

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 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the TGPHNSS to 74 local health departments and 8 public health service regions. A total of 31 responses were collected for a response rate of 37.8%.

Department of State Health Services (DSHS) and Health and Human Services (HHS) central offices in Austin were also surveyed and a total of 13 responses were collected. These agencies and programs change year to year and the total number of programs is unknown. Therefore, no response rate is reported.

This report presents the findings pertaining to staffing practices in Texas governmental public health agencies. It is important to analyze staffing practices in public health agencies because studies have shown that inadequate staffing has adverse effects such as increased job stress and inability to handle public health emergencies.<sup>1,2</sup> This report discusses the nurse staffing mix in public health agencies. Also included are data on consequences of inadequate staffing and recruitment and retention strategies used in public health agencies. It is important to note that those receiving the survey for DSHS and HHS central offices were individual programs under these agencies and, therefore, do not represent the agencies as a whole.

<sup>1</sup>Dingley, J & Yoder, L. (2013) The Public Health Nursing Work Environment: Review of the Literature. *Journal of Public Health Management Practice*, 19(4), 308-321.

<sup>2</sup>Simpson, K. R., Lyndon, A., & Ruhl, C. (2016) Consequences of Inadequate Staffing Include Missed Care, Potential Failure to Rescue, and Job Stress and Dissatisfaction. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 45(4), 481-490.

## Staff Mix

In 2024, agencies were asked to report the number of people currently employed by full-time and part-time status as well as the number of positions that required a nursing license. For the purposes of this report, the full-time and part-time headcounts were used to calculate FTEs for the different nurse types. Each full-time employee was counted as one FTE and each part-time employee was counted as half of an FTE.

Table 1 shows the number of full-time, part-time, and FTE counts reported by responding agencies as well as the number of positions that require a nursing license.

- Overall, nurses represented 13.6% of all full-time employees and 11.8% of all part-time employees among responding governmental public health agencies and programs (n=41).
- Responding agencies and programs reported 13.4% of all full-time positions and 17.1% of all part-time positions required a nurse license.

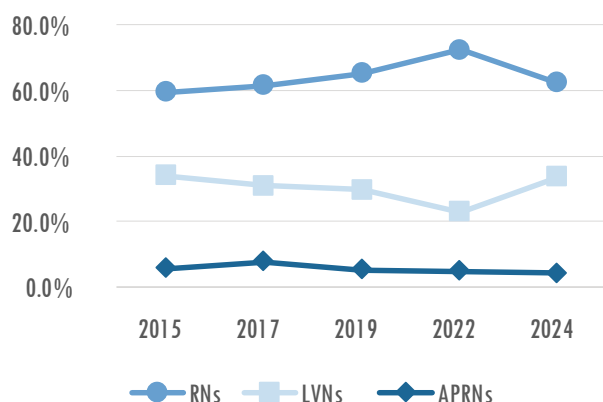
**Table 1. Staff mix by employment status (n=41)**

	n	Full-time	Part-time	FTEs
All Employees from responding agencies/programs	-	3,362	76	3,400.0
Positions that require a nursing license	-	452	13	458.5
Total nurses employed	-	458	9	462.5
RNs	39	303	4	305.0
LVNs	39	139	4	141.0
APRNs	38	16	1	16.5

Figure 1 displays the proportion of nurses in occupied FTE positions employed in Texas public health agencies over time.

- RNs made up the majority of the nursing staff mix in 2024 (62.4%), a decrease from 72.4 in 2022.
- The proportion of LVNs increased from 22.9% in 2022 to 33.5% in 2024.
- APRNs comprised 4.1% of occupied nursing staff positions, which was a slight decrease from 2022 (4.8%).

**Figure 1. Nursing staff mix, 2015-2024**



The nursing staff mix was also analyzed by agency type. As shown in Table 2:

- Similar to 2022, RNs made up the majority of nurse positions in local health departments (52.4%) and DSHS public health service regions (85.9%).
- Within the responding DSHS and HHS central offices' programs, RNs also made up the majority of nurse positions (76.5%).

