



The Texas Governmental Public Health Nurse Staffing Survey (TGPHNSS) assesses nurse staffing and related issues in Texas governmental public health agencies. During the summer of 2015, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to 83 public health agencies in Texas. This included local health departments, health service regions, and Department of State Health Services (DSHS) central offices in Austin. A total of 58 agencies participated for a final response rate of 69.9%.

Recruitment is particularly difficult for public health agencies, especially when compared to hospitals.^{1,2} Research has shown that work environment characteristics have an impact on nurse workforce outcomes, which determine how well nurses are recruited and retained.^{1,3} This report presents the findings pertaining to recruitment and retention practices in Texas governmental public health agencies. Specifically, this report focuses on employee benefits, recruitment efforts, days to fill vacant positions, hiring practices, increasing and decreasing budgeted positions, and transition to practice programs.

¹Dingley, J & Yoder, L. (2013) The Public Health Nursing Work Environment: Review of the Literature. *Journal of Public Health Management Practice*, 19(4), 308-321.

²Health Resources Service Administration. (2005). *Public Health Workforce*.

³Cohen, J., Stuenkel D., & Nguyen, Q. (2009). Providing a healthy work environment for nurses: influence on retention. *Journal of Nursing Care Quality*. 24(4), 308-315.

Strategies

The 2015 TGPHNSS asked public health agencies about benefits offered to employees. Table 1 shows the number and percentage of agencies that offered various benefits for their employees.

- The most frequently offered employee benefit was paid vacation days (98.3%).
- Health insurance and a retirement plan were the second most frequently offered employee benefits offered by public health agencies (94.8%).
- Reimbursement for workshops/conferences was also frequently offered (93.1%).
- 4 agencies reported using other employee benefits (6.9%). 2 agencies who selected “other” listed wellness/fitness programs as employment benefits.

Recruitment Efforts

Agencies were asked to report where they currently focused RN recruitment efforts: within Texas, in states outside of Texas, or internationally. 37 out of 58 agencies responded to this question.

- 34 agencies (58.6%) reported focusing recruitment efforts within Texas.

Table 1. Employee Benefits Offered by Public Health Agencies

	# of Agencies	% of Agencies
Paid vacation days	57	98.3%
Health insurance	55	94.8%
Retirement plan	55	94.8%
Reimbursement for workshops/conferences	54	93.1%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc)	26	44.8%
Tuition (reimbursement or direct payment for employees/new hires)	18	31.0%
Flexible scheduling or job sharing	16	27.6%
Merit bonus	16	27.6%
Payback for unused sick/vacation time	14	24.1%
Career ladder positions for LVNs/RNs/APRNs	7	12.1%
Shift differential	2	3.4%
Sabbatical	1	1.7%
Sign-on bonus	0	0%
Bonus for recruiting staff to the agency	0	0%
Other	4	6.9%
None	1	1.7%

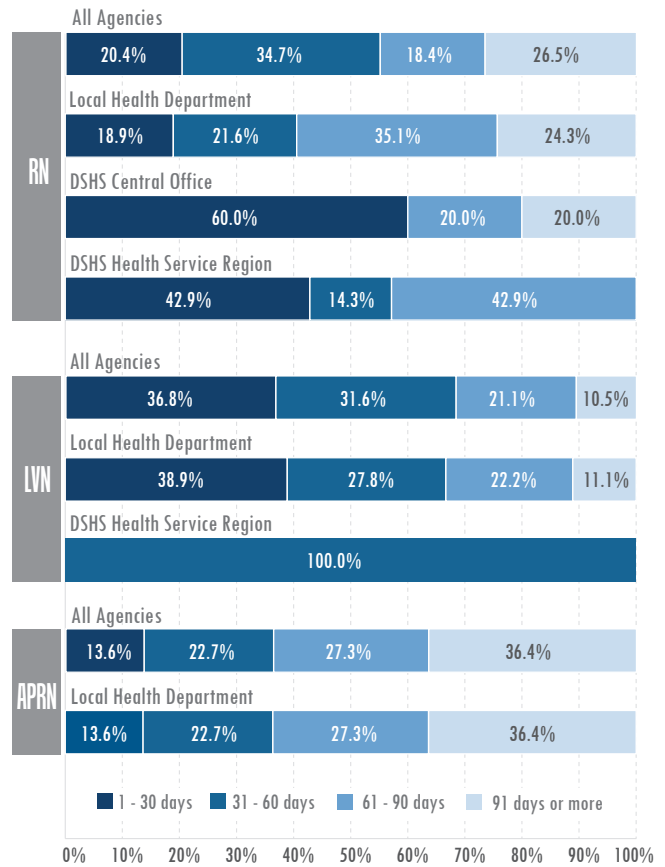
- 3 agencies (5.1%) recruited RNs in other states besides Texas. The reason listed for focusing recruitment outside of Texas was to expand the pool of available applicants.
- None of the responding public health agencies reported focusing RN recruitment efforts internationally.

