

The Texas Governmental Public Health Nurse Staffing Survey (TGPHNSS) assesses nurse staffing and related issues in Texas governmental public health agencies. In the spring of 2017, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to 82 public health agencies in Texas. This included local health departments, public health service regions, and Department of State Health Services (DSHS) and Health and Human Services (HHS) central offices in Austin. DSHS and HHS central office programs will be referred to as state offices. A total of 48 agencies participated for a final response rate of 58.5%.

Please refer to the full set of reports for more details on each topic. The following are highlights and recommendations from the findings of the 2017 Texas Governmental Public Health Nurse Staffing Survey.

## 2017 TGPHNSS: Vacancy and Turnover

Nurse vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage, the severity of the shortage, and changes in the nursing labor market over time. High vacancy and turnover rates can lead to negative outcomes that can affect quality of care such as losing experienced staff and increasing the workload and stress levels of existing staff.<sup>1</sup>

The position vacancy rate describes the proportion of all full-time equivalent (FTE) positions vacant across all responding facilities in an area. The median facility turnover rate describes the mid-point of responses for each facility

### Vacancy Rates

Statewide median agency vacancy rates were 0% for RNs, LVNs and APRNs.

The statewide position vacancy rate was 11.7% for RNs, 6.5% for LVNs and 9.3% for APRNs. This was a decrease from 2015 for all nurse types.

#### RN Position Vacancy Rate

- RNs had the highest statewide position vacancy rate for nurse types at 11.7%, slightly lower than reported for 2015 (12.2%).
- For the 46 agencies that reported employing RNs, 32 (69.6%) of those agencies had a 0% vacancy rate.
- The highest position vacancy rate for RNs (22.8%) was found among DSHS public health service regions.
- North Texas had the highest RN vacancy rate for the health regions at 13.6%.

#### APRN Position Vacancy Rate

- 16 agencies reported having APRN positions, the total APRN position vacancy rate among those agencies was 9.3%.
- Few agencies reported staffing APRNs (n=16), but those that did reported 4 FTE vacancies and 39 occupied FTEs.

#### LVN Position Vacancy Rate

- Overall, the statewide position vacancy rate was lowest for LVN positions (6.5%).
- Of the 33 agencies who reported employing LVNs, 26 (78.8%) of those agencies had a 0% vacancy rate.
- The Panhandle reported the highest LVN position vacancy rate (25.0%).

### Turnover Rates

The statewide median turnover rate was 0% for LVNs, RNs and APRNs, indicating that at least half of responding agencies did not have any staff turnover during the reporting period.

#### RN Position Median Turnover Rate

- For the 46 agencies that reported employing RNs, 26 (56.5%) of those agencies had a 0% turnover rate.
- By agency type, the median turnover rate for RNs was lowest among the 37 responding local health departments (0.0%). State offices had the highest median turnover rate (n=3, 31.3%).

- The median turnover rate for RN positions was higher among agencies in metropolitan counties (n=36, 9.7%) than non-metropolitan counties (n=10, 0%).
- Among agencies located in border counties (n=4), the median turnover rate for RNs was 11.7%, compared to a median turnover rate of 0% among agencies in non-border counties (n=42).

#### APRN Position Median Turnover Rate

- 16 agencies reported having APRN positions, and 11 (68.8%) of those agencies had a 0% turnover rate.
- For APRNs, the median turnover rate was 0.0% for both border and non-border counties.

#### LVN Position Median Turnover Rate

- 33 agencies reported employing LVNs, and 22 (66.7%) of those agencies had a 0% turnover rate.
- The median turnover rate was higher in border counties for LVNs (11.2%) than agencies in non-border counties (0.0%).

## 2017 TGPHNSS: Staffing

- Nurses make up 13.7% of the total Texas governmental public health workforce.
- Similar to 2013 and 2015, RNs made up the majority of the nursing staff mix in 2017 (61.6%).
- The proportion of LVNs decreased slightly from 33.9% in 2015 to 30.8% in 2017.
- APRNs comprised 7.6% of occupied nursing staff positions, which was an increase from the 2015 and 2013 TGPHNSS with 6.5% and 3.8%, respectively.
- Few agencies plan on increasing the number of budgeted nurse positions in the next fiscal year and most agencies reported no change in FTEs among all nurse types over the past 2 years.
- Outreach activities (78.1%) and clinic-based care (71.9%) were the most frequently reported primary roles or functions for nurses employed in public health agencies.
- Few respondents reported having nurses with PHN certification or nurse informaticists (4 RNs and 1 APRN with PHN certification).
- 6 nurse informaticists were employed by 3 agencies.
- Increased workload (58.3% of agencies) was again the most frequently reported consequence of inadequate staffing and interim staffing method used (64.6% of agencies).

## 2017 TGPHNSS: Agency Characteristics

- 46 agencies reported currently employing RNs, 33 agencies employed LVNs and 17 agencies reported employing APRNs.
- 64.6% of responding agencies reported having a position designated with overall administrative responsibility, and 83.9% of those positions were staffed with a RN.
- 20.8% (n=10) of the agencies that participated in the survey reported having a RN on their board. 80.0% (n=8) of respondents who did have RN board members reported the RNs had voting privileges.
- RNs were most frequently used to staff immunization and tuberculosis control programs (71.7% of agencies) followed by sexually transmitted disease programs (62.5% of agencies).
- APRNs were most frequently used to staff sexually transmitted disease programs (64.7%) and clinical family planning services (53%).
- LVNs were most frequently used to staff immunizations (87.9%), tuberculosis control (63.6%), and sexually transmitted disease programs/services (60.6%).

