Direct Care Worker Retention:
Strategies for Success

Commissioned by the AAHSA Talent Cabinet January 2010

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Direct Care Worker Retention: Strategies for Success

Author: Linda Barbarotta, Institute for the Future of Aging Services, AAHSA

AAHSA Talent Cabinet
The American Association of Homes and Services for the Aging (AAHSA) established the AAHSA Talent Cabinet in 2007 to develop recommendations for policy, practice and education changes that address the current and projected long-term care workforce shortages.

The Cabinet's objectives:

- Review the most current research on what it takes to recruit and retain a well-trained and quality workforce across the long-term care continuum of services, with the focus on administrators, nurses (registered nurses, licensed practical nurses), direct care workers (certified nursing assistants, home health aides), medical directors, social workers and pharmacists.
- Gather and synthesize special initiatives and "best practices" identified by stakeholders for the benefit of members and other aging services providers
- Provide recommendations for policy, practice and education changes to achieve this goal
- Propose strategies needed to implement these recommendations

The Cabinet is comprised of AAHSA members, other aging service providers, direct care workers, consumers and representatives from education, research, workforce development, state government and state boards of nursing.

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2519 Connecticut Avenue, NW
Washington, DC 20008
(202) 508-1208 Fax (202) 783-4266
www.futureofaging.org

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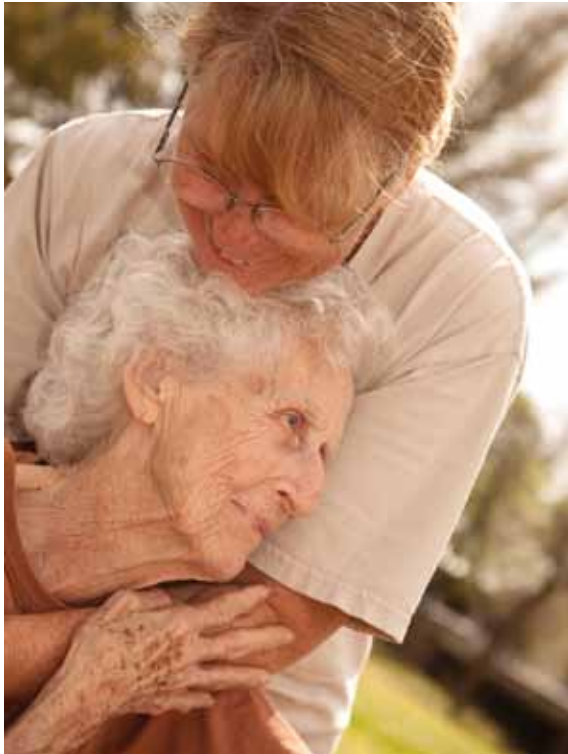
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Table of Contents

1

I.

Introduction and Background

This report, commissioned by the American Association of Homes and Services for the Aging (AAHSA) Talent Cabinet, documents the research and programs shown to increase the retention of direct care workers in long-term care. Aging-services providers and other long-term care stakeholders can use this report to learn more about the factors that lead to increased retention and about the various retention strategies and programs currently in place.[1]

The Role of Direct Care Staff

Direct care workers—nursing assistants or nurse aides, home health aides, home care aides and personal care workers and personal service attendants—form the centerpiece of the formal long-term care system (**Stone and Weiner 2001; DHHS 2006; Stone and Dawson 2008**). These frontline caregivers provide hands-on care to millions of elderly and younger people with disabilities in nursing homes and assisted living residences, in community settings and in private homes. Direct care workers provide eight out of every 10 hours of paid care received by a long-term care consumer. They often are referred to as the "eyes and the ears" of the care system (**Stone and Dawson 2008**). In addition to helping with daily-living activities (e.g., bathing, dressing, using the toilet and eating), these workers provide the "high touch" that is essential to quality of life, as well as quality of care, for elders and chronically disabled individuals.

How Many Direct Care Workers Will Be Needed?

According to the U.S. Bureau of Labor Statistics (BLS), in 2006 there were an estimated 1.4 million nurse aides, orderlies and attendants, largely employed in nursing homes. Another 787,000 home health aides provided care mostly in home-based care settings, and 767,000 worked as personal and home care aides, with two-thirds of those employed in home-based services (**BLS, Occupational Outlook Handbook 2009**).

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[1] A second report, *Retention Strategies for the Professional Long-Term Care Staff*, examines the research and programs pertaining to the retention of professional long-term care staff: long-term care administrators, medical directors, nurses, pharmacists and social workers.

Because the U.S. population is aging and persons with disabilities are living longer, the demand for these workers will increase sharply. In fact, personal and home care aides, and home health aides are the second and third fastest-growing occupations in the United States (**BLS, Occupational Outlook Handbook 2009**). All three occupations—nursing assistant or nurse aide, home health aide, and personal and home care aide—are among the 30 occupations projected to have the largest employment growth.

BLS estimates the number of home health aides will grow by 49 percent between 2006 and 2016. This means by 2016, 384,000 more home health aides will be needed. The number of personal and home care aides is expected to grow by 51 percent, with 389,000 needed to fill these positions. The growth in nurse aides, orderlies and attendants is projected to increase 18 percent, with 264,000 more needed by 2016 (**Dohm and Sniper 2007**).

Challenges of High Turnover

Added to the growing demand for direct care staff is a challenge facing many long-term care providers today—the high turnover rates of direct care staff. In the sixth national survey of state initiatives and public policy actions on the direct care workforce, 97 percent of the Medicaid agencies and state units on aging completing the survey considered direct care vacancies and turnover a serious workforce issue (**Dyson and Harmuth 2007**).

According to a 2007 American Health Care Association (AHCA) survey, the turnover rate for certified nursing assistants in nursing homes was 65.6 percent (**AHCA 2008**). For home health aides, one study estimated that the turnover rate of home health aides who had been on the job for less than a year was 40 to 60 percent, with 80 to 90 percent leaving

within the first year (**PHI and IFAS 2005**). Staff turnover in assisted living residences ranges from 21 to 135 percent, averaging 42 percent (**Maas and Buckwalter 2006**).

The reasons for this high turnover rate are varied. Although the jobs themselves are rewarding for many direct care workers, workers often face such challenges as low pay, a lack of health insurance, poor or inadequate training, little or no advancement opportunities, poor relationships with their supervisors, physical and emotional demands, and lack of respect by management, residents' families and society.

Even though providers are reporting lower staff turnover during this current economic downturn and tight labor market, providers also have seen turnover increase during times of stronger economic growth. In addition, projections show the field will experience an overall shortage of people available to enter the pipeline and fill future direct care worker positions. Because of the instability of relying on economic cycles and the upcoming shortfall of potential workers, the underlying problems associated with direct care jobs must be addressed in order to ensure a stable, committed workforce. High turnover rates impact the quality of care provided to residents and clients, and the financial health of aging-services providers.

According to Castle and associates, high turnover rates of certified nursing assistants, licensed practical nurses and registered nurses, in general, are associated with worse quality of care for nursing home residents (**Castle, Engberg and Men 2007**). In the study, the authors examined the association between staff turnover and quality, using 14 indicators of care quality found in Nursing Home Compare. These indicators include rates of moderate to severe pain, pressure sores, physical restraint

4

use, catheter use, mobility, loss of bladder or bowel control, and increased depression or anxiety. The analysis showed that an increase in turnover from medium (40-80 percent per year) to high levels (more than 80 percent per year) was associated with lower quality factor scores, although even higher levels of turnover were not associated with a further decrease in quality.

In an earlier study, Castle and Engberg found higher quality of care was associated with lower nursing staff turnover in 854 nursing homes in six states (**Castle and Engberg 2006**).

Bostick and colleagues conducted a systematic review of 87 research articles and government documents published from 1975 to 2003 to determine the link between staffing and quality measures in nursing homes. The researchers found a significant relationship between high staff turnover and poor quality outcomes for residents (**Bostick et al. 2006**). Higher turnover rates in nursing homes have been associated with greater use of physical restraints, catheters

and psychoactive drugs, as well as more contractures, pressure ulcers and quality-of-care deficiencies (**Harahan and Stone 2009, 233-53**).

High turnover rates also affect providers' financial health. Many providers are unaware how much direct care worker turnover actually costs. An estimate of the minimum direct cost of replacing a direct care worker is $2,500. This does not take into account the indirect costs of turnover: lost productivity until a replacement is trained, lost client revenues and/or reimbursement, increases in worker injuries, clients' physical and emotional stress, and a deterioration of working conditions possibly leading to more turnover (**Seavey 2005**). The estimate of the direct and indirect average turnover cost is significant: $3,500 per direct care worker.

Direct care worker turnover impacts long-term care providers on many levels, and they would benefit from strategies that improve retention.

5

II.

How the Report Is Organized

This report is organized into two main sections. **Section III** includes key research findings in the professional literature that show which factors lead to an increase in direct care worker retention. **Section IV** describes key retention strategies and programs shown to have a positive impact on direct care worker retention.

Both **Sections III** and **IV** cover the following areas:

- Competitive wages and health insurance benefits
- Culture change
- Workplace/job design, management practices and trained supervisors
- Comprehensive training
- Career advancement opportunities
- Importance of cultural competence

Section V includes additional tools and resources related to direct care worker retention. **Section VI** is the list of references.

III.
Research: What It Takes to Increase Direct Care Worker Retention

This section presents the research studies and evidence that show which factors support higher direct care worker retention. The factors we cover in this section include:

A. **Competitive wages and health insurance benefits**

B. **Overarching strategy of culture change**

C. **Overarching strategies of workplace/ job design, management practices and trained supervisors**

D. **Comprehensive training needed to deliver quality care**

E. **Career advancement opportunities (peer mentoring, career ladders)**

F. **The importance of cultural competence**

The Institute of Medicine (IOM) report, [Retooling for an Aging America: Building the Health Care Workforce](#), focused on similar factors contributing to direct care worker retention: improving training, increasing financial incentives, and improving the work environment through empowerment strategies and culture change (**IOM 2008**).

A. Competitive Wages and Health Insurance Benefits

Direct care workers receive some of the lowest wages in the United States. According to PHI, the median hourly wage in 2007 for all direct care workers was $10.48, significantly less than the median wage of $15.10 for all U.S. workers (**PHI 2009**). About 45 percent of direct care workers are in households under 200 percent of the poverty line, making them eligible for state and federal public assistance programs. Two out of five direct care workers receive one or more public benefits (**PHI 2009**).

Health insurance coverage for direct care workers is just as dismal. One in every four nursing home workers and nearly one third of personal and home care aides lack health coverage, and only 53 percent have coverage from their employer (**PHI 2009**).

Impact of Wages and Health Insurance on Probability of Becoming a Direct Care Worker: Rodin looked at the effect of wage increases and the availability of health insurance on the probability of workers becoming certified nursing assistants (CNAs). He found that making health insurance available to workers had a large positive impact on the probability they would choose to become CNAs. However, the combination of increased wages and health insurance would result in the largest net gain in the number of CNAs (**Rodin 2005**).

Studies of Job Tenure (Length of Time on Job): A study based on data from the 2004 National Nursing Home Survey, the National Nursing Assistant Survey and the Area Resource File looked at whether wages, benefits, training and organizational culture had an effect on increasing the job tenure of CNAs in nursing homes. Overall, it was the extrinsic rewards of higher wages, benefits such as paid time off and a pension that were the most important determinants of job tenure (**Weiner et al. 2009**).

Frontline health care workers enrolled in employer health insurance plans have more than twice the tenure of those without employee coverage (**Duffy 2004, as cited in PHI 2008, The Invisible Care Gap**).

Better Wages and Health Insurance Can Help Increase Retention: In several studies, higher wages and access to health insurance have shown a significant impact on the retention of direct care workers.

