

Hawai'i State Center for Nursing Informational Brief: The State of Hawai'i's Nursing Faculty in 2022

This brief summarizes data related to the current state of nursing faculty in Hawai'i. The contents address the questions the Hawai'i State Center for Nursing (The Center) is most frequently asked about the faculty shortage and local schools' capacity to educate prospective nurses.

Except where otherwise indicated, the data in this report comes from the Center's annual [Hawai'i State Nurse Education Capacity reports](#). The Education Capacity Survey is completed annually by all schools of nursing with a physical campus in Hawai'i. Schools complete the survey between March and May of each calendar year about the prior academic year. Where appropriate, this brief also includes data from other local or national sources to provide context or supplementary information.

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Overview of Nurse Education Capacity in Hawai'i

In the first part of this report, we provide an overview of the nurse education programs in Hawai'i, the number of new nurses they produce annually, and whether schools' production of new nurses is sufficient to meet existing and forecasted employment demand.

Hawai'i's Pre-License Nurse Education Programs

Hawai'i currently has eight post-secondary educational institutions that prepare students for entry into LPN and RN practice. Six schools are affiliated with the University of Hawai'i System and include two universities and four community colleges. The remaining two schools are private, not-for-profit universities. Table 1 indicates the types of LPN and pre-license RN education programs that are offered at each school.

Table 1. Pre-License Nurse Education Programs Offered by Hawai'i Schools of Nursing in AY 20-21

	LPN	ADN	BSN
O'ahu			
Chaminade University			✓
Hawai'i Pacific University			✓
Kapi'olani Community College	✓	✓	
University of Hawai'i at Mānoa			✓
Neighbor Islands			
Hawai'i Community College	✓*	✓	
Kaua'i Community College		✓	
University of Hawai'i at Hilo			✓
University of Hawai'i Maui College	**	✓	

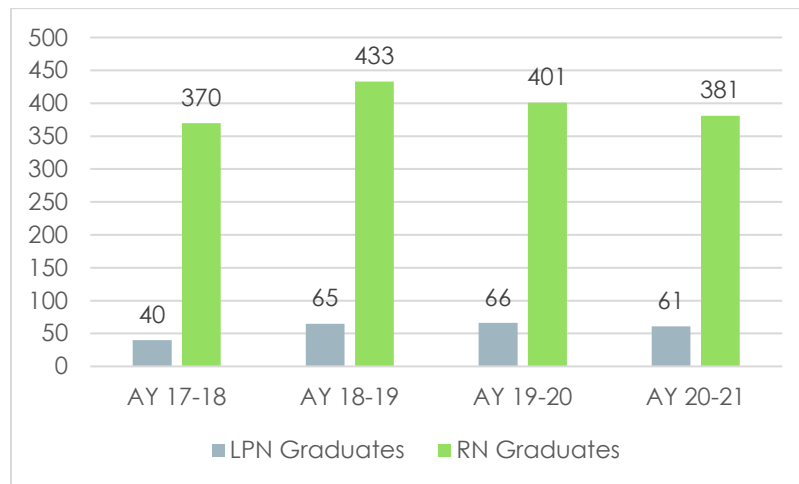
*Notes. UH Mānoa GEPN students are not included in this report. Schools are classified as having an LPN program if they have a so-called standalone program that is separate from their RN programs. *Hawaii Community College no longer has an LPN program as of Fall 2022. **Maui College is working on starting a standalone LPN program.*

Annual LPN and RN Graduates

Between AY 17-18 and AY 20-21, Hawai'i's schools of nursing graduated an average of 58 LPN students annually. This includes all students who received an LPN Certificate of Achievement from standalone LPN programs and students who opted to receive a certificate after completing the first year of an ADN program which is approximately equivalent to the LPN curriculum.

During that same time frame, Hawai'i's schools of nursing graduated an average of 396 students from RN programs annually. This includes all students who completed an ADN or pre-license BSN program.

