

A BIENNIAL SURVEY OF HAWAII'S NURSES

2021 HAWAII NURSING WORKFORCE SUPPLY REPORT



HAWAII STATE
CENTER FOR
NURSING

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DECEMBER 2021

2021 Hawai'i Nursing Workforce Supply

Statewide Report

Hawai'i State Center for Nursing
2528 McCarthy Mall
Webster Hall 402
Honolulu, Hawai'i, 96822
808-956-5211

If you require this report in an alternate format, please contact us at hscndata@hawaii.edu.



The Hawai'i State Center for Nursing monitors the state of the nursing workforce in Hawai'i through the collection and reporting of workforce supply, education capacity, and employer demand data. These three research activities assist entities in the public and private sectors with the development and implementation of initiatives intended to develop a robust nursing workforce that meets the needs of Hawai'i's residents now and in the future.

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This report was prepared by Carrie M. Oliveira, Ph.D., Associate Specialist for Nursing Workforce Research at the Hawai'i State Center for Nursing (carrieol@hawaii.edu/808-956-3959).

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Laura Reichhardt, MS, APRN, AGPCNP-BC, Director, Hawai'i State Center for Nursing

The Hawai'i Board of Nursing

The Professional & Vocational Licensing Division of the Hawai'i Department of Commerce and Consumer Affairs

The Chief Nursing Officers and Administrators of Hawai'i's Healthcare Facilities

Hawai'i State Center for Nursing Research Steering Committee

Healthcare Association of Hawai'i

National Forum of State Nursing Workforce Centers

Hawai'i State Center for Nursing Advisory Board

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LIST OF ABBREVIATIONS

<u>Abbreviation</u>	<u>Definition</u>
AACN	American Association of Colleges of Nursing
ACS	American Community Survey Program of the US Census Bureau
ADN	associate degree program in nursing
AGPCNP	adult-gerontology primary care nurse practitioner
APRN	advanced practice registered nurse
AY	academic year
BLS	US Bureau of Labor Statistics
BSN	baccalaureate degree program in nursing
CNM	certified nurse midwife
CNS	clinical nurse specialist
CRNA	certified registered nurse anesthetist
DCCA	Hawai'i Department of Commerce and Consumer Affairs
DLIR	Hawai'i Department of Labor and Industrial Relations
DOH	Department of Health
DNP	Doctor of Nursing Practice
FEMA	Federal Emergency Management Agency
FNP	family nurse practitioner
GEPN	graduate entry program in nursing
HAH	Healthcare Association of Hawai'i
HBON	Hawai'i Board of Nursing
HSCN or The Center	Hawai'i State Center for Nursing
HWI	Healthcare Workforce Initiative
IOM	Institute of Medicine
LPN	licensed practical nurse
MSN	master's degree program in nursing
NAM	National Academy of Medicine
NCSBN	National Council of State Boards of Nursing
NP	nurse practitioner
PNP	pediatric primary care nurse practitioner
PVL	Professional & Vocational Licensing Division of DCCA
RN	registered nurse
The Forum	National Forum of State Nursing Workforce Centers

DEFINITIONS OF PRIMARY PRACTICE SETTINGS

Setting	Definition
Acute care hospital	Any facility that provides care to patients experiencing the acute onset of one or more severe conditions.
Ambulatory	Any setting in which a person receives care for health conditions on an outpatient basis.
Community-based	Any setting in which a person receives primary care or care for chronic conditions in their place of residence or at an ambulatory facility within the community in which they live.
Home health/hospice	<p>Home health is health care delivered to a patient in the patients' residential location provided that the patient does not reside at a long-term care facility.</p> <p>Hospice is care provided to a patient at end of life and has the primary goal of preserving the patient's comfort. Hospice care may be delivered in an inpatient facility or in the patient's residence.</p> <p>Home health/hospice are combined into a single setting as most hospice care is delivered in patients' residences.</p>
Other/All Other	<p>All settings not accounted for under the definitions of acute care hospital, ambulatory, post-acute/long-term care, and home/health hospice. Includes some clinical settings such as clinics or health rooms at schools and any other clinical settings not specifically accounted for on the survey. Also includes non-clinical settings including academia, government agencies, and insurance companies.</p>
Post-acute/Long-term care	<p>Post-acute care is care that a person receives upon discharge from an acute care hospital. The specific setting in which post-acute care is delivered depends on the severity (acuity) of the patient's condition, special care needs that the patient has, and other factors.</p> <p>Long-term care refers to a setting in which a patient is admitted for an extended length of stay for the treatment of one or more conditions that require care beyond what is feasible in a typical residential setting.</p> <p>Throughout this report we combine post-acute and long-term care settings together as "post-acute/long-term care." We felt that referring to the combination of settings was most appropriate because it reflects the environment in Hawai'i in which some post-acute facilities are also long-term residential care facilities for patients with debilitating chronic conditions. Because there are very few cases in which a facility can be discretely categorized as either post-acute or long-term care, our terminology reflects both settings.</p>

IMPORTANT NOTES ABOUT THIS REPORT

About the Hawai'i Nursing Workforce Supply Survey

The Center conducts the Hawai'i Nursing Workforce Supply Survey (Supply Survey) each odd-numbered year in conjunction with the Hawai'i nurse license renewal period between April and June. Nurses voluntarily complete the survey when they submit their online license renewal applications.

The Supply Survey is the most comprehensive source of information about the nurses who live and work in Hawai'i. We collect data about nurses' licensure, certifications, education, employment status, practice characteristics, job satisfaction, intention to leave the workforce, lifelong learning, and wellbeing. The results are summarized in several reports, infographics, and data tables, with each document focusing on a specific aspect of the workforce. This is the most comprehensive report. In it, we highlight the big-picture characteristics of Hawai'i's nurses and comment on the current state of the workforce. Our goal is that the information in this report informs future workforce planning and development.

Survey Method

Because we provide data across multiple documents, we felt that it was prudent to present the description of the survey method in a standalone report so that it would be easily accessible regardless of the data product a reader is using. The [Survey Method](#) (Hawai'i State Center for Nursing, 2021b) report provides detailed

information about the data collection method, fielding period, sample size and characteristics, margins of error, and the survey instrument.

Language

We use the term Filipinx to describe persons of any gender who have ethnic ancestry originating in the Philippine Islands. Similarly, we use the term Latinx to describe persons of any gender with ethnic ancestry originating in Latin America. We have chosen these terms with the recognition that there is not unanimous support for their use within the Filipinx and Latinx communities. We have opted, however, to err on the side of inclusivity.

We use the term Neighbor Islands to refer to the collective of Hawai'i, Maui, and Kaua'i Counties. While we acknowledge that the term is O'ahu-centric, we have opted to use it in this report because it is a common colloquial reference that is generally understood by readers in Hawai'i and allows for brevity and efficiency in our discussions and data presentations.

We shift back and forth between referring to the nursing workforce as a single entity and referring to three separate nursing workforces (i.e., LPN, RN, and APRN). LPNs, RNs, and APRNs have different minimum education requirements, scopes of practice, and roles within the healthcare delivery system. Thus, it is functionally important to talk about them as separate workforces. However, some issues apply to all nurses regardless of their scope of practice. In these instances, we

refer to a single nursing workforce and in so doing we are describing all nurses across all license groups.

Accessibility

We have made a concerted effort to make this document compliant with state and federal guidelines for producing accessible electronic documents. There are, however, several graphs and tables in the report that cannot be summarized well in brief alternative text. If you have difficulty accessing any of the content of this report, please contact the Hawai'i State Center for Nursing at hscndata@hawaii.edu to request the content of this report in an alternate format.

Geographic Cross-Tabulations and Maps

Beginning in 2019, we committed to providing as much Supply Survey data by county as sample sizes would allow. However, because of a technical issue that occurred during fielding (see the [Survey Method](#) for more information), the overall sample size in 2021 was too small for the calculation of by-county cross-tabulations for LPNs and APRNs. Data for these two licenses are tabulated by O'ahu vs. Neighbor Islands. While this approach obscures differences between Hawai'i, Maui, and Kaua'i Counties, it allows us to highlight important differences between O'ahu and the Neighbor Islands.

Relatedly, there are no maps in this year's report. Ordinarily, we include heat maps that compare the distribution of each nursing workforce in each county relative to the counties' residential

populations. However, given the small county sample sizes, we are not confident that maps would portray an accurate geographic distribution of nurses.

Interpreting Data Tables

Data tables are provided for each of the three workforces. Readers should note the following when reading the tables:

- Tables include frequency distributions of responses for most variables on the survey. Frequencies are represented as percentages rounded to the nearest whole number. Sums of percentages across categories within a variable may not total 100% because of rounding.
- Percentages are not reported for any cell in which fewer than five individuals responded in a category to prevent the inadvertent deanonymization of respondents. These cells contain a double asterisk (**).
- Tables include columns for Total, O'ahu, and the Neighbor Island counties. Nurses were classified into counties based the zip code for their primary license-relevant job. Nurses who did not provide a valid zip code could not be classified into a county and are not included in these tables. As a result, the distributions in the Total columns in the tables in this report may not match the corresponding percentages in the [Statewide Data Tables by License](#).
- Some variables allowed nurses to provide more than one response. These variables are indicated with a superscript (MR) indicating that they permitted multiple responses. The

sum of category percentages in multiple response variables may exceed 100%.

- Some rows in tables are italicized and indented. These rows are subsets of the variable that they are nested beneath. Categories within sub-variables sum to 100% of the responses in the parent category.
- Counts are not presented because the small sample sizes mean that there are large margins of error around each percentage. We are unable to calculate the margins of error because we do not know the number of nurses in each county who renewed a license (i.e., the population estimate). Estimated counts for each workforce at the state level are presented our [Statewide Data Tables by License](#). Margins of error for those estimates are presented in the [Survey Method](#).

License Counts from the Professional and Vocational Licensing Division

In each Supply report, we provide a graph of 10 years' worth of license count data from PVL (Professional and Vocational Licensing Division, 2021). License counts are important for two reasons. First, license counts establish the total number of individuals who are eligible to practice nursing in Hawai'i. Second, looking at license counts over time reveals trends, or unexpected deviations from trends, in the number of nurses who can practice in the state.

This year, we have included license counts but we ask readers to interpret the data cautiously. At first glance, graphs will show that the number of LPNs and RNs licensed in Hawai'i in 2021 is

substantially and alarming lower than in 2019. While it is very likely that some of this loss is real, we believe that much of the loss is an artifact of when PVL produced its geographic report for this year.

Hawai'i nursing licensure operates on a two-year cycle. The cycle begins on July 1 of each odd-numbered year and ends on June 30 of the following odd-numbered year. Any nursing license issued within a biennium remains active and valid unless the nurse who holds it places the license in inactive status or HBON suspends or revokes the license as a disciplinary action. This means that a nurse who leaves the workforce will have a valid license until it expires at the end of the biennium. Many nurses who left practice opt not to renew their licenses. This results in a sharp decline in license counts as the data catch up to reflect the actual number of nurses in the workforce.

Because license counts vary daily, PVL decides on a date at which they are going to count the licenses for inclusion in their annual geographic report. Based on the pattern of data in the last 15 years' worth of geographic reports, the highest nurse license counts have historically occurred in odd-numbered years which suggests that PVL decides on a date before June 30 as the official license count day for reports that are released in July. In 2021, however, PVL released its report of licenses in September. The unusually low numbers of nursing licenses reflected in this report are, in part, an artifact of the later reporting period and an official license count date occurring sometime after June 30.

Though we are going to avoid drawing conclusions based on the license data this year, we want to emphasize two points. First, patterns are instructive. Historical data tell us that we are losing LPNs rapidly, the size of the RN workforce changes very little from biennium to biennium, and the APRN workforce is growing rapidly but less quickly than three or four years ago. We have no information that would suggest that any of these

patterns would have broken this year, so workforce development activity based on these patterns can reasonably continue. Second, Hawai'i has a nursing workforce shortage. The current shortage is the focus of most of the narrative in this report and data related to the problem comes directly from employers which is a more reliable source of data than license counts.

