2024 TEXAS CLINICAL TRAINING NEEDS

EDUCATIONAL INSTITUTIONS AND CLINICAL TRAINING SITES

The Texas Center for Nursing Workforce Studies conducted an exploratory survey in October 2024 to understand the clinical training needs for pre-licensure nursing programs and clinical training site capabilities of facilities across Texas. The results of this survey provide critical data to help stakeholders shape future policies that address workforce needs. The survey was sent to all licensed hospitals and nursing facilities as well as all pre-licensure nursing programs. Seventy-three nursing programs and 201 clinical sites responded.

Clinical Training Needs for Nursing Programs

Pre-licensure nursing education programs answered questions about employing clinical staff nurses¹ as faculty and their capacity to support clinical training for their nursing students.

Characteristics of Nursing Program Respondents (n=73)

- Over one third (36.1%) of education institutions offer more than one nursing program.
- 28 (38.4%) institutions offer a Bachelor of Science in Nursing (BSN) Program.
- 34 (46.6%) institutions offer an Associate Degree in Nursing (ADN) Program.
- 38 (52.1%) institutions offer a Vocational Nursing (VN) Program.

Clinical Staff Nurses as Faculty (n=55)

■ 55 (76.4%) of 72 responding institutions employ clinical staff nurses as faculty.

Responsibilities of most clinical staff nurses working as faculty include (see table 1):

- Teaching in classrooms (54.5%)
- Coordination at clinical sites (54.5%)
- Simulation work coordination (38.4%)
- Developing curriculum (27.3%)

The majority of respondents expressed that employing clinical staff nurses as faculty (see table 2):

- improved student (90.9%) and faculty (81.8%) clinical competence and skills.
- increased relevance and applicability of course content (76.4%).

Clinical Site Refresher Course (n=72)

Educational programs were surveyed on the likelihood of their faculty to participate in clinical refresher courses if clinical facilities offered part-time employment opportunities.

Most institutions foresee partial interest from part-time and full-time faculty in clinical refresher opportunities, with higher engagement expected from part-time and adjunct faculty. (Table 3)

Challenges to Finding Clinical Sites for Nursing Programs (n=71)

In the 2023-2024 academic year, nursing programs reported significant challenges in securing clinical sites for their students.

- Clinical site availability: 46 (64.8%) programs struggle to find clinical sites for their students.
- Impact on admissions: 17 (23.9%) programs had to reject qualified applicants due to a shortage of clinical placements.
- Per the annual Nursing Education Program Information Survey (NEPIS), a lack of clinical space is the most common ranked reason programs cannot admit all qualified students.²

Training times:

- Most schools have students attend clinical training on weekdays (97.2%).
- 64.8% schools also have students attaned clinical training on weekends, while evenings and nights are less common. (see table 4).

¹Clinical Staff Nurse- A nurse who works with other healthcare professionals to provide patient-centered care in an outpatient or inpatient setting. ²2023 Update on Student Admission, Enrollment and Graduation Trends in Professional Nursing Programs. TCNWS.

Clinical Training Needs for Clinical Training Sites

Clinical training sites answered questions about employing nursing school faculty, providing clinical and precepted hours, and the facility capacity.

Characteristics of Clinical Training Sites (n=198)

Facility types:

■ 156 (78.8%) hospitals, 34 (17.2%) nursing facilities, and 8 (4.0%) selected "other".

Bed capacity as of October 1, 2024 (n=186):

■ Facilities reported a range from 8 to 1,246 staffed beds and an average of 188.7.

Nearly all sites (99%) offer weekday clinical training. Most sites had availability for evening and night training. (see table 5).

Sites Providing Clinical Program Support (n=178):

■ 112 (62.9%) only provide clinical hours for Texas based programs and 66 (37.1%) provide clinical hours for non-Texas based programs.

Clinical and Precepted Hours Provided to Nursing Students

Additional breakdown by education level can be found in Table 6.

