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Illinois Department of
Financial and Professional Regulation



Licensed Practical Nurse 2021 Workforce Survey Report

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Completed in 2021, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors, this survey was the fourth Illinois Licensed Practical Nurse (LPN) 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 Board of Nursing, the Illinois Nursing Workforce Center and the State of Illinois Department of Innovation and Technology.

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.

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Key Findings

Illinois Nursing Workforce Center Licensed Practical Nurse (LPN) Survey 2021

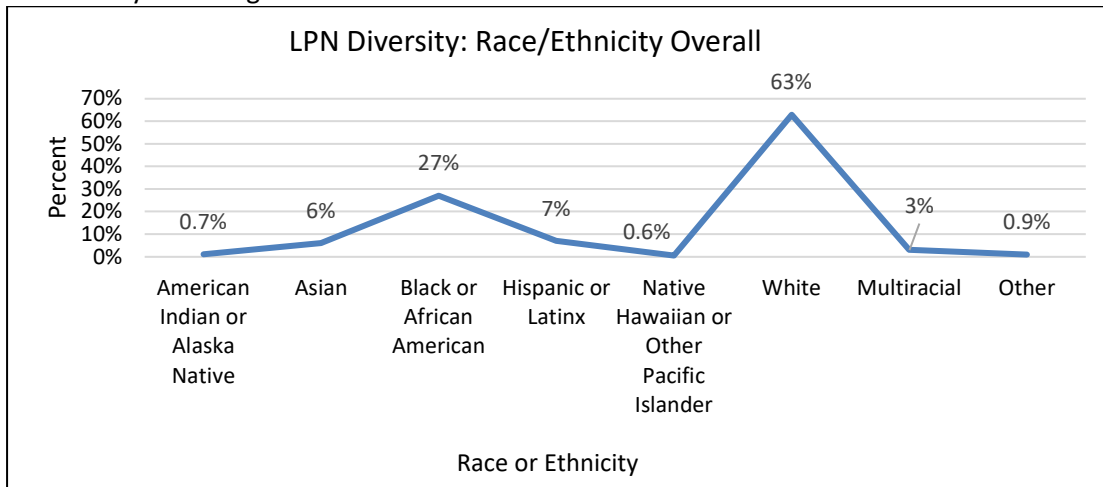
LPNs completing license renewal were invited to participate in this survey. The data was collected during the renewal process post payment of the license renewal fee. Data was collected from November 8, 2020 to February 1, 2021.

Key Findings

- Employment: 94% are employed full-time in nursing, 83% work one job
- Employment setting: 51% Practice in long-term care/rehabilitation/assisted living
- Diversity: the LPN workforce is the most racial and ethnically diverse of Illinois licensed nurses
There is more racial and ethnic diversity in the LPNs that are less than 45 years of age
- Age: 46% of LPNs are over the age of 55 years
- Education: 48% of licensed LPNs received community college education

Diversity

- 7% of LPNs are male, lower than national average, with 34% of male LPNs are under 45 years
- 52% of Hispanic/Latino LPNs are less than 45 years of age
- 40% (approximately) of Asian, American Indian or Alaska Native, or Multiracial LPNs are younger than 45 years of age



- 27% of LPNs identify as Black/African American, the largest reporting minority; 30% are less than 45 years of age

Age of the LPN Workforce

- 46% of the LPN workforce is over the age of 55 years
- 21% of LPNs who practice in nursing homes/extended care facilities plan on retiring in 1-5 years

LPN Employment Settings

- 51% Practice in long-term care/rehabilitation/assisted living – especially in the younger age cohorts
- 16% Practice in outpatient settings such as ambulatory clinics, primary care clinics, offices
- 10% Practice in the home health setting
- 3% of LPNs are school nurses

LPN Position Role

- 79% Provide direct patient care as staff nurses working primarily in long-term care, assisted living facilities, as well as outpatient and ambulatory settings
- 5% identify as an administrator or manager
- In Illinois the average staff nurse salary ranges from \$25,000-\$55,000

Executive Summary

Illinois Nursing Workforce Center Licensed Practical Nurse Survey 2021

General Overview

This report details the results of the 2021 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 2021 LPN license renewal period from 11/08/2020 to 2/01/2021. The survey was completed by 5,022 LPNs representing approximately 18% of the 27,674 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 LPN workforce planning.

Diversity

The Illinois LPN workforce is a racially and ethnically diverse group, especially in comparison to the RN workforce. Twenty-seven percent of respondents to the question on race placed themselves in the Black/African American category. The two age ranges of Black/African American LPNs with the highest percent African American/Black LPNs are age 45-54 years (29%) and 55-64 years (24%) of age. The Hispanic/Latinx percent was highest in the younger years, with approximately 28% between 35-44 years of age. The gender diversity is slightly less than national average 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 continues to demonstrate some promising trends.

