

Our Moral Imperative: Creating an Ethical Workplace

A White Paper by the Commission on Ethics
in Aging Services

American Association of Homes and
Services for the Aging



About AAHSA

The members of the American Association of Homes and Services for the Aging (www.aahsa.org) serve as many as two million people every day through mission-driven, not-for-profit organizations dedicated to providing the services people need, when they need them, in the place they call home. Our 5,700 members offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes. AAHSA's commitment is to create the future of aging services through quality people can trust.¹

AAHSA is an association devoted to these fundamental ideals:

- Dignity of all persons at every stage of life
- Services people need, when they need them, in the place they call home
- Quality that people can trust
- Mission-driven, not-for-profit values
- Advocacy for the right public policy for the right reasons
- Leadership through shared learning

AAHSA believes that not-for-profit organizations have a special role in society to provide healthy, affordable and ethical aging services. Our Quality First initiative guides our work and our members to achieve excellence in quality of care and services provided to consumers and to earn the public's trust. In signing the Quality First membership covenant, AAHSA-member organizations pledge commitment to continuous quality improvement, public disclosure and accountability, consumer and family rights, workforce excellence, community involvement, ethical practices and financial integrity.

Though the words "aging," "senior," "elder," etc., are used throughout this document, it should be noted that AAHSA and its state affiliate members serve individuals beyond this cohort. AAHSA members also serve children and adults with chronic conditions via specialty skilled care, assistive care/services or an often complex network of housing with integrated, client-specific community services.



Preface

AAHSA's Commission on Ethics in Aging Services is charged with preparing AAHSA and its state affiliates to assist aging services providers and the public in assessing and evaluating ethical dimensions of providing care, shelter and services to older persons. Specifically, the responsibilities of the AAHSA Ethics Commission (the Commission) include:

- Identification and analysis of issues of special interest to AAHSA and the field;
- Provision of education and information on issues with ethical ramifications; and
- Provision of advice to assist AAHSA and its subsidiaries on both public policy and other issues having ethical implications.

The Commission was formed as an AAHSA Task Force on Ethics in 1987. Over time, a rotating subset of AAHSA members—as well as state executives, trustees and outside ethicists—served as Commissioners, resulting in the following accomplishments and related publications:

- Production of a white paper on *Substantive and Procedural Issues Concerning Ethics at the Corporate Level*;
- Coordination of the first ethics forum, held in concert with the 1989 AAHSA Annual Meeting, and followed by a series of such forums, one at each subsequent AAHSA Annual Meeting;
- Release of a 1990 monograph on *The Use of Restraints in Long-Term Care and the Related Ethics*;
- Participation in the creation of the first AAHSA creed;
- Completion of a 1993 monograph on *Admissions Processes, Nursing Homes and Ethical Issues*;
- Publication of *Making Ethical Decisions in Long-Term Care* in 1994;
- Publication of the *Handbook for Nursing Home Ethics Committees* in 1995;
- Publication of *Care at the End of Life—Ethical Issues Needing Attention* in 1996;
- Publication of an article in *Best Practices*, “Vision: Organizational Ethics Must be Everyday Ethics,” January/February 2003;
- Publication of an article in *Best Practices*, “Toward a Culture of Ethics: Ethics Grand Rounds,” May/June 2003;
- Publication of an article in *Best Practices*, “Managing the Boundaries of Intimate Care,” September/October 2003;
- Publication of an article in *Best Practices*, “Where Ethics Meets the Budget,” November/December 2003;
- Publication of an article in *Best Practices*, “When Technology Dazzles, Are Ethics Left Behind?” March/April 2004;
- Publication of an article in *Best Practices*, “Community Goods: Excellence in Social Accountability,” July/August 2004; and
- Publication of an article in *FutureAge*, “Returning to the Soul of Our Organizations,” March/April 2005.

As the Commission has evolved, it has addressed a number of timely and challenging issues, including social accountability, immigration, resident sexuality, the not-for-profit difference, corporate ethics, “granny cams,” corporate compliance, staffing ratios and the ethics of managed care. The practical outcomes of this work have been presented at the spring and annual AAHSA conferences, featured in AAHSA publications and on the AAHSA Web site and integrated within the Quality First initiative.²

When the Commission re-evaluated its role and the direction for its work in 2005, the topics of Quality First, ethical issues associated with technology, financial accountability, consumer-directed services, cultural diversity, cultural transformation, foreign nurse recruitment and workforce became additional focal points. This white paper results from research and careful deliberation of the last, but not least, of these focal points—ensuring an ethical workplace.

In December 2005, the Commission divided into three task forces to develop this paper: Economic, Cultural Transformation and Cultural Diversity. Each task force submitted its findings and recommendations to the full Commission in October 2006.

In creating this document, it should be noted that the Commission takes seriously its responsibility to raise issues and examine them through an ethical lens; however, the Commission, likewise, respects and understands the real, practical economic implications of implementing its recommendations. This becomes not only the challenge but also the beginning of important conversations with AAHSA members.

