

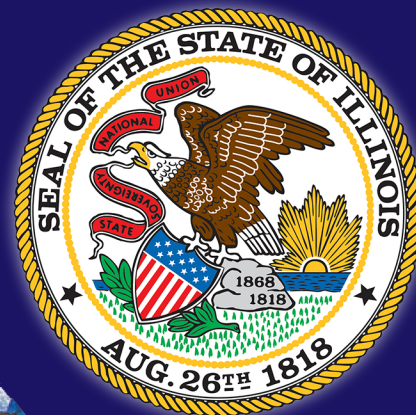
APRN 2024 Workforce Survey Report



IDFPR

Illinois Department of
Financial and Professional Regulation

05/20/2025



JB Pritzker
Governor

Mario Treto, Jr.
Secretary

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The supply survey data was collected in 2024, under the leadership of the Illinois Nursing Workforce Center's Advisory Board of Directors. The data was initially collected with a request post license renewal payment of fee. Additional data was collected through two Eblast sent in October 2024, with a deadline of November 11, 2024. 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.

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About the Data

The Illinois Nursing Workforce Center APRN Workforce Survey 2024

This is the sixth time that data has been voluntarily collected post Illinois Advanced Practice Registered Nurse (APRN) license renewal. There was additional data collection through two ebasts conducted in October 2024. The past survey requests for participation and voluntary data collections were conducted in 2014, 2016, 2018, 2020 and 2022. The ebast message can be found in Appendix B.

There were two sources of data for this report. The initial source was from a voluntary survey offered to individual Advance Practice Registered Nurses (APRNs) post license renewal payment of fee email receipt, followed by two ebasts distributed in October 2024. The biennial APRN license renewal was completed June 30, 2024. The ebasts were distributed to the IDFPR APRN database of email addresses, approximately 19,000 Illinois APRNs. The ebasts were distributed after the APRN license renewal portal was closed, and at a time agreeable with Illinois Department of Financial and Professional Regulation (IDFPR) Licensing Section.

The 2024 APRN license renewal period was extended from May 31 to June 30, 2024, by a Variance to 68 Illinois Administrative Code 1300.40 and 68 Illinois Administrative Code 1300.30(b), which requires advanced practice registered nurses (APRNs), registered professional nurses (RNs), and advanced practice registered nurses with full practice authority (FPA-APRNs) to submit renewal documents and pay the renewal fee by the deadline of May 31, 2024. The Variance was granted by the Division of Professional Regulation Director Camile Lindsay and the deadline for license renewal for RNs, APRNs and FPA-APRNs was extended to June 30, 2024.

On October 7, 2024, 19,476 advance practice registered nurses licensed in Illinois received the first ebast request to voluntarily participate in completion of an individual survey. As of October 28, 2024, 1,994 (10.3%) responses were received. On October 28, 2024, a second ebast was distributed to Illinois APRNs with email addresses. The email message was adjusted in two places. First, at the end of the first line the phrase: "...deadline for survey submission is November 11, 2024"; 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 11, 2024, with 2,803 or a 14.39% response rate of those who hold an Illinois APRN license.

About the survey: The survey included 51 questions consistent with the National Forum of State Nursing Workforce Centers recommended supply minimum set of data to standardize

information collected. 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 and 4) workplace violence.

Key Findings

Illinois Nursing Workforce Center Advanced Practice Registered Nurse (APRN) Survey 2024

Data for the Illinois Advanced Practice Registered Nurses (APRNs) 2024 Survey was collected via a request when nurses paid their online license renewal fee and through two email blasts (October 7-8 and October 28-29, 2024). A total of 2,803 APRNs completed the survey for a survey response rate of 14%.

The data quantifies the services APRNs provide, the diversity of APRN specialty areas, the process that is used to bill for these services, the variety of settings where patients receive these specialized services, and the reimbursement for services.

Key Findings

- Employment: 67% of APRNs work one job full-time, are salaried employees, have an annual salary of \$105,000 - \$145,000, and 93% provide direct patient care.
- Employment setting: 53% APRNs work in ambulatory non-acute outpatient settings and 32% work in hospital acute care settings.
- Diversity: consistent with the increase in ethnic and racial diversity in Illinois, there is more racial and ethnic diversity of APRNs under the age of 45 years in the Illinois workforce.
- Age: The IDFPR Active Licensee database has 18% APRNs age 55 years and older. 35% percent of APRNs responding to the survey indicated they are 55 years of age or older.
- Education: 81% of APRNs have a masters' degree and 21% have a doctoral degree, either a doctor of nursing practice (DNP) or Doctor of Philosophy (PhD).

APRN Workplace Settings

- 53% APRNs practice in an ambulatory setting, such as an outpatient clinic, private APRN practice, private physician practice, hospital outpatient clinic, public/community health, etc.
- 32% Practice in a hospital acute care setting, an inpatient unit, the emergency room, etc.
- 4% Practice in long term care and 1% practice in hospice or palliative care.

Diversity

- There is more racial and ethnic diversity amongst Illinois APRNs under 55 years of age.
- 47% of APRNs with Latinx ethnicity are under 45 years of age.
- 56% of APRNs with Asian heritage are under 45 years of age.
- 32% of African American or Black APRNs are under 45 years of age.

APRN Billing/Reimbursement

- 43% Manage a panel of patients and 99% have a National Provider Identifier (NPI) number.
- 81% have prescriptive authority, 71% have a controlled substance license, and 74% have a Drug Enforcement Administration (DEA) number.
- 40% Bill exclusively under their National Provider Identifier (NPI) number.
- Reimbursement for services is Medicare (32%), Medicaid (27%), Private Insurance (34%).

The full report with additional details will be available after May 1, 2025 on the INWC website <https://nursing.illinois.gov/resources/data-reports.html>

Executive Summary

General overview: Data on the characteristics, supply, and distribution of Advanced Practice Registered Nurses (APRNs) 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 is the sixth time that data has been voluntarily collected post Illinois APRN license renewal. Data was also successfully collected by two separate eblasts to all the Illinois licensed APRN email addresses in October 2024, after the extended biennial license renewal process was closed. The past survey requests for participation and voluntary data collections were conducted in 2014, 2016, 2020 and 2022, by a participation message that would have been seen immediately upon completion of payment of the online license renewal fee. Messages for 2024 can be found in Appendix B.

This report contains data on the demographics of Illinois' current APRN workforce, including type of APRN, their racial, ethnic, gender diversity, age, and educational preparation. The report quantifies the services APRNs provide, the process that is used to bill for these services, and reimbursement for services. Finally, the survey captures the diversity of APRN specialty expertise and settings where patients receive these specialized services.

Age of workforce: This report includes age data from both the IDFPR/DPR Active Licensee database, which is updated monthly and from the APRN survey respondents. The survey participants include more responses from the upper range in age of the APRN workforce, with 36% of survey respondents over 55 years of age. The IDFPR/DPR Active Licensee data indicate that 19% of Illinois APRNs are 55 years of age or older. The survey respondents also reflect different age ranges based on type of APRN specialization. There are four types of APRNs: Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM) and Certified Nurse Practitioner (NP). For example, 44% of Certified Nurse Practitioners (NPs), 33% of CNMs, and 44% CRNAs are less than 45 years of age. Seventy three percent of CNSs are 55 years of age or older.

Increasing diversity: There continues to be an increase in ethnic and racial diversity in the state of Illinois. Survey data also indicate an increase in the ethnic and racial diversity of Illinois Advanced Practice Registered Nurses (APRN). The majority, 78%, of APRNs are White/Caucasian; a higher percentage of APRNs under the age of 55 years are from ethnic and racially diverse backgrounds. For example, approximately half of Hispanic/Latinx (47%) and Asian (56%) APRNs are under the age of 45 years, while approximately 32% of Black or African American APRNs are younger than 45 years of age. The racial and ethnic diversity results are similar to, but slightly higher than data reported in previous APRN biennial post-license renewal surveys.

Specialty/Workplace Characteristics: The survey respondents reported on their nursing specialty and workplace setting. The respondents were provided a choice amongst job settings as well as the option to write in settings that were not listed. Approximately 46% of respondents practice in ambulatory settings; approximately 25% practice in a hospital/inpatient setting. Some APRNs indicated time was split between both hospital and outpatient settings. In compliance with Illinois regulation, APRNs maintain collaborative agreements with physicians, but there is a varied range of physician-collaborator relationships.

Billing/Reimbursement: Approximately forty-three percent of Illinois APRN respondents indicated they manage a panel of patients; this is up from the 2016 survey which indicated that thirty percent of Illinois APRNs managed a panel of patients. Eighty three percent of APRNs indicate that they provide patient care and documentation of both patients and families; thirty-five percent of APRN survey respondents indicate that they provide preventive care. Forty percent of APRN respondents bill exclusively under their National Provider Identifier (NPI) number; this was followed by 18% billing with the workplace clinic/facility number.

Summary: The 2024 Illinois APRN survey data is extremely valuable as health care planners project the human health care capital that will be needed in Illinois. These data will be of great use in estimating the current APRN supply, their demographics, and practice specialties. The anticipated shortage of primary care providers is particularly acute in Illinois. Focused workforce planning is urgently needed to assure access to healthcare for Illinois residents. The full report is available on the IDFPR/Illinois Nursing Workforce Center website, <https://nursing.illinois.gov/resources/data-reports.html>

Demographics

Demographics are “the statistical characteristics of human populations...” <https://www.merriam-webster.com/dictionary/demographic>. This section examines the breakdown of select characteristics, such as sex, race, age, and ethnicity of Illinois Advanced Practice Registered Nurses (APRN). The Illinois Department of Financial and Professional Regulation (IDFPR)/Division of Professional Regulation (DPR) Active Licensee data, which is updated on a monthly basis is also included. This report is a review of voluntary individual survey responses collected in 2024.

The overall distribution of APRN survey participants by selected age category and type of APRN is described below. Survey age data were derived from participant responses to a question asking their date of birth, there was a non-response rate of approximately one percent or 23

respondents. Since the age ranges differ based on type of APRN, it is useful for each category to be reviewed separately in Figure 1 below.

