The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2016, approximately 26% of licensed vocational nurses (LVNs) and 3% of registered nurses (RNs) in Texas worked in the nursing home/extended care setting. Long term care facilities may also employ certified nurse aides (CNAs), certified medication aides (CMAs), and advanced practice registered nurses (APRNs). During the spring of 2017, the TCNWS administered the LTCNSS to 1,213 Texas nursing facilities. A total of 439 facilities participated, for a final response rate of 36.2%.

The demand for nurses in long term care facilities is expected to increase by 2030.[1] It will be imperative that long term care facilities recruit and retain nurses to ensure adequate staffing levels. Recruiting nurses to work in long term facilities is challenging since nurses prefer acute care settings, but retaining nurses will present the biggest challenge because long term care facilities already have high turnover rates.[2,3] This report provides information on methods of recruitment and retention of nursing staff in Texas long term care facilities, including strategies used, wages, the time and effort involved in recruiting staff, and the consequences of inadequate staffing.

[1]Texas Center for Nursing Workforce Studies. (2016). Nurse Supply and Demand Projections, 2015-2013: Full Length Report. Retrieved from https://www.dshs.texas.gov/chs/cnws/WorkforceReports/SupplyDemand.pdf

[2]Moyle, W., Skinner, J., Rowe, R., & Gork, C. (2003). Views of job satisfaction and dissatisfaction in Australian long-term care. Journal of Clinical Nursing, 12, 168-176.

[3]Castle, N. G. (2006) Measuring staff turnover in nursing homes. The Gerontologist, 46, 210-219.

Recruitment and Hiring Practices

RN Hiring Practices

Respondents were asked to rank, on a scale of 1 (most important) to 4 (least important), the relative importance of four characteristics as they relate to RN recruits (Table 1).

- Over 70% of 312 facilities said past relevant nursing experience was the most important characteristic. Hospitals also reported past relevant nursing experience as the most important attribute when hiring in 2017.

- Almost 60% of 312 respondents indicated that past non-relevant nursing experience was the second most important characteristic when hiring an RN.

- 45.4% of respondents ranked being bilingual as the third most important characteristic. This represents a change from the 2016 LCTNSS where having a Bachelor of Science degree in nursing (BSN) was ranked third.

- Facilities ranked having a BSN as the least important characteristic in 2017. By comparison hospitals reported having a BSN as the second most important attribute when hiring RNs.

Table 1. Relative importance of various RN characteristics

	Past relevant experience	Past non-relevant experience	Bilingual	Bachelor's in nursing or higher education
Rank 1	73.4%	18.3%	4.4%	5.2%
Rank 2	19.2%	59.3%	7.9%	13.8%
Rank 3	3.2%	16.7%	45.4%	33.9%
Rank 4	4.2%	5.8%	42.2%	47.1%

To further analyze the data presented in Figure 3, a reverse-scored point value was assigned to the rank of each characteristic (rank of 1 = 4 points, rank of 4 = 1 point) and summed.

- Past relevant nursing experience was the most important characteristic, followed by past non-relevant nursing experience, bilingualism, and then BSN.

Finally, facilities were asked to list other key attributes they looked for when hiring RN staff.

- 10.1% of 248 facilities reported that tenure at and references from other last jobs was important.

- 7.7% of 248 facilities indicated that flexibility was important.

Recruitment Experiences

Respondents were asked to indicate the average number of days it currently takes to fill direct care resident positions. Table 2 displays the average number of days responding agencies reported for each nurse type.

- Nearly half of responding agencies reported it took 1-30 days to fill LVN, CNA, and CMA positions.
- 23.6% of 351 agencies replied that RN positions were open more than 91 days.

