

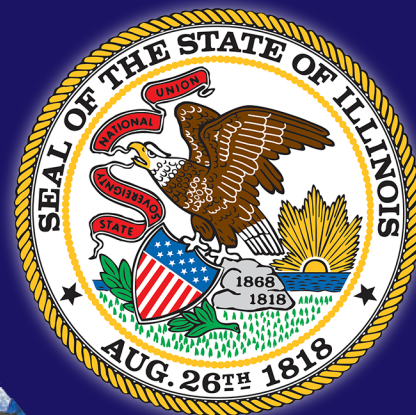
RN 2024 Workforce Survey Report



IDFPR

Illinois Department of
Financial and Professional Regulation

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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 eblasts 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.

Contents

TOPIC	PAGE
Introduction	3
Key Findings	5
Executive Summary	7
Demographics	9
Human Capital	13
Earnings	20
Discussion and Implications	22
Appendix A, Survey Questions	26
Appendix B, Survey Eblast Wording	29
Appendix C, RNs per Illinois County 2020 and 2023	30
Appendix D, Illinois RN Ages	34

Figures

FIGURE	PAGE
1: Age Cohorts	9
2: Diversity: Race, Ethnicity Overall	10
3: Diversity: Race, Ethnicity, Gender, by Age	11
4: Initial and Highest Level of Education	14
5: Primary Employment Setting	16
6: Employment Setting	17
7: Annual Salary Distribution	21
8: Annual Salary, Job Title/Role	22

Introduction

The Illinois Nursing Workforce Center Registered Nurse (RN) Workforce Survey 2024

This is the sixth time that data has been voluntarily collected post Illinois RN license renewal. There was additional data collection through two eblasts conducted in October 2024. The past survey requests for participation and voluntary data collections were conducted in 2014, 2016, 2018, 2020 and 2022, 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) post license renewal payment of fee, followed by two eblasts distributed in October 2024. The eblasts were distributed to the IDFPR RN database of email addresses, approximately 242,000 Illinois RNs. The biennial RN license renewal was completed June 30, 2024. 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 2024 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 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, 2024. The Variance was granted by Division of Professional Regulation Director Camile Lindsay. RNs, APRNs and FPA-APRNs deadline for license renewal was extended to June 30, 2024.

Beginning on October 7 – October 8, 2024, 241,732 Registered Nurses licensed in Illinois received the first eblast request to voluntarily participate in completion of an individual survey. As of October 28, 2024, 35,176 (14.6%) responses were received. On October 28-29, 2024, a second eblast was distributed to Illinois RNs with email addresses. The email message was adjusted in two places. First, the end of the first line the phrase: “...deadline for survey submission 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 49,842 or 22% 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 29 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. 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) workplace violence.

Key Findings

Illinois Nursing Workforce Center Registered Nurse (RN) Survey 2024

Voluntary survey participation was offered to Illinois Registered Nurses first by a message request that would have been seen immediately upon completion of payment of the online license renewal fee. The data was also collected through two eblasts, October 7-8 and October 28-29, 2024. A total of 49,842 RNs completed the survey for a survey response rate of 22% RNs.

Key Findings:

- Employment: 91% of nurses are actively employed in nursing, and working full-time, with 67% at one job.
- Employment setting: approximately half of Illinois RNs work in an acute care setting such as a hospital. In 2020 52% worked in an acute care setting such as a hospital; 13% are employed in ambulatory care, non-acute, different 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: 63% 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.
- 52% 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

- 41% of the RN survey respondents are 44 years of age and younger.
- 60% of nursing faculty are 55 years of age and older.

RN Employment Settings

- 51% of RNs practice in a hospital/acute care setting. 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.
- 9% of RNs practice in a nursing home/extended care/assisted living setting.
- 5% of RNs are school nurses; 5% are home health nurses, and 2% are public health nurses.

RN Position Role

- 63% of RNs provide direct patient care as staff nurses in acute and non-acute care settings.
- 13% identify as a nurse manager, administrator, or executive.
- 3% identify as nursing faculty.
- The average staff nurse acute care salary range is \$75,000-\$105,000; the average administrator/manager's salary range is \$85,000-\$145,000; the average nursing faculty salary range is \$68,000-\$145,000.

The full report is available on the INWC website <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.

In 2023 HB1615/PA225 ILCS 65/75-10 legislation was passed and signed by Governor Pritzker. A part of this legislation requires that beginning in 2024 and each renewal thereafter, applicants shall respond the Illinois Nursing Workforce Center supply data survey. However, license renewal shall not be contingent upon responding to the INWC workforce supply survey. The survey shall use the National Forum of State Nursing Workforce Centers Minimum Nurse Supply Dataset.

In 2024 applicants received a request asking them to voluntarily participate in the online survey when they received the email license renewal receipt. The result was a 5.6% response rate. Applicants received two emails in October 2024 with a return deadline of November 11, 2024. This resulted in a 22% response rate. 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. 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 and limited questions on 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 planning for the provision of 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 44 years of age or younger, while 5% are 65 years of age or older. In the two or more races category, 52% are 44 years of age or younger, while 11% are 65 years of age or older. The diversity in younger Black/African American survey respondents was 44% of Black/African American respondents reported being 44 years of age or younger, and 17% 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 68%; this is less than the 93% reported in 2007 (*The 2007 Illinois Nursing Workforce Survey Report*). Like most other states, the overwhelming majority (90%) of Illinois RNs are female and 9% Illinois 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 survey participants include more responses from an aging RN workforce, with 41% of survey respondents indicating that they are 55 years of age or older. This is less than in 2018 and 2020, it is approximately the same as the 42% survey respondents over age 55 years in 2014.

Education: Currently, 63% of respondents have a bachelor's, master's or doctoral degree as the highest nursing education degree. The RN's initial pre-licensure education resulting in a degree shows that 45% began at a college or university obtaining a bachelor of science or master's degree in nursing; 36% obtained education at the associate degree level in a community college; 12% obtained education through a hospital with a pre-licensure RN education program, a hospital diploma school of nursing; and approximately 6% were initially licensed as an LPN. 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.

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 care (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.