Filling Positions

Figure 1 shows the average number of days it takes for responding public health agencies to fill vacant positions by agency type.

- 36.8% of responding agencies filled LVN positions in 1 – 30 days and 31.6% filled LVN positions in 31 – 60 days.
- Agencies reported taking more days to fill RN positions. 34.7% of public health agencies took 31 – 60 days to fill a position and 26.5% reported taking 91 days or more to fill a position.
- 36.4% of public health agencies took more than 90 days to fill APRN positions.
- More than half of local health departments reporting taking less than 60 days to fill vacant RN positions. This was less days than DSHS central offices and DSHS Health Service regions with more than half of both agency types taking more than 61 days to fill vacant RN positions.

Figure 1. Number of Days to Fill Vacant Nurse Positions by AgencyType



Change in Budgeted Positions

Texas governmental public health agencies were asked to report the number of additional full-time equivalent (FTE) positions they expected to hire for the next fiscal year.

- 8 agencies reported they planned to increase the number of LVN FTEs (Total of 21), 10 agencies planned to increase the number of RN FTEs (Total of 30.25), and 3 agencies planned to increase the number of APRN FTEs (Total of 4) in the next fiscal year.

Table 2 (page 3) shows the number of agencies that reported a change, if any, in the number of budgeted direct care FTEs in the past 2 years.

- Most agencies reported no change in FTEs among all nurse types over the past 2 years.
- 15 agencies increased the number of budgeted RNs, 9 increased LVN FTEs, and 8 agencies added APRN FTEs.
- 5 agencies decreased the number of budgeted RN and LVN FTEs, while 3 agencies decreased APRN FTEs.

Public health agencies that reported increasing or decreasing budgeted position were then asked to indicate the reasons why the change in budgeted positions occurred.

Table 2. Number of Agencies Reporting a Change in the Number of Budgeted Nurses in the Past 2 Years

	Decreased	No Change	Increased
LVNs	5	44	9
RNs	5	38	15
APRNs	3	47	8

- Increase in funding was the most frequently reported reason agencies increased budgeted LVN, RN, and APRN FTEs (10 of 49 agencies).
- Reduction in funding was the most frequently reported reason agencies decreased the number of budgeted LVN, RN, and APRN FTEs (4 of 15 agencies).

Replacing Budgeted Positions for RNs with Budgeted Positions for LVNs

The 2015 TGPHNSS asked governmental public health agencies to report any budgeted RN positions that were replaced with budgeted LVN positions. Agencies that did replace budgeted RN positions were asked to explain why, but the 2015 TGPHNSS did not provide the opportunity for agencies to account for changes in roles and responsibilities, which is a limitation of the study.

- 5 (8.6%) agencies reported replacing budgeted RN positions with budgeted LVN positions. All 5 agencies were analyzed to identify any similarities, but the only similarity that existed was that all 5 agencies were local health departments.
- Lower salary was the most reported reason as to why budgeted LVN positions replaced budgeted RN positions in governmental public health agencies (4 out of 5 agencies who reported replacing budgeted RN positions with budgeted LVN positions).

Newly Licensed RNs

The 2015 TGPHNSS introduced a question asking agencies to report the number of newly licensed RNs hired by degree type during the last fiscal year. Newly licensed RNs are those who have been licensed less than a year. A total of 36 newly licensed RNs were hired by responding public health agencies.