**Table 2. Nursing staff mix by agency type, 2024**

	Local Health Departments	DSHS Public Health Regions	DSHS and HHS central offices
RNs	52.4%	85.9%	76.5%
LVNs	42.0%	14.1%	21.2%
APRNs	5.7%	0.0%	2.4%

## Change in Budgeted Positions

Agencies were asked to report the change, if any, in their number of budgeted nurse FTEs in the past 2 years (Table 3). A total of 43 agencies or programs responded.

- Most agencies reported no change in FTEs over the past 2 years among RNs (29 agencies), LVNs (30 agencies), and APRNs (37 agencies).
- 11 agencies increased the number of budgeted RN FTEs, 6 increased LVN FTEs, and 2 agencies added APRN FTEs.
- Only 3 agencies decreased the number of budgeted RN FTEs, 4 agencies decreased the number of LVN FTEs, and 0 decreased APRN FTEs.

**Table 3. Number of agencies reporting a change in the number of budgeted nurses in the past 2 years (n=43)**

	Decreased	No Change	Increased
RNs	3	29	11
LVNs	4	30	6
APRNs	0	37	2

Public health agencies that reported increasing or decreasing budgeted positions in the past two years were then asked to indicate the reason(s) for the change in budgeted positions (Table 4, page 3). 12 agencies or programs responded.

- The most commonly reported reason for agencies increasing budgeted LVN positions was an increase in funding (n=3) and opening of new programs (n=3).
- The most commonly reported reason for agencies increasing budgeted RN positions was an increase in funding (n=4) and opening of new programs (n=4).
- Reduced funding was the most frequently reported reason for the decrease in number of RNs (n=1) and LVNs (n=3).
- Agencies that responded "other" did not specify their reasoning for increasing or decreasing budgeted positions.

**Table 4. Reasons agencies reported a change in the number of budgeted nurses in the past 2 years (n=17)**

Reasons for <b>INCREASED</b> budgeted positions					
	Opening of new programs	Increase in funding	Changes in policy	Other	
RNs	4	4	2	6	
LVNs	3	3	2	-	
APRNs	-	1	1	2	
Reasons for <b>DECREASED</b> budgeted positions					
	Closing of programs	Reduced funding	Changes in policy	Inability to fill existing positions	Other
RNs	-	1	-	1	1
LVNs	-	3	1	2	1
APRNs	-	-	-	-	1

Note: “-” means data was unavailable to report the reasons agencies reported a change in the number of budgeted nurses in the past 2 years.

## Replacing RNs with LVNs and Non-nurses

Agencies were asked which types of nurses and non-nurses their agencies replaced budgeted positions for RNs with. 41 agencies or programs responded.

- 40 agencies (90.9%) said they did not replace any budgeted RN positions with other nurses or non-nurses.
- 1 agency replaced a budgeted RN position with a community health worker position.
- 2 agencies replaced budgeted RN positions with other non-nurses. Agencies that reported replacing budgeted RN positions with other non-nurse health professionals (n=2) did not specify what type of health professional the budgeted RN positions were replaced with.
- Agencies did not specify their reasons for replacing budgeted positions for RNs with other nurses or non-nurse health professionals.

## Training Program for Newly Licensed Nurses

Agencies were asked if they have a training program for newly licensed nurses (including all nurse types). 32 out of the responding 43 agencies reported having a program (74.4%).

Agencies were also asked if they complete a needs assessment of skills for newly licensed nurses to determine training needs.

- 9 out of 42 responding agencies or programs said they complete an assessment every year. 10 agencies complete an assessment as needed, 2 agencies complete an assessment every two years, and 21 agencies said they do not complete an assessment.
- 13 agencies wrote an open-ended response on the

skills that are lacking among their nursing staff. The most common listed were communication skills (3 agencies), critical thinking (3 agencies), time management (2 agencies), and general public health knowledge (3 agencies).