Using data from the 2004 National Nursing Assistant Survey, Decker and colleagues showed that satisfaction with wages had the second strongest association with intrinsic job satisfaction and overall job satisfaction (**Decker, Harris-Kojetin and Bercovitz 2009**). They also found that the higher intrinsic job

satisfaction reported by nursing assistants, the lower their intent to leave. Thus, satisfaction with wages affects intent to leave through its direct effect on intrinsic job satisfaction.

Howes surveyed home care workers in a consumer-directed program to investigate the impact of wages and benefits on recruitment and retention. She found that access to health insurance through their job was one of the major reasons why workers took the job and why they stayed (**Howes 2008**). In an earlier article, Howes showed that when the wages of home care workers in San Francisco County were doubled, the retention rates of new workers increased from 39 to 74 percent (**Howes 2005**).

In a survey of 255 CNAs in 15 nursing homes, Bishop and colleagues found satisfaction with benefits was consistently important in nursing assistants' commitment to their jobs (**Bishop et al. 2008**).

The Personal Assistance Services Council of Los Angeles County, which represents over 115,000 In-Home Supportive Services consumer-directed home care workers, commissioned a report on the impact benefit programs have on worker retention and stability. The report found that home care workers enrolled in their employer-sponsored health plan had a higher retention rate (56 percent) than workers who were eligible but not enrolled (45 percent) (**RTZ Associates, Inc. 2005**).

Some studies have not found as strong a link between wages/health insurance and turnover. Parsons et al. examined job satisfaction and turnover among nursing assistants in a statewide sample of Louisiana nursing homes. While the researchers found that pay was the major source of dissatisfaction, a multivariate analysis showed that pay did not affect turnover (**Parsons et al. 2003**).

While low wages and lack of health insurance benefits have a documented influence on direct care worker retention, they are not the only factors having an impact. The next sections look at how culture change, workplace/job design, management practices, trained supervisors, comprehensive training, career opportunities and cultural competence play equally important roles.

B. Overarching Strategy: Culture Change

Culture change is a philosophy of care that emphasizes person-centered care and staff empowerment, built around the concept of home. Culture change practices for staff include many of the non-wage and benefit factors that contribute to retention: comprehensive and expanded trainings, a focus on the relationships between direct care staff and their supervisors, and empowering direct care workers through self-managed work teams or peer-mentoring programs.

How Is Culture Change Defined?

The Pioneer Network, formed in 1997, has been in the forefront of the culture change movement. Its mission is to move aging services away from an institutional model to models that embrace flexibility and self-determination for the person receiving the care.

On its Web site, the Pioneer Network defines culture change as:

"… a national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living."

In 2006, the Commonwealth Fund brought together an expert panel to develop a working definition of culture change. This definition was later used in a Centers for Medicare & Medicaid Services-funded project measuring culture change and in the Commonwealth Fund's 2007 National Survey of Nursing Homes (**Colorado Foundation for Medical Care 2006; Doty, Koren and Sturla 2008**)[2]. According to the definition, a culture change nursing home includes the following:

- Resident-directed care and activities
- An environment designed to be a home rather than an institution
- Close relationships among residents, family members, staff and the community
- Work organized to support and empower all staff to respond to residents' needs and desires
- Management that allows for collaborative and decentralized decision making
- Processes that are measurement-based and used for continuous quality improvement

Research is beginning to show the business case for adopting culture change. In an unpublished study, Elliot compared nursing homes participating in the Pioneer Network versus non-participating homes to determine whether there were differences in quality and financial outcomes. She found that those nursing homes that were early adopters of culture change achieved better quality outcomes (as measured by survey citations) and had better financial outcomes (**Elliot 2007, unpublished**).

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[2] The 2007 Commonwealth Fund National Survey of Nursing Homes assessed how far along nursing homes are in adopting culture change. For more information about the survey and the results, visit www.commonwealthfund.org/Content/Surveys/2007/The-Commonwealth-Fund-2007-National-Survey-of-Nursing-Homes.aspx

9

In the Commonwealth Fund's 2007 National Survey of Nursing Homes, Doty and colleagues found the more nursing homes embraced culture change principles, the greater the increase in staff retention and occupancy rates and the greater the decrease in operational costs (**Doty, Koren and Sturla 2008**).

Rabig et al., in a study on four Green Houses© in Mississippi, found staff absenteeism and turnover were lower than in the other nursing facilities operated by the organization (**Rabig et al. 2006**).

C. Overarching Strategies: Workplace/Job Design, Management Practices and Trained Supervisors

Changes in workplace/job design, management practices and supervisory training for direct care worker supervisors have all shown to impact direct care worker satisfaction and retention rates.

A seminal study of the managerial practices that characterize providers with lower turnover and higher retention identified five practices that distinguish these providers (**Eaton 2001**):

- High quality leadership and management, offering recognition, meaning and feedback

- An organizational culture that values and respects nursing staff, especially direct care workers

- Positive human resource practices, including flexibility, training and career ladders

- Thoughtful and effective organization and care practices that help retain staff and build relationships

- Sufficient staffing ratios to allow for the delivery of quality care

Stott et al. looked at the extent to which management practices, designed to increase recruitment and retention of direct care workers, were taking place in 132 providers participating in the Better Jobs Better Care (BJBC)[3] demonstration projects (**Stott et al. 2007**). The researchers looked at:

- Job design, which included participating in care planning, communicating about tasks and feedback

- Direct care worker training/professional development, which included becoming a higher-level direct care worker, a licensed practical nurse, a peer mentor or participating in training/orientation beyond the basic requirements

- Supervisor training and development

Overall, the researchers found that despite the need to recruit and retain direct care workers, these management practices, designed to increase recruitment and retention, were not used consistently across the provider organizations. Providers used job-design practices more frequently than staff training and professional development.

Bowers and her colleagues provided insight into why poor management practices lead direct care workers to leave their job. They conducted in-depth interviews with CNAs at three nursing homes to better understand why they quit (**Bowers, Esmond and Jacobson 2003**). The CNAs confirmed the many factors already established in the literature as causes of turnover: dissatisfaction with organizational policies and practices, training and orientation practices, and low compensation. But it was not these actual policies and practices that led CNAs to leave; it was what these policies and

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[3] Better Jobs Better Care (BJBC) was a four-year, $15.5 million research and demonstration grant program, designed to find ways to reduce the turnover rates of direct care workers and improve workforce quality. BJBC was funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies and was managed by the Institute for the Future of Aging Services at AAHSA.

practices represented to the CNAs—that they were not appreciated, valued or respected by the organization. CNAs pointed to the gap between what their organizations said they valued and what they actually practiced. The CNAs saw their supervisors as the embodiment of the organization's disrespect of them as workers and people, and as such, their relationship with their supervisors was central to turnover.

Supportive and Trained Supervisors

The importance of supervisors to the retention of direct care workers cannot be overstated. Numerous studies have noted that the quality of the supervisory relationship between direct care workers and their nurse supervisors is an essential element to job satisfaction and retention of direct care staff.

According to Stone, "Direct care workers whose work is valued and appreciated by supervisors, and who are listened to and encouraged to participate in care planning decisions, have higher levels of job satisfaction and are more likely to stay in their jobs" (**Stone 2007**).

As part of the evaluation of the five BJBC state demonstration projects, Kemper and his associates surveyed 3,468 direct care staff working with 122 long-term care providers to uncover the single most important thing their employer could do to improve their job as direct care workers. Across the settings (nursing homes, assisted living facilities and home care), workers called for more pay and improved work relationships, especially with their supervisors (**Kemper et al. 2008**).

Bishop et al. investigated whether CNAs were more committed to their job when they felt recognized for their knowledge and perceived their jobs as having greater autonomy and teamwork (**Bishop et al. 2008**). The researchers surveyed 255 CNAs in 15 Massachusetts

nursing homes. 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 job commitment and their intent to stay in their jobs. When nursing assistants perceived their supervisors as respectful, helpful and providing good feedback—in other words as providing good basic supervision—the CNAs were more likely to be committed to their jobs.

In a study using data from the 2004 National Nursing Assistant Survey, Bishop and her colleagues found that nursing homes could increase job satisfaction by supporting good relationships between nursing assistants and their supervisors (**Bishop et al. 2009**).

In another study using the 2004 National Nursing Assistant Survey, Decker and associates found that nursing assistants' assessments of their supervisors had an indirect effect on their intent to leave and a direct correlation with their job satisfaction (**Decker, Harris-Kojetin and Bercovitz 2009**).

Jervis's study of the relationships between nurses and nursing assistants showed that in an urban nursing home, multiple layers of tension brought on by the hierarchical structure and "chain of command" mentality existed between nurses and nursing assistants (**Jervis 2002**). The home's nurses, nursing supervisors and management saw the high nursing assistant turnover rate (77 percent) as the result of nursing assistants' character defects, personal problems and lack of job commitment. By focusing on these aspects of nursing assistants, management avoided looking at the organizational culture and processes that contributed to turnover.

In a study on the recruitment and retention practices of California's not-for-profit

11

providers, Harahan et al. found that direct care staff felt the charge nurses did not respect them or value their work (**Harahan et al. 2003**). Despite this obvious poor relationship between staff and supervisors, the charge nurses did not perceive themselves as managers and therefore did not see the need for management training.

The nursing assistant workforce development initiative, WIN A STEP UP, achieved its strongest results when paired with the coaching supervision program developed by PHI (**Morgan et al. 2007**). Designed for improving the supervisory skills of direct care worker supervisors, the coaching program helped supervisors support the training nursing assistants received under WIN A STEP UP, assisted them in translating their learning into practice, and improved the relationships between supervisors and nursing assistants.

D. Comprehensive Training

Current direct care worker training requirements long have been viewed as inadequate for the scope and depth of the direct care worker job. The federal government requires nurse aides and home health aides working in Medicare/Medicaid-certified agencies to have 75 hours of initial training. Many states have established additional training requirements, up to 120 hours for nurse aides, but this is still low compared to other service professions (**IOM 2008**). Continuing-education requirements for nurse aides and home health aides are 12 hours per year. Personal and home care aides have no federal training requirements, although several states have established their own.

The IOM report, Retooling for an Aging America: Building the Health Care Workforce, recommends that the minimum federal requirements for CNAs and home health aides be raised to 120 hours and include a demonstration of competence in caring for older adults as part of certification. The report also recommends that states establish minimum training requirements for personal care aides.

A national literature review by the Pennsylvania Intra-Governmental Council on Long-Term Care (PALTC) found that higher levels of training led to increased retention across the long-term care continuum, although this effect was stronger in home health agencies than in nursing homes (**PALTC 2001, as cited in PHI and IFAS 2005**).

Not only do many observers consider the number of required training hours to be insufficient, but they also regard the training itself to be inadequate. In a BJBC-sponsored study of direct care staff in 49 nursing homes, assisted living residences and home health agencies, researchers found that poor training, orientation and continuing education are among the job-related stressors that are significant predictors of job dissatisfaction (**Ejaz et al. 2008**). When these workers across a five-county area of Ohio shared their perceptions and recommendations for training, job orientation and continuing education, 41 percent reported that their initial training had not prepared them or only somewhat prepared them for the job (**Menne et al. 2007**). Forty-two percent felt their job orientation was either not very helpful or only somewhat helpful, and 39 percent felt their continuing education was either not at all or only somewhat useful. The staff who were more satisfied with the quality of their training also had higher job satisfaction and were more likely to stay on the job.

The Menne study included direct care staff recommendations for improving training content and deliver. Training they found the most useful focused on:

•   Caring for residents with dementia

- Communicating with residents

- End-of-life issues and coping with grief

- Caring for residents with mental illnesses and problem behaviors

- Resident care skills such as bathing, eating and dressing

- Working with other direct care workers, teamwork and organizing tasks

Staff also wanted to receive their training and education via a more hands-on, experiential and interactive approach.

The Wellspring program, designed to increase the quality of residents' care through enhanced clinical training and empowering certified nursing assistants with interdisciplinary teams, has shown a positive effect on retention rates. A 2002 evaluation showed that over a four-year period, the retention rates for all nursing staff (registered nurses, licensed practical nurses and CNAs) went from 70 to 76 percent in Wellspring homes. Among non-Wellspring homes, retention rates fell from 74 to 68 percent (**Stone et al. 2002**).

