

Recognizing The Caregivers

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Photographs by Logan Mock-Bunting

OUTSIDE THE HOTEL the soft January rain falls intermittently through the evening. But inside the Raleigh Sheraton Capitol Center, a warm, festive atmosphere permeates the ballroom. We're attending a dinner honoring one-fifth of the "Fabulous Fifty." Four similar celebrations are being held in other North Carolina cities either before or after this one.

Most of the tables are occupied by the honorees' families, friends and co-workers. A few other guests are here, too—government officials, staff of the North Carolina Health Care Association (the nursing home industry trade association and host of tonight's event) and representatives from one of the nearby universities.

We expect to hear speeches, presentations, acknowledgements. But dinner comes first along with the entertainment.

Effie Webb is Administrator of Beverly Healthcare/Tarboro and also Chair of the North Carolina Health Care Facilities Association's District V, which covers the northeastern part of the state. Effie is mainly responsible for organizing tonight's program. Stepping to the podium now, she tells us that the professional entertainer she has engaged—a tableside magician "who performs in Las Vegas"—has cancelled because of a family health emergency. She learned of this only an hour ago. But, she announces, there is a substitute.

Later, on the telephone, I hear the details:

"We were already on the road to Raleigh when he called me and said he couldn't do it because his brother had had a heart attack. Well, my heart fell to my shoes, you know, because the entertainment is a big part of the occasion. Bernice was driving the bus—Bernice Godwin, who is a Certified Nursing Assistant at Beverly Health Care, works as a transportation aide and a restorative aide. And she's one of our leaders, you know, kind of a matriarch at our place. But she is also a professional truck driver and she drives charter buses, part-time—a lot of our people work an extra job.

Bernice is an expert driver. She met the requirements to drive the athletes at the Olympics and went down to Atlanta and did that. Anyway, she is also a fine singer, made a CD. And she is one of the Bevelettes.

"They're not what you would call a regular group. They are all workers here at Beverly Health Care—that's where the name came from. They get together and sing, you know, whenever we have parties and dinners, and they sing for the patients, too. Anyway, Bernice was driving one of the buses to take our group to Raleigh. We needed both buses plus a car because two of our employees won the award and each could bring ten family members or friends. So we traveled from Tarboro in a caravan. I explained to Bernice what had happened with the magician, and I said, 'You've got to sing, Bernice. We've got to call the Bevelettes together.'

"She said, no, because she said she had a hoarse voice or something. So I let it drop until we got to Raleigh. Then I suggested it again and a couple of the others wanted to do it and so she agreed. When we were walking from the parking lot to the hotel, someone said, 'Wait, we need to rehearse,' and they stopped right there and started in singing. Right there on the street. In the rain. I don't know what the people passing by must have thought. I thought I was in New Orleans!

"Anyway, that's how it happened. And—this is the important thing—I think it demonstrates the kind of job nursing home people do and the kind of spirit it takes. We have to swing from one emotion to the next. One minute we're dealing with a dying patient and the next we're having a birthday party. We've got to be ready for anything; we go from up to down to up. So I think that our people filling in like this, at the last minute to entertain at that dinner, was just another example of that."

After Effie Webb explains to the audience about the substitute, she introduces Bernice Godwin, a "professional singer." Bernice is shaking her head. No, she says, she's not a professional singer. The other Bevelettes, two men and five

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women, line up behind her. There is no instrument to accompany them.

Bernice explains that they are an informal group with a changing membership, and as if to prove it, she invites anyone in the audience who is willing to come up front and join them. Two volunteers—temporary Bevelettes—do in fact answer the call.

This is not a group accustomed to performing in upscale hotel ballrooms. Their usual venue is the day room and dining room of a nursing home, where the singers work as nurses, nursing assistants, dietary workers and housekeepers. Bernice urges the audience to sing along. And we do, on the songs we know. Many of those present seem to know all of them.

The group begins with “Victory Today Is Mine” (“I told old Satan, ‘Get thee behind!’ Victory today is mine.”) and “It Could Have Been the Other Way.”

