The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2015, 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 spring of 2016, the TCNWS administered the LTCNSS to 1,202 Texas nursing facilities. A total of 439 facilities participated, for a final response rate of 36.5%.

The demand for nurses in long term care facilities is expected to increase by 2050.[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]U.S. Department of Health and Human Services. (2003). The future supply of long-term care workers in relation to the aging baby boom generation. Retrieved from https://aspe.hhs.gov/basic-report/future-supply-long-term-care-workers-relation-aging-baby-boom-generation

[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 Retention Strategies

Due to differences in the way the questions regarding recruitment and retention were asked between the 2014 and 2016 LTCNSS, direct comparisons between the proportions of facilities using each strategy are precluded. Additionally, the 2016 LTCNSS asked agencies to report the strategies for recruitment and retention separately and for full-time and part-time employees instead of reporting strategies for both recruitment and retention for all employees. However, a comparison of responses indicates that paid vacation days were the most frequently reported recruitment and retention strategy for full-time employees.

Recruitment

Table 1 (page 2) shows the number and percent of facilities that used various strategies to recruit full-time and part-time employees.

- The most frequently selected recruitment strategies for full-time employees were paid vacation days, health insurance, and employee recognition programs. To compare, in 2016 the top 3 recruitment strategies for hospitals were shift differential, paid vacation days, and health insurance.

- Less than 5% of respondents reported not using any strategy to recruit full-time employees and less than 10% of respondents reported not using any strategy to recruit part-time employees.

- Employee recognition programs were the most frequently reported recruitment strategy for part-time employees (127 facilities).

Retention

Respondents were asked to report the retention strategies used for full-time and part-time employees (Table 2).

- Similar to recruitment strategies, the top 3 selected retention strategies for full-time employees were paid vacation days (305 facilities), health insurance (291 facilities), and employee recognition programs (264 facilities). Paid vacation days and health insurance were also among the top three selected retention strategies for hospitals in 2016, but shift differential was the second most selected retention strategy among hospitals.

- 3.2% of facilities reported not having any retention strategy for full time employees and 8.9% of facilities did not have a retention strategy for part-time employees.

Table 1. Recruitment strategies used by long term care facilities

Strategy	Full-time Employees		Part-time Employees	
	# of facilities	% of facilities	# of facilities	% of facilities
Paid Vacation Days	301	68.6%	45	10.3%
Health Insurance	298	67.9%	39	8.9%
Employee Recognition Programs	257	58.5%	127	28.9%
Shift Differential	184	41.9%	89	20.3%
Retirement Plan	162	36.9%	27	6.2%
Reimbursement for workshops/ conferences	155	35.3%	35	8.0%
Bonus for recruiting nursing staff to the agency	154	35.1%	57	13.0%
Sign on Bonus	147	33.5%	32	7.3%
Tuition (Reimbursement or direct payment for employees/new hires)	134	30.5%	23	5.2%
Flexible Scheduling or Job Sharing	119	27.1%	66	15.0%
Career Ladder Positions for RNs/LVNs/ APRNs	114	26.0%	44	10.0%
Career Ladder Positions for CNAs/CMAs	107	24.4%	36	8.2%
Merit Bonus	84	19.1%	31	7.1%
Payback for unused sick/vacation time	66	15.0%	14	3.2%
Safety incentives (bonus or awards given for being accident free)	51	11.6%	25	5.7%
Other	20	4.6%	9	2.1%
None	19	4.3%	41	9.3%
Sabbatical	8	1.8%	3	0.7%
Childcare Assistance	7	1.6%	4	0.9%

Table 2. Retention strategies used by long term care facilities

Strategy	Full-time Employees		Part-time Employees	
	# of facilities	% of facilities	# of facilities	% of facilities
Paid Vacation Days	305	69.5%	52	11.8%
Health Insurance	291	66.3%	42	9.6%
Employee Recognition Programs	264	60.1%	133	30.3%
Shift Differential	173	39.4%	87	19.8%
Reimbursement for workshops/ conferences	169	38.5%	49	11.2%
Retirement Plan	164	37.4%	34	7.7%
Bonus for recruiting nursing staff to the agency	144	32.8%	56	12.8%
Tuition(Reimbursement or direct payment for employees/new hires)	126	28.7%	30	6.8%
Flexible Scheduling or Job Sharing	123	28.0%	65	14.8%
Career Ladder Positions for RNs/LVNs/ APRNs	123	28.0%	43	9.8%
Career Ladder Positions for CNAs/CMAs	109	24.8%	42	9.6%
Merit Bonus	82	18.7%	29	6.6%
Payback for unused sick/vacation time	62	14.1%	16	3.6%
Safety incentives (bonus or awards given for being accident free)	40	9.1%	19	4.3%
Other	17	3.9%	8	1.8%
None	14	3.2%	39	8.9%
Childcare Assistance	10	2.3%	5	1.1%
Sabbatical	9	2.1%	2	0.5%
Childcare Assistance	7	1.6%	4	0.9%

Respondents were also asked to identify which strategies would be the most effective for improving retention. 303 facilities provided a valid written response to this question.

