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Effective Strategies for New Staff Orientation

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Well-designed new staff orientation programs in nursing home facilities enhance job satisfaction, increase staff retention and improve quality of patient care. Properly trained and welcomed nurses and other health professionals feel good about their new job, quickly integrate with peers and colleagues and stay longer in their jobs. They also develop a sense of teamwork and commitment to their new role more rapidly, which can improve staff retention by 25 percent. This article focuses on ways that nursing home leaders can develop successful strategies for new staff orientation in long-term care facilities.

Prepare a Memorable Program and Make New Staff Feel Part of a Team

- **Develop an interesting, interactive and fun program.**
  Make the first day a celebration. Orientation programs do not have to be dry, boring or exhaustive. Avoid extensive lectures, tedious presentations of facts and figures and interminable paperwork. Instead, use role-play exercises, introduction games, multimedia, stories, brief videos, hands-on experiences, demonstrations and interactive exercises. Get new staff out among the employees and introduce them.

- **Be prepared for your employee's first day of work.**
  First impressions of the new job are permanent. Preparing in advance for a welcoming and interesting induction program enables new staff to adjust rapidly to their new work environment and feel part of your facility. Prepare a new employee's working area, badges, uniforms, paperwork, keys and entry codes. Introduce your new staff to their coworkers and residents. Conduct an enthusiastic tour of your entire facility. To be better prepared, create and follow a checklist of the entire orientation process. Pay for new staff members' meals during their first week on the job.

- **Make the new staff feel comfortable and part of the team.**
  Make new staff feel special and welcomed. Accelerate opportunities for new staff to fit with the team by developing a sense of acceptance and belonging that is associated with nursing job satisfaction. Consider a special celebration to welcome a new employee by having welcome signs, team lunches or a cake celebration. Build multiple opportunities for you new staff to meet with employees from all departments throughout your facility to build rapport. Pay special consideration to the introduction of the new staff to residents who will be under their care.

- **Complete paperwork, but limit it on the first day.**
  Administrative paperwork such as employment agreements, benefit packages and insurance policies should not take up all the time of your new hire orientation. One common mistake is to try to get everything done on the first day. Spread your administrative paperwork to short sessions during the first week.

- **Assign meaningful work and hands-on experiences.**
  Slow down. Rarely will a new employee remember everything that is being thrown at him or her on the first day. Instead of giving heavy and complicated regulations manuals on the first day of work, assign hands-on experiences with care processes that make staff feel more rapidly integrated into their jobs.

Assign an Inspiring Mentor and Provide a Comprehensive Interdisciplinary Vision

- **Have new employees meet with department heads.**
  To gain a broad perspective of your facility, schedule short meetings with all department heads. Provide an overview of each department's function. Show the importance of working in a multidisciplinary team environment with CNAs, nurses, dieticians, MDs, social services, wound nurses and other health professionals. From the beginning, let them see that everyone is working toward the same goal of excellent care and service.

- **Develop a comprehensive mentor system.**
  A mentor is an experienced, friendly staff person who is assigned to work with a new staff member. They serve four roles: role model, social support, tutor and peer resource. A mentoring program supplements, but does not replace, existing orientation and training. Mentoring programs increase staff retention, motivation, satisfaction and productivity. A mentor provides continuity in the orientation process and increases quality resident care.

Peer-mentoring programs provide a career ladder for qualified members.

Outline Job Expectations but Show the Big Picture

- **Explain job responsibilities, expectations and rewards.**
  Provide a clear outline of job description, duties and performance goals. Highlight job responsibilities, care plans and career paths. Consider hands-on care demonstrations and training for new CNAs and RNs. Show a career ladder and discuss the potential for advancement opportunities.

- **Show the big picture, not just staff position of work.**
  Highlight the vision, goals, culture and accomplishments of your facility with a well-designed and brief presentation using slides, video or multimedia. A department head or nursing manager may show how his or her job is important to other parts of your facility and the well-being of your residents and their families.

Provide Incremental Integration Training, Advancement and Recognition on a Continuous Basis

- **Successful orientation is a gradual process.**
  An effective orientation is not completed the first day on the job. Some staff may need to slowly ramp-up to their responsibilities. For example, a newly hired certified nurse's aide will likely fail if given eight residents after five days of orientation. This new CNA may need to start with four residents, then move up to six, etc. Meet with the unit staff and ask them to be patient with the new staff.

- **Create career ladders.**
  Introduce new staff to educational and career advancement programs so that housekeepers, laundry aides and dietary aides can become CNAs; CNAs can become LPNs; LPNs can become RNs and RNs can obtain advanced nursing degrees. Partner with community colleges and community training programs to bring English as a second language (ESL) classes to your organization. Make sure ESL class vocabulary is specific to health care.

