

## American Health Care Association 2012 Staffing Report

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Skilled nursing care centers take care of individuals who need short-term rehabilitation care after an acute care episode and those who need long-term care. The acuity of these individuals has steadily increased over the years, leading to a greater level of dependence (AHCA Quality Report, 2013). Skilled nursing care centers employ registered nurses (RNs), licensed practical nurses (LPNs), nurses with administrative duties (ARNs), nurse practitioners, certified nursing assistants (CNAs), therapists, housekeeping staff, dietary staff, social services staff, and administrative staff to take care of individuals and meet their needs and preferences. Centers employed a total of 1,662,910 individuals in 2012, according to the United States Department of Labor. Direct care staff (RNs, LPNs, and CNAs) make up the largest proportion of staff in nursing centers.

Over the years, numerous studies have explored the connection between skilled nursing staffing, particularly direct care staffing, and quality of care provided. The results of these studies have been disparate due to varying sample sizes, risk adjustments, quality indicators utilized and calculations. Nonetheless, the majority of the evidence supports an association between staffing levels and quality in skilled nursing care centers. A study by Nicholas Castle and John Engberg found that higher levels of RN staffing are positively associated with quality (2007). They also found that high rates of CNA stability correspond with high overall quality in seven out of 11 quality measures that reflect care for the long-stay population.

Staffing turnover has been examined extensively for its association with quality. Research has demonstrated that turnover less than 30 percent per year among RNs and less than 40 percent among CNAs was associated with better quality (Castle, Engberg & Men, 2007). A 2011 study conducted by Castle and Castle and Ruth Anderson (2011), using longitudinal analysis, was also able to show that favorable staffing improves quality of care. Very few studies have looked at the relative contribution of staffing levels versus staffing turnover with quality of care. Castle and Engberg (2005) found that staffing turnover has a stronger association with quality than staffing levels. These findings of positive correlations between staffing characteristics and quality make it important to assess staffing turnover and retention in skilled nursing care centers.

To evaluate the state of staffing stability in centers, the American Health Care Association (AHCA) conducts an annual staffing survey to collect data on staff turnover, retention, and vacancy rates in both AHCA member and non-member skilled nursing centers nationwide. The most recent survey, *2012 AHCA Nursing Care Center Staffing Survey*, was conducted in 2013 to assess these metrics for the calendar year 2012. The survey was initiated in March 2013 and concluded in May 2013. For the 2012 survey, the proportion of centers that submitted and had valid responses was 26.6 percent. This represented a 10.9 percent increase in the proportion of valid responses from 24.0 percent in

the previous year. The calculations for turnover, retention, and vacancy rates used to analyze the survey results are presented in Figure 1. Summary results on the median rates for these metrics are discussed below. The median rate is reported for each rather than the mean because the data are not normally distributed. Note that the results of this *2012 AHCA Nursing Care Center Staffing Survey* cannot be directly compared to the results of prior published AHCA staffing surveys that reported mean (or average) survey results.

More information on the survey methods and a copy of the survey instrument can be found at [www.ahcancal.org/research\\_data/staffing](http://www.ahcancal.org/research_data/staffing).

### **Figure 1. Calculations**

$$\text{Turnover} = \frac{\text{Number of terminations (voluntary or involuntary) in the calendar year}}{\text{Total number of current employees at the end of the calendar year}}$$

$$\text{Retention} = \frac{\text{Total number of employees who have worked in the SNCC for 12 months or longer}}{\text{Total number of current employees at the end of the calendar year}}$$

$$\text{Vacancy} = \frac{\text{Number of vacant positions at the end of the calendar year}}{\text{Total number of current employees and vacant positions at the end of the calendar year}}$$

### **Turnover**

Turnover is one of the key measures of skilled nursing care centers' staff stability. High rates of turnover not only are associated with poorer quality of care but they are also linked to increased costs for centers. These costs include both direct and indirect costs. Recruitment and training of new staff, overtime for remaining staff, and use of temporary staff all contribute to the direct costs; whereas, the indirect costs result from reduction in productivity and morale (Scanlon, 2001). AHCA provides a [calculator](#) for AHCA member skilled nursing centers to estimate the costs associated with turnover in their center.

