



The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2018, approximately 27% 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 summer of 2019, the Texas Center for Nursing Workforce Studies (TCNWS) administered the LTCNSS to directors of nursing (DONs) or facility administrators of 1,205 Texas nursing facilities. A total of 314 facilities participated for a final response rate of 26.1%.

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.

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

²Moyle, 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.

³Castle, 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).

- Nearly 80% of 267 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 2019.
- Almost 70% of 267 respondents indicated that past non-relevant nursing experience was the second most important characteristic when hiring an RN.
- 43.1% of respondents ranked having a Bachelor's of Science in Nursing (BSN) or higher education as the third most important characteristic. By comparison, hospitals most frequently 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	79.0%	13.1%	2.2%	5.6%
Rank 2	14.6%	68.9%	10.1%	6.4%
Rank 3	2.6%	13.9%	40.4%	43.1%
Rank 4	3.7%	4.1%	47.2%	44.9%

- Facilities were most likely to rank bilingual as the least important characteristic in 2019, representing a change from the 2017 LTCNSS when being bilingual was most likely to rank third.

To further analyze the data presented in Table 1, 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, having a BSN or higher, and being bilingual.



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.

- 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.

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

	LVNs	RNs	CNAs	CMAs
n	153	159	208	102
Average # days	36	44	36	43

Note: n=number of respondents

Respondents were also asked if it was difficult to fill direct resident care staff positions (Figure 1).

- Respondents were more likely to have difficulty filling RN and CNA positions than LVN and CMA positions.

Figure 1. Direct resident care positions difficult to fill by staff type

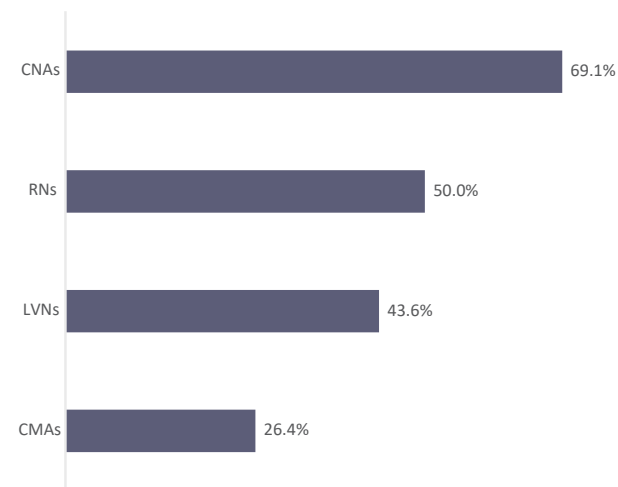


Figure 2 displays the median wages for entry-level and experienced staff, while Table 3 displays the range in wages for staff.

- 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 \$30.98 for RNs, \$21.91 for LVNs, and \$13.38 for nursing assistants.⁴

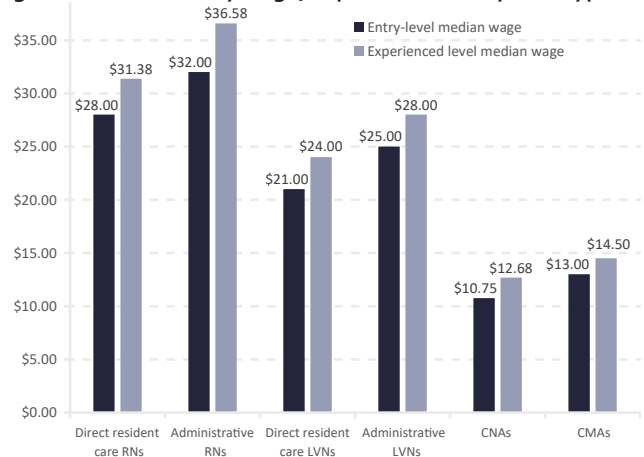
⁴Bureau of Labor Statistics. (2019.) Occupational employment statistics. Retrieved from: bls.gov/oes/current/naics4_623100.htm#29-0000

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

	Entry-level wage			Experienced wage		
	n	Minimum	Maximum	n	Minimum	Maximum
Direct resident care RN	274	\$10.00	\$37.00	230	\$12.00	\$45.00
Administrative RN	231	\$20.00	\$60.00	201	\$21.00	\$60.00
Direct resident care LVN	282	\$16.00	\$28.00	241	\$17.00	\$40.00
Administrative LVN	240	\$16.00	\$41.86	207	\$19.00	\$42.00
CNA	281	\$7.65	\$15.00	242	\$7.50	\$40.00
CMA	243	\$9.50	\$17.00	207	\$10.30	\$40.00

Note: n=number of respondents

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



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 of staff employed at the facility for one year or longer compared to the median number of staff employed on average in 2018.

- CNAs had the lowest median number of staff employed one year or longer relative to the median number of average 2018 employees among nursing staff types, despite having the highest median number employed one year or longer overall.