- **Develop recognition programs.**
  Employees often leave employers because they feel underappreciated. Make sure to catch new hires doing something well and praise them. Recognition programs and praising staff in longterm care facilities increases job retention and satisfaction.

- **Establish an employee retention committee.**
  The retention committee should be provided with a small budget each month to create a fun, friendly atmosphere in the workplace. This committee plans potlucks, staff birthday parties, a welcoming event for new staff and summer cookouts. They check in with the mentors of new hires and offer assistance if needed. Finally, in some facilities, they oversee the employee emergency loan program—small interest-free loans for car repairs, appliance repairs, etc. This is a great way to show that the organization cares about its people.

- **Focus on the critical first 90 days.**
  Long-term care staff turnover compromises quality health care and is highly expensive for your facility. The average cost to replace one CNA is $2,500. For many facilities, their highest rates of turnover occur within the first 90 days of employment. High staff turnover during this time is related to ineffective new hire orientation programs.

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Is High or Low Staff Turnover Characteristic of Your Nursing Home?

Part one of a six part series

LTC Hot Topics, May 2006
This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

If a visitor walked blindfolded into your nursing home and sat in the lobby or dining room for less than one hour, and then repeated this at the nursing home down the street, would he or she accurately predict which was the high turnover (or less desirable) workplace and which was the low turnover (or more desirable) workplace?

A Congressionally mandated study found this to be characteristically possible. According to the researcher, for the most part, the better workplace was also likely to have been a better place to live as a resident, although this wasn't able to be confirmed by data analysis of reliable quality or clinical outcome information.

Employees interviewed also agreed—sometimes employees explained that they had stayed in a job at a particular facility because "it is clean" or "they care about the residents here." Employees generally indicated they did not like to work at a place where residents and employees are miserable. At one high turnover facility where several residents appeared dirty and disheveled, with food stuck to their clothing, employees seemed to sincerely believe that ALL nursing facilities were like theirs, and there was no differences among them. However, in the low turnover facilities, a significant number of employees reported that they had worked elsewhere in the long-term care system in If a visitor walked blindfolded into your nursing home and sat in the lobby or dining room for less than one hour, and then repeated this at the nursing home down the street, would he or she accurately predict which was the high turnover (or less desirable) workplace and which was the low turnover (or more desirable) workplace? that community or others, and believed that the place they presently worked was a better place to work and to live. They could make distinctions that were rarely made by nursing staff in the higher turnover facilities, at least in this study.

Typical low turnover facility profile

In most cases, the low turnover facility visited was easily distinguishable as a better place to live and work. In these facilities:

- Less odor of urine and feces was observed than in high turnover facilities (this was the most immediate impression upon entry)
- Residents were wearing fresh, unstained clothing, and were clean and well groomed
- Individuals demonstrated fewer behavioral problems that disturbed other residents and fewer people wandered aimlessly or sat lined up in wheelchairs by nurses' stations
- Residents appeared attuned to particular staff members, calling them by name, and were also likely to speak to visitors in a way that made clear that they felt safe, not frightened, even when they were confused

This is not to say that the low turnover sites were on average better decorated or fancier facilities. Most could not be distinguished by their furniture or formal decorations, but by the actual activities, level of interaction, comfort level of residents and visitors, and obvious presence of staff.

Typical high turnover facility profile

On the other hand, in the high turnover facilities:

- There was a more desperate and chaotic air about them no matter what time of day or night they were visited
- Staff members were rushing around (or difficult to find in empty corridors)
- Residents were calling out, crying and even screaming
- Call lights were typically buzzing, flashing or ringing with no one appearing to pay attention
- Very few smiles were in evidence
- At times, entire parts of the buildings seemed to be abandoned by staff
- Employee break rooms were gloomy, dark and dingy (more than one with old furniture stacked, and stained, falling ceiling tiles)
- Dirty dishes were sitting in carts in the hallways, soiled linens were usually not covered,

and odors ranged from the merely unpleasant to the almost unbearable.

Existing "explanations" for high turnover

Researchers have studied staff turnover in many industries. Typical non-exclusive explanations given by economists and managers for high turnover in direct care nursing facility jobs point directly to the "characteristics" of front line workers such as "frontline workers are marginal job seekers who cannot keep a job, come to work regularly or perform reliably," or "frontline workers are workers without a 'good work ethic,' as contrasted with workers of the previous generations," and even "frontline workers are often immigrant workers who may have trouble with work status, with the law, with school, relatives who live great distances away or with other commitments." No doubt examples exist of all of these in the long-term care nursing workforce, particularly of "marginal worker" issues. However, the fact that some nursing facilities exhibit extremely low turnover compared to other nursing facilities located just down the street, when they are hiring and employing the same workforce, makes some of these broad explanations of limited use.

