

SYNOPSIS » Creating a workplace environment in which workers can feel respected, listened to and supported is a critical challenge for leaders in long-term care. Turnover rates in the range of 70 to 100 percent in nursing homes and 40 to 60 percent in home care are an indication that in many places the workplace environment is in disrepair. This issue brief examines behaviors that lead long-term care workers to feel a lack of respect in the workplace and provides examples of organizations that have succeeded in creating more understanding, supportive and positive work environments. The case examples show how providers can build a foundation for respect through supervision, peer mentoring and team building; demonstrate respect for direct care workers by offering them opportunities to further their educations and advance their careers; and make respect part of the environment by encouraging communication and understanding across differences. The brief also includes six practical suggestions long-term care leaders can use to make respectful relationships the heart of their organizations' commitment to quality care.

Respectful Relationships: The Heart of Better Jobs Better Care

INTRODUCTION

Evelyn Hyman¹ was a direct care worker for 14 years. She enjoyed the relationships and the feeling of success: "When I left my clients and never went back, then I knew I'd done my job. They were independent again. It's really rewarding for me to see that." But Evelyn remembers when she first became a certified nurse aide (CNA). She worked in a nursing home and says that she and her coworkers were not valued at all.

For Hyman, an African American, being called racist names in the workplace had not been an uncommon experience. Often supervisors dismissed her complaints, but she says, "It was really hard to want to provide care for someone who just called you a [racial slur] It was hard to go back in that room . . . and give them quality care."

Over the years, Hyman learned to stand up

for herself, to make people aware of when they said hurtful things. She asked that people "call me by my name, and treat me like a human being. All we ask for is what we give them. We want respect."

Creating a workplace environment in which workers like Hyman can feel respected, listened to and supported is a critical challenge for leaders in long-term care. Whether individuals feel respect in the workplace is largely a function of how they are treated by their supervisors, their clients and family members or advocates and, many times, their peers, particularly for new workers. Studies suggest that the quality of these relationships has a defining impact on workers' decisions to stay on the job or leave to pursue opportunities elsewhere.² Turnover rates in the range of 70 to 100 percent in nursing homes and 40 to 60 percent in home care are an indication that in many places these relationships are in disrepair.³

¹Evelyn Hyman tells her story in "Stand Up and Tell Them," a video produced by Better Jobs Better Care. Call (202) 508-1216 or e-mail sgiles@aahsa.org to order.

²Harahan et al. (June 2003).

³See Seavey (2004).

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Supervisory relationships are especially critical to turnover, according to a May 2004 research synthesis for the U.S. Department of Health and Human Services.⁴ Frontline workers in long-term care consistently report that they do not feel respected, listened to or appreciated for the work they do. For example, in a focus group discussion with nursing home workers in California, researchers found that CNAs felt very frustrated with the charge nurses who supervised them. “Complaints were generally consistent—charge nurses did not know them, failed to call them by name in some cases and often did not respect them or acknowledge their work.”⁵

The growing racial and cultural diversity of the direct care workforce makes the challenge of creating a respectful workplace ever more urgent. While the demographics of the workforce vary by region, in many places—particularly urban centers and coastal regions—the direct care workforce is largely a minority workforce serving a majority white client base.⁶ All too often, workers report that they face racism on the job, a demoralizing experience that damages relationships and disrupts their ability to provide quality care.

Ensuring that minority workers and new immigrants entering the long-term care field feel welcomed and respected on the job is a necessity for employers struggling to compete in today’s labor market. The impending “care gap” between the supply of young workers available to care for the growing number of older people and persons with disabilities in need of long-term care makes this even more urgent. Employers who cannot successfully retain minority and immigrant workers will be at risk of labor shortages in the future.

“We are at the front end of the diversification of the entire American workforce,” says David Fuks, executive officer of Cedar Sinai Park, a continuum of care campus for seniors in Portland, Ore., that is participating in

“There are two ways to respond to this diversity. We can ignore it, or we can treat it as an asset, an opportunity for people to learn and grow.”

—David Fuks, executive officer, Cedar Sinai Park

Oregon Works!, the state’s Better Jobs Better Care (BJBC) program. Fuks’ staff includes immigrants from 27 different cultures. He describes the striking diversity of the direct care workforce as both a challenge and an opportunity. “There are two ways to respond to this diversity. We can ignore it, or we can treat it as an asset, an opportunity for people to learn and grow,” he says. As the case examples discussed in this issue brief illustrate, when employers “invest in respect,” all workers, including those who come from different backgrounds and cultures, benefit and consumers are better served.

This brief examines behaviors that lead workers to feel a lack of respect in the workplace. It provides examples of organizations that have succeeded in creating more understanding, supportive and positive work environments. The case examples are grouped into three categories:

- Building a foundation for respect through supervision, peer mentoring and team building
- Showing respect for direct care workers through educational and career advancement opportunities
- Making respect part of the environment by encouraging communication across race, class and cultural differences

There is no one magic recipe for creating a more respectful workplace, nor are remedies one-time fixes. The examples discussed here draw from across the spectrum of long-term

⁴Harris-Kojetin et al. (May 2004).

