

2013 Guide

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Professional Development



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GETTING AHEAD



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Jobs may be hard to find in many sectors, but senior living is not one of them, according to experts.

Employment outlook for sector called 'overwhelmingly positive'

By John Andrews

As employment challenges go, the health-care industry is faced with a situation of having to fill a growing chasm of job vacancies over the next decade. As problems go, most would agree that it is an enviable one to have, especially when compared with industries that are in decline, like printing.

The U.S. Bureau of Labor Statistics' latest report on the American jobs outlook lists several healthcare categories as primed for an occupational explosion from 2010 through 2020. Long-term care jobs figure prominently in the forecast for a robust decade of growth.

Teri Morisi, branch chief with the Division of Occupational Employment Projections, says the outlook is overwhelmingly positive for just about any position in long-term care and healthcare overall.

"In terms of projected job openings — including new jobs and replacements — registered nurses, home health aides, personal care aides and nursing aides all make the top 30," she said.

"These positions are also included in the need for new jobs, along with medical secretaries, physicians, surgeons and medical assistants."

The fastest growing jobs on the labor bureau's list include personal care aides, home health aides, physical therapists (and assistants), diag-

nostic medical sonographers, occupational therapy assistants, medical secretaries, dental hygienists, audiologists, biomedical engineers and medical scientists.

By category, the bureau lists home health-care services, individual and family services, outpatient, laboratory and other ambulatory care services and offices of health practitioners among the fastest growing sectors. Between 2010 and 2020, home health is projected to employ nearly 2 million — a 6.1% increase — followed by individual and family services with just over 2 million jobs (a 5.5% rise); outpatient, laboratory and other ambulatory care services with 1.4 million jobs and offices of health practitioners at 5.2 million jobs (and both charting 3.2% increases).

Unemployment has remained stubbornly high in the wake of the worst financial collapse since the Great Depression. Yet while it represents hardship for the economy overall, it has proven to be fortuitous for the long-term care industry, helping relieve its chronic need for capable help in every area.

Amanda Kistler, NADONA board member and president of the North Carolina chapter, says the trend might not signal a widespread attraction to long-term care as a career, but growing interest is a positive sign. ■

SKILL SETS

Skilled labor needed

The increased acuity and complexity of the individuals being cared for in long-term care are placing an even higher premium on the value of skilled professionals in these settings going forward, says Charlotte Eliopoulos, executive director of the American Association for Long-Term Care Nursing.

"Care needs have gone beyond basic personal care assistance and the management of stable chronic conditions to keeping people comfortable and functional with multiple conditions that often change in status," she says. "Further, the number of people in long-term care settings who require ventilators and other treatments that were once provided by acute hospitals demand that staff numbers and competencies resemble more of the hospital profile than the nursing home of yesterday."

The director of nursing position remains a critical need for facilities, not only due to the responsibilities of the role, but the vision that this position sets for the rest of the department, Eliopoulos says.

"We need DONs with advanced preparation who demonstrate contemporary leadership skills, advance evidence-based practice in their departments, advocate for the education of their staff, and set a vision for their departments that far exceed meeting regulatory requirements," she says.

The PCA problem

One of the biggest ironies contained in the groundswell of good news regarding the healthcare employment picture is the plight of the personal care aide. Although PCAs are listed among the fastest-growing and most-needed occupations, the wage rate is stuck at poverty level.

The Paraprofessional Healthcare Institute reports that in 2011, the national median hourly wage for PCAs was \$9.49 — an increase of less than 1% from the previous year.

GETTING AHEAD

What it takes to become an administrator grows

By John Andrews

Anyone setting his or her sights on becoming an administrator for a long-term care facility should brace for a challenging experience — not just from the tribulations that come from the job, but from the process of landing the position itself.

Although qualification requirements vary by state, ranging from basic to advanced education, those who aspire to the administrator's post have a litany of considerations to make before they even find themselves with the opportunity to be hired.

In essence, the journey to becoming a long-term care administrator is much more than just having the education credentials and passing the licensing examination from the National Association of Long-Term Care Administrator Boards. It also consists of getting the right work experience, appreciating the scope of the job's responsibilities and having the mobility to go where the jobs are, says Marianna Kern Grachek, president and CEO of the American College of Health Care Administrators.