Woke up this morning able to get out of bed.
Put on my garments, thanked Him for my
daily bread.

I had eyes to see, feet to walk,
I had a tongue and I began to talk.
I said ‘Thank you, thank you, Lord
It could have been the other way.

I thank you, thank you, Lord,
It could have been the other way.
It could have been the other way.
It could have been the other way.

He woke me this morning with a touch of His love.
It could have been the other way.

If you could visit the sick and the shut-in,
Hospitals and nursing homes, too,
You ask the patients how do they feel?
This is what they’ll say to you:
‘I could have been dead sleeping in my grave,
But God made the death angel behave,
So I say, ‘Thank you, thank you, Lord,
It could have been the other way.’



And there are one or two more before “Amazing Grace,” the finale. This is the evening’s entertainment—spirited and spiritual, and fun. It’s not slick. Nor is it performer-centered, but, rather, participatory.

The after dinner speaker and main presenter of the awards is Lanier Cansler, North Carolina’s Deputy Secretary of Health and Human Services. He poses for photographs with each of the awardees—seven women and three men.

The ten were nominated by their administrators, supervisors and fellow workers for this recognition. All of them speak in turn, thanking friends, relatives and co-workers who are present. Then each says something about the job she or he does.

Hearing these remarks one gathers that these people all share the same conviction: Serving residents of nursing homes is one way of “serving the Lord.” All ten emphasize the importance to them personally of helping. For some their work is clearly a calling, which may even last a lifetime. One nurse aide tells us about her job and then confesses that “even as a little girl I knew I wanted to work in a nursing home.”

Although all ten of these honorees are nursing home workers, probably not more than half work as nursing personnel. The others work primarily in maintenance or housekeeping or food service, central supply, or laundry. But all of them make it clear that they have time or make the time to serve the residents personally.

Tonight’s testimonials and responses do not add up to the kind of after-dessert fete that some of us present are most accustomed to hearing. That is because this event does not recognize position—nor artistic or athletic achievement, nor success in sales. Tonight’s event recognizes service. It does not honor power and influence, but work.

THE NEXT DAY I CALLED Bob Konrad, a sociologist at Chapel Hill, who interpreted for me what I’d seen and heard the night before. “These people,” he said, “genuinely like taking care of folks. They see their job as a

calling, like any other calling, very much like how we think of medicine or the clergy.”

Konrad has studied nursing home workers, and much of his information comes from several focus group interviews that he and his colleagues have conducted plus analyses of questionnaires completed by several hundred nursing home, home health, and adult care facility workers.

In attempting to summarize a complex subject, he switches to academic-speak:

“They’ve constructed an occupational identity. It’s about caring for people, and they tend to understand it in spiritual terms. It includes the perception that ‘I’m doing something nobody else does, that nobody else wants to do.’” He adds that nursing home workers are clearly proud of this identity.

Yet, although the workers themselves may claim this occupational identity, it does not necessarily extend to those who define the jobs they do. Konrad cites the lack of a single name for these people, who are variously called “nurse aides,” “nurse assistants,” “personal care workers,” and “certified nursing assistants.” The state designates them “unlicensed nursing personnel.”

“When a group of people are defined only by a negative, by what they are not, they have a problem,” says Konrad.

He believes that in a subtle way this lack of identity might lead some nursing homes to consider their frontline caregivers “hired help.” On the other hand, says Konrad,

“management at many places has become sensitive to this problem.” In some nursing homes, for example, one can see posted on the bulletin board cards from the residents addressed to their CNAs with messages of appreciation and thanks.

This show of appreciation is important, Konrad says. “but these people also want more money, and more decision-making. Because they recognize that they have a wealth of knowledge—necessary knowledge, concrete knowledge—that comes from their experience. They know what their patients need, probably more than their counterparts do who work in an acute hospital and make a dollar an hour more.”

