

# FINANCIAL BARRIERS TO ACADEMIC PROGRESSION IN NURSING

Informational Briefs





# Financial Barriers to Academic Progression in Nursing

## Informational Briefs

*These briefs were developed as part of department of  
labor and industrial relations funding aimed to address  
financial barriers for nurses returning to school.*

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# Financial Barriers to Nursing Academic Progression

## Information Brief

**National Background:** In 2010, the Institute of Medicine (IOM)<sup>i</sup> *The Future of Nursing* report recommended that 80% of registered nurses (RN) hold a bachelor's degree in nursing (BSN) or higher by 2020. This report stated "leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan" (p 12). The goal of 80% is a benchmark towards achieving nursing culture change for nurses in America.

In 2019, American Association of Colleges of Nursing (AACN) released *Academic Progression in Nursing: Moving Together Toward a Highly Educated Nursing Workforce*<sup>ii</sup>. This paper documents the evidence-base for a BSN workforce, noting "research has shown lower mortality rates, fewer medication errors, and positive patient outcomes" all are associated with nurses prepared at a BSN or higher (p1). AACN adds "greater collaboration is needed between community colleges and four-year colleges or universities to ensure a seamless transition to the baccalaureate or master's degree" (p1) such as

- articulation agreements,
- concurrent enrollments, or
- developing statewide or regional models for academic progression.

Today, half of all newly licensed RNs enter with an associate degree in nursing (ADN), nationally. There has also been an increase in RN to BSN programs by 76% in the nation.

Despite the national initiative for academic progression, research finds that barriers to continuing education remain. The common reasons for nurses discontinuing their education include: <sup>iiiivvvviii</sup>

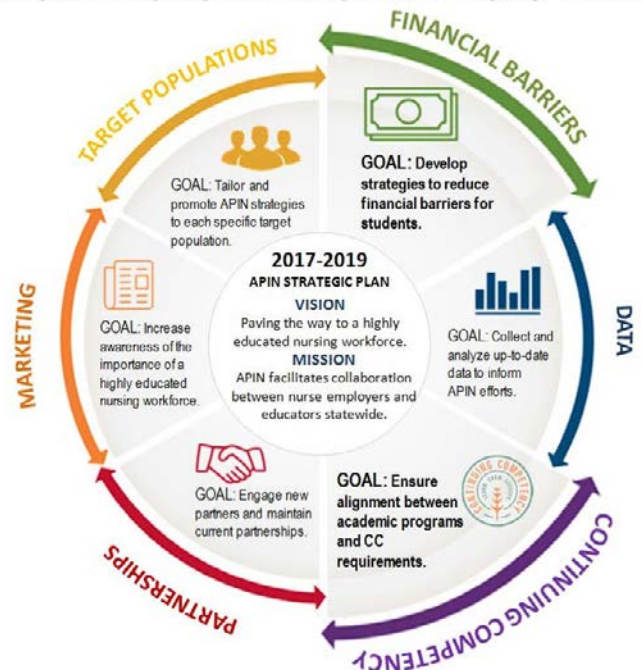
- financial concerns,
- difficulty navigating tuition and financial aid process,
- conflict with work,
- conflict with family, and
- perceived lack of value for nurses.

Image 1: Hawai'i APIN 2017-2019 Strategic Plans

### Hawai'i Academic Progression In Nursing (APIN)

**Collaborative:** From 2012-2016, the Hawai'i State Center for Nursing (HSCN) was granted funds from Robert Wood Johnson Foundation (RWJF) to create an Academic Progression in Nursing (APIN) initiative. Hawai'i's initiative was the first in the nation to include employer partners; these efforts led to a dramatic increase in BSN prepared nurses. In 2017, the APIN Collaborative was sustained through collaborative partner continued commitment to this initiative and fiscal contributions. APIN Strategic Plans were developed, prioritizing Financial Barriers and Continuing Competency. The Financial Barriers to Nursing Academic Progression Community Conversation is funded by the Hawai'i Department of Labor and Industrial Relations.

### 2017-2019 APIN STRATEGIC PLAN



**Hawai'i Nursing Trends and Related Data:** Through the APIN initiative and beyond, following initiatives<sup>viii</sup> were developed to support nurses or military personnel in similar roles seeking to pursue baccalaureate education in nursing:

- *Hawai'i State Nursing Collaborative:* UH Community College ADN programs and UH Manoa School of Nursing.
- *RN to BSN programs:* UH Hilo, UH Mānoa and Hawai'i Pacific University
- *Executive RN to BSN:* UH Mānoa
- *Vets to BSN:* UH Mānoa and Hawai'i Pacific University
- *LPN or Corpsman to BSN:* Hawai'i Pacific University

From 2013 to 2017, the BSN rate in Hawai'i shifted 13 percentage points, from 59% to 72%<sup>ix</sup>. Additionally, nurses entering practice with a BSN or higher grew from 53% before 2014 to 76% after 2014. This shows large increase in the number of students who complete a BSN prior to entering the workforce. Progress towards a BSN prepared population is attributed to the alignment of academic offerings and employer prioritization of the BSN degree.

