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Certified Nursing Assistant Recruitment and Retention Pilot Project Final Report

November 30, 2000

Prepared by
Iowa CareGivers Association

For
Iowa Department of Human Services

While the Certified Nursing Assistant Recruitment and Retention project objectives are based on outcomes, the underlying philosophy is one that goes beyond goals, measurable outcomes and analysis. It is the call for a major change in the way in which our society views Certified Nurse Assistants and other direct care workers. It canít be legislated or mandated. It is rooted in the human spirit and rests upon the social conscience of us all. With that, this project is dedicated to the thousands of Certified Nurse Assistants in the State of Iowa who are committed to providing quality care.

This report contains a final summary of the activities of the Certified Nursing Assistant Recruitment and Retention project from October 1998 to November 2000.

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We extend our appreciation to the Iowa Legislature and the following for making the Certified Nursing Assistant Recruitment and Retention Pilot Project possible.

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A special thanks to the CNAs and nurse supervisors who completed surveys and participated in focus group discussions.

Executive Summary

The care needs of vulnerable Iowans can't be met without good direct care workers. Labor shortages make it difficult for nursing home and other health care providers to find and keep workers.

Compounding the problems of tight labor markets and high staff turnover is the stark reality that over 700,000 Iowans will reach retirement age over the next several years, 40% of whom will require some form of long term care. At the other end of the spectrum, the pool of workers to provide the care continues to dwindle.

Due to the physical, emotional, and mental demands of the work, poor wages and benefits, inadequate training and lack of opportunities for advancement, about 80% of those who do enter the field, leave within the first year and most often within the first three months of employment.

These quality job/quality care issues also come at a time when there is a shift from institutional care to more home and community based care which creates an even greater demand upon these workers.

The CNA Recruitment and Retention Project has been driven by the need to seek solutions to finding and keeping good direct care workers.

The emphasis of this project has been on finding ways to retain workers longer with the theory that residents benefit from more consistent care, workers are happier in an environment absent the chaos brought with high turnover rates, and employers reduce the costs associated with staff turnover.

Efforts are underway to recruit mature workers, welfare recipients, immigrants, and those with disabilities to the field of caregiving to compensate for the worker shortages. There is a need for programs and services tailored to meet the specific needs of these populations.

There is a growing concern among national and state leaders, workers, providers, educators, consumers, advocates, and others to address these serious issues. The findings from the CNA Recruitment and Retention Project yield positive solution-based outcomes and information which can be used by all who are interested in the creation of a stable workforce which can provide the highest quality of care. Certainly, quality assurance rests with those who manage, regulate, and provide the care to vulnerable Iowans of all ages and in all health care settings.

Certified Nursing Assistant Recruitment and Retention Pilot Project

An Iowa CareGivers Association project funded by a contract from the Iowa Department of Human Services

Introduction

The Certified Nursing Assistant [CNA] Recruitment and Retention Pilot Project arose in response to a growing concern by Iowans about the access to quality care being threatened due to 1) shortages of CNAs and 2) high CNA turnover rates in nursing facilities at a time when the demand for these workers is expected to continue to grow in order to meet the care needs of the increasing aging population.

In addition, managed care and other health care trends are creating greater reliance upon CNAs and other direct care workers as a means to contain health care costs.

Some facilities report that they are unable to fill their beds due to staff shortages.

The purpose of the CNA Recruitment and Retention project was to help retain CNAs on the job longer and to attract workers to the field. The following **objectives** were established and executed from October 1, 1998 to November 30, 2000:

1- Coordinate a local planning committee.
2- Recruit three [3] nursing facilities to participate as tracking facilities and three [3] facilities to participate as a control group.
3- Conduct a representative and random needs assessment of CNAs in the state of Iowa.
4- Conduct a representative and random survey of licensed nurses who work in long term care (year two).
5- Recruit two [2] urban facilities to participate as tracking facilities (year two).
6- Develop and implement a public relations plan.
7- Develop and implement programs and interventions.
8- Evaluate the effectiveness of the pilot project.
9- Develop and disseminate project outcomes and a final report.

Expected outcomes include:
- a reduction in the CNA turnover
- an increase in CNA job satisfaction
- a more stable pool of caregivers
- an enhancement of the quality of care being delivered
- reduced costs associated with the high staff turnover

The project activities were set up in the following **phases** and this report is arranged accordingly:

PHASES I and II: Assessment
PHASE III: Interventions
PHASE IV: Evaluation and Dissemination

The project **targets** primarily CNAs in nursing homes and their employers in the northwest Iowa counties of Dickinson, Emmet, Palo Alto, Clay, Kossuth, and O'Brien with the addition of Polk County in year two. However, the entire communities within those and surrounding counties are the secondary audiences.

It should be noted that while the funding stream limited the **scope** of the project to CNAs in nursing homes, we believe that the project interventions are appropriate for and the assessment data reflective of direct care workers who are employed within other health care settings such as residential care facilities, home care, group homes, and assisted living to name a few.

Northwest Iowa was targeted because of the existing good working relationship between Iowa CareGivers Association (ICA) and the Iowa Lakes Community College (ILCC) in Estherville. Due to the short time frame [one year] within which to work and the uncertainty of a renewed contract, it was crucial that we begin where a great deal of time would not need to be spent in relationship-building. The relationship between ICA and ILCC has existed since 1995 and others who set out to replicate this effort should take that into consideration. In many cases, it can take two to five years to build good working relationships among the various collaborators within the community. Certainly, these partnerships are central to the success of such a project.

The relationship theory was supported when two Des Moines (Polk County-urban) facilities were selected in year two to receive the programs that the northwest Iowa facilities received in year one. The relationships with the Des Moines facilities were not pre-established and that became a factor and was evidenced through a slower rate of progress in the project.

History and Duration of Project

In October of 1998, the CNA Recruitment and Retention Pilot Project was funded through legislation passed by the Iowa Legislature. The legislation approved funding for a project to examine the recruitment and retention of CNAs in nursing homes. The Iowa CareGivers Association [ICA], secured the contract from the Iowa Department of Human Services to develop and implement the CNA Recruitment and Retention Pilot Project. Funding was renewed in 1999/2000. ICA is a nonprofit association with the following mission: *enhancing the quality of care through dedication to the direct care worker.*

The University of Iowa School of Social Work conducted the evaluation of the CNA Recruitment and Retention Project. Data tracking and analysis of correlations between changes in CNA turnover and the interventions offered. Job satisfaction and exit interview data were also gathered. A more longitudinal study of these facilities would have been favored by the researchers and project staff.

Advisory Council

The Iowa Department of Human Services [IDHS] was commissioned by the Iowa Legislature to enlist representatives from various organizations, agencies, and associations to serve in an advisory capacity to the CNA Recruitment and Retention Pilot Project. The list of those advisors and their affiliations is listed in the back of this report.

The ICA was responsible for coordinating the meetings and developing the meeting agendas and summaries. Meetings were held monthly in the beginning and then less frequently toward the end of the project's first year.

The council provided invaluable input and made numerous decisions when questions or uncertainty arose. The final approval of this report rested with the advisory council.

NOTES

The overall Certified Nursing Assistant [CNA] Needs Assessment includes Phase I [mail survey] and Phase II [focus group discussions]. Both Phase I and Phase II are explained in this section. The results of Phase I and Phase II are compiled in two separate reports entitled: Certified Nursing Assistant [CNA] Recruitment and Retention Pilot Project, Phase I: Survey Results and Certified Nursing Assistant [CNA] Recruitment and Retention Pilot Project, Phase II: Focus Group Study Results.

In year two, licensed nurses who work in long term care were surveyed in response to the CNA survey findings which revealed a very strong correlation between CNA job satisfaction and their relationship with their direct supervisors (charge nurse).

The reports contain a complete description of the methodology used, analysis of the findings, copies of the survey instruments, focus group moderator guide, and recommendations for the Iowa CareGivers Association [ICA], providers, policy makers, educators, and others.

How To Obtain Copies of Reports

Write or call the Iowa CareGivers Association or the Iowa Department of Human Services to request copies of the Certified Nursing Assistant Recruitment and Retention Project Survey, Focus Group, and the overall final reports: Iowa CareGivers Association, 1117 Pleasant Street, #221, Des Moines, Iowa 50309, 515-241-8697 or Iowa Department of Human Services, Medical Division, Hoover State Office Building, 5th Floor, Des Moines, Iowa 50319, 515-281-5487. The reports are also available at Iowa's state library and the Iowa CareGivers Association's website:

http://members.aol.com/iowacga

"I love working with the elderly. I want them to have the best care and be treated with respect."
CNA

PHASE I

Central to the Certified Nursing Assistant Recruitment and Retention Pilot Project is the CNA needs assessment which included a survey followed by CNA focus group discussions.

The language in the project contract specifically stated that the focus must be on nonwage-related interventions. However, it should be noted that wages and benefits were among the top concerns and issues identified by CNAs surveyed. In other words, CNAs said they would be happier in their jobs if they were paid better and many of those reporting that they had already left the field did so because of the poor wages and benefits.

It should also be noted that while the legislation attached to the funding for the project limited the assessment to CNAs in nursing facilities, the data is reflective of CNAs and other direct care workers in rural and urban settings in Iowa and across the country who work in a variety of health care environments such as residential care facilities, group homes, home care and assisted living to name a few.

This is further substantiated by the interest and response from other states which are beginning to deal more formally with staffing issues. This survey has become a valuable resource to many.

Survey Purpose

1- Determine what factors are related to CNA job dissatisfaction and turnover in Iowa.

2- Identify noncompensation-related factors which may be most remediable through short term intervention in this pilot project.

3- Create awareness among policy-makers, long range planners, service providers, educators, CNAs, and the general public of the possible causes of CNA job dissatisfaction.

The assessment results are representative of the voices and perspectives of the CNAs, a vital voice previously missing in discussions on the issues. By bringing greater awareness to how CNAs view their problems and concerns, health care providers, direct care workers, policy-

NOTES

"We have upwards of 95 residents and on the 7 to 3 shift are lucky to have 9 aides, but usually 6, 7 or 8. This is absolutely not enough staff - but we are constantly told staffing is adequate." CNA

makers, legislators, regulators, educators, advocacy groups, associations and others can now develop programs and social and public policies which are more directly responsive to the needs of the direct care workers. Quotes from CNAs, nurse supervisors surveyed, and direct care forum participants are scattered throughout this report.

The Surveys

•ICA worked with Hill Simonton Bell, L.C. to **develop the *survey instrument** used to assess the needs of CNAs working in nursing facilities in Iowa. Several techniques were used in the formulation of the questions such as: a literature search and interviews with experts in the field of long term care. It was important that a survey tailored to the CNA workforce be developed and used. The final survey was approved by the project advisory council.

•A random sample of 2133 names from the Iowa Nurse Aide Registry was obtained from the Iowa Department of Inspections and Appeals. **Surveys were mailed** to a total of 1500 [statewide] and 633 to the targeted region in northwest Iowa. The surveys were differentiated by colored paper. Volunteers prepared the mailings.

•**Surveys were returned** to the ICA office staff in prestamped and preaddressed envelopes. They were then sorted by color, counted and delivered to Hill Simonton Bell, L.C. who began the data entry from which their analysis was done.

•The **return rate** on the statewide survey was 23%. The return rate on the regional survey was 14%. Responses were also received from several who were no longer working in the field and while those were not figured into the overall return rates, the valuable information they provided was used in the final assessment reports.

•**Both statewide and regional surveys** were completed due to the concerns by some members of the project advisory council that the findings between **rural and urban** might be significantly different due to the tight labor market and more job availability in urban over rural. We did not, however, find that to be true. For example, in our rural project area, a large retailer was going up only six months into our project and the concerns over losing people to other employers was evident. We had no formal means of tracking the labor market factors.

•***The Nurse Supervisor Survey** was developed by Hill Simonton Bell, L.C. The purpose of the supervisor survey was to determine what their concerns were and to determine their perceptions about CNA turnover. Therefore, the survey instrument was crafted to be consistent with the CNA needs assessment survey so that some response comparisons could be made. Of the 3173 surveys mailed, 703 were returned for a **return rate of 23%.**

*See appendix.

NOTES

"I had asked 5 months in advance for a weekend off because my son was getting married. A week ahead of the wedding they said they couldn't cover me and I would have to report to work. Two months later I went to work somewhere else. I had worked there for 16 years." CNA

Survey Highlights

CNAs surveyed report their top four concerns to be:

1- Short-staffing
2- Poor wages and benefits
3- Relationships (supervisors) and lack of respect from general public
4- Inadequate job orientation and levels of training

The number one **reason CNAs stay** on the job is their dedication to their residents or clients and their co-workers.

Job satisfaction is closely **linked** to how they are treated by their supervisors.

Nurse Supervisors surveyed reported their top concerns to be:
1- Lack of authority to see that CNAs get the training they need
2- A need for more training on how to supervise staff
3- No time to care or to supervise CNAs

Nurse Supervisors surveyed identified the following four reasons for high CNA turnover:
1- Poor wages and benefits
2- Understaffing and assignments too demanding for time allotted
3- Lack of respect or appreciation
4- Inadequate education and training

Nurse Supervisors identified basically the same issues contributing to CNA turnover as those CNAs surveyed, but in a slightly different order of importance.