⁵Harahan et al. (June 2003), 22.

⁶For a broader discussion of this phenomenon in nursing homes, see Berdes and Eckert (2001). They discuss reasons minorities and immigrants are over-represented in the direct care workforce and African Americans, in particular, are under-represented in the nursing home resident population.

care and from a variety of locations. They range in scope from small interventions that can be described best as “tweaking” to organization-wide, multi-faceted approaches. Each organization must discover for itself how best to create a workplace in which workers feel valued and supported. The brief concludes with a summation of common themes and practical advice for long-term care employers, followed by a list of resources.

THE FORM AND FREQUENCY OF DISRESPECT

“I feel disrespect when... people think I’m irresponsible when I’m really just over-stretched.”

The typical profile of a direct care worker is a single woman with a high school education who is living on a limited budget and juggling work and family responsibilities. Frequently, especially if she is over 50 years old, she is also coping with a chronic health problem such as a back injury, diabetes or heart disease. When direct care workers who meet this or a similar profile interface with supervisors, who typically come from middle- or upper-middle-class backgrounds and have nursing degrees or other higher education, it is easy to understand how conflicts begin.

Supervising nurses often don’t take the time to learn the worker’s story. They may presume that retention problems are related to “nursing assistants’ personal problems, dysfunctional family structure, being irresponsible and lack of respect for the job.”⁷ But low-wage workers often don’t have resources to fall back on when a child is sick or the family car breaks down. Balancing the complexities of work and family responsibilities without money for day care,

health care and transportation often overwhelms even the best-intentioned workers.

These types of situations underscore the need for better communication in the workplace. Supervisors need to know more about direct care workers and the challenges they face in order to help them succeed on the job. As Christine Bishop at Brandeis University found in her recent BJBC research, CNAs find it difficult to perform well without the trust and support of a good supervisor.⁸

“I feel disrespect when... people use language that sounds condescending or rude.”

Behaviors that supervisors see as benign may be interpreted by direct care workers as hurtful. Tone, word choice or body language can lead people to believe that they are not being taken seriously or that they are considered inferior—for instance, when someone says, “She’s just an aide.” Di Findley, executive director of the Iowa Caregivers Association, hears a lot from her members about words that they find hurtful. “Supervisors often refer to the certified nurse aides or home care aides employed by their organizations as ‘my aides’ or ‘the girls.’ Some direct care workers find these terms demeaning, while supervisors see this term as endearing,” she explains. The same issues are true of the language and tone that consumers sometimes use to address or describe direct care workers.

According to Findley, in long-term care, there are many common language triggers—words or phrases that are provocative to the listener, to which the listener attributes negative intentions that the speaker does not even realize. These include phrases such as “...from the administrator *all the way down* to the certified



⁷Harris-Kojetin (May 2004).

⁸Bishop et al. (October 2006).

nursing assistant/home care aide,” and other terms used to describe frontline staff, such as “unlicensed assistive personnel” and “nonprofessionals.” Findley points out the irony of referring to direct care workers as paraprofessionals while expecting them to behave as professionals.

In each of these examples, the speakers do not intend to be disrespectful, even though the impact of their words may be hurtful or demeaning. But it is not enough to say “I didn’t mean that.” To change relationships in the workplace, experts say, those who hold power because of their race, class, gender or position need to make an effort to understand the perspective of those who feel a lack of respect.

“I feel disrespect when...
people use racist terms or treat me
differently because of my race.”

In a 2004 article in *Caring for the Ages*, Gretchen Henkel noted, “Long-term care may be one of the few work settings in the United States where staff still encounter blatant racism.” Unfortunately, Evelyn Hyman’s experience of being called racist names is more pervasive than many long-term care managers would like to admit.

This is probably true for two reasons. First, there is often a striking contrast between the racial demographics of the staff versus the clients they serve and, in many cases, their supervisors as well.⁹ Secondly, this diverse workforce is serving a high percentage of elderly individuals who may have grown up in environments where racist attitudes were acceptable or who suffer from forms of dementia that inhibit their ability to filter what they say.

Two Better Jobs Better Care research projects highlight how racism continues to be a

problem in long-term care. Farida K. Ejaz and Linda Noelker of the Margaret Blenkner Research Institute, Benjamin Rose, found that 70 percent of direct care workers interviewed in Ohio had heard residents or clients make racial or ethnic remarks.¹⁰

Victoria Parker, assistant professor at the Boston University School of Public Health, is identifying similar patterns in her cultural competence assessment of 10 nursing homes in eastern Massachusetts. According to Parker, “The number-one issue that has become clear in our research is how pervasive these experiences are for direct care workers. Over and over, they report that they are targets of racial or culturally motivated abuse and derogatory comments—from the residents and their family members, their supervisors and in some cases, their co-workers.”¹¹

“I feel disrespect when...
people don’t understand my culture
or get angry because I don’t speak
their language.”