- Facilities offered the most clinical and precepted hours to BSN nursing education levels.
- The total clinical hours provided by 182 facilities was 2,616,895.

Nursing School Faculty as Clinical Staff Nurses

Clinical training sites were asked if they employ parttime/adjunct nursing school faculty as clinical staff nurses (n=198).

- 113 (57.1%) facilities do not employ part-time/adjunct nursing faculty.
- 70 sites (35.6%) employ part-time/adjunct nursing faculty, and 15 (7.6%) answered unknown.

Sites were asked about the outcomes of employing parttime/adjunct nursing faculty (see more in table 7).

 68.7% of clinical sites that employ par-time/adjunct nursing school faculty reported that it increased mentorship opportunities for students.

Facility Capacity for Clinical Training

Capacity for adding students or programs to increase clinical hours (see more on table 8):

- Over a third (36.2%) of facilities reported not having the capacity for more students or programs.
- Just over half (51.0%) of facilities reported they had additional capacity for more clinical training hours for current partner-schools.

Reasons preventing facilities from expanding their clinical training capacity (see more on table 9):

- The most selected reason limiting the capacity at clinical training sites was a lack of preceptors (47.7%), followed by a lack of clinical space in the facility (39.0%).
- 15.9% of facilities had "other" reasons for limiting capacity including: low patient census (10 facilities), general nursing shortages (2 facilities), and school unwilling to have evening/night clinical hours (4 facilities).

Compensation and Incentives for Facility Preceptors

Compensation for additional work as a preceptor for nursing students (n=193):

- 130 (67.4%) facilities do not compensate faculty for additional precepting work.
- 40 (20.7%) facilities compensate using a wage differential.
- 23 (11.9%) facilities compensate with other benefits including: clinical career ladder points (11 facilities), free meals (1 facility), and access to exclusive resources and training (1 facility).

Facilities reported the additional non-financial incentives that <u>may</u> attract more nurses to serve as preceptors (see more on table 10):

■ The most reported incentives were recognition and awards (51.1%) and opportunities for professional growth (51.1%).



Barriers and incentives, identified by facilities, to attract nurses to work as preceptors (see more on table 11):

- Demanding workloads (61.6%), burnout and stress (57.4%), and limited financial incentives (55.8%).
- 41 facilities identified the amount of supplemental pay³ increase necessary to incentivize preceptors:
 - The most reported amount was \$2.00.
 - 29 (70.7%) facilities reported \$5.00 or less.
 - 7 (17.1%) facilities reported amounts from \$10.00 to \$20.00.

Anticipated increase in preceptors if supplementary pay were provided (n=39):

- 2 facilities do not anticipate that supplemental pay would increase number or preceptors.
- 3 facilities anticipate doubling number of preceptors.
- 15 facilities estimate increasing number of preceptors by 50% or more.

Survey Distribution, Limitations, and Next Steps

Survey Distribution

This survey was disseminated only via email. It was distributed by the TCNWS to:

- Deans and directors of 86 vocational and 129 professional nursing education programs;
- 1,481 Clinical site contacts listed by education programs;
- Chief nursing officers at 517 hospitals for whom email addresses were available; and
- Administrators of 1,182 nursing facilities licensed by the Texas Health and Human Services Commission.

Additionally the survey was distributed to hospitals by the Texas Hospital Association, the Teaching Hospitals of Texas, and the Dallas Ft. Worth Hospital Council.

Limitations

While distributing the survey exclusively by email is much more efficient and cost-effective, there is less certainty about which clinical facilities received the survey. For hospitals, we obtained the Chief Nursing Officer's email address from the Department of State Health Services Hospital Survey Unit. For nursing facilities, we obtain the facility administrator's email from the nursing facility directory managed by the Health and Human Services Commission. While we can track emails that are not successfully delivered through undeliverable messages received, we do not have a way of tracking emails that are not received because they go to a Junk or Spam folder or because the person is no longer at the facility but their email has not been inactivated.