Summary: Collectively, the 2024 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. 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

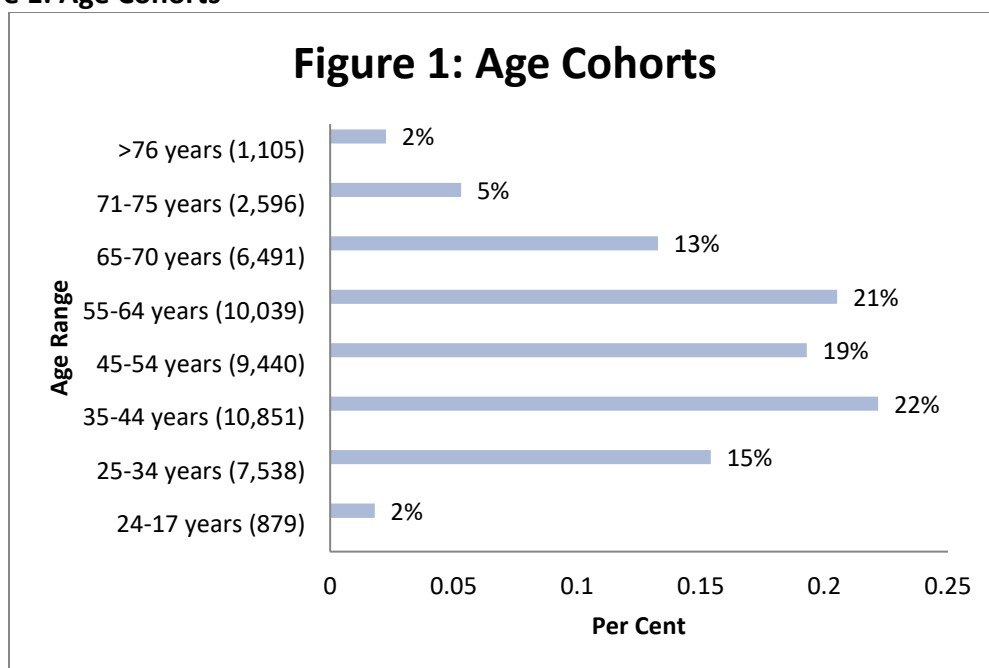
General Overview

Data on the characteristics and supply of Registered Nurses (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, and job characteristics of work-place setting.

Data 2024 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 (905).

Figure 1: Age Cohorts

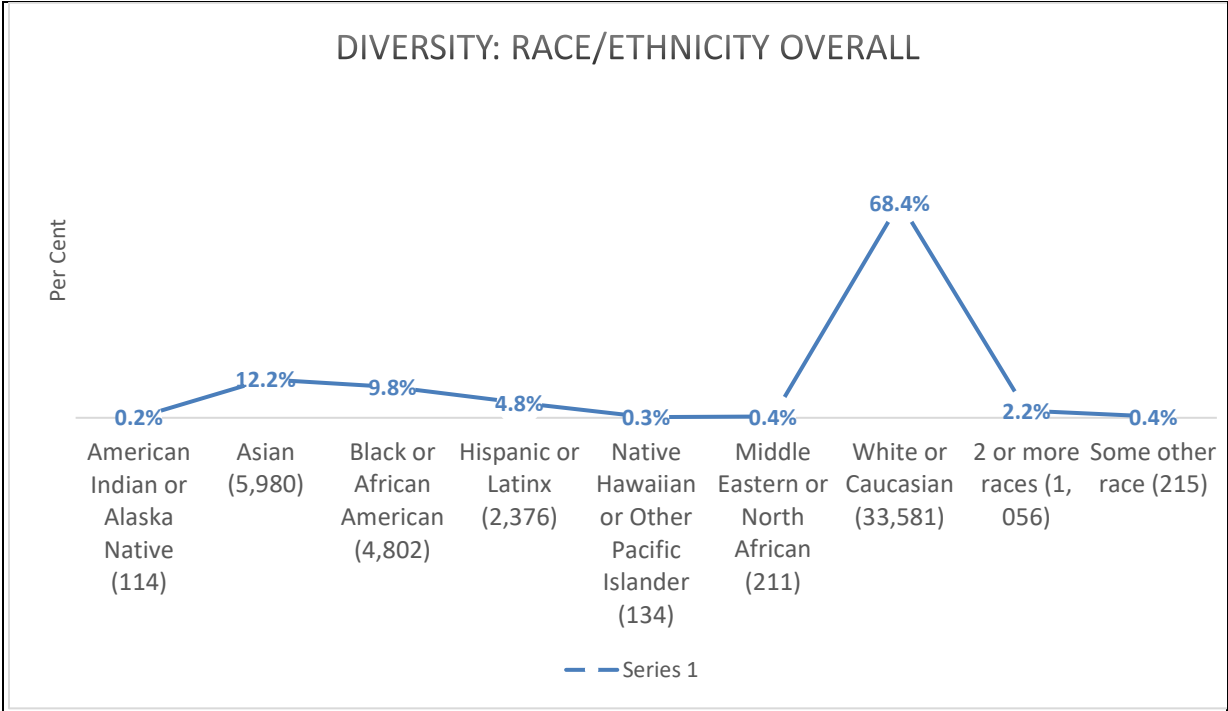


Number skipped: 905.

The age cohorts of Illinois RNs responding to this voluntary survey in 2024 indicate 41% of survey respondents are 55 years of age or older. This percent of respondents aged 55 years

and older has been consistent back to the 2014 biennial RN supply survey. In the IDFPR/DPR Active Licensee database, there are only 27% 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 question: 740.

Overall racial and ethnic diversity of the nursing workforce in Illinois was determined by one question: “Select one of the following races or ethnicities that apply to you”. The question-and-answer options are based on the U.S. government changes in how it categorizes people by race and ethnicity and Illinois Public Act 103-0414. The answer options include a new category, Middle Eastern or North African Heritage; and includes a “Hispanic or Latinx” category. The U.S. Census Bureau describes the Hispanic ethnonym as a culture regardless of race; that is the definition that is used with this survey. Responses are illustrated in Figure 2 (above). There were 49, 104 responses, 740 individuals did not respond. These 2024 results are similar to those of the past six years of Illinois RN surveys with some slight differences. The category of White/Caucasian was 68% in 2024, which is approximately 12% lower than it was in 2016.

Diversity and age of the Illinois RN workforce is explored in Figure 3 (below).

