



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%.

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 nursing staff hiring practices, days to fill vacant positions, recruitment and retention strategies, issues filling vacancies, 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.

Recruitment and Hiring Practices

Nursing Staff Hiring Practices

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

- 28 (58.3%) agencies reported not actively recruiting nursing staff.
- Of the 20 (41.7%) agencies that reported recruitment of RNs, all reported focusing recruitment efforts within Texas.
- None of the responding public health agencies reported focusing RN recruitment efforts in states outside of Texas, including internationally.

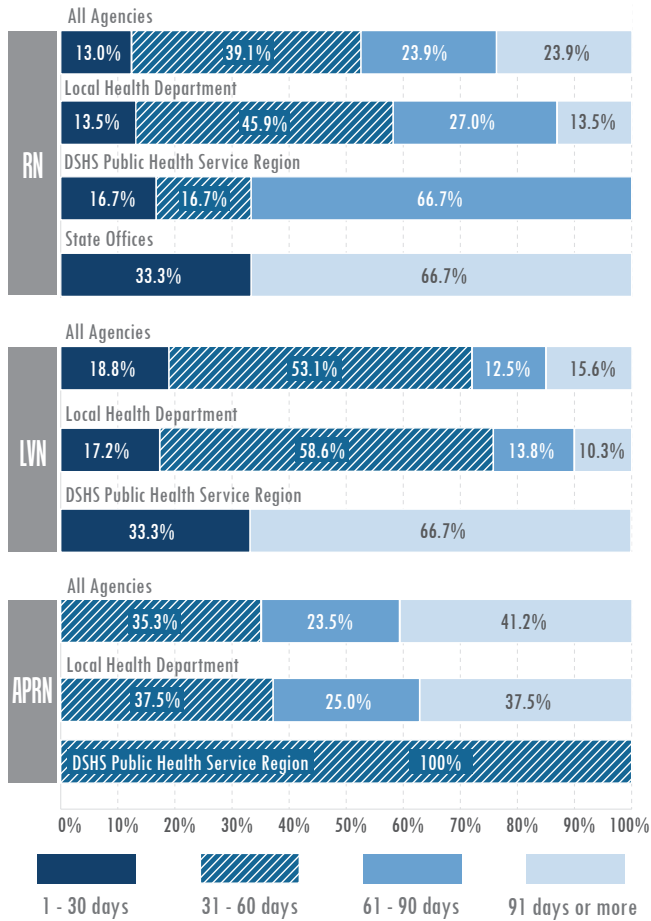
- Agencies reported taking more days to fill RN positions. 39.1% of public health agencies took 31 – 60 days to fill a position and 15.6% reported taking 91 days or more to fill a position.
- 41.2% of public health agencies took more than 90 days to fill APRN positions.
- More than half of local health departments reported taking fewer than 60 days to fill vacant RN positions. This was fewer days than DSHS public health service regions and state offices.
- Half or more of DSHS public health service regions and state offices reported taking more than 61 days to fill vacant RN positions.

Recruitment Experiences

Figure 1 (page 2) shows the average number of days it takes for responding public health agencies that employ that nurse type to fill vacant positions by agency type.

- 18.8% of responding agencies filled LVN positions in 1 – 30 days and 53.1% filled LVN positions in 31 – 60 days.

Figure 1. Number of days to fill vacant nurse positions by agency type



Recruitment and Retention Strategies

The 2017 TGPHNSS asked public health agencies about strategies for recruitment and retention. Table 1 shows the number and percentage of agencies that used various strategies for full-time and part-time nursing staff.

- The strategies most frequently used were paid vacation days and a retirement plan (each 95.8%) for full-time positions.
- Health insurance was the second most frequently used strategy for full-time nursing staff in public health agencies (93.8%).
- Reimbursement for workshops/conferences was also frequently used for full-time (83.3%) and part-time (14.6%) nursing staff.
- 4 agencies reported using no strategies for full-time (8.3%) nursing staff and 5 agencies (10.4%) reported the same for part-time nursing staff.

- 20 programs reported using strategies for part-time positions. Paid vacation days and/or reimbursement for workshops were the most frequently used.

Table 1. Full-time and part-time recruitment and retention strategies used by public health agencies

Strategy	Full-time		Part-time	
	# of Agencies	% of Agencies	# of Agencies	% of Agencies
Retirement plan	46	95.8%	5	10.4%
Paid vacation days	46	95.8%	8	16.7%
Health insurance	45	93.8%	5	10.4%
Reimbursement for workshops/conferences	40	83.3%	7	14.6%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	17	35.4%	6	12.5%
Flexible scheduling or job sharing	13	27.1%	5	10.4%
Merit bonus	10	20.8%	2	4.2%
Payback for unused sick/vacation time	10	20.8%	2	4.2%
Tuition (reimbursement or direct payment for employees/new hires)	8	16.7%	0	0.0%
Financial assistance in receiving certifications or further education	6	12.5%	0	0.0%
NONE	4	8.3%	5	10.4%
Other	2	4.2%	1	2.1%
Sign-on bonus	0	0.0%	0	0.0%
Bonus for recruiting nursing staff to the organization	0	0.0%	0	0.0%

The 2017 TGPHNSS introduced a question asking agencies what interventions would have the greatest impact on nurse retention. Agencies were able to select multiple interventions.

- 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.
- Other interventions reported were family first management strategies, good leadership and well maintained buildings, insurance and retirement, and the establishment of a school of public health that prepares nurses for rural areas.

Issues Filling Vacancies

The 2017 TGPHNSS introduced an open ended question asking agencies to provide a description of the issues the agency faces filling vacant nursing positions; 43 agencies responded.

- Non-competitive salary was the most frequently reported reason agencies had issues filling vacant positions (60.5%, n=26).

- Inexperienced/not qualified applicants was also reported (11.6%, n=5) followed by long hiring process (7.0%, n=3) and too few applicants (4.7%, n=2).

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.¹ Agencies were asked if they had a transition to practice program in the 2017 TGPHNSS.

- Of the 48 agencies, 7 reported having a transition to practice program (14.6%).

- Six of the 7 agencies that reported having a transition to practice program were local health departments, the other was a DSHS public health service region.
- All 7 agencies that reported having a transition to practice program were in metropolitan counties.

¹Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). Front matter. *The future of nursing: Leading change, advancing health*.

Conclusion and Recommendations

Conclusion

Of the 20 (41.7%) agencies that reported recruiting RNs, all reported focusing recruitment efforts within Texas.

Agencies reported taking more days to fill vacant RN and APRN positions than vacant LVN positions.

The most frequently reported recruitment and retention strategies used by responding agencies for full-time positions were paid vacation days and a retirement plan (95.8% of reporting agencies), health insurance (93.8% of reporting agencies), and reimbursement for workshops/conferences (83.3% of reporting agencies). For part-time positions the most frequently reported recruitment strategies were paid vacation days (16.7% of reporting agencies), reimbursement for workshops/conferences (14.6% of reporting agencies), and employee recognition programs (12.5% of reporting agencies).

Non-competitive salary was the most frequently (60.5% of reporting agencies) reported reason agencies had issues filling vacant positions. Agencies selected pay increase (93.8% of reporting agencies) as having the greatest impact on nurse retention.

Finally, of the 48 agencies, 7 reported having a transition to practice program (14.6%).