An evaluation of another nursing assistant training model, the WIN A STEP UP program, which provides clinical and other types of training, such as being part of a team, showed a modest increase in staff retention (**Morgan and Konrad 2008**). The evaluation also found improved CNA perceptions of nursing care, supportive leadership, team care, career and financial rewards, and providing care to those with dementia.

LEAP (Learn, Empower, Achieve, Produce), a workforce development program, has been found to empower staff, increase retention, and build leadership and communication among CNAs and their supervisors. Current research findings on aging-services providers that have participated in LEAP show a reduction in staff turnover rates of between 38 and 60 percent,

an increase in job satisfaction and effectiveness, and a 33 percent decrease in health deficiencies (**Hollinger-Smith 2008, unpublished**).

E. Career Advancement Opportunities

Career advancement opportunities for direct care workers include career ladders and lattices and peer mentoring. These opportunities provide additional training, status and often pay increases. Studies show that the lack of these opportunities is a key reason why workers leave the direct care field.

Brannon et al. studied how job perceptions of the direct care workers participating in the BJBC demonstration projects related to their intent to leave their job (**Brannon et al. 2007**). A total of 3,039 workers from 50 nursing homes, 39 home care agencies, 40 assisted living facilities and 10 adult day services in five states participated in the survey. The researchers found that the perceived lack of opportunity for advancement and the perception of work overload were most significantly related to intent to leave, particularly among home care agency and skilled nursing home staff.

Parsons et al. examined the job satisfaction and turnover among nursing assistants in a statewide sample of nursing homes in Louisiana (**Parsons et al. 2003**). The authors identified the work issues that were the sources of the workers' greatest satisfaction (their relationships with residents) and dissatisfaction (managerial and organizational workforce issues and pay and benefits). The authors found that lower satisfaction was highly associated with turnover, and personal opportunity was the most significant factor related to both job satisfaction and turnover.

The Massachusetts Extended Care Career Ladder Initiative (ECCLI), a career ladder program for direct care staff, was evaluated by the Institute for the Future of Aging Services

13

and the Gerontology Institute of the University of Massachusetts (**Washko et al. 2007**). The evaluation showed that the career ladders and soft-skills training programs (communication skills, conflict management and teamwork) offered in ECCLI provided the basis for better career opportunities for employees. The authors noted modest and significant turnover reductions in several of the organizations in the study. Administrators reported reduced turnover among staff who participated in ECCLI training, indicating the importance of enrolling new employees in the program.

Peer mentoring also has been shown to address retention problems for both new and seasoned workers. According to Pillemer, 40 to 50 percent of all new nursing assistants left during the first three months on the job (**Pillemer 1996, as cited in PHI 2003**). Some of the reasons included isolation, especially among home health aides, and the realization that their training was inadequate in preparing them for the reality of caregiving work (**PHI 2003**). Peer mentoring provides a new aide with at least one person for support while starting out in a challenging profession, and overall builds relationships among co-workers (**Hegeman et al. 2007**). In a peer-mentor program, seasoned workers can provide support to new staff while growing personally and professionally.

Two studies on Growing Strong Roots, a peer-mentoring program for nursing home CNAs, showed improved retention rates for new CNAs. In the first study, the CNA retention rates increased from 51 to 70 percent during a three-month period. The second study, conducted over a two-year period, measured retention rates at three-month and six-month intervals. At three months, the average retention rates increased from 66 to 77 percent. At six months, the average retention rates increased from 47 to 64 percent (**Hegeman et al. 2007**).

F. Importance of Cultural Competence

Aging-services providers need to address the cultural competence needs of their staff and residents. Almost half of direct care workers belong to racial or ethnic minorities, including 33 percent who are African American and 15 percent who are either Hispanic or other persons of color (**Harahan and Stone 2009**). The racial and ethnic diversity of frontline staff—including an increasing proportion of nursing assistants, home care aides and personal care workers who are foreign-born and may or may not speak English— underscores the need for educational programs that address English literacy. It also shows the need for the more subtle nuances of dealing with a range of cultures in the workplace. Cultural competence needs to be built into training efforts that focus on relational skills between staff and residents/clients and between peers and supervisors, as well as in trainings that address clinical issues (**Stone 2007**).

A study in four California nursing homes found that Filipina licensed vocational nurses were more uncomfortable than black or white nurses in carrying out supervisory responsibilities, or even raising issues to the nursing director that might improve the workplace. Such assertiveness was not part of their cultural norm. The study also uncovered differences between racial and ethnic groups (**Bowers, Stone and Sanders 2007.**)

Allensworth-Davies et al. examined organization cultural competence to determine if it was related to differences in job satisfaction (**Allensworth-Davies et al. 2007**). In four New England nursing homes, researchers asked 135 nursing assistants eight organizational cultural-competence questions.

14

These questions explored their comfort in the workplace regarding different races or cultures, communication across cultures and the role of management in cross-cultural conflict. The study's findings showed that the nursing assistants' perception of organizational cultural competence was the strongest predictor of their job satisfaction. As the perception of cultural competence increased, job satisfaction also increased.

The researchers suggested that developing and maintaining organizational cultural competence is an important management strategy for increasing job satisfaction and improving staff retention. Managers' focus should be on:

- Improving cross-cultural communication

- Developing and training staff in how to respond to perceived unfair treatment of residents/co-workers due to race/culture

- Involving all levels of staff and residents in culture change activities

- Ensuring that staff are supported in their professional development and receive regular feedback on their performance

In their BJBC-sponsored study, Parker and Geron identified several cultural competence issues that should be addressed in formal orientation and on-the-job training programs (**Parker and Geron 2007**). These included:

- Increasing staff awareness about cultural differences among residents/clients

- Addressing communication issues, particularly related to accents, tone, body language and fluency

- Helping staff to avoid minimizing cultural differences among employees

- Dealing with overtly discriminatory comments, attitudes and actions from staff, residents/clients and families

- Developing specific organizational/ managerial responses to a lack of cultural competence

15

IV.
Retention Strategies and Programs for Direct Care Workers

A number of programs and strategies incorporating the factors shown to improve retention have been developed and implemented in aging services.

The retention strategies/initiatives and programs highlighted in this section are organized into categories similar to those for the research in Section III, namely:

A. Competitive wages and health insurance benefits

B. Overarching strategy of culture change

C. Overarching strategies of workplace/job design, management practices and trained supervisors

D. Comprehensive training needed to deliver quality care

E. Career advancement opportunities (peer mentoring, career ladders)

F. The importance of cultural competence

The programs selected for this report often included an evaluation that showed a positive impact on direct care worker retention and an improvement in the work environment. This list is not exhaustive. It presents only a few of the many examples of programs and strategies that providers and other long-term care organizations have developed and implemented to increase direct care worker retention.

A. Competitive Wages and Health Insurance Benefits

State and local entities have implemented several initiatives to improve wages and benefits for direct care workers (**Kassner 2006**). These initiatives include wage pass-through legislation, setting wage floors, rate enhancements linked to provider performance goals or targets, living-wage laws, collective bargaining and health insurance proposals specifically targeted at direct care workers.

The 2008 IOM report, [Retooling for an Aging America: Building the Health Care Workforce](#), addressed the problems of low pay and lack of health insurance benefits for direct care staff. The report recommended:

> *State Medicaid programs should increase pay and fringe benefits for direct care workers through such measures as wage pass-throughs, setting floor wages, establishing minimum percentages of service rates directed to direct labor costs and other means* (**IOM 2008**).

The report also supported efforts to address the lack of consistent hours and resulting unstable income of direct care workers, especially home care workers. Cooperative Home Care Associates in Bronx, N.Y., implemented one promising strategy, guaranteed hours, to reduce turnover and vacancy rates (**PHI 2007, as cited in IOM 2008**). According to Steve Edelstein, PHI national policy director, after workers have been employed for three years, Cooperative Associates guarantees 30 paid hours per week even when work hours do not meet that threshold. In exchange, workers must agree to take all assignments, to participate in an on-call pool and be available to work every other weekend. Operating in conjunction with other workforce interventions, the home care agency reduced their turnover to half the national average and enabled their short-hour case workers to expand their hours worked.

Wages

The most prevalent initiative for increasing direct care worker pay has been the wage pass-through, with more than 20 states implementing this mechanism. With a wage pass-through, state Medicaid programs specifically direct a portion of their reimbursement rate to a nursing home or home care agency, toward increasing compensation for direct care staff. Evaluations to date on this approach have shown mixed results on its impact on recruitment and retention. In an analysis of the problem, a brief from PHI and the Institute for the Future of Aging Services (IFAS) points to several key decisions that need to be made up front to improve the effectiveness of wage pass-through programs (**PHI and IFAS 2003**). These decisions include determining:

- The size of the salary increase
- Which staff will be targeted for the increase
- How much flexibility providers have in implementing the program
- Whether provider participation will be optional or mandatory
- What type of accountability will be required
- Whether the wage pass-through will be integrated into the ongoing wage structure
- How and when to educate providers about the program

Health Insurance Benefits

Beginning in 2003, the Centers for Medicare & Medicaid Services (CMS) Demonstration to Improve the Direct Service Community Workforce project undertook several initiatives to create affordable health insurance for direct care workers. In 2003 and 2004, the project awarded five grants to develop and implement programs that test recruitment and retention strategies for direct service workers. CMS set aside more than half the grant funding specifically for projects that addressed health insurance coverage. Five additional grants were awarded in subsequent years. Of the ten grantees, six used all or a portion of their funds to make health care coverage more affordable and/or accessible for direct service workers. The six grantees were located in Indiana, Maine, North Carolina, Virginia, New Mexico and Washington.

A report on the grantees' health coverage interventions provides an overview of how grantees are pursuing these approaches, discusses the key advantages and disadvantages of each, and highlights some of the lessons learned about expanding health coverage to this workforce (**PHI 2006**).

The PHI report, Coverage Models from the States: Strategies for Expanding Health Coverage to the Direct Care Workforce, looks at five broad strategies for expanding health care coverage to direct care workers and gives specific state examples (**PHI 2007**). These strategies are:

- Making employer-based insurance more affordable

- Expanding public insurance coverage

- Establishing coverage through collective bargaining

- Building insurance costs into Medicaid reimbursement

- Assisting workers with health care expenses

In 2005, PHI launched a Health Care for Health Care Workers initiative to advocate for expanding health coverage for workers who provide support and assistance to elders and people living with chronic conditions and/or disabilities. The initiative has produced several statewide studies of insurance coverage for direct care workers, analyses of various state and local efforts, and numerous issue briefs and policy reports. Through the support of Health Care for Health Care Workers and the Direct Care Alliance[4], the state of Maine received an $8.5 million grant from the U.S. Department of Health and Human Services in September 2009 to expand health coverage to Maine's direct care workers. For more information about

Health Care for Health Care Workers, contact Carol Regan, national director, (301) 587-1225, CRegan@PHInational.org.

B. Overarching Strategy: Culture Change

There are many tools available to assist aging-services organizations in implementing culture change practices. Two Web sites offering a number of resources for providers include the Pioneer Network and the Institute for Caregiver Education.

The Pioneer Network, formed in 1997, calls for a movement away from institutional models to more consumer-oriented models that embrace flexibility and self-determination. This has come to be known as the long-term care culture change movement. The Institute for Caregiver Education is a nonprofit organization dedicated to transforming eldercare from a clinical model to a social model of care through culture change. The Institute offers education and training programs, consultation and seminars to support frontline caregivers.

CMS has shown its support of culture change efforts in recent years and is working with the quality improvement organizations and the Pioneer Network to encourage long-term care providers to adopt culture change practices

In April 2008, CMS and the Pioneer Network co-sponsored Creating Home in the Nursing Home: A National Symposium on Culture Change and the Environment Requirements. The symposium brought together long-term care innovators, regulators, researchers, architects, advocates and public officials to highlight environmental innovations and discuss how to transform nursing home physical environments into home and community within federal regulations and the Life Safety Code . The following day,

19

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[4] The Direct Care Alliance is a national advocacy organization of direct care workers, committed to advocating for better wages, benefits, respect and working conditions.

stakeholders worked together to develop recommendations.

