

FINAL REPORT

IMPROVING WORK SETTINGS AND JOB OUTCOMES FOR NURSING ASSISTANTS IN SKILLED CARE FACILITIES

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The graduating class of Dementia Care Specialists.



Massotherapists teaching nursing assistants one approach to stress reduction.

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PROJECT OVERVIEW

THE KEY ISSUES

Of all nursing home employees, nursing assistants spend the most time with residents and provide the majority of the direct care that residents receive daily. Yet, they are the lowest paid workers in health care. In addition to the physically and emotionally demanding nature of the work, residents, their families, and other staff sometimes do not treat them with respect. Consequently, the turnover rate among nursing assistants on an annual basis can exceed 100 percent. High turnover compromises the quality and continuity of resident care. It also substantially increases the cost of care while detracting from its quality. It's been estimated that nursing homes spend \$3,000 to \$4,000 to replace a nursing assistant who resigns or is fired.

This project is one of three that were carried out over the last ten years for the purpose of improving job satisfaction and commitment, and the personal well-being of nursing assistants in greater Cleveland nursing homes. In order to accomplish this, one focus of these projects has been on the adequacy of the initial training nursing assistants receive. Nursing assistants are required to have only 75 hours of training and pass a test mandated by the State of Ohio to qualify to work as a nursing assistant. Under Ohio law, more training is required for cosmetologists (1,500 hours). Our findings show that the majority of nursing assistants feel their initial training was inadequate to prepare them for the job.

A second focus of study has been on the continuing education (CEUs) nursing assistants receive. They are required to receive a minimum of 12 hours of CEUs annually and specific topics must be addressed routinely (e.g., fire safety). Results from our interviews with nursing assistants consistently show that information and training on other issues is very important to them, such as techniques for caring for residents with memory impairments, but often are not included in their continuing education.

A third focus has been on ways to improve the orientation to the nursing home that new nursing assistants receive when they begin working. Often, the orientation period is too brief or they are not oriented to all the units on which they will be working. Without a thorough understanding of where equipment and supplies are, who the residents are and their preferences for care, and with whom they will be working, nursing assistants cannot do their job properly.

A fourth focus has been to understand the type of supervision nursing assistants receive. Many of their complaints center on a lack of teamwork, little recognition given to their contributions to resident care, and inadequate communication. All point to poor supervision, undoubtedly because the licensed nurses who supervise them are often not trained adequately to become supervisors. Most were good clinical nurses who were promoted into a supervisory position without much training in communication, motivation, and team-building skills.

PROJECT OVERVIEW

THE KEY OBJECTIVES

The project's overall goal was to identify effective ways to improve the job satisfaction and retention of nursing assistants in nursing homes in order to have greater continuity in care and better quality of care for residents. The first objective was to gain a better understanding of the reasons why some newly trained nursing assistants are satisfied with their job and remain employed in a nursing home for at least six months after being trained, while others are dissatisfied and either resign or are let go.

This objective was addressed by conducting a research survey. The survey involved personal interviews with new nursing assistants who completed the training course offered by one of several local organizations and then became employed in a skilled nursing facility. The new nursing assistants were interviewed after their first month on the job, after three months, and after six months on the job. The survey questioned new nursing assistants about the stresses they experienced off- and on-the-job, sources of support on the job, the adequacy of their training and orientation to the job, and their personal health and well-being. These factors were analyzed to determine how they affected job satisfaction and retention.

The second objective was to improve nursing assistants' training to care for residents with Alzheimer's disease or other memory-impairing disorders and, at the same time, give them a "career ladder" or opportunity to have a new title and higher hourly wages. Because the majority of nursing home residents have some amount of memory impairment, it is essential that nursing assistants receive better training in this area. We conducted focus groups with nursing assistants in five nursing facilities and found that most nursing assistants reported not having enough training around managing dementia-related behaviors that residents display such as aggression and agitation. They also expressed the need for more information about the nature of the disease and its effects.

To address these issues, the Cleveland Chapter of the Alzheimer's Association developed a Dementia Care Specialist Certificate program. Five nursing assistants from each of the five nursing homes that participated in the project took part in the training program and received their certificates. They also received special training so that they could teach other nursing assistants how to care better for residents with dementia. This "train the trainer" component of the program was designed to ensure that their skills would be passed along to all the nursing assistants who worked with them.

