May the (Work) Force Be With Us

Dear Dr. Steve: During the COVID pandemic, my facility lost many staff and is still struggling to find enough qualified and willing individuals to provide direct care. Also, it seems that capable and willing medical practitioners (physicians, nurse practitioners) are in short supply. Is this all related to the pandemic? What can we do about it at our facility?

Dr. Steve Responds: Due to the COVID-19 pandemic, there has been much talk about workforce issues in post-acute and long-term care. According to an American Medical Association study conducted in 2021, “approximately 1 in 3 physicians, advanced practice providers (APPs), and nurses surveyed intend to reduce work hours. One in 5 physicians and 2 in 5 nurses intend to leave their practice altogether” (Mayo Clin Proc Innov Qual Outcomes 2021;5:1165–1173).

As with all issues, it is important to put the health care workforce situation into perspective. There are a few key things we can identify and implement while we wait to see the results of much grander and costlier proposals.

None of This Is New

Nursing homes have faced many challenges for as long as they have existed. An adequate workforce has been a long-standing issue, including the challenges of attracting and keeping competent direct care staff and licensed health care professionals (Hospitals 1988;62(9):77). All segments of the health care system have faced increasing demands for improved care and expanded services — even before the pandemic.

Relatively few physicians are interested in PALTC. Comparatively few physicians working in nursing homes have adequate training and skills in medical direction. Again, this is not anything new. A 1982 article, “For Fun and Profit: How to Install a First-Rate Doctor in a Third-Rate Nursing Home” (N Engl J Med 1982;306:743–744), identified the absence of attentive attending physicians as leading to limited oversight of medical practice. The article lists some of the attributes of first-rate physicians: being able to take a balanced approach to the nursing home patient with a hybrid of community-based and hospital-based care; and enjoying working with other nursing home professionals, applauding their devotion and expertise, and relying on their input and support. In the four decades since then, first-rate nursing homes have continued to struggle to attract and retain first-rate medical practitioners.

Modeling Management

There are many model frameworks for improving the workplace and attracting and retaining employees. For example, the Baldridge Excellence Framework (https://www.nist.gov/baldridge) addresses many aspects of organizational quality and includes a section on workforce. This framework asks an organization to assess and discuss the skills, competencies, and numbers of staff needed; to prepare the workforce for changing capability and capacity needs; to recruit and hire a diverse workforce; and to organize and manage the work.

Another example of the application of basic management and organizational principles is the Wellspring Model, which has been promoted by Wellspring Innovative Solutions for Integrated Healthcare since its formation in 1994. This model “combines resident-directed care concepts, staff empowerment, and clinical training modules” (“Improving the Quality of Nursing Home Care: The Wellspring Model,” Commonwealth Fund, Aug. 6, 2004, https://bit.ly/3O7Pkwq).

In his book, Dignity at Work (Cambridge University Press, 2001), sociologist Randy Hodson, PhD, discussed the question of how people seek dignity via meaningful and fulfilling work. The studies on which his book is based identified mismanagement — even more than abusive management — as the biggest threat to working with dignity. According to Dr. Hodson, dignity is related to a sense of self-worth and self-respect and enjoying the respect of others. Incompetence and mismanagement undermine dignity as much as, if not more than, anything else — including abuse. Although people “can find ways to work around abusive managers,” they “don’t want to be involved with chaotic, mishandled workplaces where nothing gets done well and people feel like they can’t be effective” or receive needed support. Additionally, employees who have incompetent or abusive managers tend to not get along with each other, either — adding to the workplace tensions.

How do we create a rational, organized work environment? Meaningful efforts do not have to be fancy or expensive. Nothing beats effective problem-solving and preventive measures.

Focusing on the Basics

Although it does not specifically address health care or nursing homes, the book by business consultant Ferdinand Fournies, Why Employees Don’t Do What They Are Supposed to Do, and What You Can Do About It (McGraw-Hill, 1999), is highly relevant to optimizing performance and improving dignity and work satisfaction in our setting as well.

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According to Mr. Fournies, most people at work do most of what they are supposed to do most of the time. Some people do more than they are supposed to do, but even good performers sometimes do things wrong or not at all. The most problematic performers don’t seem to do much of anything right a good part of the time. A rational workplace results from management identifying specific reasons why people do not do what they are supposed to do and then addressing them with specific measures.

First and foremost, people must know what they are expected to do, why they are expected to do things or do them in a particular way, and how they are supposed to do them in order to get desired results. If the “what, why, and how” are known, people may still not do what they are supposed to do for identifiable reasons — for example, if they think their way is better, they think the established way won’t work, they fear negative consequences for doing it the established way, or there are no meaningful consequences for doing it the wrong or undesired way.

