

Hawai'i State Center for Nursing 2023 Nursing Workforce Supply Survey Instrument

This document contains the full Nursing Workforce Supply Survey instrument that was fielded between April and June of 2023.

The instrument is based on the Minimum Data Set (MDS) for Supply developed and recommended for the collection of nursing workforce supply data by the National Forum of State Nursing Workforce Centers. Additional items have been added based on feedback from the Hawai'i State Center for Nursing Advisory Board and Research Steering Committee. Feedback from other members of the nursing community in Hawai'i have also been taken into consideration in the revision of this instrument.

There are several colors/notations throughout the document. They were primarily for the use of the researcher in programming the survey, however a user of this document may also find them helpful. The legend of colors/notations is as follows:

1. **Blue, bold, underlined text**: Section and subsection titles/headers
2. **[Green bracketed text]**: Skip logic or data validation for Survey Monkey
3. **Red asterisk (*)**: A question programmed to require a response in Survey Monkey. Usually necessary for the activation of skip logic contingent on the answer to the question.
4. **Pink text**: Indicates a question or response option added to the instrument in 2023 and for which there is no historical data.
5. **Bold, underlined**, and/or **red** text within a question stem: Added for attention and emphasis for the respondent.

The technical documentation for the survey including the data collection procedure and the calculation of response rates and margins of error will be described in a separate report.

If you have questions about this instrument or the Hawai'i State Center for Nursing's workforce data, please contact the Center's Workforce Researcher, Carrie Oliveira, Ph.D. at carrieol@hawaii.edu.

2023 Nursing Workforce Supply Survey

Introduction

The Hawai'i State Center for Nursing requests your participation in the **Hawai'i Nursing Survey**. The purpose of this survey is to assist the Center for Nursing in better understanding the demographic, educational, and employment characteristics of nurses licensed to practice in Hawai'i.

What are you being asked to do?

If you participate in this project, you will be asked to fill out an online survey. It takes most nurses about 15 minutes to complete.

Why is this survey important?

This survey helps the Center for Nursing and our partners identify ways that we can help support and improve the work environment for Hawai'i's nurses.

How the Center for Nursing protect your privacy?

This survey does not ask you to provide any identifying information like your name, email address, or license number. The only person who will ever see the raw data you submit is the Center's workforce researcher. Your responses will be combined with the responses of all the other respondents in the reports we produce.

Notes about Inclusive Language

In a couple of places in the survey, you'll see the terms Latino/a/e and Filipino/a. This decision of a reflection of the Center's commitment to using language that is gender inclusive and culturally appropriate.

Who should you contact if you have questions about the survey?

Contact our Workforce Researcher, Carrie Oliveira, by email at hscndata@hawaii.edu.

Consent to Participate

Clicking "Next" to advance to the first page of the survey indicates your consent to participate in this survey.

Please print or save a copy of this page for your records.

Survey Instructions

Please read each question carefully.

You may skip over any question except for those marked with a red asterisk (*).

Questions that require a response activate skip logic in the survey which prevents you from seeing questions that are not relevant to you.

1. Please enter the last 5 digits of your primary phone number. This will allow us to confirm that you have not completed the survey more than once while maintaining your anonymity.

[Text Box for phone number entry]

Nursing Licenses and Certifications

This section of the survey will ask you to provide information about the types of nursing license(s) and certification(s) you currently

hold.

2. *Please select all of the active Hawai'i nursing licenses that you currently hold. Select all that apply.
 1. Practical Nurse (LPN)
 2. Registered Nurse (RN)
 3. Advanced Practice Registered Nurse (APRN)
3. Please indicate the year in which you FIRST obtained each type of nursing license you have ever held in any U.S. state or territory.

Provide your initial license year even if you no longer hold that type of license in any U.S. state or territory.

Leave the box blank for any type of license you have never held.

1. First Year of LPN Licensure:
 2. First Year of RN Licensure:
 3. First Year of APRN Licensure:
4. Which of the following RN national certifications do you currently hold? Select all that apply.

