



High Quality LNA Study Results

Prepared for Vermont's
Skilled Nursing Facilities

by Vermont Health Care
Association

In partnership with
Vermont Business
Roundtable Education &
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Executive Summary

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Vermont's skilled nursing facilities (SNFs) face urgent challenges in recruiting and retaining Licensed Nursing Assistants (LNAs), the frontline caregivers delivering high-quality care for Vermont's long-term or rehabilitation services. In response, the **Vermont Health Care Association** (VHCA), in partnership with the **Vermont Business Roundtable Research and Education Foundation** (VBR Foundation), launched a statewide study to better understand what drives LNA recruitment, satisfaction, and retention.

Funded by the Department of Disabilities, Aging, and Independent Living, this research focuses on the voices of Vermont's *high-performing* LNAs. The study methodology included surveys and interviews with LNAs who had been employed at their SNF for at minimum one year, and who were consistently identified as high performers in their role. This study captures their insights, motivations, and experiences, offering a roadmap for stabilizing and strengthening the LNA workforce. Findings include:

- **High Job Satisfaction**
LNAs consistently reported strong satisfaction in their roles, driven by the meaningful relationships they build with residents and the impact they have on daily care.
- **Gaps in Recognition**
Despite valuing recognition, few LNAs experienced formal acknowledgment of their contributions, an opportunity area for employers to boost morale and retention.
- **Staffing Challenges**
Persistent staffing shortages and turnover issues were the primary sources of dissatisfaction, impacting both workload and team dynamics.
- **Employer-Sponsored Training**
Employer-paid training pathways open doors to LNA careers and dramatically increase retention. This reflects a shift from earlier generations, which may have pursued independent training and incurred personal debt.
- **Personal Network Influence**
Most LNAs entered the field through the encouragement of family and friends, emphasizing the power of trusted relationships in healthcare recruitment.

This report provides a deeper understanding of Vermont's LNA workforce at a pivotal moment. It shares best practices, lessons learned, and actionable recommendations for providers, policymakers, and industry leaders seeking to rebuild and grow a resilient, committed LNA workforce.

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1. Why Skilled Nursing Facilities Matter

Skilled Nursing Facilities (SNFs) are a critical link in Vermont’s healthcare system. They provide essential long-term and rehabilitative care that allows hospitals to discharge patients safely and maintain critical capacity. When SNFs experience staffing shortages, particularly among Licensed Nursing Assistants (LNAs), hospitals face longer patient stays, delayed discharges, strained emergency room capacity and higher costs.

Strengthening the LNA workforce in SNFs is not just a long-term care issue — it is essential to the stability of Vermont’s entire healthcare ecosystem. Investing in SNF workforce ensures that care can continue across the full healthcare continuum, from acute hospital care to community-based services, safeguarding quality outcomes for Vermonters.

2. Purpose of the Study

In 2024, the Vermont Legislature appropriated funding to the Department of Disabilities, Aging, and Independent Living (DAIL) to support development of the Licensed Nursing Assistant (LNA) workforce in Vermont. In preparation for distributing this funding, the Vermont Health Care Association (VHCA) did an initial analysis of the LNA workforce in skilled nursing facilities (SNFs), including review of existing data and a survey of SNF provider priorities in this area.

The Centers for Medicare & Medicaid Services (CMS) collect detailed payroll data from nursing homes. This data showed that Vermont had shifted dramatically towards utilizing temporary, or “agency”, nursing staff for LNAs during the COVID-19 public health emergency. While many states experienced sharp shortages (and subsequent reliance on temporary staff) in 2020, most had largely recovered permanent staff in the LNA role by fall of 2024. Vermont, by contrast, continued a high dependence on agency LNAs. Vermont SNF payroll data showed 31% of LNA working hours were provided by agency staff, compared to the national average of only 7%. Additionally, individual facility data show large fluctuations as employers recover staffing then fall behind again, even while the statewide average remains consistent. These patterns suggest an absolute worker shortage. Estimates from CMS in 2024 calculated Vermont would need to add 523 new FTE in LNA positions in the next two years to be fully staffed.

Another data set for measuring LNA access is the Medicaid cost reports, which show how much facilities pay to meet their staffing obligations. Because SNFs offer long-term residential care, they have limited flexibility to adjust the number of residents served based on workforce availability. This dynamic can drive up costs as providers secure LNAs to cover staffing gaps for people currently in their care. By the end of 2022 (the most recent data available at the time of preliminary analysis) the cost of agency nurses in SNFs was more than half of total nursing staff costs, totaling \$67 million.

Agency LNA contracts are typically 13 weeks in duration and may be extended several times at one location. However, it is prohibitively expensive to buy out most agency contracts to bring a temporary worker on as full-time permanent staff. Meanwhile, administrators expressed through surveys that their previous tactics for LNA recruitment and retention outside of the agency pipeline were no longer succeeding. This situation has led to persistent reliance on agency coverage. Feedback from providers both in Vermont and nationally, suggest that pathways into LNA work at SNFs have shifted compared to the landscape prior to 2020. This study takes a step toward updating our common understanding of these recruitment channels.

This study's purpose is to better understand recruitment and retention pathways in skilled nursing facilities. The findings provide a foundation for targeted strategies to rebuild the LNA workforce and improve long-term recruitment, staffing and the overall quality of patient care, while offering best practices and recommendations for training and retention.

3. Methodology

This study utilizes a mixed-methods approach to gain a comprehensive understanding of the factors affecting LNA recruitment and retention in Vermont's Skilled Nursing Facilities (SNFs). The research focuses on "high quality LNAs" who have worked in SNFs for a year or more. The study includes:

- 14 Vermont skilled nursing facilities, out of a total of 34 invited provided lists of their high-quality LNAs. These LNAs were defined by SNF leadership as those who have been employed for over one year and are consistently recognized as high performers in patient care, reliability, and professionalism.
- These fourteen SNF employers identified 125 high-quality LNAs who met their criteria for high-performing excellence in quality care.
- Interviews and surveys were conducted by VBR staff with 58 of these LNAs, offering direct insights into job experiences, satisfaction and retention.
- Confidential data collection was conducted by the VBR Research and Education Foundation with support from healthcare administrators. Additional support from the Vermont Health Care Association staff helped to identify peer leadership, common themes, and challenges in the LNA workforce.
- The analysis includes recruitment and retention factors, including demographic, educational, employment, wage, career advancement, and workplace culture trends.

4. High-Quality LNA Demographics

a. Defining a High-Quality LNA

A high-quality LNA has worked in a Skilled Nursing Facility for over one year and consistently demonstrates strong performance, reliability, and person-centered care.

b. Tenure

The average tenure of high-quality LNAs at their current workplace is 6.16 years.

c. Gender

- 93% are Women
- 5% are Male
- 2% Prefer not to say

d. Race

- 87.1% are white
- 12.9% are non-white (Asian, Indian, Black)

e. Age

The average age for high-quality LNAs is 35.5, and the most common age range is between 27.8 and 37.6 years old. The youngest LNA identified in the study was 18 years old, while the oldest was 67 years.

Retention trends suggest that older employees stay longer due to flexible scheduling and workplace accommodations, whereas younger LNAs require clearer career growth pathways, mentorship, and competitive wages to remain in the workforce. Most mid-career LNAs value the LNA work-life balance, such as raising children, and are seeking skill-building opportunities within the role but do not have time to devote to upskilling for degrees outside of working hours.

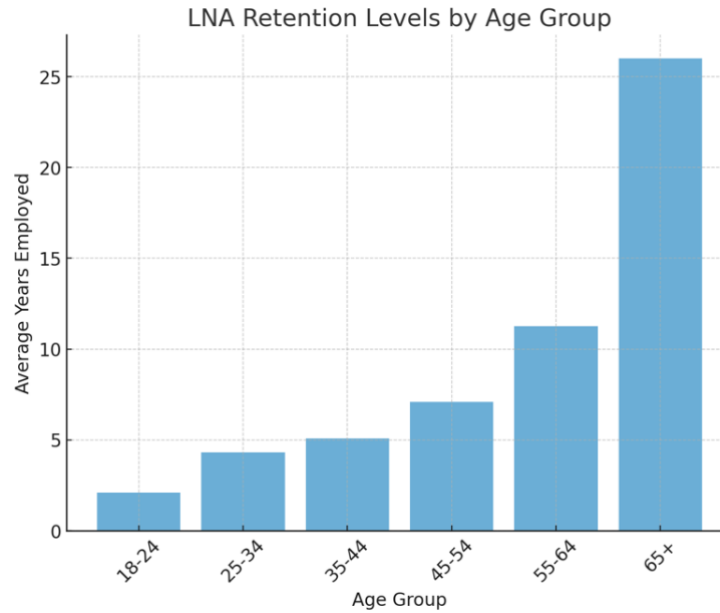


Figure 1: Average number of years of employment by age

f. Highest Level of Formal Education

Among high-quality LNAs, 65% hold a high school diploma or GED as their highest level of formal education. An additional 35% have completed some college coursework, and 10% have earned a degree, either at the associate or bachelor’s level. These figures reflect the accessibility of the LNA role while also highlighting opportunities to support continued education and career advancement within the healthcare field.

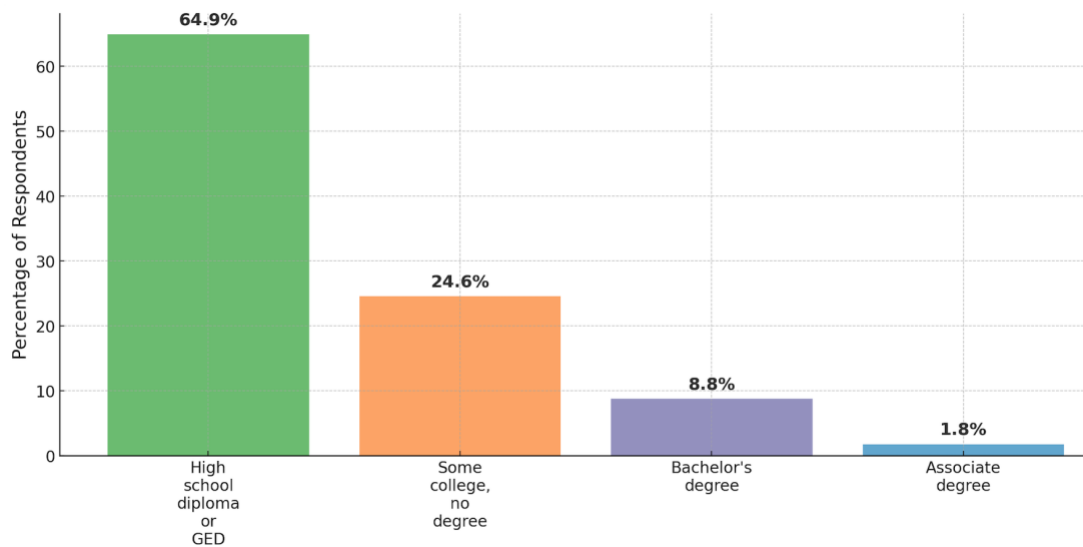


Figure 2: Percent of Responses indicating the highest level of formal education

g. Pay

The self-reported hourly wage for high-quality LNAs ranged from a low of \$18.00 to a high of \$34.37.