PURPOSE OF THE 2021 REPORT

In December 2019, we released our most recent previous version of this report (Hawai'i State Center for Nursing, 2019). At that time, we identified that Hawai'i's nursing workforce was in a mostly stable state and capable of responding to the healthcare needs of the population. We also drew attention to the fact that each workforce had a specific challenge that warranted attention and problem-solving. We called for work to address the rapidly worsening LPN shortage, the lack of a pipeline for preparing specialty RNs, and barriers keeping qualified APRNs from becoming primary care providers. These, along with the need to improve Native Hawaiian representation at all levels of nursing practice, were the workforce development priorities the data called for and where we planned to focus some of our work.

And then the world changed. On March 5, 2020 – less than three months after the release of our 2019 report – Governor David Ige issued the first of his emergency proclamations related to the COVID-19 pandemic (Office of the Governor of the State of Hawai'i, 2020). As the only center in the state with a legislative mandate to support the recruitment and retention of the nursing workforce, and because a public health crisis inevitably affects nurses, we pivoted. In addition to being concerned about the workforce development priorities we had previously identified, we engaged in work with our partners and stakeholders that would support the workforce in ways that the pandemic demanded.

We focused on supporting the development and dissemination of nursing continuing education related to nursing during pandemics. We consolidated the best available evidence related to simulation in nursing education to help address the loss of clinical placements. We helped to identify nurses who were willing and able to fill open positions created by the first surge.

Now, 21 months into the pandemic and two years since our last report, Hawai'i is experiencing a nursing workforce shortage. In this report, we describe both the severity of the shortage and the factors that have contributed to it.

While we generally prefer to suggest solutions when we discuss problems, we stop short of doing so in this report. The reality is that the current nursing shortage is an enormous and complicated problem. Solving it will require discussion, insight, innovation, and collaboration of individuals and organizations across the healthcare system. We also expect that solutions will come from collaboration with entities outside of healthcare including commerce, travel, education, and housing.

Our goal for this report, then, is to lay an informational foundation that can support the development and activity of problem-solving collaborations. The ultimate goal, though, is to find ways to give support and relief to the nurses on whom we rely on to take care of us.

THE PRECARIOUS STATE OF HAWAI'I'S NURSING WORKFORCE

Introduction

Hawai'i's current nursing workforce shortage is the result of several factors that together, have resulted in a complex problem. To help make this complex problem more understandable, we spend the next few pages dissecting it into its parts.

We begin by describing the extent of the current nursing shortage. The numbers that we use to quantify the shortage come from informal discussions with the chief nursing officers of some local healthcare facilities and the Healthcare Association of Hawai'i in early- and mid-December. The numbers are unofficial estimates and very likely underestimate the full extent of the shortage. Nevertheless, they establish a helpful context for the severity and pervasiveness of the problem.

Following our description of the extent of the shortage, we describe the factors that have contributed to it. We have categorized the contributing factors into three groups. The first group addresses how the pandemic itself has affected the workforce. The three pandemic-related challenges we will focus on are higher-than-anticipated utilization of acute care services, increasingly transmissible COVID-19 variants, and diminished wellbeing of the nursing workforce.

Following that, we describe how several challenges that existed prior to the pandemic have contributed to the current shortage. These challenges include constrained capacity in our

nurse education programs and several years of limited new graduate hiring in acute care settings.

Finally, we discuss several factors that are not directly related to the healthcare workforce in Hawai'i but that have exacerbated the workforce shortage or made it more difficult to resolve. These factors include an insufficient supply of travel nurses, difficulty securing federal funds necessary to hire travel nurses, a lack of affordable housing in the state, and staffing-related delays in the issuance of nursing licenses.

At the end of the discussion, we summarize the challenges while emphasizing how they interact with and exacerbate one another. By discussing how the challenges are woven together, we intend to demonstrate why solving any single problem, much less the entire shortage, is a daunting undertaking.

The Extent of the Current Nursing Shortage in Hawai'i

As of the writing of this report, Hawai'i is in the early stages of a fourth surge of COVID-19 cases. The Hawai'i Department of Health has reported that less than 100 of the more than 9,000 positive cases recorded in the first 23 days of December are related to the omicron variant of the virus (Hawai'i Department of Health, 2021). Despite the low omicron count, the Department of Health warns that the variant is spreading through communities and will result in more active cases of COVID-19.

As the virus moves through the community in our fourth major wave, hospitals, post-acute/long-term care facilities, and outpatient clinics are short-staffed. Unofficial estimates suggest that the state has 300 to 400 fewer nurses than it needs to meet existing healthcare demand. As the current surge swells and hospitalizations increase, HAH estimates indicate that Hawai'i will need close to 700 more health professionals (e.g., nurses, respiratory therapists, certified nurse aides, etc.) than are available in the existing workforce.

There is no surplus supply of any of the needed health professionals. There is no way to produce the needed professionals quickly. Bringing in health professionals from out of state is difficult, slow, and may ultimately be insufficient to close the staffing gap. Despite many very bright, creative, determined people working together to solve this problem, solutions are few, costly, or difficult to implement. In short: the existing nursing shortage and lack of viable methods to supplement the workforce have created a situation that can best be described as dire.

The Effects of the Pandemic

Higher than Expected Acute Care Utilization

Most hospitals are reporting having relatively few inpatients with COVID-19, though this is likely to change in the coming weeks because of the current surge. Despite the relatively low number of inpatients with COVID-19 (Hawai'i Pandemic Applied Modeling, 2021), HAH reported to us that the statewide hospital inpatient census is nearly what it was during the worst part

of the delta peak in August and September. Hospital administrators have informed us that not only do they have more patients than they expected or budgeted for, but many have severe or complex conditions.

A contributing factor to the current hospital inpatient census is that some patients delayed preventative screenings or proper management of their chronic conditions. Delays in routine health management cause later diagnoses, exacerbation of illnesses, or both. As a result, patients' conditions deteriorate to the point of requiring hospitalization.

It is unclear exactly what proportion of the current inpatient census is there because of delays in accessing routine healthcare. Nor is it clear whether there is a predominant cause for delayed care (e.g., suspended services, insufficient staffing, lack of awareness of the importance of screening during the pandemic, wanting to avoid exposure to COVID-19 in waiting rooms, etc.). What is clear, however, is that the volume of patients with complex and difficult conditions already in hospitals leaves no capacity for a flood of patients with COVID-19.

Increasingly Transmissible Variants

Between October and the first week of December, Hawai'i's 7-day average COVID-19 test positivity rate remained mostly flat, hovering between 1.3% and 1.7% for more than two months (Hawai'i Department of Health Disease Outbreak Control Division, 2021). In the second week of December, however, the test positivity rate

increased rapidly, rising to 4.4% by the 15th, 8.1% by the 23rd, and 12.2% by the 26th. High average daily case counts combined with rapidly increasing test positivity rates suggest that the virus is rushing through the community. This poses two problems for the already-strained health workforce.

First, the Christmas and New Year holidays are times when people gather in large groups and often with people they do not see regularly. A single person who is unaware that they are positive for COVID-19 could easily spread the virus to everyone at a gathering. In turn, each of those guests could spread the virus to people they see at other gatherings during the season. Each new exposure creates the potential for severe illness and hospitalization and additional strain on a healthcare system that cannot bear the stress.

The second way that rapid community spread is of concern is that healthcare professionals are just as susceptible to community spread as any other person. A nurse who has a suspected or confirmed exposure to COVID-19 or who has contracted the virus through community spread may be required to isolate and therefore cannot work. A nurse who is unable to work represents a loss from the workforce that the healthcare system cannot afford.

Diminished Wellbeing among Nurses

We have written (Hawai'i State Center for Nursing, 2021c) and presented (Oliveira, 2021) in detail about how the pandemic has affected nurses' wellbeing. The major finding was that the pandemic brought with it stress, exhaustion,

anxiety, and feelings of being underprepared, particularly for nurses who work in hospitals. The major limitation to those findings warrants repeating now: the data we have about nurses' wellbeing during the pandemic were collected prior to the summer delta surge. Though our data indicate that the pandemic has been hard on nurses, it is likely that our data do not demonstrate the entirety of that impact.

Following the summer surge, many nurses have told us in informal conversations that they did not feel the stress of the surge until it was over. While the surge was happening, they worked. Only when the surge ended and some normalcy returned to work, did nurses have the time and emotional resources to experience and process their feelings. Now, many of these nurses are barely recovered or are still recovering from summer while heading into the current surge knowing that the patient census is high, and staffing is short.

Some employers are reporting that unusually high numbers of nurses are on personal leave, some of which is attributable to nurses' need for self-care. Nurses on leave contribute temporarily to the existing shortage. The more significant concern, however, is the possibility that we could lose nurses permanently because of exhaustion or burnout.

A question that we are commonly asked when we present data about nurses' wellbeing is "how many nurses are at risk for burning out in Hawai'i right now?" The answer is that they all are. Every nurse on every shift of every day can have

the last negative experience they can manage. If nurses lack resources and a workplace culture that encourages them to seek help when they need it, burnout will be an ongoing contributor to the nursing shortage.

Lingering Pre-Pandemic Challenges

Capacity Limits on Nurse Education

Before the pandemic, we had written a lot about capacity limitations for Hawai'i's nursing schools to admit more students and produce more nurses. In normal times, schools have been able to produce about as many new nurses as employers needed (Hawai'i State Center for Nursing, 2019). However, schools lacked sufficient faculty and clinical placements to increase enrollment in response to more hiring or employers' need for specialty nurses (Hawai'i State Center for Nursing, 2020, 2021a)

It is never the goal of nurse education programs to create a surplus of nurses. The Hawai'i Board of Nursing and accreditors both expect that most of a schools' graduates end up in the workforce. Thus, it makes sense that academic institutions limit the number of funded faculty lines and employers limit available clinical placements to match what the workforce needs. However, a resource-constrained environment has no capacity for flexibility. Schools, then, have no way to increase enrollment in programs to address existing or anticipated shortages in some nursing roles or new employment demand in others.

Because schools do not create a surplus of nurses, their capacity limitations had no material

impact on the workforce early in the pandemic. However, students could complete LPN programs or non-degree specialty RN certificate programs in less than one year. If schools had the resources to increase LPN enrollment and develop non-credit RN certificate programs early in the pandemic, our state's present workforce shortage may not have become so severe.

Long Periods of Limited New Graduate Hiring

Despite the close match between the number of new graduate nurses and vacant nursing positions, schools and acute care employers report that new graduate hiring had been limited for several years prior to the pandemic. New graduate nurses are generally considered advanced beginners who require substantial support to successfully transition from their role as students into their roles as competent nurses. Supporting nurses' transition into practice demands more resources than many acute care employers have or want to expend. As a result, they prefer to hire experienced nurses. Further, new graduates are specifically educated and trained to be generalist RNs rather than specialty RNs. For many acute care employers, their greatest and most persistent challenge is recruiting hires into specialty roles such as critical care or emergency which new graduates cannot fill without additional transition to practice support.

While limiting new graduate hiring is a sound business decision from a payroll standpoint, there are consequences for workforce adequacy. Limited new graduate hiring in acute care means

that nurses who want to transition into acute care after working in other settings require more intensive onboarding and transition support. This delays how quickly they can practice independently and contribute to relieving the shortage. Further, hiring more new graduates, though costly, creates a cushion in the workforce. While it would be problematic for employers to hire significantly more nurses than they could schedule, having a larger cadre of part-time or on-call nurses who have completed new graduate residency programs would create a buffer in the workforce without adding needlessly to employers' payroll costs. Finally, limited new graduate hiring prevents nurses who are in the early stages of their careers from working on different units and developing specialty-specific competencies. This, in turn, results in a shortage of specialty RNs. Ultimately, prolonged periods of low levels of new graduate hiring in hospitals have resulted in a cluster of workforce challenges that are implicated in the current shortage.

