

2021 HAWAII NURSING WORKFORCE SUPPLY



THE NEW GRADUATE RN WORKFORCE



APRIL 2022

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The New Graduate RN Workforce

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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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INTRODUCTION

Purpose of this Report

The purpose of this report is to use data from our most recent Nursing Workforce Supply and Education Capacity surveys to answer the most frequently asked questions we get about the new graduate RN workforce in the state.

As the organization with the most detailed nursing workforce data Hawai'i, we receive a lot of questions from our partners and stakeholders about new graduate RNs. Common questions include how many new graduates are in the workforce, how much time elapses between graduation and entry into the workforce, and whether large numbers of Hawai'i graduates leave the state due to an unavailability of jobs. In this report, we aim to use the best available data to answer these and other important questions.

Important Definitions

Throughout this report, we refer to three subsets of the RN workforce: new graduates, non-new graduates, and all RNs.

We interchangeably use the terms “new graduate,” “new graduate RN,” and “new grad” to refer to RNs who completed their pre-licensure RN education program within the five years preceding and including the Supply Survey year in which their data were collected. For 2021, this includes all RNs who completed their initial RN education program between 2017 and 2021.

We interchangeably use the terms “non-new graduate” and “non-new graduate RN” to refer to RNs who completed their pre-licensure RN

education program six years or more prior to the Supply Survey year in which their data were collected. For the 2021 survey, this includes all RNs who graduated prior to 2017.

We interchangeably use the terms “total RN workforce,” “all RNs,” or “overall RN workforce” to represent the total RN workforce. This term can also be interpreted as referring to the combined total of new graduates and non-new graduates.

Inclusions and Exclusions from Analysis

As is the case for our other reports produced from the 2021 Hawai'i Nursing Workforce Supply Survey, this report focuses on new graduate RNs who reside and have a primary nursing license-related occupation in Hawai'i. As such, RNs who are licensed in Hawai'i but who do not reside or have a primary practice location within the state or who indicated that they are not currently employed in a role that is relevant to their nursing license are not included in the data presented in this report.

There are some questions about the new graduate workforce for which we have chosen to focus our analysis on only those RNs who completed their pre-licensure RN education at a school located in Hawai'i. Data displays that exclude RNs that were educated outside of Hawai'i are clearly noted.

Sources of Data Included in this Report

The primary data source for this report is the 2021 Hawai'i Nursing Workforce Supply

Survey. The study method including information about fielding and the sample are provided in a separate document (Hawai'i State Center for Nursing, 2021b).

Additionally, some of the data in this report come from the Center's Hawai'i Nurse Education Capacity Reports. The Education Capacity survey is completed on an annual basis by in-state schools of nursing and allows schools to report data related to the number of students they enroll and graduate each academic year.

All of the Center's workforce reports including current and historical Workforce Supply and Education Capacity reports are [available on our website](#).

Common Acronyms

For efficiency, we use the following acronyms or abbreviations throughout this report:

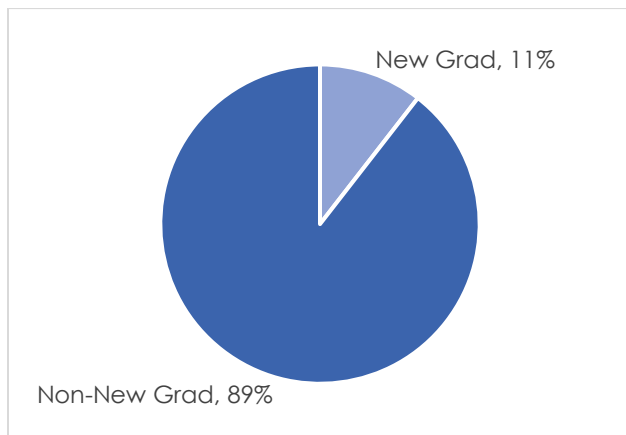
- ADN = Associate Degree in Nursing
- BSN = Baccalaureate Degree in Nursing
- GEPN = Graduate Entry Program in Nursing
- HBON = Hawai'i Board of Nursing
- LPN = Licensed Practical Nurse
- NCLEX-RN = National Council Licensure Examination for Registered Nurses; a requirement for RN licensure in all US states and territories
- NRP = nurse residency program
- RN = Registered Nurse
- The Center = Hawai'i State Center for Nursing

ANSWERS TO FREQUENTLY ASKED NEW GRADUATE RN QUESTIONS

How many New Grads are in Hawai'i's Workforce and Where Do They Work?

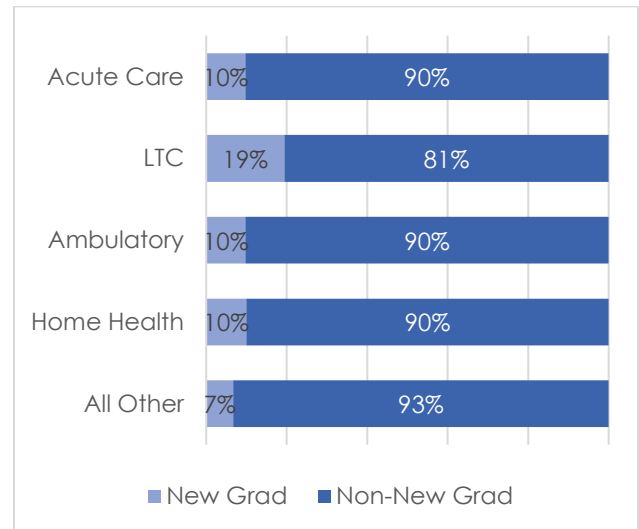
We estimate that as of July 2021, there were approximately 15,070 RNs employed in a variety of roles throughout Hawai'i (Hawai'i State Center for Nursing, 2021a). Of these, 11% were new graduates.

