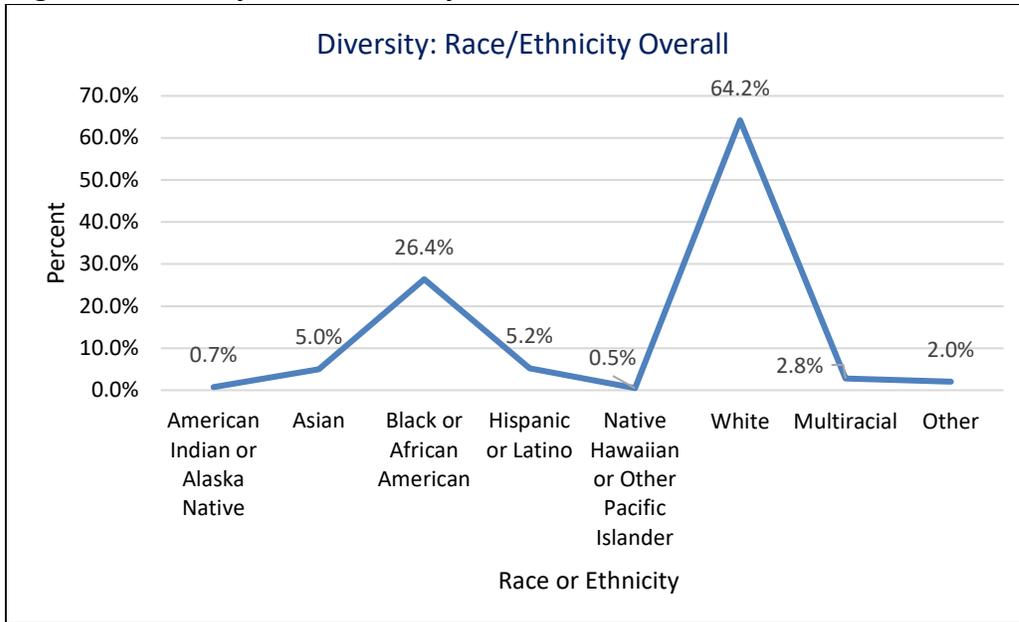


Figure 2. Hispanic or Latino no response n = 55  
Race/ethnicity no response n = 26

The gender diversity is limited with approximately seven percent males, though 36% of male respondents 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 in multiple categories

Diversity of the workforce varies depending on age with younger cohorts demonstrating increased diversity. 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 (26.4%). Interestingly the Hispanic/Latina percent was highest in the younger years, showing approximately 54% of Hispanic/Latino LPNs are less than 44 years of age.

**Figure 3 Diversity by Age Cohorts**

Diversity by Age Cohorts Race, Ethnicity and Age Distribution								
	24 years and under (1994-2005)	25-34 years old (1984-1993)	35-44 years old (1974 - 1983)	45-54 years old (1964-1973)	55-64 years old (1954-1963)	65+ years old (1925-1953)		Total
<b>American Indian or Alaska Native</b>	0.00% 0	7.7% 2	42.6% 11	15.4% 4	23.1% 6	11.5% 3		0.7% 26
<b>Asian</b>	1.1% 2	16.6% 29	26.3% 46	29.1% 51	20.6% 36	6.3% 11		5.0% 175

<b>Black or African American</b>	1.0% 9	11.0% 102	22.9% 212	26.3% 243	26.3% 243	12.5% 116			26.2% 925
<b>Hispanic or Latino</b>	3.8% 7	19.4% 36	30.7% 57	24.7% 6	16.7% 31	4.8% 9			5.2% 186
<b>Native Hawaiian or Other Pacific Islander</b>	0.00% 0	17.7% 3	41.2% 7	35.3% 6	0% 0	5.88% 1			0.5% 17
<b>White</b>	2.3% 52	9.8% 225	16.4% 379	21.3% 490	36.2% 835	14.1% 325			65.2% 2,306
<b>Multiracial</b>	2.3% 2	14.9% 13	32.2% 28	20.7% 18	25.3% 22	4.6% 4			2.5% 87
<b>Total Respondents</b>	70	403	722	853	1,167	467			3,682
	<b>24 years and under</b> (1994-2005)	<b>25-34 years old</b> (1984-1993)	<b>35-44 years old</b> (1974 - 1983)	<b>45-54 years old</b> (1964-1973)	<b>55-64 years old</b> (1954-1963)	<b>65+ years old</b> (1925-1953)			<b>Total</b>
<b>Diversity by Age Cohorts: Race, Ethnicity and Age Distribution</b>									

Figure 3: No response: race n = 55, ethnicity n = 26

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 younger cohorts advance in age. For example, 44% of Asians reported being younger than age 45 years, while 6.3% reported being age 65 or older. Another notable observation from Figure 3 is the minimal ethnic diversity of the youngest age category, but there are a limited number of responses from the youngest age group (n = 70).