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		2.65%	12%	21%	27%	22%	11%	5%	0.23%
Total Up 0.1% N		3	13	24	30	25	12	6	113
Asian		1.5%	20.8%	34.3%	23.1%	12.7%	5.0%	2.6%	12.2%
N		89	1,232	2,039	1,373	751	299	155	5,938
Black/African American		0.8%	17%	25.8%	21.5%	17.9%	9.6%	7.4%	9.8%
N		36	814	1,230	1,023	851	456	351	4,761
Hispanic/Latinx		4%	32.1%	28.4%	19.5%	10.7%	4.3%	1%	4.8%
N		96	759	672	461	254	101	23	2,376
Native Hawaiian or Other Pacific Islander		0.8%	12.7%	21.6%	27.6%	22.6%	12.7%	3%	0.3%
N		1	17	29	37	29	17	4	134
Middle Eastern or North African		4.3%	38.3%	30.6%	13%	8.6%	3.8%	1%	0.43%
N		9	80	64	28	18	8	2	211
White/Caucasian		2%	12.5%	18.5%	18.3%	23.5%	16.3%	9%	68%
N		603	4,189	6,173	6,103	7,833	5,429	3,062	33,392
2 or more races		3.1%	22.3%	28%	21.1%	14.6%	7.6%	3.4%	2.2%
N		32	233	294	220	152	79	107	1,056
Some other race		1%	14.6%	30%	23%	19%	7%	5%	0.4%
N		2	30	62	48	39	14	11	214
Female		1.8%	15%	21%	19%	21%	14%	7.5%	90%
N		787	6,554	9,409	8,453	9,205	6,116	3,481	44,771
Male		1.8%	21%	30%	20%	16.5%	7.5%	4%	9.1%
N		80	918	1,313	892	734	332	177	4,524
Prefer to Not Answer		1.6%	13.1%	27%	22%	21%	7.8%	7.5%	0.7%
N		5	42	87	70	68	25	24	354
Age		24-17 years	25-34 years	35-44 years	45-54 years	55-64 years	65-70 years	71+ years	Total*

*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 68% of all Illinois RNs, with 25% age 65 years of age or older. There are indications of changing demographics observable across age categories. For example, 4.8% of nurses are Hispanic/Latinx, with approximately 64% are 44 years of age or younger. Overall, there are approximately 12% Asian respondents, but approximately 57% are 44 years of age or younger. Forty-four (44%) per cent of Black/African American respondents are 44 years of age or younger, with overall 9.8% Illinois RNs are Black/African American. The respondents that indicated they are 2 or more races, approximately 53% are 44 years of age or younger. Approximately 40% of Illinois RNs are less than 45 years of age, regardless of race or ethnicity.

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 were 91% female, 3% less than previous years. This is the close to the 89% national average (2022 NSCBN and National Forum of State Nursing Workforce Centers *Nursing Workforce Study*). However, gender distribution does differ by race and ethnicity: for example, for Asian respondents, approximately 82% (4,880) are female and 12% (1,047) are male. For Multiracial respondents, 84% (919) are female, 2.4% (105) are male. For Hispanic/Latinx respondents, 89% (2,115) are female, 5.3% (236) are male. For Black/African American respondents, 88% (4,224) are female, 12.2% (544) are male. 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 past Illinois biennial RN surveys in the even years from 2014-2022, the overwhelming majority of respondents received initial RN licensure in the United States. In 2024, 91% (40,905) received initial RN licensure in the United States, 6.2% (2,7501) in the Philippines, 1.7% (752) in India, 0.4% (164) in Nigeria, 0.2% (98) in Canada, 0.2% (167) in Poland and 5,108 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.

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 15% survey participants (7,495) did not respond to the question and 17% indicated uncertainty with regards to retirement plans. The largest group of respondents 25% is composed of RNs within five years of exiting nursing practice. Approximately 38% 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 2024. However, a similar number plan to retire in the next ten years, from 36% in 2014 to 38% in 2024. Twelve percent of respondents 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 32% (16,200) respondents, and 49% checked that they do not plan to retire. So, of the small percent 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 a less physically demanding position.

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.

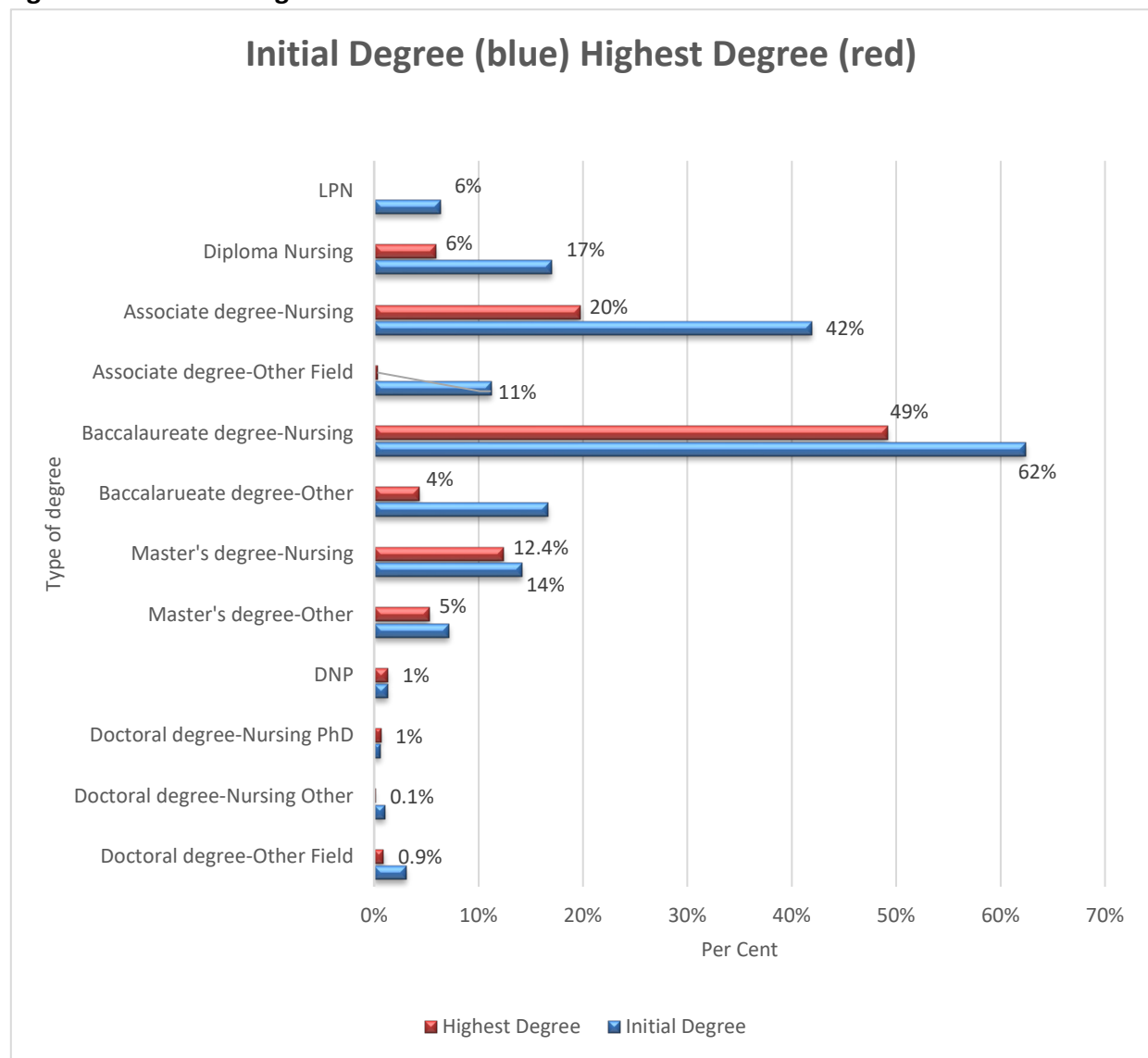
Education

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 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 four varieties of pre-licensure RN education programs available in Illinois; all programs prepare the student nurse to take the national RN NCLEX® licensure examination prior to applying for an RN license.

