



The Home Health and Hospice Care Nurse Staffing Study (HHHCNSS) assesses nurse staffing and related issues in home health and hospice agencies. In 2017, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HHHCNSS to 925 Texas home health and hospice agencies with a patient census of at least 250. Respondents provided data for 222 agencies for a response rate of 24.0%. These agencies were representative of Texas home health and hospice agencies by region, patient census, and agency type.

This report addresses hiring and recruitment practices and experiences, as well as recruitment and retention strategies used among home health and hospice agencies.

Recruitment and Hiring Practices

RN Hiring Practices

Respondents were asked to rank the importance of four different attributes they would consider when hiring registered nurses (RNs): past relevant nursing experience, past non-relevant nursing experience, bilingual, and bachelor's in nursing or higher education (1=most important, 4=least important) (Table 1).

- Past relevant nursing experience was ranked the most important attribute overall, followed by non-relevant nursing experience, bilingual, and a bachelor's in nursing or higher education.
- Most respondents ranked past relevant nursing experience as the most important attribute they looked for in potential RN hires.
- Over half of respondents ranked a bachelor's in nursing or higher education as the least important attribute they looked for in potential RN hires.

Table 1. Importance of attributes when hiring RNs (n=156)

	Past Relevant Nursing Experience	Past Non-Relevant Nursing Experience	Bilingual	Bachelor's in Nursing or Higher Education
Rank 1	69.2%	12.8%	7.7%	10.3%
Rank 2	14.1%	53.2%	23.1%	9.6%
Rank 3	5.8%	26.3%	44.2%	23.7%
Rank 4	10.9%	7.7%	25.0%	56.4%

Note: n=number of respondents

151 respondents listed other key attributes they looked for when hiring RN staff.

- Commonly cited attributes were longevity or history with prior employers (23 respondents), dependability/reliability (21 respondents), flexibility (16 respondents), and teamwork (16 respondents).

Respondents were asked where they focused RN recruitment efforts: within Texas, in states outside of Texas, or internationally.

- 216 of 217 respondents (99.5%) focused recruitment efforts within Texas.
- Only 3 of 217 respondents (1.4%) reported recruiting RNs internationally.
- The most common reason cited by respondents who focused RN recruitment outside of Texas was the need for agencies bordering other states to recruit locally (5 respondents).

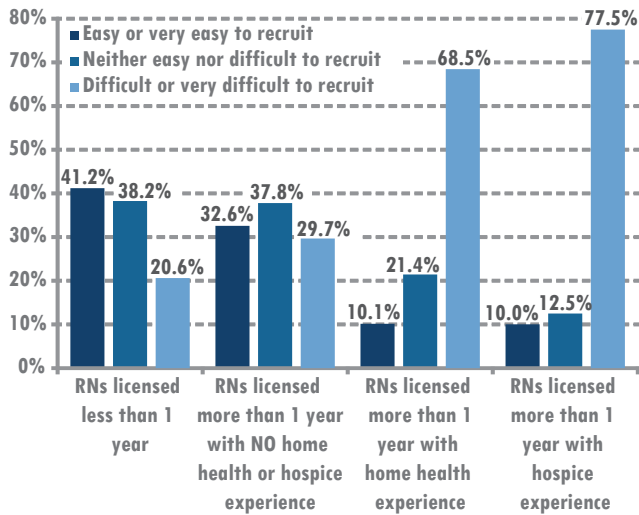
Recruitment Experiences

Respondents were asked to rate their experience recruiting nursing staff, from 1 (easy) to 5 (difficult). Results are displayed in Figures 1 and 2 (page 2). Respondents provided ratings for each nursing staff type separately, and may not have provided a rating for every nursing staff type.

- 56 of 136 respondents (41.2%) indicated it was easy or very easy to recruit RNs licensed less than one year.



Figure 1. Agency experience recruiting RNs

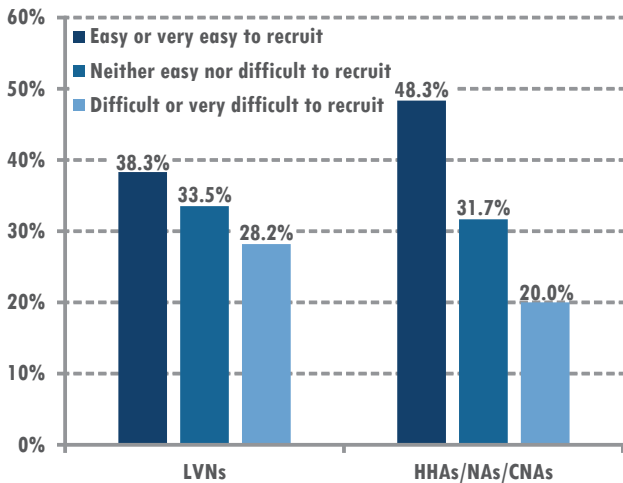


- 56 of 172 respondents (32.6%) indicated RNs licensed more than one year with no relevant experience were easy or very easy to recruit.

Experienced RNs with relevant experience were even harder to recruit.

