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Social Workers Critical to Honoring Commitments to Residents and Families in Long-Term
Care

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Abstract

Social workers have been at the forefront of research and advocacy to improve nursing home care for several decades. However, United States (U.S.) regulations have not kept pace with professional standards, as nursing home social services workers are still not required to have a degree in social work and many are assigned caseloads that are untenable for providing quality psychosocial and behavioral health care. The National Academies of Sciences, Engineering, and Medicine (NASEM)'s recently published interdisciplinary consensus report, *The National Imperative to Improve Nursing Home Quality: Honoring our Commitment to Residents, Families, and Staff* (NASEM, 2022) makes recommendations for changing these regulations, reflecting years of social work scholarship and policy advocacy. In this commentary, we highlight the NASEM report recommendations for social work and chart a course for continuing scholarship and policy advocacy to improve resident outcomes.

Introduction

Social workers have been at the forefront of advocacy for improving nursing home care quality for decades. They were active in the National Citizens' Coalition for Nursing Home Reform (NCCNHR), founded in 1975 to address substandard nursing home care. The National Association of Social Workers (NASW) collaborated closely with NCCNHR and other stakeholders, spurring the development of a 1986 report by the Institute of Medicine (IOM), *Improving the Quality of Care in Nursing Homes*. Drawing on the report findings, NCCNHR convened the Campaign for Quality Care—of which NASW was an active member—successfully advocating for the development of the Nursing Home Reform Act of 1986 (S. 2604), which was signed into law as part of the Omnibus Reconciliation Act of 1987 (OBRA '87). NCCNHR (now the National Consumer Voice for Quality Long-Term Care, or The Consumer Voice) and NASW continue to advocate for improvements in nursing home care, especially psychosocial care to the present day. The Consumer Voice, NASW, and other stakeholders strategize responses to federal policy developments and opportunities, such as the Center for Medicare and Medicaid Services (CMS)'s recent request for information on staffing in long-term care (LTC) facilities.

Social workers have also advanced research related to nursing home care. The Institute for the Advancement of Social Work Research (IASWR) gathered and disseminated nursing home social work research during the early 2000s; the Boston University Social Work Research Network now archives its materials (<https://www.bu.edu/swrnet/archives/iaswr-archives/>). Dr. Mercedes Bern-Klug founded the National Nursing Home Social Work Network, led the first nationally representative study of nursing home social service directors in 2006 (Bern-Klug, 2008), and a follow-up study in 2019 (Bern-Klug et al., 2021). The National Nursing Home

Social Work Network also offers a listserv for nursing home social workers and social services staff; live and recorded webinars; and convened semi-weekly meetings of nursing home social workers and social services staff during the early months of the COVID-19 pandemic.

Although some progress has been made, COVID-19 revealed ongoing deficits in the quality of care and quality of life of nursing home residents. More than 200,000 individuals living and working in LTC died during the first two years of the COVID-19 pandemic (Chidambaran, 2022), three quarters of whom were nursing home residents (Centers for Medicare and Medicaid Services [CMS], 2022). Survivors experienced physical, cognitive, and emotional effects due to pandemic-related changes, including staff shortages that negatively affected the quality of care, and visitation restrictions that reduced quality of life and resulted in social isolation of residents (Kusmaul et al., 2022).

Two years after COVID-19 began the National Academies of Sciences, Engineering, and Medicine (NASEM, formerly the IOM), released an interdisciplinary research-informed consensus report, *The National Imperative to Improve Nursing Home Quality: Honoring our Commitment to Residents, Families, and Staff* (NASEM, 2022). The report represents 18 months of work by nursing, medicine, public health, social work, health economics, and other experts. The committee's vision was that "*Nursing home residents [should] receive care in a safe environment that honors their values and preferences, addresses the goals of care, promotes equity, and assesses the benefits and risks of care and treatments*" (NASEM, 2022, p. 498). Further, quality care encompasses physical health, behavioral health, psychosocial, oral health, hearing and vision, rehabilitative, dementia, palliative, and end-of-life care (NASEM, 2022, p. 498). This commentary provides a brief summary of the NASEM recommendations directly

related to social work practice in nursing homes, and proposes next steps to support research and policy advocacy to improve nursing home care.

Overview of Nursing Home Social Work Practice Areas

The NASEM (2022) report emphasizes the need to improve behavioral health, psychosocial, dementia, palliative, and end-of-life care within nursing homes (see Table 1). High quality care requires a holistic, trauma-informed approach that is most effectively delivered by a team of qualified professionals including, among others, social workers, advanced practice nurses, clinical psychologists, and psychiatrists.

Behavioral health care for mental health disorders includes the assessment and treatment of serious mental illnesses such as depression and anxiety. While an estimated 65-90% of nursing home residents have a behavioral health disorder, a national study of nursing homes reported that approximately half of nursing homes lacked appropriate staff education and at least a third of the nursing homes were unable to adequately meet the behavioral health needs of residents (Orth et al., 2019). Depression is underdiagnosed and undertreated in nursing home residents and can be pre-existing, episodic, or newly occurring, sometimes related to nursing home transition or cognitive function (Mele et al., 2022). Diagnoses of depression increased during the COVID-19 pandemic because social resources decreased (Dahab et al., 2021), and loneliness and social isolation increased (Leverette et al., 2021).