Illinois graduates approximately 7,000 newly licensed RNs annually. There are associate degree RN (ADN) programs in 43 community colleges; traditional RN baccalaureate (BSN) degree programs in 36 colleges or universities; the 13 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. The question, *what type of nursing degree/credential qualified you for your first U.S. nursing license*, refers to one of these four types of 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*.

<https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/forms/dpr/nurseschools.pdf>

Figure 4: Initial and Highest Level of Education



Number skipped initial degree question: 4,060; number skipped highest degree question: 3,173.

The percentage of nurses initially becoming licensed as an RN and entering the field via the Associate Degree in Nursing (ADN) route (42%), is less than those entering at the Bachelor of Science in Nursing (BSN) level (62%). The next highest category of those entering the field was comprised of nurses who initiated their career via a hospital diploma school (17%). The remaining 9% were distributed across a broad spectrum of educational categories. The initial education distribution for 2024 is similar to the 2022 survey responses.

The table above (Figure 4) shows both the highest educational degree (red lines) and all the degrees that have been attained (blue lines). 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 2024, 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 2024 62% indicated the initial degree prior to RN licensure was a BSN. In 2024 there are more nursing students obtaining their initial degree from RN-BSN (62%) programs than from RN-ADN (42%) programs.

When respondents were asked to indicate the highest degree attained (red lines), 20% of respondents indicated an associate degree in nursing (ADN); and 6%, indicated a hospital diploma. This indicates that many nurses continue their academic education during their careers after initially becoming licensed as an RN. 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 2024 74%. There is an approximate 22% decrease in the number of nurses whose highest degree is an associate degree or ADN; in 2014 the nurses whose highest degree was an ADN was 10%. While a significant percent of nurses return or continue with school to obtain a master's degree, either in nursing (12%) or another field (5%), the number of nurses with either an earned research doctorate, PhD (1%) or Doctor of Nursing practice, DNP (1%) remains low.

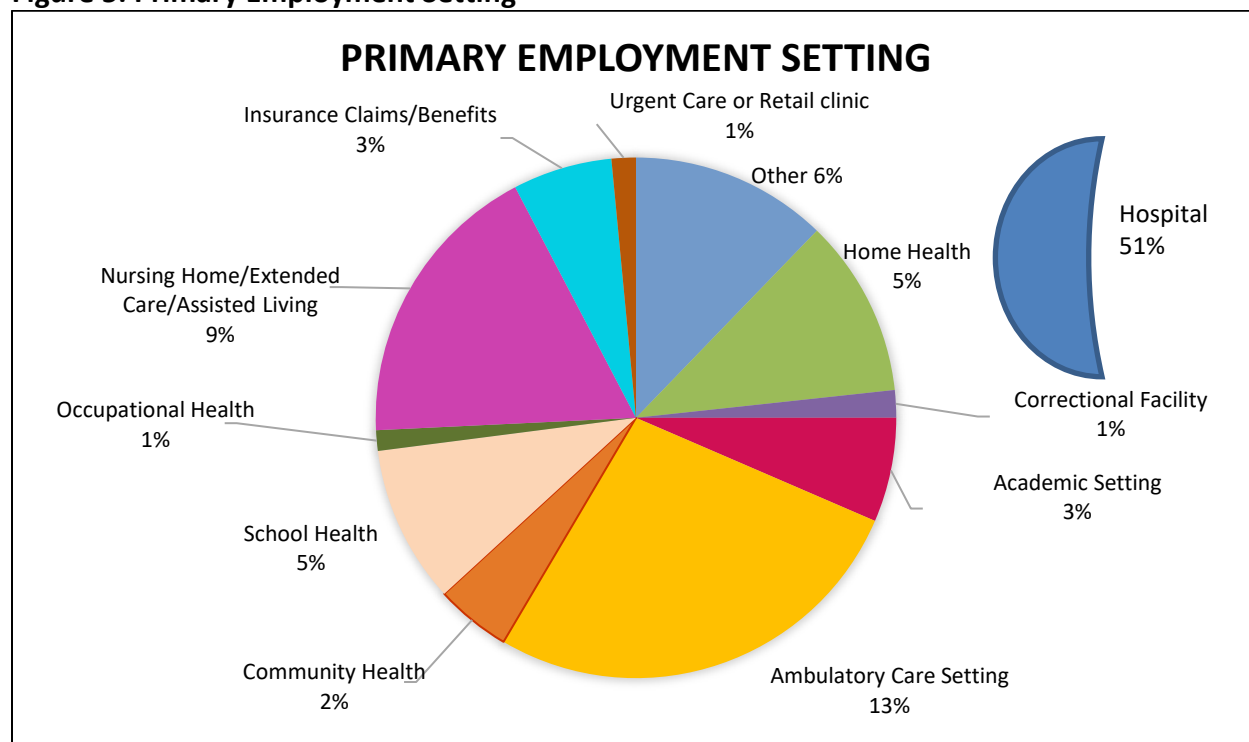
When respondents were asked: *Are you currently enrolled in a nursing education program leading to a degree/certificate?* 92% responded "no". When asked the barriers to continuing their education, select only one option: the highest response was not interested (35%); the next greatest barrier was cost, specifically cost of tuition (34%), followed by family obligations (12%). The results regarding barriers are similar to the results from past surveys from 2014 through 2022, when approximately 10% of Illinois RNs indicated, they were returning to school, either continuing their education leading to a degree or completing a certification.

Another 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. There are approximately one hundred and eighty 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 52% of respondents work 31- 40 hours per week on all jobs. For those who work part-time, 16% work less than 30 hours per week, and approximately 25% work between 41-60 hours per week; a very small per centage of 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.

Figure 5: Primary Employment Setting



Number skipped: 14,515.

