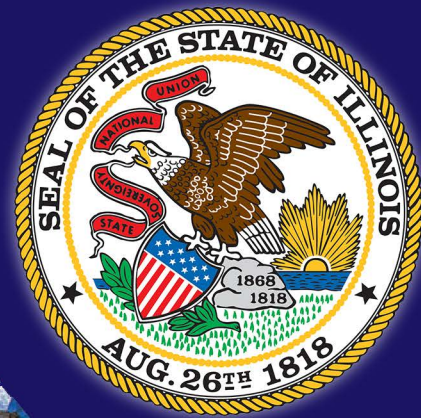# IDFPR

Illinois Department of
Financial and Professional Regulation

JB Pritzker
Governor

Mario Treto, Jr.
Secretary

Acknowledgements

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- The Illinois Nursing Workforce Center Advisory Board:
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    - Theresa E. Towle, DNP, FNP-BC, CNRN, Vice-Chairperson

Completed in 2023, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors, this survey was the first Illinois Registered Nurse (RN) workforce survey offered by Eblasts post 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 voluntarily 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.

Contents

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Introduction

The Illinois Nursing Workforce Center Registered Nurse (RN) Workforce Survey 2022

This is the fifth time that data has been voluntarily collected post Illinois RN license renewal. However, this is the first time that data was successfully collected by two separate eblasts to the Illinois licensed RN email addresses after the extended biennial license renewal process was completed. The past survey request for participation and voluntary data collections were conducted in 2014, 2016, 2018 and 2020, by a message request that would have been seen immediately upon completion of payment of the online license renewal fee. The eblast messages can be found in Appendix B.

The primary source of data for this report was from a voluntary survey offered to individual Registered Nurses (RNs) through two eblasts distributed in October 2022. The eblasts were distributed on October 5 and October 18, 2022, to the IDFPR RN database of email addresses, approximately 229,000 Illinois RNs. The biennial RN license renewal was completed August 31, 2022. The eblasts were distributed after the RN license renewal portal was closed, and at a time agreeable with Illinois Department of Financial and Professional Regulation (IDFPR) Licensing Section.

The 2022 license renewal period was extended from May 30 to August 31, 2022, by a Variance to 68 Illinois Administrative Code 1300.40 and 68 Illinois Administrative Code 1300.30(b), which require registered professional nurses (RNs), advanced practice registered nurses (APRNs), and advanced practice registered nurses with full practice authority (FPA-APRNs) to submit renewal documentation and pay the renewal fee by the deadline of May 31, 2022. The Variance was granted by Division of Professional Regulation Director Cecilia Abundis on April 5, 2022. RNs, APRNs and FPA-APRNs deadline for license renewal was extended to August 31, 2022.

On October 5, 2022, 229,426 Registered Nurses licensed in Illinois received the first eblast request to voluntarily participate in completion of an individual survey. As of October 17, 2022, 35,601 (15.5%) responses were received. On October 18, 2022, a second eblast was distributed to 207,364 Illinois RNs; the email message had been adjusted in two places. First, the end of the first line the phrase: "…deadline for survey submission October 31, 2022"; and second, a final sentence was added: "If you have already completed this survey, thank you, you do not need to complete the survey a second time". The survey was closed on November 15, 2022, with 58,385 or 25.5% response rate of those who hold an RN-only license. Advanced

Practice Registered Nurses (APRNs) and Full Practice Authority Advanced Practice Registered Nurses (FPA-APRNs), who are also licensed as RNs, were not included in the survey data collection and analysis.

About the survey: The survey included 33 questions consistent with the National Forum of State Nursing Workforce Centers recommended Supply minimum set of data to standardize information collected. There were additional questions about workplace violence and the impact of COVID-19 SARS-2 pandemic. A comprehensive record of questions is provided in Appendix A. Information obtained from the survey can be categorized into four areas: 1) demographic information such as age, diversity (race, ethnicity, gender), and retirement horizon; 2) human capital elements such as level of education, workplace role and employment specialty area; 3) job characteristics of work setting, annual salary, workplace violence, and 4) COVID-19 SARS-2 impact.

Key Findings

Illinois Nursing Workforce Center Registered Nurse (RN) Survey 2022

Voluntary survey participation was offered to Illinois RNs through two eblasts, October 5 and October 18, 2022. The data portal remained open from October 5 through November 15, 2022. A total of 58,385 RNs completed the survey for a survey response rate of 25% RNs.

Key Findings:

➢ Employment: 91% of nurses work full-time at one job and are actively employed in nursing.
➢ Employment setting: approximately half of Illinois RNs, 50%, work in an acute care setting such as a hospital; in 2020 52% worked in an acute care setting such as a hospital; 10% are employed in ambulatory care, non-acute, outpatient settings. RN positions vary per setting.
➢ Diversity: consistent with the increase in ethnic and racial diversity in Illinois, there is a slight increase in the diversity of the Illinois RN nurse workforce. There is more racial, ethnic and gender diversity of RNs under the age of 45 years in the Illinois workforce.
➢ Education: 73% of RNs have either a bachelors, masters, or doctorate as the highest nursing education degree.

Diversity

➢ 64% of Hispanic/Latinx nurses are 44 years of age or younger.
➢ 50% of nurses that are male are 44 years of age or younger.
➢ 52% of Asian nurses are 44 years of age or younger.

Age of the RN Workforce

➢ 43% of the RN survey respondents are 55 years of age and older, while the Active Licensee database indicates that only 28% of RNs are 55 years of age or older.
➢ 59% of nursing faculty are 55 years of age and older.

RN Employment Settings

➢ 51% of RNs practice in a hospital/acute care setting–especially nurses in younger age cohorts.
    The hospital is the most common acute-care employment setting.
➢ 13% of RNs practice in ambulatory care, non-acute, outpatient settings, including outpatient clinics, private practice, doctor offices, etc.
➢ 7% of RNs practice in a nursing home/extended care/assisted living setting.
➢ 4% of RNs are school nurses; 6% are home health nurses, 3% are public health nurses.

RN Position Role

➢ 63% of RNs provide direct patient care as staff nurses in acute and non-acute care settings.
➢ 14% Identify as a nurse manager, administrator, executive or patient care coordinator.
➢ 3% Identify as nursing faculty.
➢ The average staff nurse acute care salary ranges from $65,000-$85,000 (31%), $85,001- $105,000 (23%); $105,001-$145,000 (16%); the average administrator/manager's salary ranges from $75,000-$185,000; the average nursing faculty salary ranges from $65,000-$85,000.
  The full report is available on the INWC website after December 18, 2023.
  https://nursing.illinois.gov/resources/data-reports.html

  *APRNs and FPA-APRN's who are also licensed as RNs were not included in the survey data.

Background: In the past, from 2014-2018, there was a request for voluntary survey participation post completion of biennial online nurse license renewal, after payment of the license renewal fee. With the transition to the 2022 IDFPR license renewal system, voluntary request for survey participation and data collection did not occur after the individual online license renewal was completed. Wording of the voluntary survey participation email eblasts was similar to past post-license renewal requests for voluntary survey participation. The timing for distribution of the two eblasts was determined in consultation with the IDFPR Licensing Unit. The second email message included a survey completion deadline date and a note that if one had already completed the survey, one should not complete the survey a second time. These email messages are found in Appendix B.

Executive Summary

General overview: Analyzing nursing workforce data through the lenses of nursing licensure, different specialties, levels of care, and geographic location may inform ways to strengthen strategic efforts for the mobilization of healthcare workers during any epidemic or pandemic (1). This report contains data on the characteristics, supply and distribution of the current Illinois Registered Professional Nurse (RN) licensed workforce, the relative numbers of RNs in each age group, their racial, ethnic and gender diversity, education preparation, education advancement, specialty practice area, workplace role, salary ranges, limited questions on the impact of COVID-19 SARS-2 pandemic and workplace violence. Based on these findings, issues and concerns around the capacity, distribution and diversity of the nursing workforce are identified. Data in this report is useful in maintaining access to health care and planning for the provision of essential primary care and other health care services.

Diversity: Consistent with the increase in ethnic and racial diversity in Illinois, data collected indicate a slight increase in the number of nurses of color in the RN workforce in select groups of the younger cohorts. For those identifying as Hispanic/Latinx, 64% are 45 years of age or younger, while 5% are 65 years of age or older. In the Multiracial category, 57% are 45 years of age or younger, while 8% are 65 years of age or older. The increase in diversity in younger age cohorts did not hold true for all age groups, 38% of Black/African American respondents reported being 45 years of age or younger, compared to the 18% that are 65 years or older. White/Caucasian nurses with initial licensure in the U.S. continue to constitute a substantial majority of all respondents, approximately 76%; this is less than the 93% reported in 2007 (2). Like most other states, the overwhelming majority of Illinois RNs are female (91%), with 8% RNs are male.

