

# Initiatives to Promote the Nursing Workforce in Geriatrics



THE JOHN A. HARTFORD FOUNDATION  
INSTITUTE FOR GERIATRIC NURSING



Institute for the  
Future of Aging Services



A Collaborative Report

CSHP  
RUTGERS CENTER FOR STATE HEALTH POLICY



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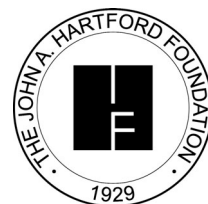
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# *Executive Summary*

## **Introduction**

Leaders from national nursing organizations, health care associations, and state and federal legislatures recognize the nursing workforce shortage crisis. Many current initiatives formulate recommendations to resolve nursing workforce recruitment and retention issues, particularly those that relate to the direct care worker. While some of these initiatives address the long-term care environment specifically, most are concerned with the overall nursing shortage across all health care settings.

This collaborative report focuses on the role of the advanced practice nurse and how that role can be promoted in institutional long-term care settings. Through surveys, interviews, and literature/web searches, it highlights proposed legislation, initiatives, and historical barriers to the recruitment of a qualified and committed nursing workforce. The recommendations offer strategies to promote the role of the advanced practice nurse as a stabilizing and strengthening influence in the geriatric workforce, including staff nurses and front-line workers. As the proportion of people who receive care in institutional long-term care settings changes, these recommendations should be extended to other medical settings and home and community-based alternatives.

## **Recommendations**

1. Advance policy proposals like the Nurse Reinvestment Act and the Nurse Employment and Education Act, with a targeted allocation of the proposed funding for geriatric workforce initiatives, such as long-term care staff education, retention, and testing/demonstrating alternative delivery models. The percent of funding allocated to these initiatives should be based proportionately on the percent of Medicare and Medicaid dollars flowing into nursing homes;
2. Support increased funding recommendations for nursing education and research with a specific amount to be allocated to the geriatric workforce;
3. Advance the National Nurse Corps provision with a specific focus on the staffing crisis in nursing homes;
4. Support the recommendations of the University of Illinois that call for establishment of a federal commission to investigate the possibilities and costs of publicly funded economic incentives targeting people in geriatric nursing occupations with a report due one year after the commission convenes;

5. Advocate for federal and state support of affordable child care programs for nursing home employees;
6. Support the collaboration between schools of nursing and nursing homes to make nursing homes a viable clinical campus for effective learning and identify arrangements that can address the education training needs of nursing home staff;
7. Reduce excessive paperwork demands for nursing staff at all levels; and
8. Establish research and demonstration programs for the following:
  - Develop a needs assessment tool for the evaluation of the current geriatric nursing workforce to design effective education programs;
  - Implement formal and informal mentoring programs for all levels of staff;
  - Develop management/administrative education strategies for senior geriatric nursing staff;
  - Explore new/expanded roles for nurse practitioners in nursing homes, in addition to that of primary care provider; and
  - Evaluate the effectiveness of the nurse practitioner in nursing homes to assist in decreasing quality of care deficiencies in state and federal surveys.

### **Summary**

We recommend that policy proposals addressing the nursing shortage should include a specific and strong focus on the needs of the geriatric workforce. The goal is to address the current crisis and ensure an adequate supply of professional and paraprofessional nursing staff to care for the growing number of people who will need long-term care services in the future. Research on how the advanced practice nurse can be fully integrated into the long-term care environment—in a value-added capacity—should be a priority.

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# *Initiatives to Promote the Nursing Workforce in Geriatrics*

## **Introduction**

The primary focus of this collaborative project is the role of the advanced practice nurse and how that role can be promoted in institutional long-term care settings. Advanced practice nurses include nurse practitioners and clinical nurse specialists, both those who specialize in geriatrics and those who are generalists in the care of adults and families. The recommendations should be used to educate key policymakers at the state and national levels on the role of the advanced practice nurse as a stabilizing and strengthening influence in the geriatric workforce, including staff nurses and front-line workers. As the proportion of people who receive care in institutional long-term care settings changes, these recommendations should be extended to other medical settings and home and community-based alternatives.