Because of the recommendations, CMS implemented changes, effective June 2009, to its Guidance to Surveyors for several Quality of Life and Environment sections. These changes include allowing residents to receive visitors 24 hours a day and supporting a home-like environment by encouraging residents to wear their own clothes and determining their own activities and schedules.

Another outcome of the symposium was the creation of a National Life Safety Task Force, convened by the Pioneer Network, which is working to change the Life Safety Code by 2012 to accommodate culture change innovation.

CMS and the Pioneer Network are planning a second symposium, which will focus on how dining initiatives interact with regulations.

On the following pages, five cultural-change tools are described.

20

Artifacts of Culture Change

Artifacts of Culture Change is a tool nursing homes can use to determine how well they have incorporated culture change into their organizations. It captures a concrete set of changes homes can make to their practices and policies in the process of transforming an institutional culture into one that is person- and staff-centered. The tool was developed by Carmen S. Bowman, Edu-Catering: Catering Education for Compliance and Culture Change in LTC, and Karen Schoeneman, deputy director of the CMS Division of Nursing Homes. Although it is a CMS-developed product, it is not connected to enforcement and is not punitive; no surveyors will collect data using this tool.

The Artifacts of Culture Change tool consists of 79 scored questions that give providers a way to measure their progress and benchmark where they are on the culture change journey. The questions are divided into the following categories:

- Care practices
- Workplace practices
- Environment
- Family and Community
- Leadership
- Outcomes

The Development of the Artifacts of Culture Change includes the Artifacts of Culture Change tool, as well as information on how the tool was created and how to use it.

How to Obtain This Tool

The Development of the Artifacts of Culture Change and the Artifacts of Culture Change itself are available at www.pioneernetwork.net/Providers/Artifacts/.

Contacts:

Carmen S. Bowman
Edu-Catering: Catering Education for Compliance and Culture Change in LTC
(303) 981-7228
carmen@edu-catering.com

Karen Schoeneman
Project Officer
Division of Nursing Homes
Centers for Medicare & Medicaid Services
Baltimore, MD
(410) 786-6855
karen.schoeneman@cms.hhs.gov

21

Household Matters: A Good Life 'Round the Clock

Household Matters is a toolkit of resources and materials to assist aging-services organizations and others to transform the culture of nursing homes. The toolkit was created by Meadowlark Hills, a continuing care retirement community in Kansas, and Action Pact, Inc., with funding from the Sunflower Foundation and the Kansas Department on Aging.

The toolkit contains the following resources:

- In Pursuit of the Sunbeam: A Practical Guide to Transformation from Institution to Household (hard copy)

- Living and Working in Harmony: A Training Guide for Self-Led Teams (hard copy)

- Creating Home (CD) – a set of policies and procedures shaped for household life. Based on federal regulations, this manual demonstrates that the regulations support culture change principles.

- Living and Working in Harmony (CD) – an integrated human resources system that reflects the values of the household model and provides resources for creating a decentralized organization utilizing self-led teams

- Reflecting on Quality (CD) – a system of team-based continuous quality improvement

The kit also contains three DVDs that provide 10-to-12 minute video clips covering different aspects of culture change, including an orientation to households, person-centered care, creating community, kitchen practices and the dining experience.

How to Obtain This Tool

Household Matters is available from the Pioneer Network for $718. For more information, visit www.pioneernetwork.net/Store/HouseholdMatters/.

Contacts:

Steve Shields
President and CEO
Meadowlark Hills
Manhattan, KS
(785) 537-4610

LaVrene Norton
Executive Leader
Action Pact, Inc.
Milwaukee, WI
(414) 258-3649
lavrene@actionpact.com

22

Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations

Getting Started is a handbook for long-term care providers beginning to incorporate culture change principles and practices into their organizations. It is based upon interviews with leaders in long-term care organizations who have been on the journey toward cultural transformation for three or more years. The Pioneer Network partnered with PHI to produce this tool for starting the process of de-institutionalizing services and individualizing care. The Retirement Research Foundation and the Commonwealth Fund provided funding.

The handbook includes personal stories of individuals who have embraced culture change, reviews how to assess an organization's readiness for change, and discusses the importance of examining and realigning values, mission and vision statements.

The handbook includes thirteen training modules, which are designed to introduce culture change values to the entire nursing home community and begin the process of transformation. Each module has detailed facilitator guides and handouts.

How to Obtain This Tool
Getting Started is available from the Pioneer Network for $199. For more information, visit www.pioneernetwork.net/Store/GettingStarted.

Contact:
Susan Misiorski
Director
Organizational Culture Change Initiatives
PHI
Bronx, NY
(603) 487-3260
SMisiorski@PHInational.org
www.phinational.org

23

Implementing Change in Long-Term Care: A Practical Guide in Long-Term Care

Implementing Change in Long-Term Care is manual designed to assist aging-services organizations in implementing changes that improve quality. The changes can range from an organization-wide culture change effort to implementing a single practice, such as peer mentoring for direct care workers. The manual was written by Barbara Bowers and associates from the University of Wisconsin-Madison School of Nursing, with funding from the Commonwealth Fund.

One of the manual's overall themes is the importance of involving all staff when implementing any culture change practice. This means going beyond the staff directly impacted by the practice change, as a way of ensuring the change will be more lasting and sustained. The topics covered in the manual include:

- Person-centered care and culture change models

- Leadership

- Developing teams

- Developing staff

- Preparing for change

- Conducting organizational assessments

- Sustaining change and developing accountability systems

Organizations can use the manual's sections in a way that makes the most sense to them. For example, if an organization has already incorporated person-centered care into its practices, but has not developed work teams, it can go directly to that section.

How to Obtain This Tool

Implementing Change in Long-Term Care is available at www.nhqualitycampaign.org/star_index.aspx?controls=resManualForChange.

Contact:

Barbara Bowers
Associate Dean for Research
School of Nursing
University of Wisconsin-Madison
Madison, WI
(608) 263-5189
bjbowers@wisc.edu

24

Staff Assessment Tool: Person-Directed Care

The staff assessment tool, developed by the Oregon BJBC demonstration project, is designed to assess the person-centered and person-directed care practices and perceptions of long-term care staff. The survey questions focus on five dimensions of person-directed care: personhood, knowing the person, autonomy/choice, comfort and relating to others. Another set of questions addresses organizational and physical environments that support person-directed care practices. The tool is a step toward putting the concepts of person-directed care into practice.

Aging-services providers can use this tool to evaluate how well their staff is meeting person-directed care goals. The survey can directly measure the attitudes and perceptions of staff toward person-directed care and provide feedback on whether true person-directed care is being practiced. It also can help gauge how well the concepts of person-directed care have been internalized. The survey itself can serve to educate staff about what person-directed care looks like and provide guidance to providers who want to change practices.

How to Obtain This Tool

The staff assessment tool is available at www.bjbc.org/content/docs/Staff_PCC_AssessmentTool_Nov2006.pdf.

Contact:

Diana White
Senior Research Associate
Institute on Aging
Portland State University
Portland, OR
(503) 725-2725
dwhi@pdx.edu

25

C. Overarching Strategies:
Workplace/Job Design, Management Practices and Trained Supervisors

The Retention Specialist Program[5]

The retention specialist program, developed by a team of researchers from the Cornell Institute for Translational Research on Aging (CITRA), is a promising and cost-effective model designed to improve CNA retention in aging-services providers.

In this model, a staff person from an aging-services organization is chosen to be a retention specialist, charged with diagnosing and addressing retention problems. The specialist should have the expertise and ongoing management support to address problems of low job satisfaction and turnover. The specialist receives in-depth training and resources focused on implementing a range of proven strategies. These strategies include peer mentoring, career ladders, communication training, recognition and supervision. The specialist also receives the tools necessary to conduct a needs assessment of the organization's retention issues, in order to select the most appropriate retention strategies, establish retention programs and evaluate his or her success.

The CITRA research team conducted a randomized, controlled evaluation study of the program, testing the effects of training retention specialists in 16 nursing homes in New York and Connecticut (**Pillemer et al. 2008**). The researchers found:

- The participating nursing homes experienced an 11-percent decline in turnover over a 12-month period compared to a 3-percent decline in the control group.

- The retention specialist program had a positive effect on general perceptions of the nursing home and specifically on CNAs' assessments of the facility's efforts in the areas of training and attempts to retain staff.

- The position positively affected CNAs' perceptions of the quality of the nursing home administration.

For More Information
A retention specialist toolkit, containing descriptions and links to the evidence-based strategies used in the specialists' two-day training, is available at www.citra.org/wordpress/rsp-tookit.

About the retention specialist evaluation, visit http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/80.

Contact:
Rhoda Meador
Associate Director
Cornell Institute for Translational Research on Aging
Cornell University
Ithaca, NY
(607) 254-5380
Rhm2@cornell.edu
www.citra.org

[5] Information on the retention specialist program was drawn from a background document in the retention specialist toolkit, http://www.citra.org/wordpress/wp-content/uploads/the-retention-specialist-program.pdf.

Northern New England LEADS Institute

The Northern New England LEADS Institute was a three-year demonstration project to improve the quality of direct care jobs at 12 participating nursing homes and home care agencies in Vermont, New Hampshire and Maine. Launched by PHI, the goal of the Institute was to improve the quality of direct care jobs by providing training and technical assistance to the participating providers.

The LEADS interventions included:

- Training selected staff to deliver peer mentoring and coaching supervision throughout their organization

- Redesigning caregiving practices to be more person-directed through training and technical assistance to supervisors and administrators

- Establishing leadership teams, which included direct care workers, that focused on quality-improvement efforts

A 2008 evaluation showed decreased turnover at sites with strong implementation of coaching supervision and peer mentoring (**PHI 2008, LEADS evaluation**). Specific results included:

- Turnover for direct care workers decreased three to 46 percentage points from 2006 to 2007 for six of the 10 sites (for which there were complete data).

- Two of the three organizations with very strong and sustainable coaching supervision and peer-mentoring programs achieved reductions in both turnover and call-outs.

- Five of the nine organizations with strong implementation of one or more LEADS interventions improved on turnover and/or calls-outs.

For More Information

About the LEADS program and evaluation, visit http://phinational.org/archives/phi-project-finds-less-turnover-with-training/#more-640.

Contacts:

Alex Olins
Northern New England Director
PHI
Winooskie, VT
(802) 655-4615
AOlins@phinational.org
www.phinational.org

Marcia Mayfield
Director of Evaluation
PHI
Bronx, NY
(718) 928-2074
MMayfield@phinational.org
www.phinational.org

27

Staff Stability Toolkit

The Staff Stability Toolkit is designed to serve as a resource for nursing homes seeking to reverse their direct care worker turnover. The toolkit incorporates experiences and lessons learned in more than 400 nursing homes, and applies concepts and practices based on Eaton's work on management's impact on staff turnover (**Eaton 2001**). Strategies and techniques based on Eaton's findings have been successfully piloted in the Vermont BJBC demonstration project, the CMS-funded Improving Nursing Home Culture Pilot, with nursing homes nationally through the quality improvement organizations (QIO) and in New England through workforce development programs.

The toolkit, developed by B & F Consulting under a subcontract with Quality Partners of Rhode Island and funded by the Commonwealth Fund, provides resources that help nursing homes examine fiscal, organizational and management practices that may cause the turnover cycle. The resources include:

- Suggestions on getting started and ways to include all employees in reducing turnover

- Tips on management practices that support stability related to recruiting and hiring, attendance, scheduling, consistent assignment and building leadership

- A "drill-down" tool that helps to gather and analyze data about turnover, absenteeism and financial incentives

- A case study describing how a BJBC nursing home used the drill-down process to identify the root causes of their instability and re-allocate their financial and management resources to support stability.

