Highlights

This study provides an overview of the current state of the Texas governmental public health nursing workforce. The main findings are:

- 83 public health agencies were surveyed and 58 responded, for a response rate of 69.9%, a decrease from 2013 (77.5%).

- Chi-Square analyses found that the 58 respondents were not significantly different than the 25 non-responding facilities regarding agency type and agency designation.

- Nurses make up approximately 9.9% of the total Texas governmental public health workforce, and the majority of nurses work in positions that require a nurse license.

  - RNs made up the majority (59.5%) of the nursing staff mix within Texas governmental public health agencies.
  - LVN positions accounted for 33.9% of nurse positions.
  - APRN positions increased (6.5%) in 2015 from 2013 (3.7%).
  - Most public health RNs work in a variety of program areas and have diverse job functions.
  - The program area most commonly staffed by RNs is immunization programs/services, followed by TB control and STD's.
  - 26.3% of responding agencies had an RN board member with voting privileges.

- Vacancy rates for RN, LVN, and APRN positions in Texas governmental public health agencies are higher than vacancy rates for these positions within Texas hospitals, but lower than Texas home health/hospice agency vacancy rates.

  - 38.8% of agencies surveyed reported having vacant RN positions. The overall statewide position vacancy rate for RN positions was 12.2%.
  - 67.4% of agencies surveyed reported zero LVN position vacancies less than reported in 2013 (80.4%). Overall, the statewide position vacancy rate was down slightly at 10.8% for LVN positions.

  - Few agencies reported staffing APRNs (n=24), but those that did reported 10.5 FTE vacancies and 52.4 occupied FTEs.
  - Most agencies reported that it takes between 31 and 60 days to fill vacant RN, and APRN positions, and 1-30 days for LVNs
  - 60.3% of agencies reported increasing the workload, but not work hours, of existing staff in order to compensate for vacant positions.

- Turnover rates varied greatly by agency type and agency location.

  - Median statewide turnover rates for RNs were lowest in local health departments (11.6%) and highest in DSHS health service regions and DSHS central office divisions both 25.0%.
  - Agencies located in metropolitan counties reported a higher median turnover rate for RN positions (n=46, 15.0%) than agencies located in non-metropolitan counties (n=8, 0.0%).
  - Agencies located in border counties reported a lower median turnover rate for RN positions (n=4, 0%) than agencies located in non-border counties (n=50, 14.0%). 2013 reported showed the opposite. Few agencies plan on increasing the number of budgeted nurse positions in the next fiscal year.
  - A total of 30.25 RN FTE positions are expected to be added in the next fiscal year, 21 LVN FTE positions, and 4 APRN FTE positions.

- Most agencies reported no change in FTEs among all nurse types over the past 2 years.

  - 15 of responding agencies will increase RN positions, 9 will increase LVN positions, and 8 will increase APRN positions.
  - 5 agencies decreased the number of budgeted RN and LVN FTEs, while 3 agencies decreased APRN FTEs.

- 5 (8.6%) agencies reported replacing budgeted RN positions with budgeted LVN positions. All 5 agencies were analyzed to identify any similarities, but the only similarity that existed was that all 5 agencies were local health departments.

Recruitment and Retention

According to respondents of the study, public health RNs work in a variety of program areas and have diverse job functions. Few governmental agencies reported hiring newly licensed RNs. Similar studies (2015 Home Health and Hospice Care Nurse Staffing Study) reported that having relevant experience was the most desirable attribute to employers. Of the 58 agencies that responded, only 5 reported having a transition-to-practice* program. Study results indicate that few agencies plan on increasing the number of budgeted nursing positions in the next fiscal year. Increase in funding was the most frequently reported reason agencies increased nursing positions. In order to adequately prepare nurses for their role in public health, and to ensure funding for governmental public health nursing positions: Stakeholders should develop and implement solutions to address these issues, specifically:

- Local health departments, health service regions, and DSHS (public health agencies) should increase the capacity to provide nursing students with meaningful clinical experiences in public health.

- Public health agencies should partner with the Office of Academic Linkages in DSHS to create programs for public health nursing education that mirror preventative medicine residency programs. This is in-line with IOM Recommendation 3: Implement nurse residency programs.

- Schools of nursing should work with public health agencies across the state to create preceptorship and fellowship programs for students in order to prepare them for career opportunities in public health.

- Agencies and schools of nursing should develop transition-to-practice programs to encourage entry of new nursing graduates into public health. This is in-line with IOM Recommendation 3: Implement nurse residency programs.

- Professional organizations and public health agencies should identify and implement mechanisms for advertising positions in public health agencies that may attract nurses who wish to change their job roles or practice settings.

- Professional organizations and public health agencies should create and implement opportunities to ensure that public health nurses receive relevant continuing professional education and training in order to promote and maintain a high level of competence in public health practice.

- Public health agencies should support opportunities for nurses to further their formal education so that nurses may achieve upward career mobility within public health agencies.

- 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.

Agency Characteristics

Public health nurses are well-placed to shape and influence a culture of health through effective nursing leadership. Overall, most governmental public health agencies (72%) reported having a specific position with overall administrative responsibility for nursing services. However, not all of them were occupied by RNs, and only a small percentage (26.3%) of agencies reported having an RN on their board. Nurses are underrepresented in leadership roles. Stakeholders should develop and implement solutions to ensure the advancement of RNs, specifically:

- The Texas Department of State Health Services (DSHS) should sustain the Director of Nursing (DON) position within the Texas Department of State Health Services (DSHS) to further state led efforts to promote the health of communities through public health nursing.

- 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. This is in-line with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.

*Transition-to-practice: These programs may include extended orientations, prolonged preceptorships, and formal residency programs.

- 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. This is inline with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.
- Public health agencies should establish consistent organizational support for nurses in leadership roles by ensuring effective nurse management structures are in place.
- Public health agencies should recognize the value of nursing input in all program areas and promote the use of RNs on committees, boards, etc. This is in-line with IOM recommendation 7: Prepare and enable nurses to lead change to advance health.

Nurse researchers should focus on the following issues for further study:

- Opportunities to evaluate and improve nursing leadership structures in governmental public health agencies.

Staffing

According to survey respondents, over half of public health agencies reported increased workload as a consequence of inadequate nurse staffing. Increased workload was the most frequently used interim staffing method, with more than half of agencies reporting the use of this strategy, an increase from 2013 (47.5%). To more fully understand the implications of these findings nurse researchers should focus on the following issues for further study:

- Effect of public health nursing compensation and promotion opportunities on recruitment and retention in governmental public health agencies.
- 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.
- Relationships among planning, funding, and optimal nurse staffing roles and responsibilities in public health agencies.
- Unique factors that may adversely affect public health nursing recruitment and retention

Vacancy and Turnover

Respondents also reported vacancy rates for all nurse types in Texas governmental public health agencies are higher than vacancy rates for these positions within Texas hospitals. Turnover rates varied greatly by agency type and agency location across the state. To more fully understand the implications of these findings nurse researchers should focus on the following issues for further study:

- 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) and non-economic (e.g. quality of care) issues.

Past recommendations in action:

Keeping track of the efforts and accomplishments made toward the recommendations can highlight some of the best practices and barriers.

- The Texas Department of State Health Services (DSHS) created a Director of Nursing (DON) position within the Texas Department of State Health Services.
- As of 2015, DSHS has agreements with over 25 Texas universities and two online nursing schools to place students in a variety of practicum settings, supporting LVN to BSN students, baccalaureate nursing students, and masters and doctoral nursing students throughout the state. The number has steadily risen from only two such agreements in 2011.