The explanations may all be correct at some level, but even given the relatively high levels of turnover in the long-term care industry, it is clear that a great deal of variation exists within the industry and even within neighborhoods. The mean level of turnover in nursing facilities may always be higher than in, for example, hospitals, but the variation within nursing home settings is what is interesting and what requires new explanation.

Managerial practices and turnover

The study found that many specific managerial practices differed characteristically between low-turnover and high-turnover facilities. Overall, however, five areas stood out to the researchers as distinguishing facilities with low nursing staff turnover.

The five patterns found to be associated with lower nursing turnover are:

1. High quality leadership and management offering recognition, meaning and feedback, as well as the opportunity to see one's work as valued and valuable; managers who built on the intrinsic motivation of workers in this field

2. An organizational culture communicated by managers, families, supervisors and nurses themselves, of valuing and respecting the nursing caregivers themselves as well as residents

3. Basic positive or high performance human resource policies including wages and benefits, but also in the areas of "soft" skills and flexibility, training and career ladders, scheduling, realistic job expectations, etc.

4. Thoughtful and effective, motivational work organization and care practices

5. Adequate staffing ratios and support for giving high quality care.

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Effects of Leadership and Management on Staff Turnover

Part two of a six-part series

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This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

According to a 2001 study, high quality leadership and management is one of five patterns associated with lower nursing turnover. Managers at low-turnover facilities offer staff recognition, meaning and feedback, as well as the opportunity to see one's work as valued and valuable. They also build on the intrinsic motivation of workers in this field.

Profile: leadership and management in a low-turnover facility

Low-turnover facilities had a significantly higher quality of leadership in management ranks, especially among administrators, directors of nursing and either staff developers or charge nurses. In the low-turnover facilities, the administrators typically were in place for a long time and were well-known and respected across classes of workers.

Administrator: "The staff will be a mirror of the supervisors. If the supervisors treat the staff with dignity and respect, and hold them accountable, that empowers people."

Profile: leadership and management in a high-turnover facility

In high-turnover facilities, a revolving door of leadership was evident, including either directors of nursing or administrators, or both. Often these leaders in both settings promoted distinct "cultures of care."

In homes where previous turnover statistics were high, new administrators had been hired who were actively taking different stances toward the work, care and patients than their predecessors. In these facilities, a very cautious attitude of optimism about improvements was tangible.

Administrator: "Apparently the previous administrator didn't speak to people. He just walked around the building and didn't speak to people, even the department heads."

Researcher: "What happened to him?"

Administrator: "He was promoted to the corporate office to be president of a division."

Also, leadership style seemed to cascade down to managers and supervisors. One high-turnover administrator, for instance, was unable to get her charge nurses to agree to act as supervisors even though they were legally and technically the nursing assistants' supervisors. This was a mystery to the administrator who threw up her hands. Something about the particular size and management structure typical of nursing facilities seemed to make them very vulnerable to poor leadership in the top one or two positions, but also very responsive to strong leadership in those same roles (though it seemed to be faster and easier for a good facility to turn into a marginal one than vice versa, at least according to the managers and workers interviewed).

Elements of leadership and management

The study found that strong, positive leadership was the first necessity for a high-quality, strongculture, low-turnover nursing facility. No one person can turn a place around or make or break a place alone, but that person can be the spearhead of a team, and can gather good people around and hold them accountable.

In typical nursing facilities, there are no more than one or two key leadership positions, though other key roles are also important. The administrator and director of nursing are the two major people to whom most staff look to for leadership, both by example and by conscious management tactics. In rare cases, a human resources director, a staff development person or a key long-term nursing employee can also be a crucial "link" in a chain of culture and practice that serves to attract and retain employees.

The elements of leadership and management found to be most crucial in this research can be summarized as mission and culture, setting priorities and developing trust, accountability and standards, communication, commitment, and providing leadership at all levels.

1. **Mission and culture**
   In most low-turnover facilities, senior management staff members carry out a distinct "philosophy of management" that is ingrained throughout the organization and is in alignment with the organization's goals or formal mission statement. In contrast, high-turnover facilities do not create mission statements, or they maintain a mission statement that holds little to no relevance to the facility. In one particular high-turnover facility, neither the administrator nor director of nursing had a response to the question about their facility's mission or goals. The administrator eventually found a formal mission statement after 15 minutes of searching in a file drawer: "High-quality, costeffective care in a cost-effective manner."

