

The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. During the spring and summer of 2022, the Texas Center for Nursing Workforce Studies (TCNWS) administered the LTCNSS to directors of nursing (DONs) or facility administrators of 1,201 Texas nursing facilities. A total of 330 facilities participated for a final response rate of 27.5%. It is important to note that between the 2019 and 2022 LTCNSS, the COVID-19 pandemic occurred.

The demand for nurses in long term care facilities is expected to increase by 2032.¹ It will be imperative that long term care facilities recruit and retain nurses to ensure adequate staffing levels. Long term care facilities have high nursing turnover rates, and many face severe staffing shortages.^{2,3}

This report provides information on staffing, recruitment, and retention in Texas long term care nursing facilities, including staff mix, future staffing needs, interim staffing, wages, and recruitment and retention strategies.

¹Texas Center for Nursing Workforce Studies. (2020). Updated Nurse Supply and Demand Projections, 2018-2032. Retrieved from dshs.texas.gov/chs/cnws/Supply-and-Demand-Projections.aspx

²Gandhi, A., Yu, Huizi, & Grabowski, D.C. (2021). High nursing staff turnover in nursing homes offers important quality information. *Health Affairs*, 40:3, 384-391.

³Muoio, D. (2021). Staffing shortages force long-term care facilities to limit admissions, hire agency workers. Retrieved from <https://www.fiercehealthcare.com/hospitals/staffing-shortages-force-long-term-care-facilities-to-limit-admissions-hire-agency>

Staff Mix

Direct Resident Care (DRC) Staff

Respondents were asked to report the number of registered nurses (RNs), licensed vocational nurses (LVNs), advanced practice RNs (APRNs), certified nurse aides (CNAs), medication aides (CMAs), and restorative nurse aides (RNAs) employed. Figure 1 shows only the composition of staff providing direct resident care in Texas long term care facilities and is derived from the total number of full-time equivalent (FTE) positions occupied.

- Over half of direct resident care staff were CNAs (56.0%).
- LVNs accounted for 26.3% of direct care staff.

Administrative staff

- LVNs comprised the majority of administrative staff, at 58.3% (Figure 2). RNs comprised 39.8% and APRNs 1.9%.

Figure 1. Direct resident care staff mix (n=299)

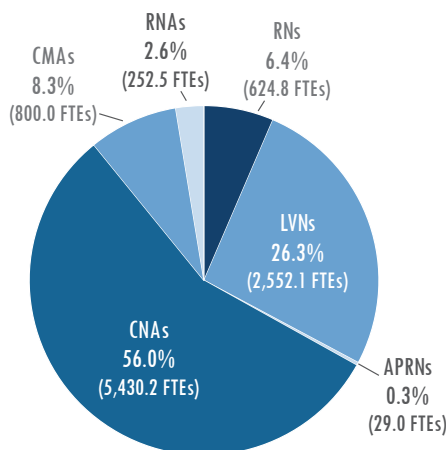
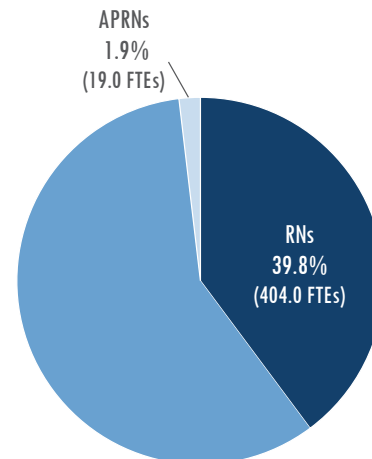


Figure 2. Administrative staff mix (n=272)



Future Staffing Needs

Respondents were asked to indicate whether their facility would need more, fewer, or the same number of staff in the next two years (see Figure 3).

RNs

- 184 out of 325 (56.6%) facilities reported they would need more DRC RNs over the next two years.
- 260 out of 321 (81.0%) facilities indicated that they would need the same number of administrative RNs over the next two years.

LVNs

- 183 out of 325 (56.3%) respondents indicated they would need more DRC LVNs.
- 267 out of 319 (83.7%) respondents indicated they would need the same number of administrative LVNs.