Federal regulations require individuals with mental health conditions be screened prior to admission to ensure a nursing home is the best place to meet their needs (O'Connor et al., 2021). Once admitted, their care plans must address how the facility will meet the resident's mental health needs on an ongoing basis (Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals, 2019). Ideally, care will be provided using a team approach

where a medical provider oversees care and manages medications; a behavioral health provider provides recommendations specific to the mental health condition; a facility social worker manages psychosocial needs; nurses administer medications and monitor for adverse effects; and activities and direct care staff ensure engagement opportunities throughout the day.

Psychosocial care in nursing homes assesses and addresses social and emotional needs related to loss and change, mental illnesses, and end of life (Bonifas, 2011; Roberts et al., 2021). While quality psychosocial care involves all departments and disciplines, the identification of psychosocial care needs and the coordination of such care are often the distinct purview of social services (Bern-Klug & Kramer, 2013; Bonifas, 2011; Roberts et al., 2021). Social workers are leaders in assessment and care planning, and working with families. Social workers can advocate for culturally appropriate foods, and access to outdoor space, which has been associated with improved mood, quality of life, and sleep (van den Berg et al, 2019).

Dementia care takes a comprehensive view of the whole person, encompassing behavioral/emotional health, psychosocial, palliative, and end-of-life care. Persons living with dementia may display behaviors that distress others and/or result from distress the individual experiences. Nursing home regulations updated in 2016 now require staff education to improve dementia care. Social work's unique contributions to quality team-based dementia care include person-in-environment perspective, behavioral observation, psychosocial assessment with families/advocates, understanding past trauma and/or current trauma triggers, and non-pharmacological behavioral health interventions. Social workers can advocate for physical activity, de-prescribing, activities appropriate to cognitive level and interest, visually appealing foods that smell good, dementia appropriate dining modifications that promote independence

with eating, and the inclusion of ways engaging persons with dementia through music, motion, and touch in the care plan.

Palliative and end-of-life care are distinct but related. Palliative care is team-based whole person care provided after a serious illness diagnosis that focuses on the patient's goals of care, symptom management, and quality of life (Becker & Cagle, 2022). End-of-life care is palliative care specific to the final months, weeks, or days of life. Each interdisciplinary team member plays a role in ensuring residents receive palliative and end-of-life care that upholds their wishes and addresses unmet physical and psychosocial needs. Nursing and direct care staff ensure comfort through medication administration, turning, positioning, ensuring proper equipment, cushions, etc. Medical providers prescribe medication that addresses symptoms and side effects, and de-prescribes where appropriate, in consultation with pharmacists (Le et al., 2021). Medical providers, with nursing home social workers, assess goals of care, locate existing advance directives, such as POLSTs, or DNR/DNARs, and clearly document those goals. The involvement of social workers on interdisciplinary teams is associated with increased completion of advance directives and reduced hospitalizations at end-of-life (Galambos, Rantz, et al., 2021).

Recommendations for Practice, Research, and Policy Advocacy

Optimal care occurs when sufficient numbers of well-trained staff are available across all disciplines within the care team. Despite the widely recognized crisis in the direct care workforce, less recognized is the critical shortage of appropriately trained social workers to provide behavioral health, psychosocial, dementia, palliative, and end-of-life care as part of nursing home interdisciplinary teams. We propose that nursing homes, regulators, and the social work profession each take steps to increase the professionalization of nursing home social services, as research suggests these are necessary in order to improve resident outcomes. Further,

we propose strategies that will support continued research to develop promising practices, and inform policy recommendations to improve resident outcomes.

Improve Data Collection to support Social Services Staffing Qualifications and Staffing Levels

Currently, CMS collects and reports three categories of nursing staff information (RN, LPN, and CNA), but does not collect or report different categories of social services staff (e.g., licensed or degreed social workers vs. social service workers). Existing instruments also fail to capture variations in staffing based on time of day or day of the week. This prevents the development of metrics that link staffing qualifications and levels with quality outcomes. To identify optimal social services staffing levels and qualifications, the mechanism for collecting staffing information needs to be updated and refined. For example, many social services staff work during regular business hours; there may be differences in psychosocial outcomes for residents and families in facilities that staff evening/weekend social services.

Advocate for Title Protection and Professional Standards in Nursing Home Social Work

Current requirements allow a nursing home “social worker” to have a degree in social work “or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology” (42 CFR 483.70 (p)1), suggesting other backgrounds may substitute for an educational background in social work. These requirements are counter to the National Association of Social Workers (NASW, 2003) Standards for Social Work Services in Long-Term Care Facilities. NASW (2003) specified that at a minimum, a social worker in a nursing home should have a bachelor’s degree from an accredited program in social work, with two years of post-graduate experience in long-term care and certification/licensure recommended. Research points to the positive impact trained social workers have on psychosocial care and outcomes for residents. Leedahl et al

(2015) found nursing homes whose social workers have a bachelor's or master's degree in social work "have the capacity to provide better psychosocial care (NASEM, 2022, p 251) [than those without]." Requiring nursing home social workers to have a degree in social work would address existing gaps in psychosocial care and would bring nursing home regulations into alignment with the recommendations NASW made in 2003 (NASW, 2003).