Concerns
One question on the CNA Needs Assessment Survey asked participants to identify the number of residents they were responsible for. The ranges given were: 1 to 3; 4 to 6; 7 to 9; and 10 or more. When the surveys were returned they contained many hand written ranges much higher than the choices we had provided.

NOTES

"We aren't treated with respect. When we contribute ideas, no one listens--and we know the residents best."
CNA

"I need more time! The paperwork involved at my job is so overwhelming that I rarely have time to be with the CNAs. They follow a preprinted duty sheet and unless I happen to find a problem, I have to assume their care has been quality care."
LTC Nurse Supervisor

Response
That question was revised on the survey to provide the following ranges: 10 or fewer; 11-20; 21-30; 31-40 or more. Note: If you request a copy of the CNA Needs Assessment report, it may or may not contain the corrected survey sample in the appendix.

Concern
Numerous requests from health care providers were received about wage survey information after the survey was completed. Because our contract specifically stated that we must focus on nonwage-related interventions, we were too careful in the question selection on the needs assessment survey form.

Response
It has been revised to include wage data. Facilities seem to want to know where they rank with other facilities. That information is often available through state labor or workforce development departments. Yet, there was still an interest in seeing a comparison in that data to information gathered from the workers themselves.

Concern
If you choose to repeat the survey with the CNA staff employed at your facility, it is recommended that you call the Iowa CareGivers Association about how to administer the survey so that an accurate comparison can be made to that which is already assessed. Hill Simonton Bell, L.C. may also be available to conduct an analysis of additional surveys and report on how the results compare to the statewide survey analyses.

You may contact the Iowa CareGivers Association for assistance, for copies of the CNA Needs Assessment Reports which contain a copy of the needs assessment survey form or request the survey forms which can be photocopied.

PHASE II — CERTIFIED NURSING ASSISTANT FOCUS GROUP DISCUSSIONS

The CNA focus group discussion research is Phase II of the assessment. It is based upon the Phase I mail survey which identified several areas which CNAs reported to be important to their overall job satisfaction. Among those areas were: education and training; relationships with supervisors, co-workers and the administrator; teamwork; and aspects of work itself such as not having time off, working weekends, and working short staffed.

The purpose of the focus group discussions was to:

1- glean more specific information from the CNAs about certain issues which appear related to their job satisfaction and turnover.

For example, what is meant by the survey comments that "I want more respect from my supervisor." Focus group discussions offered more detail into what supervisors could do to show more respect to the CNA staff.

NOTES

"Management just does not feel (CNA education) is a priority or that it would help with staff retention and job satisfaction."
LTC Nurse Supervisor

"Need to increase opportunities for nurses to be positive role models."
Direct Care Forum Discussion Comment

•**Focus group discussion questions** were developed by Hill Simonton Bell, L.C. with assistance from Iowa CareGivers Association. It was important that the questions be appropriate in order to extrapolate the information sought. It was also important that the moderator ask questions consistently to both groups.

•A ***focus group moderator guide with script** was developed to provide the needed consistency in questioning.

•Iowa Lakes Community College [a key collaborator] **recruited** the CNAs from the targeted project region. Seventeen attended the focus group discussions. The CNAs represented various age groups, gender, length of time as a CNA, length of time on their current job and satisfaction or dissatisfaction with their current job. CNAs were paid a $25 **incentive** for their participation.

•The discussions were **moderated** by ILCC staff using the script provided. The discussions were **taped** with permission from the participants and then **transcribed** to become part of the final assessment report.

•A **final report** of the focus group discussions, independent of the survey report, is also available for distribution.

See appendix.

NOTES

"26 baths in five hours. There's no way one person can get this done." CNA

"The residents feel it when we're short staffed. I've had them say to me, 'I don't want to bother you because you're so busy.'" CNA

PHASE III: INTERVENTIONS

NOTES

Facility-based Interventions

Facility-based interventions were those which targeted only the participating facilities and were usually held at the facility.

Note: "intervention", program", and "treatment" are terms which are used interchangeably throughout this report.

The following three facilities in northwest Iowa were the **participating facilities**: Community Memorial Health Center [65 beds] in Hartley [population 1,632], Good Samaritan [133 beds] in Estherville [population 6,720], and Longhouse [138 beds] in Spencer [population 11,066], and the following facilities which joined the project in year two: Heritage Health Care (99 beds) and University Nursing and Rehab (108 beds) in Des Moines (population 193,187).

The **role of the participating facilities** was to track their CNA turnover and program participation in both facility and community-based (described later) programs using the forms and instruction provided by the University of Iowa School of Social Work staff.

The **responsibilities** of the participating facilities were to: 1) sign memos of agreement to their participation and commitment to: a) attend all necessary meetings; b) track and monitor CNA turnover; c) track and monitor CNA program participation; d) make every effort to get CNA staff to scheduled meetings and other project programs; e) assign at least two staff to attend an orientation on how to manage the CNA tracking and be responsible for maintaining those records and forwarding the information to the University of Iowa School of Social Work researchers monthly for data input and analysis; f) provide previous year's CNA turnover rates using formula provided; g) administer exit interviews with CNAs leaving their employment; h) refrain from implementing any other CNA recruitment and retention programs during the course of their project par-

"What I look for in a supervisor is when they ask me my opinion. They share things, not just tell you, 'This is the way it's going to be.'"

CNA

ticipation; and i) report any CNA wage increases or adjustments during the ticipation.

The rationale for all interventions was based upon 1) findings from the CNA needs assessment; 2) input from the three northwest Iowa participating facilities; 3) input from the members of the community planning committee; 4) input from the project advisory council; 5) feasibility for completion given the time to complete the project; and 6) cost.

The project advisory council recommended that we limit our facility interventions to no more than two due to the short duration of the project. (However, more than two interventions were delivered).

Facility Selection

There was no formal selection criteria for the participating facilities. Facilities were invited to participate based upon their level of interest and commitment following the initial project informational meeting. The first facilities to come forward were given the opportunity to participate. Since time was of the essence, this was beneficial to the overall project.

The two Des Moines facilities added in year two were selected on a first come first serve basis, too. Letters of invitation were mailed to all Des Moines facilities. The first to phone, fax, or write to express their interest, and were in agreement with the responsibilities set forth in the memos of agreement were selected.

Any major expansion of this effort should include the establishment of criteria and a more formal selection process to avoid questions about who gets to participate in the future.

Control Group Facilities

"The terms "Control Group and Comparison Group" are used interchangeably throughout this report."

Three nursing facilities comparable in bed and community size to the participating facilities were recruited by the University of Iowa School

NOTES

"I just quit last week. I was hired to work 4 hours a day but because they were short staffed, I was given as much work as the CNA working 8 hours. I really enjoy and miss the residents." CNA

"Identify 'best practices' to reinforce training and encourage providers in regards to staffing."

Direct Care Forum Discussion Comment

of Social Work research staff. They, too, signed a memo of agreement to their participation and commitment.

The **role of the control group facilities** was to track the CNA turnover rate at their facilities using the same tracking form as the participating facilities, developed by the University of Iowa. The control group facilities did not receive any of the interventions.

Concern
The lack of a formal facility selection criteria.

Response
Any major expansion of this effort should include the establishment of criteria and a more formal selection process to avoid future questions about who gets to participate.

Concern
There was a change in one of the participating facilities after the control group facilities had been recruited. The new participating facility was not comparable to the corresponding control facility.

Concern
The control group facilities did not receive the exact same orientation to the project as the participating facilities.

Response
In the future there should be consistency in the manor in which program orientations are delivered.

Concern
Control facilities to match the urban facilities recruited in year two were not secured. It was the belief of the project staff that since these facilities would not benefit from the entire two years of the project, that it would not be cost and time efficient to track and monitor data which would be inconclusive and would not add that much to the overall data analysis.

A fair comparison between some aspects of the urban facilities and the three northwest Iowa facilities cannot be made, since we attempted to condense the interventions received by the northwest Iowa facilities in years one and two into one year for the urban facilities. As a result, there was some inconsistency in programming with the urban facilities.

Research staff have made as many correlations between urban and rural data as possible. The only solution would be the ability to continue the project.

NOTES

"We're losing droves of good CNAs for one reason...the WORKLOAD."

LTC Nurse Supervisor

Concern

Project staff conducted the data tracking training for the Des Moines facilities rather than the University of Iowa staff in order to save time. Reporting of the CNA turnover data was more difficult to collect from the urban facilities. That was due in part to a high turnover in the office staff designated to managing and reporting the tracking data to the project staff. Each time a new staff person took over that role, ICA project staff had to conduct a training session on how to complete the tracking and report forms. The urban facilities were not in compliance in maintaining the two dedicated personnel to maintain the tracking as agreed upon.

Response

University of Iowa researchers should conduct all tracking training in order to maintain consistency. Providers may be more responsive to "researchers" doing the training than project staff, particularly when project staff are responsible for calling the providers to remind them to submit their tracking data in a timely manner. A better distinction of those roles is recommended in the future.

Incentives

The participating and control facilities were not originally promised any incentive for their participation in the project. The feeling, of course, would be that the participating facilities' reward would be a realized improvement in their CNA staff turnover rates and morale.

The control group facilities could only expect to be provided information at the conclusion of the project about what they might do to improve their CNA retention rates. We wanted their commitment to be untainted by financial incentives.

Toward the end of each project year, it was suggested by the advisory council that some type of incentive be offered. Each facility was presented an unexpected cash incentive at the end of year one as a token of appreciation and to be used at their discretion. We did make the following suggestions on how they might use the money: 1) Bonus for the CNAs who attend the CNA Mentoring Training; 2) Scholarships for CNAs to attend their annual convention or another educational program of their choice; 3) Recognition program for CNAs or all staff; or 4)

NOTES

"Inform long term care employers that if they spent a little more of their money on decreasing their patient to staff ratio they may find they can keep their staff."

LTC Nurse Supervisor

"We need education on teamwork. There's nothing offered on that--and if you don't pull together, you can't do it." CNA

offset the cost of staff time used to maintain project tracking records.

The unexpected incentive was a nice surprise for the facilities involved and their great commitment to the project was certainly worthy of recognition.

***Criteria** were established to assist the project staff in ranking each facility based upon that set forth in the memos of agreement and their overall commitment to the project. Those ranked highest were honored at the ICA annual convention and awards reception.

Facility-based Interventions

CNAs surveyed reported the need for:

1) Better orientation programs for new CNAs

2) Better communication, teamwork, and improved relationships with coworkers, especially supervisors.

3) More training on the disease processes and in caring for dementia clients.

Given those findings, and after securing input from the participating facility administrative staff, the community planning committee members, and the community college staff, the following facility-based interventions were decided upon:

1) **Who Am I, Who Are You, Who Are We Together?** This was a program that addressed personality differences and ways to communicate with those different than you, building relationships, and how to work together as a team. All staff were expected to attend. A total of 470 attended these programs.

2) **Caring For Alzheimer's Clients:** The Alzheimer's Association conducted in-services on how to care for dementia clients. Primarily CNAs attended this training.

3) **CNA Mentor Training.** CNAs surveyed reported a need for longer and more effective orientations. Through CNA focus group discussions and consultation with CNAs it was revealed that some CNAs receive only one or two days orientation. Often it is the veteran CNAs (those employed at the facility for several years) who orient the new CNAs. When the veteran CNAs are already working short-staffed or assigned to more residents than they can adequately care for...the need to continue to train new people puts additional stress on them and contributes to burnout and turnover. It can exacerbate the turnover problem for both the new CNA who feels pushed into doing cares before they feel adequately prepared and of the veteran CNAs who are frustrated from the additional workload and are forced to take shortcuts in their cares.

*See appendix.

NOTES

"Enhance support of current and new workforce through mentoring/coaching and incentives."

Direct Care Forum
Discussion Comment

Mentor Program Development
An existing CNA Mentor Training module was purchased for review and consideration by the Iowa Lakes Community College CNA training staff. The program was modified for the first training and it was felt that it did not fully meet the goals and objectives of our program.

Based upon input from participating CNAs and at the discretion of the Iowa Lakes Community College continuing education department, a CNA Mentor Training curriculum was developed as part of the project. For the purposes of this project, it is **required that the CNA Mentor Training be conducted by a qualified CNA instructor.**

The CNA Mentor Training was developed and taught by the Iowa Lakes Community College instructor. The Des Moines program was coordinated in cooperation with the Des Moines Area Community College Health Care Administration program. Ten (10) CNAs from the Des Moines project facilities attended. An additional 21 CNAs from other area facilities attended for a total attendance of 31.

Provider and CNA Feedback
Feedback from all the facilities was positive with one facility's CNA Mentors, Administrator, and Director of Nursing expressing extremely positive comments. CNAs were also very positive about the manner in which their facility was well prepared in the implementation of the program once they completed the training. CNAs said that in order to maintain their motivation after completing the training it is important that their facilities respond quickly and be prepared to let them take on their new roles as Mentors. This particular facility had new name tags, titles, and pay raises awaiting them when they finished the course and were very supportive in their new roles.