Figure 1. Graduates from LPN and RN Programs in Hawai'i, AY 17-18 through AY 20-21



Employment Demand for LPNs and RNs

The Center regularly convenes the chief nursing officers (CNOs) of Hawai'i's healthcare facilities to discuss the state of their organizations and challenges that impact their ability to deliver nursing care. Recurring themes in these meetings are that facilities need more nurses to take care of their large number of patients that they have difficulty hiring new nurses due to a shortage of applicants. These anecdotal reports are corroborated by current job posting data. As of late September 2022, there were at least [820 open RN positions](#) and [200 open LPN positions](#) statewide. Further, the Hawai'i Department of Labor and Industrial Relations [forecasts that employers will need to hire 10 more LPNs and 100 more RNs annually through 2030](#) in addition to their existing vacancies.

The 61 LPNs and 381 RNs that Hawai'i's schools of nursing produced last academic year are clearly insufficient to meet existing and forecasted demand for nurses in the state. As such, many healthcare facilities have relied on travel nurses to fill staffing gaps. Travelers can ameliorate acute staffing shortages in the short term, but they are expensive to hire and typically work on short contracts ranging from 6 to 12 weeks which creates disruptive turnover. A better long-term solution is to ensure that in-state schools of nursing have the capacity to educate a local workforce.

Retention of Local Graduates

An important consideration when evaluating whether and how to increase local schools' capacity to educate nurses is whether their graduates will stay in Hawai'i. Increasing educational capacity at local schools will not address the nursing workforce shortage if large numbers of graduates pursue job opportunities outside of the state. It is reasonable to ask, then, how many locally educated nurses remain in Hawai'i to work after graduation. Unfortunately, there is no good answer to this question.

Schools of nursing have an accreditation requirement to report the number of graduates who are employed shortly after graduation. Collecting these data is a challenge for schools. Alumni have no obligation to report to their alma maters where they are or what they are doing after graduation. Therefore, schools often have no way to know whether or where most of their graduates are working.

Because of the challenge schools have with collecting these data, many have asked whether the Center's biennial Nursing Workforce Supply Survey may fill informational gaps. The Supply Survey includes the questions necessary to determine whether Hawai'i graduates are employed out of state. However, the sampling methodology systematically excludes any nurse who does not hold or chooses not to renew a Hawai'i nursing license. If a local graduate left Hawai'i to practice and was initially licensed in another state instead of Hawai'i or opted not to renew a Hawai'i license, they would be excluded from the Supply Survey sample and the Center would have no way to count them.

The Center acknowledges that there are many anecdotes from nurses, schools of nursing, state legislators, and community members about local graduates leaving the state for work because of an unavailability of jobs in Hawai'i or because of out-of-state employers' highly competitive recruitment tactics. The Center has made multiple attempts to obtain empirical data to validate some of these anecdotes with no success. While we cannot quantify the number of local graduates Hawai'i loses each year, we believe that local employers can support retention by adjusting the timing of job offers and the content of compensation packages to be more competitive with the out-of-state employers who recruit directly from schools of nursing.

A Clinical Placement Shortage Also Limits Educational Capacity

The nursing faculty shortage is not the only limitation on schools' educational capacity. Schools also report that they are constrained by a limited number of highly sought-after clinical placements. Schools, especially those on O'ahu, have reported concerns about a shortage of clinical placements for several years, but the onset of the pandemic exacerbated the shortage. Nearly three years later, [Hawai'i's clinical placement capacity has not yet fully recovered to pre-pandemic levels.](#)

The major challenge in expanding clinical placement capacity is that it is dependent on healthcare facilities' ability and willingness to make placements available. There is historical precedent, however, that healthcare facilities can offer more clinical education than they currently do. In AY 20-21 schools had difficulty securing clinical placements for 1,031 LPN and pre-license RN students. In contrast, in AY 07-08, schools had the clinical placement capacity for more than 2,400 LPN and pre-license RN students – 2.3 times the number of students that were enrolled in AY 20-21. If we are to truly increase Hawai'i's capacity to educate nurses, we must simultaneously find ways to increase clinical placements and address the faculty shortage.

