The CNA Crisis: Turning Ideas Into Action
By Joanne Kaldy

Although better wages are one solution to the certified nursing assistant (CNA) shortage in post-acute and long-term care facilities, there are many other reasons CNAs are leaving their jobs. Lori Porter, CEO and cofounder of the National Association of Health Care Assistants (NAHCA), said, “It was never all about pay. It’s about respect, benefits, appreciation, and opportunities.”

Pandemic Impact
CNAs have always had challenging jobs, Ms. Porter said. “As the pandemic progressed, the role of CNAs became one of the most dangerous jobs in the country. They often lacked access to personal protective equipment (PPE), and they had to re-use masks and wear garbage bags as gowns.” She added that this physical toll was only one issue. “Many CNAs were deeply affected by their experiences on the pandemic’s frontline. They emerged as survivors, yet many continue to be sick, grieving, burned out, and fraught with PTSD (posttraumatic stress disorder).”

A recent NAHCA survey of its members offered some insights into how CNAs feel about their jobs and the industry currently. Poor wages and benefits were cited as a top reason CNAs have left or are considering leaving their jobs, but respondents also cited burnout/exhaustion and lack of respect from leadership as reasons for their departures. The majority of CNAs said it would take better wages and benefits to keep them or lure them back, but about half of respondents said they want better training and opportunities for career advancement/development.

The comments submitted by the CNA survey respondents revealed the extent of their frustrations. For instance, one said, “I left my job because the 12-hour shift was too much for me. I had 14 to 16 [residents] per night with showers and baths and [taking blood pressures] twice per shift, especially at 10:00 p.m. and again at 4:00 a.m. I spent more time waking my patients up all night. It was miserable.” Another said, “I feel burned out, not appreciated from leadership. I feel like the nurses are not the only ones on the frontline — we are, too. But we always get overlooked, when we know the patients better than the nurses do.”

Ms. Porter said, “How simple this would be if people would only listen. If I’m an administrator and I work for a company where I can’t do anything about your pay or benefits, I should be looking at what I can do.” She added, “CNAs want to know that you fight for them, that you’re on their side.” This isn’t about a one-and-done effort, she stressed; rather, it needs to involve ongoing efforts that are embedded in the organization’s culture.

“Give CNAs something to do that lets them know you respect them,” suggested Celeste Wootten, a long-time CNA and NAHCA board member. For instance, she suggested using CNAs as “conciencers” to guide and advise agency staff. NAHCA board member and CNA Karren Ganschewitz, observed, “Many CNAs have more than one certification. I have seven. People like me are giving you amazing opportunities to advance them and use their knowledge and expertise to improve resident care.”

Medical Directors and CNAs: Healing Together
At a Healing Together webinar, members of AMDA – The Society for Post-Acute and Long-Term Care Medicine and CNAs came together to discuss the staffing shortages and potential solutions. During the program, Ms. Porter said, “CNAs have been called heroes during the pandemic, but it’s more than a word. Heroism is ingrained in how they act, work, think, and feel every day. They do not have jobs; they have relationships.” At the same time, Swati Gaur, MD, MBA, CMD, the Society’s 2022 Medical Director of the Year, said, “Essentially every member of the team is important. I’ve rounded with CNAs, and it was incredibly powerful for me.” She added, “I want CNAs to come and alert me if they are seeing something that concerns them.” These insights can prevent hospitalizations and even save lives.

The Society’s Behavioral and Mental Health Advisory Council has identified several action items for medical directors from the Healing Together program:
- Ensuring CNAs are included in care planning meetings.
- Including CNAs when making rounds.
- Greeting CNAs at the facility.
- Providing educational opportunities for CNAs.
- Reviewing resident cases with CNAs and listening to their observations about residents.
- Involving the medical director in onboarding.
- Creating a career ladder for CNAs.

The Council also identified several opportunities for Society members and CNAs to work together, such as jointly authoring articles, best practices documents, and poster presentations.

Better Not More
Just bringing in more CNAs is not the solution, Ms. Porter stressed. “Desperation hiring has brought in more inexperienced people without a passion for the work. In the meantime, we’ve lost some great talent with decades of experience.” She added, “If we are allowing career CNAs who have been at this for decades to leave for $2 to $3 an hour [more], shame on us. If we’re allowing them to leave because they feel they don’t have value, shame on us. We can’t afford to lose team members who often risk safety and make personal sacrifices because they love their residents and care about their comfort and happiness.”

Retaining Staff
Continued from previous page

“It encourages the team to show appreciation to each other ... to say thank you for doing something amazing for a resident, for helping at an event, for going above and beyond in picking up shifts, for attending to a more challenging family,” Ms. Frederick said. Staff can save their notes and submit them for a monthly prize drawing as well as an annual drawing at the facility’s holiday party.

Staff are also recognized with monthly awards that reflect the company’s mission and values and that are staff-driven, with individuals nominating one another and then collectively choosing award recipients. The “Mission-Vision-Value Challenge” program has been so popular, Ms. Frederick said, that she is rolling it out at other facilities.

Gifts are also given to staff who experience a milestone — a new home, for instance, or an engagement or pregnancy — and team members who experience a hospitalization are sent a meal upon their return home. “Part of our mission-vision-values is family serving family,” said Ms. Frederick. “You don’t want to leave [a job] if you’re treated like family.”

Christine Kilgore is a freelance writer based in Falls Church, VA.

Discover Opportunities. Recruit Talented Staff.

Visit AMDA’s CAREER CENTER

careers.paltc.org