

Hawai'i Nurse Education Capacity Survey for Academic Year 2022-2023

About the Education Capacity Survey

The Hawai'i State Center for Nursing is asking you to complete this survey as part of an ongoing effort to monitor the capacity of local schools of nursing to produce enough nurses to care for Hawai'i's population.

The results of this survey will be the [Statewide Hawai'i Nurse Education Capacity Report](#) in which data from your school will be aggregated with data from the rest of the schools of nursing in the state. Your school will also receive a confidential school-to-state comparison report which will inform you about how your institution contributes to the education of Hawai'i's nurses.

Should you have any questions about this survey or the reports, please contact Dr. Carrie Oliveira, Researcher for the Hawai'i State Center for Nursing (808-754-0895 or carrieol@hawaii.edu).

Notice to person(s) completing this survey: There are several calculation fields included in this form to assist you in entering accurate data. If you experience lag while entering data, you can **turn OFF** the auto-calculate feature in **Adobe Acrobat (Edit>Preferences>Forms and uncheck "Automatically Calculate Field Values.")** Once When you complete your data entry, turn the calculations back on and then double check that your data entries sum to the correct totals.

Part 1: General Information

Institution Information

On behalf of what institution are you reporting data?

What is the formal name of your school/college/department/division/program?

By which national organization(s) is your nurse education program accredited?

<input type="checkbox"/>	ACEN
<input type="checkbox"/>	CCNE
<input type="checkbox"/>	Other – Specify:
<input type="checkbox"/>	None

What is your institution's federal tax classification?

<input type="checkbox"/>	Public
<input type="checkbox"/>	For Profit
<input type="checkbox"/>	Not for Profit

Contact Information for Questions about the Data in this Survey

Please provide the name and contact information for the person who can best answer questions about the data contained in this survey.

Name:	
Title:	
Phone:	
Email:	

Report Recipients

Please provide the names and email addresses of all individuals who should receive a copy of the reports the Center will produce from data collected on this survey. The primary contact for the survey indicated above will also receive a copy.

	Name	Email Address
Recipient #1		
Recipient #2		
Recipient #3		

Part 2: Planning for the Future

New Programs in Development

Is your institution currently developing any new certificate or degree programs in nursing?

	Yes
	No

If “Yes” please indicate the degree, specialty area (if applicable), and the anticipated start date of new program(s).

Program Type	Anticipated Semester of Initial Class Enrollment

Challenges Affecting Your Current and Future Programs

Please select all of the following factors that have a **negative effect** on any of your existing nurse education programs or your institution’s ability to develop programs in the future.

Challenge	Affects Existing Programs	Affects Development of New Programs
Difficulty filling full-time faculty positions		
Difficulty filling clinical (full-time or part-time) faculty positions		
Insufficient resources (e.g., funding, faculty, etc.) for program maintenance or development		
Insufficient number of clinical training sites		
Insufficient number of preceptors for clinical training experiences		
Insufficient resources (e.g., faculty, facilities, etc.) to provide simulated clinical experiences		
Lack of funding for new faculty lines or raises		
My programs are not adversely affected by any of these factors.		

What **one** challenge would you say has the **most significant negative impact** on your current or future nurse education programs?

	Difficulty filling full-time faculty positions
	Difficulty filling clinical (full-time or part-time) faculty positions
	Insufficient resources (e.g., funding, faculty, etc.) for program maintenance or development
	Insufficient number of clinical training sites
	Insufficient number of preceptors for clinical training experiences
	Insufficient resources (e.g., faculty, facilities, etc.) to provide simulated clinical experiences
	Lack of funding for new faculty lines or raises
	My programs are not adversely affected by any of these factors.
	Some other challenge not listed here. (Specify in the space below)

Please select which, if any, of the following your institution has done to **mitigate the negative effects** of the challenges you indicated above.

	Reduced admissions cohort sizes
	Decreased frequency of new student admissions
	Elimination of degree programs or tracks within degree programs
	Replacement of live clinical experiences with high-fidelity simulation
	Increase in student tuition and/or fees
	Pursuit of alternate/supplemental funding sources (e.g., grants, fundraising, clinical partnerships, etc.)
	Payments to clinical sites
	Payments directly to preceptors
	Delayed or terminated development of new certificate/degree programs or tracks within programs
	Other remediation tactic(s) (specify in the space below)

Part 3: Faculty Information

Please complete the following information about the faculty currently working in your department. For the purposes of this survey “faculty” refers to any individual with the title “faculty”, “instructor”, “adjunct” or other similar title, and whose regular job duties include one or more of the following:

- providing didactic or clinical education,
- providing academic advisement to current students,
- directing or serving as a chair or member of a graduate student thesis, dissertation, or project committee,
- any other activity directly related to teaching or mentoring students.