As a group, unlicensed nursing personnel don’t stay long on the job. Those who work in nursing homes experience one hundred percent annual turnover, and among those who work in adult care homes the turnover is even higher. This means that, on average, a North Carolina nursing home or adult care home that employs fifty aides on January 1 will have none left by Christmas.

Overall rates and averages do not, of course, tell the story of those individuals who do stay on the job beyond Christmas, beyond many Christmases. Nor does it include aides in non-residential settings like home care agencies and hospices who tend to remain about twice as long as nursing home aides. (Non-residential workers experience around 50% annual turnover.)



Typically, a North Carolina nursing assistant has been in her job (I say “her” because 95% of nurse aides are women) almost 5 years. And most already have 8 years of prior experience giving care in one kind of setting or another.

Compared to similar employment opportunities that require equivalent training and education, nursing home employment brings neither a high starting wage nor a healthy increase with longevity. Nurse aides in North Carolina nursing homes start at a median of \$7.30 an hour and go up to a median of \$10.47. The low wage structure helps explain why nurse aides experience such high turnover (58% of aides in North Carolina nursing homes cited low pay as the reason they left their last long-term care job). It also explains why 18% of them (35% in adult care homes) work a second job.*

ONE OF THIS YEAR'S “Fabulous Fifty” is Lillie Alford of Winston-Salem. She is a Certified Nursing Assistant who works at both Salemtowne (a continuing care retirement community affiliated with the Moravian Church) and the Lutheran Home/Winston-Salem. She has held two full-time jobs for the past 13 years and has been with the Lutheran Home since 1975, the year she arrived in Winston-Salem.

Her length of service at these two homes by itself makes her an atypical nursing home worker. But in addition, her recognitions suggest that she is an extraordinary nursing assistant. Not only did Lutheran Home nominate her for this year’s “Fabulous Fifty” award, a year ago she was named Certified Nursing Assistant of the Year 2000 by the North Carolina Association of Non-Profit Homes for the Aging. The writer of the nominating letter—from Salemtowne—for that award called her “the CNA we all wish we could clone.” Her duties, motivations and work schedule, however, are not so atypical.