   Another way that mission or culture is expressed is how the leaders handle difficult or emotional moments, particularly deaths in the facility. Small things like bedside memorials when someone dies made a big difference to employees. One of the hardest things about working in a nursing facility is

the death of your residents, people for whom you have cared and with whom you have had a relationship. To have that person's life honored, and your part in it recognized and valued, is a healing process, according to staff interviewed in this study.

Culture communicates itself to residents and family members too, and can help attract or repel staff.

2. **Setting priorities and developing trust**
Every day decisions are made in nursing facilities that reveal the priorities of the leader more loudly than anything he or she says. Building trustful relationships is a challenge in any organization, but particularly in nursing facilities with poor histories, and with employees who have had little positive experience with bosses or supervisors. As one administrator so aptly stated, "You can accomplish anything you want if the staff trusts you."

3. **Accountability and standards**
Strong leaders emphasized that their job was to create accountability and empower staff. They do not try to be liked by everyone, although good ones often are. As one administrator stated, "You have good aides and bad aides. You have to hold people accountable to get a stable staff . . . I hold them to the right thing. I want everyone brought up to standards. We have to decide what our standards are. The state's are only a minimum."

Good managers hold staff accountable, but do not give up on them when they make mistakes. On the other side of the coin, nursing assistants and other staff are generally troubled by poor care given by other staff, and they hold managers accountable.

Poor quality, after all, is not hard to observe, even for a non-expert. And anyone observing consistently sub-par care eventually wonders, "If the administrator, manager or director of nursing were on the floors regularly, it seems that someone should have noticed this individual. Even a charge nurse presumably could have been responsible to take care of several of these issues."

4. **Communication**
Regular communication across shifts and units is a sign of a stronger and more communicative culture, where staff members believe they do matter to the leaders of the organization. Good managers try to learn what their staff members are feeling, especially front-line staff. That means talking to them, walking the floors, helping them and using tools like surveys. They know that pride in the job is crucial to getting a good job done.

Often problems in nursing facilities arise because of a lack of communication between shifts or units. This is particularly true when changes are made.

5. **Commitment and longevity**
One way that managers and leaders develop and express their commitment is by staying in nursing care. At one low-turnover facility, the 10 department heads had a total of 147 years of service, or on average almost 15 years' each. This was very different from highturnover places, where in three of the four facilities visited, the administrator had been in place less than six months, and very often other leadership staff had changed frequently as well.

Longevity was no guarantee of good quality in a manager, of course, but there was a striking difference in short- and long-term career patterns. Managers did not always have to have lengthy service to be good at making necessary change. Sometimes a non-traditional background was useful.

Commitment was another value that emanated from the top-down. One administrator explained the value of staff stability to good care and to building a strong culture. He challenged everyone to make a serious commitment to stay with the facility and reorganize the care systems.

6. **Leadership at all levels**
The change process is not easy, and many nursing facilities require dramatic changes to improve their performance. New administrators and directors of nursing come to good and poor quality homes all the time, and have to take on the challenge of making positive change. That might mean that some people are required to leave, but it also means that others must have a reason to stay, and eventually learn to feel good about the work they are doing. At the same time, managers also must allow room for innovation and creativity.

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Valuing and Respecting Caregivers and Their Needs

Part three of a six part series

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This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

Valuing and respecting caregivers and understanding and responding to their needs was the second quality found in a 2001 Congressionally mandated study of low-turnover facilities. This second finding was linked to the first (high-quality leadership). Good leaders and managers were certain to value and respect the nursing staff, especially the direct caregivers, and their needs. This became obvious in certain clear contrasts between high- and low-turnover facilities.

Recognition

The power of positive recognition and feedback of people's work should not be underestimated. In high-turnover facilities, researchers found a sense of anonymity about the staff, who seemed to come and go very quickly both daily and at longer intervals. At low-turnover facilities, staff recognition was almost over-determined—new staff were recognized, senior staff were recognized, children of staff members were recognized, and this was all evident just on a few walls. It is not surprising to find that the managers of these facilities thought consciously about the value of the workers and residents, and how to express that in multiple visible ways.

Scheduling

Schedules, as much as any other single item in a nurse or aide's life besides his/her assignment, determined what life would be like, both at and outside of work. One of the biggest areas of contention, and a problem area for attendance and for continuous employment, were problems related to scheduling and showing up at mutually agreeable times. In fact, failure to meet management expectations of showing up every single day as scheduled was probably the most common reason for nursing staff discharge, rather than a failure to do the work well.