This report includes age data from both the IDFPR/DPR Active Licensee database (<https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/licenselookup/alr/fy23/2023-10-01-activelicenseereport.pdf>), and from the APRN survey respondents. The voluntary survey participants include more responses from the upper age range of the APRN workforce, with 36% of survey respondents over fifty-five years of age. The IDFPR/DPR Active Licensee age data indicates that only nineteen percent of Illinois APRNs are 55 years of age or older. Details of the comparison of survey APRN ages and the IDFPR APRN Active Licensee ages are in Appendix D.

Figure 1 apportions age by type of Advanced Practice Registered Nursing category; these are age categories for survey respondents only. It illustrates that for three of the four types of APRNs, at least thirty percent are 44 years of age or younger. For example, 44% of Certified Registered Nurse Anesthetists (CRNAs) are under 45 years of age. Among the other categories, 33% of the Certified Nurse Midwives (CNMs) are younger than 45 years and 44% of Certified Nurse Practitioners (NPs) are younger than 45 years of age. The majority (73%) of Clinical Nurse Specialists (CNSs) are 55 years of age or older. The number of older CNS APRNs may be because in the 1980's the primary APRN graduate education was as a CNS; most colleges and universities did not have other APRN education options. Currently APRN students have the graduate education options of four types of APRNs (CRNA, CNP, CNM, CNS).

Figure 1: Type of Advanced Practice Registered Nurse (APRN) and age

Type of Advanced Practice Registered Nurse	<24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total
Certified Registered Nurse Anesthetist (CRNA)	0.3% 1	8.8% 36	27.0% 110	26.9% 109	21.6% 88	11.5% 47	4.2% 17	15% 409
Certified Clinical Nurse Specialist (CNS)	0% 0	2.2% 4	10.3% 19	15.1% 28	30.3% 56	27.6% 51	14.6% 27	6.9% 189
Certified Nurse Midwife (CNM)	0% 0	9.6% 8	22.9% 19	18.1% 15	18.1% 15	19.3% 16	12.1% 10	3.1% 84
Certified Clinical Nurse Practitioner (CNP)	0% 0	12.4% 251	31.3% 634	24.9% 505	18.6% 376	8.8% 179	4.1% 82	75.0% 2,042
Total responses	1 0.3%	299 11.0%	782 28.7%	657 24.1%	535 19.6%	293 10.8%	120 4.4%	2,724

Figure 1: No response: age= 23 respondents.

Figure 1: No response: type of APRN= 79 respondents.

In Illinois there is one DNP Certified Nurse Midwifery program at the University of Illinois Chicago. The number of Illinois APRN Certified Nurse Midwives (CNM) continues to increase, from 406 in 2012 to 496 in January 2025. It is important to note that there are Women’s Health Nurse Practitioner (WHNP) programs that focus on preparing APRNs who provide comprehensive healthcare throughout women’s lives. These WHNP’s are providing some of the care that CNM’s provide in addition to offering primary care to women of all ages.

Of the Illinois residents, 14% are Black/African American. Black/African American race was also indicated by 8% of APRN survey respondents. Hispanic/Latinx comprise 18% of the population of Illinois and 4% of APRN survey respondents. Survey responses indicated a majority of APRNs are White/Caucasian (78%), while 78% of Illinois residents are also White/Caucasian. Schools of nursing and workforce initiatives continue to seek to recruit and to retain student cohorts reflective of the diversity of the general state population. While the percent of representation amongst Illinois APRNs does not match that of the Illinois population, the diversity is increasing. <https://www.census.gov/quickfacts/fact/table/IL/PST045222>

Diversity, race, and ethnicity reported by survey respondents are illustrated in Figure 2 (below). The race and ethnicity diversity were captured in one question which included the new options “Middle Eastern or North African”, “two or more races” and “some other race”.

Figure 2: Advanced Practice Registered Nurse (APRN) Diversity: Race and Ethnicity 2024

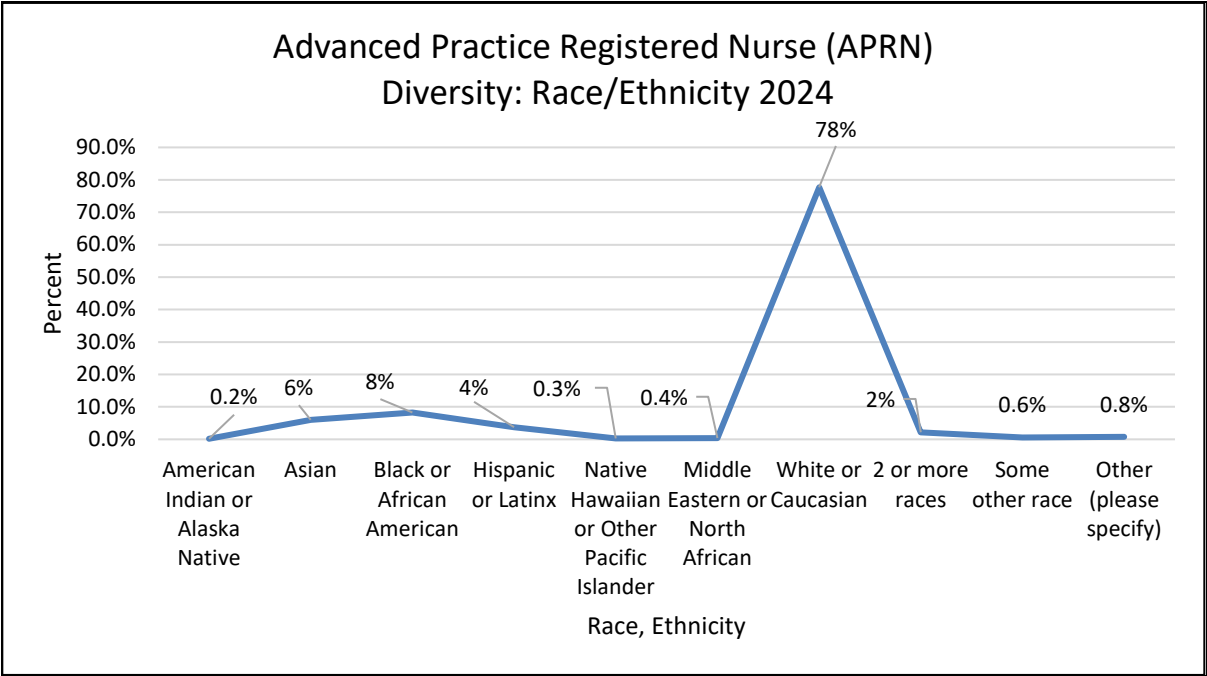


Figure 2: No response: 13 respondents.

There is more racial and ethnic diversity amongst the younger APRN age groups. For example, sixty percent of Hispanic/Latinx APRNs and sixty-eight per cent of Black or African American APRNs are under the age of 55 years. This is similar to the diversity results of the previous 2022 APRN report.

Figure 3: Diversity: Ethnicity, Race and Gender by Age Advanced Practice Registered Nurse

Age Ethnicity and Race	17-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total
American Indian or Alaska Native (percent) N	0% 0	0% 0	20% 1	40% 2	40% 2	0% 0	0% 0	0.18% 5
Asian N	0% 0	18.2% 30	38.2% 63	27.3% 45	12.7% 21	2.4% 4	1.2% 2	6.02% 165
Black or African American N	0% 0	7% 16	25% 57	36.4% 83	22.8% 52	5.7% 13	3.1% 7	8.28% 339
Hispanic or Latinx N	0% 0	11.5% 12	35.6% 37	12.5% 13	3.9% 4	1.0% 1	0% 0	3.73% 104
Native Hawaiian or Other Pacific Islander N	0% 0	0% 0	37.5% 3	25% 2	37.5% 3	0% 0	0% 0	0.29% 8
Middle Eastern or North African N	0% 0	18.2% 2	9.1% 1	63.6% 7	9.1% 1	0% 0	0% 0	0.39% 11
White/Caucasian N	0.09% 2	10.7% 231	28.5% 614	21.3% 460	20.8% 448	12.8% 275	5.8% 126	77.7% 2168
2 or more races N	0% 0	14% 8	35.1% 20	33% 19	10.5% 6	5.3% 3	1.8% 1	2.1% 57
Some Other race N	0% 0	0% 0	0% 0	75% 3	25% 1	0% 0	0% 0	0.6% 4
Female N	0.04% 1	10.8% 263	29.4% 716	23.6% 576	19.7% 480	11.4% 277	5.2% 126	89% 2,439
Male N	0.3% 1	10.9% 34	27.0% 84	28.9% 90	21.5% 67	7.1% 22	4.2% 13	11% 311
Age, Gender	17-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total 2,797

Figure 4 Note: Race question: No response = 13 respondents.

Survey respondents were asked “approximately when do you plan to retire?” Responses indicate that 51% of survey participants plan to stay in the workforce beyond 10 years. In 2016 the response was similar, 57% planned to continue working more than 10 years. Thirty-one per cent APRNs indicated that they are planning to retire in the next 10 years; in 2020 it was fifteen per cent planned to retire in the next ten years. Ten percent of APRN survey respondents shared that they are undecided as to when they will retire, and six percent indicated that they are already retired.

Human Capital

Human capital refers to the stock of knowledge, education, experience, habits, social and personality attributes, including creativity, embodied in the ability to perform labor to produce economic value.

In the highly skilled workplace environment of healthcare delivery, patient cases are more complex than in the past, the population is aging, and the technology is increasingly sophisticated. Taken together, these factors mean that the ongoing development of human capital is increasingly important to ensure high quality of care and positive patient outcomes.

The skills, knowledge, education, talents, and experiences of Advanced Practice Registered Nurse (APRN) employees (their human capital) are an extremely important intangible asset to the employer and to the entire healthcare system. Human capital is cultivated from continuing professional development, including academic coursework, conferences, workshops, and experience (HRSA Job Satisfaction Among Registered Nurses from 2022 RN NSS, March 2024).