Overview of the State of Nursing Faculty in Hawai'i

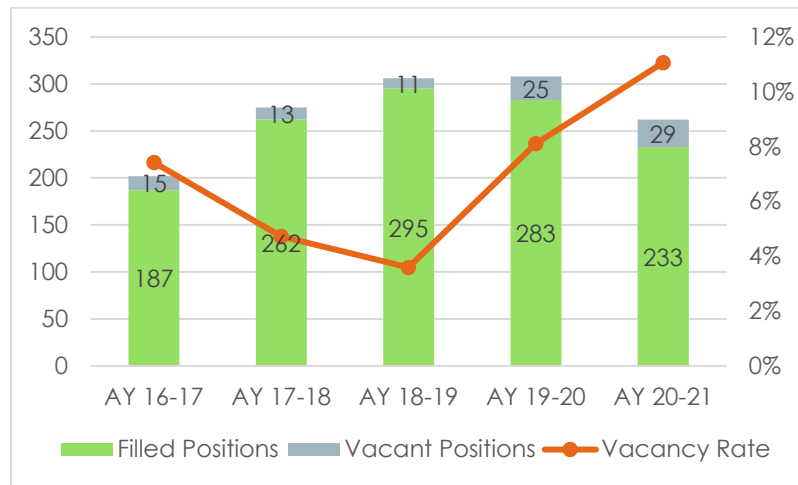
In the second half of this brief, we discuss the current state of nursing faculty, how the number and composition of faculty positions have changed over time, and barriers that limit schools' ability to hire qualified applicants into funded faculty positions.

Total Faculty Positions, 2017-2021

In AY 20-21, Hawai'i's schools of nursing reported having 262 funded faculty positions. Of these, 233 positions were filled, and schools were actively recruiting qualified candidates into the remaining 29. Between AY 19-20 and AY 20-21, schools reported a loss of 15% of their funded positions. According to anecdotal reports, that decrease was largely the result of unexpected retirements and resignations. Pandemic-induced budget constraints prevented schools from receiving funds and authorization to hire replacements for the faculty who left their positions.

Notwithstanding challenges brought about by the pandemic, Hawai'i's schools of nursing have had more funded faculty positions in recent academic years as compared to five years ago. Despite having more funded positions, however, schools' educational capacity has been negatively affected by two factors: a larger proportion of part-time positions and an increasing full-time vacancy rate.

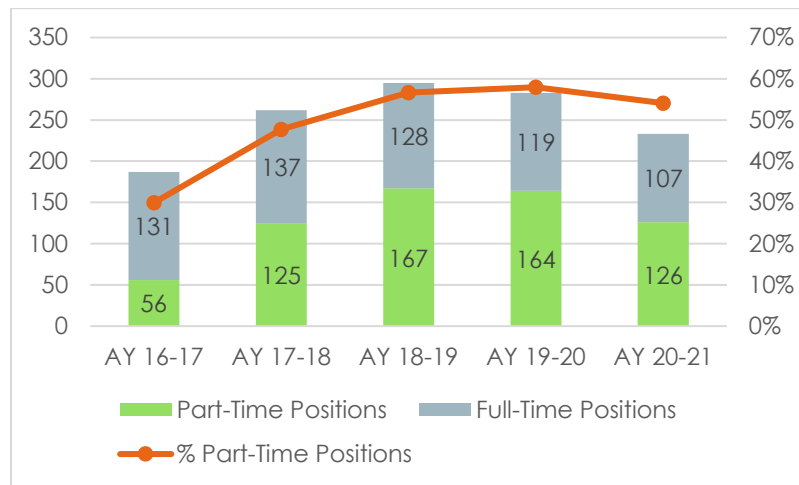
Figure 2. Total, Filled, and Vacant Funded Nurse Faculty Positions, AY 16-17 through AY 20-21



Larger Proportion of Part-Time Faculty Positions

Most of the increase in total faculty positions between AY 16-17 and AY 19-20 was due to an increase in part-time faculty hiring. In AY 16-17, part-time faculty comprised 30% of all filled faculty positions. In contrast, part-time positions have accounted for more than 50% of all filled faculty positions since AY 18-19.

Figure 3. Distribution of Part-Time vs. Full-Time Filled Nurse Faculty Positions, AY 16-17 through AY 20-21



The increase in part-time faculty hiring is consistent with a trend in higher education of reducing full-time faculty positions in favor of a greater number of less expensive part-time positions. In nursing, this shift is also driven in part by clinical facilities' reduction of maximum clinical cohort sizes. Students must have a clinical instructor with them when they go to a facility for a clinical experience. Hawai'i nursing regulation permits a maximum of 10 students per clinical cohort. If a school has 40 students enrolled in a course and they can divide their students into clinical cohorts of 10, then schools only need to hire enough part-time clinical faculty for four cohorts. Most clinical facilities, however, cap their clinical cohort sizes at less than 10. Commonly, the cap is eight students, but some facilities and units may set their caps as low as six or four students. As clinical cohort sizes get smaller, schools need to divide their students into more cohorts which means they need to hire more clinical faculty. The increase in part-time faculty positions, then, only serves to sustain schools' ability to deliver clinical education to students already enrolled in their programs. It does not, however, increase the number of students schools can admit.

