The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas’ largest employer of nurses. During the summer of 2017, the TCNWS administered the HNSS to 713 Texas hospitals. These included for-profit, nonprofit, public, and Texas Department of State Health Services-operated hospitals, as well as hospitals linked to academic institutions; military hospitals were not surveyed. The facilities surveyed were general acute care, psychiatric, special, and rehabilitation hospitals. 348 (48.8%) hospitals responded to the survey.

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 Hospital Nurse Staffing Survey.

### 2017 HNSS: 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.¹

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

#### Vacancy Rates

**RN Position Vacancy Rate (296 of 348 hospitals responded):**

- The RN position vacancy rate decreased from 9.8% in 2016 to 8.1% in 2017.
- The first-year RN position vacancy rate increased from 10.3% in 2016 to 12.7% in 2017.
- Of 53,320 RN FTE positions reported statewide, 4,726 were vacant.

**Advanced Practice Registered Nurses Position Vacancy Rate (120 of 348 hospitals responded):**

- Responding hospitals reported 191 vacant FTEs out of 1,729 total APRN FTEs across the state.
- The statewide position vacancy rate for NPs decreased from 16.6% in 2016 to 10.3% in 2017.
- For CNSs, the statewide position vacancy rate also decreased, from 13.4% in 2016 to 8.8% in 2017.
- The statewide CRNA position vacancy rate was 10.2%, two percentage points lower than the vacancy rate for this position in 2016 (12.7%).
- The statewide position vacancy rate for CNMs was 0%.

**LVN Position Vacancy Rate (223 of 348 hospitals responded):**

- The position vacancy rate for LVNs decreased from 8.2% in 2016 to 6.8% in 2017.
- Of a total 3,422 budgeted LVN FTE positions, 250 were vacant.

**Nurse Aide Position Vacancy Rate (260 of 348 hospitals responded):**

- The statewide position vacancy rate for NAs decreased from 8.7% in 2016 to 7.5% in 2017.
- Of the 13,484 NA FTE positions reported statewide, 1,093 were vacant.

#### Turnover Rates

**RN Median Facility Turnover Rate (305 of 348 hospitals responded):**

- The median facility turnover rate among RNs in Texas hospitals was 24.5%. RN turnover rates in Texas hospitals ranged from 0% (18 hospitals) to 200% (2 hospitals) in 2017.

**LVN Position Vacancy Rate (223 of 348 hospitals responded):**

- The position vacancy rate for LVNs decreased from 8.2% in 2016 to 6.8% in 2017.
- Of a total 3,422 budgeted LVN FTE positions, 250 were vacant.

**Nurse Aide Position Vacancy Rate (260 of 348 hospitals responded):**

- The statewide position vacancy rate for NAs decreased from 8.7% in 2016 to 7.5% in 2017.
- Of the 13,484 NA FTE positions reported statewide, 1,093 were vacant.

**Advanced Practice Registered Nurse Median Turnover Rate (116 of 348 hospitals responded):**

- The median facility turnover rate among RNs in Texas hospitals was 24.5%. RN turnover rates in Texas hospitals ranged from 0% (18 hospitals) to 200% (2 hospitals) in 2017.

**Advanced Practice Registered Nurse Median Turnover Rate (116 of 348 hospitals responded):**

- The median facility turnover rate among APRNs was 24.5%. APRN turnover rates in Texas hospitals ranged from 0% (18 hospitals) to 200% (3 hospitals).
LVN Turnover Rate (253 of 348 hospitals responded):

- The median facility turnover rate for LVNs increased from 16.7% in 2016 to 18.9% in 2017.
- Facility turnover rates for LVNs ranged from 0% (77 hospitals) to 400% (1 hospital).

Nurse Aide Turnover Rate (274 of 348 hospitals responded):

- The statewide median facility turnover rate for NAs increased from 28.6% in 2016 to 34.1% in 2017.
- Facility turnover rates for NAs ranged from 0% (31 hospitals) to 200% (3 hospitals).

2017 HNSS: Staffing

In all, 124 hospitals responded to questions related to the hours and costs of interim staffing and reported spending a total of $213 million on interim staffing methods to fill nearly 5 million hours of interim staffing needs. Reported interim staffing methods included voluntary overtime, in-house staffing pool, contract/traveling nurses, per diem nurses, temporary staffing agencies, and managerial staff to provide staffing coverage.

- Voluntary overtime was the most frequently used method for providing staffing coverage with 88 respondents reporting the use of this method for over 1.5 million hours at a cost of over $62 million.

2017 HNSS: Recruitment

Where Hospitals Recruit (346 of 348 hospitals responded):

- 98.6% of responding hospitals reported recruiting in Texas, while 33.9% recruited in other states and 11.5% recruited internationally.

Filling Positions (348 of 348 hospitals responded):

- The majority of nursing position types are filled within 60 days.

2017 HNSS: Transition to Practice Programs

248 hospitals (71.3%) reported having a transition to practice program.

- Mentorship/preceptorship was the most commonly used transition to practice program (68.5%), followed by nurse residency (49.6%), internship/externship (35.9%), “other” (16.5%) and nurse fellowship (13.3%).
- Most programs used an employment model.

- The use of contract/traveling nurses was the most costly method of interim staffing per hour, averaging $66.17.
- As a means of gauging trends in employment, hospitals were asked if there had been changes in the number of RN positions at their facility over the past year. 47.7% of respondents reported an increase in RNs positions, while 11.2% reported a decrease.
- When asked how many additional FTEs expected to be added in the coming fiscal year, 253 responding hospitals reported plans to hire an additional 3,580.0 new FTE positions among all nursing staff types, mostly RNs.