Age of workforce: This report includes age data from both the IDFPR/DPR Active Licensee database, and from the eblast RN survey respondents. The IDFPR/DPR Active Licensee age data indicates that 28% of Illinois RNs are 55 years of age or older. The survey participants include more responses from an aging RN workforce, with 55% of survey respondents indicating that they are 55 years of age or older. While this is only 3% more than in 2018 and 2020, it is 13% more than the 42% survey respondents in 2014. Similar to 2018 and 2020, approximately 27% of the survey respondents indicated an intent to retire within the next five years.

Education post-licensure: Education post-licensure is acquired either through obtaining additional degrees and/or through specialty certification and recertification. Responses to questions regarding registered nurses' intent to seek higher degrees revealed a low percent of respondents intend to pursue education leading to an additional degree. Respondents who are

not pursuing a degree post-licensure indicated that the greatest barrier was cost, specifically cost of tuition, followed by family obligations. Currently, 73% of respondents have a bachelor's, master's or doctoral degree. The RN's initial pre-licensure education resulting in a degree shows that 42% began at a college or university obtaining a bachelor of science or master's degree in nursing; 37% obtained education at the associate degree level in a community college; 12% obtained education through a hospital with a pre-licensure RN program, a hospital diploma school of nursing; and 6% were initially licensed as an LPN. This is separate from the continuous professional development such as specialty certification and continuing education courses. There are approximately 183 types of courses with examinations leading to nurse certification.

Specialty foci: The specialty practice area reflects the breadth of clinical specialty knowledge required by the RN's primary role. The survey respondents reported employment in these top five nursing specialties: acute care/critical care/intensive care (21%), family care from pediatrics through gerontology (16%), medical (13%), community-health promotion (11%) and surgical/perioperative (9%). The data also demonstrate the distribution of nurses in specialties by age cohorts, revealing significantly fewer younger nurses in specialties such as psychiatric mental-health, school health, public 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 settings (3).

Summary: Collectively, the 2022 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, e.g., will it be adequate to meet the health care needs of Illinois residents? Health care workforce planners should use these data to help determine what types of RN (e.g., specialty, role) 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 gender, racial and ethnic diversity, educational preparation, educational advancement, employment specialty, employment role, annual salary, limited COVID-19 SARS-2 information and job characteristics of work-place setting.

Data 2022 RN

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 (1,216).

Figure 1: Age Cohorts
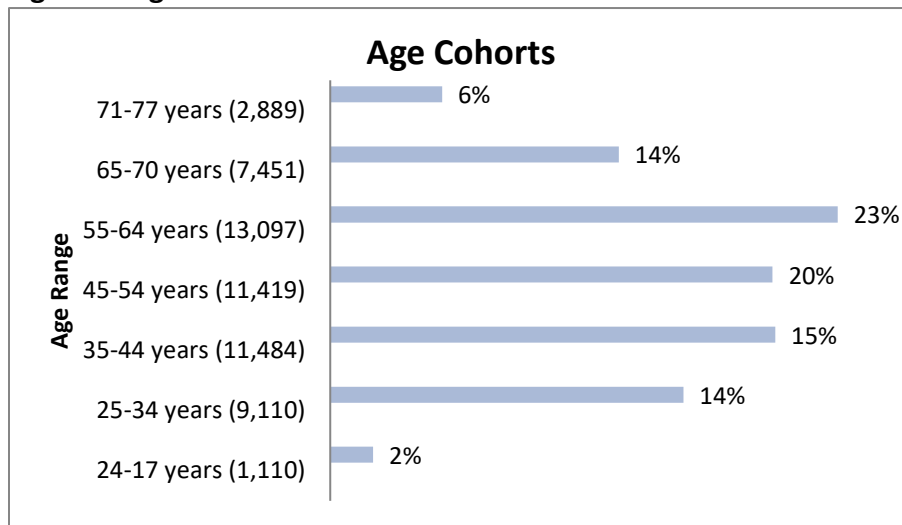
Number skipped: 1,216.

The age cohorts of Illinois RNs responding to this voluntary survey in 2022 are similar to but slightly lower than those reported in 2020 and 2018. In 2018 and 2020 52% of survey respondents indicated they were 55 years of age or older; in 2014, 42% of survey respondents indicated they were 55 years of age and older.   There has been a steady increase in survey respondent RNs in the older age categories. In the IDFPR/DPR Active Licensee database, there

are only 28% Illinois RNs age 55 years or older. While this is still a significant portion of the Illinois RN active licensee workforce, it also shows that more survey respondents are in the older age range.

Figure 2: Diversity: Race/Ethnicity Overall
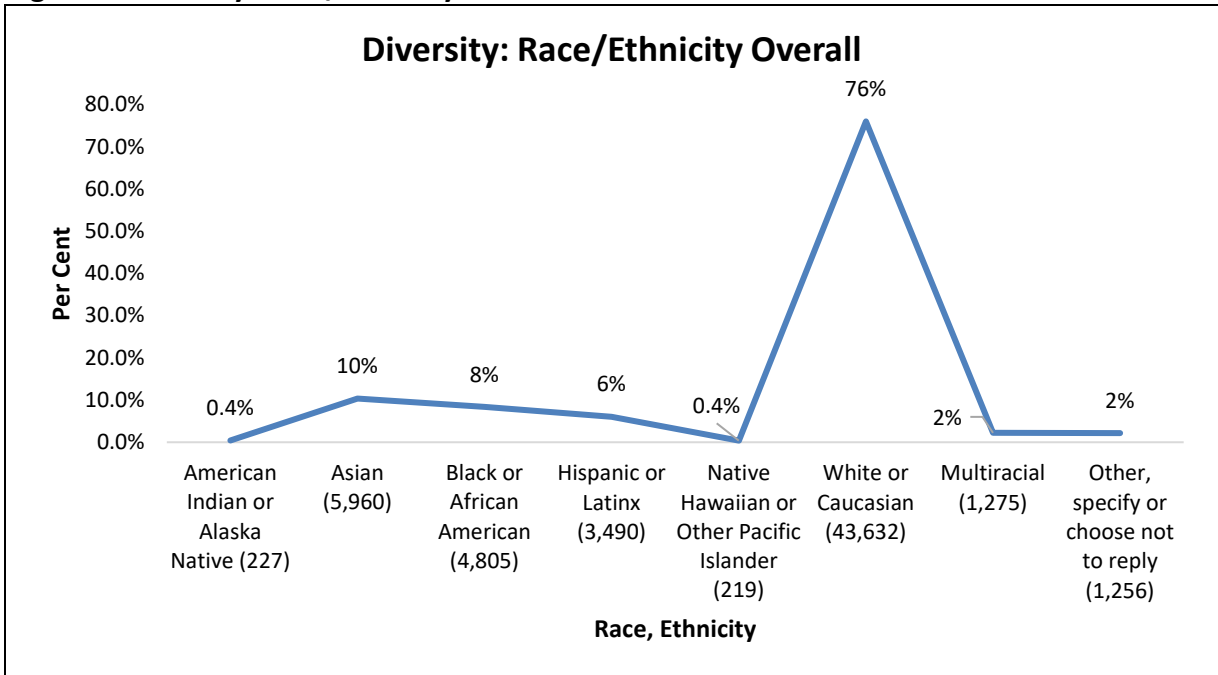
Number skipped ethnicity question: 798; number skipped race question: 1,011.

Overall racial and ethnic 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 57, 374 responses, 1,011 individuals did not respond to the race question, 798 did not respond to the ethnicity question. These 2022 results are similar to those of the past four years of Illinois RN surveys with some slight differences. The category of White/Caucasian was 76% in 2022, which is approximately 5% 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/Gender by Age

Race/Ethnicity by Age									
Age		24-17 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years		Total*
American Indian or Alaska Native		1.4%	23%	23.9%	27.0%	14.9%	5.4%	4.5%		0.4%
Total Up 0.1% N		3	51	53	60	33	12	10		227
Asian		1.9%	23.7%	26.8%	27.5%	12.2%	5.9%	2%		10.4%
N		112	1,397	1,582	1,619	716	347	121		5,960
Black/African American		0.97%	12.8%	23.8%	23.8%	20.9%	11.2%	6.5%		8.4%
N		46	607	1,131	1,131	993	531	308		4,805
Native Hawaiian or Other Pacific Islander		2.8%	13.1%	24.3%	27.6%	22.9%	7%	2.3%		0.4%
N		6	28	52	59	49	15	5		219
White/Caucasian		2%	14.5%	18.3%	18.5%	25.1%	14.8%	6.9%		76%
N		852	6,276	7,910	7,972	10,843	6,390	2,964		43,632
Hispanic/Latinx		3.5%	32.4%	28.2%	18.2%	12.5%	3.6%	1.5%		6%
N		122	1,122	977	631	433	123	53		3,490
Multiracial		2.9%	26.6%	27.6%	20.3%	15%	4.5%	3.1%		2.2%
N		37	336	349	256	189	57	39		1,275
Female		1.9%	15.4%	14%	19.5%	19.8%	13.5%	14.6%		91%
N		998	8,013	5,464	10,107	10,258	7,004	7,583		52,941
Male		2.2%	21.5%	26.3%	22.5%	16.6%	8.3%	2.64%		8.1%
N		104	995	1,222	1,044	769	383	122		4,716
Prefer to Not Answer		1.2%	15.1%	28.9%	22.5%	21%	7.4%	4.0%		0.8%
N		5	61	117	91	85	30	16		466
Age		24-17 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years		Total*
The U.S. Census Bureau describes the Hispanic ethnonym as a culture regardless of race, so these data may represent duplicate counts. *This total maybe different from the Overall race/ethnicity total in Table #2. In that overall summary table, comments from "other" were added to the appropriate race, ethnicity category.										

