



The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. During the summer of 2015, the TCNWS administered the HHHCNSS to 3,148 Texas home health and hospice agencies. 1,023 (32.5%) agencies responded to the survey. The agencies that completed the 2015 HHHCNSS were representative of all Texas home health and hospice agencies by metropolitan and border status, patient census, and agency type.

This report presents the relevant findings of the survey related to hiring practices and transition to practice programs in Texas home health and hospice agencies.

## Hiring of RNs

### Important Characteristics When Hiring RNs

Agencies were asked to rank the importance of four different attributes they would consider when hiring RNs: past relevant nursing experience, past non-relevant nursing experience, bilingual, and bachelor's in nursing or higher education (1=most important, 4=least important) (Table 1).

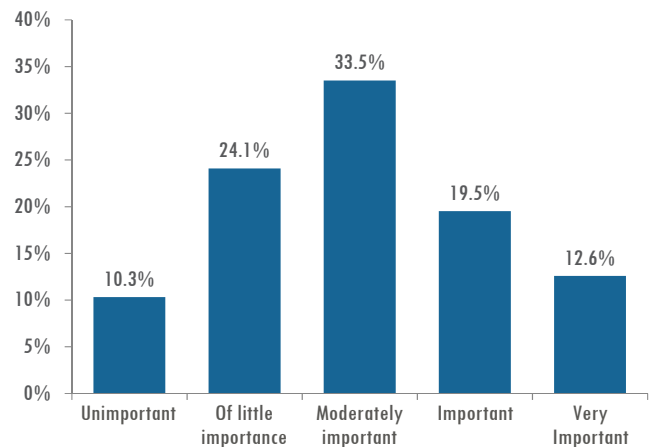
**Table 1. Importance of attributes when hiring RNs**

	Past Relevant Nursing Experience	Past Non-Relevant Nursing Experience	Bilingual	Bachelor's in Nursing or Higher Education
Rank 1	74.3%	8.8%	13.5%	12.2%
Rank 2	10.9%	28.2%	35.4%	24.5%
Rank 3	4.6%	30.7%	37.2%	25.9%
Rank 4	10.2%	32.3%	13.9%	37.4%

- Past relevant nursing experience was ranked the most important attribute overall, followed by bilingual, a bachelor's in nursing or higher education, and past non-relevant nursing experience.
- Most agencies (74.3%) ranked past relevant nursing experience as the most important attribute they looked for in potential hires.
- Over one-third (37.4%) of agencies ranked a bachelor's in nursing or higher education as the least important attribute they looked for in potential hires.

Agencies were also asked to rate the importance of a Bachelor of Science degree in nursing (BSN) for their staff (Figure 1).

**Figure 1. Importance of bachelor's in nursing education for RN staff**



- The highest percentage of agencies (33.5%) said that the degree is moderately important.
- 32.1% said the degree is important or very important, which is a slight increase from 30.7% in 2013. This differs from Texas hospitals, where 46.6% said the degree was important or very important in 2014.<sup>1</sup>
- Only 10.3% of responding agencies said a BSN is unimportant for their nursing staff.
- Agencies in metropolitan counties were much more likely to rank the BSN as important or very important than agencies in non-metropolitan counties (34.0% vs. 15.2%).

Finally, agencies were asked to list other key attributes they looked for when hiring staff. 754 agencies responded to this question.

- 19.4% of responding agencies looked for good communication and interpersonal skills.
- 11.0% of responding agencies looked for flexibility and availability, including willingness to travel.

### Changes in Hiring Practices of Newly Licensed RNs

Respondents were asked how the recent economic recession affected their nurse staffing and hiring practices in regard to newly licensed RNs.<sup>2</sup>

- 69.3% of responding agencies reported they believe the recent economic recession has had no effect on their nurse staffing and hiring practices in regards to newly licensed RNs.
- 76 (8.4%) agencies reported a negative effect on their hiring of newly licensed RNs, while only 7 (0.8%) reported a positive effect.