Figure 4: Years to Retirement

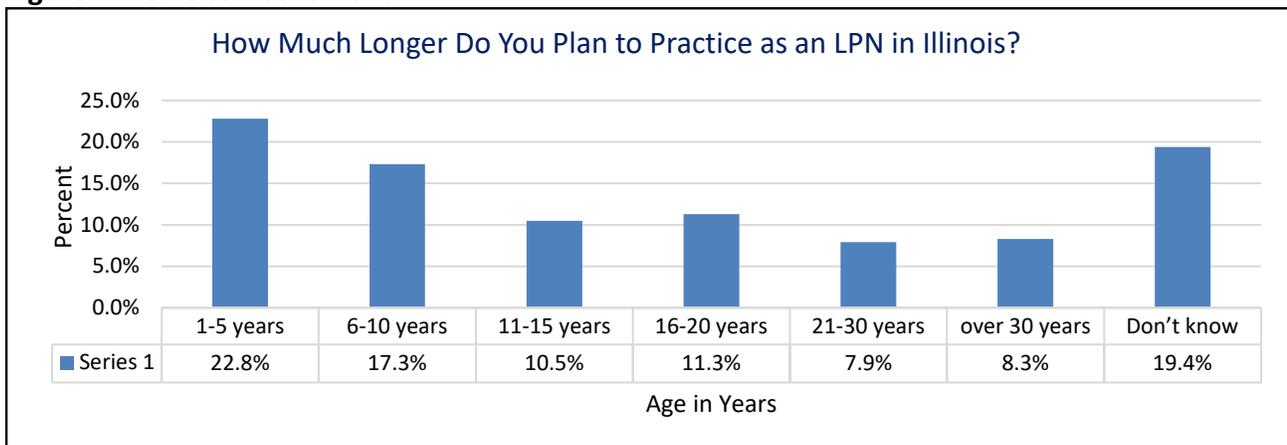


Figure 4: No response n = 415

The selected age categories should facilitate comparison to data from other sources. Of concern is that close to 22% of the LPNs who practice in nursing homes/extended care plan on retiring in one to five years (Figure 7, page 13).

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 (22.8%). Approximately 40% of survey participants report anticipated retirement over the next decade. On this question there are a substantial number, 19.4% (n = 643) indicating uncertainty with regards to retirement plans, and there were 415 non-responders.

The second question regarding retirement asked the primary reasons for delaying retirement. The results of the question of “reasons that could persuade one to extend a retirement date” are difficult to interpret. First, approximately 39% survey respondents did not respond, and second approximately 27% indicated no eminent retirement. Economic conditions were indicated as the leading concern regarding retirement. Other frequent responses included reduced physical demands and increased compensation including benefits. Thus, economics still plays an important role in keeping LPNs in the workplace.

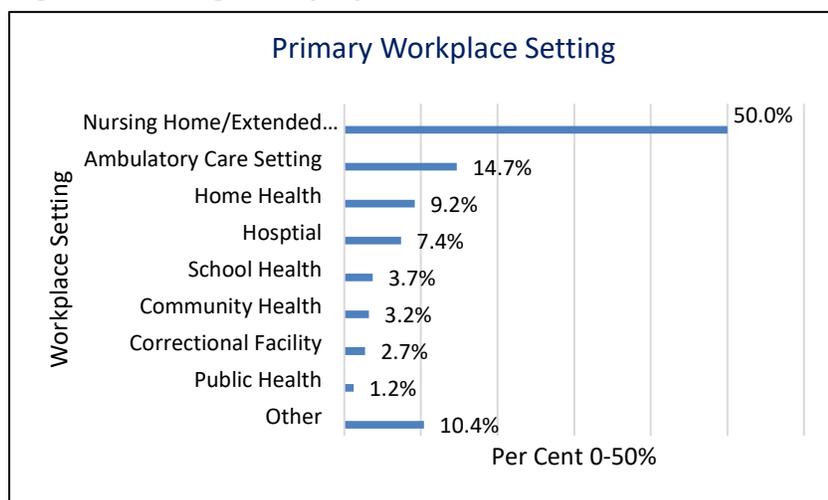
# Human Capital

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 the 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 majority (78%) of respondents work full-time at one job and are actively employed in nursing, 16% work part-time and a small number, 9% work per diem. A small number of respondents, approximately 16-19%, work multiple jobs. Approximately half or 55% of respondents work a total of 40 hours per week on all jobs. For those who work part-time, approximately 23% 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 5: Setting of Employment**