Introduction

We begin our exploration of the ethical issues related to the long-term care workforce with a common assumption—one on which we hope all AAHSA members will concur:

Employees of AAHSA organizations deserve a safe, just workplace in which they are respected and adequately supported in fulfilling their roles, and in which they can develop both professionally and personally.

AAHSA members have moral responsibilities as caregivers, employers and members of the community. More specifically, the AAHSA mission, vision and ideals suggest that its members have at least a tri-fold responsibility to provide high-quality services to those in need, meaningful work and an ethical workplace for employees. These expectations spring from AAHSA's central value of respect for all persons; therefore, it is appropriate that the Association and the Commission pay considerable attention to workforce issues. The increasing number, diversity and significance of issues related to our workforce underscores workplace ethics as a compelling priority, and not-for-profits as the clear leaders in this area.

Issues related to our staff are profoundly ethical. The term “workforce” considers all talent within our housing, care and service system—encompassing direct-care workers, service coordinators, housekeeping staff, geriatricians, nurses, pharmacists, therapists and administrators. We believe that all staff members are truly the heart and soul of homes and services for the aging.

Management of staff talent is one of the most important aspects of leadership in long-term care. Recruitment, scheduling, payroll, training and the like all require a high degree of trust and expertise to run smoothly. Additionally, human resource proficiency and support are required in the areas of labor law, employment policy, schedule flexibility, development of a healthy work environment, development of opportunities for growth, compensation, retirement packages, etc. —all of which are encompassed within a set of philosophically and value-based ethical practices.

How employees are regarded, treated, advanced and compensated reflects the moral fiber of our organizations. Therefore, ethical principles must guide governance and management decisions (e.g., wage compensation, workplace environment). Although this may be aspirational, ethical values should consistently trump market values.

Workforce ethics and practice should strive for equity. When each member of the workforce within an organization is respected, treated with dignity and paid a just wage, it reasonably follows that such an organization is more likely to experience higher quality service, lower turnover and greater overall success. The collective sum of these outcomes brings the not-for-profit organization ever closer to the fulfillment of its mission.

Employees in administrative, clinical, personal care and supportive roles enable disabled and older persons to live the vulnerable days of their lives in dignity; however, our valuable human resources are endangered. Increasing job vacancy rates, high turnover and shortage of applicants for positions all point to potential calamity—not enough qualified workers to care for an exponentially increasing aging population.

Once deciding to examine workforce issues from an ethical perspective, the Commission agreed on the value of articulating resultant recommendations to both AAHSA members and the Association itself. Recognizing that AAHSA-member organizations have moral responsibilities in three realms—to their

residents/clients, to their employees and to the larger community, this paper primarily focuses on our responsibilities to our employees.

The Commission hopes the reader will consider this white paper in the context of AAHSA's Quality First initiative. Neither this document nor the deliberations that guided it were framed to be additive, time-sensitive or limited for AAHSA members. Rather, in 2007, AAHSA will create a cabinet on talent and the workplace, thereby building momentum in this topical area. Please consider our recommendations, self-assessment questions and checklists as a way to evaluate existing practices, priorities and policies. It is the Commission's hope that our work and this document both inform and enrich its future deliberations, as it provides AAHSA's members with a tool to strengthen their ethical guidelines and processes.

Ethical Principles

The Commission identified the following ethical principles related to the long-term care workforce:

- **Respect**—The structure of work, in general, and the design of specific jobs, in particular, always must respect the dignity of all staff. For example, employers must take into account, as far as possible, the gifts and potential of individual workers and create the conditions that allow employees to be successful.
- **Autonomy**—The organization recognizes the right of staff members to exercise appropriate self-determination in doing their jobs.
- **Participation**—Those responsible for organizing work have a duty to include all employees in deliberation and decision making pertinent to their function.
- **Justice**—The employer should strive for justice, providing compensation and benefits that are sufficient for a decent life in the community and that fairly reward employees for their contributions to the organization.
- **Stewardship**—The organization should carefully steward its resources for the benefit of the community and the individuals to whom they belong.
- **Community**—Recognizing our interdependence and need for one another, organizations should not be merely collections of individuals, but rather true communities of work.
- **Trust**—Employers have a duty to create the conditions for trust in the workplace by, for instance, making employment as stable and permanent as possible and valuing the knowledge and contributions of all staff.

We recognize that putting these principles into action on a daily basis can be challenging. To simplify an action plan, the Commission identifies several issues that may test the “ideal” of an ethical workforce and offers some suggestions for addressing these issues.

We believe that these ethical principles must apply to trustees (our governing bodies), employers (our organizations), as well as employees (our talent). Caring for those among us who are the most vulnerable can be personally challenging, yet immensely rewarding when approached with commitment.

Ethics and Economic Issues

Economic issues related to the long-term care workforce are extremely value-laden. While financial realities and state/national funding limitations may pose barriers to not-for-profit, value-based staffing policies, it is the ethical responsibility of executive and board leaders of AAHSA members to creatively develop and implement policies that uphold key organizational values, as well as ethical principles, despite challenging circumstances.

