

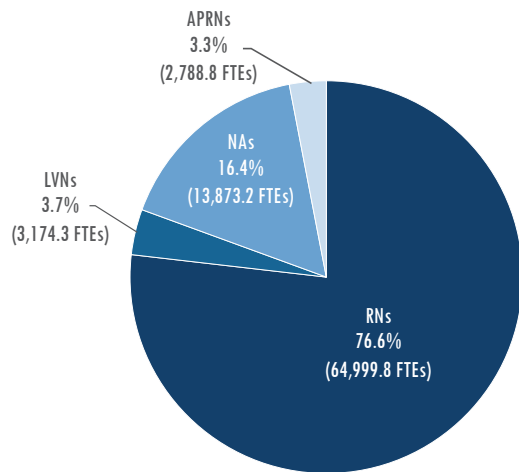
The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas' largest employer of nurses. During the spring and summer of 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HNSS to the Chief Nursing Officers/Directors of Nursing of 657 Texas hospitals. These included for-profit, nonprofit, public, and Texas Health and Human Services Commission-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; outpatient or community-based clinics were not included. Respondents provided data for 333 hospitals for a response rate of 50.7%. It is important to note that between the 2019 and 2022 HNSS, the COVID-19 pandemic occurred.

This report presents the relevant findings of this survey related to staffing practices at Texas hospitals. It also reviews changes in numbers of occupied and vacant registered nurse (RN) positions at hospitals and the reasons for these changes. Analyses are provided across Texas geographic regions.

Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Nurse Aides (NAs)

Figure 1 presents the nursing staff mix, which represents filled hospital staff positions in responding facilities by nursing staff type.

Figure 1. Nursing staff mix (n=288)



- Registered nurses (RNs) made up the largest proportion of nurses in hospitals, followed by nurse aides (NAs).
- Advanced practice registered nurses (APRNs) made up 3.3% of the staff mix, an increase from 2.0% in 2019.
- From 2019 to 2022, the proportion of RNs decreased for the first time, from 81.9% to 76.6%, while the proportion of LVNs increased from 2.8% to 3.7%. During the COVID-19 pandemic, many

hospitals reported beginning to use a team nursing staffing model, which involves more LVNs.¹

Changes in Budgeted FTEs

In addition to providing employment numbers for the specified periods, hospitals also described changes in the past year in their numbers of direct patient care RN FTEs, the reasons for these changes, and their hiring plans for the coming fiscal year (Table 1).

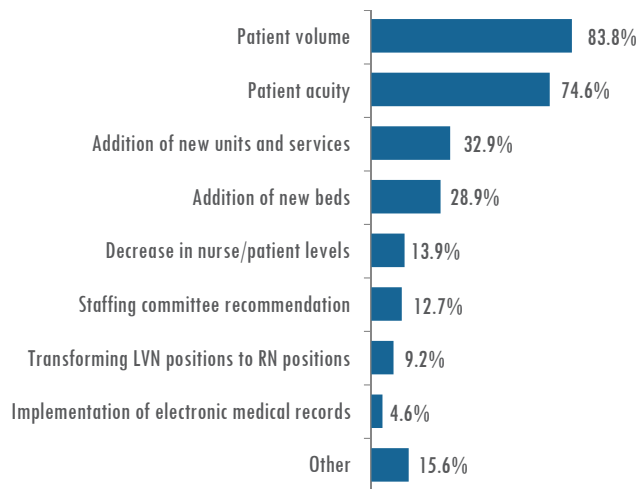
Table 1. Number of hospitals reporting changes in budgeted direct patient care RN FTEs by region

Region	Increased	Decreased	No Change
Panhandle	7	4	12
Rio Grande Valley	8	2	6
North Texas	56	9	44
East Texas	19	2	10
Gulf Coast	40	9	17
Central Texas	13	2	18
South Texas	14	1	12
West Texas	16	2	10
Texas	173	31	129

173 responding hospitals (52.0%) reported having increased budgeted direct patient care RN FTEs in the past year. These hospitals were then asked to indicate reasons why they had done so (Figure 2).

- Patient volume continues to be the leading reason to increase RN FTEs.
- There was an increase in the percentage of hospitals reporting patient acuity as a reason for increasing RN FTEs (44.9% in 2019).
- Other reasons included COVID-19 surges and opening a new hospital.

Figure 2. Reasons hospitals increased budgeted RN FTEs



31 responding hospitals (9.3%) reported having decreased budgeted direct patient care RN FTEs in the past year.