APRNs

- 177 out of 263 (67.3%) respondents indicated they would need the same number of DRC APRNs.
- 176 out of 262 (67.2%) respondents indicated they would need the same number of administrative APRNs.

CNAs

- 235 out of 322 (73.0%) respondents reported that their facility would need more CNAs.

CMAs

- 161 out of 314 (51.3%) facilities indicated they would need the same number of CMAs over the next two years.

RNAs

- 188 out of 311 (60.5%) facilities indicated they would need the same number of RNAs over the next two years.

Respondents were also asked why they would need fewer, more, or about the same number of nursing personnel over the next two years (Table 1).

- The most common reason selected for all nursing staff types was patient census.
- “Other” reasons for needing fewer, more, or about the same number of nursing personnel included increasing the facility’s state star rating⁴ and quality of care.

Figure 3. Expectations of staffing needs by staff type

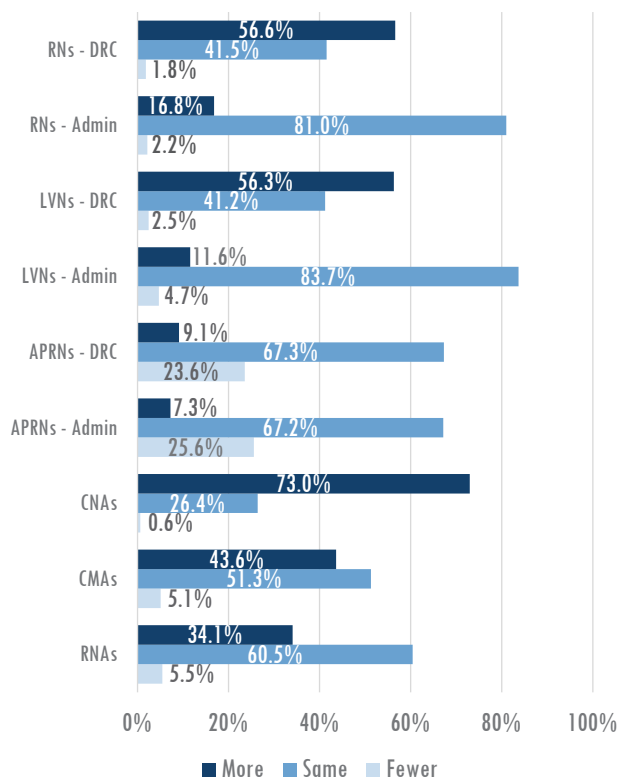


Table 1. Reasons facilities need fewer, more, or about the same number of nursing personnel over the next 2 years

Staff Type	n	Patient Census	Patient Acuity	Budget Concerns
RNs - DRC	325	76.0%	53.5%	14.5%
RNs - Admin	321	62.0%	34.9%	19.0%
LVNs - DRC	325	80.9%	47.4%	14.2%
LVNs - Admin	319	61.1%	30.7%	20.7%
APRNs - DRC	263	37.6%	18.6%	20.2%
APRNs - Admin	262	36.3%	17.9%	19.5%
CNAs	322	84.2%	49.4%	16.5%
CMAs	314	73.6%	35.4%	17.2%
RNAs	311	65.6%	35.4%	14.1%

Note: n=number of respondents

⁴Centers for Medicare & Medicaid Services. (2022.) Five-star quality rating system. Retrieved from: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS>



Recruitment and Retention Strategies

Table 2 shows the number and percent of facilities that used various strategies to recruit employees.

- The most frequently selected recruitment and retention strategies in 2022 were paid vacation days, health insurance, and employee recognition programs. These remained unchanged from 2019.
- From 2019, facilities increased sign-on bonuses from 47.5% and bonuses for recruiting nursing staff to the agency 42.8%.
- Other recruitment and retention strategies included free meals, retention bonuses, and mileage.

Table 3 shows that the majority of long term care facilities in Texas recruited RNs from Texas, followed by states outside of Texas and internationally. Countries that facilities recruited from internationally were the Philippines (2 facilities) and India (1 facility).

