



# SOLUTIONS YOU CAN USE

## Transforming the Long-Term Care Workforce



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Funding for the content of this report was provided by the Robert Wood Johnson Foundation.

### About Better Jobs Better Care

Better Jobs Better Care ([www.bjbc.org](http://www.bjbc.org)) was a four-year, \$15.5 million research and demonstration program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal was to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care workers in long-term care and contribute to improved workforce quality.

Better Jobs Better Care was directed and managed by the Institute for the Future of Aging Services (IFAS), the applied research arm of American Association of Homes and Services for the Aging (AAHSA). Technical assistance was provided in partnership with PHI (formerly the Paraprofessional Healthcare Institute).

Solutions You Can Use: Transforming the Long-Term Care Workforce

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### About the Author

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### About IFAS

The Institute for the Future of Aging Services ([www.futureofaging.org](http://www.futureofaging.org)) is a policy research institute whose mission is to create a bridge between the practice, policy and research communities to advance the development of high-quality health, housing and supportive services for America's aging population. IFAS is the applied research arm of the American Association of Homes and Services for the Aging (AAHSA).

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### About AAHSA

The members of the American Association of Homes and Services for the Aging ([www.aahsa.org](http://www.aahsa.org)) help millions of individuals and their families every day through mission-driven, not-for-profit organizations dedicated to providing the services that people need, when they need them, in the place they call home. AAHSA's 5,800 member organizations, many of which have served their communities for generations, offer the continuum of aging services: adult day services, home health, community services, senior housing, assisted living residences, continuing care retirement communities and nursing homes. AAHSA's commitment is to create the future of aging services through quality people can trust.

# TABLE OF CONTENTS

<b>Introduction .....</b>	<b>2</b>
<b>Applied Research and Evaluation Projects.....</b>	<b>3</b>
<b>How the Findings are Organized .....</b>	<b>6</b>
<b>BJBC Research Findings: What They Mean to Providers.....</b>	<b>7</b>
<b>Possible Pools of Direct Care Workers: Older Workers.....</b>	<b>8</b>
<b>Possible Pools of Direct Care Workers: Family and Friends .....</b>	<b>9</b>
<b>Retention: Importance of Wages and Benefits.....</b>	<b>10</b>
<b>Retention: The Importance of Supervisors .....</b>	<b>11</b>
<b>What Supervisors Want and Need in Training .....</b>	<b>12</b>
<b>Retention: Importance of Job Satisfaction.....</b>	<b>13</b>
<b>Retention: Importance of Career Enhancements .....</b>	<b>14</b>
<b>Effect of Direct Care Worker Job Commitment on Residents.....</b>	<b>14</b>
<b>Retention: The Role of a Retention Specialist .....</b>	<b>15</b>
<b>Training Direct Care Workers: Initial Training.....</b>	<b>16</b>
<b>Training Direct Care Workers: Orientation. ....</b>	<b>16</b>
<b>Training Direct Care Workers: Continuing Education .....</b>	<b>17</b>
<b>Developing Cultural Competence.....</b>	<b>18</b>
<b>Appendix: Contact Information for BJBC Research Projects.....</b>	<b>19</b>

# INTRODUCTION

Better Jobs Better Care (BJBC) was a four-year, \$15.5 million research and demonstration program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. The program focused on changing long-term care policy and practice with the goal of reducing vacancy and turnover rates among direct care staff and improving workforce quality. Through two types of grants – state demonstration projects and applied research and evaluation projects – BJBC tested new approaches to providing a more stable and qualified long-term care staff and systematically evaluating what works best to achieve this objective.

BJBC was directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA).

In this report, we have taken the major findings from the eight BJBC research projects and looked at what it means to aging-services providers as they build a quality workforce. In the ***Applied Research and Evaluation Projects*** section, the purpose and focus of each research project is briefly described.

***How the Findings Are Organized*** explains the categories of findings and how they are organized. The major findings and their implications for providers are listed in the next section ***BJBC Research Findings: What They Mean to Providers***. Contact information for each research project can be found in the ***Appendix***.