This report is based on an analysis of proposed federal legislation and selected state bills; a review of Web sites for major nursing and health care organizations; a survey of state executive directors of the American Nurses Association and state executive directors of the American Association of Homes and Services for the Aging; interviews with researchers in the field of long-term care workforce issues; and discussions with members of the Expert Panel on Aging of the American Academy of Nursing.

## **Demographic Projections**

America is aging, and the need for long-term care is growing.

- By 2030, 20 percent of the American population will be aged 65 and over;<sup>1</sup>
- Between 2000 and 2030, the number of aged 85 or older will increase by 4 million;<sup>2</sup>
- Approximately 4 percent of people over the age of 65 reside in nursing homes, 40 percent of whom are aged 85 or older;<sup>3</sup>

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1 University of Illinois. (2001). *Who will care for each of us? America's Coming Health Care Labor Crisis*. Chicago: University of Illinois.

2 *Ibid.*

3 *Ibid.*

- The number of nursing workforce employees, traditionally women between the age of 25 and 54, will remain unchanged;<sup>4</sup>
- The ratio of potential caregivers to the elderly will decrease by approximately 40 percent in the years 2000 to 2030,<sup>5</sup> and;
- The number of individuals living in a nursing home at a given time of the year is projected to grow from 1.7 million in 2000 to more than 3.3 million in 2030.<sup>6</sup>

It is clear that more people will need long-term care services in the coming years. With the availability of home-based services, alternative care settings, and health promotion efforts for people of all ages, many people in the oldest old category will be able to live successfully in their homes and communities. However, since the aging of America is well underway, it is also likely that the number of people residing in nursing homes and other institutional long-term care settings will continue to increase over the next 30 years. The need for a skilled geriatric workforce to provide quality care to the increasing number of people who need long-term care has never been more critical.<sup>7</sup>

## Background

The nursing workforce shortage crisis has been recognized by leaders from national nursing and health care associations and by state and federal legislators. There is a severe shortage of professional nursing staff across all health care settings. The reported annual turnover rate for registered nurses (RNs) ranges from 28 to 59 percent and for licensed practical nurses (LPNs), from 27 to 61 percent.<sup>8</sup> There are many initiatives in progress to formulate recommendations to resolve nursing workforce recruitment and retention issues, particularly those that relate to the direct care worker (see Appendix). While some of these initiatives address the institutional long-term care environment specifically, most are concerned with the overall nursing shortage across all health care settings.

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4 United States General Accounting Office. (2001). *Nursing workforce recruitment and retention of nurses and nurse aides is a growing concern*. Washington: United States General Accounting Office.

5 *Ibid.*

6 AAHSA estimates, based on Bureau of Census projections of resident population by age group, and on "The National Nursing Home Survey: 1997 Summary", pages 16, 41-42.

7 R. Stone with J. Weiner, *Who Will Care for Us?* Institute for the Future of Aging Services and the Urban Institute, Washington, DC, 2001.

8 The Nurse Staffing Crisis in Nursing Homes consensus statement of the campaign for quality care. (2001, March 16). [American Health Care Association](#), news release.

In long-term care settings, nurse aides provide most of the direct care. There are about 696,000 nurse aides employed in nursing homes as compared to 388,280 employed in the hospital setting and 344,200 employed in home care.<sup>9</sup> The reported annual turnover rate, anywhere from 40 percent to more than 100 percent, varies with the data collection mechanism and the site studied. Historically, long-term care has had difficulty attracting nursing professionals and paraprofessionals for a variety of reasons:<sup>10</sup>

- Lower wages in comparison to acute care as well as to wages for comparably skilled workers in non-health care occupations like fast food restaurants
- Less attractive benefit package in comparison to acute care nursing
- Difficult workload
- Negative image of nursing home employment.

With the growing number of people who will need long-term care services, the situation will get progressively worse unless the current trend in the geriatric nursing workforce is reversed.

## **Current Activity**

### *Legislative Initiatives*

Several bills to address the nursing shortage call for amendments to the U.S. Public Health Service Act, Title VIII (see Appendix). For example, the proposed Nurse Reinvestment Act is aimed at addressing the nation's nursing shortage across all health care settings by establishing a National Nurse Corps, scholarships, loan repayment programs, internships and career ladder programs. Provisions in both the Senate and House versions of this bill address the long-term care environment. These provisions call for gerontology curriculum development and grants for schools of nursing to develop courses in geriatric nursing, hire faculty who are trained in geriatric nursing, and train existing faculty in geriatrics.