- Information on how to use training to support stability and improve organizational performance and where to find resources to fund training

How to Obtain This Tool
The Staff Stability Toolkit is available at www.riqualitypartners.org/cfmodules/objmgr.cfm?Obj=NHQ_QIOSharedMaterials&pmid=124&mid=145&cid=145.

Contacts:
Barbara Frank
B & F Consulting
Warren, RI
(401) 245-0965
Bfrank1020@aol.com

Cathie Brady
B & F Consulting
Canterbury, CT
(860) 546-6181
Cbrady01@snet.net

Marguerite McLaughlin
Project Manager
Quality Partners of Rhode Island
Providence, RI
(401) 528-3200
mmclaughlin@riqio.sdps.org
www.riqualitypartners.org/

12 Steps to Creating a Culture of Retention is a workbook that offers 12 concrete steps to guide providers in developing excellent recruitment, selection and retention practices—the three key elements necessary to manage long-term care organizations successfully. The 12 steps that frame this workbook, developed by PHI, are based on the principle of "quality care through quality jobs."

Typically, many providers frame the turnover cycle as a "recruitment" problem. **Steps 1 through 4** address recruitment and selection strategies. Following the checklists and using information in the resources and attachments will help organizations enrich their recruitment processes. They will be able to clarify the qualities of their ideal worker, determine how to attract those ideal workers and ensure that their screening processes help them select quality caregivers.

While recruitment and selection are critical to building a culture of retention, the ultimate problem is not just finding the right staff; it is also keeping the right staff. **Steps 5 through 12** focus on creating a workplace culture of retention. This means beginning with an effective orientation program and following through with a variety of initiatives that enhance relationships, skills and voice for all staff.

Additional resources from PHI supporting retention efforts include:

- Attachments (included at the back of the workbook)

- Published references, available for free download from www.phinational.org

- Best-practice reports and other materials posted at PHI's National Clearinghouse on the Direct Care Workforce, www. PHInational.org/clearinghouse

- Unpublished resources, available by contacting info@PHInational.org

How to Obtain This Tool

12 Steps to Creating a Culture of Retention: A Workbook is available at http://phinational.org/training/resources/recruitment-retention/.

Contact:

Susan Misiorski
Director of Organizational Culture Change Initiatives
PHI
Bronx, NY
(603) 487-3260
SMisiorski@PHInational.org
www.phinational.org

29

LEAP

LEAP: Learn, Empower, Achieve, Produce is a workforce development program focusing on key components that stabilize the long-term care workforce and empower staff to become partners with residents in creating a person-directed culture of care. LEAP, created by Mather LifeWays Institute on Aging, is built on the philosophy that a stable, empowered workforce is the critical element in achieving a transformed culture.

LEAP offers several different programs to aging-services providers:

LEAP 101 provides long-term care communities with the tools to begin their culture change transformation. This program focuses on three key areas that are important first steps to implementing culture change in the community: person-directed care, primary/consistent assignments and peer mentoring.

LEAP for Long-Term Care Communities (LEAP LTC) has been successful in increasing retention of nursing home staff, building leadership and communication among CNAs and their supervisors, and improving the quality of life and satisfaction among residents and families. The program consists of two modules. Module 1 trains nurse managers and charge nurses in leadership, role modeling and team-building skills, as well as clinical gerontological skills. Module 2 trains CNAs in person-centered care, communication skills, team building, mentoring and career building. Current research findings on aging-services providers that have participated in LEAP LTC show a 48 percent reduction in voluntary terminations, a 62 percent reduction in involuntary terminations, a 35 percent reduction in nursing staff vacancies and a 33 percent decrease in health deficiencies (**Hollinger-Smith 2008, unpublished**).

LEAP LTC has received the following awards:

- 2004 Award for Excellence in Clinical Practice from the American Association of Homes and Services for the Aging
- 2004 Healthcare and Aging Award from Pfizer Medical Humanities Initiative and the American Society on Aging
- 2003 Extendicare Foundation Award for Innovations in Retention and Promotion of Nursing Assistants in Long-Term Care

LEAP for Senior Living builds on the principles of person-directed care as they relate to assisted living, independent living and continuing care retirement communities. Its unique interdisciplinary approach focuses on cultural/ethnic diversity among staff members and residents, plus strategies for effective communication, team building and understanding normal aging issues. When the community is operating as a whole integrated system, job satisfaction and staff retention increase, resulting in greater resident and family satisfaction.

For More Information
About the LEAP family of programs, visit www.matherlifeways.com/leap.

Contact:
Jayne Schaefer
Workforce Programs Manager
Mather LifeWays Institute on Aging
Evanston, IL
(847) 492 6774
jschaefer@matherlifeways.com
www.matherlifeways.com

Coaching Supervision: Introductory Skills for Supervisors in Home and Residential Care

Coaching Supervision: Introductory Skills, developed by PHI, is a training program that builds the coaching skills of supervisors of direct care workers who provide care in home and residential settings. The training introduces supervisors to a new model of supervision based on relationship-building and communication skills. With these skills, supervisors can help workers solve problems more effectively and improve work performance.

The training is divided into seven modules, designed to be taught over two days. In the training, supervisors explore four key skills:

- Active listening: Focused listening, paraphrasing and asking open-ended questions to understand a problem from the worker's perspective

- Self-management: Pulling back from emotional responses that can get in the way of listening

- Self-awareness: Being conscious of one's own perspective as one of many

- Presenting the problem: Without judgment, holding workers accountable for job performance

The curriculum is based on adult-learning principles and includes examples of real-life situations, role-plays, small-group work and interactive presentations. The curriculum includes learning objectives, activities, questions for discussion, all necessary handouts and is available for either home care or nursing home settings.

This training program has been accredited by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association.

For More Information
About PHI's Coaching Supervision program, visit http://phinational.org/training/our-services/coaching-supervision/.

Contact:
Makeeda Womack
Program Manager
Center for Coaching Supervision and Leadership
PHI
Philadelphia, PA
(917) 547-0368
MWomack@PHInational.org
www.phinational.org

31

Pathways to Leadership

Pathways to Leadership is a research-based, peer-mentoring education program designed to improve the management, leadership and communication skills of nursing home charge nurses, including licensed practical nurses and registered nurses. Administered by the Foundation for Long Term Care with funding from the New York State Department of Health Dementia Program and the Fan Fox and Leslie R. Samuels Foundation, the program is designed to:

- Improve the management, leadership and communication skills of long-term care charge nurses, especially as they relate to dementia

- Teach positive skills related to managing a long-term care unit

- Improve the retention rates of charge nurses

- Create a caring community of staff and residents on each unit

The program can be implemented in one of two ways:

- **Model 1** (mentoring program for new charge nurses) – selecting the best charge nurses and training them to mentor newly hired charge nurses

- **Model 2** (mentoring program with existing charge nurses) – selecting two experienced nurses, who have participated in the training, to mentor each other (**Hegeman et al. 2007**)

The program consists of three elements: (1) three-and-a-half hour formal and mandatory administrative and coordinator training, (2) an initial two-day train-the-trainer training in peer mentoring and (3) booster sessions to reinforce content with special emphasis on

coaching supervision and applying learned skills to the care of residents with dementia.

The two-day training covers:

- Peer-mentoring skills

- Leadership skills

- Communication skills

- Management skills, including conflict management, handling criticism, time management and delegation

- Dementia knowledge

- The importance of compassion

- Problem solving

Retention rates of new charge nurses and existing charge nurses who participated in the program were tracked prior to mentoring and at three, six and nine months after the mentor training. On average, the nursing homes saw a 15-percentage-point increase in the retention rates, (Information accessed online at Complimentary Train-the-Trainer Program: "Pathways to Leadership," Foundation for Long Term Care, www.nyahsa.org/foundation/swf_doc_host.cfm?rrp=/foundation/n00003225.swf)

Contact:

Carol R. Hegeman
Director of Research
Foundation for Long Term Care (FLTC)
Albany, NY
(518) 449-7873
chegeman@NYAHSA.org
www.nyahsa.org/foundation/

LVN LEAD (Leadership Enrichment and Development)

LVN LEAD is a leadership training program designed to help licensed vocational nurses (LVNs) be more effective leaders and supervisors of frontline care workers. The Institute for the Future of Aging Services (IFAS) developed, piloted and evaluated this program with Aging Services of California and the University of Wisconsin, Madison School of Nursing.

LVN LEAD is intended to help LVNs become better prepared to fill their roles and responsibilities as charge nurses and team leaders, and provide what is usually missing from their formal and continuing education. The program was based upon current research, as well as input from focus groups with LVNs and direct care workers and interviews with nursing facility administrators and interested stakeholders. The training provides LVNs with new skills and competencies in supervision, communication, critical thinking, problem solving, coaching and conflict resolution. It includes culturally competent methods of supervising a diverse workforce.

IFAS is in the process of creating an online version of the training.

Contact:
Alisha Sanders
Sr. Policy Research Associate
Institute for the Future of Aging Services (IFAS)
AAHSA
Washington, DC
(202) 508-1211
asanders@aahsa.org
www.futureofaging.org

33

D. Comprehensive Training

The training programs listed below are examples of workforce initiatives and training programs for direct care workers that have shown improvements in retention. Some focus on specific topics such as dementia and palliative care. Others include a more comprehensive approach and include other workforce initiatives and components, such as teamwork and building relationships between direct care workers and supervisors.

The Wellspring Program

Wellspring is a quality improvement model created in Wisconsin by an alliance of 11 nonprofit nursing homes. LifeSpan Network, a mid-Atlantic senior provider association and AAHSA state association, now manages Wellspring. The model offers education, guidance and tools to assist nursing homes in implementing culture change. The primary focus of the program is to strengthen clinical and managerial skills of staff, empower residents and frontline staff, and create a high quality of life for residents.

On its Web site, the Wellspring program states its core principles:

- Care decisions need to take place at the level closest to the resident.
- All staff need a knowledge base to equip them to participate in decision making.
- An empowered workforce increases resident and employee satisfaction and reduces staff turnover.

Key elements of the Wellspring alliance model include:

- An **alliance** of eight to 12 nursing homes in the same geographic area committed to participating in the program and working together
- **Clinical education modules** of the best practices and new developments in clinical practice in eight quality areas: physical assessment, elimination/continence, behavior management, skin care, accident prevention/restraint reduction, restorative care, nutrition and coaching/mentoring
- **Culture transformation educational modules** equipping staff to create a home-like environment and engage and empower residents
- A **nurse consultant**, with extensive long-term care experience and who is shared by alliance members, develops training materials and teaches staff how to apply nationally recognized clinical guidelines
- **Care resource teams** that are interdisciplinary self-directing, non-hierarchical teams that receive training in a specific area of care and are responsible for teaching other staff at their respective facilities
- **Wellspring coordinator** – a registered nurse who links all the elements of the program together, involves all departments within a nursing home, and networks among staff across homes to share what works and what does not on a practical level
- **Empowerment of all nursing home staff** to make decisions affecting the quality of resident care and the work environment
- **Continuous reviews**, by CEOs and all staff, of performance data on resident outcomes and environmental factors relative to other nursing homes in the Wellspring alliance (**Stone et al. 2002; Reinhard and Stone 2001**)

In addition, Wellspring offers customized education and consultation to individual nursing homes that want to launch a culture change initiative.

A 2002 evaluation showed that the retention rates for all nursing staff (registered nurses, licensed practical nurses and CNAs) went up from 70 to 76 percent among Wellspring homes. Among non-Wellspring homes, retention rates fell from 74 to 68 percent (**Stone et al. 2002**).

For More Information

About the Wellspring program, visit www. lifespan-network.org/beacon_wellspring.asp.

Contact:

Charlotte Eliopoulos
Wellspring Program Director
The Beacon Institute
LifeSpan Network
Columbia, MD
(410) 381-1176, ext. 229
charlotte@healthed.net
www.WellspringProgram.org

35

WIN A STEP UP is a workforce intervention program proven to upgrade the skills of nursing assistants in nursing homes, increase their career commitment and job satisfaction, and provide rewards and recognition to participants. WIN A STEP UP developed as a partnership between the North Carolina Division of Health Service Regulation and the University of North Carolina Institute on Aging.