In other words, as Mr. Fournies explains and I have written about in the past (J Am Med Dir Assoc 2001;2:125–133), management is more about bridge building than rain dancing. Concrete measures taken by managers to address specific causes of inadequate or inappropriate performance, based on an effective management “diagnostic diagnosis,” can make a meaningful difference in performance, whereas wishful thinking, vague generalities, and hoping for the best are likely to give mixed results.

Creating a Rational Workplace

Attracting and retaining staff and practitioners requires creating a more rational work environment. Effective management must coordinate the activities of a diverse group of individuals to achieve a rational and organized work environment that can achieve effective, efficient, safe, timely, person-centered care while giving the staff and practitioners a sense of dignity and satisfaction with their work. As I have noted, “caring for patients with health-related conditions such as incontinence or dementia involves clinical tasks such as assessment, cause identification, treatment, and monitoring, [but to ensure] that these processes other care-related procedures are handled well requires management” (J Am Med Dir Assoc 2001;2:125–133).

In these challenging times, we are wise to not get caught up in overly elaborate and costly overhauls. Instead, we should concentrate on implementing basic, viable approaches that improve the organization and orderliness of the practice and work environment. Over the past several years, some of my previous columns have identified basic, low-cost approaches that can improve care and practitioner and staff satisfaction with their work and practice. For example, universal use of the full-care delivery process and cause identification can improve systems and enhance results (see OBRA Regulations Revisited in Caring for the Ages 2020:21[2]:11). These are all proven approaches to obtaining substantial results and thereby enhancing work satisfaction.

In contrast to these basic, well-established approaches, some recommendations for workforce retention and improvement — such as training more nurses and geriatricians — are big and costly. We are not likely to materially increase the supply of the other needed practitioners or ever keep up with the demand. But do we really need more geriatricians to staff nursing homes? Or do we need more practitioners who know how to apply basic medical principles combined with administrators and other managers with basic management skills to oversee and operate a consistent, well-coordinated system founded in the care delivery process and the use of competent clinical reasoning and problem solving?

There are many theories about how to attract and retain staff and practitioners in nursing homes. Many things that make a huge difference are neither
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safe and bring them joy and hope every single day.”

Also at the “Healing Together” webinar, Sherry Perry, NAHCA board chair and a long-time CNA, urged her audience, “Lead a transformation in the culture of the care team. Strongly encourage CNAs to be included in care planning meetings. Identify certain pieces of information they can bring to the table, seek their input, and listen to their ideas and comments.” She also suggested bringing a CNA familiar with the unit to accompany providers when they make rounds.

NAHCA board member and CNA Sheena Bumpas further suggested, “Build a robust professional relationship with your CNAs. Thank them when you see them, understanding that they normally only get recognition from residents and their families.” She also offered, “Help us be the best we can be, whether through recognition or education. Take us on rounds, invite us to a seminar, and include us on a regular basis in care planning and problem solving.”

Debbie Bouknight, president of the South Carolina Activity Professionals Association, said that facilities are facing similar challenges attracting activities and recreation staff. She said, “I’ve been in this field for 36 years, and this is the worst I’ve ever seen.” She observed, “Wages have always been an issue, when even people with four-year degrees are getting paid as little as $16 an hour.” However, she stressed that there are other issues, such as support from management and lack of respect.

To attract good activities staff, Ms. Bouknight suggested:

• Hire enough staff to meet your needs and expectations.
• Raise salaries but also the expectations of the type of people you hire. More qualified people means higher salaries and vice versa.
• Be supportive with budgets. “I know so many people who have to buy their own supplies because their budgets are so low. You need to give activities staff the budget and resources they need to meet your expectations and have a good program,” said Ms. Bouknight.
• Provide access to continuing education. “You can’t get everything you need from a webinar. Be supportive of continuing education and certification so you have highly qualified staff,” she said.

Melt the Snowball

Although the staffing crisis isn’t going away any time soon, the attention this issue is receiving on the national and state levels is significant and promising. “These are challenging times, but we’re all in this together,” said Dr. Eber. “To help address the workforce issues, we need leaders who are comforting, honest, realistic, hopeful, and relatable. I want to be this kind of leader and help us through this.”

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complicated nor costly. Conventional wisdom has not necessarily identified the right issues or approaches, but good management is crucial. No one answer suffices: it is imperative to rethink how we are trying to address these issues. Ultimately, bridge building holds the key, and medical direction must be viewed as a vital part of this engineering for the sake of a viable workforce.

Dr. Levenson has spent 42 years working as a PALTC physician and medical director in 22 Maryland nursing homes and in helping guide patient care in facilities throughout the country. He has helped lead the drive for improved medical direction and nursing home care nationwide as author of major references in the field and through his work in the educational, quality, and regulatory realms.

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