Advanced educational credentials are required of the Advanced Practice Registered Nurse (APRN) workforce. In Illinois a minimum APRN licensure requirement is a masters’ degree in nursing and APRN certification. This is reflected in the survey responses: 92% of respondents have APRN specialty certification. Educational preparation: 81% have a masters’ degree in nursing, 19% have a DNP and 2% have a PhD in nursing. Approximately 3% of respondents reported completing a “certificate program” as preparation for licensure as an APRN and these individuals have been grandfathered into Illinois APRN licensure for many years. This 3% of respondents completing an APRN “certificate program” is approximately the same as it was in 2020.

In Illinois APRNs must first be licensed in Illinois as a Registered Professional Nurse (RN) prior to becoming licensed as an APRN. The Illinois Nurse Practice Act (NPA) mandates for licensure as an Advanced Practice Registered Nurse in Illinois, the nurse must have a minimum of a master’s degree in nursing (Illinois Nurse Practice Act, Article 65, Section 65-5 <https://idfpr.illinois.gov/profs/nursing.html>) and APRN certification. Figure 4 below shows the types of degrees that Illinois APRNs have earned, beginning with the educational degree that was

received when first licensed as a RN. Respondents checked off that multiple degrees were earned, including the degree obtained both with an RN license and with an APRN license.

Figure 4: All Educational Degrees Earned Advanced Practice Registered Nurse (APRN)

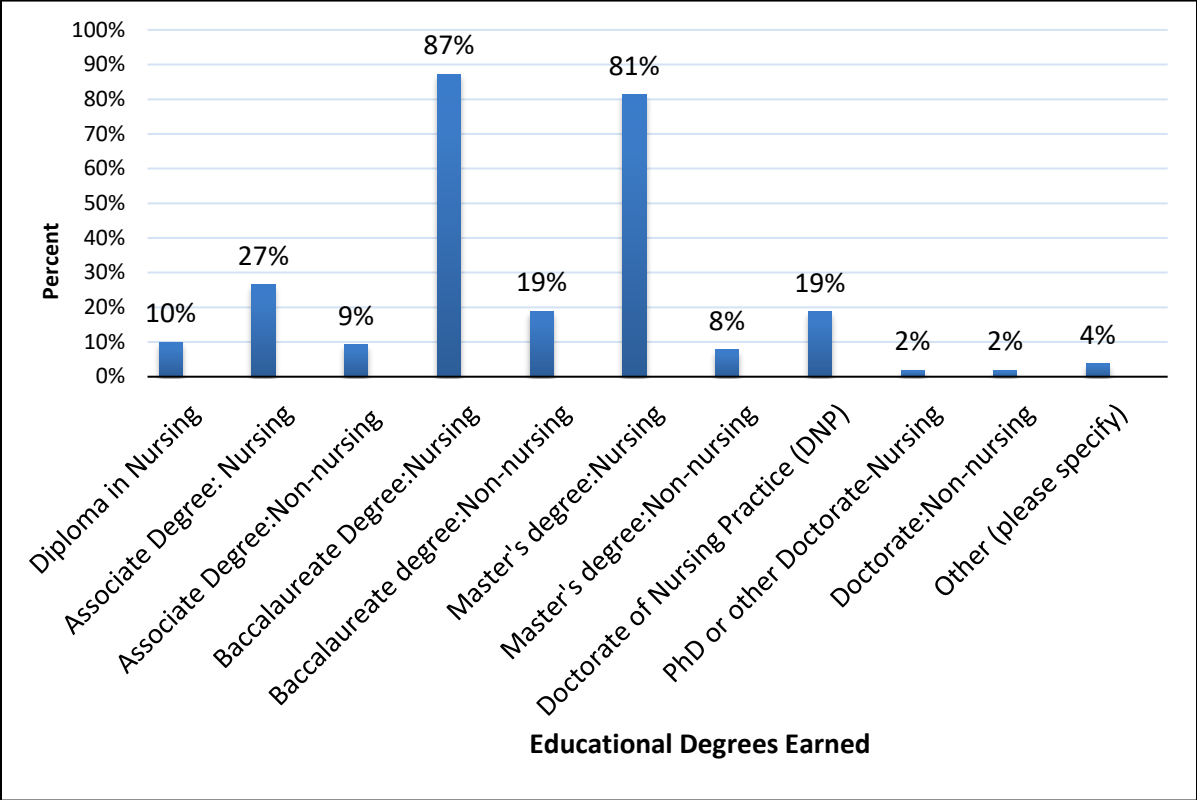


Figure 4: No response = 81 respondents.

Illinois Advanced Practice Registered Nurses (APRNs) must initially be licensed as an RN prior to becoming educated and licensed as an APRN. Approximately 27% of APRNs began their RN nursing education through a community college with an associate degree in nursing. Other paths for RN licensure include ten percent of respondents received a diploma in nursing, this low number could be in part because currently there is one RN diploma education program still open in Illinois. Eighty seven percent of respondents have a bachelor’s degree in nursing. For some of the APRNs, the nursing bachelor’s degree was the first degree obtained prior to becoming licensed as a nurse (RN). For others, who received nursing education through a community college or a diploma program, the bachelor’s degree was obtained post-RN licensure. Eighty-one percent of the respondents also have a master’s degree in nursing. Twenty-two percent of the respondents have completed additional nursing education resulting in a doctoral degree. Nineteen percent of the APRNs obtained the Doctorate in Nursing Practice (DNP), a practice-focused doctoral degree that prepares experts in specialized advanced nursing practice. In Illinois, there are a variety of education articulation pathways amongst nursing education programs leading to graduate

education to practice as an APRN. This is reflected in the number and type of degrees that Illinois APRNs have acquired prior to becoming licensed as an APRN. The survey did not ask “what was the highest degree obtained” as a separate question.

The American Association of Colleges of Nursing (AACN) shows a growth in DNP programs nationally. As of 2024, there are 433 DNP graduate education programs enrolling students nationwide. DNP programs are now available in all 50 states plus the District of Columbia. States with the most programs (10 or more programs) include California, Florida, *Illinois*, Massachusetts, Minnesota, New York, Ohio, Pennsylvania and Texas. From 2022 to 2023, the number of students enrolled in DNP programs increased from 41,021 to 41, 831. During that same time period, the number of DNP graduates increased from 11,149 to 11, 718. <https://www.aacnnursing.org/our-initiatives/education-practice/doctor-of-nursing-practice/fact-sheet>

Figure 5 below is a timeline graph showing the growth in the number of nurses in Illinois licensed as Advanced Practice Registered Nurses (APRN) beginning in approximately 1975. This also shows that the majority (64%) of survey respondents became licensed as an Illinois APRN in the past fourteen years, beginning in 2011.

Figure 5: Year of initial licensure as an Illinois Advanced Practice Registered Nurse (APRN)

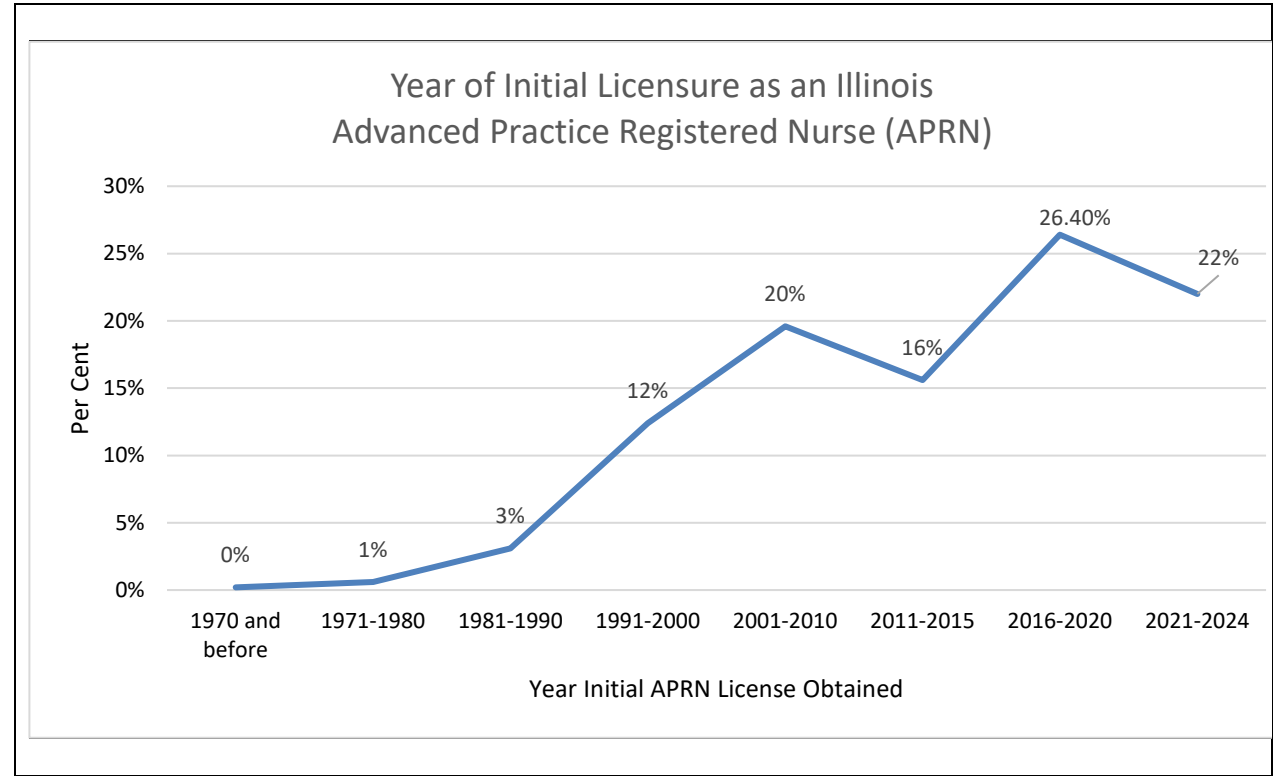


Figure 5: No response = 79 respondents.