Additional information on the research findings can be found in the special BJBC issue of the *The Gerontologist*, Vol. 48, Special Issue 1, July 2008, which is available for purchase at [www.geron.org](http://www.geron.org). Information on the state demonstration projects and on other BJBC publications are at [www.bjbc.org](http://www.bjbc.org).

# APPLIED RESEARCH AND EVALUATION PROJECTS

The following eight BJBC applied research and evaluation grants supported studies of workplace innovations and public policy interventions aimed at attracting and retaining high-quality direct care staff.

## **Boston University, School of Public Health**

### **Organizational Cultural Competence Assessment: An Intervention and Evaluation**

This study explored cross-cultural relations among long-term care staff in 10 Massachusetts nursing homes and examined how these relations influenced the level of organizational cultural competence. The study also analyzed how cultural competency affects family and resident perceptions of the quality of care, as well as objective measures of care quality. Data were gathered through direct care worker surveys, management team interviews and family member focus groups. The project team also developed, implemented and evaluated an intervention for those nursing homes that were interested. The key features of the intervention were:

- Involving staff at all levels in the organization, as well as residents, family members and board members, in assessing the organization's cultural competency. Separate groups of direct care workers, supervisors and managers were convened in each facility in order to assess their perceptions of the current environment in their workplace.
- Including all stakeholders in developing an action plan based on the facility's unique profile of strengths and challenges.
- Providing assistance with developing site-specific interventions and providing workshops for all participating organizations.

## **Brandeis University, Schneider Institutes for Health Policy**

### **Improving Institutional Long-Term Care for Residents and Workers: The Effect of Leadership, Relationships and Work Design**

This study of certified nursing assistants (CNAs) and nurse supervisors in nursing homes examined how organizational and management practices affect job commitment of CNAs and what greater commitment may mean for resident satisfaction. The study took place in Massachusetts nursing homes that were considered by the long-term care community to be good places to live and work. Focus groups with CNAs and interviews with nurse supervisors were used to inform survey design. CNA and nurse supervisor surveys were distributed throughout 15 nursing homes.

## **Connecticut College**

### **Making Consumer-Directed Home Care a Good Job**

This study of California's In-Home Supportive Service (IHSS) workers, that included both paid family and friend caregivers and personal care workers, was designed to determine the impact of wages and benefits on their recruitment and retention. IHSS is a program that allows family members, friends and others to become paid caregivers to the frail elderly and disabled individuals in their homes. Data were collected through a survey of 2,200 direct care workers from eight counties and analysis of a California administrative database maintained for the IHSS program.

## Cornell University, Cornell Institute for Translational Research on Aging

### **The Retention Specialist Program: Testing a Model Workplace Innovation**

This project developed and tested the use of “retention specialists” in 16 nursing homes, compared to 16 nursing homes without retention specialists. The study assessed the specialists’ impact on retention and certified nursing assistant (CNA) assessments of the nursing homes, retention efforts, quality of the home, job satisfaction and intention to quit. Data were collected through interviews of certified nursing assistants, nursing home administrators and retention specialists. Key features of the program were:

- ◆ Participating nursing homes designated a staff person to serve as a retention specialist, allocating at least 20 percent of the individual’s time for retention activities over one year.
- ◆ Retention specialists attended a three-day intensive training institute to review the organizational assessment of their nursing homes (using a tool provided by the program), diagnose their facility’s specific retention issues, review possible evidence-based intervention strategies and develop a site-specific retention plan for their facility.
- ◆ The retention specialist had ongoing access to technical assistance, including a Web site, telephone contact and print materials for information on retention activities from the Cornell team.
- ◆ Retention specialists received information about community resources, such as educational materials and contact information for support on personal issues including financial well-being, healthy lifestyles, parenting, transportation and childcare to share with their employees.

## Margaret Blenkner Research Institute, Benjamin Rose Institute

### **The Impact of Job Preparation, Ongoing Education and Training on Job Satisfaction and Commitment Among Frontline Workers and Their Supervisors**

The purpose of this study was to investigate the perceptions of direct care workers and nurse supervisors related to education and training, racism on the job, commitment to the field and factors related to job satisfaction. Researchers conducted in-person and telephone interviews with 644 direct care workers and 138 nursing supervisors in certified home care agencies, assisted living facilities and licensed skilled nursing homes in Ohio.