These self-reported LNA wages fall within the AHCA wage data provided from government sources as seen below for Vermont, New England, and the United States. Unlike the self-reported sample of high-quality LNAs, the AHCA data is drawn from mandatory quarterly reports submitted by each facility, providing a more comprehensive and accurate representation of LNA wages across the full workforce. The expanded data set also allows comparison to agency bill rates.

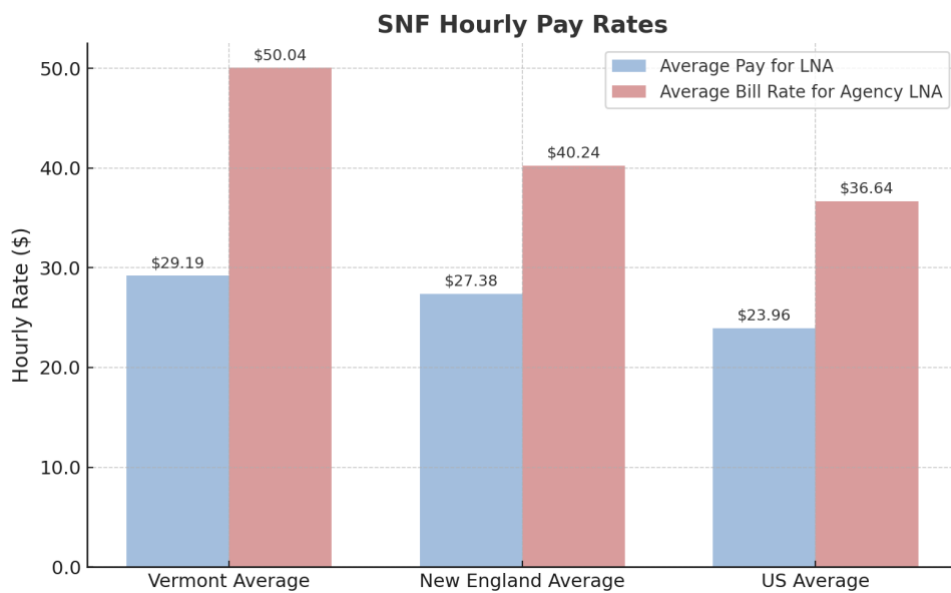


Figure 3: Average LNA pay rates for Vermont, New England and the United States as compared with the Average Bill Rates for each. Data provided by American Health Care Association using CMS databases, as of November 2024.

5. Education & Training

a. Training Source

Training trends indicate that among younger high-quality LNAs, particularly those between 18-49 years old, 82% received employer-sponsored LNA training. In contrast, those above 50 years old were more likely to have paid for their education out-of-pocket, taken a loan, or participated in a publicly funded program.

Restrictions from the Centers for Medicare & Medicaid Services (CMS) pose a significant challenge for skilled nursing facilities (SNFs) who offer LNA training for their employees. Even a relatively low-level fine, which may be unrelated to nursing staff, can result in a two-year training program suspension. This has lasting effects on workforce recruitment – some SNF administrators described the aftereffects lasting a decade and sometimes longer. In Vermont, VHCA and SNF employers have worked to access waivers for employers to continue to serve as training sites, when possible, but administrators report the statutory bans continue to present barriers.

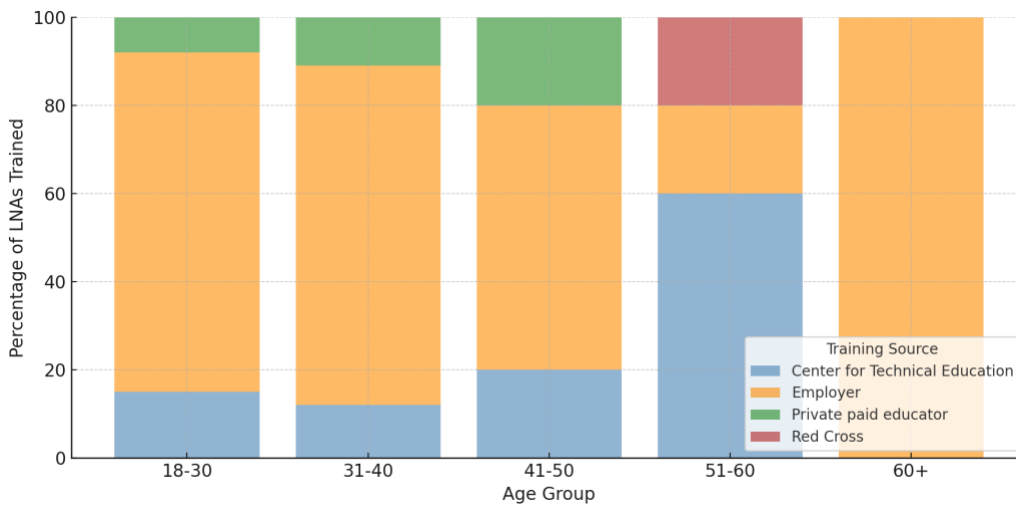


Figure 4: Percent of response for training source by age group

b. Training Funding Source

LNAs were trained at a mix of healthcare facilities and educational institutions, with employer-sponsored training being the most common funding method.

- 75-82% of high-quality LNAs between 18-40 had their education paid for by their employer.
- 40–60-year-olds were more likely to have paid for their own education, taken a loan or were part of a publicly funded training program like a CTE.

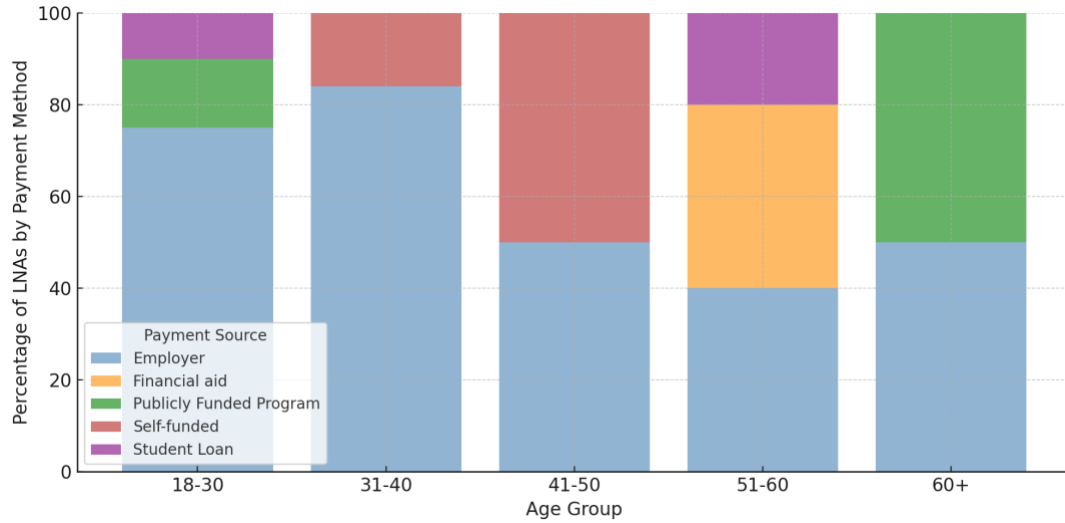


Figure 5: Percent of response for LNA training payment source by age group

Further, we examined the year each high-quality LNA was trained (see below) and found that employer-paid training following hire has become more common over time. As a percentage of overall hiring, the number of LNAs coming from publicly funded programs is less significant today than it was a generation ago.

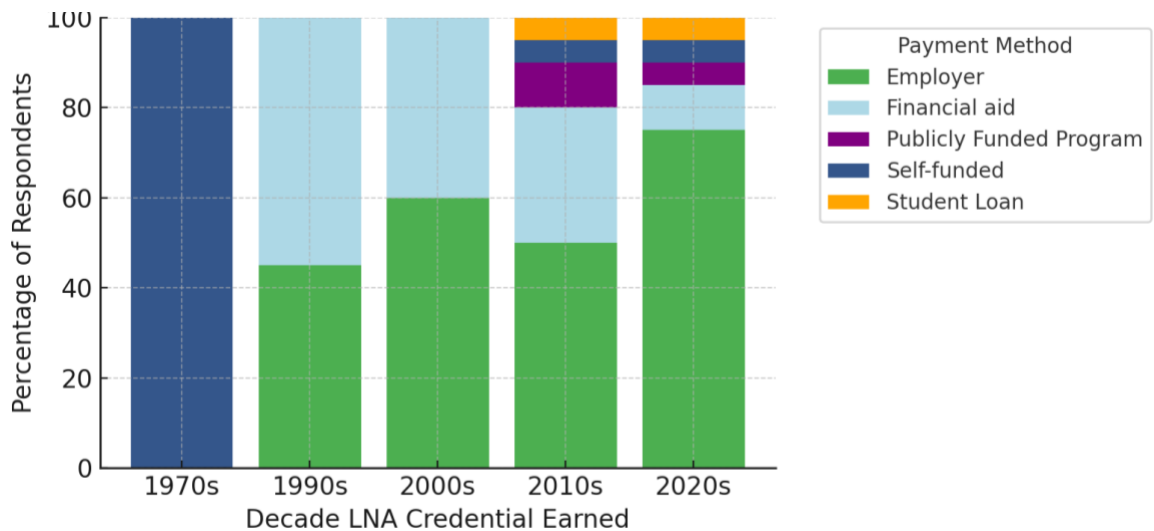


Figure 6: percent of respondents by training payment source in decade the LNA credential was earned

c. Retention and Training/Funding Source

Average retention for LNAs receiving employer paid education is the longest at 6.4 years. Public and self-funded programs retain LNAs for an average of 4.1 years, whereas student loan paid LNA training tends to yield the lowest retention at less than 2 years. This indicates that the financial burden of a loan may increase staff turnover.

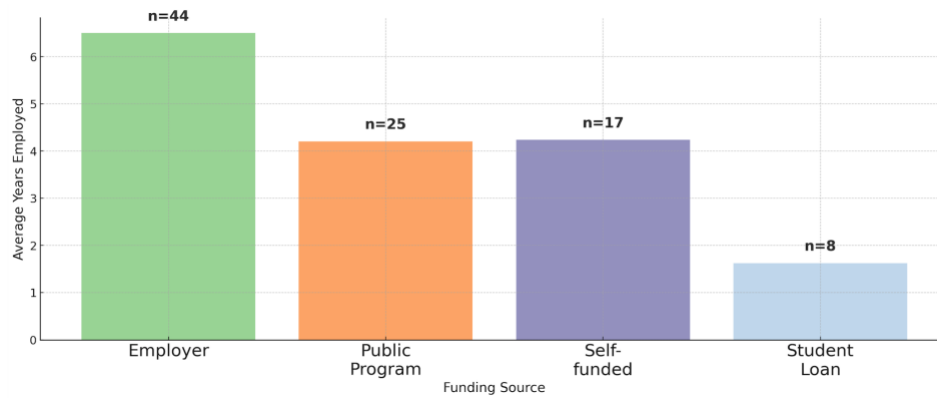


Figure 7: Average number of years retained as an LNA by training funding source.