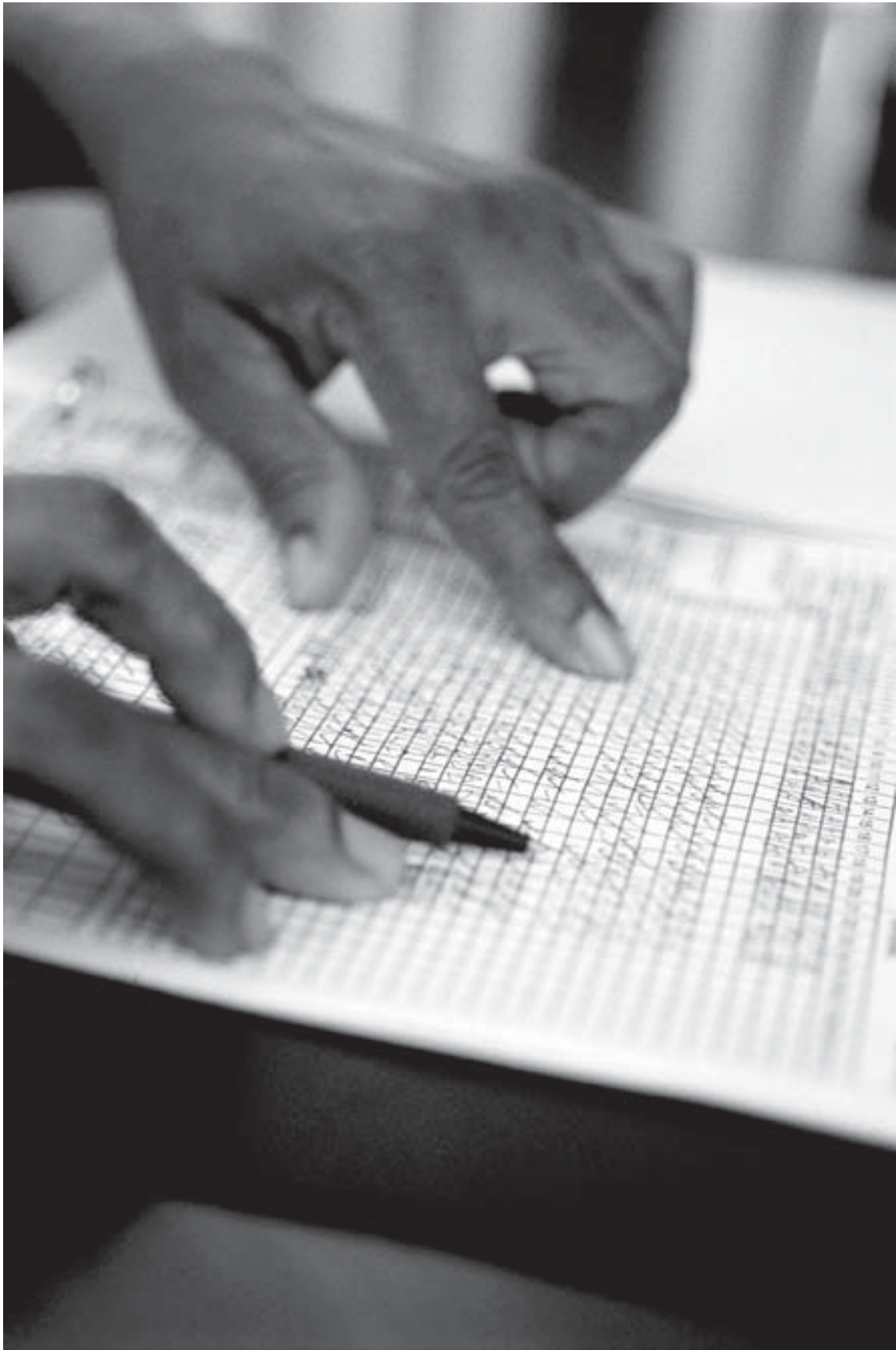
The photographs on these pages show Lillie Alford on a day when she was working a double shift (first and second) at the Lutheran Home. Ordinarily, she works the third shift at Lutheran (in factories, where delicacy matters less than it does in nursing homes, this is called the “graveyard shift”).

I caught up with Mrs. Alford at 6:30 a.m., just as she was

finishing work. “How long is this interview going to last?” was the first thing she wanted to know. “Because I’m worried about my granddaughter being home alone.”

She explained that she sees her granddaughter and a neighbor’s daughter safely on to the school bus each morning. “My daughter gave me that job. You know, I’d rather take them to the school than leave them at the corner. It’s too dangerous to stay on the corner by themselves, at their age, you know. That’s what I do first when I get off work, see the children off to school.”





“And then you sleep?”

“Yes, I go to bed then. My children cut the telephone off and put the answering machine on. So the telephone rings but I don’t hear it none. I get up at about one to get ready for work at Salemtowne second shift. I go there at a quarter ‘til two. I leave there about 10:30, and I get here [to the Lutheran Home] in time to punch in about a quarter to eleven.”

I suggested that such a heavy work schedule would leave most people feeling tired.

“No, no, because when I go home I get my rest. I rest, I don’t go out. My hobby is watching TV and reading the Bible.”

“When do you find time to watch television?”

“When I get home. I watch it from about twenty after eight until nine.

“I used to work first shift here (at the Lutheran Home). I spent about 15 years on first shift. I liked first, but I couldn’t sleep at night when I was on first, so I figured I’d better come on third. I miss first shift because I don’t get to meet the residents’ families. I do meet them at Salemtowne. That’s what I hate about third shift, because I enjoy meeting the residents’ families. On third you don’t get to meet the families at all, you know. And then the residents don’t know you, because they’re in the bed sleeping. You know, they



don’t know you no more.”