Despite this headway, county data tell a story. Where there are no local BSN programs, BSN rates remain notably lower. In 2017, City and County of Honolulu's overall rate of BSN prepared RNs was 78% and Hawai'i County 59%; both have one or more nursing programs offering a BSN. Conversely, Kaua'i County has a BSN rate of 45% and Maui County is 49%.

Differences may not be only be due to accessibility of BSN programs. The HSCN AY2017-2018 Educational Capacity<sup>x</sup> report finds community college students are generally older than BSN students and appear to begin their nurse education later in life.

Years	ADN	BSN
<20	11%	20%
21-25	35%	26%
26-30	28%	11%
31-40	20%	7%
41-50	4%	3%
51-60	1%	0%
>= 61	0%	0%
Unknown/Missing	1%	32%

*Table 1 Student Age Distribution by Program Type*

**Addressing Financial Barriers to Nursing Academic Progression:** Through discussions with the APIN Collaborative, it was identified that barriers to academic progression for the student currently enrolled in ADN programs is largely financial.

Nursing school counselors are identifying that students are exhausting their financial aid before they complete a BSN. It is suspected that indirect curricular pathways, and non-traditional students who have past student loan debt, and students' need to support a family while attending school may all be factors in meeting annual and cumulative student loan limits before the desired degree is achieved.

In order for Hawai'i to achieve an 80% BSN prepared RN population, we must improve the proportion of ADN prepared nurses enrolling into BSN programs.

- What are the financial barriers inhibiting academic progression in nursing in Hawai'i?
- How can we strategize solutions related to these barriers?
- What advising opportunities exist so that fewer students run out of financial aid before completing their goal degree?
- How can we improve the environment to facilitate students' academic progression?

### **How to prepare for the Meeting:**

Bring pearls, resources, information, or programmatic/departmental approach to identifying opportunities and/or addressing barriers for the following topics:

1. Federal financial aid maximums and criteria
2. Scholarships, grants, and employee benefits
3. Family/cost of living considerations
4. Course structure and scheduling (Bridge/the BS pre-requisites, dual enrollment forms)

## Reference List

- <sup>i</sup> Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from [books.nap.edu/](http://books.nap.edu/)
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- <sup>viii</sup> Hawai'i State Center for Nursing. (2017). Academic Progression Access Model. [hawaiicenterfornursing.org](http://hawaiicenterfornursing.org)
- <sup>ix</sup> Hawai'i State Center for Nursing. (2017). Hawai'i's Nursing Workforce 2017. Retrieved from [hawaiicenterfornursing.org](http://hawaiicenterfornursing.org)
- <sup>x</sup> Hawai'i State Center for Nursing. (2019). Hawai'i's Nurse Education Capacity Report 2017-2018. Unpublished manuscript.

# 2019-2020 Pre-License Clinical Placement Capacity

Information Brief: October 2019

**Brief Summary:** In 2011, HSCN engaged with schools of nursing and clinical education sites to launch the Centralized Clinical Placement System (CCPS) as a response to decreased access to clinical placements for students. The CCPS program has increased transparency in clinical placement requests amongst schools, increased accuracy of clinical facilities securing preceptors for RN students, and ensured nursing students clinical education sites since the initial implementation.

The HSCN utilizes the Clinical Placement Capacity Survey, [the Education Capacity Survey](#) and current Centralized Clinical Placement System Data (CCPS) to identify potential changes to clinical placement availability among participating and non-participating partners. HSCN used the survey results, coupled with CCPS placement data, to forecast the 2020 placement availability.

## 2019-2020 clinical placements capacity highlights:

- ▼ Due to cohort size capitations and increases in per class rotations, the total number of cohort groups is expected to increase by 12% from AY 2018-2019.
- ▼ A decrease of 178 total cohort type student placements.
- ▼ 23 students/~15% of cohort type placements due to unit closures.
- ▼ An increase of 6 students/~3% of total placement gains is expected for the AY 2019-2020.

## Clinical placements constraints:

### Most Reported Constraints by Facilities;

- ▼ Unit Closures Due to Low Census Rates
- ▼ Staff Turnover
- ▼ Preceptor Preparation
- ▼ Preceptor Availability

### Most Reported Constraints by Schools;

- ▼ Preceptor Availability
- ▼ Cohort Size Reductions (1:6 ratio)
- ▼ Availability of Tele & Med/Surg. Placements
- ▼ Imposition of Facility Student Fees

All O'ahu schools report a lack of adequate clinical training sites as a challenge and report more overall challenges than Neighbor Island schools. O'ahu schools are more adversely affected by clinical placement constraints.