Length of Program
The inflexible work schedules of CNAs are not always conducive to a two-day training program, and when staffing schedules are tight, it is difficult for management to find the staff coverage so CNAs can attend the program.

Project staff, CNAs, and the educator believe that one and one-half days was enough for the first training. One must be sensitive to overwhelming students with too much information in a very short period of time. There's a need for more time to digest the information. The program could be divided up into a two-part training with some time between to experience some of their newly acquired skills on the job.

The Philosophy
The **philosophy** behind the CNA Mentor Training Program is to empower the CNAs with the needed skills to orient new CNAs. In so doing, the CNA Mentor receives an opportunity for advancement and the new CNAs are provided a more complete and satisfying orientation which was expected to keep them on the job longer.

Implementation
Implementation of the CNA Mentor Training Program in each facility was a downfall of the project. A ***packet which included a sample crite-**

See appendix.

NOTES

"CNAs are underpaid. They need more opportunity for education and incentives to help them grow professionally."
LTC Nurse Supervisor

"It is my professional opinion that the CNA Mentor Training Program is a must in every facility; that government agencies, private organizations, facility managers, trade associations, and others do everything possible to expand its impact for the benefit of our elderly residents."
Administrator,
Nursing Facility

ria and interview questions were distributed to the participating facilities. However, project staff provided little guidance to the facilities' administrative and staff development personnel on how to implement the program once the CNAs had completed the CNA Mentor Training.

Concern
Facilities created their own **criteria** for selecting which CNAs would be given the opportunity to attend the CNA Mentor Training Program. Most were required to fill out an application and be interviewed. There were issues which arose about the selection process. For example, some CNAs felt that administration's selection may not necessarily be the person best suited to the position. There were also some concerns about favoritism.

Response
For future planning we would recommend that all the facilities use the same criteria for selection.

Concern
Adherence to a two-week minimum orientation of new CNAs by the newly trained CNA Mentors was not always possible.

Response
Facilities tried to provide minimum two-week orientations, but it was not always possible due to staffing conflicts. The program called for a new CNA to be assigned the same CNA Mentor for the duration of their orientation program. Those participating stated that this was very helpful for the new CNAs to "always know they could go to the same person for help, and not get the run-around."

Concern
When CNA Mentors returned to their facilities to execute their new skills it was sometimes difficult because a plan was not always in place. In some cases, CNA Mentors felt that the training was a waste of their time if they didn't have administration's support once they completed the training. Others mentors met with resistance from other CNAs who may have treated them differently or like they were part of "management" or now "too good".

Some of the facilities did a wonderful job of creating a plan for timely implementation of the CNA Mentor Training Program which included pay increases, new titles, and name badges.

Response
However, the project staff failed to anticipate needs in this area. Since administrative support is crucial to the success of the CNA Mentor Training program, any future expansion of this project must include a companion **training program for administrative or management staff to assist them in the actual implementation of a CNA Mentor Training program.** Such a companion piece would better serve a program which could be replicated by offering a certain level of consistency and standards.

Response
Quarterly **CNA Mentor Reunion** meetings were coordinated and facilitated by the community college and offered an environment in which the new CNA Mentors could share issues and concerns and do some constructive problem-solving.

*See appendix.

NOTES

"I think we need more nursing hours per resident - not to include office staff, but hands-on nursing hours."
LTC Nurse Supervisor

"A CNA Career Ladder should be implemented as a part of the mentoring program."
Direct Care Forum Discussion Comment

Concern
One participating facility was unable to send CNAs to the CNA Mentorship Training program due to scheduling conflicts.

Response
The CNA Mentorship Training program was offered on two other occasions, once in northwest Iowa and once in Des Moines. CNA representatives from all facilities were then able to attend a session. Program should be offered at least annually in the future.

Concern
"How can we keep from alienating CNAs who are not interested or who do not have the time to enroll in the CNA Mentorship Training Program?"

Response
Identify other means to empower them by serving on various committees within the facility, or as members of an **advisory committee to the CNA Mentors.** Through at least some level of active participation, they may develop an interest in completing the CNA Mentor Training Program in the future.

Some CNAs develop a reputation of being a "troublemaker" within a facility. Past experiences have proven that these are often the very people who may shine given the extra faith and an opportunity to take on more responsibility.

Concern "How can we keep staff motivated at the facility once they have completed the CNA Mentor Training program"?

Response
CNAs reported the importance of support from administration in the implementation of the CNA Mentor Training Program and to view the role of CNA Mentor as a career advancement.

Response Thirteen administrators and supervisory staff attended a program on "workplace incentives" by Mary Horras, R.N. which was held for the three participating facilities as well as other area facilities in year one. Ms. Horras offered ideas on ways to provide CNAs and other staff cost effective incentives which she had tried and received good results. The ILCC offered continuing education units for administrators and licensed nurses who attended.

Concern
The Des Moines facility administrators did not receive this program due to time constraints.

NOTES

"Increase education and professional development for CNAs to improve new CNAs expectations about what the job includes."

Direct Care Forum
Discussion Comment

Conflict Resolution

Iowa Foundation for Medical Care (IFMC) staff conducted a program on Conflict Resolution at each participating facility which was developed by the Iowa Partners for Resident Care which includes representatives from the Iowa Department of Elder Affairs, Iowa Department of Human Services, Health Care Financing Administration, Iowa Department of Inspections and Appeals, provider associations, Iowa Foundation for Medical Care [IFMC], and others. Support for this program was strong from both administration and CNA staff.

The purpose of the program is to enhance the skills of CNAs to deal more effectively with challenging situations and individuals. It encompasses most relationships including those with co-workers, clients, supervisors, and families of clients, all paramount to job satisfaction.

Things to Consider For More Effective Programs in the Future

Concern

The issue of making the project programs "mandatory" arose time and again. Some administrators said "we can't force them to attend". Others did make the programs mandatory. Sometimes "mandatory" yields a negative connotation from those who have to attend. In other instances, it was evident that the CNAs truly wanted to be there and enjoyed themselves.

Response

Strong encouragement from management seems to be the best course to take. If it's mandatory and people don't want to be there it is pointless. However, once people understood more about the project, their interest peaked. Had the in-service not been mandatory, perhaps that would not have happened.

Concern

At some project programs, administrative staff took up considerable time (as much as 20-25 minutes out of our scheduled one hour in-service) for announcements about various corporate programs and recruitment incentives, etc. The delays caused the speaker to rush through her material so she could get it all in. This frustrated the speaker and project staff and was unfair to the CNA participants.

NOTES

"Having to get residents up when they are dying tears you up. You have to ask yourself, if that was my grandmother would I want her treated like that?"
CNA

Response
Future planning will include an agreement between project staff and the participating facility that scheduled program times must be reserved for project programs only.

Concern
CNAs said, "holding in-services on pay day is a bad idea". Apparently, many of them needed their checks and needed to get them cashed or to the bank to pay bills. Administrators would schedule the in-services on payday because they felt the attendance would be better. Some had to attend the in-service before they could pick up their checks.

Response
In the future we should schedule in-services on the days convenient to those we want to attend.

Concern
In some instances the in-services were scheduled in areas which were noisy and the CNAs in attendance were still expected or allowed to answer call-lights throughout the in-service. This type of environment is disruptive to speakers and participants and does not send a message of strong commitment to CNA education.

Response
In the future adequate staff coverage should be provided (if possible) so CNAs can attend the in-services in their entirety. Arrangements for a quiet meeting room which is more conducive to learning should be made (if possible).

Concern
Who attends what? Some programs were tailored for all staff and some were tailored to CNA staff only. In most instances this was not a problem. However, occasionally, CNAs would say, "Why isn't management here to hear this?" On other occasions, we would request that CNAs only attend, and administration would show up. In supportive work environments discussions flowed openly in a nonintimidating setting among management and CNA staff. In other instances, CNAs were extremely quiet and the discussion was stifled when management was present.

Response
Greater time for relationship-building between project staff and facility administration is key. In the participating facility orientation, a more concise explanation of the intent of the programs might be helpful and alleviate any concerns.

NOTES

"The residents are thankful for everything we do. I work in a place where there are no restraints, no catheter bags, and no bedsores. I think that says a lot for the work we do."
CNA

"A real commitment from administration of facility and investment of time and funds from the provider is needed."
Direct Care Forum
Discussion Comment

Concern

Getting the program information to the CNAs was not always successful. Most facilities posted the program information. Others made more efforts to encourage their staff to participate. For some programs we mailed a postcard (support card) to the CNAs we had addresses for to remind them of the programs.

Response

Project and facility staff should jointly develop specific guidelines for promotion of the programs to staff.

NOTES

"Need to include CNAs in the decision making process, creating an ownership of the facility."

Direct Care Forum
Discussion Comment

Community-based Interventions

Those interventions which involve others in the community and are offered outside the facility.

Addressing the problems of CNA recruitment and retention cannot be accomplished through facility programs alone. The issues are social, cultural, educational, economical, political, and work force development in nature. More importantly, they are quality of life and quality care issues.

Community attitudes play a key role in how the CNA profession is perceived, therefore, broadening awareness about caregivers and what they do is important.

CNAs surveyed expressed a desire to work in a profession that is viewed with respect by the general public. While CNAs find great satisfaction from their residents and the resident's family members who refer to them as "special", most CNAs believe that the general public has a very poor opinion of them.

These findings and interviews with other professionals in the field suggest that CNAs have an image problem which may drive people from the field and make it more difficult to attract workers. The image problem may be linked to the health care setting itself [nursing home]; be exacerbated by negative media stories related to abuse or poor care; or be due to a general lack of awareness about CNAs and their important role in health care.

One way to enhance the image of CNAs is through increased public awareness and community involvement.

NOTES

"Need to talk to service clubs, opinion leaders, elected officials, and church groups (to name a few) about the value of the CNA to our community and society."

Direct Care Forum
Discussion Comment

Building a Community Network

A community planning committee of about forty [40] individuals from within the northwest Iowa communities was coordinated early on in the project. The **purpose** of the community planning committee was to identify ways to enhance the CNA image in order to retain and attract workers, plan and coordinate efforts in cooperation with existing ICA-Iowa Lakes activities, and to assess and access related community resources.

Committee membership included:

- Iowa CareGivers Association
- Iowa Lakes Community College
- Area CNAs and other direct care workers
- Local health and mental health providers (hospital, nursing facilities, mental health agencies, home and residential care directors of nursing, CNAs, administrators, social workers, and human resource personnel)
- Resident advocates
- Resident family members/consumers

The **diversity** of this group brought numerous agendas and ideas to the table for consideration. The increased awareness began with the dialogue between committee members who then returned to their communities to spread the word.

The Des Moines facilities which joined the project in year two did not engage in a community planning network, again, due to the fact that they would participate only one year. However, in lieu of the community planning committee, a series of four Direct Care Forums were scheduled (one after the completion of this report). Details of the Direct Care Forums are outlined on page 25.

The **final report on the series of direct care forums** is not a part of this report because the forums were still in progress beyond the conclusion of this project. However, a *report from the first Direct Care Forum is included in the appendix.

Public Informational Programs

People volunteered to serve as a project liaison in their communities. It became their responsibility to report community activity back to the ICA staff. Using a fact sheet and script developed by ICA

*See appendix

NOTES

"It is important to have a core group of workers who can reach out to target populations."
Direct Care Forum
Discussion Comment

staff, members of the community planning committee volunteered to do a 10-15 minute informational program about CNAs or project activities to various church and civic groups such as Kiwanis and Rotary Clubs, Chambers of Commerce, High Schools, Boards of Directors of various facilities or businesses, etc.

CNAs were especially encouraged to do presentations about their work by offering a small stipend.

A total of five community informational programs were conducted. Several other informal programs were held.

Concern
Even though a ***script and fact sheet** were developed at the request of the community planning committee members to be used by volunteers, many still did not feel adequately prepared to conduct an informational program about CNAs, the project and ICA.

Response
A volunteer speaker training was developed and piloted through the Iowa CareGivers Association. Numerous talks in Des Moines, across the state and in several other states were conducted by project staff.

Public Relations/Public Awareness Campaign

Iowa Caregivers Month is a statewide Governor proclaimed public awareness campaign sponsored by Iowa CareGivers Association and recognized every June since 1993. It was decided that we should build upon that campaign and do more locally to promote CNAs and the profession during Iowa Caregivers Month in June.

The planning committee consists of members from about 20 different agencies and organizations which is indicative of how many lives these caregivers touch. Each agency is considered a Proclamation Partner and is listed on the proclamation. These partners decide upon the campaign theme and plan the reception and other activities.

NOTES

"Create a coalition of all interested parties (workers, residents, families, and others) to focus effort and inform legislature and public of the issues."

Direct Care Forum
Discussion Comment

*See appendix.

The Honorary Chair of Iowa Caregivers Month was First Lady Christie Vilsack who narrated a public service announcement which was distributed statewide.