- Hospitals with fewer than 100 beds were more likely to have increased their number of RN FTEs than those with 100 beds or more (55.1% of hospitals with less than 100 beds vs. 49.7% of hospitals with 100 beds or more).

129 responding hospitals (38.7%) reported no change in budgeted direct patient care RN FTEs in the past year.

Additional Budgeted FTEs

Table 2 shows the number of FTEs that responding hospitals expect to budget in the next fiscal year, by nursing staff type and region.

- RNs were the most commonly reported nursing staff type to be added (67.9% of planned FTEs).

Table 2. Number of additional RN, LVN, and NA FTEs hospitals plan to budget next fiscal year by region (n=221)

Region	RNs	LVNs	NAs	Total
Number of responding hospitals	220	205	206	-
Panhandle	29.3	25.0	36.0	90.3
Rio Grande Valley	77.0	46.0	39.0	162.0
North Texas	674.3	176.0	174.6	1,025.0
East Texas	613.2	50.0	74.0	737.2
Gulf Coast	582.0	47.1	224.2	853.3
Central Texas	359.6	32.0	198.0	589.6
South Texas	253.4	30.0	71.1	354.5
West Texas	37.6	13.3	4.6	55.5
Texas	2,626.4	419.3	821.5	3,867.4

Note: n=number of responding hospitals in Texas that reported planning to budget additional RN, LVN, or NA FTEs

¹ Texas Center for Nursing Workforce Studies. (2022). 2022 Hospital Nurse Staffing Survey: COVID-19. <https://dshs.texas.gov/chs/cnws/Nurse-Staffing-Studies.aspx>

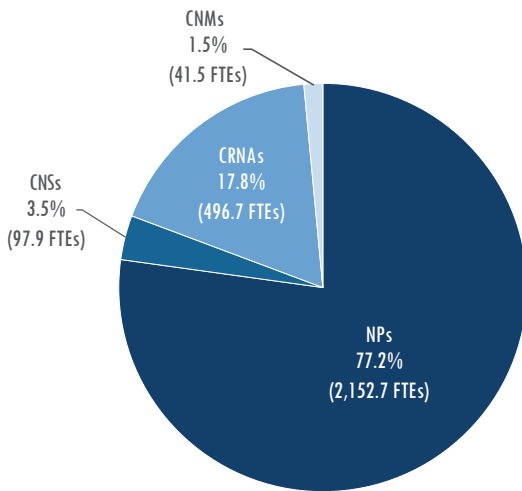


Advanced Practice Registered Nurses (APRNs)

Advanced Practice Registered Nurses (APRNs) are classified as one of four types: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs).

Figure 3 presents the percent of filled APRN positions in responding hospitals by APRN type.

Figure 3. APRN staff mix (n=144)



- NPs were the most common APRN type in hospitals (77.2%), followed by CRNAs (17.8%).

Table 3 shows the number of FTEs that responding hospitals expect to budget in the next fiscal year, by APRN type and region.

- Most new positions will be for NPs.

Table 3. Number of additional APRN FTEs hospitals plan to budget next fiscal year (n=181)

Region	NPs	CNSs	CRNAs	CNMs	Total
n	173	147	153	146	-
Panhandle	2.0	0.0	2.0	0.0	4.0
Rio Grande Valley	0.0	0.0	0.0	0.0	0.0
North Texas	9.0	0.0	0.0	7.0	16.0
East Texas	22.0	0.0	12.0	0.0	34.0
Gulf Coast	11.0	0.0	0.0	0.0	11.0
Central Texas	13.3	0.0	0.0	0.0	13.3
South Texas	7.0	0.0	0.0	1.0	8.0
West Texas	1.0	0.0	1.0	0.0	2.0
Texas	65.3	0.0	15.0	8.0	88.3

Note: n=number of responding hospitals in Texas that reported planning to budget additional APRN FTEs

Table 5 shows the number and percent of hospitals that use various strategies to recruit employees.

- Strategies varied by geographic designation. Hospitals in non-metropolitan counties were less likely to offer bonuses for recruiting nursing staff (59.3%), career ladder positions for RNs/LVNs/APRNs (42.0%), flexible scheduling or job sharing (50.6%), and merit bonuses (39.5%).
- Other strategies included extra COVID pay, child care and relocation assistance.

Table 6 shows that the majority of hospitals in Texas recruited RNs from Texas, followed by states outside of Texas and internationally. The most common countries hospitals recruited from internationally were the Philippines (34 hospitals) and Canada (15 hospitals).

Figure 4 shows the average length of time it takes responding hospitals to fill different types of RN positions.