Another example of proposed legislation is the Nursing Employment and Education Development (NEED) Act. This legislation is designed to enhance the image of nursing as a career choice, strengthen the current nursing workforce, and provide creative ideas to attract nursing faculty.

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9 United States General Accounting Office. (2001). *Nursing workforce recruitment and retention of nurses and nurse aides is a growing concern*. Washington: United States General Accounting Office.

10 *Ibid.*

These two examples demonstrate policymakers' interest in the nursing shortage. However, proposed legislation should be strengthened to promote a qualified and committed nursing geriatric workforce. For example, there is a provision in the Nurse Reinvestment Act that focuses on the need for education and training in geriatrics and the support for faculty training. However, the act should specify exactly how the funding would be allocated for particular initiatives.

### *Coalition Building/Initiatives*

Throughout the states, there are many coalitions that are trying to deal with the nursing workforce issue. These coalitions are comprised of for-profit, not-for-profit, and public organizations that have made a commitment to work together to identify the issues concerning this national crisis and to find viable solutions. For the most part, they support the proposed legislation described earlier and call for changes in our public policies, management philosophies, practices, and education. The University of Illinois, which presented an in-depth analysis on the geriatric workforce, calls for a partnership between the public and private sectors to meet the challenge of making the nursing profession, particularly geriatric nursing, a more attractive and desirable occupation.

There is virtually no research that speaks to the role of advanced practice nurses in addressing the inadequacies of our current geriatric workforce. Of those calling for action to improve staff training, many suggest mentoring models and initiatives to implement and evaluate a variety of care delivery models in nursing homes. These activities present a unique opportunity to tap into the expertise of the nurse practitioner, not only as a primary caregiver whose effectiveness in nursing homes is supported by robust research literature, but also as a resource for education and evaluation of alternative care delivery models, working in collaboration with nursing home administration, the nursing leadership, and the physicians in the nursing home.

### **Recommendations**

The recommendations that follow are based on current policy discussions related to the nursing workforce as a whole, particularly what is being recommended for the institutional long-term care environment. As the proportion of people who receive care in institutional long-term care settings changes, these recommendations should be extended to other medical settings and home and community-based alternatives.

We have considered the following key points in formulating our recommendations:

- Public payment systems finance the cost of nearly 80 percent of all nursing home residents through Medicaid (67.6 percent) and Medicare (9 percent);
- It is estimated that \$36.2 billion was spent on nursing home care in the year 2000 and projected costs are \$57 billion for 2010 and \$69.7 billion for 2020;

- In advancing legislation, policymakers need to focus on existing nursing home employees as well as attracting additional professionals and paraprofessionals to the long-term care environment; and
- Opportunity exists for the advanced practice nurse to play a key role in enhancing the capability of the geriatric workforce and improving the quality of care for residents.

The long-term care staffing crisis must be a priority in advancing workforce legislative activity. In addition to the increased need for qualified paraprofessional workers, the demand for professional staff will continue to grow with the increase in the acuity level of residents. Funding should be allocated to research programs that demonstrate improved methods of delivering care, using an integrated team approach with the advanced practice nurse playing a key role. We have outlined some specific recommendations below.

1. Advance policy proposals like the Nurse Reinvestment Act and the Nurse Employment and Education Act, with a targeted allocation of the proposed funding for geriatric workforce initiatives, such as long-term care staff education, retention, and testing/demonstrating alternative delivery models. The percent of funding allocated to these initiatives should be based proportionately on the percent of Medicare and Medicaid dollars flowing into nursing homes;
2. Support increased funding recommendations for nursing education and research with a specific amount to be allocated to the geriatric workforce;
3. Advance the National Nurse Corps provision with a specific focus on the staffing crisis in nursing homes;
4. Support the recommendations of the University of Illinois that call for establishment of a federal commission to investigate the possibilities and costs of publicly funded economic incentives targeting people in geriatric nursing occupations with a report due one year after the commission convenes;
5. Advocate for federal and state support of affordable child care programs for nursing home employees;
6. Support the collaboration between schools of nursing and nursing homes to make nursing homes a viable clinical campus for effective learning, and identify arrangements that can address the education training needs of nursing home staff;
7. Reduce excessive paperwork demands for nursing staff at all levels; and
8. Establish research and demonstration programs for the following:
  - Develop a needs assessment tool for the evaluation of the current geriatric nursing workforce to design effective education programs;
  - Implement formal and informal mentoring programs for all levels of staff;