Table 3. Where long term care facilities recruit RN positions (n=330)

Place of Recruitment	# of Facilities	% of Facilities
Within Texas	318	96.4%
States Outside of Texas	56	17.0%
Internationally	3	0.9%

Table 2. Recruitment and retention strategies used by long term care facilities (n=330)

Strategy	# of Facilities	% of Facilities
Paid vacation days	298	90.3%
Health insurance	292	88.5%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc.)	281	85.2%
Sign-on bonus	265	80.3%
Bonus for recruiting nursing staff to the organization	232	70.3%
Shift differential	212	64.2%
Tuition (reimbursement or direct payment for employees/new hires)	163	49.4%
Retirement plan	160	48.5%
Career ladder positions for RNs/LVNs/APRNs	138	41.8%
Career ladder positions for CNAs/CMAs	138	41.8%
Reimbursement for workshops/conferences	130	39.4%
Flexible scheduling or job sharing	126	38.2%
Financial assistance in receiving certifications or further education	124	37.6%
Merit bonus	88	26.7%
Payback for unused sick/vacation time	62	18.8%
Safety incentives (bonus or awards given for being accident free)	35	10.6%
Sabbatical	15	4.5%
Childcare assistance	5	1.5%
Other	25	7.6%
None	3	0.9%



Recruitment Experiences

Figure 4 shows the average length of time it takes responding facilities to fill different types of direct resident care positions.

- Facilities reported a longer average number of days to fill direct resident care RN and CMA positions compared to direct resident care LVN and CNA positions.

Figure 4. Number of days to fill direct resident care positions (n=322)

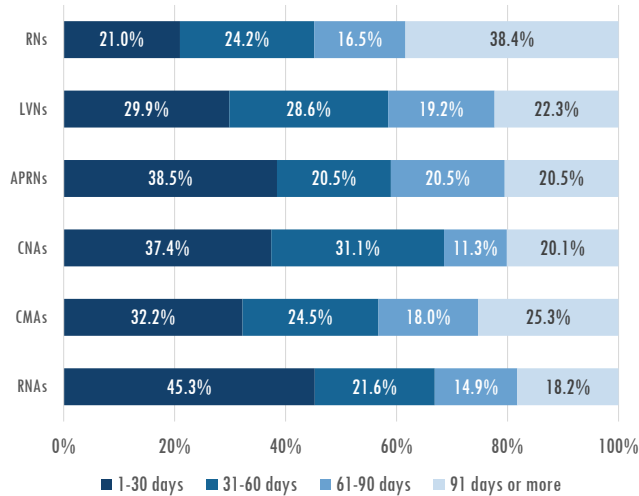


Figure 5 displays the median wages for entry-level and experienced staff, while Table 4 displays the range of wages for staff.

- The difference between entry-level and experienced median wages for CNAs, CMAs, and RNAs is relatively smaller than the difference between entry-level and experienced wages for other staff types.
- The median hourly wages at the national level for staff working in skilled nursing facilities are \$35.52 for RNs, \$30.50 for LVNs, and \$14.41 for nursing assistants.⁵

