CHAPTER 2: HOW THIS GUIDE CAN HELP ORGANIZATIONS USE INFORMATION TO ADDRESS THE CHALLENGES OF JOB RETENTION AND PERFORMANCE AMONG DCWS

Why Organizations Might Use this Guide

The information organizations can gain through measurement is a tool they can use to pursue the goal of improving quality in LTC. Research has shown that administrators, supervisors and DCWs feel a large obstacle to achieving desired quality of care is the need to constantly address vacancies from staff turnover and a revolving door of new staff (Harahan et al., 2003). An Institute of Medicine report on LTC quality acknowledges that "quality of (long-term) care depends largely on the performance of the caregiving workforce" (Wunderlich, 2000). High turnover among DCWs impacts the quality of care that residents or clients receive. Continuity of care may be interrupted. Quality of care may also be affected if DCWs feel unappreciated or burned out because of having to frequently "work short."

High turnover among DCWs also impacts employers financially. Constant turnover often requires employers to hire temporary staff which is costly (and, may affect the quality of care provided). Training new hires to replace positions that turn over is expensive, especially when employees leave within months of receiving training.

These quality and financial incentives make it is essential for LTC organizations to determine why employees are leaving and which organizational actions are necessary to create an environment where DCWs are less likely to leave. Using measurement instruments, such as those provided in this Guide, is a good way to understand an organization's workforce and work towards establishing ways to maintain a stable and qualified workforce that provides optimal care to residents and clients.

Potential Uses for Data Obtained through Instrument Use

Measurement itself will not solve direct care workforce issues. It will, however, serve as a tool to help identify workforce problems and provide data for making informed decisions about their resolution.

There are many ways to use the data collected through measurement instruments. This Guide is not a "how to" manual for doing these things. Many providers have found it useful to work with a research organization, research consultant, local university faculty

or an outside vendor to collaborate on data collection, analysis, and use of the data to inform workforce improvements. Potential uses of measurement include:

1. Benchmarking
2. Learning more about employees
3. Determining how to make the best use of resources
4. Evaluating the effect of programs and practices
5. Achieving quality
6. Increasing marketability

The remainder of this chapter gives examples of how measurement has been used by organizations for different purposes.

Benchmarking

Information collected can be utilized to benchmark against other providers in the area, for example. Organizations may want to see how staff turns over in relation to other providers, so they might compare turnover rates. Organizations could also use instruments to monitor their own progress over time. For example, they may measure turnover rates from year to year to determine whether they are increasing or decreasing. In order to benchmark effectively, the same instruments must be used across providers and across the same periods in time.

Learning more about employees

Measurement in LTC can also be used to learn more about DCWs. Organizations can see what makes employees happy or not. For instance, they may be able to answer the questions “are my employees happy with their jobs?” or “are my employees happy with their supervisors?” by administering a survey to DCWs. If organizations find the answer is “no,” they can find ways to make DCWs more satisfied. If an employee survey reveals that DCWs feel their job offers no opportunities for advancement, organizations may opt to implement a career ladder. They can then test (measure) whether what was developed and implemented (in this example, a career ladder) actually increased DCWs’ satisfaction.

Determining the best use of resources/Evaluating the effect of programs and practices

Data collected from worker questionnaires or administrative records can be used to evaluate workforce improvement initiatives. For example, let’s say an organization administers a survey to its DCWs and find that they feel unempowered in their jobs. In response, the organization develops and implements interdisciplinary teams where DCWs participate in care planning. If retention rates are consistently measured in the same way before and after implementation of these teams, organizations can determine whether these teams have impacted whether DCWs remain in their jobs.

Achieving quality

Measurement may allow organizations to identify areas that need improvement so they can make the appropriate organizational changes. Addressing needs and continuously making changes for improvement might help achieve continuous quality improvement (CQI).

Increasing marketability

An organization able to show that employees have remained for many years is likely to be attractive to families trying to find the best home for their loved ones. High retention among staff may also be an effective recruiting tool since it might suggest that employees are treated well and are happy with their jobs.