[Hide question if Q2 =1]

1. I do not hold any RN national certifications.
2. Acute/Critical Care
3. Ambulatory Care
4. Care Coordination/Case Management
5. Emergency/Trauma
6. Gerontology
7. Hospice/Palliative Care
8. Medical-Surgical
9. Nephrology/Dialysis
10. Nurse Education
11. Nurse Manager/Leader/Executive
12. Obstetric/Maternal-Newborn/Neonatal
13. Oncology
14. Orthopedic
15. Pediatric
16. Perioperative

17. Psychiatric-Mental Health
 18. Rehabilitation
 19. Research
 20. Wound Care/Ostomy/Continence
 21. I have an RN national certification in another specialty.
5. *Which of the following APRN certifications do you currently hold?
 [Hide question if Q2<>3]
 CNM = Certified Nurse Midwife
 CRNA = Certified Registered Nurse Anesthetist
 CNS = Clinical Nurse Specialist
 NP = Certified Nurse Practitioner
1. **CNM**
 2. **CRNA**
 3. **CNS** – Adult, Gerontology, or Adult-Gerontology
 4. **CNS** – Family/Across the Lifespan
 5. **CNS** – Neonatal
 6. **CNS** – Pediatric
 7. **CNS** – Psychiatric-Mental Health
 8. **CNS** – Women’s Health
 9. **CNS** – Other CNS Specialty
 10. **NP** – Adult, Gerontology, or Adult-Gerontology, Acute Care
 11. **NP** – Adult, Gerontology, or Adult-Gerontology, Primary Care
 12. **NP** - Family/Across the Lifespan
 13. **NP** – Neonatal
 14. **NP** – Pediatric, Acute Care
 15. **NP** – Pediatric, Primary Care
 16. **NP** – Psychiatric-Mental Health, Adult
 17. **NP** – Psychiatric-Mental Health, Family/Across the Lifespan
 18. **NP** – Women’s Health
 19. **NP** – Other NP Specialty
 20. I have none of these APRN certifications
6. Please indicate the 4-digit year in which you INITIALLY obtained each of the APRN certifications you currently hold.
 [List only contains APRN certifications selected in Q5.]
1. Type 4-digit year for each APRN certification
7. Do you have prescriptive authority in the state of Hawai‘i?
 [Hide question if Q2<>3 or Q5=20]
1. Yes
 2. No
8. *Please indicate all other US states or territories in which you have a current, active LPN, RN, or APRN license.
- | | |
|-----------------------------------|--------------------------|
| 1. I am licensed only in Hawai‘i. | 6. California |
| 2. Alabama | 7. Colorado |
| 3. Alaska | 8. Connecticut |
| 4. Arizona | 9. Delaware |
| 5. Arkansas | 10. District of Columbia |

- | | |
|-------------------|------------------------------|
| 11. Florida | 34. North Carolina |
| 12. Georgia | 35. North Dakota |
| 13. Idaho | 36. Ohio |
| 14. Illinois | 37. Oklahoma |
| 15. Indiana | 38. Oregon |
| 16. Iowa | 39. Pennsylvania |
| 17. Kansas | 40. Rhode Island |
| 18. Kentucky | 41. South Carolina |
| 19. Louisiana | 42. South Dakota |
| 20. Maine | 43. Tennessee |
| 21. Maryland | 44. Texas |
| 22. Massachusetts | 45. Utah |
| 23. Michigan | 46. Vermont |
| 24. Minnesota | 47. Virginia |
| 25. Mississippi | 48. Washington |
| 26. Missouri | 49. West Virginia |
| 27. Montana | 50. Wisconsin |
| 28. Nebraska | 51. Wyoming |
| 29. Nevada | 52. American Samoa |
| 30. New Hampshire | 53. Guam |
| 31. New Jersey | 54. Northern Mariana Islands |
| 32. New Mexico | 55. Puerto Rico |
| 33. New York | 56. Virgin Islands |

9. Please indicate whether you actively practice nursing in each of the states in which you are currently licensed.

[Hide if Q8=1]

[List only contains states and territories selected in Q8]

1. I physically practice nursing in this state
2. I practice nursing via telehealth to patients located in this state
3. I am nursing faculty in person or via distance education for a school in this state
4. I do not actively practice in this state

10. *Do you hold a multi-state nursing license?

1. Yes
2. No

11. Please indicate which of these states issued your multi-state license. This is also called your “home state.”

[Hide question if Q10=2]

[List only contains states and territories selected in Q8]

Demographic Information

This section of the survey will ask you to provide some basic information about yourself.

12. In what year were you born?
[Text box to type 4-digit birth year]
13. What is your gender?
1. Male
 2. Female
 3. Other gender identity
 4. I prefer not to answer
14. Were any of your ancestors Native Hawaiian?
1. Yes
 2. No
 3. I don't know
 4. I prefer not to answer
15. Were any of your ancestors Hispanic or Latino/a/e?
1. Yes
 2. No
 3. I don't know
 4. I prefer not to answer
16. What is your racial/ethnic background? Select all that apply¹.
1. African-American or Black
 2. Caucasian or White
 3. Hispanic or Latino/a/e
 4. Chinese
 5. Filipino/a
 6. Japanese
 7. Korean
 8. Other Asian
 9. Native Hawaiian
 10. Samoan
 11. Other Pacific Islander
 12. American Indian or Alaska Native
 13. Multi-Racial/Multi-Ethnic
 14. I prefer not to answer

¹ The option "Other Race/Ethnicity" was inadvertently excluded from the response set in 2023. Tables will not include this category.

