

Impact of Social Service Staffing on Nursing Home Quality and Resident Outcomes

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Background

High quality nursing home care requires staffing across multiple departments. One department that plays a key role in nursing homes is the social service department, which is responsible for providing psychosocial services.^{1,2} This includes providing interventions and emotional support to residents and their families in adjusting to living in a nursing home, adapting to new levels of functional impairment, and coping with cognitive and mental health issues such as dementia or depression. Additionally, social service staff are key in completing psychosocial assessments to guide care planning, planning discharges from the facility, and making referrals to resources that help nursing home residents safely return to living in the community when possible.

Given the important role of social service departments, this brief highlights findings from multiple studies that utilized national data from the Online Survey Certification and Reporting (OSCAR) system, the Certification and Survey Provider Enhanced Reports (CASPER), and the Minimum Data Set to examine social service staffing trends in nursing homes and how staffing levels and the qualifications of staff within this department affect quality and resident outcomes. We found that nursing homes follow minimum federal and state regulations when staffing social service departments. The data show that increasing the amount and the qualifications of social service staff improves nursing home quality and resident outcomes.

Social service staffing remains low,

while other departments have increased over time

Deficiency scores are reduced

2x more by increasing social services vs. nursing staff

Higher qualifications of social service staff

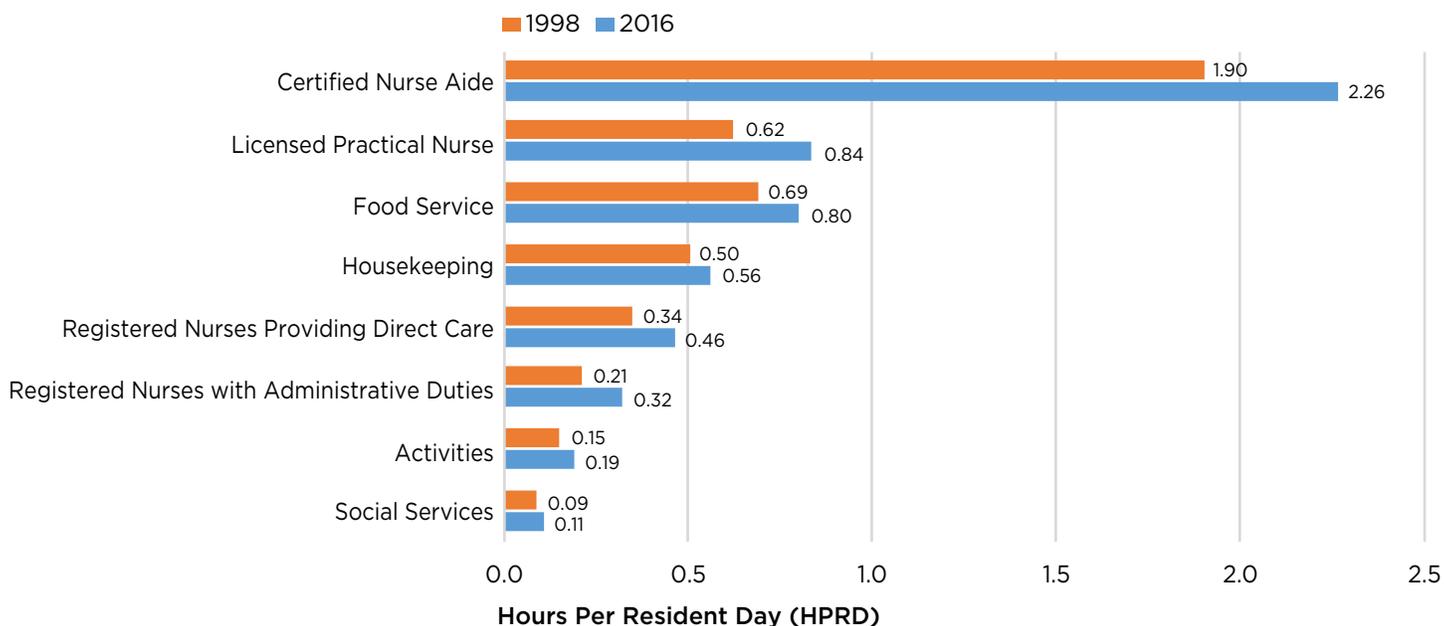
improve resident outcomes

Study Highlights

Social service staffing levels are low, relative to other departments.

Figure 1 reports national average staffing levels in 1998 and 2016 to compare the staffing of social service departments to other types of nursing home staff. Staffing levels were measured in hours per resident day (HRPD); the amount of hours each type of staff is employed at a nursing home on a given day relative to the total number of residents. During this period, staffing levels for social services were the lowest and saw the smallest increase among all departments (0.02 increase from 0.09 in 1998 to 0.11 in 2016). In contrast, nursing staff (consisting of registered nurses with administrative duties, registered nurses providing direct care, licensed practical nurses, and certified nurse aides) had among the highest staffing levels and saw the largest increases over time (e.g., certified nurse aide staffing increased 0.36 from 1998 to 2016). These increases are primarily due to advocacy efforts to increase nursing staffing and more stringent minimum nursing staff requirements.^{3,4} In the absence of stricter regulations to guide facility staffing decisions, the staffing levels of departments such as social services have remained flat.