Agencies were also asked if they hire newly licensed RNs which are defined as those who have been licensed for less than 1 year.

- 18 out of 42 responding agencies said they hire newly licensed RNs (42.9%). This is a decrease from 2022, where 21 out of 46 responding agencies said they hire newly licensed RNs (45.7%).

## Vacant Nursing Positions

Agencies were asked how long it took for their vacant nursing positions to be filled, on average. Table 5 shows the length of time broken down by nurse staffing type.

- Less than 10.0% of agencies said they were able to fill their RN positions in the first month.
- 28.6% of agencies said it took longer than three months to fill RN positions.
- 17.9% of agencies said it took longer than three months to fill LVN positions.
- 10.5% of agencies said it took longer than three months to fill their APRN positions.

**Table 5. Length of time to fill vacant nursing positions (n= 42)**

	RNs	LVNs	APRNs
1-30 days	7.1%	15.4%	7.9%
31-60 days	31.0%	23.1%	7.9%
61-90 days	23.8%	10.3%	2.6%
91 days +	28.6%	17.9%	10.5%
Not Applicable	9.5%	33.3%	71.1%

Agencies were also asked what issues they have filling vacant nursing positions (Table 6).

- 27 (79.4%) agencies said that their pay was not competitive enough to attract nurses.
- Only 5.9% of responding agencies said they had no problems with filling vacant nursing positions.
- ‘Staffing and recruitment challenges’ includes responses from agencies reporting a shortage of nurses (1 agency), not enough applicants (2 agencies), and a lack of qualified applicants (2 agencies).

**Table 6. Issues filling vacant nursing positions (n= 34)**

Issues	Responses
Non-competitive pay	27 (79.4%)
Staffing and recruitment challenges	5 (14.7%)
No issues filling vacant nursing positions	2 (5.9%)

## Consequences of Inadequate Staffing

Agencies were asked to select consequences their agency experienced in the past year due to an inadequate supply of nursing personnel. Table 7 displays the number and percentage of public health agencies who experienced consequences related to inadequate nursing personnel.

- 29 of 42 (69.0%) responding public health agencies or programs reported increased workload as a consequence of inadequate staffing, an increase from 2022 (58.7%).
- Inability to expand services was the second highest selected consequence of inadequate staffing with 20 (47.6%) agencies reporting.
- Low nursing staff morale was the third highest selected consequence of inadequate staffing (40.5%), a decrease from 2022 (47.8%).
- 28.6% of agencies reported not experiencing any consequences because they had an adequate supply of nursing personnel. This is a decrease from 2022 (32.6%).
- 68.0% of local health departments and 100.0% of Department of State Health Services public health regions reported increased workloads as a consequence of inadequate staffing.
- 48.0% of local health departments and 83.3% of Department of State Health Services public health regions agencies listed inability to expand services/reduction of services as a consequence of inadequate staffing.
- The 3 agencies that reported “other” as a consequence of inadequate supply of nursing personnel said that they have high turnover rates and have difficulty in meeting grant deliverables.

**Table 7. Number and percentage of public health agencies experiencing consequences of inadequate staffing by agency type**