Please report the number of fully funded faculty positions your nursing program has. For this survey, use the following definitions to count your faculty positions:

- Full-time: any position formally designated as full-time by your institution OR requires 35 or more work hours in a typical week.
- Part-time: any position formally designated as part-time by your institution OR requires less than 35 work hours in a typical week.
- Vacant Position: a fully funded position for which recruitment is actively ongoing.

	Full-Time	Part-Time
Filled Faculty Positions		
Vacant Faculty Positions		
Total Faculty Positions		

Please count your full-time and part-time faculty by **gender**.

	Full-Time Faculty	Part-Time Faculty
Total Faculty Reported Above		
Female		
Male		
Other/Nonbinary		
Unknown		
Sum of All Categories		

The number in the “Total Faculty Reported Above” row should match the number in the “Sum of All Categories” row within each column.

Please count your full-time and part-time faculty by **age cohort**.

	Full-Time Faculty	Part-Time Faculty
Total Faculty Reported Above		
30 years and younger		
31 – 40 years		
41 – 50 years		
51 – 55 years		
56 – 60 years		
61 – 65 years		
66 – 70 years		
71 years and older		
Unknown		
Sum of All Categories		

The number in the “Total Faculty Reported Above” row should match the number in the “Sum of All Categories” row within each column.

Faculty data entry tables continue on next page.

Please count your full-time and part-time faculty by **race**.

	Full-Time Faculty	Part-Time Faculty
Total Faculty Reported Above		
American Indian or Alaska Native		
Chinese		
Filipino/a		
Japanese		
Other Asian		
Black or African American		
Hispanic or Latino/a		
Middle Eastern or North African		
Native Hawaiian		
Other Pacific Islander		
White		
Two or More Races		
Some Other Race		
Unknown		
Sum of All Categories		

The number in the "Total Faculty Reported Above" row should match the number in the "Sum of All Categories" row within each column.

Please count your full-time and part-time faculty by **highest academic degree completed**.

If a faculty member has highest degrees in nursing and non-nursing fields, count the faculty member in the nursing degree category. For example, if a faculty member's highest degrees are two practice doctorates of which one is DrPH and one is a DNP, count that faculty member in the DNP category.

	Full-Time Faculty	Part-Time Faculty
Total Faculty Reported Above		
ADN		
BSN		
Baccalaureate, Non-Nursing		
MSN/Master's in Nursing		
Master's, Non-Nursing		
DNP		
Doctoral Practice Degree, Non-Nursing		
PhD, Nursing		
PhD, Non-Nursing		
Unknown		
Sum of All Categories		

The number in the "Total Faculty Reported Above" row should match the number in the "Sum of All Categories" row within each column.

Please indicate which of the following statements are true for your faculty. Select all that apply.

<input type="checkbox"/>	Faculty members are required to have formal training in teaching, curriculum design, assessments, teaching in multiple platforms, classroom management, etc.
<input type="checkbox"/>	New clinical faculty members are provided with a formal orientation to their role at your institution.
<input type="checkbox"/>	New faculty members are formally mentored by an experienced faculty member in your department.
<input type="checkbox"/>	Faculty members are expected or required to complete continuing education or other professional development related to nursing education and adult learner pedagogy.
<input type="checkbox"/>	Your department/institution provides or hosts workshops, presentations, etc. to support your faculty members' professional development.
<input type="checkbox"/>	Clinical faculty have direct patient care experience within the last five years.
<input type="checkbox"/>	Simulation faculty are certified.

Part 4: Academic Certificate/Degree Program Information

In this part of the survey, you will be asked to provide information related to each of the programs that your institution offered during AY 2022-2023. To improve the accuracy and value of our reports, we appreciate your willingness to provide as much data as possible.

Provide data for each type of program in which you had *at least one student enrolled* during AY 2022-2023 regardless of whether you admitted new students to the program for the academic year.