Table 2. Average number of days to fill direct resident care positions

	LVNs (n=376)	RNs (n=351)	CNAs (n=374)	CMAs (n=264)
1-30 days	49.5%	32.5%	52.4%	47.3%
31-60 days	33.0%	28.5%	31.6%	27.3%
61-90 days	9.6%	15.4%	9.1%	13.3%
91 days or more	8.0%	23.6%	7.0%	12.1%

Respondents were also asked to rate, on a scale from 1=very easy to 5=very difficult (3=neither easy nor difficult), their experience recruiting each staff type. For the purposes of this report and to aid in interpretation of the results, the very easy and easy responses were collapsed into one category, and the difficult and very difficult responses were collapsed into another. Figure 1 displays the results.

- For each staff type, the largest proportion of responses indicated relative difficulty in recruiting staff.
- 73.5% of respondents reported difficulty recruiting RNs.

Respondents were also asked to provide an open-ended response explaining their experience recruiting each staff type. The following presents the results for these questions by staff type and reported difficulty.

RNs

Very easy to easy (n=24)

- 5 of these 24 (20.8%) respondents explained that the pool of applicants for RNs was steady.

Neutral (n=59)

- 9 of the 59 (15.3%) facilities reported not needing to recruit RNs due to low turnover.

Difficult to very difficult (n=227)

- 46 of the 227 (20.3%) facilities replied that there were simply too few RN applicants for positions that have been vacant.

- 30 out of 227 (13.2%) facilities responded that the long term care setting is not a desirable destination for RNs.
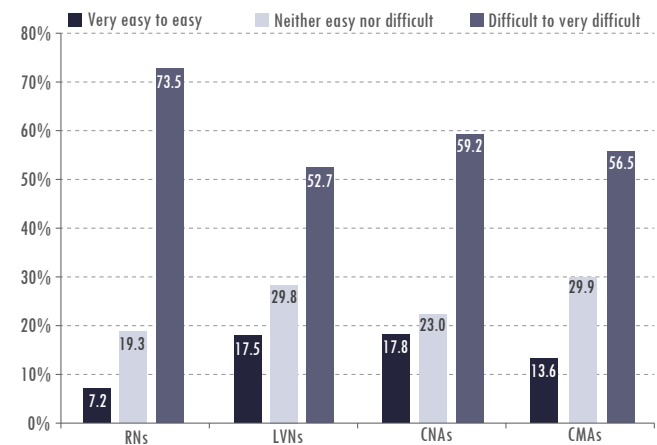
LVNs

Very easy to easy (n=55)

- 23 out of 55 (41.8%) facilities' answers reiterated the ease with which LVNs were recruited.

Neutral (n=91)

- 13 out of 91 (14.3%) facilities specified that at the moment there are plenty of applicants available.

Figure 1. Ease of recruitment by staff type

Difficult to very difficult (n=172)

- 26 out of 172 (15.1%) facilities said there were simply too few applicants interested in the position.

- 27 out of 172 (15.7%) facilities said that LVNs are not interested in working in a long term setting.

CNAs

Easy to very easy (n=53)

- 26.4% of those 53 facilities reiterated the ease with which CNAs were recruited

Neutral (n=72)

- 11.1% said it was easy to recruit CNAs due to an abundance of applicants.

Difficult to very difficult (n=195)

- 15.9% said that there were few CNAs available to hire.

CMAs

Easy to very easy (n=31)

- 8 of the 31 (25.8%) indicated that CMAs were easy to hire.

Neutral (n=75)

- 18.7% of respondents stated that there were no problems/difficulties in hiring CMAs.

Difficult to very difficult (n=129)

- 37.2% claimed it was difficult to find CMAs due to limited availability/qualification.

Figure 2 displays the median wages for entry-level and experienced staff, while Table 3 displays the range in wages for staff.

- The difference between entry-level and experienced median wages for CNAs and CMAs 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 $32.91 for RNs[4], $21.20 for LVNs[5], and $12.78 for aide staff[6].

Facilities were asked to provide the total number of staff that had been employed at the facility for one year or longer. Table 4 displays the median number and range of staff employed at the facility for one year or longer.

- Regardless of role (direct resident care or administrative), facilities reported fewer RNs employed in the facility 1 year or longer than most other staff types, with the exception of administrative LVNs.

- Facilities report a median of 15 CNAs with 1 or more years working in the facility.