6. Regionality

Geographically, Vermont counties with strong employer support for training tend to have higher retention rates. These higher retention rates for employer-funded training suggest that employer training investment yields long-term workforce stability. Counties with lower employer-funded training make it harder for LNAs to train or advance in healthcare careers. The average commute to work for high-quality LNAs is reported at 22 minutes.

a. County and Retention

Counties with low retention rates may result from a lack structured LNA training, career development, workplace recognition, and employer-driven retention policies. In these areas, LNAs reported limited access to training and few incentives for long-term commitment.

The five-year retention rate by county for employer funded training is as follows – note that Rutland County’s high number of high-quality LNA respondents may have impacted its overall retention rate.

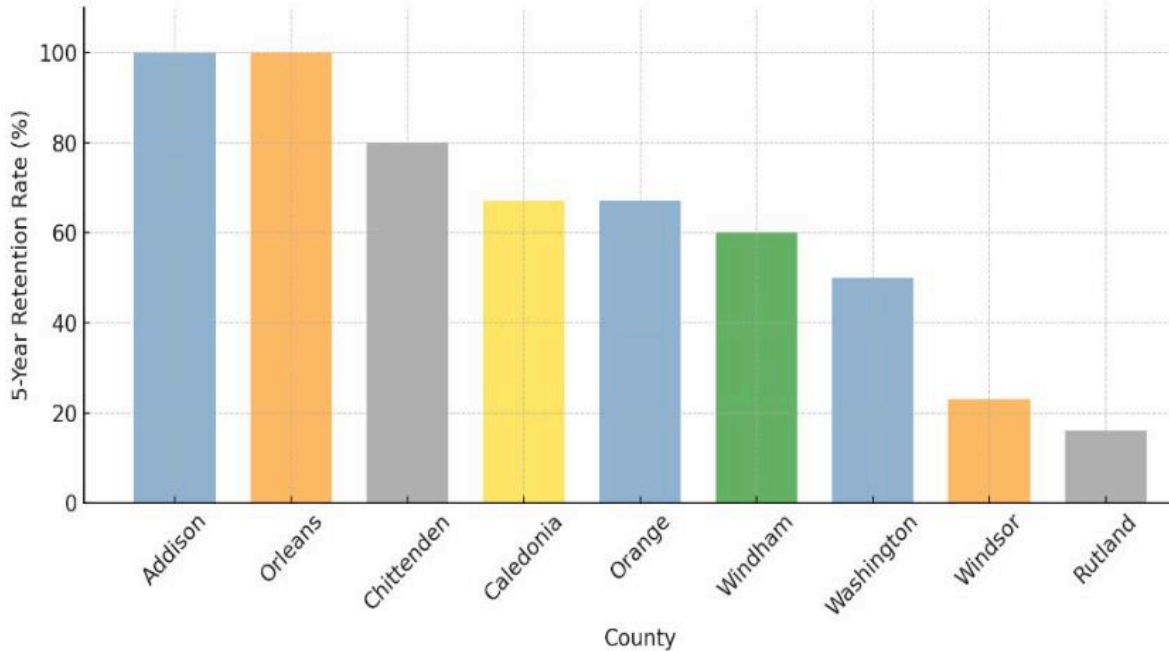


Figure 8: five-year retention rate by county employed.

b. County and Age

The average age of high-quality LNAs varies by region, with Caledonia and Chittenden Counties having the oldest high quality LNA workforce. While Chittenden has one of Vermont’s largest and most active labor pools, Caledonia is smaller and more rural. This contrast suggests that strong retention among high-quality LNAs may be driven more by workplace culture, satisfaction, or community connection than by job availability alone.

In comparison, counties with smaller labor forces and lower unemployment rates, including Orange, Addison, and Windsor, tend to have a younger group of high-quality LNAs. These areas may offer more flexible or dynamic entry points into healthcare, attracting younger workers early in their careers. Together, these patterns highlight how both local labor conditions and workplace experiences shape who enters and stays in the LNA workforce.

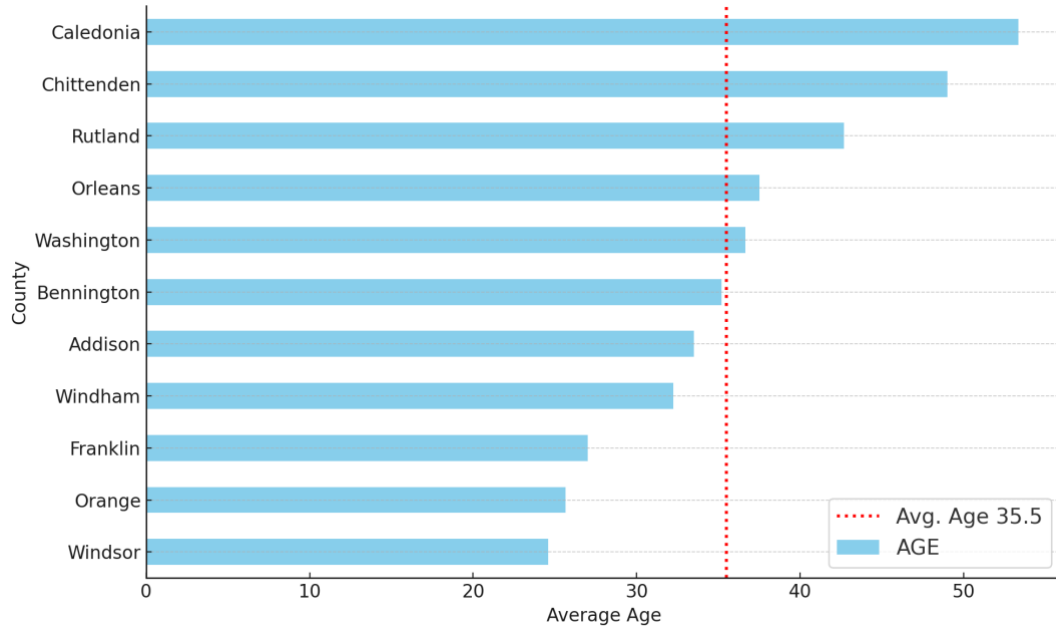


Figure 9: Average age of high quality LNA by county employed.

7. Employment Experience

a. Previous Employment

- 50% of LNAs surveyed worked as an LNA at a different healthcare organization before their current employment.
- 25% of High-quality LNAs surveyed transitioned from healthcare adjacent roles, such as caregiver and home health aide roles, which align with patient care. Eldercare and activities aides, and residential or boarding home assistants are common healthcare feeder roles.
- Other industries that LNAs transitioned from included: hospitality including food service, retail associates and early education jobs.

b. Motivations for Becoming an LNA

LNAs often enter the field through personal connections or practical opportunities. Those include having a family member who worked as an LNA, the convenience of job location, caring for a loved one, or interest in gaining experience before nursing school. These findings highlight the value of accessible entry points, family influence, and early exposure in building Vermont’s healthcare workforce.

- 26.1% were influenced by family members or mentors (most frequently the influencers mentioned were mothers).
- 15% were inspired by caring for a family member.

- 15% chose the job based on proximity of the facility, salary, or other practical factors.
- 15% sought experience before entering nursing school.
- 10% participated in a high school or tech center program.
- 7% sought employment after immigrating to the U.S

High school programs play a role in raising awareness of LNA career paths, but their impact appears to vary by generation. Among respondents aged 18–24, only 12.5% cited high school as a source of LNA awareness or preparation. In contrast, 66% of those aged 35–44 mentioned learning about the LNA role during high school. These findings suggest a need to strengthen high school career exploration efforts for the next generation of students to become informed and inspired to pursue healthcare pathways.

SNF’s that offer flexible scheduling options appeal to LNAs preparing for or taking classes in PN or RN nursing education. LNA jobs provide exposure to the medical field, frequently with flexibility to work around class schedules.

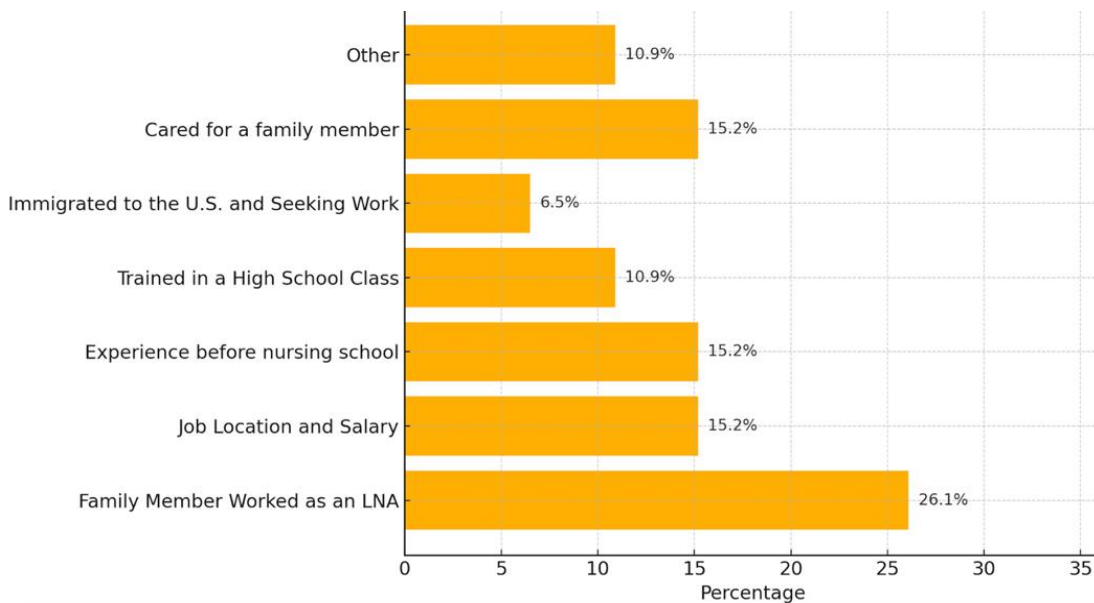


Figure 10: Motivations for becoming an LNA percentage.

c. Career Aspirations

The aspirations of LNAs highlight the importance of supporting multiple pathways: from lifelong caregiving roles to upward mobility through flexible, affordable, and accessible training and credentialing opportunities.

LNAs express a wide range of career goals, reflecting both ambition and personal fulfillment. Many aspire to advance into roles such as Licensed Practical Nurse (LPN) or Registered Nurse (RN), with some actively enrolled in coursework or planning to return to school when family or financial circumstances allow. Others are interested in healthcare related fields like phlebotomy, medication technician roles, or allied health programs.

A significant number of LNAs—both younger or more experienced—find deep satisfaction in their current role. Nearly half of respondents did not have a current plan to move on from the LNA role. They value the close relationships they build with residents, the consistency of their schedules, and the ability to make a meaningful impact through hands-on care. For these individuals, the LNA role is not just a starting point but a career they are proud to stay in. For this reason, opportunities within the LNA field are important, such as including a "senior" or "LNA 2" level promotion, a formal mentor role for incoming LNAs, and a Medication Nursing Assistant license, giving the autonomy to pass medications.

