

Mary Kate McKenna

Two programs are profiled, both sponsored by Better Jobs Better Care:

- A program developed by Cornell University trained and supported “retention specialists,” aging-services professionals who helped their organizations develop career ladder and peer-mentoring programs. The driving philosophy was a focus on “staff-centered care”—an approach that sees direct-care workers as valuable assets rather than easily replaced names on a work schedule. Workers were encouraged and supported as they grew in their jobs and rose to higher levels via continuing education.
- The University of North Carolina developed a program to help improve direct care workers’ clinical and interpersonal skills by making it easy for them to access additional training on-site. Continuing education was tailored to the needs and schedules of workers, and included training in supervision and coaching for supervisors.

Workplace Interventions for Retention, Quality and Performance

How Investing in Direct Care Workers Pays Off

by Jean Van Ryzin

When Holly Glassford's administrator asked her to participate in a program that would train her to be an expert in retaining direct care workers, she was perplexed.

"I thought, 'I'm not a nurse. I'm not on the units every day. I get people in the door, but it's the nursing department that interacts with CNAs ... not me,'" says Glassford, who is director of human resources at Rosewood Heights Nursing Facility in Syracuse, N.Y. "I didn't see how I could have an impact on staff retention."

Reluctantly, Glassford joined the "retention specialist" program, which was developed by Cornell University's Institute for Translational Research on Aging. Sponsored by the Better Jobs Better Care (BJBC) initiative, Cornell researchers were testing a simple hypothesis: that training one nursing home employee to be a "retention specialist"—with the expertise and ongoing support to systematically address problems of low job satisfaction and resulting turnover—could create a more stable and satisfied direct care workforce.

Despite her skepticism, Glassford listened intently as the instructors in the three-day training talked about various evidence-based methods of retaining direct care staff. She quickly saw the value of two programs for Rosewood Heights:

Several CNAs signed up immediately, and five have since become LPNs. Now, there is a steady flow of two to four CNAs taking classes each semester. While the director of nursing wasn't thrilled with the scheduling changes at first, she has learned to expect that schedules need to be rearranged each semester.

"We're the only facility in the area that works around the nursing school schedule," Glassford says. "We're offering something no one else is. People come here looking for work because they know we will help them ... this program tells them, 'We care about you.'" Better yet, "every one of the CNAs who has earned their LPN has stayed with us," she added.

"If it wasn't for the help I got [at Rosewood Heights], I probably wouldn't have ever gone back to school," admitted Tabitha Montanez, a CNA who joined the career ladder program, completed her LPN and now is waiting to take her boards. "It's hard for someone who is self-supporting and can't afford the tuition to do it on their own. I got the days off I asked for and needed, so I wasn't exhausted from school. It made me appreciate working here more."

A peer mentoring program has had a



Inspired by BJBC-sponsored research, Rosewood Heights Nursing Facility has created successful career ladder and peer mentoring programs for CNAs. Tabitha Montanez (left) has completed her LPN and is waiting to take her boards. Glenda Patrick (right) is part of the peer mentoring program. Holly Glassford (center), Rosewood Heights' director of human resources, has taken on the role of a "retention specialist."

We then had other CNAs also want to become mentors. We now have LPNs who want and receive the same training ... it kind of snowballed!"

"We found that both CNA and coaching supervision training need to happen together; they really enhance each other."

creating a career ladder and offering peer mentoring for certified nursing assistants (CNAs).

Glassford returned to her facility armed with knowledge and enthusiasm. She first set up a career ladder to help CNAs become licensed practical nurses (LPNs) by steering them to nearby nursing schools and—even more importantly—giving them the flexible schedules they needed to take classes while also keeping their full-time jobs and benefits.

It didn't take long for the idea to catch

similar positive effect at the facility. Glassford invited CNAs to attend a mentor training program. Those who completed the workshop had their photos posted in the lobby and received new name badges. The newly minted mentors received so much special recognition, the LPNs soon asked for a mentoring program of their own.

"It started with CNAs not wanting to do it at first," Glassford recalls. "But we made it special—sent out invitations, had refreshments and held the training off-site.

"I feel good mentoring, so I could help somebody in that area," says Glenda Patrick, a CNA who became a mentor through the program. "It makes you do a better job. You set the standard for yourself and the people you are training. No cutting corners!"

A Humanistic Approach

The career ladder and mentoring programs at Rosewood Heights are just two examples of the deep system change needed to make a true impact on the

stability and satisfaction of the direct care workforce in long-term care, says Rhoda Meador, associate director of Cornell's Institute for Translational Research on Aging.

Solving the long-term care staffing crisis is much more than a dollars-and-cents issue, experts agree. It's also about respect, communication, opportunities for advancement and recognition. It's about changing how nursing home administration thinks about direct care staff—from seeing them as workers who can easily be replaced to viewing them as valuable

retention specialists learned how to implement and evaluate a range of proven strategies such as peer mentoring, career ladders, communication skills, work and family support, respect, recognition and supervision training.

"These individuals then went back to their facilities to act as catalysts to facilitate change," Meador explains. "They were charged with making direct care staff the focus of their attention and energy, and they began to recognize that direct care staff is the key to quality care." Retention specialists were expected to devote at least

21 percent to 17 percent, but did not change in the control facilities. In the second six months, the turnover declined even more—from 17 percent to 11 percent—and again did not change significantly in the control facilities.