- Develop management/administrative education strategies for senior geriatric nursing staff;
- Explore new/expanded roles for nurse practitioners in nursing homes, in addition to that of primary care provider; and
- Evaluate the effectiveness of the nurse practitioner in nursing homes to assist in decreasing the incidence of quality of care deficiencies in state and federal surveys.

### **Summary**

We recommend that policy proposals that address the nursing shortage should include a specific and strong focus on the needs of the geriatric workforce. The goal is to address the current crisis and ensure an adequate supply of professional and paraprofessional nursing staff to care for the growing number of people who will need long-term care services in the future. Research on how the advanced practice nurse can be fully integrated into the long-term care environment—in a value-added capacity—should be a priority.

# Appendix

## Summary of Existing Recommendations Geriatric Workforce & Advance Practice Nursing

August 31, 2001

### Federal Proposals

#### Nurse Reinvestment Act (H.R. 1436, S. 706)

- Establish a National Nurse Service Corps Scholarship program that provides scholarships to individuals seeking nursing education in exchange for service in areas with nursing shortages;
- Support for career ladder programs for registered nurses;
- Support for nursing faculty development, establishment of a fast track nursing school faculty training program;
- Support for development of nursing curriculum;
- Develop and issue public service announcements to promote nursing as a career;
- Award grants to designated eligible entities in order to increase the number of nurses;
- Amend the Internal Revenue Code to provide for exclusion from gross income of accounts received under the National Nursing Service Scholarship Program;

- Amend Medicare to provide for nurse education training payments to qualified entities;
- Amend Medicaid to temporarily increase the matching rate for Medicaid nurse aide and competency evaluation programs and training.

#### Nurse Education and Employment Development Act (S. 721)

- To authorize appropriations for the nursing workforce development student loan repayment program and permit the service required by such program to be performed in a skilled nursing facility, home health agency, public health department or a nurse managed health center;
- Provides the Nurse Corps Scholarship Program, which offers scholarships to individuals seeking nursing education in exchange for service in a critical nursing shortage area upon completion of education;
- Provides for a public awareness and education campaign to encourage pursuit of the nursing profession.



**American Nurses Association**  
**Fiscal Year 2002, Funding**  
*Recommendations for Nurse Education and Research*

Recommendations:

- Increased funding for Nurse Education Act, Nursing Workforce Development programs at \$103.7 million for FY 2002 as compared to \$76.5 million for FY 2001. (Programs provide grants to schools of nursing, academic health centers, nursing centers, and state and local governments. Funding priority is given to programs that train nurses to work in underserved areas. Funds are provided to disadvantaged nursing students and to students in advanced practice programs);
- Increased funding for the Nurse Loan Repayment Program to \$10 million as compared to the \$2.279 million, which was paid out in 2001. (Loans for nurses who agree to work in nursing shortage areas as payback);
- Increased funding for the National Institute for Nursing Research to \$144 million as compared to \$104 million in 2001;
- Supports legislation that would ban mandatory overtime and recommends the use of valid and reliable staffing methodologies;
- Supports the Nurse Reinvestment Act (H.R. 1436, S. 706) and the Nursing Employment and Education Development Act (NEED) (S. 721) (see descriptions above);
- Supports continuation of the current certification process, applicable to all foreign-educated health care workers regardless of their visa or other entry status;
- Opposes efforts to exempt foreign-educated nurses from current H-1B visa program requirements;
- Supports the immediate enactment of minimum nurse staffing requirements in skilled nursing facilities; a registered nurse on staff 24/7 and no waivers for staffing requirements.