The third objective was to improve job satisfaction and retention among nursing assistants employed by five local facilities by improving the management skills of their supervisors. The development of a new program for supervisors was guided by information obtained from a series of focus groups with supervisors of nursing assistants at five greater Cleveland nursing facilities. The information was made available to faculty at Cuyahoga Community College's Center for Applied Gerontology who designed a series of continuing education sessions for licensed nurses around communication, motivation, team-building, and other leadership skills.

SECTION 1

RESEARCH SURVEYS OF NURSING ASSISTANTS

INTRODUCTION

Since 1991, the Margaret Blenkner Research Institute has conducted three surveys of nursing assistants working in greater Cleveland skilled nursing facilities. In this section, research findings are presented regarding the major questions the research studies addressed.

- *What are the characteristics of these nursing assistants and what do they report as major sources of stress on and off the job?*
- *How do these stressors affect their job satisfaction and well-being?*
- *What can be done to alleviate the stress they experience and improve their working conditions?*

Table 1. History of the Nursing Assistant Research Projects Funded By The Cleveland Foundation

Research Project Title	Years	Number of Nursing Assistants in Sample
<i>"Improving the Quality of Nursing Assistant and Resident Relations in Nursing Homes" (Grant # 91-558-64B)</i>	1991-1993	175
<i>"Promoting Positive Relationships Between Nursing Assistants and the Families of Cognitively Impaired Nursing Home Residents" (Grant # 93-0662)</i>	1993-1994	114
Total Number of Nursing Assistants:		289*
<i>"Improving Job Outcomes and Work Settings for Nursing Assistants in Skilled Care Facilities" (Grant # 98-0508)</i>	1999-2000	49**
Grand Total:		338

*Employed at 14 skilled nursing facilities in Cuyahoga County, Ohio

**Recruited from two non-facility training programs and five facility-based programs. These nursing assistants were employed at 12 skilled nursing facilities when they were interviewed the first time.

THE FIRST RESEARCH STUDY: “IMPROVING THE QUALITY OF NURSING ASSISTANT AND RESIDENT RELATIONS IN NURSING HOMES”

From 1991 through 1993, this project focused on examining the quality of relationships between nursing home residents and the nursing assistants who cared for them. Quality refers to mutual feelings of respect and perceptions of positive feelings such as affection and reassurance from others rather than negative feelings such as anger or frustration. The objective was to determine how the perceived quality of their relationships affected the nursing assistants' job satisfaction and the residents' satisfaction with the nursing home. There were 175 nursing assistants and 175 residents from nine nursing homes who participated in the interviews.

The nursing assistants were also asked about their background, how adequately they were trained for the job, the quality of their continuing education, and how their training could be improved. The off-the-job sources of stress that were examined included worries about family while at work and financial worries. Because many nursing assistants are the single heads of households with dependent children, finding childcare arrangements can be a problem and their low wages often leave them in debt. The on-the-job stressors included unexpected changes in work schedule, inadequate training for the job, and negative feelings such as anger or frustration from interacting with the residents, other nursing assistants and other staff. Because support from others can alleviate stress, the nursing assistants were asked about the number of friends they had at work and if they felt respected by the residents.

Lastly, the research examined the personal well-being of the nursing assistants which refers to their physical and emotional health and perceived changes in health since working as a nursing assistant. There are several reasons for the focus on nursing assistant health. First, the prevalence of job-related injuries is very high among nursing assistants because they frequently transfer, turn and lift residents, resulting in back strain and pulled muscles. Their job is physically and emotionally demanding. Nursing home residents are often depressed, in pain and unhappy with their situation. Nursing assistants must minister to their emotional and social needs as well as their physical needs. Working in a chronically stressful situation can result in depression. Consequently, a widely used measure of depression was also included in the nursing assistant interviews.

Findings from the first study did indeed show that nursing assistants who felt residents were more respectful of their feelings and behaved more respectfully toward them were more satisfied with their job. Similarly, residents who reported being more closely attached to the nursing assistants who cared for them were more satisfied with the nursing home.

THE SECOND RESEARCH STUDY: “PROMOTING POSITIVE RELATIONSHIPS BETWEEN NURSING ASSISTANTS AND THE FAMILIES OF COGNITIVELY IMPAIRED NURSING HOME RESIDENTS”

In 1993 and 1994, a second study was carried out with a focus on the nature of relationships between nursing assistants and the family members of residents with Alzheimer's disease or other memory-impairing disorders. The reason for this shift in focus was that a number of nursing homes that were contacted about participating in the first research survey could not do so because most of their residents had advanced Alzheimer's disease and could not be interviewed.

