

2021 Supply and Employment Characteristics







Suggested Citation:

South Dakota Center for Nursing Workforce (May 5, 2021). South Dakota Nursing Workforce: 2021 Supply and Employment Characteristics.

South Dakota Board of Nursing, Center for Nursing Workforce Contributors: Lindsay Olson, MSN, RN, CNP, Nursing Practice Consultant/Center for Nursing Workforce Director and Linda J. Young, MS, RN, FRE, Executive Director.

Acknowledgements:

- Thank you to South Dakota licensed nurses who completed questions on their renewal applications.
- Thank you to Sage Project Consultants, LLC for assistance in collecting, compiling, and data analysis.
- Thank you to the South Dakota Board of Nursing staff for assistance in collecting, compiling data, and reviewing the report: Glenna Burg, MS, RN, CNE, Nursing Education Specialist; and Erin Matthies, Operations Manager.
- Cover photo courtesy of Andy Ogan at ogan.smugmug.com



South Dakota Board of Nursing 4305 S. Louise Avenue, Suite 201 Sioux Falls, SD 57106-3115 http://www.doh.sd.gov/boards/nursing http://www.doh.sd.gov/boards/nursing/sdcenter.htm

©2021 South Dakota Board of Nursing. All materials related to this copyright may be photocopied for non-commercial scientific or education advancement.

Table of Contents

Executive Summary	4
Key Findings	4
Overview and Methods	5
Trends in Supply of South Dakota Nurses	5
Licensed Practical Nurses	6
South Dakota Supply Trends	6
Demographics of LPN Supply	6
Employment Characteristics	8
Practice Characteristics	10
LPN Distribution in South Dakota	13
Registered Nurses	15
South Dakota Supply Trends	15
Demographics of RN Supply	15
Employment Characteristics	18
Practice Characteristics	20
RN Distribution in South Dakota	23
Advanced Practice Registered Nurses	25
Certified Nurse Midwives	25
South Dakota Supply Trends	25
Demographics of CNM Supply	25
Employment and Practice Characteristics	27
Certified Nurse Practitioners	28
South Dakota Supply Trends	28
Demographics of CNP Supply	29
Employment and Practice Characteristics	30
Certified Registered Nurse Anesthetists	33
South Dakota Supply Trends	33
Demographics of CRNA Supply	33
Employment and Practice Characteristics	35
Clinical Nurse Specialists	37
South Dakota Supply Trends	37
Demographics of CNS Supply	37
Employment and Practice Characteristics	39
APRN Distribution in South Dakota	41
Employment Data Collection Form	43
References	45

Executive Summary

The purpose of this report is to provide stakeholders the most accurate information on South Dakota's nursing workforce supply and employment characteristics. The South Dakota Center for Nursing Workforce (SDCNW), South Dakota Board of Nursing (SDBON), and Sage Project Consultants, LLC prepared the report.

The SDCNW, initially funded by the Robert Wood Johnson Foundation, was established in 1996 as the SD Colleagues in Caring Project. At the completion of the grant in 2002, state legislation was enacted in the Nurse Practice Act. This legislation, SDCL 36-9-95 and 36-9-96, created the Nursing Workforce Center and a source for funding. The SDBON is the lead agency for the SDCNW.

The report includes findings from data gathered from each nurse license renewal application submitted to the SDBON. Similar supply reports were published biennially from 1996 to 2019. Information in this report compares current data with historical data from previous reports or with national findings on supply and demand for nurses.

The mission of the SDCNW is to design a nursing workforce prepared to partner with South Dakota citizens to meet their changing health needs.

Key Findings

Supply As of December 31, 2020, South Dakota's total nursing workforce increased by 2.1% from December 2018. The registered nurse (RN) population increased by 1.2%, certified nurse midwife (CNM) by 37.5%, certified nurse practitioners (CNP) by 27.3%, and certified registered nurse anesthetists (CRNA) by 1.4%. Only licensed practical nurse (LPN) and clinical nurse specialist (CNS) supply decreased, 1.7% for LPNs and 12.5% for CNSs. Most CNPs, 78.4%, were licensed and certified in the population foci of family across the lifespan.

Age The average age of LPNs was 43.7 years old, slightly younger than the average of 44.1 in 2019. LPNs 51 years or older comprised 34.7% of supply, a decrease of 7.3% from 2016. The average age of RNs was 44.6 years old, slightly younger than 44.8 in 2019. The percentage of RNs 51 years or older however decreased to 35.0% in 2021 from 36.6% in 2019. The average age of CNMs was 50.3 and the average age of CNSs was 60.0. A large percentage of CNMs, 43.2%, were 56 years or older and a very large percentage of CNSs, 80.4%, were 56 years or older. CNPs and CRNAs were younger, the average age of CNPs was 44.4 and the average age of CRNAs was 47.5.

Gender and Ethnicity Consistent with previous reports, most nurses were female and white/Caucasian. Male RNs comprised 9.4%, up from 8.7% in 2016. Also consistent with previous reports, the majority of CRNAs, 54.4%, were male.

Highest Level of Education Overall, 67.6% of RN respondents held a baccalaureate or higher degree. The majority of LPNs were prepared with a diploma or certificate and 18.8% reported they were enrolled in a program leading to an enhanced nursing degree.

Employment The majority of LPNs and RNs reported their primary place of employment and practice was in the state of South Dakota for one employer. Consistent with previous reports, a significant percentage, 89.9% of LPNs and 83.9% of RNs, reported employment in the nursing profession as full-time, part-time, or on a per diem basis. Most LPNs were employed in ambulatory care settings, 24.2%, nursing home/extended care facilities, 22.7%, other settings, 17.5%, and hospitals, 8.1%. The majority of RNs were employed in hospitals, 39.1% and ambulatory care settings, 11.8%.

Distribution Appropriate distribution of the nursing workforce is a key component to ensuring employers and consumers have access to nursing services within a community. South Dakota has uneven distribution of nurses between counties. The state's most populated counties of Minnehaha, Lincoln, and Pennington have the highest percentages of nurses. More nurses per population may be needed as individuals from other counties or neighboring states access health care services within these three counties. However, smaller populated counties with far fewer nurses than their overall population may be experiencing nursing shortages.

Overview and Methods

This report focuses on supply and characteristics of nursing workforce for: *Licensed Practical Nurses (LPN)*, *Registered Nurses (RN)*, *Certified Nurse Midwives (CNM)*, *Certified Nurse Practitioners (CNP)*, *Certified Registered Nurse Anesthetists (CRNA)*, and *Clinical Nurse Specialists (CNS)*. Nursing supply is measured by the number of actively licensed nurses. Because supply can be overstated by assessing only the total number of actively licensed nurses, this report also measures the number of hours worked or volunteered in the profession, which demonstrates their level of participation in the nursing workforce and other employment characteristics of nurses. The SDCNW analyzed aggregate licensure data retrieved from the SDBON licensure system for all actively licensed nurses on December 31, 2020.

All nurses that renewed their South Dakota nursing license on a biennial basis, reactivated an inactive license, or reinstated a lapsed license were required to complete the employment data questions on a required online licensure application. The employment data analyzed in this report was collected from January 1, 2019 to December 31, 2020. The number of nurses that completed renewal, reactivation, or reinstatement applications during this data collection period is shown in the Table 1. Nurses that applied for an initial license by examination or a license by endorsement into South Dakota from another state did not complete the employment data questions and were not included in the response rate.

Table 1: Employment Data Collected January 1, 2019 to December 31, 2020

	Number Renewed,		
Licensed Nurses	Reactivated, or Reinstated	Completed Data Received	Response Rate:
LPNs	2,248	2,248	100%
RNs	16,943	16,943	100%
CNMs	37	37	100%
CNPs	1,109	1,109	100%
CRNAs	459	459	100%
CNSs	56	56	100%
TOTAL	20,852	20,852	100%

Trends in Supply of South Dakota Nurses

Active Supply As of December 31, 2020 the SDBON reported 2,591 actively licensed practical nurses (LPN), 18,693 actively licensed registered nurses (RN), 44 actively licensed certified nurse midwives (CNM), 1,414 actively licensed certified nurse practitioners (CNP), 500 actively licensed certified registered nurse anesthetists (CRNA), and 56 actively licensed clinical nurse specialists (CNS). Data presented in the table demonstrates a positive growth in supply of the total number of actively licensed nurses in every category with the exception of LPNs and CNSs.

Table 2: Actively Licensed Nurses and Percent Change

Actively Licensed Nurses	ctively Licensed Nurses 2020		2018	% Change*	2016
LPNs	2,591	-1.7%	2,635	+3.4%	2,549
RNs	18,693	+1.2%	18, 479	+4.4%	17,693
CNMs	44	+37.5%	32	-15.8%	38
CNPs	1,414	+27.3%	1,111	+31.0%	848
CRNAs	500	+1.4%	493	+8.6%	454
CNSs	56	-12.5%	64	-5.9%	68
TOTAL	23,298	+2.1%	22,814	+5.4%	21,650

^{*}The percent change reflects a comparison from the indicated year to the previous year.

Licensed Practical Nurses

South Dakota Supply Trends

Licensure Status As of December 31, 2020 the SDBON reported 2,591 actively licensed LPNs in South Dakota's supply, see Figure 1. Data revealed a decrease of 44 nurses from 2018 to 2020.

As shown in Figure 2, during the data collection time period from January 1, 2019 to December 31, 2020 a total of 522 LPNs were added to South Dakota's active supply, 401 LPNs were added as new graduates and 121 by endorsement from another state. Overall, South Dakota had a decrease in supply during this time period with a supply decrease of 44 LPNs with a net loss of 478 LPNs. The loss of LPNs is consistent with findings from previous workforce reports. A net loss of 483 LPNs was documented from 2017 to 2018 and 466 from 2015 to 2016. Reasons for the loss were due to retirement, LPNs leaving the profession, moving out of South Dakota, or inactivation of the license. Many choose to inactivate their practical nurse license after completing RN education and licensing as an RN.

2,660
2,640
2,635
2,620
2,600
2,580
2,560
2,540
2,540

2018

2020

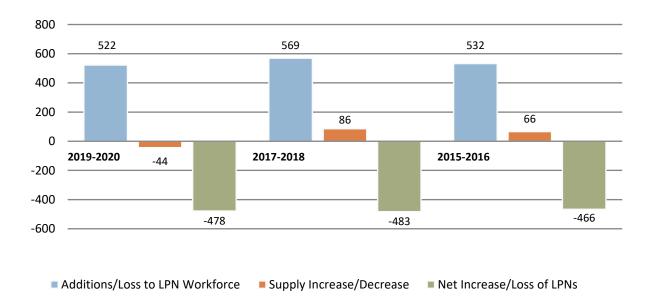
Figure 1: Actively Licensed LPNs

2,520

2,500

2016

Figure 2: LPN Workforce Gains and Losses



Demographics of LPN Supply

Gender Consistent with previous reports the majority, 95.6%, of actively licensed LPNs in South Dakota were female. Nationally female LPNs comprised 91.8% of the population¹.

Table 3: LPN Gender Distribution

	2020		2018		2016	
Male LPNs	114	4.4%	125	4.7%	120	4.7%
Female LPNs	2,477	95.6%	2,510	95.3%	2,429	95.3%
TOTAL	2,591	100.0%	2,635	100.0%	2,549	100.0%

Race/Ethnicity The majority of LPNs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 4 presents comparisons of ethnic distribution of the United States, South Dakota, and actively licensed LPNs in the United States and South Dakota.

Table 4: LPN Race/Ethnic Distribution

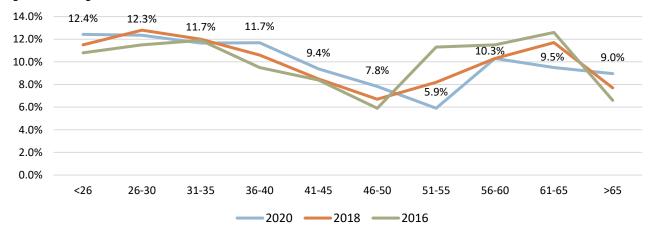
	American				Two or More	
	Indian/Alaska	Asian/Pacific	Black/African	Hispanic/	Races /	White/
	Native	Islander	American	Latino	Other	Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
U.S. LPNs ¹	0.8%	5.6%	17.2%	10.0%	2.3%	69.5%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD LPNs	4.4% (114)	1.0% (26)	1.9% (50)	1.9% (48)	1.1% (28)	89.7% (2,325)

Age Age distribution of actively licensed LPNs is shown in Table 5 and Figure 3. The percentage of LPNs who were 51 years or older comprised 34.7% of supply and the average age of an LPN was 43.7 years old. Data revealed 24.8% were 30 years or younger, 0.5% increase from 2018. Nationally¹ almost 53% of LPNs were 50 years or older and the median age was 53. South Dakota LPN employment data revealed 11.9%, about 309 LPNs, intend "to leave or retire from nursing within the next five years."