Data in Figure 6 below is from the Illinois Department of Financial and Professional Regulation (IDFPR) Active Licensee licensure database and reflects growth in the number and type of Illinois APRNs since 2001. In 2008 there were 6,164 individuals licensed in Illinois as APRNs. In January 2025 there were 20,916 individuals in Illinois licensed as APRNs, more than triple the number of APRNs licenses as there were in 2008, including all APRN specialties. Forty-eight per cent of APRNs have become licensed since 2020. This information is available on the Illinois Nursing Workforce Center website <https://nursing.illinois.gov/resources/data-reports.html>.

Figure 6: Type of APRN Specialty – Data from the Illinois Licensure Database*

Type of APRN Specialty	2001	2008	2012 Jan	2014 Feb	2015 March	2016 Jan	2017 Feb	2018 Jan	2019 March	2020 Dec	2022 Oct	2024 Oct
CNS			1,023	1,054	1,034	1,081	1,016	1,056	989	963	892	822
CRNA			1,924	1,883	1,849	1,997	1,945	2,076	2,044	2,300	2,321	2,650
CNM			406	447	445	486	489	525	502	510	506	480
CNP			4,682	5,917	6,411	7,697	8,777	10,162	11,175	13,244	14,574	16,631
Total APRNs	1,976	6,164	7,833	9,301	9,739	11,261	12,227	13,819	14,710	17,017	18,362	20,583

*Figure 6: the number of APRNs indicated reflects the total number of APRNs licensed in Illinois on the date listed. Role type of APRN was not available until 2012.

Data regarding APRN employment within medical specialty areas were categorized by practice specialties in the areas of Primary Care, Total Subspecialties, Surgical, and Other Specialty. These are displayed in Figure 7, below. Similar to the 2022 APRN survey, there are specialty areas of significant need (Psychiatric- Mental Health, Long Term Care) which contain a relatively small number of licensed APRNs. The overwhelming majority (93%) of Illinois APRNs reported that they provide direct patient care.

Below is the summary of Advanced Practice Registered Nurse (APRN) Practice Specialty Focus areas. This reflects a combining of practice specialty responses based on similarities in specialty, acuity, or location of service. Certain specialties are shown separately due to the uniqueness of their care or setting (e.g., Anesthesia Services, Emergency/Trauma, Midwifery, Palliative Care, Psychiatry/Mental Health). The specialties that were combined are as follows:

- **Acute Specialties:** Hospitalist (1.5%), Intensive Care (2.4%), Neonatal (1.5%)
- **Anesthesia Services:** (13.0%)
- **Emergency, Trauma:** (2.5%)
- **Subspecialties:** Advance Disease Management (0.7%), Cardiology (3.0%), Endocrinology (1.3%), Gastroenterology (1.3%), Hematology/Oncology (2.9%), Infectious Disease (0.7%), Pulmonary/Respiratory (1.0%), Renal/Nephrology (0.8%), Rheumatology (0.1%)
- **Midwifery:** (1.6%)
- **Other Specialties:** Allergy and Immunology (0.2%), Dermatology (0.6%), Interventional Radiology (0.2%), Neurology (1.1%), Wound/Ostomy (0.9%)
- **Other Specialties (Ambulatory Settings):** Long Term Care (0.6%), Occupational Health (0.6%), Rehabilitation (0.7%), School Health (0.3%), Urgent Care (5.5%)
- **Palliative Care, Hospice:** (2.1%)
- **Primary Care:** includes Pediatrics through Gerontology/Geriatrics: Internal Medicine (4.6%), Family Practice (12.9%), Geriatrics (2.7%), General Pediatrics (1.9%), Pediatric Specialties (1.2%), OB/GYN Women’s Health (4.7%)
- **Psychiatric/Mental Health:** (5.9%)
- **Surgical:** General Surgery (2.2%), Urological Surgery (0.4%), Orthopedic Surgery (1.2%), Other Surgery (2.0%)
- **Not Working in a Clinical specialty:** (2.6%)
- **Other:** (8.7%)

Figure 7: Advanced Practice Registered Nurse (APRN) Practice Specialty Focus

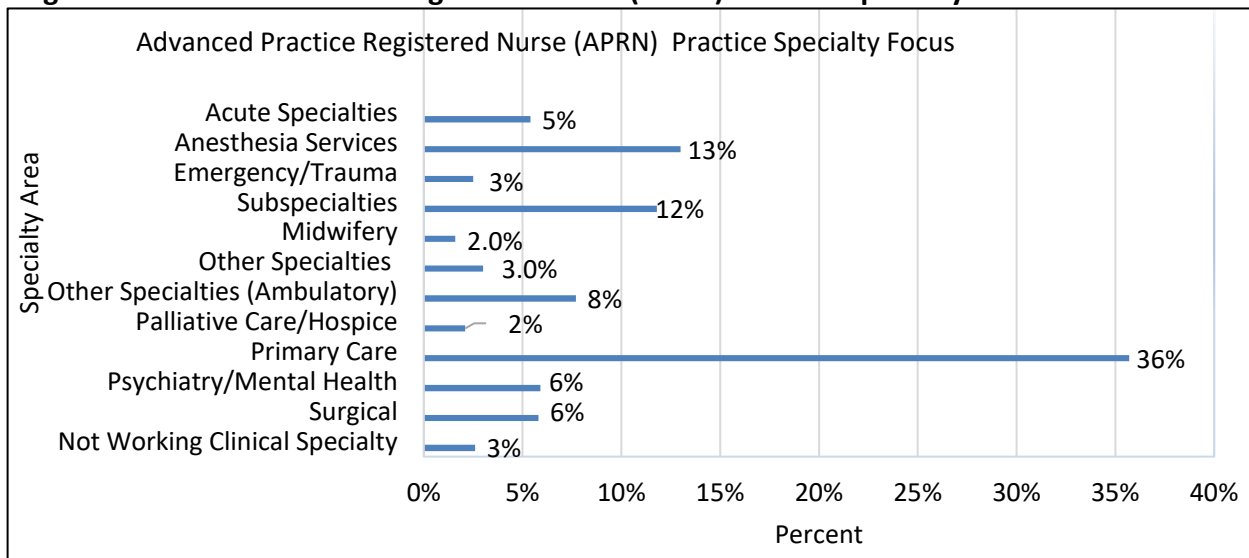


Figure 7: No response = 630 respondents.

Figure 8, below, shows the range of pre-tax earnings reported by survey respondents. The median full-time income for APRNs in Illinois is in the \$105,000 to \$145,000. The national data from the United States Department of Labor, Bureau of Labor Statistics, reports that the “median annual

wage for nurse anesthetists, nurse midwives, and nurse practitioners was \$129,480 in May 2023. The median wage is the wage at which half the workers in an occupation earned more than that amount, and half earned less. The lowest 10 percent earned less than \$95,530, and the highest 10 percent earned more than \$211,820.” <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>

Figure 8: Advanced Practice Registered Nurse (APRN) 2024 Pre-Tax Annual Earnings

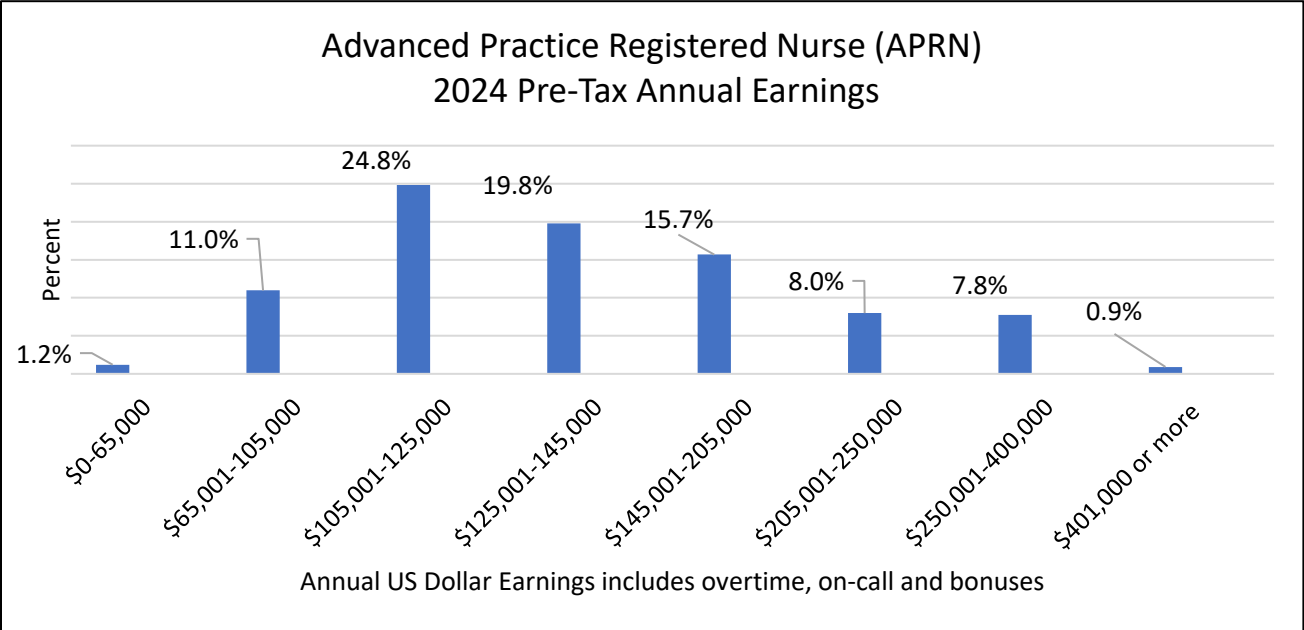


Figure 8: No response = 596 respondents.

Information about annual salaries and typical number of primary position hours worked weekly was reported by approximately 70% of the survey respondents. Survey participants were also asked about the number of hours worked in a typical work week, how and when were they paid, the estimated pre-tax annual earnings, and whether they worked overtime and on-call. The majority work one job full-time (67%), 31-50 hours per week (72%), 68% are a salaried employee, and 29% are paid by the hour. About ten percent of APRNs work more than-fifty hours per week and fifteen percent of survey respondents indicated that they worked more than one job.

