LTC wants you
page 16

Not just for women
Nursing was once viewed as a career choice solely for women. But men are entering the profession more than ever. AALTCN’s Ron Romano explains why.

Going the distance
For professionals interested in gaining continuing education credit, a cornucopia of new options has become available. Some are just a touchscreen away.

Online options explode
Digital education options are dramatically increasing for senior living professionals. And the best is yet to come, according to the experts.

Youth movement to the rescue?
Finally, help for the worker shortage.

Top vocational areas identified
The leadership challenge continues.

Social media as a job finder
Sure beats pounding the pavement.

McKnight’s Professional Development 2012 Guide
How can your heart be in the right place if the rest of you isn’t?

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After continually growing wider over the past two decades, the nursing gap may finally be closing. Data from the U.S. Department of Labor’s Bureau of Labor Statistics show that not only are there plentiful opportunities in nursing, but that more people are starting to enter the profession, too.

Teri Morisi, branch chief for the Bureau of Labor Statistics’ Division of Occupational Outlook, reports that over the next few years, nursing will produce “among the largest number of new jobs for any occupation” and that employment of nurses “is expected to grow much faster than average.” Between now and 2018, the labor statistics bureau expects 581,500 new jobs to be created and that an additional hundreds of thousands of job openings will occur from the need to replace experienced nurses who leave the profession.

Employment of registered nurses is expected to grow by 22% through 2018, much faster than the average for all occupations. Growth will be driven both by technological advances in patient care, which will permit a greater number of health problems to be treated, and by an increasing emphasis on preventive care.

“Many elderly patients want to be treated at home or in residential care facilities, which drives demand for nurses in those settings,” the bureau reported. “Financial pressure on hospitals to discharge patients as soon as possible should produce more admissions to nursing and residential care facilities and referrals to home healthcare.”

Filling the shortage
At the moment, the nursing shortage is still acute as the lingering effects of workforce apathy toward the profession continue. Yet a turnaround is happening, maintains David Auerbach, health economist for Rand Corporation. In some instances, he says, job availability is tight for prospective nurses.

“We are working on a paper that will quantify this, but high unemployment does lead to more licensed RNs working – they are not retiring when they otherwise would, working longer hours or working when they would otherwise stay home,” he said.

Ann Kirby, managing director of Huron Healthcare, says competition for top nursing talent has been fierce because women have pursued other career paths in the past 20 years. As fewer young nurses entered the field, the average age of a nurse has risen. Auerbach’s research showed an increase in average nurse age from 37 in 1983 to 43 in 2010.
As the nursing drought wore on during 1990s and 2000s, healthcare leaders scratched their heads about how to generate more interest in the profession. Yet one largely overlooked solution was right there in plain sight: boosting the ranks of male nurses.

While it seemed like a daunting challenge at one time, the U.S. Department of Labor’s Bureau of Labor Statistics shows that indeed more men are now becoming nurses. Whether due to the sour economy, strong recruiting efforts or enhanced public awareness, figures show a slow but gradual increase in the number of male nurses. The percentage of male licensed practical nurses, for instance, grew by nearly 4% over the past seven years. Men now represent nearly 10% of the LPN workforce.

Ron Romano, RN, director of professional services for the American Association of Long-Term Care Nursing, is encouraged by the growth.

“When I went to nursing school 25 years ago, I was the only guy in my class,” he said. “Things are definitely changing now.”

Many reasons
Perceptions of the male nurse’s role in healthcare are changing, the healthcare industry is practically recession-proof, the job pays enough to support a family and the work brings an enormous amount of satisfaction, Romano says. Healthcare organizations may offer Sterling benefits for employees, including tuition assistance. Men, in turn, bring special attributes to the profession as well.

“Men are physically stronger, which is very important in the long-term care setting,” he said. “Having a man around to help with patient lifting and other physical tasks is a valuable asset.”

The nursing profession itself also has diversified greatly in ways that men could consider to be more masculine, Romano said, such as facility management, clinical consulting and sales.

“When you get a nursing degree, you aren’t limited to the bedside,” he said. “You can do just about anything with a nursing degree — the sky’s the limit.”

Once seen as a “stepchild” to acute care nursing, the long-term care and gerontology clinical field is increasingly being seen as a destination point for nurses, Romano says.

“We are seeing a lot more interest in our industry now,” he said. “It is no longer seen as the last place nurses want to go.”

Long-term care provides nurses with unusual and valuable skills on the job, Romano says. The list of desirable assets includes clinical assessment, wound care, fall prevention, dementia care, family communications and medication management.

“Gerontologic nurses work in a different environment than acute care — it is a place where they can have more independence and have more control,” he said. “It is very rewarding to care for the elderly, serving their special needs.”

Money matters
Although the Bureau of Labor Statistics lists long-term care nurse salaries as slightly behind their counterparts in other sectors, Romano believes that as the eldercare field grows, so will the pay scale.

“I think things might change and that salaries will come up a little,” he said. “Changes in reimbursement and the advent of accountable care organizations will have a definite impact on nursing.

“They will have to increase their competencies in medical assessment and patient evaluation. Facilities will find that unless they attract quality nurses, it will have a negative impact on them.”
More people ‘going the distance’ to procure continuing education

By John Andrews

The opportunities for long-term care professionals to advance their careers with continuing education units are getting more plentiful all the time, says Randy Lindner, president of the National Association of Long-Term Care Administrator Boards.

“Through the NAB National Continuing Education Review Service we have seen a rapid growth in distance learning opportunities and the method of delivery of programs also continues to expand,” he said. “As technology continues to advance and costs decline, we are seeing many more ‘live’ interactive Web-based program offerings. The evolution of Web-based technology facilitates faster development and delivery of newly released information to the learning community.”