**National League for Nursing**  
*Assuring Quality Health Care for the United States: Supporting Nurse Education and Training*

*(This consensus document was re-released on April 25, 2001—unknown initial release date.)*

Recommendations:

- Increase funding for loans and scholarships to bring more young people into nursing; for recruitment and retention of minority nurses; for scholarships, loans and stipends aimed at developing nursing faculty at schools and universities; for research on the impact of nursing practices on patient outcomes;
- Establish a National Nurse Corps to serve communities hardest hit by the nursing shortage;
- Adopt tax incentives for employers and for individuals to increase the supply of nurses in the pipeline;
- Create Department of Labor initiatives to recruit and retain nurses;
- Develop models for collaboration between communities and states to design programs that recruit and retain nurses;
- Improve the process for data collection on the nursing workforce.



**National Citizens Coalition for  
Nursing Home Reform (NCCNHR)**  
*Campaign for Quality Care Organization*  
*The Nurse Staffing Crisis in Nursing  
Homes*

Recommendations:

- Supports an increase in Medicare and Medicaid funding to achieve adequate staffing goals;
- Adoption of accountability mechanisms with increased funding, to ensure that funds are spent to improve staffing levels.

NCCNHR currently is mounting a national petition drive to Congress to put enough nurses in nursing homes. The goal is to have 1 million signatures of people who want Congress to support mandatory staffing standards in nursing homes.

**University of Illinois at Chicago**  
*The Future of the Health Care Labor  
Force in a Graying Society*

The report, which addresses long-term care, offers an agenda for the private and public sectors individually and in partnership and includes a market-based set of economic incentives.

Recommendations:

**For the private sector**

- Create more attractive wage and benefit packages for all nursing care providers—wages should exceed prevailing market wages;
- Design benefit packages to reward good employees with longevity: bonuses, retirement plans, education packages, and subsidized loans for homes and cars;

- Make the work environment more desirable—better models of how health care management and labor can share governance;
- Management models that better enable nursing care providers to provide direct patient care;
- Less administrative and bureaucratic responsibility for direct care providers;
- Ongoing training and education to all nursing care providers;
- Promotion of a teamwork approach to geriatric care.

**For the public sector—recommendations for the federal government**

- Identify economic incentives that can be extended to nursing care providers and employers establishing a federal commission, led by the Secretaries of the Treasury, Labor, and Health and Human Services to investigate the possibilities and costs of publicly funded economic incentives targeting people in geriatric nursing occupations. Report of the findings in a year.
- Assist the states and employers in professionalizing all nursing occupations by convening a national panel by the Secretary of Labor, Secretary of Health and Human Services and the American Association of Colleges of Nursing to examine training requirements for all nursing care occupations. Specific recommendations on education, training, continuing education and development should be provided. Report and recommendations should be completed within a year.

- Entry level nursing education and training programs geared for all levels of nursing care providers should include training in geriatrics. Medicare regulations should be amended to mandate that these educational requirements are in place, in order for employers to bill for services.
- Standardize entry criteria for training and education programs at all levels of nursing care.
- Require that federal data collection agencies provide more recent data on health care workforce and health care utilization to enable elected officials, policy makers, researchers, educators and public and private health care executives to evaluate and recommend appropriate policies and programs.
- Supports programs that offer career ladders for paraprofessionals, extended training, continuing education programs, and incentive programs for young people to enter the field.
- Supports federal grants to help pay for staff training and education.
- Advocates enhanced benefit packages to encourage recruitment and retention efforts, including subsidized health insurance, tax incentives, and participation in Medicaid for workers.
- Supports enhanced Medicare and Medicaid reimbursement levels for direct care, based on accurate resident and staffing data and fiscal accountability for use of reimbursement. Reimbursement must be adequate to employ and support enough staff and services to meet resident needs.

#### **For a public-private partnership**

- Promote and support research into health care labor force issues, particularly recognition of the nursing care labor and the aging population.
- Identify the most successful recruitment and retention strategies for geriatric nursing care providers.
- Focus on informal caregivers and economic consequences of informal care giving, including the impact on work and family life.

#### **American Association of Homes and Services for the Aging**

- Urges federal government to fund demonstration projects fostering the development and dissemination of “best practices” for recruitment and retention of long term care staff.

#### **American Health Care Association**

These recommendations are specific for the long-term care workforce.