"From where I sit, I can see there is plenty of interest in the long-term care administrator profession, but there may be a disconnect between those who are licensed and those who are actually getting jobs," she says. "The barrier is getting the right folks for the



Photo: Thinkstock

right facilities, especially in rural areas where many of the jobs are."

Another challenge for people wanting to become an administrator is a growing lack of necessary experience, which Grachek blames on the demise of the assistant administrator position in many facilities due to a lack of funding.

"Over time, the elimination of the assistant administrator role has been a detriment to preparing folks for running a facility," she says. "Just being licensed isn't enough — they need to be working with a mentor who can demonstrate how the job is done. The current reimbursement guidelines give no incentive for budgeting for an assistant administrator and it has had a negative effect."

As a result, there are many people

Finding a good mentor can be invaluable in many professions but is especially true in long-term care administration.

with administrator licenses who are working in other areas of long-term care, such as admissions or marketing, just to get inside the organization, Grachek says.

"Many are working at other jobs with the hope that someone will take a chance on them," she says.

AIT (Administrator-In-Training) programs are required in some states, and while this training can provide valuable education for aspiring administrators, it is often intensive, requiring a lot of hours for no pay. For people with full-time jobs and families to support, an AIT requirement may actually prevent them from attaining the position, Grachek says.

While there is no preconceived route for attaining the long-term care administrator job, Grachek says it starts with a seed of interest, followed by preparation, qualification, mentoring and networking.

"It depends on where you are in your career trajectory, but for students looking at long-term care administration, they should identify a specific program and align with it," she says. "For 'career change' people, they might want to network and align themselves with practicing administrators. The important thing is to get involved at the local and state level to familiarize themselves with the opportunities and satisfaction that goes with being a leader in long-term care." ■

5 STEPS TO BECOMING AN ADMINISTRATOR

Industry experts offer these basic steps to becoming a successful administrator:

1. Ignite a passion, find a specific interest and commit yourself to it.
2. Investigate the requirements of becoming a long-term care administrator in your state. Each state is different.
3. Prepare for the National Association of Long-Term Care Administrator Boards exam and earn your license.
4. Seek a position (preferably assistant administrator, if offered) that can offer valuable on-the-job training.
5. Affiliate with a trade association that provides continuing education programs and opportunities to network with other administrators.

DONs can arrive via many different pathways

By John Andrews

At the outset, directors of nursing want to make it clear that there is no set template for ascending to the DON position. But clinical professionals who are interested in a DON career track have definite options they should pursue, experts say.

Amanda Kistler, NADONA board member and president of the North Carolina branch, concedes that she is “not aware of a designated path to becoming a DON” and that she “can’t give you steps or tell you how long it takes” because it is based on experience and the individual. She insists, however, that DONs “are not from a cookie-cutter mold.”

More DONs are needed in the industry now and the demand is expected to grow in the future. Although turnover levels have improved in recent years, it continues to be a high (40%) rate throughout the long-term care industry. RN and LPN turnover is in the 50% range, while CNA turnover is a staggering 70%. Kistler says in talking with nurses about the frequent turnover, she most often hears noncompetitive salaries, insufficient resources and philosophical differences as the main reasons for leaving.

When looking at the most important factors for becoming a DON, Kistler says it starts with a desire to better serve residents and the realization that learning the job’s responsi-



Photo: Thinkstock

Directors of Nursing need to be good leaders, in addition to having good clinical skill sets.

bilities is a gradual process.

“Have someone spend time with you to train and groom you for this position,” she says. “It takes time and is not learned overnight.”

Kistler says NADONA has a strong mentoring program and she recommends that aspiring DONs become involved with the organization at the state and national levels.

Because there is no universal standard for becoming a DON, groups such as the American Association of Long-Term Care Nurses have been investigating putting one together. AALTCN Executive Director Charlotte Eliopoulos says the organization recently assigned a committee to discuss developing position descriptions and core competencies for DONs as well as other positions in the nursing field.