Exacerbating Factors

National Nursing Workforce Shortage

If a state experiences a significant disaster event that results in high demand for nurses, the state can expand its workforce by bringing in nurses from unaffected jurisdictions to assist. However, when a disaster event affects the entire country – or as in the case of a pandemic, the entire world – there are no unaffected jurisdictions. Widespread increased nursing staffing demand combined with low levels of nursing unemployment (Buerhaus et al., 2021) means that

there is no national pool of nurses available to relocate to support disaster-related staffing.

Travel nurses, then, are an important resource. Travel nursing agencies hire nurses whom they deploy, usually on short-term contracts, to places where healthcare demand exceeds the capacity of local staffing resources. However, because the entire country has experienced COVID-19 surges within similar timeframes, there is a national shortage of travel nurses. As is typical of supply-demand curves, greater demand drives up prices. So not only is the supply of travelers too small to meet all existing demand, but the financial cost of securing the available supply can be exorbitant. Costs of acquiring travel nurses further increase because larger states with greater need and more money outbid smaller states, like Hawai'i, for the same limited pool of travelers. This triggers a vicious circle of high demand, low supply, and high costs that prevent local employers from getting the travelers they need.

Narrow Eligibility Criteria for Federal Emergency Management Agency Funding

Contributing to the unaffordability of hiring travel nurses are the very narrow criteria that the federal government uses to determine if the cost of hiring a nurse can be supported by FEMA funds. To get FEMA funding for a healthcare employee hired in response to the pandemic, the healthcare professional must be involved in the direct care of patients with COVID-19. This means that, despite the current workforce shortage being directly attributable to the pandemic, employers cannot use

federal funding to hire travelers to fill many of their vacant positions.

FEMA reimbursement also requires extremely detailed data reporting so that reimbursement eligibility can be properly determined. This shifts energy away from healthcare delivery-related work to data reporting, which further strains the existing workforce.

Lack of Affordable Housing in Hawai'i

Though the supply of travel nurses is limited and expensive to acquire, employers have been able to secure some of the needed travel nurse supply from agencies on the continent. However, recruiting these nurses to the state is a problem because of the lack of affordable housing in Hawai'i. According to the Honolulu Board of Realtors (2021), the median sales price of a single-family home in November was over one million dollars, and condominiums were selling for a median of half a million dollars. High sales prices motivate some owners of rental properties to sell their units thereby shrinking the supply and raising prices of rentals (Hofschneider, 2021).

Further complicating the housing issue is that travelers usually work on contracts of eight to twelve weeks. This means they are subject to the tourism-responsive short-term rental market. As of December 2021, short-term rentals for studio apartments or single rooms in Honolulu were listed for upward of \$4,000 per month which most nurses are unable or unwilling to pay. If a nurse cannot afford the housing, they cannot live here, and thus cannot work here. This reality implicates the lack

of affordable housing in the current, and likely all future healthcare workforce crises.

Understaffing in Professional and Vocational Licensing

If the problem of an insufficient supply of travel nurses and affordable housing could be resolved, there remains a lingering challenge of long license application processing times for nurses from out of state. Since Governor Ige's initial emergency proclamation related to the pandemic in March 2020, nurses and selected other health professionals have been permitted to work in Hawai'i without a license under certain conditions. This expanded employers' ability to hire nurses from out of state without delays associated with the processing of nurse license applications. The expiration of the proclamations, however, would mean that any nurse without a Hawai'i license would no longer be permitted to practice in the state and would drop out of the workforce.

In anticipation of the expiration of the emergency proclamations, employers and HBON have encouraged out-of-state nurses to get their Hawai'i nursing licenses. However, due to staffing challenges and high demand, the Licensing Branch at PVL suspended the issuance of temporary nursing permits during emergency proclamations. Temporary permits, which prior to the pandemic were usually issued within three days, allowed a nurse to legally practice in the state while awaiting formal approval of an application for licensure. Without the option to obtain a temporary permit, however, the only option for out-of-state nurses is to apply for licensure by endorsement which has a

minimum 45-business day processing time. For perspective: 45 business days is equivalent to nine business weeks. If a nurse applies for licensure on December 1, they could not reasonably expect to be licensed before the end of the first week of February. When employers already have fewer nurses than they need, a licensing delay of more than two months is debilitating.

The lack of capacity for PVL to quickly process license applications places pressure on employers to find a non-existent supply of nurses to fill the spots left open by travelers or other nurses from outside the state when the current proclamation expires. Optimistically, toward the end of December, the Governor's supplemental budget proposal for fiscal year 2023 (State of Hawai'i Department of Budget and Finance, 2021) includes funding for additional employees in PVL to support processing licenses. The increased staffing should reduce license processing time and possibly reinstate 3-day turnaround for temporary permits.

The Current State of Hawai'i's Nursing Workforce in Summary

There is a dire shortage of nurses and other health professionals in Hawai'i. Capacity is below what we need to take care of the current patient census in all settings of care, so nurses are working overtime to make sure that everyone gets the care that they need. Nurses working overtime is a stopgap that cannot go on forever. Nurses are

exhausted, overworked, and stressed. They need time and space to manage the emotional impact of their caring profession. They need relief which can only come from adding more nurses to the workforce. However, no relief is in sight.

There is not enough capacity in the local schools of nursing to quickly produce the nurses we need. Even if the schools had the capacity to educate more nurses or educate nurses faster, new graduate nurses still need a minimum of one year to transition from novice to competence which is longer than we have before the peak of the current surge arrives. The alternative to educating more nurses is to hire nurses from out of state. However, low supply, high contract costs, long licensing processing times, and a lack of affordable housing make it difficult to recruit what travel nurses we can find.

This is a dismal situation. Challenging though it will be, we cannot abandon our attempts to improve it. The Hawai'i State Center for Nursing remains steadfast in our goal of supporting the nurses of Hawai'i. To do this, we are committed to collaborating with schools, employers, government agencies, nurses, and partners in industries outside of healthcare. Together, we can and must find ways to address the current shortage and to make Hawai'i's nursing workforce more adaptable for the future.

CHARACTERISTICS OF HAWAI'I'S LPNS

Key Findings

2021 License Counts

- The number of LPNs licensed in the state continues to drop.
- While the change in the timing of PVL's geographic license reports likely exaggerate the number of LPNs lost between 2019 and 2021 (30% among those residing in the state), it is certain that the number of LPNs in Hawai'i continues to decline which will exacerbate a critical shortage, especially in post-acute/long-term care.

Demographics

- 8% of LPNs are male. O'ahu and the Neighbor Islands have similar proportions of men in their respective LPN workforces.
- 30% of the LPN workforce is age 55 or older. LPNs working on the Neighbor Islands are slightly younger than those working on O'ahu. Relatedly, LPNs working on O'ahu are more likely than LPNs working on the Neighbor Islands to report having plans to retire by 2026.
- 23% of LPNs report being multiracial. 35% of LPNs are Filipinx. LPNs on the Neighbor Islands are more likely to be Caucasian than LPNs on O'ahu (O'ahu = 19%; Neighbor Islands = 12%).
- 15% of LPNs report having Native Hawaiian ancestry.

Volunteerism

- 52% of all LPNs did some type of volunteer work between 2019 and 2021. LPNs working on O'ahu were more likely to have volunteered than LPNs working on the Neighbor Islands (O'ahu = 54%; Neighbor Islands = 38%).
- 21% LPNs indicated that their volunteer activity was related to the COVID-19 pandemic.

Total Positions and Hours Worked in a Typical Week

- 32% of LPNs have been practicing nursing for 21 years or longer. 26% have been in practice for five years or fewer.
- 8% of LPNs have two or more nursing jobs. LPNs on the Neighbor Islands are more likely to have multiple jobs than LPNs on O'ahu (O'ahu = 7%; Neighbor Islands = 11%).
- 20% of LPNs report that they work 41 hours or more across all their nursing roles in a typical week.

Primary Employment Characteristics

- 21% of LPNs report that their primary position is a part-time job.
- 17% of LPNs indicate that they spend more than 40 hours working at their primary job in a typical week.
- 28% of LPNs have been in their current position for 10 years or longer. 33% of Neighbor Island LPNs have been with their current employer for a decade or longer compared to 25% of O‘ahu LPNs.
- 18% of LPNs report that they are employed in their primary position through a nursing staffing agency.
- 49% of LPNs reported that their 2020 gross annual income from their primary employer was between \$40,000 and \$60,000.

Primary Practice Characteristics

- 79% of LPNs’ primary job responsibility is providing direct patient care and education.
- The most common employment setting for LPNs is post-acute/long-term care facilities (32%) and ambulatory care settings (35%). LPNs on O‘ahu are more likely to work in post-acute/long-term care while Neighbor Island LPNs are more likely to work in ambulatory settings.
- 26% of LPNs report a primary practice specialty of adult-gerontology. 22% report that their practice specialty was something other than the 25 options provided on the survey which is consistent with prior years’ data.

Education

- 80% of LPNs’ initial nursing education was completed in an LPN certificate program.
- 40% of LPNs report that it has been 20 years or longer since they completed their initial nursing education program.
- LPNs working on the Neighbor Islands are substantially more likely to have been initially educated in Hawai‘i (78%) than LPNs working on O‘ahu (45%). 23% of LPNs on O‘ahu were initially educated in a foreign country.
- 30% of LPNs have completed a degree program that provides preparation for RN practice.
- 10% of LPNs are currently enrolled in degree program that provides preparation for RN practice. 74% of currently enrolled LPNs are attending a school located in Hawai‘i.

Job Satisfaction and Retention

- 62% of LPNs report being satisfied or very satisfied with their current primary nursing position. Neighbor Island nurses are substantially more likely to report being satisfied or very satisfied with their current job (72%) than LPNs on O‘ahu (55%).
- 63% of LPNs intend to stay in their current position for at least the next 12 months. Despite being less satisfied with their current positions, LPNs on O‘ahu are not substantially more likely to have plans to leave their current position within the next year.
- 50% of LPNs expect that they will still be in their current position by 2026. 11% plan to be retired.

Professional Development

- 82% of LPNs have completed at least 30 contact hours of continuing nursing education since 2019.
- 11% of LPNs report that they did not complete any of the HBON-approved activities that fulfill the continuing competency requirement for license renewal.
- 57% of LPNs indicate that they have received no formal education nursing evidence-based practice (EBP). 34% report that they received education in EBP during in nursing school. LPNs working on the Neighbor Islands (39%) are less likely than O‘ahu LPNs (46%) to report having had any formal education in EBP.

