



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%.

Please refer to the full set of reports for more details on each topic. The following are highlights and recommendations from the findings of the 2019 Long Term Care Staffing Survey.

## 2019 LTCNSS: Vacancy and Turnover

Nurse vacancy and turnover rates are among the key measures for assessing a nursing workforce shortage, the severity of the shortage, and changes in the nursing labor market over time. High vacancy and turnover rates can lead to negative outcomes that can affect quality of care such as losing experienced staff and increasing the workload and stress levels of existing staff.<sup>1</sup>

The position vacancy rate describes the proportion of all full-time equivalent (FTE) positions vacant across all responding long term care facilities in an area. The median facility turnover rate describes the mid-point of responses for each long term care facility.

### Vacancy Rates

#### RN Position Vacancy Rate

- Though direct resident care RNs had the highest position vacancy rates in the state (12.7%), the rate decreased from 2017 (18.9%).

#### LVN Position Vacancy Rate

- The statewide position vacancy rate for direct resident care LVNs was 5.4% which was lower than in 2017 (9.6%).

#### Nurse Aide Position Vacancy Rate

- The statewide position vacancy rate for CNAs and CMAs decreased from 10.4% and 9.0% in 2017 to 10.1% and 6.0% in 2019, respectively.

### Turnover Rates

#### RN Median Facility Turnover Rate

- Median turnover rates among direct resident care RNs in Texas long term care facilities was 48.1%, which was similar to 2017 (50.0%).
- Administrative RNs had lower turnover rates than their direct resident care counterparts, with a median of 21.1%.

#### LVN Median Facility Turnover Rate

- The median facility turnover rate for direct resident care LVNs was 44.4%, the same as in 2017.
- Administrative LVNs also had lower turnover rates than their direct resident care counterparts, with a median of 0%.

#### Nurse Aide Turnover Rate

- The highest overall median facility turnover rate was among CNAs (67.4%).
- The median facility turnover rate for CMAs was 22.2%, which was identical to the rate in 2017.



## 2019 LCTNSS: Staffing

Long term care facilities reported employing registered nurses (RNs), licensed vocational nurses (LVNs), advanced practice registered nurses (APRNs), certified nurse aides (CNAs), and certified medical aides (CMAs).

- CNAs made up the majority (57.5%) of the direct resident care staff within long term care facilities.
- Direct resident care RNs and LVNs were more numerous than their administrative counterparts.
- More than half of responding facilities reported they would need more RNs, CNAs, and CMAs over the next two years.

- Voluntary overtime was the most frequently used interim staffing method, with 83.8% of facilities reporting the use of this strategy.
- Responding facilities reported a total of 383,281.03 interim staffing hours at a cost of \$8,476,257.17, averaging to \$22.11 per hour, increasing from \$17.64 per hour in 2017.
- More than half of the respondents reported increased workloads, increase in voluntary overtime, low staffing morale, using administrative staff to cover nurse duties, and increased nursing staff turnover as consequences of inadequate staffing.

## 2019 LCTNSS: Recruitment and Retention

The most frequently selected recruitment and retention strategies for employees were paid vacation days, health insurance, and employee recognition programs.

- More than half of respondents (59.1%) had difficulty filling CNA positions.

- Just over half of facilities ranked a pay increase as being most impactful on retention.
- 79% of 267 facilities said past relevant nursing experience was the most important characteristic when hiring an RN.

## 2019 LCTNSS: Transition to Practice

63 of 314 (20.1%) survey respondents reported using at least one type of transition to practice program for all nursing staff.

- The most commonly used transition to practice program type, used by 49.2% of the 63 facilities

using a transition to practice program, was a student nurse internship/externship.

- 24 of 63 (38.1%) of facilities used mentorship/preceptorship programs, compared to 68.0% of Texas hospitals.

## 2019 LCTNSS: Directors of Nursing

309 of 314 responding facilities reported having a director of nursing (DON) at the time of data submission.

- 70.5% of 305 DONs had 6 or more years of experience in a long term care setting.

- 39.7% of 307 DONs held their current position for less than 1 year.
- 94.4% of 304 DONs had a nursing degree.
- The median DON salary range was between \$90,000 and \$99,999 in 2019.

## TCNWS Advisory Committee Recommendations

### Recruitment and Retention

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 LTCNNS 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.
- To promote a better understanding of the long term care setting, 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.
  - 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.
  - Utilize the content provided through the Center for Excellence in Long Term Care, available at [utlongtermcarenurse.com](http://utlongtermcarenurse.com).

## Directors of Nursing

63.8% of facilities reported having a DON that held the position for 2 years or fewer. Further, over half of the 215 DONs with more than 6 years of long term care experience had held their current position for 2 years or fewer. Stakeholders should develop and implement solutions to ensure the transition into the role of the DON for the first time and support DONs as they learn to effectively fulfill their role in a new long term care setting, specifically:

- Create a high-quality transition to practice program for new DONs including extended, intermittent training; training on managing the regulatory process; and participation in a long-term mentoring program paired with an experienced DON.
- Facilities should offer leadership training, send DONs to the DON Academy, or identify other opportunities to support DONs.

## Staffing

According to survey respondents, over 50% of long term care facilities reported increased workload, increase in voluntary overtime, low nursing staff morale, using administrative staff to cover nurse duties, and increased nursing staff turnover as consequences of inadequate nurse staffing. Voluntary overtime was the most frequently used interim staffing method, with more than 70% of facilities reporting the use of this strategy. Since CNAs are the most numerous staff type in long term care facilities, comprising 57.5% of staff providing direct resident care, facilities should consider the following:

- Facilities should consider management changes and job redesign to allow CNAs to become essential members of resident care teams and to have increased input in decision making. This approach could include CNA involvement in resident care planning and continuity in CNA assignment to residents.
- Facilities should implement programs that appreciate and value CNAs.
- Facilities should offer programs that provide education beyond that which is mandated.

## Vacancy and Turnover

Respondents reported vacancy rates for RNs in long-term care facilities were higher than vacancy rates for these positions within Texas hospitals. Turnover rates varied greatly by location across the state. To more fully understand the implications of these findings **nurse researchers should focus on the following issues for further study:**

- 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.
- Provide competitive wages and benefits to long term care nurses.

## Transition to Practice<sup>1</sup>

54.2% of facilities who reported having a transition to practice program for nursing staff stated that improved clinical competence in resident/patient care was an outcome of transition to practice programs.

- Only 20.1% of respondents reported using at least one type transition to practice program for nursing staff, with student nurse internship/externship being the most commonly used method. Facilities should develop and evaluate training and continuing education programs to ensure they are meeting facility goals of staff development, resident care, and quality outcomes.

- Facilities should encourage nurses to participate in the Transition to Practice Academy where they will gain valuable resources and takeaways that support their transition to and prepare nurses to offer the highest possible level of care to nursing facility residents.

- Vocational educators and DONs are encouraged to use the Vocational Nurse Educator Tool Kit<sup>2</sup> to help new LVNs transition into long term care facilities.

<sup>1</sup>Transition to practice: These programs may include nurse residency, nurse fellowship, student nurse internship/externship, preceptorship/mentorship, and other programs.

<sup>2</sup>Available at [hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities/quality-monitoring-program/resources/vocational-nurse-educator-toolkit](https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities/quality-monitoring-program/resources/vocational-nurse-educator-toolkit)