Participants were asked to identify the type of setting that most closely corresponds to their primary nursing position. The most common health care employment setting was in nursing home/extended care/assisted living (50%). This was followed by the ambulatory care (14.7%), home health (9.2%) and hospital (7.4%) settings

*Figure 5: non-response n=177*

In their employment settings, approximately three fourths (75.3%) of the respondents provide direct patient care as staff nurses. The next highest categories were nurse faculty (5.1%) followed by nurse administrator/manager (4.7%) and nursing care coordinator (4.2%). The “other health-related” category was 8.1%. This question did not provide for individual responses. These data are similar to the 2017 LPN report where 74.5% identified as staff nurses, 3.2% as nurse faculty, 4.9% as nurse administrator/manager and 5.3% as nursing care coordinator.

**Figure 6: Post-Licensure Specialized Certification**

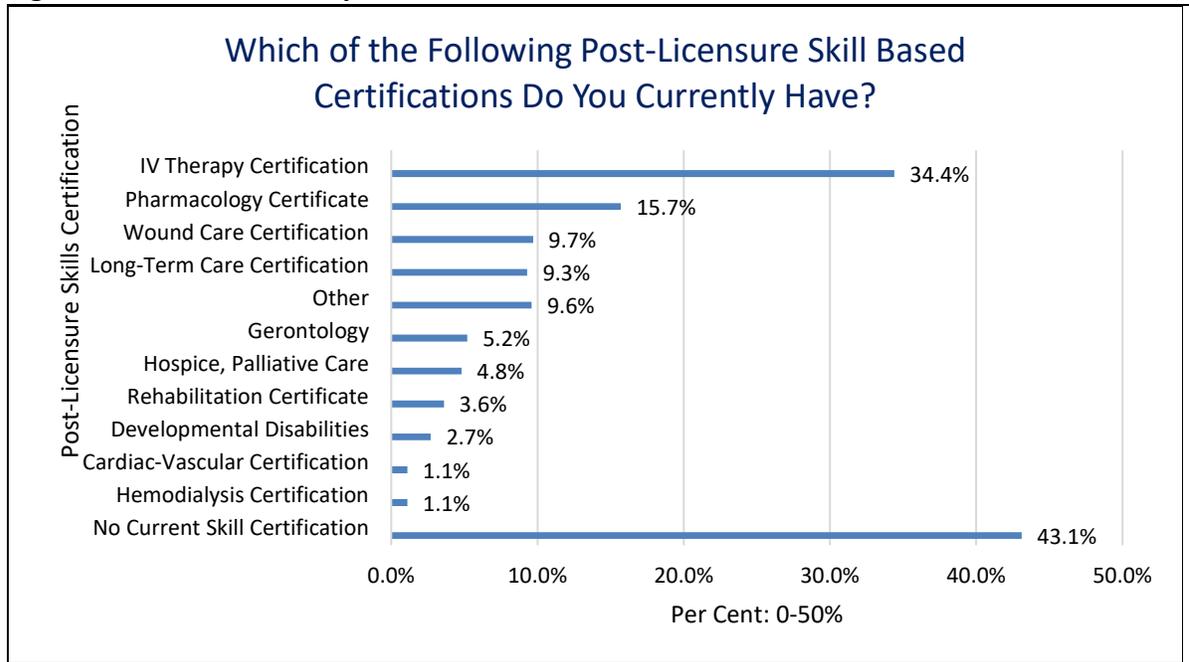


Figure 6: No response n = 593

Specialized certification enhances skills that are most valuable in a particular employment context. There are several specialty certifications available to LPNs. Figure 6 (above) reflects the specialty certifications held by the respondents. The top four specialty certifications are IV (intravenous) Therapy, Pharmacology, Long-Term Care, and Wound Care. These specialty certification areas, particularly IV training, could reflect demand in the field for these skills. It should be noted that approximately half of the respondents (43.1%) do not hold any specialty certification.