Governor Tom Vilsack attended the reception and signed the proclamation before approximately 125 attendees, most of whom were CNAs and other direct care workers. Five CNAs from one of the two Des Moines facilities were present and four CNAs from northwest Iowa attended the Des Moines celebration as well as their own regional program to which 80 attended in year one and 56 in year two.

Mayoral proclamation signings were scheduled with some local media coverage of those activities in the project areas in both years. Several ***CNAs wrote articles** about their profession for local newspapers, ICA newsletter, CNA Recruitment and Retention Pilot Project newsletter, and even the Journal of Nurse Assistants [a national publication].

The project staff, collaborators and volunteers have aggressively promoted the project activities, and CNAs through two successful press conferences, numerous newspaper articles and interviews, features in newsletters, fliers, brochures, and web page information.

Through this type of community support, involvement, and visibility more people were reached and awareness increased.

The project itself has created new opportunities to increase public awareness through invitations to speak about the project.

Note: A listing of those reached through public relations efforts are referenced in the evaluation section of this report.

*See appendix.

NOTES

"Respect is acknowledging when I see something, a reddened area or something, and the nurse following up on it instead of just brushing it off. I think that's respect because she's taking my word that it is something important that she should look into." CNA

Direct Care Forum

A series of four Direct Care Forums were coordinated and scheduled in the Des Moines project area. The basis for the forum discussions were the four issues identified by CNAs in the statewide needs assessment survey made possible through this project in 1998/99. Those issues were: short-staffing, wages and benefits, respect, and education/training.

Purpose of the Forums

The purpose of the forums was to seek solutions to these complex issues by bringing together diverse groups of people from all around the state to:

1- Engage in dialogue between parties not traditionally at the table together.
2- Identify action steps that can be taken to our communities or legislators.
3- Determine level of interest in the formation of a Direct Care Coalition.
4- Raise visibility of direct care issues.

The forums allowed us to achieve Objective 1: to enlist community involvement.

Format of the Forums

Lt. Governor Sally Pederson kicked off the first forum. At each forum the morning sessions were panel discussions of diverse perspectives on the various direct care issues. The afternoon was devoted to round table discussions led by experienced facilitators to keep participants on task.

Forum I: Direct Care Issues: What Are They?
Forum II: Direct Care Forum: Staffing
Forum III: Direct Care Forum: Wages and Benefits
Forum IV: Direct Care Forum: Educational Standards

Those Participating in the Forums

Approximately 100 attended each forum which was by invitation only in order to maintain a balance in the representation at the tables. Representatives from the project facilities took part in these discussions.

•Direct care workers
•Providers (hospital, nursing facilities, assisted living, adult day care, home, etc.)
•State departments (Elder Affairs, Commission on Status of Women, Human Services, Inspections and Appeals, Public Health, and Workforce Development, etc.)
•Community colleges
•Immigration
•Consumer and resident advocate group
•Labor
•Alzheimer's Association
•Area Agencies on Aging
•Nurses Association
•Legislators
•Insurance providers
•Disability and mental health communities and others

NOTES

"Coaching/mentoring needs to be two-track -- top down and bottom up."
Direct Care Forum
Discussion Comment

Recruitment

NOTES

Attracting good people to the field of caregiving is also key in retention. In other words, CNAs surveyed want to work beside someone who is committed. CNAs surveyed said the number one thing they need to do their job better is "more help". Worker shortages have placed recruitment as a high priority for most facility administrators. There have been some reports that facility administrators cannot fill their beds simply because of the shortage of workers.

Many variables impact the ability to recruit and retain good workers. Those issues identified by CNAs and licensed nurses through the statewide surveys are key, but compounding the issues are labor market issues: wage competition, increase in the number of large retail stores in various areas, and immigration. Other things to consider are changes in federal and state policies with respect to acuity and other provider payment systems and quality assurance measures which may include mandatory staffing levels. Changes in educational standards for administrators and nurses also impact the labor market. For example, many nursing schools now require the CNA program as a prerequisite to the licensed nursing programs. This may increase the CNA labor pool availability, but only temporarily.

We did no formal tracking of labor market competition through the project. We were only able to make observations and listen to the providers and CNAs in the targeted regions. Casinos, large retailers, factories, and fast food establishments tend to be the biggest competitors for the CNA workforce.

"Recruit more people to be CNAs. Let them know how it will make a difference to have them help. We need a program for younger people to know about my job."
CNA

Recruitment is often a daily issue for facilities, but it was also a topic of discussion for the community planning committee members. Members discussed ways to assess and access community sources of recruitment. For example, some members of the community planning

committee spoke to senior high school guidance counselors about CNA training at the high school level.

Public awareness campaign efforts can help in the areas of recruitment as well. More of these types of informational programs and networking should be done.

Concern

CNAs expressed concerns that there were inconsistencies in what they were taught in the CNA training and what was expected once on the job. Once on the job they were often forced to take shortcuts due to short staffing.

Response

New CNA recruits should be given a realistic description of what the job entails. However, the community colleges should not lower their training standards in order to accommodate staff shortage shortcuts. It was felt by many veteran CNAs that doing so would only contribute to the turnover in the long run.

Project Newsletter

Five issues of a CNA Recruitment and Retention Project newsletter were developed. They were mailed to approximately 400 in the project area to keep them up to date on project activities, meetings, and progress.

In addition, each of the participating facilities were featured in one issue of the newsletter and some CNAs wrote articles for the publication.

Concern

Providers could not share the names and addresses of their staff without permission from their staff. It was sometimes difficult logistically to obtain and maintain a current list of names and addresses on the data base.

CNA Support Groups

The previous working relationship between Iowa CareGivers Association and Iowa Lakes Community College was originally built upon the ICA-Iowa Lakes Support Group for Direct Care Workers. This sup-

NOTES

"CNAs need a support group to help educate and help the public change opinion of CNAs."
LTC Nurse Supervisor

port group has been very successful with about 15 CNAs attending the meetings on a regular basis.

The purposes of the support group meetings are to provide participants with: 1) education and information to benefit their personal and professional lives; 2) peer networking opportunities; and 3) social time.

In addition, the CNAs who attend share a great deal of the responsibility for the meetings. They select officers, schedule their programs and speakers for the entire year in advance, and take turns with refreshments and other duties.

This group has been so successful under the direction of Heidee Barrett, RN, Iowa Lakes Community College, that requests for assistance in starting other groups have been received.

Concern
CNAs have very inflexible schedules and while they may want to take a more active role in helping with a support group or other activity, their schedules just don't permit it. In order for CNA support groups to be successful...a good mentor for the group is needed. Someone who can assist CNAs with their meeting arrangements, help to keep them on track, and do some of the legwork. It is important, however, that the decision-making and ownership remain with the CNA members of the group.

Response
We did not anticipate the increased interest in support group development throughout the project area. Any continuation of the project should involve the development of a Support Group Mentorship Training program for which there was neither time nor resources to do.

Concern
Some administrators have been reluctant to encourage outside participation by their direct care staff for fear that other providers may try to recruit their staff.

Response
There does appear to be a certain amount of staff "cannibalism" going on between providers which is a symptom of how increasingly difficult it is to find CNAs.

Response
Recruitment is prohibited by CNAs at the support group meetings or any facility hosting a support group meeting. In most cases, support group meetings are held at a neutral site such as the community college in order to avoid the potential for such conflicts of interest. However, we cannot guarantee that CNAs won't discuss between themselves how good or bad their working conditions are. We cannot restrict CNAs from seeking employment somewhere they deem more desirable. We can only continue our efforts to assist all providers to **be the facility where CNAs want to be employed.**

NOTES

"Administrators need to make a commitment to personally talk to each CNA within a certain time period."

CNA

PHASE IV: EVALUATION AND DISSEMINATION

Evaluation

The purpose of the evaluation and dissemination is to determine the effectiveness of the project and provide the means to measure the project objectives, and then share those outcomes with all interested.

Evaluation Plan

Some of the questions to which we sought answers were:

•Did CNAs stay on the job or leave?
•When did CNAs leave?
•Why did CNAs leave or stay?
•What was the nursing facility's CNA turnover rates in 1997, 1998, 1999 and through the end of the project year and perhaps beyond?
•Did the CNAs participate in any of the programs or interventions offered through the project?
•Was there any correlation between CNA turnover rates and their participation in the project interventions?
•What was the level of job satisfaction of CNAs?
•Was there any correlation between CNA job satisfaction and their participation in the project interventions?

•Researchers developed a ***tracking form, *exit interview form,** and made the determination to use questions from the Brayfield Rothe ***job satisfaction survey instrument.** Copies of all these forms can be found in the appendix of this report.

The ICA developed **sign in sheets** to be used by all project collaborators and facilities to monitor attendance at all project programs.

ICA made arrangements with the facilities to gather their **CNA turnover rates** for 1997 and each year thereafter until the conclusion of the project.

ILCC developed a ***program evaluation** to be completed by all individuals attending any facility or community-based programs.

The ***tracking form** was to be used by all of the participating and control facilities. The tracking form was used to follow CNAs employed at the facility, as well as, their participation in all project interventions. CNAs were identified by the last six digits of their social security number.

The ***exit interview form** was to be used when a CNA left his or

*See appendix.

NOTES

"CNAs should be more involved in care plans."
CNA

her job at the facility. The ***exit interview** form was to be given to the employee along with a pre-stamped envelope pre-addressed to the University of Iowa. The employee was then to complete the exit interview form and seal the envelope containing the exit interview form and mail it themselves or return it to the facility administrator to be mailed.

The project advisory council had concerns about the method in which the exit interviews were to be administered. They questioned whether CNAs would complete the exit interview form and return it to the administrator or director of nursing, given any feelings of animosity or lack of trust. And even though the CNA was leaving that facility, they may not be totally honest in their answers if they felt intimidated or fearful that the answers could be used against them when applying for a position at another facility in the area.

Further, it was believed that facility administrators may fear sharing the contents of an exit interview completed by an unhappy employee.

It was felt that giving the employee the addressed and stamped envelope would guard the confidentiality of both the facility and individual by having them mailed directly to the University of Iowa researchers. The results would be reported collectively and no facility or individual could be singled out.

The control facilities were to administer the exit interviews in the same manner.

Unfortunately, the exit interviews were difficult to obtain because employees often left the facility and never returned or they moved without a forwarding address.

The ***job satisfaction survey** was completed by most of the

*See appendix.

NOTES

"When they increase the starting wages of the new incoming CNAs they should adjust the wages for those who have been there a long time."

CNA

CNAs on staff in each of the participating facilities.

The job satisfaction survey was believed to be important in the event the facilities do not realize a decline in their CNA turnover. According to researchers, one can have an impact on the quality of life of the CNAs, increase the CNAs' knowledge or skills, improve job satisfaction, and the quality of care being delivered and still not impact the turnover rates which may also be affected by outside variables such as new employers moving into the area and health care trends, such as the shift to home and community based care, for example.

The ICA staff distributed the job satisfaction surveys and gathered them at their first visit to the participating facilities at which time the CNA staff were given an orientation about the project. Since confidentiality was once again the concern, the job satisfaction surveys were collected by the ICA staff, placed in an envelope, and mailed immediately to the University.

The job satisfaction surveys were handled differently at the control group facilities which does not provide the consistency needed and may skew the results. The job satisfaction surveys were completed by the CNA staff and turned in to the administrative staff. The return rate on those surveys was minimal.

There were also inconsistencies in the project orientation received by the control facilities vs the participating facilities.

The control facilities received no interventions and therefore, were given little incentive for taking the time to track their CNA staff turnover rates without the benefits of the interventions provided the participating facilities.

•The participating and control facility staff were provided an **orientation** by the University of Iowa staff on how to complete the forms and

NOTES

"Administrators and clinical supervisors should attend a leadership training course which addresses the issue of coaching staff in a motivational/positive manner."

Direct Care Forum
Discussion Comment

submit the information. The participating facilities were required to have at least two staff attend the tracking orientation in order to provide adequate coverage in the event of the absence or resignation of one or the other. The forms were forwarded to the University staff monthly by the individual responsible for maintaining the tracking records at the facility.

•The Des Moines facilities added to the project in year two were oriented by the project staff in order to be more cost and time efficient.

•Facilities were asked to forward wage information because we wanted to be able to track if they were giving pay increases during the project. A pay increase would obviously be regarded an intervention which could impact turnover and would be important to the overall project results. Reporting of wage information was an issue at some facilities. In some cases, only the administrator had the knowledge of staff earnings. In those cases, where confidentiality of wage information became an issue...the administrator simply completed the section on wages just before the information was forwarded to the University.

•Each i**ntervention** or program [support group meeting, in-service, recognition program, forum, etc.] was given a code by the ICA staff. The coding was kept simple. "P" represented "program" and the number 1, 2, 3, etc. corresponded with each program in the order they were delivered. Since there were both facility-based [FB] and community-based [CB] programs, they, too, were coded. For example: a support group meeting was considered a community-based program and each CNA attending that program would be coded accordingly. The section on PHASE III: Interventions, provides more detailed information about the programs offered through the project. A copy of the ***master coding sheet** is also a part of this report's appendix.

•**A *program code** was assigned each project program. That code was then placed on the sign-in sheet at that particular program. Copies of those sign-in sheets were gathered at each facility or community-based program and forwarded to the ICA staff to maintain the numbers of people attending programs.

