

Executive Summary

Tailored and Ongoing Training Can Improve Job Satisfaction

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Overview

Turnover of direct care workers (DCWs) in the long-term care industry, has reached alarming proportions. It ranges from 45 percent to over 100 percent and costs nearly \$4.1 billion annually. Among the many factors contributing to the high turnover rates of direct care workers is inadequate initial training, poor orientation to the job and lack of on-going training which is likely to result in feelings of incompetence, lack of commitment to the job, job dissatisfaction and provision of poor quality of care to frail and chronically ill populations.

Direct care workers provide care in a variety of settings such as home and community-based agencies and residential care facilities. Care that is the most highly regulated is provided in nursing homes where nursing assistants provide the majority of hands-on care to the chronically ill. With the passage of the federal Omnibus Reconciliation Act of 1987, nursing assistants were required to undergo a minimum of 75-hours of initial training and become state-tested. Unlike some states that have increased the training requirements, Ohio still requires nursing assistants to complete the minimum number of hours of training. Similarly, aides working in Medicare-certified home care agencies also require 75 hours of initial training in Ohio. No such requirement exists for aides in assisted living facilities which are the least regulated of these three long-term care settings in Ohio. By comparison, cosmetologists in Ohio are required to complete 1,500 hours of initial training.

As part of the licensing/certification process in the State, nursing assistants and home care workers must have 12 hours of continuing education every year. Many of these hours are covered by mandated annual in-services. This repetition often excludes training in important areas such as depression and adjustment disorders that are related to the complex needs of frail elderly who face many physical, mental and cognitive challenges. Further, direct care workers also confront racial and discriminatory attitudes and behaviors by clients and residents. Yet, it is unclear how much of the training that direct care workers teaches them how to deal with racist attitudes.

The purpose of the study was to investigate the perceptions of direct care workers and supervisors in home care agencies, assisted living facilities and nursing homes regarding issues

related to education and training, racism on the job, commitment to the field, and factors related to job satisfaction.

Study Design

In this study, researchers used a cross-sectional survey design to interview direct care workers and supervisors employed by organizations located in a five-county area in Ohio. The study sites were drawn from three lists: 1) all certified home care agencies; 2) all assisted living facilities; and 3) all licensed skilled nursing homes. Proportionate random sampling procedures were used to select 27 nursing homes (NHs), 14 assisted living facilities (ALFs) and 8 home health agencies (HCAs) for participation in the project.

Within each organization, a sample of direct care staff and licensed nurse supervisors were recruited and interviews were conducted either in-person or over the telephone. A total of 644 direct care workers and 138 supervisors were interviewed in the three care settings. Of the total 644 direct care workers in the sample, the majority of DCWs interviewed were from NHs (432) followed by those in ALFs (106) and HCAs (106). Similarly, the majority of supervisors interviewed were from NHs (87), followed by ALFs (32) and HCAs (19). In addition to interviews conducted with DCWs and supervisors, the project also collected organizational-level data using a survey that was completed by administrative staff in each of the 49 sites.

Major Findings

Background Characteristics

- The average age of DCWs in our study was 39 years old.
- They were primarily female (95 percent); unmarried (63 percent) and minority (59 percent).
- Ninety-two percent had a high school education or more.
- They had worked in the long-term care industry an average of 8.7 years and in their particular facility for 4.7 years.

Training Needs of DCWs

Initial Training

- Almost all the DCWs (98 percent) reported that they had received initial training.
- The majority of direct care workers who received training (59 percent) reported that the initial training had prepared them well for their job. DCWs in HCAs felt significantly better prepared than DCWs in NHs (no significant difference was found between DCWs in HCAs and ALFs).

- The top four recommendations to improve the initial training were: 1) having more hands-on experiential training; 2) longer training; 3) learning better communication skills; and 4) learning how to deal with residents' problem behaviors and mental illness.