Figure 1. Nursing Home Staffing Levels in 1998 and 2016



Note: Staffing levels calculated from national OSCAR and CASPER data reflecting levels for each category of staff in the first quarter of each year. Higher values indicate more staff.

Increasing social services staffing levels is a cost-effective strategy to improve quality.

In nursing homes, quality is commonly assessed through the number and severity of deficiency scores that a facility receives during an annual recertification survey. We examined which type of staff improves quality the most per dollar invested and found that nursing homes can expect the greatest value from their investment by increasing the level of social service staff. For a fixed dollar investment, Table 1 reports quality improvement for various types of staff relative to social services, adjusting for differences in wages as well as the effect of each type of staff on deficiency scores. Every other type of staff reduced deficiency scores less effectively than social services. When investing the same dollar amount, deficiency scores were reduced about twice as much by investing in social services staff compared to nursing staff. The only staffing that was comparable in cost-effectiveness to social services was activities staff. Therefore, nursing homes interested in improving quality in the most cost-effective manner should consider increasing the level of social service staffing.

Table 1. Cost-Effectiveness of Adjustments to Staffing Relative to Social Services

Staffing Type	Effectiveness in Reducing Deficiency Scores
Activities	5.9% less effective
Registered Nurses with Administrative Duties	53.2% less effective
Registered Nurses Providing Direct Care	65.1% less effective
Housekeeping	80.8 % less effective
Food	81.0% less effective
Certified Nurse Aides	85.3% less effective
Licensed Practical Nurses	94.7% less effective

Note: Calculations of deficiency scores derived from Table 4 (Bowblis & Roberts).⁵

Higher qualifications of social service staff improve resident outcomes.

Nursing homes have a lot of flexibility in terms of who they can choose to hire to provide social services. Federally, the guideline for qualifications of social service staff applies to nursing homes larger than 120 beds, and mandates hiring at least one full-time “Qualified Social Worker” (QSW).⁶ Furthermore, federal guidelines broadly define a QSW as a person with at least a bachelor’s degree in social work or a related human services field. A person need not have a degree in social work or a social work license to be considered a QSW. Nursing homes may also hire individuals who do not have a bachelor’s degree in a human services field, but provide some medically related psychosocial care (referred to as “paraprofessionals”).⁷ Due to the variability in educational background and preparedness in social services, we examined whether qualifications of social services staff matter in terms of resident outcomes.

Reduction in behavioral symptoms and the use of antipsychotic medications.

For traditional Medicare beneficiaries in a nursing home for rehabilitative services after a hospitalization, the quality of care was higher when QSWs were employed compared to paraprofessionals. Specifically, more QSWs reduced the presence of behavioral symptoms, including rejecting care and wandering, and residents were prescribed fewer antipsychotic medications. Whether behavioral symptoms are directed towards others (e.g., by physically hitting or making verbal threats), or self-imposed (e.g., pacing or self-harming behaviors), these behaviors can interfere with the care of a resident and place him or her at risk for social isolation or injury.

Increased ability to return home after short-term stay.

When nursing homes employ more QSWs compared to paraprofessionals, evidence suggests that traditional Medicare beneficiaries are more likely to transition back to the community after a short-term rehabilitative stay. This finding implies that more qualified social service staff are able to make a positive impact on older adults’ overall health and well-being.

Nursing homes follow minimum federal and state regulations regarding social service staffing.

Federal regulations require that nursing homes must provide “medically-related social services to attain or maintain the highest practical physical, mental, and psychosocial well-being” of nursing home residents.⁶ Yet, there are no federal minimum staffing level requirements for social services beyond the more than 120-bed threshold that requires one full-time QSW. While some states have stricter requirements, most states follow federal guidelines when it comes to staffing qualifications for social services.⁷ Consistent with federal regulations, there is a significant increase in the employment of QSWs in nursing homes with more than 120 beds (see Table 2). At the same time, staffing levels for social services are low across nursing homes of different sizes. Therefore, efforts to increase social service staffing levels and qualifications may require advocacy for stricter regulations.

Table 2. Staff Qualifications in Social Service Departments by Facility Size in 2016

Facility Size	Proportion of QSWs	Proportion of Paraprofessionals
0-59 Beds	60.9%	39.1%
60-89 Beds	63.6%	36.4%
90-120 Beds	66.7%	33.3%
121-149 Beds	73.8%	26.2%
150-179 Beds	73.1%	26.9%
180+ Beds	72.0%	28.0%

Note: Calculated from national CASPER data.

Conclusion

Social services play an important role in quality improvement efforts to enhance resident quality of life. Yet, the current structure of this department in nursing homes is less than optimal for supporting high quality psychosocial care. Social service staff is a cost-effective investment to improve quality and the qualifications of this staff are important in making a meaningful impact on patient outcomes. To set clear expectations for practice, the National Association of Social Workers published minimum professional standards for social work services in nursing homes.⁸ Among other criteria such as licensing and postgraduate experience in long-term care, NASW’s professional standards require a bachelor’s degree in social work for a social worker role, and a master’s degree for a social work director role. Despite this effort, current federal and most state regulations do not meet professional social work standards.⁹ Advocacy at the state and federal levels is needed to influence policy and ensure qualifications of staff appropriately match the roles and responsibilities of social service departments.

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