- For all position types, hospitals most commonly filled positions in 61 or more days.
- Neonatal ICU had the highest percentage of positions filled within 90 days (63.4%), while pediatric ICU/CCU had the lowest (27.3%).
- Regionally, Figure 5 shows that hospitals in West Texas had the highest percentage of positions filled within 90 days (64.2%), while those in the Panhandle had the lowest (40.7%).

Table 5. Recruitment strategies used by hospitals (n=333)

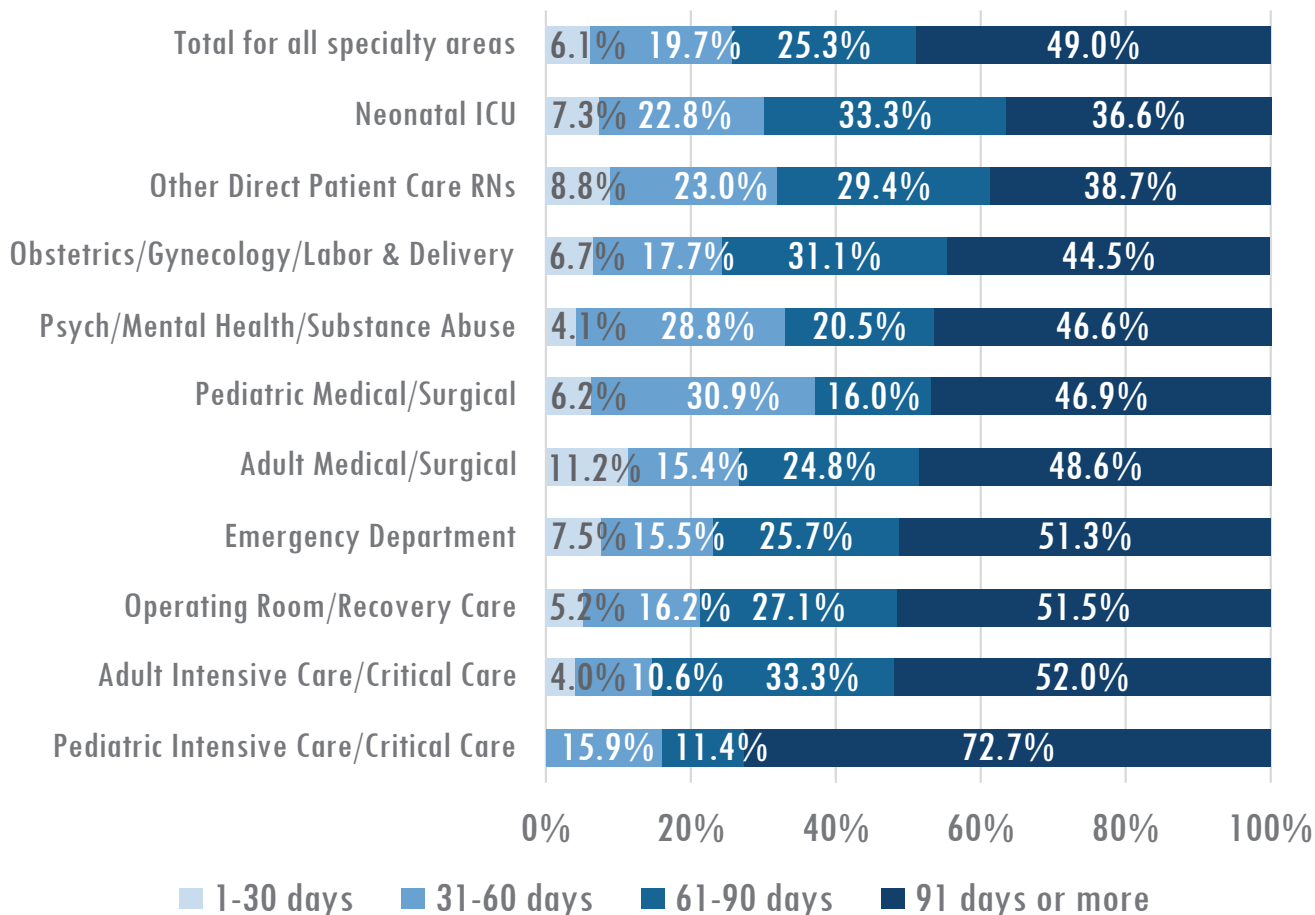
Strategy	# of Hospitals	% of Hospitals
Shift differential	317	95.2%
Paid vacation days	316	94.9%
Health insurance	313	94.0%
Retirement plan	293	88.0%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	282	84.7%
Tuition (reimbursement or direct payment for employees/new hires)	280	84.1%
Sign-on bonus	272	81.7%
Bonus for recruiting nursing staff to the organization	265	79.6%
Reimbursement for workshops/conferences	240	72.1%
Financial assistance in receiving certifications or further education	225	67.6%
Flexible scheduling or job sharing	221	66.4%
Merit bonus	212	63.7%
Career ladder positions for RNs/LVNs/APRNs	193	58.0%
Payback for unused sick/vacation time	171	51.4%
Career ladder positions for nurse aides	102	30.6%
Sabbatical	30	9.0%
Other	29	8.7%
None	5	1.5%