Quotes:

- *“Need to get STNAs [state-tested nursing assistants] on the floor sooner in their training so that they know what the work is about. Explain to trainees that this is stressful and difficult work. Trainees need to know that when they are state-tested that they will have more residents to be responsible for. Have this taught early so that people can decide if this is for them.”*
- *“Needs to be longer, more detailed instruction, especially on vital signs, lifting, transferring, universal precautions and state policies.”*
- *“Stress importance of working as a team for safety’s sake for the resident and the STNAs. Teach better organization of time that mirrors what the real work situation will be like.”*

Orientation to the Job

- 95 percent of DCWs reported that they received an orientation to the job where they worked.
- The majority of direct care workers who received the orientation (54 percent) reported that it was helpful. A significantly larger number of DCWs in HCAs felt the orientation was helpful compared to DCWs in NHs (no significant difference was found between DCWs in HCAs and ALFs).
- The top four recommendations to improve job orientation were: 1) making the orientation longer; 2) using consistent and good quality training staff; 3) providing a more hands-on orientation with training on the floor; and 4) providing new hires with the opportunity to have a more varied experience with different units and types of residents.

Quotes:

- *“Make sure the aides are very comfortable before going out on their own. They should spend 30 hours with a variety of different people.”*
- *“Make sure new hires are given the full three days of orientation on each floor – don’t pull them to place them in other areas that are short on staff. Train lead aides how to teach others.”*
- *“They should have people who’ve been here for a while involved in orientation. Managers don’t know what it’s like on the floor.”*

Continuing Education

- Overall, 94 percent of DCWs reported that they received continuing education. Almost a fifth (18 percent) of direct care workers in ALFs had not received any continuing education.
- About half of direct care workers (55 percent) who received the continuing education reported that it was useful. DCWs in HCAs felt that the continuing education was

significantly more useful than DCWs in NHs (no significant difference was found for DCWs in HCAs and ALFs).

- Fifty-two percent of DCWs reported that the lack of staff coverage on their unit was a barrier to attending in-services.
- DCWs were very flexible about how they wanted to receive their continuing education. The majority (94 percent) wanted to learn interactively with other DCWs, 80 percent also wanted printed materials they could read on their own, 74 percent liked watching videos, fewer (54 percent) wanted to learn on the computer, and most preferred more frequent, shorter sessions (73 percent) rather than having whole day sessions (26 percent).
- The top four recommendations for improving continuing education were to conduct sessions: 1) more frequently; 2) during different shifts and different days to include more DCWs; 3) on communication between residents, families and other staff; and 4) on teamwork.

Quotes:

- *“For training, they need to let the new nursing assistant get hands-on experience while being observed rather than just have them follow around the other nursing assistants to see what they are doing.”*
- *“In-services should be scheduled into work time with coverage taken care of, so that we can go.”*
- *“Also how to deal with difficult family members. A lot sessions talk about common sense stuff coming from trainers who don’t directly deal with residents.”*

Implications for Practice and Policy on the Training Needs of DCWs:

Such findings on the training needs of DCWs suggest that much could be done to improve their initial training, orientation to the job, and continuing education. For the most part, DCWs wanted longer training that was more experiential, provided in the care settings in which they would work with more clinical time, and dealing with real residents and their challenging behaviors and cognitive problems. One method of enhancing DCW training is to require longer and more in-depth orientation to the job. This orientation is especially important for newly trained DCWs who are often unprepared for the realities of the job.

Other research has found that almost a third of DCWs voluntarily or involuntarily turnover in the first three months on the job because the actual work is not what they had expected, or they cannot meet the demands and quit or are fired because they are unsuited to this type of work. Thus, one possible method for dealing with the problem of high turnover is to encourage better screening of applicants for training programs and in the hiring process and to offer a more intensive and longer job orientation.

With regard to the continuing education needs of DCWs, providers need to ensure that a group of DCWs receive interactive training, while at the same time ensure that there is adequate coverage on the floor. Receiving training with other DCWs is important so they learn from each other

regarding areas such as fostering teamwork, dealing with difficult residents, co-workers, and supervisors, and efficient ways for organizing work tasks.

On the part of states, some of the mandatory content for in-services for incumbent DCWs in NHs and HCAs should either be reduced, or the total number of required in-service hours should be increased, or both. Enhanced training is likely to lead to a more skilled workforce and therefore, better quality of care for the elderly requiring long-term care services.

Sensitivity Training on Issues Related to Racism

- Even though 81 percent of DCWs said that their organization had clear policies to ensure that racial discrimination was not tolerated in the workplace, 70 percent had heard residents make racial or ethnic remarks. About 29 percent had heard these remarks directed at DCWs daily or several times a week. Yet, two-thirds believed that these remarks were not intended to hurt their feelings.
- 15 percent of DCWs reported that they had heard family members make racial or ethnic remarks.
- Slightly more direct care workers (21 percent) had heard other staff members make racial or ethnic remarks.
- 45 percent of DCWs reported that the organization that they worked in had programs and policies that promoted an understanding of different cultures and races. Statistically significant differences were found for DCWs in HCAs who were more likely to report such programs/policies (68 percent) compared to DCWs in NHs (43 percent) and ALFs (30 percent).