Long-term care is an attractive entry point into the labor market for new immigrants. When immigrant home care workers serve clients who do not share or understand their cultural and linguistic background, however, discrimination is a common problem, according to Charles Calavan, executive director of the Public Authority for In-Home Supportive Services (IHSS) program in Alameda County. “We often send consumers lists of home care workers to call and then find that they are unwilling to call anyone on their list,” says Calavan. “When pressed, they say they don’t want to call people with ‘funny names’ or people who live in the wrong zip code.” Because the nature of home

⁹Henkel (November 2004) notes that 70 to 75 percent of nursing home residents are white, while close to 50 percent of direct care staff are members of other racial and ethnic groups.

¹⁰Ejaz and Noelker (2006), 5.

¹¹Victoria Parker, phone conversation, March 9, 2006.

care work is very personal, explains Calavan, it is natural that a Chinese consumer will want to hire a Chinese worker who can speak or read to them in their own language and cook the kind of food they like. “But sometimes consumers are being obviously discriminatory or close-minded, such as when they say things like ‘that group has a lot of criminals.’”

Discrimination against immigrants in nursing home settings is more widely documented. Celia Berdes, assistant professor of medicine at Northwestern University’s Buehler Center on Aging, and co-author John Eckert found foreign-born aides were more likely to experience discrimination on the job than African Americans. Immigrant workers experienced prejudice from residents, family members and fellow staff members, including U.S.-born co-workers of the same race.¹²

In her study of nursing home workers, Boston University’s Victoria Parker found that the misinterpretation of body language and non-verbal communication was a common problem for immigrant workers from Africa and other regions where, for example, looking your boss directly in the eye is considered incredibly rude. She quotes a manager who gained a new understanding of this issue in her facility: “In our culture, when you don’t look at us, that is disrespectful. We expect you to look at us when we’re speaking to you. Otherwise, we feel that you aren’t looking, or aren’t interested or are blowing us off or whatever. But now, we’ve heard ... that [in your culture people] don’t do that.”¹³

I feel disrespect when . . .

my knowledge and skills are not valued.

Donna Gaudette has been a CNA for decades. She is often infuriated by charge nurses who she says “have an attitude.” Observing her residents each day, she is aware when

someone’s condition changes. But when she asks, for example, that a urine test be done to see if a confused resident has an infection, she is often ignored, causing days of unnecessary suffering.¹⁴

This attitude toward direct care workers is partly the result of the medical hierarchy that infuses long-term care. At each level, from doctors to nursing assistants, those with more education tend to presume that those below them lack expertise and thus are unqualified to participate in decision making. For direct care workers, who are at the bottom of the hierarchy, the situation is compounded by the fact that our society undervalues caregiving work and thus the people who do the work.

Though they provide the vast majority of hands-on care for long-term care consumers, direct care workers are virtually invisible within the health care system. As a result, these workers are rarely given opportunities to learn new skills, advance their careers and contribute as knowledgeable members of a care team. The valuable knowledge they gain from working with their residents and clients every day is lost, leaving many frail elders and people with disabilities unnecessarily vulnerable.

Impact on Workers, Employers and Consumers

Disrespect in any form is a painful and demoralizing experience for workers. Whether residents call a white nurse aide “my girl,” family members ignore an African American aide in an assisted living facility or a nurse disregards the suggestions of a veteran nursing assistant, the effect is the same. Workers who perceive a lack of respect day after day no longer enjoy their work, experience diminished self-esteem and may consider looking for opportunities elsewhere.

John Booker, president of the National Association for Direct Care Workers of Color, Inc., and a CNA himself, receives dozens of calls each month from workers who are experienc-



¹²Berdes and Eckert (2001), pg. 121.

¹³Parker (2006).

¹⁴Donna Gaudette tells her story in the video “Stand Up and Tell Them,” Better Jobs Better Care (2004).

ing racism on the job. “When discrimination is not acknowledged or addressed,” says Booker, “workers are left to deal with it on their own. ... Feelings of hurt and anger fester inside of them and grow. ... No human being can be pounded on and not show signs of the pounding or retaliating.”

According to Booker, workers often feel uncomfortable reporting incidences of discrimination to their employers. Parker agrees: “This phenomenon is especially true when workers come from places where you would never complain to your boss. That kind of behavior could get you fired.” As a result, managers are frequently surprised when they hear that discrimination is a problem in their workforce.

But confronting overt discrimination—and other factors that contribute to job dissatisfaction among direct care workers—is essential for long-term care employers. According to Bishop’s research, “A resident’s satisfaction with his/her relationship to nursing staff was found to be significantly related to the proportion of CNAs on the resident’s unit who said they intended to stay in the job, and to the proportion of CNAs who had positive relationships with their supervisors.”¹⁵ Loud and clear, direct care workers say they find their work rewarding, but they feel “unappreciated and undervalued,” and it is that which leads them to leave their jobs.¹⁶

BUILDING A FOUNDATION FOR RESPECT THROUGH SUPERVISION, PEER MENTORING AND TEAM BUILDING

There is a saying that goes, “People don’t leave their jobs, they leave their supervisors.” A direct care worker’s relationship with the supervisor is often the most influential factor in whether the worker feels valued and respected at work and decides to stay in the job. Thus, the National Commission on Nursing Workforce for Long-Term Care recommends long-term care employers adopt “a strong nurse leader/management model based in a less hierarchical

approach that relies on coaching, mentoring and building high performing self-managed teams.”¹⁷