Table 5: LPN Age

Age Range	2020		20	18	2016		
<26	322	12.4%	304	11.5%	275	10.8%	
26-30	320	12.3%	336	12.8%	293	11.5%	
31-35	302	11.7%	315	12.0%	303	11.9%	
36-40	303	11.7%	280	10.6%	242	9.5%	
41-45	243	9.4%	223	8.5%	213	8.4%	
46-50	203	7.8%	176	6.7%	151	5.9%	
51-55	153	5.9%	217	8.2%	289	11.3%	
56-60	267	10.3%	271	10.3%	294	11.5%	
61-65	246	9.5%	309	11.7%	322	12.6%	
>65	232	9.0%	204	7.7%	167	6.6%	
Total	2,591	100.0%	2,635	100.0%	2,549	100.0%	

Figure 3: LPN Age Distribution



Highest Academic Achievement Consistent with previous reports the majority of LPN respondents, 95.0% (2,135), indicated their highest educational preparation at the LPN diploma, certificate, or associate degree levels as shown in Figure 4; only 5.0% (112) were prepared with a baccalaureate or higher degree. National data reflected similar findings with 96.9% holding a diploma, certificate, or associate degree and 3.1% a baccalaureate degree.

Respondents who indicated they were enrolled in a program leading to an advanced nursing degree comprised 18.8% (423), an increase of 5.7% from 2019. Of these LPNs, 257 were enrolled in associate degree programs, 164 in baccalaureate degree programs, and two in a master's degree program.

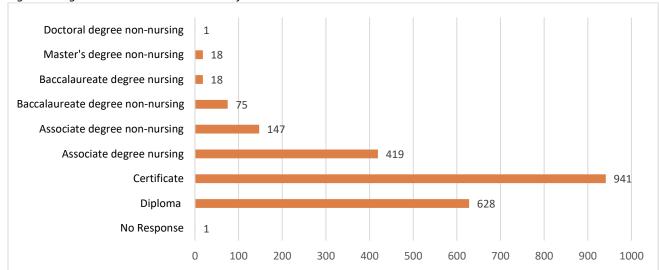
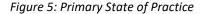
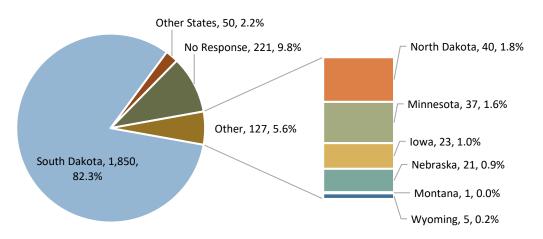


Figure 4: Highest Academic Achievement of LPNs

Employment Characteristics

Primary State of Practice The majority of LPNs, 82.3% (1,850), reported their primary place of employment and practice was in the state of South Dakota, Figure 5. LPNs that reported employment in a neighboring state of Iowa, Minnesota, Montana, Nebraska, North Dakota, or Wyoming comprised 5.6% (127); 2.2% (50) were employed in other states; and 9.8% (221) of LPNs did not report their employment.



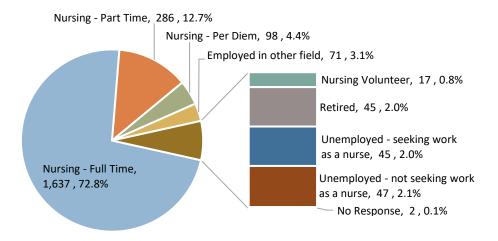


Number of positions held Most LPNs, 80.6% (1,813), reported they held employment and practiced as a nurse for one employer, 8.2% (184) reported they had two employers, and 1.1% (24) reported three or more. LPNs who were not employed in a nursing position comprised 10.1% (227) of respondents, a similar finding in previous reports. Nationally 82.4% of LPNs held one position, 15.1% had two employers, and 2.5% had three or more.

Employment Status Employment data reflected a high percentage of LPNs, 89.9% (2,021), reported they were employed in the nursing profession either full-time, part-time, or on a per diem basis. This finding is consistent with previous South Dakota Nursing Workforce Supply reports published from 1999 to 2019 which revealed 82% – 91% of LPNs actively employed in nursing.

As shown in Figure 6, most LPN respondents, 1,637 (72.8%), reported being employed full-time in the nursing profession, the average number of hours worked was 39.6 hours per week. LPNs who worked 31 hours or less per week comprised 12.7% (286) and those working on a per diem basis, an arrangement wherein a nurse is employed on an as needed basis, comprised 4.4% (98). The average number of hours worked by part-time and per diem LPNs was 18.9 hours per week. Nationally 65.7% of LPN respondents were employed full-time, 10.8% part-time, and 5.9% per diem.

Figure 6: Employment Status



LPN Availability to the Workforce An important aspect of measuring nursing supply is assessing how many LPNs were available to the nursing workforce. As shown in Table 6, most LPNs, 72.3%, reported working in a nursing position 32 or more hours per week, compared to 84.6% nationally¹. LPNs that worked 31 hours or less comprised 17.6% of respondents; national¹ data reflected 15.4%.

Table 6: Reported Hours Worked in a Week

Number of Hours Worked in a Week	Number Percent		National Data ¹
Reported as 0	29	1.3%	
1 – 15	141	6.3%	3.9%
16 – 23	77	3.4%	4.3%
24 – 31	149	6.6%	7.2%
32 - 40	1,423	63.3%	58.6%
41 – 50	150	6.7%	14.9%
51 – 60	25	1.1%	5.1%
61 or more	27	1.2%	6.0%
Not employed as a nurse	71	3.2%	
Retired/volunteer/unemployed/no response	156	6.9%	
Total	2,248	100.0%	100.0%

The active licensed supply of 2,591 LPNs can overstate the number of nurses engaged in nursing practice and available to the workforce, therefore data on the number of hours worked in nursing were used to estimate the number of LPN FTEs available to employers. Table 7 displays the formula used to identify the estimated 2,101.3 LPN FTEs available to the workforce, a decrease of 27.9 FTEs from 2019.

Table 7: Estimated FTEs Available

Percentage that worked 32 or more hours	Percentage that worked 31 or less hours	Estimated actively licensed LPN FTEs
per week (Full-time)	per week (Part-time)	available
2,591 LPNs x 72.3% FT = 1,873.3 FTEs	2,591 LPNs x 17.6% PT / 0.5 = 228.0 FTEs	1873.3 +228.0 = 2,101.3 Total FTEs

Reasons for Unemployment LPNs who were not employed in a nursing position accounted for 10.1% (227) of respondents; of them 2.0% (45) were retired, 0.8% (17) volunteered as a nurse, 3.2% (71) were employed in non-nursing positions, 2.1% (47) were unemployed and not seeking work as a nurse, 2.0% (45) were unemployed and seeking work as a nurse, and 0.1% (2) did not indicate employment status. The most common reason selected by the 92 respondents for being unemployed was taking care of home and family; see Table 8.

Table 8: Reasons for Unemployment

			National
Reasons for Unemployment	Number	Percent	Data ¹
Taking care of home and family	43	46.7%	43.3%
Disabled	3	3.3%	16.9%
Inadequate salary	1	1.1%	4.8%
School	11	12.0%	12.1%
Difficulty in finding a nursing position	4	4.3%	13.8%
Other	25	27.2%	29.2%
No response	5	5.4%	
Total	92	100.0%	

Practice Characteristics

Primary Employment The majority of LPN respondents held primary employment in ambulatory care, 24.2% (543), nursing home/extended care, 22.7% (511), other settings, 17.5% (394), or a hospital, 8.1% (182). Most, 25.5% (574), practiced in the specialty area of geriatric/gerontology and 21.0% (473) in adult/family health. See Tables 9 and 10 for comparison to national data findings.

Secondary Employment A total of 208 LPNs indicated they worked for two or more employers. The majority, 32.7% (68), were employed in nursing homes/extended care and reported geriatric/gerontology as their specialty area of practice; see Figure 7 and Tables 9 and 10.

Table 9: LPN Employment Settings

Employment Settings	Primary		National Data ¹ Primary	,	
Ambulatory care setting	543	24.2%	8.6%	32	15.4%
Assisted living facility	73	3.2%	5.6%	13	6.3%
Community health	85	3.8%	3.6%	7	3.4%
Correctional facility	28	1.2%	2.4%	6	2.9%
Dialysis center	7	0.3%	0.9%	1	0.4%
Home health	101	4.5%	12.4%	23	11.1%
Hospice	9	0.4%	2.1%	6	2.9%
Hospital	182	8.1%	12.8%	0	0.0%
Insurance claims/benefits	20	0.9%	1.1%	0	0.0%
Nursing home/extended care	511	22.7%	27.5%	68	32.7%
Occupational health	9	0.4%	0.6%	0	0.0%
Other	394	17.5%	16.4%	26	12.5%
Policy/planning/regulatory/ licensing agency	1	0.0%	0.1%	1	0.4%
Public health	31	1.4%	2.1%	4	1.9%
School health services	21	0.9%	3.3%	2	1.0%
School of nursing	6	0.3%	0.6%	1	0.4%
Not employed as a nurse	71	3.2%			
Unemployed/retired/volunteer/no response	156	7.0%		18	8.7%
Total	2,248	100.0%		208	100.0%

Figure 7: LPN Employment Settings

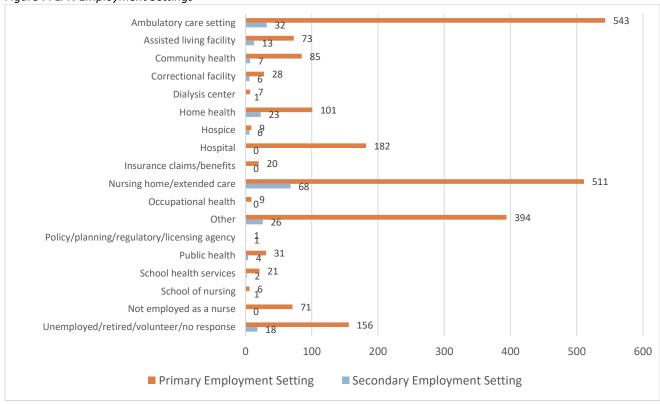


Table 10: LPN Employment Position Specialty

, , , , , , , , , , , , , , , , , , , ,			National Data ¹			
Position Specialty	Prim	nary	Primary	Secor	Secondary	
Acute care/critical care	55	2.4%	4.1%	15	7.2%	
Adult health	101	4.5%	8.3%	9	4.3%	
Anesthesia	0	0.0%	0.1%	0	0.0%	
Cardiology	21	1.0%	1.1%	0	0.0%	
Community	22	1.0%	1.1%	4	1.9%	
Emergency/trauma	9	0.4%	0.9%	2	1.0%	
Family health	372	16.5%	6.5%	11	5.3%	
Geriatric/gerontology	574	25.5%	26.6%	71	34.1%	
Home health	73	3.2%	8.4%	12	6.0%	
Maternal-child health/obstetrics	19	1.0%	0.9%	1	0.5%	
Medical-surgical	79	3.5%	3.6%	6	2.9%	
Neonatal	20	0.9%	0.1%	1	0.5%	
Nephrology	21	0.9%	0.9%	1	0.5%	
Occupational health	10	0.4%	0.7%	0	0.0%	
Oncology	13	0.6%	0.9%	0	0.0%	
Palliative care/hospice	7	0.3%	1.7%	3	1.4%	
Pediatrics	68	3.0%	6.4%	3	1.4%	
Perioperative	4	0.2%	0.5%	0	0.0%	
Psychiatric/mental health/substance abuse	46	2.0%	4.9%	3	1.4%	
Public health	7	0.3%	1.2%	3	1.4%	
Rehabilitation	37	1.6%	3.5%	5	2.4%	
School health	22	1.0%	3.1%	2	1.0%	
Women's health	32	1.4%	1.5%	3	1.4%	
Other	179	8.0%		22	10.5%	
Other–clinical specialties	195	8.7%	11.5%	10	4.8%	
Other–non-clinical specialties	35	1.6%	1.7%	3	1.4%	
Not employed as a nurse	71	3.2%				
Unemployed/retired/volunteer/no response	156	6.9%		18	8.7%	
TOTAL	2,248	100.0%		208	100.0%	

Time Involved in Direct Patient Care Similar to previous workforce reports, a large number of LPNs working in a nursing position reported spending a significant percentage of their time in direct patient care; Figure 8.

Figure 8: Percentage of Time Involved in Direct Patient Care 100% 8.5% 75% 3.5% 50% 2.5% 25% 3.2% No Time 6.9% 0% 20% 40% 50% 60% 70% 80% 90% 100% 10% 30%

LPN Distribution in South Dakota

South Dakota's seven regions are shown on the map in Figure 9. The number of LPNs who resided in the regions as of December 31, 2020 is provided in Table 11. The U.S. Census Bureau's² annual estimate of South Dakota's population was used to compare the state's county population to the number of LPNs residing in a county or region. The ratio of LPNs to population was estimated to provide a basis to compare the number of LPNs available to the workforce in an area. The ratio of LPNs to population of 100,000 was 222.3, a decrease of 1.6% from 2019. The limitations of comparing ratios are the assumptions that citizens will receive nursing services in the region they reside and that the same types of health care services are available in each region. The number and distribution of nurses in a region may need to be higher based on the needs of that region.

Figure 9: Regional State Map



Table 12 displays the number of LPNs in each of the state's 66 counties and provides the number of LPNs 61 years or older that may exit the workforce in the next 5 years.