Implications for Practice and Policy:

Even though direct care workers were likely to excuse residents who made racist remarks, attention must be given to communication among staff to enhance racial and ethnic sensitivity and respect and ensure that policies related to nondiscrimination are enforced.

Job Commitment

- The majority (55 percent) of DCWs did not want to be a DCW three years from now.
- Most did not want to leave health care but wanted to advance their career by becoming registered nurses (26 percent) or licensed practical nurses (21 percent). Most others wanted to move into other health-related careers such as medical billing or medical administrative work or dental or dialysis technicians.
- Despite these findings, 87 percent would recommend becoming a DCW to a family member or friend.

Implications for Practice and Policy:

Although the widespread intent to not remain a DCW does not portend well from the perspective of reducing turnover among DCWs, it is encouraging that workers are hoping to use the DCW position as a stepping stone for career advancement. In fact, a large portion (42 percent) reported having taken some college courses. Thus, those who desire to further their career should be supported. In fact, other related findings from our study suggested that even though DCWs did not anticipate doing the same thing three years from now, they were fairly satisfied with their jobs and were willing to recommend it to family members and friends.

From a policy perspective, employers should be reimbursed for providing career advancement opportunities, tuition reimbursement to DCWs, flex time to attend classes, and classes offered in the workplace through partnerships with community colleges.

From a macro perspective, providing career advancement to DCWs is likely to fill the gap/shortage of health care staff in other health-related fields. One such area is professional nursing and therefore, encouraging incumbent DCWs to move on would help address the professional nurse shortage.

Having such opportunities would encourage younger nurses to fill the gap created by DCWs if they saw that a professional career advancement opportunity was in place. Further, if job advancement opportunities were also available to those DCWs who choose to remain in their current occupation, such as specialized training in certain areas such as restorative therapy or dementia care or medication aide with certification, title change and wage increase, it would encourage commitment and retention.

Predictors of Job Satisfaction

- DCW Background Characteristics influence Job Satisfaction
 - DCWs who are minorities, have more financial challenges, report poorer emotional health since working as a DCW, and have higher depression levels were more likely to have lower job satisfaction.
- Job-related stressors also impact DCW job satisfaction.
 - The more negative perceptions DCWs had about their initial training, continuing education and job orientation to facility/agency, the lower their job satisfaction.
 - The fewer the permanent assignments of residents/clients to DCWs and when DCWs were not given mentors or preceptors, the lower their job satisfaction.
 - The more times DCWs were asked to work when not scheduled (come in early, stay late, work on days off) and those who perceived that turnover was more of a problem, the lower the job satisfaction.
- Work Place Social Support and its Influence on Job Satisfaction
 - The greater the frequency of racial or ethnic remarks from other staff (directed at DCWs) and the greater the number of negative interactions with staff, the lower the job satisfaction.

- Influence of Organizational Characteristics and Practices (based on the Administrative survey) on DCW Job Satisfaction:
 - Organizations reporting more problems with turnover and those serving a larger percentage of minority clients or residents had lower average DCW job satisfaction scores.
 - Organizations that reported using a larger number of recruitment and retention strategies had higher average DCW job satisfaction scores.
 - HCAs had higher average DCW job satisfaction scores compared to NHs and ALFs.

Implications for Practice and Policy:

The data suggest that background and personal characteristics of DCWs such as their race, financial worries, experience with emotional health deterioration, and feelings of depression are related to job satisfaction. In addition, the data suggest that greater job-related stressors and fewer social supports influence job satisfaction negatively. Organizations can alleviate some of this stress by improving the training of DCWs, by providing Employee Assistance Programs, having permanent assignments to residents/clients, by enforcing a no-tolerance policy on racism, and improving communication and positive interactions among staff. In attempting to change such policies, including enhancing their recruitment and retention strategies, organizations are likely to improve the retention of DCWs. This is important because perceptions of turnover from both DCWs and the Administrative staff/organizational perspective influence DCW job satisfaction. Thus, addressing the turnover issue is key to enhancing job satisfaction.