## 2017 TGPHNSS: Recruitment

- Of the 20 (41.7%) agencies that reported recruiting RNs, all reported focusing recruitment efforts within Texas.
- Most agencies reported that it takes between 31 and 60 days to fill vacant RN, and LVN positions, and 91 days or more for APRNs.
- The most frequently used recruitment and retention strategies were paid vacation days and a retirement plan (each 95.8% of agencies) for full-time positions.
- 93.8% of agencies selected pay increase as having the greatest impact on nurse retention. Adequate staffing (45.8%) and employee recognition (22.9%) were also selected by agencies.
- Non-competitive salary was the most frequently (60.5% of reporting agencies) reported reason agencies had issues filling vacant positions.

## Texas Governmental Public Health Nurse Staffing Survey Recommendations

### Vacancy and Turnover

Respondents also reported vacancy rates Ranging from 6.5% among LVNs to 11.7% for RNs. While less than half of agencies report turnover during the reporting period, for agencies that experienced turnover among their nurses, turnover was as high as 100% for RNs. To more fully understand the implications of these findings nurse researchers should focus on the following issues for further study:

- Effect of public health nursing staff turnover on economic (e.g. costs of turnover, loss of human capital, cost of unrealized community/public health outcomes) and non-economic (e.g. quality of care) issues.

### Staffing

According to survey respondents, over half of public health agencies reported increased workload as a consequence of inadequate nurse staffing. Increased workload was the most frequently used interim staffing method, with more than half of agencies reporting the use of this strategy. To more fully understand the implications of these findings nurse researchers should focus on the following issues for further study:

- Effect of public health nursing compensation and promotion opportunities on recruitment and retention in governmental public health agencies.
- Effect of increasing workload as an interim staffing method and how this affects governmental public health nursing safety/quality of work and recruitment and retention.
- Relationships among planning, funding, and optimal nurse staffing roles and responsibilities in public health agencies.
- Unique factors that may adversely affect public health nursing recruitment and retention.

## Agency Characteristics

Public health nurses are well-placed to shape and influence a culture of health through effective nursing leadership. Overall, most governmental public health agencies (64.6%) reported having a specific position with overall administrative responsibility for nursing services. However, not all of them were occupied by RNs, and only one-fifth (20.8%) of agencies reported having an RN on their board. Nurses are underrepresented in leadership roles. Stakeholders should develop and implement solutions to ensure the advancement of RNs, specifically:

- The Texas Department of State Health Services (DSHS) should sustain the Director of Nursing (DON) position within the department to further state led efforts to promote the health of communities through public health nursing.
- Public health agencies should implement formal career ladders and collaborative governance structures that provide experienced public health nurses with greater autonomy and responsibility and opportunities to serve in leadership roles. This is in line with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.
- In conjunction with formal career ladders, DSHS should include nurse leaders on executive level management teams and in other key leadership positions, both centrally and regionally. This is in line with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.
- Public health agencies should establish consistent organizational support for nurses in leadership roles by ensuring effective nurse management structures are in place.
- Public health agencies should recognize the value of nursing input in all program areas and promote the use of RNs on committees, boards, etc. This is in line with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.
- Nurse researchers should focus on the following issues for further study:
- Opportunities to evaluate and improve nursing leadership structures in governmental public health agencies.



## Recruitment and Retention

According to respondents of the study, public health RNs work in a variety of program areas and have diverse job functions. Few governmental agencies reported hiring newly licensed RNs. Similar to respondents to the Hospital, Long Term Care, and Home Health and Hospice Nurse Staffing Studies, governmental public health agencies reported that having relevant experience was the most desirable attribute to employers. Of the 48 agencies that responded, 7 reported having a transition-to-practice\* program. Study results indicate that few agencies plan on increasing the number of budgeted nursing positions in the next fiscal year. Opening of new programs or departments was the most frequently reported reason agencies increased nursing positions. In order to adequately prepare nurses for their role in public health, and to ensure funding for governmental public health nursing positions stakeholders should develop and implement solutions to address these issues, specifically:

- Health departments and agencies should implement the Public Health Accreditation Board's Standards and Measures related to the promotion of public health as a career including:
  - Documenting the distribution of information to the public about the role and value of public health
  - Developing partnerships with education programs to promote public health as a career
  - Developing a health department specific workforce development plan
- 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 that mirror the Preventative Medicine Public Health Residency Program. This is in line 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 in line 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.

## Past recommendations in action:

- Keeping track of the efforts and accomplishments made toward the recommendations can highlight some of the best practices and barriers.
- The Texas Department of State Health Services (DSHS) currently has an unfilled Director of Public Health Nursing (DON) position within the department.
- As of 2015, DSHS has agreements with over 25 Texas universities and two online nursing schools to place students in a variety of practicum settings, supporting LVN to BSN students, baccalaureate nursing students, and masters and doctoral nursing students throughout the state. The number has steadily risen from only two such agreements in 2011.

\*Transition-to-practice: These programs may include extended orientations, prolonged preceptorships, and formal residency programs.