## Operation ABLE of Michigan

### **Older Workers in Direct Care: A Labor Force Expansion Study**

This study across seven states set out to:

- ◆ Determine whether older workers are a ready but untapped source to alleviate the direct care worker shortage.
- ◆ Develop a deeper understanding of employers’ perceptions of older workers and their interest in hiring them as direct care workers.

Focus groups were conducted to inform development of telephone surveys and to discuss the meaning of survey results. Telephone surveys were completed with 615 nursing homes, 410 home health agencies and 1,091 Operation ABLE participants. Operation ABLEs are employment and training organizations specializing in recruiting, training and placing older workers.

## University of California, Los Angeles, School of Public Affairs

### **Labor Force Expansion Through Retention of Related Caregivers**

This study explored the experiences of California's In-Home Supportive Service (IHSS) home care workers and what might lead these paid family and friend caregivers to remain in the field or return to caregiving from another job. IHSS is a program that allows family members, friends and others to become paid caregivers to the frail elderly and disabled individuals in their homes. The study used the results of telephone surveys of 203 related caregivers who continued to provide home care ("stayers") and 180 individuals who no longer worked as paid caregivers ("leavers").

## University of North Carolina, Cecil G. Sheps Center for Health Services Research

### **STEP UP NOW for Better Jobs and Better Care: Supporting Training, Education & Payment to Upgrade Performance of Nurse Aides and Other Workers**

This evaluation study assessed the impact of the WIN A STEP UP training program for nursing home direct care workers on job satisfaction and turnover. Eight nursing homes participated in the study, compared to 10 matched non-participating nursing homes. Data were gathered through interviews with managers, nursing assistant surveys, supervisory assessments of nursing assistant performance, a coaching supervision participant survey and organizational management surveys. WIN A STEP UP is an ongoing workforce development intervention aimed at improving the working situation of nursing assistants in North Carolina's nursing homes. Key features of the program were:

- ◆ A training curriculum that focused on both clinical and interpersonal skills.
- ◆ Training that was provided on-site in small interactive groups.
- ◆ Direct care workers that committed to attend classes and remain with their employer for an agreed upon time period.
- ◆ Nursing homes that agreed to commit staff time to training and distribute a retention bonus or wage increase to workers who completed the training.
- ◆ Coaching supervision training that was provided to direct care worker supervisors.

# HOW THE FINDINGS ARE ORGANIZED

The findings from BJBC’s eight research and evaluation projects are presented in the next section, along with information on what they mean to long-term providers. The findings are organized into the following categories:

- ◆ Possible Pools of Direct Care Workers: Older Workers
- ◆ Possible Pools of Direct Care Workers: Family and Friends
- ◆ Retention: Importance of Wages and Benefits
- ◆ Retention: The Importance of Supervisors
- ◆ What Supervisors Want and Need in Training
- ◆ Retention: Importance of Job Satisfaction
- ◆ Retention: Importance of Career Enhancements
- ◆ Effect of Direct Care Worker Job Commitment on Residents
- ◆ Retention: The Role of a Retention Specialist
- ◆ Training Direct Care Workers: Initial Training
- ◆ Training Direct Care Workers: Orientation
- ◆ Training Direct Care Workers: Continuing Education
- ◆ Developing Cultural Competence

The research results are listed under the column, “**What we learned...**” How these results apply to providers’ everyday practice are listed under the column “**What it means to you...**”

To link a finding to the specific research project, look for one of the following abbreviations in parenthesis, after each research finding. These abbreviations correspond with the eight research projects.