Along with self-paced Web-based programs, media options available for earning CEUs include printed and audio materials, live and recorded webinars, DVDs and CDs. Moreover, Lindner says NAB is adapting to new trends in learning in shorter time frames: Effective May 1, 2012, the NAB National Continuing Education Review Service will approve learning opportunities of less than one hour in length in 15-minute increments.

Through NCERS, Lindner says the association’s role is to “apply standards of quality in review of the appropriateness of the content as it relates to the knowledge of a long-term care administrator, that the content is current, that the presenter is qualified to present the content, and to assure attendance.” Although physical attendance can be assured, he says “it is the personal responsibility of the attendee to maximize their participation and engagement in the learning experience.”

The NAB also provides a forum for sponsors of continuing education at each of its meetings to facilitate the exchange of best practices and to support continual quality improvement. This forum is open to all interested sponsors of long-term care continuing education opportunities.

With more educational options available, Lindner is encouraging long-term care professionals to take the time to assess what their CEU priorities should be.

Continuing education options allow providers to assess their strengths and weakness – and adjust as needed, according to Scott Roan, Care2Learn’s firm’s vice president of information technology. He added that this exercise has never been easier to do.

CE REQUIREMENTS

States with CE rules

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Sources: NAB, Gannett, 2011
One of the hottest professional development activities in long-term care is online education for workers. Seen as a quick, convenient and effective way to augment employee skill levels, online training is progressing ahead “by leaps and bounds,” says Silverchair Learning Systems President and CEO Mike Mutka.

“The adoption rate for regulatory mandated training has accelerated in the past five years – we have brought 500,000 new users online in that time and it has come across the entire healthcare spectrum,” he explained, noting more growth is expected.

The impetus for this rapid growth, Mutka said, is “simple dynamics”: many healthcare employees are required to receive 12 hours of training per year on key topics; high employee turnover necessitates retraining and tracking challenges; management teams are typically stretched too thin to handle training needs; and traditional classroom training is time-consuming, inconsistent and ineffective because employees learn at different rates.

Long-term care operators now have access to a wider range of course options than ever, according to Scott Roan, Care2Learn’s vice president of information technology. He noted that some of the most popular categories are Alzheimer’s disease, ethics, Medicare, nutrition and wound care, just to name a few.

Sharon K. Brothers, president and CEO of aQuire Training Solutions, adds that “online education is more affordable and accessible than ever before, providing many more learning opportunities to facilities and their teams at a lower cost.”

As companies began to utilize online education to meet basic foundational and compliance training, Brothers asserts that they can focus more on individual learning needs, building community culture and enhancing the level of service while maintaining confidence that they are meeting training requirements with ease.

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It’s a way to check off the basic and build toward the exceptional with ease and affordability,” she said.

Online educators such as Upstairs Solutions are also tailoring their educational programs to specific industries like long-term care, which gives workers a higher dimension of training, said President Tamar Abell.

“Workers who come in from other healthcare sectors may not be apprised of certain long-term care practices,” she said. “There are various geriatric issues that new workers need to know about, such as wound care, medications, fall prevention, dementia and family interaction.”

A recent Sloan Survey of Online Learning found that 5.6 million college-level students were enrolled in at least one online course in fall 2009, the most recent term for which figures are available.

“This represents the largest ever year-to-year increase in the number of students studying online,” said study co-author I. Elaine Allen, co-director of the Babson Survey Research Group and Professor of Statistics and Entrepreneurship at Babson College.
Leadership, direct care training are top LTC vocational areas

By John Andrews

Labor force studies show that the greatest healthcare job growth will be for home health and personal care aides. But to accommodate this tremendous growth, there needs to be more academic and vocational training available for people entering the eldercare field, specialists say.

“The graying of our population, combined with the reality that the vast majority — possibly as high as 90% — of all long-term care services are provided at home by family members means that everyone is paying attention to long-term care training and work preparedness,” said Sharon K. Brothers, president and CEO of aQuire Training Solutions. “There are two key areas that must be focused on: direct care worker training and leadership level training; both are absolutely essential to meeting the coming needs of an aging population.”

Therefore, aQuire Training Solutions is participating in a three-year federal Health Resources and Services Administration grant that is specifically aimed at training programs to meet this upcoming need, utilizing academic partnerships — specifically community colleges — and vocational trainers, distance learning companies and long-term care providers, Brothers said.

Mike Mutka, president and chief operating officer for Silverchair Learning Systems, says the decline of manufacturing jobs and high unemployment rate are steering more people into long-term care and that the academic community is responding.

“So many people are looking for stable career paths and jobs that they can feel sure will always be in demand,” he said. “Being a caregiver in long-term care meets that demand. Now schools have recognized this opportunity and are looking to capitalize.”

Diane Heasley, former vice president of clinical services for DermaRite Industries, sees vocational nursing programs reviving and says it’s a positive development.

“There is a great need for it and the program is attractive because in one year, an individual can gain an education and career that can support a family,” she said. “There is funding for these programs at the local, state and federal levels, removing the fiscal barrier for school. These are a good programs — I learned a lot from vocational nurses.”

Demographic changes will demand more workers in most branches of senior care.

WHERE TO WORK

Skilled nursing

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BY THE NUMBERS

1.9 The long-term care nursing workforce exceeds 1.9 million workers.

3.3 There are 3.3 million job openings in the United States, says the U.S. Bureau of Labor Statistics.

8.5 The unemployment rate sank to 8.5% in December, its lowest level since February 2009.

200,000 The nation’s economy added 200,000 new jobs in December, analysts said.
By John Andrews

Pavement pounding isn’t what it used to be. These days, instead of sore feet from walking door to door, there are weary index fingers from clicking on sites all over the Internet. And with the rise in popularity of social media pages such as LinkedIn, Facebook and Twitter, job hunters have many more cyberspace avenues to travel.