“That group, which represented long-term care nurses in practice,

believed the DON needed a master’s level degree of preparation,” she says. “But as most current DONs actually only have an associate’s degree, AALTCN did not believe it was fair or timely to propose that educational standard. We did recommend a minimum baccalaureate degree, however.”

For AALTCN DON certification, a nurse must have at least two years’ experience, complete a 20-hour educational program and pass an exam.

Sherrie Dornberger, RN, executive director for NADONA, agrees that a master’s degree is not a necessary qualification but she maintains that certification is critical.

“Certification is one of the most important moves for a nurse who is serious about working in long-term care,” she says. “People tend to push education, which is nice, but truthfully, if I were hiring and I had a nurse certified by NADONA and one with a master’s degree, I would hire the certified nurse.”

Eliopoulos recommends that those interested in becoming DONs “explore the realities” of the job.

“The desires for more pay and status are not keys to making the decision to apply for a DON position,” she says. “Nurses need to review the role expectations and assess their competencies to fulfill them. The ability to lead, coach, inspire and be proactive in helping the nursing is crucial.” ■

5 STEPS TO BECOMING A DON

Although there is no structured list of qualifications for DON candidates, industry experts offer five basic steps to success:

1. Evaluate the reasons why you want to become a DON and don't limit them to pay and status.
2. Find a mentor and shadow that person to learn the tenets of the job.
3. Get involved in a long-term care nursing association, such as NADONA or AALTCN, and seek certification.
4. Familiarize yourself with the business side of the job, especially the correlation between budgets and nursing department operations.
5. Network with the larger long-term care community to understand trends and best practices in the industry.

GETTING AHEAD

CE REQUIREMENTS

States with CE rules

State	Administrators	Nurses
Alabama	•	•
Alaska		•
Arizona	•	
Arkansas	•	•
California	•	•
Colorado		
Connecticut		
Delaware	•	•
Florida	•	•
Georgia	•	
Hawaii	•	
Idaho	•	
Illinois		•
Indiana	•	
Iowa	•	•
Kansas	•	•
Kentucky	•	•
Louisiana	•	•
Maine		
Maryland	•	
Massachusetts		•
Michigan	•	•
Minnesota	•	•
Mississippi	•	
Missouri	•	
Montana	•	
Nebraska	•	•
Nevada	•	•
New Hampshire	•	•
New Jersey	•	•
New Mexico	•	•
New York	•	•
North Carolina	•	•
North Dakota	•	•
Ohio	•	•
Oklahoma	•	
Oregon	•	•
Pennsylvania	•	•
Rhode Island	•	•
South Carolina	•	•
South Dakota	•	•
Tennessee	•	•
Texas	•	•
Utah	•	•
Vermont	•	
Virginia	•	
Washington	•	
West Virginia	•	•
Wisconsin		
Wyoming	•	•

Sources: NAB, Gannett, 2012



Photo: Thinkstock

It has never been easier for long-term care professionals to locate and earn continuing education credits, experts observe. Mcknight's, for example, offers numerous webcasts and long-distance opportunities.

Continuing education options are continuing to expand in this field

By John Andrews

The scope of continuing education keeps growing deeper and wider, which is good news for long-term care professionals looking to upgrade their credentials. Education seekers now have more accessibility, more choices and more innovative methods for learning.

In short, there is no reason for those seeking CE credits to not have the opportunity to earn them, says Janet Spence, Ph.D., director of education and professional advancement for the American College of Health Care Administrators. It all comes down to each individual choosing the right courses, she says.

"The first priority when selecting continuing education courses should be to fill in the gaps in the long-term care professional's education or experience," Spence says. "Professionals need to identify their personal learning needs and seek to remediate them through education."

An important consideration when choosing continuing education is finding the right learning style, Spence says.

"For example, a participant who is an oral learner will have difficulty retaining information learned in a course based on written materials," she says. "A participant who learns through hands-on activities should seek very

interactive face-to-face educational courses. Certainly, continuing education is often based on convenience and cost, but if these are the only criteria for selecting continuing education, administrators will miss a tremendous opportunity to sharpen their leadership skills."