There was a question asking if the APRN worked part-time, which was defined as less than 30 hours of service per week or less than 130 hours of service per month. Approximately 50% survey participants skipped the part-time employment question and 58% agreed that they did not work part-time. Of those that responded, approximately 20% annually make \$50,000 or less per year; approximately 14% make between \$50,001-\$100,000 per year, and approximately 7% make more than \$100,000 per year. Due to the small number of responses to this question, use of the part-time employment income responses is limited.

Responses to the survey show that Advanced Practice Registered Nurses (APRNs) are typically paid an annual salary. Sixty-eight per cent indicate they receive an annual salary rather than an hourly rate or a percentage of billing. This, too, is consistent with the national trend, according to the United States Department of Labor <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>. The Bureau of Labor Statistics reports that “most advanced practice registered nurses (APRNs) work full time. APRNs working in physicians’ offices typically work during normal business hours. Those working in hospitals and various other healthcare facilities may work in shifts to provide round-the-clock patient care. They may work nights, weekends, and holidays. Some APRNs, especially those who work in critical care or those in maternity care who deliver babies, also may be required to be on call.” <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm> (United States Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook, May 2023, Nurse Anesthetists, Nurse Midwives, and Nurse Practitioners).

While the majority (68%) of APRNs are paid an annual salary, 29% are paid by the hour, and approximately 10% are paid a percentage of billing, or “other”.

- Certified Registered Nurse Anesthetists (CRNAs): approximately half (48%) are paid an annual salary, and slightly more than half (56%) are paid by the hour.
- Certified Nurse Midwives (CNMs): 76% are paid an annual salary, 24% are paid hourly.
- Certified Nurse Practitioners (NP): 72% are paid by annual salary, 24% are paid hourly.
- The Certified Clinical Nurse Specialists (CNS) 80% are paid an annual salary, and 17% are paid hourly.

The majority of APRNs (67%) indicate that they are not required to take evening or weekend call. Of those who are required to take call 21% indicate they either are not compensated for taking evening or weekend call, or taking call is included as part of the annual salary compensation.

The practice settings (Figure 9 below) in the survey were grouped into broad acute care and non-acute care categories. Examples: multiple types of outpatient ambulatory settings, private physician office or practice, inpatient hospital settings, long term and elder care, public or community health and a general “other” category. A significant number of APRNs (28%) work in a hospital inpatient or other setting. Amongst the various hospital settings, most APRNs work either in an inpatient unit (13%) or emergency department (3%). Inpatient unit includes those working in the operating room (OR) and perioperative areas (12%). The major ambulatory settings where APRNs are employed are either a private physician office or practice (17%), a hospital outpatient clinic (10%), an ambulatory setting (14%), a private APRN practice (5%), public or community health (5%) or an ambulatory surgicenter (2%).

Figure 9: Advanced Practice Registered Nurse (APRN) Employment Settings

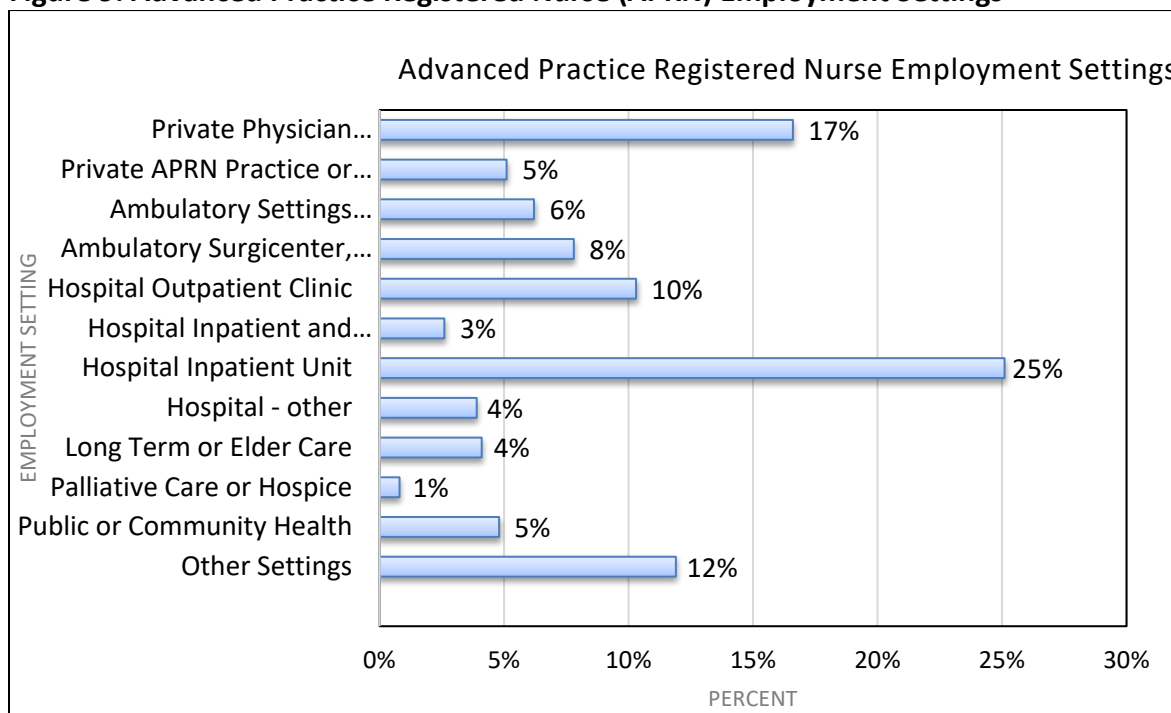


Figure 9: No response = 650 respondents.

The survey offered thirty-two different options to choose from to describe the employment setting as well as the opportunity to write in individual responses. If the individual response fits into a previously listed category, the response was moved into that category and the response percentages were adjusted. For purposes of this report the employment setting responses were combined as follows:

- **Private physician office/practice:** (17.1%)
- **Ambulatory settings:** Private APRN practice (4.0%), Nurse managed clinic (1.1%), Retail based clinic (1.0%), Urgent care clinic (5.2%), Ambulatory surgery center (2.1%), Federal clinic (FQHC, VA, Military, NIH, IHS) (5.7%)
- **Hospital outpatient clinic setting:** (not an emergency department) (10.3%)
- **Hospital inpatient settings:** Hospital inpatient unit (12.9%), Hospital operating room and/or peri-operative area (12.2%), Hospital emergency department (2.5%), Federal hospital (Military, VA, NIH, IHS) (0.7%), Hospital administration (0.3%), Hospital educator/education of staff and/or patients (0.4%), combination Hospital inpatient and outpatient settings (2.6%)
- **Long term and elder care:** long-term care facility (2.7%), Home care agency (0.7%)
Advance disease management (0.7%)
- **Hospice** (0.4%), Palliative care (0.4%)
- **Public or Community Health:** Community clinic (1.8%), Correctional facility (0.7%), Health department (0.5%), Mental health center (1.1%), Rural health clinic (0.7%)

- **Other settings:** Academic (university/college) education program (2.1%), Health maintenance organization/managed care (1.0%), Occupational/employee health (0.6%), School/college health service (0.5%), Research (0.2%), Government agency (0.5%)
- **Other** (written descriptions): (7.0%)

Some APRNs indicated that they split time between both inpatient and outpatient settings. The “other” comments describing additional settings included telehealth, research, industry, dialysis, insurance, and government. Some APRN workplace settings continue to have a high number of APRNs working in those settings. For example, in past biennial surveys (2016 - 2022) the percent responses were similar to this year’s responses and show, for example, APRNs are employed in the private physician practice setting (17% - 19%) and hospital outpatient settings (9 - 11%). The percent of APRNs employed in hospital inpatient settings is fairly steady, 30% in 2016, 28% in 2020 and now 32% in 2024. Other settings showed similar results to past survey reports that were completed in 2015-2022. These past reports are available on the Illinois Nursing Workforce Center website: <https://nursing.illinois.gov/resources/data-reports.html>

To determine how APRNs divide their time in the various workplace settings, APRNs were provided four professional activity options to choose from. The total for each respondent should have had a limit of 100%, but it did not, the summary total of all responses is 122%. Regardless of workplace setting, the vast majority of time was spent providing patient care/documentation (83%), with equitable amounts of time spent teaching/precepting/orienting (14%), supervision/administration (12%) and other (13%).

Services provided are summarized in Figure 10 below. Responses are ordered by frequency in the “most” to “no” patients” columns. The top five responses include:

- conduct physical exams and obtain medical histories.
- counsel and educate patients and families.
- order, perform and interpret tests, diagnostic studies.
- prescribe drugs for acute and chronic illnesses.
- diagnosis, treatment, management of acute illnesses.

Figure 10: Services Provided by Advanced Practice Registered Nurses

Services Provided by Advanced Practice Registered Nurses (APRNs)					
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Conduct physical exams, obtain medical histories	82.56% 2,362	8.00% 229	2.87% 82	6.57% 188	2,861
Counsel and educate patients and families	76.86% 2,209	12.98% 373	4.70% 135	5.46% 157	2,874
Order, perform, interpret lab tests, x-rays, EKGs, other diagnostic studies	67.64% 1,944	17.78% 511	6.23% 179	8.35% 240	2,874
Prescribe drugs for acute and chronic illnesses	63.17% 1,804	12.68% 362	4.83% 138	19.33% 552	2,856
Diagnosis, treatment, management of acute illnesses	62.86% 1,799	17.16% 491	7.9% 226	12.09% 346	2,862
Diagnosis, treatment, management of chronic illnesses	57.07% 1,631	18.05% 516	10.29% 294	14.59% 417	2,858
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Provide preventive care inc. screening and immunizations	37.54% 1,066	15.74% 447	14.51% 412	32.22% 915	2,840
Deliver Anesthesia	16.61% 468	2.52% 71	4.68% 132	76.19% 2,147	2,818
Provide psychotherapy	5.74% 161	10.01% 281	12.11% 340	72.14% 2,025	2,807
Perform procedures	19.10% 542	28.34% 804	20.62% 585	31.94% 906	2,837
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
Provide care coordination	45.72% 702	2.21% 778	13.36% 382	13.71% 392	2,859
Make referrals	32.91% 943	38.01% 1,089	14.17% 406	14.90% 427	2,865
Participate in practice improvement activities	30.98% 882	29.43% 838	20.58% 586	19.00% 541	2,847
Type of Service	Most Patients	Some Patients	Few Patients	No Patients	Total*
*Total indicates the number of respondents that perform a service; the number may vary from line to line depending on the number of respondents that answered affirmatively.					