- Although some agencies are making use of newly licensed graduates, 12.5% of agencies reported that they do not hire newly licensed RNs. These results seem to align with BON's position on the employment of new graduates in home health and hospice settings: "the Board strongly discourages newly licensed nurses from accepting employment in any independent living environment setting until the new nurse achieves twelve (12) to eighteen (18) months of nursing experience in an acute health care setting (such as a hospital)."<sup>3</sup>

<sup>1</sup> Center for Nursing Workforce Studies, "2014 Hospital Nurse Staffing Survey – Hiring Practices," [http://www.dshs.state.tx.us/chs/cnws/2014\\_HNSS\\_Hiring-Practices.pdf](http://www.dshs.state.tx.us/chs/cnws/2014_HNSS_Hiring-Practices.pdf)

<sup>2</sup> Many responses did not address the economic recession or addressed the hiring of all staff, not specifically newly licensed RNs. This was a limitation of the question.

<sup>3</sup> Texas Board of Nursing (BON). (2013). FAQ - GNs, GVNs, and Newly Licensed Nurses Practicing in Home Health Settings. Available at: [http://www.bon.texas.gov/faq\\_nursing\\_practice.asp#t10](http://www.bon.texas.gov/faq_nursing_practice.asp#t10).

## Transition to Practice

### Institute of Medicine's *The Future of Nursing*<sup>4</sup>

In 2011, the Institute of Medicine (IOM) published *The Future of Nursing: Leading Change, Advancing Health*. This report recommended a series of concrete policy and administrative changes that would allow the American healthcare professions to deal with our country's healthcare workforce needs. As a means of partially addressing the country's shortage of highly-qualified practicing nurses, the IOM report notes exceptionally high turnover rates among first-year nurses. It recommends that employers of newly licensed RNs seek to ease the transition by implementing transition to practice (residency) programs. Such programs have thus far proven economically prudent with returns on investment as high as 884%, while also leading to increased first-year nurse satisfaction and improved quality of patient care.

The Texas Center for Nursing Workforce Studies included several questions regarding transition to practice programs into the 2015 HHCNSS. These programs may include extended orientations, prolonged preceptorships, and formal residency programs. The 2015 data responses to these questions will provide a baseline for tracking future program changes in response to this recommendation.

### Transition to Practice Programs in Texas

Table 2 provides data showing the percentage of agencies in each geographic designation reporting whether or not they had a transition to practice program for newly licensed RNs.

- In Texas, 33.5% of responding agencies offer a transition to practice program for newly licensed RNs. This differs from Texas hospitals, where 70.3% had transition to practice programs in 2014.<sup>5</sup>
- The highest percentage of agencies with transition to practice programs were in non-metropolitan border counties (64.7%), although there were only 17 responding agencies in these counties.
- Agencies in metropolitan border counties had a lower percentage with transition to practice programs than Texas at-large.
- Agencies with transition to practice programs did not vary significantly by agency type or agency size.



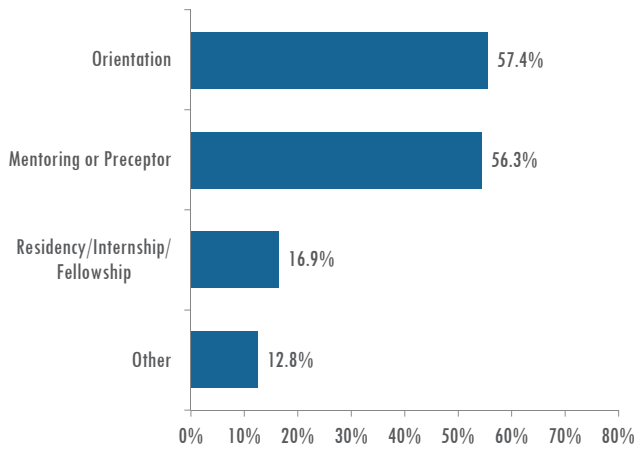
**Table 2. Percentage of agencies with and without transition to practice programs by geographic designation**

	Agencies with Transition to Practice Programs		Agencies without Transition to Practice Programs	
	n	%	n	%
Metro Border	36	28.8%	89	71.2%
Metro Non-Border	263	33.0%	534	67.0%
Non-Metro Border	11	64.7%	6	35.3%
Non-Metro Non-Border	33	39.3%	51	60.7%
Texas	343	33.5%	680	66.5%

### Description of Transition to Practice Programs

The 343 agencies that reported having a transition to practice program in place were asked what kind of programs they had (Figure 2).