Workplace setting and retirement plans of the LPN workforce are important to note (Figure 7). The data on intent to retire indicate that 23% 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 substantially depending on workplace setting. Figure 7 illustrates that of those LPNs planning on retiring in the next 10 years, approximately 21% are working in nursing homes/extended care/assisted living (also sometimes referred to as long-term care facilities); approximately 5% are in home health and 4% are in a hospital setting. This high percent of LPNs working in long-term care and who anticipate retirement raise concern for staffing of skilled care facilities particularly in light of the growing older adult population.

**Figure 7: 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 and Public Health	Correctional Facility	Other*	Total
1-5 years	43.6%	10.3%	8.8%	7.5%	3.8%	2.8%	2.2%	20.7%	23.2%
6-10 years	46.4%	8.8%	7.9%	6.7%	3.9%	4.0%	2.8%	19.5%	17.8%
11-15 years	45.9%	9.5%	9.1%	6.2%	4.2%	3.6%	4.2%	16.6%	10.4%
16-20 years	54.1%	9.3%	6.5%	5.1%	3.4%	4.8%	2.8%	14.1%	11.8%
21-30 years	50.8%	6.4%	6.8%	5.0%	3.6%	8.4%	3.2%	13.3%	8.3%
Over 30 years	55.3%	5.3%	8.8%	0.0%	2.3%	8.4%	1.9%	12.8%	8.6%
I am retired	28.1%	25%	3.1%	5.0%	9.4%	3.1%	3.1%	26.5%	1.1%
Do not know	59%	9.3 %	4.9%	4.6%	3.2%	3.5%	2.6%	13.1%	18.9%

Figure 7: No response n = 17

\*Other includes: academic setting, occupational health, insurance claims/benefits, policy/planning/regulatory/licensing agency and other.

**Experience by Age Distribution**

Years of experience as an LPN is another individual element that can be derived from survey responses. In Figure 8 (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, age cannot be equated with years of experience.

**Figure 8: 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+ years	
Years of Experience								
0-10 years		63	329	326	220	99	11	
20 years		0	37	274	244	130	42	
30 years		0	0	59	260	275	58	
40 years		0	0	0	73	346	102	
50 years		0	0	0	0	242	194	
60 years		0	0	0	0	0	40	

## Educational Distribution

**Figure 9: Highest Level of Education**

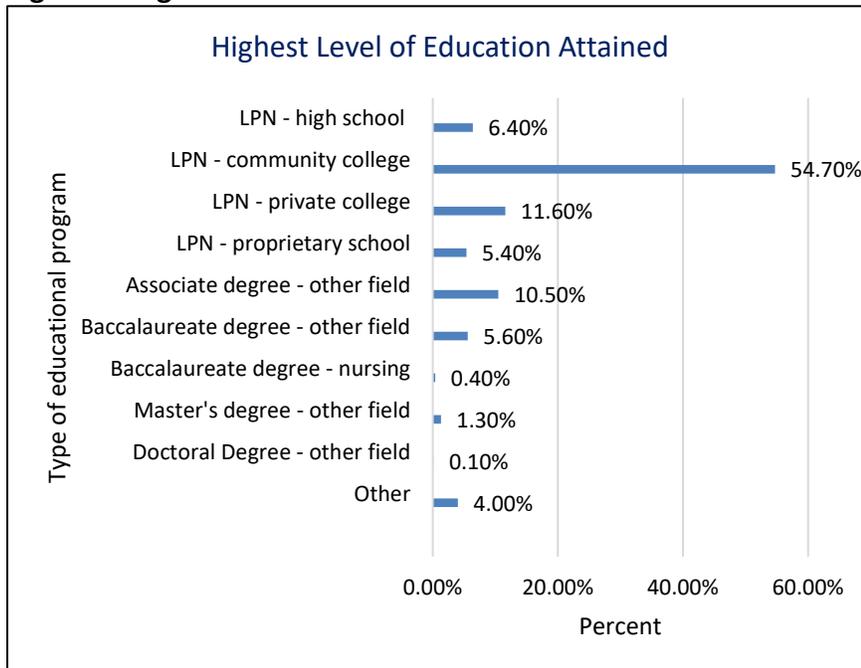


Figure 9: No response n = 57

Figure 9 presents educational attainment of Illinois LPNs. The educational attainment responses are to the right of each horizontal bar. The categories are ordered by overall frequency. LPN licensure obtained through a community college is the highest ranking, followed by private college, high school and proprietary school education. 5.8% hold advanced degrees including a baccalaureate degree (nursing and other). Other responses (4.0%) include primarily a variety of some college courses.