Table 4. Range and median number of staff employed at facility for one year or longer, by staff type

	n	Minimum	Maximum	Median
Direct resident care RNs	396	0	12	2.0
Administrative RNs	406	0	7	7.0
Direct resident care LVNs	413	0	35	8.0
Administrative LVNs	404	0	19	2.0
CNAs	414	0	100	15.0
CMAs	388	0	25	3.0

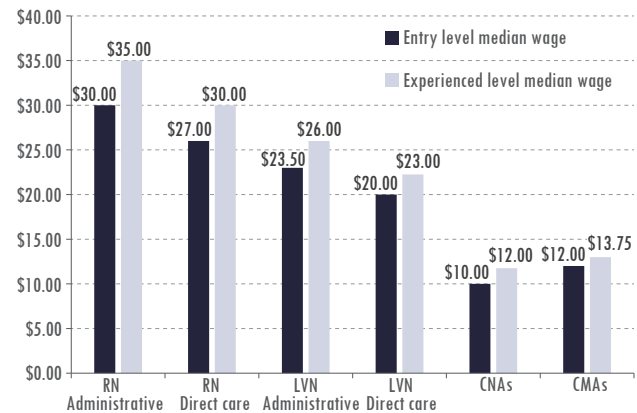## Recruitment and Retention Strategies

Due to differences in the way the questions regarding recruitment and retention were asked between the 2016 and 2017 LTCNSS, direct comparisons between the proportions of facilities using each strategy are precluded.

Table 5 (page 4) shows the number and percent of facilities that used various strategies to recruit full-time and part-time employees.

Table 3. Hourly wage range, experience level and staff type

	n	Entry level wage		n	Experienced wage	
		Minimum	Maximum		Minimum	Maximum
Administrative RN	281	20.00	90.00	237	25.00	90.00
Direct resident care RN	331	18.00	35.00	284	18.00	40.00
Administrative LVN	290	14.50	32.00	248	18.00	40.00
Direct resident care LVN	339	14.50	28.00	293	16.00	40.00
CNA	339	7.25	38.00	292	8.00	40.00
CMA	268	8.00	16.50	234	10.00	40.00

Figure 2. Median hourly wage, experience level by staff type

- The most frequently selected recruitment and retention strategies for full-time employees were paid vacation days, health insurance, and employee recognition programs. To compare, in 2017 the top 3 recruitment strategies for hospitals were shift differential, paid vacation days, and health insurance.

- Less than 3% of respondents reported not using any strategy to recruit and retain full-time employees and less than 12% of respondents reported not using any strategy to recruit and retain part-time employees.

- Employee recognition programs were the most frequently reported recruitment strategy for part-time employees (161 facilities).

[4]Bureau of Labor Statistics. (2017.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes291141.htm

[5]Bureau of Labor Statistics. (2017.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes292061.htm

[6]Bureau of Labor Statistics. (2017.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes311014.htm

Table 5. Full-time and Part-time recruitment and retention strategies used by long term care facilities

Strategy	Full-time Employees (n=383)		Part-time Employees (n=228)	
	# of facilities	% of facilities	# of facilities	% of facilities
Paid Vacation Days	356	93.0%	56	24.6%
Health Insurance	339	88.5%	36	15.8%
Employee Recognition Programs	320	83.6%	161	70.6%
Shift Differential	218	56.9%	90	39.5%
Reimbursement for workshops/conferences	202	52.7%	42	18.4%
Retirement Plan	182	47.5%	25	11.0%
Bonus for recruiting nursing staff to the agency	165	43.1%	39	17.1%
Sign on Bonus	164	42.8%	19	8.3%
Tuition (Reimbursement or direct payment for employees/new hires)	145	37.9%	17	7.5%
Career Ladder Positions for RNs/LVNs/APRNs	135	35.2%	38	16.7%
Flexible Scheduling or Job Sharing	129	33.7%	77	33.8%
Career Ladder Positions for CNAs/CMAs	124	32.4%	38	16.7%
Financial assistance in receiving certifications for further education	113	29.5%	15	6.6%
Merit Bonus	102	26.6%	35	15.4%
Payback for unused sick/vacation time	78	20.4%	16	7.0%
Safety incentives (bonus or awards given for being accident free)	47	12.3%	219	8.3%
Sabbatical	16	4.2%	36	2.6%
Other	13	3.4%	5	2.2%
None	11	2.9%	26	11.4%
Childcare Assistance	2	0.5%	3	1.3%

Respondents were also asked to identify which strategies would have the greatest impact on retention. 381 facilities provided response to this question.