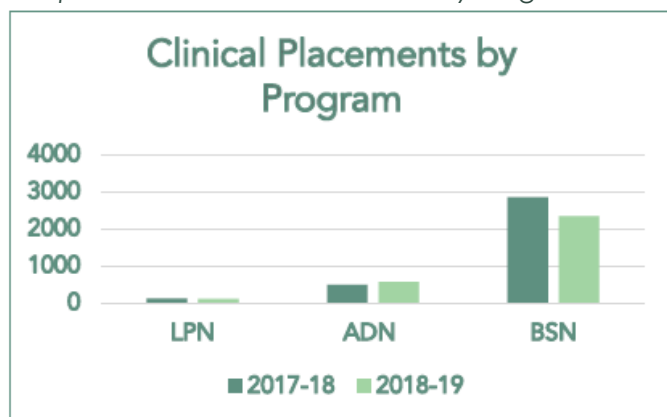
## Strategies employed to address clinical placement constraints:

Decreases in cohort size and preceptor availability impacts the number of placements needed to educate the same number of students, adds faculty demands on the schools and, increases the demand for alternative cohort placements and creates a need for alternative cohort compositions. The Hawai'i schools of nursing implemented new strategies and operational changes to ensure Hawai'i's nursing students were provided adequate clinical exposure. These include:

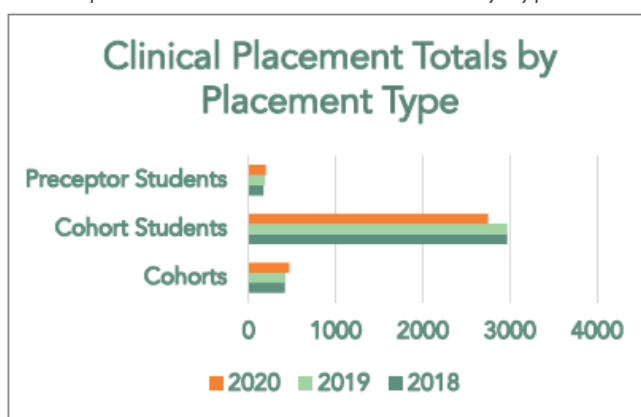
- ▼ Increase in the utilization of simulation.
- ▼ Implementation of new rotation models, which include multiple shorter rotations.
- ▼ Increase of preceptor to student ratio to 1:2.



Graph 1. Total CCPS Placements by Program.



Graph 2. Total CCPS Placements by Type.

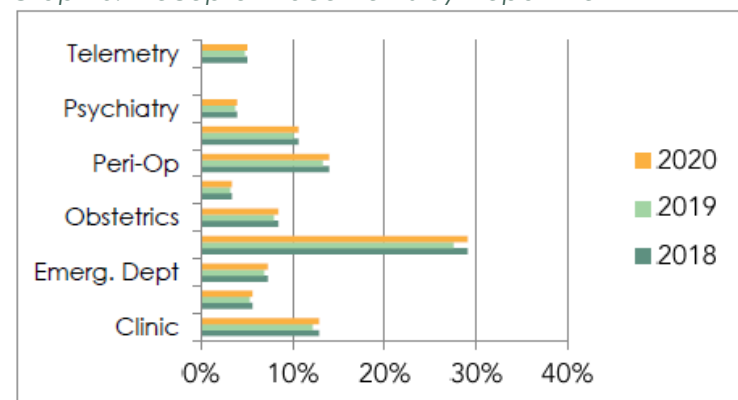


Overall clinical placements for pre-license nursing programs is expected to have very little change over the previous year for cohort type placements; 11 students/0%. The largest changes are expected to occur in the quantity of total cohorts as the student/cohort ratio decreases to an average of 6:1. Additional changes are expected in the distribution of placements across the various department types.

Table 1. Total Hawai'i CCPS Cohort Placement Types by Department.

Placements for Cohorts By Department Type	2018 Actual Students	2018 Actual Cohorts	2019 Actual Students	2019 Actual Cohorts	2019 Est Students	2019 Est Cohorts	Student Change Amount	Student % Change
Clinic	105	36	229	43	235	45	6	3%
Critical Care	38	7	16	3	14	3	-2	-13%
Emergency Dept.	6	3	8	2	8	2	0	0%
Medical/Surgical	808	160	907	108	886	140	-21	-2%
Obstetrics	612	69	505	100	505	100	0	0%
Pediatrics	484	66	423	74	450	73	27	6%
Post-Acute	360	40	242	31	245	40	3	1%
Psychiatry	380	18	295	45	315	50	20	7%
Specialty	0	0	0	0	0	0	0	0%
Telemetry	140	22	87	14	89	15	2	2%
<b>TOTAL</b>	<b>2967</b>	<b>421</b>	<b>2966</b>	<b>417</b>	<b>2747</b>	<b>468</b>	<b>51</b>	<b>2%</b>

Graph 3. Preceptor Placements by Department



### Key Findings

- ▼ Preceptor placement is expected to increase of 6% due to increases in program enrollment.
- ▼ Facilities continue to report preceptor preparation and availability as a constraint for clinical placements.

During the 2018-2019 AY, clinical placements in non-acute care facilities increased by 9%. This is expected to increase by up to 15% as acute care facilities reach saturation in 2019.

## Ongoing Pre-license Clinical Placement Considerations:

### Simulation:

An NCSBN study\*\* found that high-quality simulation experiences could be substituted for up to 50% of traditional clinical hours across the pre-licensure nursing curriculum. 50% threshold now included in NCSBN Model Rules\*\*\*. Nursing HAR\* requires 120 semester credits for BSN, 64 for ADN, and 49 for GEPN pre-licensure, with at least 40% of the nursing credits shall be laboratory or clinical instruction.