If we are truly to respect and support our workers and the work that they do, we will commit to pay a fair wage in recognition of their knowledge, experience, skill and effort. In our society, we generally consider needs for a decent life to include housing, food, health care benefits and resources to care for our families. In reality, aging services' staff often:

- Work for wages lower than they could earn elsewhere;
- Work full-time and more, but live in poverty;³ and
- Must work at two or more jobs to support their families.⁴

In recent years, there has been growing awareness that workers should be paid a “living wage,” which typically is considered the hourly wage a full-time, year-round worker must earn to keep a family out of poverty in his or her community. A growing number of communities are mandating that workers be paid a living wage. This not only permits adult workers to raise their families in decent circumstances, but also reduces the need of workers to rely on taxpayer-funded, financial/medical assistance programs.

The disparity among reimbursement, income and cost-of-living restrains the necessary growth of the workforce in the field of long-term care. Committed long-term care providers who address quality of life issues for their workforce—including the identification and/or support of local, affordable rental or purchase housing initiatives—will quickly distinguish themselves as the employers of choice.⁵ It is reasonable to assume that if employees do not have stable, affordable and reasonably safe housing, their work is likely to be impacted.

Even in moderately priced communities, it is common for full-time employees to pay an excessive portion of their income for housing.⁶ In response to the increasing gravity of this issue, the National Low-Income Housing Coalition has developed an online, interactive database called *Paycheck to Paycheck*, which presents wage information for more than 60 occupations and home prices/rents for nearly 200 metropolitan areas.⁷ This information is intended to help employers understand the overall linkage between wages and housing costs—both nationally and in specific regions.

In her February 6, 2007 testimony before the Joint Fiscal Committee of the New York State Legislature, Deborah VanAmerongen (Commissioner, New York State Division of Housing and Community Renewal) addressed the inter-relationship between wages and an impending affordable housing crisis. She stated that New York state is the fifth most expensive jurisdiction in the country in terms of housing cost.⁸ Further, in the Long Island region, the Fair Market Rent for a two-bedroom apartment is \$1,356. In order to afford this rent, a minimum wage earner must work 155 hours per week, 52 weeks per year; alternatively, 3.9 minimum wage earners could each work 40 hours per week, 52 weeks per year.⁹

Our staff—administrative, clinical and those directly caring for elders and residents/clients, preparing food and maintaining our buildings—enable us to serve vulnerable persons. While pay and benefits are not the only motivations for workers to apply, stay and work hard at their jobs, they are significant forces,

especially for low-wage earners. Other elements of a job may be equally important; for example, being a valued member of the care team, feeling respected by one's supervisor and co-workers, learning necessary skills, providing guidance/support alternatives, having necessary equipment, feeling safe and receiving meaningful feedback and deserved praise are critical elements of staff retention.

Economic Issue Recommendations

The Commission recommends offering the highest appropriate level of wages and benefits possible as a moral and sound management practice. Since the financing of long-term care poses a number of obstacles to providing sufficient compensation, we further recommend that advocacy efforts and the initiative on the future financing of long-term care make adequate compensation of the workforce a major priority.

The Commission also is encouraged by the efforts of local, regional and state coalitions under formation across the country to address compensation and other long-term care workforce issues and recommends that AAHSA members either initiate or become part of these coalitions. A number of these multi-stakeholder coalitions have been successful in effecting policy changes, as well as improving the wages and benefits of their member organizations.¹⁰

Key Economic Questions

We recognize that AAHSA members cannot equally address the myriad economic issues concurrently; however, *all* members can engage in the process of self-assessment by asking key questions. For example, it's pertinent to identify how much is paid, how wages are set, the disparity between low and high wage earners and how wages affect the lives of the worker. Closely related to the subject of wages are housing, transportation and health care.

Consider the following questions:

- Do workers have the resources and guidance they need to perform their best?
- Are “seasoned” staff members encouraged to mentor new hires?
- Is there an existing employee assistance program?
- Do organizational and economic constraints impact the degree of support?
- Can you ever plan a full-coverage work schedule without built-in safeguards for call-ins, unplanned illness, etc.?
- What are the alternatives, if any, to contract workers being used to supplement hired staff?
- What health care benefits are provided and, if needed, subsidized?
- Is access to health insurance consistent?
- Has the organization changed its benefit program with changing times?
- Are workers able to afford safe housing for themselves and their families?
- Is there a tuition reimbursement policy in place to support staff advancement initiatives?
- Is there a child care program or benefit available to staff?
- Has the organization worked within its community to link staff to available resources? As housing has become increasingly expensive in many communities, has the organization considered looking into employer-assisted housing programs (e.g., in partnership with local community organizations)?
- How dependable is government and/or private pay reimbursement?
- Do insurance benefits continue after retirement?