The survey period was very brief and limited the time for marketing, follow-ups, and reminders that could be sent to the survey population.

Next Steps

The TCNWS will further evaluate responses and survey questions to determine the need for further data collection related to clinical training for nurses.

³ Supplementary pay was defined as the additional financial compensation provided to nurses beyond their standard salary or wages.

Table 1. Responsibilities of clinical staff nurses as faculty (n=55)

Responsibilities	n	Percent
Teaching nursing students in classroom setting	30	54.5%
Coordination at clinical sites	30	54.5%
Coordination in simulation work	20	36.4%
Developing and evaluating educational curricula	15	27.3%
Other	15	27.3%
Assisting with healthcare policy and protocol development	6	10.9%
Engaging in clinical research	1	1.8%

Note: Programs could select more than one responsibility.

Table 2. Impacts of clinical staff nurses as faculty (n=55)

Impact	n	Percent
No potential impact	0	0.0%
Improved student clinical competence and skills development	50	90.9%
Improved faculty clinical competence and skills development	45	81.8%
Increased relevance and applicability of course content	42	76.4%
Professional development for clinical nurses	25	45.5%
Increased faculty workload management	24	43.6%
Other	7	12.7%

Note: Programs could select more than one impact.

Table 3. Clinical refresher course for faculty (n=72)

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Response	n	Percent
I don't think faculty would participate at all	10	13.9%
Some part-time/adjunct faculty would participate	49	68.1%
Some full-time faculty would participate	40	55.6%
All full-time faculty would participate	1	1.4%
All part-time/adjunct faculty would participate	0	0.0%

Note: Programs could select more than one response.

Table 4. Clinical training times offered by programs to nursing students (n=71)

Times for Clinical Training	n	Percent
Weekdays	69	97.2%
Weekend days	46	64.8%
Weekday evenings	37	52.1%
Weekend evenings	24	33.8%
Weekend nights	23	32.4%
Weekday nights	22	31.0%

Note: Programs could select more than one time.

Table 5. Clinical training times offered by training sites (n=195)

Times for Clinical Training	n	Percent
Weekdays	193	99.0%
Weekend days	141	72.3%
Weekday evenings	123	63.1%
Weekend evenings	112	57.4%
Weekday nights	111	56.9%
Weekend nights	107	54.9%

Note: Clinical sites could select more than one impact.

Table 6. Average and total number of clinical and precepted hours provided by program type (n=182)

	Clinical Hours		Precepto	ed hours
Program Type	Avg.	Total	Avg.	Total
VN	1,509.5	273,221	84.3	15,336
ADN	3,318.5	603,969	515.3	93,790
BSN	9,611.6	1,739,705	2,050.3	373,156
Total	-	2,616,895	-	482,282



Table 7. Outcomes of employing nursing faculty as clinical staff nurses (n=67)

Outcomes	n	Percent
Increased mentorship opportunities for students	46	68.7%
Greater accessibility to current and specialized clinical knowledge for faculty	44	65.7%
Increased flexibility in scheduling clinical rotations	24	35.8%
Reduced burnout for full-time staff	23	34.3%
Challenges in keeping faculty on long-term	13	19.4%
Other	8	11.9%

Note: Clinical sites could select more than one outcome.

Table 8. Clinical training capacity (n=196)

Capacity type	n	Percent	
No capacity for additional students/programs	71	36.2%	
Additional capacity for more clinical training hours for schools currently partnered	100	51.0%	
Additional capacity for more precepted practice hours for schools currently partnered	56	28.6%	
Additional capacity for more schools for clinical training and precepted practice hours	51	26.0%	

Note: Clinical sites could select more than one option.