(BU) – Boston University

(Brandeis) – Brandeis University

(Conn) – Connecticut College

(Cornell) – Cornell University

(Benjamin Rose) – Margaret Blenkner Research Institute, Benjamin Rose Institute

(Operation ABLÉ) – Operation ABLÉ of Michigan

(UCLA) – University of California, Los Angeles

(UNC) – University of North Carolina

# BJBC RESEARCH FINDINGS: WHAT THEY MEAN TO PROVIDERS



## Possible Pools of Direct Care Workers: Older Workers

What we learned...	What it means to you...
<p>Mature workers (55+) said they are interested in direct care, want to work at least 30 hours a week, are willing to attend training and are willing to work in nursing homes and clients' homes. (Operation ABLE)</p>	<p>Mature workers are a potential pool of direct care workers.</p>
<p>Employers said they view older workers as more stable and better able to provide quality care than younger workers. (Operation ABLE)</p>	<p>Long-term care employers interested in hiring older workers should explore two federal programs to help offset their training costs, the Senior Community Service Employment Program (SCSEP) and the Workforce Investment Act.</p>
<p>While mature workers said they are seeking job opportunities in the same places employers advertise, they also seek jobs in places employers are unlikely to advertise.</p> <p>These include senior centers, employment guides, employment and training organizations, unemployment offices and places of worship. (Operation ABLE)</p>	<p>Long-term care employers wanting to hire mature workers should consider new avenues for recruiting (e.g., senior centers, places of worship).</p>
<p>Older workers said they are more interested in working as activity aides, medication assistants or rehabilitation aides than as direct care workers. These limited positions in nursing homes are often given as “perks” to frontline workers with seniority. (Operation ABLE)</p>	<p>Consider ways to re-structure jobs to appeal to older workers. Focus recruitment efforts for older workers on the positions of most interest to them.</p> <p>This finding also highlights the importance of offering specialized training and career lattices.</p>
<p>Home health agencies are generally in the best position to provide older workers with:</p> <ul style="list-style-type: none"> <li>◆ Opportunities to engage in their preferred tasks (emotional support and supervision of clients rather than hands-on care)</li> <li>◆ Flexibility in assignments based on the worker's physical ability</li> </ul> <p>(Operation ABLE)</p>	<p>Home health agencies may be more successful than facility-based service providers in recruiting older workers.</p> <p>Agencies can often provide more opportunity for part-time work.</p>
<p>More than half of older workers surveyed reported having the functional capacity needed for direct care work, such as lifting 25 pounds, walking a mile, stooping to the floor and reaching overhead. (Operation ABLE)</p>	<p>Stereotypes about the physical capacity of older workers should not dissuade providers from looking at mature workers for frontline work.</p> <p>When asked about possible limitations, employers said that many limitations could be minimized by the use of mechanical aids. Employers also talked about the importance of mechanical aids to mitigate employee injury, regardless of age.</p>

## Possible Pools of Direct Care Workers: Family and Friends

What we learned...	What it means to you...
<p>More than half (59 percent) of paid family and friend caregivers no longer providing home care (“leavers”) said they would probably or definitely serve again as a paid home-based caregiver for family members.</p> <p>Almost half (43 percent) of the leavers said they would care again for people who were not family.</p> <p>The proportions of leavers willing to care again for family and strangers were much larger than expected. (UCLA)</p>	<p>Paying family members and friends to provide care can expand the workforce. By drawing more of these individuals into caregiving, this approach can expand the pool of available workers.</p> <p>In order to keep these caregivers in the workforce, be sure to provide them with timely information about available home care work soon after they finish caring for their family member. They need to know more about direct care job opportunities.</p>
<p>Nearly two-thirds of paid family and friend caregivers (60 percent) said they were attracted to direct care work so they could care for a family member, friend or neighbor. (Conn)</p>	<p>It may be helpful to direct outreach efforts, including education about direct care opportunities, to family members, friends and neighbors of person receiving care.</p>
<p>Most paid family and friend caregivers (79 percent) said they signed onto the work because “she (or he) needed me.” These caregivers also were motivated because they “could make a difference.”</p> <p>Paid family and friend caregivers who continued to work as direct care workers when no longer needed by family members said a primary reason was “to help others” or “to affect people’s lives.” (UCLA)</p>	<p>Recruiting and retaining family and friends as paid caregivers should stress the altruistic elements of the job, emphasizing the fact that caregivers are needed and able to help others.</p> <p>Emphasize the opportunity to make a difference in someone’s life.</p>
<p>Nearly half of all paid family and friend caregivers (43 percent) named flexible hours as one of the top three reasons they took and stayed in a direct care position.</p> <p>These caregivers need flexibility in part because many of them (37 percent) also work in other low-wage, part-time positions. (Conn)</p>	<p>Explore ways to provide workers with flexible schedules that allow them to meet obligations outside the workplace, including other employment.</p> <p>This also suggests that if they had guaranteed hours, they wouldn’t need to be working multiple jobs.</p> <p>Home health agencies can often provide more opportunities for part-time work.</p>