Scheduling variables include: Whether the schedule is rigid or flexible–If it is flexible, it does not mean there is no schedule, just that people's complex personal issues can be addressed without a huge problem in most cases. This study found that the flexibly scheduled facilities had the least absenteeism and turnover, as reported by managers. The rigidly scheduled ones all had difficulty with this, and tended to become more rigid in response.

- How absenteeism is handled (whether planned or unplanned).
- Who the scheduler is and how most people relate to that person – If the scheduler appeared to act with favoritism, the facility's morale sank quickly to the depths. If the scheduler was rigid, turnover and absenteeism became even more common. Scheduling is also sometimes used as a punishment, a hated practice among nursing assistants.
- Transportation and child care issues.

Respect vs. contempt for caregivers

In high-turnover facilities, attitudes toward the paraprofessional staff were quite negative on the whole. This was in contrast with low-turnover facilities, where much more egalitarian language and approaches were used.

Lives outside of work

Another factor that distinguished low-turnover from high-turnover facilities was an understanding by one or more key managers and leaders of something of what employees' lives were like outside of work, especially nursing assistants' lives.

Valuing and Respecting Caregivers and Their Needs

Common concerns about work that impacts life outside of work include (but are not limited to):

- The night shift
- Lack of future
- Discouraged ambition
- Attachment to residents and dealing with death
- Understanding the residents' experience

Cultural diversity

Many of the caregivers interviewed in this study were from a variety of backgrounds—including immigrants from different countries around the globe. It is important to note the diversity in culture and background, and understand/respect these differences.

Summary

Valuing and respecting caregivers, as opposed to having contempt for them, not surprisingly resulted in stronger, more positive relationships and less turnover. Yet this seemed to be very difficult for some people in the institutional culture of long-term care. For others, it seemed to come naturally, or through a lifetime of learning.

In cases where administrators sometimes advanced people salary money if they needed a car or an emergency operation, workers stayed longer and felt more loyal. In cases where they were on their own, no matter what happened, and they were treated as interchangeable, they acted much more individualistically and from the managers' point of view, much less responsibly.

Yet, as has been suggested, these individuals were not fundamentally different people with different work ethics. They were, however, acting in a different organizational and human setting, being treated differently and being trusted and valued at a much higher level.

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Basic, Positive Human Resource Policies

Part four of a six part series

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This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

In addition to strong leadership and a culture of respect for caregivers, basic, positive human resource policies (e.g., wages, benefits, orientation, training and scheduling) were found to be another identifier of nursing homes with consistently low turnover rates, according to a 2001 Congressionally mandated study.

Compensation

One might expect to find facilities with low turnover paying more than facilities with high turnover, and might expect workers to move to facilities with the highest wages and stay there. However, in most cases, the high- and low-turnover facilities were paying very similar wages. Competition for workers on the basis of wages could be cutthroat in the nursing facility industry if there were no other reasons for people to stay at a facility.

Facilities that raised wages over time were more likely to keep workers. This was true in the unionized facilities where annual percentage or flat increases were awarded by contract. This was also true in the lowturnover facilities where workers had earned regular increments over the years and now made more at their facility than they could at another new workplace. Some facilities offered shift differentials or weekend differentials or offered bonuses (to new workers or to current employees who signed up other workers). There were no consistent patterns that differed between high- and low-turnover facilities on the minimum requirement.

Benefits and pay in lieu of benefits

Health insurance is a major benefits issue to workers, though very few paraprofessional workers can afford it, and very few facilities provide it at an affordable rate.

The important thing to paraprofessional workers is what it costs them, not what the facility contributes. One nursing assistant, a single parent with two children, contributed an estimated 20 percent of her take-home pay for family health insurance. Unless they were covered by Medicaid, nursing assistants often viewed health insurance as a necessity, but it was one benefit they typically could not afford. Hardly any non-licensed employees interviewed were covered by employer health insurance, or any insurance besides Medicaid. In fact, many nursing assistants would even forgo paid sick leave, vacation or holidays for an additional $1.00 per hour.

For professional staff that might be more able to save for retirement, the lack of a retirement plan or any deferred compensation seemed like a serious barrier to staying in the industry. Occasionally, talented staff are lost because they do not have the most basic deferred compensation benefit, even one that cost the company almost nothing (a pre-tax contributory plan).

Recruitment and hiring

Research shows that a high percentage of nursing assistant turnover occurs within the first three to six months of hiring. This suggests a combination of potential problem issues involving recruitment and orientation. These might include difficulty recruiting and selecting the right employees, giving them a realistic job preview so they know what to expect and difficulty orienting them properly to the demanding work they will be doing.