Figure 1. Proportion of New Graduate RNs in the Hawai'i Nursing Workforce



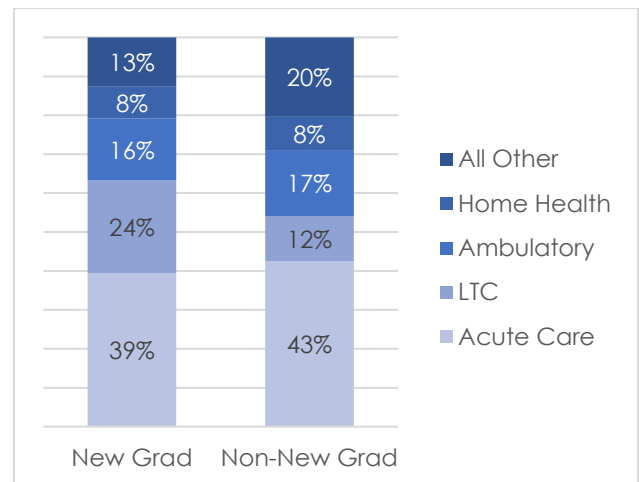
New graduates are not equally likely to work in all settings. When we examine the composition of the RN workforce in each of five major types of practice settings, we find that new graduates account for nearly 20% of the workforce in post-acute/long-term care settings but 10% or less of the workforce in any other setting. Similarly, when we examine the distribution of RNs' employment setting by their new graduate status, we find that new graduates are notably more likely to work in post-acute/long-term care settings and less likely to work in acute care hospitals than non-new graduate RNs. Taken together, these data indicate that new graduates are overrepresented in post-acute/long-term care settings.

Figure 2. Proportion of New Graduate RNs in Each Practice Setting Type



Note. The category "Home Health" refers to Home Health and Hospice.

Figure 3. Primary Practice Setting for New Graduate RNs vs. Non-New Graduate RNs

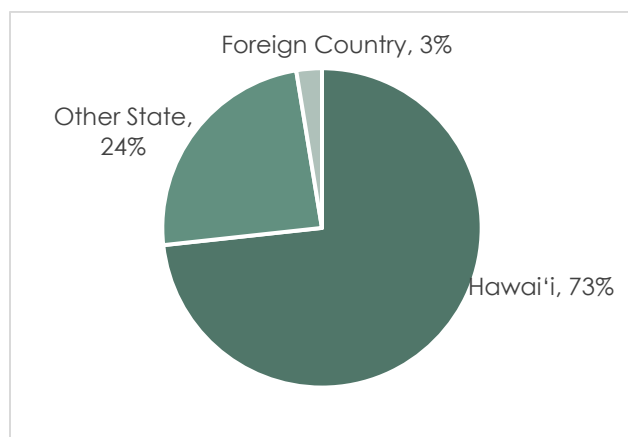


Note. The category "Home Health" refers to Home Health and Hospice.

What's the Educational Background of the New Grad Workforce?

A prevailing belief about the new graduate RN workforce is that Hawai'i's schools of nursing are the primary contributors of new graduates to the local workforce. Our current Supply Survey data validate this belief. Nearly 75% of the new graduate RNs currently working Hawai'i received their initial nursing education from a local school.

Figure 4. Location of New Graduate RNs' Initial Nurse Education Program

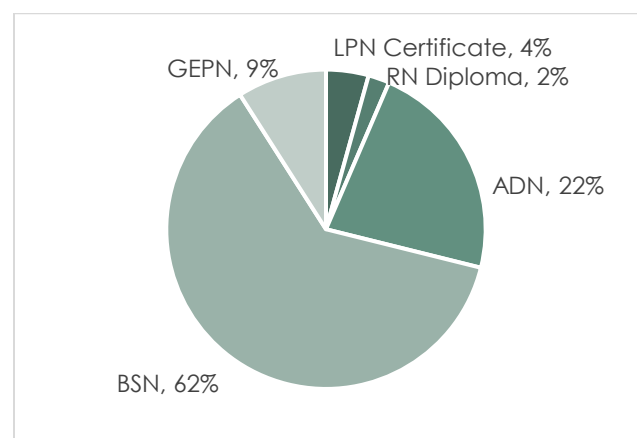


The current statewide nursing shortage (Hawai'i State Center for Nursing, 2021d) warrants renewed focus on addressing the barriers that limit in-state schools' ability to expand enrollment in their pre-licensure RN programs and graduate enough new nurses to meet workforce demand. We have written several times over the last four years that the two primary constraints on local schools' capacity to educate new nurses are the nursing faculty shortage, especially for University of Hawai'i System schools, and a limited supply of curriculum-appropriate clinical placements. If these crucial resources continue to be limited, we are concerned that local schools will

be unable to sustain the RN workforce, especially as the number of people in the population with greater healthcare needs grows, such as kūpuna and people with long-lasting effects of COVID-19.

Despite being affected by constrained resources, Hawai'i's in-state schools of nursing graduated an average of about 430 new prospective RNs from ADN, BSN, and GEPN programs each year between 2018 and 2020 (Hawai'i State Center for Nursing, 2022b). Students from BSN or GEPN programs account for 69% of these new graduates. This is consistent with the 71% of new graduate RNs who told us on our Supply Survey that they were initially educated in a BSN or GEPN program. The high proportion of new graduates entering practice with a BSN or graduate degree has contributed to Hawai'i having one of the most highly educated RN workforces in the country since 2017 (Campaign for Action, 2019).

Figure 5. New Graduate RNs' Initial Nurse Education Program

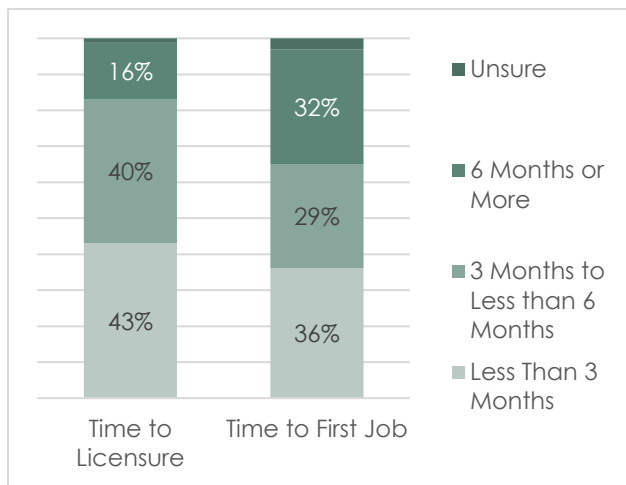


Note. The 4% of new graduate RNs who reported that their initial education program was an LPN certificate program are included here because they completed both an LPN and RN program since 2017.