Several organizations are promoting new models of supervision based on these principles and, thereby, are laying the foundation for respectful workplaces around the country.¹⁸ For example, MatherLifeways’ and Life Services Network of Illinois’ LEAP program—which stands for Learn, Empower, Achieve and Produce—focuses on “creating person-centered workplaces made up of supportive, empow-

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—John Booker, president, National Association
for Direct Care Workers of Color

ered care teams,” according to the program’s co-creator Anna Ortigara. Nurses are trained to see themselves as “care-team leaders,” rather than traditional supervisors. “To accomplish this, we focus on team building and, as part of that, building excellent relationships with direct care staff is essential,” explains Ortigara.

At the Loveland Good Samaritan Home in Colorado, nurses who went through the LEAP program developed better communication with their CNAs. The nursing home also implemented LEAP’s Level 2 CNA training, providing a career advancement opportunity for frontline staff. Level 2 CNAs, who receive a small pay increase, take on new responsibilities such as training, mentoring and participating in patient care committees and resident care conferences, making the care-team approach even more effective. When asked how being a Level 2 CNA

¹⁵Bishop et al. (October 2006).

¹⁶Bowers et al. (2003).

¹⁷Reinhard & Reinhard (March 2006).

¹⁸Ibid.

made a difference for her, one CNA responded, “I feel that I am important and that my co-workers and the management have trust in me and the job that I do and because of that I feel more empowered.”

Northern New England LEADS (Leadership, Education and Advocacy for Direct Care and Support) also focuses on improving supervisory relationships and implementing peer mentor programs to create more respectful work environments.

LEADS trains supervisors in a coaching approach to supervision, a model centered on building relationships with supervisees, constructively presenting and addressing problems and helping workers develop problem-solving skills. The core of the approach is learning to listen attentively in order to understand the perspective of the worker when a problem arises. As a result, workers feel valued and respected, and managers are more successful.

LEADS participant Kathy McCollet, an assistant director of nursing at Edgewood Centre in Portsmouth, N.H., found that the coaching supervision training provided by the Paraprofessional Healthcare Institute (PHI) was invaluable. “I feel confident that I have the tools to help [workers] come to their own solutions. I no longer feel put on the spot to come up with a solution for them.” She says she is already experiencing a decrease in the number of problems coming her way, “because people...now realize that it is okay to try their own ideas.” By respecting their ability to find their own solutions, McCollet has given her staff greater confidence. As a result, they are willing to take greater responsibility for decision making.

One of the most exciting aspects of the LEADS program, according to Ken Sandberg, chief operating officer of the Cedars in Portland, Maine, was the inclusion of direct care workers in each organization’s culture change leadership team. “Being involved with LEADS has awakened our organization to the benefits of tapping into the voices and insights

“Being involved with LEADS has awakened our organization to the benefits of tapping into the voices and insights of our direct caregivers and support staff.”

—Ken Sandberg, chief operating officer, Cedars

of our direct caregivers and support staff. It is inspiring to watch empowered staff rise to the occasion, to get involved in making decisions and to help shape new and better ways of providing the best quality care.”

Both LEAP and LEADS demonstrate that quality supervision, combined with providing direct care workers with leadership roles through mentoring and teamwork, can go a long way toward improving the work and caregiving environment. Participating employers know that respect for their direct care staff means more than an annual dinner and awards night. It means providing real opportunities for workers to contribute at multiple levels within their organizations.

EMPOWERING WORKERS THROUGH EDUCATION AND CAREER ADVANCEMENT OPPORTUNITIES

Direct care jobs are often seen as dead-ends—low wages, minimum opportunity for career growth and little social or professional respect. That’s why employers who offer opportunities for learning and advancement get high marks from their employees. Increasingly, employers are providing employees with access to education to advance their careers. These programs offer a wide range of options, from English language skills and GED courses to advanced clinical skills that lead to more responsible direct care positions. Examples include Wellspring, which advances the clinical knowledge of CNAs and involves them in quality improvement efforts;¹⁹ the Massachusetts Extended Care Career Ladder Initiative (ECCLI), which pro-



¹⁹Stone et al. (August 2002).

La Posada's Employee Scholarship Program

Scholarships for Continuing Education

Employees who graduate from high school or receive their GED receive scholarships ranging from \$500-\$1,000 to attend the educational institution of their choice. The fund also is used to cover the cost of books or fees for special classes and short courses for employees who want to enhance selective skills or complete CNA certification. Since 2000, 235 scholarships have been awarded to 121 different employees.

English as a Second Language

Resident tutors, plus a La Posada staff member who is certified by the Literacy Volunteers of Tucson, work with 10 employee students each week. Employees also can access self-study language programs on La Posada's computers. More than 30 employees have participated in this program since it started in May 2003.

