

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 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to public health agencies across 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 50 agencies participated for a final response rate of 56.8%. It is important to note that between the 2019 and 2022 TGPHNSS, the COVID-19 pandemic occurred.

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 2022 Texas Governmental Public Health Nurse Staffing Survey.

2022 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.¹

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 23.0% for RNs, 46.0% LVNs, and 40.0% APRNs.

The statewide position vacancy rate was 15.5% for RNs, 16.1% for LVNs and 17.4% for APRNs. This was an increase for RNs (10.8%), LVNs (13.2%), and APRNs (12.8%) from 2019.

RN Position Vacancy Rate

- RNs had the lowest statewide position vacancy rate for nurse types at 10.8%.
- For the 46 agencies that reported employment information for RNs, 27 (58.7%) of those agencies had a 0% vacancy rate.
- The highest position vacancy rate for RNs (25.6%) was found among Department of State Health Services offices.

- North Texas again had the highest RN vacancy rate for the health regions at 35.2%.

APRN Position Vacancy Rate

- 17 agencies reported vacancy information for APRN positions, the vacancy rate among those agencies was 17.4%.
- Agencies that reported staffing APRNs (n=17) reported 8 FTE vacancies and 38 occupied FTEs.

LVN Position Vacancy Rate

- Overall, the statewide position vacancy rate was 16.1% for LVN positions.
- Of the 41 agencies who reported employing LVNs, 29 (70.7%) of those agencies had a 0% vacancy rate.
- North Texas reported the highest LVN position vacancy rate (35.6%).

Turnover Rates

The statewide median turnover rate was 0% for LVNs, and APRNs, indicating that at least half of responding agencies did not have any staff turnover during the reporting period. RNs had a median turnover rate of 19.1% indicating that at least half of responding agencies experienced turnover.

RN Position Median Turnover Rate

- For the 48 agencies that reported turnover information for RNs, 14 (29.2%) of those agencies had a 0% turnover rate.
- By agency type, the median turnover rate for RNs was

lowest among the 7 responding Health and Human Services offices (0.0%). Local health departments had the highest median turnover rate (n=25, 28.6%).

- The median turnover rate for RN positions was highest in South Texas (40.0%) and lowest in North Texas and East Texas (0.0% for each).

APRN Position Median Turnover Rate

- 42 agencies reported reported turnover information for APRN positions, and 10 (23.8%) of those agencies had a 0% turnover rate.
- North Texas had the highest median turnover rate among the public health regions (70.0%), followed by the Rio Grande Valley (50.0%). East Texas, the Gulf Coast, Central Texas, and West Texas all had median turnover rates of 0.0%.

LVN Position Median Turnover Rate

- 26 agencies reported turnover information for LVNs, and 17 (65.4%) of those agencies had a 0% turnover rate.
- The median turnover rate was higher in border counties for LVNs (26.7%) than agencies in non-border counties (0.0%).

2022 TGPNSS: Staffing

- Nurses make up 15.4% of all full-time employees and 16.5% of all part-time employees among responding governmental public health agencies (n=50)
- Consistent with past studies, RNs made up the majority of the nursing staff mix in 2022 (66.9%).
- The proportion of LVNs (22.4%) has been decreasing from 2017.
- APRNs comprised 4.4% of occupied nursing staff positions, which was a decrease from 2019 (5.2%).
- Most agencies reported no change in FTEs among all nurse types over the past 2 years.
- Increased workload (58.7% of agencies) was again the most frequently reported consequence of inadequate staffing and low staffing morale (47.8% of agencies).

2022 TGPNSS: Agency Characteristics

- 7 of the 8 DSHS public health service regions responded to the survey (87.5% response rate).
- Local health departments had a response rate of 55.7%, with 34 of 61 agencies responding to the survey.
- The response rate for Texas Health and Human Services was 75.0%.
- 76.1% of responding agencies reported having a nurse in a position designated with overall administrative responsibility, and 71.4% of those positions were staffed with a RN.
- 17.4% (n=8) of the agencies that participated in the survey reported having a RN on their board. All but 1 of the respondents who did have RN board members reported the RNs had voting privileges.

2022 TGP/PHNS: Recruitment and Retention

- Almost all agencies said they offer paid vacation days and a retirement plan (both 97.8%) followed closely by offering health insurance (95.6%).
- Those who listed “other” strategies included adhering to a strict 40 hour work week (no more than 40 hours), no work on weekends or holidays, paid educational leave, and having increased leave time (6 weeks).
- 77.5% of responding agencies marked pay increase as the most impactful recruitment and retention strategy.
- Those who marked “other” listed having all salaried positions, raises, an option for a 4 day work week, and shorter commutes.

TCNWS Advisory Committee Recommendations

Recommendation 1

Texas Department of State Health Services (DSHS) should evaluate the impact of public health nurse staffing (including staffing levels, entry-level educational requirements, and years’ experience) and public health nurse staff turnover on the public’s health at the community and state level (outcomes, social determinants of health, health equity, structural racism).

Other areas for evaluation should include the:

- 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, social and economic determinants of health) and non-economic (e.g. quality and continuity of care) issues.
- 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.

Recommendation 2

Texas DSHS should create an executive-level position focused on nursing and led by a public health nurse within RLHO to foster collaboration among different health care professions and promote the health of communities through public health nursing.

- Currently, the Director of Nursing (DON) does not have authority over nurses in the field. Giving the DON authority over nurses in the field would help with planning, funding, and optimal nurse staffing roles and responsibilities in public health agencies.

Recommendation 3

With a focus on continuous quality improvement, Texas DSHS should pursue accreditation through the Public Health Accreditation Board (PHAB) to become a high-reliability governmental public health agency, increase transparency, improve overall quality, foster multi-sector collaboration, modernize information technology infrastructure to provide timely, relevant, actionable data, coordinate across departments, blend and braid funding, and develop and maintain a competent workforce to improve the public’s health. Important measures of focus should include:

- 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



Recommendation 4

Texas DSHS should evaluate the effect of public health nursing compensation and promotion opportunities (including pay parity, supplemental benefits, workforce development and continued education offerings, funding for certifications and professional nursing organization memberships, etc.) on recruitment and retention.

- 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.
- 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.
- DSHS should implement and maintain distinct and defined classifications among public health nurses. Proper classification is important in affirming public health nurses' positions within the agency.
- Public health agencies should support professional development, leadership training, and opportunities for nurses to further their formal education so that nurses may achieve upward career mobility within public health agencies and broaden the impact of a well-prepared nursing workforce on population health outcomes.

Recommendation 5

Governmental public health agencies should include education on what public health is as a requirement for the onboarding orientation and training process for nurses new to public health. The CDC has a free online Public Health 101 series that can be used to ensure that nurses new to public health understand the differences between public health nursing and nursing in other settings (<https://www.cdc.gov/training/publichealth101/index.html>).

Recommendation 6

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.

- DSHS should evaluate the impact of COVID-19 recovery funding and consider extending funding to sustain the changes made in governmental public health agencies during the COVID-19 pandemic.