Figure 1. LPN Licenses, 2011-2021

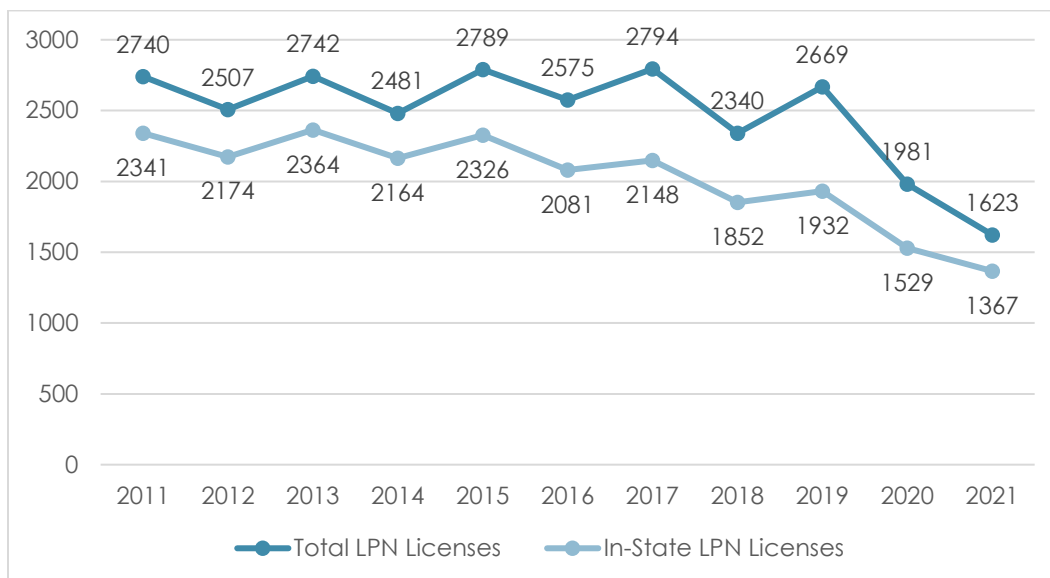


Table 1. LPNs' Demographic Characteristics

		Total	O'ahu	Neighbor Islands
Gender	Total	100%	100%	100%
	Male	8%	8%	7%
	Female	90%	88%	92%
	Other Gender Identity	**	**	**
	Prefer Not to Say	**	**	**
Age in 2021	Total	100%	100%	100%
	20-24	4%	**	**
	25-34	16%	19%	12%
	35-44	23%	17%	31%
	45-54	27%	25%	30%
	55-59	11%	13%	8%
	60-64	10%	11%	8%
65-74	9%	11%	7%	
Generational Group (Pew, 2019)	Total	100%	100%	100%
	Millennials (25 to 40 Years)	28%	27%	30%
	Generation X (41 to 56 Years)	49%	47%	51%
	Baby Boomers (57 to 75 Years)	23%	26%	20%
Ethnicity	Total	100%	100%	100%
	Multiple Ethnicities	31%	32%	31%
	White	15%	12%	19%
	American Indian/Alaska Native	**	**	**
	Filipinx	35%	38%	31%
	Japanese	4%	**	**
	Korean	**	**	**
	Other Asian	2%	**	**
	Native Hawaiian	2%	**	**
	Other Pacific Islander	**	**	**
	Other Ethnicity	**	**	**
	Prefer Not to Say	6%	7%	**
Any Part Native Hawaiian Ancestry	Total	100%	100%	100%
	Yes	15%	14%	16%
	No	85%	86%	84%
Hispanic/Latinx of Any Race	Total	100%	100%	100%
	Yes	13%	15%	11%
	No	87%	85%	89%

Table 2. Volunteer Activities Done by LPNs in the Last 12 Months ^(MR)

	Total	O'ahu	Neighbor Islands
None	48%	54%	38%
Disaster (e.g., fire, hurricane, etc.) relief	**	**	**
COVID-19 response (surge staffing, contact tracing, vaccination, etc.)	21%	16%	27%
Teaching/precepting nursing/other health students	9%	10%	6%
Other nursing-related volunteerism	26%	22%	31%
Other type of volunteerism	16%	16%	15%

Table 3. LPNs' Time Since Initial Licensure, Total Nursing Positions, and Hours Worked in a Typical Week

		Total	O'ahu	Neighbor Islands
Years Since Initial LPN Licensure	Five Years or Fewer	26%	28%	24%
	6 to 10 Years	15%	17%	13%
	11 to 15 Years	13%	7%	20%
	16 to 20 Years	13%	14%	13%
	21 Years or More	32%	34%	30%
Number of Nursing-Related Employment Positions	Total	100%	100%	100%
	1 Position	90%	91%	88%
	2 Positions	8%	7%	11%
	3 or More Positions	**	**	**
Total Hours Worked in a Typical Week Across Primary & Secondary Positions	Total	100%	100%	100%
	19 Hours or Fewer	7%	7%	7%
	20 to 40 Hours	73%	75%	70%
	41 Hours or More	20%	18%	23%

Table 4. LPNs' Primary Employment Characteristics

		Total	O'ahu	Neighbor Islands
Requires Nurse License	Total	100%	100%	100%
	Yes	95%	94%	96%
	No	5%	6%	**
FTE Classification	Total	100%	100%	100%
	Full-time	72%	71%	73%
	Part-time	21%	23%	19%
	Per diem	7%	6%	8%
Total Hours Worked in a Typical Week in Primary Position	Total	100%	100%	100%
	19 Hours or Fewer	9%	8%	11%
	20 to 40 Hours	74%	75%	72%
	41 Hours or More	17%	17%	17%
Employment Type	Total	100%	100%	100%
	Self-Employed	4%	**	6%
	Work for Someone Else	96%	97%	94%
Time in Current Position	Total	100%	100%	100%
	Less than 1 Year	13%	16%	9%
	1 Year to Less than 3 Years	29%	29%	28%
	3 Years to Less than 5 Years	14%	12%	16%
	5 Years to Less than 10 Years	17%	19%	14%
	10 Years or Longer	28%	25%	33%
Agency Nurse	Total	100%	100%	100%
	Yes	18%	19%	15%
	No	82%	81%	85%
Travel Nurse	Total	100%	100%	100%
	Yes	**	**	**
	No	99%	99%	98%
2020 Pre-Tax Income	Total	100%	100%	100%
	Less than \$40,000	32%	33%	31%
	\$40,000 to less than \$60,000	49%	46%	53%
	\$60,000 to less than \$80,000	16%	18%	13%
	\$80,000 to less than \$100,000	3%	**	**
	\$100,000 or more	**	**	**

Table 5. LPNs' Primary Practice Characteristics

		Total	O'ahu	Neighbor Islands
Position Title	Total	100%	100%	100%
	Staff Nurse	68%	66%	69%
	Nurse Manager	7%	6%	9%
	Nurse Faculty/Educator	**	0%	**
	Case Manager	2%	3%	**
	Other	22%	25%	18%
Main Job Function	Total	100%	100%	100%
	Direct Patient Care & Education	79%	77%	81%
	Teaching/Training Students or Staff	**	**	**
	Administration/Management	4%	4%	**
	Quality/Practice Improvement	**	**	**
	Case Management	**	**	**
	Care Coordination	3%	**	**
	Workforce Planning/Development	**	**	**
Other	9%	11%	7%	
Setting	Total	100%	100%	100%
	Acute Care Hospital	4%	5%	**
	Post-Acute/Long-Term Care Facility	32%	35%	28%
	<i>Assisted Living Facility</i>	24%	33%	**
	<i>Nursing Home/Extended Care Facility</i>	68%	58%	87%
	<i>Rehabilitation Hospital</i>	8%	**	**
	Ambulatory	35%	30%	43%
	<i>Community Health Center</i>	17%	**	23%
	<i>Dialysis Clinic</i>	7%	**	**
	<i>Outpatient Clinic/Urgent Care</i>	36%	38%	34%
	<i>Provider's Office</i>	28%	21%	34%
	<i>School Health Room/Clinic</i>	10%	15%	**
	<i>Surgical Center</i>	**	**	**
	Home Health/Hospice	11%	13%	9%
	<i>Home Health</i>	77%	67%	100%
	<i>Hospice</i>	23%	33%	**
	All Other Settings	17%	17%	18%
	<i>Correctional Facility</i>	**	**	**
	<i>Government or Regulatory Agency</i>	18%	**	**
	<i>Insurance Company</i>	**	**	**
<i>Public Health</i>	**	**	**	
<i>Other Clinical Setting</i>	35%	37%	33%	
<i>Other Non-Clinical Setting</i>	26%	26%	**	

Table 6. LPNs' Primary Practice Characteristics (Continued)

		Total	O'ahu	Neighbor Islands
Practice Specialty	Total	100%	100%	100%
	Administration/Management	4%	**	**
	Adult-Gerontology	26%	28%	23%
	Cardiology/Telemetry	**	**	**
	Emergency/Trauma	**	**	**
	Family Health	13%	6%	23%
	Maternal-Child/Obstetrics	**	**	**
	Medical-Surgical	3%	**	**
	Nephrology/Dialysis	3%	**	**
	Oncology	**	**	**
	Palliative Care/Hospice	3%	**	**
	Pediatrics	9%	11%	7%
	Perioperative/Surgical	**	**	**
	Psychiatric/Behavioral Health	**	**	**
	Public/Population Health	3%	**	**
	Rehabilitation	4%	**	**
	School/Student Health	**	**	**
	Women's Health	**	**	**
Other Specialty	22%	22%	21%	
Cares for Patients in Each Population ^(MR)	Total	100%	100%	100%
	Uninsured	28%	22%	35%
	Medicaid/Medicare	83%	79%	88%
	Transgender/Nonbinary	35%	33%	38%
	Telehealth	43%	42%	45%
	Opioid Addiction/Dependency	27%	24%	31%
	Houseless	29%	28%	31%
	Disabled	58%	52%	66%
	None	7%	7%	**

Table 7. LPNs' Educational Characteristics

		Total	O'ahu	Neighbor Islands
Educational Preparation for Entry to Practice	Total	100%	100%	100%
	LPN Certificate	80%	75%	87%
	RN Diploma	**	**	**
	ADN	4%	**	7%
	BSN	13%	21%	**
Number of Years Since Completion of Initial Nurse Education Program	Total	100%	100%	100%
	Five Years or Fewer	19%	21%	15%
	6 to 10 Years	14%	13%	15%
	11 to 15 Years	16%	12%	22%
	16 to 20 Years	11%	11%	12%
20 Years or More	40%	43%	35%	
Location of Initial Nurse Education Program	Total	100%	100%	100%
	Hawai'i	59%	45%	78%
	Other State	25%	32%	15%
	Foreign Country	16%	23%	7%
Highest Nursing Education Completed	Total	100%	100%	100%
	LPN Certificate	69%	66%	73%
	RN Diploma	3%	**	6%
	ADN	9%	4%	15%
	BSN	18%	27%	**
	MS	**	**	**
Non-Nursing Degrees Earned	Total	100%	100%	100%
	None	69%	72%	66%
	Associate Degree	17%	14%	22%
	Bachelor's Degree	13%	13%	13%
	Master's Degree	**	**	**
Currently Enrolled in Degree-Leading Nurse Ed Program	Total	100%	100%	100%
	Yes	10%	13%	7%
	No	90%	87%	93%
Current Nursing Degree Program Type	ADN	79%	79%	**
	BSN	**	**	**
Current Nursing Degree Program Located in Hawai'i	Yes	74%	79%	**
	No	26%	**	**
Current Nursing Degree Program Instructional Mode	Distance Education	47%	43%	**
	Hybrid	53%	57%	**

Table 8. LPNs' Job Satisfaction and Plans to Leave the Workforce

		Total	O'ahu	Neighbor Islands
Primary Position Job Satisfaction	Total	100%	100%	100%
	Very Dissatisfied	4%	5%	**
	Dissatisfied	8%	10%	**
	Neutral	26%	29%	22%
	Satisfied	24%	21%	27%
	Very Satisfied	39%	34%	45%
Likely to Leave Primary Position within Next 12 Months	Total	100%	100%	100%
	Very Likely to Stay	52%	52%	52%
	Likely to Stay	11%	9%	13%
	Uncertain	26%	28%	23%
	Likely to Leave	6%	6%	**
	Very Likely to Leave	6%	4%	7%
Plans for Five Years from 2021	Total	100%	100%	100%
	Doing current job	49%	48%	50%
	Working in different setting	31%	30%	32%
	Working in different specialty	23%	22%	26%
	Working in a non-nursing field	**	**	**
	Retired	11%	12%	9%
	Leave workforce for reasons other than retirement	**	**	**
	Unsure	16%	19%	11%
	Other plan	10%	12%	7%
Lived Outside of Hawai'i 1 Year Ago	Total	100%	100%	100%
	Yes	3%	5%	**
	No	97%	95%	99%

Table 9. LPNs' Professional Development Activities

		Total	O'ahu	Neighbor Islands
Continuing Competency Qualifying Activities Completed in Last 2 Years	Total	100%	100%	100%
	Held National RN or APRN Cert	**	**	**
	30 CNE Contact Hours	82%	84%	79%
	HBON-Approved Refresher Course	3%	**	**
	2 Credits of Post-License Education	5%	5%	**
	Preceptor for 120+ Hours	**	**	**
	Developed/Conducted 5 Contact Hours of CNE	5%	6%	**
	Completed NRP	**	**	**
	None	11%	8%	15%
Received Formal Education in EBP	Total	100%	100%	100%
	None	57%	54%	61%
	In nursing school	34%	38%	29%
	Professional development	19%	19%	18%

CHARACTERISTICS OF HAWAI'I'S RNS

Key Findings

2021 License Counts

- 2021 license counts indicate that the Hawai'i workforce has lost more than 900 nurses since 2019, representing a 7% decrease in the size of the in-state RN workforce. While employers are reporting staffing shortages and unusually high numbers of RNs who are out on personal leave, they are not reporting that large numbers of RNs have left their jobs entirely over the last two years. As such, it is more likely that the decrease in the license count is attributable to the unusual timing of the release of PVL's license counts for 2021 than an actual shrinking of the RN workforce.
- Though the license counts do not provide compelling evidence of a significant loss of RNs, it is nevertheless the case that there is a serious shortage of RNs, especially in high-demand specialty roles such as critical care. Even if the RN workforce is relatively stable in terms of overall size, that stability addresses neither the current shortage nor the absence of a pipeline for specialty RN development.