Overall, Spence says continuing education credits are more abundant and available due to an increased number of free continuing education programs offered by a variety of online organizations; gravitation to interactive learning methods such as simulations, role playing and scenario-based learning for adult learners; increased distance education in response to the challenging fiscal environment; and a rise in virtual webinar learning while print distance learning opportunities have decreased.

The National Association of Long-Term Care Administrator Boards offers a list of approved continuing education providers for programs that are primarily designed for long-term care administrators.

In 2012, NAB began approving continuing education contact hours in quarter-hour increments. Spence recommends that administrators check with their state licensure board to determine whether their board will accept continuing education credit in such quarter-hour increments. ■

A close-up photograph of a woman's face, focusing on her eyes which are a striking green color. She has dark hair with light-colored highlights. Above her head is a large, hand-drawn thought bubble with a black outline. Inside the bubble, the text reads "My Competition will be GREEN with Envy!". The word "GREEN" is in a bold, lime-green font, while the rest of the text is in black. Two smaller, empty thought bubbles trail off to the right from the main one.

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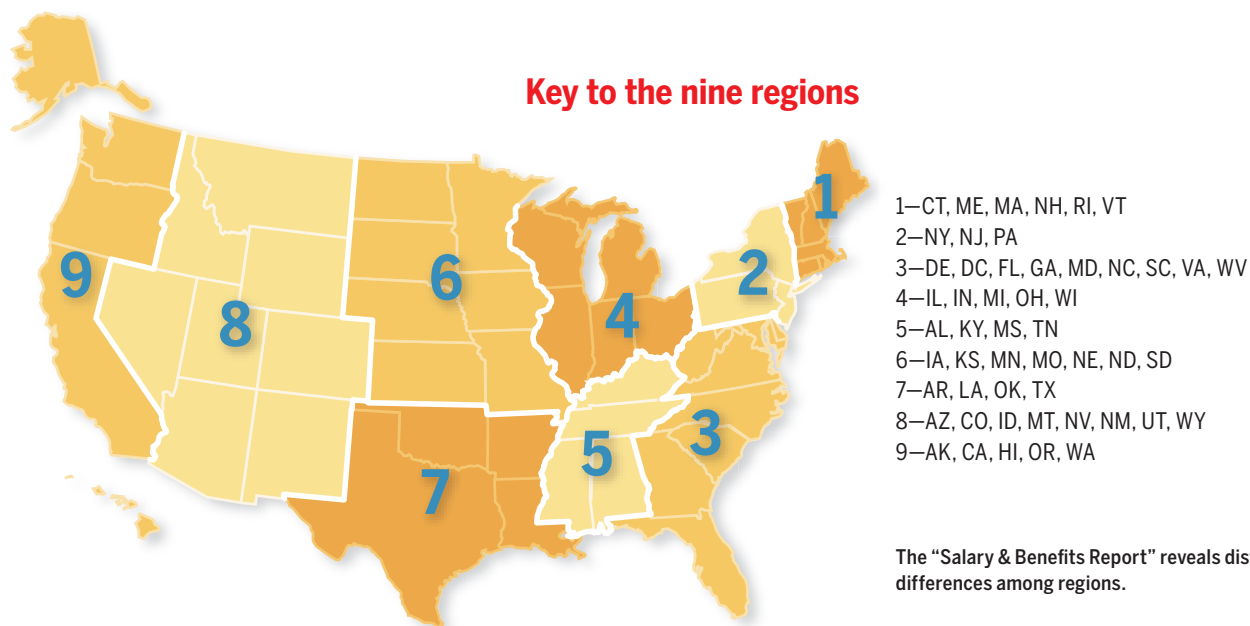
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SALARY ANALYSIS

Record salaries for top-level positions



By **Kimberly Marselas**

Incremental raises earned by many long-term care workers are being eroded by increases in their own healthcare costs and shrinking bonuses, according to the nation's largest annual survey of nursing homes.