Table 6. Where hospitals recruit RN positions (n=333)

Place of Recruitment	# of Hospitals	% of Hospitals
Within Texas	326	97.9%
States Outside of Texas	182	54.7%
Internationally	86	25.8%



Figure 4. Number of days to fill RN positions by specialty area (n=324)



Conclusion

RNs made up the largest proportions of nurses in hospitals (76.6%), followed by NAs (16.4%), LVNs (3.7%), and APRNs (3.3%). 52.0% of responding hospitals reported an increase in budgeted RN FTEs in the past year, and responding hospitals reported they expect to add 3,867.3 additional FTEs in the next fiscal year. NPs were the most common APRN type in hospitals (77.2%), followed by CRNAs (17.8%).

The top three recruitment strategies used by hospitals were shift differentials (95.2%), paid vacation days (94.9%), and health insurance (94.0%). For all position types, hospitals most commonly filled positions in 61 or more days. The majority of hospitals in Texas recruited RNs from Texas, followed by states outside of Texas and internationally.

TCNWS Advisory Committee Recommendations

Staffing

Texas is projected to face a shortage of nurses from 2018 through 2032.¹ By 2032, the supply of RN FTEs is expected to grow by 30.5% to 291,872, while demand will grow by 38.8% to 348,883, leaving a deficit of 57,012 RN FTEs. Based on these projections, 16% of the projected

demand for RNs in 2032 will not be met. Between 2018 and 2032, the demand for RNs in inpatient hospital settings is projected to grow by 40%. 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.
- Based on the findings of the 2022 Workplace Violence Against Nurses Survey Employer survey, hospitals should create a culture of safety for all nurses, encourage reporting of violent and aggressive events, encourage nurse staffing committees to consider incidents of workplace violence in their work, and establish and maintain ongoing surveillance.²
- Encourage nurses to extend their work-life careers. 67.7% of responding hospitals reported nurses retiring early as a consequence of COVID-19. Research suggests that retirement of RNs is one of the biggest challenges facing the nursing workforce, and that facilities should work with RNs to delay their retirement by offering shortened work days/shifts, modifying work duties, and making ergonomic accommodations.³
- 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. 74.7% of hospitals reported insufficient staffing as a consequence of COVID-19.
- 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 27,282,054 contract RN and LVN FTEs were used by 56 responding facilities at a cost of over \$279 million in 2021. In 2018, 64.5% percent of hospitals reported an increase in voluntary overtime as a consequence of inadequate nurse staffing.
- Take actions taken to address mental health issues in the healthcare workforce, increase nurse resilience and well-being, and decrease burnout.
- 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 employees, used by 84.7% of hospitals.
- Utilize recruitment and retention strategies outlined in the Magnet Recognition and Pathways to Excellence programs from the American Nurses Credentialing Center.⁵
- Utilize resources provided by the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience.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 for Nursing Leadership (TONL) Regional Chapters
 - Texas Team Regional Teams
 - Texas Hospital Association (THA) Workforce Task Force

²Texas Center for Nursing Workforce Studies. (2019). Workplace violence against nurses survey. https://www.dshs.texas.gov/chs/cnws/WorkforceReports/2018_WPVAN.pdf

³Buerhaus, P.I., Skinner, L.E., Auerbach, D.I., and Staiger, D.O. (2017). Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation*, 8(2). 40-46.

⁴Green, A., Mancini, M.E., Flemming, S., Bingle, C., Jordan, C., Kishi, A., Fowler, C., Thomas, K., Sjoberg, E., and Walker, S. (2011). Building academic capacity through statewide partnerships, 27(6). 51-57.

⁵American Nurses Credentialing Center: <http://www.nursecredentialing.org/Magnet/ProgramOverview.aspx>.

⁶National Academy of Medicine: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>.

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:

