



**Center for Health Workforce Planning
Bureau of Health Care Access
Iowa Department of Public Health**

**Long-Term Care Employers in Iowa Speak Out: A Call to Action
June 1, 2004**

In 2003, the Center for Health Workforce Planning conducted a survey to collect information about Iowa's nursing and nursing assistive workforce from the long-term care employer perspective. The survey built upon two successive years of data collection by the Iowa Council of Nurses. When 2002 survey findings were compared across work settings, the most acute nursing and nursing assistive workforce issues were evident in Iowa's long-term care facilities. The Iowa Department of Inspections and Appeals provided a list of facilities. A total of 435 long-term care facilities agreed to participate in the survey. Hospital-based long-term care units were not included in the survey sample because data for this group can be accessed through the Iowa Hospital Association. An overall return rate of 55% was achieved. The health workforce positions about which data were collected were: registered nurses (RN), licensed practical nurses (LPN) and unlicensed personnel including certified nursing assistants (CNA), medication aides and other assistive personnel.

Nearly one-third of respondents provided voluntary comments and feedback on their surveys or in follow-up phone calls. The center invited these individuals to participate in an electronic focus group to explore six topical issues identified by the survey respondents. An electronic format was used to allow participants to submit comments directly from their workplace at a convenient time. The e-focus group was conducted over a 12-week period in spring 2004. During the first week, participants responded to four questions on one of six topical areas. During the second week, they reviewed the composite group responses compiled by center staff and were invited to add comments. This format was repeated for each of the six issues. A total of 15 employers participated regularly in the e-focus group.

Responses of the Long-Term Care Employer E-Focus Group

Topic #1 Quantity and Quality of the Long-Term Care Workforce (45 responses)

Many comments centered on training needs of staff, especially nursing assistants. Mentoring programs are used to supplement basic education for staff members who have the ability and commitment to succeed in the long-term care setting. The participants identified the following needs for additional CNA training in orientation and through continuing education:

- policies, procedures and regulations;
- physical care skills in medication administration, standard practice protocols and the aging process;
- psychosocial skills in dementia care, behavior management, end-of-life care and stress management;
- professional behaviors in time management, teamwork, communication, reliability, responsibility, leadership, positive attitude, respect, hospitality, caring, problem-solving and customer service.

The participants emphasized the need for accessible and affordable training. Suggested venues to build the knowledge and basic skills of CNAs include seminars, workshops, web-based learning and practice

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opportunities in the workplace, and education about the profession in the second year of high school. The need to improve the image of long-term care was a recurring theme. One participant suggested supplementing the Nursing Assistant Registry with an evaluation or point system registry for references.

Topic #2 Impact of the Economy on Health Workforce Vacancies and Turnover (45 responses)

Iowa's weakened economy impacts the nursing home industry both positively and negatively. In some rural areas, the unlicensed applicant pool has increased as small businesses close, manufacturing slows and jobs become scarce. However, displaced workers often lack experience in health care. The participants said some unemployed workers are willing to try being CNAs, complete employer-supported training and may be employed briefly, but are not dedicated health care workers. When businesses that predominantly employ males close, both spouses must relocate resulting in loss of qualified employees. The economy appears to have a greater impact on CNAs than nurses. One participant explained that nurses are likely to consider benefits, but CNAs move among facilities to find higher hourly wages.

When asked to provide examples of the impact of the local economy on turnover in their facilities, the participants said little turnover is experienced among nurses when salary, benefits and professional development are commensurate with those in other health settings. However, most nursing homes cannot compete with hospitals that attract new graduates with bonuses and loan repayment programs. Turnover occurs when RNs travel for higher paying jobs with greater benefits, when LPNs continue their education to the RN level, and when new graduates seek higher paying jobs after gaining experience in the long-term care setting.

While most economic factors impact licensed and unlicensed staff in the same ways, participants said take-home pay is a significant issue for many CNAs who are young single mothers and will change workplaces for even a 10-cent increase in hourly wages. One participant said staff shortages occur during good and bad economic times because they are more sociologic than economic in nature. The employer explained that working with the elderly is only attractive to some workers if it offers high pay or is the only employment option, and in many rural Iowa communities, the stability of the nursing home staff is due to the latter.

Topic #3 Bureaucratic Barriers (31 responses)

Several participants identified bureaucratic barriers in the form of government regulations that impact their ability to meet staffing needs. They identified the following barriers:

- state delays in completing approved curricula to implement federal laws (e.g. nutritional assistant);
- lengthy review process for second-phase criminal background checks;
- Chapter 58 rules that limit efficient use of multi-task workers;
- inequitable state and federal funding for not-for-profit facilities that impacts salaries and incentives;
- cost and accessibility of CNA training, especially for employees who leave employment; and the
- heavily regulated milieu in nursing homes compounded by inadequate time to educate employees.

Several participants expressed concern about the time and cost related to annual surveys and requested fewer surveys for nursing homes that consistently demonstrate high quality care.

