



The Dynamics of Long-Term Care and Areas for Improvement

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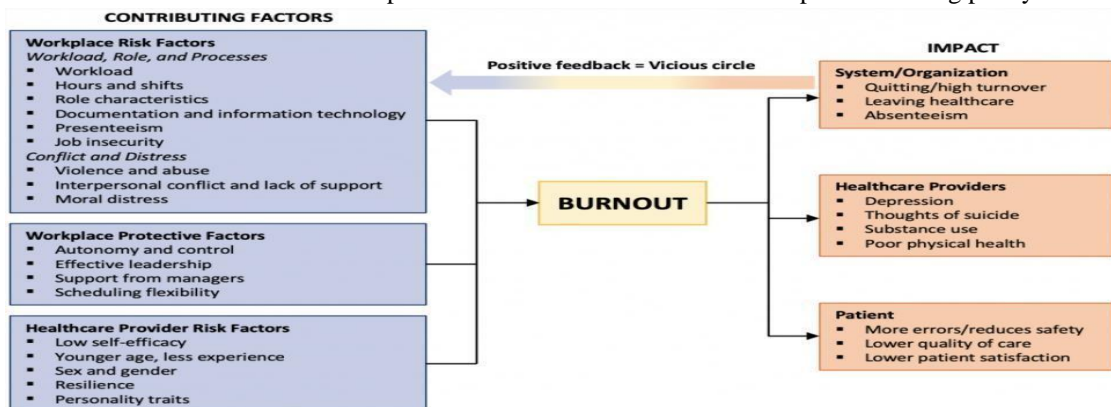
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Abstract Leadership in Long Term Care (LTC) is critical in improving patient safety and outcomes and reducing turnover. Leadership in LTC is primarily responsible for finding harmony in LTC to provide optimum care for the residents and a safe environment for the employees, increasing the facility's longevity. Lack of transparency in communication at the organizational, state, and federal levels leads to failure in caring for the patients and running the business in the market; therefore, transparent communication is critical for the leadership at all levels to maintain an effective operational system and gain the trust and move the facility forward. This article gives insights into the LTC leadership operations, the significance of the leadership role, the need for change, and the recommendations.

Keywords Long Term Care (LTC), Leadership Operations, The Leadership Role, Leadership

Introduction

The demand for nursing home care is increasing due to the aging population. In addition, the Case-mix index in long-term care shows the need for complex care. Further, the research shows that staffing levels in healthcare are associated with different clinical outcomes such as falls, infection control, quality care, safety, mortality rates, abuse, and length of patient stay (Van & et al., 2020). However, the Covid pandemic caused the healthcare industry to witness a shortage of frontline staffing and challenges meeting patients' needs. One of the guidelines to prevent infections from spreading from CDC is assigning dedicated staff to the infectious disease units and maintaining appropriate staffing levels (CDC, (n.d)). However, the current long-term care is suffering from staff shortages. Thus, healthcare workers are going through tremendous stress daily to meet resident needs, and the staff turnover rate is becoming high daily throughout long-term care facilities due to burnout. This article would help administrators and healthcare leaders understand the staffing shortages that can lead to adverse effects and the need for transformation in leadership to retain the staff and establish an improved staffing policy.



From Ontario Science Advisory Table



Reasons For Staff Turnover and Adverse Effects on Clinical Outcomes

Staffing and clinical outcomes are such relevant information for healthcare leaders to understand the progress in their facilities. Still, long-term care is increasing with staff turnover, which is associated with poor quality outcomes and low morale in long-term care. In addition, data shows that only 1 % of United States nursing homes are staffed adequately (Hackett, (n.d)). However, the factors affecting the staff's remaining or leaving the facility may give a better understanding for the leaders to develop a better plan for long-term care. Although the research on staff retention in healthcare was conducted in the hospital care setting, it will enable healthcare to understand the reason for staff turnover. However, the long-term care setting dynamics differ entirely from the hospital setting (McGilton.K & et., 2014).

The patient length of stay in nursing homes is longer than in hospitals; therefore, the relationship between the patient and healthcare workers is higher than in acute care settings (McGilton.K & et al., 2014). Further, long-term care has patients with health issues besides their cognition, which may make the patients vulnerable to abuse and falls, making the care complex for the nurses or other allied staff in the facilities. On the other hand, long-term patients are very dependent on regular staffing personnel, and they need compassionate care. When the regular staff leaves, the continuum of care affects and alters daily living for long-term care residents. Further, regular staff turnover causes adverse outcomes (Depression, decline in daily activity) in long-term care residents with the diagnosis of Dementia (Paulin, n.d) and causes a decrease in everyday activities. Also, research says that one of the reasons for long-term care staff retention is the relationship between the residents and the staff (McGilton.K & et al., 2014).

Secondly, nurses or healthcare workers would like to stay in a positive environment established by the leadership teams and the co-workers in long-term facilities. The teamwork, mutual understanding, and trustworthy relationships among co-workers enable them to remain in long-term care despite hurdles. In addition, the positivity in the workflow, supporting each other, and accommodating one another during break times would give emotional support.

Finally, educational opportunities provided by the organization that help the nurses develop their careers and refresh their skills also contribute to retaining the staff in Long-term care as they open more career opportunities for the staff in the form of in-house promotions.

However, some reasons for long-term staff burnout and leaving long-term care are the impact of regulations that cause no flexibility and no freedom for professional judgment about patient care. In addition, there is no flexibility around the schedules due to the extreme staff shortages. Also, the underfunded long-term care facilities left leaders unable to attract the staff (McGilton. K & et al., 2014). Therefore, high turnover in the team leads to staff not being at their full potential to see residents at the long-term facilities. Further, due to quality concerns, staff turnover leaders are left with a wide span of control (with multiple responsibilities/multiple hats), such as conducting regular training sessions for new hires, continuous recruiting processes, and constant surveys. Therefore, with ongoing turnover, leaders cannot spend enough time serving the teams to build morale and integrity to improve the facility's quality and culture, leaving deficiencies in the care cycle.

Recommendations

- Providing leadership support to the teams and the frontline staff to maintain resilience, create the culture of "We"/"Team," and develop morale despite hurdles.
- Regulatory bodies (Federal and state) must give enough time and opportunity to show progress in quality care. Further, it must provide integrated training programs frequently and mandate Long-Term Care to participate and get trained.
- Implementing the appropriate organizational and reward programs to attract the staff to work in long-term care at the organization and regulatory levels.
- The active monitoring and surveillance system at the organization, state, and federal levels, along with training and support at all levels.
- The regulatory bodies must encourage healthcare leaders to report their proper staffing levels without fear of penalties to understand the need for required assistance levels.



- Non-pharmacological interventions such as activities, family visits, and group therapies must be encouraged to their full potential.
- Provide administrative support for the leadership to take off administrative workload and allow them to focus on operational efficiency to improve care.
- The virtuous business model at the corporate level is suggested to bring profound economic, social, and moral capital (Hein & Wilkinson, 2015)

In conclusion, providing a safe workplace for the employees and a secure living place for vulnerable residents is essential. To promote safety, healthcare leaders must develop a firm staffing policy and training programs to avoid unsafe staffing levels and skill mixes. Further, leadership must be visible and spread the ethical culture of servant leaders with resilience despite turnovers to attain positive results. Also, research shows that leadership support is one of the keys to staff retention.

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