Advocate for Appropriate Caseloads

Nursing homes are only required to have a social worker if they have more than 120 beds (Administration, 2019). This "120-bed rule" means that nearly two thirds of U.S nursing homes are not required to have a social worker on staff (Bern-Klug et al, 2021). Residents of smaller nursing homes are no less likely to have behavioral health or psychosocial care needs than those in larger nursing homes; yet, benefits associated with social work expertise are denied to some residents simply because they reside in smaller nursing homes, particularly in rural areas. Small nursing homes in rural areas are the least likely to hire a social services worker with a bachelor's degree (Roberts & Bowblis, 2017). Social workers play important roles care teams that address palliative care, hospice, and behavioral health (Galambos, Rantz, et al., 2021; Roberts et al., 2021). Nursing home social work caseloads coupled with social services staff who lack social work training, make it difficult to provide comprehensive psychosocial care for residents (Roberts et al., 2021). This is particularly true if the social services staff member is responsible for short-term skilled care residents, whose needs are generally more time sensitive and complex than those of long-term residents (Bern-Klug et al., 2018; Galambos, Rollin, et al., 2021). Increasing the level of social services staffing is associated with improved quality of care and quality of life for residents (Bowblis & Roberts, 2020). In addition, social services staff with

higher qualifications enhance outcomes for nursing home residents including a reduction in behavioral health symptoms and the use of antipsychotic medications (Roberts et al., 2020).

Advocate for Implementation of NASEM Report Recommendations

The NASEM Report provided several important recommendations (2B, 2C, and 2F) to ensure an adequate number of trained, professional social workers in long-term care and strengthen the professional training of the nursing home social workers who are responsible for day-to-day care of all residents. The NASEM Report also recommends expanding behavioral health services access by adding clinical social workers and advance practice registered nurses to the providers eligible to provide and bill for behavioral health services. Clinical social workers would be different from facility social workers, as clinical social work is a specific subspecialty, focusing on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances and may include individual, group and family therapy. Clinical social workers are required to have additional certification above basic social work licensure level in the state in which they practice (NASW, n.d.).

We acknowledge that both of these recommendations would increase the demand for professional social workers. Arguments against these recommendations often identify concerns about a shortage of social workers, and not being able to fill these positions if they were required. While a small minority of social workers explore aging as their concentration during their social work training more than half of professional social workers report working with older adults in some capacity (Rosen et al., 2003). Mechanisms to support aging education are needed to incentivize social work students to seek specific training in aging specializations. For example, support from the John A. Hartford Foundation provided social work students with stipends and content in aging for many years.

The NASEM report refers throughout to an interdisciplinary care team as integral to quality of care—for example, as part of medication reviews (p. 305), falls prevention (p. 309), care planning (p. 502), and various innovative approaches (p. 339). Social workers are part of interdisciplinary teams in palliative care (Ciemins et al., 2016), hospice (Condition of Participation, 1983), and dialysis facilities (Condition: Personnel Qualifications, 2016). Social workers are not explicitly identified as part of nursing home interdisciplinary teams beyond “other appropriate staff or professionals in disciplines as determined by the resident’s needs or as requested by the resident” (Comprehensive Person Centered Planning, 2016, B(2)(f)). Interdisciplinary teams provide the best care because each member brings individual strengths and uses them in a team framework for the resident’s benefit. Successful interdisciplinary teams consist of diverse disciplines with shared responsibility and control (Ciemins, et al., 2016). Although the NASEM report does not directly advocate for adding social workers to interdisciplinary teams, it asserts, “To ensure that the care plan is accurate and comprehensive, members of the interdisciplinary care team need to be directly involved in reviewing and evaluating all aspects of the care plan, working together with residents and their family members” (NASEM, 2022, p. 502). Considering this assertion, the report’s focus on behavioral health, psychosocial, dementia, palliative, and end-of-life care, and the exhortation to professionalize nursing home social work, we believe that CMS should formally include social workers on nursing home interdisciplinary teams.

Conclusion

Years of research that has consistently found better outcomes for nursing home residents when facilities hire trained professional social workers and invest in higher staffing levels in social services backs the NASEM report recommendations. The need for professional

qualifications (BSWs and MSWs) and more reasonable nursing home social work staffing ratios is common ground among NASW, the National Nursing Home Social Work Network, and resident advocates, including the Consumer Voice. All three entities included such recommendations in their respective responses to CMS's proposed reform of requirements for LTC facilities in 2015 (Bern-Klug et al., 2016; McClain, 2015; Smetanka & Grant, 2015). Furthermore, each entity advocated for enhanced social work qualifications and staffing ratios in its respective response to CMS's request for information on nursing staffing in LTC facilities (McClain, 2022; Smetanka, 2022). It is time to back those findings with regulatory changes, and create mechanisms to support the workforce development of social workers in nursing homes.

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