

The Crisis in Long-Term Care

Finding and Retaining Our Direct Care Workers

Craig Souza and Polly Godwin Welsh, RN-C

The direct relationship between what we as a society are willing to pay for care and the degree of quality we will receive is a simple deduction. Medicare and Medicaid continue to trim severely the funding for beneficiaries and recipients. The North Carolina Health Care Facilities Association (NCHCFA), a non-profit professional trade association with over 90% of NC nursing facilities as members, works vigorously with policy makers to protect funding for the care of its patients, while it encourages and supports ways to conserve Medicare and Medicaid dollars without eliminating or decreasing quality of services. We are well aware that tomorrow will look even worse than today in terms of state Medicaid funding. When the demographics of the population at large are factored in, it becomes clear that “business as usual” is no longer a possibility. The demand for long-term care workers already far exceeds the supply. North Carolina’s ability to care for its frail elderly will depend on collaboration at all levels to find new solutions, create new opportunities, and even create new healthcare workers.

It is difficult to remember a time when the recruitment and retention of nurse aides has not been a top priority for operators of nursing facilities. The negotiation of nursing facility residents’ autonomy vs. dependency in a compassionate care delivery system has always been the most crucial skill of the faithful and dedicated nurse aide. The soft skills of the nurse aide have not changed: patience, understanding, and riding the emotional roller coaster of caring for—and often becoming surrogate family for—the frail elderly. What has changed and taken the workforce shortage to the point of crisis is the exponentially increasing demands placed on these caregivers as well as the startling growth in the medical complexity of nursing facility patients. The increased need

for nurse aides in other health care systems exacerbates the severity of the shortage. With the severe shortage of workers, issues like wages and job satisfaction are pivotal. Approximately 73% of nursing facility funding comes from Medicaid. A nursing facility’s ability to increase wages in any configuration is almost totally dependent upon its Medicaid reimbursement. Options currently being considered by the NC Department of Health and Human Services, if implemented, could make the assurance of competitive wages even more difficult. Decreases in Medicare payments loom on the horizon as well.

Recruitment and retention of workers present many complexities to long-term care providers. Job satisfaction in a nursing facility is a multi-faceted issue. The degree of comfort nurse aides have with their job is subject to many challenges. Some of the challenges are in the purview of the employer, some are societal, and some are inherent in the nature of the work. NCHCFA has initiated many programs targeting nurse aide job satisfaction, including convening statewide summits to communicate directly with nurses and nurse aides about their job satisfaction and dissatisfaction.

With information based on those summit conversations, and with the aide of a small Kate B. Reynolds Charitable Trust grant, mentoring programs were developed to address the skills reported to be most essential to “comfort” in the nurse aide’s role. With funding appropriated by the General Assembly, NCHCFA in coordination with the North Carolina Community College System developed and implemented a statewide program entitled “Safehands” to foster mentoring as well as career advancement. Simultaneously with the rollout of the “Safehands” program, a CD-ROM was developed by NCHCFA to raise awareness of the role of the nurse aide, and to give any interested party information about the role, training requirements, and employment opportunities. Individually, nursing facilities have developed and use many hiring and retention incentives such as bonuses, profit-sharing, rewards programs, and scholarships, to name a few.

The authors are with the NC Health Care Facilities Association. Mr. Souza is President and CEO, and Ms. Welsh is Director of Regulatory Systems. Address correspondence to Ms. Welsh by email to pollyg@nchcfa.org.

Care of the very frail, medically complex, and often cognitively impaired elderly is a physically and emotionally challenging job. While nurse aides express concerns in areas of personal safety and stress, it is clear they feel strongly for those entrusted to their care and have much pride in their work. Societal biases against “oldness” and consumer and regulatory bias against nursing homes (beginning in earlier days of county homes) are strong contributors to the job dissatisfaction nurse aides describe. The flawed federal regulatory inspection process operates on a level of zero tolerance impossible to achieve in congregate living and especially among a frail and often declining population. Many nursing facility employees cite the excessively unrealistic and punitive nature of the regulatory process as a reason for leaving long-term care. NCHCFA is vigilant in its efforts to reform the current regulatory process to an incentive-based, quality-sustaining, customer-driven process.

Nurse aides care for persons who come to the nursing facility already having incurred many losses, who may have dementia, be combative and/or verbally abusive, who may have lost control of bodily functions and abilities, and who may depend upon the nurse aide to help them defeat despair, loneliness, or boredom. The challenge of loving and losing is ever present in a nurse aide’s work. With the funding mentioned earlier, NCHCFA conducted a public campaign to make NC citizens aware of the role of nurse aides and to boost their image. The campaign included public service announcements and literature focusing on nurse aides as “heroes.” NCHCFA also recognizes 50 of its outstanding performers every year as the “Fabulous Fifty” [see the photo essay on pages 95-101]. A documentary for public television is being developed to focus on the value of the nurse aide.

Unfortunately, all efforts directed at staffing nursing facilities in the current model of care will not meet the quality or quantity demands that are already emerging. The educational arenas of medicine and nursing offer little interest in

geriatrics. There are few doctors or nurses seeking a career in long-term care. Educators must adopt a socially responsible philosophy to introduce and foster careers in geriatric medicine and nursing. Academia must emphasize geriatric care in all medical, nursing, and schools of allied health.

Providers cannot depend on outside influences alone to produce a workforce. Nursing facility operators must be innovative and creative as well. In full recognition of the needs of its members and the people they serve, NCHCFA staff introduced new concepts to the NC Department of Health and Human Services which are now under development: the introduction of a medication technician to assist in administering the drug regimen of its patients, thereby increasing time for professional nursing assessment; and the development of a new long-term care worker. The new long-term care worker will likely be an advanced paraprofessional specializing in the care of the medically complex and cognitively impaired elderly. The development of this new long-term care worker category will be a groundbreaking concept in health care for both now and the future. These new paraprofessional positions will offer opportunities for career advancement attractive to the many nurse aides who do not have a desire to obtain a nursing degree as well as to newcomers to the field of long-term care.

At the end of the day, what remains is a population of our nation’s greatest resources who are facing a healthcare system that may fail them if all do not work together quickly—not just to think but to act. NCHCFA is grateful to groups like the North Carolina Institute of Medicine for recognizing this important issue and these important health care workers through its recommendations to the North Carolina General Assembly and in this journal. We owe it to our elders and to our future selves to encourage the recognition and elevation of long-term care issues among the priorities of healthcare. If we are lucky, we will grow old.