But how effective is social media in helping job hunters land a lucrative position? What kinds of doors can it open, what rules of etiquette exist and how should employers and prospects correspond with each other?

Mike Mutka, president and COO for Silverchair Learning Systems, says social media sites have become very active venues for job seekers and employers alike.

“There are many employment opportunities to be found on social media sites, so people are flocking to them,” he said. “I definitely think employers recognize that for this generation of workers, social media is a primary means of communication and gathering information. Most employers have shifted their recruiting activities accordingly. It has become a valuable tool for employers to screen applicants electronically before they decide whom to interview.”

LinkedIn — with an estimated 135 million members — is designed to be a professional networking site and has proven to be an effective job search tool.

Professional résumé writer Jeff Shane estimates that “a significant majority of hiring managers recruited through social networks during 2011” and that “many hiring managers check candidates’ backgrounds using tools such as LinkedIn, Facebook and Twitter, job hunters have many more cyberspace avenues to travel.

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Professional résumé writer Jeff Shane estimates that “a significant majority of hiring managers recruited through social networks during 2011” and that “many hiring managers check candidates’ backgrounds using tools such as LinkedIn, Facebook and Twitter, in addition to general Google searches.”

When using social media for a job search, Mutka advises prospects to “make sure you understand how online applicants are screened for consideration and how your application will appear to the employer.”

By John Andrews

For many job seekers, social media and cyberspace are a better option than pounding the pavement.

ASK THE MENTOR

Managing staff

Feeling disrespected

Q: I was recently promoted to management. One of our team members is a self-proclaimed expert who often talks back to me. Worse, she routinely skips our first-thing-in-the-morning meetings. I’m not sure what to do. Can you help?

A: Being a new manager can be intimidating. But now it’s time to start acting like one. Begin by making a strong statement to this person along the lines of, “I know you are busy, but I expect to see you at the meetings. It’s important that everyone hear the same information, so I expect to see you tomorrow, and every day.” Outline what will happen if she misses the meeting, and end the conversation. If she’s absent, impose the consequence without delay and repeat your expectation that she attend the meetings.

Clearing the air

Q: One of my employees has a bad breath problem. I’m very uncomfortable discussing this with her, but some other people have complained. As the manager, I feel that I should do something. How do I tactfully handle it?

A: There’s no comfortable way to deal with this issue. But you may want to try something like this: “I want to talk with you about an issue that is somewhat difficult to discuss. Frankly, I’m a little uncomfortable bringing it up, but, as your manager, I feel that I should tell you about it. I’ve noticed that there is a rather unusual odor on your breath. I know that this can sometimes indicate a medical problem, so I wanted to see if you were aware of it.” Then see how she responds. While she may be embarrassed, it’s better for her to be aware of the issue. Ignoring the matter will leave a bad taste in everybody’s mouth.

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Advice from a workforce expert: view resume as project proposal

By John Andrews

Jobs may be plentiful in long-term care, but landing one is far from automatic. No matter the position, from entry level to executive, applicants must demonstrate they can produce a well-written resume that is explanatory and compelling.

The resume is an important tool candidates can use to market themselves and effectively show what they can do, says Guillermo Moreno, vice president of Experis Healthcare Practice.

“You have to put your stake in the ground and make yourself unique,” he said. “When my team looks at individual resumes, they are looking for a document that is clean and concise. Some resumes are really long, with a lot of unnecessary verbiage. I am looking for one paragraph explaining why you are unique with a trajectory that leads to job history. Include only the most relevant information.”

In distilling a resume down to its essentials, Moreno advises including no more than 10 years of job history, job titles and descriptions of how you added to the company’s success. Phrase it in the most interesting way possible without going into too much detail, he said.

“Be sure to disclose the qualities that make you special and unique, but keep it simple,” he said. “You don’t want to bore those who read your resume.”

Presentation is extremely important to make a good impression because it reflects on the candidate’s organizational skills, Moreno said.

“When I look at someone’s resume – the way it’s presented, the format, the font, the look and feel are my first brush with that person,” he said.

“It makes an impression. This is the first door you must enter in the hiring process and you are not even physically there. If the resume is messy, it makes that person look disorganized.”

The best ones, Moreno says, are “concise and polished, with the first statement identifying who you are.”

While resumes are typically composed of boilerplate information, the standouts have a custom message that separate them from the pack, experts agree.

“Think of your resume as a project proposal,” he said. “If you are competing for a position against 20 others with the same qualifications, you need to distinguish yourself.”
B eing selected for an interview can be an exciting and nerve-wracking phase of a job search. Positive interaction with the potential employer could be the key to getting hired, while a less-than-stellar performance could mean restarting the entire process. So what can the job candidate do to ensure that the interview goes smoothly so as to maximize the chance of landing the position? Workplace specialist Guillermo Moreno says it is a matter of confidence and preparation.

“The best measure of a good interview is when you can break the ice and put the interviewer in talk mode,” he said. “Strong candidates do their research and effectively sell themselves.”

Appearance is critical because negative first impressions can be disastrous, Moreno says. “The job interview is the next level. If you manage to get through the initial phase because you present yourself strong on paper, don’t ruin it by slouching in a chair and not making eye contact,” he said. “The most important aspects of the interview are eye contact, personality and presentation.”

Because tattoos and piercings are popular, especially with the younger generation, Moreno says it is now harder to disqualify someone for those fashion statements. Yet he recommends that job candidates present themselves tastefully by covering tattoos and removing piercings where possible.

“I view this as risk mitigation,” he said. “While tattoos and piercings have become more acceptable, you should still avoid showing them off. Why risk alienating an interviewer?”