•**Facility turnover rates** were to be provided by the participating and control facilities. It was important that the CNA turnover rate be measured consistently. Facilities were given the following ***formula** with which to figure their CNA turnover rate.

•Program **evaluations** were completed by those who attended any project-related programs.

•Post job satisfaction surveys were completed by the CNAs at the participating facilities in northwest Iowa and collected by Iowa Lakes Community College instructor and submitted to the University of Iowa researchers. Post job satisfaction surveys were not collected at the Des Moines facilities since they received programs for only one year.

*See appendix.

NOTES

"We self-schedule our hours and I enjoy my co-workers." CNA

Recommendation for Evaluation

•Survey instruments and tracking methods must be **kept simple** and require minimal time of the participating and control facilities. If the reporting is too complicated and time consuming the facilities will not participate or may be unable to comply because of the lack of staff time to maintain the necessary records.

•The urban facilities did not submit their tracking data in a timely manner due to numerous changes in the staff handling the tracking data. Each time the staff changed, the project staff had to conduct another orientation on how to track and report the data.

•The tracking training for the Des Moines facilities was conducted by the ICA project staff rather than the University of Iowa researchers in an effort to be more cost and time efficient. In the future, the researchers should conduct all of the tracking training in order to maintain consistency. Project staff was responsible for calling to remind facility tracking staff to get data reported in a timely manner. Despite the fact that the facilities signed a memo of agreement to maintain the tracking in order to participate and receive the project programs, at the time of this final report their tracking data is incomplete.

•Exit interviews and job satisfaction surveys must be administered in exactly the same manner at participating and control facilities.

•ICA and project staff feel that the standard Brayfield Rothe job satisfaction survey is not the most suitable to the CNA workforce and one tailored to this audience should be developed and utilized. Such a survey may already be in existence. One in particular that the ICA staff likes was developed by Terry Heiselman Albanese in a May 1995 dissertation entitled The Impact of Work Role Relationships on Nurse Assistants' Job Stress and Well-Being.

•Those considering replication of the project consider tracking the participating facilities' state survey findings to note any improvement during implementation of program interventions.

•While there is no formal mechanism in place to monitor outside variables impacting the outcomes of the project, the project staff and collaborators tried to maintain an awareness of them for consideration in the future expansion and evaluation of the project. Some outside variables are:

•wage increases or adjustments by project facilities
•new businesses or employers moving into the area creating more competition in the labor market
•changes in labor market conditions (record low unemployment rate)
•economic conditions in the area [farm crisis, etc.]
•new providers in the area (assisted living and other levels of care which may be less demanding might seem more attractive)
•expansion of and greater utilization of home and community based services
•changes in provider payment systems
•changes in federal and state regulation with respect to provider reimbursements and quality assurance measures
•changes in state and national leadership

NOTES

"CNAs need to be recognized for achievements and supported by their supervisors and peers."

Direct Care Forum
Discussion Comment

DRAFT FINAL REPORT

CNA Recruitment and Retention Project Evaluation

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CNA Recruitment and Retention Project

Summary Report

I. Introduction

The goal of the CNA Recruitment and Retention Project is to improve the accessibility of education and support services to health care paraprofessionals in order to positively impact the quality of caregiving delivered. The purpose of this report is to summarize and compare the data from long term care facilities in which services are available through Iowa CareGivers Association, and the attendant effects on job satisfaction and turnover, with facilities where those services are not available.

II. Methodology

To evaluate the CNA Recruitment and Retention Project implemented in Iowa four data collection procedures were implemented. To track retention and turnover in facilities where CNAs have received programs and interventions, those facilities where training and support services were provided were compared to the results of facilities where this programming was not available. Facility administrators provided the data for employees at each agency (i.e., treatment and comparison). To track participation in programs designed to intervene in the rapid turnover among CNAs sign-in sheets at project sponsored activities were used to track attendance. To assess job satisfaction a survey was directly administered to Certified Nurse Assistants during 1998 and 2000. The job satisfaction instrument developed by Brayfield and Rothe (1951) was administered. To assess reasons for leaving those who terminated employment were asked to provide answers on the exit interview.

III. Results

Data were collected by facility personnel on the CNA Employment Tracking forms over a two year period of time. Table 1 presents the mean scores (or medians where indicated) for demographic data. Table 1 illustrates that employees in the Treatment and Comparison Groups were similar in age (Mean = 34 years), and education (Mean = 12 years). The treatment group had a higher percentage of females (86 percent female in the Comparison Group and 91 percent female in the Treatment Group), and the number of Years Living in the Area was greater for the Comparison Group than for the Treatment Group (Comparison Group Median = 19 years; Treatment Group Median = 17 years).

Other differences between the Treatment and Comparison Groups were also found. Those employed in Treatment Group facilities had longer employment histories (median = 18 months) than those in the Comparison Group facilities (median = 11 months). Those employed in Treatment Group facilities were more likely to be married (44 percent married) compared to those employed in the Comparison Group (38 percent married.)

Table 1:
CNA Characteristics by Group

	Comparison	**Treatment**
	N=201	N=237
**Study months employed	Mean 8.72 Median = 7	Mean 14.07 Median = 12
**Total months employed	Mean 33.50 Median 10.00	Mean 53.09 Median 19.00
AGE (mean)	33.75	32.61
**GENDER	.86	.91
EDUCATION (yrs)	12.11	12.15
**MARSTAT	.38	.44

** p. < .05

CNA Turnover and Retention Tracking Data

To track retention and turnover in facilities where CNAs have received programs and interventions, those facilities where training and support services were provided were compared to the results of facilities where this programming was not available. Facility administrators provided the data for employees at each agency (i.e., treatment and comparison). Figure 1, below, illustrates the CNA retention rates measured as the average length of service in months at three comparison facilities (1,2 and 3) and three Treatment facilities (4,5, and 6) during the project implementation period 1999-2000.

Figure 1: Retention Rates (in months)
for Comparison and Treatment Facilities
(Two Year Tracking Period, 1999-2000)

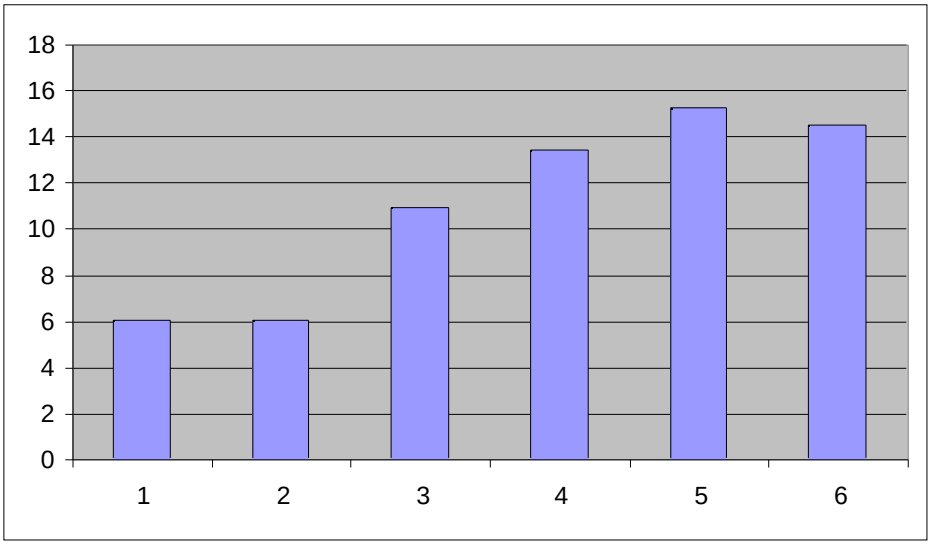


Figure 2, below, illustrates the combined average length of service for the two groups over the two-year period. For the Treatment facilities the overall average length of service during the study period was 18.96 months and for the Comparison facilities the average length of service was 10.01 months.

Figure 2: Months Retention for Comparison and Treatment Facilities
(Two-Year Tracking Period, 1999-2000)

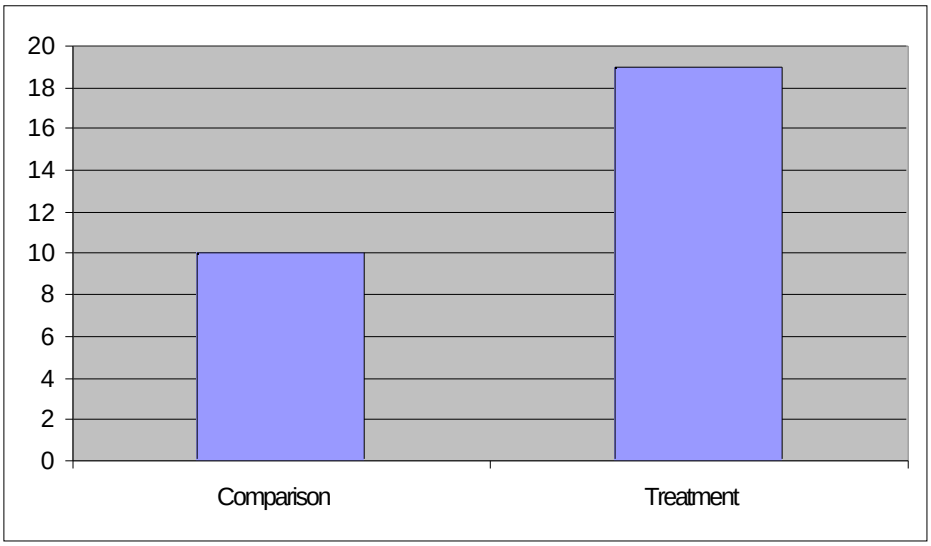


Figure 3, below, illustrates the combined turnover rates for Treatment and Comparison facilities during the first year of project implementation. For Treatment facilities the overall turnover rate averaged 34 percent compared to 82 percent in the Comparison facilities. Significantly lower turnover occurred in the Treatment facilities than the Comparison facilities for the first year of the project implementation (1999).

Figure 3: Overall Turnover Rate for
Treatment and Comparison
Facilities (1999)

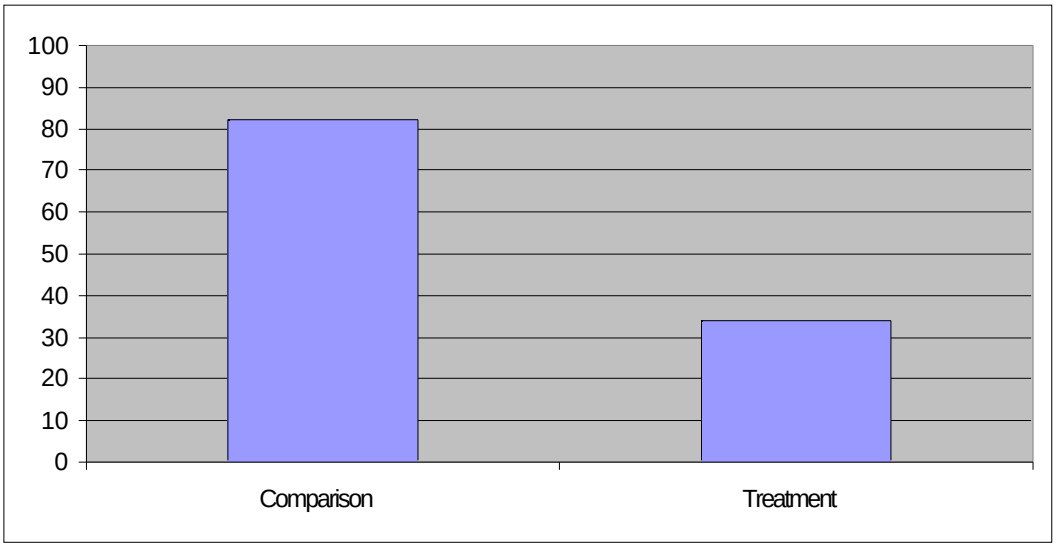
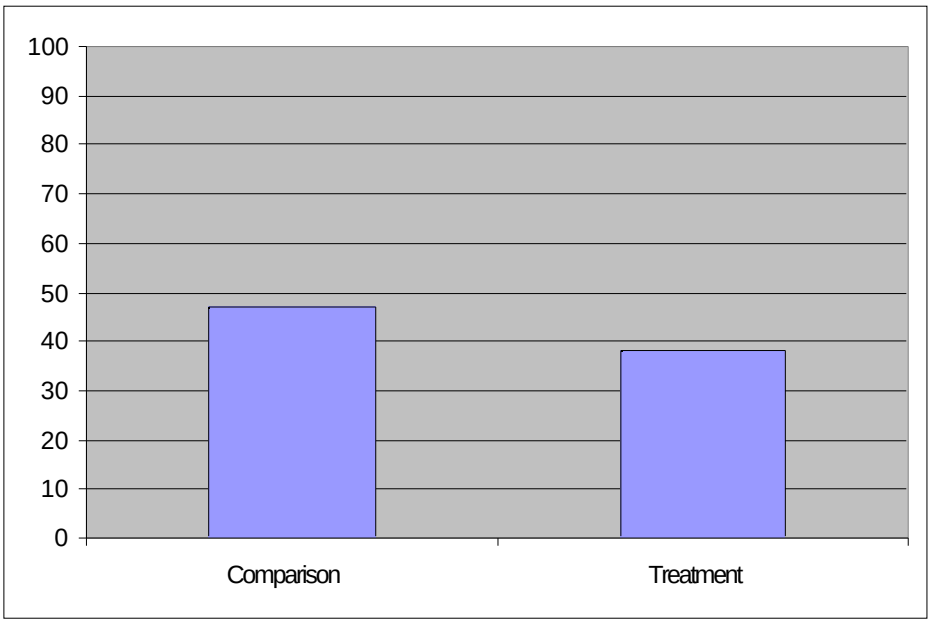