It is also important to note that, in general, the only responsibility of part-time faculty is to teach their assigned courses. They do not, like full-time faculty, engage in other activities such as serving on committees or advising students. If the total number of funded faculty positions remains the same or decreases while the proportion of part-time faculty increases, the many non-instructional responsibilities essential to an academic department's functioning must be performed by a smaller number of full-time faculty. On at least one campus, full-time faculty members took on so much additional responsibility that program administrators petitioned to have some 9-month appointments converted to 11-month appointments to compensate faculty for their increased workload.

High Faculty Vacancy Rate

In AY 20-21, schools reported that they had 29 vacant faculty positions which represents 11% of all funded faculty positions for the academic year. Among full-time positions, the vacancy rate was an alarming 18%.

Difficulty recruiting full-time faculty is not a problem unique to Hawai'i, but it does appear to be a more difficult challenge here than elsewhere in the country. The American Association of Colleges of Nursing (AACN) reports that the faculty vacancy rate of the [nation as a whole is 8% and the western region of the US is 9%](#). For the last five academic years, at least half of Hawai'i's schools of nursing have reported that difficulty hiring full-time faculty negatively affected their programs. In AY 20-21 nearly 40% of schools reported that full-time faculty recruitment was the most significant problem affecting their programs. In some cases, schools have had such difficulty filling full-time faculty vacancies that they had to reduce the number of new students they admit.

Figure 4. Percent of Schools for Which Hiring Full-Time Faculty is a Problem, AY 16-17 through AY 20-21

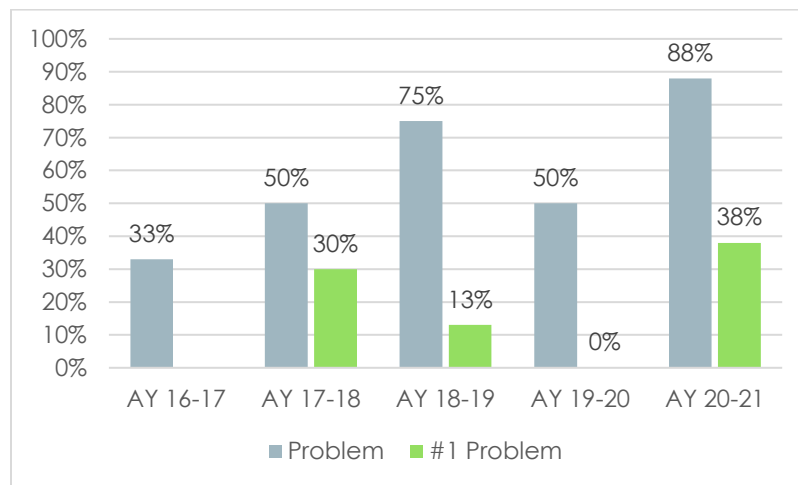
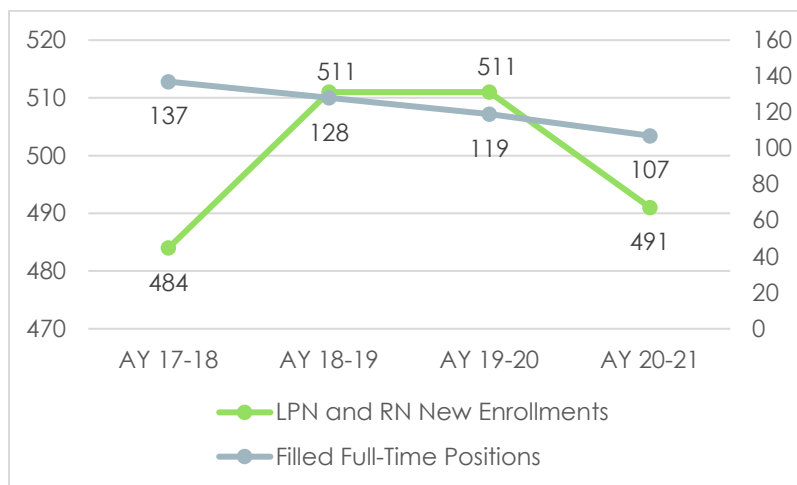