Mrs. Alford grew up in Beaufort, South Carolina, and moved to Jersey City at age 13.

I wondered how she began in nurse aide and nursing home work.

“Before I moved down here to Winston-Salem in ’75 with my husband and my four children I had worked as a home health aide. I didn’t always do this kind of work, but I realized I always liked to take care of people. I think I started as a home health aide in ’72 or ’73.

“You see, I used to work in a factory. But you know, the factories, they go out of business so bad. And one day, this was while I was working in the factory, I saw a friend of mine.

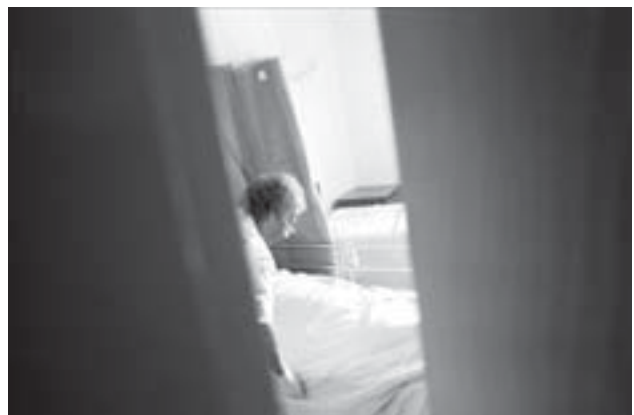


She had on this blue uniform—looked so pretty! And I said to myself, ‘I believe that’s what I would like to do.’ I said to myself, ‘I would just love to take care of, you know, people.’

“And so I went to apply to this agency. And they didn’t hire me at the time. And I waited. Then I went and wrote to this... in Jersey City it’s Mr. Fix-it. He’s in the paper. I reckoned he would go and find out things. So I wrote Mr. Fixit and I asked him... I said I’d applied for this job and filled out the application and didn’t hear anything from them. So he wrote them. He sure did! He wrote them. And they called me up and they give me the job. And what made me so tickled; she had the letter what he had wrote sitting right on top of my application. And they hired me. They really did! I got me a job.

“And I had two patients. I had one from 8 to 12, and one from 1 to 5. It wasn’t hard to learn that job. I caught on right away. It’s just like family. You’re taking care of your family, you take care of the residents, same thing, you know.”

“But when I came down here to this job, well, you had to go back to school to get your... to be certified, you know, to train all over again, you know, because you would be working in a nursing home. Home and nursing home are two different things. Same work, but you got more patients in a nursing home; in homes you only have one. And different things you have to do in a nursing home. So they send you to



school, training on the job. That's how I got my training.

"You know, I was disappointed that I got that award (Fabulous Fifty). Somebody else should have got it. I recommend all nurses—those gone and those here and those yet to come. They all deserve it. Because this is a hard job.

"But I love this job. It's being a friend or substitute family member. I love helping the residents when they cannot help themselves. One day I hope someone will do the same for me.

"One lady calls me 'Margaret,' and I answer. I don't correct her. She thinks I'm her old friend.

"'Where you been, Margaret? I didn't see you yesterday.'

"I was there, she saw me yesterday. But not Margaret; she didn't see Margaret. She thinks I'm Margaret.

"And there's Mr.... He loves the birds, feeds them every day. He can hardly walk. And one day this winter he went out

to feed the birds and he fell on the ice and broke his arm, had to put it in a cast. But I'm his friend, you know. 'Where's Lillie?' he says. 'Lillie, come and sit down by me and let's talk a bit.' I sit down and we talk about his family, about his two daughters. But not about death. I don't like to talk about death. I would never say anything to hurt his feelings.

"The other night I went in to see a resident.

"'What can I do for you?'"

"'My toes hurt.'"

"'Turn over,' I told her. I put the blanket between her legs. 'Does that help?'"

"'Yes, I feel better. Thank you.'

"You see, I made somebody feel good.

"The next time I saw her she said to me, 'I sure love you. I feel good. You made me feel good.'"