17. Where do you currently live?

1. Hawai'i Island
2. Kaua'i
3. Lāna'i
4. Maui
5. Moloka'i
6. O'ahu
7. Other U.S. state or territory
8. Foreign country

18. Where were you living one year ago?

1. Hawai'i Island
2. Kaua'i
3. Lāna'i
4. Maui
5. Moloka'i
6. O'ahu
7. Other U.S. state or territory
8. Foreign country

19. Where do you expect to be living one year from now?

1. Hawai'i Island
2. Kaua'i
3. Lāna'i
4. Maui
5. Moloka'i
6. O'ahu
7. Other U.S. state or territory
8. Foreign country

Education Information

This section of the survey will ask you about the types of educational background.

20. *What type of nurse education program qualified you for your FIRST nursing license?
1. LPN/LVN certificate
 2. RN Diploma
 3. ADN - Associate Degree in Nursing
 4. BSN - Bachelor's Degree in Nursing
 5. GEPN – MS/MSN (Graduate Entry Leading to a Master's Degree in Nursing)
 6. GEPN – DNP (Graduate Entry Leading to Doctor of Nursing Practice)
 7. GEPN – PhD (Graduate Entry Leading to a PhD in Nursing)
21. *In what year did you complete the nurse education program you selected above?
1. Select from drop-down list ranging from 1923 to 2023
22. *Where was the nurse education program you selected above located?
1. Hawai'i
 2. Other US state or territory
 3. Foreign country
23. Approximately how long after you graduated from your [\[insert program selected in Q20\]](#) program did you get your **nursing license**?
[\[Show question if Q21>=2019\]](#)
1. 1 month
 2. 2 months
 3. 3 months
 4. 4 months
 5. 5 months
 6. 6 months
 7. Longer than 6 months
 8. I don't know/I don't remember
24. In what type of setting did you **want** to get your first nursing position?
[\[Show question if Q21>=2019\]](#)
1. Acute care hospital (including critical access hospital)
 2. Ambulatory setting (e.g., provider's office, any type of clinic)
 3. Home health or hospice (including inpatient hospice)
 4. Post-acute/long-term care (including rehabilitation hospital)
 5. Other type of setting
25. In what type of setting did you **actually** get your first job that **required** your nursing license?
[\[Show question if Q21>=2019\]](#)
1. Acute care hospital (including critical access hospital)
 2. Ambulatory setting (e.g., provider's office, any type of clinic)
 3. Home health or hospice (including inpatient hospice)
 4. Post-acute/long-term care (including rehabilitation hospital)
 5. Other type of setting
 6. I don't know/I don't remember
 7. I have never worked in a position that requires my nursing license

26. Where was your first nursing job located?
[Show question if Q21>2019 and Q25<6]
1. Hawai'i
 2. Other US State or Territory
 3. Foreign Country
 4. I don't remember
 5. I have never worked in a job that requires my nursing license
27. *Approximately how long after you graduated from your [insert program selected in Q20] program did you get your **first job** that **required** your nursing license?
[Show question if Q21>=2019]
1. Less than 3 months
 2. 3 months to less than 6 months
 3. 6 months to less than 12 months
 4. 12 months or longer
 5. I don't remember/I'm not sure
 6. I have never worked in a position that requires my license
28. Have you completed or are you currently participating in a new graduate nurse residency program (NRP?)
[Show question if Q21>=2019 and Q25<6]
1. Yes
 2. No
29. What is the primary reason that you did not get your first nursing position within a year of graduation?
[Show question if Q21>=2019 and Q27=>4]
1. I continued my education without entering nursing practice
 2. I couldn't find a nursing job
 3. I couldn't find a nursing job in my preferred setting
 4. I took a non-nursing position at the facility where I was waiting for a nursing position to open.
 5. Other
30. *Since you graduated from your [insert program selected in Q20] program, what other nursing degree programs have you completed?
1. I have not completed any other nursing degree programs.
 2. RN diploma
 3. ADN - Associate Degree in Nursing
 4. BSN - Bachelor's Degree in Nursing
 5. MSN - Master's Degree in Nursing
 6. DNP - Doctor of Nursing Practice
 7. PhD in Nursing

Please provide the following information about your RN Diploma program.
[\[applies to Q31 and Q32: Show questions if Q30=2\]](#)