Number skipped ethnicity question: 798; number skipped race question: 1,011.

Racial and ethnic representation of the Illinois RN workforce differs depending on the age of the nurse. White/Caucasian females continue to constitute a substantial overall majority, approximately 76% of all Illinois RNs. However, there are indications of changing demographics observable across age categories. For example, approximately 64% Hispanic/Latinx respondents are 44 years of age or younger, which is 6% more than in 2020.   Of the Multiracial respondents, approximately 57% are 44 years of age or younger, which is 1% more than in 2020. For Asian respondents, approximately 52% are 44 years or younger, which is 10% more than in 2020. Thirty-eight per cent (38%) of Black/African American respondents are 44 years of age or younger, with 18% who are 65 years of age or older.

The gender distribution among the Illinois nursing workforce continues to be dominated by women. In the 2014, 2016 and 2018 surveys, the RN respondents were 94% female. In 2022, the survey respondents are 91% female, 3% less than previous years. This is the close to the 89% national average (4). However, gender distribution does differ by race and ethnicity: for example, for Asian respondents, approximately 81% (4,813) are female, 18% (1,063) are male, and approximately 1% (73) are prefer not to answer or other. For Multiracial respondents, 86% (1,087) are female, 10% (130) are male and approximately 4% (53) either prefer not to answer or other. For Hispanic/Latinx respondents, 89% (3,105) are female, 10% (344) are male and 1% (36) are prefer not to answer or other. For Black/African American respondents, 91% (4,343) are female, 9% (428) are male and 0.4% (20) either prefer not to answer or other. The gender distribution amongst nurses who are of a racial and ethnic minority is slightly different from the overall Illinois RN gender distribution.

Consistent with Illinois RN surveys in the even years from 2014-2020, the overwhelming majority of respondents received initial RN licensure in the United States. In 2022, 93% (48,778) received initial RN licensure in the United States, 5% (2,741) in the Philippines, 0.92% (482) in India, 0.23% (121) in Nigeria, 0.16% (69) in Canada, 0.11% (59) in Poland and 6,121 did not respond to the question. In summary, the number of Illinois RNs who received their initial RN license in a foreign country has remained essentially unchanged since the 2007 Illinois Center for Nursing Survey (5).

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*, approximately 21% survey participants (12,354) did not respond to the question and 18% indicated uncertainty with regards to retirement plans. The largest group of respondents 27% is composed of RNs within five years of exiting nursing practice. Approximately 41% of those responding to this question report anticipated retirement over the next decade.   The percent

anticipating retirement in the next 10 years remains essentially unchanged between 2016 and 2022. However, a comparison between the 2014 and 2022 survey data shows an increase of 4% in the percentage of respondents who plan to retire in the next 10 years, from 36% in 2014 to 40% in 2022. An additional question option "retired" was added to the 2022 survey, 12% of respondents to this question indicated that they are already retired but continue to maintain an active nursing 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 approximately 40% (23,612) respondents, and 46% checked that they do not plan to retire. So, of the small per cent of respondents indicating they might extend their retirement date, the three categories receiving the most responses regarding extending the retirement date were: increased salary, shortened/flexible work hours and economic conditions. But a significant, 40%, of survey participants skipped this question.

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 RNs in health care, preventive care, strategic planning, education, and workforce development in promoting economic growth and societal well-being. In this section we look at education and the area of practice specialty as well as the role of the RN in the specialty work areas.

Education

Traditional pre-licensure nursing education programs for Registered Nurses (RNs) in Illinois prepare the nursing student to take the national NCLEX® RN license exam. These traditional programs are the hospital diploma program, an associate degree (ADN) obtained at a community college or a private college, or a bachelor's degree in nursing (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 ® RN license exam.

There are five varieties of pre-licensure RN education programs available in Illinois; all programs prepare the student nurse to take the national RN NCLEX® licensure examination.

Illinois graduates approximately 7,000 newly licensed RNs annually (6). There are associate degree RN (ADN) programs in 44 community colleges; traditional RN baccalaureate (BSN) degree programs in 34 colleges or universities; the 12 accelerated BSN degree programs are in the colleges and universities that also have the traditional BSN programs. Of the ten MSN entry programs, eight have both an MSN entry program as well as a traditional BSN degree 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 pre-licensure education programs. The chart below, Figure 4, combines two questions regarding nursing education: *What is your initial level of education and what is your highest level of education.*

Figure 4: Initial and Highest Level of Education
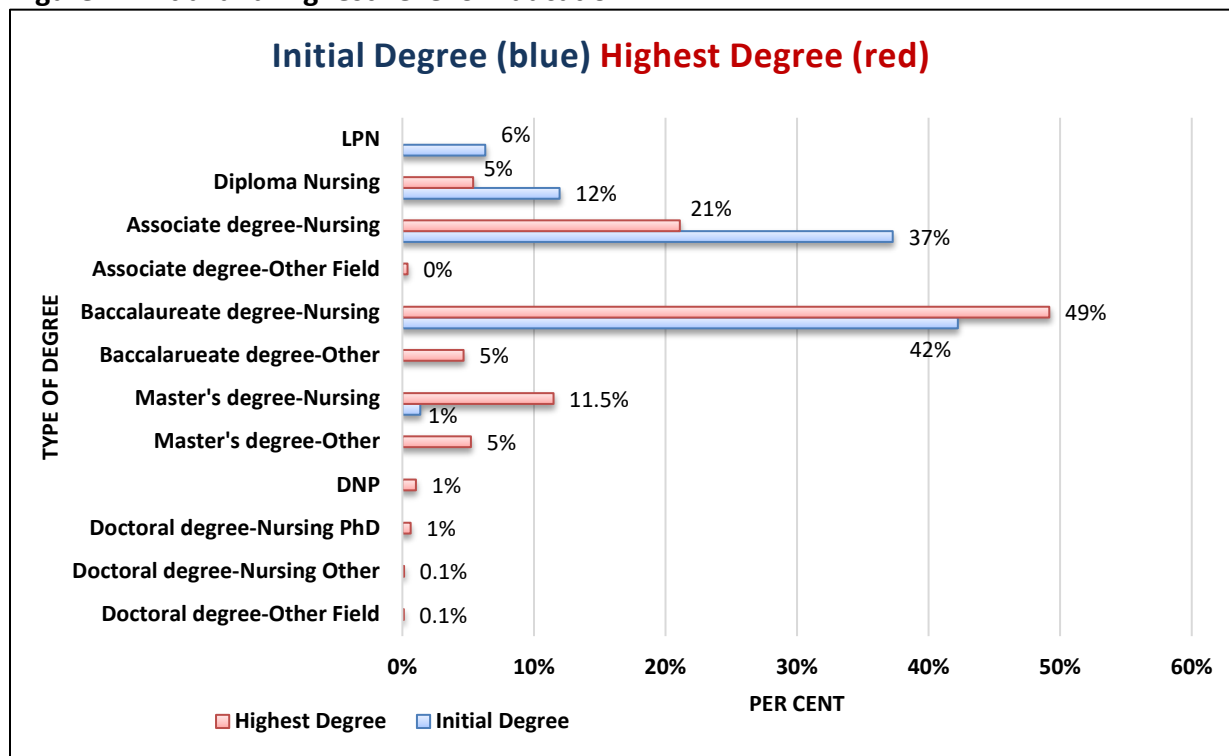
Number skipped initial degree question: 5,425; number skipped highest degree question: 4,307.

The percentage of nurses initially becoming licensed as an RN and entering the field via the Associate Degree in Nursing (ADN) route (37%), was close to those entering at the Bachelor of Science in Nursing (BSN) level 42%. The next highest category of those entering the field was comprised of nurses who initiated their career via a hospital diploma school (12%). The

remaining 9% were distributed across a broad spectrum of educational categories. The initial education distribution for 2022 is similar to the 2020 survey responses.