The participants provided eight examples of times when a good applicant or staff member was lost to an employer outside long-term care because the nursing home was unable to provide competitive salaries or benefits. They recounted the loss of RNs, LPNs and CNAs to acute care, school districts, physician clinics, insurance companies and other employers that provide higher wages, better health insurance benefits, lower staffing ratios and better work schedules. One employer said the RNs in her nursing home experience stress and resentment despite a competitive salary and excellent benefits because they must work overtime for months while the facility seeks nurses for evening and night positions.

Topic #4 Turnover in Long-Term Care Administrators (40 responses)

The participants identified six causal categories for long-term care administrator turnover, including:

- system issues related to regulatory and reimbursement changes that require relearning and system retooling (e.g. Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare and Medicaid reimbursements, fire marshal changes) but do not support the staff or supplies required to provide quality care;
- staffing issues related to shortages, lack of teamwork, staff who are unable to address deficiencies in a timely manner, and adversarial relationships between line staff and management or administration;
- burnout related to the stress inherent in the industry, job requirements, long hours and unrealistic expectations on the part of residents' families;
- facility survey outcomes that are out of the administrator's control; and
- inadequate classroom and practicum preparation in Nursing Home Administrator programs.

When asked to provide examples of a time when staffing issues significantly impacted job satisfaction, six participants described positive or negative situations. Positive experiences related to hiring competent staff, providing excellent services and working with caring employees who come to work with a helpful attitude.

The participants identified the following four categories of support needed to grow in their positions as an administrator:

- education to increase knowledge about long-term care issues, implement new regulations and procedures, establish benchmarks, replicate best practices and address system breaks;
- funding to support staff wages and benefits, and purchase equipment;
- management teams to network and develop a common vision and goals; and
- regulatory changes to support inspections that are educational and encourage growth from mistakes.

One administrator cited the “nagging fear that, for all your best efforts, you are going to be criminalized for a human error. The reimbursement system, the survey system, the legal system, the press - all have a way of turning an accident or error into a negative experience that could have a catastrophic impact on your career and your nursing home.”

Topic #5 Competition with other Employment Settings (38 responses)

More participants identified competition with other health facilities than non-health facilities. The health facilities currently depleting the pool of qualified nursing home applicants and staff include hospitals, clinics, other long-term care facilities, physician offices, assisted living facilities, home care agencies, inpatient hospice facilities, intermediate care facilities for the mentally retarded and individuals with mental illness (ICF-MR/MI) facilities, temporary pools and community health agencies. Nursing education programs are infrequent competitors. Non-health employers are more likely to deplete the pool of CNAs than nurses. One respondent said competitors include any employer who offers comparable pay and a less stressful work environment. Non-health competitors include factories, insurance companies, casinos, resorts, restaurants and offices that employ clerical workers. One participant explained, “Sometimes the difference is only a few cents, but some applicants and unsettled employees will give up earned benefits for that.”

Six participants identified specific instances in which qualified employees left their facility for other positions. Attrition impacts both licensed and unlicensed staff members who seek employment in settings that provide higher wages, supplementary tips, better benefits and fewer physical demands. In some instances, unlicensed health workers returned to the nursing home because they found factory work too structured. One participant said the instances in which employees leave to work in another health care setting also occur in reverse so “it evens out in the long run.” Some participants questioned why other employers can pay more and requested information about competitor wages and benefits in their local community.

Topic #6 Impact of Simultaneous Aging in Iowa's Population and Health Workforce (43 responses)

The client acuity level (degree of illness) in Iowa's long-term care facilities continues to rise, increasing the number and kind of health workers needed to provide physical and restorative care. Several participants identified that residents are older, sicker and frailer when admitted to a nursing home. Additional professional staff is needed to provide assessments and treatments. More paraprofessional staff is needed to accommodate activities of daily living (ADL) scores and address social service needs. Some facilities are increasing staff hours, rearranging resident room assignments and expanding therapy departments to match acuity levels. One facility employs an aide whose only assignment is bathing to assure that resident baths are completed without taking staff from the floor. To reduce falls, nursing homes are installing mechanical lifts, electric and lower-to-the-floor beds and modern tub systems. Facilities are addressing the needs of an older workforce by investing in mechanical lifts to minimize back injuries, and using Occupational Therapy and Physical Therapy assessments to determine positioning and safety devices. One participant said the average age of professional staff nurses in the facility is 55, most of the evening and night shift staff is over 62 and the full-time night charge nurse is 76. Another reported that of 82 employees, seven are between 55 and 60 years of age, 11 are between 61 and 70 years of age, and seven are 71 years of age or older. The administrator said, "They are dependable and devoted to our facility and the residents. It will be extremely hard to replace them." This was a recurring theme.

Nine participants described how Iowa's Medicare reimbursement rate impacts their workforce. For some, problems arise in the skilled care arena when continuous stays beyond 20 days for therapy and skilled nursing assessment are denied as unnecessary. For others, it is difficult to raise staff wages without increasing room rates for elderly residents. Although reimbursement is lower in rural areas, failure to provide competitive wages results in the loss of potential employees who drive to nearby cities for jobs. One administrator said per-patient staff hours are watched very closely because costs for food, insurance, supplies and utilities are increasing at the same time.