- The most frequently selected response was pay increase (78.0%).

- 63.8% of facilities selected that adequate staffing would have the greatest impact on retention.

- 37.3% of facilities selected that employee recognition programs would improve retention.

- 7.5% of 57 facilities who selected "other" reported providing employee benefits as the most effective

Conclusion and Recommendations

Conclusion

Paid vacation days, health insurance, and employee recognition programs were the most frequently selected recruitment and retention strategies for full time employees among responding facilities. 23.6% of facilities reported taking more than 91 days to fill open RN positions which was higher than any other nurse type, and most facilities reported having difficulty recruiting all nurse types, especially RNs. 13.2% of facilities who reported having difficulty recruiting RNs claimed long term care is not a desirable destination for RNs, which confirms the difficulty facilities face recruiting nurses who prefer acute care settings.[2]

Past relevant experience was the most frequently reported hiring preference among facilities; however, the importance of a BSN was the least frequently selected hiring preference which is a change from 2016 when having a BSN was the third most frequently selected hiring preference.

Finally, the top three consequences of inadequate staffing were increased workloads, increase in voluntary overtime, and using administrative staff to cover nurse duties. As mentioned earlier, long term care facilities have difficulty retaining nurses, and increased workloads and low staff morale have been shown to increase turnover rates.[3,8]

Long term care 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.

[7]Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). The future of nursing: Leading change, advancing health. Retrieved from The National Academies Press website: http://books.nap.edu/openbook.php?record_id=12956

[8]Hodgin, 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.

TCNWS Advisory Committee Recommendations

Recognize staff experience

- 78% of 381 survey respondents to the LTCNSS said that pay increases would be the most effective strategy for recruiting and retaining staff. Staff experience and longevity should be recognized through incremental wage increases over time.

Provide affordable healthcare insurance

- Over 80% of LTCNSS respondents reported the provision of health insurance for their full-time staff. However, it is unclear whether this insurance is available for licensed and unlicensed staff alike, as well as whether insurance is affordable for either.

Expand non-wage compensation for all nursing staff

- With regard to recruitment and retention strategies utilized by long term care facilities, 33.7% of respondents offer flexible scheduling to full-time employees and 56.9% offer shift differentials. Facilities should consider providing or increasing non-wage compensation for all nursing staff. This might include items such as paid vacation/sick days/paid time off, shift/weekend differentials and flexible scheduling.

Provide adequate staffing

- This study finds that 69.7% of respondents indicate that increased workloads is the most common consequence of inadequate staffing, which has implications for quality care. Additionally, over half of respondents reported increase in voluntary overtime, low staffing morale, and using administrative staff to cover nursing duties as consequences of inadequate staffing. Therefore, facilities should provide staffing levels and skill mix sufficient to deliver quality care commensurate with resident acuity and quality outcomes at reasonable staff workload levels.

Encourage appreciation and recognition of all nursing staff

- Over 70% of facilities use employee recognition programs as a strategy to recruit and retain staff, and 37.3% of responding facilities reported that employee recognition had the greatest impact on retention. Leadership should ensure there is adequate appreciation/recognition of and respect for the valuable contributions of all levels of the nursing staff. This could include a strengthening of the relationship between supervisors and nursing staff.

Encourage facilities to meet national median wage levels for aide staff

- Minimum reported entry level and experienced wages for CNAs and CMAs were below the national median of $12.78[6]. Increase in wages for aide staff will help in recruitment and retention efforts.