The table above (Figure 4) 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 the present. For example, from 2014 through 2022, 37% of respondents indicated the initial degree prior to RN licensure was an associate degree in nursing (ADN). In 2014, 39% respondents indicated the initial degree was a bachelor's degree in nursing, or BSN, and in 2022 42% indicated the initial degree prior to RN licensure was a BSN. In 2022 there are slightly more nursing students obtaining their initial degree from RN-BSN programs than from RN-ADN programs.

When respondents were asked to indicate the highest degree attained (red lines), 21% of respondents indicated an associate degree in nursing (ADN); and 6%, indicated a hospital diploma, indicating that many nurses continue their academic education during 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 58% in 2014 to in 2022 73%. There is an approximate 16% decrease in the number of nurses whose highest degree is an associate degree or ADN; in 2014 the decrease of nurses whose highest degree is an ADN was 10%. While a significant percent of nurses returns or continue to school to obtain a master's degree, either in nursing (12%) or another field (5%), the number of nurses with an either an earned research doctorate, PhD (0.63%) or Doctor of Nursing practice, DNP (1%) remains low.

Respondents were asked: *Are you currently enrolled in a nursing education program leading to a degree/certificate? and*, 92% responded "no". When asked the barriers to continuing your education, select only one option: the greatest barrier was cost, specifically cost of tuition (34%), followed by family obligations (11%). The results regarding barriers are similar to the results in surveys from 2014 through 2020, when approximately 10% of Illinois RNs indicated they were returning to school, to continuing their education leading to a degree or certification.

The other area of nursing education is specialty area certification and recertification. Nurses validate their mastery of skills, knowledge and abilities through certification and meet ongoing learning and practice requirements through recertification (7). There are approximately 180 areas of nursing specialization - nurse certification examinations. https://nurse.org/articles/nursing-certifications-credentials-list/   The area of specialty certification or whether or not a nurse is certified was not asked on the survey.

Employment, Job Characteristics

The overwhelming majority of respondents, 91%, are actively employed in nursing, work full-time, and 68% are employed at one job. Of those respondents who work part-time or per diem, the majority are also actively employed in nursing. A small number of respondents, approximately 12%, work multiple jobs. Approximately half or 49% of respondents work a 31- 40 hours per week on all jobs. For those who work part-time, 20% work less than 30 hours per week, and approximately 24% work between 41-60 hours per week; very few respondents work more than 60 hours per week. The question about number of hours worked per week did not specify whether the nurse worked full-time or part-time.

COVID-19 Impact

Four specific COVID-19 impact questions, were asked. The first asked: *Have you switched jobs since Fall 2020? If yes, please list the type of switch: a different care unit, a different employer, a temporary staffing agency, or if you are working as a travel nurse.* Approximately 30% skipped answering (approximately 17,500); of those that responded, 60% indicated that they had not switched jobs since Fall 2020. The next highest response rate: slightly more than 19% indicated that they had switched employers and are with a different employer; 7% indicated they had switched jobs but are with the same employer. Four percent indicated that they are working as a travel nurse and approximately 2% are working for a temporary staffing agency. Approximately 1% indicated that they are no longer working as a nurse. Of those that answered this question the majority, 60%, maintained the same role and function during the 2020-2022 pandemic. Changes in workplace violence begin on page 21.

There were two specific COVID-19 questions: *Are you required to provide proof of completion of COVID-19 vaccination series to maintain employment?* Approximately 30% (17,923) skipped the question; of those that responded, 76% indicated yes, a COVID-19 vaccination series is required to maintain employment. The second question: *If you have an approved COVID-19 exemption, how often are you required to complete a COVD-19 test to maintain employment?* Only 14% responded to the question; since the response rate is limited, it is not included.

A final question in this section asked about COVID-19 impact on the work environment, staffing, pay, scheduling and nurse support. The question: *Due to ongoing concerns about nurses' emotional well-being and burnout, many organizations have implemented policies directly aimed at the safety, well-being, and support of the nursing workforce. Please check which revisions have occurred at your current place of employment since Fall 2020. Check all that apply.* There was a 60% response rate to this question. Response options: are divided into the following areas:

- Work environment: 45% experienced new PPE policies and practices; 18% experienced increased access to mental health services.

- Pay: 32% received an increase rate of pay; 18% COVID-19 received hazard pay; 28% received bonus pay; and 3% received an increased amount of paid time off.
- Scheduling: 17% received an increased flexible scheduling; 7% received an increased "ease ability" to schedule paid time off; 5% paid leave of absence.
- Temporary staffing assistance: 27% experienced increased number of travel nurses as coworkers; 24% increased number of temporary agency nurses as coworkers.

In summary, for nurses responding to this COVID-19 impact question there were many changes in the work environment including rate of pay, scheduling and support services.

Figure 5: Primary Employment Setting
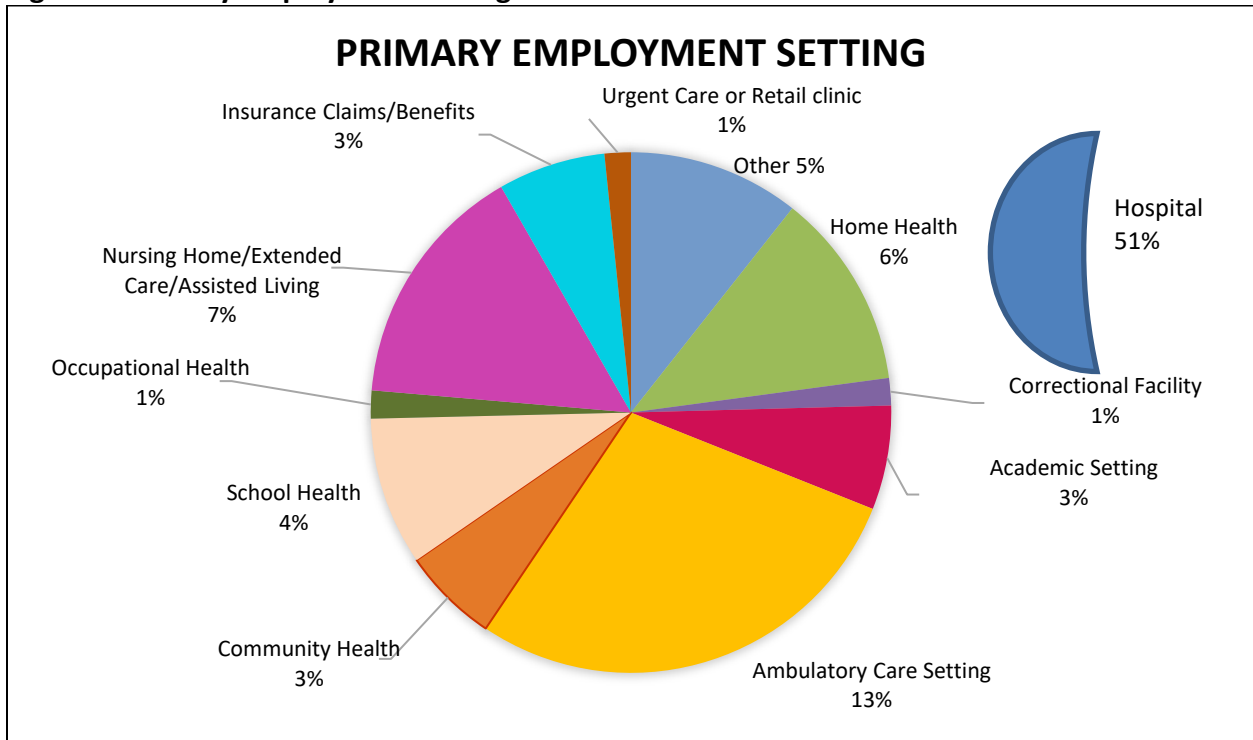
Number skipped: 17,067.

    Figure 5 (above) is a visual description of the various RN employment settings. The main employment setting for Illinois RNs is in a hospital/acute care setting (51%), which is a slight decrease from 54% in 2016. The remainder of RNs are employed in a myriad of settings; the most common are ambulatory care/non-acute/outpatient settings (13%), nursing home/extended care/assisted living (7%), academic (3%), community health (3%), school health (4%), and home health (6%). This is only a slight decrease in the numbers of nurses working in hospital/acute care settings since 2020, but a significant decrease since 2000 when 64% RNs were employed in a hospital/acute care setting. This shift in care setting reflects an increased focus on RN roles and positions in non-acute care or ambulatory outpatient and community settings.

Figure 6 (below) is a chart that describes the different Illinois RN workplace settings and then provides the percentages and number of survey respondents per employment setting where Illinois RNs work. Respondents were provided the opportunity to write in a workplace descriptor in the "Other" category. If the descriptor fit with a previously listed major category, the response was moved up to that category, and the "Other" per cent was adjusted. The original "Other" response rate was 11%, after the redistribution as described, it is now 5%. Some of the settings that were written in the "Other" category are listed below in Figure 6.