Community college remains an important pipeline for the LPN workforce; these data are similar to 2017 LPN survey responses which indicated that 54% respondents received their LPN education through community college.

**Figure 10: Current Enrollment Patterns**

Currently Enrolled in a Nursing Education Program by Age Distribution							
Degree Program	25 & Younger	26 - 34	35 - 44	45 - 54	55 - 64	65+	Total
Associate Degree	26	80	79	62	22	3	272
Baccalaureate Degree	1	13	19	21	5	0	59
Masters' Degree	0	0	1	0	1	0	2
Other	0	6	16	10	3	4	39
Total	27	99	115	93	31	7	372

The educational pipeline demands attention to all levels of educational settings including community colleges, universities and other academic settings. Figure 10 indicates the number of nurses (by age cohorts) enrolled in differing educational programs. No respondents were enrolled in any doctoral degree or post-master's certificate programs. Of note is the number of nurses pursuing an associate and baccalaureate degree in the 26 to 34 and the 35 to 44-year age range and then decreasing across age cohorts. 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.

## Earnings

The 2019 LPN survey question “Please estimate your pre-tax earnings from your primary nursing position” provided twenty-one earning intervals. The median response was \$45,000 to \$50,000. The majority of respondents reported annual earnings between \$25,000-\$65,000. Approximately 23% of respondents reported an annual salary above \$65,000.

**Figure 11: Annual Earnings**

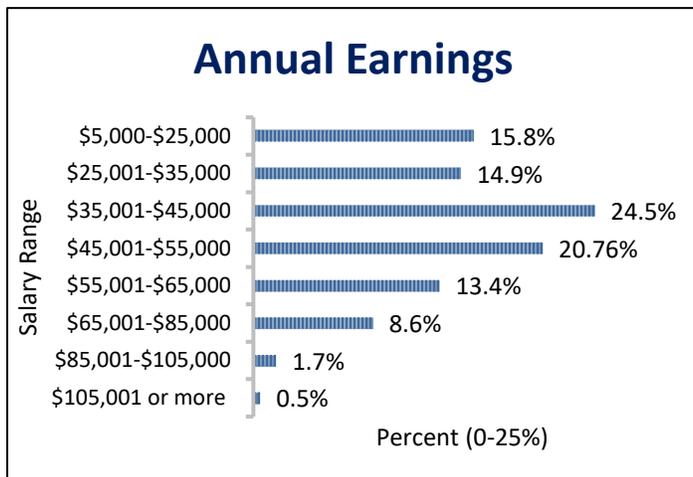


Figure 11: No response n = 590

The 2019 LPN 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, nursing home/extended care/assisted living (50%), ambulatory care settings (15%), home health (9%), and hospital (7%) and the benefits received are illustrated in Figure 12. Workplace settings not included in Figure 12 due to the small per cent: correctional facility (3%), community health (3%), school health (4%), public health (1%), insurance claims/benefits (0.9%), academic setting (0.5%), occupational health, policy/planning/regulatory (0.03%) and other (10.4%). Benefit compensation varied by workplace setting.

Survey 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.