## Retention: Importance of Wages and Benefits

What we learned...	What it means to you...
<p>In one community, when the wages of family and friends paid as caregivers went from \$5 to \$10 per hour and individual health insurance was offered to virtually all workers, turnover rates fell from 61 percent to 26 percent.</p> <p>When health insurance was available to part-time paid family and friend caregivers working a minimum of 35 hours per month, 43 percent named health insurance as one of top three reasons for taking the job. (Conn)</p>	<p>Increase wages and provide affordable health insurance coverage to all workers. Wages alone will not do the trick.</p> <p>Health insurance is extremely important to workers, so it should be included in compensation packages for all workers, including part-timers.</p>
<p>Family and friends receiving competitive wages and health insurance benefits for caregiving said they will stay longer in their jobs and are more likely to see direct care work as a viable career. (Conn)</p>	<p>Competitive wages and benefits are critical to retention of direct care workers.</p>
<p>Nursing assistants were significantly more likely to say they intend to stay in their jobs when they saw the pay, benefits and advancement opportunities as good. (Brandeis)</p>	
<p>Higher levels of job satisfaction were associated with direct care workers feeling they receive fair compensation and benefits. (Benjamin Rose)</p>	
<p>Paid family and friend caregivers who left for other positions (“leavers”) were more likely to see salary, benefits, independence or new challenges as primary reasons for taking a new job. Leavers earned “quite a bit more” than they did as caregivers. (UCLA)</p>	

## Retention: The Importance of Supervisors

What we learned...	What it means to you...
<p>While satisfaction with wages, benefits and advancement opportunities were all significantly related to nursing assistants' intent to stay on the job, good basic supervision was most important in affecting their commitment to their jobs and their intent to stay.</p> <p>Supervisor attitude had an important impact on how workers felt about their job.</p> <p>A nursing supervisor perceived as showing respect to nursing assistants, helping out when help is needed, working to solve problems and providing good feedback had a significant impact on the assistants' intent to stay. (Brandeis)</p>	<p>Frontline supervisors are critical to direct care worker retention.</p> <p>Supervisors need supervisory training that teaches respect, problem-solving and coaching skills to support direct care workers.</p>
<p>Enhancing the job of nursing assistants by relying more on their knowledge and experience, increasing their autonomy and teamwork were not significantly related to their intent to stay, but good supervision was. (Brandeis)</p>	<p>Culture change transformation and person-centered care that increases nursing assistant involvement, autonomy, knowledge input and teamwork may not increase their commitment to their job without improvements in basic supervision.</p> <p>Nursing supervisors may need more training, staff time and management support to improve their performance as supervisors of nursing assistants, a job most were not trained to carry out.</p>

## What Supervisors Want and Need in Training

What we learned...	What it means to you...
<p>Almost half (49 percent) of direct care worker supervisors reported that they had not received any formal education on supervision.</p> <p>Among supervisors who had received formal training on supervision, only 13 percent felt they were well prepared to supervise. (Benjamin Rose)</p>	<p>Provide supervisors with formal supervisory training.</p> <p>To the extent possible, recruit frontline supervisors who have had some management training and/or experience.</p>
<p>Coaching supervision training for nurse supervisors provided a key element to the success of the WIN A STEP UP program, leading to improved teamwork and positive changes in management practices. (UNC)</p>	<p>Include leadership and supervisory training as a key element of workforce development.</p> <p>Training must focus on “coaching” rather than “command and control.”</p>
<p>Almost all (91 percent) of the supervisors reported that they had received orientation to the facility where they worked, but only 45 percent found the orientation helpful. (Benjamin Rose)</p>	<p>Based on supervisors’ recommendations, orientation programs should:</p> <ul style="list-style-type: none"> <li>◆ Review facility rules, regulations, procedures and expectations</li> <li>◆ Provide experienced mentors for one-to-one training</li> <li>◆ Emphasize teamwork, communication and respect</li> </ul> <p>While orientation is important and needs to be improved, don’t expect orientation to make up for a lack of comprehensive supervisory training.</p>
<p>85 percent of supervisors received continuing education, which the majority found useful or very useful. (Benjamin Rose)</p>	<p>Useful continuing education for supervisors, based on their recommendations, should:</p> <ul style="list-style-type: none"> <li>◆ Focus on leadership, supervision and dealing with insubordination</li> <li>◆ Address communication with residents, families and other staff</li> <li>◆ Be offered frequently and regularly.</li> <li>◆ Be offered during all shifts and repeated on different days</li> </ul>