Figure 5. New LPN and RN Enrollments vs. Filled Full-Time Faculty Positions, AY 17-18 through AY 20-21



Schools cite several barriers to hiring full time faculty including:

- Minimum qualifications established by nursing regulation:
 - The Hawai'i Administrative Rules ([HAR 16-89-45](#)) stipulate the minimum education and experience for nurse faculty in LPN and RN programs which can be challenging to find:
 - The preferred qualification for faculty is a master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility. [11% of Hawai'i's RNs hold a master's degree or higher](#) creating a small applicant pool from which candidates with preferred education can be drawn.
 - If the applicant's highest level of education is a baccalaureate degree, they must also have at least three years of nursing experience in their area(s) of teaching responsibility. The pay disparity between clinical and academic positions makes it difficult for schools of nursing to recruit BSN-prepared RNs out of clinical practice into faculty positions.
 - All faculty are preferred to have education in curriculum development, evaluation, or teaching methods; or related experience. Teaching competencies are not covered in standard nursing education programs and require the completion of an additional certificate or degree program in nursing education.
 - Administrators must hold a master's degree or higher in nursing and have completed some education related to curriculum development, evaluation, or teaching methods; and academic preparation for administration or administrative experience or both.
- Long elapsed time from offer to hire:
 - Schools report that it can take months to complete the hiring process after a candidate accepts an offer of employment. Due to this lengthy delay, qualified and interested applicants move on to other roles before the hiring process is completed.

How Salaries Affect the Nursing Faculty Shortage

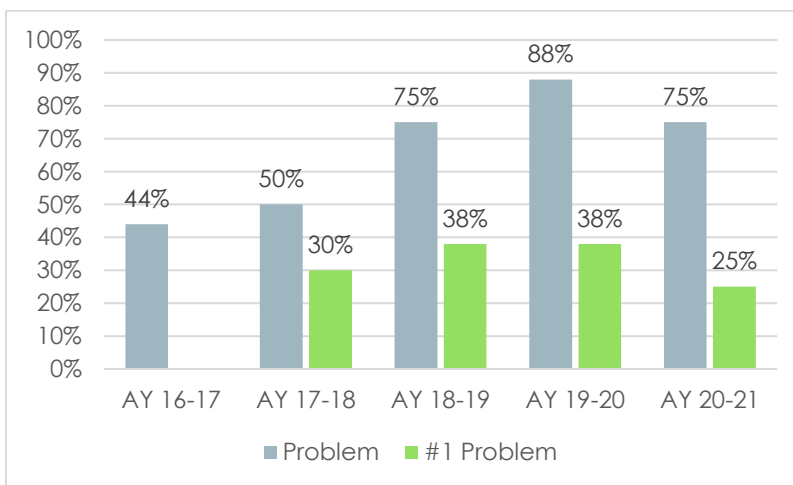
Salaries warrant their own discussion as it relates to the faculty shortage. Schools cite relatively low salaries and lack of funds to increase faculty compensation as barriers to both recruitment and retention of full-time faculty. There are two primary reasons that faculty salaries are barriers to recruitment and retention: academic roles pay less than clinical ones and academic salaries are insufficient relative to the cost of living for out of state candidates.

The gap between academic and clinical salaries is a theme cited by many schools across the country. At the 2022 Annual Meeting of the National Council of State Boards of Nursing, the nationwide nursing faculty shortage was a topic of discussion, and the pay gap between academic and clinical positions was implicated as a driver of the shortage. Moreover, [AACN reports that](#) more than 60% of pre-license BSN programs are unable to recruit faculty because of competition for the pool of qualified faculty candidates with other settings.