How Long Does It Take for New Grads to Enter the Workforce?

One of the most important issues for employers, schools, and new graduates is how long it takes new graduates to enter the workforce after graduation. While the job market is the primary driver of new graduates' time to initial employment, having difficulty scheduling or passing the NCLEX-RN or lengthy license application review times can also delay new graduates' initial job attainment. To address this possibility, we asked new graduates how long it took them to get licensed after graduation.

Figure 6. Time Elapsed Between Graduation and Licensure & Graduation and First Nursing Job Attainment



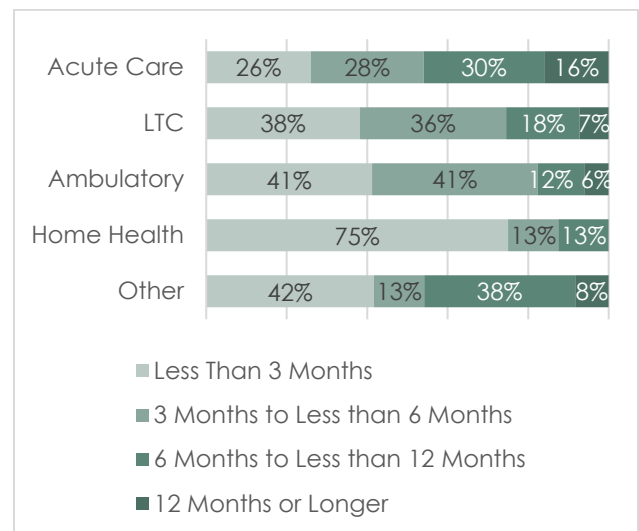
Note. This graph includes data from new graduate RNs whose initial education was from an RN program located in Hawai'i. We filtered out new graduates who initially completed an LPN program because their licensure and job attainment data would have been provided relative to their LPN education and not their RN education. We filtered out graduates from out-of-state or foreign education programs because employers plan new graduate hiring around the timing of graduations among in-state programs.

More than 40% of new graduates reported that they were licensed less than three months after they graduated. Within six months of graduation,

more than 80% of new graduates had licenses in-hand. These data suggest that there are no significant barriers keeping new graduates from getting their licenses and becoming eligible to enter practice quickly after graduation. Without barriers to licensure, employers can expect an influx of new graduates to the workforce twice per year in March and August, about three months after December and May graduations, respectively.

We also asked new graduates to report how long after graduation it took them to get their first nursing jobs. By three months after graduation, 36% of new graduates were working in their first nursing job. By six months after graduation, 65% of new graduates had entered the nursing workforce.

Figure 7. Time Elapsed Between Graduation and First Nursing Job Attainment by Initial Job Setting



Note. This graph includes data from new graduate RNs whose initial education was from an RN program located in Hawai'i. The category "Home Health" refers to Home Health and Hospice.

The amount of time it took new graduate RNs to enter the workforce varied considerably by their initial employment setting. New graduates whose first jobs were in non-acute settings had a shorter time to initial employment than those whose first jobs were in hospitals. The majority of new graduates whose first jobs were in post-acute/long-term care (74%), ambulatory (82%), or home health/hospice settings (88%) were employed within six months after graduation. In contrast, 54% of new graduates who took their first jobs in hospitals were working within six months of graduating. Almost 20% of new graduates whose initial nursing jobs were in hospitals took a year or longer to enter the nursing workforce.

Why Aren't There Jobs for New Grads in Hawai'i?

Strong competition for new graduate jobs in acute care sometimes creates the impression that the job market in Hawai'i is inhospitable to new graduates. In reality, there are ample opportunities for new graduates to get to work quickly, though those opportunities may not exist in hospitals.

New graduates who went to work in home health had the shortest time to initial employment; 75% of new graduates in home health were in the workforce within three months of graduating. Among new graduates who chose jobs in post-acute/long-term care or ambulatory settings, about 40% were in the workforce less than three months after graduation.

These data demonstrate that local new graduates can get hired in Hawai'i within a few

months of graduation *if* they are willing to take their first jobs in non-acute care settings. Despite most non-acute settings offering a faster path to initial employment, hospitals are the most in-demand setting for new graduates' first jobs. Hospitals have fewer jobs to offer than there are new graduates who want them, a fact which is sometimes interpreted as hospitals not wanting to hire new graduates. We address that interpretation in the next section.

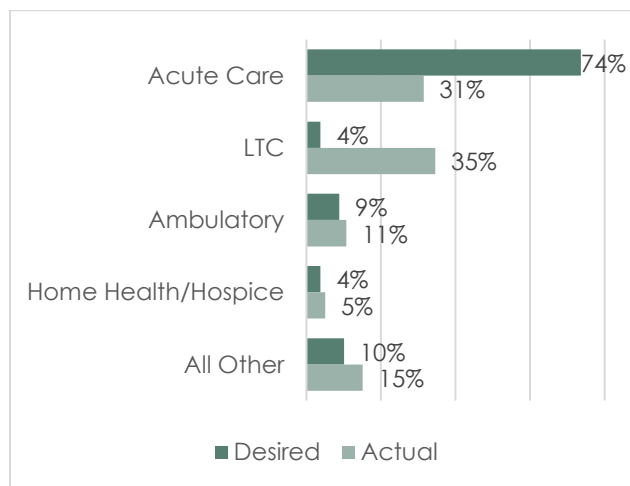
Why Don't Hospitals Want to Hire New Graduates?

Among graduates from nursing schools in Hawai'i, 75% indicated that they wanted their first employment setting to be in a hospital. In contrast, only 31% of new graduates reported that they actually obtained employment in a hospital following graduation. This corresponds to the share of new graduates that hospitals in the Hawai'i NRP (HNRP) Collaborative reported hiring. Between 2018 and 2021, hospitals that were members of the HNRP hired an average of about 90 new graduates each year (Hawai'i State Center for Nursing, 2021c). If we estimate that hospitals that were not members of the HNRP hired another 30 nurses annually, then hospitals hired about 31% of the 400 new graduates who completed ADN or BSN programs each year during the same time frame.

