Recruitment and Retention 2014

The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2013, 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 2014, the TCNWS administered the LTCNSS to 1,191 Texas nursing facilities. A total of 443 facilities participated, for a final response rate of 37.2%.

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.

Recruitment and Retention Strategies

Due to differences in the way the question regarding recruitment and retention were asked between the 2008 and 2014 LTCNSS, direct comparisons between the proportions of facilities using each strategy are precluded. However, a comparison of responses indicates that a majority of facilities continue to use paid vacation and employee recognition programs to attract and keep employees.

Table 1 shows the number and percent of facilities that used various strategies to recruit and retain employees.

- The most frequently selected retention strategies were paid vacation days, employee recognition programs, and health insurance. Each of these strategies was used by a majority of respondents.
- Less than 2% of respondents reported not using any strategy to recruit or retain employees.
- 39 of those respondents who indicated they used some "other" strategy provided a written response. 30.8% listed a type of bonus not listed in the survey choices, while 20.5% cited competitive pay as an additional strategy.

Respondents were also asked to identify which strategies would be the most effective for improving recruitment and retention. 356 facilities provided a valid written response to this question.

- 45.2% of 356 facilities said that pay increases would be the most effective strategy for recruitment and retention.
- The provision of adequate staffing (thereby improving resident to staff ratios) was cited by 17.1% of 356 facilities as the most effective strategy.
- 16.3% of 356 facilities said that employee recognition programs would improve retention.

Table 1. Recruitment and retention strategies used by long term care facilities (n=443)

Strategy	# of facilities	% of facilities
Paid vacation days	363	81.9%
Employee recognition	300	67.7%
Health insurance	287	64.8%
Retirement plan	170	38.4%
Shift differential	156	35.2%
Tuition (reimbursement or direct payment for employees/new hires)	154	34.8%
Reimbursement for workshops/conferences	144	32.5%
Bonus for recruiting other staff	112	25.3%
Career ladder positions for CNAs/CMAs	112	25.3%
Flexible scheduling or job sharing	110	24.8%
Career ladder positions for RNs/LVNs/APRNs	96	21.7%
Sign-on bonus	95	21.4%
Payback for unused sick/vacation time	80	18.1%
Safety incentives (bonus or awards given for being accident free)	61	13.8%
Merit bonus	56	12.6%
Other	41	9.3%
No strategy	6	1.4%
Childcare assistance	5	1.1%

Hourly Wages

Figure 1 displays the median wages for entry-level and experienced staff, while Table 2 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 $29.81 for RNs[1], $21.14 for LVNs[2], and $12.01 for aide staff[3].

Figure 1. Median hourly wage, experience level by staff type

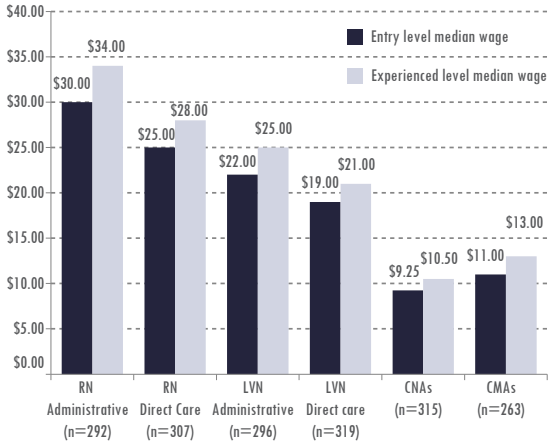


Table 2. Hourly wage range, experience level and staff type

		Entry level wage		Experienced wage	
	n	Minimum	Maximum	Minimum	Maximum
Administrative RN	292	$19.00	$50.00	$20.25	$60.00
Direct resident care RN	307	$18.00	$38.00	$19.50	$40.00
Administrative LVN	296	$12.00	$40.00	$16.50	$50.00
Direct resident care LVN	319	$8.00	$25.00	$12.81	$35.00
CNA	315	$7.25	$14.00	$7.50	$35.00
CMA	263	$8.25	$17.00	$8.50	$40.00

Staff Recruitment

Respondents were asked to indicate how long it takes to fill a vacancy for each staff type.

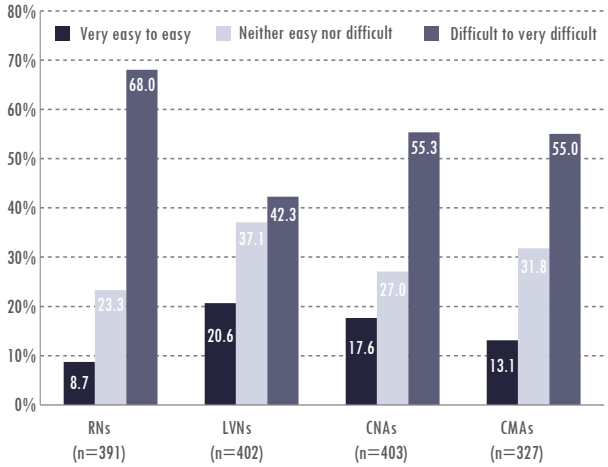
- Facilities reported a median of 4 weeks to fill RN positions and 2 weeks to fill LVN, CNA, and CMA positions.

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 2 displays the results.

- For each staff type, the largest proportion of responses indicated relative difficulty in recruiting staff.
- Over two-thirds 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.

Figure 2. Ease of recruitment by staff type



RNs

Very easy to easy (n=29)

- 20 of these 29 respondents explained that the pool

of applicants for RNs was steady.

Neutral (n=62)

- About a quarter (25.8%) explained the methods used in recruiting RNs.
- 13 of 62 respondents indicated that turnover was low, so recruitment efforts were rare.