In these interviews, it was clear that greater selection in hiring would help. Each manager was asked what he or she looked for in hiring nursing staff. Many of them indicated they could not really afford to have too high standards, since there was a staff shortage. Very few gave any kind of written test or assessment, or did an English language assessment. They did not rely greatly on references, as they found these of little use. They did look for holes in people's work histories or previous "misunderstandings" or other problems with other managers.

In the lower-turnover facilities, the directors of nursing were more likely to have a direct involvement in hiring nursing assistants. One director of nursing said she did not test: "No, no test. I interview them."

Most of the low-turnover facilities either taught a class for nursing assistants that was open to the community or paid for employees to take it at a community college or adult education program nearby. This helped them get first access to potential new employees who could not fund their own two-week program. But teaching the nursing assistant course and guaranteeing people a job afterwards was no guarantee of retaining people.

Orientation and training

Once employees were hired, striking contrasts were found between high- and low-turnover facilities' orientations for employees. High-turnover facilities typically did orientation briefly, if at all. This often happens because the facility is "short staffed," which then requires the new staff members to work a full assignment whether they are prepared to or not.

In contrast, in low-turnover facilities, more recruitment was accomplished through word of mouth, often with friends or relatives. In one facility, the researcher interviewed a brother and sister, niece, uncle and other family members. This seemed to tie both employees more closely to the facility. One human resources director

explained that orientation was a minimum of 30 days in their facility before people were given their own assignments, and she thought that was still not enough. Managers in low-turnover facilities also were more inclined to test or assess applicants, and to take their orientation to the facility and residents seriously. Both employees and managers agreed that the required 75-hour minimum training does not adequately prepare employees for their work in the facility.

Career ladders and opportunities to advance

"A couple of nursing assistants are going to school for their LPN or RN. But there is not enough education or retirement benefits in this company." This was the assessment of one highturnover facility's administrator.

In contrast, in a low-turnover home in a rural area, the facility paid tuition and guaranteed work hours on a flexible schedule to employees seeking to further their education in nursing. While the facility did not require employees to continue working there after their schooling, nearly all supported employees continued to work at the facility and felt significant loyalty to the facility itself and to the managers and residents.

There can be other advantages of having a career advancement program at the facility. At one lowturnover facility that offered support to nursing assistants who were just beginning their training, the retention of nursing staff was a positive contributor to retaining new paraprofessional staff.

Why people left nursing facilities

The investigator always asked why nursing staff did actually turnover or leave. Most of the answers were consistent. "They tell me, benefits and staffing ratios," said one human resources director at a high-turnover facility. Many nursing assistants echoed this summary. Other reasons included:

- Lack of management responsiveness
- Burnout or feeling "stuck"
- Terminated for "no call, no show"
- Another job
- Unknown

Summary

According to most administrators, compensation was the highest contributing human resources factor to high turnover rates, and several spent most of their interviews complaining about a lack of funds. But nursing staff agreed that while wages were important, they were not determinative in turnover rates.

Many other factors contributed to making a good workplace. The lack of health benefits was nearly as important, though very few facilities offered really accessible benefits to paraprofessional staff. Retirement plans were extremely important to the more senior nurses, especially those who had worked for many years without one, and the average age of nurses interviewed and observed was in their 40s or early 50s. For the aides, retirement plans were simply unavailable. In fact, some 50 percent chose to work without any paid time off or benefits in order to make another $1.00 an hour, or $40.00 a week. However, this caused more trouble than intended by management when staff had no sick days, holidays or vacation as a reason to stay, or to pay their bills if they were ill.

In addition to economic benefits, non-economic benefits such as longer orientation, more training, flexibility in scheduling, career ladders or educational opportunities and having good feedback or good supervision seemed important to a number of nursing staff interviewed. A longer orientation seemed to help with retention of new staff, as did a more stringent selection process.

Nursing facilities often did not have a human resources manager or coordinator, and this was apparent in a somewhat haphazard approach to benefits and other practices that are often designed to retain employees. Rather, most human resources issues observed seemed to be about not being paid overtime, or for that extra shift one had worked. Human resources directors, if they existed in high-turnover facilities, spent the vast majority of their time recruiting and screening staff, and processing their exit paperwork.

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Motivational Work Organization and Care Practices

Part five of a six part series

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This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

In addition to the other positive management practices identified in a 2001 Congressionally mandated study, motivational work organization and care practices were found to be another identifier of nursing homes with consistently low turnover rates.