Examples of Measurement Use in LTC

Catholic Health Care Services (CHCS)

Since 2001, Catholic Health Care Services (CHCS) has collected, collated, studied and employed a significant amount of data and information to create a transformational model of service delivery which would "enable CHCS to recruit and retain staff who flourish while meeting the needs of those being served." As part of this larger organizational endeavor, CHCS developed a four-page, 76-question Employee Opinion Survey. Questions incorporated in the survey were either created by staff or adapted from a variety of sources. An outside data collection vendor was contracted by CHCS to provide input on how to administer the tool, disseminate the results, compile scanned surveys into practical and functional formats and to ensure to all participants the confidentiality of the entire process. In 2003, the opinion survey was provided to 1,242 staff with 994 (73 percent) responding to it.

After the process was concluded, the vendor scanned all completed surveys, returning to CHCS books of data detailing the outcomes in a variety of ways. Every facility received a book of their own data while CHCS additionally received books of data which combined the results of all completed surveys (e.g., all facilities, by departments, by functional titles and shifts). CHCS is presently sharing the outcomes with all staff in each facility while obtaining feedback, ideas and suggestions for continuing the follow-up.

Christian Living Campus (CLC)

Christian Living Campus formally surveys all employees at least every two years on issues such as leadership, working conditions and culture, compensation and benefits, supervision, training and development, work/life balance, communication and job satisfaction. CLC hires an outside data collection vendor to devise the survey

instrument, process and analyze survey results and assist CLC in developing a communication plan for management to report survey results back to employees.

CLC management looks at survey results over time to compare how employees feel about working conditions from survey to survey. These data are also used to benchmark against employee opinion data of other employers in the area that are included in a database kept by the vendor. Based on these survey results, CLC management holds focus groups and develops strategic action plans.

CNA Recruitment and Retention Project -- Iowa Caregivers Association (ICA)

The Iowa Caregivers Association (ICA) managed the two-year CNA Recruitment and Retention Project, whose goal was to reduce CNA turnover by assessing the needs of DCWs in nursing facilities, and providing programs and services responsive to their needs. Interventions implemented in facilities included: (1) training in work skills (e.g., conflict resolution, team/building/communication, and clinical skills such as communicating with dying residents, caring for Alzheimer's patients; (2) a CNA mentoring program; and, (3) support group activities. Community-based interventions included a public awareness campaign, CNA recognition programs, and CNA support groups facilitated by local community colleges.

One evaluation of the overall program compared the retention rates of nursing facilities that implemented interventions with the retention rates of facilities that did not. Those which implemented the program experienced retention rates nearly double those of facilities which did not receive the interventions.

A second evaluation of the peer mentoring program involved satisfaction surveys of participating nursing home administrators, mentors, and "mentees." Mentors, mentees, and administrators generally felt positively about the peer mentoring program. Surveys also revealed that nursing homes did not have a plan for making use of the skills of their returning, newly trained mentors (Richardson & Graf, 2002). As a result, project staff developed a training program for administrative staff on CNA mentor program implementation.

Evangelical Lutheran Good Samaritan Society

The Evangelical Lutheran Good Samaritan Society has a Director for Quality Improvement whose department schedules and coordinates approximately 3,500 employee satisfaction surveys between an outside research firm and the Society campuses on an annual basis. Each campus administrator appoints a facilitator and schedules an all-staff meeting. The research firm mails the surveys and instructions to facilitators who administer the surveys at the all-staff meetings. After employee surveys are completed, facilitators mail them to the research firm to tabulate results.

After the most recent employee survey process, the Good Samaritan Society diagnosed three areas for improvement: communications, teamwork and supervision. The

Society's response to these issues was to enhance the supervisory curriculum. An educational series of workbooks were developed called "Leading with Spirit" to improve employee satisfaction in these areas. The Leading Spirit series is currently being completed by all management staff within the Good Samaritan Society. Results of this program's implementation will be evaluated through future employee surveys.

Franciscan Sisters of Chicago Service Corporation's Use of Life Services Network Employee Satisfaction Survey

The Life Services Network (LSN) -- the Illinois state affiliate of the American Association of Homes and Services for the Aging (a membership association of not-for-profit LTC providers of residential housing and services) -- developed an employee satisfaction survey for its members. The survey instrument questions employees about their satisfaction with the job and their perceptions of quality assurance in services provided, co-worker and supervisory relationships, working conditions, orientation and education, administration and pay and benefits. The survey has been used by over 75 organizations for a nominal fee and taken by more than 5,800 employees.