Ethics and Cultural Transformation

Phrases like “culture change” have become terms of art in long-term care facility literature and practice—encompassing philosophies and practices of person-centered care; deinstitutionalized, healthy work environments; and empowered staff. Noteworthy principles of such “movements” of change include:

- Returning the locus of control to elders (e.g., determining their own daily schedules, dining preferences, method of bathing);
- Enhancing quality of care by having consistent staffing, benefiting both the resident/client and frontline staff;
- Establishing a home-like environment (e.g., redesigning institutional structures, creating a holistic environment, establishing the feel of “home”);
- Involving the community (e.g., including family members in decision making, encouraging staff-family partnerships, conducting support groups); and
- Having decisions about life/work that affect elders/staff made at the community (i.e., neighborhood, household or health care unit) level.

A number of models of cultural transformation exist amid the AAHSA membership, including, but not limited to, Wellspring, Pioneer Network, The Eden Alternative and Green Houses. Many AAHSA members also participate in regional culture change coalitions. The Commission is encouraged by many elements of the culture change movement and the predictable phenomena experienced by its implementation to date. We recognize that operational principles should be examined within any organization engaged in transformational change.

Even with efforts in cultural transformation, frontline workers in long-term care consistently report that they do not feel respected, listened to or appreciated for the work they do. For example, in a focus group discussion with nursing home workers in California, researchers found that certified nursing assistants (CNAs) felt very frustrated with the charge nurses who supervised them. “Complaints were generally consistent—charge nurses did not know them, failed to call them by name in some cases and often did not respect them or acknowledge their work.”¹¹

Unfortunately, the relationships between staff and supervisors, staff and staff, and staff and residents/clients do not consistently exhibit respect and dignity for one another. Without a foundation of healthy relationships among all of these important individuals, other initiatives to create a more respectful work environment are unlikely to be successful. On the other hand, there are positive reports of increased staff satisfaction and perception of respect within organizations where cultural transformation has occurred.¹²

Cultural Transformation joins Personal Care Management, Home-Centered Care, Technology, and Financing Long-Term Care to form AAHSA’s Five Big Ideas—these ideas frame AAHSA’s current policy and advocacy agenda, are integrally interrelated and are aligned in principle.¹³

Cultural Transformation Recommendations

The Commission is encouraged by many elements of the cultural transformation movement. As members adopt new models and practices that empower and better equip staff,

they must, likewise, be mindful to balance the evolving role of staff with the elders' right to self-determination. Any instance where these roles/rights conflict may be an unintended consequence of certain models of person-centered care.

We recommend assigning work responsibilities that correspond to the knowledge and skills of workers. Such assignments should reflect balanced workloads, include schedules that are stable yet flexible, allow full-time or flexible work (if desired) and support long-term relationships among staff and those under their care. When work teams include direct-care workers' input, it is more likely that outcomes for both elders and staff will be positive.

Demonstrating respect for employees, as well as for all residents/clients, should be a central element in hiring, retaining and evaluating all levels of staff, including administration. Further, the organization's policies should explicitly state that disrespectful language and actions are prohibited, and policies should describe consequences of such behavior.

Lastly, the Commission recommends that additional, evidence-based research and fund availability are needed in this area. The various models of culture transformation must be assessed more thoroughly, including impact on the work environment, staff satisfaction and other staff-related outcomes.

Key Cultural Transformation Questions

AAHSA's Ethics Commission believes it is morally imperative to expect that an organization's culture supports its mission; however, as one probes the overwhelmingly positive aspects of personal autonomy, choice, flexibility and empowerment, one may identify a few ethical dilemmas hidden under the surface of cultural transformation. For example:

- Can resident-centered care also be worker-centered?
- Are there potential areas of conflict?
- How can such conflicts be addressed?
- Can increased staff flexibility lead to decreased staff accountability?
- Does change equal a healthy organization or total transformation?
- Does the design of an ethical workplace equal cultural transformation?

Ethics and Cultural Diversity

Personal beliefs and values are unique to each individual. Cultural diversity can affect how individuals work together to provide quality care and services. Underappreciated diversity can present vexing barriers by creating uncomfortable work environments; conversely, appreciated diversity has the potential to offer a rich blend of unique skills, values and attitudes that can culminate in a rich climate for meaningful work and quality health care.

For the purposes of this paper, diversity refers to the variety of differences shaped by one's cultural experiences related to race, ethnicity, class, language, education, country of origin, sexual orientation, religion, marital status, health status, gender and age. One or more of these differences may intersect simultaneously, to complicate or amplify an issue that might otherwise be considered routine.

While all of these cultural differences are important, intuitively we know that age, race, ethnic and socioeconomic diversity are of particular importance among staff. These categories are potentially the source of the most sensitive, interpersonal issues.

Existing research tells us that roughly 90 percent of registered nurses are white women.¹⁴ The racial diversity of the licensed practical nurse (LPN) workforce is greater, since approximately 26 percent of LPNs are African American and almost all are U.S.-born.¹⁵ In terms of paraprofessionals, women comprise around 90 percent of the long-term care workforce, with nearly 50 percent of these being racial/ethnic minorities.¹⁶

Health care experiences are significantly shaped by cultural norms and values, which arise from beliefs about the nature of the human body, attitudes on aging and gender roles and family responsibility for caregiving/end of life care (to name a few). Understanding others' cultural viewpoints is central to the successful collaboration of co-workers and their delivery of consistent quality care and services.