Currently there are no State of Hawai'i Board of Nursing (BON) specialty clinical or didactic minimum requirements for current ADN/BSN programs. The BON is in process of identifying standards.

### Nurse Residency Programs (NRPs):

Two facilities reported an increase in new graduate hiring and an increase in the total number of new nurse graduates in NRP's. These facilities report a decrease in the availability of some clinical placement rotation opportunities due to overlap with NRP's operating in some departments.

New nurse graduate hiring fluctuates greatly between facilities and across time. Several factors effect institutional hiring, such as improvements in the economy and increases in nursing demand as patient acuity and population demographics shift. Comprehensive research on the long term effects of NRP competition on clinical placement availability for nursing students is scant. Further investigation into this topic may become necessary as more clinical facilities adopt NRP's into their operations.

### BON Refresher Courses:

Beginning on July 1, 2017 non-exempt licensed registered nurses and licensed practical nurses are required to complete an approved learning activity within the prior biennium to meet continuing competency requirements re-licensure standards. One of the Hawai'i Board of Nursing (BON) approved learning activity options is the completion of a refresher course, designed for practical or registered nurses returning to practice after more than five years\*\*\*\*.

The BON refresher course standards requires sixty (60) hours of clinical practice in addition to (60) hours of didactic studies, which may increase clinical placements in Hawai'i facilities and create competition for clinical placements with pre-licensure nursing education programs. The demand for the BON refresher course is currently unknown. Further investigation is required to assess the potential impact on clinical placement availability. Currently, a BON approved refresher course is not offered locally.

\*Hawai'i Administrative Rules

[cca.hawaii.gov](http://cca.hawaii.gov)

HAR16-89-45- i (pg 89-22)

\*\*NCSBN Model Rules (p13)

[ncsbn.org](http://ncsbn.org)

\*\*\*Alexander, Maryann, Carol F. Durham, Janice I. Hooper, Pamela R. Jeffries, Nathan Goldman, Suzan "Suzie" Kardong-Edgren, Karen S. Kesten, et al. "NCSBN Simulation Guidelines for Prelicensure Nursing Programs." *Journal of Nursing Regulation* 6, no. 3 (October 2015): 39–42. [doi.org](https://doi.org/10.1016/j.nurreg.2015.09.001).

\*\*\*\* Hawai'i Administrative Rules

[cca.hawaii.gov](http://cca.hawaii.gov)

HAR 16-89-132

## APRN Preceptors

### Information Brief for Discussion: September 2019

**Brief Summary:** The Hawai‘i-Pacific Basin AHEC, in its 2018 provider study, identified a statewide shortage of 396 APRN FTEs in addition to the existing primary care physician shortage<sup>i</sup>. DLIR projects that the number of NP positions in the state will increase by 37% by 2026, likely exacerbating the need of NPs.<sup>ii</sup> National estimates indicate that 67% of new primary care providers entering the workforce between 2016 and 2030 will be NPs or PAs.<sup>iii</sup>

To respond to the workforce demands, schools of nursing in Hawai‘i are actively engaged in developing this needed workforce. In Hawai‘i, in academic year (AY) 2017-2018, 256 students were enrolled in post-license programs. Of these, nearly half were enrolled in MSN and DNP programs (46%).<sup>iv</sup> However, securing needed placements for clinical education remains a challenge. The APRN Consensus model and the Criteria for Quality Nurse Practitioner Education Programs (National Task Force on Quality Nurse Practitioner, 2012) require at least 500 hours of direct supervised clinical education as a requirement for all APRN education programs.<sup>v</sup>

In 2017, a shortage of clinical providers who volunteer as preceptors were reported. The Hawai‘i State Center for Nursing conducted a national clerkship survey.<sup>vi</sup> This survey found that of graduate health education programs in the state:

- 100% were moderately or very concerned about the number of clinical training sites; and
- 83% of programs report it is somewhat or much more difficult to secure new clinical sites than in 2015.

In 2018, the legislature passed Act 43, establishing Preceptor Tax Credits for primary care APRN, MD, DO and Pharmacists who precept in-state enrolled APRN, MD, DO and Pharmacist students.

**Current Status:** In the 2019 Nursing Workforce Supply Survey, one in three nurses, including NPs, reported precepting. Additionally, 3,900 hours of clinical education were recorded to be completed by APRNs from January 2019 through August 2019 in the Preceptor Tax Credit database.<sup>vii</sup>

#### Constraints:

- 1) NP employees may be coordinated through physician’s groups, not the nursing department, making the coordination strategy for LPN, ADN and BSN education programs difficult to apply to advance practice clinical education.
- 2) NP students may be precepted by physicians, physician assistants, and other providers. This requires additional strategies for outreach than those used with nursing.

Despite these activities, access to needed preceptors continues to be a constraint for nursing programs. Innovation, strategy, and shared goals will be needed by schools of nursing and the healthcare industry, alike, in order to respond to clinical placement demands needed to address the NP shortages today, and in the future.