- Improve the public image of nursing home work environment to attract qualified staff;
- Provide incentives for good employees, particularly for certified nurse assistants who want to remain in their current positions and not pursue the career ladder;
- Improve work environment issues through creative scheduling/staffing to accommodate staff needs and lessen the workload, transportation and child care difficulties;

- Encourage team approach to care. Most homes separate all levels of staff which is not efficient and results in poor utilization of staff;
- Provide educational opportunities for licensed and paraprofessional staff in geriatric care;
- Provide licensed staff, supervisors and directors of nursing with education in unit/people management, budgeting and staffing (creative staffing/cost benefit analysis).
- Expand the Health Professions Education Partnership Act of 1998-Title VIII of the Public Health Service Act by:
  - **Minority Nurse Initiatives:** new funding of \$10 million
  - **Internship/Residency Program:** fund specialty and advanced practice internship and residency programs for post degree recipients to meet the current and increasing demand for nurses with specialized training;

### **Americans For Nursing**

#### **Shortage Relief**

#### *Assuring Quality Health Care*

#### *For The United States*

#### *Supporting Nurse Education And Training*

This report is the result of work performed by a coalition of associations, for-profit and not-for-profit organizations. It was obtained from AHCA.

#### **Increase Capacity to Provide the Supply of Nurses**

- Increase funding for the Programs of the Health Professions Education Act of 1998-Title VIII of the Public Health Service Act—a minimum of \$25 million increase above the FY 2001 funding level;
- Increase funding for the Nursing Education Loan Repayment Program of the Public Health Service Act—an additional \$10 million above the FY 2001 for the addition of scholarships;
- Provide appropriations of at least \$10 million in FY 2002 for the Nursing Student Loan Program;
- Address the shortage of faculty with funds for development and mentoring to increase student enrollment; support full time doctoral study; create a fast track nursing faculty scholarship and loan program (\$25 million) for full time study and rapid completion.
- Institute a captivation grant program, which will provide each school of nursing with \$1,200 for each full time nursing student. Devise a pro rata formula for part time students.
- Establish/develop a National Nurse Corps, funded at \$10 million for FY 2002, to ensure the nation's registered nurse supply to urban centers, rural areas, underserved communities and regions that are experiencing shortages.
- Tax Incentives
  - **Employer based**—encourage employers to adopt supportive policies for non-RNs to attend an entry level nursing program and for RNs who wish to attain a BSN or advanced degree.

- **Individual**—provide individuals who enroll in associate, baccalaureate, masters or doctoral education programs leading to a nursing faculty or practice area, with tax credits. Exempt all scholarship and loan repayment monies provided to nursing students, at any educational level from income tax.
- June 5, 2001, **California Assembly approved AB 87B—Workforce Training Act B**, which makes grants available to community colleges to develop curricula and pilot programs. For hospitals willing to provide a one to one financial match, the programs would provide additional training for RNs in specialty areas where vacancies exist.

The remainder of the report is a duplication of recommendations offered above.

#### Some State Legislative Activity

- April 18, 2001, **Florida passed SB 782—loan forgiveness bill**, state pays up to \$4000 for each year of education expenses for nurses working in health care settings with private employers matching the state payments. With SB 782, they may also fulfill the terms of their financial aid by working in nursing homes, private teaching hospitals and children's hospitals. No matching in these institutions.
- April 25, 2001, **California approved SB 317—bill would provide \$120 million to the California Office of Statewide Health Planning and Development** or the expansion of existing nursing education programs. This program is modeled after the Song-Brown Act, which has provided funds to help educate thousands of family practice residents and other health care professionals for 25 years.
- June 2001, **Texas Governor approved \$22.5 million**, which sets up a **Dramatic Growth Fund** aimed at beefing up enrollment in the state's nursing schools. The bill directs the Texas Higher Education Coordinating Board to establish a program for two- and four-year colleges and universities to expand the capacity of nursing education programs, financial assistance scholarships, loans, and incentives for recruitment of nursing faculty.

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The Institute for the Future of Aging Services is housed within the American Association of Homes and Services for the Aging. AAHSA represents more than 5,600 mission-driven, not-for-profit nursing homes, continuing care retirement communities, assisted living and senior housing facilities, and community service organizations. AAHSA is committed to advancing the vision of healthy, affordable, ethical long-term care for America. The association's mission is to create the future of long-term care.

This report is available online at the following sites:

<http://www.futureofaging.org>

<http://www.hartfordign.org>

<http://www.cshp.rutgers.edu>