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

	n	Median employed one year or longer	Median employed on average in 2018
Direct resident care RNs	215	2.0	3.0
Administrative RNs	219	1.0	1.5
Direct resident care LVNs	240	7.0	11.5
Administrative LVNs	216	2.0	2.0
CNAs	234	12.0	23.8
CMAs	211	3.0	4.0

Note: n=number of respondents to both questions. Average number of employees are based on headcounts as of January 1, 2018 and December 31, 2018. 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 1, 2019 to July 19, 2019, so these numbers are not directly comparable.

Recruitment and Retention Strategies

Due to differences in the way the questions regarding recruitment and retention were asked between the 2017 and 2019 LTCNSS, direct comparisons between the proportions of facilities using each strategy are precluded.

Table 5 shows the number and percent of facilities that used various strategies to recruit employees.

- The most frequently selected recruitment and retention strategies were paid vacation days, health insurance, and employee recognition programs. To compare, in 2019, the top 3 recruitment strategies for hospitals were paid vacation days, shift differential, and health insurance.
- 3.4% of respondents reported not using any strategy to recruit and retain employees.
- Other recruitment and retention strategies included financial hardship assistance (2 facilities).

Table 5. Recruitment and retention strategies used by long term care facilities (n=311)

Strategy	# of facilities	% of facilities
Paid vacation days	282	93.0%
Health insurance	278	88.5%
Employee recognition programs (employee of the month, staff dinners/luncheons, etc)	259	83.6%
Shift differential	163	56.9%
Reimbursement for workshops/conferences	141	52.7%
Sign-on bonus	141	47.5%
Retirement plan	130	43.1%
Bonus for recruiting nursing staff to the agency	119	42.8%
Career ladder positions for RNs/LVNs/APRNs	108	37.9%
Career ladder positions for NAs/CMAs	103	35.2%
Tuition (reimbursement or direct payment for employees/new hires)	99	33.7%
Flexible scheduling or job sharing	97	32.4%
Financial assistance in receiving certifications for further education	82	29.5%
Merit bonus	66	26.6%
Payback for unused sick/vacation time	54	20.4%
Safety incentives (bonus or awards given for being accident free)	25	12.3%
Other	16	4.2%
NONE	3	3.4%
Sabbatical	2	2.9%
Childcare assistance	2	0.5%

Respondents were also asked to rank, on a scale of 1 (most impactful) to 4 (least impactful), which interventions would have the greatest impact on retention of nurses and other direct patient care staff (Table 6). 256 facilities provided response to this question.

- The majority of facilities (51.2%) indicated that a pay increase would have the greatest impact.
- 47.7% of facilities indicated that employee recognition would have the least impact on retention.
- Other strategies listed as having the greatest impact on retention included benefits (2 facilities), selective hiring (1 facility), and morale boosters (1 facility).

To further analyze the data presented in Table 6, a reverse-scored point value was assigned to the rank of each intervention (rank of 1 = 4 points, rank of 4 = 1 point) and summed.

- Pay increase was ranked as the most impactful, followed by adequate staffing, effective management/leadership, and employee recognition.

Table 6. Rank of the impact of interventions on retention

	Pay Increase	Employee Recognition	Adequate Staffing	Effective Management/Leadership
Rank 1	51.2%	5.1%	20.3%	23.4%
Rank 2	17.2%	17.2%	42.2%	23.4%
Rank 3	15.2%	30.1%	26.2%	28.5%
Rank 4	16.4%	47.7%	11.3%	24.6%

Conclusion and Recommendations

Conclusion

Past relevant experience was the most frequently reported hiring preference for RNs among facilities. 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. A majority of facilities felt that a pay increase would be most impactful on retention.

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.^{3,5} 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.

⁵Hodgin, 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

According to respondents of the study, long term care nursing facilities had difficulty in recruiting nursing staff. Similar studies (2019 Hospital Nurse Staffing Study) reported that having relevant experience was the most desirable attribute to employers. In order to adequately prepare nurses for their role in long term care, and to ensure funding for long term care nursing positions, stakeholders should develop and implement solutions to address these issues, specifically:

- Over half of survey respondents to the LTCNSS ranked pay increases as the most effective strategy for recruiting and retaining staff. Staff experience and longevity should be recognized through incremental wage increases over time.

- 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.
- 72.8% of respondents indicated increased workloads were a consequence of inadequate staffing, which has implications for quality care. Therefore, facilities should provide staffing levels and a skill mix sufficient to deliver quality care commensurate with resident acuity and quality outcomes.
- Over 80% of facilities use employee recognition programs as a strategy to recruit and retain staff, though just 5.1% of facilities ranked employee recognition as having 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, 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.
- Minimum reported entry-level and experienced wages for CNAs and entry-level wages for CMAs were below the national median of \$13.38. Increasing wages for aide staff will help in recruitment and retention efforts.