Based on a survey of 2,467 private and non-profit nursing homes, the "2012-2013 Nursing Home Salary & Benefit Report" shows that many industry managers earned small raises in 2012. Nationally, administrators averaged a median salary of \$94,785, up 1.92% from 2011, while nursing directors saw their median pay jump just 1.18% to \$82,186.

The "Salary and Benefits Report" is published each year by Hospital & Healthcare Compensation Service (HCS) and LeadingAge, with support from the American Health Care Association. Close to 300 more facilities reported on their hiring and benefits practices than in 2011. The survey is in its 35th year.

Raises for the nation's assistant administrators led the way with their national median salary jumping 3.17%. That nearly restores it to the

2010 level after a 3.55% dip in 2011. Meanwhile, assistant directors of nursing earned an average increase of 2.46% to bring their annual pay in line with assistant administrators at \$65,000.

"I take it as a sign of optimism that there are small increases pretty much across the board," says Rosanne Zabka, director of reports for HCS. "There aren't the benefits of years past, but there is at least the possibility of employees moving for a higher pay rate if they've had to stay because there was no other option."

Bad news ahead?

Industry analysts, however, say hiring levels in many employee categories remain stagnant, which could be a sign that facilities are hedging their bets against future economic downturns after finally absorbing past losses.

"I believe organizations, particularly the not-for-profits, are expecting 2008 and 2009 to repeat themselves," says Paul Gavejian, managing director of Total Compensation Solutions in Armonk, NY. "They were caught off-guard by the recession before and they don't want

Recent salaries and increases (by percentage)

Title	2008	+	2009	+	2010	+	2011	+	2012	+
Administrator	\$85,464	3.59	\$89,606	4.8	\$91,106	1.67	\$93,000	2.17	\$94,785	1.92
Asst. Admin.	62,000	4.26	65,000	4.8	65,321	0.49	63,000	(3.55)	65,000	3.17
DON	75,000	3.31	77,921	3.9	79,169	1.6	81,224	2.5	82,186	1.18
Asst. DON	60,000	(0.03)	62,400	4.0	62,400	0.0	63,442	1.6	65,000	2.46

Nursing home administrator (salary medians by region)

Fewer than 100 beds

Region	Low	Median	High
1	\$85,010	\$91,800	\$99,897
2	85,970	93,795	101,495
3	82,410	89,330	100,238
4	74,496	83,800	91,050
5	80,000	85,884	95,000
6	60,493	69,656	77,657
7	76,523	82,994	92,250
8	75,000	87,599	96,095
9	91,675	102,012	112,000
Nat'l	72,736	85,000	95,385

100 or more beds

Region	Low	Median	High
1	\$97,976	\$107,100	\$118,374
2	91,527	100,865	116,164
3	95,442	106,040	120,688
4	85,000	93,900	103,693
5	91,532	100,243	108,534
6	79,241	85,998	98,141
7	87,000	93,500	105,131
8	89,648	97,885	110,000
9	105,000	115,003	126,750
Nat'l	90,000	100,047	113,981

All bed sizes

Region	Low	Median	High
1	\$90,907	\$101,018	\$114,687
2	88,298	99,088	115,610
3	91,720	102,000	118,255
4	80,371	90,000	100,000
5	84,660	95,014	106,080
6	64,575	74,095	84,088
7	83,145	91,800	102,000
8	85,000	93,475	103,646
9	95,233	107,806	120,444
Nat'l	82,772	94,785	107,447

Director of nurses (salary medians by region)

Fewer than 100 beds

Region	Low	Median	High
1	\$78,252	\$87,360	\$93,221
2	75,512	82,416	92,226
3	71,607	78,415	85,192
4	68,719	75,000	82,732
5	65,727	72,200	77,530
6	56,812	61,200	67,471
7	72,859	78,525	85,979
8	71,211	75,944	81,600
9	85,140	95,700	104,998
Nat'l	65,374	74,256	85,544

100 or more beds

Region	Low	Median	High
1	\$86,403	\$93,017	\$98,925
2	84,150	94,861	102,607
3	81,708	88,691	99,462
4	75,001	81,903	88,208
5	74,005	79,560	86,342
6	65,900	73,573	80,133
7	78,000	85,497	91,555
8	78,947	85,000	92,573
9	93,826	106,808	117,155
Nat'l	78,500	86,085	95,634

