

Over the past decade, long-term care (LTC) has experienced notable increases in resident acuity and dependency, regulatory requirements, and the number of admissions and discharges (Coleman, 2003; McConnell, Lekan-Rutledge, Nevidjon, & Anderson, 2004; Mor, Caswell, Littlehale, Niemi, & Fogel, 2009). Available evidence suggests that the resulting increased demands have not been matched by increases in staffing levels, skill mix, or staff skills and knowledge (McConnell, Lekan, & Corazzini, 2010). Despite this, expectations for quality of care and clinical outcomes have intensified. Moreover, resident quality of life is increasingly viewed as equal in importance to the quality of clinical care and outcomes.

The increased significance of the quality of life is most apparent in the strong shift to person-centered care, most clearly expressed in the nursing home culture change movement (Koren, 2010). Person-centered care is the practice of honoring and respecting the preferences of residents and allowing them to be equal partners in their care (Advancing Excellence in America's Nursing Homes Campaign, 2015). According to AARP (2014), the Advancing Excellence in America's Nursing Homes Campaign (2014), and the Centers for Medicare & Medicaid Services (2012), resident quality of daily life, including a homelike environment and care routines guided by resident preferences, is becoming a widespread expectation.

The National Council of State Boards of Nursing (NCSBN) brought together stakeholders to participate in discussions about some of the most challenging problems facing LTC organizations and nurses. This forum provided an opportunity for experts from nursing practice, government, academia, and state boards of nursing (BONs) to discuss evidence-based strategies for implementing culture change, improving the effectiveness of staff development and education, implementing transition-to-practice strategies for novice nurses, and using partnerships in developing safe environments for residents and staff. This article presents a literature review on the current challenges facing LTC and summaries of the discussions, including evidence-based recommendations and solutions.

## Literature Review

The literature on LTC identifies the greatest challenges facing LTC organizations and nurses as inconsistent quality of leadership, the need to implement culture change, the shift to person-centered care, inadequate staffing levels and staffing mix, and insufficient development of nursing staff given the increasing resident acuity.

Organizational change has been the focus of considerable research both inside and outside health care, and much has been learned about effective change strategies. In LTC, just as in other settings, strong, effective leadership is needed to implement and sustain significant change (Tourangeau, Cranley, Laschinger, & Pachis, 2010). Research on nursing home organizational change, including culture change, supports the need for such leadership and confirms the importance of strong supervisory skills in staff members at the unit and departmental levels (Dellefield, 2008; Eaton, 2000). Other factors that influence the ability to implement and sustain change include champions in the organization (Bradley et al., 2004; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004; Warrick, 2009), consistent messages from lead-

has been conducted on culture and ethnicity in LTC settings, but some studies demonstrate the importance of having staff members who understand the resident's culture and having someone who can speak the resident's native language as necessary for person-centered care (Yeboah, Bowers, & Rolls, 2013). Consistency in staff assignment has been identified as vital to achieving person-centered care because such care relies on staff familiarity with resident needs and preferences. Although many nursing homes claim to have a commitment to consistency in staff assignments, all do not carefully monitor its implementation (Rahman, Straker, & Manning, 2009; Roberts, Nolet, & Bowers, 2013).

A major barrier to achieving either person-centered or high-quality clinical care is the high rate of nurse and nurse aide turnover (Barry, Kemper, & Brannon, 2008; Castle, 2012; Kash et al., 2010). The resulting widespread use of agency staff and low nurse-patient ratios have been shown to undermine the quality of care and quality of life (Castle & Engberg, 2007). An appropriate staff mix has been shown to have a significant clinical outcomes and is important in achieving high-quality care (Castle & Engberg, 2007; McConnell et al., 2010).

The highest turnover occurs among newly hired, younger, BSN-prepared nurses. Significant differences in the role of the nurse, regulatory requirements, and on-site resources pose challenges for a new graduate who was prepared primarily in an acute-

of person-centered care. Moreover, an awareness of cultural differences among staff members and between staff and residents is key. A greater effort to match staff and residents based on culture and language may improve resident quality of life.

### **Staffing Issues**

In the LTC setting, the failure to implement consistent assignments presents a challenge to realizing person-centered care. The major factor contributing to inconsistent assignment is turnover of staff in direct-care and leadership positions. The causes of turnover are believed to be related to lack of teamwork, shortcomings in staff competencies, low levels of staff satisfaction, failure to acknowledge resident acuity in staff assignments, poor wages and benefits, lack of ongoing education and training, not feeling appreciated or recognized for hard work, and not feeling empowered.

A sufficient number of RNs is necessary to ensure a high quality of care. A careful balance between licensed staff and UAP is required, although in LTC practice this is not always possible. There is a reported lack of RN presence in clinical leadership,

Increased resident safety  
Increased new nurse confidence and competence.

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Online resources could be used more often for LTC staff development. A major obstacle is the lack of sufficient resources. Education could include a hybrid of online and one-on-one return demonstration. Making effective use of online technology would require investment in computers and support for group use of resources during work time but could provide an alternative method of staff education. Some free online resources include e-journal subscriptions, the Hartford Institute website, and Silverchair Learning Systems.

The Advancing Excellence in America's Nursing Homes