31. RN Diploma: Year Completed [enter 4-digit year]

32. RN Diploma: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

Please provide the following information about your ADN/Associate Degree in Nursing program.
[\[applies to Q33 and Q34: Show questions if Q30=3\]](#)

33. ADN: Year Completed [enter 4-digit year]

34. ADN: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

Please provide the following information about your BSN/Bachelor's Degree in Nursing program.
[\[applies to Q35 and Q36: Show questions if Q30=4\]](#)

35. BSN: Year Completed [enter 4-digit year]

36. BSN: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

Please provide the following information about your MS/Master's Degree in Nursing program.
[\[applies to Q37 and Q38: Show questions if Q30=5\]](#)

37. MS/MSN: Year Completed [enter 4-digit year]

38. MS/MSN: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

Please provide the following information about your DNP program.
[applies to Q39 and Q40: Show questions if Q30=6]

39. DNP: Year Completed [enter 4-digit year]

40. DNP: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

Please provide the following information about your PhD in Nursing program.
[applies to Q41 and Q42: Show questions if Q30=7]

41. PhD: Year Completed [enter 4-digit year]

42. PhD: Location of Program

1. Hawai'i
2. Other US state or territory
3. Foreign country

43. What types of degrees have you completed in fields **other than nursing**? Select all that apply.

Do not count non-nursing degrees that you're working on but have not yet completed.

1. I have not completed any non-nursing degrees.
2. Associate Degree
3. Bachelor's Degree
4. Master's Degree
5. Professional/Practice Doctorate Degree (e.g., MD, JD, EdD, DrPH, PsyD)
6. PhD

44. *Are you **currently enrolled** in an education program that will result in a nursing degree?

1. Yes
2. No

45. What type of degree-leading nurse education program are you enrolled in?

[Show question if Q44=1]

1. ADN - Associate Degree in Nursing
2. BSN - Bachelor's Degree in Nursing
3. MSN - Master's Degree in Nursing
4. DNP - Doctor of Nursing Practice
5. PhD in Nursing

46. Is the school you're currently enrolled in located in Hawai'i?

[Show question if Q44=1]

1. Yes
2. No

47. How is the instruction in your current nurse education program delivered?

[Show question if Q44=1]

1. Only or primarily face-to-face
2. Only or primarily by distance education

3. Hybrid of face-to-face and distance education

General Employment Information

This section of the survey will ask you to provide some general information about your current employment status and any volunteer nursing you've recently done.

48. In what ways have you volunteered your time in the last 2 years? Select all that apply.
1. I have not done any volunteer work in the last 2 years.
 2. Disaster relief (e.g., hurricane, fire, etc.)
 3. Teaching/precepting nursing or other health professions students
 4. I have volunteered in some other way that utilized my nursing skills and knowledge.
 5. I have volunteered in some other way that did NOT utilize my nursing skills and knowledge.
49. *Are you currently employed in any field or industry?
1. I am employed or self-employed/business owner
 2. I am unemployed, unable to work, or choose not to work. [\[skip to Q96\]](#)

50. *Is your nursing license relevant to any of the positions in which you are currently employed?

Your nursing license is relevant to your job if your job requires or prefers for you to have a license OR if having a nursing license enhances your ability to fulfill the essential functions of your job.

1. Yes, my nursing license is relevant to one or more of my jobs.
 2. No, my nursing license is not relevant to any of my jobs. [\[skip to Q96\]](#)
51. *In how many license-relevant positions are you currently employed?

Take into consideration ALL of the following types of employment:

- self-employment
 - full-time positions
 - part-time positions
 - per diem positions
 - positions you obtained through staffing or employment agencies
 - employment at a healthcare-related business owned by you or a family member
1. 1 position
 2. 2 positions
 3. 3 or more positions

Primary Employment Information

This section of the survey will ask you to provide some information about your primary employment position.

Your primary position is defined as the position that requires, prefers, or is enhanced by your nursing license at which you spend the most hours per week.

52. *In your primary position, are you self-employed or do you work for someone else?
1. I'm self-employed
 2. I work for someone else
53. About how long have you been working in your primary position?
1. Less than 1 year
 2. 1 year to less than 3 years
 3. 3 years to less than 5 years
 4. 5 years to less than 10 years
 5. 10 years or longer
54. About how long ago did you start working for your primary employer?
[Show question if Q52=2]
1. Less than 1 year
 2. 1 year to less than 3 years
 3. 3 years to less than 5 years
 4. 5 years to less than 10 years
 5. 10 years or longer
55. Does your primary position require you to have a nursing license?
1. Yes
 2. No
56. Is your primary position best described as:
1. Full-time
 2. Part-time
 3. Per diem
57. About how many hours in an average week do you spend working in your primary position?
[Text field with validation to accept numbers from 1 to 115]
58. Are you employed in your primary position through a nursing staffing agency?
1. Yes
 2. No
59. Do you work as a travel nurse in your primary position?
1. Yes
 2. No
60. *Where is your primary position located?
1. Hawai'i
 2. Other US state or territory
 3. Foreign country