Demographics

- 12% of RNs are men. This is consistent with the proportion of men in the RN workforce over the last two survey cycles. There is no difference between the counties in terms of the proportion of men in their respective RN workforces.
- RNs in Hawai'i and Kaua'i counties are slightly older than RNs working on O'ahu or in Maui County. More than one-third of the RNs in Hawai'i (35%) and Kaua'i (36%) are age 55 or older. On O'ahu and in Maui County, RNs 55 and over account for 27% and 28% of counties' RN workforces respectively. As a result, a larger proportion of nurses in Hawai'i (20%) and Kaua'i (23%) Counties intend to retire by 2026 as compared to O'ahu (15%) or Maui County (16%).
- RNs who are Filipinx (27%), Multiethnic (26%), or Caucasian (24%) account for the largest ethnic groups within the statewide workforce. The ethnic compositions of the counties differ somewhat from one another. On O'ahu, RNs with Filipinx ancestry account for 31% of the workforce. RNs who identify as multiethnic account for 31% of the workforces in both Hawai'i and Maui Counties. RNs who are Caucasian account for 43% of the workforce in Kaua'i County.
- 13% of RNs report having Native Hawaiian ancestry. Consistent with prior years' data, Hawai'i County has a substantially higher proportion of RNs who are Native Hawaiian (22%) as compared to the other counties.

Certifications

- 31% of RNs hold one or more RN specialty certifications. The three most common certifications held by RNs are critical care, medical-surgical, and emergency/trauma.
- Hawai'i County has a higher proportion (38%) of nationally certified RNs than any other county.

Volunteerism

- 60% of RNs reported doing some type of volunteer activity in the last two years. 25% of RNs indicated that their volunteer activity was related to the COVID-19 pandemic and 23% reported that they volunteered to teach or precept nurses or nursing students.
- Hawai'i County had the highest rate of RN volunteerism (70%) of all the counties.

Total Positions and Hours Worked in a Typical Week

- 35% of RNs have held their RN license for 21 years or longer. Kaua'i County has the highest proportion of nurses who have been licensed for 21 years or longer (42%). Maui County has the highest proportion of RNs who have been licensed for five years or fewer (28%).
- 19% of RNs hold two or more nursing positions. RNs on O'ahu (20%) and Kaua'i (24%) are more likely to have multiple positions than RNs in Hawai'i (15%) or Maui (16%) Counties.
- 30% of nurses report that they spend 41 or more hours at work across all their nursing positions in a typical week. There were no notable differences between the counties in terms of total hours spent at work in a week.

Primary Employment Characteristics

- 77% of RNs report that their primary position is a full-time job. RNs in Maui (67%) and Kaua'i (59%) Counties are notably less likely than nurses on O'ahu (80%) or in Hawai'i County (76%) to report that their primary position is full-time.
- 74% of RNs spend between 20 and 40 hours at work in their primary position in a typical week. RNs in Kaua'i County are more likely than nurses in other counties to work less than 20 hours per week. RNs in Hawai'i County are more likely than nurses in other counties to work more than 40 hours in a typical week.
- 10% of RNs report that they are employed in their primary position through a nursing staffing agency.
- 43% of RNs reported that their 2020 gross annual income for their primary position was \$100,000 or more. Nurses in Hawai'i (38%) and Kaua'i (35%) Counties were less likely to report earning \$100,000 or more than nurses on O'ahu (44%) or in Maui County (41%).

Primary Practice Characteristics

- 62% of RNs indicate that their primary job function is to provide direct patient care and education.
- 42% of RNs report that their primary position is in a hospital. 17% of RNs report working in ambulatory care settings and 13% work in post-acute/long-term care settings. There are some differences between the counties in terms of RNs primary employment setting, but hospitals and ambulatory settings are most common in all counties.
- Adult-gerontology and medical-surgical are the two most commonly reported primary practice specialties of RNs in all counties.
- In average week in their primary positions, 58% care for houseless patients, 49% of RNs report that they have cared for patients with opioid addiction, and 39% care for transgender or gender non-binary patients.

Education

- 59% of RNs report that their initial nursing education was in a BSN program. RNs in Maui and Kaua'i Counties are less likely to report being initially educated in BSN programs which is consistent with the absence of face-to-face pre-license BSN programs in either county.
- 40% of RNs completed their initial nursing education program 20 or more years ago. 45% of RNs in Kaua'i County graduated 20 or more years ago which is the highest proportion of any county.
- 75% of RNs have completed a BSN or graduate degree in nursing. On O'ahu, 82% of RNs hold a BSN or graduate degree.
- 7% of RNs are enrolled in a degree-leading nurse education program. Maui County has the highest proportion (14%) of RNs currently enrolled in a nursing degree program.
- Among RNs currently enrolled in a nursing degree program 75% are enrolled in a program located outside the state of Hawai'i and are completing their programs via distance education.

Job Satisfaction and Retention

- 67% of RNs are satisfied or very satisfied with their current primary nursing position. 18% of RNs in Kaua‘i County reported that they were dissatisfied or very dissatisfied with their current primary nursing position which is about 8 percentage points higher than the other counties.
- 24% of Kaua‘i County RNs report having plans to leave their current position within the next 12 months, most likely because of their high degrees of job dissatisfaction. Overall, 14% of RNs plan to leave their current position in the next year.
- 16% of RNs expect to be retired by 2026. Larger proportions of RNs plan to retire within the next five years in Hawai‘i (20%) and Kaua‘i (23%) Counties as compared to O‘ahu (15%) or Maui County (16%).

Professional Development

- 86% of RNs completed at least 30 contact hours of continuing education since 2019.
- 8% of RNs indicated that they completed at least 2 credit hours of post-license nursing education at an accredited nursing program.
- 56% of RNs report that they have received some formal education in EBP. RNs were more likely to have learned EBP in nursing school (42%) than via professional development since graduation (24%). RNs in Hawai‘i County (61%) were more likely to report having some formal education in EBP than RNs in any other county.

2021 License Counts

Figure 2. RN Licenses, 2011-2021

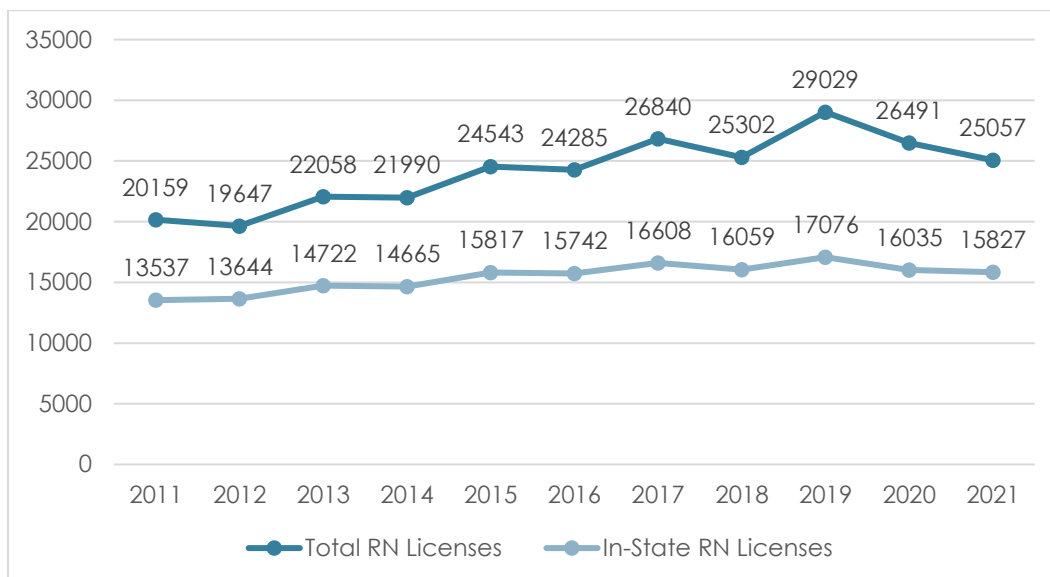


Table 10. RNs' Demographic Characteristics

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Gender	Total	100%	100%	100%	100%	100%
	Male	12%	12%	11%	10%	10%
	Female	87%	87%	87%	89%	90%
	Other Gender Identity	**	**	**	**	**
	Prefer Not to Say	1%	1%	2%	**	**
Age in 2021	Total	100%	100%	100%	100%	100%
	20-24	1%	2%	**	**	**
	25-34	19%	19%	19%	23%	13%
	35-44	26%	26%	24%	25%	34%
	45-54	25%	27%	20%	21%	16%
	55-59	9%	8%	9%	8%	11%
	60-64	10%	10%	13%	9%	11%
	65-74	9%	8%	13%	11%	14%
75 and older	1%	1%	**	**	**	
Generational Group (Pew, 2019)	Total	100%	100%	100%	100%	100%
	Millennials (25 to 40 Years)	36%	36%	34%	41%	34%
	Generation X (41 to 56 Years)	38%	40%	35%	34%	37%
	Baby Boomers (57 to 75 Years)	25%	24%	31%	25%	29%
Ethnicity	Total	100%	100%	100%	100%	100%
	Multiple Ethnicities	26%	24%	31%	31%	20%
	White	24%	20%	38%	28%	43%
	Black/African American	1%	1%	**	**	**
	American Indian/Alaska Native	**	**	**	**	**
	Chinese	2%	3%	**	**	**
	Filipinx	27%	31%	13%	27%	23%
	Japanese	9%	10%	4%	5%	8%
	Korean	1%	1%	**	**	**
	Other Asian	2%	2%	2%	**	**
	Native Hawaiian	1%	1%	3%	**	**
	Samoan	**	**	**	**	**
	Other Pacific Islander	1%	1%	**	**	**
	Other Ethnicity	1%	1%	**	**	**
Prefer Not to Say	5%	5%	7%	4%	**	
Any Part Native Hawaiian Ancestry	Total	100%	100%	100%	100%	100%
	Yes	13%	11%	22%	15%	7%
	No	87%	89%	78%	85%	93%
Hispanic/Latinx of Any Race	Total	100%	100%	100%	100%	100%
	Yes	9%	8%	12%	13%	8%
	No	91%	92%	88%	87%	92%