Hospitals' willingness and ability to hire new graduates varies as a function of several factors such as the availability of resources to provide transition to practice support, relative need for generalists vs. specialty RNs (which new

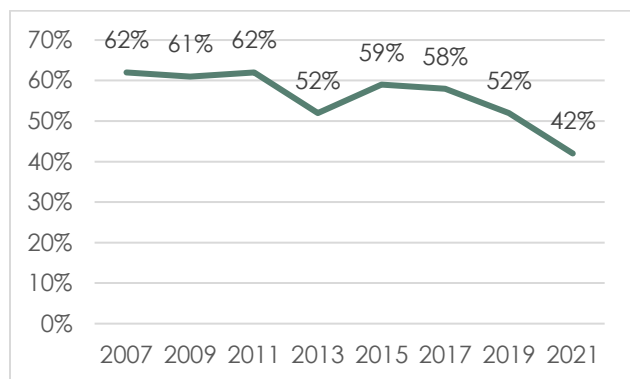
graduates are not), and relative demand for nurses vs. other types of non-nursing health professionals. Though these and other factors influence the acute care new graduate RN job market, we argue that the single most influential factor driving hospitals' limited hiring of new graduates is that hospitals employ a smaller share of the entire RN workforce as compared to 15 years ago.

Figure 8. Desired and Actual First Nursing Job Setting New Graduate RNs



Note. This graph includes data from new graduate RNs whose initial education was from an RN program located in Hawai'i. The category "Home Health" refers to Home Health and Hospice.

Figure 9. Percent of Hawai'i RN Workforce Employed in Hospitals, 2007-2021



As models of healthcare emphasize disease prevention, health maintenance, and aging-in-place, demand for nurses in ambulatory and home health settings has increased. Simultaneously, the average patient length of stay in hospitals has become shorter which has increased demand for nurses in post-acute/long-term care settings and a created corresponding decrease in the share of nurses that work in hospitals. According to historical Supply Survey data, the proportion of the total RN workforce that reported a primary employment setting in a hospital decreased from 62% in 2007 to 42% in 2021. As more nursing care is delivered in non-acute settings, hospitals employ less of the total RN workforce, and by extension, less of the new graduate workforce.

A good question may be why do so many new graduates want to work in hospitals as compared to other settings? There are some good reasons for this, such as:

- Most of nursing students' clinical hours are conducted in hospitals. This promotes new graduates' familiarity with hospitals as a practice setting and (erroneously) establishes an expectation that most nursing practice happens in hospitals.
- The patient load for nurses employed in hospitals is generally much smaller than that of nurses who work in most post-acute/long-term care settings. Having fewer patients to care for during any given shift makes for a less stressful and more manageable practice environment, especially for new nurses.

- Hospitals are more likely than other settings to offer new graduate NRPs which help to ease new graduates' initial transition into practice. Nurses who complete a new graduate NRP are more likely to remain in their jobs for at least a year than nurses who do not receive formal transition to practice support.
- Nurses who work in hospitals are paid more per year on average than nurses who work in other settings, sometimes by an extraordinary margin (Hawai'i State Center for Nursing, 2022a).

While some of these advantages are unique to acute care and cannot easily be replicated in other settings, it is important for non-acute employers to recognize the specific advantages that hospitals have in the new graduate job market. If non-acute employers can implement programs or initiatives that can increase the desirability of their own settings, then they can draw some of the new graduate employment demand away from hospitals. Doing so would benefit new graduates and employers in all settings over the status quo.

Before we close this section, we want to note that hospital hiring has been unusually high in 2021 and 2022. Members of the HNRP hired nearly 290 new graduates for the 2021-2022 NRP year, most of whom were hired by hospitals. This is the largest number of new graduates hired by HNRP facilities in a single year since at least 2015 (Hawai'i State Center for Nursing, 2021c). The recent spike in hospitals' hiring of new graduates is in response to a statewide nursing shortage stemming largely from the COVID-19 pandemic.

As a result, we expect that future Supply Survey data will reflect a higher proportion of new graduate hires into acute care than the historical data would forecast.

How Many Local New Grads Has Hawai'i Lost to Out of State Jobs?

When our stakeholders express their concern about the local job market being unfriendly to new graduates, we are often asked to quantify the number of local graduates who have left the islands for jobs in other states or countries. Unfortunately, we do not have the data necessary to answer this question.

The major limitation of our Supply Survey is that nurses complete it when they renew their Hawai'i nursing license. If a graduate from a local school never got a Hawai'i license or decided not to renew a Hawai'i license because they started working in another state, they do not have access to our Supply Survey. Additionally, in 2021, we had an unusually low response rate as compared to prior survey years (Hawai'i State Center for Nursing, 2021b). Ordinarily, our sample is large enough that we have enough data to compare local graduates who left the state to those who stayed in Hawai'i. Those comparisons do not provide a definitive estimate of the number of local graduates who have left the state, but we can formulate a profile of them so we can better understand their decision to leave. The unusually small sample size in the 2021 study prevented us from being able to make those comparisons this year.

Though we do not have the data we need to develop a profile of the local new graduates who left the state this year, we did have enough data in 2019. We provided a thorough discussion of what we knew about the local nurses who left the state in our Education Capacity Report for Academic Year 2018-2019 (Hawai'i State Center for Nursing, 2020, pp. 22–26). Two findings from that report are especially relevant here.

First, in 2019 about 90% of local new graduates reported a primary residential location in Hawai'i. If we extrapolate that proportion to the number of new graduates from in-state schools, Hawai'i loses about 40 prospective RNs to other states or countries annually. Whether the loss of 40 new graduates is cause for alarm is a matter of perspective, but it is the case that most of our local graduates remain in Hawai'i. Second, local new graduates who left the state were much more likely to be employed in hospitals as compared to new graduates who stayed in Hawai'i. These data suggest that new graduates who had a non-negotiable preference to work in acute care were willing to take jobs out of state rather than delaying their entry to the workforce as did many of their counterparts who remained in Hawai'i.