Table 9. Reasons limiting capacity for clinical training sites (n=195)

Reasons for limited capacity	n	Percent
Nothing is limiting capacity	50	25.6%
Lack of preceptors	93	47.7%
Lack of clinical space in facility	76	39.0%
High workload and time constraints	57	29.2%
Other	31	15.9%
Lack of training or resources for preceptors	27	13.8%
Administrative burden	10	5.1%
Financial limitations	5	2.6%

Note: Clinical sites could select more than one reason.

Table 10. Incentives that may attract more nurses to serve as preceptors at clinical sites (n=190)

Incentives	n	Percent
Unsure	42	22.1%
Recognition and awards	97	51.1%
Opportunities for professional growth	97	51.1%
Continuing Education Credits (CEUs)	72	37.9%
Reduced Workload	64	33.7%
Additional vacation days	59	31.1%
Access to exclusive resources and training	58	30.5%
Flexible scheduling	38	20.0%
Other	13	6.8%

Note: Clinical sites could select more than one incentive.

Table 11. Barriers that need to be eliminated to attract more nurses to serve as preceptors (n=190)

Barriers	n	Percent
There are no barriers	27	14.2%
Demanding workloads	117	61.6%
Burnout and stress	109	57.4%
Limited financial incentives	106	55.8%
Insufficient time to perform preceptor duties	68	35.8%
Lacks of adequate training or preceptor preparation	57	30.0%
Limited non-financial incentives	41	21.6%
Lack of flexibility in scheduling	18	9.5%
Inadequate organizational support or recognition	15	7.9%
Other	11	5.8%

Note: Clinical sites could select more than one barrier.

Welcome to the 2024 Texas Clinical Training Needs Survey

Purpose: The primary purpose of this exploratory survey is to begin to understand clinical training needs for nurses in Texas and to help inform future studies on this topic. The survey will be disseminated to prelicensure VN and RN education programs in Texas and to clinical training facilities used by these programs.

The information collected through this survey will help the Texas Center for Nursing Workforce Studies Advisory Committee and its stakeholders answer pressing questions about clinical training for nurses in Texas. The results of this short survey will be reported through a brief summary that can be used by stakeholders to inform policy and legislation.

Your participation in this study is completely voluntary but highly encouraged. All responses will be deidentified and reported at an aggregation level that maintains anonymity for any responding entities.

Due Date: Your completed survey is due by Wednesday, November 6, 2024

Who Should Complete This Survey: Pre-licensure VN and RN education program directors and Clinical Training Coordinators/Managers at clinical sites.

<u>Contact Us:</u> If you have questions at any time about the survey, you may contact the Texas Center for Nursing Workforce Studies by email at TCNWS@dshs.texas.gov.

Definitions:

Part-time/Adjunct Faculty - For the purpose of this survey, part-time/adjunct faculty are non-tenure track faculty who likely hold another employment position outside of the educational institution.

Clinical Staff Nurse - A nurse who works with other healthcare professionals to provide patient-centered care in an outpatient or inpatient setting.

Preceptor - a licensed nurse (RN for professional programs; VN for vocational programs) who meets the requirements in Rule 214.10 or 215.10 who practices in the clinical setting, and who directly supervises clinical learning experiences for no more than two students. A clinical preceptor assists in the evaluation of the student during the experiences and in acclimating the student to the role of the nurse. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the governing entity, preceptor, and affiliating agency (as applicable).

Clinical Hours - The number of hours a nursing student spends performing tasks in a clinical setting under careful supervision of faculty, as required by their educational program.

Precepted Hours - the number of hours spent working one-on-one with an assigned preceptor, where students focus on applying their clinical skills and knowledge in a practical setting while receiving mentorship and guidance. These hours enhance clinical learning experiences after students have completed foundational clinical and didactic instruction in nursing.