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- 
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  - <sup>v</sup> The National Organization of Nurse Practitioner Faculties. (2012). *Criteria for Evaluation of Nurse Practitioner Programs, 4th Edition*. Retrieved from [cdn.ymaws.com](http://cdn.ymaws.com)
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# Faculty Recruitment and Retention Challenges

## Information Brief

**Background:** The demand for nursing roles across all licensing categories remains high. Entering the nursing profession requires high quality nursing education, passing of a nationally recognized entry to practice board certification, and licensure. As one may only become eligible to sit for the entry-to-practice examination once the appropriate education is completed, nursing education is critical to ensuring an adequate nursing workforce today and in the future.

For most schools, expansion of current or development of new nursing programs are impracticable. In order to create new academic programs, schools must be able to demonstrate the existence of persistent enrollment demand, have faculty who possess the necessary expertise to teach in the specialty, and secure specialty-specific clinical education opportunities from a clinical environment that is nearly at maximum capacity to accept students.<sup>i</sup>

**Current State of Nursing Faculty Recruitment:** In the 2019 Nursing Supply Survey findings, nursing faculty report greater satisfaction with their role and more likelihood to remain in their role for at least 12 months, as compared to all nurses. However, as compared to the general nursing population, 96% of faculty have completed graduate education and 53% have completed doctoral education, whereas only 13% and 2% of nurses have, respectively. This creates a deficit in available workforce for faculty recruitment. Compounding this, nurse faculty annual mean salary is \$79,560 whereas RNs annual mean salary is \$98,080, NPs is \$120,580, and CRNAs is \$192,580.<sup>ii</sup>

In the 2017-2018 Academic Year Education Capacity Survey<sup>i</sup>, 50% of schools of nursing in Hawai'i reported each of the following: difficulty filling full-time faculty positions, lack of funding for new faculty lines or raises, and insufficient funding, faculty, or other resources for new program development. Further, though salary for academic nursing faculty is competitive as compared to nursing faculty roles in the continental United States, they are not competitive as compared to clinical nursing salaries.

### *Faculty Findings from the AY 2017-2018 Education Capacity Survey<sup>i</sup>*

- ▼ The overall faculty vacancy rate is 5%. The vacancy rate for full-time positions (7%) is higher than for part-time positions (2%).
- ▼ 30% of full-time nurse faculty are over the age of 60.
- ▼ As compared to the total nursing workforce, nurse faculty are more likely to be over the age of 60 and Caucasian and less likely to be male or Native Hawaiian.
- ▼ 81% of full-time nurse faculty have their highest degree in nursing; 26% have a PhD in nursing.

In the 2019-2020 academic year, schools of nursing communicated to HSCN challenges related to the proportion of retiring and/or retirement age faculty, proportion of a novice nursing faculty (less than three years of experience in a teaching role), and lack of available local resources to develop nurse educators.

**National Trends related to Nursing Faculty Recruitment and Retention Challenges:** The National Forum of Nursing Workforce Centers<sup>iii</sup> members report trends in high faculty turnover in many states. Though studies<sup>iv,v</sup> have found that nursing faculty enjoy their role, reasons for leaving include low salaries, unmanageable workloads, and poor work environment. Mitigating strategies implemented include nurse faculty training, salary negotiations, loan forgiveness, and workload redistribution.

## **Hawai'i Board of Nursing Administrative Rules (HAR Chapter 89):**

The Hawai'i Board of Nursing Administrative Rules<sup>vi</sup> provides guidance on qualifications for nursing faculty. In section §16-89-45,

- (c) Organization of the faculty shall enable it to carry fully its responsibility for planning, implementing, and evaluating the philosophy, mission, objectives, and curriculum of the educational program.
- (5) Faculty members in a program which prepares advanced practice registered nurses shall be recognized as an advanced practice registered nurse by the board and hold a minimum of:
  - (A) A master's degree in nursing;
  - (B) Preferably, an earned doctorate from an accredited institution;
  - (C) Clinical nursing experience, of which at least one year shall be in their area(s) of teaching responsibility; and §16-89-45 89-24
  - (D) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (6) Faculty members in a program which prepares registered nurses shall hold a minimum of:
  - (A) A master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or
  - (B) If a bachelor's degree in nursing is the highest degree obtained, at least three years of nursing experience in their area(s) of teaching responsibility; and
  - (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above;
- (7) Faculty members in a program which prepares practical nurses shall hold a minimum of:
  - (A) Preferably, a master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or
  - (B) If a bachelor's degree is the highest degree obtained, at least three years of nursing experience shall be in their area(s) of teaching responsibility; and
  - (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (e) The maximum instructional load shall permit the faculty member opportunities for professional development, curriculum development, student guidance, scholarship, research, and service as appropriate to the nursing program.
- (f) In the clinical area, the faculty shall be adequately prepared in education and experience to develop and implement the program approved by the board to meet the requirements of sections 16-89-47 and 16-89-48.