In 2012, the median turnover rate for all employees in America's skilled nursing care centers was 43.9 percent. Among direct care staff and specifically, RNs, the median turnover rate was 50 percent. Among direct care staff, CNAs had the largest median turnover at 51.5 percent and LPNs/LVNs had the lowest at 36.4 percent. Median turnover rates increased in all direct care staff categories from 2011. The largest relative change occurred among RNs with an 11.1 percent increase in turnover, and the smallest was among CNAs with a 2.6 percent increase in turnover (Table 1).

The cause for the increase in turnover from 2011 to 2012 is unclear. It can be hypothesized that the particularly high increase in turnover for RNs is a result of RNs moving from positions in skilled nursing care centers to hospitals. In the last few years, hospitals have increased the hiring of RNs and traditionally pay higher salaries. Another reason for the increase in turnover could be the improving economy. Historically, when the economy is growing and unemployment rates are decreasing, turnover is higher because people have increased job opportunities.

**Table 1. Median Turnover Rates Among Skilled Nursing Care Center Employees**

	2012 Median Turnover Rate	Percent Change from 2011
All Employees	43.9%	5.7%
Direct Care Staff	50.0%	6.0%
RNs	50.0%	11.1%
LPNs/LVNs	36.4%	7.5%
CNAs	51.5%	2.6%

## Retention

Retention is the second key measure of staff stability. Individuals being cared for in skilled nursing care centers are most comfortable with staff members who they know. Additionally, these staff members are better able to respond to the needs of the persons they are caring for as they become more familiar with their patients, more perceptive to small changes in health status and behavior, and are better able to anticipate needs. When staff satisfaction is high, traditionally, retention is correspondingly high. High retention also further improves staff satisfaction and contributes to further reducing turnover (Advancing Excellence, 2014).

In 2012, the median retention rate for all employees in America's skilled nursing care centers was 72.3 percent. Direct care staff had a median retention rate of 68.9 percent. Among direct care staff, LPNs/LVNs had the highest median retention at 75.0 percent. Retention rates for all employees decreased by 1.9 percent from the previous year while total direct care staff retention rates decreased by 2.1 percent (Table 2).

**Table 2. Median Retention Rates Among Skilled Nursing Care Center Employees**

	2012 Median Retention Rate	Percent Change from 2011
All Employees	72.3%	-1.9%
Direct Care Staff	68.9%	-2.1%
RNs	66.7%	0.0%
LPNs/LVNs	75.0%	-2.2%
CNAs	68.3%	-2.0%

## Vacancy

In 2012, approximately 70,000 direct care staff positions were vacant in America’s skilled nursing care centers. This reflects a 16.8 percent increase in vacant positions from 2010.<sup>1</sup> Of concern is the finding that nearly 10,000 RN positions were vacant at the end of 2012, a 21.0 percent increase from 2010, when vacancy data were last collected. The increased RN vacancy could be attributed to the national shortage in nurses. Reasons for this shortage include the retirement of aging RNs, lower job satisfaction, and availability of alternate career choices (Mion, 2003).

**Table 3. Vacancy in Skilled Nursing Care Center Direct Care Staff Positions**

	Vacant Positions in 2012	Total Percent Change from 2010 to 2012
<b>Direct Care Staff</b>	70,000	16.8%
<b>RNs</b>	9,800	21.0%
<b>LPNs/LVNs</b>	12,900	13.2%
<b>CNAs</b>	47,300	17.0%

## Improving Staff Stability

The increase in turnover and vacancy rates and the decrease in retention rates demonstrate a need for additional focus on staff stability in America’s skilled nursing care centers. The road to changing the direction of these metrics is difficult in that there is no clear single cause driving the increases; rather, they result from a complex set of interrelated factors. Yet, organizations such as the American Health Care Association (AHCA) and the Advancing Excellence in America’s Nursing Homes campaign are committed to and actively working to support nursing centers across the country increase staff stability. Reducing turnover 15 percent among direct care staff by March 2015 is one of the four [AHCA Quality Initiative](#) goals. To help members achieve this goal, AHCA has made a number of resources available on the [Staff Stability webpage](#). [Advancing Excellence](#) also offers participants of the campaign many resources to improve staff stability.

<sup>1</sup> The annual *AHCA Staffing Survey* only assesses vacancy every other year because collecting vacancy information is burdensome on providers.

## References

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