Age of the Workforce

Similar to the RN workforce, LPNs are an aging group; 42% of the respondents are 55 years of age or older. When combined with the 45-54 years old age groups, the data indicate that 66% of the LPN workforce falls into upper age ranges, which is like the 2019 survey results. Serious concerns about the capacity of this group to meet future population's health needs surface as 38% of respondents plan to retire in the next ten years.

Workplace Settings

Nursing homes/long-term care settings were the primary workplace settings for approximately 36% of the respondents. Another large group of LPNs practice in the ambulatory care/outpatient clinic setting (15%), assisted living facilities (11%) and (10%) practice in the home health setting. Demand projections for this workforce depend on the anticipated shift from nursing home/long-term care to home health care for the elderly but long-term employment growth is expected to continue into 2030 (1) (2). 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 (3) . 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.

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 (11/08/20) to (2/01/21). There were 27,674 LPNs in Illinois as of November 2020, and the voluntary survey yielded 5,022 participants or 18% 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.

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 29 questions consistent with the national minimum dataset recommendations of the National Forum of State Nursing Workforce Centers (4). A comprehensive record of questions is provided in Appendix A. Information obtained from the survey can be categorized into three areas. Demographic information includes the relative numbers in each age group; race, ethnic and gender diversity; and retirement horizon. Human capital elements include education preparation, education advancement, specialty practice area, workplace setting and workplace role. including work setting, specialty practice area and other details. The final section is regarding earnings, which includes information about 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 racial, ethnic and gender diversity, and educational preparation.

Figure 1: Age Cohorts-done

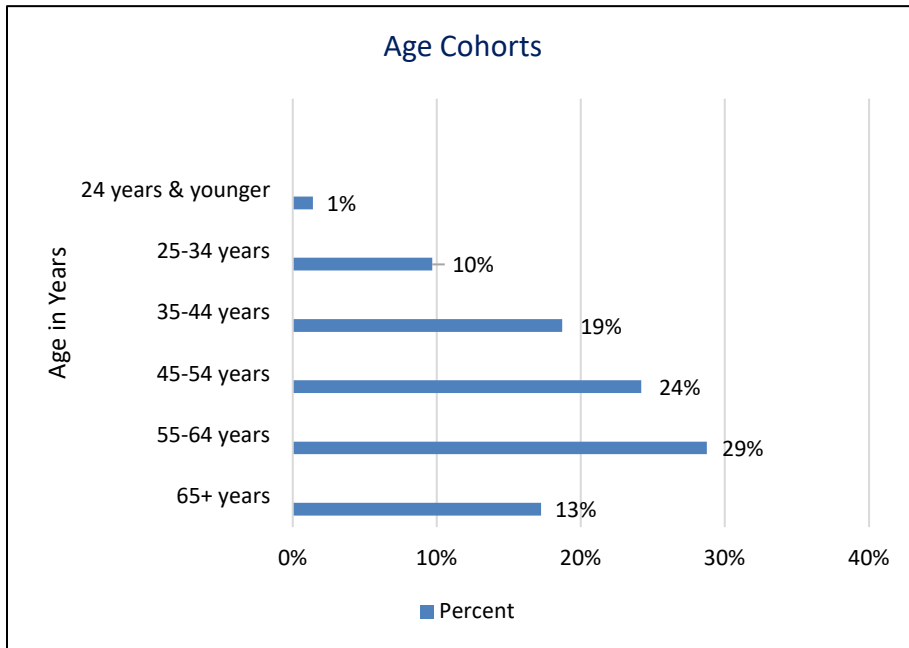


Figure 1 presents the distribution of Licensed Practical Nurse (LPN) survey participants by selected age categories. Age is derived from unfiltered participant responses to date of birth. The years of age are listed on the vertical axis, on the left of the horizontal bar, to the right of the horizontal 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 = 77).

Diversity of the Illinois LPN workforce is illustrated in Figures 2 and 3. Figure 2 represents racial and ethnic diversity of respondents, and Figure 3 illustrates racial, ethnic and gender 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 (63%); however, there are indications of changing demographics observable across age categories.

The racial and ethnic diversity of the LPN 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 4,948 responses, 29 individuals did not respond to the question regarding Hispanic or Latino ethnicity and 74 did not respond to the question regarding race.