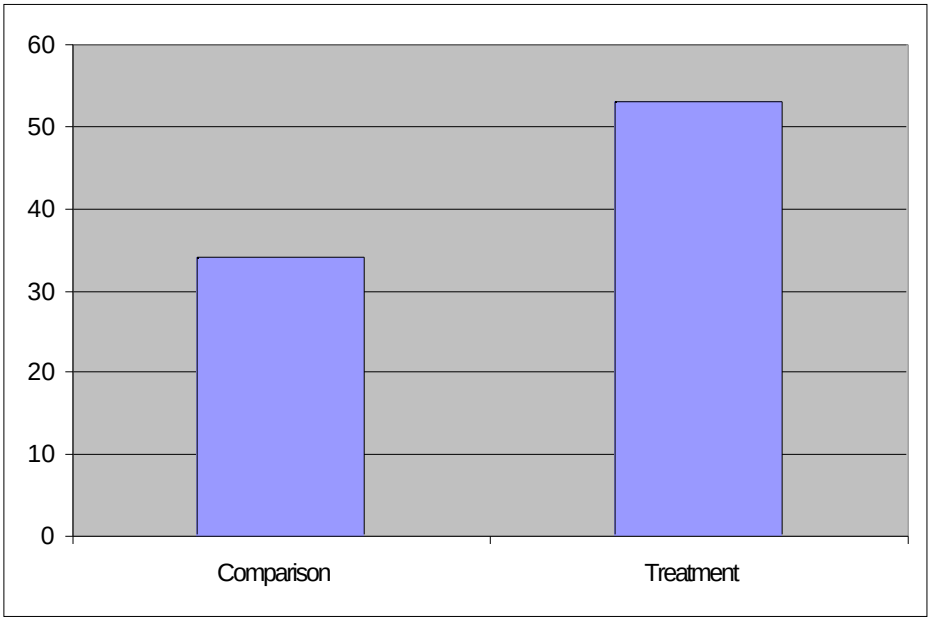
Figure 4, below, illustrates the combined turnover rates for Treatment and Comparison facilities during the second year of project implementation. For Treatment facilities the overall turnover rate averaged 38 percent compared to 47 percent in the Comparison facility (only one Comparison facility provided data for 2000).

Figure 4: Overall Turnover Rate for
Treatment and Comparison
Facilities (2000)



In addition to turnover, employment patterns are also an important aspect of employment pattern in long term care. Employment may involve episodic employment that could be overlooked if we simply consider turnover rates. Examining only employment terminations could artificially inflate turnover rates where employees return to work after leaving for a time and then leave again. Figure 5 illustrates the significant difference between Treatment and Comparison facilities on the total number of months worked. For those employed in the Treatment facilities the average total number of months worked was 53. For those employed in Comparison facilities the average total number of months worked was 34. This indicates that the Treatment facilities retained workers longer than the Comparison facilities during the study period, and also retained those employees who had more experience.

Figure 5: Average Total Number of Months Worked
for Treatment and Comparison Facilities



Turnover and retention data are available to compare all 12 months of the first year of the project implementation (1999), for each of the six facilities originally involved in the evaluation, with 1997 and 1998. Figure 6 shows the turnover rates at the three Comparison facilities (1,2, and 3) and the three Treatment facilities (4, 5 and 6). The figure illustrates that in 1999, for those employed at the beginning of the study period, the turnover rates for the three Comparison facilities were 100 percent (Agency1), 100 percent (Agency2), and 47 percent (Agency3), while in 1999 at Treatment facilities the turnover rate was 49 percent (Agency4), 31 percent (Agency5) and 22 percent (Agency6). For Comparison facilities data were not available for 1997 and 1998 at Agency 1, however, 1999 represented the highest turnover rate at Agency 3, and the lowest rate for the three year period at Agency 2. Across all of the Treatment facilities, 1999 showed the lowest turnover rate compared to 1997 and 1998 levels. (2000 data were not included because some facilities did not provide them).

Figure 6: Turnover Rate by Facility (1997 – 1999)

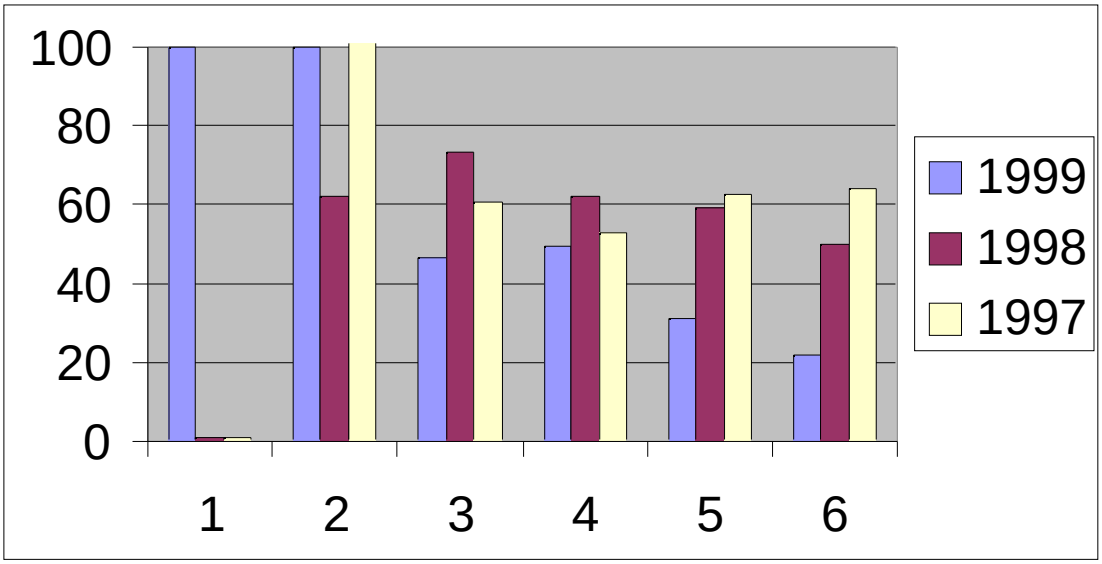
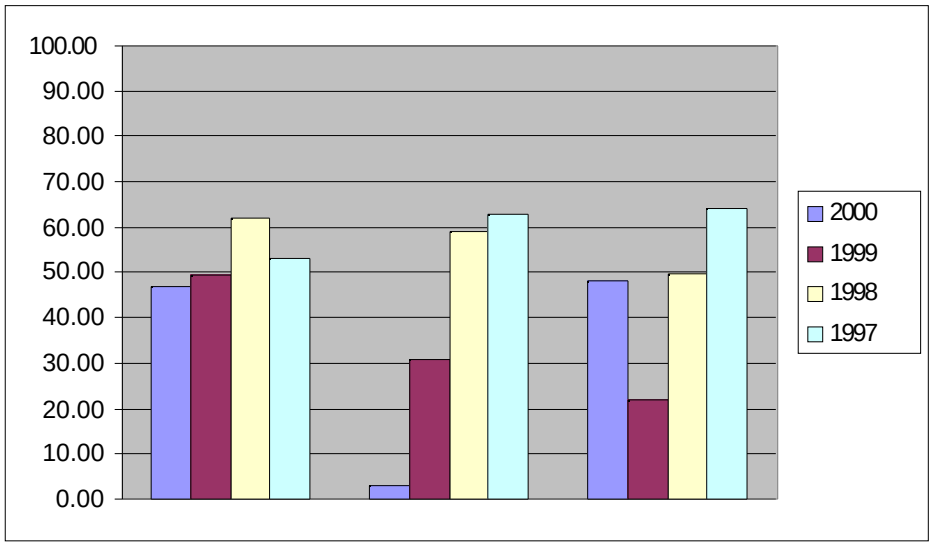


Figure 7 illustrates the turnover rates for Treatment facilities only from 1997 through 2000. Each column, labeled “Series,” represents one year beginning with 2000 in series 1. The figure demonstrates a trend in the first two sets of columns (facilities) toward progressively lower turnover while in the third facility the year 2000 rate rebounded from the lowest in 1999 to the highest of the treatment facilities in 2000. Unfortunately, Comparison facility data were not available for inclusion. However, with an industry average of nearly 100 percent turnover per year, these results are impressive.

Figure 7: Treatment Facility Turnover Rates (1997-2000)



Program Participation

To track participation in programs designed to intervene in the rapid turnover among CNAs, sign-in sheets at project sponsored activities were used to track attendance. Fifty-one programs or interventions were provided with total attendance ranging from 1 to 31 attendees. In total, 527 program activities were recorded. Table 2 presents the cumulative total attendance for individuals employed by the three Treatment facilities.

Table 2: DHS Project Programs and Interventions

Program No.	Program Description	Facility 4	5	6
1	Informational meeting on project		1	1
2	Cornerstones Conference	1	1	1
3	Evening support group	1	1	3
4	Evening support group meeting	2	1	2
5	Informational meeting for day support group			
6	Day support group meeting	1		1
7	Evening support group meeting	1	1	1
8	Local planning committee	1	1	

9	No sign in			
10	Evening support group meeting	1	1	1
11	Local planning committee meeting	1		1
12	CNA meeting	1	1	1
13	Afternoon support group		1	
14	Evening support group	1	1	1
15	Orientation to project and ICA for participating facilities	22	8	22
16	Community planning committee	1	1	
17	Pat McGill	21	13	30
18	Pat McGill follow-up session	25	9	31
19	Mentoring training		6	
20	Evening support group	1	1	4
21	Afternoon support group	1		
22	Afternoon support group	1		
23	Evening support group	1	1	5
24	Caregivers month program	2	3	3
25	Community planning committee	1	1	
26	Evening support group meeting		2	3
27	Afternoon group advisory meeting	1		
28	Evening support group meeting	1	1	
29	Evening support group	1	1	
30	Conflict resolution program	29		
31	Evening support group/IaLakes	1	1	1
32	Evening support group/IaLakes	1	1	2
33	Evening support group/IaLakes	1	1	2
34	Sup.Grp. Spirit Lake			
35	Sup.Grp. Spirit Lake			
36	Sup.Grp. Spirit Lake			
37	Sup.Grp. Sparks	1		
38	C.N.A. prog. All 3 facilities	26	9	17
39	Evening support group/IaLakes	1	1	1
40	Death and Dying Program	23		17
41	mentor training	3	3	3
42	Pat McGill program with C.N.A.s	31		24
43	Pat McGill program with C.N.A.s and supervisors	26		19
44	Evening support group/IaLakes	2	1	3
45	Mentor reunion	2	4	
46	Iowa Caregivers Month-DM	1	1	1
47	Iowa Caregivers Month-NW Ia		1	3
48	Evening support group/IaLakes	1	1	1
49	Evening support group/IaLakes		1	1
50	Mentor reunion			
51	Evening support group/IaLakes			
	TOTAL = 527	239	82	206

Job Satisfaction

Job satisfaction was assessed using an 18-item scale originally designed by Brayfield and Rothe (1951). Each item was scored on a "1" to "3" scale where; 1 = "generally agree," 2 = "undecided," 3 = "generally disagree." Table 2 presents the mean scores for each item.

Table 2:
Job Satisfaction by Treatment Condition

	comparison		treatment	
	N = 34	Mean	N = 97	Mean
q1 job is like a hobby		2.03		2.18
q2 interesting enough		1.18		1.18
q3 friends more interest their jobs		2.15		2.13
q4 consider job unpleasant		2.58		2.66
q5 enjoy work more than leisure		2.35		2.32
q6 often bored w job		2.71		2.74
q7 satisfied with job		1.56		1.41
**q8 force myself to go to work		2.15		2.63
q9 satisfied for time being		1.38		1.35
q10 job no more interesting than others		2.18		2.15
q11 definitely dislike		2.74		2.89
*q12 happier at work than most		1.76		1.53
q13 most days I am enthusiastic		1.59		1.42
**q14 each day of work seems endless		2.06		2.55
q15 like my job more than average		1.82		1.63
*q16 my job is pretty uninteresting		2.47		2.75
q17 real enjoyment at work		1.44		1.3
**q18 disappointed took this job		2.59		2.93

**p. < .05
* p < .10

Comparison of the mean scores indicated that the Comparison and Treatment groups were significantly different on five items and each difference was in the expected direction (i.e., the Treatment Group scored better):

Job Satisfaction Items with Significantly Different Mean Scores
(Treatment v. Comparison Groups)

q8 force myself to go work ($p < .05$)

q12 happier at work than most ($p < .10$)
q14 each day of work seems endless ($p. < .05$)
q16 my job is pretty uninteresting ($p. < .10$)
q18 disappointed took this job ($p. < .05$)

Treatment group respondents were more likely to "generally disagree" with the statements:

"Most of the time I have to force myself to go to work" (q8),
"Each day of work seems like it will never end" (q14),
"My job is pretty uninteresting" (q16), and
"I am disappointed that I ever took this job (q18)".