Franciscan Sisters of Chicago Corporation, through its senior healthcare and housing division -- Franciscan Communities -- is one LSN member that administers this survey to its workers for organizational quality improvement efforts on an annual basis. Franciscan Communities worked with LSN to customize the survey instrument to create questions unique to their circumstances and organizational goals.

Franciscan Communities developed a Task Force from among its staff which implemented structured administrative and communications strategies for the data collection and analyses processes. A strategic reporting and action planning process was also developed to insure a targeted effort is undertaken on both a system-wide and local community level to improve employee satisfaction levels. Initiatives focus on areas that employees express dissatisfaction most through these surveys, focus groups and exit interviews. Action plans are constructed and progress reports submitted on a quarterly basis to the Vice President of Operations for Franciscan Communities to monitor how initiatives are working to increase satisfaction of employees. This continuous quality improvement initiative is intended ultimately to lead to better quality of care and more satisfied consumers of LTC services.

Retention, Earnings, and Career Advancement in the Home Health Care Sector strategy -- Boston Private Industry Council (PIC), conducted as part of a U.S. Department of Labor demonstration project

The Boston PIC's Retention, Earnings and Career Advancement in the Home Health Care Sector training strategy was designed to improve retention of newly hired home health care workers by providing a more effective orientation to the work they were expected to perform. Retention rates of trained home health care workers were calculated after the first year of this new training. An evaluation of the training program was completed by comparing the retention rates of those trained under the new

program with the retention rates of hires from previous years who were not. Results showed that retention rates of trainees under the new program were 15 percent higher than those from previous measurement periods (before the training was implemented).

Data retained by the organization on client feedback found that there were fewer complaints about home health care workers that participated in the new training which suggests that the new training program had an impact on the quality of service provided to patients as well.

State Nurse Aide Registries -- How Data Are Used by States to Understand the Direct Care Workforce

Federal law requires every state to maintain a nurse aide registry that contains a list of individuals with the minimum training needed to work in skilled nursing facilities. However, only about 10 states include other types of LTC paraprofessionals in their registries, and many do not regularly update the information. States with comprehensive, up-to-date lists of all certified, licensed or registered direct care paraprofessionals can produce more accurate pictures of total supply, the extent or severity of shortages, and the adequacy of training programs' capacity to meet demand. Such registries can also be helpful in evaluating the effectiveness of state or regional efforts to increase recruitment and retention, and allowing LTC organizations to compare their efforts to recruit, retain and train workers with averages at the state, regional or facility-type level.

North Carolina's nurse aide registry identifies those who completed training at any time since 1990 and is updated to show active (those currently working as nursing aides) and inactive registrants. The data show, for example, that an estimated 38 percent of active registrants were not working as CNAs in 2001. Between July 2000 and June 2002, the number of newly certified nursing assistants outpaced the number of assistants becoming inactive. However, it is not clear whether this is due to an increase of CNAs committed to the occupation or to less availability of other employment in the currently depressed job market. State analysts are able to link individuals in the nurse aide registry with their earnings record, maintained on a state employment database that tracks wages paid to employees. The linked data set shows that inactive registrants earned higher wages and were more stably employed than active registrants. It also showed that the wages of CNAs working in nursing homes were relatively flat over the 10-year period, in contrast to CNAs working in hospitals who tended to have more consistent upward wage trajectories.

Kansas' nurse aide registry includes information on all direct care professionals in all health care facilities and requires all health care employers to register their workers by a specific date each year. The state has also invested in new technology that permits an efficient interface for data sharing between state agencies. The Kansas system produces a more accurate picture of the types of workers in each health care setting and makes it easy to disseminate information to many types of users. Other states can

build on existing nurse aide registries to obtain more useful information for policy and planning purposes, and for benchmarking by providers in the state.

MEASURING LONG-TERM CARE WORK: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcome

PDF Files Available for This Report

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