61. What is the Hawai'i zip code where your primary position is located?

[Show question if Q60=1]

[Text box to enter 5-digit Hawai'i zip code]

62. Which of the following is closest to your primary position job title?

1. Independent provider in private practice
2. Staff nurse
3. Nurse manager
4. Nurse faculty/educator
5. Nurse researcher
6. Nurse executive
7. Consultant
8. Case manager
9. Hospitalist
10. Other clinical OR non-clinical health-care related position
11. Other NON-healthcare related position

63. *Which of the following best describes most of the work you do in your primary position?

1. Direct patient care & education
2. Education or training of nursing students or staff
3. Administration/Management
4. Quality/Practice improvement
5. Case management
6. Care management/coordination
7. Research
8. Workforce planning/development
9. Other

64. In what type of setting do you work in your primary position?

1. Acute Care Hospital (incl. Critical Access)
2. Assisted Living Facility
3. College/University
4. Community Health Center/Clinic
5. Correctional Facility
6. Dialysis Clinic
7. Government or Regulatory Agency
8. Home Health
9. Hospice (home or inpatient)
10. Insurance Company
11. Nursing Home/Extended Care Facility
12. Outpatient Clinic/Urgent Care
13. Provider's Office
14. Public Health
15. Rehabilitation Hospital
16. School Health Room/Clinic (K-12 or College/University)
17. Surgical Center (outpatient/same day)
18. Other Clinical Setting
19. Other NON-clinical Setting

65. In what specialty area do you work in your primary position?
1. Administration/Management
 2. Adult, Gerontology, or Adult-Gerontology
 3. Anesthesiology
 4. Cardiology/Telemetry
 5. Critical Care
 6. Education (Academic or Clinical)
 7. Emergency/Trauma
 8. Family Health
 9. Gastroenterology
 10. Maternal-Child Health/Obstetrics
 11. Medical-Surgical
 12. Neonatal
 13. Nephrology/Dialysis
 14. Occupational Health
 15. Oncology
 16. Pain Management
 17. Palliative Care/Hospice
 18. Pediatrics
 19. Perioperative/Surgical
 20. Policy/Regulation
 21. Psychiatric/Mental/Behavioral Health
 22. Public/Population Health
 23. Rehabilitation
 24. School/Student Health
 25. Women's Health
 26. Workforce Development
 27. Other Clinical Specialty
 28. Other NON-Clinical Specialty
66. In your primary position, how much of the nursing care that you provide is delivered by telehealth?
1. 50% or more
 2. Less than 50% but more than 0%
 3. None
67. In your primary position, are you a primary care provider? You're a primary care provider if you're the principal point of contact for patients' healthcare needs and you coordinate care and/or refer patients to other providers.
[Show question if Q1=3 and Q5<>20 and Q63=1]
1. Yes
 2. No
68. *In your primary position, are patients billed for your services?
[Show question if Q1=3 and Q5<>20 and Q63=(1, 5, or 6)]
1. Yes [go to Q69]
 2. No [skip to Q70]

69. In your primary position, approximately what percentage of your billable services do you bill under your own provider number? Approximately what percentage do you bill under a physician's provider number? The sum of the two percentages should be 100%.
1. Text box to type % billed to own provider number
 2. Text box to type % billed to physician's provider number
70. In a typical week at work in your primary position, which of the following types of patients do you care for. Select all that apply.
[Show question if Q63=(1, 5, or 6)]
1. Uninsured patients
 2. Patients covered by Medicaid
 3. Patients covered by Medicare
 4. Gay, lesbian, or bisexual patients
 5. Transgender/gender non-binary patients
 6. Patients who have substance use disorder
 7. Patients who do not speak English
 8. Homeless/houseless patients
 9. Disabled patients
 10. I do not provide care to any of these types of patients
 11. I do not know if I provide care to any of these types of patients
71. In 2022, what was the total before-tax income you earned from your primary position? If you don't know exactly, your best guess is fine. If you did not have this job in 2022, estimate the total before tax income you will earn in this position in 2023.
1. Less than \$40,000
 2. \$40,000 to less than \$60,000
 3. \$60,000 to less than \$80,000
 4. \$80,000 to less than \$100,000
 5. \$100,000 to less than \$120,000
 6. \$120,000 to less than \$140,000
 7. \$140,000 to less than \$160,000
 8. \$160,000 to less than \$180,000
 9. \$180,000 to less than \$200,000
 10. More than \$200,000
72. How would you rate your overall job satisfaction with your primary position?
[Slider with hidden numeric values ranging from 1 to 15 where 1 = Very Dissatisfied, 7 = Neutral, and 15 = Very Satisfied].
73. *How likely are you to leave your primary position within the next 12 months?
[Slider with hidden numeric values ranging from 1 to 15 where 1= Definitely STAY, 7 = Uncertain, and 15 = Definitely LEAVE]