1.	What bes	t defines	your	facility?

\cup	Ŀ	:d	uca	tion	ıal	ins	tı	tu	ition	tor	nursi	ng	stuc	len	ts	(go	to	page	2)

- O Clinical training site for nursing students (go to page 4)
- O None of the above

Educational Institution Questions

A1.	No	nat type of pre-licensure nursing education program does your institution offer? Select all that apply. te: Do not include RN-to-BSN programs. Vocational Nursing (VN) Program
		Associate Degree in Nursing (ADN) Program
		Pre-licensure Bachelor of Science in Nursing (BSN) Program
A2.		ase provide the name and address of your educational institution's main campus. te: We are only collecting this information to ensure we are only counting 1 response per institution.
	Na	me of Educational Institution
	Stı	reet Address of Main Campus
	Cit	ty of Main Campus
		ounty of Main Campus
		· · · · · · · · · · · · · · · · · · ·
АЗ.	em	you employ faculty who are also employed as clinical staff nurses at a hospital, nursing facility, or some other ployer of nurses?
	\circ	Yes
	\circ	No (go to question 4)
АЗ.		That are the potential impacts of employing clinical staff nurses as adjunct faculty or in other roles that support ucation? Check all that apply. No potential impacts (go to question 3.2)
		Improved student clinical competence and skills development
		Improved faculty clinical competence and skills development
		Increased relevance and applicability of course content
		Increased faculty workload management
		Professional development for clinical nurses
		Other (please specify)
АЗ.	Che	That are the job responsibilities of faculty at your institution who also work as staff nurses at a clinical facility? eck all that apply. We do not currently have faculty who also work as staff nurses at a clinical facility (go to question 4)
		Teaching nursing students in the classroom setting
		Coordination at clinical sites
		Coordination in simulation work
		Developing and evaluating educational curricula
		Engaging in clinical research
		Assisting with healthcare policy and protocol development
		Other (please specify)

Α4.	If a at t	clinical facility offered your faculty a clinical refresher course as well the opportunity of part-time employments that facility, to what extent do you think your faculty would participate? Select all that apply.
		I don't think faculty would participate at all (go to question 5)
		Some part-time/adjunct faculty would participate
		All Part-time/adjunct faculty would participate
		Some Full-time faculty would participate
		All Full-time faculty would participate
A5.		ring Academic Year 2023-2024, did your institution have difficulty finding clinical sites for nursing students?
	\circ	Yes
Α6.		your institution reject qualified applicants during Academic Year 2023-2024 due to a lack of clinical sites?
	0	Yes
Α7.		ring what times do your students currently attend clinical training? Check all that apply. Weekdays
		Weekday evenings
		Weekday nights
		Weekend days
		Weekend evenings
		Weekend nights
A8.	Ple	ease use this space to provide any additional comments about clinical training.

Congratulations!

Clinical Training Site Questions

This survey is directed at clinical training facilities utilized by pre-licensure VN and RN education programs in Texas.

All responses will be aggregated to ensure anonymity for the participating entities. For those responding on behalf of a hospital facility:

Please complete a separate survey for each hospital that serves as a clinical site, rather than for the entire hospital system.

 Hospital Nursing Facility Other (please specify) B2. Please provide the name and address of your facility. Note: We are only collecting this information to ensure we are only counting 1 response per facility and to data to a regional level. Individual responses will not be identified. Facility Name 	o aggregate
Other (please specify)	o aggregate
B2. Please provide the name and address of your facility. Note: We are only collecting this information to ensure we are only counting 1 response per facility and to data to a regional level. Individual responses will not be identified.	o aggregate
Note: We are only collecting this information to ensure we are only counting 1 response per facility and to data to a regional level. Individual responses will not be identified.	o aggregate
Facility Name	
,	
Street Address	
City	
County	
B3. How many staffed beds does your facility have as of October 1, 2024?	
B4. Does your facility employ part-time/adjunct nursing school faculty at your site as clinical staff nurses?	
O Yes	
O No (go to question 5)	
O Unknown (go to question 5)	
B4.1 What are the outcomes of employing part-time/adjunct nursing faculty at your facility? Check all that a ☐ Increased mentorship opportunities for students	apply.
☐ Reduced burnout for full-time staff	
☐ Increased flexibility in scheduling clinical rotations	
☐ Challenges in keeping faculty on long-term	
☐ Greater accessibility to current and specialized clinical knowledge for faculty	
☐ Other (please specify)	
B5. During what times do you currently offer clinicals for nursing students? Check all that apply.	
☐ Weekdays	
☐ Weekday evenings	
☐ Weekday nights	
☐ Weekend days	
☐ Weekend evenings	
☐ Weekend nights	