Figure 10: no response = 1,362 respondents

In addition to asking about the type of services provided to the patient population, the APRNs were asked how many patients they provide services to in an average day, providing care as described above. The APRN respondents indicated the number of patients seen on an average day: 46% see between 1-10 patients and 38% see between 11-20 patients. The survey also asked

APRNs if they are responsible for a panel of patients. A panel of patients is the number of individual patients under the care of a specific provider, in this survey, the provider is an Advanced Practice Registered Nurse (APRN). APRN survey respondents indicated that 43% of them manage a panel of patients. The percent of APRNs that manage a panel of patients is similar to the responses in 2018 (44%) and 2022 (43%). The responsibility for managing a panel of patients has remained consistent since the question was first asked in the 2016 Illinois APRN survey. In 2016 thirty percent of APRNs indicated that they managed a panel of patients. As shown in the above grid, three quarters of APRNs include education and counseling of both patients and families in their care. This is in addition to the thirty-eight percent of APRNs who provide preventive care, as indicated in the above grid.

Continuing to explore the type of services APRNs provide, one survey question asked: “Do you have prescriptive authority, the ability and authority to prescribe medications and treatments to patients?” Consistent with 2022 data, approximately eighty-one percent of APRNs have prescriptive authority. Of those nurses who have prescriptive authority, 71% have a controlled substance license, and 74% have a DEA number, which allows the APRN to prescribe certain controlled medication substances. APRN prescriptive authority and required licenses have remained fairly constant since 2018, in the 70 percent range.

The APRN survey participants who responded that they do not have prescriptive authority were primarily Certified Registered Nurse Anesthetists (CRNA) and Clinical Nurse Specialists (CNS). These APRNs indicated that they did not need prescriptive authority to perform their job because they primarily work in inpatient settings. The other respondents who answered that they did not have prescriptive authority also indicated that they did not need it to perform their job. These individuals indicated that they worked in administration, research, education, insurance, pharmacy, government, or industry.

When these data were collected, according to Illinois statute, APRNs were required to work with a physician in a collaborative agreement unless they were practicing in a hospital setting, ambulatory surgical treatment center, or hospital affiliate (Illinois Nurse Practice Act, Article 65, Section 65-45). This practice is reflected in the responses as to how often a physician is present on site to discuss patient problems as they occur. Fifty percent of survey participants (50%) responded that physicians are present 76-100% of the time. See Figure 11 (below) for a summary of the amount of time physicians are present with the APRNs while they are treating patients.

Figure 11: Amount of Time a Collaborating Physician is Present on Site

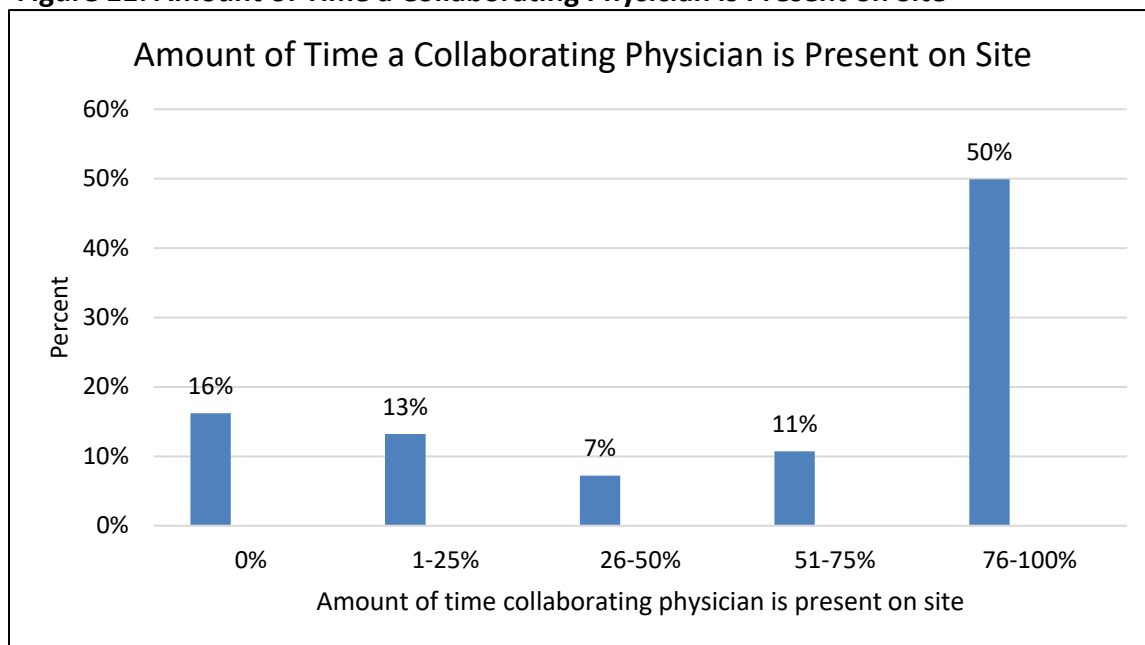


Figure 11: No response = 788 respondents

The survey requested the specific type of professional relationship the APRN has with the collaborating physician and respondents could choose more than one option. The majority of APRNs (63%) responded that they collaborate with a physician who was on site. The next top three collaborations arrangements were: collaborate with a physician at another site (23%); the collaborating physician is the medical director who oversees the practice (20%); 16% of APRNs indicate that there is no hierarchy, physician and APRN are equal colleagues and 14% of APRNs indicate that physicians cosign orders and/or progress notes. To a separate question, the majority of APRNs (81%) do not pay the collaborating physician or physicians a fee. Only three percent of respondents indicated that they do pay the collaborating physician a fee. The survey responses to these two questions are similar to the 2022 responses for payment of fees.

The respondents were asked “to what extent would you agree or disagree that you are allowed to practice to the fullest extent of your state’s legal scope of practice?” The second question asks about the extent of agreement with “...my APRN skills are being fully utilized.” For both questions, approximately eighty two percent of the APRN respondents agreed that they are practicing to the full extent of their scope of practice and that their skills are being utilized.

Survey responses to billing arrangements and the use of a National Provider Identifier (NPI) number were derived from two questions. The response rate to the first question, “Do you have an NPI number?”, was 99%, in 2015 it was 74%. The second question asked, “Which of the following best describes your billing arrangements for your principal APRN position?” Options

include “bill under my provider number (40%)”, “bill under a physician’s provider number (8%)”, “bill under my clinic/ facility number (16%)”, “No billing, cash only (1%)”, and “No, billing, grant supported/ free clinic (1%)”. This is shown in Figure 12 below. Almost half of the APRNs bill under their own NPI provider number, which has been approximately the same per cent since 2018.

Figure 12: Advanced Practice Nurse (APRN) Billing Arrangements

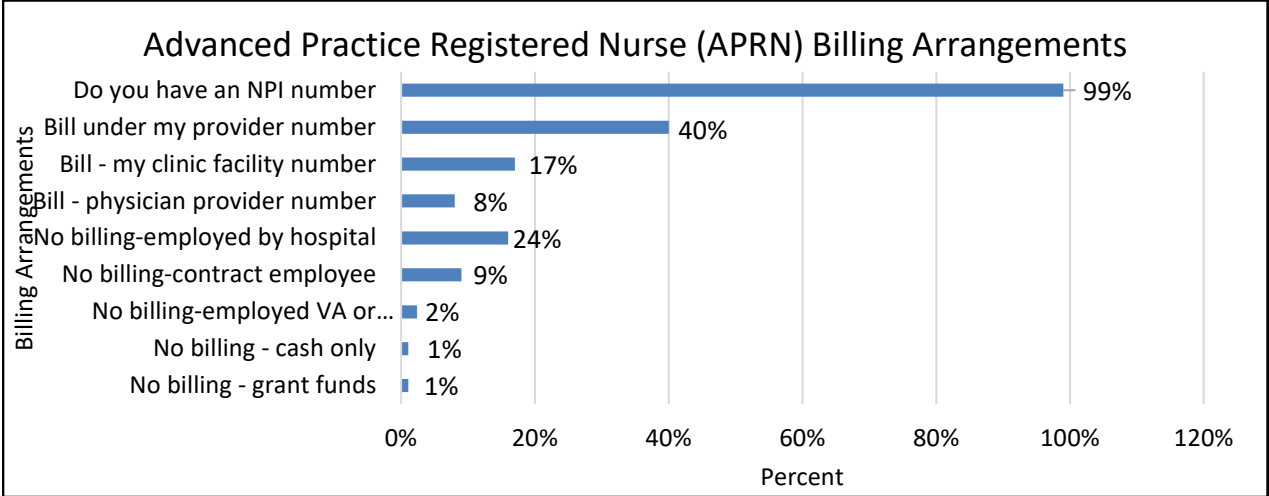


Figure 12: No response: do you have a National Provider Identifier (NPI) number = 7974 respondents
Figure 12: No response: billing arrangements = 888 respondents

Survey respondents indicated reimbursement for APRN services is from Medicare (32%), Medicaid (27%), private insurance (34%), no insurance (4%) and a small percent of APRNs are not involved in direct patient care (4%).

Workplace Violence

The Illinois General Assembly (IGA) in 2019 passed the Health Care Violence Prevention Act (Public Act #100-1051, effective 1/1/2019) 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.

The three workplace violence questions are in the report appendix with the other survey questions. In summary, 36% of APRNs reported experiencing physical or verbal abuse (based on the ENA definition) at least quarterly or more often; 11% have never attended workplace violence training and the clear majority, 84%, know that the facility where they work has a policy

for reporting workplace violence. The percent responses to each question are similar to responses in both the 2020 and 2022 surveys.

