

Sammee Quong
Augusta
LD 1932

As an RN, I've worked at three different LTC facilities in Maine and one in Chicago. These are my observations.

The CNAs care about the patients, especially if they have worked in the facility for a long time. Also if the patient has been there long term they develop a relationship with them and their families.

The work is physically hard, even when devices are used, because many patients have limited mobility. The number of assigned patients to one CNA seems high. They are often exhausted at the end of their shift and sometimes have chronic pain. It's particularly difficult when they are short staffed. In order to have patients ready for 8:00-8:30 breakfast the night crew start very early to get them changed, dressed and in their wheelchairs sitting for hours waiting for breakfast. If they are short staffed in the evening one facility I worked at sometimes left the patient in bed to eat their dinner with no assistance or observation.

CNA pay is very low, barely a living wage, so it's difficult to make ends meet.

Several year's ago the BDN printed a story about a CNA at a LTC facility who used duck tape to keep her shoes together because she couldn't afford to buy new shoes. It is probably not an isolated case.

Sometimes there is a lot of turnover. Sometimes facilities end up hiring Agency workers who get much higher pay for doing the same work which causes resentment with regular staff. There is less of a commitment from the Agency worker to the patient or facility because they move on to other facilities in a few months. If companies offered better pay and support to their regular staff I believe retention would be better. They would not have to pay the higher price for Agency workers and the regular workers would feel valued for who they are and the work they do.