Table 11: LPN Regional Distribution

				Number			
			Region's	LPNs	Region's %	LPN to	Population
		Region	% of State	Residing in	of LPN	Population	Ratio %
Region	Counties/State	Population ²	Population	Region	Population	Ratio	Change
Region 1	14 Counties: Aurora, Bon Homme,	126,429	14.3%	322	13.3%	2019: 192.1	+7.5%
	Brule, Buffalo, Charles Mix, Clay,					2021: 206.6	
	Davison, Douglas, Hanson, Hutchinson,						
	McCook, Turner, Union, and Yankton	254262	20.70/	770	24.00/	2010 255 2	7.00/
Region 2	2 Counties: Lincoln and Minnehaha	254,262	28.7%	772	31.8%	2019: 265.2 2021: 246.2	-7.2%
Region 3	14 Counties: Beadle, Brookings, Clark,	136,918	15.5%	393	16.2%	2019: 242.2	-3.9%
negion 3	Codington, Deuel, Grant, Hamlin, Hand,	130,310	15.570	333	10.270	2013: 242.2	-3.5%
	Jerauld, Kingsbury, Lake, Miner,						
	Moody, and Sanborn						
Region 4	8 Counties: Butte, Corson, Dewey,	81,502	9.2%	190	7.8%	2019: 184.5	+2.5%
	Harding, Lawrence, Meade, Perkins,					2021: 189.1	
	and Ziebach						
Region 5	10 Counties: Brown, Campbell, Day,	81,286	9.2%	238	9.8%	2019: 245.0	-3.1%
	Edmunds, Faulk, Marshall, McPherson,					2021: 237.5	
Pagion 6	Roberts, Spink, and Walworth 14 Counties: Bennett, Gregory, Haakon,	60,625	6.9%	130	5.4%	2019: 168.2	+3.4%
Region 6	Hughes, Hyde, Jackson, Jones, Lyman,	60,623	0.9%	150	5.4%	2019. 108.2	+3.4%
	Mellette, Potter, Stanley, Sully, Todd,					2021. 173.3	
	and Tripp						
Region 7	4 Counties: Custer, Fall River, Oglala	143,637	16.2%	380	15.7%	2019: 209.7	+2.3%
	Lakota, and Pennington					2021: 214.6	
South Dakota	SS according	884,659	100.0%	2,425	100.0%	2019: 226.0	-1.6%
Total	66 counties			(93.6%)		2021: 222.3	
Out-of-State	Minnesota			37 (1.4%)			
-	Other States/Jurisdictions			129 (5.0%)			
Total				2,591			
				(100.0%)			

Table 12: LPN County Distribution

Tuble 12. LFN Cou			Number of				Number of
	County	Number	LPNs 61 Years		County	Number	LPNs 61 Years
County	Population ²	of LPNs	or Older	County	Population ²	of LPNs	or Older
Aurora	2,751	4	25.0% (1)	Jackson	3,344	8	12.5% (1)
Beadle	18,453	33	21.2% (7)	Jerauld	2,013	2	100.0% (2)
Bennett	3,365	6	33.3% (2)	Jones	903	1	0.0% (0)
Bon Homme	6,901	17	52.9% (9)	Kingsbury	4,939	18	16.7% (3)
Brookings	35,077	57	10.5% (6)	Lake	12,797	20	40.0% (8)
Brown	38,839	100	20.0% (20)	Lawrence	25,844	47	14.9% (7)
Brule	5,297	10	30.0% (3)	Lincoln	61,128	193	13.5% (26)
Buffalo	1,962	3	0.0% (0)	Lyman	3,781	7	28.6% (2)
Butte	10,429	24	37.5% (9)	Marshall	4,935	14	7.1% (1)
Campbell	1,376	7	28.6% (2)	McCook	5,586	21	23.8% (5)
Charles Mix	9,292	18	22.2% (4)	McPherson	2,379	5	0.0% (0)
Clark	3,736	18	27.8% (5)	Meade	28,332	92	10.9% (10)
Clay	14,070	27	7.4% (2)	Mellette	2,061	6	33.3% (2)
Codington	28,009	113	16.8% (19)	Miner	2,216	10	20.0% (2)
Corson	4,086	2	0.0% (0)	Minnehaha	193,134	579	16.6% (96)
Custer	8,972	17	29.4% (5)	Moody	6,576	15	6.7% (1)
Davison	19,775	46	21.7% (10)	Oglala Lakota	14,177	5	20.0% (1)
Day	5,424	13	30.8% (4)	Pennington	113,775	325	18.2% (59)
Deuel	4,351	16	6.3% (1)	Perkins	2,865	9	33.3% (3)
Dewey	5,892	8	25.0% (2)	Potter	2,153	7	14.3% (1)
Douglas	2,921	15	13.3% (2)	Roberts	10,394	35	25.7% (9)
Edmunds	3,829	12	0.0% (0)	Sanborn	2,344	10	20.0% (2)
Fall River	6,713	33	30.3% (10)	Spink	6,376	22	27.3% (6)
Faulk	2,299	4	0.0% (0)	Stanley	3,098	11	18.2% (2)
Grant	7,052	39	15.4% (6)	Sully	1,391	1	100.0% (1)
Gregory	4,185	8	12.5% (1)	Todd	10,177	18	27.8% (5)
Haakon	1,899	12	58.3% (7)	Tripp	5,441	15	26.7% (4)
Hamlin	6,164	29	10.3% (3)	Turner	8,384	32	28.1% (9)
Hand	3,191	13	30.8% (4)	Union	15,932	42	14.3% (6)
Hanson	3,453	8	0.0%(0)	Walworth	5,435	26	30.8% (8)
Harding	1,298	3	0.0%(0)	Yankton	22,814	57	22.8% (13)
Hughes	17,526	24	20.8% (5)	Ziebach	2,756	5	20.0% (1)
Hutchinson	7,291	22	45.5% (10)	State Total	884,659	2,425	18.9% (458)
Hyde	1,301	6	50.0% (3)	Out of State		166	
		· · · · · · · · · · · · · · · · · · ·		Total		2,591	

Registered Nurses

South Dakota Supply Trends

Licensure Status. As of December 31, 2020, the SDBON reported 18,693 actively licensed RNs in South Dakota's supply, see Figure 10. Data revealed a gain of 214 nurses from 2018 to 2020, a 1.2% increase since 2018. The RN workforce has increased by 1000 or 5.7% from 2020 compared to 2016 (17,693 RNs).

As shown in Figure 11, during the data collection time period from January 1, 2019 to December 31, 2020 a total of 2,753 RNs were added to South Dakota's active supply, 1,348 RNs were added as new graduates and 1,405 by endorsement from another state. Overall, South Dakota had an increase in supply during this time period of 214 RNs with a net loss of -2,539 RNs. The net loss of RNs is consistent with findings from previous workforce reports from 2016 - 2020. Reasons for the loss were due to retirement, leaving the profession, moving out of South Dakota, or inactivation of the license.

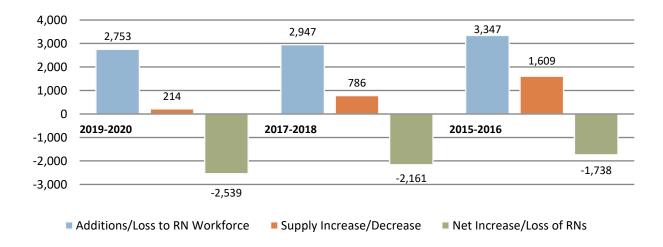
2018

2020

2016

Figure 10: Actively Licensed RNs

Figure 11: RN Workforce Gains and Losses



Demographics of RN Supply

Gender Consistent with previous reports the majority, 90.6%, of actively licensed RNs in South Dakota were female. Nationally female RNs comprised 90.5% of the population¹.

Table 13: RN Gender Distribution

	2020			18	2016		
Male RNs	1,750	9.4%	1,658	9.0%	1,535	8.7%	
Female RNs	16,943	90.6%	16,821	91.0%	16,158	91.3%	
TOTAL	18,693	100.0%	18,479	100.0%	17,693	100.0%	

Race/Ethnicity The majority of RNs were white/Caucasian. Minority nurse populations continue to be under-represented. Table 14 presents comparisons of ethnic distribution of the United States, South Dakota, and actively licensed RNs in the United States and South Dakota. Twenty-six respondents (0.1%) did not indicate their race / ethnicity.

Table 14: RN Race/Ethnic Distribution

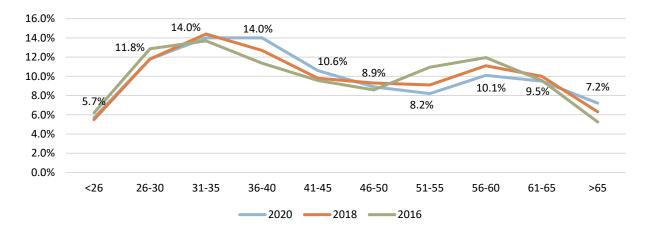
	American Indian/Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	Two or More Races / Other	White/ Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
U.S. RNs ¹	0.5%	7.6%	6.7%	5.6%	2.1%	80.6%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD RNs	2.1% (393)	1.8% (329)	1.9% (361)	0.9% (166)	1.0% (192)	92.2% (17,226)

Age Age distribution of actively licensed RNs is shown in Table 15 and Figure 12. The percentage of RNs who were 51 years or older comprised 35.0% (6,545) of active supply; RNs who were 35 years or younger comprised 31.5% (5,883). The average age of an RN was 44.6; in 2019 the average age was 44.8. Nationally, the median age¹ was 52 years. South Dakota RN employment data revealed 13.9% (2,362) of RNs intend "to leave or retire from nursing within the next five years"; similar to 2019's data of 13.9% (2,274).

Table 15: RN Age

Age Range	20	20	201	18	201	.6
<26	1,071	5.7%	1,023	5.5%	1,098	6.2%
26-30	2,204	11.8%	2,178	11.8%	2,277	12.9%
31-35	2,608	14.0%	2,664	14.4%	2,422	13.7%
36-40	2,616	14.0%	2,345	12.7%	2,010	11.4%
41-45	1,987	10.6%	1,799	9.7%	1,692	9.6%
46-50	1,662	8.9%	1,714	9.3%	1,519	8.6%
51-55	1,539	8.2%	1,678	9.1%	1,938	11.0%
56-60	1,889	10.1%	2,057	11.1%	2,115	12.0%
61-65	1,778	9.5%	1,852	10.0%	1,693	9.6%
>65	1,339	7.2%	1,169	6.3%	929	5.3%
Total	18,693	100.0%	18,479	100.0%	17,693	100.0%

Figure 12: RN Age Distribution



Highest Academic Achievement As shown in Figure 13, most RNs, 51.4% (8,716), highest academic preparation was a baccalaureate degree, a 1.6% increase from 2019. RNs who held an associate degree comprised 28.5% (4,835), a decrease of 2.6% from 2019. Those holding a diploma comprised only 3.7% (620), a decrease of 0.9% from 2019. RNs who were prepared with a graduate degree increased. Those holding a master's degree comprised 14.1% (2,396), an increase of 1.4% from 2019; and those holding a doctoral degree comprised 2.1% (359), an increase of 0.3%.

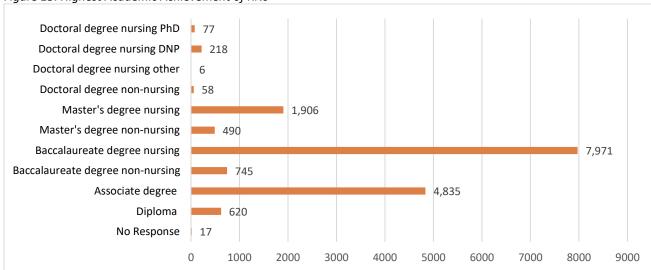


Figure 13: Highest Academic Achievement of RNs

The Institute of Medicine's (IOM) report, The Future of Nursing Leading Change, Advancing Health³, recommended increasing the number of nurses prepared with a baccalaureate degree to 80% by 2020. Baseline data in 2009 revealed South Dakota had 39% of RNs prepared with a baccalaureate or higher degree. Data collected during this time period revealed 67.7% (11,471) held a baccalaureate or higher degree, a 3.3% increase from 2019; short by 12.3% of the goal. Nationally, 65.2% of RNs held a baccalaureate or higher degree¹. The IOM report also recommended doubling the number of RNs prepared with a doctoral degree by 2020. South Dakota met this recommendation; 65 RNs were doctoral prepared in 2009, during this reporting period 359 RNs held a doctoral degree.

Enrolled in Advanced Nursing Degree Many RNs, 16.6% (2,809), reported they were "currently enrolled in education classes leading to an advanced nursing degree"; a significant increase compared to the 7.7% (1,267) of RNs who reported enrollment in 2018. Table 16 displays the types of degrees sought.