74. What ONE thing do you want your employer to do to improve your job satisfaction or increase your likelihood of staying with the organization?
[Open-ended textbox for qualitative responses]

75. What is the primary reason you would leave your current position within the next 12 months?
[Show question if Q73>8]

1. I am dissatisfied in my current position or with my current employer.
2. I want a different position with my current employer.
3. I want to work in a different setting.
4. I plan to move out of state.
5. I plan to leave nursing for another field.
6. I plan to retire.
7. I plan not to work at all for some reason other than retirement.
8. I have some other reason for leaving my current position.

Secondary Employment Information

This section of the survey will ask you to provide some information about your secondary employment position. Your secondary position is defined as the position that requires, prefers, or is enhanced by your nursing license at which you spend the second most hours per week.

[Show section if Q50>=2]

76. *In your secondary position, are you self-employed or do you work for someone else?

1. I'm self-employed
2. I work for someone else

77. About how long have you been working in your secondary position?

1. Less than 1 year
2. 1 year to less than 3 years
3. 3 years to less than 5 years
4. 5 years to less than 10 years
5. 10 years or longer

78. About how long ago did you start working for your secondary employer?
[Show question if Q76=2]

1. Less than 1 year
2. 1 year to less than 3 years
3. 3 years to less than 5 years
4. 5 years to less than 10 years
5. 10 years or longer

79. Does your secondary position require you to have a nursing license?

1. Yes
2. No

80. Is your secondary position best described as:
1. Full-time
 2. Part-time
 3. Per diem
81. About how many hours in an average week do you spend working in your secondary position?
[Text field with validation to accept numbers from 1 to 100]
82. Are you employed in your secondary position at a nursing staffing agency?
1. Yes
 2. No
83. Do you work as a travel nurse in your secondary position?
1. Yes
 2. No
84. *Where is your secondary position located?
1. Hawai'i
 2. Other U.S. state or territory
 3. Foreign country
85. What is the Hawai'i zip code where your secondary position is located?
[Show question if Q84=1]
[Text box to enter 5-digit Hawai'i zip code]
86. Which of the following is closest to your secondary position job title?
1. Independent provider in private practice
 2. Staff nurse
 3. Nurse manager
 4. Nurse faculty/educator
 5. Nurse researcher
 6. Nurse executive
 7. Consultant
 8. Case manager
 9. Hospitalist
 10. Other clinical OR non-clinical health-care related position
 11. Other NON-healthcare related position
87. *Which of the following best describes most of the work you do in your secondary position?
1. Direct patient care & education
 2. Education or training of nursing students or staff
 3. Administration/Management
 4. Quality/Practice improvement
 5. Case management
 6. Care management/coordination
 7. Research
 8. Workforce planning/development
 9. Other

88. In what type of setting do you work in your secondary position?
1. Acute Care Hospital (incl. Critical Access)
 2. Assisted Living Facility
 3. College/University
 4. Community Health Center/Clinic
 5. Correctional Facility
 6. Dialysis Clinic
 7. Government or Regulatory Agency
 8. Home Health
 9. Hospice (home or inpatient)
 10. Insurance Company
 11. Nursing Home/Extended Care Facility
 12. Outpatient Clinic/Urgent Care
 13. Provider's Office
 14. Public Health
 15. Rehabilitation Hospital
 16. School Health Room/Clinic (K-12 or College/University)
 17. Surgical Center (outpatient/same day)
 18. Other Clinical Setting
 19. Other NON-clinical Setting

89. In what specialty area do you work in your secondary position?²
1. Administration/Management
 2. Adult, Gerontology, or Adult-Gerontology
 3. Anesthesiology
 4. Cardiology³
 5. Critical Care
 6. Education (Academic or Clinical)
 7. Emergency/Trauma
 8. Family Health
 9. Gastroenterology
 10. Maternal-Child Health/Obstetrics
 11. Medical-Surgical
 12. Neonatal
 13. Occupational Health
 14. Oncology
 15. Pain Management
 16. Palliative Care/Hospice
 17. Pediatrics
 18. Perioperative/Surgical
 19. Policy/Regulation
 20. Psychiatric/Mental/Behavioral Health
 21. Public/Population Health
 22. Rehabilitation
 23. School/Student Health
 24. Women's Health
 25. Workforce Development
 26. Other Clinical Specialty

² Nephrology/Dialysis was inadvertently excluded as a response option for this question.