**Figure 2. Percentage of agencies with transition to practice programs by program type**



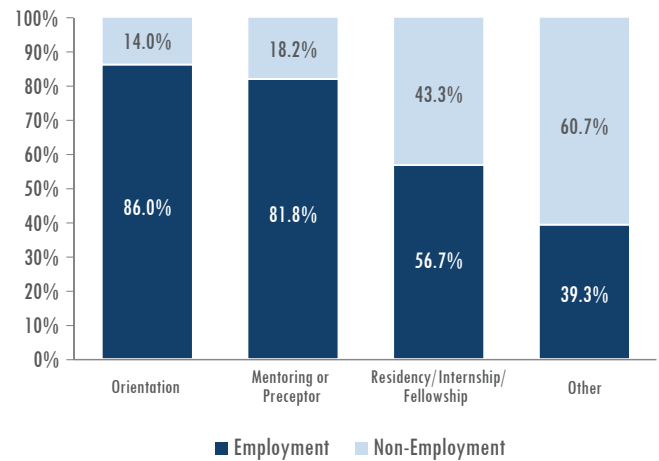
- Orientation was the most common transition program in use (197 agencies), followed by the use of RN mentors or preceptors (193 agencies).
- 13 agencies reported offering residencies, the least commonly used transition to practice program.

### Employment vs. Non-Employment Models

As part of understanding agencies' transition to practice programs, each was asked whether their program paid transitioning nurses (the employment model) or whether their program was unpaid (the non-employment model), perhaps through participation with a nursing school or as an individual internship (Figure 3).

- The majority of the 343 responding agencies (76.0%) reported using employment models.

**Figure 3. Transition to practice program type by employment model type**

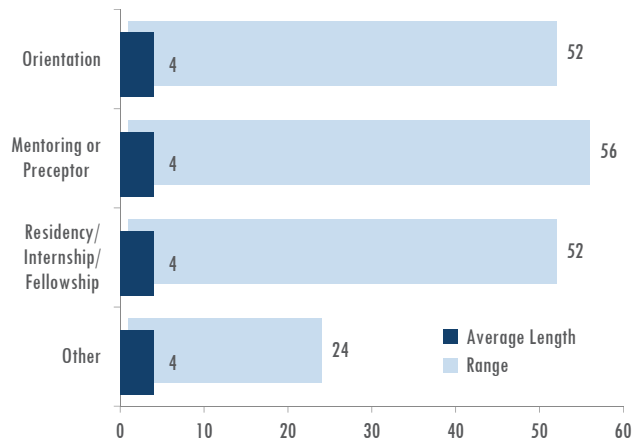


- Orientation programs had the highest percentage of programs using employment models (86.0%), while other programs had the lowest (39.3%).

### Length of Transition to Practice (in Weeks)

254 agencies reported a program length (Figure 4).

**Figure 4. Average length and range in weeks of transition to practice programs by program type**



- The average program length for each program type was 4 weeks.
- Program lengths varied widely from agency to agency. For example, mentoring or preceptor programs ranged from 1 to 56 weeks long.

### Reported Benefits of Transition to Practice Programs

The same 343 agencies with transition to practice programs were asked to indicate outcomes resulting from these programs.



- Agencies most often reported improved clinical competence in resident/patient care among first year nurses (48.4%), followed by improved clinical decision making (45.5%) and improved communication skills with physicians, other health professionals, staff, residents/patients, and families (45.5%).

### New Employment by Transition to Practice Programs

Table 3 provides information on the number of agencies that reported hiring nurses into their transition to practice programs and the number of total hires by program type. 82 agencies reported the number of new graduates accepted into their programs.