Table 11. RNs' Specialty Certifications

	Total	Honolulu	Hawai'i	Maui	Kaua'i
Total	100%	100%	100%	100%	100%
None	69%	70%	62%	70%	74%
Acute/Critical Care	6%	6%	6%	6%	**
Ambulatory Care	1%	1%	**	**	**
Care Coordination/Case Management	3%	3%	4%	**	**
Emergency/Trauma	4%	3%	8%	4%	7%
Gerontology	1%	1%	2%	**	**
Hospice/Palliative Care	1%	1%	2%	3%	**
Medical-Surgical	5%	5%	6%	3%	6%
Nephrology/Dialysis	1%	1%	**	**	**
Nurse Education	1%	1%	2%	**	**
Nurse Manager/Leader/Executive	2%	1%	3%	4%	**
Obstetric/Maternal-Newborn/Neonatal	4%	3%	6%	6%	**
Oncology	2%	2%	4%	**	**
Orthopedic	**	**	**	**	**
Pediatric	2%	2%	**	**	**
Perioperative	2%	2%	**	**	**
Psych/Mental Health/Behavioral Health	1%	1%	**	**	**
Rehabilitation	1%	1%	**	**	**
Research	**	**	**	**	**
Wound Care/Ostomy/Continence	1%	1%	**	**	**

Table 12. Volunteer Activities Done by RNs in the Last 12 Months (MR)

	Total	Honolulu	Hawai'i	Maui	Kaua'i
Total	100%	100%	100%	100%	100%
None	40%	42%	30%	36%	42%
Disaster (e.g., fire, hurricane, etc.) relief	4%	3%	6%	4%	7%
COVID-19 response (surge staffing, contact tracing, vaccination, etc.)	25%	23%	34%	29%	19%
Teaching/precepting nursing/other health students	23%	22%	29%	25%	14%
Other nursing-related volunteerism	24%	23%	25%	25%	26%
Other type of volunteerism	21%	20%	22%	22%	24%

Table 13. RNs' Time Since Initial Licensure, Total Nursing Positions, and Hours Worked in a Typical Week

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Years Since Initial RN Licensure	Five Years or Fewer	18%	18%	17%	28%	18%
	6 to 10 Years	17%	18%	16%	16%	14%
	11 to 15 Years	19%	19%	21%	16%	18%
	16 to 20 Years	10%	11%	10%	9%	9%
	21 Years or More	35%	34%	37%	32%	42%
Number of Nursing-Related Employment Positions	Total	100%	100%	100%	100%	100%
	1 Position	81%	81%	85%	84%	74%
	2 Positions	16%	17%	13%	12%	24%
	3 or More Positions	3%	3%	2%	4%	**
Total Hours Worked Across Primary & Secondary Positions	Total	100%	100%	100%	100%	100%
	19 Hours or Fewer	5%	5%	7%	5%	12%
	20 to 40 Hours	65%	65%	64%	70%	59%
	41 Hours or More	30%	30%	29%	25%	29%

Table 14. RNs' Primary Employment Characteristics

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Requires Nurse License	Total	100%	100%	100%	100%	100%
	Yes	97%	96%	97%	97%	96%
	No	3%	4%	3%	3%	**
FTE Classification	Total	100%	100%	100%	100%	100%
	Full-time	77%	80%	76%	67%	59%
	Part-time	17%	15%	20%	25%	30%
	Per diem	5%	5%	5%	8%	11%
Total Hours Worked in a Typical Week in Primary Position	Total	100%	100%	100%	100%	100%
	19 Hours or Fewer	6%	5%	7%	6%	11%
	20 to 40 Hours	74%	75%	69%	75%	73%
	41 Hours or More	20%	19%	24%	20%	16%
Employment Type	Total	100%	100%	100%	100%	100%
	Self-Employed	3%	3%	4%	3%	**
	Work for Someone Else	97%	97%	96%	97%	97%
Time in Current Position	Total	100%	100%	100%	100%	100%
	Less than 1 Year	17%	17%	19%	15%	11%
	1 Year to Less than 3 Years	20%	19%	22%	27%	24%
	3 Years to Less than 5 Years	15%	14%	16%	19%	17%
	5 Years to Less than 10 Years	21%	22%	20%	18%	15%
	10 Years or Longer	27%	28%	22%	22%	34%
Agency Nurse	Total	100%	100%	100%	100%	100%
	Yes	10%	11%	8%	11%	14%
	No	90%	89%	92%	89%	86%
Travel Nurse	Total	100%	100%	100%	100%	100%
	Yes	1%	1%	**	**	**
	No	99%	99%	99%	98%	100%
2020 Pre-Tax Income	Total	100%	100%	100%	100%	100%
	Less than \$40,000	10%	9%	10%	13%	16%
	\$40,000 to less than \$60,000	10%	9%	11%	11%	14%
	\$60,000 to less than \$80,000	15%	15%	20%	14%	15%
	\$80,000 to less than \$100,000	23%	23%	21%	22%	20%
	\$100,000 or more	43%	44%	38%	41%	35%

Table 15. RNs' Primary Practice Characteristics

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Position Title	Total	100%	100%	100%	100%	100%
	Staff Nurse	60%	61%	57%	59%	61%
	Nurse Manager	10%	9%	15%	12%	9%
	Nurse Faculty/Educator	4%	4%	4%	3%	**
	Nurse Researcher	0%	0%	1%	**	**
	Nurse Executive	3%	3%	3%	3%	**
	Case Manager	8%	9%	8%	9%	7%
	Other	14%	14%	13%	14%	18%
Main Job Function	Total	100%	100%	100%	100%	100%
	Direct Patient Care & Education	62%	62%	58%	64%	66%
	Teaching/Training Students or Staff	5%	5%	5%	4%	**
	Administration/Management	12%	12%	14%	13%	10%
	Quality/Practice Improvement	3%	3%	2%	**	**
	Case Management	4%	4%	5%	5%	5%
	Care Coordination	6%	6%	6%	5%	**
	Research	1%	1%	**	**	**
Setting	Total	100%	100%	100%	100%	100%
	Acute Care Hospital	42%	42%	45%	43%	40%
	Post-Acute/Long-Term Care Facility	13%	14%	9%	6%	15%
	<i>Assisted Living Facility</i>	16%	17%	**	**	**
	<i>Nursing Home/Extended Care Facility</i>	74%	72%	79%	83%	86%
	<i>Rehabilitation Hospital</i>	10%	11%	**	**	**
	Ambulatory	17%	16%	18%	18%	16%
	<i>Community Health Center</i>	13%	9%	19%	31%	**
<i>Dialysis Clinic</i>	10%	10%	11%	**	**	
<i>Outpatient Clinic/Urgent Care</i>	39%	40%	40%	33%	33%	
<i>Provider's Office</i>	12%	13%	**	**	**	
<i>School Health Room/Clinic</i>	11%	11%	11%	**	**	
<i>Surgical Center</i>	15%	17%	11%	**	**	
Home Health/Hospice	8%	7%	10%	13%	13%	
<i>Home Health</i>	59%	58%	53%	64%	75%	
<i>Hospice</i>	41%	42%	47%	36%	**	
All Other Settings	20%	21%	18%	20%	15%	
<i>College/University</i>	9%	10%	**	**	**	
<i>Correctional Facility</i>	4%	4%	**	**	**	
<i>Government or Regulatory Agency</i>	12%	14%	**	**	**	
<i>Insurance Company</i>	19%	19%	27%	**	**	
<i>Public Health</i>	6%	5%	10%	18%	**	
<i>Other Clinical Setting</i>	29%	27%	25%	41%	36%	
<i>Other Non-Clinical Setting</i>	21%	20%	23%	18%	36%	

Table 16. RNs' Primary Practice Characteristics (Continued)

	Total	Honolulu	Hawai'i	Maui	Kaua'i	
Practice Specialty	Total	100%	100%	100%	100%	
	Administration/Management	7%	6%	9%	8%	8%
	Adult-Gerontology	11%	12%	9%	10%	14%
	Cardiology/Telemetry	4%	5%	**	6%	**
	Critical Care	6%	5%	6%	7%	6%
	Education	3%	3%	2%	3%	**
	Emergency/Trauma	5%	4%	9%	3%	13%
	Family Health	2%	1%	3%	3%	**
	Maternal-Child/Obstetrics	6%	6%	7%	5%	7%
	Medical-Surgical	11%	10%	11%	14%	13%
	Nephrology/Dialysis	2%	2%	2%	**	**
	Oncology	3%	3%	4%	**	**
	Palliative Care/Hospice	3%	3%	5%	4%	**
	Pediatrics	4%	5%	3%	3%	**
	Perioperative/Surgical	6%	6%	3%	3%	6%
	Psychiatric/Behavioral Health	3%	3%	4%	4%	**
	Public/Population Health	3%	3%	2%	7%	**
	Rehabilitation	2%	2%	**	**	**
	School/Student Health	1%	1%	**	**	**
	Women's Health	1%	1%	3%	3%	**
Other Specialty	18%	20%	16%	15%	13%	
Cares for Patients in Each Population ^(MR)	Total	100%	100%	100%	100%	
	Uninsured	55%	54%	59%	58%	63%
	Medicaid/Medicare	88%	87%	89%	89%	89%
	Transgender/Nonbinary	39%	37%	43%	38%	52%
	Telehealth	32%	29%	42%	26%	60%
	Opioid Addiction/Dependency	49%	46%	57%	50%	56%
	Houseless	58%	56%	63%	61%	65%
	Disabled	63%	61%	66%	68%	74%
	None	6%	6%	5%	7%	**

Table 17. RNs' Educational Characteristics

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Educational Preparation for Entry to Practice	Total	100%	100%	100%	100%	100%
	LPN Certificate	7%	5%	9%	18%	12%
	RN Diploma	6%	6%	7%	8%	8%
	ADN	25%	20%	42%	35%	40%
	BSN	59%	67%	42%	38%	38%
	GEPN-MS	2%	2%	**	**	**
	GEPN-DNP	0%	0%	**	**	**
Number of Years Since Completion of Initial Nurse Education Program	Total	100%	100%	100%	100%	100%
	Five Years or Fewer	13%	12%	15%	18%	12%
	6 to 10 Years	19%	20%	16%	17%	16%
	11 to 15 Years	19%	19%	19%	19%	20%
	16 to 20 Years	10%	10%	10%	10%	8%
	20 Years or More	40%	39%	40%	36%	45%
Location of Initial Nurse Education Program	Total	100%	100%	100%	100%	100%
	Hawai'i	54%	55%	52%	53%	50%
	Other State	31%	29%	41%	32%	40%
	Foreign Country	14%	16%	6%	16%	10%
Highest Nursing Education Completed	Total	100%	100%	100%	100%	100%
	RN Diploma	4%	3%	6%	7%	7%
	ADN	20%	15%	34%	33%	36%
	BSN	64%	70%	46%	51%	50%
	MS	9%	9%	12%	8%	5%
	DNP	1%	1%	2%	**	**
	PhD	1%	1%	**	**	**
Non-Nursing Degrees Earned	Total	100%	100%	100%	100%	100%
	None	65%	65%	68%	63%	63%
	Associate Degree	13%	11%	16%	21%	18%
	Bachelor's Degree	18%	20%	16%	14%	16%
	Master's Degree	5%	6%	2%	**	**
	Professional Doctoral Degree	1%	1%	**	**	**
	PhD	0%	0%	**	**	**
Currently Enrolled in Degree-Leading Nurse Ed Program	Total	100%	100%	100%	100%	100%
	Yes	7%	6%	5%	14%	7%
	No	93%	94%	95%	86%	93%
Current Nursing Degree Program Type	<i>BSN</i>	31%	25%	54%	38%	**
	<i>MSN</i>	52%	54%	**	50%	**
	<i>DNP</i>	17%	20%	**	**	**
	<i>PhD</i>	**	**	**	**	**
Current Nursing Degree Program Located in Hawai'i	<i>Yes</i>	25%	28%	**	23%	**
	<i>No</i>	75%	72%	86%	77%	83%
Current Nursing Degree Program Instructional Mode	<i>Face to Face</i>	**	**	**	**	**
	<i>Distance Education</i>	77%	72%	86%	81%	100%
	<i>Hybrid</i>	23%	27%	**	19%	**

