The Hospital Nurse Staffing Survey (HNSS) assesses the size and effects of the nursing shortage in hospitals, Texas' largest employer of nurses. During the spring of 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the HNSS to the Chief Nursing Officers/Directors of Nursing of 739 Texas hospitals. These included for-profit, nonprofit, public, and Texas Health and Human Services Commission-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; outpatient or community-based clinics were not included. Respondents provided data for 297 hospitals for a response rate of 40.2%. The responding hospitals were not representative by region, so all data from the 2024 HNSS is only reported at the state level.

This report presents the relevant findings of this survey related to staffing practices used in Texas hospitals. It also reviews changes in numbers of occupied and vacant nurse positions at hospitals and the reasons for these changes.
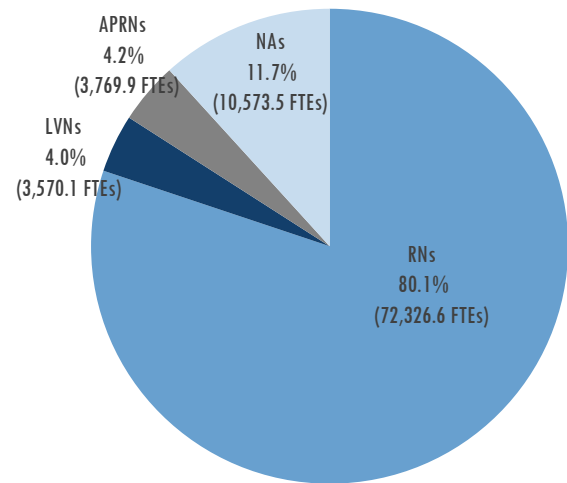
Nursing Staff Reported in Hospitals

Figure 1 presents the nursing staff mix, which represents filled hospital staff positions in responding facilities by nursing staff type.

- Registered nurses (RNs) made up the largest proportion of nurses in hospitals, followed by nurse aides (NAs).
- Advanced practice registered nurses (APRNs) made up 4.2% of the staff mix, an increase from 3.3% in 2022.
- From 2022 to 2024, the proportion of RNs increased from 76.6% to 80.1%, while the proportion of NAs decreased from 16.4% to 11.7%.
- In 2019, the proportion of LVNs was 2.8%, increasing to 3.7% in 2022, and to 4.0% in 2024.

On top of their budgeted and occupied nursing positions, hospitals also reported the number of contract RN and LVN FTEs they had working at their hospital in 2023. A total of 113 hospitals responded with a total of 4,458.8 RN and LVN FTEs for a total cost of $572,919,792.60.

Figure 1. Nursing staff mix (n=285), 2024

APRNs 4.2% (3,769.9 FTEs)
NAs 11.7% (10,573.5 FTEs)
LVNs 4.0% (3,570.1 FTEs)
RNs 80.1% (72,326.6 FTEs)

Changes in Budgeted FTEs

In addition to providing employment numbers for the specified periods, hospitals also described changes in the past year in their numbers of direct patient care RN Full-Time Equivalents (FTEs), the reasons for these changes, and their hiring plans for the coming fiscal year.

Table 1. Number of hospitals reporting changes in budgeted direct patient care RN FTEs by region, 2024
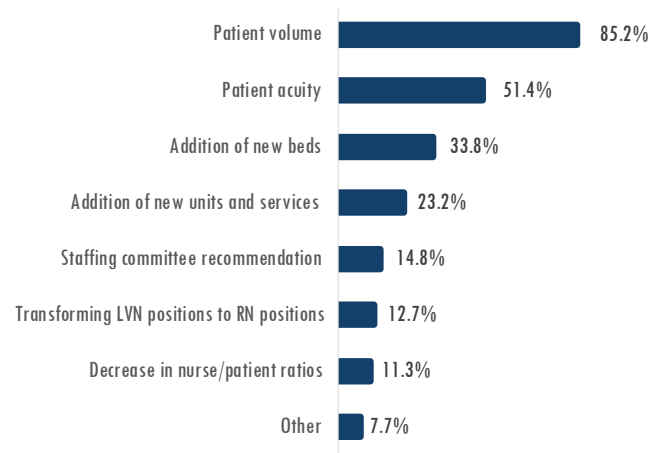
Region	Increased	Decreased	No Change
Panhandle	7	1	19
Rio Grande Valley	7	1	5
North Texas	53	3	43
East Texas	8	0	13
Gulf Coast	26	11	21
Central Texas	18	2	10
South Texas	14	1	10
West Texas	12	1	11
Texas	145	20	132

145 responding hospitals (48.8%) reported having increased budgeted direct patient care RN FTEs in the past year. These hospitals were then asked to indicate reasons why they had done so (Figure 2).