Applicants should expect — and welcome — tough questions during the interview, Moreno said. Fielding questions that require quick thinking demonstrate a candidate’s attitude, priorities and capabilities, he said.

“One question I have been asked and one that I like to ask is this: ‘You’ve managed to get through some doors and are now in the final stages of consideration … why should I hire you over the others that have made it this far? What makes you that much better and what success-based qualities will you bring to the table?’”

Preparation and confidence can reduce interview-related stress

Do your homework and research your host company before sitting in for a job interview, experts suggest.

By John Andrews

Problems with coworkers

The silent treatment

Q: Several weeks ago, a co-worker stopped speaking to me. She socializes with everyone else, but does not acknowledge me at all. When she has to communicate about work, she sends me an email. I’ve asked her twice if there’s a problem, but she says no.

A: This is a textbook example of passive-aggressive behavior. Passive-aggressive types are deeply afraid of conflict. Because direct communication scares them, they send “messages” to convey their anger. Not speaking is a common tactic. Your best option is to stop playing along. Rather than pleading for an explanation, indicate that you’re aware of a problem. Perhaps something like: “It’s clear that you are upset with me, but I don’t know why. When would be a good time to talk?” If she takes you up, you’ve ended the game. If she continues to insist all is well, accept her response as the truth.

Affairs not in order

Q: For the past year, a receptionist at our facility has been having an affair with our administrator. Neither has made an effort to hide what’s going on. The problem is that the receptionist has become so distracted that her work has suffered. She used to be quite friendly with everyone, but now she only has time to assist her boyfriend. Yet corporate seems to think very highly of this woman.

A: Stay focused on her work, not her personal life, and keep written records of specific problems. However, your administrator is putting your facility at risk for a lawsuit since most companies have policies that forbid supervisor-employee relationships. If this is true of your company, it’s time for Human Resources to get involved.

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By John Andrews
GETTING AHEAD

Understand what’s being offered along with the chance to join firm

By John Andrews

After clearing the resume and interview hurdles, a key step remains before the job quest is complete — the process of getting hired. Most people might be so happy and relieved to make it through first two stages that they don’t put much thought into what they need to do next, but that would be a mistake, says healthcare workplace specialist Guillermo Moreno.

Moreno, vice president of Experis Healthcare Practice, says job seekers make two critical missteps at this final phase of the hiring process: overinflating their worth and not asking enough questions. The best approach, he says, is to be assertive, honest and diplomatic.

“What happens during the job offer stage depends on the job, so an executive will have a different discussion than the entry level worker,” he said. “But for everyone, the basic elements of the discussion should entail salary requirements and a clear definition of the work and benefits. Employees are entitled to know these things and all they have to do is ask.”

The salary requirements topic should always be raised by the employer, Moreno says; otherwise “it conveys an agenda or anxiety from you.” The issue will be brought up at the appropriate time and the employee should show proper restraint, he said.

While most jobs have a defined salary band, some new hires get a little too aggressive in negotiations and overinflate their requirements — a tactic Moreno calls “a dangerous game” because salary history is easy to check in this day and age.

“We live in a rich data world and we can look at the last two or three W2s, so don’t overstate yourself,” he said. “You should know the industry norm and keep to it.”

Once employed for a time, it is natural to seek a pay raise. And while there are various strategies for going about it, Moreno is hesitant about recommending that employees ask for one now.

“I’m not seeing a lot of raises being issued in the marketplace right now,” he said. “Healthcare organizations are dealing with a lot of financial challenges, so most are in cost-containment mode. Given the state of the economy, most people are just happy to be employed. But if you see that your company is experiencing revenue growth, then maybe that is an opportunity to ask for a raise.”

Office politics

Toxic workplace

Q: I recently left a very toxic facility. I never again want to work in such a fearful, backbiting culture. Next time, how do I make sure that I’m entering a healthier work environment?

A: Spotting a toxic organization from the outside can be tricky, but it’s worth the effort. An online search can help. But the best way to get answers is to talk to people who have worked there.

Use networking contacts to get names of current or former employees, and then give them a call. Actual conversation will provide more information than an email exchange.

For best results, ask open-ended questions. Saying, “Is this community a good place to work?” invites a one-syllable answer. To encourage greater disclosure, ask, “How would you describe the positive and negative aspects of working there?”

During interviews, you can pose tactful questions about the work environment. But interpret the answers carefully.

Too quiet?

Q: I do good work, but never seem to get noticed. Another worker brags about herself nonstop and puts me down in front of everyone. I never respond because I am very polite and do not want to make a bad impression on the boss. This lady got a promotion that I wanted because she constantly chit-chats with the boss. But talking to him makes me nervous.

A: To avoid appearing self-centered, you have gone to the opposite extreme. But if no one knows what you’re doing, promotions will not come your way. So you need to get out of the shadows and start speaking up. When your manager comes by, be prepared with appropriate questions to ask or interesting information to share.

ASK THE MENTOR
Following freeze, wages starting to thaw again

Admins hit $93,000 while DONs surpass the $81,000 level

By Brett Bakshis

Another slow year for the nation’s economy has yielded small salary increases in the long-term care sector, according to the “2011-2012 Nursing Home Salary & Benefits Report.”

Facilities responding to this year’s survey indicated that, while there may be signs of hope on the horizon, most employee averages saw either modest gains or moderate losses. Still, some financial managers, facility administrators and nursing directors received salary increases nearly in line with years past.

The “Salary & Benefits Report” is issued each year by Hospital & Healthcare Compensation Service (HCS), in association with LeadingAge. It is also supported by the American Health Care Association.

The bottom line

The national median salary for nursing home administrators rose to an even $93,000 in 2011, up roughly 2.1% from the previous year. Though much lower than in many years, the increase is an improvement over 2010’s rise of just 1.67%.