Figure 2: Diversity: Race/Ethnicity Overall

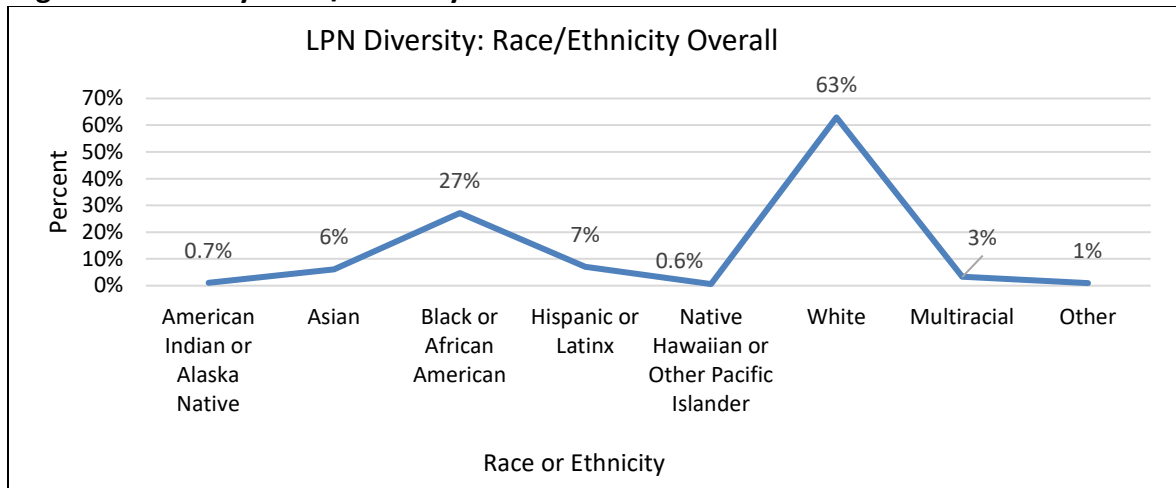


Figure 2. Hispanic or Latino no response n = 29
Race/ethnicity no response n = 74

Diversity of the workforce varies depending on age, with younger cohorts generally demonstrating increased diversity. Black/African American is the largest reporting minority group (26%). For Black/African Americans, the percent was the same, 22-28%, for three age ranges: 35-44, 45-54 and 55-64 years of age. Interestingly the Hispanic/Latina percent was highest in the younger years, showing approximately 54% of Hispanic/Latino LPNs are less than 45 years of age.

Figure 3 Race, Ethnicity, Gender Diversity by Age Cohorts

	24 years and under (1997-2004)	25-34 years old (1987-1996)	35-44 years old (1977 - 1986)	45-54 years old (1967-1976)	55-64 years old (1957-1966)	65+ years old (1925-1956)		Total
American Indian % or Alaska Native	0%	13%	28%	20%	28%	11%		1%
N	0	6	13	9	13	5		46
Asian	0.3%	15%	25%	28%	22%	9%		6%
N	1	43	75	83	66	27		295
Black or African American	0.3%	9%	21%	29%	24%	17%		27%,
N	4	115	278	382	314	217		1.310
Hispanic or Latinx	3%	21%	28%	25%	17%	8%		6%
N	8	64	85	73	50	23		303

Native Hawaiian or Other Pacific Islander	%	0%	18%	36%	25%	11%	11%		1%
	N	0	5	10	7	3	3		28
White or Caucasian	%	2%	9%	17%	22%	32%	19%		63%
	N	60	275	500	664	969	567		3,035
Multiracial	%	1%	16%	2%	26%	24%	12%		3%
	N	1	21	28	33	31	15		129
Female*	%	2%	10%	19%	24%	29%	18%		93%
	N	66	434	852	1,093	1,319	813		4,577
Male*	%	1%	13%	20%	29%	28%	9%		7%
	N	3	40	65	93	91	29		321
		24 years and under	25-34 years old	35-44 years old	45-54 years old	55-64 years old	65+ years old		Total
<i>*The gender question included the response options: prefer not to answer, and Other (please specify). The "Other" option collected comments, which does not allow to disaggregate responses by age.</i>									

Figure 3: No response: race n = 74, ethnicity n = 29

In terms of race/ethnicity by age-groups, larger percentages of ethnic and racial minority LPNs are in the younger age ranges, as compared to those nearing retirement, suggesting the recruitment and retention in the LPN education programs is positively impacting increased diversity of the workforce. For example, 40% of Asians reported being younger than age 45 years, while 9% reported being age 65 years or older. Another notable observation from Figure 3 (above) is the limited ethnic diversity of the youngest age category, but there are a limited number of responses from the youngest age group (n = 66).

Women continue to dominate the Illinois LPN workforce. The majority of LPNs respondents, 93%, are women, which is slightly higher than national average of 92% (5). The percent of male LPNs is 7%, which is slightly less than the national average of 8%. However, since 2007, the percent of Illinois LPNs who are male has doubled from 3.5% to 7% and the percent of LPNs who are women has decreased from 97% to 92% (6). It should be noted that 36% of male respondents are less than 45 years of age.

Gender distribution does differ by race and ethnicity: for example, for Asian respondents, approximately 70% are female, 29% are male. In 2020 a third gender response option of "other" was added to the survey and selected by 0.1% of respondents. While there is a continued need to increase the racial and ethnic diversity of the nursing workforce, the Illinois licensed practical nurses as a group are more racially and ethnically diverse than the RN workforce.

