

Healthcare aides make up 59% of nursing home workers and 76% of residential care workers, [according to the CDC](#). These healthcare professionals are responsible for performing the brunt of the work in elderly care — helping patients eat, bathe, monitor their vitals and other health signals and take their prescribed medications. They also provide much needed companionship, which is crucial given the current [loneliness epidemic](#).

Despite the pivotal role these healthcare professionals play, nursing assistants and orderlies earned an average of just \$14.25 per hour in 2019, [according to the U.S. Bureau for Labor Statistics](#). [Health aides fared even worse](#), earning just \$11.57 per hour. As a result, an estimated 44% of these employees live in poverty, [according to Robert Espinoza](#), vice president of policy at PHI, a research firm focused on elder and disability services.

Underpaid and underappreciated, [nursing assistants were already in short supply](#) before the COVID-19 pandemic; when the coronavirus hit the United States, the [shortage of geriatric workers](#) turned into a full-blown staffing crisis. Faced with unsafe working conditions and lacking adequate personal protective equipment (PPE), nurses began to work less or not at all, [according to a survey of more than 1,100 nurses by IntelyCare](#). In one case, a nursing home was [forced to evacuate 80 residents](#) after more than a dozen workers failed to show up for work.

The media soon declared nursing homes “‘[ground zero’ for COVID-19](#)”. To date, the virus has claimed the lives of more than 55,000 American seniors. As a result, people began referring to these facilities as ‘[death traps](#)’ — [recent estimates from the New York Times](#) back up these claims. While just one in 10 Americans with COVID-19 live in nursing homes, 42% of deaths from the disease take place in these long-term care facilities.

This notoriety poses a challenge for the organizations that run nursing homes. More than [1 million new health aides](#) plus an additional [137,800 nursing assistants and orderlies](#) will be needed by 2028, according to the U.S. Bureau for Labor Statistics. Given the high-risk, low-reward nature of the profession, leaders must find creative ways to attract and retain talent.

### **Three approaches for attracting geriatric workers**

“There are at least three approaches that can make a job more appealing to aides,” explains Dr. Joseph Ouslander, professor and senior advisor to the dean of geriatric medicine at Florida Atlantic University’s Schmidt College of Medicine. “The first is to create a career ladder within the nursing assistant position. You start off as a nursing assistant. As you get more experience and show that you’re a good worker, you get a specialty assignment and a little higher pay for that. Then you progress to a third step, where you have even more

responsibility.”



Dr. Joseph Ouslander  
Professor of Geriatric Medicine  
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Career ladders reward staff for greater competency — resulting in superior outcomes while helping employees feel valued. They also help people understand how and where they can grow within the organization, contributing to employee retention.

Having consistent assignments for nursing assistants can also help with worker retention, according to Dr. Ouslander. This arrangement benefits both parties: Residents receive aid from someone who knows their preferences, reducing unnecessary effort and worry. Nursing aides experience more rewarding work as they get to build close relationships with the people they serve.

“The third is to give nursing assistants tools, so they feel like they’re a meaningful part of the care process,” says Dr. Ouslander. A tool that helps them track patient conditions over time, for example, can be very useful and help aides meaningfully contribute to patient outcomes.

“The key is to make them feel like they’re an important part of the team,” Dr. Ouslander concludes.

### **The role value-based care could play**

There are two ways to approach the challenge that lies ahead: the short game and the long game. The underlying parallel between both is choosing to [invest in specific areas within geriatrics](#) to attract more qualified candidates to the profession. The opportunity that implementing value-based care at long-term care facilities can provide is immense,

particularly with attracting medical students to geriatric work.

“As more medical students take on more debt to pay for their medical school education, it has forced them to select higher paying specialties to have the capacity to pay that debt back. As a result, most of the primary care specialties are less attractive, including geriatrics,” said Vince Mor, Ph.D., a Brown University researcher. “With value-based care, primary care physicians are able to provide and ultimately get reimbursed for keeping people healthy and avoiding and controlling chronic diseases. This will make specialties like geriatrics more attractive to medical students.”

In other words, they would be [paid according to patient outcomes](#). For example, a post-acute care home model that prevents hospital readmission would earn more than one that failed to do so. Everyone wins under this model, [according to the New England Journal of Medicine](#). Seniors pay less for better health, and geriatric workers earn more for a job well done — payers, suppliers and the country also benefits.

“I believe that the more collaboration that there is between health care providers, including doctors, nurses and therapists, better care is provided,” Mor said. “Patients have better outcomes, and the satisfaction of those providing the care is greater. This will make specialties like geriatrics more attractive.”