Editorial

Nursing Assistants and Quality Nursing Home Care

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The view of nursing homes in the public press all too often highlights the quality of services that are poor. The latest in a series of government reports, this one by the Office of the Inspector General (February 2014),1 details serious care violations, harm, and even death. A New York Times Opinion piece (March 2014)2 written by a family member describes a facility as a place of decay, neglect, and startling screams, moans, and cries where staff are indifferent to suffering. Other recent news articles educate us about the harm of unnecessary drugging with antipsychotics, resident-on-resident aggression, and facilities where an overall decline in services jeopardizes residents. Although many nursing homes provide good care, these perspectives present the grim picture of how far we have to go.

Problems in nursing homes are of more immediate importance to everyone than usually thought, as each of us is only one accident or illness away from needing 24-hour residential care. As a nursing home resident myself, I can assure you I never predicted that 13 years ago I would be plucked from my life in the community by a rare neuromuscular disorder that left me almost totally paralyzed and in need of assistance with my activities of daily living. I personally want, and all of you who might find yourselves similarly situated would want, care at the highest level. In every facility, I suggest that we can reduce preventable harm and improve quality by making sure those who provide the most direct care, certified nursing assistants (CNAs), are given the means to do so.

The CNAs’ critical role as providers of direct care includes making sure we residents are kept clean and safe from falls and elopements, are kept properly fed and hydrated, are monitored for skin breakdown, are provided some engagement to reduce agitation and depression, that changes in our physical and mental condition are reported, and, in my case, ensure a safe transfer between my bed and my power chair with a hydraulic lift. Other less well-known areas of care provided by CNAs are dealing with challenging behaviors, providing palliative care, and preparing the deceased and praying over them. For us, they go above and beyond the essential tasks for our well-being by making sure we get the food we want, protecting our clothes and other possessions from damage and loss, and getting phones so we can call friends or family members.

CNAs are usually motivated and caring. They wish to provide the highest quality of care, but, unfortunately, there are barriers: insufficient knowledge and training, poor wages and benefits, understaffing, a burdensome workload, low morale, and job stress, as well as a lack of respect for what some consider stigmatizing work. These all affect their morale, physical health, and psychological well-being. In spite of these pressures, CNAs’ care for residents is expected to be done with compassion, dignity, and respect. The result of these barriers is that some CNAs often take shortcuts that result in substandard care, are indifferent, or take out their frustration on residents.

Something meaningful can be done to address this crisis of poor CNA working conditions. Collectively, researchers, consumers, advocates, government officials, providers, media, and the general public can work to implement effective solutions. Nationally, 2 important organizations to support are the Paraprofessional Healthcare Institute National’s mission through quality jobs to provide quality care and the National Consumer Voice for Quality Long-Term Care’s Nursing Home Staffing Campaign. The Consumer Voice sees inadequate staffing levels as the most important contributor to poor-quality care.

Upgrading the professionalism and working conditions of CNAs everywhere through public advocacy and policy changes will increase the morale, productivity, and quality of CNA work, thus decreasing harm and improving care and life for nursing home residents.

References