Treatment group respondents were more likely to generally agree with the statement:

"I feel that I am happier at work than most people" (q12).

In an effort to improve the ease of interpretability of the job satisfaction scores, responses were recoded so that "1" indicated "agreement" and "0" indicated "not agreement" (combining the "generally disagree" and "undecided" categories of the items). The percentage agreement with each statement on the job satisfaction questionnaire is presented in Table 3, below.

Table 3: Job Satisfaction by Treatment Condition
(Recoded Values)

	Comparison	Treatment	Total
N	34	97	131
q1 job is like a hobby	0.27	0.26	0.26
q2 interesting enough	0.88	0.88	0.88
q3 friends more interest their jobs	0.26	0.21	0.22
q4 consider job unpleasant	0.12	0.09	0.10
q5 enjoy work more than leisure	0.24	0.20	0.21
q6 often bored w job	0.09	0.05	0.06
q7 satisfied with job	0.65	0.67	0.66
**q8 force myself to go to work	0.32	0.10	0.16
q9 satisfied for time being	0.74	0.74	0.74
q10 job no more interesting than others	0.29	0.24	0.25
*q11 definitely dislike	0.09	0.02	0.04
q12 happier at work than most	0.47	0.55	0.53
q13 most days I am enthusiastic	0.65	0.67	0.66
**q14 each day of work seems endless	0.38	0.10	0.18
q15 like my job more than average	0.47	0.46	0.47

*q16 my job is pretty uninteresting	0.18	0.07	0.10
q17 real enjoyment at work	0.68	0.72	0.71
**q18 disappointed took this job	0.12	0.01	0.04

* p < .10
** p < .05

The percentage of respondents agreeing with the following (negative) statements was significantly lower in the Treatment Group than the Comparison Group:

"Most of the time I have to force myself to go to work" (q8),
"I definitely dislike my work" (q11),
"Each day of work seems like it will never end" (q14),
"My job is pretty uninteresting" (q16), and
"I am disappointed that I ever took this job" (q18).

Exit Interviews

The exit interview questionnaire requested information from those who terminated employment in seven areas of their experience with the employer. The questionnaire asked what the reason was for leaving, how fairly the respondent felt they had been treated, feelings about returning to work for the employer, a series a items about employment at the facility (i.e., staffing, pay, teamwork, demands, management, quality of care, hours, scheduling, input, morale, equipment), helpfulness of the supervisor, attendance at Iowa Caregivers Association and Iowa Lakes Community College programs or services, whether attendance influenced or delayed leaving, and what could have been done differently to prevent the employees decision to leave. Ten exit interview forms have been received, five from the Treatment Group and five from the Comparison Group.

In response to the question "What are your reasons for leaving," those in the Comparison Group facilities stated:

Verbatim Comments (Comparison Group)
pay inadequate; no raise; other staff causing trouble
Placed in unfair working conditions
Staff shortage; patient neglect; uncaring management

Facility doing things against state regulations
Supervisors don't care
Not enough help
New job with holidays and weekends off
Poor treatment of residents and nothing was done about it
Family problems
Too many weekends worked

Those in the Treatment Group stated the following reasons for leaving:

Verbatim Comments (Treatment Group)
Because of an unauthorized absence for sick child
One of the nurses; how some CNAs treated residents
Stay home with retired husband & care for ailing father
Better job offer while I finish school
Supervisor does not care. They get rid of CNAs who care

On a scale of 1 (very fair) to 5 (not fair at all), how do you feel you have been treated as an employee of this facility?

In the Treatment Group, two indicated that they were treated fairly by scoring either a "2" or a "3." The remaining three respondents indicated that they were not treated fairly scoring the item "5." In the Comparison Group three respondents scored the item "3," one scored the item "4," and one scored the item "5." These scores indicate that for those exiting employment from LTC facilities, most feel they have not been treated fairly with the possible exception of one who was in the study Treatment Group.

On a scale of 1 (very interested) to 5 (not at all interested), how would you rate your interest in working for this facility again?

Comparison of results between the Treatment and Control groups reveals no difference in the responses to this question. One respondent in each group scored the item "1," (very interested), one respondent in each group scored the item "2" (interested), and the remaining respondents each scored the item "5" indicating that they were not at all interested in working for this facility again.

Table 4: Treatment and Comparison Group Responses to How Fairly Have You Been Treated, and Would You Work For This Facility Again

		Comparison		Treatment		Table Total	
		N	Col. %	N	Col. %	N	Col.%
Treated fair	2			1	20.0%	1	10.0
	3	3	60.0%	1	20.0%	4	40.0
	4	1	20.0%			1	10.0
	5	1	20.0%	3	60.0%	4	40.0
Work again	1	1	20.0%	1	25.0%	2	22.2
	2	1	20.0%	1	25.0%	2	22.2
	5	3	60.05	2	50.0%	5	55.6

Respondents were asked to indicate ONE appropriate response (1 “excellent,” 2 “good,” 3 “unsatisfactory”) to describe how satisfied they were with the employer on eleven dimensions of organizational characteristics. While the number of respondents (N=10) is too small for reliable comparisons, two items emerge that warrant further investigation. First, 80 percent of those in the Treatment Group reported that they were satisfied with “money/benefits,” while only 20 percent were reported being satisfied among the Comparison Group respondents. Secondly, 25 percent of the Treatment Group and 40 percent of the Comparison Group reported that they were satisfied with morale. Table 5, below, presents the percent satisfied with each of the dimensions.

Table 5: Percent Satisfied With Employer Characteristics by Comparison and Treatment Groups

		Comparison	Treatment	Total
staffing	%	0.6	0.4	0.5
	N	5	5	10
money/benefits		0.2	0.8	0.5
		5	5	10
teamwork		0.4	0.4	0.4
		5	5	10
job demand		0.6	0.8	0.7
		5	5	10
mgmt		0.4	0.6	0.5
		5	5	10
care quality		0.6	0.6	0.6
		5	5	10
hours		0.8	0.8	0.8

	5	5	10
schedule	0.6	0.5	0.56
	5	5	10
input	0.4	0.4	0.4
	5	5	10
morale	0.4	0.25	0.33
	5	4	9
supplies	1	0.8	0.9
	5	5	10

On a scale of 1 (very helpful) to 5 (not helpful at all), how helpful OVERALL was your supervisor in offering assistance when you needed help with an issue?

Table 6, below, presents the responses to the question how helpful was you supervisor, along with the responses to questions about attending programs or service offered by Iowa CareGivers Association and Iowa Lakes Community College, and whether those programs influenced or delayed the decision to leave the job.

Of the five respondents exiting Treatment Group facilities three reported that their supervisors were helpful when they needed assistance with an issue (scoring "1" or "2"). The remaining two respondents indicated that their supervisors were "not helpful at all." In the Comparison Group, two of the five respondents exiting LTC employment reported that their supervisors were helpful when they needed assistance with an issue, while three respondents reported that their supervisors were not helpful or "not helpful at all." While not statistically significant, it does appear that among this small sample of respondents who exited employment during the study period it was more likely to have a report that the supervisor was helpful if the respondent was employed in a Treatment Group LTC facility.

Did you attend any of the programs or services offered by Iowa Caregivers Association and Iowa Lakes Community College? If you did, did they influence or delay you decision to leave your job in any way.

Since only the Treatment Group could attend programs or services there can be no comparison on these items. Clearly more analysis is needed to evaluate the extent to which attendance at programs and services effects the decision to leave or delay leaving. However, the significant differences between the turnover rates of Treatment and Comparison facilities are

suggestive of the efficacy of the programs and services offered by the intervention.

Table 6: Satisfaction With Supervisor and Attendance and Influence of Programs and Interventions for Leavers

		comparison		treatment		Total	
		N	Col %	N	Col %	N	Col %
supervisor	1	1	20.0%	2	40.0%	3	30.0%
	2	1	20.0%	1	20.0%	2	20.0%
	4	1	20.0%			1	10.0%
	5	2	40.0%	2	40.0%	4	40.0%
attend	1			1	20.0%	1	20.0%
	2			4	80.0%	4	80.0%
influence	2			1	100.0%	1	100.0%

Respondents were asked “What could have been done differently by your administrator or supervisor to have prevented you from leaving your job? Comparison group respondents reported:

Verbatim Comments (Comparison Group)
Give raise
Provide adequate staff to prevent patient neglect; give staff a raise
Management listen; staff won't work together; nurse rude to staff; staff feels unwanted
Nothing

Treatment Group respondents reported:

Verbatim Comments (Treatment Group)
Support from facility administration
Take charge talking to a nurse & certain CNAs
Nothing
Nothing, need to continue growing
The administrator betraying confidence
Better staffing and pay
Listen better and enforce policies

Dissemination

As previously explained in Phase III under "Public Relations", two successful press conferences were held to release the results of the Certified Nursing Assistant Recruitment and Retention Survey report and the findings from the Nurse Supervisor Survey.

The press conferences were attended by:

TV 5
TV8
TV 13
KUNI Radio
Des Moines Register [357,695 readers]
Cedar Rapids Gazette [141,378 readers]
Quad City Times [111,569 readers]
Associated Press
Legislators
Representatives from Iowa Department of Human Services, Iowa Commission on the Status of Women, and Iowa Department of Elder Affairs, and Iowa Department of Inspections and Appeals

Several other radio and newspaper interviews were prompted as a result of the coverage generated from the press conferences.

Since the Associated Press picked up the news it went out over the wire service. We do not know how many within the state or nation were actually reached because a clipping service was not contracted with to track publicity.

Information about the CNA and Nurse Supervisor Surveys also appeared in numerous agency and association newsletters and publications including:

Insight (Iowa Dept. of Inspections and Appeals)
Iowa Association of Homes and Services for Aging
Iowa CareGivers Association newsletter
Life Services Network [Illinois]
Older Americans Report [National]
American Society on Aging, Aging Today interview
Insight, Association of State Boards of Nursing (national)
Health Care Financing Administration video interview
Report to Congress, Appropriateness of Minimum Nursing Staffing Ratios in Nursing Homes --mentioned in this Health Care Financing Administration 8 year study.
Archstone Foundation - 2000 Award For Excellence in Program Innovation national publication.
Journal of Nurse Assistants

NOTES

"We need more CNAs, but it's getting harder to find people to do our jobs - it's too hard! CNA

Requests from AARP and other national consumer and advocacy groups have been received. The following states have requested project information:

Illinois	Massachusetts
Ohio	Washington
Indiana	Wisconsin
Florida	Rhode Island
Pennsylvania	California
Missouri	Washington D.C.
New York	North Carolina
Georgia	Kansas
Oklahoma	Virginia
Colorado	

ICA staff, CNAs, and consultants have done programs regarding the survey findings and project outcomes:

•Informational meeting in Estherville [40 people]
•Wisconsin CareGivers Association [about 100]
•New York Paraprofessional Health Care Institute [60]
•Iowa Community College Long Term Care Coordinators [100]
•Mankato State University in Minnesota
•Kenosha, Wisconsin Long Term Care Task Force [25]
•Direct Care Alliance Conference (Washington, D.C.) and Senate Hearing to which two CNAs from the project attended and met with Senator Charles Grassley's staff. [60]
•Governor's Conference on Alzheimer's [50]
•Governor's Conference on Aging [60]
•Georgia Council on Aging's first Direct Care Forum [200]
•Des Moines Women's Club [100]
•ABCM Corporation Annual Convention [100]
•Iowa Association of Homes and Services for Aging Nursing In-service [30]
•Four Direct Care Forums (approximately 100 in attendance at each forum)

ICA exhibited at the following conferences to promote the project and the survey findings:

•Governor's Conference on Aging (1999/2000)
•Governor's Conference on Alzheimer's Disease (1999/2000)
•Iowa Association of Homes and Services for the Aging (1999)
•Iowa Health Care Association Convention (1999-2000)
•Iowa CareGivers Cornerstones Conference (1999/2001)
•Hawkeye Community College LTC Annual Conference (1999/2000

The overwhelming response to this project and these reports is indicative of the scope and magnitude of the problems related to CNA staffing.

Considerations for Facility Administrators and Nurse Supervisors

•**Be visible** to the CNA staff.

•**Meet with each CNA** individually on a regular basis.

•**Enforce "no show"** policies.

•Maintain **high hiring standards** forCNAs and all staff [good CNAs would often rather work short-staffed than to work with a CNA who doesn't care].

•Embrace a facility culture which **promotes professionalism** among all staff, including CNAs.

