

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%.

The demand for nurses in long term care facilities is expected to increase by 2036.¹ It will be imperative that long term care facilities recruit and retain nurses to ensure adequate staffing levels. Long term care facilities have high nursing turnover rates, and many face severe staffing shortages.^{2,3}

This report provides information on staffing, recruitment, and retention in Texas long term care nursing facilities, including staff mix, future staffing needs, interim staffing, wages, and recruitment and retention strategies. The numbers presented are all self-reported by facilities and should not be used to calculate staffing ratios.

¹ Texas Center for Nursing Workforce Studies. (2024). Updated Nurse Supply and Demand Projections, 2022-2036. Retrieved from https://www.dshs.texas.gov/sites/default/files/chs/cnws/2023_SupplyDemandReport_ExecutiveSummary.pdf

² Gandhi, A., Yu, Huizi, & Grabowski, D.C. (2021). High nursing staff turnover in nursing homes offers important quality information. *Health Affairs*, 40:3, 384-391.

³ Muoio, D. (2021). Staffing shortages force long-term care facilities to limit admissions, hire agency workers. Retrieved from <https://www.fiercehealthcare.com/hospitals/staffing-shortages-force-long-term-care-facilities-to-limit-admissions-hire-agency>

Staff Mix

Direct Resident Care (DRC) Staff

Respondents were asked to report the number of registered nurses (RNs), licensed vocational nurses (LVNs), advanced practice RNs (APRNs), certified nurse aides (CNAs), medication aides (CMAs), and restorative nurse aides (RNAs) employed. Figure 1 shows only the composition of staff providing DRC in Texas long term care facilities and is derived from the total number of full-time equivalent (FTE) positions occupied.

- Over half of DRC staff were CNAs (56.2%).
- LVNs accounted for 26.0% of direct resident care staff.

Administrative Staff

- LVNs comprised the majority of administrative staff, at 56.5% (Figure 2). RNs comprised 42.9% and APRNs 0.6%.

Figure 1. DRC staff mix (n=190)

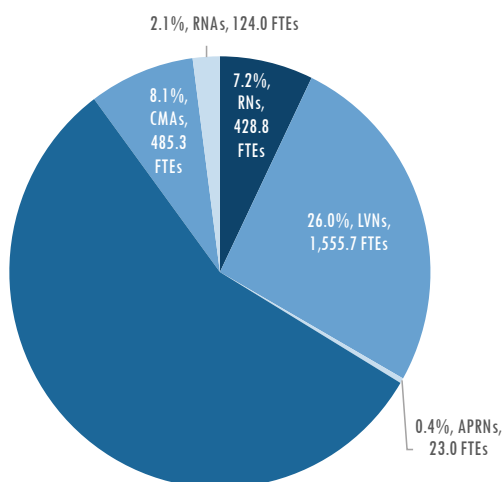
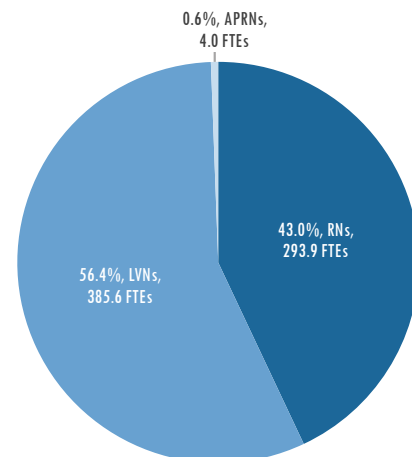


Figure 2. Administrative staff mix (n=190)



Future Staffing Needs

Respondents were asked to indicate whether their facility would need more, fewer, or the same number of staff in the next two years (see Figure 3).

RNs

- 115 out of 226 (50.9%) facilities reported they would need more DRC RNs over the next two years.
- 172 out of 225 (76.4%) facilities indicated that they would need the same number of administrative RNs over the next two years.

LVNs

- 101 out of 228 (44.3%) respondents indicated they would need more DRC LVNs.
- 178 out of 223 (79.8%) respondents indicated they would need the same number of administrative LVNs.