Discussion and Implications

The 2024 Illinois Advanced Practice Registered Nurse (APRN) survey report provides valuable data on this important section of the nursing workforce. The size of the Illinois APRN workforce has more than doubled since 2012; 7,833 in 2012, 20,736 in December 2024. Most of this increase can be attributed to the Certified Nurse Practitioner (NP) specialty group which approximately tripled, from 4,682 in 2012 to 16,871 in 2024. Two of the other three types of APRN specialties have also increased: Certified Registered Nurse Anesthetist increased from 1,924 in 2012 to 2,721 in 2024; Certified Nurse Midwives from 406 in 2012 to 496 in 2024). The Clinical Nurse Specialist APRN specialty group has decreased from 2012 to 2024 from 1,023 to 828 (2025.IDFPR *Active Advanced Practice Registered Nurse (APRN) Licensees including APRN Specialties*. Retrieved from <https://nursing.illinois.gov/resources/data-reports.html#2>).

The APRN survey respondents indicate thirty five percent are 55 years of age or older. However, the Illinois Department of Financial and Professional Regulation (IDFPR) Licensing Section, when assessed in December 2024 shows only 19% of Actively Licensed APRNs, both those living in Illinois and those living out of state are age 55 years and older. Twenty-three percent of the APRNs are between 45-54 years, forty percent between 35-44 years and nineteen percent are age 34 years and younger. So, while the survey responses reflect APRNs aged 55+years, it may not have as much information about the majority of Illinois APRNs, who are less than 55 years of age and are a more racially and ethnically diverse group than those that responded to the 2024 APRN survey.

Based on survey responses as to APRN workplaces, there are concerns about the number of APRNs available in certain care areas. In the survey, for example, there were a small number of Psychiatric Mental Health (PMH) Nurse Practitioners, this is a small percent of NPs (6%) challenged to address the Illinois Mental Health Professional Shortage areas. Shortage area designations allow providers to participate in a variety of different state and federal programs. The designations include health professional shortage areas (HPSA), medically underserved areas (MUA), and medically underserved populations (MUP) <https://dph.illinois.gov/topics-services/life-stages-populations/rural-underserved-populations/shortage-designations.html> From the US Census Bureau <https://www.census.gov/quickfacts/fact/table/IL/PST045223> there is an ever-increasing number of Illinois residents age 65 years and over (18%) and there is a small percent of APRNs practicing in Geriatrics (3%) and in long term care (0.6%). The complex needs of these populations and the growing shortages of physicians compound the healthcare workforce needs for this group.

Schools/Colleges of Nursing are continuing to recruit and enroll diverse student cohorts. This is reflected in racial and ethnic diversity continuing to increase in the younger APRN age groups. The overall APRN workforce remains largely female (88%), Caucasian/White (78%), 9% Black or African American, 4% Hispanic or Latinx and 6% Asian. The state of Illinois diversity is fifty-one percent female, 19 % Hispanic or Latinx, 15% Black or African American; and 6% Asian.

The overwhelming majority of APRNs (93%) provide direct care to patients in a variety of ambulatory/outpatient and inpatient settings. The care that APRNs are providing are the basics of primary care, diagnosis/treatment/management, physical exams and prescribing medication. A significant portion of their role is educating families and providing care coordination. Most APRNs see between 6 and 20 patients per day; indicating that these APRNs are valuable providers for basic health needs of Illinois citizens. In addition, a large portion of APRN services is to Medicare (32%) and Medicaid (27%) recipients, which research demonstrates is of high quality yet with a less intensive use of costly health services.

Finally, there was a change in the Illinois Nurse Practice Act, when the Illinois APRN-FPA license became available in December 2019. These data serve as an important resource for gauging the impact of increased practice authority. Billing and reimbursement may be one area to monitor. In Illinois, while 99% of APRNs have an NPI number only 40% bill under this provider number, the rest bill through the clinic or hospital number. National data indicate a greater percent of APRNs who do not work within an MD practice use their NPI number.

We have seen during the COVID-19 pandemic that there remains a need for more APRNs in public health and community settings. One question asked if the APRN had switched jobs post pandemic in 2023. The responses: no: 48%, yes same employer, different care unit: 7%, a different employer: 36%, temporary or travel staffing: 2%, retired 2%, other: 4% and no longer working as a nurse: 1%. There are concerns about the skills of the nursing workforce that will be needed to meet health care demands created by service delivery changes, population shifts and health care transformation.

The 2024 Illinois APRN survey results indicate relatively low but increasing numbers of APRNs as primary care providers in Illinois. It is important to continue to recruit and train a diverse APRN workforce to address the human health care capital that will be needed in Illinois. This will be critical to the health professional shortage areas (HPSA), medically underserved areas (MUA), and medically underserved populations (MUP) areas. Continued data collection and focused workforce planning are vital to assure access to healthcare for all Illinois residents.

Appendix A

Questions from the 2024 Advanced Practice Registered Nurse (APRN) Voluntary Licensure Survey

Demographic characteristics

1. Are you...
 - ☐ Female
 - ☐ Male
 - ☐ Prefer not to answer.
 - ☐ Other (please specify)
2. Select one of the following races or ethnicities that apply to you:
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latinx
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Middle Eastern or North African
 - ☐ White or Caucasian
 - ☐ 2 or more races
 - ☐ Some other race
 - ☐ Other (please specify)
3. What is your year of birth? (Place a number in a box)

APRN education, licensure and certification

4. Please identify your APRN role? *
5. Are you currently licensed in Illinois as an APRN with full-practice authority (APRN-FPA)?
6. Which educational program did you complete for your initial APRN preparation? *
7. Please check all educational degrees that you have earned:
8. In what year did you receive your initial APRN license? *
9. In what year did you receive your initial RN/registered nurse license?
10. In which state(s) or U.S. territories do you currently have certification/licensure/recognition to practice as an APRN? (Select up to 3)
11. In which area(s) have you ever received certification from a national certifying organization for APRNs? (Check all that apply)

The following refers to APRN employment.

In this section we will gather details on your APRN employment. Your primary APRN position is the one in which you work the most hours per week, if you work more than one APRN job.

12. In how many positions are you currently employed as an APRN?
13. Full-time employment: please estimate your 2023 pre-tax annual earnings from our APRN primary position. Include overtime, on-call earnings, and bonuses.

14. Part-time employment: please only answer if you work part-time. Please estimate your 2023 part-time annual earnings. Report approximate annual rate for working less than an average of 30 hours of service per week or 130 hours of service per month.
15. Have you switched jobs since Fall 2020? If yes, please list the type of switch: a different unit, a different employer, a temporary staffing agency, if you are working as a travel nurse, etc.
16. If you are not working as an APRN, what are the reasons? (Check all that apply)

Employment characteristics

17. Functioning in your primary APRN position, check the one term below that best describes the focus of your practice/facility. Choose from Primary Care, Subspecialties, Surgical Specialties, Other Specialties or check "Not working in a clinical specialty".
18. For this survey, your primary position refers to the APRN position in which you work the most hours per week and are compensated monetarily. Do not include volunteer positions or adjunct faculty status. Describe your primary position? Check only one.
19. In what type of setting do you work in your primary APRN position? (Please select only one)
20. Functioning in your primary APRN position, do you provide direct patient care?
21. Functioning in your primary APRN position, what percentage of your time is spent in each of the following roles? The total must equal 100%.
22. Regarding your primary APN position, for how many patients do you provide the following services?
23. Which of the following best describes your primary APRN position billing arrangements?
24. How often is a physician present on site to discuss patient problems as they occur in your primary APRN position?
25. What type of professional relationship do you have with the physician(s) in your primary APRN position? (Select all that apply)
26. Do you pay your collaborating physician a fee?
27. If you do pay your collaborating physician a fee, how would you define the fee schedule (Check all that apply)? Is it:
28. Are you privileged and credentialed at your primary place of employment?
29. To what extent would you agree or disagree with the following: In my primary APN position I am able to practice to the fullest extent of my state's legal scope of practice.
30. To what extent would you agree or disagree with the following: In my primary APRN position, my APRN skills are being fully utilized.
31. I receive adequate administrative support in my primary APRN position in order that my APRN skills are fully utilized.
32. How many patients do you see on an average day?
33. Do you have a panel of patients you manage and for whom you are the primary provider?
34. Are you required to take evening or weekend call for your primary APRN position?
35. Are you compensated for taking evening or weekend call for your primary APRN position?
36. Are you covered by malpractice insurance?
37. Who pays for your malpractice insurance?

38. Do you have prescriptive authority?
39. If you don't have prescriptive authority - why not?
40. Do you have a National Provider Identifier (NPI) number?
41. Do you have a controlled substance license in Illinois?
42. Do you have a personal drug enforcement administration (DEA) number?
43. Do you and/or your practice accept Medicaid?
44. Regarding patients for whom you provide care, who pays the majority of the cost?
45. How are you paid in your primary APRN position? (Select all that apply)
46. In a typical week, how many hours do you work in your primary APRN position?
47. What is the ZIP code(s) where you practice your APRN primary position? You may enter up to three zip codes, each followed by a comma. If you do not know the zip code, please supply the county.

Workplace violence: The following questions and definition are used with permission from the Emergency Nurses Association.

Definition: defining 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.

48. How often have you experienced patient/visitor/family physical or verbal abuse while at work?
49. Where have you attended workplace violence training?
50. Does your hospital/facility have a policy in place for reporting workplace violence incidents?

Retirement

51. Approximately when do you plan to retire from nursing and APRN work?*

Final page: thank you for your participation in the Illinois Nursing Workforce Center APRN Survey

(*) 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

Dates: October 7 and October 28, 2024

Subject: Illinois Department of Financial and Professional Regulation / Illinois Nursing Workforce Center APRN License: data collection from licensee

Greetings,

Advanced Practice Registered Professional Nurse (APRN) License – data collection from licensee:
We are requesting approximately 7 minutes of your time. Deadline for submission 11/11/2024.