- Patient volume continues to be the leading reason to increase RN FTEs (85.2%), followed by patient acuity (51.4%) and the addition of new beds (33.8%).
- Other reasons included restructuring, such as adding a mid-shift and eliminating over-time.

20 responding hospitals (6.7%) reported having decreased budgeted direct patient care RN FTEs in the past year and 132 responding hospitals (44.4%) reported no change.

Figure 2. Reasons hospitals increased budgeted RN FTEs (n=142), 2024

Reason	Percentage
Patient volume	85.2%
Patient acuity	51.4%
Addition of new beds	33.8%
Addition of new units and services	23.2%
Staffing committee recommendation	14.8%
Transforming LVN positions to RN positions	12.7%
Decrease in nurse/patient ratios	11.3%
Other	7.7%

Additional Budgeted FTEs

Table 2 shows the number of FTEs that responding hospitals expect to budget in the next fiscal year, by nursing staff type and region.

- RNs were the most commonly reported nursing staff type to be added (67.9% of planned FTEs).

Table 2. Number of additional RN, LVN, APRN, and NA FTEs hospitals plan to budget next fiscal year by region, 2024

Region	RNs	LVNs	APRNs	NAs	Total
n	245	233	226	226	-
Panhandle	62.0	17.0	9.0	12.0	100.0
Rio Grande Valley	69.0	5.0	7.0	31.0	112.0
North Texas	4,792.6	95.9	188.1	136.5	5,213.1
East Texas	73.9	16.0	4.5	20.3	114.7
Gulf Coast	3,498.8	133.9	151.6	320.2	4,104.5
Central Texas	474.4	98.0	5.6	6.0	584.0
South Texas	164.3	33.0	8.0	26.0	231.3
West Texas	210.0	29.0	23.0	87.0	349.0
Texas	9,345.0	427.8	396.9	639.0	10,808.6

Note: n=number of responding hospitals in Texas that reported planning to budget additional RN, LVN, APRN, or NA FTEs
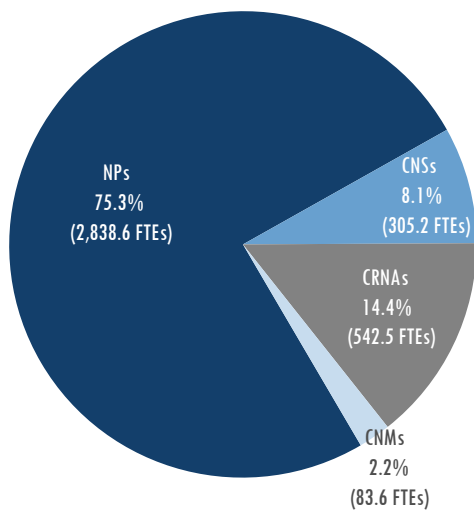
Advanced Practice Registered Nurses (APRNs)

APRNs are classified as one of four types: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs).

Figure 3 presents the percent of filled APRN positions in responding hospitals by APRN type.

Figure 3. APRN staff mix (n=253), 2024

- NPs were the most common APRN type in hospitals (75.3%), followed by CRNAs (14.4%). The APRN staff mix stayed consistent with 2022 when the proportion of NPs and CRNAs was 77.2% and 17.8%, respectively.

Table 3 shows the number of FTEs that responding hospitals expect to budget in the next fiscal year, by APRN type and region.

- Most new positions will be for NPs.

Table 3. Number of additional APRN FTEs hospitals plan to budget next fiscal year (n=226), 2024

Region	NPs	CNSs	CRNAs	CNMs	Total
n	223	218	216	215	-
Panhandle	5.0	4.0	0.0	0.0	9.0
Rio Grande Valley	7.0	0.0	0.0	0.0	7.0
North Texas	101.1	1.0	84.0	2.0	188.1
East Texas	2.5	0.0	2.0	0.0	4.5
Gulf Coast	58.9	0.0	0.0	92.7	151.6
Central Texas	3.0	0.0	0.6	2.0	5.6
South Texas	5.0	0.0	3.0	0.0	8.0
West Texas	17.0	2.0	3.0	1.0	23.0
Texas	199.6	7.0	92.6	97.7	396.9

Note: n=number of responding hospitals in Texas that reported planning to budget additional APRN FTEs

Table 4 shows the number and percent of hospitals that use various strategies to recruit employees.