- 22.4% of 303 facilities said that pay increases would be the most effective strategy for retention.

- Increasing benefits was cited by 9.6% of 303 facilities as the most effective retention strategy. .

- 7.6% of 303 facilities said that employee recognition programs would improve retention.

Hourly Wages

Figure 1 displays the median wages for entry-level and experienced staff, while Table 3 (page 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 $30.53 for RNs[4], $21.66 for LVNs[5], and $12.36 for aide staff[6].

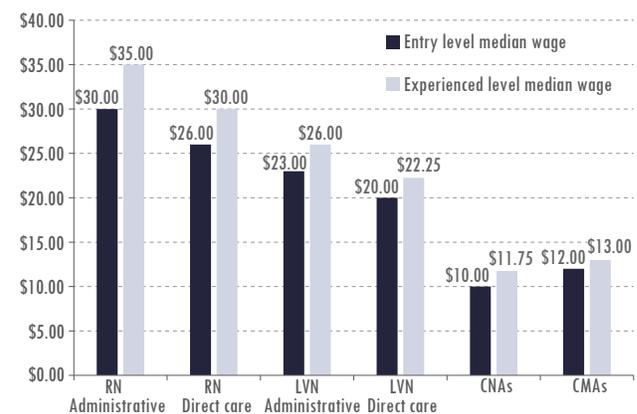**Figure 1. Median hourly wage, experience level by staff type**

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

	Entry level wage			Experienced wage		
	n	Minimum	Maximum	n	Minimum	Maximum
Administrative RN	277	$19.00	$50.00	238	$20.00	$55.28
Direct resident care RN	311	$15.00	$50.00	254	$20.00	$55.00
Administrative LVN	280	$14.00	$50.00	237	$16.00	$55.00
Direct resident care LVN	322	$14.50	$48.00	271	$16.00	$52.00
CNA	322	$7.25	$40.00	271	$8.00	$45.00
CMA	263	$9.00	$40.00	219	$9.00	$45.00

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 3 weeks to fill LVN, CNA, and CMA positions. The median number of weeks to fill a LVN, CNA, or CMA vacancy increased from the 2014 LTCNSS.

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.
- 74.6% 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.
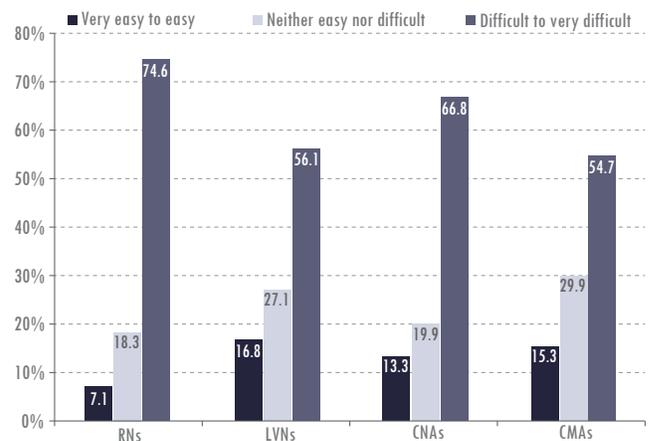
RNs

Very easy to easy (n=21)

- 5 of these 21 respondents explained that the pool of applicants for RNs was steady.

Neutral (n=62)

- 12% of the 62 facilities reported a low pool of applicants.

Figure 2. Ease of recruitment by staff type

Difficult to very difficult (n=228)

- 21.6% replied that there were simply too few RN applicants for positions that have been vacant.
- 13.4% responded that the long term care setting is not a desirable destination for RNs.

LVNs

Very easy to easy (n=50)

- 32% of 50 answers reiterated the ease with which LVNs were recruited.

Neutral (n=81)

- 13.6% specified that at the moment there are plenty of applicants available.

Difficult to very difficult (n=176)

- 13.1% said there were simply too few applicants interested in the position.
- 12.5% said that job applicants and candidates often lacked the specific combination of skills and experience sought.

CNAs

Easy to very easy (n=41)

- 24.4% of those 41 facilities reiterated the ease with which CNAs were recruited

Neutral (n=61)

- 18% said there was an abundance of CNA applicants.

Difficult to very difficult (n=205)

- 21% said that there were few CNAs available to hire.

CMAs

Easy to very easy (n=35)

- 12 of the 35 (34.3%) indicated that CMAs were easy to hire.

Neutral (n=71)

- 21.1% of respondents stated that there were no problems/difficulties in hiring CMAs.

Difficult to very difficult (n=129)

- 43.4% claimed it was difficult to find CMAs due to limited availability/qualification.

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 4).

- Over 80% of 233 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 2016.