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# Current Employment Demand by Nursing Role

## Information Brief

### Licensed Practical Nurses:

The Healthcare Association of Hawai'i (HAH) identified that though LPNs only account for 9% of total nursing positions, they represent 21% of all vacant nursing roles. The Department of Labor and Industrial Relations<sup>ii</sup> (DLIR) projects an increase of 160 LPN positions by 2026, representing a 12.4% increase since 2016. If LPN enrollments and graduations remain constant over the next seven years, the shortfall between LPN supply and employment demand will worsen and the demands for this role in the future will be unmet.<sup>iii</sup>

### Registered Nurses:

HAH<sup>i</sup> identified that there are currently 463 open positions. This equates to a 6% vacancy rate for registered nursing roles and accounts for 21% of the total healthcare vacancies reported by healthcare employers in Hawai'i. Further, HAH<sup>i</sup> found that 40% of all vacant RN positions are in specialty areas. Department of Labor and Industrial Relations (DLIR)<sup>ii</sup> projects a 13% growth in RN employment from 2016 to 2026. Hawai'i's schools of nursing can support the continued equilibrium between employment demand and workforce supply by maintaining the existing enrollment capacity in their entry-to-practice RN programs.<sup>iii</sup>

### Nurse Practitioners:

Nurse Practitioners are one of the four Advanced Practice Registered Nursing roles and the only type of APRN for which in-state schools provide academic education. The Hawai'i-Pacific Basin AHEC<sup>iv</sup> found that the state has a shortage of 396 APRN FTEs. DLIR projects an increase in NP positions by 37% by 2026 which will likely exacerbate the current shortage without accelerated growth of APRNs in this state.

### Reference List

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<sup>i</sup> Healthcare Association of Hawai'i. (2019). Hawai'i Healthcare Workforce Initiative: 2019 Report. Retrieved from: [hah.org](http://hah.org)

<sup>ii</sup> DLIR (Department of Labor and Industrial Relations) (2018). Long-term Occupational Projections, State of Hawai'i, 2016-2026, (Revised). Retrieved from [hiwi.org](http://hiwi.org).

<sup>iii</sup> Hawai'i State Center for Nursing (2019). Hawai'i State Nurse Education Capacity Report: Academic Year 2017-2018.

<sup>iv</sup> AHEC (Hawai'i-Pacific Basin Area Health Education Center), (2018). *The Shortage of Providers in Hawai'i*. Retrieved from [ahec.hawaii.edu](http://ahec.hawaii.edu)



## **Outcomes from Community Conversation: Financial Barriers to Nursing Academic Progression**

**Date:** Wednesday, May 22, 2019, 1:00-4:00 pm

**Location:** Department of Health, 1<sup>st</sup> Floor Board Room, 1250 Punchbowl Street, Honolulu

### **Financial Barriers to Nursing Academic Progression and Opportunities to Diminish the Barriers**

Below are the financial barriers to Nursing Academic Progression identified during by the Community Conversation held on May 22, 2019, along with potential solutions. The four overarching barriers are:

1. Total financial cost of education leading to an advanced degree in Nursing.
2. Employer-related barriers that hinder educational pursuits.
3. Distracters from educational pursuits, especially familial responsibilities.
4. Academic-related barriers that hinder educational pursuits.

A common scenario articulated during the Community Conversation demonstrated the interconnectedness between the barriers. There are so many prerequisite requirements when a student pursues an Advanced Degree in Nursing (ADN) that it can consume all the resources a student has, and when the student's financial aid runs out that stimulates the student's need to find work to cover expenses, and work requirements often become a distracter that interferes with the student's ability to complete his/her educational pursuits. The lack of clarity on when the return on investment will affect positive change in income or promotion for the student further inhibits his/her willingness to defer current income for future gain, particularly in the face of familial responsibilities.

#### **Barrier 1: Total financial cost of education**

- School-related Expenses
- BSN and higher degrees are more costly
- Financial aid challenges
- Managing life expenses while still in school

#### **Barrier 2: Employer-related barriers that hinder educational pursuits**

- Insufficient clinical partnerships, internships, residencies
- Hospital requirements for work experience
- Unpredictable work schedule
- Lack of clarity on when the return on investment (ROI) in additional school occurs
- Lack of articulated career ladder

#### **Barrier 3: Distracters from educational pursuits, especially familial responsibilities**

- Family demands
- Work required – financially
- Work required – professionally
- Appreciate the financial benefits of work

#### **Barrier 4: Academic-related barriers that hinder educational pursuits**

- Academic requirements
- Challenges responding to a rapidly changing educational environment
- Insufficient academic alternatives
- Geographic barriers

### Total financial cost of education

- **School-related Expenses**

**Solution:** Some employers pay students full-time to attend school or cover some school-related expenses

- Textbooks are so expensive, and uniforms, supplies, instruments
  - Limited electronic texts; it may be convenient on an iPad, but it's not necessarily lower cost
  - There is no resource library available

**Solution:** Can the schools lend them?

**Solution:** Not all institutions use the textbooks

- Students can't enroll due to costs; after enrolling, they can't pay for books, etc.