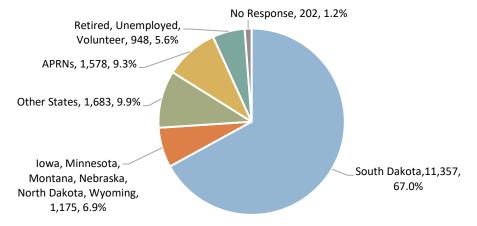
Table 16: RNs Enrolled in Nursing Education Programs

Nursing Degree Sought	202	20	201	18
Baccalaureate in Nursing	1,410	50.2%	366	28.9%
Master's in Nursing	969	34.5%	661	52.2%
Doctorate of Nursing Practice (DNP)	370	13.2%	181	14.3%
PhD	60	2.1%	33	2.6%
Other	0	0.0%	26	2.1%
Total	2,809	100.0%	1,267	100.0%

Employment Characteristics

Primary State of Practice The majority of RN respondents, 67.0% (11,357), reported their primary place of practice within the state of South Dakota, Figure 14. RNs practicing in neighboring states of Iowa, Minnesota, Montana, Nebraska, North Dakota, and Wyoming comprised 6.9% (1,175), and RNs practicing in other states comprised 9.9% (1,683). RNs licensed in the role of an advanced practice registered nurse (APRN) comprised 9.3% (1,578). Respondents who reported as unemployed, retired, or volunteering comprised 5.6% (948).

Figure 14: Primary State of Practice

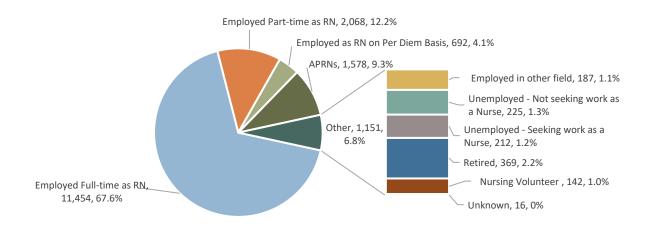


Number of Positions Held Most RNs, 74% (12,546), reported employment and practicing as a nurse for only one employer, 8.7% (1,482) reported having two employers, and 1.1% (191) reported three or more; 15% (2,526) were licensed in the role of an APRN or were unemployed, retired, or a volunteer and the remaining 1.2% (198) did not respond. Nationally 83.9% held one position, 13.7% had two, and 2.4% had three or more positions.

Employment Status Employment data reflected a high percentage of RN respondents*, 83.9% (14,215), employed in the nursing profession either full-time, part-time, or on a per diem basis, a 9.4% decrease since 2019. As shown in Figure 15, most, 67.6% (11,454), reported being employed full-time in the nursing profession. RNs who worked part-time comprised 12.2% (2,068) and those working on a per diem basis, an arrangement wherein a nurse is employed on an as needed basis, comprised 4.1% (692). Nationally 64.9% of RN respondents were employed full-time, 11.7% part-time, and 7.5% per diem.

*Excluded licensed APRNs, unemployed, retired, and volunteers.

Figure 15: Employment Status



RN Availability to the Workforce An important aspect of measuring nursing supply is assessing how many RNs were available to the nursing workforce. As shown in Table 17, most RN respondents, 67.9% (11,505), reported working in a nursing position 32 or more hours per week; they worked an average of 35.4 hours per week. Respondents who worked 31 hours or less per week accounted for 16.0% (2,714) of RNs; they worked an average of 18.9 hours per week. See the APRN section of this report for CNM, CNP, CRNA, and CNS employment characteristics and workforce availability.

Table 17: Reported Hours Worked in a Week

Number of Hours Worked in a Week	Number	Percent	National Data ¹
Reported as 0	173	1.0%	
1 – 15	815	4.8%	4.8%
16 – 23	476	2.8%	4.1%
24 – 31	1,250	7.4%	9.6%
32 - 40	9,920	58.5%	58.7%
41 – 50	1,240	7.3%	14.5%
51 – 60	200	1.2%	4.4%
61 or more	145	0.9%	3.9%
No response	198	1.2%	
Subtotal	14,417		
APRN respondents	1,578	9.3%	
Retired/unemployed/volunteer	948	5.6%	
Total	16,943	100.0%	100.0%

The active licensed supply of 18,693 RNs can overstate the number of nurses engaged in nursing practice and available to the workforce, therefore data on the number of hours worked in nursing were used to estimate the number of RN FTEs available to employers. Table 18 displays the formula used to identify an estimated 14,187.9 RN FTEs available to the workforce, an increase of 10.9 FTEs from 2019.

Table 18: Estimated FTEs Available

Percentage who worked 32 or more	Percentage who worked 31 or less hours	Estimated Actively Licensed RN FTEs
hours per week (Full-time)	per week (Part-time)	Available
18,693 RNs x 67.9% FT = 12,692.5 FTEs	18,693 RNs x 16.0% PT x 0.5 = 1,495.4 FTEs	12,692.5 + 1,495.4 = 14,187.9 Total FTEs

Reasons for Unemployment RNs who were not employed in a nursing position accounted for 6.8% (1,151) of respondents; of them 2.2% (369) were retired, 0.8% (142) volunteered as a nurse, 1.1% (187) were employed in non-nursing positions, 1.3% (225) were unemployed and not seeking work as a nurse, 1.3% (212) were unemployed and seeking work as a nurse, and 0.1% (16) did not indicate employment status. The most common reason selected by the 437 respondents for being unemployed was taking care of home and family; see Table 19.

Table 19: Reasons for Unemployment

Reasons for Unemployment	Number	Percent	National Data ¹
Taking care of home and family	166	37.9%	49.0%
Disabled	24	5.5%	10.7%
Inadequate salary	2	0.5%	2.5%
School	66	15.1%	8.1%
Difficulty in finding a nursing position	28	6.4%	14.6%
Other / missing	151	34.6%	32.1%
Total	437	100.0%	

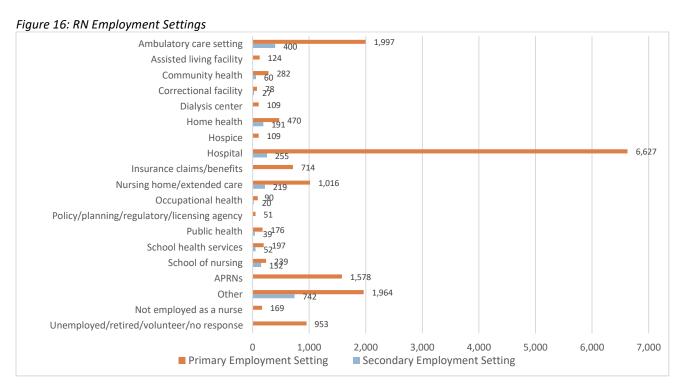
Practice Characteristics

Primary Employment Settings As shown in Table 20 and Figure 16, most RN respondents held primary employment in a hospital, 39.1% (6,627), ambulatory care setting, 11.8% (1,997), other setting, 11.6% (1,964), or nursing home/extended care, 6.0% (1,016).

Secondary Employment Settings A total of 12.7% (2,157) of respondents worked for two or more employers. The majority were employed in ambulatory care settings, 18.5% (400), hospitals, 11.8% (255), and nursing homes/extended care, 10.2% (219). See Table 20 and Figure 16.

Table 20: RN Employment Settings

. ,	National Data ¹					
Employment Settings	Prir	mary	Primary	Seconda	ary	
Ambulatory care setting	1,997	11.8%	9.7%	400	18.5%	
Assisted living facility	124	0.7%	0.5%	0	0.0%	
Community health	282	1.7%	1.7%	60	2.8%	
Correctional facility	78	0.5%	0.8%	27	1.3%	
Dialysis center	109	0.6%	1.2%	0	0.0%	
Home health	470	2.8%	4.5%	191	8.9%	
Hospice	109	0.6%	2.0%	0	0.0%	
Hospital	6,627	39.1%	54.8%	255	11.8%	
Insurance claims/benefits	714	4.2%	2.5%	0	0.0%	
Nursing home/extended care	1,016	6.0%	4.4%	219	10.2%	
Occupational health	90	0.5%	0.7%	20	0.9%	
Policy/planning/regulatory/licensing agency	51	0.3%	0.3%	0	0.0%	
Public health	176	1.1%	1. 2%	39	1.8%	
School health services	197	1.2%	3.1%	52	2.4%	
School of nursing	239	1.4%	2.8%	152	7.0%	
APRNs	1,578	9.3%				
Other	1,964	11.6%	9.7%	742	34.4%	
Not employed as a nurse	169	1.0%				
Unemployed/retired/volunteer/no response	953	5.6%				
Total	16,943	100.0%	100.0%	2,157	100.0%	



Page 20

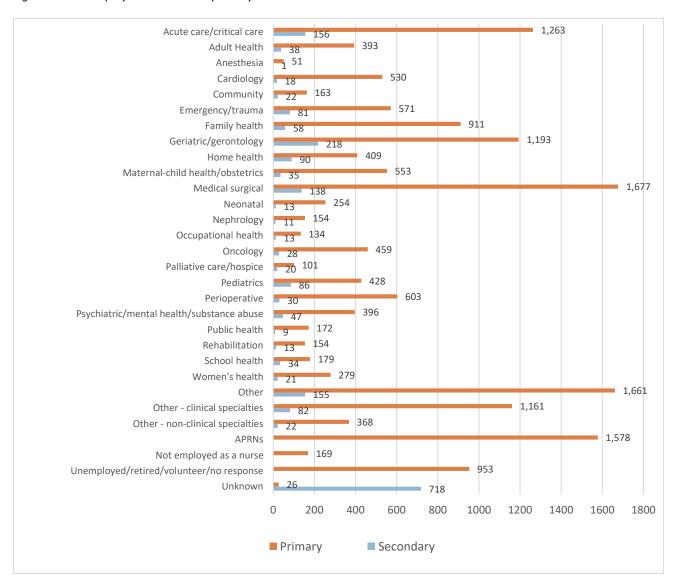
Primary Employment Position Specialty Most were employed in the medical-surgical specialty area, 9.9% (1,677), other specialty area, 9.8% (1,661), or acute care/critical care, 7.5% (1,263), see Table 21 and Figure 17.

Secondary Employment Position Specialty Most were employed in the geriatric/ gerontology specialty area, 10.1% (218) and acute care/critical care, 7.2% (156). See Table 21 and Figure 17.

Table 21: RN Employment Position Specialty

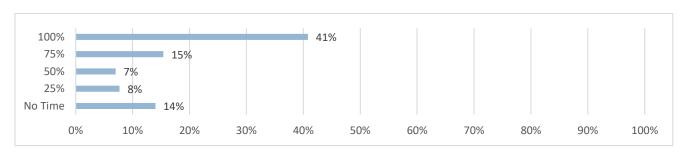
			National Data ¹		
Position Specialty	Prin	nary	Primary	Secon	dary
Acute care/critical Care	1,263	7.5%	13.4%	156	7.2%
Adult health	393	2.3%	3.6%	38	1.8%
Anesthesia	51	0.3%	1.2%	1	0.0%
Cardiology	530	3.1%	3.4%	18	0.8%
Community	163	0.9%	0.9%	22	1.0%
Emergency/trauma	571	3.4%	5.6%	81	3.8%
Family health	911	5.4%	2.5%	58	2.7%
Geriatric/gerontology	1,193	7.0%	5.0%	218	10.1%
Home health	409	2.4%	3.8%	90	4.2%
Maternal-child health/obstetrics	553	3.3%	4.4%	35	1.6%
Medical-surgical	1,677	9.9%	8.5%	138	6.4%
Neonatal	254	1.5%	2.2%	13	0.6%
Nephrology	154	0.9%	1.6%	11	0.5%
Occupational health	134	0.8%	1.0%	13	0.6%
Oncology	459	2.7%	3.0%	28	1.3%
Palliative care/hospice	101	0.6%	1.6%	20	0.9%
Pediatrics	428	2.5%	4.2%	86	4.0%
Perioperative	603	3.6%	6.7%	30	1.4%
Psychiatric/mental health/substance abuse	396	2.3%	3.7%	47	2.2%
Public health	172	1.0%	1.3%	9	0.4%
Rehabilitation	154	0.9%	1.7%	13	0.6%
School health	179	1.1%	3.0%	34	1.6%
Women's health	279	1.6%	1.5%	21	1.0%
Other	1,661	9.8%		155	7.2%
Other–clinical specialties	1,161	6.9%	13.1%	82	3.8%
Other–non-clinical specialties	368	2.2%	3.2%	22	1.0%
APRNs	1,578	9.3%			
Not employed as a nurse	169	1.0%			
Unemployed/retired/volunteer/no response	953	5.6%			
Unknown	26	0.2%		718	33.3%
TOTAL	16,943	100.0%		2,157	100.0%

Figure 17: RN Employment Position Specialty



Time Involved in Direct Patient Care Data reflected most RNs worked in the role of a staff nurse. A total of 56.0% of respondents reported spending 75% to 100% of their time involved in direct patient care, see Figure 18.

Figure 18: Percentage of Time Involved in Direct Patient Care



RN Distribution in South Dakota

South Dakota's seven regions are shown on the map in Figure 19. The number of RNs who resided in these regions as of December 31, 2020 is provided in Table 22. The U.S. Census Bureau's² annual estimate of South Dakota's population was used to compare the state's county population to the number of RNs residing in a county or region. The ratio of RNs to population was estimated to provide a basis to compare the number of RNs available to the workforce in an area. The ratio of RNs to population of 100,000 was 1353.1, an increase of 1.1% from 2019. The limitations of comparing ratios are the assumptions that citizens will receive nursing services in the region they reside and that the same types of health care services are available in each region. The number and distribution of nurses in a region may need to be higher based on the needs of that region.