Do Most New Grads Receive Formal Transition to Practice Support?

NRPs provide new graduate nurses with formalized support, mentorship, and education during their transition from their role as student to their role as practicing clinicians. As a result, NRPs are widely regarded as playing an important role in

increasing first- and second-year retention rates for new graduate nurses.

In 2021, less than 30% of new graduate RNs reported that they had either completed or were currently participating in an NRP. The low overall rate of NRP participation among new graduates is explained by the absence of formal NRPs in non-acute settings. As of October 2021, all of the members of the HNRP Collaborative were acute care hospitals (Hawai'i State Center for Nursing, 2021c). While the Center has worked with post-acute/long-term care to identify and reduce barriers to implementing NRPs, formal new graduate RN residencies remain largely a resource provided by hospitals. As a result, 60% new graduates whose first or current nursing jobs were in hospitals were more likely to have completed or currently be enrolled in an NRP. In contrast, only 6% of RNs whose first or current jobs were in non-acute settings have participated in an NRP.

Figure 10. Proportion of New Graduate RNs Who Are in or Have Completed an NRP

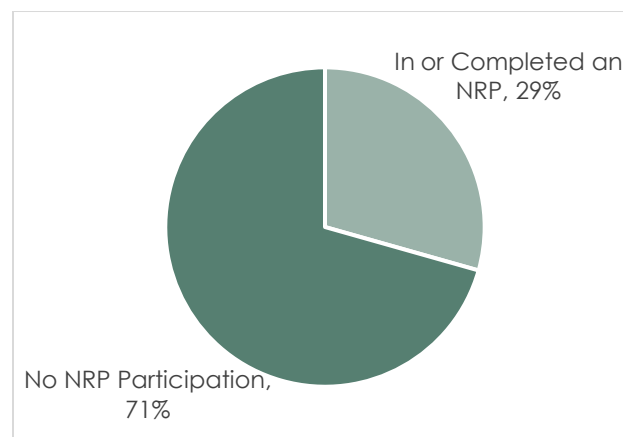
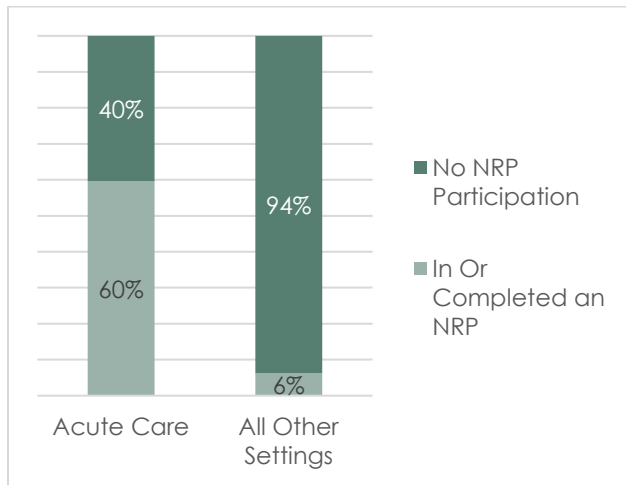


Figure 11. New Graduate NRP Participation by Initial or Current Employment in a Hospital

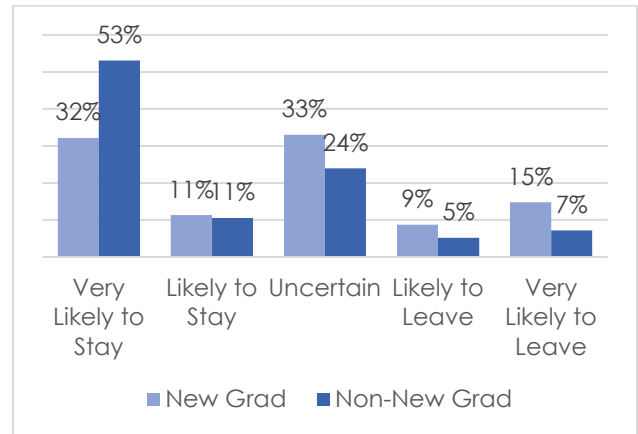


Note. New graduates were grouped into the acute care setting if their first job was or their current job is in an acute care hospital.

Are Most New Grads Likely to Leave Their Jobs?

Much of the interest in establishing new graduate NRPs stems from concerns over high rates of first-year attrition. Because the transition from student to nurse is challenging, in the absence of formal support many new graduates find the nursing profession overwhelming. Many leave their first employers within a year in search of more support. In the worst cases, some new graduates leave the nursing profession altogether. Because of the high rate at which new graduates in Hawai'i are employed in non-acute settings that do not have formal NRPs, we are interested in whether an unusually high proportion of new graduates are contemplating leaving their current jobs.

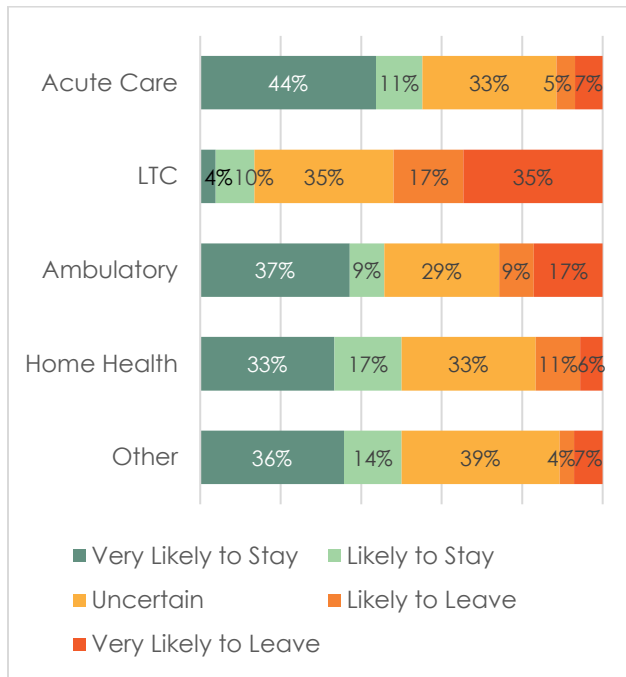
Figure 12. RNs' Intention to Leave Their Current Position by Mid-2022



We asked nurses to report how likely they were to leave their current positions within the next 12 months (equivalent to the middle of 2022). In comparison to the rest of the RN workforce, new graduate RNs expressed less optimism and more uncertainty about their career intentions for the next year. While more than 60% of experienced RNs reported that they were likely or very likely to stay in their current job through the middle of this year, fewer than 45% of new graduates reported the same.