WIN A STEP UP is based on three principles:

- **Education:** Education is essential for quality service in long-term care and builds competence and self-esteem in the workforce.

- **Compensation:** Real concern about direct care workers must be reflected in their paychecks and benefits.

- **Commitment:** All parties who receive benefits from the program should formally agree to contribute to it and be held accountable for performance.

In WIN A STEP UP, nursing assistants complete a 36-hour curriculum covering clinical and interpersonal topics, such as infection control, being part of a team and dementia care. A core feature of the program is that it requires commitment from the nursing assistant, the nursing home and the program staff. The nursing assistant agrees to attend the classes and remain employed at the facility for an agreed upon amount of time. The facility agrees to commit staff time to completing the program and to distribute a retention bonus or wage increase to nursing assistants upon completion.

The program provides the curriculum, the educational incentives to nursing assistants per class and a $75 retention bonus to participants who complete the program. It also includes supplementary training for nursing assistant supervisors in active-listening and problem-solving skills, as well as how to foster an environment of mutual respect.

Dill et al. studied the impact of WIN A STEP UP on direct care staff turnover rates (**Dill, Morgan and Konrad 2009**). By analyzing the data from 2002 to 2006, the authors found the nursing homes participating in the program were 15 percent more likely to have below-average turnover than non-participating homes.

Morgan and Konrad reported improved teamwork between nurses and nursing assistants, improved nursing care, and more satisfaction with career and financial rewards. The program was most successful when it was paired with PHI's two-day coaching supervision training for nurse supervisors (**Morgan and Konrad 2008**). In Morgan et al., the researchers identified several factors that influenced the translation of learning into practice—use of adult-learning principles, role-plays and on-the-floor exercises, clearly written modules, the training taking place at the employees' workplace and on the organizations' time, and management buy-in and support (**Morgan et al. 2007**).

In 2004, the U.S. Department of Health and Human Services identified WIN A STEP UP as one of three programs nationwide proven to be effective in reducing nursing aide turnover. In 2007, WIN A STEP UP was selected as one of two finalists for the Rosalynn Carter Caregiving award.

For More Information

About WIN A STEP UP, visit www.winastepup.org/.

About the WIN A STEP UP evaluation, visit http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/71.

Contact:

Jennifer Craft Morgan
Associate Director for Research
Institute on Aging
University of North Carolina
Chapel Hill, NC
(919) 966-0225
craft@email.unc.edu
www.winastepup.org/

Competence with Compassion™
A Universal Core Curriculum for Direct Care Workers in Long-Term Care

Competence with Compassion is a 60-hour universal core curriculum training created and tested by the BJBC Pennsylvania demonstration project. The training is geared toward helping new non-certified direct care workers across all long-term care settings learn the person-centered, relationship-building and direct-care skills that result in better care and a better job. It was created in response to what direct care workers said they needed to provide better care.

The curriculum is divided into six modules, each focused on a different type of consumer and long-term care setting. Each module begins with a consumer telling his or her life story and explaining why he or she needs assistance. The training is based on adult-learning principles with students learning through role-plays, small groups and demonstrations of the skills they have learned. Two Pennsylvania area agencies on aging have endorsed the training for new workers. The training package includes an instructor manual, participant-training book, slides and handouts.

How to Obtain This Tool

Competence with Compassion is available for sale from CARIE (Center for Advocacy for the Rights and Interests of the Elderly) at http://carie.verveinternet.com/store.

Cost:

Training package, including printed format and CD – $225

Training package, printed copy only – $175

Training package, CD format only – $150

Contact:

Diane Menio
Executive Director
CARIE
Philadelphia, PA
(215) 545-5728
menio@carie.org
www.carie.org

Providing Personal Care Services to Elders and People with Disabilities

Providing Personal Care Services to Elders and People with Disabilities is an adult learner-centered, competency-based curriculum for personal care workers. The Personal Care Services curriculum, developed by PHI, is designed to meet three major goals:

- To help participants develop the core competencies needed to provide person-directed personal care in a range of long-term care settings

- To introduce potential workers to the different long-term care settings

- To lay the foundation for further training as nurse assistants and/or home health aides

The curriculum is divided into 20 three-and-a-half-hour modules and one seven-hour module, for a total training time of 77 hours. **Modules 1 and 2** are an orientation to the work of personal care workers and to key concepts of direct care. The modules also include an introduction to the various settings of direct care work: home care, assisted living, personal care homes, adult day services and nursing homes.

Modules 3 through 8 address the knowledge, attitudes and skills essential in all settings. These include infection control, body mechanics, body systems and common diseases, working with elders, respecting differences and communication skills. **Modules 9 through 19** show how to apply these foundational areas of knowledge, attitudes and skills when working with individual consumers using a person-directed approach to providing care. Participants learn how to assist with activities of daily living (ADLs) for various types of consumers—both elders and independent adults with physical disabilities—through case scenarios and role-plays that focus on

consumer profiles in the range of long-term care settings.

Modules 20 and 21 wrap up the training by considering issues affecting consumers and workers across the range of work settings. These issues include mental illness or developmental disability, abuse and neglect, consumers' and workers' rights, the importance of work-life balance, time management and stress management.

The Personal Care Services curriculum can be used in two ways. As a stand-alone curriculum, it can train workers who provide personal care services in people's homes or in assisted living or other residential facilities. It also can serve as a first level of training to prepare workers for jobs in nursing facilities and home health care agencies.

Contact:
Jill Tabbutt-Henry
Curriculum Manager
PHI
Bronx, NY
(207) 878-9661
JTabbutt@PHInational.org
www.phinational.org

CareWell: Training Compassionate and Skilled Caregivers

CareWell is a 40-hour training program for direct care workers who work in home health and adult day and residential care. It was developed by the BJBC Vermont demonstration project and was based on the research of best practices nationally. Provided in eight classes, the training program focus is on four main topics: providing care, developing caregivers, providing safety and building relationships.

The program integrates these topics in a skill-based, highly interactive format. Throughout the curriculum, technical skills, such as body mechanics and infection control, are taught alongside communications skills and setting boundaries. Homemaking and personal care skills are interwoven with cultural diversity and time management. Skills checklists completed in class and worksheets completed at home provide the assessment of skills that are based on clearly defined performance outcomes. CareWell's comprehensive approach helps build self-esteem and confidence for both new and experienced caregivers.

CareWell is facilitated using adult-learning theory. Each class is grounded in real-life case scenarios with interactive activities, practice in a learning lab and work done at home. Professional instructors with experience in physical therapy, RN certification and direct care staff training can facilitate this training program. The CareWell curriculum materials include a participant manual with materials and support information for each class, participant portfolio outcome verification, and worksheets to indicate proficiency of skills and grasp of materials covered during the training. A facilitator's manual includes an introduction to CareWell, the curriculum, principles and course flow, facilitator planning charts for each class and PowerPoint slides with detailed notes for each class.

The program can serve as a curriculum for both new and experienced direct care staff. The materials can be integrated into orientation and ongoing training, as well as workforce development initiatives. The training program is a resource that can inform professionals and organizations about effective, best-practice approaches to practical direct care staff training.

How to Obtain This Tool
CareWell is available at www.bjbc.org.

Contact:
Dolly Fleming
Executive Director
Community of Vermont Elders
Montpelier, VT
(802) 229-4731
dolly@vermontelders.org
www.vermontelders.org

Beyond Basics in Dementia Care

Beyond Basics in Dementia Care is a specialized training to help direct care providers develop effective strategies and new skills in providing care for people with dementia. It was developed by the BJBC Vermont demonstration project with input from recognized Vermont trainers in dementia care. The training is a 12-hour, three-session continuing-education course for experienced licensed nursing assistants and personal care assistants. The course covers the foundation of the nature (pathology) of dementia, managing behaviors and the environment for effective caregiving.

The training program combines lecture, interactive discussion, learning activities, question/answer periods and on-the-job application of the new skills with self-evaluation and peer feedback. The curriculum includes participant assignments, agendas, core concepts, evaluation forms and a course director handbook. It also includes information on portfolios that can be used to gather and present evidence of the participants' competency in their knowledge and clinical skills, information to present at the beginning of classes and a template certificate.

The training is geared to professional direct care workers who are currently involved in dementia care in any setting or who hope to develop expertise in dementia care.

How to Obtain This Tool

Beyond Basics in Dementia Care is available at http://www.bjbc.org/tools.asp.

Contact:

Dolly Fleming
Executive Director
Community of Vermont Elders
Montpelier, VT
(802) 229-4731
dolly@vermontelders.org
www.vermontelders.org

41

Beyond Basics in Palliative Care

Beyond Basics in Palliative Care is designed to give direct care providers specialized training in understanding the challenges of palliative care and the strategies for improving care for people with chronic and life-threatening illnesses. The training was developed by the BJBC Vermont demonstration project and incorporates materials from many sources, but especially from the Hospice and Palliative Care Nurses' Association and the Vermont Ethics Network. It is a 12-hour, three-session continuing-education course for experienced licensed nursing assistants and personal care attendants. The course covers issues related to the care of people with chronic illness, pain/symptom management, communicating with the resident/client and family, and providing comfort care at the end of life.

The training program combines lecture, interactive discussion, learning activities, question/answer periods and on-the-job application of the new skills with self-evaluation and peer feedback. The curriculum includes participant assignments, curriculum outline, evaluation forms and a course director handbook. It also includes information on portfolios that can be used to gather and present evidence of the participants' competency in their knowledge and clinical skills, information to present at the beginning of classes and a template certificate.

The intended audiences for this curriculum are direct care providers currently involved in palliative care in any setting, caregivers seeking to develop expertise in palliative care, and direct care providers who want more training to understand the issues and upgrade their professional skills.

How to Obtain This Tool
Beyond Basics in Palliative Care is available at http://www.bjbc.org/tools.asp.

Contact:
Dolly Fleming
Executive Director
Community of Vermont Elders
Montpelier, VT
(802) 229-4731
dolly@vermontelders.org
www.vermontelders.org

Geriatric Resource Specialist Program

The Geriatric Resource Specialist Program is an 80-hour training program that teaches leadership and clinical knowledge and skills to interdisciplinary teams of both licensed and unlicensed staff to improve their care of residents/clients. The program was developed and is offered by the Central Plains Geriatric Education Center, housed at the Landon Center on Aging, University of Kansas Medical Center.

The participants are required to take a set of core courses and a defined number of elective courses, which use adult-learning principles, to obtain the continuing-education credits and the program certificate. The core courses, usually held over six days, include leadership, mentoring and interpersonal skills, as well as clinical knowledge and skills. Participants are required to take 20 hours of elective courses ranging from oral and eye diseases and conditions, fall prevention, dementia and health literacy. Both core and elective courses are based on evidence-based care and practices.

Each team identifies an aspect of care that needs improvement and then develops and presents recommendations for changing this care practice.

Contact:
Linda Redford
Kansas University Medical Center
Landon Center on Aging
Kansas City, KS
(913) 588-1636
lredford@kumc.edu

43

E. Career Advancement Opportunities

Peer Mentoring

Growing Strong Roots

Growing Strong Roots is a peer-mentoring program for new CNAs working in nursing homes. Developed by the Foundation for Long Term Care (FLTC), the program was implemented across 31 diverse nursing homes in New York state. The goals of the program are to:

- Improve retention of new CNAs by improving orientation processes that reflect the facility's values

- Improve the quality of care by teaching the value of caring and reinforcing skills and behaviors (**Hegeman et al. 2007**)

Each facility participating in the program has a project coordinator to oversee the planning and implementation of the mentor program. The project coordinator and the administrator are required to attend a three-hour orientation.

Supervisor orientation: Supervisors attend a one-hour orientation, intended to build understanding and support for the project and to ensure that supervisors do not see the program as diminishing their authority.