GED and Citizenship Tutoring

Residents offer one-on-one tutoring to help employees prepare to take their GED exam or obtain U.S. citizenship. So far, residents have assisted four employees in receiving citizenship, and eight employees have passed their GED.

vides access to a broad range of educational programs,²⁰ and the Department of Labor apprenticeship model, which offers direct care workers advanced training accompanied by wage increases.²¹

Educational programs can be particularly important to new immigrant workers, as is evident from the success of the Employee Scholarship Program at La Posada at Park Centre, a retirement community in Green Valley, Ariz. The program was started by Wendell Bowers, a retired college professor from Illinois, who wanted to help the people who work at his Arizona retirement community realize their potential and follow their dreams. "What makes me feel good," Bowers says, "is when people pass their GED. One of them called me on Sunday. I was the first person she called. She even called me before she called her mother!"

Bowers is the architect and motivator-in-chief behind the award-winning²² scholarship program that provides tutoring and educational scholarships to the employees of La Posada. Located just one hour from the Mexican border, La Posada is a continuing care retirement community with a predominately Latino staff serving well-educated, white residents.

As Bowers explains, "The program provides educational opportunities for the employees that would otherwise be very difficult if not impossible to achieve." Bowers tells the story of a young woman who, after working for one year in a dining room at La Posada, graduated from high school and received a \$1,000 scholarship. "We also had college counselors come on site to talk to people. At first, she didn't want to continue because she said she wasn't a good student. But then she did decide to go on. She finished her associate degree and got what she needed to be a dental assistant."

What started as a scholarship fund has grown into much more as Bowers and other residents who work with him better understand the workers' needs. Today, the program also includes GED tutoring, career counseling and English as a Second Language (ESL) training. A total of \$125,650 in scholarships and fees has been awarded since the program was initiated in the fall of 2000, and more than 25 residents have participated as volunteer tutors (see box).

The scholarship program, which is completely funded by residents, enjoys strong support from the administrators at La Posada, who believe the entire community benefits from a more skilled workforce. CEO Lisa Israel appre-

²⁰Wilson et al. (January 2003).

²¹CAEL (2005).

²²Wendell Bowers has won many awards for establishing this program, including the 2004 Volunteer of the Year Award presented by the Arizona Association of Homes & Services for the Aging.

ciates the value of the program as both a retention aide and recruiting tool. “We are better able to recruit young employees because they know they can be mentored and receive financial support for their education,” says Israel. “We are in a small town of 25,000 people, and word of mouth is a powerful thing.”

MAKING RESPECT PART OF THE ENVIRONMENT

Many long-term care organizations are experiencing what Vermont’s Cathedral Square Senior Living encountered over the last few years: the need to bridge the distance between residents and an increasingly diverse workforce. Says Kay Jarvis, human resources director of Cathedral Square Senior Living, “We thought providing education around cultural diversity for staff and residents would strengthen relationships.” Because of these efforts, which have been supported by Better Jobs Better Care, Jarvis says, staff and residents have “a deeper appreciation and understanding of everyone’s differences. . . . It has helped us enhance our teamwork and made a friendlier work environment.”

There are many ways to create respectful work environments, but first it is important to know what “respect” means to the people in your organization. Once you have a working definition of respect, the next step is to look for ways to “operationalize” respect in day-to-day practices. This might mean increasing awareness and changing attitudes, implementing new supervisory practices or revamping personnel policies. Whether changes are big or small, as the examples below demonstrate, they can make a difference.

Asking Workers to Define Respect

Maria Elena Del Valle, a New York-based training specialist with PHI, has been helping organizations improve communication, collaboration and cross-cultural communication for more than two decades. Central to her work, says Del Valle, is the understanding that “communication is the heartbeat of an organization, and when it fails, the organization is in trouble. People need to make a commitment to get to know each other better.”

Del Valle starts her work with long-term care organizations by having people talk to one another about what a respectful workplace is. In a recent session at Sutton Hill, a nursing home in Massachusetts, Del Valle and colleague Sue Misiorski had staff brainstorm an extensive list of definitions for respect. Responses included everything from, “Respect is when a person uses a pleasant tone of voice, and I am acknowledged as a person,” to “Respect is knowing one another” and “Respect is to be heard—let me finish what I am saying.”

“People are surprised that they use the same language and all want the same thing. Phrases such as ‘do unto others as you would have them do unto you’ and ‘you give what you get’ are universal. People from different cultures are delighted when they find out they share these cultural values and ideas about what respect is,” says Del Valle.

Del Valle and Misiorski then lead the groups in interactive discussions and role-plays that allow people to explore the issues further. “Many times the behavior that causes people to feel disrespected is unintentional,” says Del Valle. “Role-plays create an environment to help people see these behaviors from a different perspective and then talk about what is going on.”

At Cathedral Square Senior Living, role-plays helped to tease out the issues at play between workers—many of whom are recent immigrants from Bosnia, Tibet and other developing countries—and the residents, who are low- and middle-income Vermonters. In one case, a humorous role-play opened up a discussion of how certain gestures and language felt disrespectful to staff.

“Humor and playfulness,” says Del Valle, “are an important part of the conversation because they let people’s defenses down and open up discussion.” In this case, staff were able to educate residents about how particular behaviors felt demeaning, even if that was not intended.