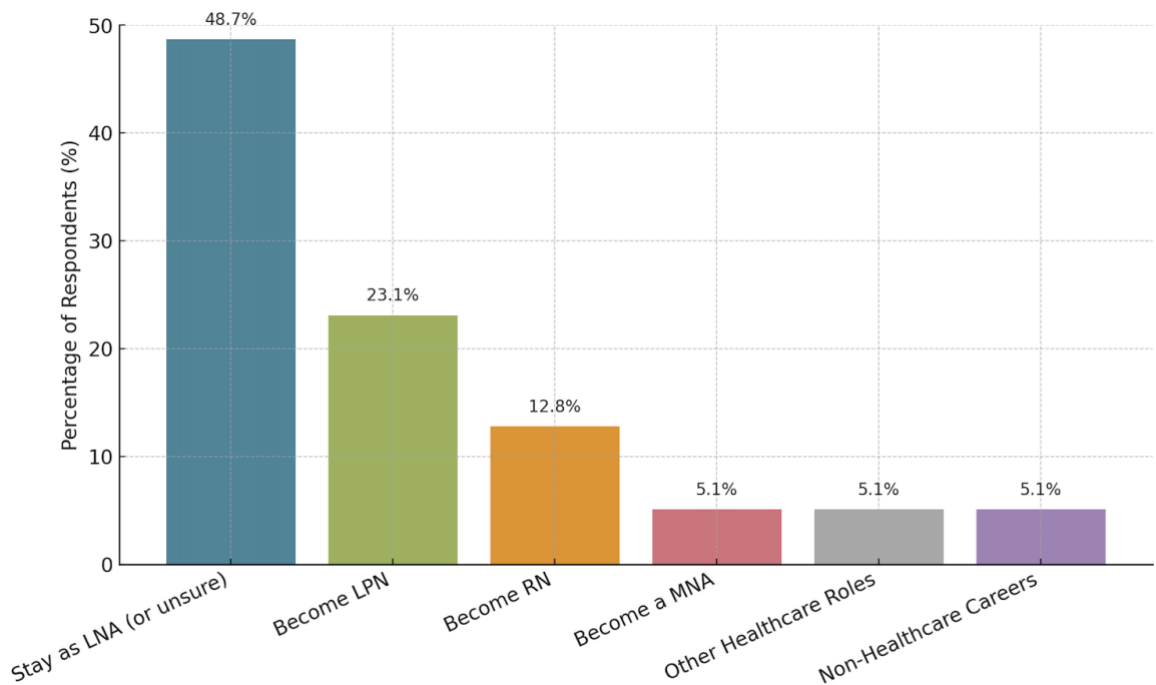


Figure 11: Career Aspirations identified by percentage.

i. Aspirations and Retention

High-quality LNA retention is driven by a combination of job satisfaction factors: competitive wages, career growth, training opportunities, and flexible scheduling. LNAs in workplaces with strong employer communication and structured training programs report higher job satisfaction. While many LNAs aspire to become LPNs and RNs, others find stability and lasting fulfillment as LNAs.

Some LNAs see the LPN as the next achievable step with a manageable training commitment. In Vermont, LPNs earn about 30% more than LNAs and can do more for patients in their care. This appeals to those with deep patient relationships who want to have more impact. These LNAs feel loyalty to their workplace and want to grow in place, particularly if their employer supports the funding of LPN training.

“I want to become and LPN because I already help these residents every day – I want to do more for them and grow professionally.”

ii. Aspirations and Age

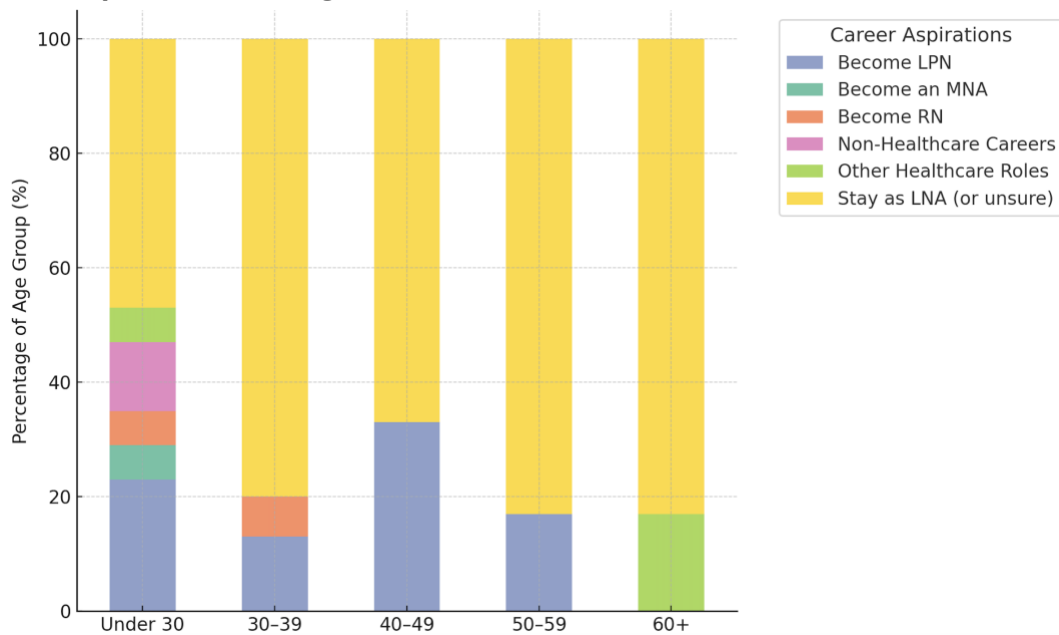


Figure 12: Career Aspirations by age group percentage.

- Younger LNAs (18-30) are more likely to pursue career advancement (LPN, RN).
- Mid-career LNAs (31-50) show a mix of staying in LNA roles and moving into skilled nursing.
- Older LNAs (51+) express stability, though some consider administrative roles that are less physically demanding.

d. Additional Training Completed

100% of high-quality LNAs participated in additional training beyond LNA certification, offered by their employer. Respondents were primarily reflecting on

elective training in their responses, as only 6.4% of LNAs characterized the additional training as mandatory.

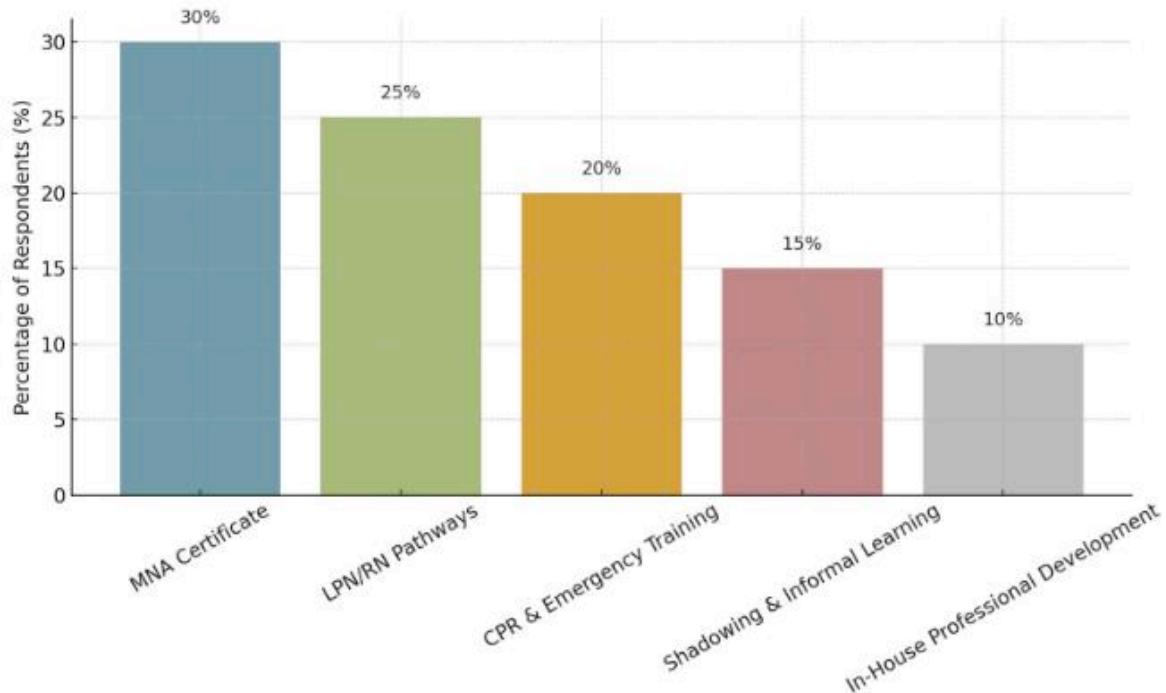


Figure 13: Additional Training reportedly earned at employer facility by LNAs.

e. Employment Status

The majority of High-quality LNAs work full time in 3-5 shifts per week, depending on shift length. Some LNAs reported flexibility to pick up a shift while in school. And 18% worked overtime. At least one SNF has implemented mandatory overtime, which has reportedly led to some LNAs leaving their employment.

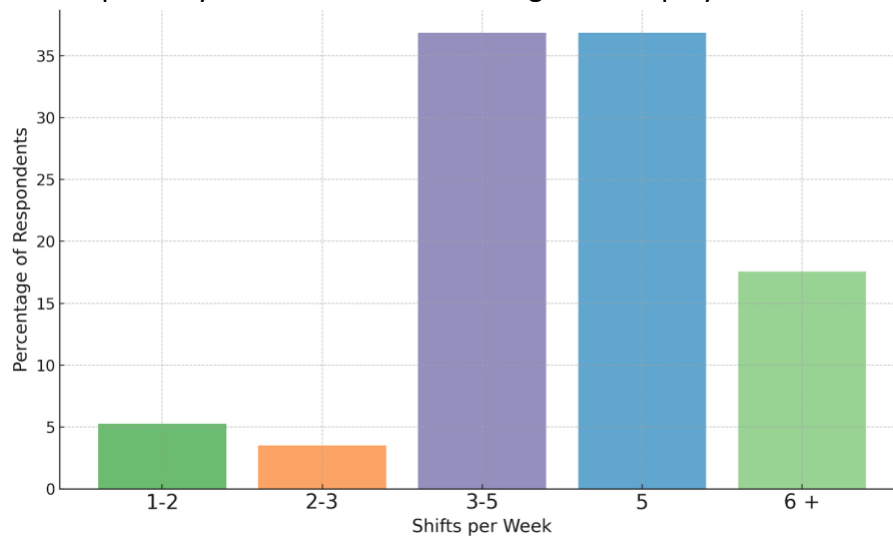


Figure 14: Number of shifts per week reported as a percent of all high-quality LNAs.

f. Shift Assignments

While most LNAs work the day shift, they all acknowledge the challenging nature of the shift, which involves coordinating three meals, resident therapies, personal care routines, and medical appointments. Night shift LNAs report a core staff helping to develop a calm preparedness for the daytime LNA staff, and some mentioned a strong sense of team camaraderie on the night shift.