- Only 17 of 168 respondents (10.1%) who provide home health services found it easy or very easy to recruit RNs with home health experience.
- Similarly, just 4 of 40 respondents (10.0%) who provide hospice services found it easy or very easy to recruit RNs with hospice experience.

Figure 2. Agency experience recruiting LVNs and HHAs/NAs/CNAs



- 87 of 180 respondents (48.3%) reported it was easy or very easy to recruit HHAs/NAs/CNAs .
- 72 of 188 respondents (38.3%) reported it was easy or very easy to recruit LVNs.

Respondents were also asked to provide an open-ended response explaining their experience recruiting each nursing staff type. The following presents the most common responses to these questions by nursing staff type.

RNs licensed less than 1 year (n=76)

- 20 respondents indicated this type of nurse requires training or lacks necessary skills.

RNs licensed more than 1 year with NO home health or hospice experience (n=101)

- 24 respondents indicated this type of nurse also requires training or lacks necessary skills.

RNs licensed more than 1 year with home health experience (n=109)

- 36 respondents had difficulty finding this type of nurse or described a limited pool of qualified applicants.

RNs licensed more than 1 year with hospice experience (n=27)

- 7 respondents described a limited qualified applicant pool.

LVNs (n=102)

- 23 respondents had difficulty finding this type of nurse or had few to no applicants or qualified applicants.

HHAs/NAs/CNAs (n=86)

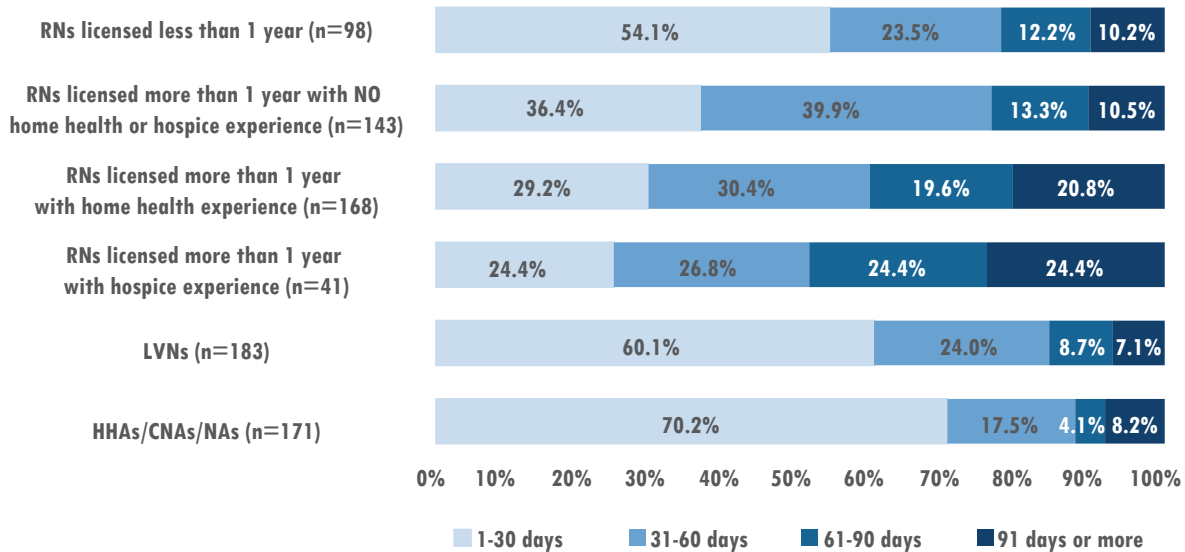
- 18 respondents had adequate to plentiful applicants, while 16 respondents indicated limited to no applicants or qualified applicants.

Respondents were asked to report the average number of days it currently takes to fill different types of nursing positions (Figure 3, page 3).

- The majority of respondents filled LVN and HHA/CNA/NA positions within 1-30 days on average.
- Among RN positions, positions for RNs licensed less than 1 year were filled most quickly, with 53 of 98 respondents (54.1%) filling these positions in 1-30 days.
- Positions for RNs licensed more than 1 year with hospice care experience took the longest to fill on average, with 20 of 41 hospice agency respondents (48.8%) reporting an average of 61 days or more.



Figure 3. Average number of days to fill nursing positions by nursing staff type



Recruitment and Retention Strategies

Table 2 (page 4) shows the number and percentage of respondents that use various strategies to recruit and retain full- and part-time nursing staff.

- The most frequently selected recruitment and retention strategy for full-time employees was a tie between health insurance and paid time off, while the most frequent selection for part-time employees was employee recognition programs.
- 19 of 214 respondents (8.9%) reported not using any strategy to recruit or retain full-time employees, compared to 32 of 135 respondents (23.7%) using no strategies to recruit or retain part-time employees.
- Respondents with a patient census of 501 or more were more likely to offer health insurance, retirement plans, paid time off, and employee recognition programs to full-time employees.

- “Other” strategies respondents wrote in included company vehicles (3 respondents) and on-call pay (2 respondents).

Respondents were also asked their opinion of what strategies would have the greatest impact on retention.