APRNs

- 135 out of 186 (72.6%) respondents indicated they would need the same number of DRC APRNs.
- 139 out of 188 (73.9%) respondents indicated they would need the same number of administrative APRNs.

CNAs

- 137 out of 226 (60.6%) respondents reported that their facility would need more CNAs.

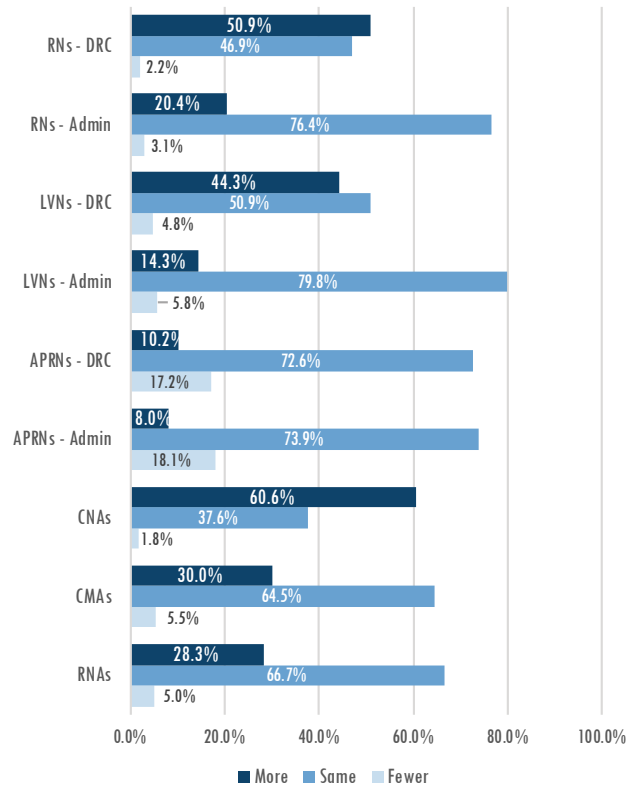
CMAs

- 142 out of 220 (64.5%) facilities indicated they would need the same number of CMAs over the next two years.

RNAs

- 146 out of 219 (66.7%) facilities indicated they would need the same number of RNAs over the next two years.

Figure 3. Expectations of staffing needs by staff type



Respondents were also asked why they would need fewer, more, or about the same number of nursing staff over the next two years (Table 1 on page 3). Respondents could select more than one option.

- The most common reason selected for all nursing staff types was patient census.
- For all staff types except for DRC APRNs and Administrative APRNs, the second most selected reason was patient acuity.
- “Other” reasons for needing fewer, more, or about the same number of nursing staff include new Centers for Medicare and Medicaid regulations⁵ and decreasing one staff type to increase another.

⁵ Centers for Medicare and Medicaid Services. “Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule (CMS 3442-F) | CMS.” (2024) <https://www.cms.gov/newsroom/fact-sheets/medicare-and-medicaid-programs-minimum-staffing-standards-long-term-care-facilities-and-medicaid-0>.

Table 1. Reasons facilities need fewer, more, or about the same number of nursing personnel over the next 2 years

Staff Type	n	Patient Census	Patient Acuity	Budget Concerns
RNs - DRC	203	77.8%	56.7%	18.7%
RNs - Admin	180	73.9%	41.1%	27.2%
LVNs - DRC	201	84.1%	52.2%	18.9%
LVNs - Admin	170	74.7%	37.6%	28.8%
APRNs - DRC	91	57.1%	35.2%	42.9%
APRNs - Admin	91	58.2%	30.8%	44.0%
CNAs	208	87.5%	53.4%	13.9%
CMAs	184	77.2%	46.2%	20.7%
RNAs	157	77.1%	42.7%	25.5%

Note: n=number of respondents



Recruitment and Hiring Practices

Recruitment and Retention Strategies

Table 2 shows the number and percent of facilities that used various strategies to recruit employees.