While not many long-term care organizations have involved residents in their efforts to create more respectful workplaces, the Cathedral Square management team is actively encouraging dialogue between workers and



residents in order to encourage a genuine sense of community. Human resources director Kay Jarvis notes, “Residents are initiating conversations and are interested in learning more about the direct care workers and their lives.”

Changing Practices to Operationalize Respect

In the final step of the process, Del Valle and Misiorski help organizations think through how they will operationalize their new understanding of respect. “We ask them to look at their structures, systems, policies and procedures to see if they support their new definition of respect,” says Del Valle.

“We ask them to look at their structures, systems, policies and procedures to see if they support their new definition of respect.”

—*Maria Elena Del Valle, training specialist, PHI*

Sometimes small changes can have a big impact. At Sutton Hill, the public address system didn’t work, so nurses and nurse aides were yelling down hallways at each other, something that made the aides feel a lack of respect. The administration decided to put in a better sound system and started using walkie-talkies. Cathedral Square Senior Living helped bridge the “cultural gap” between residents and staff by inviting everyone to attend a 10-week “Summer Journey Around the World” program that promoted teamwork and understanding.

Boston University’s Victoria Parker is studying how culturally diverse organizations go about operationalizing respect. Parker describes how important it is for facilities to engage in continuous interventions and institutionalize responsibility for this work so that it lies with more than one person.

One of the facilities participating in Parker’s study, Woodbriar of Wilmington, Mass., has a largely minority immigrant workforce serving a group of primarily white residents. Tammy

Collibee, the assistant director of nursing at Woodbriar, says, “We now have a committee that works on cultural competence. They ask people where they come from and what their customs are.” Though they can’t always change the behavior of the residents, Collibee says, “supporting the workers shows we care.”

Collibee gives an example. “We had a woman readmitted who was notorious for racial epithets and offensive language. ... Staff were really upset about it.... We realized we could do more to support the workers. So we formed a mini-support group around this one patient. We would meet once per week and talk about how to handle the situation. One of the things that came out of this was that the people of color realized that she wasn’t just directing her comments towards them. She was generally abusive, calling people ‘fat’ and ‘duck feet.’ In a way, it helped them to know that the white people also felt insulted and hurt by her behavior.”

Collibee acknowledges that managers were resistant at first to the cultural competency interventions. “At first we thought, we don’t have a problem here, everything is fine. But once we got started with this, wow, my eyes were opened wide; there were a lot of issues with staff and trust.”

Trust is always at the heart of respect. When direct care workers don’t trust their supervisors or managers to provide real support, they find other ways to protect themselves, shutting down the communication necessary for real understanding and respect to grow.

OVERCOMING LANGUAGE AND CULTURAL BARRIERS

Operationalizing respect in a multicultural environment can be daunting, but it is essential for organizations in urban and coastal areas where new immigrants make up much of the workforce. The Service Employees International Union (SEIU), which represents approximately 13,000 workers in San Francisco’s In-Home Supportive Services (IHSS) program, has focused on improving communication across cultural and language barriers and empowering immigrant workers through participation in the political process.



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—Tammy Collibee, assistant director of nursing,
Woodbriar

For years, the culturally diverse direct care workers who provided services through San Francisco’s IHSS program²³ worked in the quiet isolation of their client’s homes, with little training, support or supervision. This began to change dramatically in 1996 when the SEIU won representation rights for IHSS workers, and San Francisco established a public authority to be their employer of record. In addition to dramatic increases in wages and benefits,²⁴ the IHSS workforce now has access to a growing array of training workshops, support services and leadership development opportunities through both the union and the authority.

Effectively reaching San Francisco’s 14,000 IHSS workers, many of whom are immigrants, is a challenge because they have no common workplace and no common language. Their ranks include 4,000 Chinese speakers, 3,000 Russian speakers, 800 Spanish speakers and hundreds who speak other Asian languages, such as Vietnamese, Laotian and Samoan.

Leon Chow, the assistant director of SEIU United Healthcare West’s Home Care Division, began working with this workforce eight years ago. He has seen tremendous improvements in his organization’s ability to communicate with the IHSS workers. “Everything we send out is printed in English, Chinese, Russian and Spanish. In addition, we use simultaneous translations at all gatherings, and we have staff

who speak each of these languages, as well.” The public authority, which matches providers and clients through a registry and recruits and trains workers, also operates in the four major languages.

In addition to the training available through the public authority, IHSS workers have the opportunity to take ESL classes and workshops on the citizenship process. They also can seek advice about where to go for help regarding their immigration status through the SEIU United Healthcare West program developed for all of their Bay area health care members. SEIU’s Chow, a Chinese immigrant himself, says, “Before it was very isolated for these workers, but now they have many opportunities to come together.”