Perhaps the most alarming finding related to new graduates' 12-month plans was that 33% of all new graduates were uncertain of whether they would remain in their current role for the next year. New graduates' lack of certainty about changing jobs creates a challenge for employers who are unable to plan for turnover that they do not know is coming.

Figure 13. New Graduate RNs' Intention to Leave their Current Position by Mid-2022 by Primary Practice Setting



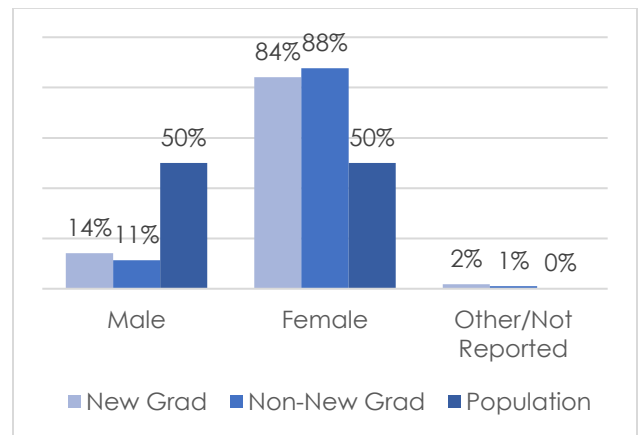
Another worrisome finding is that new graduate nurses' intention to leave their current position varies markedly by their primary practice setting. Specifically, new graduates employed in post-acute/long-term care settings were much more likely than nurses in any other setting to have plans to leave their current jobs within a year. In contrast, new graduates working in acute care hospitals were more likely than nurses in any other setting to indicate having plans to remain in their current jobs.

Though we do not have the data to test a causal relationship between NRPs and new graduates' intention to stay in their current jobs, our data do suggest that the statewide workforce would likely benefit from an expansion of NRPs in into post-acute/long-term care settings.

Are New Grads More Diverse & Representative than More Experienced Nurses?

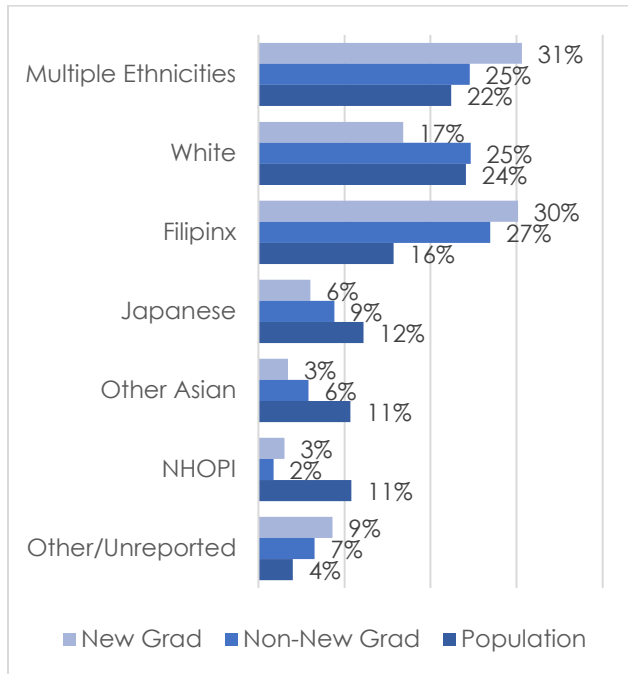
As compared to nurses who graduated prior to 2017, new graduate RNs are more likely to be men, of mixed ethnic ancestry, Native Hawaiian, or Hispanic/Latinx, but by small margins. Despite small and important improvements, men and Native Hawaiians continue to be substantially underrepresented compared to the residential population of the state.

Figure 14. Gender Identity of New Graduate RNs vs. Non-New Graduate RNs



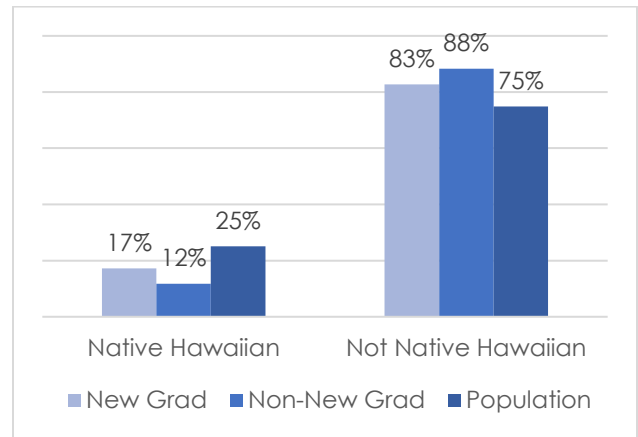
Note. Population data in Figures 14-17 come from the American Community Survey (United States Census Bureau, 2019).

Figure 15. Ethnicity of New Graduate RNs vs. Non-New Graduate RNs



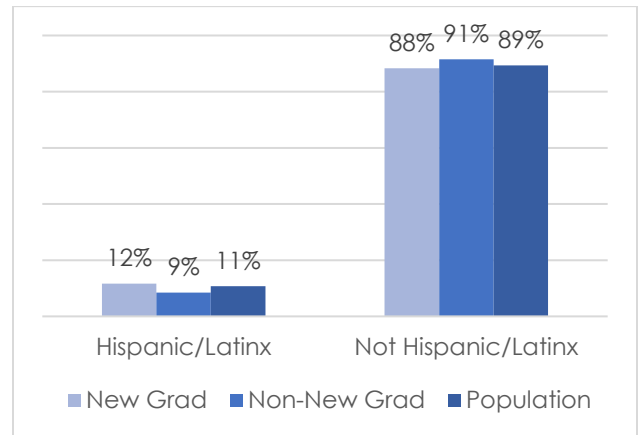
Note. Supply Survey analysis categorized respondents as Multiethnic if they identify as having more than one ethnicity, including ethnicities in the same racial category. Population data categorizes respondents as Multiracial if they belong to multiple ethnic groups not in the same racial category. "Other Asian" includes Chinese, Korean, Vietnamese, and Other Asian. "Other/Unreported" includes Black/African American, American Indian/Alaska Native, Other Race, and all those who preferred not to answer the ethnicity question on the Supply Survey.

