

Armed Forces Veterans Homes Foundation

EXECUTIVE SUMMARY: “VETERANS HOMES NURSING CARE AT THE CROSSROADS”

This study of the shortage, recruitment and retention of nursing staff in veterans homes was conducted in 2002-2003 by the Armed Forces Veterans Homes Foundation (AFVHF) with support from the Kellogg Foundation and with the cooperation of the National Association of State Veterans Homes (NASVH). Nine Veterans Homes were selected from the NASVH membership. The participating Homes were chosen for geographic region and other factors such as size and rural or urban location. Two hundred and forty two staff participated in focus groups and completed a questionnaire. Four nursing staff levels were included: CNAs, LPNs, RNs and Nursing Supervisors. Directors of Nursing and Home Administrators were also interviewed.

The following Executive Summary highlights the key findings. We encourage you to read the full report, which has also been sent to all Veterans Home administrators.

I. NURSING SHORTAGE

All focus group participants perceived a shortage of nursing personnel, particularly of CNAs and LPNs. However, several supervisors stated that if all scheduled employees would show up for their shifts there would be enough workers.

The CNAs, and to a lesser degree other staff, were concerned that personnel shortages resulted in reduced care for residents. The majority of staff saw long term care as their choice of employment and regarded the Veterans as “family.”

II. FACTORS CONTRIBUTING TO THE NURSING SHORTAGE

NURSING STAFF QUALITY OF LIFE

A. WORKLOAD, OVERTIME, SCHEDULING

- **Overwork and Burnout:** Most nursing staff experienced overload and lack of time to provide care due to overwork, working short or forced overtime. Many said that some Homes get a bad reputation for employee burnout, which complicates recruitment and retention of personnel.
- **Acuity Levels:** Acuity levels among residents are increasing, putting higher demands on staff.
- **Inadequate Time:** According to the nursing staff, the time allotted to doing their job is inadequate. (CNAs, 33%; LPNs 39.5%; RNs 43.5%; SNs 41.5%)
- **Work Schedule:** Uncertain work schedules were cited frequently.

- “Do you consider scheduling fair most of the time?” SNs, 39% Yes; RNs, 33% Yes; LPNs, 25% YES; CNAs, 35% Yes
- “Do you favor a new scheduling method?” CNAs, 57% YES; LPNs, 74% YES; RNs, 76% YES; SNs, 70% YES

B. RESPECT AND APPRECIATION

- **Appreciation for Work:** 53% of CNAs, 57.5% of LPNs, 42.6% of RNs, and 42.6% of SNs feel that they are infrequently appreciated for their work.

“To stay here I would want respect, period.” (LPN) “Being talked down to and not being treated like an equal human being is something that causes people to leave.” (CNA)

C. SALARY AND BENEFITS

- **Low Pay:** Low pay, particularly for CNAs and LPNs, was noted by many.
- **Benefits:** Good benefits were cited as a positive feature of State Veterans Homes

“The benefits are better here. They keep me here.” (CNA) “What motivates me to come here is the State pension.” (RN)

SUPERVISORS AND SUPERVISION

STAFF COMMUNICATION

- **The RN Perspective on Themselves:** 80% of RNs say they are involved only infrequently in decisions made by their superiors.
- **The RN Perspective on Lower Level Staff:** 55% of RNs feel that LPNs are infrequently included in care planning meetings. 49% of RNs feel that CNAs are infrequently included in care planning meetings.
- **Lower Level Staff Perspective:** 55% of CNAs and LPNs feel that they are infrequently involved in care planning meetings.

“We should be involved in the care plan because we are more involved with patient care.” (CNA)

TRAINING

- **Job Preparation:** The majority of all levels of nursing staff felt that they and other staff were adequately trained to do their jobs. However, adequate and accessible opportunities for further training remain scarce.
- **Training Opportunities:** Inability to attend training was a common problem due to work pressure while evening and night personnel also stated that most training is offered during the day shift.

- Relevant training is important for recruitment and retention (skills and knowledge for dealing with resident psychological problems and/or physical aggression, knowledge of geriatrics and aging).
- 44% of SNs, 57% of RNs, 65% of LPNs and 43% of CNAs stated that opportunities for training/career development were infrequent.
- Accessible training includes short modules (15-20 minutes), work or home computer, and distance learning. 88% of SNs, 86% of RNs, 97.5% of LPNs and 75% of CNAs stated that they would use onsite distance education opportunities. (64% of LPNs and CNAs have access to a home computer; 46% use it frequently.)

III. DECIDING TO REMAIN ON THE JOB

A. WHY PEOPLE LEAVE

- Better pay elsewhere
- Salary inequities
- Absence of job satisfaction
- Seeking better working conditions

B. WHY PEOPLE STAY

- Compassion for residents
- Long term care is their preferred field (80%+)
- Advancing in the nursing profession is the top career goal for many. (CNAs, 70%; LPNs, 69%; RNs, 49%, SNs, 49%)

C. OTHER FACTORS AFFECTING RETENTION

- Child care. 84% of study participants have children, 58% are married.

“Offering childcare would really help with recruitment.” “We have brought up day care, and it is a sore subject. People cannot afford to work and have day care. They (the Homes) would keep people longer”

- “How can a Home help you reach your goals?” Respondents answered as follows, in order of preference:
 1. Education and training
 2. Scheduling
 3. More staff
 4. Better pay