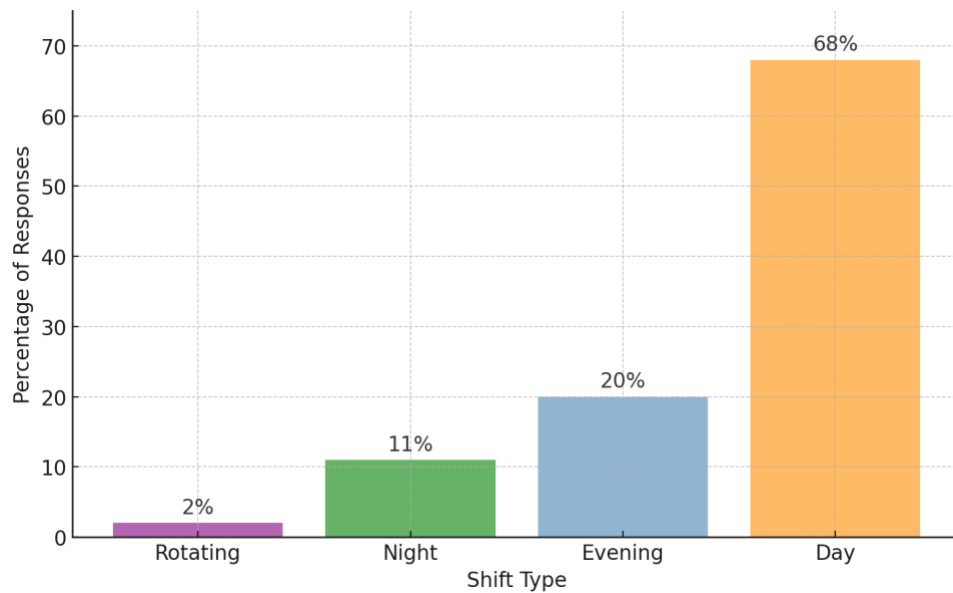


Figure 15: Type of shift (time of day) worked by high-quality LNAs as a percent.

8. Recruitment and Job Satisfaction

a. Recruitment Channels

47% of high-quality Licensed Nursing Assistants (LNAs) reported finding their job through a "referral by a family member or friend." Referral recruitment demonstrates strong effectiveness across all age demographics (as shown in the chart below). Examining the motivational sources behind these referrals shows different pathways into the LNA profession, including:

- High school vocational or healthcare-related classes
- Family members already employed in healthcare
- Exposure through experiences with Registered Nurses (RNs)
- Prior experience as Personal Care Assistants

These varied referral channels collectively create a robust word-of-mouth recruitment ecosystem for attracting high-quality LNA candidates.

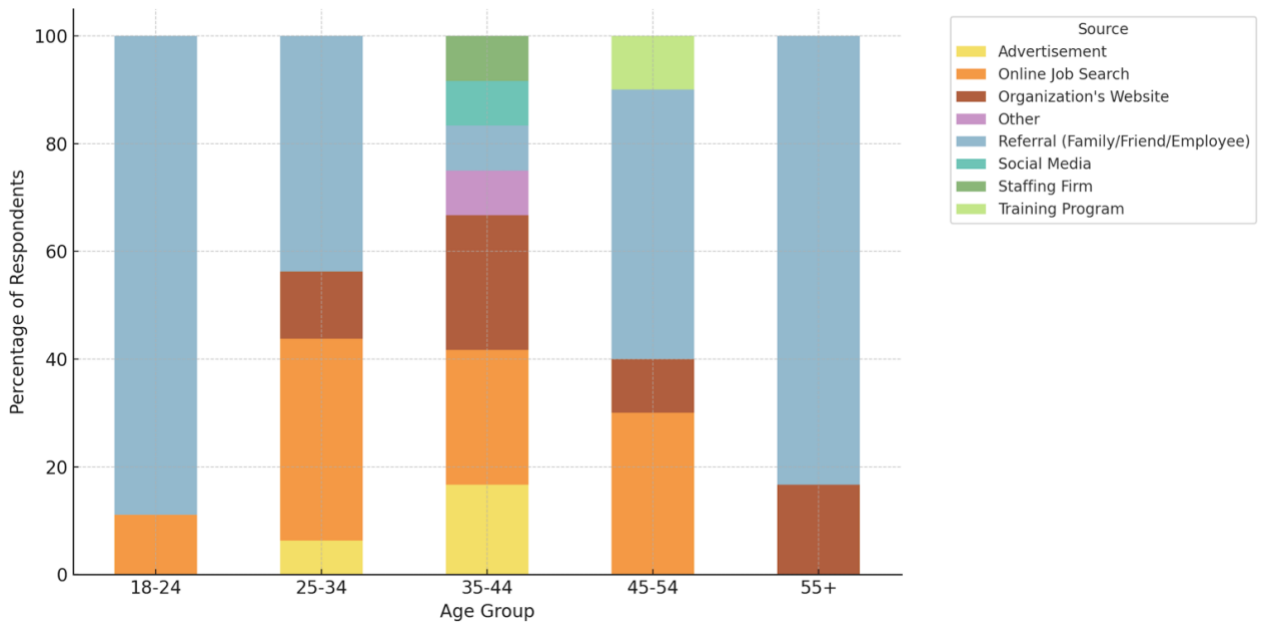


Figure 16: Recruitment source for high-quality LNAs as a percentage.

Online platforms play a significant role in LNA recruitment, with 44% of respondents reporting they found their job online. Among these, job search engines such as Indeed and ZipRecruiter were cited most frequently (14 mentions), while organization SNF websites were mentioned six times—all by respondents aged 34 and older. 35.7% of those who found their job online were under the age of 30, indicating that younger LNAs are actively engaging with digital job search tools,

particularly aggregated job boards. Training programs were not reported as a significant recruitment source across any age groups, even though they are important to underlying motivations to become an LNA. For LNAs ages 18-24, 88.9% mentioned *Referral* as their main recruitment source and did not report responding to any directed outreach by the employer.

b. Among the places an LNA might work, why did you choose an SNF?

Many LNAs opt for Skilled Nursing Facilities because they offer a more intimate and supportive environment compared to the fast-paced, high-pressure settings of hospitals or the isolated nature of home health and primary care. Respondents frequently mentioned that paid training opportunities, personal connections, and the chance to build lasting relationships with residents make SNFs uniquely rewarding. This familiarity and the community-oriented culture of SNFs set this work apart as the preferred choice for many LNAs.

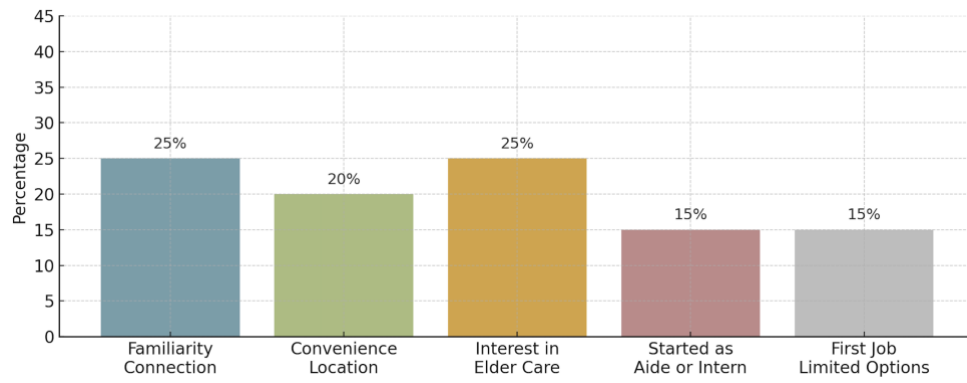


Figure 17: Reasons respondents chose to work at a Skilled Nursing Facility as opposed to in another healthcare organization.

c. Job Satisfaction

The majority of LNAs surveyed report a high level of job satisfaction, with over two-thirds indicating they are “very satisfied” in their current roles. Even among those who are not actively pursuing career advancement, LNAs find meaning and fulfillment in their work. These results suggest that while challenges exist, LNAs value the relationships they build, the care they provide, and the sense of purpose in their daily work.

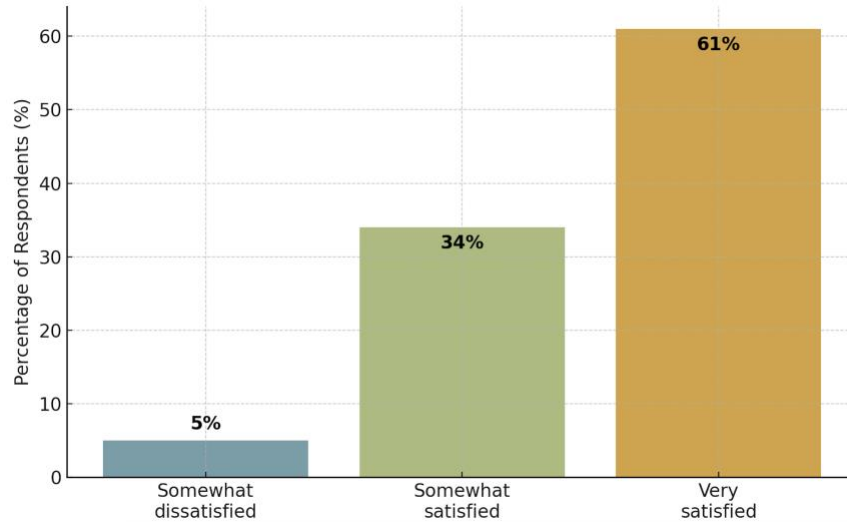


Figure 18: Percent of Job satisfaction reported by respondents. Note: no respondents chose “very dissatisfied.”

i. Job Satisfaction by Age

Satisfaction varied across age groups, with those between ages 31 and 59 reporting the highest satisfaction score (3.86 out of 4). Satisfaction remains stable for mid-career LNAs but declines slightly for those above 60, where it drops to 2.25 out of 4. The physical demands of the job were identified as a factor contributing to reduced satisfaction. Related to this, some in the 60+ age group expressed interest in moving to administrative roles.

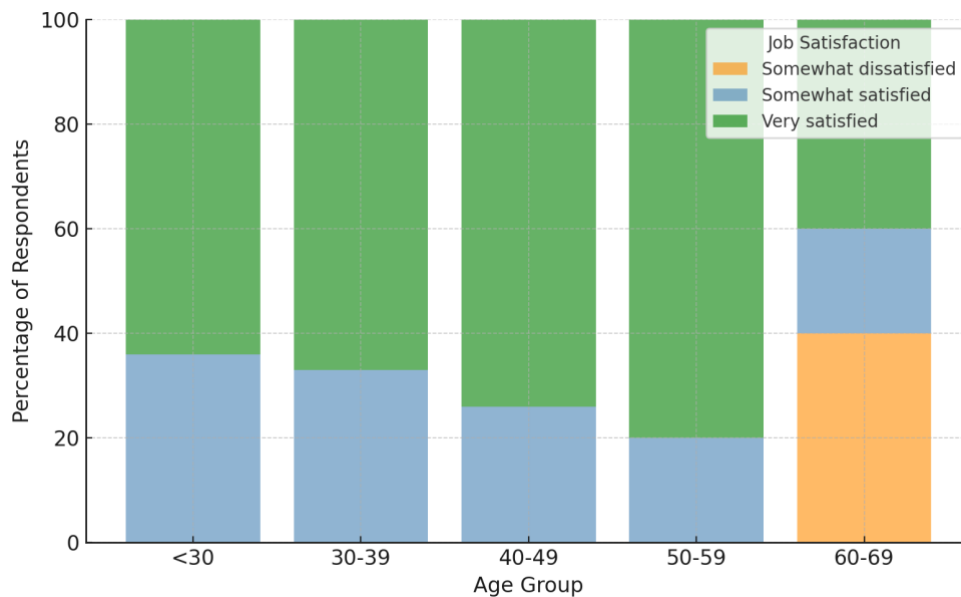


Figure 19: Percentage of job satisfaction by age group.

d. What do you like best about being an LNA?

