Points to Ponder

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I have received several comments from members addressing how much they enjoyed the first Points to Ponder article on the subject of minimum staffing hours. This time the subject of Points to Ponder is the Universal Worker.

Since there is a lack of a formal definition of what a Universal Worker is, let’s first attempt to define the term Universal Worker so we can all be on the same page. This is what I could find on the subject: The term refers to people with many skills who can be depended on to complete a variety of tasks in their work day and is used when a person is cross-trained in many departments, and therefore has a little more assignment flexibility. They are often used in call centers (Would this seem to be a good place for this type of worker?) and hospitals to alleviate staff shortages. (Does this seem to be a good reason for this type of worker in and of itself?)

It means moving toward a more “holistic” approach to care in which the “Universal Worker” attends to all the living needs of residents: assistance with ADLs, meal service, light housekeeping, laundry, programming, etc.

So let's ponder what having Universal Workers may or may not do for the Activity Profession and those we serve. Some of the potential harmful outcomes from having Universal Workers:

1. Having Universal Workers may replace the role of the Activity Professional. Couldn’t this very well be true, especially if facilities/corporations see this as a way to reduce staffing and lower wages (wages can be lower when you don’t have to be qualified)?

Unfortunately those of us who have worked in long term care for many years have seen what happens when there are not dedicated Activity Professionals to see to the quality of life needs of those residing in long term care. If there is “no time” for activity/leisure, as other tasks are deemed more important, it simply falls by the wayside and is not done.
2. Lower standards of Quality of Life: lack of trained, educated and qualified persons. Doesn’t it take trained, educated and qualified staff to adequately meet the quality of life needs of those residing in long term care? The bar has been raised for Quality of Life to be equal to Quality of care by the regulations and interpretive guidelines for nursing homes. Partly due to the Culture Change movement, but also due to qualified Activity Professionals advocating for this for years through the work of the National Association of Activity Professionals and other professional organizations dealing with leisure. Activity Professionals by nature, have always been natural promoters of Quality of Life. As a profession, we have worked long and hard at becoming recognized as professionals.

3. May not require certification or credentialing. Doesn’t certification/credentialing assure that qualified individuals are working on behalf of residents/tenants to meet all their quality of life needs? Gone are the days of bingo, birthday party and church. Residents/tenants are demanding more and better services, and rightly so. This would only take us back in time and not move us forward in that it would.

4. Further undervalue what Activity Professionals do. Even with all the strides that have been made over the years on behalf of Activity Professionals and those we serve, we still are not always valued for what we offer to our residents. We still can be viewed as the “fluff” and not as important as other services provided within facilities. If it is stated that a Universal Worker can be just as good as someone who specializes in leisure, does that not undervalue all that we stand for and have worked so hard for?

5. Substandard care with potential harm to residents/tenants. Inadequate or poorly trained and educated staff for providing leisure to residents/tenants surely would lead to more citations within nursing homes for substandard care with potential for harm to residents/tenants, would it not? Because these are no longer the days of bingo, birthday party and church (which anyone can be trained to do) there is so much more involved in meeting residents leisure needs, i.e., what we offer, the nature of long term care, the health status of our residents/tenants both physically and cognitively, documentation to support what we do including the MDS 3.0, CAAs, care plans, etc. The need for a more educated and qualified staff than ever before in the history of long term care exists, does it not? Now let’s give equal time to some potential positive outcomes associated with the Universal Worker:

1. The claim is the staff actually know the residents better as they are familiar with their needs, their routines, their likes and dislikes, hence care is more personal, customized and consistent. In theory this would seem logical, would it not? However, how can one person be qualified at so many diverse tasks; tasks that require different skill sets and abilities? And how can one person accomplish such a wide range of tasks all within one shift and do them all well and to meet all the needs of the resident/tenant, all at the same time? One must contemplate that.
2. Increased efficiency in staffing, i.e., while the caregiver is assisting a resident with his bathing, dressing and so on, he or she may also be performing other duties such as cleaning the room. What about person-centered care? Not paying attention to them and focusing on them somehow does not seem to equate person-centered, does it? Where do you draw the line between efficiency and person-centered care and what is best for those you serve?

3. The claim is that it also seems to enhance job satisfaction. Staff enjoys the feeling of being responsible for the resident “as a whole” rather than only one aspect of their care, which ultimately enhances the caregiver’s sense of job importance. It seems that might be the case, but would it also increase job stress? Too many tasks in too little time perhaps? Isn’t it hard to be good at everything and accomplish everything?