Many comments addressed the public image of the nursing home industry and identified a need for marketing initiatives to promote the benefits of entering long-term care field and building resident census. Suggestions include volunteers to assist with care that is not hands-on, removal of wage limitations to receive Social Security benefits for older people who are willing to work, and provision of improved insurance benefits to all staff. One participant summarized the situation as follows: "It is hard to promote a 'nursing home' as the place to live for our elderly population when they have so many other choices such as independent living, assisted living and home health care. Nursing homes are so heavily regulated in contrast to the other choices that it is no wonder we are the 'last option - just a place to die.' We are really experiencing a census crisis. Today nursing homes have a lot to offer and they promote a healthy lifestyle – but will this be needed when residents enter our facilities at an older age, with more sickness and actually need hospice care?" Another rural participant said, "We need to keep our facilities in operation because our elderly don't want to leave their communities and live the rest of their lives in a city away from family and friends."

Recommendations of the Long-Term Care Employer E-Focus Group to Policy Makers in Iowa

Improve staff wages and benefits. Make wages and benefits of nurses and nursing assistive personnel who care for the residents in Iowa's long-term care facilities commensurate with those of the health workers with similar training and experience in other settings. Lower the cost of medical insurance for employers and lower the cost of liability insurance for facilities. In addition to the knowledge, skills and abilities required to provide safe care, licensed and unlicensed health workers in nursing homes provide specialized, often end-of-life, care and support to Iowa's most vulnerable populations and their families.

Provide accessible, affordable initial and continuing education. Expand Certified Nursing Assistant courses in Iowa high schools, and financial assistance for initial and continuing education to build the skills of all staff. Increase salaries of nursing faculty to promote retention and accommodate increasing enrollments. Provide ongoing educational opportunities for nursing home administrators to increase knowledge about long-term care issues, implement new regulations and procedures, establish benchmarks, and replicate best practices for recruitment and retention. Consider withholding funds from the paychecks of new unlicensed hires and completing full reimbursement after six months of employment to minimize early attrition.

Value the professional opinion of the nursing home administrator. Seek the input of nursing home administrator when developing policies. Recognize the educational preparation and experience of administrators who are responsible for implementing regulations, establishing benchmarks, coordinating surveys and inspections, and educating families and the public about the realities of aging, dementia, unpreventable falls and pressure sores. Provide the administrator current information about workforce supply and demand, salaries and benefits in the local communities, policies in other states, strategies for recruitment and retention, and new services. Promote inspections and reimbursement policies that are educational, not punitive. Understand and value the nature and extent of work that administrators do every day.

Improve the image of the long-term care industry. Design major marketing initiatives, including TV advertising, to focus on the opportunities and rewards of working in Iowa's nursing homes, and to build resident census. Promote positive stories about nursing homes and their innovative projects, mentoring programs and commitment a safe, caring resident environment. Establish opportunities for interested students and new graduates to meet and learn from experienced nurses and nursing assistive personnel.

Institute constructive regulatory and system changes. Increase Medicare and Medicaid funding to improve wages and benefits of the long-term care workforce without increasing resident costs. Re-evaluate the costs and benefits of nursing home surveys, and consider requiring fewer surveys for facilities that consistently deliver safe, effective care. Expedite criminal background checks, and the development of guidelines and curricula to implement new federal laws. Establish a not-for-profit facility incentive plan based on quality of care. Supplement the Nursing Assistant Registry with an evaluation or point system registry for references.

Accommodate the older workforce and prepare new workers for leadership. Identify ergonomic equipment to assist the older workforce to accommodate care loads, and to minimize injuries related to lifting, bathing and transferring residents. Consider innovative scheduling and use of volunteers to provide non hands-on care. Provide continuing education in the use of new technology and equipment. Utilize physical therapy resources to assess and recommend safety devices. Anticipate retirements and institute succession planning to build the leadership and management skills of younger staff members.

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2004 Long-term Care Employer Focus Group

Rod Copple
Green Hills Retirement Community
Ames, IA

Denise England and Cassandra Johnson
Panora Nursing and Rehabilitation Center
Panora, IA

Julie Fedders
Brentwood Good Samaritan Center
Lamars, IA

Connie Ferrell
Maplewood Manor
Keota, IA

Joleen Goergen
Sunset Knoll
Aurelia, IA

Bonnie Hartwig
Country View Manor
Sibley, IA

Barbara Keninger
The Presbyterian Village
Ackley, IA

Laura Knowles
Northcrest Health Care Center
Ames, IA

Melessia McGinnis
Carroll Health Center
Carroll, IA

Gay Melby
Denison Care Center
Denison, IA

Kenneth Poock
Northcrest Care and Rehabilitation Center
Council Bluff, IA

Mary Ruyter
Northwest Iowa Health Care Center
Sheldon, IA

Debra Schroeder and Janet Simpson
Woodland Terrace
Waverly, IA