High-quality LNAs surveyed overwhelmingly emphasized people-centered themes as the core of their job satisfaction. The most frequently mentioned aspects included the opportunity to care for others, build meaningful connections with residents and their families, and make a difference in people’s lives. These responses highlight the deeply relational and compassionate nature of LNA work.

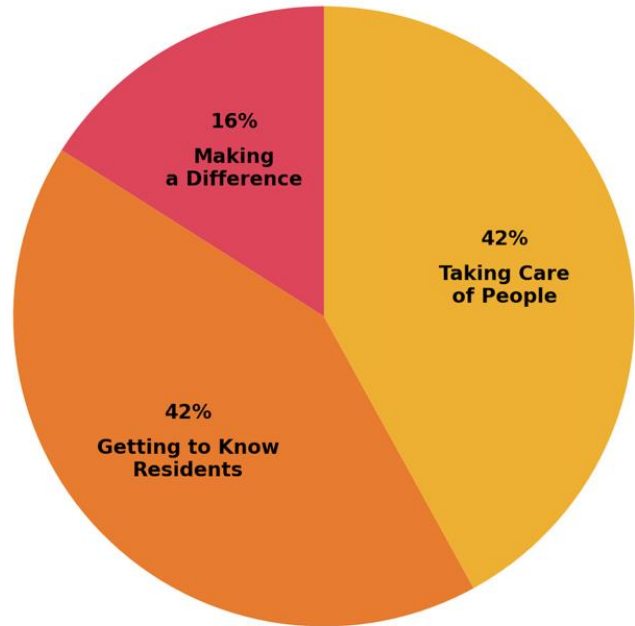


Figure 20: Aspects LNA respondents like best about their work.

9. Workplace Support

a. Work Challenges Identified

LNAs were asked to identify their work challenges, and by far, staffing shortages emerged as the most frequently cited issue, with 42% highlighting concerns such as callouts, retention issues, and general understaffing. Frustrations about salary or lack of administrative support were mentioned less often. Instead, most challenges centered on internal team dynamics, such as coworker reliability, time management, and effective teamwork—underscoring the importance of strong, well-supported frontline teams in delivering quality care.

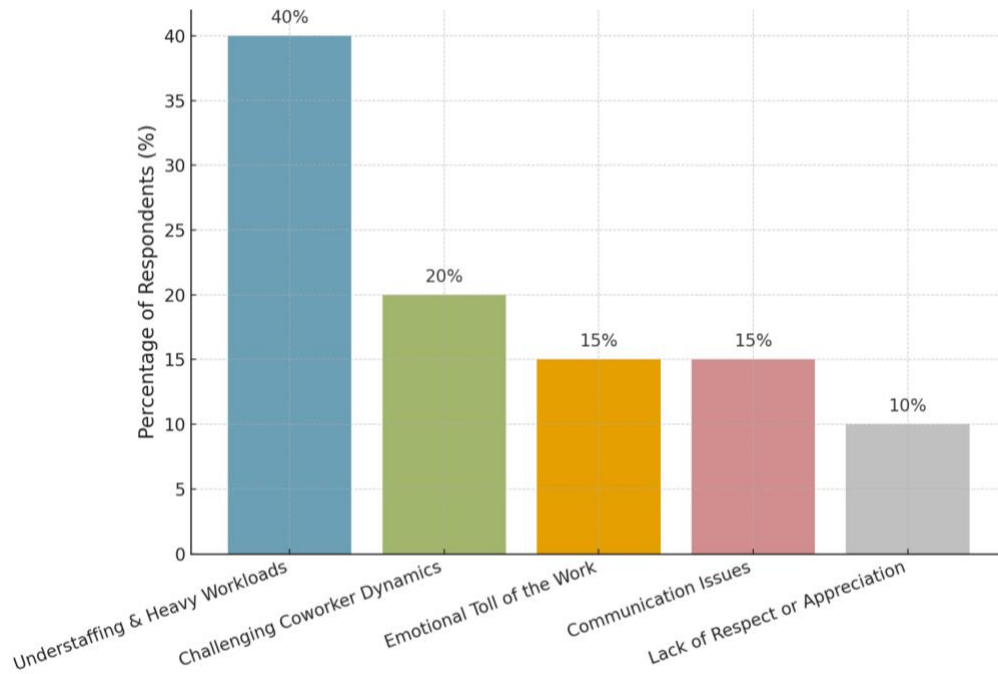


Figure 21: Biggest challenges reported by LNA respondents.

b. Detailed work challenges mentioned

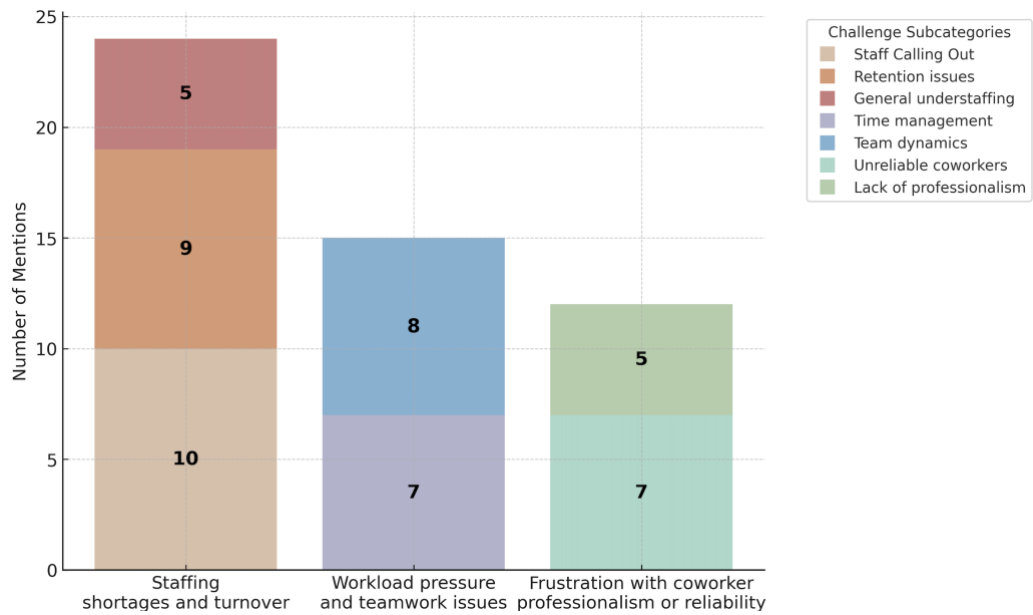


Figure 22: Detailed challenges mentioned by LNAs.

c. Support Needs Identified

High quality LNAs reported being supported at work, however there were several key areas for improvement that emerged from the study. Overall, 19% of LNAs requested additional support, citing the current strengths like strong teamwork from nurses, helpful management, and flexible scheduling.

Among those who identified additional support needs, their needs included:

- Better staffing levels (30%), requesting increased staff coverage to ease workloads.
- Improved management (25%) highlighting a desire for better communication from supervisors.
- More teamwork and respect (20%) for stronger collaboration among staff and nurses.
- Emotional support (15%), including spaces for LNAs to debrief, vent, and connect.
- Higher pay (10%), indicating specifically that work demands were high relative to their pay.

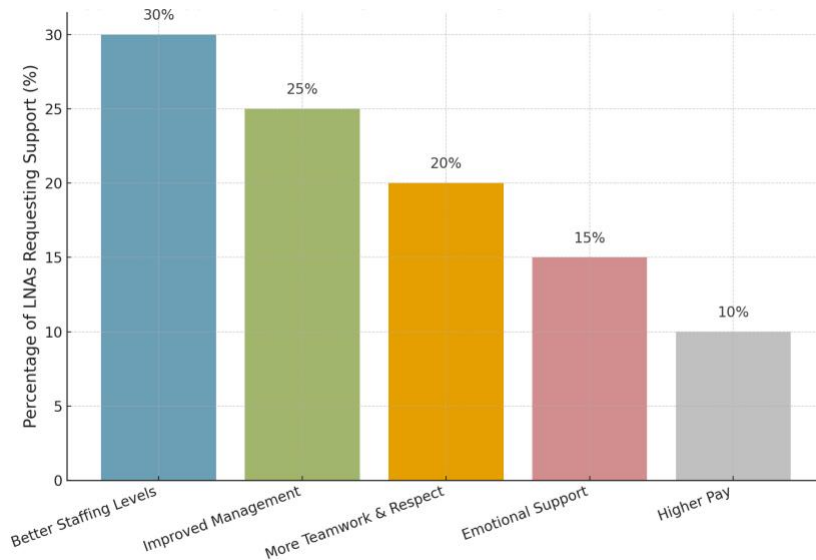


Figure 23: Additional support needs mentioned by LNAs.

d. Mentorship

34% of HQ LNAs report having a professional mentor. Of those with a mentor, the average LNA age is 33 years average. Of the LNAs without a mentor, the average age is 38.

e. Performance Reviews

Performance Reviews were reported by 52% of HQ LNAs, and all were conducted within the past year. Having formal feedback helps LNAs feel appreciated. Here’s how performance reviews correlate to tenure within the first two years:

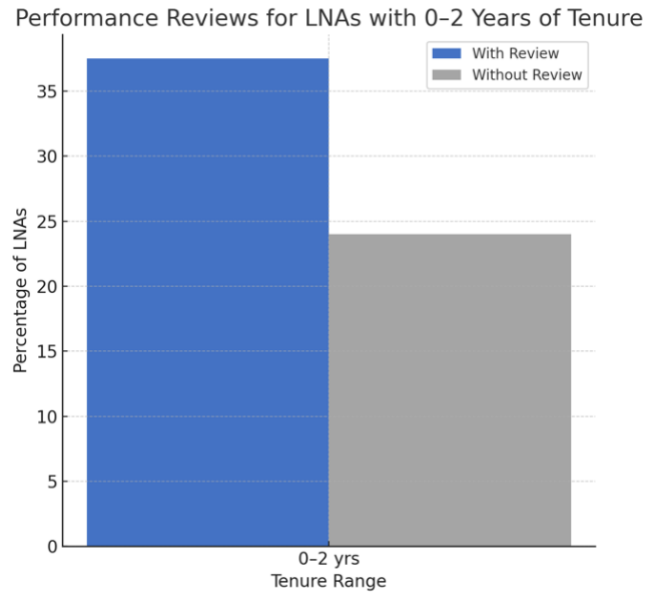


Figure 24: Tenure of LNAs who received performance reviews within the first 2 years of employment.

f. Recognition by Employer

Only 50% reported any kind of formal or informal recognition from their employer. The most common recognition was verbal praise.