Figure 6: Employment Settings

Employment Settings				
Setting		**Per Cent**		**Number**
Hospital		51%		21,001
Ambulatory Care Settings		13%		5,533
Nursing Home/Extended Care/Assisted Living		7%		2,988
Home Health		6%		2,384
Academic Setting		3%		1,259
School Health		4%		1,795
Community Health		3%		1,165
Public Health		2%		724
Insurance Claims/Benefits		3%		1,300
Occupational Health		0.8%		337
Correctional Facility		0.8%		331
Urgent care or Retail clinic		0.8%		316

Other: Includes:
    Call Center, Triage, Telehealth (0.98%, 404),
    Policy/Planning/Regulatory/Licensing Agency (0.3%, 111)
    Hospice (0.68%, 283), Work from Home (0.65%, 270),
    Mental Health Center, Rehabilitation, Corporation, Private Duty, Education, Insurance, Home
		5%		2,073

Setting		**Per Cent**		**Number**
Employment Settings				

Position Title: In the employment settings approximately two thirds or sixty-three per cent (25,795) of the respondents provide direct patient care as staff nurses. The next most common position title is nurse manager or administrator (10%/4,218), followed by case manager (8%/3,165), and nursing faculty (3%/1,068). These responses are similar to the past RN survey reports, data on these titles has been collected since 2014, except "case manager" has replaced the title "patient care coordinator". These position titles reflect only a few of the leadership roles of nurses in the various patient care settings. For example, a staff nurse may be in charge of an inpatient unit, while also on a quality assurance committee that determines changes in care or patterns of care. Managers and others may also be involved in hospital or community based strategic planning committees. The many roles of a nurse are in addition to the position title in the employment setting.

Employment specialty: The specialty practice area reflects the breadth of clinical specialty knowledge required by the RN's primary role. For this question, more than one clinical specialty area could be selected by respondents. The most frequently reported specialty areas: acute care/critical care/intensive care (21%), family care from pediatrics through gerontology (16%), medical (13%), community- health promotion including home health, public health, school health (11%) and surgical (9%).   Below is a list of specialty areas, and the percent of nurses specializing in each area.

- **Acute Specialties**: Acute Care (8%), Critical Care (6%), Emergency (6%), Orthopedics (1%), Trauma (0.4%),
- **Case Management, Risk Management**: (4%)
- **Community, Health Promotion**: Community (1%), Home Health (4%), Public Health (2%), School Health (4%)
- **Faculty/Education/Educator:** (3%)
- **Family:** includes Pediatrics through Geriatrics/Gerontology: Family Health (1%), Primary Care (2%), Adult Health (2%), Pediatrics (3%), Women's Health (2%), Geriatric/Gerontology, (5%)
- **Insurance/Reimbursement/Utilization Review/Workers Compensation:** (1%)
- **Maternal-Child Health:** (4%), Neonatal (2%)
- **Medical, includes Specialties:** Medical (5%), Nephrology (2%), Oncology (3%), Rehabilitation (2%), Occupational Health (1%)
- **Palliative Care:** (0.5%), Hospice (1%)
- **Psychiatric/Mental Health/Substance Abuse:** (4%)
- **Quality Improvement:** (1%)
- **Surgical, Perioperative:** Anesthesia (0.2%), Perioperative (4%), Surgical (6%)
- **Tele-health:** (2%)
- **Other**: (11%)   **Retired:** (0.5%)

The original "Other" survey response rate was 16%, which is a similar, but slightly lower (3%) than the "Other" response rate in the 2016 -2020 RN surveys. If the specialty typed into the "Other" comments section was the same as or similar to a major category already listed, such as "Medicine" or "Telehealth", it was moved into that category and the per cent total for that category was adjusted. For some with a high response rate, such as quality improvement, a new major category was created; a retirement category was also added this year.   The specialty areas with high response rates are listed above and have been subtracted from the original "Other" response total. With the redistribution of individual specialties as described above, the "Other" category is now down to 11%.

Emerging Trends: Workplace Violence

The Illinois General Assembly (ILGA) in 2018 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 survey questions were asked. 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 (8).

Below are the three general workplace violence questions with summary of responses: For these questions, there was an approximate 77% (44,955) response rate. A summary response rate and changes to previous 2020 survey responses is briefly described below. Overall, the respondents indicated an increase in workplace violence since the 2020 post-license renewal RN survey report.

1. *How often have you experienced patient/visitor/family physical or verbal abuse while at work?* Compared to the 2020 survey, more RNs experienced patient/family/visitor workplace violence. The range of options began with "on each shift" (8%) through "never" (13%). Other response options: weekly (18%), monthly (15%), quarterly (8%), semi-annually (6%), annually (4%), less than annually (14%) and I am not currently working (11%).   Summary: What is significant is that the number of RNs that experienced patient/visitor/family verbal or physical abuse more than doubled for the "on each shift" option; in 2020 the response was 3% which increased to 8% in 2022. In the past 23% RNs indicated that they "never "experienced workplace violence, while the 2022 survey indicated only 13% never experienced workplace violence from patients/family/visitors. Compared to the 2020 survey, weekly and monthly workplace violence also increased;

weekly from 11% to 18% and monthly from 12% to 15%; the 2022 responses to other options remained about the same 2022 and 2020.

2. *Where have you attended workplace violence training*: current facility (57%), other location (13%), both current facility and other location (14%), have never attended training (17%). Similar 2020 and 2022 response rates, except the number to not have workplace violence training has gone up from 13% in 2020 to 17% in 2022.

3. *Does your facility have a policy in place for reporting workplace violence incidents*: yes (82%), no (4%), don't know (14%). Responses similar, 2-4%, 2020 and 2022.
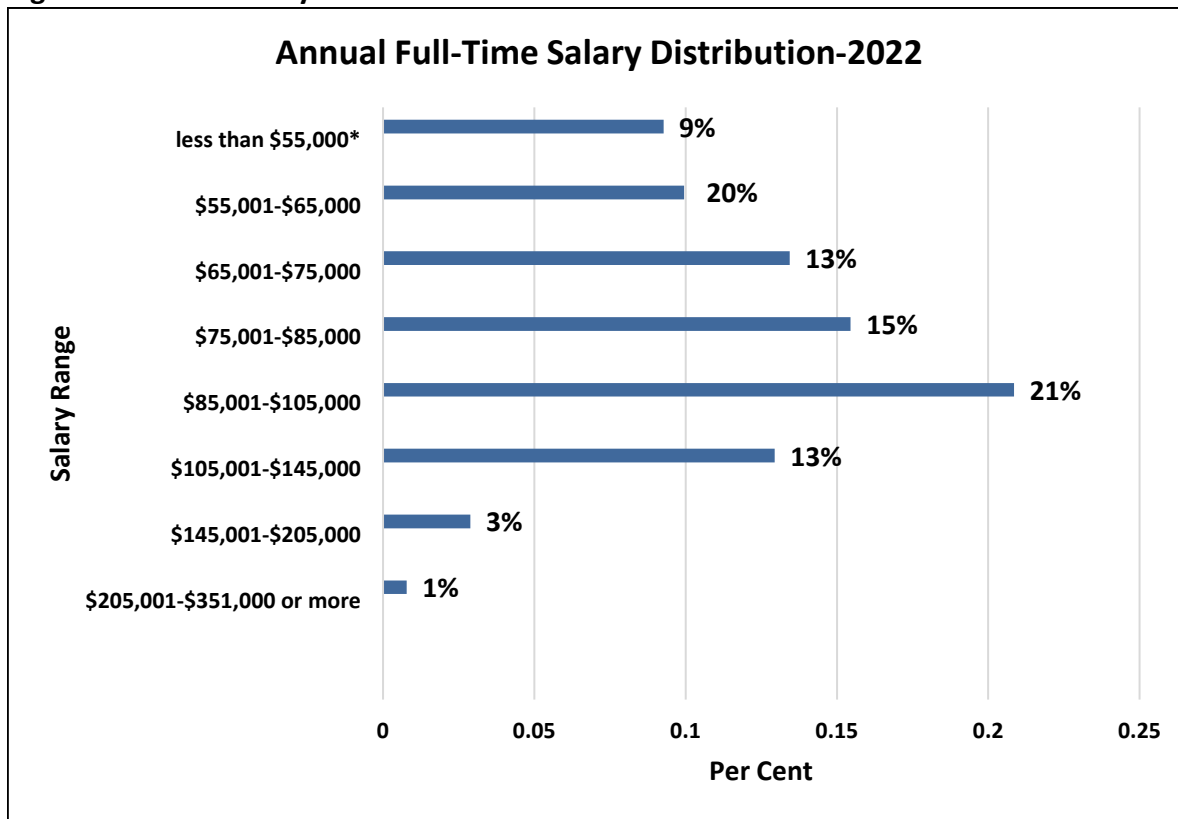
In summary, the number of RNs experiencing patient/family/visitor physical or verbal abuse while at work has almost doubled in the number experiencing either on each shift (8%) or weekly (18%) compared to what was reported in 2020. At least quarterly, approximately 50% of RNs report experiencing physical or verbal abuse (based on the ENA definition), which is up from the 35% that reported experiencing this during the same times in 2020. The vast majority of nurses, 82%, know that the facility where they work has a policy for reporting workplace violence.