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

approximately the same as it was in 2020 and 2022. 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 (9%), academic (3%), community health (2%), school health (5%), and home health (5%). This is only a slight decrease in the numbers of nurses working in hospital/acute care settings since 2016 (54%), 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 10%, after the redistribution as described, it is now 6%. 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%		18,037
Ambulatory Care Settings		13%		4,495
Nursing Home/Extended Care/Assisted Living		9%		3,012
Home Health		5%		1,832
Academic Setting		3%		1,095
School Health		5%		1,608
Community Health		2%		768
Public Health		2%		584
Insurance Claims/Benefits		3%		1,033
Occupational Health		0.8%		270
Correctional Facility		0.8%		271
Urgent care or Retail clinic		0.8%		316
Other: Includes: Call Center, Remote, Telehealth (1.4%, 484),		6%		2,031

Policy/Planning/Regulatory/Licensing Agency (0.3%, 115) Mental Health Center, Rehabilitation, Hospice, Dialysis, Private Duty, Education, Insurance, Home Care, Retired			
Setting	Per Cent		Number
Employment Settings			

In the employment settings approximately two thirds or sixty-three per cent (22,381) of the respondents provide care working directly with patients as staff nurses. The next most common position titles are nurse manager/administrator or executive (11%/3,851), followed by case manager (7%/2,605), and nursing faculty (3%/1,005) Approximately 10% (3,447) respondents reported that the position title was other-health related, but comments were not collected. These response rates are similar to the past RN survey reports, data on these titles has been collected since 2014. These position titles reflect only a few of the leadership roles of nurses in the many patient care settings. For example, a staff nurse may be in charge of an inpatient unit, while also serving 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 are acute care/critical care/intensive care (19%), family care from pediatrics through gerontology (15%), medical (14%), community- health promotion including home health, public health, school health (11%) and surgical (9%). Below is a list of specialty areas, and the percent specializing.

- **Acute Specialties:** Acute Care (8%), Critical Care (6%), Emergency (5%), Trauma (0.4%),
- **Case Management, Risk Management:** (5%)
- **Community, Health Promotion:** Community (1%), Home Health (4%), Public Health (1%), School Health (4%)
- **Faculty/Education/Educator:** (3%)
- **Family:** includes Pediatrics through Geriatrics/Gerontology: Family Health (1%), Pediatrics (3%), Primary Care (2%), Adult Health (2%), Women's Health (2%), Geriatric/Gerontology, (5%)
- **Insurance/Reimbursement/Utilization Review/Workers Compensation:** (1%)
- **Maternal-Child Health:** (3%), Neonatal (2%)
- **Medical, includes Specialties:** Medical (5%), Nephrology (2%), Oncology (3%), Rehabilitation (2%), Occupational Health (1%), Cardiology (0.5%)
- **Palliative Care:** (0.5%), Hospice (1%)

- **Psychiatric/Mental Health/Substance Abuse:** (4%)
- **Quality Improvement:** (1%)
- **Surgical, Perioperative:** Anesthesia (0.2%), Perioperative (4%), Surgical/OR (5%), Orthopedics (1%),
- **Non-Acute:** Tele-health, (2%), Outpatient/clinic/office: (2%), Corrections (0.4%)
- **Other:** (9%) **Retired:** (0.2%)

The original “Other” survey response rate was 15%, which is 1% lower than the “Other” response rate in the 2022 RN survey. 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. With the redistribution of individual specialties as described above, the “Other” category decreased to 9%.

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. There are three survey questions were asked that 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.

Below are the three general workplace violence questions with summary responses rates: For these questions, there was an average 76% response rate. Overall, the responses were similar to the 2022 post license renewal responses.

1. *How often have you experienced patient/visitor/family physical or verbal abuse while at work?* The range of options began with “on each shift” (6%) through “never” (15%). Other response options: weekly (15%), monthly (14%), quarterly (8%), semi-annually (6%), annually (4%), less than annually (15%) and I am not currently working (12%). Summary: The number of RNs that experienced patient/visitor/family verbal or physical abuse “on each shift” is 6%; in 2020 the response for this option was 3%. At the opposite end of the spectrum, 15% of respondents have never experienced workplace violence from patients/family/visitors, similar to the 2022 response rate. Compared to the 2020 survey, weekly and monthly workplace violence remains more than 2020: weekly from 11% to

14% and monthly from 12% to 14%. The 2024 responses to other options remained about the same as past years.

2. *Where have you attended workplace violence training:* current facility (58%), other location (13%), both current facility and other location (16%), have never attended training (13%). Similar 2020 and 2022 response rates, except the number to not have workplace violence training has gone down from 17% in 2022 to 13%, which is what it was in 2020.
3. *Does your facility have a policy in place for reporting workplace violence incidents:* yes (86%), no (3%), don't know (12%).

In summary, the number of RNs experiencing patient/family/visitor physical or verbal abuse while at work is similar to what it was in 2022 but remains higher than the 2018 responses. If one combines the responses from “each shift that I work” through “at least quarterly”, approximately 43% of RNs report experiencing physical or verbal abuse, which is up from the 35% that reported experiencing workplace violence in 2020. The majority of nurses, 86%, know that the facility where they work has a policy for reporting workplace violence.