In the last few years, SEIU has been mobilizing the IHSS home care workers to participate in elections and get-out-the-vote activities. In 2004, when California Gov. Arnold Schwarzenegger proposed deep cuts in the IHSS budget, 600 IHSS home care workers from San Francisco went to Sacramento to protest. “All of the planning for this was done in a multi-lingual way,” says Chow. One of SEIU’s members, Xiao Jiang Lai, a home care worker for eight years, describes what a unique experience this was for him. “It takes me a while to get used to the idea of speaking directly to another person from a different nationality. Now, in the union meetings, I can look in the eyes of a Russian home care member and say what I want in Chinese, knowing that it will be translated to English and then translated to Russian.”

Chow says that during the planning of the Sacramento protest, he watched free exchange between Russian, Chinese and Spanish speakers, debating how the event should work and delegating responsibilities. “On the day of the event, they had a Russian member signing people in, African Americans delivering water, and the Chinese members serving as bus captains. Everyone had a role.”



²³IHSS is California’s Medicaid personal assistant program funded through a mix of federal, state and county funds.

²⁴In 1996, IHSS workers in San Francisco earned the minimum wage of \$5.25 per hour with no benefits; they now earn \$10.50 per hour plus health and dental coverage.

The workers were thrilled when the cuts failed to go through. Chow sees these types of opportunities for participation in the political process as an important counter-balance to the big challenges in home care. “Home care workers face isolation, stress about the unpredictability of hours and grief when a client dies. Giving workers the opportunity to work together to advocate for their rights and for their clients’ rights creates a lot positive feelings and gives them a sense of power.”

“Our union’s program helped me become a citizen, and I am very thankful for this.

In November, I was able to vote for the first time. This was very exciting.”

—Precilla Maguyon, California home care worker
and member of SEIU United Healthcare West

COMMON THEMES AND PRACTICAL SUGGESTIONS

The case examples presented in this issue brief offer just a sampling of many noteworthy efforts across the country to create a more respectful workplace for the direct care workforce. They illustrate that while organizations can take many different approaches, the necessary common denominators are listening and relationship building—and the relationship that matters most is the one between workers and their direct supervisors. It is essential that supervisors communicate with workers and begin to understand what respect feels, sounds and looks like to them.

Relationships with clients and residents also matter a great deal to direct care workers. These relationships can make their work gratifying or heartbreaking. In an emerging trend, some long-term care leaders are thinking about how to engage and educate consumers about how they can treat the workforce in a more respectful way. This is exemplified at Cathedral Square Senior Living in Vermont, where they are beginning to include residents in role-plays and discussion sessions.

The case examples offer many lessons and inform the following six practical suggestions to long-term care leaders:

1. Take a “relationships inventory”

What is the supervisory style in your organization? Often the style of the top management sets the tone. Do managers at all levels of your organization have positive and professional relationships with the people they supervise? Does disciplinary action make up a large portion of interaction between frontline staff and managers? Do direct care staff see managers as mentors they feel comfortable going to for advice and problem solving?

Based on your self-assessment, consider whether moving to a model of supportive supervision makes sense for your organization. Also, work on building stronger peer-to-peer relationships through mentoring and senior aide positions that show you value the skills of long-time direct care workers and trust them to support new staff. Remember that without a foundation of healthy relationships among frontline workers and between direct care workers and their supervisors, other initiatives to create a more respectful work environment are unlikely to be successful.

2. Listen to what workers say about respect

When workers say they feel a lack of respect, it often reflects their sense that no one is listening to them. Think about how to get supervisors to slow down and listen and how to create an environment in which workers can discuss issues that are difficult to talk about.

And when it comes to listening, everybody needs skill training. “Few people are particularly good at this naturally,” says Sara Joffe who developed PHI’s coaching supervision approach. “Everyone knows how to listen, but knowing how to listen to information that is emotionally charged is difficult. To respond in a way that is respectful and curious rather than blaming and judgmental requires training and requires practice. People absolutely can learn this.”

3. Identify changes necessary to “operationalize” respect

Every organization can benefit from a careful review of existing policies and practices to understand what changes, big or small, will make workers feel more respected, valued and heard. Involve workers in this process through learning circles, leadership teams and other activities that make it clear that their voices are being heard. Establish a peer mentor program to build stronger relationships among staff and reward senior workers who have the skills and knowledge to help new employees succeed. Pay special attention to how your organization responds to and supports workers who feel they are being discriminated against. In addition to anti-discriminatory language in your personnel policies, consider whether you have a process in place to provide emotional support to workers who are caring for consumers or encountering family members who are verbally or physically abusive.

4. Think in terms of maximizing human potential

Giving people the opportunity to challenge themselves, learn and grow is a powerful sign of respect. When workers have the opportunity to improve themselves, personally or professionally, they feel better about themselves and have a more positive attitude about their workplace. Think about what would fit your organization’s needs and make workers feel more valued and respected. Consider creating a career track for direct care workers that might include mentoring and advanced clinical competencies. Show that you value the knowledge and skills of direct care workers by involving them in care planning teams and other committees that oversee workplace and caregiving practices. Offer educational opportunities through scholarships or on-site distance learning. Explore outside sources of funding such as private foundations, public workforce development funds or charitable contributions to help fund these types of programs.