## Retention: Importance of Job Satisfaction

What we learned...	What it means to you...
<p>Organizations with higher job satisfaction had lower turnover rates. These organizations were more likely to use recruitment and retention best practices. (Benjamin Rose)</p>	<p>Implement best practices for increasing job satisfaction and reducing turnover. Useful best practices resources include:</p> <p>PHI National Clearinghouse on the Direct Care Workforce Best Practices Database at: <a href="http://www.directcareclearinghouse.org/practices/index.jsp">http://www.directcareclearinghouse.org/practices/index.jsp</a></p> <p>Institute for the Future of Aging Services, <a href="http://www.futureofaging.org">www.futureofaging.org</a></p> <p>Better Jobs Better Care, <a href="http://www.bjbc.org">www.bjbc.org</a></p> <p><i>FutureAge</i> magazine, available through AAHSA, <a href="http://www.aahsa.org">www.aahsa.org</a></p>
<p>Higher levels of job satisfaction were associated with positive interactions among staff. (Benjamin Rose)</p>	<p>Provide supervisory, coaching and peer-to-peer communication training to support camaraderie and team building among staff.</p>
<p>Higher levels of job satisfaction were associated with permanent assignments to residents/clients. (Benjamin Rose)</p>	<p>Explore ways to provide direct care workers with primary or consistent assignments to residents/clients.</p> <p>Consistent assignments can strengthen relationships between individual residents, their families and frontline caregivers.</p>
<p>Even though direct care workers felt their jobs could be improved and many want to advance, they viewed their work as very rewarding, both to themselves, and to their residents/clients and families.</p> <p>In fact, 87 percent would recommend becoming a direct care worker to a family member or friend. (Benjamin Rose)</p>	

## Retention: Importance of Career Enhancements

What we learned...	What it means to you...
<p>The majority (55 percent) of direct care workers did not want to be a direct care worker three years from now.</p> <p>Of those who wanted to leave direct care work, almost half wanted to advance their career by becoming licensed practical nurses or registered nurses. (Benjamin Rose)</p>	<p>Provide direct care workers with career advancement opportunities, tuition reimbursement and flexible hours so they can attend classes.</p> <p>For those who want to remain as direct care workers, provide job advancement opportunities such as specialized training in restorative therapy, dementia care or as a medication aide with certification, title change and wage increase.</p>

## Effect of Direct Care Worker Job Commitment on Residents

What we learned...	What it means to you...
<p>Residents were more satisfied with their relationships to nursing staff and their quality of life where a higher proportion of nursing assistants were committed to their jobs. (Brandeis)</p>	<p>The finding that greater job commitment of nursing assistants is associated with better quality of relationships and life for residents implies that better jobs lead to better care.</p>