Harding Perkins Corson Campbell McPherson Brown Marshall Roberts

Region 4 Dewey Welworth Edmunds Region 5 Day Grant

Lawrence Faulk Spink Clark Codington

Hamin Devel Beadle Region 3 Kingsbury Brookings Region 3 Kingsbury Brookings Region 1 Dewey Brookings Region 1 Dewel Devel Dev

Figure 19: Regional State Map

Table 23 displays the number of RNs in the state's regions

by ethnicity. Table 24 displays the number who were 61 years or older that may exit the workforce in the next 5 years. Data reflects the majority of RNs who reside in South Dakota are white; Regions 6 and 7 have the highest percentages of RNs who are American Indian/Alaskan Native, 6.4% and 6.8% respectively.

Table 24 displays the number of RNs in each of the state's 66 counties and provides the percent of RNs in each county 61 years or older. The two counties with the highest percentage of RNs who were 61 years or older are Sully County, 57.1% and Fall River County, 36.3%.

Table 22: RN Regional Distribution

	Counties / State	Region Population ²	Region's % of State Population	Number Residing in Region	Region's % of RN Population	Population Ratio	Population Ratio % Change
Region 1	14 Counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	126,429	14.3%	2,331	14.7%	2019: 1,401.9 2021: 1,399.4	-0.2%
Region 2	2 Counties: Lincoln and Minnehaha	254,262	28.7%	6,394	40.5%	2019: 1,890.2 2021: 1,908.7	1.0%
Region 3	14 Counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	136,918	15.5%	1,688	10.7%	2019: 931.1 2021: 935.7	0.5%
Region 4	8 Counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	81,502	9.2%	1,049	6.7%	2019: 963.7 2021: 976.9	1.4%
Region 5	10 Counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	81,286	9.2%	1,101	7.0%	2019: 1,037.5 2021: 1,028.0	-0.9%
Region 6	14 Counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,625	6.9%	691	4.4%	2019: 842.7 2021: 865.1	2.7%
Region 7	4 Counties: Custer, Fall River, Oglala Lakota, and Pennington	143,637	16.2%	2,517	16.0%	2019: 1,316.4 2021: 1,330.0	1.0%
South Dakota Total	66 counties	884,659	100.0%	15,771 (84.4%)	100.0%	2019: 1,338.3 2021: 1,353.1	1.1%
Out-of-State	Minnesota			688 (3.7%)			
out-oj-state	Other States/Jurisdictions			2,234 (12.0%)			
Total				18,693 (100.0%)			

Table 23: RN Regional Distribution by Ethnicity

_	American Indian/ Alaska	Asian/ Pacific	Black/ African	Hispanic/	Two or More Races/Other /No	White/	TOTAL RN
	Native	Islander	American	Latino	Response	Caucasian	Population
Region 1	1.2% (27)	0.7% (17)	1.1% (25)	0.7% (16)	1.0% (23)	95.4% (2,223)	100% (2,331)
Region 2	0.5% (29)	1.0% (66)	1.2% (79)	0.8% (48)	1.1% (73)	95.4% (6,099)	100% (6,394)
Region 3	0.7% (12)	0.8% (13)	0.5% (8)	0.4% (7)	0.7% (12)	96.9% (1,636)	100% (1,688)
Region 4	5.3% (56)	0.5% (5)	0.5% (5)	0.9% (9)	1.0% (11)	91.8% (963)	100% (1,049)
Region 5	2.7% (30)	1.0% (11)	0.9% (10)	0.4% (4)	0.7% (8)	94.3% (1,038)	100% (1,101)
Region 6	6.4% (44)	1.9% (13)	0.3% (2)	0.7% (5)	1.2% (8)	89.6% (619)	100% (691)
Region 7	6.8% (170)	3.6% (91)	2.8% (70)	1.2% (29)	1.9% (47)	83.8% (2,110)	100% (2,517)
Total SD Counties	2.3% (368)	1.4% (216)	1.3% (199)	0.7% (118)	1.2% (182)	93.1% (14,688)	100% (15,771)
Total In-state and Out-of-State SD RNs	2.1% (393)	1.8% (330)	1.9% (360)	0.9% (166)	1.2% (218)	92.2% (17,226)	100.0% (18,693)
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%	
U.S. RNs ¹	0.5%	7.6%	6.7%	5.6%	2.1%	80.6%	
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%	

Table 24: RN County Distribution

			Number of				Number of
	County	Number	RNs 61 Years		County	Number	RNs 61 Years
County	Population ²	of RNs	or Older	County	Population ²	of RNs	or Older
Aurora	2,751	42	9.5% (4)	Jackson	3,344	28	17.9% (
Beadle	18,453	188	20.7% (39)	Jerauld	2,013	22	31.8% (7
Bennett	3,365	30	20.0% (6)	Jones	903	13	7.7% (
Bon Homme	6,901	112	30.4% (34)	Kingsbury	4,939	88	15.9% (1
Brookings	35,077	318	15.1% (48)	Lake	12,797	165	18.2% (3
Brown	38,839	576	18.6% (107)	Lawrence	25,844	362	24.0% (8
Brule	5,297	72	18.1% (13)	Lincoln	61,128	1,988	11.5% (22
Buffalo	1,962	6	0.0% (0)	Lyman	3,781	27	14.8% (
Butte	10,429	105	15.2% (16)	Marshall	4,935	47	6.4% (
Campbell	1,376	22	27.3% (6)	McCook	5,586	104	14.4% (1
Charles Mix	9,292	129	23.3% (30)	McPherson	2,379	25	32.0% (
Clark	3,736	46	17.4% (8)	Meade	28,332	480	16.3% (7
Clay	14,070	180	14.4% (26)	Mellette	2,061	9	22.2% (
Codington	28,009	374	16.3% (61)	Miner	2,216	49	12.2% (
Corson	4,086	10	20.0% (2)	Minnehaha	193,134	4,406	14.0% (61
Custer	8,972	137	23.4% (32)	Moody	6,576	99	27.3% (2
Davison	19,775	320	19.1% (61)	Oglala Lakota	14,177	72	11.1% (
Day	5,424	71	15.5% (11)	Pennington	113,775	2,206	17.9% (39
Deuel	4,351	58	15.5% (9)	Perkins	2,865	23	13.0% (
Dewey	5,892	37	21.6% (8)	Potter	2,153	40	20.0% (
Douglas	2,921	65	6.2% (4)	Roberts	10,394	110	20.0% (2
Edmunds	3,829	77	29.9% (23)	Sanborn	2,344	44	22.7% (1
Fall River	6,713	102	36.3% (37)	Spink	6,376	86	19.8% (1
Faulk	2,299	23	8.7% (2)	Stanley	3,098	50	20.0% (1
Grant	7,052	99	19.2% (19)	Sully	1,391	7	57.1% (
Gregory	4,185	77	18.2% (14)	Todd	10,177	31	12.9% (
Haakon	1,899	34	14.7% (5)	Tripp	5,441	77	19.5% (1
Hamlin	6,164	91	13.2% (12)	Turner	8,384	163	17.2% (2
Hand	3,191	47	23.4% (11)	Union	15,932	430	18.1% (7
Hanson	3,453	80	11.3% (9)	Walworth	5,435	64	14.1% (
Harding	1,298	4	0.0% (0)	Yankton	22,814	471	23.4% (11
Hughes	17,526	250	17.6% (44)	Ziebach	2,756	28	10.7% (
Hutchinson	7,291	157	21.0% (33)	State Total	884,659	15,771	16.5% (2,59
Hyde	1,301	18	33.3% (6)	Out of State		2,922	
			. ,	Total		18,693	

Advanced Practice Registered Nurses

Certified Nurse Midwives

South Dakota Supply Trends

Licensure Status As of December 31, 2020 the SDBON reported 44 actively licensed certified nurse midwives (CNM) in South Dakota's supply, see Figure 20; an increase of 12 nurse midwives from 2018 to 2020 and a 37.5% increase in supply since 2018.

From January 1, 2019 to December 31, 2020 a total of 10 CNMs were added to South Dakota's active supply of CNMs; 4 as new graduates and 6 by endorsement from another state, see Figure 21. Overall, South Dakota had an increase in supply during this time period of 12 CNMs with a net growth of 2 CNMs.

Figure 21: CNM Workforce Gains and Losses

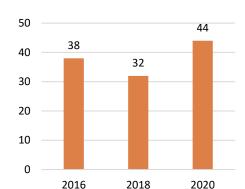
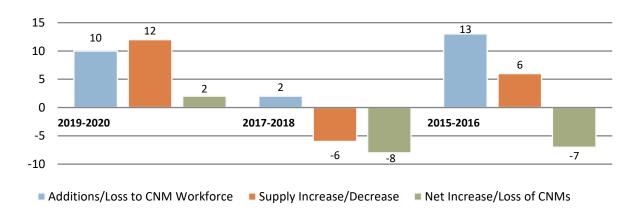


Figure 20: Actively Licensed CNMs



Certification/Practice Focus All actively licensed CNMs held certification through the American Midwifery Certification Board (AMCB) as certified nurse midwives.

Demographics of CNM Supply

Gender/Race/Ethnicity Consistent with previous reports, licensure data revealed the majority of actively licensed CNMs, 41 (93.2%), were female and white/Caucasian. Table 25 presents comparisons of ethnic distribution in the United States and South Dakota.

Table 25: CNM Race/Ethnic Distribution

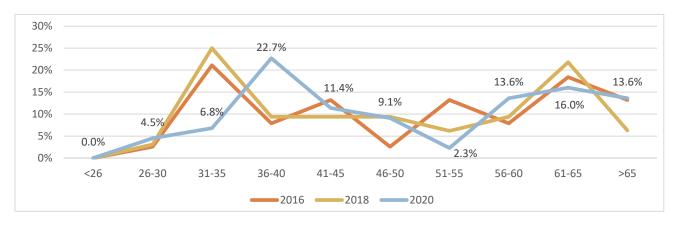
	American Indian/Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	Two or More Races / Other	White/ Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD CNMs	0.0% (0)	0.0% (0)	2.3% (1)	0.0% (0)	4.5% (2)	93.2% (41)

Age Age distribution of actively licensed CNMs is shown in Table 26 and Figure 22. The average age of a CNM was 50.3 years; the average age in 2018 was 48.3. Data revealed 22.7% (10) CNMs intend "to leave or retire from nursing within the next five years."

Table 26: CNM Age Distribution

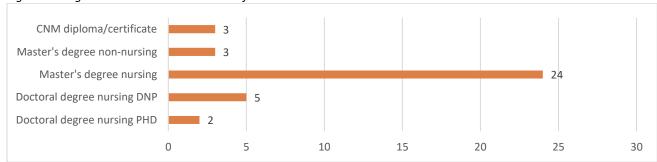
Age Range	2020		20	2018		2016	
<26	0	0.0%	0	0.0%	0	0.0%	
26-30	2	4.5%	1	3.1%	1	2.6%	
31-35	3	6.8%	8	25.0%	8	21.1%	
36-40	10	22.7%	3	9.4%	3	7.9%	
41-45	5	11.4%	3	9.4%	5	13.2%	
46-50	4	9.1%	3	9.4%	1	2.6%	
51-55	1	2.3%	2	6.3%	5	13.2%	
56-60	6	13.6%	3	9.4%	3	7.9%	
61-65	7	16.0%	7	21.9%	7	18.4%	
>65	6	13.6%	2	6.3%	5	13.2%	
Total	44	100.0%	32	100.0%	38	100.0%	

Figure 22: CNM Age Distribution



Highest Academic Achievement Consistent with previous SD nursing workforce reports, most of the 37 CNM respondents, 91.9% (34), held a graduate degree, see Figure 23. Six CNMs reported they were "currently enrolled in education classes leading to an advanced nursing degree."

Figure 23: Highest Academic Achievement of CNMs



Employment and Practice Characteristics

The primary location of practice for most CNM respondents, 73.0% (27), was in the state of South Dakota; 13.5% (5) reported employment in neighboring states of Iowa, Minnesota, and Nebraska; 8.1% (3) in other states; and 5.4% (2) did not respond as they are unemployed. The majority, 81.1% (30), was employed by only one employer, 10.8% (4) by two or more employers, 2.7% (1) by three or more employers, and 5.4% (2) were not employed. Consistent with previous reports, data reflected a high number were employed full-time, 64.9% (24), working 32 or more hours per week, or part-time, 27.0% (10), working 31 hours or less in the nursing profession, 2.7% (1) working in a nursing per diem role, and 5.4% (2) reported being unemployed.

Work settings with the highest percent of CNMs employed were hospitals, 37.8% (14), and ambulatory care, 24.3% (9). The majority, 89.2% (33), indicated their primary area of practice was in the specialty area of maternal-child and women's health. The average number of hours worked by CNMs in a week was 34.7. Figure 24 provides the percentage of time CNMs, who reported practicing as a nurse, were involved in direct patient care.