**Figure 12: Compensation Benefits Received by Employment Setting**

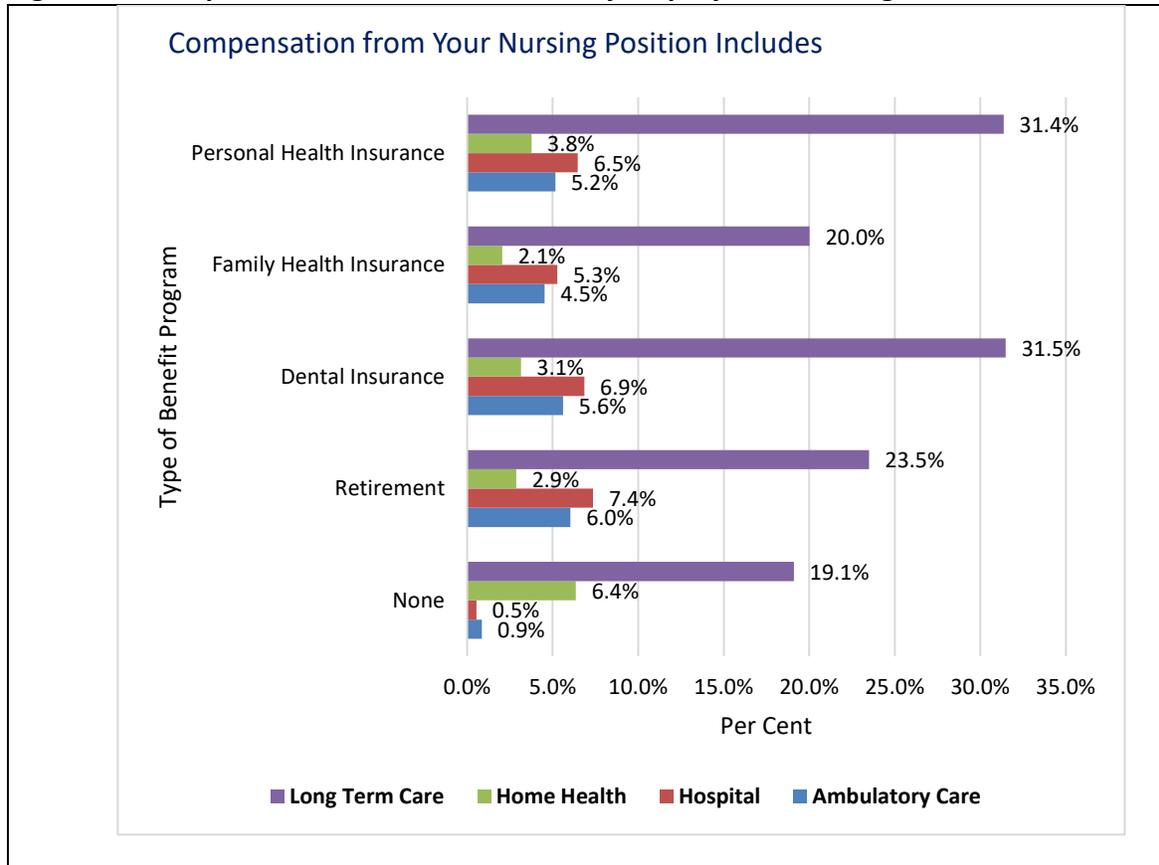


Figure 12: No response n = 55

### 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 in healthcare settings, three questions were added to the survey. 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 (J. Gacki-Smith et al., 2009).

Below are the three questions with summary of responses; approximately 450 respondents did not respond to 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” (7%) through “never” (32%). Weekly (15%), monthly (10%), quarterly (5%), semi-annually (4%), annually (3%), less than annually (15%), I am not currently working (6%).

2. Where have you attended workplace violence training: current facility (49%), other location (14%), both current facility and other location (13%), have never attended training (26%).
3. Does your facility have a policy in place for reporting workplace violence incidents: yes (86%), no (3%), don't know (11%).

In summary, 36% of LPN respondents reported experiencing physical or verbal abuse at least quarterly; 26% have never attended workplace violence training and the clear majority, 86% indicated the facility where they work has a policy for reporting workplace violence.

## Discussion and Implications

Licensed Practical Nurses (LPNs) in our State are an aging workforce, which is similar to the Illinois RN workforce. Forty-five percent of Illinois LPNs are 55 years of age or older, slightly higher than in 2017 when 43% of Illinois LPNs had reached this age. The median age of Illinois LPNs is slightly older than national average, which is 54 years of age (National Council State Boards of Nursing and National Forum State Nursing Workforce Centers [NCSBN Forum] 2017). The most common care setting where LPNs practice is in nursing home/extended care/assisted living environment (50%). 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 23% of the group that responded to the retirement question plans to do so in one to five years.

It is essential for Illinois workforce planning groups to focus on the needs of the nursing home/home health populations, its growth and the demand/workforce capacity imbalance. The anticipated growth in the U.S. 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 (U.S. Census Bureau, US Department of Commerce, 2014) The elderly population will more than double between now and the year 2050, to 80 million. Demand projections for the LPN workforce will depend on the anticipated shift from nursing homes to home health care for the elderly. Long-term employment growth is expected to continue into 2030 (Spetz, Trupin, Bates & Coffman, 2015). 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 (Healthcare Task Force [HCTF], 2014).