Table 18. RNs' Job Satisfaction and Plans to Leave the Workforce

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Primary Position Job Satisfaction	Total	100%	100%	100%	100%	100%
	Very Dissatisfied	4%	4%	5%	3%	7%
	Dissatisfied	6%	6%	4%	6%	11%
	Neutral	23%	23%	21%	23%	21%
	Satisfied	30%	31%	25%	35%	26%
	Very Satisfied	36%	35%	44%	33%	35%
Likely to Leave Primary Position within Next 12 Months	Total	100%	100%	100%	100%	100%
	Very Likely to Stay	51%	51%	56%	49%	43%
	Likely to Stay	11%	11%	11%	12%	11%
	Uncertain	24%	26%	20%	22%	22%
	Likely to Leave	6%	5%	4%	7%	13%
	Very Likely to Leave	8%	7%	9%	10%	11%
Plans for Five Years from 2021	Total	100%	100%	100%	100%	100%
	Doing current job	45%	45%	46%	46%	42%
	Working in different setting	28%	30%	21%	26%	24%
	Working in different specialty	20%	21%	15%	23%	20%
	Working in a non-nursing field	5%	5%	3%	4%	**
	Retired	16%	15%	20%	16%	23%
	Leave workforce for reasons other than retirement	1%	1%	**	**	**
	Unsure	16%	17%	17%	14%	10%
	Other plan	7%	8%	4%	7%	3%
Lived Outside of Hawai'i 1 Year Ago	Total	100%	100%	100%	100%	100%
	Yes	3%	3%	2%	4%	**
	No	97%	97%	98%	96%	99%

Table 19. RNs' Professional Development Activities

		Total	Honolulu	Hawai'i	Maui	Kaua'i
Continuing Competency Qualifying Activities Completed in Last 2 Years	Total	100%	100%	100%	100%	100%
	Held National RN or APRN Cert	32%	31%	38%	35%	28%
	30 CNE Contact Hours	86%	86%	87%	80%	84%
	HBON-Approved Refresher Course	5%	4%	6%	9%	**
	2 Credits of Post-License Education	8%	7%	11%	9%	8%
	Preceptor for 120+ Hours	8%	7%	10%	13%	**
	PI or Co-PI for Research or EBP Project	2%	2%	**	**	**
	Author or Co-Author for Peer-Reviewed Publication	1%	2%	**	**	**
	Developed/Conducted 5 Contact Hours of CNE	4%	4%	4%	5%	6%
	Completed NRP	2%	1%	2%	6%	**
	None	5%	5%	4%	5%	7%
	Received Formal Education in EBP	Total	100%	100%	100%	100%
None		44%	45%	39%	44%	49%
In nursing school		42%	41%	43%	44%	35%
Professional development		24%	24%	28%	21%	20%

CHARACTERISTICS OF HAWAII'S APRNS

Key Findings

2021 License Counts

- APRNs were the only nursing workforce in which 2021 license data indicate growth in the profession. Counts indicate that the in-state APRN workforce increased by 46 APRNs (4%) as compared to 2019. This reflects a substantially slower rate of increase as compared to the 10-year average biennial rate of change of 12.5%. The unusual timing of the release of PVL's license data likely account for the slower growth, which suggests that the APRN workforce may be growing more rapidly than the current data suggest.
- Despite the growing size of the APRN workforce, only 55% of APRNs report that they are primary care providers in their primary nursing position. We previously identified the need to address barriers to APRNs' entry into primary care practice and this year's data indicate that this should remain a workforce development priority.

Demographics

- 10% of APRNs are men. There is no substantial difference between O'ahu and the Neighbor Islands in terms of the proportion of men in the APRN workforce.
- 36% of APRNs are 55 years old or older. Despite having similar proportions of APRNs near retirement age, more APRNs on the Neighbor Islands (21%) plan to be retired by 2026 than APRNs on O'ahu (14%).
- APRNs of Caucasian ancestry continue to comprise the largest ethnic group in the workforce (43%) and are overrepresented as compared to the state's residential population. 48% of APRNs working on the Neighbor Islands report being of Caucasian ancestry.
- 11% of APRNs have Native Hawaiian ancestry. There are no substantial differences between the counties in terms of the proportion of Native Hawaiian APRNs in the workforce.

APRN Roles

- 86% of APRNs are certified as nurse practitioners. This includes nurses with a single APRN certification and multi-certified APRNs who hold at least one NP certification.
- 6% of APRNs are certified as clinical nurse specialists.
- 5% of APRNs are certified nurse midwives.
- The number of APRNs who reported being certified registered nurse anesthetists was too small to report.

Volunteerism

- 81% of APRNs engaged in one or more volunteer activities over the course of the last two years.
- 51% of APRNs volunteered to teach or precept nurses or nursing students.
- 36% of APRNs volunteered in response to the COVID-19 pandemic.
- There were no substantial differences in APRN volunteerism between O‘ahu and the Neighbor Islands.

Total Positions and Hours Worked in a Typical Week

- 20% of APRNs were initially licensed 21 years or more ago. Slightly more than half of APRNs on both O‘ahu (55%) and the Neighbor Islands (51%) were initially licensed 10 or fewer years ago.
- 39% of APRNs hold two or more nursing positions. Similar proportions of APRNs on O‘ahu and the Neighbor Islands have multiple jobs.
- 55% of APRNs report that they work more than 40 hours in a typical work week across all their positions.

Primary Employment Characteristics

- 83% of APRNs’ primary nursing position is a full-time job. Neighbor Island APRNs were more likely to report that their primary position is a part-time job (20%) than APRNs on O‘ahu (15%).
- 37% of APRNs spend more than 40 hours a week working in their primary nursing position.
- 8% of APRNs indicate that they are self-employed. Neighbor Island APRNs are more likely to be self-employed (15%) than APRNs on O‘ahu.
- 20% of APRNs have been in their current position for 10 years or longer.
- 61% of APRNs reported a 2020 gross annual income from their primary position of \$100,000 or more. APRNs on the Neighbor Islands were considerably less likely to have earned \$100,000 (51%) than APRNs on O‘ahu (65%).

Primary Practice Characteristics

- 14% of APRNs report that they are in private practice. APRNs on the Neighbor Islands are more likely to be in private practice (24%) than APRNs on O‘ahu (10%). It is unclear if there is a relationship between the higher probability of being in private practice and relatively lower annual income for Neighbor Island APRNs.
- 74% of APRNs report that their primary role is to provide direct patient care and education. 10% of APRNs indicate a primary role of teaching nursing students or staff.
- 50% of APRNs work in ambulatory settings. 27% of APRNs report working in a variety of other settings, the most common of which is colleges or universities.
- 17% of APRNs report a primary practice specialty of family health which is the most commonly reported practice specialty among APRNs. Other common practice specialties among APRNs include psychiatric-mental health (11%), pediatrics (11%), and adult-gerontology (10%).
- 55% of APRNs report being primary care providers.
- In a typical week at work, 91% of APRNs care for patients covered by Medicare or Medicaid, 70% care for patients receiving telehealth services, 56% care for patients who are houseless, 47% care for patients who are transgender or gender non-binary, and 40% care for patients with opioid addiction.

Education

- 47% of APRNs were initially educated in BSN programs. Among APRNs on O‘ahu, the majority (54%) were initially BSN-prepared. Among APRNs on the Neighbor Islands, 30% were initially prepared in ADN programs and 28% were initially educated in BSN programs.
- 47% of APRNs graduated from their initial nurse education programs 20 years ago or longer.
- 39% of APRNs were initially educated in Hawai‘i. APRNs on the Neighbor Islands were slightly less likely to be initially educated in Hawai‘i (35%) than APRNs on O‘ahu (41%).
- 23% of APRNs have a DNP or PhD in Nursing.
- 47% of APRNs hold a degree in a non-nursing field. Non-nursing degrees are most likely to be baccalaureate degrees.
- 8% of APRNs are currently enrolled in a degree-leading nurse education program. 75% of currently enrolled APRNs are pursuing a DNP. About half are enrolled in a program located in Hawai‘i.

Job Satisfaction and Retention

- 80% of APRNs are satisfied or very satisfied with their current primary nursing position.
- 16% of APRNs are likely or very likely to leave their current position within the next year. APRNs working on the Neighbor Islands were more likely to express uncertainty about whether they would stay or leave their current position within the next year (23%) as compared to APRNs on O‘ahu (14%).
- 16% of APRNs expect to be retired by 2026. More Neighbor Island APRNs expect to retire within the next five years (21%) than APRNs on O‘ahu (14%).

Professional Development

- Though APRNs are exempt from the HBON’s continuing competency requirement, most APRNs completed one or more professional development activities that fulfill the requirement.
 - 93% of APRNs completed 30 or more contact hours of continuing nursing education.
 - 32% precepted nursing or nursing students for 120 hours or more.
 - 11% prepared and/or delivered at least five contact hours of continuing nursing education.
 - 8% sole- or co-authored a peer reviewed publication.
- 84% of APRNs reported that they have received some formal education in nursing EBP. 69% indicated that they were taught to do EBP in nursing school.

Figure 3. APRN Licenses, 2011-2021

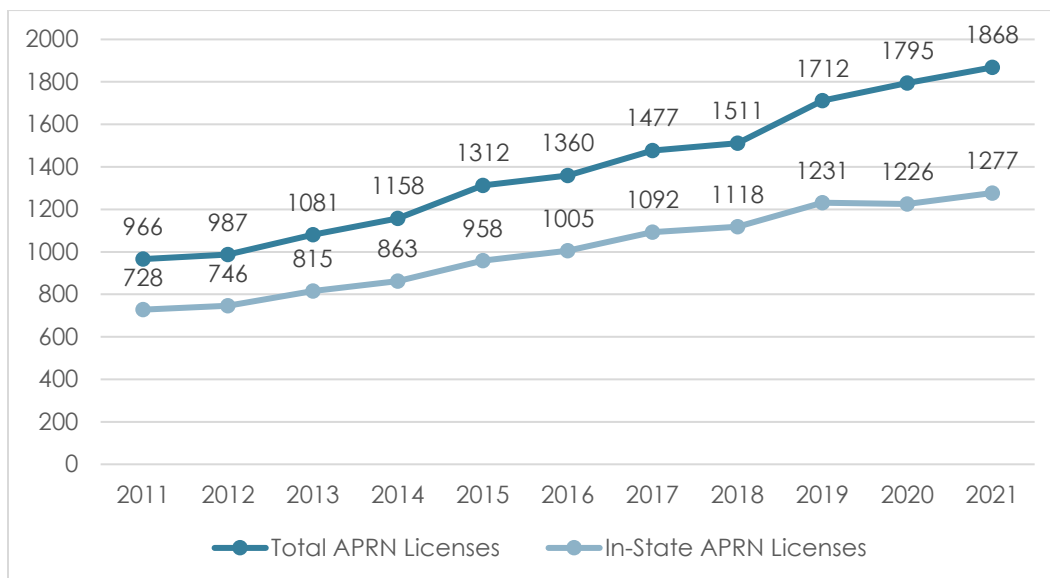


Table 20. APRNs' Demographic Characteristics

		Total	O'ahu	Neighbor Islands
Gender	Total	100%	100%	100%
	Male	10%	10%	9%
	Female	89%	89%	89%
	Prefer Not to Say	**	**	**
Age in 2021	Total	100%	100%	100%
	25-34	9%	10%	**
	35-44	32%	32%	33%
	45-54	23%	25%	16%
	55-59	12%	11%	14%
	60-64	12%	14%	**
	65-74	11%	8%	20%
	75 and older	**	**	**
Generational Group (Pew, 2019)	Total	100%	100%	100%
	Millennials (25 to 40 Years)	30%	31%	27%
	Generation X (41 to 56 Years)	39%	42%	31%
	Baby Boomers (57 to 75 Years)	31%	28%	42%
Ethnicity	Total	100%	100%	100%
	Multiple Ethnicities	25%	25%	24%
	White	43%	41%	48%
	Black/African American	2%	**	**
	American Indian/Alaska Native	**	**	**
	Chinese	5%	6%	**
	Filipinx	4%	5%	**
	Japanese	10%	12%	**
	Korean	**	**	**
	Other Asian	**	**	**
	Native Hawaiian	**	**	**
	Samoan	**	**	**
Prefer Not to Say	9%	7%	13%	
Any Part Native Hawaiian Ancestry	Total	100%	100%	100%
	Yes	11%	10%	13%
	No	89%	90%	87%
Hispanic/Latinx of Any Race	Total	100%	100%	100%
	Yes	10%	9%	11%
	No	90%	91%	89%