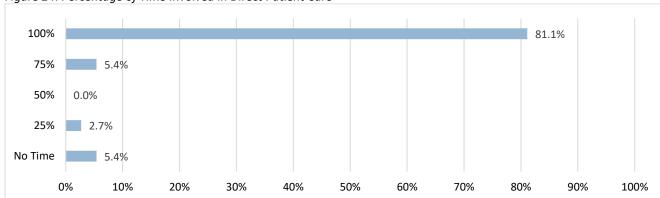


Figure 24: Percentage of Time Involved in Direct Patient Care

Certified Nurse Practitioners

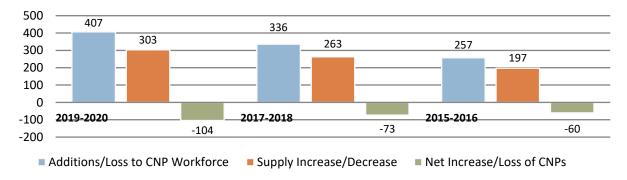
South Dakota Supply Trends

Licensure Status As of December 31, 2020 the SDBON reported 1,414 actively licensed CNPs in South Dakota's supply, see Figure 25; a gain of 303 nurses from 2018 to 2020 and a 27.3% increase since 2018.

From January 1, 2019 to December 31, 2020 a total of 407 CNPs were added to South Dakota's active supply; 181 were added as new graduates and 226 were added by endorsement from another state. Overall, South Dakota had an increase in supply during this time period of 303 nurses with a net loss of 104 CNPs, see Figure 26. Possible reasons for the loss of these nurses may be due to retiring from the profession, moving out of South Dakota, or leaving the profession. According to the 2019 Workforce Report, 101 CNPs indicated during that time period that they planned to retire in the next five years, which may account for the large number of CNPs lost.

Figure 25: Actively Licensed CNPs

Figure 26: CNP Workforce Gains and Losses

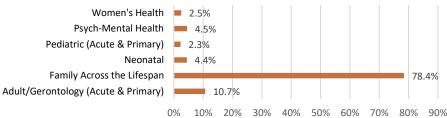


Certification/Practice Foci CNPs were required to hold national certification in at least one focus/specialty area of practice, consistent with their NP education preparation, to meet licensure requirements. Recognized certification included: acute care, adult, gerontology, acute adult/gerontology, primary care adult/gerontology, family across the lifespan, neonatal, acute pediatric, primary care pediatric, psych-mental health, and women's health. CNPs may complete additional graduate nursing education to qualify to hold more than one type of certification; 39 nurse practitioners held two or more types of certification.

CNPs were certified by the following organizations: American Academy of Nurse Practitioners Certification Board (AANP-CB), American Association of Critical-Care Nurses (AACN), American Nurses Credentialing Center (ANCC), National Certification Corporation (NCC), and Pediatric Nursing Certification Board (PNCB).

Figure 27 displays the percentage of CNPs licensed within six nationally recognized focus areas. The majority of CNPs were educated, certified, and licensed as family NPs (1,109, 78.4%) and adult/gerontology acute or primary care NPs (151, 10.7%). The remaining NPs held the following certification: neonatal (62, 4.4%), psych-mental health (63, 4.5%), women's health (35, 2.5%), or pediatric acute or primary care (33, 2.3%).

Figure 27: CNP Certification Focus Areas



Demographics of CNP Supply

Gender/Race/Ethnicity Consistent with previous reports the majority of actively licensed CNPs were female (1,275, 90.2%) and white/Caucasian (1,313, 92.9%). Only 139 CNPs were male (9.8%). Table 27 displays comparisons of ethnic distribution in the United States, South Dakota, and of actively licensed CNPs.

Table 27: CNP Race/Ethnic Distribution

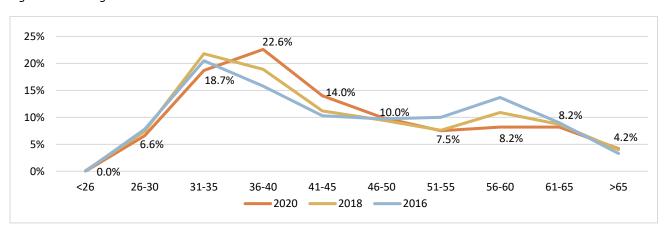
	American Indian/Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	Two or More Races / Other	White/ Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD CNPs	1.1% (15)	1.6% (22)	2.3% (32)	0.8% (12)	1.3% (18)	93.0% (1,315)

Age Age distribution of actively licensed CNPs is shown in Table 28 and Figure 28. A large percentage of CNPs, 47.9%, (678) was 40 years or younger and 20.6% (292) was 56 or older. The average age of a CNP was 44.4. Employment data also revealed 8.7% of respondents, about 96 CNPs, intend "to leave or retire from nursing within the next five years".

Table 28: CNP Age Distribution

Age Range	2020		20	18	2016	
<26	0	0.0%	1	0.1%	0	0.0%
26-30	93	6.6%	82	7.4%	66	7.8%
31-35	265	18.7%	242	21.8%	174	20.5%
36-40	320	22.6%	210	18.9%	134	15.8%
41-45	197	14.0%	124	11.2%	87	10.3%
46-50	140	10.0%	106	9.5%	82	9.7%
51-55	107	7.5%	84	7.6%	85	10.0%
56-60	116	8.2%	121	10.9%	116	13.7%
61-65	116	8.2%	97	8.7%	76	9.0%
>65	60	4.2%	44	4.0%	28	3.3%
Total	1,414	100.0%	1,111	100.0%	848	100.0%

Figure 28: CNP Age Distribution



Highest Academic Achievement As shown in Figure 29, 98.2% (1,089) of CNPs reported they held a graduate degree as their highest level of education; 79.4% (881) held a master's degree in nursing. Only 1.8% (20) did not hold a graduate degree; they were licensed prior to the nursing graduate degree requirement. CNPs enrolled in a program leading to an advanced nursing degree comprised 6.2% (69) of respondents; 36 were enrolled in a doctorate of nursing practice (DNP) program, 7 in a PhD program, and 26 in a master's program.

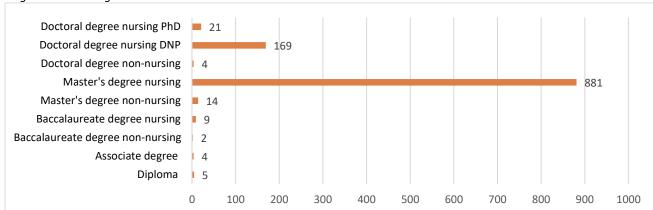
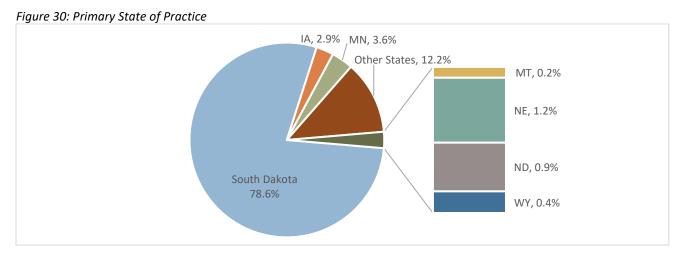


Figure 29: CNP Highest Academic Achievement

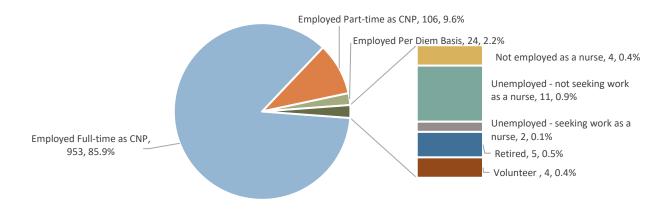
Employment and Practice Characteristics

As shown in Figure 30, 78.6% (872) of CNPs reported their primary place of employment in South Dakota; 9.2% (102) reported employment in neighboring states of Iowa (32), Minnesota (40), Montana (2), Nebraska (13), North Dakota (10), and Wyoming (5); and 12.2% (135) reported other states. The majority, 76.6% (850), were employed by one employer; 17.5% (194) by two, and 3.5% (39) by 3 or more. The remaining 2.3% (26) were not employed in a nursing position or did not respond to this question.



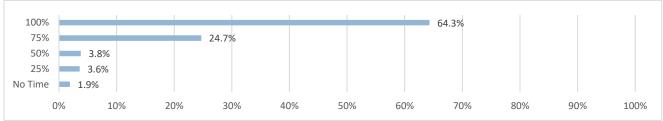
Consistent with previous reports, most CNPs, 85.9% (953) reported being employed full-time, working 32 or more hours per week. The average number of hours worked by full-time CNPs was 41.7 hours per week. Only 9.6% (106) respondents worked part-time, 31 hours or less per week; they worked an average of 20.0 hours per week. CNPs who worked on a per diem basis, an arrangement wherein a nurse is employed on an as needed basis, comprised 2.2% (24) with an average of 19.9 hours worked per week. Only 2.3% (26) were retired (5), unemployed (11) and not seeking work as a nurse, unemployed (2) and seeking work as a nurse, employed in non-nursing positions (4), or volunteering (4). Reasons given for unemployment were "caring for home and family", "difficulty finding a nursing position", and "other". See Figure 31.

Figure 31: Employment Status



Time Involved in Direct Patient Care As shown in Figure 32, most CNPs, who reported practicing as a nurse, indicated they spent a significant percentage of time involved in direct patient care.

Figure 32: Percentage of Time Spent in Direct Patient Care



Primary and Secondary Employment Settings As shown in Table 29, the highest percentage of CNPs were primarily employed in ambulatory care, 40.5% (449), hospitals, 28.7% (319), and community settings, 5.0% (56). CNPs who responded they were employed in 'other' settings comprised 15.4% (171). Those who reported they worked for two or more employers comprised 21.0% (233) of respondents; of those respondents, the majority, 40.2%, were employed in ambulatory care.

Table 29: CNP Employment Setting

Employment Settings	Primary		Secondary	
Ambulatory care	449	40.5%	74	40.2%
Community health	56	5.0%	5	2.7%
Correctional facility	4	0.4%	4	2.2%
Home health	5	0.5%	2	1.1%
Hospice	2	0.2%	0	0.0%
Hospital	319	28.7%	19	10.3%
Insurance claims/benefits	2	0.2%	0	0.0%
Nursing home/extended care	17	1.5%	3	1.6%
Occupational health	8	0.7%	0	0.0%
Policy/planning/regulatory/licensing agency	2	0.2%	0	0.0%
Public health	8	0.7%	0	0.0%
School health services	4	0.4%	2	1.1%
School of nursing	36	3.2%	23	12.5%
Other	171	15.4%	52	28.3%
Not employed as a nurse	4	0.4%		
Unemployed/retired/volunteer	22	2.0%		
Total	1,109	100.0%	184	100.0%

Primary and Secondary Employment Position Specialty As displayed in Table 30, most CNPs were primarily employed in the practice specialty areas of adult/family health, 33.7% (374), other-clinical specialties, 16.0% (177), and acute care/critical care/trauma, 12.0% (133). CNPs who worked for two or more employers also reported their secondary positions were in these same areas.

Table 30: CNP Employment Position Specialty

Position Specialty	Primary		Secondary	
Acute care/critical care/trauma	133	12.0%	47	25.5%
Adult/family health	374	33.7%	65	35.3%
Community/home/public/school health	6	0.5%	0	0.0%
Geriatric/gerontology	23	2.1%	7	4.0%
Maternal-child health/obstetrics	10	0.9%	0	0.0%
Medical-surgical	27	2.4%	0	0.0%
Occupational health	7	0.6%	0	0.0%
Oncology	39	3.5%	0	0.0%
Palliative care/hospice	14	1.3%	0	0.0%
Pediatrics/neonatal	83	7.5%	13	7.1%
Psychiatric/mental health/substance abuse	70	6.3%	17	9.2%
Women's health	51	4.6%	3	1.6%
Other	61	5.5%	15	8.1%
Other – clinical specialties	177	16.0%	17	9.2%
Other – non-clinical specialties	8	0.7%	0	0.0%
Retired/unemployed/volunteer	22	2.0%		
No response	4	0.4%		
TOTAL	1,109	100.0%	184	100.0%

Certified Registered Nurse Anesthetists

South Dakota Supply Trends

Licensure Status As of December 31, 2020 the SDBON reported 500 actively licensed CRNAs in South Dakota's supply, see Figure 33; a gain of 7 nurses from 2018 to 2020, a 1.4% increase since 2018.

From January 1, 2019 to December 31, 2020 a total of 57 CRNAs were added to South Dakota's active supply; 28 were added as new graduates and 29 were added by endorsement from another state. Overall, South Dakota had an increase in supply during this time period of 7 nurses with a net loss of 50 CRNAs, see Figure 34. Possible reasons for the loss of these nurses may be due to retiring from the profession, moving out of South Dakota, or leaving the profession. According to the 2019 Workforce Report, 75 CRNAs indicated during that time period that they planned to retire or leave in the next five years. This may account for the majority of the 50 CRNAs lost from South Dakota's workforce.