- **BSN and higher degrees are more costly**

- Community college versus the University of Hawai'i is much less costly
- Tuition cost triples

- **Financial aid challenges**

- 70% of students use financial aid; therefore, 30% don't have financial aid; and therefore, those students work or can't pursue further education
- Prerequisite courses may eat up students' financial aid resources, e.g. it may take 4 years, including summers and their financial aid ran out so they had to get a job
  - If you're a CNA, it's 5 years to finish the BSN, and you use up your financial aid
  - Students on second careers
- Financial aid may be used sometimes for living expenses, not just school
- Fear of student loans – they may not get a job to pay it off
- Need to pay off loans and don't want any more debt
- Federal nurse faculty loans provide tuition at the time that tuition is due. Tuition reimbursement programs already exist, but they do not solve the problem of students not having the money to pay tuition when it's due.
- At [my institution] tuition reimbursement is in one bucket. Currently, if someone is in school and would like to use the tuition reimbursement provided by the facility, they may need to forego a conference they really wanted to go to, because the funds come out of the same pot.

**Solution:** There should be two buckets, one for continuing education in the form of advanced degrees, and one for continuing education for professional growth (conferences) and to meet job requirements (CPR, ACLS, etc).

**Solution:** If a nurse with an associate degree has a job with an employer and they want to pursue the BSN, then provide scholarships.

**Solution:** Need more from government/grants/tax credits, i.e. 40% undergrad tuition reduction with specific private partners, 30% grad tuition.

- **Managing life expenses while still in school**

- They have a plan to pay if nothing goes wrong, but there is no contingency for emergencies
- Once you are older, you have more financial burdens

### **Immediate opportunities to diminish the barrier:**

- Build information or clearinghouse to fundraise money for students for their life expenses.
- Teach Schools and Departments to fundraise and write grants.
- Ben Hudnall also partners with some universities and pays the full tuition at those schools for eligible employees. **We would like to have Ben Hudnall Memorial Trust partner with local universities and colleges to do this. Kawika Kane is the point of contact to make this happen.** I believe that these contracts with Ben Hudnall can be done within a few months, probably not by the summer, but in less than a year. We would need to discuss timeline with Kawika.

### **Long-term opportunities to diminish the barrier:**

- Teach schools, departments, Student Associations and Alumni Associations how to fundraise sustainably
- Increase available scholarships and grants for nursing students.
- Get community to fund resources for students' life expenses through community support and engagement.
  - Subsidized childcare, eldercare, etc.
  - Fundraising gala
- Legislate financial incentives by educating legislators.
  - Legislate financial incentives to address nursing shortage, i.e. loan repayment incentives.
  - State hospitals can only cover shortages with traveling nurses; if they could have temporary positions, then they could hire locals to fill in for maternity leaves, etc.
  - Offer grants, tax credits, scholarships.

## Employer-related barriers that hinder educational pursuits

- **Insufficient clinical partnerships, internships, residencies**

- The lack of clinical partnerships for scholarships or internships

**Solution:** Hospitals should offer new graduate internships and residencies

- **Hospital requirements for work experience**

- Hospitals may require work experience, e.g. you have to be an aide before getting a nursing job
- It's false marketing when they say, "Helping to get their foot in the door."
- If students work as an aide for a year, their nursing skills decline

- **Unpredictable work schedule**

**Solution:** Asynchronous work on your own with time off for clinical

- People are students and working concurrently; there's not enough flexibility with work AND the class schedule. Many people are already working.
- Limited online courses
- On Maui the ADN is hired by Maui Memorial Hospital, and MMH first let them work 60%, but it was messy. This year MMH gave them no benefits.

- **Lack of clarity on when the return on investment (ROI) in additional school occurs**

- The ROI is too delayed or unforeseeable
- It takes too long for the expense of the tuition to return to nurses in the form of increased compensation, promotion, etc.

**Solution:** If employers have a clinical ladder or other benefits then that increases the incentive

- **Lack of articulated career ladder**

- The ADN is designed to be one thing, but it's not; it's broken. There is no incentive, no differential or employer value to the ADN
- Entry-level BSN is driven by the hospitals; it's not easy to solve this problem
  - Kaua'i has the lowest percentage going on for the BSN because the hospitals will still hire RNs as CNAs to get them in the door
  - It's the same on O'ahu
  - Some are stopping this practice, but not all; credibility is tough when the market is saturated; it's demeaning
- Theoretically, nurses with different degrees should have different workloads and pay, but that is not what hospitals are doing
  - There were incentives in the 90s – titles, pay, etc., because of the nursing shortage. Currently, there is not a shortage in the market; people are holding onto their jobs longer.
  - It's driven by wages; nurses strike because they need raises, and they are expected to do a lot more
- Why would I do it if they aren't going to pay me more?
  - Minnesota and New York are example of fundamental drivers (legal)
  - By the time nurses graduate with their RN they are so exhausted and burned out



### **Immediate opportunities to diminish the barrier:**

- Direct 1-on-1 conversation with hospitals to address employer challenges and encourage changes.
  - More internships for nurses (all levels)
    - CCPS is the vehicle for this conversation, coordinated by HSCN
  - Hospitals share on-boarding processes; that would help students a lot
  - Extended probation with 1-year training for new nurses to screen them and give them experience, time to learn the culture, etc.
  - Developing tuition support/reimbursement programs
  - Help students/nurses understand when the ROI arrives using evidence-based information
  - Flexible work schedules
    - Give them the same, fixed schedule to attend classes (the same day off)
  - Acknowledge employees that are pursuing the ADN
- Generate evidence-based information on ROI and make it widely available.
  - Incentive for the BSN-prepared is better outcomes
  - MAGNET status: make it less expensive, less complicated and raise awareness about the value and outcomes, and partner