In terms of cultural diversity, 36% of responding LPNs identified themselves as a racial/ethnic minority, while 64% of the respondents are White/Caucasian. Black/African American is the largest reporting minority group (26%), which is higher than the national LPN average of 16% ([NCSBN Forum], 2017). Compared to 2018 data on the RN workforce, the LPN cohort appears to be more diverse and this diversity is clustered in younger age categories (IDFPR/Illinois Nursing Workforce Center, 2018). Larger percentages of minorities are younger as compared to LPNs nearing retirement. These data suggest that the LPN workforce will become more diverse as the younger-age cohorts advance in age.

In terms of gender diversity, seven percent of respondents are male, though 36% of male respondents are under 44 years of age. This is similar to the national average, where data implied that 7.5% of the LPN workforce are male and 92.5% are female. The national study also found increasing proportions of males in more recently licensed cohorts, suggesting higher percentages of males in the LPN workforce in future cohorts ([NCSBN Forum], 2017). While there is a clear need to increase diversity in the nursing workforce, the LPN group demonstrates some promising trends in multiple categories.

Nursing home/extended care/assisted living are the workplaces most respondents indicated as their primary nursing position (50%). This is followed by the ambulatory care (14.7%) and “Other” (10.4%). These responses are similar to the findings in the 2017 LPN report, with two exceptions. The percent of LPNs working in the ambulatory care setting in 2017 LPN response was 5.9% and the “other” category was 10.4%. In this report the individual responses in the “other” category were reviewed, and if the response better fit in an itemized category – then it was moved to that category. In 2017 the “other” category was approximately 15%, and individual responses were not reviewed. That could be a partial explanation for the data discrepancy between 2017 and 2018. This survey, with individual responses being moved to another more specific category has responses in the “other” category decreased from 15% to 10%. The range of places worked is quite varied, indicating this workforce skill set fits with a variety of workplace needs.

The most common LPN workplace settings in Illinois are similar to national data: nursing home/extended care, followed by home health and hospitals, ([NCSBN Forum], 2017). The findings support a report by Coffman et al. (2015) that indicate long-term care employs more LPN/VNs than any other industry. 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 2019, 2017 and 2015. The common trend between Illinois and national data are evident.

Intent to retire from LPN respondents indicated that 23% of the total Illinois LPN workforce intends to retire in the next 1-5 years. However, the number of nurses retiring in the next five years varies substantially depending on workplace setting. This is an increase from the 2017 survey, which showed 21% intended to retire in 5 years and 38% within 10 years.

The overall LPN median earnings nationally increased from \$38,000 in 2015 to \$40,000 in 2017 according to the NCSBN Forum, Biennial National Nursing Workforce Survey (2017). The median national salaries of LPNs differed by employment setting, position title, with LPNs working in rehabilitation having the highest median salary overall, and LPNs working in school health have the lowest. The median national salary for male LPNs is higher than the median salary for females. The report also noted that that median salaries differed considerably based on geographic region: Alaska (\$52,000) had the highest salary and South Dakota (\$34,865), Alabama (\$35,000), Mississippi (\$35,000) and West Virginia (\$35,000), the lowest ([NCSBN Forum], 2017).

The implications for LPN education are reflected in the demand for LPNs in long-term care settings relative to hospitals/acute care settings. 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). There are decreased educational opportunities to replace retiring LPNs

outside metropolitan areas, though 55% of LPNs currently licensed received their education in a community college.

The LPN survey data indicate a workforce that is aging with a small younger aged pipeline to replace retiring nurses. Workforce planning needs must consider LPNs traditional roles in nursing homes/extended care and home care and the anticipated growth of the elderly population, especially in rural and low-income urban areas. 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 and expand educational opportunities across the state.

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## Appendix A

### Questions from the 2019 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:
4. What year were you born?
5. In what country were you initially licensed as an LPN?
6. For this one 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 an RN or an 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 currently held?
12. Please list all states or U.S. territories in which you hold an active license to practice as a nurse:
13. Please list all states or U. S. territories in which you are currently practicing as a nurse:
14. Which of the following post-licensure 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 do you work per week 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. Does your compensation from your primary nursing position include (check all that apply):
23. How much longer do you plan to practice as a nurse in Illinois?
24. 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):
25. Please estimate your 2017 pre-tax annual earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.
26. How often have you experienced patient/visitor/family physical or verbal abuse while at work?
27. Where have you attended workplace violence training?
28. Does your hospital/facility have a policy in place for reporting workplace violence incidents?