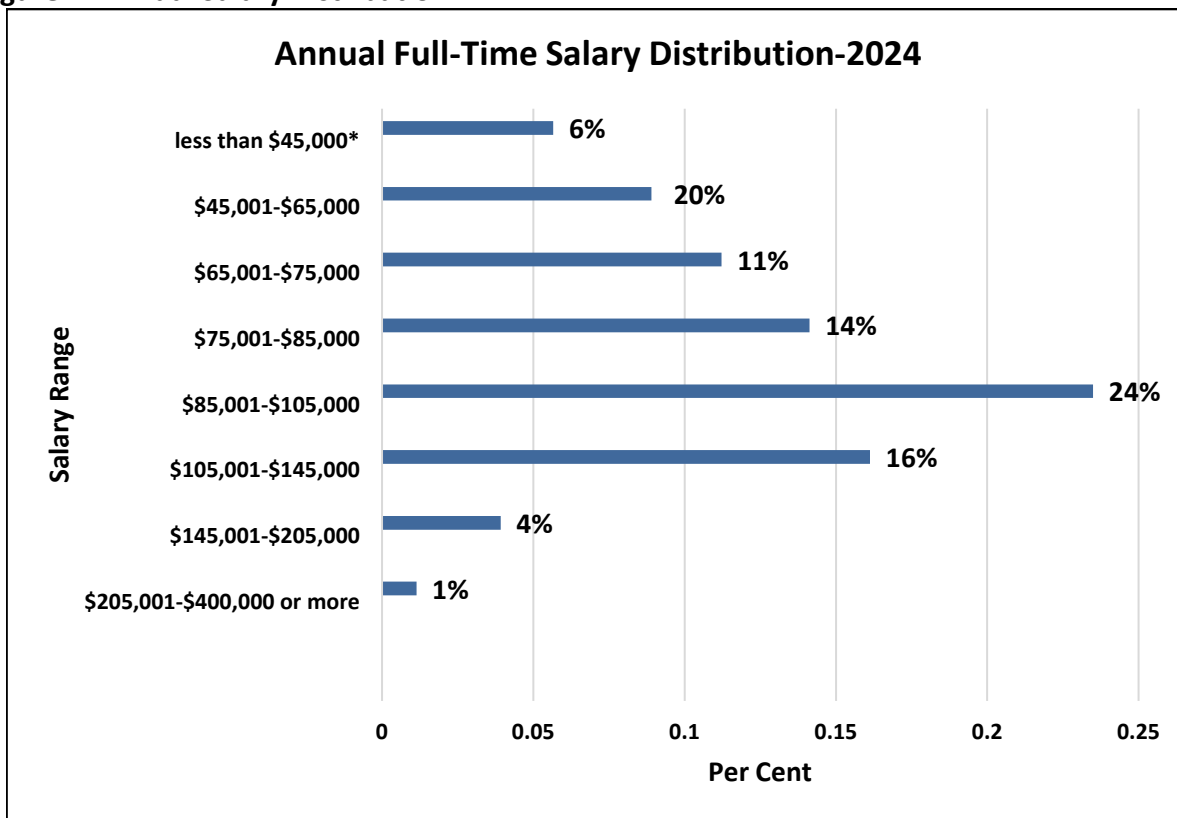
Earnings

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 2023 pre-tax annual full-time earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.* Nineteen 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 (38%) was \$75,000 to \$105,000, with reported values throughout the full range of possibilities. The May 2023 United States Department of Labor, Bureau of Labor Statistics (U.S. DOL, BLS) national average shows an annual median income for RNs working in Illinois to be \$87,650 (#29-1141). The Illinois RN full-time annual income is approximately the same as the US DOL national wage estimate. <https://www.bls.gov/ooh/healthcare/registered-nurses.htm> The U.S. DOL also indicates that the employment of registered nurses is projected to grow 6 percent from 2023 to 2033, faster than the average for all occupations. About 194,500 openings for registered nurses are projected each year, on average, over the next decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force through retirement.

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 (32,866) skipped this question, and 9,717 (57%) 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. Approximately 13% made at least \$20,000; approximately 10% made between \$20,001 - \$40,000; and approximately 11% made between \$40,001 and \$60,000 working part-time. This is a limited small sample of RNs working part-time.

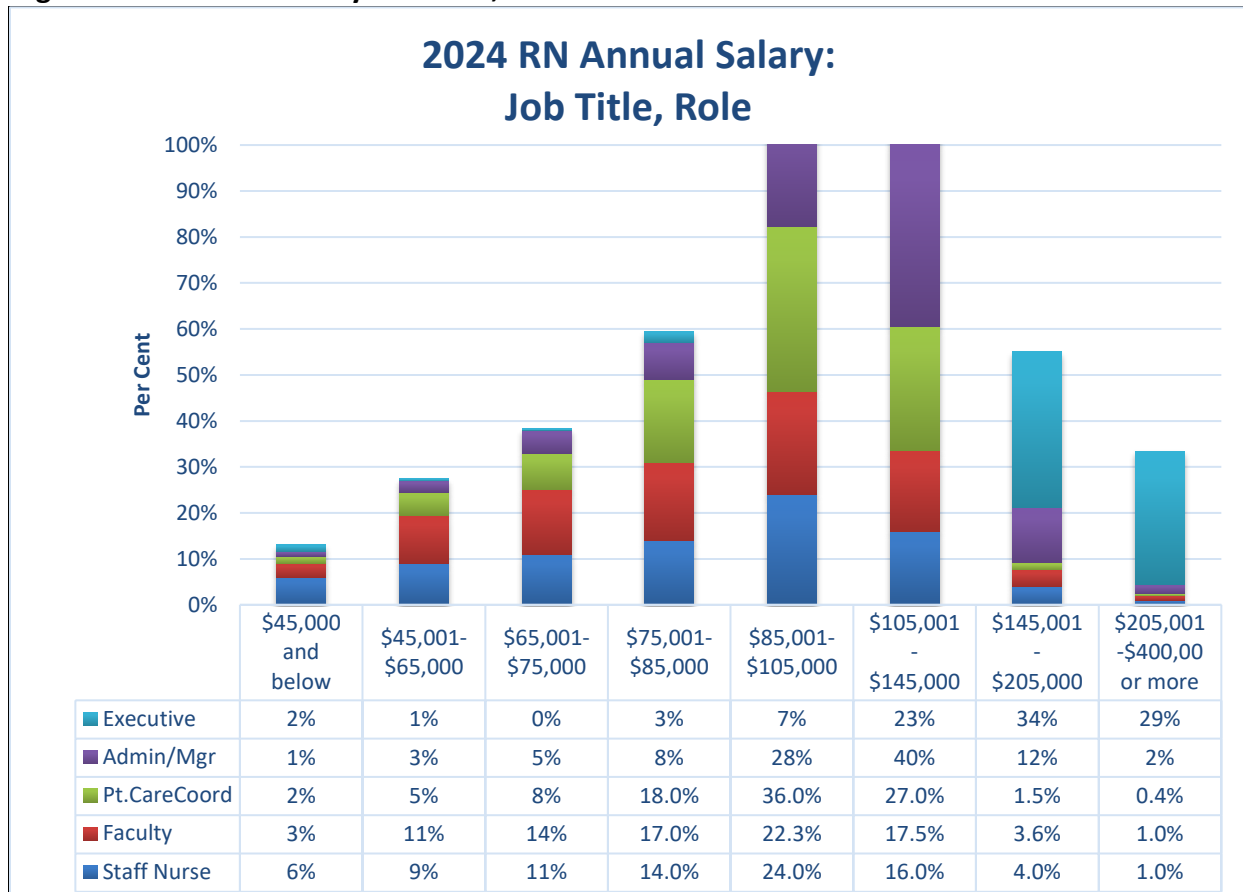
Figure 7: Annual Salary Distribution



Number skipped: approximately 16, 132.

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 range 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 Annual Salary: Job Title, Role



Number skipped: salary question: 16, 132; number skipped job title question: 14,526.

Discussion and Implications

A limitation to this survey report is that data were collected on two separate occasions through two different methods. Registered Nurses (RNs) when they received their email receipt post payment of license renewal fee were asked to voluntarily participate in the survey. Then data was also collected through two ebasts in October 2024. One ebast was distributed to the approximate 242,000 RNs on October 7-8 and one ebast was distributed October 28-29, 2024, with a total response rate of 22%. 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 are more survey respondent RNs in the older age categories. The IDFPR/DPR Active Licensee database, has 27% Illinois RNs age 55 years or older, while there are approximately 41% survey respondents in this same age range. 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 of active licensee and survey respondents are in Appendix D.