An organization that articulates a respect for cultural diversity has taken the first step toward cultural competence. To truly demonstrate this principle, however, the organization must support and guide employees along a "competence path," so they develop awareness, acquire knowledge and develop/maintain cross-cultural skills as they serve residents/clients and families. A culturally competent organization views its services as a collaborative process that is influenced by a broad array of interests, expertise and needs.

Cultural competence, as deliberated by members of the Commission's Cultural Diversity Task Force, is the ability for people to work effectively with others from different cultural backgrounds. But how is cultural competence demonstrated via practical application in the workplace? In general, cultural competence can be reflected in:

- Attitudes that are open-minded and sensitive to social and cultural differences;
- Interpersonal behaviors that convey concern and respect, in spite of any differences;
- Commitment to continually increase personal knowledge of the impact of culture on caregiving, in addition to specific knowledge about those being served; and,
- Skills that allow workers to elicit respectfully and respond constructively to relevant personal and cultural issues.

Any cultural competence education provided to staff must fit the needs of the community in which it geographically or culturally exists; therefore, it is essential to consider the role the community will have in training activities. “The culturally competent organization views responsive service delivery to a community as a collaborative process that is influenced by community interests, expertise and needs.”¹⁷ Regional community input can provide information about relevant health issues, language idioms, common health beliefs and practices. It also can provide feedback on how the residents/clients living inside and outside the organization perceive the staff and the delivery and efficacy of its services.

It is not really possible (or ethical) to have a true person-centered care philosophy without recognizing the cultural diversity of the staff, residents/clients and the local community. Organizations must try to accommodate cultural roles and customs within the organization’s construct, and this must transfer to life within the residence or service delivery setting. This philosophy should encompass not only how the resident/client lives and dies, but also how the staff person works. The organization cannot maintain a strong, external community presence or level of involvement without the support of its staff, nor can it maintain its staff without a strong, external community presence. Social responsibility is a reciprocal relationship.

Cultural Diversity Recommendations

The Commission recommends the development and implementation of a written strategic plan that outlines activities, timelines and goals for achieving cultural competence throughout AAHSA member organizations, as follows:

- Consider a more comprehensive integration of cultural competence benchmarks into the Quality First process.
- Identify the intrinsic values that lead to a healthy organizational culture.
- Create or strengthen partnerships with existing networks or organizations that have expertise in this area (e.g., American Society on Aging’s Network for Minority Aging), so AAHSA can offer services to members that assist in the planning and implementation process.
- Consistently include cultural diversity/competence educational tracks in educational materials and conferences.
- Develop and provide a reference list of appropriate educational and training resources (including those with particular expertise) in cultural competence for:
 - * Assessing organizational competence;
 - * Organizational strategic planning to integrate cultural competence;
 - * Diversity hiring practices—frontline staff and leadership;
 - * Providing staff education and ongoing training in culturally appropriate service delivery;
 - * Evaluating competency in staff; and
 - * Measuring satisfaction with services provided by or to culturally diverse staff, residents/clients, families and communities.

Key Cultural Diversity Questions

- Is the employee's perspective of his or her respectful treatment consistent with the organization's mission? If there are differences, can those differences be productively addressed?
- Is it ethical to expect culturally diverse staff members to care for residents without providing them the tools to do so competently and compassionately?
- Is there a preliminary educational need that must be filled for the employee or co-workers in order for a successful relationship to ensue?
- How can diversity among workers and elders be a positive force?
- What kinds of people make up the profile of the larger community?
- Is the organization a microcosm of the community, or does it set itself apart by its homogeneity?
- Does the staff of the organization reflect the makeup of the residents (i.e., is there shared culture among them so they can "know" each other)?
- By knowing each other, can both staff and residents participate, to a greater degree, in community life?
- If staff members are very different from one another and from the residents, how can mutual learning be facilitated most effectively?

Overarching Ethics Commission Recommendations

Additional Commission recommendations that resulted from our overall discussion of workforce issues, outside of the task force research and deliberations process, include the following:

I. Support implementation of the recommendations of the January 2007 report for the National Commission for Quality Long-Term Care, *The Long-Term Care Workforce: Can the Crisis be Fixed*,¹⁸ including:

- Expand the supply of personnel coming into the long-term care field;
- Create more competitive long-term care jobs through wage and benefit increases;
- Improve working conditions and the quality of long-term care jobs;
- Make larger and smarter investments in the development and continuing education of the long-term care workforce;
- Moderate the demand for long-term care personnel; and
- Develop new models of long-term care services organization and delivery.

II. Support wide replication of successes identified in the Better Jobs Better Care grant program and encourage implementation of its findings, including:

- Substantial investment in the long-term care workforce;
- Reducing turnover using proven methodologies;
- Seeking new sources of personnel;
- Encouraging direct-care workers to participate in workplace change and advocacy; and
- Improving the leadership and management skills of supervisory staff.

