A few weeks ago, I was conducting staff training on the assessment and care of individuals living with dementia at a local post-acute and long-term care (PALT C) facility that I collaborated with intermittently over the past several years. One of the caring, highly qualified, and optimistic nursing managers shared her concerns related to the increasing challenges with staff recruitment. She said, “I guess no one wants to work in long-term care anymore.” This facility and many others have been experiencing staffing shortages, which are now widespread in nursing, recreation, environmental, and dining services. After our brief conversation, she hurried from the long-term care unit to the skilled unit to assist an agency nurse with a resident who was resisting a needed dressing change.

I appreciate that many PALT C facilities were experiencing persistent staffing challenges even before the COVID-19 pandemic; however, this particular PALT C facility had been relatively immune to major workforce concerns. Historically, they had infrequent changes in facility leadership, and a core group of dedicated direct care staff had the knowledge and experience to provide high-quality care and partner with families. This PALT C facility had enjoyed an excellent reputation in the local community for many years, and staff recruitment and retention had rarely been a challenge for them compared with many other facilities in the surrounding area.

Unfortunately, during the early months of the pandemic, a significant number of direct care staff resigned due to fears of workplace exposure to COVID-19; competing family care demands, or increasing responsibilities associated with childcare and virtual education. As state and local governments lifted the lockdowns and COVID-19 vaccinations became widely available, a second wave of resignations ensued. Some of the staff who had stayed and worked during the first year of the pandemic were lured away by more lucrative employment opportunities within health care staffing agencies and acute care settings. Others resigned and pursued careers outside of health care following a year of fear and exhaustion. Others struggled with the stigma associated with working in PALT C that was amplified in the news and readily accepted by the public.

Currently, the Biden-Harris administration is focusing on nursing home reform with attention to PALT C workforce issues, including the use of mandatory minimum staffing requirements, collaboration with private sector partners and labor unions to establish career training and pathways in PALT C, and expansion of Nursing Home Care Compare to include data about staff turnover (The White House, “Fact Sheet: Protecting Seniors by Improving Safety and Quality of Care in the Nation’s Nursing Homes,” Feb. 28, 2022, https://bit.ly/3jtfvja). These are beginning steps, but we will need to have more challenging discussions regarding financial resources for resident care and adequate wages and benefits for direct care staff.

The challenges in workforce development and retention are significant and may seem impossible to surmount. However, clinical leaders, such as medical directors, attending physicians, physician assistants, nurse practitioners, directors of nursing, consultant pharmacists, social workers, and others can play important roles in the recruitment and retention of the PALT C workforce.

Precepting and Training: Just Say Yes!

As an educator in an adult gerontological primary care nurse practitioner program where our students have at least one semester in a PALT C community, I have consistently found that we attract a few students in each cohort to a career in PALT C who otherwise would not have considered it. Unfortunately, during the height of the COVID-19 pandemic, the students and trainees were restricted from PALT C settings, and older adults in outpatient settings were more likely to postpone medical care. This resulted in students and trainees having less exposure to older adults outside of the acute care setting.

As clinical leaders, we again have the opportunity to actively engage with students and trainees and demonstrate all that a career in PALT C has to offer. Many students and trainees appreciate caring for individuals where they live, as well as the flexibility of appointments and the opportunity to contribute as a member of the interdisciplinary team. Exposure to the nursing home setting with an enthusiastic mentor is one of the best ways to dispel the myths and negative perceptions that many students have about aging and PALT C.

Consider partnering with other clinical leaders to have students and trainees from a variety of disciplines complete some of their training in your long-term care community.

Communication/Responsiveness Promote Staff Retention

A recent qualitative study explored the perspectives of nursing assistants on staffing in nursing homes during the COVID-19 pandemic (Health Serv Res, Mar. 10, 2022; doi:10.1111/1475-6773.13954). The nursing assistants shared that teamwork across staff, leadership and transparent communication, and the accessibility and responsiveness of leadership within the PALT C community impacted staff retention.

As clinical leaders within PALT C, it is our responsibility to be responsive to direct care staff when they communicate their concerns. Make sure your direct care staff know you and that you know them. Encourage them to reach out to you proactively if they have concerns about a resident, especially a change in resident status.

A great tool for communicating a change in resident condition is the Situation, Background, Assessment, Recommendation (SBAR) tool. It works even better if the practitioner takes the time to walk through the process with a staff member who may be unfamiliar with it. Briefly explaining your rationale for the chosen treatment or specific strategy for ongoing monitoring of a resident may provide an opportunity for teaching about geriatric care principles.