Illinois continues to have a robust Registered Nurse (RN) workforce with practitioners across all healthcare settings. The registered nurse (RN) workforce is an aging group, with 41% of respondents 55 years of age or older. In addition, approximately 25% of respondents indicated an intent to retire within the next five years. Regarding new graduates, the number of graduates from Illinois 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 reports). Based on the age of respondents, the survey results raise concerns about sustaining this nursing workforce, maintaining a consistent flow of students through nursing education programs.

The integrity of the RN pipeline includes having adequate nurses to be nursing faculty teaching in the many Illinois nursing education programs. There are eighty-six pre-licensure RN programs in Illinois in the following settings: 43 associate degree programs in community colleges; 36 baccalaureate degree traditional programs; 13 accelerated bachelor's degree programs; 10 master's entry level programs (<https://idfpr.illinois.gov/profs/nursing.html>). 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. Thirty five percent of RN survey respondents indicated that they do not plan on continuing their education which could result in a shortage of masters and doctorally prepared nurses able to become faculty. Having enough nursing faculty to maintain the nursing education pipeline is essential to the supply of nurses required to maintain and improve the health status of Illinois residents.

In Illinois, RN post-licensure education access 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 (<https://idfpr.illinois.gov/profs/nursing.html>). There are thirty graduate nursing education programs offering graduate degrees (MS, MSN, DNP, PhD) in various specialty areas. 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 leadership roles in the many healthcare settings.

There are nursing competencies that will be required 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 continued shift in health care from acute to non-acute care settings with the increased emphasis on health promotion and disease prevention. 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 (<https://www.bls.gov/ooh>).

The Illinois RN supply survey results indicate some shifting away from employment in acute care settings, similar to U.S. DOL data. In 2000, 64% of Illinois RNs worked in acute care setting, this number has decreased to 51% in 2024. Currently there are approximately 13% respondents in ambulatory/non-acute/outpatient settings. We have seen during the COVID-19 pandemic that there remains a need for more nurses in public health and community settings. One question asked if the RN had switched jobs post pandemic in 2023. The responses: no: 49%, yes same employer, different care unit: 10%, a different employer: 29%, temporary or travel staffing: 3%, retired 3%, replaced by non-nurse: 0.1%, 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.

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. 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. Nurses, particularly RNs, need environments that facilitate their ability to fully leverage their skills and expertise across all practice settings.

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

To maintain an adequate RN pipeline, there is a need for more nursing faculty in both pre-licensure nursing education and post-licensure education programs. To 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.

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.

Increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care. Consider support of funds to nurses and nursing schools to sustain and increase the gender, geographic, racial, and ethnic diversity of the nurse workforce. Identify and eliminate policies and systems that perpetuate structural racism, cultural racism, and discrimination in the nursing profession as 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.

Given the many demands for healthcare workers, including RNs in Illinois in the next decade, there is a need to study the workplace needs in Illinois. The Illinois Nursing Workforce Center will be partnering with other state agencies to assess healthcare needs in acute and non-acute care settings. There is also a need to consider different supply demand models, all RN specialties in various workplace 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.

Appendix A

Questions from the 2024 RN Voluntary Licensure Survey

Demographic characteristics

Question 1: Are you...

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer.
- ☐ Other (please specify)

*Question 2: Are you currently licensed as an APRN (CRNA, CNM, CNP, CNS)?

- ☐ No – please continue answering survey questions.
- ☐ Yes – please cease participation, a different survey for those licensed as APRNs is available post-APRN license renewal payment of fees.

Question 3: 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)

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?

- ☐ United States
- ☐ Canada
- ☐ India
- ☐ Nigeria
- ☐ Philippines
- ☐ Poland
- ☐ Other

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

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

- ☐ Active
- ☐ Not active

Question 13: Please list all state(s) or U.S. territories in which you currently hold an active license to practice as an RN? (Illinois is the first state on the list, then all states are listed in alphabetical order)

Employment: the following questions are designed to gather data regarding your job (or jobs) in nursing. Primary position: the position where you work the most hours during the regular work week. Per diem: an arrangement wherein an individual is employed directly on an as needed basis and usually does not have any benefits.

Question 14: What is your employment status? (Mark ALL that apply)

Question 15: If you are not currently working as a nurse, what are the reasons(s)? Check all that apply:

Question 16: Full-time employment: Please answer only if you work full-time. Please estimate your 2023 pre-tax annual full-time earnings from your primary nursing position. Include overtime, on-call earnings, and bonuses.

Question 17: Part-time employment: Please answer only if you work part-time. Please estimate your 2023 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 18: In how many positions are you currently employed as a nurse?

Question 19: 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.

- ☐ No
- ☐ Yes, I switched jobs and am with the same employer, but on a different care unit.
- ☐ Yes, I switched employers and am with a different employer.
- ☐ Yes, I switched employers and am now employed by a temporary staffing agency.
- ☐ Yes, I am now working as a travel nurse.
- ☐ Yes, I was replaced by a non-nurse at my previous place of employment.
- ☐ I am no longer working as a nurse.
- ☐ I am retired.
- ☐ Other (please specify)

Employment, Workplace Characteristics

Question 20: How many hours per week do you work during a typical week in your primary nursing position?

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

Question 22: Please identify the employment specialty that most closely corresponds to your primary nursing position.

Question 23: Please indicate state and zip code of your primary employer.

Question 24: Please identify the type of setting that most closely corresponds to your primary nursing position:

Retirement: We have a few questions about your retirement plans.

Question 25: How much longer do you plan to practice as an RN in Illinois?

Question 26: 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).

Workplace Violence: The following definition is 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.

Question 27: How often have you experienced patient/visitor/family physical or verbal abuse while at work?

Question 28: Where have you attended workplace violence training?

Question 29: Does your hospital/facility have a policy in place for reporting workplace violence incidents?