- The 214 respondents to this question most frequently selected pay increase (159 respondents, 74.3%), followed by adequate staffing (101 respondents, 47.2%) and employee recognition (70 respondents, 32.7%).
- “Other” strategies respondents wrote in included offering benefits such as health insurance or retirement (13 respondents), and reducing paperwork/documentation (4 respondents).

Conclusion

Overall, most respondents ranked past relevant nursing experience as the most important attribute to consider when hiring RNs. Most respondents focused their recruitment efforts within Texas. Respondents found it more difficult to recruit RNs, especially those with home health and hospice experience, than HHAs/CNAs/NAAs. Vacant RN positions also took longer to fill than LVN or HHA/NA/CNA positions.

The top recruitment and retention strategies offered by respondents to full-time nursing staff included health insurance, paid time off, and employee recognition programs, whereas the top strategies offered to part-time nursing staff were employee-recognition programs, flexible scheduling or job sharing, and reimbursement for workshops/conferences. The majority of respondents believed a pay increase would have the greatest impact on retention.



Table 2. Full-time and Part-time Recruitment and Retention Strategies Used by Respondents

Strategy	Full-time Employees (n=214)		Part-time Employees (n=135)	
	Number of Respondents	Percentage of Respondents	Number of Respondents	Percentage of Respondents
Health insurance	169	79.0%	24	17.8%
Paid time off	169	79.0%	28	20.7%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	128	59.8%	72	53.3%
Reimbursement for workshops/conferences	107	50.0%	30	22.2%
Retirement plan	98	45.8%	21	15.6%
Flexible scheduling or job sharing	95	44.4%	64	47.4%
Bonus for recruiting nursing staff to the agency	65	30.4%	27	20.0%
Merit bonus	52	24.3%	23	17.0%
Financial assistance in further education/certification	51	23.8%	15	11.1%
Payback for unused sick/vacation time	50	23.4%	10	7.4%
Sign-on bonus	47	22.0%	4	3.0%
Career ladder positions for RNs/LVNs/APRNs	46	21.5%	15	11.1%
Shift differential	36	16.8%	27	20.0%
Tuition (reimbursement or direct payment for employees/new hires)	36	16.8%	6	4.4%
NONE	19	8.9%	32	23.7%
Career ladder positions for HHAs/NAs/CNAs	15	7.0%	9	6.7%
Other	7	3.3%	7	5.2%
Sabbatical	3	1.4%	3	2.2%

Note: n=number of total respondents

TCNWS Advisory Committee Recommendations

Home health and hospice nurses experience unique stressors, including long drive times in rural areas and the pressure of practicing in an independent environment. This, in addition to inadequate staffing, led 32.9% of respondents to say they had experienced low nursing staff morale. Home health and hospice agencies are also unique in that they serve many high acuity patients and experience surges in admissions. This means that in the case of inadequate staffing, 59.3% of respondents had experienced an increase in nursing workload and 43.1% had to use administrative staff to cover nursing visits.

Stress and poor job satisfaction cause nurses to move around from agency to agency. This can be seen through the high vacancy and turnover rates in home health and hospice agencies. Vacancy rates in 2017 (12.4% for RNs and 8.9% for LVNs) were similar to rates in 2011 (11.9% for RNs and 8.7% for LVNs), which was the first year the study was performed. Around half of agencies reported turnover rates of higher than 20%.

- In order to reduce turnover and improve retention, managers and leaders in home health and hospice should pay attention to the work environment to determine why nurses move from job to job.
- Most research on drivers of job satisfaction has been done in the acute care/inpatient setting. Stakeholders should research ways to decrease stress and increase job satisfaction in home health and hospice nurses, specifically:
 - Drivers of job satisfaction in the home health and hospice setting
 - Better mechanisms to cover workloads when vacancies exist
 - Flexible staffing models to accommodate patient churn in the home health and hospice setting

High vacancy and turnover is also costly to agencies due to the high cost associated with overtime and recruiting qualified nurses. Over half of responding agencies found



it difficult or very difficult or very difficult to recruit RNs with home health and hospice experience (68.5% of home health agency respondents and 77.5% of hospice agency respondents).

- In order to decrease vacancy and turnover and compete with hospitals and other employment settings, home health and hospice agencies need to offer more recruitment and retention incentives, such as:
 - Paid time off – 79.0% of agencies used this strategy compared to 95.4% of hospitals¹
 - Health insurance – 79.0% of agencies used this strategy compared to 96.0% of hospitals¹
 - Retirement plan – 45.8% of agencies used this strategy compared to 88.2% of hospitals¹

- Home care administrators and managers should identify and evaluate factors influencing recruitment and retention of nurses and implement innovative strategies that would further improve recruitment and retention of their nursing staff.
- Since most home health and hospice agencies in Texas are relatively small, these strategies could involve collaborations or affiliations with professional associations, with multiple agencies working together to provide insurance pools and other incentives.

¹ Texas Center for Nursing Workforce Studies. (2017). 2017 Hospital Nurse Staffing Study - Recruitment and Retention. <http://www.dshs.texas.gov/chs/cnws/Hospital-Survey-Reports/>