## Retention: The Role of a Retention Specialist

What we learned...	What it means to you...
<p>The retention specialist program significantly reduced direct care worker turnover in participating nursing homes. (Cornell)</p>	<p>One individual can have a large impact on retention when he or she:</p> <ul style="list-style-type: none"> <li>◆ Receives training in a diverse range of evidence-based retention strategies</li> <li>◆ Does an assessment of the specific facility and employee retention needs</li> <li>◆ Tailors the retention efforts to the assessment</li> <li>◆ Receives ongoing support</li> <li>◆ Takes ownership of the program and has the motivation and expertise to make it successful</li> </ul>
<p>In nursing homes with retention specialists, nursing assistants felt the administration made more of an effort to keep workers. They also had more positive views of the administration. (Cornell)</p>	
<p>While there were initially positive changes in the overall perceived quality of care, staff education and training in facilities with retention specialists, these improved outcomes were not sustained after six months.</p> <p>Researchers credit that lack of sustained change to initial excitement for the new program wearing off. (Cornell)</p>	<p>It is more effective to focus on a continuous, integrated approach to retention within the ongoing operation of the organization rather than on one specific program or training.</p> <p>Ongoing support and periodic booster training sessions (e.g., every six months) can help maintain momentum after initial retention training.</p>
<p>The combined evidence from the retention specialist study suggests that training a retention team rather than a single specialist may be more effective. (Cornell)</p>	<p>A retention team approach could include a direct care worker, nurse supervisor, director of nursing, administrator and others.</p> <p>This approach can provide opportunities for input from all staff; help spread the workload and lesson the impact if a team member leaves.</p>
<p>The most common challenge implementing the retention interventions was turnover in administrative staffing. (Cornell)</p>	<p>Retention efforts must address stabilizing the administrative team before these types of interventions can be sustained over time.</p>
<p>Additional challenges to implementing retention interventions included lack of time to work on the project and lack of financial and/or administrative support. (Cornell)</p>	<p>Retention initiatives need administrative support and buy-in to be successful.</p>

## Training Direct Care Workers: Initial Training

What we learned...	What it means to you...
<p>Just over half of nursing assistants (59 percent) felt their initial training prepared them well. (Benjamin Rose)</p>	<p>Initial training for direct care workers should incorporate the top four recommendations from workers:</p> <ul style="list-style-type: none"><li>◆ More hands-on experiential training</li><li>◆ Longer training</li><li>◆ More communication skills training</li><li>◆ Training on how to deal with residents' problem behaviors and mental illness</li></ul>

## Training Direct Care Workers: Orientation

What we learned...	What it means to you...
<p>Nursing assistants with higher job satisfaction were satisfied with the quality of their orientation. However, only about half of workers (54 percent) felt their orientation was helpful. (Benjamin Rose)</p>	<p>Based on workers' suggestions, orientation programs should:</p> <ul style="list-style-type: none"><li>◆ Use consistent and good quality training staff</li><li>◆ Provide hands-on training in the setting workers will be providing care</li><li>◆ Provide new workers with varied experiences with different types of residents or clients</li><li>◆ Offer a longer and more in-depth orientation to the job</li></ul>

# Training Direct Care Workers: Continuing Education

What we learned...	What it means to you...
<p>Nursing assistants with higher job satisfaction were satisfied with the quality of their continuing education. About half (55 percent) reported that they received helpful continuing education. (Benjamin Rose)</p>	<p>Based on workers' suggestions, continuing education should:</p> <ul style="list-style-type: none"> <li>◆ Be provided frequently</li> <li>◆ Be provided during a variety of times of day and days of the week to accommodate all workers</li> <li>◆ Include communication training</li> <li>◆ Address teamwork</li> </ul>
<p>The majority of nursing assistants (94 percent) said they want to receive continuing education through interactive sessions with other workers. Eighty percent also want printed material to read on their own; 74 percent like to watch videos; and 54 percent would use the computer.</p> <p>More workers preferred to learn in frequent shorter sessions (73 percent) than full-day sessions (26 percent). (Benjamin Rose)</p>	<p>Training should be provided in frequent, short, interactive sessions.</p> <p>Direct care workers should be provided with written material and opportunities to learn online and through videos.</p>
<p>The WIN A STEP UP continuing education program for nursing assistants led to improved quality of care for residents, modest reductions in turnover rates, improved job performance and improved quality of teamwork. (UNC)</p>	<p>When considering new training initiatives, include the key features for success:</p> <ul style="list-style-type: none"> <li>◆ A curriculum focused on clinical and interpersonal skills</li> <li>◆ Training provided on-site in small interactive groups</li> <li>◆ A requirement that participating nursing assistants remain with the employer for a specified time period</li> <li>◆ A requirement that the employer commit workers' time and provide workers with bonuses and wage increases</li> </ul>
<p>Staffing shortages and time constraints made it difficult for nursing assistants to participate in training. (Benjamin Rose and UNC)</p>	<p>Provide training opportunities on all shifts and on different days of the week to include more workers.</p>
<p>Management instability (turnover among management) undermined the sustainability of a training program. (UNC)</p>	<p>Interventions need to focus on management stability first. Otherwise, you are setting your organization up for failure.</p>
<p>Factors that helped WIN A STEP UP succeed included:</p> <ul style="list-style-type: none"> <li>◆ Management commitment</li> <li>◆ Staff development coordinators who served as a bridge between nursing assistants and supervisors and helped recognize problems early in process</li> </ul> <p>(UNC)</p>	<p>When planning workforce development programs, make sure there is:</p> <ul style="list-style-type: none"> <li>◆ Management commitment (time, financial)</li> <li>◆ A coordinator to oversee the program, bridge gaps between assistants and supervisors and identify and intervene when problems occur</li> </ul>