- Over 90.0% of hospitals use paid time off (PTO), shift differential, health insurance, and retirement plans as recruitment strategies.
- Only 4.4% of responding hospitals reported using sabbaticals as a recruitment strategy.
- Other strategies included retention bonuses, paid holidays, and other special insurance, like life and disability.

Table 4. Recruitment strategies used by hospitals (n=297), 2024

Strategy	# of Hospitals	% of Hospitals
Paid time off (PTO)	284	95.6%
Shift differential	284	95.6%
Health insurance	275	92.6%
Retirement plan	269	90.6%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	249	83.8%
Tuition (reimbursement or direct payment for employees/new hires)	245	82.5%
Bonus for recruiting nursing staff to the organization	219	73.7%
Reimbursement for workshops/conferences	204	68.7%
Sign-on bonus	201	67.7%
Financial assistance in receiving certifications or further education	200	67.3%
Flexible scheduling or job sharing	177	59.6%
Career ladder positions for RNs/LVNs/APRNs	173	58.2%
Merit bonus	169	56.9%
Payback for unused sick/vacation time	141	47.5%
Career ladder positions for NAs	94	31.6%
Sabbatical	13	4.4%
Other	24	8.1%
None	1	0.3%

- From 2022, paid time off, shift differential, health insurance, employee recognition programs, and tuition reimbursement showed little change in the proportion of hospitals choosing them as a recruitment strategy.
- Sign-on bonuses showed the biggest percentage point change from 2022 (81.7% to 67.7%).

Table 5 shows that the majority of hospitals in Texas recruited RNs from Texas, followed by states outside of Texas and internationally.

- Over 10 hospitals reported recruiting from the following countries: Australia, Brazil, Canada, Guatemala, Ireland, Jamaica, Kenya, Kuwait, Malaysia, Nepal, New Zealand, Nigeria, Philippines, Saudi Arabia, South Korea, and the United Kingdom.

Table 5. Where hospitals recruit for RN positions (n=297)

Place of Recruitment	# of Hospitals	% of Hospitals
Within Texas	291	98.0%
States Outside of Texas	109	36.7%
Internationally	51	17.2%

Table 6 (page 5) shows the average length of time it takes responding hospitals to fill different types of RN positions.

- For all position types, hospitals most commonly filled positions between 31 and 60 days.
- In 2022, for all position types, 49.0% of responding hospitals reported it taking 91 days or more to fill positions. Comparatively, the 2024 reports show that only 22.5% of hospitals take 91 days or more to fill positions.
- The proportion of hospitals reporting 1 to 30 days to fill positions for all specialty areas increased from 6.1% in 2022 to 15.1% in 2024.
- Most notably, 72.7% of hospitals said it took 91 days or more to fill pediatric intensive care/critical care positions in 2022, dropping to 21.3% in 2024.

Table 6. Number of days to fill RN positions by specialty area, 2024

Specialty Area	n	1-30 days	31-60 days	61-90 days	91 days or more
Adult Medical/Surgical	221	18.6%	34.4%	25.3%	21.7%
Pediatric Medical/Surgical	47	12.8%	40.4%	27.7%	19.1%
Adult Intensive Care/Critical Care (include ICU, CCU, SICU)	136	15.4%	36.0%	26.5%	22.1%
Pediatric Intensive Care/Critical Care (includes ICU, CCU, SICU)	47	14.9%	48.9%	14.9%	21.3%
Obstetrics/Gynecology/Labor & Delivery	112	15.2%	41.1%	12.5%	31.3%
Neonatal ICU	78	15.4%	41.0%	24.4%	19.2%
Operating Room/Recovery Care (including outpatient)	168	10.1%	38.7%	24.4%	26.8%
Emergency Department	195	14.4%	40.5%	24.1%	21.0%
Psych/Mental Health/Substance Abuse	54	14.8%	25.9%	25.9%	33.3%
Other Direct Patient Care RNs	156	16.7%	37.8%	31.4%	14.1%
Total for all specialty areas	284	15.1%	38.1%	24.4%	22.5%

This year, hospitals were asked what new onboarding strategies their organization has implemented in the past 3 years (since the start of the pandemic). Table 7 shows the onboarding strategies that hospitals reported, including the number of hospitals that also reported similar strategies.