Figure 34: CRNA Workforce Gains and Losses

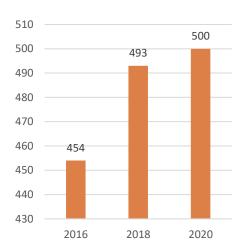
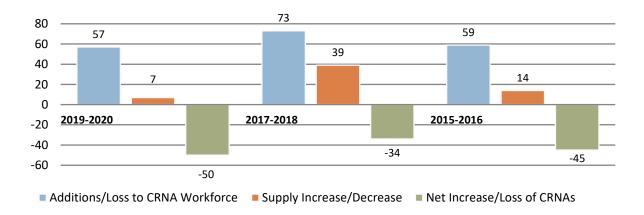


Figure 33: Actively Licensed CRNAs



Certification/Practice Focus All actively licensed CRNAs held certification through the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

Demographics of CRNA Supply

Gender/Race/Ethnicity Consistent with previous reports, the majority of actively licensed CRNAs were male (272, 54.4%) and white/Caucasian (487, 97.4%). Females comprised 45.6% (228) with 0.2% (1) no response. Table 31 displays comparisons of race/ethnic distribution in the United States, South Dakota, and of actively licensed CRNAs; 0.2% (1) did not respond to this question.

Table 31: CRNA Race/Ethnic Distribution

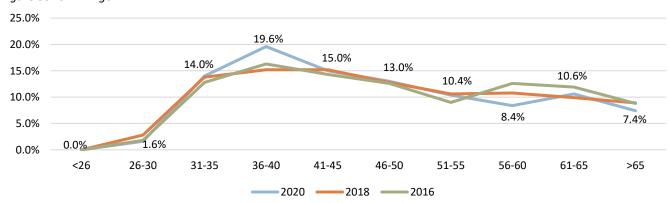
	American Indian/Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	Two or More Races/Other	White/ Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD CRNAs	0.4% (2)	0.2% (1)	0.8% (4)	0.4% (2)	0.6% (3)	97.4% (487)

Age Age distribution of actively licensed CRNAs is shown in Table 32 and Figure 35. A large percentage of CRNAs, 35.2% (176), was 40 years or younger; 26.4% (132) was 56 or older. The average age of a CRNA in South Dakota was 47.5 years. Employment data revealed 13.9% of respondents, 64 CRNAs, intend "to leave or retire from nursing within the next five years".

Table 32: CRNA Age

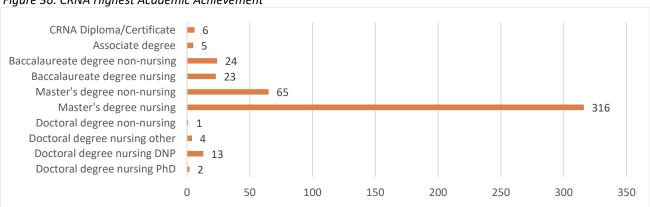
Age Range	20	20	2018			2016	
<26	0	0.0%	0	0.0%	0	0.0%	
26-30	8	1.6%	14	2.8%	8	1.8%	
31-35	70	14.0%	68	13.8%	58	12.8%	
36-40	98	19.6%	75	15.2%	74	16.3%	
41-45	75	15.0%	75	15.2%	65	14.3%	
46-50	65	13.0%	63	12.8%	57	12.6%	
51-55	52	10.4%	52	10.5%	41	9.0%	
56-60	42	8.4%	53	10.8%	57	12.6%	
61-65	53	10.6%	49	9.9%	54	11.9%	
>65	37	7.4%	44	8.9%	40	8.8%	
Total	500	100.0%	493	100.0%	454	100.0%	

Figure 35: CRNA Age



Highest Academic Achievement As shown in Figure 36, 87.4% (401) of CRNAs reported they held a graduate degree as their highest educational degree; 69.0% (316) held a nursing master's degree. CRNAs enrolled in a program leading to an advanced nursing degree comprised 5.0% of respondents; 12 were enrolled in a doctorate of nursing practice (DNP) program, 1 in a PhD program, and 10 in a master's program.

Figure 36: CRNA Highest Academic Achievement



Employment and Practice Characteristics

Most CRNAs, 75.8% (348), reported their primary place of employment within the state of South Dakota; 16.1% (74) reported neighboring states of Iowa, Minnesota, Montana, Nebraska, North Dakota, and Wyoming, 5.4% (25) in other states, and 2.6% (12) did not identify which state was their primary place of employment. The majority, 83.2% (382) was employed by one employer, 8.9% (41) by two, 5.2% (24) by three or more, and 2.6% (12) did not respond.

Consistent with previous reports, most CRNAs, 83.4% (383) reported being employed full-time, working 32 or more hours per week. The average number of hours worked by full-time CRNAs was 41.5 hours per week. CRNAs who worked part-time, 31 hours or less per week, comprised 11.1% (51) of respondents; they worked an average of 16.9 hours per week. The 2.8% (13) CRNAs who reported working on a per diem basis, an arrangement wherein a nurse is employed on an as needed basis, worked an average of 38 hours per week. The remaining 2.6% (12) CRNAs were retired (4), unemployed and not seeking work as a nurse (1), unemployed and seeking work as a nurse (1), employed in non-nursing positions (5), or did not respond (1).

Time Involved in Direct Patient Care As shown in Figure 37, most CRNAs (96.7%) reported they spent 75% or 100% of time involved in direct patient care. Respondents who indicated they spent no time in direct patient care were retired, unemployed, or employed in another field.

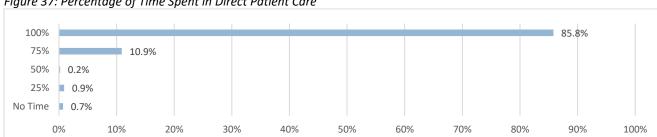


Figure 37: Percentage of Time Spent in Direct Patient Care

Primary Employment Setting As shown in Figure 38, the majority of CRNAs were employed in hospitals, 85.6% (393), and ambulatory care settings, 8.5% (39). CRNA respondents employed in academia/school of nursing comprised 0.9% (4), the remaining were employed in hospice care, 0.4% (2), 'other' settings, 2.0% (9), and 2.6% (12) were unemployed, retired, worked in other fields, or did not respond.

The majority of CRNAs indicated their primary area of practice was in the specialty area of anesthesia, 96.1% (441); 1.3% (6) reported other areas, and 2.4% (11) were unemployed, retired, worked in other fields, and 0.2% (1) did not respond.

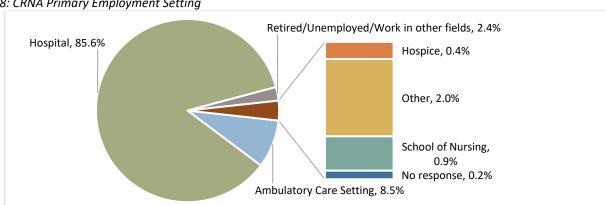
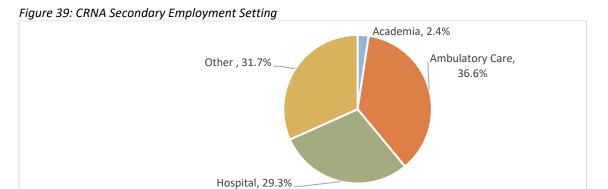


Figure 38: CRNA Primary Employment Setting

Secondary Employment Setting CRNAs who worked for two or more employers comprised 14.2% (65) of respondents. Of those respondents, 41 reported working in ambulatory care (15), hospitals (12), academia (1), and other settings (13); see Figure 39.



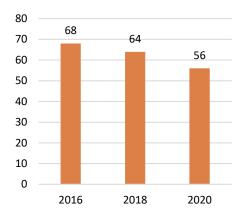
Clinical Nurse Specialists

South Dakota Supply Trends

Licensure Status As of December 31, 2020 the SDBON reported 56 actively licensed CNSs in South Dakota's supply, see Figure 40; a loss of 8 nurses from 2018 to 2020, a 12.5% decrease since 2018.

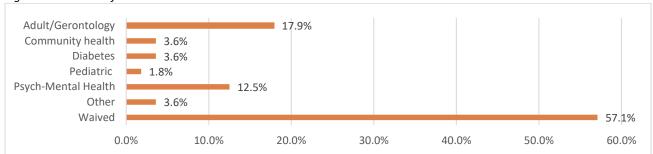
From January 1, 2019 to December 31, 2020 only two CNSs were added to South Dakota's active supply by endorsement from another state. Overall, South Dakota had a decrease in supply during this time period of 8 nurses with a net loss of 6 CNSs. Possible reasons for the loss of these nurses may be due to retirement, moving out of South Dakota, or leaving the profession. According to the 2021 Workforce Report, 23 CNSs indicated they planned to retire or leave in the next five years, accounting for the loss in workforce.

Figure 40: Actively Licensed CNSs



Certification/Practice Foci CNSs were required to hold national certification in at least one focus/specialty area of practice to meet licensure requirements. The majority of CNSs however, 57.1% (32), were waived from this requirement because they were licensed prior July 1, 1996. Figure 41 shows the most common areas of certification for the remaining CNSs, the majority were certified in adult/gerontology (10) and psych-mental health (7); others were certified in community health (2), diabetes (2), pediatrics (1), and other (2).

Figure 41: CNS Certification Focus Areas



Demographics of CNS Supply

Gender/Race/Ethnicity Consistent with previous reports, the majority of actively licensed CNSs, 98.2% (55) were female and 96.4% (54) white/Caucasian. Table 33 displays comparisons of ethnic distribution in the United States, South Dakota, and of actively licensed CNSs.

Table 33: CNS Race/Ethnic Distribution

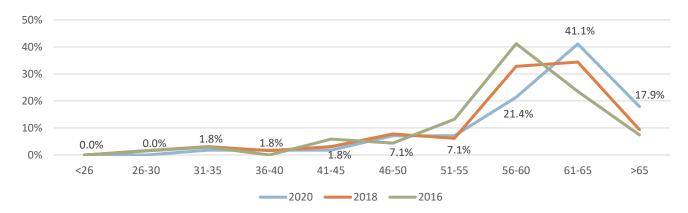
	American Indian/Alaska Native	Asian/Pacific Islander	Black/African American	Hispanic/ Latino	Two or More Races/Other	White/ Caucasian
U.S. Population ²	1.3%	6.1%	13.4%	18.5%	2.8%	60.1%
SD Population ²	9.0%	1.6%	2.3%	4.2%	2.5%	81.5%
SD CNSs	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	1.8% (1)	96.4% (54)

Age Distribution of actively licensed CNSs by age is shown in Table 34 and Figure 42. A large percentage, 80.4%, was 56 or older; the average age was 60.0. Renewal data revealed 41.1% of respondents, 23 CNSs, intend "to leave or retire from nursing within the next five years".

Table 34: CNS Age

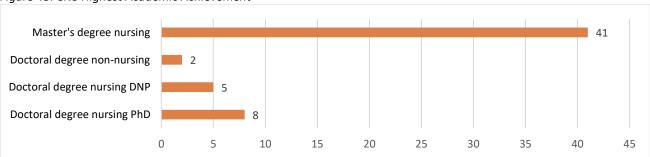
rabic 5 ii cito rige						
Age Range	20	20	20	18	201	16
<26	0	0.0%	0	0.0%	0	0.0%
26-30	0	0.0%	1	1.6%	1	1.5%
31-35	1	1.8%	2	3.1%	2	2.9%
36-40	1	1.8%	1	1.6%	0	0.0%
41-45	1	1.8%	2	3.1%	4	5.9%
46-50	4	7.1%	5	7.8%	3	4.4%
51-55	4	7.1%	4	6.3%	9	13.2%
56-60	12	21.4%	21	32.8%	28	41.2%
61-65	23	41.1%	22	34.4%	16	23.5%
>65	10	17.9%	6	9.4%	5	7.4%
Total	56	100.0%	64	100.0%	68	100.0%

Figure 42: CNS Age



Highest Academic Achievement All CNSs in South Dakota reported their highest educational preparation as a graduate degree; 26.8% (15) held a doctoral degree: 8 PhD, 5 DNP, 2 non-nursing doctorates; 41 held nursing master's degrees; see Figure 43. Four CNSs, 7.1%, reported enrollment in a program leading to an advanced nursing degree.

Figure 43: CNS Highest Academic Achievement



Employment and Practice Characteristics

Most CNSs, 73.2% (41), reported their primary place of employment within the state of South Dakota; 7.1% (4) reported employment in neighboring states of Iowa, North Dakota, and Wyoming, 5.4% (3) in other states, and 10.7% (6) were retired, or were not working as a nurse. Two (3.6%) did not respond. The majority, 58.9% (33), was employed by one employer, 26.8% (15) by two employers, and the remaining 14.3% (8) were retired, not employed in a nursing position, or did not respond.

Consistent with previous reports, most CNSs, 64.3% (36) reported being employed full-time, working 32 or more hours per week. The average number of hours worked by full-time CNS was 45.9 hours per week. CNSs who worked part-time, 31 hours or less per week, comprised 17.9% (10) of respondents; they worked an average of 15.6 hours per week. Only 3.6% (2) CNSs reported working on a per diem basis, an arrangement wherein a nurse is employed on an as needed basis. The remaining 14.3% (8) CNSs were retired (3), working in other fields (3), and did not disclose if they were full- or part-time (2).