Note that in this question and throughout this survey, the acronyms ADN, BSN, and MSN respectively represent associate, baccalaureate, and master's degrees in nursing regardless of the formal names of equivalent degrees conferred by your institution.

Use the hyperlinks to navigate directly to each section of the survey.

1. [Certificate and Degree Programs Offered in AY 2022-2023](#)
 - Who should complete this section: All schools

2. [Pre-Licensure Programs](#)
 - Complete this section if you had at least one student enrolled in any of the following programs during AY 2022-2023:
 - LPN Certificate of Achievement
 - ADN (including ADN bridge or ADN ladder programs)
 - Pre-licensure BSN (including traditional, second-degree, or accelerated pre-licensure BSN programs)
 - Graduate-Entry Nursing Programs (GEPN) leading to any graduate degree in nursing

3. [Post-licensure Programs](#)
 - Complete this section if you had at least one student enrolled in any of the following programs during AY 2022-2023:
 - LPN-to-BSN
 - RN-to-BSN
 - MSN (including RN-to-MSN and BSN-to-MSN)
 - DNP (including BSN-to-DNP and MSN-to-DNP)
 - PhD (including BSN-to-PhD and MSN-to-PhD)

Certificate and Degree Programs Offered in AY 2022-2023

Please select from the list below all certificate and degree programs that your institution offered and in which *at least one degree-seeking student was enrolled* during last academic year. Include all programs in which you had one or more students enrolled regardless of whether you were accepting new students into that program.

Entry-to-Practice		Post-License	
	LPN Certificate*		LPN-to-BSN
	ADN, General		RN-to-BSN
	ADN, Bridge/Ladder		RN-to-MSN
	BSN, General		BSN-to-MSN
	BSN, Accelerated		BSN-to-DNP
	GEPN (MS)		MSN-to-DNP
	GEPN (DNP)		BSN-to-PhD
	GEPN (PhD)		MSN-to-PhD

*Check only if you have a standalone LPN program that is separate from an RN program.

Pre-Licensure Program Information

Please provide the requested information for each type of pre-licensure program your institution offered during AY 2022-2023.

For all tables in this section, provide data for each degree across all entry pathways/program tracks for that program.

Leave all cells blank in columns corresponding to programs your institution did not offer last academic year.

In which semesters did your school admit new students to each of your pre-licensure programs during AY 2022-2023?

	LPN Cert.*	ADN	BSN	GEPN
Fall				
Spring				
Summer				
Continuous				
No New Admissions in AY				

*Leave LPN cells blank if you do NOT have a standalone LPN program that is separate from your RN program.

In AY 2022-2023, what was the mode of instructional delivery for the didactic content in each of your pre-licensure programs?

If students had options for the mode of instructional delivery, select all that apply.

	LPN Cert.*	ADN	BSN	GEPN
Face-to-Face Only				
Distance Education Only				
Hybrid Face to Face/Distance				

*Leave LPN cells blank if you do NOT have a standalone LPN program that is separate from your RN program.

How many students graduated from each of your pre-licensure programs during AY 2022-2023?

	LPN Cert.*	ADN	BSN	GEPN**
Graduates				

*Count all students who received an LPN Certificate of Achievement regardless of whether they were enrolled in an LPN program or an RN program.

** Count all students who completed the RN/pre-licensure curriculum of the GEPN program during AY 2022-2023 regardless of whether they earned a BSN degree or whether they continued to their intended graduate program.

Please provide the following data for applicants and new admissions into your pre-licensure programs in AY 2022-2023.

	LPN Cert.*	ADN	BSN	GEPN
Seats for New Students				
Qualified Applications Received				
Applicants Who Were Offered Admission				
Admitted Students Who Enrolled				

*Leave LPN cells blank if you do NOT have a standalone LPN program that is separate from your RN program.

What was the total number of students who were enrolled (total student census) in your pre-licensure programs during AY 2022-2023?

	LPN Cert.*	ADN	BSN	GEPN**
Total Students Enrolled				

*Leave LPN cells blank if you do NOT have a standalone LPN program that is separate from your RN program.

**Count ONLY students enrolled in the RN/pre-licensure year of the program.

Please count your pre-licensure students by **gender**.

	LPN Cert.	ADN	BSN	GEPN
Total Students Reported Above				
Female				
Male				
Other/Nonbinary				
Unknown				
Sum of All Categories				

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

Please count your pre-licensure students by **age cohort**.