	Local Health Departments (n=25)	DSHS Public Health Regions (n=6)	DSHS and HHS central offices (n=11)	All Agencies (n=42)
NONE - agency had an adequate supply of nursing personnel.	7 (28.0%)	-	5 (45.5%)	12 (28.6%)
Increased workloads	17 (68.0%)	6 (100.0%)	6 (54.5%)	29 (69.0%)
Inability to expand services/reduction of services	12 (48.0%)	5 (83.3%)	3 (27.3%)	20 (47.6%)
Low nursing staff morale	11 (44.0%)	4 (66.7%)	2 (18.2%)	17 (40.5%)
Difficulty completing required documentation on time	9 (36.0%)	1 (16.7%)	4 (36.4%)	14 (33.3%)
Increase in overtime/comp time	6 (24.0%)	2 (33.3%)	3 (27.3%)	11 (26.2%)
Increased nursing staff turnover	6 (24.0%)	3 (50.0%)	2 (18.2%)	11 (26.2%)
Increased use of temporary/agency nurses	2 (8.0%)	1 (16.7%)	-	3 (7.1%)
Other	2 (8.0%)	-	1 (9.1%)	3 (7.1%)
Wage increases	2 (8.0%)	-	-	2 (4.8%)

## Recruitment and Retention Strategies

Agencies were asked to select which recruitment and retention strategies they utilize for their nursing staff. Table 8 shows the frequency of strategies selected.

- 95.1% of responding agencies said they offer paid vacation days and health insurance.
- Almost all agencies said they offer a retirement plan (92.7%).
- A little over half of agencies (53.7%) reported offering reimbursement for workshops/conferences.
- No agencies used sign-on bonuses, bonuses for recruiting nursing staff to the organization, or sabbatical as a recruitment and retention strategy.
- Those who listed “other” strategies included reimbursement for nursing license fees, leadership rounding, and a discretionary pay increase exceeding the maximum in-hire rate.

Agencies were also asked to rank the impactfulness of 5 different recruitment strategies, including an option for “other.” 39 agencies and programs responded.

- 28 (71.8%) responding agencies marked pay increase as the most impactful recruitment and retention strategy.
- 3 (7.7%) responding agencies marked manageable workload as the most impactful strategy and 2 (5.9%) reported the option for remote work.
- Only 1 (25.6%) responding agency said that effective management/leadership was the most impactful recruitment and retention strategy.
- Those who selected “other” specified having flexible scheduling (5 agencies) and shift differential (2 agencies).

**Table 8. Recruitment and retention strategies (n=41)**

Strategy	# of Agencies	% of Agencies
Paid vacation days	39	95.1%
Health insurance	39	95.1%
Retirement plan	38	92.7%
Reimbursement for workshops/conferences	22	53.7%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	17	41.5%
Merit bonus	11	26.8%
Remote work	11	26.8%
Flexible scheduling or job sharing	10	24.4%
Financial assistance in receiving certifications or further education	7	17.1%
Payback for unused sick/vacation time	7	17.1%
Tuition (reimbursement or direct payment for employees/new hires)	5	12.2%
Other, please specify	4	9.8%
Paid educational leave	3	7.3%
Career ladder positions for RNs/LVNs/APRNs	2	4.9%
Shift differential	1	2.4%
Sign-on bonus	0	0.0%
Bonus for recruiting nursing staff to the organization	0	0.0%
Sabbatical	0	0.0%
NONE	1	2.4%

## Conclusion

- Nurses represented 13.6% of all full-time employees and 11.8% of all part-time employees among responding governmental public health agencies (n=44). RNs made up the majority of the nursing staff mix in 2024 (62.4%).
- 13.4% of all full-time positions and 17.1% of all part-time positions required a nursing license.
- Most agencies reported no change in FTEs over the past 2 years among LVNs (30 agencies), RNs (29 agencies), and APRNs (37 agencies).
- Agencies reported that a change in funding was the main reason they had a change in the number of budgeted nursing positions.
- 7.1% of agencies said they were able to fill their RN positions in the first month. 28.6% of agencies said it took longer than three months to fill RN positions.
- 27 agencies said that their pay was not competitive enough to attract nurses (73.0%).
- 29 of 42 (69.0%) responding agencies reported increased workload as a consequence of inadequate staffing.
- Nearly all responding agencies said they offer paid vacation days and health insurance as a recruitment and retention strategy (95.1%).
- 77.8% of responding agencies marked pay increase as the most impactful recruitment and retention strategy.