Final page: thank you for your participation in the Illinois Nursing Workforce Center Registered Nurse 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 29, 2024

Subject: Illinois Department of Financial and Professional Regulation / Illinois Nursing Workforce

Center RN License: data collection from licensee

Greetings,

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

We are requesting approximately 5 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/2024ILRN>

Regards,

Illinois Department of Financial and Professional Regulation

Appendix C

Registered Professional Nurses (RNs)* per Illinois County 2020, 2023, 2024

County (Est) Population March 2024	Illinois County	IDFPR RN (Est) per County Dec 24 2024	IDFPR RN (Est) per County August 2023	2020 RNs (Est) per County March 2020
64,441	ADAMS	1,092	975	1,555
4,695	ALEXANDER	21	18	47
16,450	BOND	169	172	283
53,202	BOONE	546	519	619
6,294	BROWN	63	59	101
32,729	BUREAU	364	402	598
4,317	CALHOUN	54	49	82
15,526	CARROLL	136	116	196
12,596	CASS	122	146	213
205,644	CHAMPAIGN	1,911	2,169	2,851
33,228	CHRISTIAN	385	442	636
15,088	CLARK	199	126	221
12,999	CLAY	173	162	216
36,785	CLINTON	614	548	759
46,060	COLES	438	448	689
5,087,072	COOK	45,228	49,402	63,417
18,300	CRAWFORD	246	221	330
10,261	CUMBERLAND	138	117	170
100,288	DEKALB	1,124	1,269	1,451
15,365	DE WITT	128	158	202
19,629	DOUGLAS	225	218	273
921,213	DUPAGE	10,673	12,124	15,300
16,334	EDGAR	161	140	248
5,968	EDWARDS	80	69	104
34,331	EFFINGHAM	516	556	785
21,164	FAYETTE	273	254	404
13,250	FORD	153	161	231
37,138	FRANKLIN	511	446	687
32,541	FULTON	589	629	886
4,670	GALLATIN	62	59	117
11,543	GREENE	164	166	256
53,578	GRUNDY	695	697	858

County (Est) Population March 2024	Illinois County	IDFPR RN (Est) per County Dec 24 2024	IDFPR RN (Est) per County August 2023	2020 RNs (Est) per County March 2020
7,911	HAMILTON	137	113	145
17,186	HANCOCK	175	150	276
3,569	HARDIN	48	46	100
6,088	HENDERSON	41	27	64
49,448	HENRY	552	560	892
26,136	IROQUOIS	345	346	549
52,141	JACKSON	516	500	778
9,144	JASPER	132	123	175
36,320	JEFFERSON	493	390	625
21,091	JERSEY	306	222	432
21,756	JO DAVIESS	196	171	258
13,326	JOHNSON	219	169	306
514,982	KANE	5, 183	5,652	6,113
105,940	KANKAKEE	1,326	1,433	1,959
139,976	KENDALL	1, 743	1,665	1,783
48,411	KNOX	676	655	1,090
708,760	LAKE	6,510	6,745	8,020
108,309	LA SALLE	1,253	1,243	1,666
14,813	LAWRENCE	150	118	223
33,654	LEE	431	390	621
35,320	LIVINGSTON	334	288	465
27,590	LOGAN	233	254	455
26,839	MCDONOUGH	199	184	350
312,800	MCHENRY	3,370	3,776	4,216
170,441	MCLEAN	1,649	1,774	2,338
100,591	MACON	1,055	1,120	1,810
44,018	MACOUPIN	527	584	832
262,752	MADISON	2,843	2,465	3,904
36,673	MARION	682	611	1,006
11,683	MARSHALL	161	175	243
12,523	MASON	168	193	320
13,661	MASSAC	81	68	136
11,954	MENARD	208	204	321
15,487	MERCER	163	160	262
34,957	MONROE	359	279	512
27,663	MONTGOMERY	401	368	591

County (Est) Population March 2024	Illinois County	IDFPR RN (Est) per County Dec 24 2024	IDFPR RN (Est) per County August 2023	2020 RNs (Est) per County March 2020
32,140	MORGAN	332	329	588
14,342	MOULTRIE	140	140	238
51,265	OGLE	668	684	881
177,513	PEORIA	2,469	2,552	3,514
20,503	PERRY	244	228	345
16,714	PIATT	206	219	321
14,342	PIKE	172	161	295
3,707	POPE	47	49	80
4,911	PULASKI	62	35	76
5,561	PUTNAM	96	102	120
29,815	RANDOLPH	336	333	622
15,488	RICHLAND	216	196	283
141,236	ROCK ISLAND	1,226	1,148	1,885
251,018	SAINT CLAIR	2,175	1,834	3,335
22,873	SALINE	308	321	529
193,491	SANGAMON	2,965	3,157	4,656
6,733	SCHUYLER	69	80	117
4,710	SCOTT	288	54	97
20,568	SHELBY	265	219	366
5,218	STARK	97	88	214
43,105	STEPHENSON	511	536	486
129,541	TAZEWELL	2,135	2,350	3,004
16,667	UNION	258	197	334
71,652	VERMILION	734	782	1,156
10,942	WABASH	137	111	185
16,185	WARREN	152	129	225
13,536	WASHINGTON	222	167	285
16,761	WAYNE	284	214	305
13,401	WHITE	145	123	231
54,498	WHITESIDE	522	564	893
700,728	WILL	9,644	11,013	11,967
66,706	WILLIAMSON	841	837	1,278
280,922	WINNEBAGO	2,878	3,182	4,264
38,285	WOODFORD	667	689	874
County (Est) Population March 2024	Illinois County	IDFPR RN (Est) per County Dec 24 2024	IDFPR RN (Est) per County August 2023	2020 RNs (Est) per County March 2020

Summary: The above grid of the number of Registered Nurse Active Licensees (RNs) per each of the Illinois 102 counties was completed December 24, 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 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.

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 Registered Professional Nurses (RNs) Ages

Age Ranges by Birth Year	RN Active Licensees*	Per Cent of Respondents	Difference (+)= % more in survey	RN Survey Responses**	Per Cent of Respondents
17-24 years/ 2000-2006	7,290	3.2%	-1.4%	879	1.8%
25-34 years/ 1990-1999	59,031	25.9%	-10.5%	7,538	15.4%
35-44 years/ 1980-1989	57,911	25.5%	-3.3%	10,851	22.2%
45-54 years/ 1970-1979	42,200	18.5%	Survey: +0.8%	9,440	19.3%
55-64 years/ 1960-1969	35,966	15.8%	Survey: +4.7%	10,039	20.5%
65-70 years/ 1954-1959	17,014	7.5%	Survey +6.3%	6,491	13.3%
70-75 years/ 1953-1949	5,642	2.5%	Survey +2.8%	2,596	5.3%
76+ years/ 1948 and before	2,547	1.2%	Survey +1.1%	1,105	2.3%
RN total	227,601	100.61%		57,169	99%

*RN active licensee data includes RNs licensed only 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 an FPA-APRN. This active licensee RN data is from December 2024; summary: slightly more RNs over the age of 55 years responded to the survey.

**The 2024 RN license renewal occurred from March 1 – June 30, 2024. The request for survey participation was with the post license renewal payment of fee receipt email. Data was also collected with two eblast occurring on October 7-8, 2024, and October 28-29, 2024. The survey participation portal was closed November 11, 2024. The survey participation request was sent to those that both have an Illinois address and those that do not. For this question about age/date of birth, approximately 905 survey participants or 1.8% did not respond. A total of 49,844, approximately 22%, of Illinois RNs participated in the supply survey questions, including this question about age.

Registered Nurse Workforce Survey Report 2024