The staff at these facilities asked us to study nursing assistant-family member relationships because family members tend to be more vigilant and involved when their relative has dementia and cannot provide reliable reports about the care received. The facilities indicated that sometimes family members accuse nursing assistants of injuring the resident without careful exploration of the situation. Other families, in contrast, appreciate the hard work nursing assistants do because they cared for the resident at home for years prior to nursing home placement. Staff observed how positive relationships between nursing assistants and families resulted in better resident care and greater satisfaction for both. They requested that we investigate how relationships between nursing assistants and residents' families can be strengthened.

Consequently, 133 family members of residents with dementia from five greater Cleveland nursing homes were recruited for interviews, along with the 114 nursing assistants who cared for these residents. The nursing assistants in this sample were asked most of the same questions that nursing assistants in the first study were asked with one exception. Instead of asking about mutual respect between the nursing assistants and residents, they were asked about respect between themselves and the residents' family members. It was anticipated that better relationships between the two would be associated with greater job satisfaction among nursing assistants and greater family satisfaction with the care provided in the nursing home.

Study findings did show that nursing assistants who reported greater respect from residents' families were more satisfied with their job. Furthermore, those who expressed fewer worries about their family while at work and fewer financial worries also were more satisfied, as were those who reported receiving better continuing education at the facility. These findings indicate how personal stress related to family and financial worries can affect job satisfaction and how nursing homes that strive to provide better continuing education for nursing assistants can enhance their job satisfaction.

Similarly, family members who reported better communication with nursing assistants and having more support from them adjusted better to their relative's placement in the nursing home. These findings underscore the important role played by nursing assistants in helping residents and their family members adjust to nursing home living. Results also showed that family members who reported negative interaction with nursing home staff were significantly less satisfied with the facility and care provided.

THE THIRD RESEARCH STUDY: “IMPROVING JOB OUTCOMES AND WORK SETTINGS FOR NURSING ASSISTANTS IN SKILLED NURSING FACILITIES”

In the first two research studies, nursing assistants were only interviewed once. As a result, cause and effect relationships could not be determined because causal analysis requires repeated interviews over time to establish how one factor changes in relation to another. For example, repeated interviews with nursing assistants would have allowed us to investigate whether decreases in job satisfaction are followed by increases in depression or if the opposite were true. For this reason, the third study that was conducted in 1999 and 2000 was designed to include three interviews with nursing assistants over a six-month period.

A second change in this study's design was that nursing assistants were not recruited from nursing homes. They were recruited after they completed their training program to become nursing assistants and were hired by a nursing facility. There were several reasons for this approach. Recent changes in welfare requirements meant that larger numbers of young persons were entering training programs to prepare them to leave public assistance, and many were opting for nursing assistant training. At the same time, nursing homes were reporting higher rates of turnover, particularly due to terminations of nursing assistants for absenteeism and poor performance during their three-month probationary period. Nursing staff members from local nursing homes were also observing more friction between the older nursing assistants and the newer ones who were viewed as lacking an appropriate work ethic and often referred to as the “Generation Xers.” One purpose for this study was to examine whether there were, in fact, differences between these newly trained nursing assistants and those in the prior two studies. Because many of the same questions were asked in all three surveys, these comparisons could be made.