III. Identify fair and adequate compensation of staff as a priority among advocacy efforts and the initiative on the future financing of long-term care.

IV. Endorse and work to implement the following Nine Essential Elements of a Quality Job,¹⁹ developed by the Paraprofessional Healthcare Institute, a partner with AAHSA and the Institute for the Future of Aging Services (IFAS) in the Better Jobs Better Care grant program:

- **Compensation** (Particularly related to the ethical principles of respect, justice and stewardship):
 1. Family-sustaining wages;
 2. Affordable health insurance and other family-supportive benefits; and
 3. Full-time hours if desired, stable work schedules, flexible schedules if needed, balanced workloads and no mandatory overtime except in cases of crisis (e.g., power failure, blizzard).
- **Opportunity** (Particularly related to the ethical principles of respect, participation and autonomy):
 4. Excellent training that helps the worker develop and hone all the skills—both technical and relational—necessary to support long-term care consumers;
 5. Participation in decision making, acknowledging the expertise that direct-care workers contribute, not only to workplace organization and care planning, but also to public policy discussions that impact their work; and
 6. Career advancement opportunities, job vacancy posting and tuition reimbursement.
- **Support** (Related to the ethical principles of participation, community, trust and the common good):
 7. Linkages to both organizational and community services, as well as to public benefits, in order to resolve barriers to work;
 8. Supervisors who set clear expectations and require accountability and—at the same time—encourage, support, guide and provide feedback to all workers; and
 9. Managers willing to lead a participative, ongoing and “quality improvement” management system—strengthening the core caregiving relationship between the long-term care consumer and the direct-care worker.

Toward an Ethical Workplace: The Value of Consistency

Consistent and adequate staffing of long-term care services is a never-ending challenge of yesterday, today and tomorrow. Administrators have a moral responsibility to acknowledge staffing shortages of the present with an eye toward resolving them in the future.

Recruitment for all levels and types of positions in homes and services for the aging is expensive. Recruiting for the same position repeatedly—because staff members are dissatisfied or disenchanted with their work, poor working conditions or compensation—is wasteful and shows poor stewardship, to say nothing of its impact on continuity of care.

Having consistent assignments with the same residents/clients shows workers that the organization respects the relationship they have with those for whom they care. Assignments greatly influence the quality of an employee’s workday. Workers are sensitive to whether their assignments are fair and whether the work burden is reasonable and equally shared. Having “a say” in which days and shifts are worked contributes to a feeling of autonomy and helps employees cope with life challenges outside the workplace. In addition, for home care workers, it may be very important to be assigned enough hours to support themselves and their families.

In general, the use of temporary or supplemental staff to fill in for staff vacancies is wasteful. The expensive alternative of supplemental staff is also inherently unjust—paying higher wages to temporary workers who do not have the loyalty, resident connectivity or experience of regular workers. We know from a database of exit interviews that employees more often leave supervisors than jobs; therefore, limited investment in training of long-term care supervisors may be short-sighted and evidence of poor stewardship planning.

Another expensive strategy is recruitment of foreign-trained workers. Not only are there potential ethical problems with this practice, but the process is very costly and not likely to result in a long-term solution. Further, this strategy fails to address the fundamental, core issue of staff shortage.

Finally, investment in workers is an investment in quality. AAHSA’s Institute for the Future of Aging Service’s Better Jobs Better Care is a four-year, \$15.5 million research and demonstration program supported by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. This program has demonstrated that reducing high vacancy and turnover rates among direct-care staff in long-term care can contribute to improved quality. In addition, findings associated with the outcomes of culture change initiatives indicate that changed environments are likely to reduce staff turnover, sometimes actually creating waiting lists for open positions.²⁰

Direct Care Talent—Availability, Recruitment and Retention Issues

According to the Bureau of Labor Statistics 2000 data, there are an estimated:

- 1.85 million direct-care employees (i.e., licensed and paraprofessional staff); and
- 1.65 million support personnel (i.e., therapists, management staff, food service, maintenance, etc.) working in facility-based and home care settings.

Though substantial, these numbers do not include either informal caregivers or caregivers employed directly by consumers and family members.

In its January 2007 report for the National Commission for Quality Long-Term Care entitled *The Long-Term Care Workforce: Can the Crisis be Fixed?*, the Institute for the Future of Aging Services (IFAS) suggests that a combination of short-term factors (e.g., the economy, pay and benefits, suboptimal investment in workforce training) and long-term factors (e.g., shifting demographics in terms of age, ethnicity, education and wealth; a shift to community-based care settings; declining disability rates) influence the recruitment and retention of long-term care talent.

This report also notes that high staff turnover, vacancy rates and difficulty recruiting and retaining nurses span the long-term care continuum. The National Commission on Nursing Workforce for Long-Term Care estimates that 96,000 new nurses are needed merely to fill existing nursing facility vacancies.