Figure 5. Median hourly wage, experience level by staff type

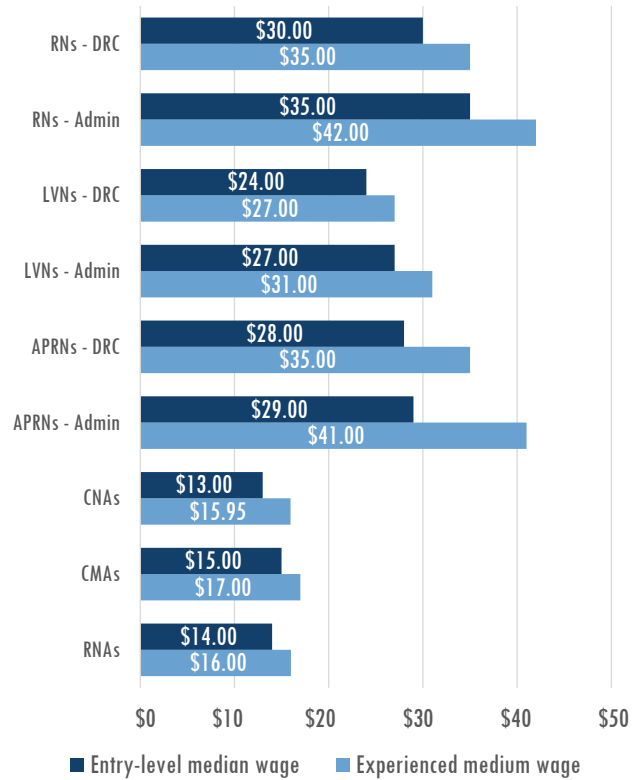


Table 4. Hourly wage range by experience level and staff type

	Entry-level wage			Experienced wage		
	n	Minimum	Maximum	n	Minimum	Maximum
RNs - DRC	306	\$14.50	\$90.00	105	\$17.50	\$105.00
RNs - Admin	62	\$22.00	\$62.00	75	\$29.00	\$75.00
LVNs - DRC	48	\$18.00	\$48.00	55	\$20.00	\$55.00
LVNs - Admin	44	\$19.00	\$44.00	48	\$20.00	\$48.00
APRNs - DRC	50	\$13.00	\$50.00	53	\$13.00	\$53.00
APRNs - Admin	45	\$14.00	\$45.00	55	\$14.50	\$55.00
CNAs	19	\$9.00	\$19.00	25	\$10.20	\$25.00
CMAs	20	\$10.00	\$20.00	26	\$10.00	\$26.00
RNAs	21	\$9.00	\$21.00	27	\$10.40	\$27.00

⁵Bureau of Labor Statistics. (2021.) Occupational employment and wage statistics. Retrieved from: https://www.bls.gov/oes/current/naics4_G23100.htm



Facilities were asked to provide the total number of staff that had been employed at the facility for one year or longer. Table 5 displays the median number of staff employed at the facility for one year or longer compared to the median number of staff employed on average in 2021.

- CNAs had one of the lowest median number of staff employed one year or longer relative to the median number of average 2021 employees among nursing staff types, despite having the highest median number employed one year or longer overall.

Table 5. Median number of staff employed at facility, by staff type

	n	Median employed one year or longer	Median employed on average in 2021
RNs - DRC	304	1.0	3.0
RNs - Admin	295	1.0	1.5
LVNs - DRC	308	5.0	10.0
LVNs - Admin	300	1.0	2.0
APRNs - DRC	197	0.0	0.0
APRNs - Admin	197	0.0	0.0
CNAs	307	10.0	20.0
CMA	284	2.0	3.0
RNAs	266	1.0	1.0

Note: n=number of respondents to both questions. Average number of employees are based on headcounts as of January 1, 2021 and December 31, 2021. The number of staff employed at facility for one year or longer is based on the date the survey was taken; the survey was administered from April 18, 2022 to July 31, 2022, so these numbers are not directly comparable.

Conclusion

CNAs were the most numerous nursing care provider type employed in long term care settings in Texas followed by direct care LVNs. Direct care RNs only represented of 6.4% of direct care staff. However, 56.6% of participating facilities reported they would need more RNs in the next two years and 73.0% of facilities said they would need more CNAs.

Direct resident care RN and CMA positions were reported to take the longest average number of days to fill, and half or more of facilities reported direct resident care RN and CMA positions were difficult to fill.

Paid vacation days, health insurance, and employee recognition programs were the most frequently selected recruitment and retention strategies among responding facilities.

As mentioned previously, long term care facilities have difficulty retaining nurses, and increased workloads and low staff morale have been shown to increase turnover rates.^{2,6} These facilities must identify avenues to not only recruit nurses who prefer to work in acute care settings but also alleviate problems that cause high turnover in long term care settings.

⁶Hodgin, R.F., Chandra, A., & Weaver, C. (2010). Correlates to Long-Term-Care Nurse Turnover: Survey Results from the State of West Virginia. *Hospital Topics*, 88, 91-97.