Moreover, interviews with the CNAs revealed that those at facilities with a retention specialist perceived the quality of care and quality of administration to be better, and felt that their administrations really cared about their employees.

Throughout the participating facilities, "We saw subtle, but very profound

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employees who are worthy of investment.

"We need to refocus on a more humanistic approach to direct care staff," Meador explains. "It's not just about resident-centered care, but also staff-centered care. This is about putting human resources at the heart of the organization. This is especially critical for long-term care, where staff is the service."

Meador and her colleagues discovered that putting a retention specialist in a nursing home can have a positive effect on CNA retention, as well as on CNAs' perception of their facility and its efforts to keep employees.

In the study, researchers trained retention specialists at 16 nursing homes in New York and Connecticut, and compared selected measures over 12 months with 16 other nursing homes without specialists. In each nursing home in the first group, Cornell trained one staff person to be a retention "champion" by building on her capacity to act as a leader and by providing her with technical information on evidence-based programs effective in retaining direct care staff. The individuals selected were typically mid-level supervisors, including staff development coordinators, human resources directors and directors of nursing.

In a three-day, off-site training, the

20 percent of their time to retention efforts.

Throughout the project, retention specialists had access to support and materials through a Web site, telephone contact and print materials. Researchers interviewed them, as well as the CNAs and nursing home administrators at all of the facilities in the study.

In the first six months, researchers discovered that average turnover in the retention specialist facilities declined from

changes," Meador says. "It was really transformative learning, in which everyone in the organization changed and began to imagine possibilities they wouldn't have before."

"The most important thing I learned from being part of the career ladder program is that anything is possible," says Rosewood Heights' Montanez. "You can always reach for your goals, better yourself and get an education."



A Step Up

Education and training were key elements to another BJBC research project that proved that investing in direct care workers can have an impact on their morale and ability to deliver quality care.

Researchers at the University of North Carolina (UNC) measured the success of an ongoing workforce development program in the state's nursing homes. The program, called WIN A STEP UP, brings a 33-hour curriculum to direct care workers to improve their clinical and interpersonal skills. A key feature of the program is that all participants must commit to attending classes and remaining at the facility for three months after completing the program. The nursing homes also make a commitment to give participants staff time to attend the training and a \$75 retention bonus or a 25-cent-per-hour wage increase to successful participants.

"Many of these workers want to get additional training, but there are just too many obstacles in their way," says Jennifer Craft Morgan, associate director for research at UNC's Institute on Aging. "They're often disadvantaged, have families of their own and some are even working two jobs. They just don't have the time to do it, and there are no real programs out there for them."

WIN A STEP UP solves these issues by bringing education to the workplace and meeting the unique needs of the adult learner, Morgan explains. Classes are small and are scheduled on facility time. Information is presented at the participants' education level and is tailored to individual learning styles. "Being on-site allows there to be teachable moments on the floor, instead of just plunking people in a classroom," Morgan says.

Half of the training is focused on clinical skills, and the other half on interpersonal skills such as being part of a team, being empathetic and fostering good communication—skills few direct care workers learn in school.

WIN A STEP UP also brings CNA supervisors into the picture by offering them a two-day coaching supervision program, provided by the Paraprofessional Healthcare Institute. It's designed to teach nurse supervisors active listening and

problem-solving skills, and to foster an environment of mutual respect.

"It helps supervisors shift their attitude from blaming the direct care staff to helping them help themselves," Morgan says. "We found that both CNA and coaching supervision training need to happen together; they really enhance each other."

Directed by Bob Konrad, co-director of the health professions and primary care program at the Cecil G. Sheps Center for Health Services Research, UNC researchers studied eight nursing homes that implemented WIN A STEP UP, and 10 that did not. In addition to interviewing administrators, supervisors and program participants, researchers looked at CNA performance measures to determine if their clinical and interpersonal skills improved.


What they discovered is that this kind of on-site training can go a long way toward boosting workers' confidence, morale and clinical knowledge, as well as fostering their ability to work well as a team, Morgan says. "CNAs said they felt that management was making an investment in them and really cared about them staying," she says. For some, the training was the first step of a career ladder toward special nursing assistant roles or licensed staff programs.

Managers said they saw improved job satisfaction and morale among their CNAs, as well as better teamwork among nurses and CNAs. A review of CNA performance measures found that participants showed significant improvement in both nursing care and supportive leadership compared to CNAs at the control nursing homes.

"The classes improved my care because of the knowledge I gained," says Stacey Proctor, a CNA at Carolina Meadows, a Chapel Hill, N.C., facility that participated in WIN A STEP UP. "I now pick up on little clues I saw before but now I understand that these changes can mean something else could be physically wrong. I have felt new respect from the nurse now that I am able to report findings with more confidence."

Carolina Meadows found WIN A STEP UP to be so successful that it decided to continue the program once the state-funded research project ended.

"Our chief operating officer Bobbie Gray and CEO Kevin McLeod decided to fund the program from within our organization," explains Sharon Smith, director of nursing. "This included \$70 to each participant for each training session completed. The retention incentive of 25 cents per hour after three months was agreed upon as before. A graduation and huge thank-you ceremony at the end was a wonderful celebration. We even made our own diplomas and bought star pins."

What both of these BJBC projects show is that investing in direct care workers not only keeps them satisfied and on the job, but also goes to the heart of long-term care—the residents. Quality workers make for quality care—something everyone can agree on. 

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