- Few agencies reported hiring newly licensed RNs, regardless of degree type. 8 of the 58 agencies reported hiring RNs that have been licensed less than a year.

Table 3 displays the number and percentage of newly licensed registered nurses (RN) hired by public health agencies by degree type.

- The largest proportion of newly licensed RNs hired by public health agencies had a bachelor's degree (41.7%).
- 33.3% of the newly licensed RNs hired held an associate's degree in nursing.

Table 3. Number and Percentage of Newly Licensed RNs Hired by Degree Type

	n	# of Newly Licensed RNs Hired	% of Newly Licensed RNs Hired
Diploma	1	3	8.3%
ADN	1	12	33.3%
BSN	6	15	41.7%
MSN- Alternate Entry	5	6	16.7%

n = number of agencies

Transition to Practice

In order to address the shortage of highly qualified practicing nurses, the Institute of Medicine's (IOM) report *The Future of Nursing: Leading Change, Advancing Health* recommends that employers of newly licensed RNs help ease the transition by implementing a transition to practice program. TCNWS introduced a question asking

if governmental public health agencies had a transition to practice program in the 2015 TGPHNSS.

- Of the 58 agencies, 5 reported having a transition to practice program (8.6%), and all 5 agencies were local health departments.

Conclusion and Recommendations

Conclusion

This report determined that the top employee benefits offered by responding agencies to public health nurses were paid vacation days (98.3% of reporting agencies), health insurance (94.8% of reporting agencies), and a retirement plan (94.8% of reporting agencies). The majority of responding agencies focused their recruitment within Texas and reported taking more days to fill vacant RN and APRN positions than vacant LVN positions. Hiring practices were also analyzed. 13 agencies reported hiring a total of 36 newly licensed RNs, with 41.7% of newly licensed RNs holding a BSN. The IOM recommends that 80 percent of RNs have a BSN by the year 2020 and RNs with a BSN is also recommended as the minimum education level for entry into public health nursing practice because BSN prepared public health nurses enter the workforce with better foundations and skills required to provide public health service.¹

Few agencies reported an increase in budgeted positions within the past 2 years, and fewer reported decreasing budgeted positions within the past 2 years. Funding was the most frequently reported reason why agencies increased or decreased budgeted positions. Additionally, 5 agencies reported replacing budgeted RN positions with budgeted LVN positions, but the 2015 TGPHNSS did not account for any changes in roles and responsibilities, which is a limitation of the study. Finally, 5 agencies reported having a transition to practice program.

¹Dingley, J and Yoder, L. (2013) The Public Health Nursing Work Environment: Review of the Literature. *Journal of Public Health Management Practice*, 19(4), 308-321.

TCNWS Advisory Committee Recommendations

- Stakeholders should develop and implement solutions to address these issues, specifically:
 - Local health departments, health service regions, and DSHS (public health agencies) should increase the capacity to provide nursing students with meaningful clinical experiences in public health
 - Public health agencies should partner with the Office of Academic Linkages in DSHS to create programs for public health nursing education that mirror preventative medicine residency programs. This is inline with IOM Recommendation 3: Implement nurse residency programs.
- Schools of nursing should work with public health agencies across the state to create preceptorship and fellowship programs for students in order to prepare them for career opportunities in public health.
- Agencies and schools of nursing should develop transition-to-practice programs to encourage entry of new nursing graduates into public health. This is inline with IOM Recommendation 3: Implement nurse residency programs.
- Professional organizations and public health agencies should identify and implement mechanisms for advertising positions in public health agencies that may attract nurses who wish to change their job roles or practice settings.
- Professional organizations and public health agencies should create and implement opportunities to ensure that public health nurses receive relevant continuing professional education and training in order to promote and maintain a high level of competence in public health practice.
- Public health agencies should support opportunities for nurses to further their formal education so that nurses may achieve upward career mobility within public health agencies.
- Public health agencies should seek new, sustainable funding sources to create a long term mechanism to hire and retain nurses in governmental public health nursing.
- Nurse researchers should focus on the following issues for further study:
 - Unique factors that may adversely affect public health nursing recruitment and retention