All bed sizes

Region	Low	Median	High
1	\$83,443	\$91,086	\$96,893
2	81,200	91,691	101,313
3	78,660	86,056	96,439
4	72,500	79,997	86,800
5	70,355	76,308	83,144
6	58,512	64,789	71,127
7	77,228	84,638	91,350
8	75,276	82,000	89,752
9	90,000	99,963	111,454
Nat'l	72,633	82,186	92,702

Source: "2011-2012 Nursing Home Salary & Benefits Report," published by Hospital & Healthcare Compensation Service, in cooperation with LeadingAge and supported by the American Health Care Association.

that to happen again."

When asked about their planned percentage increases for management employees next year — and factoring in facilities that planned no raises — respondents nationwide said they expected to give 1.95% for the period between April 2012 and March 2013. That's down from the 2.17% planned (and the 2.06% actually granted) between April 2011 and March 2012.

Not-for-profits, whose contributions collapsed along with the stock market four years ago, are being extra cautious now, says Gavejian, as important indicators like unemployment and job creation rates remain lackluster. Add in the fallout of an election that could lead to more wide-sweeping changes in healthcare or Medicare, and industry leaders are hesitant to increase employee-related expenses.

"I don't think anybody knows what the future of healthcare is," Gavejian says.

Hard work rewarded

In addition to planning smaller raises, employers are protecting themselves by making employees earn their raises and bonuses.

"Many employers now are not just giving an increase because you're sitting there," says Zabka. "They're rewarding those who are working hard. If the individuals aren't working hard, then the home isn't improving. It's an all-around effort."

While the percentage of survey respondents giving raises based on merit alone fell across all categories, those basing raises on merit and time-in-service increased significantly. Survey respondents awarded management employees merit raises 57.8% of the time, down sharply from 70.6% in 2011-12. But the portion of respondents using "other" criteria jumped from 3.6% to 11.1%.

Included in that "other" category, explains Zabka,

"I take it as a sign of optimism that there are small increases pretty much across the board."

Rosanne Zabka, HCS

SALARY ANALYSIS

Administrator national median salaries

Facility type	Salary
For-profit <100 beds	\$86,994
Nonprofit <100 beds	71,324
All <100 beds	85,000
For-profit >100 beds	100,212
Nonprofit >100 beds	97,836
All >100 beds	100,047
All types, sizes	94,785

Average length of time to fill a position

	Days
Therapy	53.40
RNs	28.59
Dietary	18.41
LPNs	22.09
Enviro. Services	19.98
CNAs	19.67
Nurse Aides	19.42

Salaries by facility revenue (national averages)

\$ amount millions	Admin	DON
<3	73,148	65,780
3-5	82,923	72,224
5-10	95,266	82,303
10-15	105,225	90,273
>15	115,808	98,078
All	96,200	83,472

Bonus payments (as percent of salary, all bed sizes and types)

Region	Admin	DON
1	15.75	10.50
2	14.07	9.83
3	15.70	11.15
4	14.21	9.95
5	15.44	10.11
6	12.07	10.14
7	15.88	15.77
8	14.25	9.94
9	15.01	13.01
Nat'l	14.95	10.93

are combined methods. Mixed-criteria raises are an increasingly important option for employers who want to keep pace with inflation but reign in costs. To earn their merit raises, employees usually have to meet organization-wide benchmarks or demonstrate exemplary performance.

Gavejian says some managers are giving all employees a lower base raise and putting part of the difference into a pool to be divided among employees who rise to the top. The overall payout is lower, creating a cost-savings for the facility.

The shift to pay-for-performance mirrors reform efforts that tie some facility's Medicare payments to patient-care goals. Analysts agree that an attitude shift may be influencing the way nursing homes pay individual employees.

"I think it's safe to say merit raises are the predominant way for nursing homes to give their increases now," Gavejian says. "Organizations like these understand they can leverage their base salary increases and drive behavior — positive behavior — by their employees."