Research confirms that the primary reason direct care paraprofessional staff members remain in their positions is the relationships built with seniors in their care. Turnover and job dissatisfaction with this subset of staff are commonly linked to poor pay, benefits and bad relationships with supervisors.

The March/April 2007 issue of AAHSA's *FutureAge* magazine includes an article that makes the business case for investment in staff retention, thereby increasing care quality, continuity and efficiency and decreasing stress. The article states that "providers can reduce turnover costs by ... calculating the costs carefully and investing in proven retention strategies." If successful, savings can be redirected to increase staff wages, improve training, etc., ultimately boosting employee satisfaction.

Conclusion: Our Moral Imperative

Economic, social and political realities can make it difficult for us to provide just wages, benefits and support to our employees. Nevertheless, our residents/clients deserve quality care and services, and our employees deserve fair compensation and tools to work effectively. We, therefore, have a moral obligation to change the system that poses barriers to meeting these responsibilities.

Since the challenges of providing appropriate wages, benefits and support are so critical to those entrusted to our care and to the dignity of workers, and because inadequate payment has been such a long-standing problem, our advocacy in this arena must go above and beyond what has been tried over time. AAHSA and its members must take a leadership role and enlist partners and allies to assist us in

working toward the goal of achieving the adequate payment and public support needed to address the economic imperative of our employees.

Those of us from organizations that have a not-for-profit tradition should commit to education about the practical and moral implications of providing a living wage to our lowest wage employees and a just wage, reasonable benefits and support for all workers. All AAHSA members should commit to being vocal advocates at the local, state and national levels for public policy change in support of our workers.

It is also important for us to understand that while addressing economic issues is a moral imperative—reflecting respect, justice and stewardship—economics alone will not solve workforce issues in homes and services for the aging. To achieve a highly qualified, stable staff requires not only a sound economic base, but attention to culture and respect for individuality and diversity.

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- ¹ AAHSA's Web site is www.aahsa.org.
- ² Quality First information may be accessed at AAHSA's Web site: www.aahsa.org/qualityfirst.
- ³ Sharyn J. Potter, Allison Churilla and Kristin Smith (2006). "An Examination of Full-Time Employment in the Direct-Care Workforce." *Journal of Applied Gerontology* 2006 25: 356-374 and Rhonda J.V. Montgomery, et. al., "A Profile of Home Care Workers from the 2000 Census: How it Changes What We Know," *Gerontologist* (2005) 45: 593-600.
- ⁴ See the results of the study of consumer-directed home care workers in California at: http://www.bjbc.org/content/docs/ExecSummary_Conn_College_FINALCOLOR8-06.pdf.
- ⁵ From the long-term care trends document prepared by AAHSA's Advocacy Staff, 2007.
- ⁶ *Paycheck to Paycheck* information can be accessed at <http://www.nhc.org/chp/p2p/>.
- ⁷ VanAmerongen, Deborah, February 6, 2007 testimony, <http://www.dhcr.state.ny.us/general/press/speech01.htm>
- ⁸ VanAmerongen, Deborah, February 6, 2007 testimony, <http://www.dhcr.state.ny.us/general/press/speech01.htm>
- ⁹ See www.bjbc.org for an issue brief on the role of coalitions and examples of successful efforts.
- ¹⁰ Harahan, M.F., Kiefer, K.M., Burns Johnson, A., Guiliano, J., Bowers, B., and Stone, R.I. (2003). *Addressing Shortages in the Direct Care Workforce: The Recruitment and Retention Practices of California's Not-for-Profit Nursing Homes, Continuing Care Retirement Communities and Assisted Living Facilities*. California Association of Homes and Services for the Aging and the Institute for the Future of Aging Services. www.futureofaging.org/PublicationFiles/CAHSA.pdf.
- ¹¹ Based on information collected by The Jewish Home and Hospital organization, New York, NY.
- ¹² The Five Big Ideas may be accessed at AAHSA's Web site: www.aahsa.org.
- ¹³ Health Resources and Services Administration, 2004.
- ¹⁴ Seago, Spetz, Chapman, Dyer and Grumback, 2001.
- ¹⁵ Montgomery, based on an analysis of the 2000 Census.
- ¹⁶ National Standards for Culturally and Linguistically Appropriate Services in Health Care.
- ¹⁷ *The Long-Term Care Workforce: Can the Crisis be Fixed?* Institute for the Future of Aging Services, January 2007.
- ¹⁸ PHI, South Bronx, NY, 2007.
- ¹⁹ For information about the *Better Jobs Better Care* findings, visit www.bjbc.org.

Appendix I

Workplace Ethics Audit—A Matter of Respect (Going Beyond Staff Pizza Parties)

Not-for-profit homes and services for the aging have three key moral responsibilities when addressing workforce issues: to care for those in need of service, to offer meaningful work and to provide an ethical workplace.

These imperatives are interrelated. Emerging evidence from the Institute for the Future of Aging Services Better Jobs/Better Care demonstration project documents that a workplace where employees feel respected translates into quality care and services, as well as improved staff retention.