Time Involved in Direct Patient Care Half of the 53 CNSs who held employment in a nursing position reported spending 25% or less of their time in direct patient care, Figure 44. CNSs that spent 75% to 100% of their time in direct patient care comprised only 26.8% of CNS respondents.

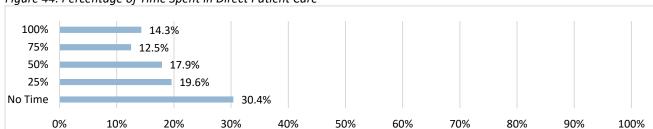


Figure 44: Percentage of Time Spent in Direct Patient Care

Primary and Secondary Employment Settings As shown in Table 35, the highest percentage of CNSs were employed in the hospital setting, 39.3% (22), and ambulatory care, 10.7% (6). CNSs who indicated they worked for two or more employers comprised 26.8% (15) of respondents; several were employed in academia/school of nursing, ambulatory care, and community settings.

Table 35: CNS Employment Setting

Employment Settings	Primary		Secondary	
Ambulatory care	6	10.7%	3	20.0%
Community/home/public/school health	5	8.9%	2	13.3%
Hospice	0	0.0%	1	6.7%
Hospital	22	39.3%	1	6.7%
Insurance claims/benefits	1	1.8%	0	0.0%
Nursing home/extended care/assisted living facility	1	1.8%	0	0.0%
Policy/planning/regulatory/licensing agency	1	1.8%	1	6.7%
School of nursing	7	12.5%	4	26.6%
Other	5	8.9%	3	20.0%
Retired	3	5.4%		
No response	5	8.9%		
Total	56	100.0%	15	100.0%

Primary and Secondary Employment Position Specialty As displayed in Table 36, most CNSs were primarily employed in the practice specialty areas of psych-mental health 16.0% (9), acute/critical care, 14.2% (8), and adult/family health, 10.7% (6). A total of 15 CNSs reported working for two or more employers, most practiced in the specialty area of psychiatric/mental health/substance use.

Table 36: CNS Employment Position Specialty

Position Specialty	Primary		Secondary		
Acute care/critical care	8	14.2%	0	0.0%	
Adult/family health	6	10.7%	1	6.7%	
Cardiology	1	1.8%	0	0.0%	
Community/home/school/public health	2	3.6%	1	6.7%	
Geriatric/gerontology	3	5.4%	2	13.3%	
Informatics	1	1.8%	0	0.0%	
Maternal-child health/obstetrics	2	3.6%	0	0.0%	
Medical-surgical	2	3.6%	0	0.0%	
Neurology/neurosurgical	1	1.8%	1	6.7%	
Palliative care/hospice	3	5.4%	1	6.7%	
Pediatrics/neonatal	2	3.6%	0	0.0%	
Psychiatric/mental health/substance abuse	9	16.0%	5	33.3%	
Women's health	0	0.0%	1	6.7%	
Other	4	7.1%	0	0.0%	
Other – clinical specialties	4	7.1%	1	6.6%	
Retired/unemployed/volunteer	6	10.7%			
No response	2	3.6%	2	13.3%	
TOTAL	56	100.0%	15	100.0%	

APRN Distribution

South Dakota's seven regions are shown on the map in Figure 45. The number of APRNs as of December 31, 2020 who resided in these regions is provided in Table 37 and the number in each of South Dakota's 66 counties is provided in Table 38. Consistent with previous reports, the majority of nurses resided in Minnehaha and Pennington counties (Regions 2 and 7).

Figure 45. Regional State Map



Table 37: Regional Distribution

Region	Counties / State	Region Population ²	Region's % of State	Number Residing in Region (Percent of Total APRN Population)			
			Population	CNMs	CNPs	CRNAs	CNSs
Region 1	14 Counties: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, McCook, Turner, Union, and Yankton	126,429	14.3%	3 (6.8%)	130 (9.2%)	45 (9.0%)	4 (7.1%)
Region 2	2 Counties: Lincoln and Minnehaha	254,262	28.7%	15 (34.1%)	447 (31.6%)	198 (39.6%)	32 (57.1%)
Region 3	14 Counties: Beadle, Brookings, Clark, Codington, Deuel, Grant, Hamlin, Hand, Jerauld, Kingsbury, Lake, Miner, Moody, and Sanborn	136,918	15.5%	0 (0.0%)	96 (6.8%)	22 (4.4%)	(3.6%)
Region 4	8 Counties: Butte, Corson, Dewey, Harding, Lawrence, Meade, Perkins, and Ziebach	81,502	9.2%	0 (0.0%)	84 (6.0%)	23 (4.6%)	2 (3.6%)
Region 5	10 Counties: Brown, Campbell, Day, Edmunds, Faulk, Marshall, McPherson, Roberts, Spink, and Walworth	81,286	9.2%	1 (2.3%)	62 (4.4%)	22 (4.4%)	0 (0.0%)
Region 6	14 Counties: Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, and Tripp	60,625	6.9%	0 (0.0%)	54 (3.8%)	11 (2.2%)	(3.6%)
Region 7	4 Counties: Custer, Fall River, Oglala Lakota, and Pennington	143,637	16.2%	10 (22.7%)	171 (12.1%)	77 (15.4%)	7 (12.5%)
In-State Total	66 counties	884,659	100.0%	29 (65.9%)	1,044 (73.9%)	398 (79.6%)	49 (87.5%)
Out-of- State	lowa, Minnesota, Montana, Nebraska, North Dakota, Wyoming			6 (13.6%)	153 (10.8%)	73 (14.6%)	(7.1%)
	Other States/Jurisdictions			9 (20.5%)	217 (15.3%)	29 (5.8%)	3 (5.4%)
Total				44 (100%)	1,414 (100%)	500 (100%)	56 (100%)

Table 38. Number of APRNs by County

	County						County				
County	Population ²	CNMs	CNPs	CRNAs	CNSs	County	Population ²	CNMs	CNPs	CRNAs	CNSs
Aurora	2,751	0	2	1	0	Jackson	3,344	0	1	0	1
Beadle	18,453	0	11	3	0	Jerauld	2,013	0	2	0	0
Bennett	3,365	0	4	0	0	Jones	903	0	2	0	0
Bon Homme	6,901	0	8	1	0	Kingsbury	4,939	0	7	0	0
Brookings	35,077	0	24	5	1	Lake	12,797	0	10	3	0
Brown	38,839	0	35	15	0	Lawrence	25,844	0	31	15	0
Brule	5,297	0	8	1	1	Lincoln	61,128	5	142	84	7
Buffalo	1,962	0	0	0	0	Lyman	3,781	0	0	1	0
Butte	10,429	0	8	0	0	Marshall	4,935	0	4	0	0
Campbell	1,376	0	1	1	0	McCook	5,586	1	7	0	0
Charles Mix	9,292	1	10	1	0	McPherson	2,379	0	0	0	0
Clark	3,736	0	4	0	0	Meade	28,332	0	34	8	2
Clay	14,070	0	6	2	0	Mellette	2,061	0	2	0	0
Codington	28,009	0	14	8	0	Miner	2,216	0	4	0	0
Corson	4,086	0	3	0	0	Minnehaha	193,134	10	305	114	25
Custer	8,972	0	14	0	2	Moody	6,576	0	5	1	1
Davison	19,775	0	15	8	0	Oglala Lakota	14,177	2	0	0	0
Day	5,424	0	3	1	0	Pennington	113,775	7	151	77	5
Deuel	4,351	0	1	0	0	Perkins	2,865	0	1	0	0
Dewey	5,892	0	4	0	0	Potter	2,153	0	4	0	0
Douglas	2,921	0	5	0	0	Roberts	10,394	0	4	2	0
Edmunds	3,829	0	4	2	0	Sanborn	2,344	0	3	0	0
Fall River	6,713	1	6	0	0	Spink	6,376	0	3	0	0
Faulk	2,299	0	2	0	0	Stanley	3,098	0	1	1	0
Grant	7,052	0	6	1	0	Sully	1,391	0	1	0	0
Gregory	4,185	0	7	0	0	Todd	10,177	0	1	1	0
Haakon	1,899	0	0	0	0	Tripp	5,441	0	10	2	0
Hamlin	6,164	0	3	1	0	Turner	8,384	0	10	1	0
Hand	3,191	0	2	0	0	Union	15,932	0	19	20	2
Hanson	3,453	0	5	2	0	Walworth	5,435	1	6	1	0
Harding	1,298	0	0	0	0	Yankton	22,814	1	26	5	0
Hughes	17,526	0	19	6	1	Ziebach	2,756	0	3	0	0
Hutchinson	7,291	0	9	3	1	State Total	884,659	29	1,044	398	49
Hyde	1,301	0	2	0	0	Out of State		15	370	102	7
						Total		44	1,414	500	56

Employment Data Collection Form

1.	What type of nursing degree / credential qualified you for ☐ Vocational / Practical Certificate Nursing ☐ Diploma – Nursing ☐ Associate Degree – Nursing ☐ Baccalaureate Degree – Nursing	your	first U.S. nursing license? Master's Degree – Nursing Doctoral Degree – Nursing (PhD) Doctoral Degree – Nursing (DNP)
2.	What is your highest level of education? ☐ Vocational / Practical Certificate Nursing ☐ Diploma – Nursing ☐ Associate Degree – Nursing ☐ Associate Degree – Non-Nursing ☐ Baccalaureate Degree – Non-Nursing ☐ Baccalaureate Degree – Non-Nursing		Master's Degree – Nursing Master's Degree – Non-Nursing Doctoral Degree – Nursing (PhD) Doctoral Degree – Nursing Practice (DNP) Doctoral Degree – Nursing Other Doctoral Degree – Non-Nursing
3.	Year of initial U.S. Licensure:		
4.	Country of entry-level education:		
5.	What is your employment status? Actively employed in nursing or in a position that require Full-time Part-time Per diem Actively employed in a field other than nursing (select Full-time Part-time Part-time Per diem Working in nursing only as a volunteer Unemployed (select one) Seeking work as a nurse Not seeking work as a nurse Retired	one)	
6.	In how many positions are you currently employed as a nu ☐ 1 ☐ 2 ☐ 3 or more	irse?	
7.	How many hours do you work during a typical week in all y □ <10 hours □ 11-20 hours □ 21-30 hours □ 31-40 hours		nursing positions? 41-50 hours 51-60 hours >60 hours
8.	Indicate the zip code, city, state, and county of your prima Zip Code: City: State: County:	ry em	nployer.

9.	. Identify the type of setting that most closely corresponds to your nursing practice position.							
		Ambulatory Care Setting		Insurance Claims / Benefits				
		Assisted Living Facility						
		Community Health		Occupational Health				
				•				
		Correctional Facility						
		Dialysis Center						
		Home Health						
		Hospice		School of Nursing				
		Hospital		Other				
10.	Ide	ntify the position title that most closely correspon	ds to your	r nursing practice position.				
		Advanced Practice Registered Nurse		Nurse Manager				
		Case Manager		_				
		Consultant						
				Other – Health Related				
	ш	Nurse Faculty / Educator	Ц	Other – Non-Health Related				
11.	Idei	ntify the employment specialty that most closely o	correspond	ds to your nursing practice position.				
		Acute Care/ Critical Care	· 🗆					
		Adult Health		•				
		Anesthesia						
		Cardiology		·				
								
		Community						
		Emergency / Trauma		•				
		Family Health		,				
		Genetics		Psychiatric / Mental Health / Substance Abuse				
		Geriatric / Gerontology		Public Health				
		Home Health		Radiology				
		Informatics		Rehabilitation				
		Information Technology		School Health				
		Maternal-Child Health / Obstetrics		Urologic				
		Medical / Surgical		Women's Health				
		Neonatal		Other – Clinical Specialties				
				•				
		Nephrology Neurology / Neurosurgical		Other – Non-Clinical Specialties				
	_	Neuroiogy / Neurosurgical						
12.	Wh	at percent of your current position involves direct	patient ca					
		0% 🗖 50%		□ 100%				
		25%						
13.	If u	nemployed, please indicate the reasons.						
		Difficulty in finding a nursing position		School				
		Disabled		Taking care of home and family				
		Inadequate Salary						
4.4	-	and Education						
14.		mal Education						
		I am not taking courses toward an advanced deg		=				
		I am currently taking courses toward an advance	a degree i	in nursing				
15.	15. Do you intend to leave / retire from nursing practice in the next 5 years?							
	□ Yes □ No							
16. Other states in which you have ever held a license:								
		ive License:						
Inactive License:								
	110+	THE CTUTES WINDER CHIPPONTIV DESCRIPTION OF THE WIND	THEY NAVO	acany or electronically.				

References

- 1. Smiley, R. A., Ruttinger, C., Oliveira, C. M., Hudson, L. R., Allgeyer, R., Reneau, K. A., Silvestre, J. H., Alexander, M. (April 2021). The 2020 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 9 (1) Supplement.
- 2. U.S. Census Bureau: QuickFacts, United States. Data derived from Population Estimates, American Community Survey. Retrieved on March 1, 2021 from https://www.census.gov/quickfacts/fact/table/US/PST045217.
- 3. Institute of Medicine of the National Academies (2010). *The Future of Nursing Leading Change Advancing Health.* www.iom.edu/nursing.