	LPN Cert.	ADN	BSN	GEPN
Total Students Reported Above				
20 years and younger				
21 – 25 years				
26 – 30 years				
31 – 40 years				
41 – 50 years				
51 – 60 years				
61 years and older				
Unknown				
Sum of All Categories				

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

Pre-licensure program data entry tables continue on the next page.

Please count your pre-licensure students by **race**.

	LPN Cert.	ADN	BSN	GEPN
Total Students Reported Above				
American Indian or Alaska Native				
Chinese				
Filipino/a				
Japanese				
Other Asian				
Black or African American				
Hispanic or Latino/a				
Middle Eastern or North African				
Native Hawaiian				
Other Pacific Islander				
White				
Two or More Races				
Some Other Race				
Unknown				
Sum of All Categories				

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

If you do not offer post-license or graduate degree programs in nursing, this is the end of the survey. Please save the survey and send it via email to Carrie Oliveira at carrieol@hawaii.edu.

Post-Licensure Program Information

Please provide the requested information for each type of post-licensure program your institution offered during AY 2022-2023.

For all tables in this section, provide data for each degree across all entry pathways/program tracks for that program.

Leave all cells blank in columns corresponding to programs your institution did not offer.

In which semesters did your school admit new students to each of your post-licensure programs during AY 2022-2023?

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Fall					
Spring					
Summer					
Continuous					
No New Admissions in AY					

In AY 2022-2023, what was the mode of instructional delivery for the didactic content in each of your post-licensure programs?

If students had options for the mode of instructional delivery, select all that apply.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Face to Face Only					
Distance Education Only					
Hybrid Face to Face/Distance					

How many students graduated from each of your undergraduate post-licensure programs during AY 2022-2023?

	LPN-to-BSN	RN-to-BSN
Graduates		

If your school did not offer graduate nursing degree programs in AY 2022-2023, skip to page 11.

If your school had students who completed graduate programs in AY 2022-2023, continue to the next page.

How many students graduated from each of your APRN programs in AY 2022-2023?

Leave this grid blank if no students graduated from an APRN program in AY 2022-2023.

Degree & Type of APRN	Graduates
<i>Examples:</i>	
<i>DNP – Family Nurse Practitioner</i>	
<i>MSN – Psychiatric-Mental Health Nurse Practitioner</i>	

How many students completed a non-APRN graduate program in AY 2022-2023?

Leave this grid blank if no students graduated from an APRN program in AY 2022-2023.

Degree & Type of Non-APRN Program	Graduates
<i>Examples:</i>	
<i>MSN – Advanced Population Health</i>	
<i>DNP – General</i>	

How many students **graduated from your PhD** program during AY 2022-2023?

	PhD
Graduates	

Post-licensure program data entry tables continue on next page.

Please provide the following data for applicants and new admissions into your post-licensure programs in AY 2022-2023.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Seats for New Students					
Qualified Applications Received					
Applicants Who Were Offered Admission					
Admitted Students Who Enrolled					

What was the total number of students who were enrolled (total student census) in your post-licensure programs during AY 2022-2023?

For institutions with GEPN programs, count all students currently enrolled in your graduate degree programs, including those who were admitted as GEPNs.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Total Students Enrolled					

Please count your post-licensure students by **gender**.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Total Students Reported Above					
Female					
Male					
Other/Nonbinary					
Unknown					
Sum of All Categories					

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

Please count your post-licensure students by **age cohort**.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Total Students Reported Above					
20 years and younger					
21 – 25 years					
26 – 30 years					
31 – 40 years					
41 – 50 years					
51 – 60 years					
61 years and older					
Unknown					
Sum of All Categories					

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

Post-licensure program data entry tables continue on next page.

Please count your post-license students by **race**.

	LPN-to-BSN	RN-to-BSN	MSN	DNP	PhD
Total Students Reported Above					
American Indian or Alaska Native					
Chinese					
Filipino/a					
Japanese					
Other Asian					
Black or African American					
Hispanic or Latino/a					
Middle Eastern or North African					
Native Hawaiian					
Other Pacific Islander					
White					
Two or More Races					
Some Other Race					
Unknown					
Sum of All Categories					

The number in the "Total Students Reported Above" row should match the number in the "Sum of All Categories" row in each column.

This is the end of the survey. Please save the survey and send it via email to Carrie Oliveira at carrieol@hawaii.edu.