A series of well-known principles of motivational work organization are violated routinely in structuring certified nursing assistants' work and also in other nursing jobs in long-term care facilities. For example, nursing assistants are rarely given a "whole job" to do, but rather are instructed to take care of some portions of their residents' needs, without knowledge of the larger context of their diagnoses and treatment or care plans. Nursing assistants are rarely provided with feedback of the result or consequences of their work. Most typically, they are reassigned to different residents frequently, as if the warm and mutual human relationships that are at the core of good care did not exist.

Although no single set of successful care practices emerged from this study (as no single set probably exists), the researchers observed dramatic differences in care delivery, particularly in the following areas:

- Consistent vs. irregular assignment
- Generating feelings of responsibility, ownership and accountability
- Building on intrinsic motivation
- Attachments to residents honored or dishonored
- Floating staff
- Use of agency staff
- Dementia care
- Extent of individualized vs. institutionalized care
- Meal time etiquette
- Shower and bath practices
- Activities—extent and type, aides' involvement
- Dealing with death and dying Below, we discuss the most dramatic positive care practices, as well as some that promoted poorer care and less retention.

Consistent vs. irregular assignment

While most recent research and practice innovation point toward the advantages of consistent assignment of residents to staff, most administrators and nursing directors, and some staff members, resisted the idea and the reality. Many stated that staff must know everyone so they can work anywhere they are assigned. This assumed that people would not come in to cover their assignment, so others would have to do it, which then in some sites became a self-fulfilling prophecy.

The other reason given for rotating or floating staff was to "even out" the care assignments so that no one will have the "difficult" residents all the time. However, this reasoning assumed that all residents were either difficult or not, when that was clearly not the case to workers—some aides got along famously with a particular individual while others could not deal with the person successfully at all.

Quality of care: potential implications of individualized care for management practices and nursing staff

Some facilities studied, usually the lower-turnover ones, were in the process of thinking about how to increase individualized care. But most had not made it very far. It seemed that it might take more staff to implement individualized care, at least at first. At the one facility where individualized care had gone the furthest, a manager noted, "They created seven aide positions on evenings last year. They needed them to implement more of a philosophy of choice."

The researchers also noted the importance of relationships in dementia care. As one nursing assistant noted, "I thought about doing agency work . . . but I realized you don't know the people. You've got to know how they are; some of them can't communicate. You have to go by gestures and blinks and points."

Neighborhood concept

Several low-turnover facilities involved in this study were discussing converting their hallways to smaller neighborhood units that would have more consistent assignment and perhaps more individualized care. It is important to realize that any change in care practices also has effects on the nursing and caregiving staff. Some facilities had created nursing units that functioned something like neighborhoods. Staff tended to get very attached to "their" unit and the people included.

Meaningful and varied work

One of the basic precepts of work process research is that people need, require and welcome meaningful work. Nursing work was intrinsically meaningful in terms of its effects on the lives of others. Some workers realized this fact, no matter how troubling other aspects of their employment were.

Dementia care: adjusting to residents with dementia and caring for them

Dementia care clearly takes both specific training and a special kind of person. A particular nurse interviewed in the course of the study was gifted in her ability to calm and soothe dementia patients without hurting them. She described her own specific way to implement "validation therapy," a currently favored technique to work with dementia patients that is in stark contrast to the "reality therapy" that many nurses learned in school. She could have done a tremendous job helping new nursing assistants learn to take care of these residents as well if this practice of training had been encouraged, the researcher noted.

Involvement in care planning

Recent research has confirmed that facilities where nursing assistants participate in care planning have lower rates of turnover compared to similar facilities where they do not. Yet in virtually no facility, high- or low-turnover, were nursing assistants actively involved in care planning. At most, sometimes nurses asked them for input before the meetings. In some cases, even the charge nurses were not involved in care planning meetings.

Communication and report

As mentioned in the section on leadership, communication between employees, especially across hierarchical boundaries and between shifts, was found in this study to be very important. Some more motivational workplaces have instituted the ritual of reporting from one shift to the next, even at the level of the nursing assistant instead of just the nurse.

Teamwork—or the absence of

Remarkably few of the facilities studied for this report used teams of nursing assistants or even nursing teams. One facility did on the first shift, and aides said they liked working there because they had a partner to help them, to work with and to talk with. Of course, establishing teams requires both management training and sufficient staff, both of which are in short supply in the nursing facility industry.

What it used to be like: acuity, staff, regulation, etc.

A pervasive sense permeated all facilities that "things have changed" even in the last five years, such as increased paperwork, increased patient acuity, more cost and time pressure and the workforce.