В6.	Tell	us about your current clinical training capacity. Check all that apply.
		We do not have the capacity to take any additional students or programs
		We have the capacity to take more students for clinical training hours from schools we currently partner with
		We have the capacity to offer more precepted practice hours to students from schools we currently partner with
		We have the capacity to take more schools for clinical training and precepted practice hours
В7.	Out	of the following reasons, which ones are preventing your facility from expanding clinical training capacity?
	Che	eck all that apply.
		Nothing is limiting our capacity (go to question 8)
		Lack of clinical space in facility
		Lack of preceptors
		Administrative burden
		Lack of training or resources for preceptors
		High workload and time constraints
		Financial limitations
		Other (Please Specify)
В7.		ease rank the reasons selected in Question 7, with 1 being the primary obstacle limiting your facility's clinical
	cap	Nacity. Nothing is limiting our capacity
	_	Lack of clinical space in facility
	_	Lack of preceptors
	_	Administrative burden
	_	Lack of training or resources for preceptors
	_	High workload and time constraints
	_	Financial limitations
	_	Other (Please Specify)
	_	Other (Flease Specify)
В8.		you currently compensating your facility's preceptors for their additional work as a preceptor for nursing dents?
	0	No, we don't compensate
		Yes, with a wage differential
	0	Yes, with other benefits (please specify)
DΩ	\A/b	at additional incontings athoughous to addition to many might be halloful in attuacting more number to some as
вэ.		at additional incentives, other than or in addition to pay, might be helpful in attracting more nurses to serve as ceptors? Check all that apply.
		Not sure what additional incentives would be helpful in attracting more nurses to serve as preceptors
		Continuing Education Credits (CEUs)
		Flexible scheduling
		Additional vacation days
		Access to exclusive resources and training
		Recognition and awards
		Reduced workload
		Opportunities for professional growth
		Other (please specify)

B10). What barriers need to I	be eliminated to attrac	t more nurses to serve as prece	ptors? Check all that apply.							
	☐ There are no barriers	s to attracting more nur	rses to serve as preceptors (go to	question 11)							
	☐ Demanding workloads										
	☐ Lack of adequate training or preparation for precepting										
	☐ Burnout and stress										
	☐ Limited non-financia	l incentives									
	☐ Limited financial ince	entives									
	$\ \square$ Lack of flexibility in s	cheduling									
	☐ Inadequate organiza	tional support or recog	nition								
	$\ \square$ Insufficient time to p	erform preceptor dutie	es								
	☐ Other (please specify	y)									
B11	level	vill update automatical		n the past year by nursing education							
		Clinical hours	Precepted hours								
		Cillical flours	Frecepted flours	_							
	VN										
	ADN										
	BSN										
	Total										
	 No, we only provide Yes, we provide clinic If your organization wa what supplementary ho Note: Supplementary parsalary or wages. An exam 	clinical hours for Texas cal hours for non-Texas s provided funding for urly amount would be y refers to additional fir	supplementary pay to incentivinecessary? nancial compensation provided to our in supplementary pay for nu	ze nurses to serve as preceptors, to nurses beyond their standard							
B14	1. By what percent do yoւ were provided?	a estimate the number	of preceptors at your facility w	ould increase if supplementary pay							