The survey asked participants a pair of questions related to retirement plans: *“How much longer do you plan to practice as a nurse in Illinois”* and *“If you plan to retire within the next 5 years, is there a primary factor that would persuade you to... extend your date of retirement?”* Approximately 38% of survey participants report anticipated retirement over the next decade. On the first question there were a substantial number, 22% (n = 974) indicating uncertainty with regards to retirement plans, and there were 614 non-responders. A concern is that, of those that work in long term care (LTC), approximately 33% anticipate retiring in ten years.

The second retirement question asked the primary reasons for potentially delaying retirement. The results of the question are difficult to interpret. First, approximately 38% of survey respondents did not respond, and second approximately 43% of those who did respond indicated no eminent retirement. Economic conditions and increased salary were indicated as the primary factors that would delay retirement. Other responses included reduced physical demands and shortened, flexible work hours. Thus, salary and economic benefits continue to be an important component of maintaining LPNs in the workplace.

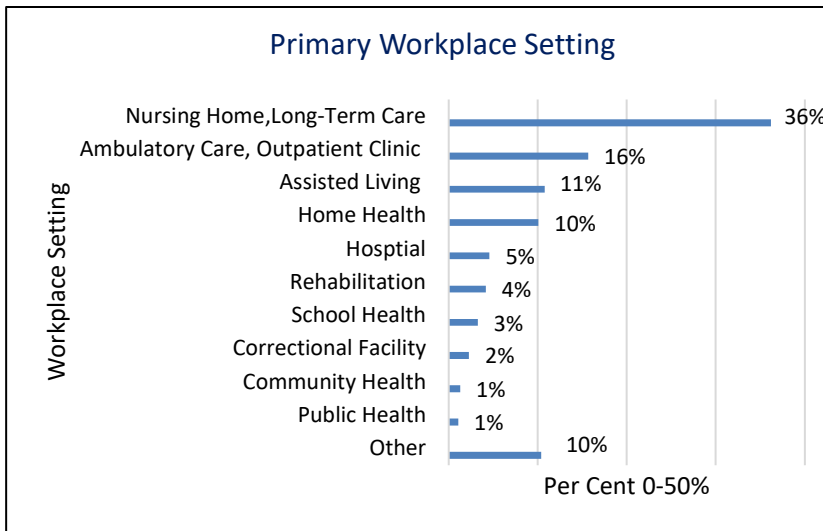
Human Capital

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 94% (3,189) of respondents are actively employed full-time in nursing. The question regarding number of jobs, 83% (3,349) work at one job, though 1,003 respondents skipped the question. 12% work part-time and a small number, 7% work per diem. A small number of respondents, approximately 15% (601), work multiple jobs. Approximately half or 53% (2,057) of respondents work a total of 40 hours per week on all jobs. For those who work part-time, approximately 23% (888) work less than 40 hours per week, and approximately 20% (754) work between 50-60 hours per week. Very few respondents work more than 60 hours per week.

Figure 4: Employment Setting



Participants were asked to identify the type of setting that most closely corresponds to their primary nursing position. The most common setting was nursing home or long-term care setting (36%, 1,468, followed by the ambulatory care, outpatient clinics (16%, 636); assisted living facilities (11%, 437), home health

(10%, 409) and acute care or hospital settings (5%, 188) (Figure 4: non-response n=977).

Most of the settings where Illinois LPNs are employed are non-acute care or non-inpatient hospital settings. The primary role of the LPN, in all the various employment settings listed above, is as a direct care provider, a staff nurse providing care to patients and families (79%, 3,181). The next highest categories are nurse administrator/manager (5%, 193), followed

by nursing care coordinator (4%, 148). The “other health-related” category is 9% (359); this question did not provide for individual comments as to what these other health-related roles are. These data are similar to the 2019 and 2017 LPN reports where approximately 75% identified as staff nurses, 5% as nurse administrator/managers and 5% as nursing care coordinators.

Employment specialty

The types of specialty practice area reflects the breadth of clinical specialty knowledge required by the LPN’s primary role. For this question, more than one clinical specialty area could be selected by respondents. The most frequently reported specialty areas: long term care (30%, 1,219), geriatric/gerontology (15%, 593), home health (6%, 250), primary care (5%, 212) and pediatrics (5%, 208). Below is a list of specialty areas, and the percent of nurses specializing in each area.

