

The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. During the spring and summer of 2024, the Texas Center for Nursing Workforce Studies (TCNWS) administered the LTCNSS to directors of nursing (DONs) or facility administrators of 1,186 Texas nursing facilities. A total of 229 facilities participated for a final response rate of 19.3%.

This report presents highlights and recommendations from the findings of the 2024 LTCNSS. The full set of LTCNSS reports contains more detail on each topic.

2024 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.¹

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

Vacancy Rates

RN Position Vacancy Rate

- Direct resident care (DRC) Registered Nurses (RNs) had the second highest position vacancy rate in the state at 21.2%. In comparison, the hospital RN vacancy rate in 2024 was 16.4%.

LVN Position Vacancy Rate

- The statewide position vacancy rate for DRC Licensed Vocational Nurses (LVNs) was 12.8% which was lower than in 2022 (19.5%).

Certified Nurse Aides (CNA), Medication Aides (CMA), and Restorative Nurse Aides (RNA) Vacancy Rates

- The statewide position vacancy rate for CNAs, CMAs, and RNAs decreased from 21.2%, 18.8%, and 18.0% in 2022 to 15.3%, 15.2%, and 18.2% in 2024, respectively.

Turnover Rates

RN Median Facility Turnover Rate

- The median facility turnover rate among DRC RNs in long term care facilities was 50.9%. This is a decrease from 2022 (66.7%).
- Administrative RNs had lower turnover rates than their direct resident care counterparts, with a median of 33.3%.

LVN Turnover Rate

- The median facility turnover rate for direct resident care LVNs was 45.5%, a decrease from 2022 (57.1%).

CNA, CMA, and RNA Turnover Rates

- CNAs, CMAs, and RNAs had median facility turnover rates of 63.2%, 33.3%, and 0.0% respectively.

¹American Association of Colleges of Nursing. "Nursing Shortage Fact Sheet," May 2024. <https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf>.

2024 LTCNSS: Staffing

Nurse Staffing

Long term care facilities reported employing RNs, LVNs, advanced practice registered nurses (APRNs), CNAs, CMAs, RNAs.

- CNAs were the most common (56.2%) staff type employed in long term care settings in Texas followed by DRC LVNs (26.0%).
- DRC RNs represented 7.2% of direct care staff.

Future Staffing Needs

- 50.9% of participating facilities reported they would need more DRC RNs in the next two years.
- 60.6% of facilities said they would need more CNAs.
- Facilities were asked about reasons for needing fewer, more or about the same number of staff in the next 2 years. The most selected reason selected for all staff types was patient census.

Recruitment and Hiring Practices

- DRC RN positions were reported to take the longest average number of days to fill.
- Paid vacation days, health insurance, and employee recognition programs were the most frequently selected recruitment and retention strategies among responding facilities.
- CNAs and DRC LVNs had the greatest difference between the median number of staff employed one year or longer and the median number of average employees in 2023.

2024 LTCNSS: Directors of Nursing

- 82 of 224 (36.6%) DONs held their current position for less than 1 year.
- 151 out of 223 (67.7%) DONs had 6 or more years experience in long term care
- Exhaustion and burnout was the most selected reason (51.1%) for DON turnover.
- The most common degree type for DONs was a bachelor's in nursing (43.0%).
- The majority of DONs (73.2%) had an annual salary of \$100,000 or more.



Recommendation 1: Ensure adequate compensation for long term care staff retention and recruitment

Over 40% of facilities said they would need more CNAs, DRC LVNs, and DRC RNs over the next two years. Over 50% of facilities said they would need the same number of administrative LVNs, RNs, DRC and administrative APRNs, CMAs, and RNAs over the next two years. DRC RNs and APRNs had the highest position vacancy rates in the state (16.6% and 12.8%). The statewide position vacancy rates for all DRC nursing staff have increased since 2022 but are not back to pre-COVID-19 levels.