Earnings

The survey included two questions about annual salary, one question directed towards RNs working full-time, one question directed towards RNs working part-time. Each salary question requested the following information: *please estimate your 2021 pre-tax annual full-time earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.* Twenty intervals were provided as a range for annual full-time earnings from the nurse's primary position. Figure 7 (below) shows the full-time salary ranges. The average general salary range (36%) was $75,000 to $105,000, with reported values throughout the full range of possibilities. The May 2022 United States Department of Labor, Bureau of Labor Statistics (US DOL) national average shows an annual mean income for RNs working in Illinois to be $82,220 (#29-1141) (9). The Illinois RN full-time annual income is approximately the same as the US DOL national wage estimate.

Part-time was defined in the question as "…*working less than an average of 30 hours of service per week or 130 hours of service per month*." Approximately 66% of survey participants (38,522) skipped this question, and 11,789 (60%) of those that did respond checked the "I do not work part-time" option. There was an approximate 14% response rate to the part-time salary question. 12% made at least $20,000; 11% made at least $40,000; and 11% made at least $60,000. This is a very small sample of RNs that work part-time.

Figure 7: Annual Salary Distribution

Annual Full-Time Salary Distribution-2022

Salary Range	Per Cent
less than $55,000*	9%
$55,001-$65,000	20%
$65,001-$75,000	13%
$75,001-$85,000	15%
$85,001-$105,000	21%
$105,001-$145,000	13%
$145,001-$205,000	3%
$205,001-$351,000 or more	1%

Number skipped: approximately 20,000.

Figure 8 (below) shows a comparison of the compensation for nurses based on the role or position title. The table includes salary and role or position title, it does not include whether the position is full-time or part-time. It also does not reflect the many varieties of leadership roles amongst the many RN job titles. It does show, for example that approximately half of RN executives' annual salary is between $105,001-$205,000; RN patient care coordinators, managers of direct care units, the average annual salary is $75,001-$100,000; nursing faculty the average annual salary is $65,001-$105,000; the staff or direct care nurses' annual salary is $65,001-$105,000. The full salary ranges are in the table below. These are a few examples of RN roles/job titles and salary ranges.

Figure 8: RN Comparison Annual Salary: Job Title, Role

2022 RN Comparison Annual Salary: Job Title, Role

	$10,000-$45,000	$45,001-$55,000	$55,001-$65,000	$65,001-$75,000	$75,001-$85,000	$85,001-$105,000	$105,001-$145,000	$145,001-$205,000	
■ Executive	1%	1%	0%	1%	1%	6%	28%	32%	25%
■ Admin/Mgr	1%	1%	3%	6%	11%	31%	33%	8%	1%
■ Pt.CareCoord	2%	2%	7%	10.9%	21.7%	31.7%	19.0%	1.0%	0.1%
■ Faculty	4%	5%	11%	13.7%	17.1%	23.1%	13.5%	2.0%	0.4%
■ Staff Nurse	5%	7%	14%	17.6%	16.8%	19.2%	10.0%	1.8%	0.4%
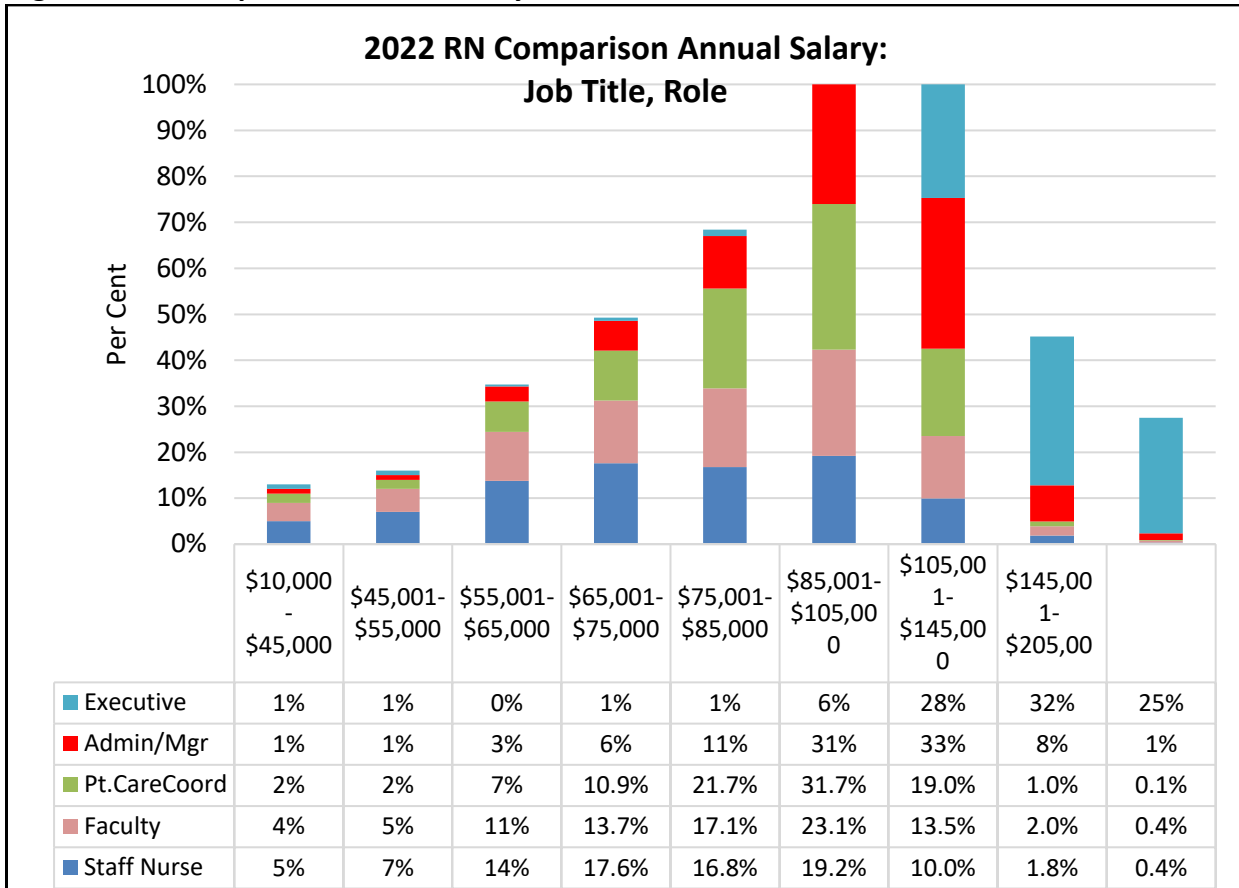
Number skipped: salary question: 2,940; number skipped job title question: 9,062.

Limitations

There are several limitations to this survey report. First, different from previous years, data was not collected voluntarily post payment of biennial license renewal fee. An agreement was reached with IDFPR Licensing Unit regarding the time of the eblast distributions to Illinois' approximately 240,000 RNs. There were two eblasts distributed to Illinois RNs in October 2022. One eblast on October 5 and one on October 18, 2022, with a total response rate of 25%. This limits conclusions that can be drawn from the survey. 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.

There has been a steady increase in survey respondent RNs in the older age categories. In the IDFPR/DPR Active Licensee database, there are only 28% Illinois RNs age 55 years or older, survey respondents approximately 40%. While this is still a significant portion of the Illinois RN active licensee workforce, it also shows that more survey respondents are in the

older age range.   Full age comparison is of Active licensee and survey respondents Appendix D.

Discussion and Implications

The effects of the COVID-19 pandemic on the nursing and healthcare workforce, which began in March 2020, continue, and will continue for an unknown amount of time in the future. Whether the nurse works in an acute-care inpatient hospital setting, community care areas, long-term care setting, rural or urban areas, the nurses are front-line workers. Since March 2020, nurses in these settings have provided prevention, testing, contact tracing, vaccination information and vaccine distribution. Having data about the nursing workforce pipeline, such as age, race, ethnic, rural, or urban representation and educational preparation are essential components in determining if we have the inclusion policies necessary to prepare the healthcare workforce to care for Illinois residents.

Illinois continues to have a robust RN workforce with practitioners across healthcare settings. However, the survey results raise several concerns about sustaining this workforce. The registered nurse (RN) workforce is an aging group, with 55% of respondents over 55 years of age, which is an approximately 11% increase in this age cohort of RNs since the 2014 survey. In addition, approximately one fourth of respondents indicated an intent to retire within the next five years. Note that while a significant number of survey participants did not answer this question, it is unclear how many of these non-responders are already retired. Regarding new graduates, the number of graduates from pre-licensure RN programs has held steady in the last 5 years, approximately 7,000 per year (retrieved from the Illinois Board of Nursing annual report (10).