Undoubtedly, all AAHSA members strive to provide a workplace where employees are respected. This is certainly their intention; however, organizations may unwittingly fail to “walk the talk” when their efforts are objectively viewed through an ethical and practical lens.

This workplace audit is designed as a self-reflective tool to assist providers of aging services gauge how they are really doing when it comes to showing respect for their employees. It may be used as a “checklist” during board meetings, strategic planning sessions or staff retreats.

This tool is organized in accordance with the ethical principles adopted by AAHSA’s Commission on Ethics in Aging Services and referenced in the Introduction of this paper.

We hope that this tool will provide a means for organizations to think through both short- and long-term goals, thereby strengthening their individual workplaces. In addition, this tool provides substantive guidance for aging services organizations that are using Quality First for self-assessment and quality improvement.

Respect

	Administrators set the tone for respect.
	All staff members, including administrators and supervisors, are given the training needed to successfully carry out new and existing responsibilities.
	No staff member is assigned tasks for which he or she is not prepared.
	Education and training are presented in a way that reflects principles of adult learning.
	Staff members have the information they need about organizational policies and other aspects of the workplace.
	Professional development is encouraged and financially supported.
	Schedule flexibility is considered for those engaged in continuing education courses and those who need it to manage their individual home circumstances.

	Performance evaluations and incentive programs hold leaders and other employees accountable for honesty, fairness and respect
	All staff members receive training about sexual harassment and workplace violence.
	Solicitation of feedback from employees is accomplished on a regular basis.
	There is a commitment to acting on such feedback in a timely and effective manner.

Comments/ Actions

Personal and Social Responsibility

	Administrative leaders model honesty, integrity, fairness and respect.
	Supervision includes recognition or praise for good work.
	Supervisors provide staff members the opportunity to do their best.
	Supervisors have the knowledge and experience needed to support those who report to them.
	Supervisors are trained in successful management strategies and are given ongoing support and continuing education in these areas.
	Supervisors know and use the names of all who report to them.
	Supervision includes coaching for enhanced or improved performance.
	Insults and non-constructive criticism are not tolerated.
	Staff at all levels may offer input on resident/client care.
	Decision-making authority is distributed throughout levels of the organization.

Comments/ Actions

Autonomy and Participation

	Only persons competent to perform responsibilities (or able to learn to perform) are hired.
	Longevity and successful service are held in high regard and celebrated.
	Staff members at all levels are involved in the hiring and orientation process.
	New hires are immediately welcomed and oriented to the workplace.
	All staff members who resign are interviewed as to their perception of the workplace, and gathered information is used to improve the workplace experience.
	Employee satisfaction surveys are conducted on a regular basis and results are acted upon.
	Input from frontline staff regarding carrying out work and procedural changes is solicited and utilized.
	Staff members who use assistive equipment have input on its selection.
	A “welcoming” protocol for staff input exists.
	New staff members have mentors to help orient them to the workplace and learn the job responsibilities.

Comments/ Actions

Confidentiality

	Employees feel they can speak openly without fear of retribution.
	An employee assistance program is available to all employees.
	Resources are available to assist staff in addressing private, personal issues.

Comments/ Actions

Justice

	All employees earn fair, adequate wages.
	Benefits, including health care insurance coverage for self and family members, are available and affordable to all full-time employees (and part-time employees who meet established employer and insurance provider criteria).
	Full-time employment is available to all staff members who seek it.
	Part-time employment is considered for those staff members who seek it.
	Each employee's wage rate is reflective of experience and responsibilities and, where possible, demonstrates equity among employees in similar roles.
	Opportunities for upward mobility—including increased pay potential—are available to all staff.
	Supportive benefits (e.g., housing assistance, day care, wellness center) are available.
	Staff members are referred to community resources for assistance with housing, health care, etc.

Stewardship	
	Any education assistance provided as a benefit to staff is available for all levels of staff (e.g., GED, tutoring, citizenship preparation, professional education).
	Net financial gains are channeled into tangible resident/client/staff benefits.
	Governance (i.e., a board) is engaged in financial reporting and related decision making.

Comments/ Actions

Common Good	
	An organizational mission, vision and goals exist and are communicated to all staff and the general public.
	Cultural transformation concepts are considered and implemented as possible, with the input and inclusion of all staff.
	Positive relationships among administration, staff, volunteers and clients are supported.
	All staff members are provided training and supported in enhancing communication/team-building skills.
	Staff members are encouraged to explore the link between their own personal values and the organizational mission, vision and goals.
	There is a strong belief that when the organization and staff have clearly defined values, the overall performance of both is the highest.

Comments/ Actions

Community and Trust	
	Diversity is respected and celebrated.
	Racism or any form of discrimination is not tolerated.
	Rumors are replaced with accurate information.
	A resolution process is available to staff members who believe they have been physically or verbally abused, discriminated against or harassed by any staff, resident or family member.
	Peer support and teamwork are encouraged and rewarded.

Comments/ Actions