- **Acute Care:** Acute Care or Hospital (2%), Emergency (0.5%), Orthopedics (0.4%)
- **Long Term Care:** Long Term Care (30%); Rehabilitation (3%),
- **Non-acute, Outpatient Clinical Practices:** Outpatient or Ambulatory Clinic (2%); Primary Care, includes Private Physician Offices (5%)
- **Community, Health Promotion:** Community (2%), Home Health (6%), Public Health (1%), School Health (3%)
- **Family Health:** Geriatric/Gerontology, (15%), Adult Health (4%), Women’s Health (1%), Pediatrics (5%)
- **Maternal-child Health:** Maternal-child Health (0.5%), Neonatal (2%)
- **Medical, includes Specialties:** Medical (4%), Nephrology and/or Dialysis (0.3%), Oncology (0.4%), Occupational Health (0.6%), Wound Care (0.5%)
- **Other:** Other (7%)
- **Palliative Care:** Palliative Care (0.3%), Hospice (0.7%)
- **Psychiatric/Mental Health/Substance Abuse:** Psychiatric, Mental Health, Behavioral Health, Substance Abuse (4%)
- **Surgical:** Surgical (1%), Perioperative (0.1%)
- **Tele-health:** Telehealth (0.4%)

The original “Other” response rate was nine per cent. If the specialty listed in the “Other” comments section was the same as or similar to a major category previously listed, such as “Home Health” or “Telehealth”, the comment was moved into that category and the per cent total for that category was adjusted. The specialty areas with high response rates are listed above and include the comments that have been subtracted from the original “Other”

response rate total. With the redistribution of individual specialties as described above, the “Other” category decreased to seven per cent.

Figure 5: Post-Licensure Specialized Certification

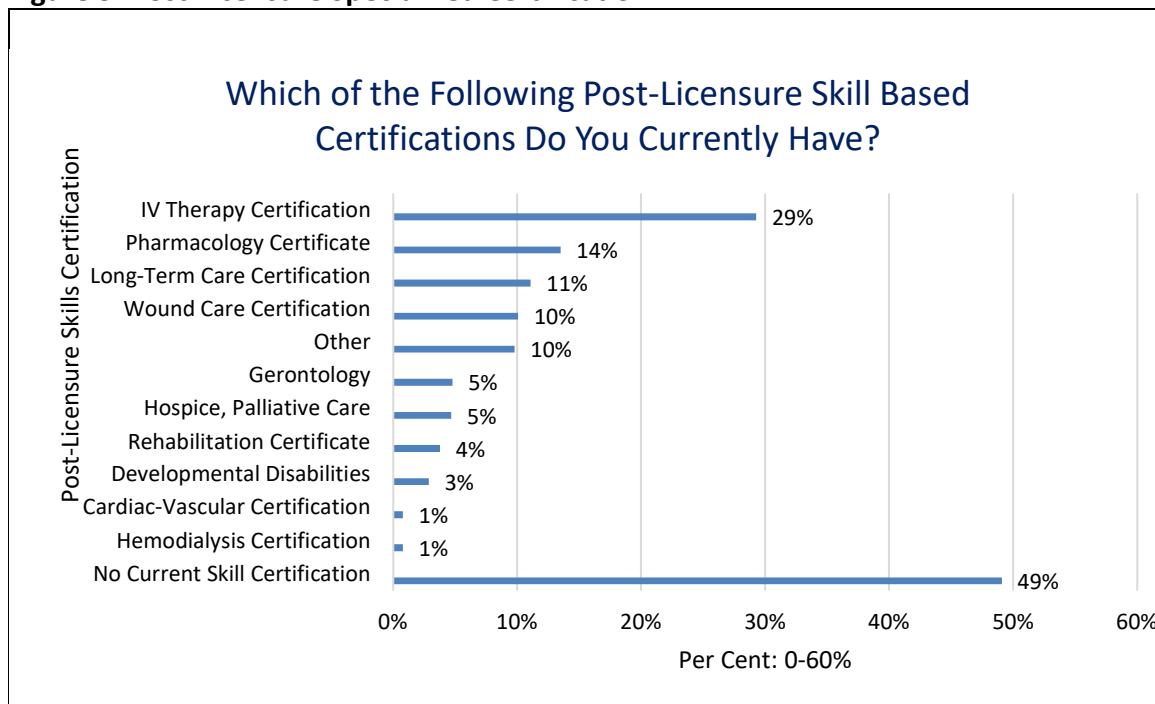


Figure 5: No response n = 779

Specialized certification enhances skills that are most valuable in a particular employment context. There are several specialty certifications available to LPNs. Figure 5 (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 (49%) do not hold any specialty certification.

Experience by Age Distribution

Years of experience as an LPN is another individual element that can be derived from survey responses. 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 automatically be equated with years of experience.