With the aging population in the United States, there is an increased demand for healthcare because of the increased number of co-morbidities in the elderly. Since January 1, 2011, Pew Research has indicated that a total of 10,000 men and the women, the baby boomers, have been retiring daily and will continue to retire daily for 19 years (11). Given these anticipated retirements in the general population, in concert with the number of nurses retiring, it raises concerns that the rate of nurses retiring will outpace the number of new nurses entering the workforce.

The integrity of the RN pipeline includes having adequate nurses to be nursing faculty teaching in Illinois nursing education programs. There are eighty-six pre-licensure RN programs in Illinois in the following settings: 1 hospital; 44 associate degree programs in community colleges; 34 baccalaureate degree traditional programs; 12 accelerated bachelor's degree

programs; 10 master's entry level programs. (12). In Illinois, RN pre-licensure nursing education programs require 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 other practice specialties. Ninety-one percent of RN respondents indicated that they do not plan on continuing their education which could result in a shortage of masters and doctorly prepared nurses able to become faulty. 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 residents.

In Illinois, access to RN post-licensure education is offered throughout the state. The vast majority of the baccalaureate completion (BSNc) programs are offered online. There are twenty-seven baccalaureate completion programs in 4-year colleges or universities located in Illinois. These programs are available to RNs with an associate degree in nursing from a 2-year community college (13). There are thirty graduate nursing education programs offering graduate degrees (MS, MSN, DNP, PhD) in various specialty areas (14). Most of the didactic portion of these programs are also offered remote or on-line. The additional degrees earned after pre-licensure completion are often required for many leadership roles in various healthcare settings.

A discussion on RN demand/capacity must also consider the nursing competencies that will be demanded in new models of care, such as tele-health care visits, team-based care as well as community-based care and health care at home. Another dynamic impacting RN roles is the shift in health care from acute to non-acute care settings with the increased emphasis on health promotion and disease prevention (15). According to the United States Bureau of Labor Statistics (BLS), approximately 1.1 million jobs within the homecare field will be added through 2029. In fact, the BLS reports that those working in home health positions will see a 34% growth through 2029, 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. In 2000, 64% of Illinois RNs worked in acute care setting, this number has decreased to 51% in 2022. Currently there are approximately 15% respondents with family health (pediatrics-through-geriatrics/gerontology) as a specialty area, and 11% respondents in the community - health promotion settings. The data indicate that nurses in the younger age cohorts continue to choose to work in acute care settings.   Public health funding in Illinois has decreased by 16% since 2010, and the workforce has decreased by 20%. We have seen during the COVID-19 pandemic that there remains a need for more nurses in public health and

community settings (17). There are concerns about the nursing workforce that will be needed to meet health care demands created by service delivery changes, population shifts and health care transformation.

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 (18). Given the increased demand for behavioral health services it is concerning that a limited number of Illinois nurses are choosing psychiatric- mental health nursing as a work focus . Nurses often have untapped potential to help people live their healthiest lives because their education and experience are grounded in caring for the whole person and whole family in a community context (19). Nurses, particularly RNs, need environments that facilitate their ability to fully leverage their skills and expertise across all practice settings (20).

Given these issues and concerns there are policy implications in five areas:

1. To maintain an adequate RN pipeline, there is a need for more nursing faculty in both pre-licensure nursing education and post-licensure education. To rapidly increase both the number of nurses with expertise in health equity and the number of nurses in specialties where there are significant shortages, including public and community health, behavioral health, primary care, long-term care, geriatrics, school health and maternal health, consider expanding student loan forgiveness programs that require both obtaining degrees with expertise in these areas and working in those areas post-graduation.

2. Since 2020, the initial stages of the COVID-19 pandemic, and with the focus on the many areas where individuals receive health care including health promotion, it has been noted that there is a need for improved competencies in public and community health. There is a need to include a focus on social determinants of health to improve the health of Illinois communities in addition to the health of individuals in these various communities.

3. Behavioral health demands continue to be an area of need. Programs are needed to incentivize RNs to seek careers in psychiatric mental health (PMH) as well as retraining opportunities for the existing acute care psychiatric mental health, behavioral health RN workforce to transition to providing care in behavioral health settings and integrated care settings.

4. Increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care. Support direction of funds to nurses and nursing schools to sustain and increase the gender, geographic, racial, and ethnic diversity of

the nurse workforce (21). Identification and eliminate policies and systems that perpetuate structural racism, cultural racism, and discrimination in the nursing profession is an ongoing process. Strategies to close equity gaps for students, to expand higher education models of teaching and learning that provide opportunity for students to succeed in the work of the future continue.

5. Given the conflicting views on the need for RNs in Illinois in the next decade, and the state licensure 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, all RN specialties in all work settings.

This report is a starting point for focusing on the RN workforce in Illinois, and the gaps in the care providers that *exist* and need to be filled to meet the needs of Illinois residents. 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.

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Appendix A

Survey Questions

Question 1: What is Your Gender?

*Question 2: Are you currently licensed as an APRN (CRNA, CNM, CNP, CNS)? If no – please continue answering survey questions. If yes- please cease participation, a different survey for those licensed as APRNs is available post-APRN license renewal payment of fees.

Question 3: Are you Hispanic or Latinx? (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: What is your highest level of education?

Question 7: Please check ALL educational degrees that you have earned:

Question 8: Are you currently enrolled in a nursing education program leading to a degree/ certificate?

Question 9: What is the greatest barrier to continuing your education? (Select only one)

Question 10: In what country were you initially licensed as RN or LPN?

Question 11: What type of nursing degree/credential qualified you for your first U. S. nursing license?

Question 12: What year did you obtain your initial U.S. Licensure? (Place a number in a box)

Question 13: What is the status of the Illinois license currently held?

Question 14: Please list all state(s) or U.S. territories in which you currently hold an active license to practice as an RN?

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: Full-time employment: Please answer only if you work full-time. Please estimate your 2021 pre-tax annual full-time earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.

Question 18: Part-time employment: Please answer only if you work part-time. Please estimate your 2021 part-time annual earnings. Report approximate rate for working less and an average of 30 hours of service per week or 130 hours of service per month.

Question 19: In how many positions are you currently employed as a nurse?

Question 20: Are you required to provide proof of completion of COVID-19 vaccination series to maintain employment?

Question 21: If you have an approved COVID-19 exemption, how often are you required to complete a COVID-19 test to maintain employment?

Question 22: Due to ongoing concerns about nurses' emotional well-being and burnout, many organizations have implemented policies directly aimed at the safety, well-being and support of the nursing workforce. Please check which revisions have occurred at your current place of employment since Fall 2020. Please check all that apply.

Question 23: Have you switched jobs since Fall 2020? If yes, please list the type of switch: a different care unit, a different employer, a temporary staffing agency, or if you are working as a travel nurse.

Question 24: How many hours per week do you work during a typical week in your primary nursing position?

Question 25: Please identify the position title that most closely corresponds to your primary nursing position.

Question 26: Please identify the employment specialty that most closely corresponds to your primary nursing position.

Question 27: Please indicate state and zip code of your primary employer.

Question 28: Please identify the type of setting that most closely corresponds to your primary nursing position.

Question 29: How much longer do you plan to practice as an RN in Illinois?

Question 30: 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).

Question 31: How often have you experienced patient/visitor/family physical or verbal abuse while at work?

Question 32: Where have you attended workplace violence training?

Question 33: 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.

Appendix B

Survey Eblast Wording

Date: October 5, 2022

Subject line: Registered Professional Nurse (RN) License – data collection from licensee:

We are requesting approximately 5 minutes of your time. All data will be reported in the aggregate for use in determining nursing workforce projections and needs in Illinois. Individual responses will remain anonymous and confidential. Although this report is not mandatory, your participation is critical, since employees in the field are our best and most reliable real-time source of information available. By participating in this report, you will be helping to ensure that there will be an uninterrupted supply of nurses to meet the increasing future demands in the healthcare industry.

Please click here to participate in the survey

Date: October 18, 2022

Subject line: Registered Professional Nurse (RN) License – data collection from licensee:

We are requesting approximately 5 minutes of your time. Deadline for survey submission October 31, 2022. All data will be reported in the aggregate for use in determining nursing workforce projections and needs in Illinois. Individual responses will remain anonymous and confidential. Although this report is not mandatory, your participation is critical, since employees in the field are our best and most reliable real-time source of information available. By participating in this report, you will be helping to ensure that there will be an uninterrupted supply of nurses to meet the increasing future demands in the healthcare industry.

Please click here to participate in the survey.

If you have already completed this survey, thank you, you do not need to complete the survey a second time.

