

The Long-Term Care Nursing Workforce: Who Will Take Care of Our Rapidly Growing Aging Population?

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Nursing in Long-Term Care Facilities Is Complex

Approximately 40,000 North Carolinians reside in skilled nursing facilities. These patients are often medically complex and functionally frail. The acuity level continues to rise and many patients require intensive nursing rehabilitative services in addition to close medical and nursing supervision. Multiple diagnoses, co-morbidities and confounding complications are common. Nurses employed in nursing facilities work with the highest degree of independence and skill.

Unlike hospital settings, long-term care nurses work without the continuous presence of physicians, emergency teams and advanced practice clinicians. These nurses must thoroughly assess patients who are likely to have communication deficits or some degree of dementia, and then communicate their findings to attending physicians, initiate nursing care plans, and respond to acute changes in patients whose conditions are unstable.

Not only are the keenest of clinical skills required to meet the needs of a medically complex patient population, the nurse working in a skilled nursing facility must utilize exceptional communication skills and navigate artfully through the emotions of patients and families. Patients and families are often overwhelmed by a recent catastrophic health event, immediate need for placement in a nursing facility and the stress of the many decisions to be made. Placement in a nursing facility is a major life event.

The guilt families may feel, along with the new responsibilities they face often render them somewhat in the care of the nurse as well. Nurses in skilled nursing facilities must ease the adjustment to this new phase in life for their patients and families. This nurse must bring the patient and his/her family

into the “team” and lead the team in making decisions to face the challenges ahead. Extreme demands are placed on the emotions of the nurse who forges deep and important relationships that endure far beyond rendering immediate care. Nurses in skilled nursing facilities are there for the patient and family over the long term.

Patients in nursing facilities require extensive assistance with activities of daily living such as bathing, grooming, toileting and mobility. Statewide, over 20,000 nursing assistants are employed by facilities to assist with this care. Like the professional nurses with whom they work, they must possess special skills and caring

hearts. The professional nurse must interact with these indispensable paraprofessionals with honed delegation and supervisory skills while functioning as the cornerstone for multi-disciplinary teamwork.

A metamorphosis has begun in skilled nursing facilities. The patients traditionally served comprise one facet of needs and expectations. Skilled nursing facilities have begun to see a new generation of customers emerge with a new generation of needs and expectations. Because of this emergence,

North Carolina’s nursing facilities will be facing an explosion in the demand for services. Not only are adequate numbers of professional nurses essential, but appropriate educational preparation and an assessment of models of care for the future are crucial.

Factors Affecting the Supply of Nurses and Nurse Aides Prepared to Work in Long-Term Care

To embrace these future demographics we must carefully examine the current external and internal factors relevant to the

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supply and demand for nurses. Among the external factors specific to nursing facilities operating in every county:

- Regional access to nursing education
- Bias against long-term care in the academic settings
- Utilization of “slots” in approved nurse aide training programs for nursing students as a prerequisite for nursing programs, thereby greatly limiting the availability of classes for nursing assistants
- Limited supply of experienced faculty with geriatric training and experience
- Uniqueness of the medically complex and frail elderly patient population
- Age-related pharmacological issues

These factors result in few graduates interested in or possessing adequate preparation for the unique challenges demanded by the long-term care healthcare environment. The complexity of the regulatory environment not only limits the skilled nursing facility’s access to registered nurses, but also to Family and Geriatric Nurse Practitioners and Clinical Nurse Specialists. There is little research to identify efficacious staffing models for skilled nursing facilities. Even so, there is strong evidence that the presence of advanced practice nurses improve care outcomes. Many barriers make it difficult to infuse these types of practitioners into long-term care.

Where Will Long-Term Care Facilities Find More Nurses?

In response to the deficits in the preparation of a nursing workforce adequate in numbers to meet the needs of a frail geriatric population, nursing facilities have, for a long time, “grown their own” by indoctrination of new employees to skilled nursing care, by promoting from within, and educating nursing personnel on an on-going basis through their own resources and their professional associations. This pattern will soon escalate and expand through the development of technically trained workers in areas such as dementia, mobility and medication administration.

At a time when the nursing workforce in North Carolina is being analyzed, skilled nursing facilities must be at the forefront of the discussion. The world is preparing to welcome the aging baby-boomer to its rightful place in society, the new “up and coming” senior. Nursing academia must capture the exciting opportunity to join the evolution of healthcare by focusing on the change and challenge of the very population that will demand so much of the expanding field of nursing. **NCMJ**