### **Long-term opportunities diminish the barrier:**

- Employers have internships, externships, apprenticeships.
  - "First Look" work experience
- Standardize on-boarding process across hospitals, especially clinical agencies, and coordinate amongst themselves
- Partnering with schools to provide internship opportunities for students, broader than just clinical rotations, that also include a stipend from the facility to pay a portion of tuition.
  - Internships (graduate) and externships and apprenticeships (labor-funded) for RNs with no experience.
  - You offer them the internship and try them out and have the government subsidize the 2<sup>nd</sup> person with a grant; currently, the hospital is paying for 2 people – one in training and one who is qualified
- Have funding to hire and train new graduates; incentivize the hospitals
- Employers hold classes on-site for education and training.
  - Health Assessment class
  - Provide space and tools, and the schools provide the teachers
- Address importance of a career ladder – pay, continuing education, etc.
  - Pay substantially differentiated between ADN and BSN, e.g. more than \$1!
- Address employers hiring local rather than traveling nurses
  - Can we cap the number of traveling nurses allowed?
  - How do we encourage them to invest in our local graduates?
- Employer Partnership for hiring

## Distracters from educational pursuits

- **Family demands**
  - LPN left residency due to primary caregiver and breadwinner requirements
  - Kaiser fully funds our ADN, BSN and MSN student employees, so tuition is not the issue because they still don't go ... there are **LIFE barriers**
  - Child care
    - Insufficient childcare alternatives
  - Elder care
  - Caring for sick family members
  - Having a baby
  - Childcare and eldercare, both have unusual hours
- **Work required – financially**
  - School and working is not recommended by the schools, but it is a necessity
  - 70% of students use financial aid; therefore, 30% don't have financial aid; and therefore, those students work or can't pursue further education
  - Their financial aid ran out so they had to get a job
  - Intent is there (100%), but they can't go to work at the same time and support their family
  - If you're younger, you're working for the healthcare coverage.  
**Solution:** Maybe a discount rate for them?
- **Work required – professionally**
  - Students may need work experience to get a good job
    - Hospitals may require work experience, e.g. you have to be an aide before getting a nursing job
  - Students need to work
- **Appreciate the financial benefits of work**
  - If a nurse works overtime, then the nurse receives financial gain and has less time available for academic pursuits, and this can lead to putting off additional school

### Immediate opportunities to diminish the barrier:

- Make childcare services/support available.
- Provide family planning services, starting at Student Orientation.

### Long-term opportunities to diminish the barrier:

- Schools increase caregiving assistance (child and kūpuna) – financial, on-campus daycare, free preschool
- Transportation subsidies – Student ID, free bus pass, free parking

## Academic-related barriers that hinder educational pursuits

- **Academic requirements**

- Is the clinical immersion requirement difficult/necessary for the RN-to-BSN students?
- It's complicated to switch between schools because of credit transfer, prerequisite requirements, etc.

**Solution:** Use the Consortium to move smoothly through

- Neighbor islands and community college students want to work right away because it's hard to get the ADN in Hawai'i, and they have to go to the mainland, but then they aren't eligible to go to the University of Hawai'i because of the lapse, but they want to return; this requires both financial and academic remediation.
- We go in and out of nursing shortages. The community colleges accelerated their education of nurses, but they still have to pass the exam. So, whether they do it at the accelerated rate or the normal rate, they still have to know the same material to pass.

- **Challenges responding to a rapidly changing educational environment**

- Discomfort being a student again? E.g., technology barrier

- **Insufficient academic alternatives**

- In the past I know there has been discussion about a refresher course, and I believe for a short time there was one. I have heard rumblings from staff that this was too expensive, and that they would love to go but could not afford it.
- Limited online courses

**Solution:** Online education is solvable and doable

- **Geographic barriers**

- Commuting –the schools are in town
- Neighbor Islanders have to fly to Honolulu for licensing so they may miss job opportunities while they are waiting to take the test

### Immediate opportunities to diminish the barrier:

- Initiate discussion on common school curricula and prerequisites
- Help students/nurses understand when the ROI arrives using evidence-based information
- Talk to the Development Offices of the educational institutions to increase scholarships and grants benefiting nursing students
- Include the Hawai'i Nursing Student Association in all these initiatives
- Generate evidence-based information on ROI and make it widely available.

### Long-term opportunities to diminish the barrier:

- Employers hold classes onsite for education
- Eliminate practice at ADN, and require it at the BSN (no NCLEX at ADN)
- Offer evening or online classes



# Financial Barriers to Academic Progression in Nursing

## Informational Briefs

*These briefs were developed as part of department of  
labor and industrial relations funding aimed to address  
financial barriers for nurses returning to school.*

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