According to the [US Bureau of Labor Statistics, in 2021](#), the median annual income for post-secondary nurse educators in Hawai'i was \$102,520. This figure includes the higher salaries offered by the UH Mānoa campus and is not reflective of the salaries offered at other campuses in the state. In particular, community colleges which employ 30% of full-time faculty members statewide, report that they offer starting salaries of about \$15,000 less than the median faculty salary reported by BLS. In contrast, the median income for RNs in 2021 was \$106,530, making the gap between community college faculty salaries and RN salaries about \$20,000 annually. For those faculty who hold APRN

licenses, the pay gap between entry-level community college faculty positions and median APRN income (\$127,490) is more than \$40,000 per year. The pay gap combined with a high volume of work that happens outside of classroom instruction makes academic roles undesirable and uncompetitive for many nurses for whom teaching only one of several possible career options.

Figure 6. Percent of Schools for Which Insufficient Funds for Faculty Compensation is a Problem, AY 16-17 through AY 20-21



The comparatively lower faculty salaries make it especially difficult for schools to recruit candidates from out of state. Because Hawai‘i has no academic programs that are specifically designed to prepare nursing faculty (UH Mānoa will offer a Master’s Degree in Nursing Education & Leadership starting in Fall 2023), the pool of local candidates for academic roles is very small. This means that faculty salaries must, at minimum, pay enough to allow an individual relocating to Hawai‘i to afford to live here. Some schools have reported informally to the Center that they have lost more than one qualified candidate late in the screening process when the candidate realizes that it would be a financial struggle to live in Hawai‘i on the salary being offered. This is unsurprising given that Hawai‘i has, by many metrics, the highest cost of living in the country.

At this juncture, we want to acknowledge that there are other factors that influence faculty salaries such as whether an institution is private or public (and subject to [faculty pay thresholds](#)), whether a position is tenure-leading or not, and whether a position is a 9- or 11-month appointment. The goal of this report is not to tease apart the many nuances of how faculty are compensated. Rather, we wish to provide context for how and why faculty salaries create a barrier to hiring and thus contribute to the full-time faculty shortage.

Opportunities to Reduce the Cost of Nursing Faculty for Schools

Despite being resource constrained, Hawai‘i’s schools of nursing remain steadfastly committed to delivering quality education to the prospective nursing workforce. To that end, some schools have formed academic-practiced partnerships to help decrease the cost of hiring faculty. The Center is aware of at least four models academic-practice cost-sharing that have been used in Hawai‘i.

The first model is one in which a nurse is hired and paid by the clinical site rather than the school. To be eligible to teach as a clinical instructor, the faculty holds a “non-compensated” role at the academic institution. This removes the cost burden from the school to pay for clinical faculty

members and allows the clinical site control over how clinical instruction is delivered in their facilities. This model has been used with a statewide long-term care facility to support clinical education for students enrolled in a community college level nursing program.

The second model is joint appointment in which the clinical facility and the school each pay a portion of the faculty member's salary. The clinical facility pays for time that the employee functions in a clinical role, and the school pays for the time that the employee provides clinical instruction. This model is mutually beneficial to the school and the clinical facility as each entity only pays a portion of the employee's compensation while securing the clinical and instructional resources they each need. This model has been used by a graduate program and a long-term care facility to support Nurse Practitioner education programs in the past.

The third model is endowed professorships. Universities and may secure large private donations which are invested into an endowment. This creates endowed professorships which create perpetual funding for faculty or administrative positions. Donors may dedicate the use of the funds for certain purposes like a supporting a clinical specialty or career focus; endowed faculty may use the endowed discretionary funds to further pursue their research and other professional activity.

A fourth model is to subsidize faculty through the State General Funds. Annually, each UH campus collects budget requests from each department, and UH System then combines each campus request into a UH System budget request. The UH system submits budget requests to the Governor. UH may prioritize special funding or program expansion that includes funding of faculty and staff through the general funds. A general funds allocation expands schools' ability to hire faculty because their budgets are not constrained to revenue generated by tuition dollars. Because this model uses public monies, only public/UH System schools are eligible. The [JABSOM residency expansion](#) and nursing instructor position funding ([HB1600](#)) of 2022 are examples of UH prioritization of special funding for faculty.

The Optimal Number of Faculty Positions

It is difficult to estimate optimal number of faculty that Hawai'i's schools of nursing need to sustain enough educational capacity to meet workforce demand. Schools' faculty needs vary depending on the number and types of programs they offer, the number of students they enroll, and whether their faculty are qualified to teach in multiple subject areas. Identifying how to best support faculty in the state requires input from each school and thoughtful consideration about how to optimize faculty resources for the greatest benefit and impact.