- 29 LNAs reported no recognition (50%)
- 10 LNAs received informal recognition (17.2%) including: verbal praise, positive feedback, kudos and public mention
- 19 LNAs received formal recognition (32.8%) including: Bonuses, Promotions, Financial Rewards, Gift Cards, Awards and Certificates

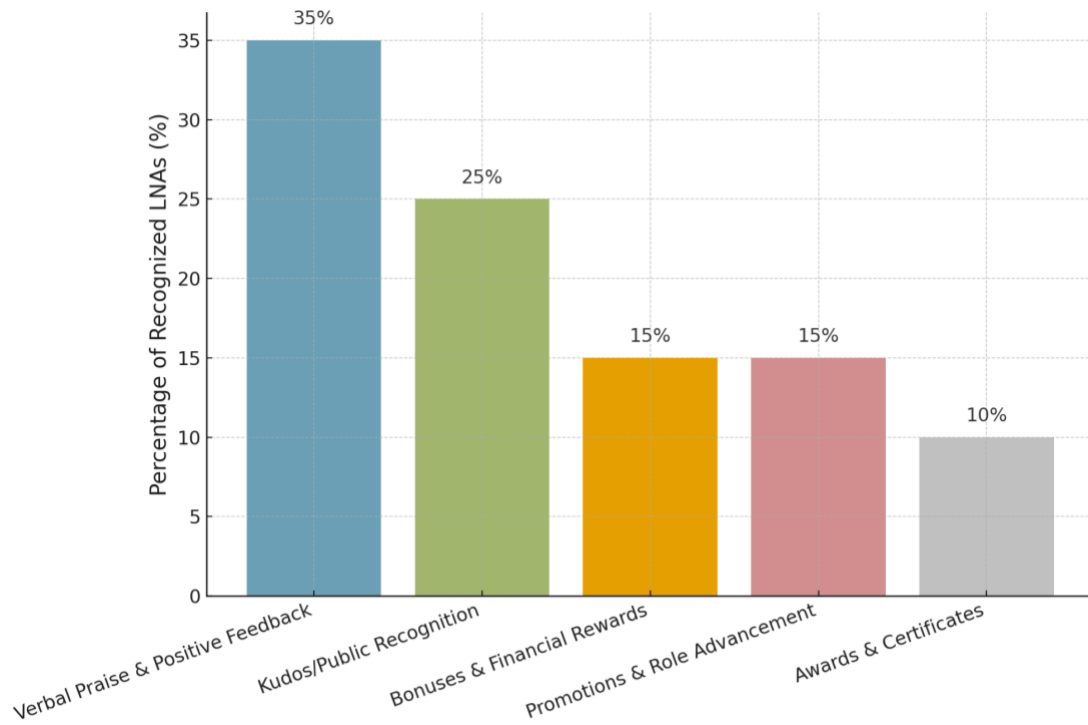


Figure 25: Percent of reported recognition from employers.

g. Employer Practices Supporting Retention

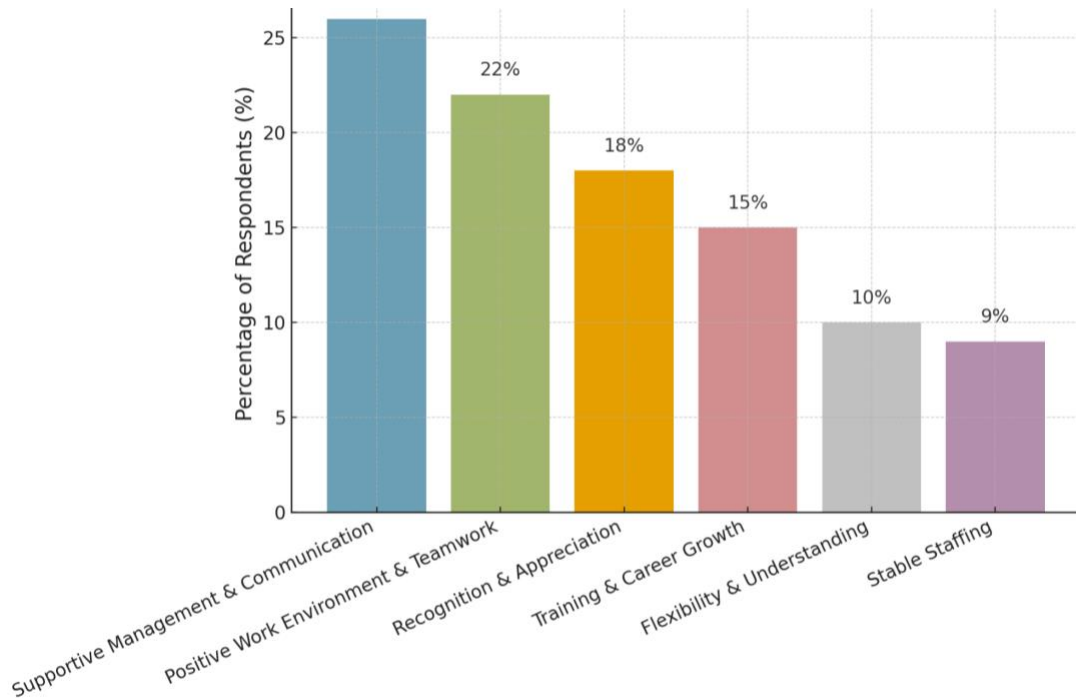


Figure 26: Percent of employer practices reported that lead to retention.

10. Best Practices for Recruitment and Retention

This study is based exclusively on the experiences and insights of high-quality LNAs—those who have remained employed at Vermont’s Skilled Nursing Facilities (SNFs) for over one year and are consistently recognized by leadership for their excellence in patient care, reliability, and professionalism. The practices below reflect what matters most to these top-performing LNAs and offer a roadmap for employers seeking to attract and retain an exceptional frontline workforce.

a. Strong Foundations: Training, Scheduling, and Career Support

i. Invest in Employer-Funded, On-the-Job Training

Among high-quality LNAs aged 18–40, 75–82% received employer-paid training. This group reported the longest average retention: 7.45 years compared to less than 2 years for LNAs who self-funded training through loans. Younger high performers often entered the field because of accessible, paid training and remained because of employer investment.

ii. Provide Career Pathways Within and Beyond the LNA Role

Many high-quality LNAs aspire to advance to LPN or RN roles, especially younger workers under 30. Others wish to stay in direct care, and value the opportunity to grow through roles like *Senior LNA*, *Mentor*, or *Medication Nursing Assistant (MNA)*. Financial and scheduling support for career advancement builds loyalty and encourages long-term commitment.

iii. Offer Flexible and Predictable Scheduling

Flexibility is a key reason high-performing LNAs stay; especially for those raising children or pursuing further education. Mandatory overtime led to turnover in some facilities, while self-scheduling or flexible shifts supported retention.

b. Foster a Supportive Workplace Culture

i. Recognize and Reward High-Quality Performance

Recognition is a critical tool for retaining high-quality LNAs. In this survey, nearly 60% of LNAs reported receiving informal recognition in the form of verbal praise and positive feedback (35%) and kudos or public recognition (25%). More formal rewards such as were cited less often.

Employers should consider implementing structured recognition that includes both informal praise and formal rewards. Offering formal rewards like bonuses, promotions, and formal awards can further enhance employee engagement, signal organizational value, and improve retention rates. Clear criteria for

recognition and consistent acknowledgment of high-quality performance can help build a strong, motivated LNA workforce.

ii. *Embed Peer Mentorship and Professional Feedback*

34% of high-quality LNAs reported having a mentor—those with mentors skewed younger (average age 33) but were close to the average age of those surveyed. This result, combined with the number of LNAs who reported interest in building their LNA role, suggests that mentorship is not only linked to stronger onboarding but also ongoing skill development and long-term engagement. 52% received performance reviews within the last year, and those who did expressed feeling seen and appreciated in their roles.

iii. *Promote Team Support and Emotional Well-Being*

While staffing shortages were the most common challenge reported, the core frustration was often about team dynamics. High-quality LNAs emphasized the need for:

- Better communication and team collaboration
- Opportunities to debrief or emotionally connect
- Shared staff meetings and stronger cross-role teamwork

A positive workplace culture for LNAs involves several factors including:

- Respect and recognition
- Opportunities to grow
- Supportive management and co-workers
- Schedule stability and work-life balance
- Employee engagement and input
- Fair pay and benefits
- Safe and well-staffed work environment

As an example, one skilled nursing facility shifted its advertising from a tone of urgent need and instead advertises the generous benefits and why it is a best place to work. The culture of the facility lives up to the claim by creating a positive environment.

c. *Strengthen Recruitment Pipelines and Retention Infrastructure*

i. *Recruit from Trusted Relationships and Feeder Roles*

47% of high-quality LNAs entered their current job through a family or friend referral. Effective feeder roles included:

- Caregivers and home health aides
- Hospitality, food service, and retail workers

- Early educators and personal care assistants
- ii. *Improve Career Exploration and Early Access***

Among older LNAs (35–44), two-thirds learned about the LNA role in high school. In contrast, only 12.5% of LNAs under 25 recalled high school exposure. Stronger high school and tech center partnerships are needed to inspire the next generation of high performers.
- iii. *Focus on Fit: Why High-Quality LNAs Choose SNFs***

High-quality LNAs frequently chose SNFs over other care settings because of these motivators, which should guide messaging and outreach:

 - Paid training opportunities
 - Close resident relationships
 - Supportive, community-oriented culture

11. Policy Recommendations

Based on the insights of high-quality LNAs and their employers, Vermont’s Skilled Nursing Facilities (SNFs) can stabilize and grow their workforce through policies that reduce barriers to entry, expand training access, and support long-term retention. These recommendations are grouped by category to focus on maximizing existing resources.

a. For State Policymakers and Healthcare Leaders

- i. *Recognize the LNA Crisis as a System-Wide Issue***

The LNA shortage in SNFs directly impacts hospital capacity, discharge delays, and healthcare costs. With particularly short staffing in SNFs, patients are forced to rehab in hospitals, driving up those costs and census numbers. The demand for LNAs continues to grow, yet many skilled nursing facilities struggle to attract and retain qualified professionals. Align SNF and hospital workforce strategies, such as shared staffing pools or joint training models, to support patient flow. This shared approach may also be useful to support LNAs who identify LPN as the next step in their career goals (see also below).
- ii. *Expand Access to Paid Training Pathways***

Support SNF-based earn-and-learn LNA training programs that remove out-of-pocket costs and unpaid clinical hours. Develop funding mechanisms (e.g., braided public-private models) to scale employer-delivered training, the top predictor of long-term retention.
- iii. *Reduce Licensing and Re-Entry Barriers***