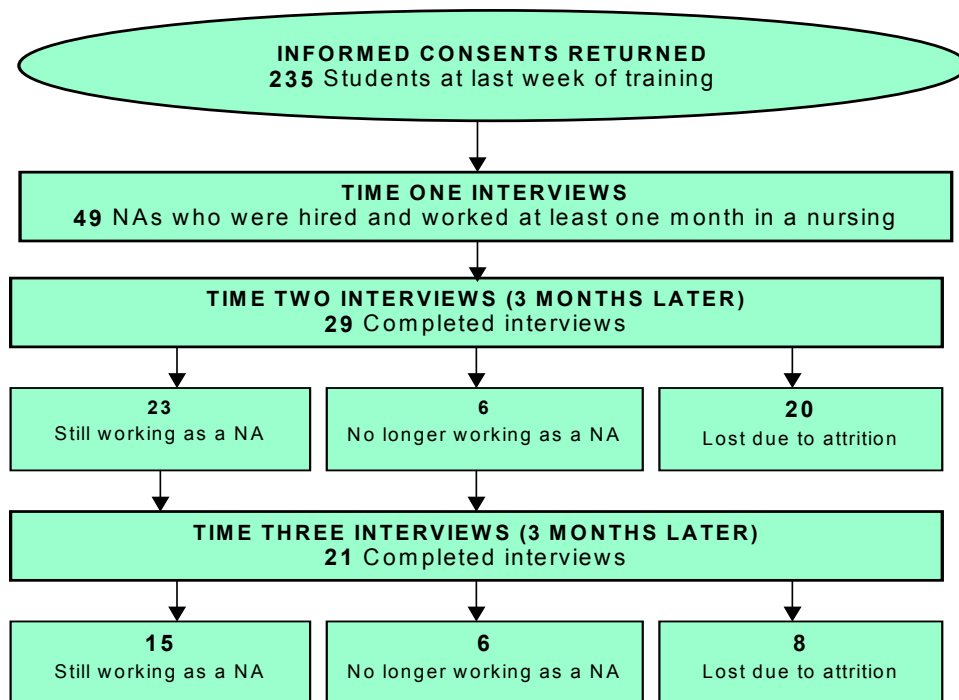
The training program graduates were tracked for six months beginning with the first month on the job and interviewed at three-month intervals regardless of whether they remained employed in the nursing home, changed to another line of work, or became unemployed. It was expected that the perceptions of the new nursing assistants about how initial classroom training could be improved and how well they were oriented to a nursing home would be valuable as they had recently moved from the classroom to actual employment as a nursing assistant. The intent was to use this information to improve the initial training and orientation programs in nursing homes.

The major nursing assistant training programs in Cuyahoga County were identified and asked to participate by allowing us to recruit students for the research survey during their last week of their training. When the study was being designed, the directors of the training programs said they thought it would not be difficult to recruit a total of 150 students who would graduate and, shortly thereafter, begin working in a nursing home. The recruitment goal was set at 150 newly employed nursing assistants who would be followed for six months. However, it was anticipated that at least 50 would drop out or be lost for some other reason, leaving approximately 100 who could be tracked for the six-month period to complete all three interviews. The program directors did warn that it is hard to track the graduates because they frequently change residences and their phones are disconnected. On their advice, the consent form

obtained information about the name and phone number of the student's closest relative who always knew how to locate the student. To encourage participation and compensate them for their time, the consent forms explained that participants would be paid fifteen dollars after the first interview, twenty dollars after the second, and twenty-five dollars after the third, for a total of sixty dollars.

As Table 2 shows, over the ten months that students were recruited, 235 students signed the consent forms during the last week of training, indicating that they planned to work as a nursing assistant and participate in the interviews. These students were phoned on a bi-weekly basis to inquire if they had found a job in a nursing home. Most (186) were lost and could not be contacted due to changes in residence and disconnected phones, although a significant portion did not look for work in a nursing home. Some of these graduates said they never intended to work as a nursing assistant but took the training because it was a short program and met welfare requirements. Additional graduates who became employed as nursing assistants were lost because they did not keep scheduled appointments with the interviewer. If the nursing assistant failed to show up for two scheduled interviews, she was dropped from the study.

TABLE 2.
Flowchart of the Trainees' Participation During Sample Recruitments and the Three Interviews.



Thus, only 49 (21 percent) of the 235 graduates were successfully tracked, worked at least one month in a nursing home, and participated in the first interview. As Table 2 shows, three months after their first interview, there were only 23 of the 49 who remained on the job and participated in the second interview. Most (20) could not be contacted and six were no longer working in a nursing home. And, three months after the second interview, only 15 or 30 percent of the original 49 were still working as nursing assistants. Many of the 28 who were lost between interview waves and the 12 who no longer worked as a nursing assistant did not make it through the ninety-day probationary period that most nursing homes require.

WHAT ARE THE CHARACTERISTICS OF NURSING ASSISTANTS IN THE STUDIES?

As noted earlier, one of the questions addressed by the research concerns the personal characteristics of nursing assistants and whether there are significant differences between those in the most recent survey compared to those in the two previous studies. This analysis involved combining the 175 and 114 nursing assistants in the first two study samples for a total of 289 and comparing them with the 49 from the third study.