Mentor selection: Each facility designs its own mentor-selection process, although FLTC recommends using a transparent process. FLTC also recommends involving the union, if the facility has one, and establishing a formal reward system for mentors.

Peer-mentoring training: The peer-mentoring training is in a train-the-trainer format, consisting mostly of interactive exercises, role-plays and case studies (**Hegeman 2005**). Mentors are taught to:

- Identify the roles of the mentor (role model, social support, tutor and peer resource)

- Describe how a positive attitude sets the tone for the social and professional integration of mentees into the facility

- Demonstrate the use of effective communication skills, including listening skills, communication blockers and enablers, and conflict management

- Describe ways to use leadership skills to recognize and manage potential conflicts and solve problems

- Recognize situations in which information or guidance is needed from other sources and be able to access those resources

- Use mentoring skills in simulated mentor-mentee sessions

Mentor-mentee relationship: Mentoring is intended to supplement, not replace or duplicate, the usual training of new CNAs. Each mentor and mentee pair, who work together on the same shift and unit, have an active relationship for four or more weeks, with the greatest intensity in the beginning of the relationship. The mentor is a role model, social support, tutor and peer resource for the mentee. Mentors model correct clinical skills, positive attitudes and time management.

Mentors receive additional pay for time spent as mentors. Some facilities also provide non-cash incentives, such as an extra week of paid vacation or not having to work on weekends when mentoring.

44

Mentor booster session: Three separate three-hour sessions review the skills introduced in the training program and encourage participants to share challenges and successes in mentoring, as well as to suggest solutions to challenges.

Two studies on Growing Strong Roots have documented that nursing homes implementing the program improved the retention rates of their new CNAs. In the first study, the CNA retention rates increased from 51 to 70 percent during a three-month period. The second study was conducted over a two-year period and measured retention rates at three-month and six-month intervals. At three months, the average retention rates increased from 66 to 77 percent. At six months, the average retention rates increased from 47 to 64 percent (**Hegeman et al. 2007**).

Contact:

Carol R. Hegeman
Director of Research
Foundation for Long Term Care (FLTC)
Albany, NY
(518) 449-7873
chegeman@NYAHSA.org
www.nyahsa.org/foundation/

45

Peer Mentoring: A Workshop Series for Direct Care Workers in Home and Residential Settings

The peer mentoring workshop series is intended to prepare experienced direct care workers in home and residential settings to become peer mentors. It was developed by PHI in cooperation with Cooperative Home Care Associates and CNR Nursing System, both in New York City, and Home Care Associates of Philadelphia. The curriculum focuses on developing self-awareness and interpersonal skills rather than clinical, task-related or teaching skills. The series focuses on three skill areas: leadership, communication and problem solving for direct care workers. Eight modules prepare mentors to:

- Model good caregiving skills
- Model effective communication and problem-solving skills
- Support the mentee to build confidence in his or her abilities
- Give mentees constructive feedback
- Provide mentees with current information about job responsibilities and the workplace

The curriculum is interactive, learner-focused and based on adult-learning principles. The teaching methods include case studies, role-plays, small-group work and interactive presentation. The facilitator's guide includes module goals, learning outcomes, step-by-step activity guides and all necessary handouts. The curriculum can be taught through community college nursing aide programs, advanced training institutes or employer-based in-service programs. The modular format makes the program easily adaptable to fit the needs of many organizations.

The peer mentoring workshop series has been accredited by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association.

For More Information

About the peer mentoring program, visit: http://phinational.org/training/resources/peer-mentoring/.

Contact:

Peggy Powell
Director of Workforce Strategies
PHI
Bronx, NY
(718) 402-7463
PPowell@PHInational.org
www.phinational.org

Career Ladders and Lattices

Employee PRIDE Program

The Employee PRIDE (Provide Respect, Incentives, Career Development and Education) program was developed by NewCourtland Elder Services, an organization providing long-term care, community services and affordable senior housing in Philadelphia. Employee PRIDE is based on the premise that better training and more advancement opportunities for staff will lead to better care. The program offers scholarship and tuition assistance to meet these goals.

The Ladder of Opportunity is the cornerstone of the program, whereby any employee can advance in the nursing field. A career ladder provides training for a CNA to become a CNA II and a CNA specialist.

All CNAs who have been with NewCourtland for one year, have had no disciplinary action taken against them and have completed the CNA training program automatically become CNA IIs. The next step of the ladder, a CNA specialist, involves submitting an application, a brief essay and references from a supervisor and the director of nursing. Once accepted, the CNA has three months of classroom and clinical experiences in nutrition, wound prevention, skin care and restorative care. Once these requirements are completed, the employee becomes a CNA specialist and receives a raise of $1 an hour. Job duties remain essentially the same, but CNA specialists take on some additional tasks, such as documentation follow-up. They also may sit on facility committees addressing matters such as wounds and falls. Others may serve on the Peer Review Committee, acting as preceptors for new CNAs and helping them during orientation. (Information accessed online, July

30 from National Clearinghouse on the Direct Care Workforce, www.directcareclearinghouse. org/practices/r_pp_det.jsp?res_id=52810.)

The program also offers scholarships, tuition reimbursement and stipends for employees to further their education to become licensed practical nurses or registered nurses. They can obtain bachelor or master of science degrees in nursing.

Contact:
Kathie Brogan
Chief Nursing Officer and VP of Education
NewCourtland Elder Services
Philadelphia, PA
(215) 965-1915
kbrogan@NewCourtland.org

47

Geriatric Nursing Assistant Specialist (GNAS)

The Geriatric Nursing Assistant Specialist training program was developed by Genesis HealthCare for their CNAs working in their skilled nursing and assisted living settings. The training provides a career ladder for CNAs and is an effective retention tool.

The objectives of the program are to:

- Give CNAs an opportunity to expand their skills and uses them in creative ways

- Provide CNAs with a career ladder that includes a pay increase

- Demonstrate that CNAs can have an important impact on the management and delivery of care

- Increase all staff's respect and understanding of the CNA role

- Increase CNA motivation and retention

A CNA is eligible to apply to the program when he or she has met the following criteria: six months tenure, above-average performance evaluations, a positive attitude. Interested candidates need to write a one-page essay to apply.

Once selected, CNAs participate in 100-108 hours or training, through the following six training modules:

- Introduction to communication: Includes active listening, verbal and non-verbal communication, conflict resolution, and customer service.

- Anatomy and physiology: Emphasizes the changes associated with aging. Participants learn to communicate with other professionals using technical language.

- Cognition, death and dying: Teaches signs and symptoms of dementia, techniques

for dealing with difficult behaviors, stages of grief, detection of vital signs that signal impending death, and counseling family members of dying patients.

- Common disorders of the elderly: Covers signs and symptoms of Parkinson's disease, diabetes, dementia and congestive heart failure.

- Care process minimum data set (MDS), therapeutic recreation, and rehab skills: Covers rehabilitation techniques and documentation.

- Advanced communication: Teaches how to serve as role models and mentors and to participate in the CNA interview process.

CNAs who complete the first three modules receive a 50-cent increase in their hourly pay. When they have completed all six modules, their pay is increased $1.25 per hour and they receive the designation of GNAS.

These specialists' new responsibilities can include overseeing the orientation program mentoring entry-level nursing assistants, serving as a CNA liaison on the performance improvement committee, monitoring CNA tasks during daily quality rounds or greeting new families and residents.

The program has increased CNA retention and shown to be cost effective.

Contact:

Marian Edmiston
Director, Nursing Education
and Practice
Genesis HealthCare
Kennett Square, PA
(610) 925-4060
marian.edmiston@genesishcc.com

Registered Apprenticeship Programs

The Council of Adult and Experiential Learning (CAEL) and PHI, with funding from the Office of Apprenticeship in the U.S. Department of Labor (DOL), created the following career lattice programs for direct care workers, which DOL certifies as registered apprenticeship programs.

Nurse Career Lattice Program

CAEL created a nurse career lattice program to increase the number of CNAs, licensed practical nurses and registered nurses working in acute and long-term care. The program was piloted in nine states and was developed through partnerships with employers, local workforce investment boards, colleges and DOL Apprenticeship offices. Persons entering the program learn through clinical and didactic training both in the classroom and on the job. Participants can become CNAs, if they are not already, and then move laterally by becoming mentors, medication aides or specialists in geriatrics, restorative care or dementia. CNAs also can choose to become LPNs through a series of courses at educational institutions or online. LPNs can continue their training, and those who wish, can become RNs. The program has increased retention, reduced recruitment costs and decreased worker shortages (**CAEL 2005 and 2008, as cited in IOM 2008**).

CAEL has developed a toolkit, How Career Lattices Help Solve Nursing and Other Workforce Shortages in Healthcare, to assist governments, health care employers and others to create their own career lattice programs. The toolkit includes the model components, lessons learned from the pilots and steps for creating a program.

For More Information

About the nurse career ladder program and for access to the toolkit, visit www.cael.org/healthcare.htm.

Contact:

Phyllis Snyder
Vice President
CAEL
Philadelphia, PA
(215) 731-0191
psnyder@cael.org
www.cael.org

Home Health Aide Registered Apprenticeship Program

PHI developed the Home Health Aide (HHA) Registered Apprenticeship Program with support from a U.S. Department of Labor grant.

The HHA curriculum is competency-based and allows apprentices to gain basic skills and advance in specialty areas, such as hospice, palliative care, geriatrics, disabilities, mental illness, dementia and mentoring. Apprentices are expected to demonstrate competence in basic home care skills and in at least two specialties. Apprentices receive interim credentials and pay raises as they complete parts of the program. Experienced home health aides serve as peer mentors and support entry-level apprentices.

Five home health agencies in Pennsylvania, Indiana and Michigan have implemented the HHA program as pilots. PHI provides support to the sites, including program design, recruitment strategies and tools, an on-the-job peer-monitoring program, training and competency assessment, outcome measurement and fund-raising help. Goals for the traditional apprenticeship program include improving retention, increasing job satisfaction, improving customer satisfaction and enhancing the collaboration with the public workforce system. All five agencies continue to enroll and train new apprentices and advance those still enrolled in the program.

Contacts:

Hollis Turnham
Midwest Regional Directors
PHI
Lansing, MI
(517) 327-0331
HTurnham@PHInational.org
www.phinational.org

Maureen Sheahan
Michigan Training & Organizational Development Specialist
PHI
Lansing, MI
(248) 376-5701
MSheahan@PHInational.org
www.phinational.org

50

F. The Importance of Cultural Competence

Cultural Competence

Getting Ready: Focusing on Cultural Competence in Long-Term Care Organizations

Getting Ready is a resource to assist long-term care providers in addressing the cultural competence issues in their organization. It was developed by Victoria Parker and associates at Boston University under the BJBC grant program. Based on the results of a cultural competence research study, the guide includes:

- The lessons learned from an assessment of the cultural competence issues faced by 10 nursing homes and the subsequent interventions designed to help the homes address these issues

- Discussions on what diversity, culture and culture competence mean and how these factors can influence the experience of residents/clients and those who care for them

- The importance of assessing staff's attitudes, behaviors and policies towards diversity and their readiness to change

- A resource directory listing consulting firms, training and assessment tools, and organizations that can help

Long-term care organizations can use this resource to guide them in the process of assessing their staff's concerns, attitudes, perceptions and behaviors around cultural-competency issues between staff, between staff and managers, and between staff and residents.

How to Obtain This Tool

Getting Ready is available at www.bjbc.org/content/docs/GettingReady.pdf.

Contact:

Victoria Parker
School of Public Health
Boston University
Boston, MA
(617) 414-1394
vaparker@bu.edu

51

Creating Solutions: Handling Culturally Complex Situations in a Long-Term Care Setting

Creating Solutions is a training guide that assists nursing home staff in discussing culturally complex situations that may arise in a facility. Developed by Victoria Parker and associates at Boston University under the BJBC grant program, the guide contains multiple case studies, discussion questions, and handouts for use in both orientation and in-service trainings.