A similar effect may be reducing bonus payments. For the most part, routine bonuses were down for 2012-13. Nationally, administrators earned 14.95% of their salaries through bonuses, while directors of nursing earned 10.93%.

Gavejian attributes the marginal drop to cost-reduction measures. He adds that it may be getting harder for employees who earn their bonuses on an "all-or-nothing" basis. As an example, he refers to an employee expected to clean 10 rooms a day who can get to only eight. Without a sliding scale as a safety net, employees will forfeit their bonus.

Those offering bonus programs for administrator positions and higher — which Anthony Perry, president of Executive Search Solutions, puts at 70% of nursing homes — are more likely to pay a partial bonus

to ensure employee loyalty. Likewise, those offering a 20% maximum bonus last year are probably doing so again in 2012. But echoing Gavejian, Perry says employers "might be making it harder for them to earn their full potential."

Reality sets in

Raises reported by survey participants match the 1% to 2% raises seen over the last two years says Perry, whose California-based recruiting firm specializes in eldercare.

But for some long-term care employees, that's not enough to keep pace with reality. The effects of inflation on employees are being felt harder seasonally and regionally than the numbers might indicate, Perry says. The Bureau of Labor Statistics reported that inflation had dropped to 1.4% by July, but many Americans continued to face higher costs on the road, at the grocery store and in the benefits office.

The 2012-13 HCS report indicates that respondents are spending less for management employees' fringe benefits. In 2011-12, employers reported that benefits equated to 24.8% of base pay. In 2012-13, that dropped to 20.6%.

Gavejian says most of those cost-savings come from a switch to flex and cafeteria-style insurance plans. Employers are also continuing the trend of shifting premium costs to employees. Gavejian said nursing homes had traditionally paid an average of 85% of premiums; the HCS survey places the contribution at 73% for the second year in a row.

Still, the employees Perry recruits have come to accept higher premiums and increasing co-pays "as part of annual bad news."

"In some cases, people are actually earning less, but they're surprisingly accepting," he says. "The long-term care base understands the reimbursement process. They know most firms have been squeezed [lately]."

Perry says potential candidates are also risk-averse in today's economy, turning down the opportunity to pursue better jobs because of personal financial obstacles. Moving to another region for a higher-paying position, even for a "dream job," is not realistic for someone underwater on a home mortgage, he notes.

"Staying put in this type of environment is the right choice for most employees," agrees Gavejian. "By making a change in jobs, you're putting yourself at risk. It's hard to know if your new employer is going to be around in a year."

Those who do make a switch shouldn't expect employers to promise large raises from year-to-year. Instead, Perry says sought-after higher-level employees, including directors of nursing and administrators, are negotiating sign-on bonuses as high as \$20,000. They can include relocation stipends and other one-time perks. "On-boarding offers" also might include the opportunity to earn first-year bonuses based on pre-determined metrics, such as increasing a facility's net income.

Turnover tactics

Even with the economy keeping some employees in jobs they don't love, turnover remains a problem industry-wide. Nationally, the annual rate increased from 31.1% last year to 32.2% in this year's survey. The rate remains lowest for career-oriented department heads at 17.81%, but many employees providing direct patient care continued to leave their jobs — or the industry — in large numbers.

It's not always about the pay, says Nicholas Castle, a professor in the Department of Health Policy & Management at the University of Pittsburgh's Graduate School of Public Health. He believes the poor economy has pushed people who aren't necessarily suited to careers in healthcare into patient care, and many don't realize how difficult working in a nursing home can be.

After studying turnover for about 15 years, Castle has found that facilities can make changes that promote stability. Most important appears to be a good relationship with supervisors, who themselves show a commitment to their jobs.

On-the-job perks also can entice harried employees to stay the course in a stressful environment. In a study of unionized nursing homes in New York, Castle found that better benefits — including minimally higher pay, childcare or educational assistance — lowered turnover rates.



Photo: University of Pittsburgh

Nicholas Castle says facilities can promote stability.

"I don't think we have a panacea or an individual factor (to address), but one thing that is critical is job satisfaction," says Castle. "When you're making \$11 an hour, even small things can make a difference."