- The most common onboarding strategy that was reported is adding virtual components. This included virtual onboarding, virtual orientation, and even added simulation.
- Bonuses, such as sign-on bonuses, referral bonuses, and the promise of merit bonuses, have also been added to onboarding strategies among 9.2% of respondents.
- 16 programs said they had partnerships with education programs that allowed for focused recruitment opportunities and group onboarding.
- 7.0% of responding hospitals said they created a faster onboarding process so new hires could start work sooner. However, 4.3% of reponding hospitals said they lengthened their onboarding process in order to give extra training to new hires that may not have adequate levels of clinical experience.

Table 7. Onboarding strategies implemented in the past 3 years (since the start of the pandemic) (n=185)

Onboarding Strategy	# of Hospitals	% of Hospitals
Added virtual components	24	13.0%
Started using bonuses	17	9.2%
Starting working with educational programs	16	8.6%
Created tools for onboarding and communication	14	7.6%
Expedited onboarding process	13	7.0%
Returned to in-person onboarding	10	5.4%
Same-day hiring	9	4.9%
Created a designated position for recruitment/onboarding	9	4.9%
Lengthened onboarding process	8	4.3%

Newly Licensed Nurses

Hospitals were asked what gaps in curriculum/educational preparation have they noticed among their newly licensed nurses. Responses to this question are listed in Table 8. For the purpose of this report, newly licensed nurses are those that have been licensed less than a year. Nurse type was not defined by the question, so newly licensed nurses could include ANY nurse that has been licensed less than a year.

- The most commonly identified skill lacking among newly licensed nurses was a lack of critical thinking skills, identified by 29.2% of responding hospitals.
- Responding hospitals identified a lack of clinical experience as a gap impacting critical thinking skills, communication skills, basic nursing skills, and more.
- 5.2% of responding hospitals said that these gaps in curriculum/educational preparation required their organization to further educate these newly licensed nurses, lengthening their onboarding time.

Career Development Opportunities

Hospitals were asked what career development opportunites they offered for nursing professionals. Table 9 shows the opportunities most commonly listed by hospitals.

- Tuition reimbursement was the most commonly listed opportunity that hospitals provide for nursing professionals as career opportunities (39.0%). 90 hospitals reported paying for tuition, either before or after the nurse completes the courses.
- 6.9% of responding hospitals also indicated that they partner with education programs to provide classes or offer a reduced tuition to their staff.
- 26.0% of responding hospitals reporting having a career or clinical ladder structure that allows the employed nurse to increase their position and salary after a certain amount of time or after performance review.
- More than 1 in 5 (21.6%) responding hospitals said they offer some assistance in gaining new or advanced certification. This assistance came in the form of paying for courses, paying for review materials, or paying for exam fees related to the certificate.

Table 8. Gaps in curriculum/educational preparation hospitals have noticed among newly licensed nurses (n=212), 2024

Gaps in Curriculum/Education Preparation	# of Hospitals	% of Hospitals
Lacking critical thinking skills	62	29.2%
Lacking clinical experience/skills	58	27.4%
Lacking communication skills	41	19.3%
Lacking basic nursing skills	37	17.5%
Time management issues	22	10.4%
Lacking professionalism	20	9.4%
Lacking IV skills	13	6.1%
Need for additional education/onboarding	11	5.2%
Stress management issues	3	1.4%

Table 9. Career development opportunities offered to nursing professionals (n=231), 2024

Career Development Opportunities	# of Hospitals	% of Hospitals
Tuition reimbursement	90	39.0%
Career/clinical ladder	60	26.0%
Certification assistance (free courses and exam fees)	50	21.6%
Leadership training	41	17.7%
Continuing education	28	12.1%
Mentorship programs	17	7.4%
Partnering with educational programs	16	6.9%
Promoting within the organization	11	4.8%
Encouragement and pay to attend conferences	11	4.8%
Certified Rehabilitation Registered Nurse (CRRN) certification	11	4.8%
Residency programs	9	3.9%
Transition Nurse Program	4	1.7%