³ For Primary Position, this option included Cardiology/Telemetry. Telemetry was inadvertently excluded from the response option for this question.

27. Other NON-Clinical Specialty

90. In your secondary position, what percentage of your direct patient care do you provide by telehealth?⁴
1. I provide nursing care by telehealth 50% of the time or more.
 2. I provide nursing care by telehealth less than 50% of the time but more than 0% of the time.
 3. I do not provide nursing care by telehealth.
91. In your secondary position, are you a primary care provider? You're a primary care provider if you're the principal point of contact for patients' healthcare needs and you coordinate care and/or refer patients to other providers.
[Show question if Q2=3 and Q5<>20 and Q87=1]
1. Yes
 2. No
92. *In your secondary position, are patients billed for your services?
[Show question if Q2=3 and Q5<>20 and Q87=(1, 5 or 6)]
1. Yes [go to Q93]
 2. No [skip to Q94]
93. In your secondary position, approximately what percentage of your billable services do you bill under your own provider number? Approximately what percentage do you bill under a physician's provider number? The sum of the two percentages should be 100%.
1. Text box to type % billed to own provider number
 2. Text box to type % billed to physician's provider number
94. In a typical week at work in your secondary position, which of the following types of patients do you care for. Select all that apply.
[Show question if Q87=(1, 5, or 6)]
1. Uninsured patients
 2. Patients covered by Medicaid
 3. Patients covered by Medicare
 4. Gay, lesbian, or bisexual patients
 5. Transgender/gender non-binary patients
 6. Patients who have substance use disorder
 7. Patients who do not speak English
 8. Homeless/houseless patients
 9. Disabled patients
 10. I do not provide care to any of these types of patients
 11. I do not know if I provide care to any of these types of patients

⁴ The wording of this question differs slightly from the wording in the corresponding question for the primary position (Q66).

95. In 2022, what was the total annual before-tax income you earned from your secondary position? If you don't know exactly, your best guess is fine. If you did not have this job in 2022, estimate the total before tax income you will earn in this position in 2023.
1. Less than \$40,000
 2. \$40,000 to less than \$60,000
 3. \$60,000 to less than \$80,000
 4. \$80,000 to less than \$100,000
 5. \$100,000 to less than \$120,000
 6. \$120,000 to less than \$140,000
 7. \$140,000 to less than \$160,000
 8. \$160,000 to less than \$180,000
 9. \$180,000 to less than \$200,000
 10. More than \$200,000

Questions for Nurses Who are Not Working or Not Working in Nursing

[Show if Q49=2 or Q50=2]

Please provide some information about why you are not currently working in a nursing position.

96. Are you currently seeking employment as a nurse?
1. Yes
 2. No
97. *What is the primary reason you are not currently employed?
[Show question if Q49=2]
[Except where indicated, skip to Q113 at end of this question]
1. I'm retired. [go to Q99]
 2. I cannot find the type of nursing employment I'm looking for. [go to Q98]
 3. I needed a break from nursing/working.
 4. I'm enrolled in school.
 5. I'm taking care of home or family.
 6. I cannot work because of health concerns or a disability.
 7. I'm not working for some other reason.
98. What is the primary reason that you're not working in a position that is relevant to your nursing license?
[Show question if Q49=1 and Q50=2]
[Skip to Q113 at end of this question]
1. I'm a new graduate and I can't find a job that will hire new graduates.
 2. I can't find employment that allows me to practice to the full scope allowed by my license.
 3. I cannot find a position in my preferred specialty.
 4. I cannot find a position in my preferred setting.
 5. I cannot find a position in my preferred geographic location.
 6. I cannot find a position at my desired level of compensation.
 7. I cannot find a position that accommodates my schedule.
 8. I'm not working in a nursing-related position for some other reason.
99. In what year did you retire?
[Show question if Q97=1]
1. Text box for the entry of a 4-digit retirement year between 1900 and 2023.

100. What kind of work were you doing at the time that you retired?
[Show question if Q97=1]
1. Clinical nurse or nurse manager
 2. Nursing/healthcare administration
 3. Nurse education in a clinical setting
 4. Nurse faculty/academic appointment
 5. Other nursing or healthcare-related work
 6. I was not working in nursing or healthcare at the time that I retired.
101. How long had you been thinking about the possibility of retirement before you decided to retire?
[Show question if Q97=1]
[Skip to Q113 at end of this question]
1. Less than 1 year
 2. 1 year to less than 18 months
 3. 18 months to less than 2 years
 4. 2 years to less than 3 years
 5. 3 years or longer
 6. I don't know or don't recall

Nursing Wellbeing

This section of the survey will ask you about your overall wellbeing as a nurse. Please answer these questions with all of your nursing positions in mind.