- In general, respondents ranked past relevant nursing experience as the most important attribute when hiring new staff, followed by a bachelor’s in nursing or higher education, past non-relevant nursing experience, and bilingual.
- Pay increases were perceived to have the greatest impact on retention of nurses, followed by adequate staffing and employee recognition.

- The most common outcomes of transition to practice programs were improved clinical competence in resident/patient care among first year nurses (54.0%), improved clinical decision-making abilities among first year nurses (44.8%), and increased number of new graduates applying for RN positions in the organization (39.9%).

TCNWS Advisory Committee Recommendations

Staffing

Texas is projected to face a shortage of nurses from 2015 through 2030.¹ By 2030, the supply of RN FTEs is expected to grow by 35.4% to 271,667, while demand will grow by 53.8% to 331,638, leaving a deficit of 59,970 RN FTEs. Based on these projections, 20% of the projected demand for RNs in 2030 will not be met. Between 2015 and 2030, the demand for RNs in inpatient hospital settings is projected to grow by 57%. This will account for more than half of the growth in demand for RNs across all settings. In order to meet the growing demand for RNs, employers should consider the following strategies:

- Provide safe working conditions for nurses by maintaining appropriate staffing levels and implementing work schedules that minimize fatigue. 60.6% of responding hospitals reported an increase in voluntary overtime, 54.0% reported increased workloads, and 37.6% reported using administrative staff to cover nursing duties in response to an inadequate supply of nurses.
- Encourage nurses to extend their work-life careers. Research suggests that states with larger proportions of nurses over 50 increase efforts to recruit new RNs and retain older RNs² and that retaining older, more experienced nurses is essential to curbing the nursing shortage.³ In 2017, 35.7% of RNs in Texas were over 50 years old.
- Continue to support endeavors to increase funding levels as well as provide resources such as mentors/preceptors and clinical space to nursing programs in order to increase capacity to admit and graduate nursing students. 15.4% of responding hospitals that reported having decreased budgeted direct patient care RN FTEs in the past year did so because they were unable to fill existing RN positions.
- Continue the work that the Texas Team has begun on increasing nursing education capacity in Texas, including regional partnerships with health care providers and participants (e.g., hospitals, health plans, and businesses) working with academic institutions to support development of the nursing workforce in Texas.⁴ A total of 4,892,719 hours of interim staffing were used by 124 responding facilities at a cost of over $213 million ($43.64 per hour). In 2016, a larger percentage of hospitals reported an increase in voluntary overtime (72.2%) than in 2014 (61.0%).

Vacancy and Turnover

Turnover rates for RNs, LVNs, and CNAs increased between 2016 and 2017, and Texas continues to have higher vacancy and turnover rates than other states with comparable populations. High vacancy and turnover rates can lead to negative outcomes that affect quality of care, such as losing experienced staff and increasing the workload and stress levels of existing staff.⁵ High vacancy and turnover is also costly to hospitals due to the high cost associated with overtime and recruiting qualified nurses. In order to decrease vacancy and turnover hospitals need to identify factors influencing recruitment and retention of nurses. Employers of nurses should invite practicing nurses’ input to decrease vacancy and turnover rates for nurses in the workplace. Some of these strategies could include the following:

- Continue to improve work environment, including:
  - Care delivery models
  - Institute flexible work schedules and part-time or per diem work. 95.4% of responding hospitals used shift differentials and 62.4% used flexible scheduling and job sharing as retention strategies for full-time employees. Other creative work schedules could include seasonal employment (e.g., working winters with summers off), overlapping shifts, and self-scheduling.
  - Continue to support endeavors to increase funding levels as well as provide resources such as mentors/preceptors and clinical space to nursing programs in order to increase capacity to admit and graduate nursing students.
  - Explore a wide range of compensation models that align experience, workload, and positive patient outcomes.
  - Develop and support health promotion and return-to-work programs (after an employee injury or illness).
Recruitment and Retention

Employers of nurses should invite practicing nurses’ input to promote recruitment and retention of nurses in the workplace. Some of these strategies could include the following:

- Continue to investigate mechanisms for recognition for the work and contributions that nurses provide. Employee recognition programs were the fifth most popular recruitment and retention strategy for full-time employees, used by 85.6% of hospitals.
- Utilize recruitment and retention strategies outlined in the Magnet Recognition and Pathways to Excellence programs from the American Nurses Credentialing Center.6
- Support investigation and research in the retention of new graduates and experienced nurses in the work setting.
- Establish a forum for hospitals to share recruitment and retention best practices. Nursing stakeholder organizations should establish forums through which hospitals can share best practices for recruitment and retention of nurses, in order to more fully implement the strategies identified through recommendation two. Several nursing organizations in Texas have regional workgroups:
  - Texas Nurses Association (TNA) Districts
  - Texas Organization of Nurse Executives (TONE) Regional Chapters
  - Texas Team Regional Teams

Transition to Practice

In order to ease the transition of new nurse graduates and new APRN graduates and decrease high turnover rates among first-year nurses, employers of nurses should consider the following strategies:

- Continue to explore the implementation of comprehensive transition to practice programs for new nurse graduates and new APRN graduates that integrate clinical reasoning and decision making, setting priorities, use of technology, and reflection and feedback.7 The proportion of responding hospitals that offered transition to practice programs increased from 65.2% in 2016 to 71.3% in 2017.
- Develop a program for nurses to recruit and mentor prospective and new nurses.

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6 American Nurses Credentialing Center: http://www.nursecredentialing.org/Magnet/ProgramOverview.aspx.