- The most frequently selected recruitment and retention strategies in 2024 were the same as the top three strategies in 2022: paid time off, employee recognition programs, and offering health insurance.
- The strategy that increased the most from 2022 to 2024 was payback for unused sick/vacation time.

Table 2. Recruitment and retention strategies used by long term care facilities (n=228)

Strategy	# of Facilities	% of Facilities
Paid time off	208	91.2%
Employee recognition programs	197	86.4%
Health insurance offered	177	77.6%
Sign-on bonus	145	63.6%
Bonus for recruiting nursing staff to the organization	144	63.2%
Shift differential	132	57.9%
Health insurance with employer contribution	124	54.4%
Retirement plan offered	111	48.7%
Tuition (reimbursement or direct payment for employees/new hires)	97	42.5%
Career ladder positions for RNs/LVNs/APRNs	96	42.1%
Career ladder positions for CNAs/CMAs	87	38.2%
Retirement plan with employer contribution	81	35.5%
Reimbursement for workshops/conferences	73	32.0%
Flexible scheduling or job sharing	73	32.0%
Financial assistance in receiving certifications or further education	64	28.1%
Merit bonus	61	26.8%
Payback for unused sick/vacation time	59	25.9%
Safety incentives (bonus or awards given for being accident free)	21	9.2%
Sabbatical	5	2.2%
Childcare assistance	3	1.3%
Other (Please specify):	9	3.9%
None	2	0.9%

- Other recruitment and retention strategies included free housing, retention bonuses, and merit increases.

Facilities were asked where they recruit their staff; facilities could select more than one option. Table 3 shows that the majority of nursing facilities in Texas recruited RNs from Texas, followed by states outside of Texas and internationally. Countries that facilities recruited from internationally were the Philippines (2 facilities), Nepal (1 facility), United Arab Emirates (1 facility), Mexico (1 facility), and Canada (1 facility).

Table 3. Where long term care facilities recruit RN positions (n=226)

Place of Recruitment	# of Facilities	% of Facilities
Within Texas	224	99.1%
States Outside of Texas	29	12.8%
Internationally	6	2.7%

Recruitment Experiences

Figure 4 shows the average length of time it takes responding facilities to fill different types of DRC positions.

- Facilities reported a longer average number of days to fill DRC RN positions compared to DRC LVN, CMA, CNA, and RNA positions.
- Compared to 2022 LTCNSS, there was a higher proportion of facilities that reported taking 1-30 days to fill a position.

Figure 4. Number of days to fill DRC positions (n=223)

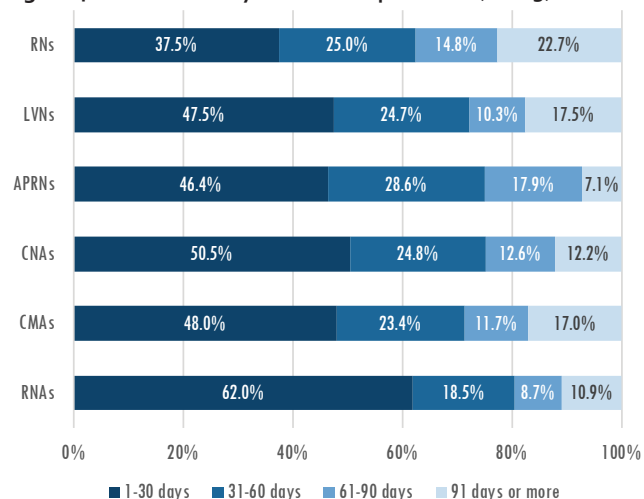


Figure 5 displays the median wages for entry-level and experienced staff, while Table 4 displays the range of wages for staff.

- The median hourly wages at the national level for staff working in skilled nursing facilities are \$38.37 for RNs, \$29.80 for LVNs, and \$18.16 for nursing assistants.⁵
- Compared to the median wages reported in the 2022 LTCNSS, wages for all staff types and experience levels have increased.