Indicate the extent to which you agree with each of the following statements:

102. In general, you feel valued and appreciated by your nursing employer(s).
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree
103. In general, you feel that your nursing employer(s) are genuinely concerned about your physical, emotional, and psychological wellbeing.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree
104. In general, your nursing employer(s) encourage and provide the support (flexible scheduling, tuition support, etc.) you need to pursue your professional development goals.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree

105. In general, you feel that nursing is a fulfilling career.
1. Strongly Disagree
 2. Disagree
 3. Neutral
 4. Agree
 5. Strongly Agree
106. Which of the following have you experienced at least one time in the past 12 months? Select all that apply.
1. Felt so stressed out at work that you considered leaving the nursing profession.
 2. Suffered an injury at work that caused you to be temporarily or permanently unable to your job.
 3. Researched and/or obtained mental health services to help you cope with work-related stress.
 4. None of these have happened in the past 12 months.

How often in the last 12 months have you experienced each of the following events while working as a nurse?

107. In the past 12 months, how often have you had an interaction at work with someone you consider a friend?
1. At least once per day
 2. At least once per week
 3. At least once per month
 4. At least once every other month
 5. At least once per year
 6. Never
108. In the past 12 months, how often have you been bullied, verbally abused, physically abused, or treated with incivility by a coworker, supervisor, or manager at work?
1. At least once per day
 2. At least once per week
 3. At least once per month
 4. At least once every other month
 5. At least once per year
 6. Never
109. In the past 12 months, how often have you been verbally or physically abused by a patient or a patient's visitor?
1. At least once per day
 2. At least once per week
 3. At least once per month
 4. At least once every other month
 5. At least once per year
 6. Never

110. How often in the past 12 months did your employer ask or expect you to work more hours in a day or more shifts in a week than you felt was safe?
1. At least once per day
 2. At least once per week
 3. At least once per month
 4. At least once every other month
 5. At least once per year
 6. Never

Future Plans

111. For about how many more years do you plan to practice nursing?
1. Less than five years
 2. Five years but less than 10 years
 3. 10 years to less than 15 years
 4. 15 years to less than 20 years
 5. More than 20 years
 6. I don't know
112. With respect to your nursing career, what do you expect to be doing five years from now. Select all that apply.
1. I plan to be doing what I'm doing now.
 2. I plan to be working in a different setting. [\[go to Q113 else skip to Q114\]](#)
 3. I plan to be working in a different specialty.
 4. I plan to be working in a field other than nursing.
 5. I plan to be retired.
 6. I plan not to be working at all for some reason other than retirement.
 7. I don't know / I don't have specific plans.
 8. I have some other plan for myself.
113. What type of setting do you plan to be working in within the next 5 years?
1. Acute Care Hospital (including critical access hospital)
 2. Ambulatory care setting (e.g., provider's office, any type of clinic)
 3. Home health or hospice (including inpatient hospice)
 4. Post-acute/long-term care (including rehabilitation hospital)
 5. Other type of setting

Professional Development

114. Which of the following continuing competency/lifelong learning activities did you complete in the last two years?
1. I held a national RN or APRN certification
 2. I completed 30 continuing education contact hours
 3. I completed a refresher course approved by the Hawai'i Board of Nursing
 4. I completed 2 credit hours of post-license nurse education
 5. I was a preceptor to one or more nursing students for a total of at least 120 hours
 6. I was the PI or Co-investigator for a research or EBP project
 7. I was the author or co-author of a peer-reviewed publication
 8. I developed or conducted 5 contact hours' worth of continuing nursing education
 9. I completed a Nurse Residency Program
 10. None of these apply to me
115. Have you ever received education/training in how to conduct evidence-based practice (EBP) in nursing? Select all that apply.
1. No, I have not received any formal education/training in EBP.
 2. Yes, I received EBP education in nursing school.
 3. Yes, I received EBP education after completing nursing school (e.g., course, workshop, CNE, etc.)

The Hawai'i State Center for Nursing thanks you for your participation in the Hawai'i Nursing Workforce Supply Survey. We plan to publish the data on our website around November of this year. Click "DONE" at the bottom of this page to end the survey.

After you click "DONE" a new browser window/tab will open that will allow you to sign up to receive the Hawai'i State Center for Nursing electronic newsletter. If you are already subscribed or do not want to subscribe, just close the window/tab without entering any information.

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