Educational Distribution

Figure 6: Highest Level of Education

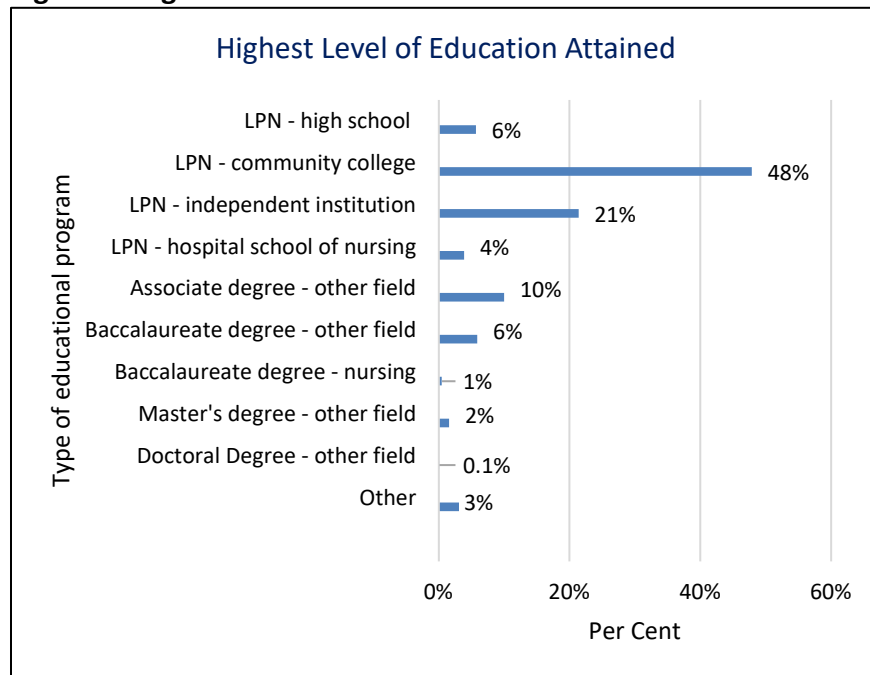


Figure 6 presents Illinois LPN educational attainment. The numerical per cent is to the right of each horizontal bar. LPN licensure obtained through a community college is the highest ranking, followed by independent institution. The advanced degrees through college courses are in addition to the LPN education and licensure.

Figure 6: No response n = 85

Community college nursing education programs remain an important pipeline for the LPN workforce. In Illinois there are a total of 34 stand-alone licensed practical nursing education programs at either a community college or an independent institution. Fifteen of these LPN programs are located in community colleges. There are also 11 community college associate degree RN programs that do not have a stand-alone LPN pre-licensure education program but do have an LPN ladder-option. These 11 community college programs are approved by the Board of Nursing to offer an “LPN option-out”. These eleven “ladder and option” programs do not have a stand-alone LPN program, but at a pre-determined point in the curriculum, if the student meets requirements, the student is eligible to take the LPN licensure examination (7). These data are similar to both the 2017 and 2019 Illinois LPN survey responses which also indicated that approximately half of the respondents received their LPN education through a community college. A list of Illinois LPN education programs is found on the Illinois Nursing Workforce Center website <http://nursing.illinois.gov/PreEducation.asp>

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 license level position.

Earnings

Figure 7: Annual Earnings

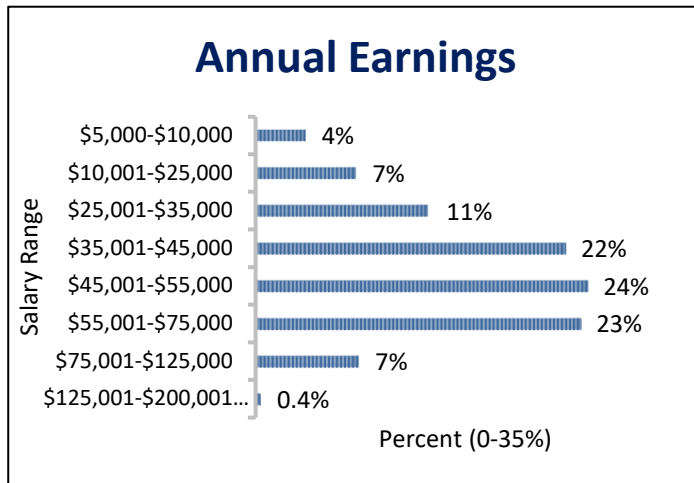


Figure 11: No response n = 956

The 2021 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 \$55,000. The majority of respondents reported annual earnings between \$25,000-\$55,000. Approximately 23% of respondents reported an annual salary above \$55,000.

The majority of Illinois LPNs work full-time, as reported earlier. It is not known if the LPNs making the lower salaries work part-time or full-time. The average Illinois LPN salary is similar to what the Bureau of Labor Statistics (BLS) reported nationally for 2021, \$48,820 annually. (8)

In addition to asking a question about annual salary, the 2021 LPN survey included a question asking which benefits the respondents currently received. Overall, approximately half of all respondents indicate that they have a retirement plan (51%), dental insurance (59%) and personal health insurance (59%). Less have family health insurance (42%) and 27% do not have any benefits at all. The type of benefits received in addition to the salary varies significantly depending on the type of workplace setting.