The assistant administrator national median did not fare as well. It dropped more than 3.5% from the previous year to settle at $63,000, according to HCS findings.

This loss could be due to relatively low cumulative salaries reported by facilities participating in the HCS survey for the first time. Among facilities that were already participating in the survey, average assistant administrator salaries actually increased slightly (at a rate of 0.37%).

Directors of nursing, meanwhile, experienced an overall bump in their salaries, climbing past the $80,000 mark for the first time. National median salaries rose 2.5% from $79,169, to end up at $81,224.

Key to the nine regions

1—CT, ME, MA, NH, RI, VT
2—NY, NJ, PA
3—DE, DC, FL, GA, MD, NC, SC, VA, WV
4—IL, IN, MI, OH, WI
5—AL, KY, MS, TN
6—IA, KS, MN, MO, NE, ND, SD
7—AR, LA, OK, TX
8—AZ, CO, ID, MT, NV, NM, UT, WY
9—AK, CA, HI, OR, WA

The “Salary & Benefits Report” reveals distinct salary differences among regions.
Nursing home administrator (salary medians by region)

<table>
<thead>
<tr>
<th>Fewer than 100 beds</th>
<th>100 or more beds</th>
<th>All bed sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
<td>Low</td>
<td>Median</td>
</tr>
<tr>
<td>1</td>
<td>86,632</td>
<td>90,402</td>
</tr>
<tr>
<td>2</td>
<td>86,278</td>
<td>90,051</td>
</tr>
<tr>
<td>3</td>
<td>82,000</td>
<td>86,986</td>
</tr>
<tr>
<td>4</td>
<td>74,158</td>
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<tr>
<td>5</td>
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</tr>
<tr>
<td>8</td>
<td>81,402</td>
<td>90,771</td>
</tr>
<tr>
<td>Nat’l</td>
<td>72,854</td>
<td>84,136</td>
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</table>

Director of nurses (salary medians by region)

<table>
<thead>
<tr>
<th>Fewer than 100 beds</th>
<th>100 or more beds</th>
<th>All bed sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
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<td>Median</td>
</tr>
<tr>
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<td>75,892</td>
<td>86,000</td>
</tr>
<tr>
<td>2</td>
<td>79,543</td>
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<td>71,862</td>
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<td>4</td>
<td>65,860</td>
<td>72,300</td>
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<tr>
<td>5</td>
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<td>55,610</td>
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<td>7</td>
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<tr>
<td>9</td>
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<tr>
<td>Nat’l</td>
<td>63,752</td>
<td>72,983</td>
</tr>
</tbody>
</table>

After no change in national median salary levels in 2010, assistant directors of nursing saw just a 1.6% increase this year. Their median salary rose from $62,400 to $63,440.

HCS sent roughly 13,500 surveys to nursing homes around the country; 2,243 facilities responded, resulting in a response rate of 17%. Of these facilities, 18% were nonprofits, and 82% were for-profits.

Slow and cautious
Each year, HCS asks facilities to report their “planned percent increases” for management, non-management and clinical staff for the following year. In 2010, the average facility had planned a 1.96% increase for management, and a 2.04% increase for non-management positions.

“By analyzing the actual [increases] and planned increases … from the 2010 and 2011 reports, one can see numbers are going slightly upward,” observed HCS director of reports Rosanne Zabka. “That is good news, but it is a slow and cautious increase.”

Indeed, the actual percent increases that occurred in 2011 were 2.09% for management and 2.1% for employees who were not a part of management.

Delving further into the actual and planned percentage increases in this year’s report, Zabka saw even more positive signs. In 2010, HCS began tracking the number of facilities that provided a “zero-percent” actual salary increase.

“In looking at all 2010 actual percent increase categories [management, non-management, RNs, LPNs, and CNAs], 27.4% of respondents reported a zero-percent increase,” Zabka said.

This year, that number was just 10.6%. For planned percent increases, 13.6% of facilities reported a zero-percent planned increase in 2010, while 11.6% reported a zero-percent planned increase in 2011.

“This is very good news,” according to Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY. “What that says is that facilities are dropping their salary freezes. I think that employers have decided that they can’t freeze salaries anymore. It’s not an acceptable strategy because the employees can’t keep up with the cost of living.”

Proving their worth
These slow and cautious increases, however, may not be enough to keep long-term care employees ahead of rising inflation.

The “WorldatWork 2011-2012 Salary Budget Sur-
vey,” which samples data from roughly 2,400 employ-
ers, representing 15 million employees in a variety of
industries, has found that for the first time since 1980,
the rising cost of living has outpaced salary budget
increases.

During the 12-month period from April 2010 to
April 2011, inflation as measured by the Consumer
Price Index was 3.2%, according to the WorldatWork
survey. Total salary budget increases during that same
period topped out at 2.8%.

“Successful organizations will not pay more than nec-
essary for any expenditure, and with low risk of losing
employees to other organizations, higher increases are
not justified at this time,” according to Don Lindner,
CCP, senior compensation practice leader for World
atWork.

How to get an increase
And when it comes to salary increases in long-term
care, many organizations are no longer simply granting
their workers automatic cost-of-living raises. When
asked what criteria are used for granting increases, a
significant number of facilities reported that increases
were given based on merit, rather than a cost of living
adjustment or step increase.

“I think companies have caught on to the fact that
you can make the employee earn their increases,”
Gavejian said.

Among management positions, more than 70% of
facilities said salary increases were given based on merit,
compared with just over 25% for cost of living. This
compares with 65% and 30%, respectively, in 2010.

For non-management positions, the percentage of
facilities reporting merit increases rose even more
sharply, from 50.7% in 2010 to 63.9% this year.