The objectives of the guide are to:

- Increase awareness of cultural issues at the workplace

- Increase communication about issues that arise due to cultural differences

- Build a support network for direct care workers

- Increase supervisor and management understanding of direct care workers' experiences in dealing with cultural differences

- Provide direct care workers with possible strategies to use in the face of these difficult situations

The guide is organized into two sections. The first section, designed to be used during orientation, includes case studies, small-group discussions, role-plays and strategies that can be used in similar situations. The second section is designed to be used during an in-service, but also can be used during an orientation, if time allows. This section uses the BJBC video, Stand Up and Tell Them: Views from the Frontline in Long-Term Care, and the accompanying discussion guide as part of the training. It includes a case study, small-group discussions and strategies workers can use when facing similar situations.

Contact:
Ryann Engle
Center for Organization, Leadership & Management Research
School of Public Health
Boston University
Boston, MA
(857) 364-2621
rlengle@bu.edu

52

V.
Additional Tools and Resources

A. Clearinghouses

National Clearinghouse on the Direct Care Workforce

The National Clearinghouse is a national online library that provides information on the direct care workforce, including retention strategies and programs. Initially developed by PHI and the Institute for the Future of Aging Services, with funding from the U.S. Department of Health and Human Services, the clearinghouse includes government and research reports, news, issue briefs, fact sheets, training manuals and how-to guides.

The best practices database offers profiles of programs implemented by providers, educators, workers and community organizations. The database topics include best practices on wages and benefits, workplace culture and empowerment, recruitment and retention, education and training, supervision, career advancement and care practices.

In addition, the Clearinghouse publishes original research and analysis, including fact sheets, state-specific information, an annual survey of state initiatives on the direct care workforce, a list of direct care worker associations and Quality Care/Quality Jobs, a free weekly online newsletter.

For More Information
About the National Clearinghouse, visit www.directcareclearinghouse.org/index.jsp.

Contact:
Hadas Thier
Web Content Manager
PHI
Bronx, NY
(718) 928-2071
HThier@PHInational.org
www.directcareclearinghouse.org

53

National Direct Service Workforce Resource Center

The National Direct Service Workforce Resource Center provides information and resources that support efforts to improve recruitment and retention of direct service workers who help older adults and people with disabilities live independently and with dignity. These workers include direct support professionals, personal care attendants, personal assistance providers, home care aides, home health aides and others.

The Center's resources include a Web-based clearinghouse, technical experts and training tools that cover the full range of direct service populations. The database has information, resources, policy research and other materials on a variety of topics, such as recruitment, retention, training, supervision and consumer direction, from leading organizations in the field of direct service workforce policy. The technical experts include The Lewin Group, PHI, the Institute for the Future of Aging Services, the University of Minnesota's Research and Training Center on Community Living, the Westchester Consulting Group and the Annapolis Coalition on the Behavioral Health Workforce.

The DSW Resource Center is funded and supported by the Centers for Medicare & Medicaid Services under the U.S. Department for Health and Human Services.

For More Information
About the National Direct Service Workforce Resource Center, visit www.dswresourcecenter.org/.

Better Jobs Better Care

Better Jobs Better Care (BJBC) was the largest national initiative dedicated to improving workforce quality and reducing high vacancy and turnover rates among direct care staff across the spectrum of long-term care settings. The four-year, $15.5 million research and demonstration program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies, provided grants for five state demonstration and eight applied research and evaluation projects.

The state demonstration grants, awarded to Iowa, North Carolina, Oregon, Pennsylvania and Vermont, created statewide coalitions comprised of key long-term care stakeholders, including providers, workers and consumers. The coalitions worked with state and local officials to develop and implement policy changes and provider practice interventions at the state or regional level. Grantees addressed a broad range of long-term care, health care, labor, education policy and practice issues that affect the quality of the direct care worker's job.

Applied research and evaluation grants were intended to generate practical, empirically-based knowledge about the strategies and practices that work best to attract and retain a high-quality direct care workforce. The grantees provided findings on potential pools of new workers, the training that direct care workers and their supervisors want and need, the importance of supervisors, the effect management practices have on job satisfaction, and the impact competitive wages, benefits and career opportunities have on attracting and retaining workers.

BJBC has developed a series of tools and resources that provide the key research findings and lessons learned from the program. These include:

[A Crisis With a Solution: Tools and Resources for Transforming the Long-Term Care Workforce](#)
A catalogue highlighting the tools and resources develop by the BJBC grantees. It includes dementia and palliative care trainings, occupational profiles for entry-level and advanced frontline staff, and an online manual of evidence-based retention strategies.

[A Crisis With a Solution: Transforming the Long-Term Care Workforce, video](#)
A video featuring Robyn Stone, PhD, executive director of IFAS and co-creator of BJBC, sharing real stories from providers who used the lessons learned from BJBC to empower their employees and transform their work with older adults.

[Solutions You Can Use: Transforming the Long-Term Care Workforce](#)
A report outlining key BJBC research findings and what they mean to long-term care providers. Findings include information on where to find new pools of direct care workers, what interventions improve staff retention and how to develop cultural competence in your organization.

Better Jobs Better Care: New Research on the Long-Term Care Workforce
A special issue of The Gerontologist presents BJBC's research findings and Pennsylvania State University's evaluation of the demonstration projects. http://gerontologist.gerontologyjournals.org/content/vol48/suppl_1/.

55

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).

For More Information
About BJBC, visit www.bjbc.org.

Contact:
Natasha Bryant
Sr. Research Associate
IFAS
AAHSA
Washington, DC
(202) 508-1214
nbryant@aahsa.org
www.bjbc.org
www.futureofaging.org

B. Recruitment

Occupational Profile for Entry-Level Direct Care Workers Across Aging Services

The BJBC Oregon demonstration project developed the occupational profile for uncertified and unlicensed entry-level direct care workers. It includes a comprehensive task list, skills definitions and skill levels for entry-level direct care workers across the aging-services continuum of community-based care, including home care, residential care and assisted living. The profile creates a common language around the knowledge, tasks, generic or foundation skills, and the proficiency levels needed for those skills required by entry-level direct care workers. A person-centered/directed-care philosophy statement also is included.

Long-term care providers can use the occupational profile to guide them in recruiting, hiring and training entry-level direct care workers who are not certified or licensed. They also can use the profile to develop job descriptions, interview questions and evaluation criteria for job performance and training. Job developers and policy makers can use the profile to create programs supporting job seekers, job changers, employers and incumbent workers in all care settings, including community-based care.

How to Obtain This Tool

The occupational profile is available at http://www.bjbc.org/tools.asp.

Contact:

Suanne Jackson
Project Coordinator
Jobs to Careers Grant
Portland Community College
Beaverton, OR
503-533-2778/cell 503-333-8741
sjackson@pcc.edu

57

Occupational Profile for Advanced Direct Care Workers Across Aging Services

The BJBC Oregon demonstration project developed the occupational profile for uncertified and unlicensed advanced direct care workers. It includes a comprehensive task list, skills definitions and skill levels for advanced direct care workers across the aging-services continuum of community-based care, including home care, residential care and assisted living. The profile creates a common language around the knowledge, tasks, generic or foundation skills, and the proficiency levels needed for those skills required of advanced direct care workers. A person centered/directed-care philosophy statement also is included.

Long-term care providers can use the occupational profile to guide them in recruiting, hiring and training advanced direct care workers who are not certified or licensed. They also can use the profile to develop job descriptions, interview questions and evaluation criteria for job performance and training. Job developers and policy makers can use the profile to create programs supporting job seekers, job changers, employers and incumbent workers in all care settings, including community-based care.

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Portland Community College
Beaverton, OR
503-533-2778/cell 503-333-8741
sjackson@pcc.edu

C. State Initiatives for Direct Care Workers

Extended Care Career Ladder Initiative (ECCLI)

The Extended Care Career Ladder Initiative (ECCLI) is a comprehensive workforce training program in Massachusetts, designed to enhance the quality and outcomes of resident/client care and to address the recruitment/retention problems of direct care workers through career ladders and other training initiatives. Nursing homes and home health agencies can apply for ECCLI funds through a competitive, multiple-round grant program. The Commonwealth Corporation, a quasi-government entity, manages ECCLI.

The career-ladder programs implemented in ECCLI typically involve creating incremental steps with associated modest wage increases. Career-ladder steps focus training on both clinical skills (e.g., nutrition, skin assessment and transferring) and soft skills (e.g., communication, mentoring and leadership). Some organizations have developed a bridge to a nursing component that prepares employees to enter a college-level nursing program. The majority of organizations rely on partner organizations (community colleges, regional employment boards and workforce investment boards) to provide training in order to access expertise appropriate to their goals. Many have partnered with other long-term care organizations for joint training activities. These partnerships expand the training capacity beyond what each organization could provide on its own and allow employees to experience a connection to the larger long-term care community.

In addition to career ladders, ECCLI funds other training and educational opportunities that reach a wider audience of employees. Frontline workers can be trained in communication skills, conflict management and teamwork. Supervisors can learn basic supervision and capacity building in order to incorporate new CNA or home health aide skills into work practices. English as a Second Language classes provide many employees with educational opportunities to improve their language skills or to prepare for college-level classes. Mentor training is often part of a career ladder in nursing homes and part of soft-skills training for home health aides. Permanent resident assignments and training on person-centered care are among the initiatives introduced to foster culture change practices.

The Institute for the Future of Aging Services and the Gerontology Institute of the University of Massachusetts conducted a qualitative evaluation of ECCLI (**Washko et al. 2007**). Their findings showed that the career ladders and soft-skills training programs provided the basis for better career opportunities for employees. The positive impact of ECCLI seemed to result from the breadth of training opportunities offered for all employees, tailored to organizations' needs. Improvements in communication, clinical skills, teamwork, respect and self-confidence, wages, retention and recruitment, organizational culture and practice change, and resident/client quality of care and quality of life were observed in most of the participating organizations.

For More Information

About ECCLI, visit www.commcorp.org/eccli/index.html.

About the ECCLI evaluation, visit www.aahsa.org/uploadedFiles/IFAS/Publications_amp;_Products/eccli_final_report(1).pdf.

Contact:

Rebekah Lashman
Senior Vice President
Commonwealth Corporation
The Schrafft Center
Boston, MA
(617) 727-8158
rlashman@commcorp.org
www.commcorp.org

North Carolina New Organizational Vision Award (NC NOVA)

NC NOVA, developed by the BJBC North Carolina demonstration project, is a voluntary, specialty state license that recognizes providers for workplace excellence through their investment in their workers and improved workplace culture.

NC NOVA standards fall under four major areas or domains: supportive workplaces, training, career development and balanced workloads. North Carolina providers must have an operating license in good standing to apply for the NC NOVA designation. The Carolinas Center for Medical Excellence (CCME), the North Carolina quality improvement organization, reviews the applications and sends out a review team to conduct an on-site review. The team interviews direct care workers and supervisors to ensure consistency between the information in the application and the programs at the organization. If the CCME deems a provider has met the program's standards and requirements, the North Carolina Department of Health Services Regulations issues the special license, which is good for two years.

The state legislature established NC NOVA as a statewide program effective Jan. 2007. The state helps to administer the program, track the license and advertise the program. The next goal for the program is to tie NC NOVA designation to labor enhancement funds or some reimbursement differential, which is consistent with the workforce recommendations in the 2001 Institute of Medicine's Long-Term Care Task Force Report.

For More Information
About NC NOVA, visit www.ncnova.org.

Contacts:
Susan Harmuth
NC NOVA Project Coordinator
North Carolina Foundation for Advanced Health Programs
Raleigh, NC
(919) 733-4534
susan.harmuth@dhhs.nc.gov
www.ncnova.org

Jan Moxley
Administrative Officer
Office of Long-Term Services and Supports
North Carolina Department of Health and Human Services
Raleigh, NC
(919) 855-4429
Jan.Moxley@ncmail.net

VI.
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64

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