The top four workplace settings, where the majority of Illinois LPNs work, are: long-term care, rehabilitation, assisted living (51%); ambulatory care, outpatient clinic (16%), acute care or hospital (5%) and home health (10%). The benefits received in each setting are illustrated in Figure 8. Workplace settings not included in Figure 8 due to the small per cent: correctional facility (2%), community health (1%), school health (3%), public health (1%) and other (10%). Benefit compensation varies by workplace setting. Ambulatory clinics and acute-care hospital settings offer more benefits than other settings. For example, 79% hospitals and 69% clinics offer personal health insurance. 35% home health facilities and 55% long-term care facilities offer personal health insurance.

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 8: Compensation Benefits Received by Employment Setting

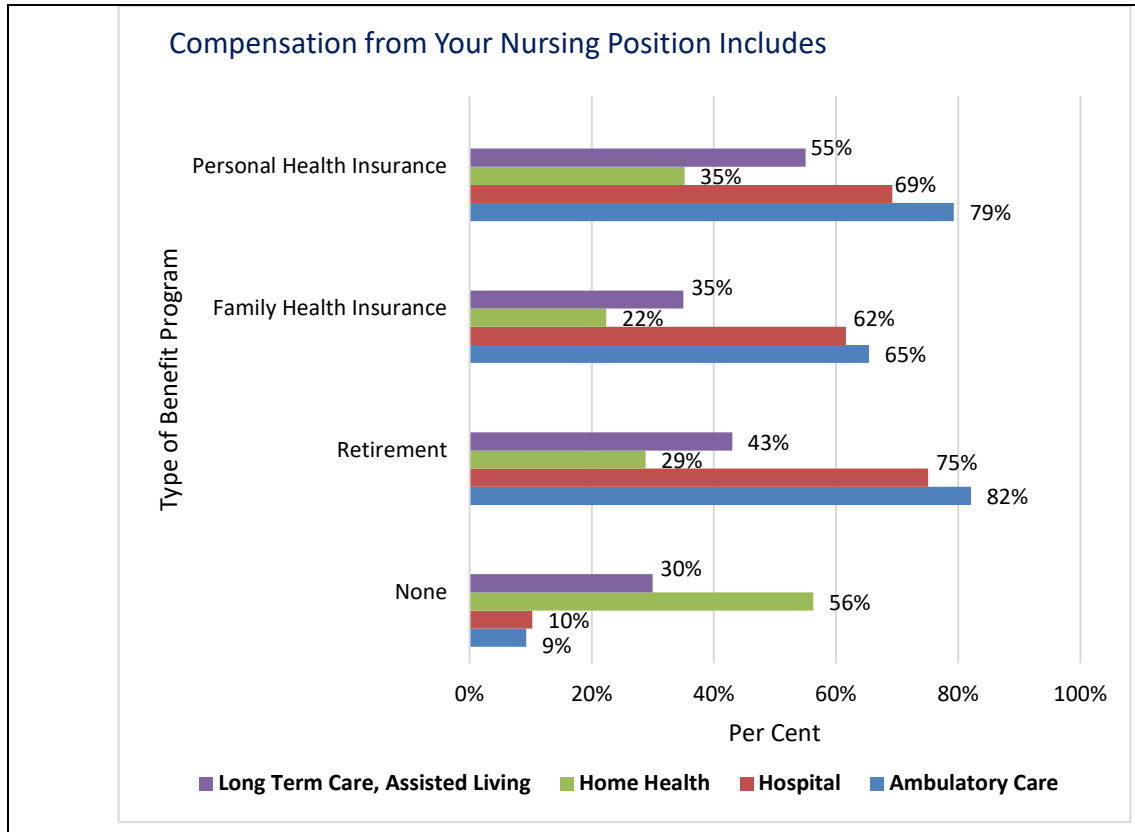


Figure 8: No response n = 55

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, ranging from offensive or threatening language 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 (9). Both the questions and the definition were used with permission from the Emergency Nurses Association.

Below are the three survey questions with summary of responses; approximately 750 respondents did not answer 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” (6%) through “never” (33%). Weekly (13%), monthly (9%), quarterly (5%), semi-annually (4%), annually (3%), less than annually (15%), I am not currently working (8%).
2. Where have you attended workplace violence training: current facility (52%), other location (17%), both current facility and other location (14%), have never attended training (19%).
3. Does your facility have a policy in place for reporting workplace violence incidents: yes (87%), no (2%), don’t know (10%).

In summary, 33% of LPN respondents reported experiencing physical or verbal abuse (based on the ENA definition) at least quarterly. 19% have never attended workplace violence training and the clear majority, 87% indicated that the facility where they work has a policy for reporting workplace violence.