“When companies and nursing homes and hospitals
are being evaluated on their performance, it makes
sense that we get away from a cost of living [increase],”
noted Gavejian. “You have to earn increases through
some special recognition, through evaluation by your
supervisor. They want to recognize that.”

Long-term care is experiencing a “weird confluence”
of economic pressures, said Phil Wilson, president of
the Labor Relations Institute in Broken Arrow, OK.
Medicare and Medicaid payment cuts, both real and
threatened, are hammering long-term care and acute
care facilities alike.

“One of the ways the acute care people deal with
that is by pouring all the people out of hospitals and
into nursing homes,” Wilson said.

That means long-term care facilities are experienc-
ing revenue cuts at the same time that the demand for
higher skilled, more capable people is higher.

“I think it’s going to be interesting to see how that
plays out for the skilled nursing and management posi-
tions,” Wilson said. “You’ll see wage pressure … and it’s
only going to increase as new people become insured
under the healthcare plan and more and more elderly
people are coming into the system.”

Bearing the brunt
“It’s not strange that long-term care facilities are doing
everything that they can to keep and retain those highly
skilled people because they’re hard to replace and
they’re so vital,” Wilson said.

Vacancy rates for department heads, therapy staff
and RNs have fallen slightly since last year, according
to HCS findings.

Among RNs, the improvement was slight, with vacan-
cy falling from 19.6% to 18.8%. For department heads,

### Recent salaries and increases (by percentage)

<table>
<thead>
<tr>
<th>Title</th>
<th>2007 (+%)</th>
<th>2008 (+%)</th>
<th>2009 (+%)</th>
<th>2010 (+%)</th>
<th>2011 (+%)</th>
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<tbody>
<tr>
<td>Administrator</td>
<td>82,400</td>
<td>3.00</td>
<td>85,464</td>
<td>3.59</td>
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<tr>
<td>Asst. Admin.</td>
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<td>4.26</td>
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<tr>
<td>DON</td>
<td>72,315</td>
<td>5.16</td>
<td>75,000</td>
<td>3.31</td>
<td>77,921</td>
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<td>Asst. DON</td>
<td>60,022</td>
<td>4.87</td>
<td>60,000</td>
<td>(0.03)</td>
<td>62,400</td>
</tr>
</tbody>
</table>

### Criteria for granting wage increases
(Not: Some facilities reported using both cost-of-living-adjustment [COLA] and merit increases.)

<table>
<thead>
<tr>
<th>Management</th>
<th>Registered Nurses</th>
<th>LPNs</th>
<th>CNAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria</td>
<td>% of total</td>
<td>Criteria</td>
<td>% of total</td>
</tr>
<tr>
<td>Merit</td>
<td>70.6</td>
<td>Merit</td>
<td>44.7</td>
</tr>
<tr>
<td>COLA</td>
<td>25.3</td>
<td>COLA</td>
<td>27.8</td>
</tr>
<tr>
<td>Step</td>
<td>0.5</td>
<td>Step</td>
<td>12.8</td>
</tr>
<tr>
<td>Other</td>
<td>3.6</td>
<td>Other</td>
<td>14.7</td>
</tr>
</tbody>
</table>

“Companies have caught on to the fact that you can
make the employee earn their increases.”

Paul Gavejian,
Total Compensation Solutions
the change was more noticeable, dropping from 14.7% to 12.1%. Therapy staff saw the biggest improvement, however, with average vacancy rates sinking to 12.4%, down from 16.5% in 2010.

Lower-paid workers, most notably dietary staff and CNAs, were not so lucky. Vacancy rates for dietary staff rose markedly, from 13.3% in 2010 to 19.1% in 2011. CNAs were hit even harder, with rates climbing from 17.3% to 23.4%.

"Over long stretches of economic downturn, it's unfortunate to say, but the lower level jobs seem to be the first ones to go," Gavejian observed, "particularly in an academic or clinical environment where your bread and butter are your clinicians."

**Regulatory action**

Washington's usual style of heated debate reached a fever pitch recently over proposals to raise the national debt ceiling. Congress's approval rating sank to a new low of 14%, according to a CNN poll released late last summer, just as politicians were approving the big debt compromise deal.

Add a presidential election campaign cycle to this already contentious climate and it's easy to imagine Congress remaining gridlocked for the next year, Wilson speculated.

"The presidential campaign is basically in full gear. We're going to be in full-blown presidential campaign mode and nothing's going to get done in Washington," he said.

With legislators tied up in electoral politics, all the big actions affecting long-term care over the coming year are likely to come from the regulatory agencies. The healthcare reform law included a major increase in funding for Medicare and Medicaid fraud detection and prevention initiatives, and regulators are sure to be looking at long-term care facilities with a microscope, Wilson said.

But the future is still very uncertain for the healthcare reform law. The 2010 elections brought a wave of young Tea Party politicians into Congress, many of whom vowed to overturn the new reforms.

"The political environment is just so volatile and it's likely to become more so," said Wilson. "It'll be interesting to see what ends up happening."

In the meantime, providers are still trying to sift through the regulations to discover just what they mean, according to Gavejian.

"Healthcare reform is still brand new," he said. "We're still trying to figure it out. I think next year, we'll know more about what healthcare reform means to the nursing home industry."

**2012 prophecies**

Despite all the tension and economic pressures that seem to be conspiring against long-term care, both Wilson and Gavejian see small but steady improvements on the distant horizon.

"Everything is going to just creep up slowly," Gavejian said. "With respect to salaries, I expect that we're going to see marginally higher salary budgets for 2013."

But for 2012, it's unlikely there will be any large salary budget expansions, said Gavejian.

"If you look at it," Wilson said, "you're going to see brutal political campaigns, possibly a second recession but certainly not any dramatic [economic] growth, long-term care will stay under the same pressures it's been under, and more and more people are going to be in nursing homes."