Appendix C

Registered Professional Nurses (RNs)* per Illinois County 2020 and 2023

County (Est) Population June 2023	Illinois County	2020 RNs (Est) per County March 2020	Illinois County	IDFPR RN per County (Est) August 2023
65,326	ADAMS	1,555	ADAMS	975
4,340	ALEXANDER	47	ALEXANDER	18
16,413	BOND	283	BOND	172
53,232	BOONE	619	BOONE	519
6,037	BROWN	101	BROWN	59
32,725	BUREAU	598	BUREAU	402
4,242	CALHOUN	82	CALHOUN	49
15,798	CARROLL	196	CARROLL	116
12,862	CASS	213	CASS	146
207,299	CHAMPAIGN	2,851	CHAMPAIGN	2,169
33,801	CHRISTIAN	636	CHRISTIAN	442
15,191	CLARK	221	CLARK	126
13,129	CLAY	216	CLAY	162
36,641	CLINTON	759	CLINTON	548
44,760	COLES	689	COLES	448
5,299,802	COOK	63,417	COOK	49,402
18,337	CRAWFORD	330	CRAWFORD	221
10,270	CUMBERLAND	170	CUMBERLAND	117
15,204	DEKALB	1,451	DEKALB	1,269
98,998	DE WITT	202	DE WITT	158
19,668	DOUGLAS	273	DOUGLAS	218
937,662	DUPAGE	15,300	DUPAGE	12,124
16,353	EDGAR	248	EDGAR	140
6,101	EDWARDS	104	EDWARDS	69
34,797	EFFINGHAM	785	EFFINGHAM	556
21,293	FAYETTE	404	FAYETTE	254
13,369	FORD	231	FORD	161
37,276	FRANKLIN	687	FRANKLIN	446
32,571	FULTON	886	FULTON	629
4,754	GALLATIN	117	GALLATIN	59
11,415	GREENE	256	GREENE	166
53,274	GRUNDY	858	GRUNDY	697

County (Est) Population June 2023	Illinois County	2020 RNs (Est) per County March 2020	Illinois County	IDFPR RN per County (Est) August 2023
7,855	HAMILTON	145	HAMILTON	113
17,176	HANCOCK	276	HANCOCK	150
3,448	HARDIN	100	HARDIN	46
6,105	HENDERSON	64	HENDERSON	27
48,924	HENRY	892	HENRY	560
26,285	IROQUOIS	549	IROQUOIS	346
50,802	JACKSON	778	JACKSON	500
9,164	JASPER	175	JASPER	123
36,600	JEFFERSON	625	JEFFERSON	390
21,071	JERSEY	432	JERSEY	222
21,843	JO DAVIESS	258	JO DAVIESS	171
13,527	JOHNSON	306	JOHNSON	169
516,897	KANE	6,113	KANE	5,652
105,717	KANKAKEE	1,959	KANKAKEE	1,433
137,008	KENDALL	1,783	KENDALL	1,665
49,082	KNOX	1,090	KNOX	655
717,606	LA SALLE	1,666	LA SALLE	1,243
108,377	LAKE	8,020	LAKE	6,745
14,815	LAWRENCE	223	LAWRENCE	118
33,578	LEE	621	LEE	390
34,873	LIVINGSTON	465	LIVINGSTON	288
27,291	LOGAN	455	LOGAN	254
101,967	MACON	1,810	MACON	1,120
44,127	MACOUPIN	832	MACOUPIN	584
264,833	MADISON	3,904	MADISON	2,465
37,216	MARION	1,006	MARION	611
11,472	MARSHALL	243	MARSHALL	175
12,612	MASON	320	MASON	193
13,791	MASSAC	136	MASSAC	68
25,627	MCDONOUGH	350	MCDONOUGH	184
310,670	MCHENRY	4,216	MCHENRY	3,776
171,368	MCLEAN	2,338	MCLEAN	1,774
12,174	MENARD	321	MENARD	204
15,477	MERCER	262	MERCER	160
35,562	MONROE	512	MONROE	279
27,742	MONTGOMERY	591	MONTGOMERY	368

County (Est) Population June 2023	Illinois County	2020 RNs (Est) per County March 2020	Illinois County	IDFPR RN per County (Est) August 2023
32,126	MORGAN	588	MORGAN	329
14,430	MOULTRIE	238	MOULTRIE	140
51,275	OGLE	881	OGLE	684
180,432	PEORIA	3,514	PEORIA	2,552
20,525	PERRY	345	PERRY	228
16,655	PIATT	321	PIATT	219
14,232	PIKE	295	PIKE	161
3,550	POPE	80	POPE	49
4,902	PULASKI	76	PULASKI	35
5,526	PUTNAM	120	PUTNAM	102
29,170	RANDOLPH	622	RANDOLPH	333
15,687	RICHLAND	283	RICHLAND	196
143,811	ROCK ISLAND	1,885	ROCK ISLAND	1,148
253,602	SAINT CLAIR	3,335	SAINT CLAIR	1,834
23,426	SALINE	529	SALINE	321
196,007	SANGAMON	4,656	SANGAMON	3,157
6,710	SCHUYLER	117	SCHUYLER	80
4,826	SCOTT	97	SCOTT	54
20,579	SHELBY	366	SHELBY	219
5,223	STARK	214	STARK	88
43,706	STEPHENSON	486	STEPHENSON	536
130,128	TAZEWELL	3,004	TAZEWELL	2,350
17,706	UNION	334	UNION	197
71,956	VERMILION	1,156	VERMILION	782
11,184	WABASH	185	WABASH	111
16,574	WARREN	225	WARREN	129
13,473	WASHINGTON	285	WASHINGTON	167
16,005	WAYNE	305	WAYNE	214
13,640	WHITE	231	WHITE	123
54,848	WHITESIDE	893	WHITESIDE	564
701,995	WILL	11,967	WILL	11,013
67,393	WILLIAMSON	1,278	WILLIAMSON	837
282,374	WINNEBAGO	4,264	WINNEBAGO	3,182
38,407	WOODFORD	874	WOODFORD	689
County (Est) Population June 2023	Illinois County	2020 RNs (Est) per County March 2020	Illinois County	IDFPR RN per County (Est) August 2023
Totals		157, 546*		139,070

IDFPR Active Licensee data: June 1, 2023: licensed only as an RNs: 153,063, this number may include active licensee RNs without an address in the database.

Summary: The above grid of the number of Registered Nurse Active Licensees (RNs) per each of the Illinois 102 counties was completed June 2-6, 2023. The grid includes nurses that have a name, date of birth, and an address including zip code in Illinois. The county address is based on the address that the RN submitted with either license application or license renewal. Historically, the address is either where the nurse licensee lives or works - especially if the employer pays the licensure fee.

The June 2023 population number of individuals per county is from Illinois population by counties 2023 weblink https://worldpopulationreview.com/states/illinois/counties

Appendix D
Illinois Registered Professional Nurses (RNs) Ages

Age Ranges by Birth Year	RN Active Licensees*	Per Cent of Respondents	Difference	RN Survey Responses**	Per Cent of Respondents
17-24 years/ 1998-2005	4,416	2.3%		1,110	2%
25-34 years/ 1988-1997	52,353	27.4%	AL: +11.8%	9,110	15.9%
1978-1987 35-44 years	45,917	24.0%	+4.3%	11,484	20.1%
1968-1977 45-54 years	38,458	20.1%		11,419	20.0%
1958-1967 55-64 years	34,527	18.1%	Survey: +4.3%	13,097	22.9%
1952-1957 65-70 years	13,640	7.1%	+4.9%	7,451	13.0%
1925-1951 70+ years	5,332#	2.7%	+2.3%	2,889	5%
RN total	**194,643**	**100.61%**		**57,169**	**99%**

*RN active licensee data includes RNs only licensed as an RN, with a date of birth, and includes both those physically living in Illinois and those not living in Illinois, and does not include those that are licensed as both an RN and either an APRN or a FPA-APRN.

**The 2022 RN Survey was sent by Eblast October 5 and 18, 2022 to approximately 229,000 actively licensed Illinois RNs. The survey was sent to those that both have an Illinois address and those that do not. The survey portal was closed November 16, 2022. For this question about age/date of birth, approximately 1,216 survey participants or 2% did not respond. A total of 58,385, approximately 25%, of Illinois RNs participated in the supply survey questions, including this question about age.

Summary:
Slightly more RNs over 55 years of age responded to the 2022 RN voluntary survey than are in the IDFPR Active Licensee database.

The RN survey shows that approximately 41% RNs age 55 years and older completed the survey. The survey was sent by email to RNs physically living in Illinois, and those that are licensed as RNs in Illinois but do NOT live in Illinois. The IDFPR/DPR RN Active Licensee database, done June 2023, shows that less, approximately 28% of the IL RN workforce is 55 years of age or older. This data includes those physically living in Illinois and those living outside of the state.

Registered Nurse
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Revised October 2023