4. The blurring of boundaries between areas of functional responsibility poses some challenges with respect to staff training: preparing staff to assume responsibilities in areas in which they may have little or no experiences and reshaping what has traditionally been a task-oriented approach into a resident-focused approach to care. This would require intensive training and orientation. Nursing home caregivers are accustomed to getting the task done quickly, which often means doing the task for the resident. Universal Worker philosophy means letting residents do for themselves (which is a positive), which will take more time. Traditionally, Activity Professionals are all for letting residents do for themselves, more so than any other workers within the care setting. They also, traditionally, do not rush residents/tenants, but let them participate at their level in their own time. But do long term care facilities have the resources of money, time, staff and the training themselves to adequately/intensely train all workers, or would it be “slip-shod” in some cases, therefore negating some or all positives?

5. It means changing “the way things have always been done” (we all know that change for the better is good). Because old habits die hard, reshaping staff attitudes and approaches to care is an undertaking that requires a commitment to training, retraining and diligent follow-up. Facilities/corporations would need to ensure it has this type of commitment for the long haul and do it for all the right reasons. Are all facilities/corporations up to this challenge? Let’s take a look at a Sample Universal Worker Job Description for long term care that I found on the Internet.

**UNIVERSAL WORKER DISTINGUISHING FEATURES OF THE CLASS:**
This position involves responsibility for performing various activities to meet the needs of residents in a skilled nursing facility: meal service including preparation, cleaning, laundry duties, transportation, and resident support services as well as participates in improving quality of care/service. Employees in this class assist in performing a variety of simple repetitive tasks. An incumbent must exhibit patience and tact in dealing with the aged, many of whom are unable to care for themselves. The work is performed according to established procedures and performed under the direction or specific instructions of a higher-level supervisor.

TYPICAL WORK ACTIVITIES:

Prepares specific food items following appropriate standards for food preparation, handling and service; Serves residents meals ensuring the temperature, portion of food and timeliness of service; Maintains and cleans kitchen; Performs a variety of general cleaning activities including dusting, sweeping, mopping, vacuuming and cleaning windows; Empties waste containers, transport soiled linen from households, maintains clean and organized bathrooms, laundry rooms and utility rooms; Collects and disposes of recyclables, garbage and trash; Collects soiled laundry; Washes, dries, folds, irons, performs minor clothing repairs and distributes laundry; Changes bed linens and makes beds; Informs supervisor of resident needs or concerns; Delivers mail and packages to residents; Transports residents within and outside of the facility; Responsible for the service/maintenance of facility vehicles; Performs simple record keeping; Responds to procedures for alarms and alerts including notifying appropriate staff.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Working knowledge of meal preparation, handling and service; working knowledge of cleaning methods, materials and equipment; ability to get along well with others, especially the aged and infirm; ability to understand and carry out simple oral and written instructions; ability to read labels and instructions relative to the safe use of food handling and service; ability to operate a variety of equipment relative to cleaning activities including vacuums, carpet cleaners, automated identification label machines and automatic washers and dryers; ability to maintain simple records; patience; physical condition commensurate with the demands of the position. MINIMUM QUALIFICATIONS: None are required. SPECIAL REQUIREMENT FOR ACCEPTANCE OF APPLICATIONS: Possession of a valid driver’s license at the time of appointment. CLASSIFICATION: Labor

Did you notice that this one doesn’t even mention activities/leisure? Maybe it falls under resident support services, but that is not defined within the sample job description. After completing all those
other tasks, would there even be time for providing leisure? Did you notice it doesn’t mention education? Did you notice whom you would work under? (Not really specified at all. They may not even need to be qualified.) Did you notice the very sad minimum qualifications? This is very scary, is it not? It’s not even classified as professional. What kind of individuals do you think will apply? I believe that more information on the direction and purpose of Universal Workers, along with a standard definition, would first need to be clearly understood by all involved before deciding totally for or against having Universal Workers. Universal Workers may work in some settings and not in others. Would having Universal Workers propel us forward in long term care or would it really take us back in time, to a time when there was a lack of qualified professionals, when what we really need is highly qualified individuals to meet the increasing demands of long term care? Does it have a place in the long term care setting? At this point there is a lack of knowledge to be able to make any kind of informed decision or opinion. What it comes down to is this, we must always advocate for what is best for those we serve. Wouldn’t it be advantageous to those we serve to always have trained, committed, qualified and dedicated staff within a facility? I leave you with this Point to Ponder – is having Universal Workers something that is really advantageous to those we serve? It really remains to be seen.