But while Wilson expects to see stagnant wages just about everywhere in the coming year, he wouldn't be surprised if skilled nursing staff's and administrators' salaries improve.

"You have to pay money to recruit those folks and to keep them, because there's a lot of opportunity around," he said.

But there is a shrinking cost base in the healthcare industry, Gavejian notes, and if the Centers for Medicare & Medicaid Services continue to try to cut Medicare and Medicaid reimbursement rates, it's all going to be up in the air. An average 11.1% reimbursement reduction from CMS kicked in Oct. 1, already.

"It's an interesting area because we're all going to be in the nursing home at some point in our lives," Gavejian said. "It's sort of an inevitability, and the health of that industry is an important thing for all of us to be aware of."
Extensive research has shown healthcare to be an anomaly in an era of high unemployment. While most industries are turning away applicants by the thousands, healthcare — and especially long-term care — has plenty of vacancies.

As a result, the situation appears to be fortuitous for provider organizations that have gone begging for workers over the past couple of decades. The job market also appears to be responding in ways that could finally provide the industry with a volume of employees it has not experienced before, labor analysts say, though barriers and challenges continue to exist.

Already one of the largest domestic industries, healthcare provided 14.3 million jobs for wage and salary workers in 2008, the U.S. Department of Labor’s Bureau of Labor Statistics reports. Moreover, the labor bureau’s “Career Guide to Industries 2011” study reveals that healthcare is poised to grow much larger in the next decade, with 3.2 million new wage and salary jobs expected to appear through 2018.

“Ten of the 20 fastest-growing occupations are related to healthcare. Many job openings should arise in all healthcare employment settings as a result of employment growth and the need to replace workers who retire or leave their jobs for other reasons.”

Among the fastest-growing jobs are positions in home health, nursing and residential care, the study found, because as life expectancies rise, “families are less able to care for their elderly family members and rely more on long-term care facilities.” Occupations with the most replacement openings, such as nursing aides, orderlies and attendants, and home health aides are among those adding the most new jobs in the industry between 2008 and 2018 — about 592,200 combined. “By contrast, occupations with relatively few replacement openings — such as physicians and surgeons — are characterized by high pay and status, lengthy training requirements, and a high proportion of full-time workers,” the report stated.

Worker shortages continue in long-term care, despite high overall U.S. unemployment; an aging population and a growing number of positions may draw more employees in

“Even though the jobless rate is up, we still suffer in skilled care from a nursing shortage,”

Diane Heasley, Clinical specialist

Workforce complexities
Deloitte Consulting has similarly studied healthcare’s labor needs and has generated many of the same findings. Yet the firm also sees a disconnect between labor demand and supply: “The existing landscape of healthcare workforce supply lacks a consistent and comprehensive national overview of the full extent of professions and health workers active in the system. In particular, data on mid-level, allied healthcare and direct care workers such as home health aides is limited and poorly represents the full range of employment settings.”

In a report called “The Complexities of National Healthcare Workforce Planning,” the Deloitte group maintains that “despite the healthcare sector being an area of strong employment growth over the past decade, challenges in current approaches to health workforce planning relate to fragmented data collection, occurring in a range of jurisdictions with variation in data definitions and data captured.

“Comprehensive and comparable data sources for healthcare workforce supply information across a broad range of professions are lacking; current sources are limited, inconsistent, profession-specific and non-comparable. A national picture is difficult to establish. The lack of timely, available information further complicates accurate supply trend projections.”

The study found that workforce participation — including entry, retention, exit and re-entry — is subject to “unpredictable and variable supply-side influences,” including labor market factors such as access to professions, licensure requirements and skills portability, as well as structural workforce issues such as participation levels, workforce aging, lifestyle factors and gender. Demand-side variables include shifting utilization patterns of evolving consumer expectations of healthcare; utilization trends in service delivery, policy changes that impact pricing and payment systems; and the uptake of insurance and evolving service delivery models.

Other limitations of planning models include the comparability of data collected and the precision of data collection instruments, the study found, adding:
“Workforce planning models must consider changes in practice patterns, provider skills required by new team-based service delivery models, funding and payment models, changes in health risk, staffing models, technology innovations, and provider activity and productivity.”

**Job opportunities**

Labor analysts say healthcare (and especially long-term care) providers need to do a better job of promoting the career opportunities that exist and utilize academic and vocational institutions to steer students into health-related fields. Still, publicity about the glaring need for workers has been prevalent, as evidenced by a recent CareerBuilder.com Work Buzz blog that lists three healthcare positions in its top 10: home health aide, medical assistant and registered nurse. In particular, the medical assistant position is expected to grow by nearly 34% over the next decade, with the greatest need in physician offices.

Healthcare IT positions are also growing rapidly and the need for computer professionals in long-term care is expected to mirror that growth. Guillermo Moreno, vice president of the recruiting firm Experis, recently cited the evolution of various healthcare IT-related positions, and several seem applicable to long-term care, including chief knowledge officer (CKO), social media “guru,” informatics experts and clinical and revenue analysts.

The CKO is someone who understands how to manage the massively growing database of information provider organizations are collecting, said Moreno, adding: “They need to know what it means to use it and present it, so an organization can make solid decisions around whatever they’re focusing on.”

The industry also is starting to see more social media and communication professionals taking the spotlight and helping organizations understand how to navigate external and internal media sites, he said. “This includes marketing and consumer portals, with social media activity in context to that.”

Moreno says there is also a growing need for leaders in informatics integration and revenue analysts who can understand the impact of mandates such as the switch from ICD-9 to ICD-10 coding in 2013.

“These are areas that are going to be in high demand in the next four years or so,” he said. “If you follow what’s happening in the marketplace, cost reduction and cost containment is a great need. Long-term care providers need to start looking at themselves as part of the healthcare equation and that they should start positioning themselves in the IT environment.”