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

Please click here to participate in the survey <https://www.surveymonkey.com/r/APRN2024>

Regards,

Illinois Department of Financial and Professional Regulation

Appendix C

Illinois Advanced Practice Registered Nurses (APRN) and Full Practice Authority- Advanced Practice Registered Nurses (FPA-APRN) per Illinois County

Illinois County	County (Est) Population 2024	APRNs per County 12/2024	APRNs per County 2023	Illinois County	FPA-APRNs per County 12/2024	FPA-APRNs per County 2023
ADAMS	64,441	112	167	ADAMS	16	16
ALEXANDER	4,695	3	6	ALEXANDER	2	3
BOND	16,450	19	28	BOND	4	4
BOONE	53,202	39	56	BOONE	10	8
BROWN	6,294	8	10	BROWN	1	0
BUREAU	32,729	25	46	BUREAU	6	3
CALHOUN	4,317	3	5	CALHOUN	1	0
CARROLL	15,526	9	13	CARROLL	1	1
CASS	12,596	12	14	CASS	2	1
CHAMPAIGN	205,644	305	481	CHAMPAIGN	71	56
CHRISTIAN	33,228	34	46	CHRISTIAN	2	1
CLARK	15,088	21	27	CLARK	1	2
CLAY	12,999	13	19	CLAY	2	3
CLINTON	36,785	60	83	CLINTON	15	12
COLES	46,060	75	93	COLES	8	5
COOK	5,087,072	5, 498	7,900	COOK	1, 045	853
CRAWFORD	18,300	21	36	CRAWFORD	6	6
CUMBERLAND	10,261	11	14	CUMBERLAND	3	3
DEKALB	100,288	78	19	DEKALB	15	2
DE WITT	15,365	14	113	DE WITT	3	15
DOUGLAS	19,629	15	23	DOUGLAS	4	4

Illinois County	County (Est) Population 2024	APRNs per County 12/2024	APRNs per County 2023	Illinois County	FPA-APRNs per County 12/2024	FPA- APRNs per County 2023
DUPAGE	921,213	1, 166	1,705	DUPAGE	244	200
EDGAR	16,334	13	21	EDGAR	2	2
EDWARDS	5,968	4	9	EDWARDS	2	2
EFFINGHAM	34,331	60	91	EFFINGHAM	16	16
FAYETTE	21,164	22	30	FAYETTE	5	3
FORD	13,250	18	17	FORD	0	0
FRANKLIN	37,138	32	43	FRANKLIN	9	8
FULTON	32,541	41	57	FULTON	5	5
GALLATIN	4,670	7	6	GALLATIN	0	0
GREENE	11,543	11	20	GREENE	0	1
GRUNDY	53,578	44	72	GRUNDY	18	17
HAMILTON	7,911	18	31	HAMILTON	2	2
HANCOCK	17,186	8	14	HANCOCK	5	4
HARDIN	3,569	4	7	HARDIN	0	0
HENDERSON	6,088	7	6	HENDERSON	0	0
HENRY	49,448	57	68	HENRY	7	6
IROQUOIS	26,136	23	32	IROQUOIS	2	2
JACKSON	52,141	81	118	JACKSON	9	10
JASPER	9,144	18	20	JASPER	2	2
JEFFERSON	36,320	61	90	JEFFERSON	11	10
JERSEY	21,091	21	27	JERSEY	5	4
JO DAVIESS	21,756	6	16	JO DAVIESS	4	4
JOHNSON	13,326	27	31	JOHNSON	3	1

Illinois County	County (Est) Population 2024	APRNs per County 12/2024	APRNs per County 2023	Illinois County	FPA-APRNs per County 12/2024	FPA-APRNs per County 2023
KANE	514,982	467	647	KANE	101	90
KANKAKEE	105,940	102	152	KANKAKEE	19	16
KENDALL	139,976	147	203	KENDALL	48	35
KNOX	48,411	50	64	KNOX	6	6
LAKE	708,760	657	117	LA SALLE	14	13
LA SALLE	108,309	90	95	LAKE	146	109
LAWRENCE	14,813	10	15	LAWRENCE	6	3
LEE	33,654	34	53	LEE	6	4
LIVINGSTON	35,320	18	30	LIVINGSTON	1	1
LOGAN	27,590	17	35	LOGAN	7	6
MCDONOUGH	26,839	32	208	MCDONOUGH	1	1
MCHENRY	312,800	256	54	MCHENRY	67	54
MCLEAN	170,441	220	495	MCLEAN	41	32
MACON	100,591	146	91	MACON	23	16
MACOUPIN	44,018	40	9	MACOUPIN	11	10
MADISON	262,752	361	13	MADISON	56	47
MARION	36,673	51	13	MARION	14	11
MARSHALL	11,683	6	43	MARSHALL	0	0
MASON	12,523	13	361	MASON	0	0
MASSAC	13,661	15	296	MASSAC	0	0
MENARD	11,954	23	28	MENARD	1	0
MERCER	15,487	13	17	MERCER	1	3
MONROE	34,957	65	91	MONROE	9	11

Illinois County	County (Est) Population 2024	APRNs per County 12/2024	APRNs per County 2023	Illinois County	FPA-APRNs per County 12/2024	FPA-APRNs per County 2023
MONTGOMERY	27,663	40	52	MONTGOMERY	7	6
MORGAN	32,140	33	55	MORGAN	6	7
MOULTRIE	14,342	8	13	MOULTRIE	4	4
OGLE	51,265	37	60	OGLE	12	10
PEORIA	177,513	357	476	PEORIA	38	30
PERRY	20,503	16	22	PERRY	6	5
PIATT	16,714	30	44	PIATT	10	7
PIKE	14,342	20	27	PIKE	2	2
POPE	3,707	3	8	POPE	1	2
PULASKI	4,911	4	3	PULASKI	2	2
PUTNAM	5,561	4	6	PUTNAM	0	0
RANDOLPH	29,815	34	44	RANDOLPH	7	6
RICHLAND	15,488	16	27	RICHLAND	5	5
ROCK ISLAND	141,236	118	160	ROCK ISLAND	13	14
SAINT CLAIR	251,018	276	389	SAINT CLAIR	39	31
SALINE	22,873	30	42	SALINE	4	3
SANGAMON	193,491	446	617	SANGAMON	58	47
SCHUYLER	6,733	7	8	SCHUYLER	0	0
SCOTT	4,710	42	53	SCOTT	3	7
SHELBY	20,568	26	27	SHELBY	3	1
STARK	5,218	11	18	STARK	0	0
STEPHENSON	43,105	31	43	STEPHENSON	9	5
TAZEWELL	129,541	234	322	TAZEWELL	51	45

UNION	16,667	15	16	UNION	0	0
VERMILION	71,652	72	121	VERMILION	25	17
WABASH	10,942	10	15	WABASH	3	2
WARREN	16,185	9	16	WARREN	2	3
WASHINGTON	13,536	21	36	WASHINGTON	3	2
WAYNE	16,761	17	20	WAYNE	3	2
WHITE	13,401	13	14	WHITE	0	1
WHITESIDE	54,498	57	68	WHITESIDE	7	6
WILL	700,728	841	1,165	WILL	196	155
WILLIAMSON	66,706	134	179	WILLIAMSON	21	13
WINNEBAGO	280,922	348	495	WINNEBAGO	67	45
WOODFORD	38,285	68	89	WOODFORD	10	6
Illinois County	County (Est) Population 2024	APRNs per County 12/2024	APRNs per County 2023	Illinois County	FPA-APRNs per County 12/2024	FPA- APRNs per County 2023

The above grid of the number of Advanced Practice Registered Nurse (APRNs) Active Licensees and Full-Practice Authority-Advanced Practice Registered Nurse (FPA-APRNs) Active Licensees per each of the Illinois 102 counties was completed June 2-6, 2023 and December 2024. 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 APRN or FPA-APRN submitted with either license application or license renewal. The address is either where the APRN 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>

Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2020-July 1, 2023 (CO-EST2023-POP-17). Source: U.S. Census Bureau, Population Division. Release Date: March 2024.

Appendix D

Illinois Advanced Practice Registered Nurses (APRN) Ages

Age Ranges by Birth Year	APRN Active Licensees*	Per Cent of Respondents	Difference	APRN Survey Responses**	Per Cent of Respondents
17-24 years 2000-2006	6	0.02%	Survey: +0.05%	2	0.07%
25-34 years 1990-1999	3,869	18.7%	AL: +8%	297	10.7%
35-44 years 1980-1989	8,217	39.5%	AL: +10.4%	800	29.1%
45-54 years 1970-1979	4,720	22.8%	Survey: +1.3%	666	24.1%
55-64 years 1960-1969	2,613	12.6%	Survey: +7.3%	547	19.9%
65-70 years 1954-1959	960	4.6%	Survey: +6%	299	10.9%
70-75 years/ 1953-1949	269	1.3%	Survey: +2.7.3%	110	4.0%
76+ years/ 1948 and before	82	0.4%	Survey +0.7%	30	1.1%
APRN Total	20,736	100%			

*APRN Active Licensee (AL) data, done December 2024, is from the IDFPR licensure database.

Active Licensee data includes APRNs only licensed as an APRN, with a date of birth, and includes both those with an Illinois mailing address and those with a mailing address in another state.

**The 2024 APRN Survey Responses data is from the data collected voluntarily from APRNs responding to the survey request. The request for participation was sent by eblast on both October 4 and 29, 2024 to approximately 19,000 actively licensed Illinois APRNs. The survey was sent to both those that have an Illinois mailing address those with a mailing address in another state. The survey portal was closed November 11, 2024. For this question about age/date of birth, 23 survey participants or 0.8% did not respond. A total of 2,803, approximately 14%, of Illinois APRNs participated in the supply survey questions, including this question about age.

Difference: Central column: this column shows the difference between the number of APRNs in the active licensee (AL) database and the number of APRNs that voluntarily responded to the survey request for participation. In general, more APRNs over the age of 55 years responded to the survey, approximately 19% more. The majority (58%) of actively licensed Illinois APRNs are age 25-44 years of age.

Advanced Practice Registered Nurse (APRN) 2024 Workforce Survey Report