Attachment, sadness, death and distance

An administrator admitted to crying when she found that a resident had recently passed away: " . . . and then I cried, right there in the middle of the floor. I realized then that I couldn't get attached. You have to keep a distance."

Yet facility managers or social workers could work on helping people deal with the inevitable approach of death for at least some of their residents. Attending to death carefully and explicitly is a practice, as noted previously in the section on leadership, which is drawing increasing attention, both from staff and residents, in the culture change community in long-term care.

In summary, the problem with the work organization and care practices observed in most of the facilities was that they did not seem to allow for the caring for people as they wished to be cared for, even if they could so communicate. And where they could not communicate, the assignment system of rotation diminished the likelihood of making a positive match between nurse's aides and residents.

TMF
Health Quality Institute

Sufficient Staff Ratios and Support for High Quality Care

Part six of a six part series

LTC Hot Topics, November 2006
This article was adapted from OhioKePro, the Medicare Quality Improvement Organization for Ohio.

The final management practice that was directly associated with turnover and retention rates in the facilities visited for a 2001 Congressionally mandated study relates nurse staffing, particularly nurse aide staffing. While there was no "magic" ratio that emerged in this study, it was clear that virtually no aide felt he or she could adequately take care of more than eight nursing facility residents on day shifts, about the same number on evening shifts and somewhere between 10 and 15 on night shifts, depending on how active and alert residents were at nighttime. Licensed nurses felt strongly that having full responsibility for even 20 residents at a time on their shifts was unsafe, but it was also alarmingly common.

Understaffing and working "short"

Administrators in high-turnover homes tended to complain about current staffing ratios, whatever their level in their state. Yet even providers with relatively high staffing levels were having trouble staffing at a level they felt was adequate.

Most administrators, nursing directors and nursing assistants readily acknowledged the direct connection between insufficient staffing and high turnover. Some administrators saw that they needed more direct care staff relative to management.

Staffing at the right level in this study was not just a matter of more bodies. For instance, agency staff members were sometimes felt to be more trouble then they were worth as they had to be trained and supervised and usually, they did not know the residents or their particular needs. Yet agency staff members were paid almost twice as much for every hour on the job as regular staff members, and they often brought with them a negative attitude about anyone who would do this kind of work for less than they did, according to both managers and nursing assistants.

Building on intrinsic motivation

Good care could be its own reward, generating both feedback from residents and families and feelings of worth—but this seemed to be rare. In part that was because there was so little time for the activities that generated such positive feedback.

"When people speak who haven't spoken for months, or when I see a light in their eyes that hasn't been there for ages, it makes it all worthwhile," said one charge nurse. This was in stark contrast to a high-turnover facility where residents were treated much more roughly.

Corporate policies

While corporate policies were not studied in this report, they clearly had an effect on the human resources and staffing practices described.

Staff shortages were also real in several areas, though they were exacerbated by low wages and poor working conditions. Some managers felt torn between hiring more people and hiring good people.

In conclusion, it seemed in these interviews that short staffing was a circular problem that could lead to shorter staffing in a kind of vicious cycle. When people worked short, they described getting more tired as well as more resentful, and then they said they were more likely to call off of work in the future, making it more likely that someone else would work short. Also, workers reported more injuries on shortstaffed units, and they also said that residents were more difficult to comfort and soothe because time was scarcer. The ability to develop relationships that would bring the injured person back to work, feeling an obligation to the resident, was less likely to be present in a shortstaffed setting or one where everyone was rotated constantly.

Series conclusion

The five key practices identified in this study included high-quality leadership and management; a practice of valuing and respecting nursing staff, especially direct caregivers; positive human resource practices, both economic and noneconomic; a set of work organization and care practices that help to retain staff and build relationships; and finally, a sufficient staffing ratio to allow for the provision of high quality care.

Additional surprising findings included that even in a complex system, one person could make a vast difference—particularly someone in a key leadership role in the facility, but also a charge nurse on a unit, or a human resources or staff development person, as long as the individual had direct contact with the caregiving decisions and staff members.

It is hoped this report provides a clear picture of high-turnover homes compared to low-turnover homes in the same labor markets, and makes the case that managerial practices can and do appear to contribute to reduced turnover.

While these practices require both further large-scale, randomized evaluation and additional ethnographic study and careful implementation, they are not inaccessible or mysterious, and are clearly within the ability of most

managers interviewed for this study. However, they also require significant discipline, a good deal of compassion and empathy, openness to learning and innovation, a willingness to delegate responsibility and to hold managers as well as staff accountable and an interest in spending significant time on the floors or units of a nursing facility. Management practices do make a difference, according to the nursing staff interviewed for this study.

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