Table 4. Hourly wage range by experience level and staff type

	Entry-level wage			Experienced wage		
	n	Minimum	Maximum	n	Minimum	Maximum
RNs - DRC	171	\$23.00	\$52.88	184	\$30.00	\$57.53
RNs - Admin	162	\$25.00	\$62.50	159	\$32.00	\$75.00
LVNs - DRC	188	\$18.00	\$34.00	185	\$23.50	\$45.86
LVNs - Admin	147	\$20.00	\$45.00	152	\$25.00	\$45.00
APRNs - DRC	3	\$18.00	\$45.00	10	\$53.00	\$53.00
APRNs - Admin	2	\$36.00	\$45.00	9	\$36.00	\$53.00
CNAs	185	\$10.00	\$20.00	188	\$11.75	\$25.50
CMAs	150	\$12.00	\$22.96	163	\$14.00	\$25.00
RNAs	94	\$12.00	\$24.00	110	\$13.65	\$26.50

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 of staff employed at the facility for one year or longer compared to the median number of staff employed on average in 2023.

- 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.

Figure 5. Median hourly wage, experience level by staff type

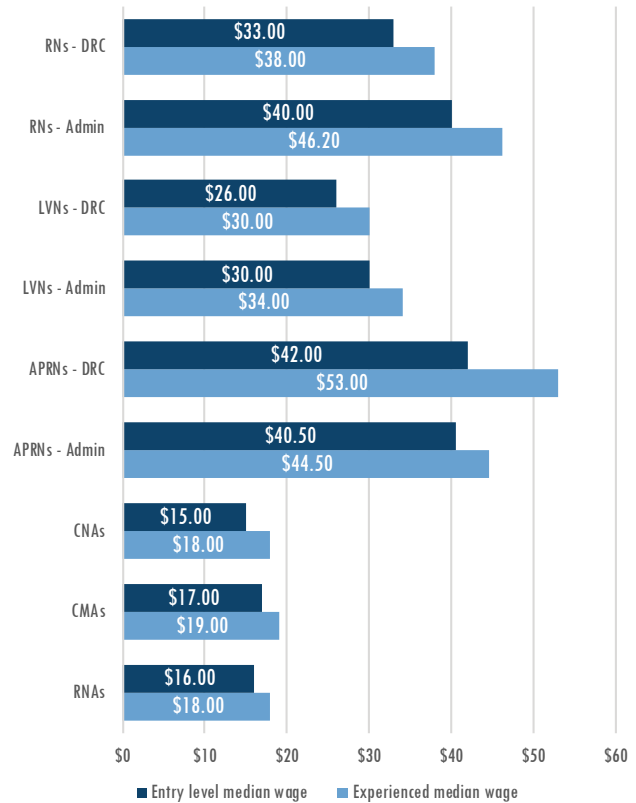


Table 5. Median number of staff employed at facility, by staff type

	n	Median number of staff employed one year or longer	Median number of staff employed in 2023
RNs - DRC	174	2.0	3.5
RNs - Admin	186	1.0	2.0
LVNs - DRC	185	6.0	11.0
LVNs - Admin	169	2.0	2.0
APRNs - DRC	7	2.0	3.0
APRNs - Admin	2	1.0	0.0
CNAs	192	11.0	20.0
CMAs	149	2.0	4.0
RNAs	95	1.0	1.0

Note: n=number of respondents to both questions. Average number of employees are based on headcounts as of January 1, 2023 and December 31, 2023. 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 February 5, 2024 to June 28, 2024, so these numbers are not directly comparable.



Summary of Highlights

- CNAs were the most common staff type employed in long term care settings in Texas followed by DRC LVNs.
- DRC RNs represented 7.2% of direct care staff.
- 56.2% of participating facilities reported they would need more RNs in the next two years and 87.5% of facilities said they would need more CNAs.
- DRC RN positions were reported to take the longest average number of days to fill.
- Paid time off, employee recognition programs, and offering health insurance, 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.

³Bureau of Labor Statistics. (May 2023.) Occupational employment and wage statistics. Retrieved from: <https://data.bls.gov/oes/#/occInd/One%20occupation%20for%20multiple%20industries>