5. Understand the needs of new immigrants and non-English speakers

Does your workforce include immigrants or people with limited English skills? How well

do you understand where they are coming from and what their customs are? What are you doing to help them operate in their new language and cultural environment?

This brief offers many examples of how to boost “cultural competency” through interventions to understand and celebrate workers’ diverse cultural backgrounds, communicate through bilingual materials and simultaneous translation and support immigrant workers with ESL and citizenship training. With this menu of examples as a reference, consider what more you could be doing to make immigrant workers feel fully included, valued and respected.

6. Commit to making continuous improvements

There is no “one-time fix” for creating a respectful work environment, and as much as they would like to, outside consultants cannot “solve this problem” for you. PHI’s Del Valle stresses that teaching staff how to continue the work that she helps to begin is critical. “The process teaches the staff leaders how to keep it up, how to set up an accountability process and how to continuously evaluate systems and structures.”

To be successful, the work must be an ongoing process, fully supported by all levels of people within the organization and owned by more than one person. While Wendell Bowers has been instrumental in developing La Posada’s employee scholarship program, he says he could not have done it without the strong support of the administration and sharing the leadership with other residents.

One innovation to create a more respectful work environment is likely to lead to another as workers feel more empowered to articulate their needs and interests. An organization that implements the LEAP program or adopts a coaching-supervision model will open new lines of communication with workers that will point to other changes in practice or policy that also will be valuable in creating a culture of respect. Be intentional about making sure this process is highly inclusive of staff at all levels, is recognized as an organizational priority and continues over time.



CONCLUSION

Building and maintaining respectful relationships among staff is the heart of any long-term care organization's commitment to quality care. As this issue brief illustrates, there is no single way to create a work environment in which all employees feel respected and heard. Providers must listen to employees, residents, clients and

family members to learn what issues are most important to them and the most effective way to address them. The first step is to open the lines of communication and bring everyone into the conversation. The steps that follow require flexibility, commitment, openness and creativity—all hallmarks of a quality organization.

Resource List for Creating Respectful Relationships**Racial and Cultural Diversity**

Better Jobs Better Care (2004). *Stand Up and Tell Them: Views from the Frontline in Long-Term Care*. DVD and discussion guide. E-mail sgiles@aahsa.org, call (202) 508-1216 or visit www.bjbc.org/StandUpVideo.asp to order video and discussion guide.

Cedar Sinai Park (2005). *The Culture and Diversity of Long-Term Care: Working and Communicating*. Video. To obtain a copy, contact Barbara A. Taylor at (503) 535-4393 or barbara@cspark.com.

The National Association for Direct Care Workers of Color www.directcareworkersofcolor.org/homepage.html

Parker, V. (June 2006). *Organizational Cultural Competency Assessment: An Intervention and Evaluation*. www.bjbc.org/content/docs/ExecSummary_BU_FINALCOLOR8-06.pdf

Visions, Inc., Multicultural Workshops www.visions-inc.org/wrk_intro.htm.

Supportive Supervision

American Health Care Association. *Radiating Excellence Workshop*. www.ahca.org/quality/competency1.htm.

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Institute for Caregiver Education. *Leadership Development Series*. www.caregivereducation.org/products/lfs.htm.

Institute for the Future of Aging Services. (2006). *Scanning the Field: Nursing Leadership in Long-Term Care*. www.futureofaging.org.

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Paraprofessional Healthcare Institute. (January 2004). *Employing, Supporting and Retaining Your Personal Assistant: An Orientation Workshop for People with Disabilities*. www.directcareclearinghouse.org/download/PHICConsumerModule.pdf.

Mentor Programs

Foundation for Long Term Care. (2004). *Growing Strong Roots: Peer Mentoring of CNAs to Enhance Retention and Care*. For information, call (518) 449-7873.

Paraprofessional Healthcare Institute. (May 2003). *Workforce Strategies No. 2: Introducing Peer Mentoring in Long-Term Care Settings*. www.paraprofessional.org/publications/WorkforceStrategies2.pdf.

Paraprofessional Healthcare Institute. (April 2006). *Peer Mentoring: A Workshop Series for Direct Care Workers in Home and Residential Care*. www.paraprofessional.org/Sections/resources.htm#tt.



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Training and Development

Institute for Caregiver Education. *Career Development Series*. www.caregivereducation.org/products/cds.htm.

North Carolina Department of Health and Human Services and University of North Carolina Institute on Aging. *WIN A STEP UP*. www.aging.unc.edu/research/winastepup/index.html.

Paraprofessional Healthcare Institute. (August 2005). *Cooperative Home Care Associates: Employment Counseling*. National Clearinghouse on the Direct Care Workforce. Description available at www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=52410C contact info@directcareclearinghouse.org or (866) 402-4138 to obtain a copy.

Worker Participation

Better Jobs Better Care. (January 2004). *Direct-Care Workers Speaking Out On Their Own Behalf*. Issue Brief. www.bjbc.org/content/docs/BJBCIssueBriefNo2.pdf.

Norton, L. (2003). "The Power of Circles: Using a Familiar Technique to Promote Culture Change," *Journal of Social Work in Long-Term Care*, 20 (3/4).

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