Figure 16. Native Hawaiian Ancestry for New Graduate RNs vs. Non-New Graduate RNs



Note. Data for the residential population for the above graph includes all residents who are any part Native Hawaiian or Other Pacific Islander.

Figure 17. Hispanic/Latinx Ancestry for New Graduate RNs vs. Non-New Graduate RNs



DATA TABLES BY NEW GRADUATE STATUS

Table 1. Demographic Characteristics

		All RNs	New Grads	Non-New Grads
Gender	Total	100%	100%	100%
	Male	12%	14%	11%
	Female	87%	84%	88%
	Other/Not Reported	1%	**	1%
Age in 2021	Total	100%	100%	100%
	20-29	8%	49%	3%
	30-39	27%	31%	27%
	40-49	24%	14%	25%
	50-59	20%	4%	22%
	60 and older	21%	**	23%
Ethnicity	Total	100%	100%	100%
	Multiethnic	25%	31%	25%
	White	24%	17%	25%
	Filipinx	27%	30%	27%
	Japanese	9%	6%	9%
	Other Asian	6%	3%	6%
	NHOPI	2%	3%	2%
	Other/Not Reported	8%	10%	7%
Any Part Native Hawaiian Ancestry	Total	100%	100%	100%
	Yes	12%	17%	12%
	No	88%	83%	88%
Hispanic/Latinx of Any Race	Total	100%	100%	100%
	Yes	9%	12%	9%
	No	91%	88%	91%

Note. A double asterisk (**) indicates that the raw cell size was less than 5 which the Center has determined is the minimum cell size for data reporting.

Table 2. Types of Volunteerism Performed between 2019 and 2021

	All RNs	New Grads	Non-New Grads
Total	100%	100%	100%
None	40%	43%	40%
Disaster (e.g., fire, hurricane, etc.) relief	4%	4%	4%
COVID-19 response (surge staffing, contact tracing, vaccination, etc.)	25%	27%	25%
Teaching/precepting nursing/other health students	23%	15%	24%
Other nursing-related volunteerism	23%	27%	23%
Other type of volunteerism	21%	15%	22%

Table 3. Total Positions and Total Hours Worked Across all Positions

		All RNs	New Grads	Non-New Grads
Number of Nursing-Related Employment Positions	Total	100%	100%	100%
	1 Position	81%	84%	81%
	2 or More Positions	19%	16%	19%
Total Hours Worked in a Typical Week Across All Positions	Total	100%	100%	100%
	19 Hours or Fewer	5%	3%	6%
	20 to 40 Hours	65%	74%	64%
	41 Hours or More	29%	23%	30%

Table 4. Primary Employment Characteristics

		All RNs	New Grads	Non-New Grads
Requires Nurse License	Total	100%	100%	100%
	Yes	97%	97%	97%
	No	3%	3%	3%
FTE Classification	Total	100%	100%	100%
	Full-time	77%	78%	77%
	Part-time	17%	17%	17%
	Per diem	5%	5%	5%
Total Hours Worked in a Typical Week in Primary Position	Total	100%	100%	100%
	19 Hours or Fewer	6%	3%	6%
	20 to 40 Hours	75%	82%	74%
	41 Hours or More	19%	15%	20%
Time in Current Position	Total	100%	100%	100%
	Less than 1 Year	17%	44%	14%
	1 Year to Less than 3 Years	21%	36%	19%
	3 Years to Less than 5 Years	15%	13%	15%
	5 Years to Less than 10 Years	21%	3%	23%
	10 Years or Longer	26%	4%	29%
Agency Nurse	Total	100%	100%	100%
	Yes	10%	19%	9%
	No	90%	81%	91%
2020 Pre-Tax Income	Total	100%	100%	100%
	Less than \$40,000	10%	18%	9%
	\$40,000 to less than \$60,000	10%	19%	9%
	\$60,000 to less than \$80,000	15%	27%	14%
	\$80,000 to less than \$100,000	23%	23%	22%
	\$100,000 or more	42%	13%	46%

Table 5. Primary Practice Characteristics

		All RNs	New Grads	Non-New Grads
Title	Total	100%	100%	100%
	Staff Nurse	61%	75%	59%
	Nurse Manager	10%	7%	10%
	Nurse Faculty/Educator	4%	**	4%
	Nurse Researcher	0%	**	0%
	Nurse Executive	3%	**	3%
	Case Manager	8%	6%	9%
	Other	14%	10%	14%
	Total	100%	100%	100%
Main Job Function	Direct Patient Care & Education	62%	79%	60%
	Teaching/Training Students or Staff	5%	3%	5%
	Administration/Management	12%	4%	13%
	Quality/Practice Improvement	3%	**	3%
	Case Management	4%	2%	4%
	Care Coordination	6%	5%	6%
	Research	1%	**	1%
	Workforce Planning/Development	1%	**	1%
	Other	7%	6%	8%

Note. A double asterisk (**) indicates that the raw cell size was less than 5 which the Center has determined is the minimum cell size for data reporting.