Recommendation 1: Ensure adequate compensation for long term care staff retention and recruitment

The majority of facilities reported they would need more direct resident care (DRC) RNs (56.6%), DRC LVNs (56.3%), and CNAs (73.0%) over the next two years. DRC RNs and APRNs had the highest position vacancy rates in the state (27.3% and 32.6%). Comparatively, RNs in hospitals had a vacancy rate of 17.6% in 2022. The statewide position vacancy rates for all DRC nursing staff have increased since 2019 among long term care facilities.

In 2019, over half of survey respondents to the LTCNSS ranked pay increases as the most effective strategy for recruiting and retaining staff. In 2022, median wages for DRC RNs and LVNs were both below the national median wages. The median hourly wages at the national level for staff working in skilled nursing facilities are \$35.52 for RNs (compared to \$35 for experienced DRC RNs in Texas) and \$30.50 for LVNs (compared to \$27 for experience DRC LVNs in Texas).

- Staff experience and longevity should be recognized through incremental wage increases over time. Increasing wages for nursing positions will help in recruitment and retention efforts.
- Nurse researchers should study the effect of long term care 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. Depending on the outcomes of these studies, facilities, policymakers, and stakeholders will better understand the urgency of this situation and better understand the steps needed to address staffing turnover.
- In 2018, the THCA Crisis Report reported that 86% of Texas nursing homes had allowable costs that exceed Medicaid reimbursement.² According to a 2014 study, facilities were being reimbursed, on average, \$20 less per patient than the cost of their care.⁷ Medicaid reimbursement rates need to be reevaluated to ensure that long term care facilities are able to increase wages for their employees.

Supporting the following recommendations from the National Imperative⁸ could allow facilities to better recruit and retain their nursing staff:

- Recommendations #2: “The committee concluded that the successful recruitment and retention of a high-quality nursing home workforce depends on providing more than “adequate” compensation for their work. Rather, competitive compensation is needed (comparable to other health care settings and job opportunities) for their current and expanding roles in conjunction with the many different types of efforts that will be needed to improve the desirability of these jobs” (pg. 509).
- Recommendation 2A: “Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Mechanisms that should be considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness” (pg. 509).

Recommendation 2: Create a more robust recruitment plan

- Long term care facilities should evaluate which of their recruitment and retention strategies are effective. In past iterations of the LTCNSS, the strategies used to recruit and retain staff differed from those believed to be most impactful. Utilizing their knowledge of impact, these facilities should ensure that they are not wasting resources offering benefits that do not matter to their nursing staff. This should also allow facilities to focus on how to operationalize known effective strategies, such as increased compensation.
- In 2022, similar to 2019, close to 90% of LTCNSS respondents reported the provision of health insurance for their staff. However, it was unclear whether this insurance was available for licensed and unlicensed staff alike, as well as whether insurance was affordable for either. LTC facilities should ensure their benefits are accessible for all nursing staff.
- In 2019, just 5.1% of facilities ranked employee recognition as having the greatest impact on retention but over 85% of facilities used employee recognition programs as a strategy to recruit and

retain staff in 2022. Leadership should ensure there is adequate appreciation/recognition of and respect for the valuable contributions of all levels of the nursing staff, including CNAs. This could include a strengthening of the relationship between supervisors and nursing staff, as well as rewarding staff for providing safe, quality care.

Recommendation 3: Partnerships with Educational Programs

Over 50% of facilities said they would need more CNAs, LVNs, and RNs over the next two years. Over 50% of facilities said they would need the same number of APRNs, CMAs, and RNAs over the next two years.

- Long term care facilities should join with other long term care facilities in partnerships with local community colleges and other educational programs to provide educational and clinical experiences for faculty and students.
- An innovative strategy used by Hendrick Health, removes the barrier of 10:1 nursing student to instructor during clinical rotations by employing students as Nurse Techs who can receive credit while working at the facilities. This could be a useful strategy for facilities that can accommodate more students at their facility.⁹

⁷THCA. August 2016. <https://txhca.org/state-not-meeting-texas-nursing-home-costs-for-taking-care-of-medicaid-residents/>

⁸The National Imperative to Improve Nursing Home Quality. 2022. <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>

⁹Holland et al. 2022. "Investing in the Healthcare Workforce of Rural West Central Texas." Hendrick Health