**LTC still suffers**

The general economy’s misery would seem to be an antidote for long-term care’s labor plight, but at this point it remains difficult to fill all the vacancies that exist, said Diane Heasley, former vice president of clinical services for DermaRite Industries.

“Even though the jobless rate is up, we still suffer in skilled care from a nursing shortage,” she said. “Licensed caregivers come out of nursing school like shiny new pennies — eager, excited, and wanting to be the best they can be. Clinically, they may have had three patients. Some have leadership programs, but nothing prepares them for getting their first job in skilled care, having a short orientation program then having to manage 60 residents. As an adjunct instructor in many schools of nursing, I see this repeatedly. New grads can’t find jobs in the acute side … these jobs go to seasoned professionals.”

Even so, the need continues to be “dire” for CNAs and Heasley doesn’t see that changing anytime soon.

“Being a CNA is a really tough job,” she said. “Pay rates vary, but the work remains hard — grueling, in fact. A change in requirements for minimum staffing patterns to raise the direct care hours would help, but with Medicare cuts and facilities working on shoestring budgets, it could place even more financial strain on owners. Until the government sees that the only thing that changed between today and yesterday was the arena in which care is provided, then the disparity will continue.”

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The Care2Learn online course library is the largest in the industry, with more than 800 hours of expert-authored courses spanning 17 disciplines and accredited by more than 70 state and national organizations. We are accredited by the American Nurses Credentialing Center (ANCC) and offer the industry’s largest inservice selection, as well as extensive therapy content and courses linked to F-, G- and L-tags to meet state and federal guidelines. We are continually adding new courses and updating our existing courses to include evidence-based research.

Care2Learn recently earned the 2011 Education Standard of Excellence WebAward and is a two-time winner of the eHealthcare Leadership Awards (2010/2011) for Best Healthcare Content and Best Overall Internet Site.

Learning and Development

Our customizable online universities help facilities meet the unprecedented demand for well-trained, quality healthcare staff with solutions that can be implemented quickly and cost-effectively. By helping organizations align goals to maximize reimbursement; measure organization-wide customized learning initiatives; link training to resolving survey deficiencies and more, we prove again and again why Care2Learn is the top choice for superior-quality healthcare CE and compliance training.

FastFacts

NEW Training: Care2Learn is continually adding new courses and inservices as well as updating our existing online education library to include essential topics such as QIS, MDS 3.0, Restorative Nursing Care, Safe Transportation of Passengers, and more. We’re adding new clinically complex courses to support specialty units and expanding our SLP and PT/OT library.

ROBUST Learning Management: Our state-of-the-art learning management system (LMS) features the essentials every administrator needs to manage training including student management, course assignment, and ad-hoc and custom reporting. In 2012, we’re adding a proprietary course upload and activation tool, reoccurring course assignments based on hire date, and a mobile app for course delivery.

Culture

Care2Learn encourages a creative, collaborative environment at every level of the organization. We believe the combination of special people and partners has been vital to the development of our unique corporate culture, which fosters enthusiasm, excellence and an uncompromising dedication to quality and integrity.

At Care2Learn, it is vital that every team member feels a passionate preference for excellence over competency and strives to put in the extra effort that inspires innovation. We believe in giving all we have so that our caregivers may in turn provide the highest quality of care.
Silverchair Learning Systems offers the most trusted, comprehensive online learning management system in the senior care industry.

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Silverchair Learning Systems

Company Profile

Silverchair Learning Systems strives to be the leading source of education and information programs in the senior care industry. Our mission is to support the best care for seniors by providing comprehensive programs that improve their way of living.

We built our company by bringing together our deep knowledge of senior care, specialized skills in technology and a passion for client service. Silverchair uses these core elements to help our clients successfully manage their training, empower their employees, actively engage and connect with their resident families, and provide the highest level of care to their residents.

Learning and Development

Our staff training program improves and elevates the quality of senior care by effectively training all levels of senior care employees. Using Silverchair, senior care providers can educate, empower and inspire their workforce to provide the highest level of care. We help providers achieve their training and development goals by:

• Offering easy-to-understand, engaging courses. Our courses are appropriate for all employees, from frontline staff to administrators and corporate leadership. We continuously update our courses as regulations change, so our clients always get the information they need at the right time. We also offer specialty curricula that address specific needs, including MDS 3.0 training, therapy courses, Alzheimer’s/dementia courses and leadership training courses.

• Making it easy to assign, track and report on training — and more. Our online training system allows managers to assign courses, track compliance and pull reports for surveyors in one easy to use place. Our Authoring Tool allows providers to customize courses or develop their own courses right in the system (no waiting for a third party to edit your content). Silverchair is launching more reporting features and an improved offline tracking tool for 2012 that makes using the system even easier.

Unique Offerings

In addition to our online training system, Silverchair offers Silverchair For Families, a communication/feedback system that allows providers to actively engage and educate resident families to manage expectations and solicit resident and family feedback. Our newest offering, the Silverchair Employee Feedback System, is part of our learning management system and combines employee satisfaction surveys and training to deliver surveys, provide a high response rate, and give managers the analytics and tools needed to take action.

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  www.adjustasink.com

- **Crossroads Hospice**
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  (770) 270-9898
  www.crossroads hospice.com

- **Kwalu**
  1835 Savoy Drive, Suite 200
  Atlanta, GA 30341
  (877) 695-9258
  www.Kwalu.com

- **Prestige Senior Living, LLC.**
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  Vancouver, WA 98662
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  www.prestigecare.com

- **Silverchair Learning Systems**
  107 Edinburgh South Suite 206
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  (866) 805-7575
  www.silverchairlearning.com

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