Direct Care Workers—Number One Quality Indicator in Long-Term Care

A Consumer's Perspective

Carol Teal

In the last five years I have learned much about long-term care, as it has affected my personal life as well as my professional life. One thing has remained constant: my belief that staffing issues are at the center of all discussions about quality of care. Every individual in a nursing home or assisted living residence is there because they cannot live independently. They need help with medical needs or personal care needs. And the person providing this help is the direct care worker.

Much has been written about the long-term care workforce crisis by policy think tanks, state task forces, academicians, and provider associations. The issues are all very complicated on some levels but painfully obvious on another: The simple truth is that the only way to provide high-quality care for adults who cannot live independently is to provide a high-quality job for the direct care worker.

Listening to Workers

Among the programs sponsored by Friends of Residents in Long-Term Care, one of my favorites is an event called "A Conversation with Friends." We invite direct care workers from nursing homes and assisted living facilities in a particular county to join us for a half-day. One purpose is to thank them for the important and demanding jobs they do; another—and equally important—purpose is to listen to them. I am always inspired by the simple wisdom that can be gained from listening. We break into small groups for a facilitated conversation with the workers. We ask what they like about their jobs, what makes their jobs difficult to do, and what would improve their jobs. Some answers are predictable, and others could only be known by someone on the front line of care. The workers' most common answers are listed in the Table on the following page.

We invite local decision makers, legislators, county commissioners, and others to join us for lunch and hear the "reporting out" from all the small group conversations. This is a powerful way for the story to be shared about what it is really like to work in a long-term care facility. I think the world of long-term care would be a better place if all players, from administrators to family members to policy makers and legislators, would walk a mile in the shoes of the two people at the center of this universe—the direct care worker and the resident.

All the comments from direct care workers seem to fall in one of the following categories:

1. They need adequate compensation and benefits to take care of their families.
2. They need the training necessary to perform their jobs competently.
3. They need to have a reasonable workload.
4. They need to be valued and respected for the work they do.

This is what we all need in our jobs—and what we all have a right to expect. It is this information gained from conversations with direct care workers that informs and drives our public policy advocacy.

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Table. Most common responses to questions about job quality, from direct care workers in Orange County, March 2001.

What do you like most about your job?

- Sense of responsibility in caring for residents (providing love, feeding, bathing, dressing, applying make-up)
- Giving folks dignity, respect, and a sense that they are not alone
- Families' satisfaction with the job done
- Sense of one big family—working as a team
- Learning from residents' life experiences (many different cultures)

What makes your job difficult to do?

- Lack of support system, especially dealing with death
- Expectation to be "super human"
- Not enough staff; not enough pay; not having proper equipment; lack of advancement
- Combative or difficult residents; residents who abuse medication
- Lack of appreciation, recognition, rewards, respect; only mistakes recognized

What would improve your job and help you provide better quality care to the residents?

- Better staffing ratios, especially for feeding
- More salary; pay differential based on experience and knowledge; benefits, including mental health, paid vacations, benefits for dependents; a career ladder
- Inclusion of CNAs on State Survey Team, in formulating residents' care plans, and on residents' admissions
- Ongoing training that promotes teamwork; training in care for dementia, difficult behavior, depression
- Union or advocacy group for CNAs; support groups; listening sessions with administration

Listening to Families

The majority of calls we receive in the Friends of Residents office fall into two categories: people with questions about a long-term care placement, and family members already in the long-term care system with a question or complaint. Most of the complaints we receive can be attributed to some aspect of direct care staffing: not enough staff available to do the job, inadequate training, or high turnover rates. Most family members are very grateful for the work of the direct care staff and understand that they are often placed in the difficult situation of having many severely impaired people to care for.

Listening to Providers

Most providers of residential long-term care say they have inadequate resources to pay for the care that is necessary. Public funding sources pay for the vast majority of long-term care in this country, both at the nursing home level and the assisted living level. As a former CPA, I am fascinated by the story the financial information tells. I am convinced that more public resources need to be devoted to long-term care, but this will happen only when consumers and legislators understand what the numbers tell about "where it comes from – where it goes." Moreover, it will happen only when we have a reimbursement system that rewards quality and directs resources to direct care expenses. The analogy can be made to public education, where taxpayers are generally very supportive of additional funds that go directly into the classrooms. The assault on Medicaid currently playing out all over the country has disastrous implications for all levels of long-term care. Providers and consumers should join together to demand that budgets not be balanced on the back of frail elderly and disabled citizens.