In 2019, over half of survey respondents to the LTCNSS ranked pay increases as the most effective strategy for recruiting and retaining staff. In 2024, median wages for DRC RNs and LVNs were both below the national median wages. The median hourly wages at the national level for staff working in skilled nursing facilities are \$38.37 for RNs and \$29.80 for LVNs. Median wages for experienced DRC RNs and LVNs were \$38.00 and \$30.00, respectively. In comparison, the median wage for entry level RNs is \$33.00 and \$26.00 for entry-level DRC LVNs.

- Staff experience and longevity should be recognized through incremental wage increases over time. Increasing wages for nursing positions will help in recruitment and retention efforts.
- Nurse researchers should study the effect of long term care nursing staff turnover on resident's quality of care. Depending on the outcomes of these studies, facilities, policymakers, and stakeholders will better understand the urgency of this situation and better understand the steps needed to address staffing turnover.

Supporting the following recommendation from the National Imperative⁴ could allow facilities to better recruit and retain their nursing staff:

- Recommendation 2A: “Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Mechanisms that should be

considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness” (pg. 509).

Recommendation 2: Create a more robust retention plan

The three most used recruitment and retention strategies this year were the same used in the 2019 and 2022 iterations of the LTCNSS: paid time off, employee recognition programs, and offering health insurance. However, in 2019, just 5.1% of facilities ranked employee recognition as having the greatest impact on retention. These results suggest a disconnect between the most used retention and recruitment strategies and the ones found to be most effective.

- In 2024, 77.6% of facilities reported offering health insurance and 54.4% reported offering health insurance with employer contribution. However, it was unclear whether this insurance was available for all staff types as well as whether insurance was affordable for either. LTC facilities should ensure their benefits are accessible for all staff.
- Given that employee recognition programs have consistently been among the most used strategies but were not among the most effective, leadership should assess what employee recognition methods tend to be best received by their staff. Nursing facility leadership should ensure there is adequate appreciation/recognition of and respect for the valuable contributions of all levels of staff.

Recommendation 3: Identify best ways to support Long Term Care Directors of Nursing.

36.6% of DONs held their current position for less than 1 year, and 28.6% held their position for 1-2 years. Additionally, only 35.8% of facilities reported that DON turnover was not an issue at their facility. For facilities that do have an issue, the most cited reason for DON turnover was exhaustion and burnout (51.1%). This was also the most frequently selected reason in the 2022 LTCNSS. These results suggest that DON retention could be improved.

- Stakeholders and employers should work with DONs across all facility capacity levels and regions of the state to identify causes of exhaustion and burnout in this setting. This information should then be used to develop strategies that can improve DON retention and reduce exhaustion and burnout.
- 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.
- Policy makers, stakeholders, and facilities should evaluate mandatory in-service trainings to determine the impact on staffing needs.

Recommendation 4: Support continuing education, especially education on administration and management, for DONs.

The most common degree type for DONs was a bachelor's in nursing (43.0%). In all prior iterations of the LTCNSS, the most common degree type for DONs was an Associate's Degree in Nursing. The reported reasons for DON turnover suggest that facility administration and management is an area where DONs could receive more support and education as burden of regulatory requirements, excessive paperwork, and lack of management or leadership skills were selected by 33.6%, 19.7%, and 15.7% of facilities, respectively. Stakeholders and facilities can emphasize providing support for continuing education related to administration and management.

- Facilities should identify continuing education opportunities to support DONs.
- Employers and other stakeholders should increase DON's awareness of resources that could assist in pursuing a higher level of education including tuition reimbursement and loan repayment programs.
- Some of the tuition reimbursement for DONs should be earmarked specifically to support DONs in leadership, administration, and management training programs.
- Future research studies should explore barriers DONs face to obtain additional training and education.

Recommendation 5: Partnerships with Educational Programs

Over 40% of facilities said they would need more CNAs, DRC LVNs, and DRC RNs over the next two years. Over 50% of facilities said they would need the same number of administrative LVNs, RNs, DRC and administrative APRNs, CMAs, and RNAs over the next two years.

- Long term care 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.

²The National Imperative to Improve Nursing Home Quality. 2024. <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>