Difficult to very difficult (n=228)

- 29.4% said that candidate expectations were unreasonable, particularly with regard to salary and benefit expectations.
- 21.5% responded that competition from other facilities, industries, and areas made hiring RNs difficult.
- 20.6% replied that there were simply too few RN applicants for positions that have been vacant.

LVNs

Very easy to easy (n=61)

- 44% of 61 answers reiterated the ease with which LVNs were recruited.

Neutral (n=97)

- About a quarter (24.7%) specified a particular combination of experience and skills that were desirable in LVN recruits.

Difficult to very difficult (n=134)

- 26.1% said there were simply too few applicants interested in the position.
- 20.1% said that job applicants and candidates often lacked the specific combination of skills and experience sought.

CNAs

Easy to very easy (n=52)

- 25% of those 52 facilities said there was an ample pool of applicants from which to choose and hire.

Neutral (n=82)

- 24.4% said that turnover among CNAs was high, such that retention was more of an issue than recruitment.
- While 22% said there was an abundance of applicants, 23.2% said finding quality CNAs could be a challenge.

Difficult to very difficult (n=141)

- 15% said that retention of CNAs was particularly challenging.

CMAs

Easy to very easy (n=27)

- 9 of the 27 (33.3%) indicated that CMAs were plentiful because few facilities use them anymore.

Neutral (n=65)

- One fifth of respondents found CMAs abundant in their area.

Difficult to very difficult (n=138)

- 23% found that applicants were lacking the particular skills and experience preferred for this staff type.

Hiring Preferences

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 3).

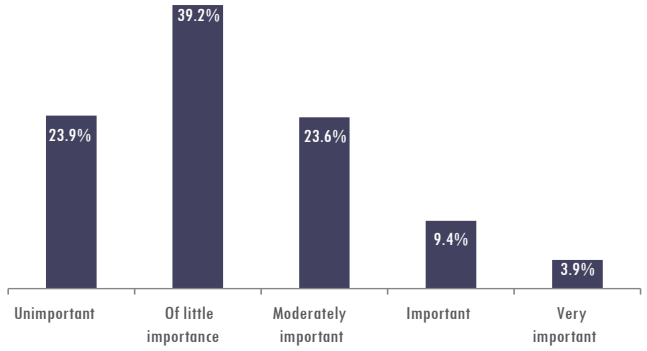
- Over 90% of 326 facilities said past relevant nursing experience was the most important characteristic.
- Over 60% of 326 respondents indicated that past non-relevant nursing experience was the second most important characteristic when hiring an RN.
- Over half of 326 respondents (53.4%) ranked a BSN as the least important characteristic.

Table 3. Relative importance of various RN characteristics

	Past relevant experience	Past non-relevant experience	Bilingual	Bachelor's in nursing or higher education
Rank 1	91.7%	4.6%	1.5%	2.1%
Rank 2	6.1%	65.0%	13.8%	15.0%
Rank 3	1.2%	18.7%	50.6%	29.4%
Rank 4	0.9%	11.7%	34.0%	53.4%

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.

Figure 4. Importance of BSN for RN staff (n=406)



Facilities were also asked to rate the importance of a Bachelor of Science degree in nursing (BSN) for their staff (Figure 4).

- 39.2% of 406 facilities said that the BSN is of little importance.
- A larger proportion of respondents found the degree unimportant to of little importance (63.1%) when compared to those who found it important to very important (13.3%).

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

- 21% of 239 facilities indicated that supervisory and leadership skills were important.
- 22.6% of 239 facilities looked for a postive attitude and caring, compassionate personality.

Staff Tenure

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 a median of fewer RNs employed in the facility 1 year or longer than any other staff type.
- Facilities report a median of 16 CNAs with 1 or more years working in the facility.

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

	n	Minimum	Maximum	Median
Direct resident care RNs	420	0	12	1.0
Administrative RNs	430	0	7	1.0
Direct resident care LVNs	438	0	52	8.0
AdministrativeLVNs	428	0	23	2.0
CNAs	437	0	89	16.0
CMAs	409	0	15	3.0

Consequences of Inadequate Staffing

Respondents were asked to select all that apply from a list of consequences their agency experienced in the past year as a result of an inadequate supply of nursing staff. Table 5 displays the results from this question.

- Only 14.7% of the 443 survey respondents indicated that they experienced no negative impact from a lack of adequate supply of staff.
- Increased workloads, increase in voluntary overtime, and using administrative staff to cover nurse duties were all reported by more than half of respondents.

Table 5. Reported consequences of inadequate staffing* (n=443)

	# of respondents	% of respondents
Increased workloads	262	59.1%
Increase in voluntary overtime	256	57.8%
Using administrative staff to cover nurse duties	254	57.3%
Low nursing staff morale	221	49.9%
Increased nursing staff turnover	210	47.4%
Increased absenteeism	152	34.3%
Difficulty completing required documentation on time	152	34.3%

*Table continued on next page.

Table 5 below continued from previous page.

	# of respondents	% of respondents
Using medication aide staff to cover nurse aide duties	151	34.1%
Increased resident/family complaints	140	31.6%
Increased number of incident reports	113	25.5%
Delays in providing care	103	23.3%
Wage increases	82	18.5%
NONE- We had an adequate supply of personnel	65	14.7%
Inability to expand services	57	12.9%
Delayed admissions	33	7.4%
Increased use of temporary/agency nurses	32	7.2%
Using LVNs to cover aide shifts	7	1.6%
Other	10	2.3%

[1]Bureau of Labor Statistics. (2013.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes291141.htm

[2] Bureau of Labor Statistics. (2013.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes292061.htm

[3] Bureau of Labor Statistics. (2013.) Occupational employment and wages. Retrieved from: http://www.bls.gov/oes/current/oes311014.htm