The Vision

I find very useful and humbling the exercise of imagining some event, perhaps a stroke or a car accident, that will seriously disable me, render me incapable of caring for myself. What would I want a long-term care residence to be like? There are many things I would consider, from staffing to food to the physical and social environment. But what I would want the most is for the people that fed me, bathed me, dressed me, and took me to the bathroom or changed my diaper to be caring and compassionate and perform their jobs

in a professional manner. This can only happen if we devote public resources to adequately compensate direct care workers, give them reasonable workloads, and value and respect them for the work they do. It requires a public will to do this, and it will require sacrifice of other priorities. The vision is to create places where people want to live *and work*. I think it is relatively easy to imagine what this looks like. I think it is very difficult to muster the public will to fund it.

The Barriers and Solutions

The chief barriers to achieving the direct care workforce we need are those things that make the job unattractive. We have to make this a job people want to do. And government, as the primary payer of these services, must take the lead in making it so.

Wages. The job of the direct care worker must be adequately compensated. As long as we have poverty level wages, we will have poverty level care. If people have to work two jobs to support their families, it is unreasonable to expect them to bring a great deal of energy, patience, competence, and compassion to their work. One solution is wage pass-through legislation that would increase wages that are paid for through a Medicaid funding source. Legislation was introduced in the last session of the NC General Assembly to appropriate $17 million to match a federal Medicaid appropriation of $57 million. These funds would have been used to provide a 10% labor enhancement to nurse aides and personal care aides, who provide most of the direct care to elderly and disabled individuals. This bill was a budget casualty in 2001.

Benefits. Many direct care workers do not receive health care benefits. I find this especially ironic. We expect them to play a vital role in the health care delivery system, yet they don't have health care benefits for themselves or their children. State-supported buying pools should be explored. Financial incentives should be given to employers who pay for this benefit for employees. Offering health insurance that employees must pay for is not particularly helpful to people struggling to pay their bills.

Reasonable workloads. This important aspect of job enhancement is often overlooked. People need to feel good about what they do, and having an assignment that is possible to do (and to do well) is very important. This brings us to the whole realm of minimum staffing requirements. Here it is important to understand that nursing homes and assisted living homes operate in different regulatory environments. Nursing homes are regulated at the federal level through the Centers for Medicare and Medicaid; currently there is no federal minimum staffing ratio for nursing homes. This is a hotly debated topic at the national level. North Carolina does have a requirement for 2.4 hours of care per person during a 24-hour period. The National Citizens' Coalition for Nursing Home Reform contends that over 4 hours of care is needed in order to provide care that does not harm residents. The adequacy of minimum staffing requirements is the two-ton elephant in the middle of the table that no one is talking about because it has such a big price tag on it.

Similar challenges exist at the assisted living level, where the regulation is at the state level. Minimum requirements are stated in ratios by shift, an easier measure for consumers to understand. Family members often ask me, "How many people are required to be there?" A general answer is, one personal care aide for 20 residents during the first two shifts and one personal care aide for 30 residents during the third shift. This is probably adequate for a population of residents who are not seriously physically or cognitively impaired; it is clearly not adequate, however, in situations where a large number of residents require assistance with most of the activities of daily living. Prior to 1998, the ratio on the third shift was one personal care aide to 50 residents. Improving ratios requires large public expenditures and is very difficult to achieve.

Respect. As the only category that doesn't require money to implement, this is in a way the easiest to do. It is also the hardest to do. It requires a change in attitude on everyone's part. Family members need to be more understanding and realistic in their expectations. They need to take the time to get to know the people who take care of their loved ones. And they need to say thank you. Nurses need to involve direct care workers in care planning and be supportive and helpful. Administrators need to make sure direct care workers have the supplies they need to do their jobs. Administrators need to have an adequate plan for assuring that people don't have to "work short." If a certain percentage of workers on a particular shift "call out" this needs to be factored into the staffing schedule. Another administrative strategy that respects workers and residents is permanent assignments to a particular resident. This allows direct care workers to develop a relationship with residents. This benefits everyone, especially cognitively impaired residents. We need public and private appreciation events for direct care workers. The response to hearing that someone is a nurse aide in a nursing home needs to be, "that's wonderful; thank you for doing that very important job."

Educating Consumers

It is possible to turn this workforce crisis around and make the job of the direct care worker more attractive. It will not be an easy task. The studies have been done, and there is widespread agreement on what needs to be done. The blue-

print for North Carolina, put together by the Institute of Medicine's Long-Term Care Task Force, is an excellent roadmap to quality. Some recommendations have been implemented, but many that require resources have not. Now is the time for action, and all stakeholders must join in an effort to educate the public about workforce issues in long-term care.

Demanding Quality

Consumers have an important role to play in this effort. Most people can imagine the type of care they want their loved one to receive. Educated and informed consumers will know what is needed to get there, and they will realize the importance of a strong collective voice that stays committed over the long haul. Consumers have to demand quality, and they have to join hands with providers, policy makers, direct care workers, and others to fund the system that people need and deserve.