Table 6. Primary Practice Characteristics, Continued

	All RNs	New Grads	Non-New Grads	
Setting Type	Total	100%	100%	100%
	Acute Care Hospital	42%	39%	43%
	Post-Acute/Long-Term Care Facility	13%	24%	12%
	Ambulatory	17%	16%	17%
	Home Health/Hospice	8%	8%	8%
	All Other Settings	20%	13%	20%
Primary Practice Specialty	Total	100%	100%	100%
	Administration/Management	7%	3%	7%
	Adult-Gerontology	11%	20%	10%
	Cardiology/Telemetry	4%	4%	4%
	Critical Care	6%	7%	5%
	Education	2%	**	3%
	Emergency/Trauma	5%	4%	5%
	Family Health	2%	**	2%
	Maternal-Child/Obstetrics	6%	3%	7%
	Medical-Surgical	11%	14%	10%
	Nephrology/Dialysis	2%	3%	2%
	Oncology	3%	**	3%
	Palliative Care/Hospice	3%	3%	3%
	Pediatrics	4%	5%	4%
	Perioperative/Surgical	5%	2%	6%
	Psychiatric/Behavioral Health	3%	3%	3%
	Public/Population Health	3%	**	3%
	Rehabilitation	2%	4%	1%
	School/Student Health	1%	**	1%
	Women's Health	1%	4%	1%
Other Specialty	18%	15%	19%	
Types of Patients Cared For	Total	100%	100%	100%
	Uninsured	55%	55%	55%
	Medicaid/Medicare	87%	90%	87%
	Transgender/Nonbinary	38%	39%	38%
	Telehealth	31%	35%	31%
	Opioid Addiction/Dependency	48%	49%	48%
	Houseless	57%	57%	57%
	Disabled	63%	70%	62%
None	6%	3%	7%	

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Table 7. Education Characteristics

		All RNs	New Grads	Non-New Grads
Educational Preparation for Entry to Practice	Total	100%	100%	100%
	LPN Certificate	7%	4%	7%
	RN Diploma	6%	2%	7%
	ADN	25%	22%	25%
	BSN	60%	62%	59%
	GEPN-MS	2%	6%	1%
	GEPN-DNP	0%	3%	**
Number of Years Since Completion of Initial Nurse Education Program*	Total	100%	100%	100%
	Five Years or Fewer	13%	100%	3%
	6 to 10 Years	19%	0%	21%
	11 to 15 Years	20%	0%	22%
	16 to 20 Years	10%	0%	11%
	20 Years or More	39%	0%	43%
Location of First Degree Program	Total	100%	100%	100%
	Hawai'i	54%	73%	52%
	Other State	32%	24%	32%
	Foreign Country	14%	3%	16%
Highest Nursing Education Completed	Total	100%	100%	100%
	RN Diploma	4%	2%	5%
	ADN	20%	18%	20%
	BSN	64%	70%	64%
	MS	9%	7%	9%
	DNP	1%	3%	1%
	PhD	1%	**	1%
Non-Nursing Degrees Earned	Total	100%	100%	100%
	None	66%	60%	66%
	Associate Degree	13%	19%	12%
	Bachelor's Degree	18%	21%	18%
	Master's Degree	5%	2%	5%
	Professional Doctoral Degree	1%	**	1%
	PhD	0%	**	0%
Currently Enrolled in Degree-Leading Nurse Ed Program	Total	100%	100%	100%
	Yes	7%	10%	6%
	No	93%	90%	94%
Current Nursing Degree Program Type	Total	100%	100%	100%
	ADN	**	**	**
	BSN	33%	50%	29%
	MSN	50%	17%	57%
	DNP	16%	33%	12%
Current Nursing Degree Program Located in Hawai'i	Total	100%	100%	100%
	Yes	24%	48%	20%
	No	76%	52%	80%
Current Nursing Degree Program Instructional Mode	Total	100%	100%	100%
	Face to Face	**	**	**
	Distance Education	77%	61%	80%
	Hybrid	22%	39%	19%

Note. *The "Years Since Initial Graduation" variable was calculated as (2021 minus respondents' initial year of graduation). By this math, individuals who graduated in 2016 were included in this category because (2021 minus 2016 = 5). In contrast, our definition of "New Graduate" includes anyone who initially graduated within the last five years, which includes the range of years between 2021 and 2017. The 3% of non-new graduates who are categorized as having graduated 5 or more years ago include those nurses whose initial graduation year was 2016.

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Table 8. Job Satisfaction and Retention

		All RNs	New Grads	Non-New Grads
Primary Position Job Satisfaction	Total	100%	100%	100%
	Very Dissatisfied	4%	4%	5%
	Dissatisfied	6%	7%	6%
	Neutral	23%	32%	22%
	Satisfied	30%	36%	30%
	Very Satisfied	36%	22%	38%
Likely to Leave Primary Position within Next 12 Months	Total	100%	100%	100%
	Very Likely to Stay	51%	32%	53%
	Likely to Stay	11%	11%	11%
	Uncertain	25%	33%	24%
	Likely to Leave	6%	9%	5%
	Very Likely to Leave	8%	15%	7%
Plans for Five Years from 2021	Total	100%	100%	100%
	Doing current job	45%	30%	47%
	Working in different setting	29%	53%	26%
	Working in different specialty	20%	41%	18%
	Working in a non-nursing field	5%	5%	5%
	Retired	16%	**	18%
	Leave workforce for reasons other than retirement	1%	**	1%
	Unsure	16%	16%	16%
Lived Outside of Hawai'i 1 Year Ago	Total	100%	100%	100%
	Yes	3%	7%	2%
	No	97%	93%	98%

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Table 9. Professional Development

		All RNs	New Grads	Non-New Grads
Continuing Competency Qualifying Activities Completed in Last 2 Years	Total	100%	100%	100%
	Held National RN or APRN Cert	32%	32%	32%
	30 CNE Contact Hours	86%	71%	87%
	HBON-Approved Refresher Course	5%	8%	4%
	2 Credits of Post-License Education	8%	11%	7%
	Preceptor for 120+ Hours	8%	5%	8%
	PI or Co-PI for Research or EBP Project	2%	2%	2%
	Author or Co-Author for Peer-Reviewed Publication	1%	**	1%
	Developed/Conducted 5 Contact Hours of CNE	4%	**	4%
	Completed NRP	2%	17%	0%
	None	5%	10%	4%
	Received Formal Education in Evidence-Based Practice	Total	100%	100%
None		44%	18%	47%
In nursing school		42%	81%	37%
Professional development		24%	16%	25%

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