- Over 60% of 233 respondents indicated that past non-relevant nursing experience was the second most important characteristic when hiring an RN.

- Over half of 233 respondents (57.1%) ranked being bilingual as the least important characteristic. This represents a change from the 2014 LCTNSS where having a Bachelor of Science degree in nursing (BSN) was ranked last. Facilities ranked having a BSN the third most important characteristic in 2016. However, hospitals reported having a BSN as the second most important attribute when hiring RNs

To further analyze the data presented in Table 4, 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, BSN, and then bilingualism.

Facilities were also asked to rate the importance of a BSN for their staff (Figure 3).

- 35.3% of 343 facilities said that the BSN is moderately important.

- A larger proportion of respondents found the degree unimportant to of little importance (48.4%)

Table 4. Relative importance of various RN characteristics

	Past relevant experience	Past non-relevant experience	Bilingual	Bachelor's in nursing or higher education
Rank 1	80.7%	15.0%	0.9%	3.4%
Rank 2	17.2%	62.7%	8.6%	11.6%
Rank 3	1.3%	15.9%	33.5%	49.4%
Rank 4	0.9%	6.4%	57.1%	35.6%

Figure 3. Importance of BSN for RN staff
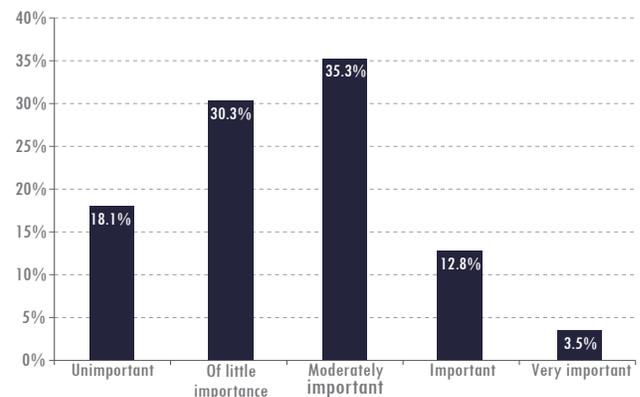
when compared to those who found it important to very important (16.3%). However, when compared to the 2014 LCTNSS the number of facilities who ranked having a BSN as moderately important or higher has increased.

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

- 16.8% of 268 facilities looked for a positive attitude when hiring RNs.

- 16% of 268 facilities indicated that past relevant work experience was important.

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 5 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 most other staff types, with the exception of administrative LVNs.

- Facilities report a median of 16 CNAs with 1 or more years working in the facility.

Table 5. 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	408	0	15	2.0
Administrative RNs	407	0	8	1.0
Direct resident care LVNs	418	0	40	8.0
Administrative LVNs	405	0	10	2.0
CNAs	414	0	78	16.0
CMAs	388	0	30	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 6 displays the results from this question.

- 8.0% of the 439 survey respondents indicated that they experienced no negative impact from a lack of adequate supply of staff, which is a decrease from the 2014 LCTNSS (14.7%).

- Increased workloads, increase in voluntary overtime, low staffing morale and using administrative staff to cover nurse duties were all reported by more than half of respondents.

Table 6. Reported consequences of inadequate staffing

	# of respondents	% of respondents
Increased workloads	270	61.5%
Increase in voluntary overtime	256	58.3%
Low nursing staff morale	238	54.2%
Using administrative staff to cover nurse duties	229	52.2%
Increased nursing staff turnover	216	49.2%
Using medication aide staff to cover nurse aide duties	160	36.4%
Increased absenteeism	155	35.3%
Difficulty completing required documentation on time	148	33.7%
Wage increases	143	32.6%
Increased resident/family complaints	141	32.1%
Delays in providing care	103	23.5%
Inability to expand services	81	18.5%
Increased number of incident reports	80	18.2%
Increased use of temporary/agency nurses	56	12.8%
Declined Referrals	51	11.6%
Delayed admissions	50	11.4%
None - We had an adequate supply of personnel	35	8.0%
Other consequences	17	3.9%

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. The median number of weeks to hire RNs was higher than any other nurse type, and most facilities reported having difficulty recruiting all nurse types, especially RNs. 13.4% 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 third most frequently selected hiring preference and in 2014 having a BSN was last. While a larger proportion of facilities claimed having a BSN was unimportant or of very little importance, the number of facilities who reported having a BSN was moderately important or higher has increased since 2014.

Finally, the top three consequences of inadequate staffing were increased workload, increase in voluntary overtime, and low staff morale. 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

- 22.4% of 303 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 65% 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 retention strategies utilized by long term care facilities, 28.0% of respondents offer flexible scheduling to full-time employees and 39.4% 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 61.5% 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, using administrative staff to cover nursing duties, and increased nursing staff turnover 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

- More than half of facilities use employee recognition programs as a strategy to recruit and retain staff, and 7.6% of 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.