Limitations

There are several limitations to this survey report. First, there was an 18% response rate to the voluntary survey offered to individual licensed practical nurses (LPNs) during the on-line license renewal process. 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 LPNs, and the voluntary responses are reflective of the Illinois LPNs with respect to age. Therefore, there is confidence that the results are consistent with Illinois licensed LPNs. 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 LPNs.

Discussion and Implications

Licensed Practical Nurses (LPNs) in our State are an aging workforce, as is the Illinois RN workforce. Forty-one percent of Illinois LPNs are 55 years of age or older, approximately the same as in 2019, when 45% of Illinois LPNs had reached this age. The median age of Illinois LPNs is slightly older than national average, which is 53 years of age (10). The most common care setting where LPNs practice is in nursing home/long-term care facilities (36%). 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 33% of the group that responded to the retirement question plans to do so in the next ten years.

It is essential for Illinois workforce planning groups to focus on the needs of the non-acute care facilities such as nursing homes, long-term care, assisted living populations. The growth in this care recipient cohort indicates a demand/workforce capacity imbalance. The anticipated growth in the U.S. elderly population is well documented. The 65-and-older population grew by over a third during the past decade, and by 3.2% from 2018-2019 (11). 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 (12). Given this demographic trend, with the impending retirement of the LPN workforce, maintaining LPNs in the workforce and recruiting individuals to attend LPN schools should be a priority issue for Illinois workforce planning groups.

In terms of racial and ethnic diversity, 37% of responding LPNs identified themselves as a racial/ethnic minority, while 63% of the respondents are White/Caucasian. Black/African American LPNs are the largest reporting minority group (27%), which is higher than the national LPN average of 17% ([NCSBN Forum], 2020). Compared to 2019 data on the LPN workforce, the LPN cohort appears to be more diverse and this diversity is clustered in younger age categories (IDFPR/Illinois Nursing Workforce Center, 2019). There is more racial and ethnic diversity amongst LPNs in the younger age ranges. These data suggest that the LPN workforce will continue to become more diverse and representative of our communities.

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 indicate that 8% of the LPN workforce are male and 92% 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 (13). While there is a clear need to increase diversity in the nursing workforce, the LPN group demonstrates positive growth trends in multiple categories.

Nursing home long-term care facilities are the workplaces most respondents indicated as their primary nursing position (36%). This is followed by the ambulatory care or outpatient clinics (15%), assisted living (11%) and home health (10%). These responses are similar to the findings in the 2019 LPN report, with one exception. The “assisted living” category is a separate option in this survey; this was done based on the number of respondents writing it in the “other” category in 2019. In this report the individual responses in the “other” category were reviewed, and if the response better fit in an itemized category – then the response was moved to that category. This decreased the “other” category from 12% to 7%. 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/long-term care facilities, hospitals, assisted living facilities and home health (14, 15). The findings support a report by Spetz et al, that indicate long-term care employs more LPN/VNs than any other industry (16). 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 with individual on-line license renewal in 2019, 2017 and 2015; these data also show that a high per cent of LPNs are employed in the long-term care industry.

Approximately 38% of survey participants report anticipated retirement over the next decade. On this question there were a substantial number, 22% indicating uncertainty with regards to retirement plans, and there were 614 non-responders. A concern is that, of those that work in long term care (LTC), approximately 33% anticipate retiring in ten years.

The overall LPN median earnings nationally increased from \$38,000 in 2015 to \$44,000 in 2020 according to the (17). 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 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 the LPN traditional roles in nursing homes/long-term care and assisted living facilities as well as in home care along with the continued 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 (18). 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 2021 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. license?
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. Please identify the employment specialty that most closely corresponds to your primary nursing position:
23. Does your compensation from your primary nursing position include (check all that apply):
24. How much longer do you plan to practice as a nurse in Illinois?
25. 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):
26. Please estimate your 2019 pre-tax annual earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.
27. How often have you experienced patient/visitor/family physical or verbal abuse while at work?

28. Where have you attended workplace violence training?
29. Does your hospital/facility have a policy in place for reporting workplace violence incidents?

Appendix B

Illinois Community College LPN Education Programs

LPN Program	City
Black Hawk College	Moline
Carl Sandburg College	Galesburg

Chicago City Colleges, Malcolm X School of Nursing	Chicago
Illinois Central College	Peoria
Illinois Valley Community College	Oglesby
John A. Logan Community College	Carterville
Kankakee Community College	Kankakee
Kaskaskia College	Centralia
Lake Land College	Mattoon
Lincoln Land Community College	Springfield
Parkland College	Champaign
Richland Community College-AD	Decatur
Sauk Valley College	Dixon
Shawnee Community College	Ullin
Southeastern Illinois College	Harrisburg
Southwestern Illinois College	Granite City
William Rainey Harper College	Palatine

Link to Illinois LPN programs <http://nursing.illinois.gov/PreEducation.asp>