Streamline processes for re-licensure, reciprocity, and recognition of foreign-trained LNAs. Expedite licensure approvals and re-entry for LNAs returning to the workforce to expand the talent pool quickly.

b. For Skilled Nursing Facility Employers**i. Invest in Career Pathways and Growth**

Develop structured LNA promotion pathways (Senior LNA, Mentor, MNA) and support transitions to LPN or RN roles. Offer paid release time or flexible scheduling for employees enrolled in healthcare advancement programs.

ii. Develop Recognition and Mentorship Programs

Formalize employee recognition efforts with clear, consistent criteria for praise, awards, or financial bonuses. Implement mentorship for new LNAs to reduce turnover in the first year and build confidence on the job.

iii. Enhance Scheduling Flexibility

Reduce reliance on mandatory overtime and design self-scheduling options that could better accommodate educational and caregiving responsibilities.

iv. Develop Incentives for Reliability

Provide reliability staffing incentives for LNAs who complete a full schedule of shifts over 90-days with a reward. Create rewards for teams with no call outs for one week. Provide retention rewards for one year of service.

v. Strengthen Team Culture and Communication

Offer training for managers in team leadership, trauma-informed care, and emotional support practices. Schedule regular LNA staff meetings and forums to foster shared ownership of workplace success. Support this policy effort with physical spaces conducive to team conversations and difficult discussions.

c. For Vermont Health Care Association**i. Share the Study Results**

Share the High-Quality LNA Study results with SNF providers and with their participating LNAs for validation and to foster transparency and collective engagement in a workforce action plan.

ii. Champion Employer-Based Training as a Workforce Strategy

Advocate for policy changes that recognize SNFs as high-performing training providers and expand their capacity to deliver in-house programs. Work to remove or modify state and federal restrictions on employer-based LNA training, as they disproportionately harm recruitment pipelines.

iii. Expand Marketing of LNA Careers to Targeted Talent Pools

Promote LNA career awareness in feeder industries (caregiving, hospitality, early childhood, retail); non-clinical healthcare roles; and through community organizations. Collaborate with tech centers, high schools, and Area Health

Education Centers (AHEC) to enhance healthcare career awareness and exploration in grades 9–12.

iv. *Coordinate Regional Retention Efforts*

Facilitate a cross-SNF learning collaborative to share best practices in recognition, training, and mentorship. Launch an LNA network of excellence to elevate high-performing LNAs as leaders and ambassadors for the profession.

12. Acknowledgements

About the VBR Research and Education Foundation:

The VBR Research and Education Foundation advances data-driven solutions to support Vermont’s workforce, education, and economic vitality through research, partnerships, and leadership initiatives.

Research Team

This report was developed by the VBR Research and Education Foundation based on survey findings from January to April 2025.

Researchers:

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13. Appendix

Selected Responses from Qualitative LNA interviews and surveys

a. What was your primary motivation for becoming an LNA?

- My mother.
- I found a job at a privately owned home care facility on Indeed.com, so I gave it a try and fell in love with it.
- My mom was an LNA, and she thought that I would like it too and be good at it. I was resistant to it at first, but then I took a course and enjoyed it.
- I am a college student and working as an LNA to gain experience before becoming a nurse.
- I started here as a care assistant and could interact with residents but couldn't be hands-on. I wanted to be more hands-on.
- During high school, I worked in the kitchen of a nursing home, and my mom worked as an LNA. I got comfortable with the residents and started as an LNA too.
- I used to do retail management, but then my mom was diagnosed with Parkinson's and dementia. She wanted to stay at home, so I quit my job and got paid through the state to care for her. After she died, I needed a job and decided I wanted to keep helping people.
- I had planned on being an RN, but as life situations changed, so did that. I got my LNA, then got married and had kids and postponed it. I've been an LNA for 34 years.

b. What do you like best about being an LNA?

- Taking care of the residents—bathing, dressing, hair, presentation.
- Making a difference day to day. Patients don't always get the care they deserve, so if I can be that person.
- The stories from the people I care for—where they came from, what they did, their impact.
- I like being able to help people and help them get back to being as independent as they can.
- Spending time with patients and getting to know them.
- I like the patient interactions and spending time with them—doing the best part of their care. They depend on us more than anyone.

c. What are your career aspirations?

- Early on, it was to become a nurse, but once I started as an LNA, I realized I wanted to stay hands-on and with patients.

- I want to go back to school to become an LPN.
- I plan to stay in healthcare; I just haven't decided what yet. I love healthcare. I do plan to stay.
- I have two young kids, so I might have to wait. I'm fully committed to this job and my family.
- Too late in my career for that. I never had the opportunity to go back to school—I had to work. And now I'm too old.
- Yes—I'm planning to go back to school when my kid gets into pre-K full time, and then I'm planning to pursue LPN and RN. I'm planning to do that, but I have to research the tuition and make sure I can pay the cost.
- Not really sure—still figuring out my options.
- Right now, I do what I can for flexibility for my child, but maybe down the road something else in nursing.
- I want to be a healthcare administrator.

d. What specific practices or policies at your workplace support LNAs in staying for the long-term?

- I think that it's the people and administrators and how they treat us. One guideline for the whole building so everyone knows what to expect.
- Programs to get certifications. People stay and are supportive.
- For me personally, why I stick to it is because of my love for residents. They all respond to me very well.
- They have a lot of recognition for LNAs who have been there a long time—like awards and special dinners. In general, they just treat us really well.
- We always have raffles and giveaways. They recognize LNAs going above and beyond—get them flowers, etc.
- Our employers say thank you and good job, especially when the state surveys come in. We have a luncheon. They really appreciate us.
- Everybody helps—kitchen, business office come on the floor and help. I hear that's not how it is at every place.

e. What additional training opportunities are available at your employment?

- They do have training to become a med tech while working your current role.
- They have senior LNA status, which is a pay bump and includes training new staff—kind of like a mentor. There are also a couple certifications: CPR and two tiers of med certification.
- Usually we have yearly training—some online and some in person. After the pandemic, it's mostly online. From time to time, we've trained with new

devices like sleep preparedness and active shooter safety. Also, residents' rights, care delivery—healthcare focused.

- We have the normal training every year and then several in-services throughout the year—for example, we just had one for trauma and one on diabetes.
- Special classes. I'm doing a mock code of conduct class. We just did fire safety and health strain classes online.
- I have completed it, but they have a med tech program you can become certified in and administer medication.
- Usually something monthly from our educator—something new or skill-based. For example, a wound care seminar for 2 hours that counts toward state education credits (must have 12 per year).
- They will pay for activities staff or housekeepers to become LNAs through the high school.
- Yes, we have a skills fair where we keep our skills up to date. Sometimes we can take classes at the hospital.
- The mentor program helps you communicate better. The restorative program (rehab aide) helps with our rehab people—different techniques learned.

f. Among the places that an LNA might work, why did you choose to work at a Skilled Nursing Facility?

- Most rewarding, I believe—activities, kitchen, other staff. Great community.
- I wanted to get my LNA and see how it was different than just working in a residential place. I worked with some LNAs who said they liked skilled facilities.
- Because I worked there as a care assistant.
- I can work anywhere in long-term care or skilled, but I like the skilled unit because I can communicate more with those residents. I'm dissatisfied with long-term care because it's hard to communicate with them, but I try my best. In skilled nursing, I feel more satisfied. When you communicate with your residents, you learn a lot too.
- I feel like this is the place where they need the most help. I like the aspect of the nursing home because I get used to the patients and their routines.
- I did my training in a nursing home and through a vocational program in my high school. I did apply to the hospital, but I got the job here first and I like working with the elderly.
- Because my grandma was in a skilled nursing facility, and it inspired me.
- First one that would hire me when I got my LNA.

g. How has your work been recognized by your employer?

- They thank us often.
- We have a kudos board, and they put up your name and congratulate you. Makes me feel appreciated. And this nomination to be in the survey.
- They do occasionally give out gift cards if a resident sends an email or lets the supervisor know they took care of something. They don't have merit raises anymore, which is probably better—there were complications with that.
- Yes—they promoted me to senior LNA, and you get paid more, but that was 4 or 5 years ago.
- When I was an LNA, I got a raise and was recognized on Facebook. Then I became a receptionist, and later a business office manager. Lots of upward mobility.
- I get recognized a lot and am usually signed up to be a mentor. I get employee spotlight and employee of the week and month.
- I have gotten two promotions—LNA to senior LNA, able to train new employees, then promoted to med tech. They bumped me to the second level of med tech so I could pass narcotics.
- Yes—they gave me a promotion with an increased hourly rate.
- I got a recognition for being here for 5 years. I just feel appreciated. I choose not to participate in employee of the month because of the newsletters.

h. What are some of the biggest challenges you face in your role at work?

- Staffing—but we fill in and take someone by the hand and check in on people. Our nurses pitch in and our unit managers help.
- Some co-workers—it makes me wonder how they got their LNA license. They don't take direction well, get offended by feedback, or go off and do their own thing.
- Definitely time management and finding people you work well with.
- Depends on the day. Every day you walk into different things, and it matters who you're working with and the team support.
- When I was starting, there was a language barrier that was a challenge.
- Same thing as every place—keeping staff. We are short staffed.
- People calling out—it makes days like today too much. They don't take their jobs seriously, and it affects the whole day. We don't have staff ratio.
- People calling out—it makes days like today too much.
- The biggest challenge is time management. There are so many individuals to take care of, and I want to give each one attention.
- Not LNA-specific—just overall staffing. Because it's healthcare, we need care 24/7. Due to callouts, we are short staffed and can't get everything done.

- We have a big problem retaining employees. This is a tough and draining job—you must give your fullest every day. Sometimes we're short-staffed and can't give the highest quality care, and you feel rushed.
- For dementia patients, there are behavior problems and it's hard for LNAs to handle. Time management is also difficult when someone calls out. I work nights and try to make it easier for the day shift. The biggest issue is being short-staffed. Night shift has good teamwork, but day shift doesn't.
- Dealing with dementia and Alzheimer's is always an interesting day.
- Staffing. Everyone is travelers.

i. Is there any support you would like to receive, and currently lack at work?

- A place for us to vent. We all have struggles outside of work and need a place to cry. Get more men in the profession.
- See more teamwork between the whole staff—nursing and aides. Better communication. People act like they're in high school. Also, a pay raise because they think I'm a high-performing LNA.
- I don't lack any support because all of my floor nurses are amazing. I have no hesitation to ask questions or go to them for help. It helps to have nurses who will jump in and assist.
- Teamwork and communication. Teamwork is the biggest thing when you're caring for someone—like among nurses, aides, and others.
- I'm getting a lot of support. They always give me feedback.
- No, I feel supported, and they've been willing to help—like adjusting my schedule. They've been very accommodating.
- I feel like they cover everything well. They have state programs for family crisis and suicide, and all are available right when you get in to work if you need them. They also remind us via email. I hope more funding opens so people can take advantage of more training opportunities—I feel like I have half of it, but there's more I want to learn.
- No, they are really pretty good at supporting us. I find my job very satisfying and enjoy seeing the residents every day. They are like my second family.