•Place a **high priority on training** for **nursing staff who supervise CNAs.**

•**Give supervisors the authority** and resources necessary **to provide the necessary training for CNA staff.**

•Place a **high priority on training** and continuing education for **CNA staff**.

•Help to initiate or mentor the development and maintenance of a CNA peer networking or **support group** within your facility or community.

•Encourage CNA participation in **educational programs outside the facility** [conferences, workshops, support groups].

•Implement a **CNA Mentorship Training Program** whereby CNAs mentor and orient new CNAs [as an advancement with a pay increase]. CNA support through participation in the planning and implementation of such a program is very important to its success.

•When CNAs complete the CNA Mentor Training program, **have a plan** for when they return to use their new skills. Should include pay increase, new title, name badges, and an actual plan for the program implementation.

•Provide the necessary support and **follow up to newly trained CNA Mentors,** e.g. quarterly meetings with other CNA Mentors in the area to problem-solve, gain peer support and prevent burn-out.

•Implement **inexpensive, short-term incentives** in the workplace to keep staff motivated or to maintain momentum for a new program or policy.

-poster contest/team competition
-dinners
-awards/certificates

•Identify **other perks** for those CNAs not interested or unable to take advantage of advancement programs.

-invite them to serve as **advisors** to the CNA Mentors
-invite their participation on other **committees** of interest to them

•Be diligent about having appropriate and **working equipment and adequate supplies at all times.**

•**Seek counsel** and input from CNAs re: equipment and supply purchases and needs and the storage convenience of supplies.

•**Include CNAs in resident/patient care plans.**

•**Listen and Respond** to CNAs re:
-resident's condition or care and
-get back to CNA about what was done and how their observations were helpful.

•Provide more **extensive employee orientation** that is consistent with the CNAs training and previous experience.

•Hire CNAs who have completed the **75 hour training** program.

•Provide **quality continuing education** programming beyond the federal/state requirements. Include programs on team and relationship-building and conflict resolution...*things I don't already know.*

•Ensure that veteran and new **CNAs have the same training** or understanding of techniques and skills. This will reduce tensions between staff and reduce risks to staff and residents. Send CNAs to Skills Fair at local community college or plan your own.

•Pitch in to **help on the floor** when short staffed.

•Be **sensitive to CNAs who grieve the loss of residents:**
-allow one or two CNAs to attend the funeral/memorial on behalf of the facility
-hold a memorial at the facility and involve the CNA staff in the service and/or eulogy
-offer grief counseling
-death and dying education

•Join Iowa's Governor and Lt. Governor and Iowa Caregivers Month sponsor, Iowa CareGivers Association, along with over twenty statewide agencies and associations to **honor CNAs** and other direct care workers during their professional recognition day, week, month [June] by offering:
-recognition program at the facility
-participate and assist with community awareness campaign and celebration

•Whereas, CNAs report that they stay on the job due to their devotion to their residents; **involve the residents in any recognition** programs held for CNAs.

•Work with the Iowa CareGivers Association, community colleges, direct care staff and others to create a **statewide network** of support, recognition, education, and advocacy for CNAs.

Considerations for Community Colleges and Other Institutions of Learning

Community Colleges are in a position to be the nucleus for community activity to promote quality care through education and programming which respond to the needs of CNAs and other direct care workers. Some activities may include:

•**Work with Iowa CareGivers Association, direct care workers, and other agencies and associations to build the network.**

•Coordinate **local level public awareness campaign** activities such as Iowa Caregivers Month.

•**Educate the general public** [civic and service groups and others] about the roles of CNAs.

•Provide **CNA Mentorship Training**.

•Coordinate quarterly **follow-up meetings for CNA Mentors.**

•Offer **CNA Mentorship Train the Trainer Program** for facility staff.

•Conduct **training** for those interested in being a CNA **support group mentor.**

•**Host CNA support group meetings.**

•Coordinate CNA Skills Fair to **ensure that all CNAs and CNA Mentors are doing things consistently** which will also improve relationships between CNAs who may have learned to do things differently.

•Provide **information to new CNA students** about CNA peer network or support group meetings in the area.

•Maintain a climate within the community conducive to open dialogue about caregiving issues with the intent to work cooperatively toward solutions.

•Provide a **realistic orientation** to what the role of a CNA is. "What I learned in class and what the job is really like are very different", were comments frequently heard from CNAs. (Trainers often agreed).

•Work with the Iowa CareGivers Association to expand the CNA Mentor Training program into other community college districts which are interested.

•Identify a liaison within the community colleges and institutions of learning to answer questions and inform health care providers and CNAs of the Iowa CareGivers Association.

What CNAs Might Consider

•Work with Iowa CareGivers Association, community colleges, and others within your community to **create a statewide network of support, recognition, education, and advocacy for CNAs and other direct care workers.**

•**Network with other CNAs** at support groups and educational programs and conferences.

•**Promote professionalism** within your field by being the "example" of professionalism by your behaviors, actions, communication and caregiving skills.

•Recognize and **accept the field of direct care as a "career"** for those who choose it as a career.

•**Set high expectations when seeking employment** within the field of direct care. Expect an interview, a tour of the facility, an opportunity to meet the administrator, director of nursing, CNAs, and other staff, and be given a chance to ask questions that are important to you [scheduling, number of residents you'll be required to care for, what CNA turnover rates are, etc.].

•**Be supportive of new CNAs** and other staff who may lack confidence starting out by sharing your experience and offering encouragement. You have the influence to help retain good caregivers.

•**Take part in training** and activities to enhance communication between all staff.

•**Give administrative staff credit** for starting or supporting programs to benefit direct care staff.

•**Urge your facility or administrative staff to seek CNA opinions** or input on

programming and to include CNAs in the planning.

•**Suggest topics** you need or want to know more about and don't be afraid to ask questions.

•**Express your appreciation** to administrative and management staff if they help you on the floor or in other ways.

•**Be tolerant with co-workers** who may have learned skills differently than you.

•Place a high **value** on your ongoing **continued education**. Seek ways to increase your knowledge, skills, and confidence through education.

•**Attend educational programming** designed for you by Iowa CareGivers Association, local community college, your employer or other providers and educators.

•**Proudly promote your profession** by taking part in Iowa Caregivers Month activities.

•**Increase awareness about your profession** by speaking to your child's class or your church or club about your profession, write articles or poems about your role as a direct care worker for the Iowa CareGivers Association's newsletter or your employer's newsletter.

•**Listen and respond** to requests from supervisors and follow through even if you aren't able to carry out the request. Make sure to let them know you are unable to complete a task.

Considerations for Owners/Operators

•Place a high **priority on CNA training and orientation.**

•Place a **high priority on management training** with respect to human resources management.

•Give **administrators and directors of nursing the authority** and resources needed to provide the training, orientation, and recognition needed to maintain a good staff.

•**Ensure pay parity** and adjust the wages of veteran CNAs when the starting wage is increased.

Considerations for Policy-makers

•**Review the findings of the CNA and Nurse Supervisor needs assessments.**

•Examine and consider **staffing level requirements.**

•Provide **resources** necessary **to recruit** other workers such as **immigrants, and mature workers, and the programs tailored to their specific needs.**

•**Support the creation of a statewide staff retention network** to include ICA, community colleges, direct care workers, advocates, providers, and other agencies, associations, and institutions of learning.

•Ensure adequate **training standards** for all health care providers.

•Determine what the state's role is, if any, in ensuring **health care for low wage-earning nurse assistants**.

CLOSING

Qualitative and quantitative data suggest that a reduction in CNA turnover may be realized by implementing programming which:

- •responds to CNAs needs as they perceive them
- •is comprehensive in nature
- •enlists involvement of CNAs, providers, educators, advocates, and entire communities
- •is supported by administrative staff

Due to the complex nature of the issues surrounding direct care, it is the belief of the Iowa CareGivers Association that a statewide network of comprehensive services and programming for direct care workers is needed.

The development of such a network plan should include entire communities...employers, caregivers, consumers, educators, labor, policy-makers, state agencies, researchers, advocates and others dedicated to such an effort.

The information and recommendations contained within this report can become a valuable resource to those committed to quality care.

For more information call or write:

Iowa CareGivers Association
1117 Pleasant Street #221
Des Moines, Iowa 50309
515-241-8697
website: http://members.aol.com/iowacga

Attachment 1:
Certified Nursing Assistant
Survey Instrument

APPENDIX B

Iowa Caregivers Association wants to better understand the work that nursing assistants do. To help them, we are sending this important survey to CNA's like you. Your answers are confidential, which means the answers on your survey will be counted, but your name will not be used.

1. Are you currently working as a CNA?

☐ Yes (Please skip to Question 3.) ☐ No (Please answer Question 2.)

2. If you are **not currently** working as a **CNA**, please tell us why not:

Thank you. Please return your survey to us in the enclosed envelope.

3. How long have you been a CNA?

- ☐ Less than one year
- ☐ More than 1 year, but less than 3 years
- ☐ 3 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 20 years
- ☐ More than 20 years

4. How long have you been on your current job?

- ☐ Less than one year
- ☐ More than 1 year, but less than 3 years
- ☐ 3 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 20 years
- ☐ More than 20 years

5. What is your job title? _____

APPENDIX B

Thinking now about your **current job**, please tell us how **important** the following are in helping make your job **satisfying**. Place a ✓ in the box which shows whether they are very important to your job satisfaction, somewhat important, or not at all important.

How **important** are the following to your current job satisfaction?	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT
My **co-workers** letting me know when I'm doing a good job.			
My **supervisor** letting me know when I'm doing a good job.			
The **administrator** letting me know when I'm doing a good job.			
The **residents/patients** I care for and their **families** letting me know when I'm doing a good job.			
My **co-workers** helping and supporting me when I need it.			
My **supervisor** helping and supporting me when I need it.			
My supervisor treating me with respect.			
My supervisor valuing my ideas about how to care for the residents/patients I know best.			
My supervisor helping my co-workers and me organize our work as a team.			
Getting all my assigned work done during my shift.			
Having work assignments that best use my abilities.			
Knowing which of my assigned duties to do first.			
Knowing what my job duties are and how to do			

APPENDIX B

How **important** are the following to your current job satisfaction?	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT
them well.			
Working as part of a team that takes care of the same residents/patients every day.			
Getting education and training in how to do my job better.			
Making a difference in the way residents/ patients are cared for.			
Contributing my ideas to resident/patient care plans.			
Being able to schedule time off when I need it.			

Please read the following statements. Put a ✓ in the box to show if you **agree**, **disagree**, or **neither agree nor disagree** with the statement as it applies to your **current job**.

Do the following statements apply to your current job?	AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE
My **co-workers** often let me know when I'm doing a good job.			
My **supervisor** often lets me know when I'm doing a good job.			
The **administrator** often lets me know when I'm doing a good job.			
The **residents/patients** I care for and their **families** often let me know when I'm doing a good job.			
My **co-workers** help and support me when I need it.			
My **supervisor** helps and supports me when I			

APPENDIX B

Do the following statements apply to your current job?	AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE
need it.			
My supervisor treats me with respect.			
My supervisor values my ideas about how to care for the residents/patients I know best.			
My supervisor helps my co-workers and me organize our work as a team.			
I can usually get all my assigned work done during my shift.			
Most of my work assignments use my abilities.			
I usually know which of my assigned duties to do first.			
I know what my job duties are and how to do them well.			
The CNA's in my facility work in teams assigned to care for the same residents/patients every day.			
I get all the education and training I need in how to do my job better.			
I believe I make a difference in the way residents/patients are cared for.			
I am encouraged to contribute my ideas to resident/patient care plans.			
I can usually schedule time off when I need it.			
I sometimes think about leaving my current job because of the pay.			
I sometimes think about leaving my current job because it's physically hard on me.			

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Do the following statements apply to your current job?	AGREE	DISAGREE	NEITHER AGREE NOR DISAGREE
I would like to learn how to organize my work better so that I can get more done in less time.			
When I was interviewed for my current job, I got the impression that the job I would be doing was important and valued.			
My supervisor brings out the best in me.			
I am encouraged to make decisions about how best to do my work			
I can tell by what the administrator says and does that he/she expects me to give excellent care.			
I am asked for my ideas about how best to organize the work routine.			
I am asked for suggestions about residents'/ patients' care.			
I usually have all the supplies and equipment I need to give good care.			
When I started my job, I was taught what I needed to know to do my job well.			
I believe my job is viewed with respect by the general public.			

Have you ever considered **quitting** the job you have now?

☐ YES ☐ NO

If yes, what was **going on** at the time that made you consider quitting?

APPENDIX B

What kinds of things have encouraged you to stay on your current job?

What, if anything, needs to be done to help you do your job better?

On most days, how many residents/patients are you assigned to care for?

☐ 1-3 ☐ 6-9
☐ 4-6 ☐ 10 or more

Please tell us where you work:

☐ Nursing home ☐ Hospital
☐ Home care ☐ Adult day center ☐ Other _____

Have you ever had to take time off because of an injury on the job?

☐ Yes
☐ No

If yes, please describe _____

What is your age? _____

Is there anything else you would like to tell us?

Thanks for your help. Please return your survey in the enclosed envelope.

Hill Simonton Bell, L.C. **(515) 244-8228**