



While health care workforce shortages existed long before COVID-19, the pandemic acutely impacted the people who provide care inside the walls of hospitals – from burnout and fatigue to leaving the profession altogether. **The pandemic exacerbated the situation, and Texas hospitals are now in an unsustainable workforce crisis that threatens hospitals' ability to care for Texans.**

The Survey: Texas Hospital Association commissioned a 20-question survey in late 2022 to help quantify workforce challenges and inform solutions for the 88th legislative session and beyond. THA issued the survey to its more than 600 member hospitals, and received responses representing 178 hospitals, including health systems and rural facilities.

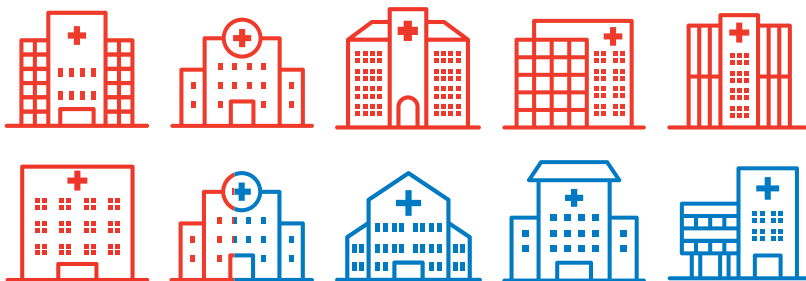


Hospitals Are Critical Infrastructure



Topline Result: A staggering 64% of Texas hospitals are operating with fewer beds and reduced services due to significant nurse staffing shortages. This has a critical impact on communities and patients, as these shortages:

- Limit specialized care;
- Reduce service lines;
- Create emergency room boarding;
- Increase transfers to other facilities;
- Impede hospitals from accepting transfers; and
- Further exacerbate burnout.



64% OF TEXAS
HOSPITALS HAVE
**REDUCED SERVICES
DUE TO STAFF
SHORTAGES**

Critical Infrastructure

As Texas works to address its overall infrastructure and meet the growing needs of the state, hospitals and their employees are a vital component and must be considered. Health care workers are foundational to the state's ability to run smoothly – in everyday life and in times of crisis.

A Snapshot of Survey Findings



VACANCIES

The sheer number of vacancies make normal operations next to impossible for the majority of Texas hospitals.

- The vacancy rate for Texas hospital nursing positions is 16.5%.
- The vacancy rate for rural Texas hospital nursing positions is 15.2%.



REDUCED SERVICES

Hospitals have the physical space but not the staff to keep all service lines open. Staff ratios and other staffing mandates are not a solution, as there aren't enough qualified people to fill positions.

- **64%** of Texas hospitals are operating with reduced beds and/or services due to vacancies.
- **63%** of rural Texas hospitals are operating with reduced beds and/or services due to vacancies.

REASONS FOR LEAVING

Greater pay and burnout/fatigue are cited as the top reasons Texas nurses left hospital employment. Vaccine-related issues, including requirements to get vaccinated for COVID-19, were the least cited reasons for departure.

- **PAY:** 86% of responses indicated pay as one of their top two reasons for departure.
- **BURNOUT:** 61% of respondents indicated burnout/fatigue as one of their top two reasons for departure.



JOB POSTINGS

Texas hospitals struggle to keep jobs posted as positions churn and turn over quickly. **90% of vacant full-time hospital positions are posted.**

VIOLENCE AGAINST NURSES

While the vast majority of Texas hospitals have robust violence prevention programs in place, workplace violence against health care workers, particularly nurses, is increasing.

- 98% of Texas hospitals report that **workplace violence has significantly increased** or stayed the same since the start of the pandemic.
- 61% of Texas hospitals report that **violence severity has increased.**
- **Only one survey respondent indicated a decrease** in violence frequency since the start of the pandemic.
- 89% of Texas hospitals have implemented workplace violence prevention efforts.



A Well-Documented Texas Crisis



The state's 2022 report by the Texas Center for Nursing Workforce Studies underscores the tumult caused by historic shortages and pandemic-related challenges:

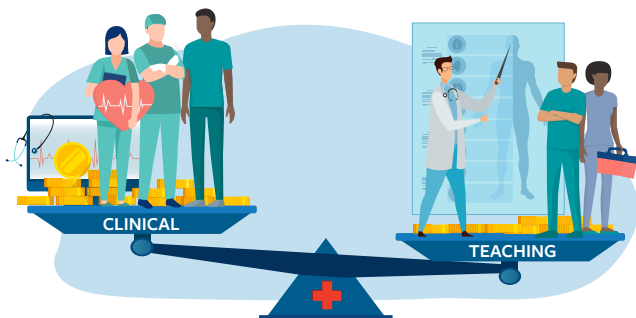
- **By 2032, demand for full-time registered nurses will outpace supply, leaving a deficit of more than 57,000 positions.** This means 16% of the demand will not be met.
- The **RN vacancy rate increased** from 5.95% in 2019 to 17.6% in 2022.
- The **LVN vacancy rate increased** from 5.5% in 2019 to 23.1% in 2022.
- It takes at least 61 days to fill the majority of open nursing positions.
- The percent of hospitals reporting zero vacancies for nurses plummeted from 2012 to 2022, while **vacancy rates soared** over the same time period.

Texas nursing schools turned away **15,709** qualified applicants in 2021 due to a shortage of nursing faculty and clinical education capacity. (TCNWS)



A Cycle of Shortages

A shortage of nurses leads to a shortage of nurses who can train new nurses. This cyclical pattern has snowballed over the course of the pandemic. There is an acute lack of experienced staff to serve as preceptors to oversee nursing clinical placements.



Many schools have difficulty recruiting and retaining faculty because of the salary differences between nurse faculty and advanced practice nurses in clinical practice, with an average of **\$110,000 for clinical practice** and **\$79,444 for teaching.** (AACN)

In 2021, nearly **27%** of schools that denied admission to qualified applicants listed a **lack of qualified applicants** for faculty positions as a top reason they could not admit more students. (TCNWS)



“The lack of qualified preceptors and the lack of faculty to accompany students to clinical areas are significant barriers to increasing additional clinical placements.”

- TEXAS HOSPITAL SURVEY RESPONDENT

What's Needed



The Texas Hospital Association is calling for significant investments and reforms in workforce-related efforts, including:



- Robust **workplace violence prevention programs** with streamlined reporting and funding to study and implement best practices to prevent workplace violence.



- **Increased access to behavioral health outpatient and crisis services** for health care workers and all Texans.



- **Increased funding for programs that support health care education**, including the Nursing Shortage Reduction Fund, Graduate Medical Education Expansion Program, Nursing Faculty Loan Repayment Program, Physician Education Loan Repayment Program and the Loan Repayment Program for Mental Health Professionals.



- **Funding for preceptor pay differentials** at clinical sites to increase the number of preceptors needed to expand clinical site capacity.
- **Clinical nurse faculty grant programs** to help bridge the deficit between faculty and clinical pay.



- **Nursing innovation and coordination grants** for clinical sites, including hospitals and health systems, to promote and reward partnerships between nursing schools and clinical sites.

In 1930, the Texas Hospital Association was founded by a handful of hospital administrators who recognized the value of working together to provide superior health care. Since then, the health care industry has changed dramatically – and so has THA. Today, THA is one of the largest, most respected health care associations in the country and the only statewide organization that represents the interests of all Texas hospitals and health care systems.



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