Slow hiring

Administrators who take longer to fill vacancies may also find that their employees remain in place longer.

In the 2012-13 HCS survey, employers reported that it took more than 50 days to fill therapy positions, nearly 40 days to hire department heads and 18 to 20 days to hire for dietary, environmental services and nurse aide positions.

Perry said some of the delay is a strategic move by employers. After the beginning of the recession started what he calls a "buyer's market" in 2008, employers were able to be more selective. Since then, he says they have recognized the benefits of performing deeper candidate assessments.

Today, the companies Perry hires for often ask for five candidates instead of three and may conduct twice as many interviews, which inevitably means placing the right candidate takes longer.

Careful consideration may be a good thing for the industry. Instead of taking the first "warm body" to walk through the door, Castle says more facilities are providing potential employees a chance to observe working conditions and complete more training.

Gavejian also has seen an increase in pre-employment testing to determine whether candidates have the capacity to make it long-term in the long-term care industry. But, he says, many facilities simply cannot delay hiring because they remain stretched thin.

"Unfortunately, the places that already have high turnover can't afford to wait," Castle agrees. "They are always playing catch-up." ■

Criteria for granting wage increases

(Note: Some facilities reported using both cost-of-living-adjustment [COLA] and merit increases.)

Management

Criteria	% of total
Merit	57.8
COLA	30.3
Step	0.7
Other	11.1

Registered Nurses

Criteria	% of total
Merit	33.6
COLA	24.5
Step	20.5
Other	21.4

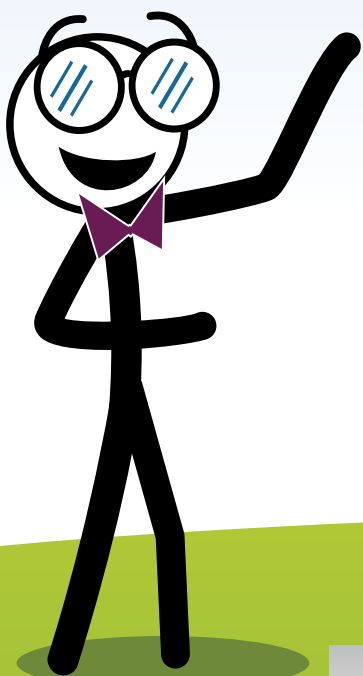
LPNs

Criteria	% of total
Merit	33.3
COLA	24.4
Step	20.9
Other	21.5

CNAs

Criteria	% of total
Merit	28.5
COLA	27.9
Step	18.3
Other	25.4

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- 2. Learning & Performance Engine:** The Care2Learn Learning & Performance Engine (LMS) was *developed specifically to manage, track and report on education tied to regulatory and compliance requirements for the senior care industry*.
- 3. Support Services:** Care2Learn's client success management team consists of skilled healthcare professionals who work hand in hand with our clients to ensure all their training goals are met. For staff, Care2Learn maintains a 7-day-a-week, full-time help desk.

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- Deep experience training more than 500,000 students in more than 4,000 communities throughout the U.S. and Canada.

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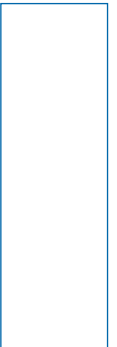
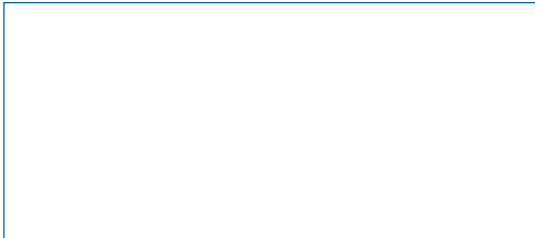
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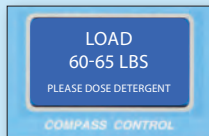
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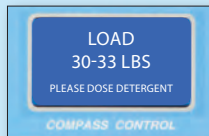
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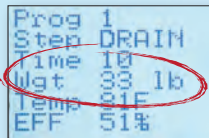
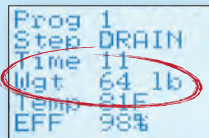
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