

# Healthcare's growing crisis

## HEALTHCARE

BY ANGELA BOVILL

A convergence of trends is producing a real crisis in healthcare: a growing shortage of front-line, low-paid workers providing our early, basic and long-term patient care.

Many things discourage people from working in nursing homes, in-home care, disability services, group care, assisted living, hospices and hospitals. Low pay is a major reason but also poor work conditions, weak career ladders and lack of training opportunities.

Sadly, it seems like society devalues this work. Health professionals, like physicians, are generally paid well. Yet it's lower-paid workers, like certified nurse assistants, whom patients see more often and trust as a lifeline. There's more turnover with these workers because they are tired from working overtime or multiple jobs. Some work 90 hours a week. With such low unemployment in today's economy, many leave for higher-paying jobs at Walmart or wherever. And when experienced workers leave healthcare,

the quality of patient care suffers.

The shortage of healthcare workers is the No. 1 topic of conversation at health and human services conferences because we know the problem is growing at an alarming rate. In Massachusetts and New Hampshire, we are seeing long wait lists for people needing in-home care. Applicants are turned away due to worker shortage.

The math is merciless. Baby boomers are exiting the workforce and living longer, so they need more healthcare, while younger and smaller generations carry the financial burdens of caring for everyone. And there's a new factor making things worse: shutting down immigration and refugees into the country. New Americans have accepted many entry-level healthcare jobs, but immigration limits have been slashed by the Trump administration.

**In coming years, the quality of care will be increasingly compromised.** People aren't getting the care they need when they need it, so they are showing up in the system further advanced in their illnesses and more difficult and expensive to care for. The

problem is exacerbated by the pressure put on the nursing home sector, making it even harder to find safe, appropriate care settings for seniors.

When will the general public recognize this worker shortage as an emerging crisis? Let's hope it doesn't take tragic news stories to make people see and comprehend the reality.

If we honestly evaluate the trends, we'll realize our system is not sustainable. Even if we start taking our medicine soon — funding earlier, less-costly interventions, and paying people for the value they add to the quality of people's lives — this crisis will likely last 10-15 years. It's a reason to act now.

First, we should turn up the heat on leaders in government, healthcare and human services to do more to attract, train, support and fairly compensate lower-paid healthcare workers.

Second, we should encourage more partnerships between corporations and nonprofits for workforce development. Many businesses need new, well-motivated employees and many nonprofits, like my own, are devoted to helping people move out of

poverty by helping them find a job and get training and supports necessary to succeed.

Third, we should urge patient advocates to advocate, as well, for the low-paid workers who conscientiously help patients.

Fourth, everyone should be more aware of, and sensitive to, the low-paid workers who come to us when we are patients and, despite their own struggles, smile and say, "What can I do for you?" We can learn from these workers, if we humbly listen to them. We can better appreciate resilience comes from many virtues: grit, determination, compassion and faith.

We should be more supportive of workers who might never complain but deserve to be compensated equitably for the valuable care they provide.

And we should not make the mistake of thinking this worker shortage is someone else's problem. This crisis will affect all of us — whether we or loved ones need the help, or we're the ones doing the work. **NHBR**

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