## Developing Cultural Competence

What we learned...	What it means to you...
<p>Minority workers had lower levels of job satisfaction. Job satisfaction increased as the number of racial/ethnic remarks from other staff decreased. (Benjamin Rose)</p>	<p>Establish and reinforce no-tolerance policies on racism.</p> <p>Provide workshops or other training for staff on cultural diversity and cultural competence</p>
<p>Key dimensions of cultural competence include:</p> <ul style="list-style-type: none"> <li>◆ Staff awareness of resident cultural differences</li> <li>◆ Communication issues (accent, fluency, tone, body language)</li> <li>◆ Minimization of cultural differences</li> <li>◆ Overtly discriminatory comments and actions</li> <li>◆ Organization responses to such comments/actions</li> </ul> <p>(BU)</p>	<p>Awareness of cultural differences goes far beyond language to non-verbal communication, food, music, religious observances and customs at end of life.</p> <p>These aspects of care deserve greater emphasis in training and practice.</p>
<p>Managers and frontline workers differed significantly in their perceptions of facilities' cultural competence.</p> <p>Managers were more likely to see the workplace as culturally competent and to believe providers feel empowered to act in culturally competent ways. (BU)</p>	<p>Do not assume that workers share management's perception of organizational cultural competence.</p> <p>Use workshops or forums to explore different perceptions and ways to bring these two perceptions closer together.</p>
<p>Staff who believed their workplace to be more culturally competent also reported higher levels of job satisfaction. Workers with less fluency in English were more likely to perceive problems in workplace cultural competency. (BU)</p>	<p>When hiring staff from different cultural, racial and language groups, it is important to focus not just on their adjustment to the facility but also on the current staff's adjustment to them.</p> <p>Arrange for English as a Second Language training, an important competency tool.</p>
<p>Family members were most concerned about:</p> <ul style="list-style-type: none"> <li>◆ Interpersonal and non-verbal behaviors of staff from different racial/cultural backgrounds</li> <li>◆ Use of name badges to help communication</li> <li>◆ Efforts by staff to personally know their loved one and their relevant cultural/religious issues</li> </ul> <p>(BU)</p>	<p>Cultural competency program initiatives should involve residents, family members and staff.</p> <p>Staff name badges are an important tool for improved communication.</p>
<p>Site-specific trainings and workshops improved perceived workplace cultural competency in some facilities. After the training:</p> <ul style="list-style-type: none"> <li>◆ White workers were more aligned with non-white workers in attitudes toward race/culture.</li> <li>◆ Non-white workers' perception of the workplace as culturally competent slightly improved.</li> </ul> <p>(BU)</p>	<p>Staff members need assistance to develop knowledge, skills and attitudes that constitute cultural competence. Trainings and workshops should be site-specific.</p> <p>Gaps in perceptions between white and non-white staff can be reduced and attention to these gaps may be a useful first step in focusing attention on the issues.</p>

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**Special thanks to My InnerView whose generous support allowed us to provide complimentary copies of these valuable resources to AAHSA members.**



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