It was interesting to find that HCAs overall had higher DCW job satisfaction levels compared to NHs and ALFs. Perhaps, HCAs have less turnover and better practices and policies in place for their DCWs compared to NHs and ALFs. More in-depth analyses are needed to examine such issues using larger, representative samples of study sites.

Key Findings from Supervisors

Training Needs of Supervisors

Training on Supervision

- Almost half of the supervisors (49 percent) reported that they had not received any formal education on supervision.
- Of those that had, only 13 percent believed that they were well prepared to supervise. Supervisors in ALFs felt better prepared than supervisors in NHs.

Orientation to the Job

- Most supervisors (91 percent) had received an orientation to the facility where they worked.
- Of those that had received an orientation, 45 percent found the orientation to be very helpful.
- The top four recommendations to improve orientation were: 1) receiving a formal overview of facility rules, regulations, procedures and expectations; 2) making the orientation longer; 3) providing experienced mentors for one-on-one training; and 4) emphasizing staff teamwork, communication, and respect.

Quote:

- *“Newly hired people need training on how to be a supervisor. They’re hired for their nursing and other skills, not for their ability to be a supervisor. It takes a different skill to manage people, to practice conflict resolution.”*

Continuing Education

- Eighty-five percent of supervisors had received continuing education.
- A quarter of supervisors (25 percent) in ALFs had not received any continuing education.
- A quarter of all supervisors (26 percent) who had received continuing education found it to be very useful; 45 percent found it to be somewhat useful.
- The top four most frequently mentioned recommendations for improving supervisors’ continuing education were related to: 1) providing training on such issues as leadership, supervision, and dealing with insubordination by DCWs; 2) having more frequent and regularly scheduled continuing education sessions; 3) conducting sessions during all shifts and repeating them on different days; and 4) having sessions on communication with residents, families, and staff.

Quotes:

- *“They should be provided at least on a quarterly basis and rotated so everyone can make it to them.”*

Implications for Practice and Policy:

The literature suggests that poor supervision is related to DCW turnover and job dissatisfaction. One method to address lack of training is to provide better job orientation and more continuing education on the topics that supervisors believe would help them to do a better job. Using the recommendations from supervisors to improve training is the first step to enhance their supervision skills. Improved training is likely to lead to better communication between DCWs and supervisors, thereby leading to better quality of care for residents and clients.

Supervisor Perceptions of Racism on the Job

- Similar to DCWs, the majority of supervisors (79 percent) believed that their organizations had clear policies to ensure that racial discrimination was not tolerated in the workplace. Yet, 75 percent of supervisors had heard residents/clients make racial or ethnic remarks. Very few (nine percent) felt that such remarks were done with the intent to hurt supervisors' feelings.
- Significantly more supervisors in HCAs (74 percent) had heard family members make racial or ethnic remarks compared to supervisors in NHs (24 percent) or ALFs (nine percent). The majority of them, like their counterparts in NHs and ALFs, believed that such remarks were not intended to hurt their feelings.
- 38 percent of supervisors believed that their organizations had programs and policies that promoted an understanding of different cultures and races. Significantly more supervisors in HCAs (68 percent) believed that their organizations had such programs/policies compared to supervisors in NHs (25 percent) and ALFs (34 percent).

Implications for Practice and Policy:

Similar to DCWs, supervisors were willing to tolerate racist and ethnic remarks and believed that they were not intended to hurt their feelings. There were differences by types of long-term care setting. More supervisors in HCAs had heard family members make racial remarks compared to supervisors in NHs and ALFs, although they believed that the remarks were intended to hurt their feelings. Despite these findings, HCAs had more programs and policies to promote cultural and racial understanding than had NHs and ALFs. It appears that HCAs as organizations are attempting to deal with the negative issues related to racism and cultural differences, but going into the client's home is likely to encourage more negative interactions/perceptions of racism between supervisors and the family members they have to deal with on a regular basis.

From a practice perspective, it is important that racial harmony and understanding be promoted in order to provide care that is respectful to both the worker and the client/family member. Organizations need to ensure that although they might have policies against discrimination, these policies need to be promoted through regular training and education programs and enforced across the board. Such enforcement is likely to lead to reduced resentment between workers and clients, thereby helping to improve quality of care.

Other project staff involved in this study were: Kathleen Fox, Heather Menne, Joshua Gisemba-Bagakas, Dorothy Schur, Julie Rentsch, Justin Johnson, and Brenda Peters.

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