Table 21. APRN Certifications

		Total	O'ahu	Neighbor Islands
Type of APRN Certification(s) Held	Total	100%	100%	100%
	Nurse Practitioner	73%	72%	78%
	Certified Nurse Specialist	6%	7%	**
	Certified Nurse Midwife	5%	5%	**
	Certified Registered Nurse Anesthetist	**	**	**
	Multi Certified, at least 1 NP Cert	12%	13%	11%
	Multi Certified, no NP Certs	**	**	**

Table 22. Volunteer Activities Done by APRNs in the Last 12 Months ^(MR)

	Total	O'ahu	Neighbor Islands
Total	100%	100%	100%
None	19%	21%	13%
Disaster (e.g., fire, hurricane, etc.) relief	3%	**	**
COVID-19 response (surge staffing, contact tracing, vaccination, etc.)	36%	35%	37%
Teaching/precepting nursing/other health students	51%	51%	54%
Other nursing-related volunteerism	45%	44%	50%
Other type of volunteerism	19%	18%	20%

Table 23. APRNs' Time Since Initial Licensure, Total Nursing Positions, and Hours Worked in a Typical Week

		Total	O'ahu	Neighbor Islands
Years Since Initial APRN Licensure	Five Years or Fewer	29%	27%	34%
	6 to 10 Years	25%	28%	17%
	11 to 15 Years	14%	16%	9%
	16 to 20 Years	12%	10%	19%
	21 Years or More	20%	19%	21%
Number of Nursing-Related Employment Positions	Total	100%	100%	100%
	1 Position	61%	61%	61%
	2 Positions	26%	23%	35%
	3 or More Positions	12%	15%	**
Total Hours Worked in a Typical Week Across Primary & Secondary Positions	Total	100%	100%	100%
	19 Hours or Fewer	**	**	**
	20 to 40 Hours	44%	45%	41%
	41 Hours or More	55%	55%	56%

Table 24. APRNs' Primary Employment Characteristics

		Total	O'ahu	Neighbor Islands
Requires Nurse License	Total	100%	100%	100%
	Yes	99%	99%	98%
	No	**	**	**
FTE Classification	Total	100%	100%	100%
	Full-time	83%	85%	78%
	Part-time	16%	15%	20%
	Per diem	**	**	**
Total Hours Worked in a Typical Week in Primary Position	Total	100%	100%	100%
	19 Hours or Fewer	3%	**	**
	20 to 40 Hours	59%	61%	54%
	41 Hours or More	37%	37%	39%
Employment Type	Total	100%	100%	100%
	Self-Employed	8%	6%	15%
	Work for Someone Else	92%	94%	85%
Time in Current Position	Total	100%	100%	100%
	Less than 1 Year	19%	21%	13%
	1 Year to Less than 3 Years	30%	27%	39%
	3 Years to Less than 5 Years	18%	16%	26%
	5 Years to Less than 10 Years	13%	16%	**
	10 Years or Longer	20%	21%	17%
Agency Nurse	Total	100%	100%	100%
	Yes	3%	4%	**
	No	97%	96%	98%
Travel Nurse	Total	100%	100%	100%
	No	100%	100%	100%
2020 Pre-Tax Income	Total	100%	100%	100%
	Less than \$40,000	3%	**	**
	\$40,000 to less than \$60,000	5%	5%	**
	\$60,000 to less than \$80,000	8%	8%	9%
	\$80,000 to less than \$100,000	22%	20%	26%
	\$100,000 or more	61%	65%	51%

Table 25. APRNs' Primary Practice Characteristics

		Total	O'ahu	Neighbor Islands
Position Title	Total	100%	100%	100%
	Private Practice	14%	10%	24%
	Staff Nurse	60%	63%	52%
	Nurse Manager	2%	3%	**
	Nurse Faculty/Educator	9%	8%	11%
	Nurse Researcher	**	**	**
	Nurse Executive	3%	5%	**
	Case Manager	**	**	**
Other	9%	8%	11%	
Main Job Function	Total	100%	100%	100%
	Direct Patient Care & Education	74%	73%	80%
	Teaching/Training Students or Staff	10%	9%	11%
	Administration/Management	8%	10%	**
	Quality/Practice Improvement	**	**	**
	Case Management	**	**	**
	Care Coordination	2%	**	**
	Research	**	**	**
Other	2%	**	**	
Setting	Total	100%	100%	100%
	Acute Care Hospital	19%	24%	**
	Post-Acute/Long-Term Care Facility	**	**	**
	Ambulatory	50%	46%	59%
	<i>Community Health Center</i>	21%	23%	19%
	<i>Outpatient Clinic/ Urgent Care</i>	42%	42%	41%
	<i>Provider's Office</i>	27%	25%	31%
	<i>School Health Room/ Clinic</i>	10%	10%	**
	Home Health/Hospice	4%	3%	**
	<i>Home Health</i>	75%	100%	**
	<i>Hospice</i>	**	**	**
	All Other Settings	27%	26%	28%
	<i>College/ University</i>	31%	30%	33%
	<i>Correctional Facility</i>	**	**	**
	<i>Government or Regulatory Agency</i>	16%	20%	**
	<i>Insurance Company</i>	**	**	**
	<i>Public Health</i>	**	**	**
	<i>Other Clinical Setting</i>	29%	30%	**
	<i>Other Non-Clinical Setting</i>	**	**	**
	Uninsured	61%	59%	66%
	Medicaid/Medicare	92%	91%	95%
	Transgender/Nonbinary	47%	48%	45%
	Telehealth	70%	68%	75%
	Opioid Addiction/Dependency	40%	41%	39%
	Houseless	56%	58%	50%
	Disabled	70%	72%	66%
	None	3%	**	**

Table 26. APRNs' Primary Practice Characteristics (Continued)

		Total	O'ahu	Neighbor Islands
Practice Specialty	Total	100%	100%	100%
	Administration/Management	3%	5%	**
	Adult-Gerontology	10%	13%	**
	Cardiology/Telemetry	**	**	**
	Critical Care	**	**	**
	Education	3%	**	**
	Emergency/Trauma	**	**	**
	Family Health	17%	13%	30%
	Maternal-Child/Obstetrics	7%	9%	**
	Medical-Surgical	**	**	**
	Nephrology/Dialysis	**	**	**
	Oncology	3%	3%	**
	Palliative Care/Hospice	2%	**	**
	Pediatrics	11%	11%	9%
	Perioperative/Surgical	**	**	**
	Psychiatric/Behavioral Health	11%	11%	13%
	Public/Population Health	3%	**	**
	School/Student Health	**	**	**
Women's Health	5%	7%	**	
Other Specialty	13%	13%	11%	
Primary Care Provider	Total	100%	100%	100%
	Yes	55%	55%	56%
	No	45%	45%	44%
Cares for Patients in Each Population ^(MR)	Total	100%	100%	100%
	Uninsured	61%	59%	66%
	Medicaid/Medicare	92%	91%	95%
	Transgender/Nonbinary	47%	48%	45%
	Telehealth	70%	68%	75%
	Opioid Addiction/Dependency	40%	41%	39%
	Houseless	56%	58%	50%
	Disabled	70%	72%	66%
None	3%	**	**	

Table 27. APRNs' Educational Characteristics

		Total	O'ahu	Neighbor Islands
Educational Preparation for Entry to Practice	Total	100%	100%	100%
	LPN Certificate	8%	6%	11%
	RN Diploma	5%	5%	**
	ADN	19%	15%	30%
	BSN	47%	54%	28%
	GEPN-MS	17%	14%	24%
	GEPN-DNP	5%	5%	**
Number of Years Since Completion of Initial Nurse Education Program	Total	100%	100%	100%
	Five Years or Fewer	10%	10%	**
	6 to 10 Years	16%	15%	17%
	11 to 15 Years	17%	15%	24%
	16 to 20 Years	11%	12%	**
	20 Years or More	47%	48%	44%
Location of Initial Nurse Education Program	Total	100%	100%	100%
	Hawai'i	39%	41%	35%
	Other State	56%	55%	59%
	Foreign Country	5%	5%	**
Highest Nursing Education Completed	Total	100%	100%	100%
	ADN	**	**	**
	BSN	2%	**	**
	MS	74%	73%	76%
	DNP	19%	19%	19%
	PhD	4%	5%	**
Non-Nursing Degrees Earned	Total	100%	100%	100%
	None	53%	53%	54%
	Associate Degree	9%	10%	**
	Bachelor's Degree	29%	28%	33%
	Master's Degree	15%	18%	8%
	Professional Doctoral Degree	**	**	**
	PhD	3%	**	**
Currently Enrolled in Degree-Leading Nurse Ed Program	Total	100%	100%	100%
	Yes	8%	10%	**
	No	92%	90%	98%
Current Nursing Degree Program Type	<i>MSN</i>	19%	**	**
	<i>DNP</i>	75%	80%	**
	<i>PhD</i>	**	**	**
Current Nursing Degree Program Located in Hawai'i	<i>Yes</i>	50%	53%	**
	<i>No</i>	50%	47%	**
Current Nursing Degree Program Instructional Mode	<i>Distance Education</i>	88%	87%	**
	<i>Hybrid</i>	**	**	**

Table 28. APRNs' Job Satisfaction and Plans to Leave the Workforce

		Total	O'ahu	Neighbor Islands
Primary Position Job Satisfaction	Total	100%	100%	100%
	Very Dissatisfied	5%	5%	**
	Dissatisfied	5%	5%	**
	Neutral	10%	9%	12%
	Satisfied	38%	36%	47%
	Very Satisfied	42%	45%	31%
Likely to Leave Primary Position within Next 12 Months	Total	100%	100%	100%
	Very Likely to Stay	60%	61%	57%
	Likely to Stay	8%	9%	**
	Uncertain	16%	14%	23%
	Likely to Leave	7%	9%	**
	Very Likely to Leave	9%	8%	11%
Plans for Five Years from 2021	Total	100%	100%	100%
	Doing current job	49%	50%	43%
	Working in different setting	30%	30%	32%
	Working in different specialty	11%	10%	15%
	Working in a non-nursing field	3%	3%	**
	Retired	16%	14%	21%
	Leave workforce for reasons other than retirement	**	**	**
	Unsure	18%	19%	15%
Other plan	7%	8%	**	
Lived Outside of Hawai'i 1 Year Ago	Total	100%	100%	100%
	Yes	5%	5%	**
	No	95%	95%	94%

Table 29. APRNs' Professional Development Activities

		Total	O'ahu	Neighbor Islands
Continuing Competency Qualifying Activities Completed in Last 2 Years	Total	100%	100%	100%
	Held National RN or APRN Cert	90%	89%	92%
	30 CNE Contact Hours	93%	95%	89%
	HBON-Approved Refresher Course	8%	9%	**
	2 Credits of Post-License Education	23%	25%	17%
	Preceptor for 120+ Hours	32%	31%	34%
	PI or Co-PI for Research or EBP Project	10%	13%	**
	Author or Co-Author for Peer-Reviewed Publication	8%	11%	**
	Developed/Conducted 5 Contact Hours of CNE	11%	12%	**
	Completed NRP	**	**	**
	None	**	**	**
Received Formal Education in EBP	Total	100%	100%	100%
	None	16%	17%	13%
	In nursing school	69%	68%	72%
	Professional development	36%	38%	30%

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