- Mentoring or preceptor programs reported the largest number of hires (207), followed by orientation programs (151).

**Table 3. Number of agencies reporting transition to practice hires and number of hires by program type**

	Number of Agencies Reporting Transition to Practice Hires	Number of New Nursing Graduates Accepted into Transition to Practice Programs
Orientation	82	151
Mentoring or Preceptor	66	207
Residency/Internship/Fellowship	15	46
Other	8	90
Total	171	494

<sup>4</sup> Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). The future of nursing: Leading change, advancing health. Retrieved from The National Academies Press website: [http://books.nap.edu/openbook.php?record\\_id=12956](http://books.nap.edu/openbook.php?record_id=12956)

<sup>5</sup> Center for Nursing Workforce Studies, "2014 Hospital Nurse Staffing Survey – Transition to Practice," [http://www.dshs.state.tx.us/chs/cnws/2014\\_HNSS\\_Transition-to-Practice.pdf](http://www.dshs.state.tx.us/chs/cnws/2014_HNSS_Transition-to-Practice.pdf)

## Conclusion

Home health and hospice agencies ranked past relevant nursing experience as the most important attribute when hiring RNs, followed by bilingual, a bachelor's in nursing or higher education, and past non-relevant nursing experience. 32.1% said a bachelor's in nursing degree is important or very important, with agencies in metropolitan counties being more than twice as likely to say that is was important or very important than those in non-metropolitan counties.

69.3% of responding agencies reported they believe the recent economic recession has had no effect on their nurse staffing and hiring practices in regards to newly licensed RNs.

In Texas, 33.5% of responding agencies offer a transition to practice program for newly licensed RNs. Orientation was the most common transition program in use (197 agencies), followed by the use of RN mentors or preceptors (193 agencies). The majority of the 343 responding agencies (76.0%) reported using employment models for their transition to practice program. The average program length for each program type was 4 weeks. Mentoring or preceptor programs reported the largest number of hires in their programs (207), followed by orientation programs (151).

## TCNWS Advisory Committee Recommendations

### Recommendation One: Promote a better understanding of nursing services in the home health and hospice setting.

There will be growing demand in this industry - according to survey respondents, an aging population and growing demand for home health and hospice services were implicated in driving the need for personnel experienced in home health and hospice care. Study results indicated that most agencies (74.3%) ranked past relevant nursing experience as the most important attribute they looked for when hiring RNs.

To promote a better understanding of home health and hospice nursing services, local and regional home health and hospice agencies should collaborate with each other as well as with nursing programs to provide educational and clinical experiences, including content on case management, for nursing faculty and students (such as in the RN to BSN and graduate nursing programs). Nursing programs should explore preceptorship and internship opportunities in home health and hospice settings.

**Recommendation Two: Develop innovative strategies for transition to practice in home health and hospice to address the unique challenges in this setting.**

Study results indicated that most agencies (74.3%) ranked past relevant nursing experience as the most important attribute they looked for when hiring RNs, and over half of responding agencies found it difficult to recruit RNs with home health and hospice experience (61.1% of home health agencies and 71.6% of hospice agencies). Agencies found it much less difficult to hire RNs with no home health or hospice experience (only 30.5% of agencies found it difficult), so innovative solutions are needed to acclimate RNs with no previous home health or hospice experience to this setting.

Traditional hospital-based transition to practice programs for newly licensed nurses will not work in the home health and hospice setting, because the Texas Board of Nursing strongly discourages newly licensed nurses from working in an independent living environment setting until they have 12-18 months of experience in an acute health setting.

Home health and hospice agencies should develop innovative strategies for transition to practice for RNs and LVNs who already have at least 12 months of experience in other settings in order to prepare them to function as home health and hospice nurses in a home-based setting. These strategies should especially emphasize frail elderly adults and special needs pediatric populations. Such strategies should help teach care coordination across the lifespan. Since the majority of home health and hospice agencies in Texas are relatively small (58.2% had 150 or fewer unique clients in a 12-month period), these strategies should be community collaboratives, with multiple agencies working together to provide transition to practice experiences for their employees.

