The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas' largest employer of nurses. During the summer of 2017, the TCNWS administered the HNSS to 713 Texas hospitals. These included for-profit, nonprofit, public, and Texas Department of State Health Services-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. 348 (48.8%) hospitals responded to the survey.

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 2017 Hospital Nurse Staffing Survey.

2017 HNSS: 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 hospitals in an area. The median facility turnover rate describes the mid-point of responses for each hospital.

Vacancy Rates

RN Position Vacancy Rate (296 of 348 hospitals responded):

- The RN position vacancy rate decreased from 9.8% in 2016 to 8.1% in 2017.
- The first-year RN position vacancy rate increased from 10.3% in 2016 to 12.7% in 2017.
- Of 53,320 RN FTE positions reported statewide, 4,726 were vacant.

Advanced Practice Registered Nurses Position Vacancy Rate (120 of 348 hospitals responded):

- Responding hospitals reported 191 vacant FTEs out of 1,729 total APRN FTEs across the state.
- The statewide position vacancy rate for NPs decreased from 16.6% in 2016 to 10.3% in 2017.
- For CNSs, the statewide position vacancy rate also decreased, from 13.4% in 2016 to 8.8% in 2017.

- The statewide CRNA position vacancy rate was 10.2%, two percentage points lower than the vacancy rate for this position in 2016 (12.7%).
- The statewide position vacancy rate for CNMs was 0%.

LVN Position Vacancy Rate (223 of 348 hospitals responded):

- The position vacancy rate for LVNs decreased from 8.2% in 2016 to 6.8% in 2017.
- Of a total 3,422 budgeted LVN FTE positions, 250 were vacant.

Nurse Aide Position Vacancy Rate (260 of 348 hospitals responded):

- The statewide position vacancy rate for NAs decreased from 8.7% in 2016 to 7.5% in 2017.
- Of the 13,484 NA FTE positions reported statewide, 1,093 were vacant.

Turnover Rates

RN Median Facility Turnover Rate (305 of 348 hospitals responded):

- The median facility turnover rate among RNs in Texas hospitals was 24.5%. RN turnover rates in Texas hospitals ranged from 0% to 200% in 2017.

Advanced Practice Registered Nurse Median Turnover Rate (116 of 348 hospitals responded):

- The statewide median turnover rate was 0% for all APRN types.
- Facility turnover rates for APRNs ranged from 0% to 200%.

LVN Turnover Rate (253 of 348 hospitals responded):

- The median facility turnover rate for LVNs increased from 16.7% in 2016 to 18.9% in 2017.
- Facility turnover rates for LVNs ranged from 0% to 400%.

Nurse Aide Turnover Rate (274 of 348 hospitals responded):

- The statewide median facility turnover rate for NAs increased from 28.6% in 2016 to 34.1% in 2017.
- Facility turnover rates for NAs ranged from 0% to 200%.

[1]American Association of Colleges of Nursing, "Nursing Shortage Fact Sheet", 2012, http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf

2017 HNSS: Staffing

In all, 124 hospitals responded to questions related to the hours and costs of interim staffing and reported spending a total of $213 million on interim staffing methods to fill nearly 5 million hours of interim staffing needs. Reported interim staffing methods included voluntary overtime, in-house staffing pool, contract/traveling nurses, per diem nurses, temporary staffing agencies, and managerial staff to provide staffing coverage.

- Voluntary overtime was the most frequently used method for providing staffing coverage with 88 respondents reporting the use of this method for over 1.5 million hours at a cost of over $62 million.

- The use of contract/traveling nurses was the most costly method of interim staffing per hour, averaging $66.17.
- As a means of gauging trends in employment, hospitals were asked if there had been changes in the number of RN positions at their facility over the past year. 47.7% of respondents reported an increase in RNs positions, while 11.2% reported a decrease.
- When asked how many additional FTEs expected to be added in the coming fiscal year, 253 responding hospitals reported plans to hire an additional 3,580.0 new FTE positions among all nursing staff types, mostly RNs.

2017 HNSS: Recruitment

Where Hospitals Recruit (346 of 348 hospitals responded):

- 98.6% of responding hospitals reported recruiting in Texas, while 33.9% recruited in other states and 11.5% recruited internationally.

Filling Positions (348 of 348 hospitals responded):

- The majority of nursing position types are filled within 60 days.

- In general, respondents ranked past relevant nursing experience as the most important attribute when hiring new staff, followed by a bachelor's in nursing or higher education, past non-relevant nursing experience, and bilingual.
- Pay increases were perceived to have the greatest impact on retention of nurses, followed by adequate staffing and employee recognition.

2017 HNSS: Transition to Practice Programs

- 248 hospitals (71.3%) reported having a transition to practice program.
- Mentorship/preceptorship was the most commonly used transition to practice program (68.5%), followed by nurse residency (49.6%), internship/externship (35.9%), "other" (16.5%) and nurse fellowship (13.3%).
- Most programs used an employment model.

- The most common outcomes of transition to practice programs were improved clinical competence in resident/patient care among first year nurses (54.0%), improved clinical decision-making abilities among first year nurses (44.8%), and increased number of new graduates applying for RN positions in the organization (39.9%).