Table 3. Significant Differences in the Characteristics of Nursing Assistants in the First Two Samples and the Third Sample		
	First Two Study Samples (Number =289)	The Third Study Sample (Number =49)
<u>Personal Characteristics</u>		
Average age	33.9	28.0
Minorities	63%	88%
Married	34%	14%
Average number of financial dependents	1.3	1.5
<u>Off-the-Job Stressors</u>		
Worries about family while at work (<i>higher average score = more worries</i>)	5.48	6.73
Financial worries (<i>higher average score = more worries</i>)	10.40	11.69

As Table 3 shows, nursing assistants recruited from the training programs are significantly younger, more are African Americans, and fewer are married compared to those in the first two studies who had been working as nursing assistants for some time. Most of the nursing assistants in all three samples have at least one person they are supporting financially, besides themselves, and trying to do this on an average hourly wage of eight dollars or less.

It is not surprising, then, that the newer nursing assistants express more work-related worries about their families and more financial worries. Many who work an extra half- or whole-shift or on their day off to earn more money feel this takes away from family time. Yet, without working overtime they cannot pay their debts or even afford life's necessities.

WHAT ARE THE SOURCES OF JOB-RELATED STRESS FOR NURSING ASSISTANTS?

As Table 4 shows, almost twice as large a percentage of the new nursing assistants had complaints about the adequacy of their training compared to those who had more work experience in the first two grants. The most common complaints are: too much classroom time and not enough clinical time, training is not realistic regarding what the job is like, and training is not long enough.

Table 4. Significant Differences in Sources of Stress on the Job for Nursing Assistants in the First Two Samples and the Third Sample		
	Nursing Assistants in First Two Samples	Nursing Assistants in Third Sample
PERCENTAGES		
Felt their initial job training was inadequate	38%	69%
My supervisor hardly ever lets me know how helpful my observations are about residents in my care	15%	25%
Wants to be a nursing assistant three years from now	40%	16%
AVERAGE SCORES ¹		
Number of positive feelings from interaction with residents	3.30	2.67
Number of positive feelings from interaction with other nursing assistants	3.89	2.98
¹ Higher scores indicate more positive feelings.		

Many of the nursing assistants report what they like best about their job is knowing that the residents in their care are well taken care of and appreciate the help they are given. Without these positive feelings about the importance of what they do for residents, they typically do not last at the job. As Table 4 shows, the newer nursing assistants report less positive feelings from their relationships with residents and with other nursing assistants.

A larger percentage of the newer nursing assistants also agree that their supervisor does not acknowledge how important their observations are about the residents they care for on a daily basis. The licensed nurses in nursing homes have relatively little contact with residents compared with the nursing assistants who spend their workday with them. For this reason, it would be expected that licensed nurses would routinely seek information from nursing assistants about any observed change in a resident's condition so it can be acted upon. This finding points to the need to provide better training in supervisory skills for the licensed nurses in long- term care.

Lastly, Table 4 shows that very few, only 16 percent, of the newer nursing assistants want to be working as a nursing assistant three years from now. Furthermore, less than half (40 percent) of the more experienced nursing assistants want to continue in this occupation. Most want to remain in health care and see themselves becoming either licensed practical nurses or registered nurses. Because of the low wages and lack of opportunity for job advancement, many nursing assistants view it as a dead-end job.

HOW DO THE NURSING ASSISTANTS VIEW THEIR HEALTH AND WELL-BEING?

The nursing assistants were asked a number of questions about their emotional and physical health and how it has changed since working as a nursing assistant. Findings showed that 23 percent said their physical health is worse and 13 percent said their emotional health is worse since becoming a nursing assistant.

One of the most startling findings, however, is the large portion of nursing assistants whose depression scores suggest they may be clinically depressed. About one-third (32%) of the 338 nursing assistants in the three samples had scores on the depression measure indicating they were depressed, compared to about 15 percent of persons in the general population who score at that level. What could not be determined is whether the nature of the work made them depressed, or if the poverty, family issues, and other factors in their lives were the primary causes, or if it was a combination of personal and work related issues. And, a large percentage of the new nursing assistants had high depression scores (41%) compared to those in the first two samples. An analysis of factors related to depression showed the following.

Nursing assistants who had lower depression scores:

- *Were older (average age was 36)*
- *Worked in the nursing home longer (an average of 42 months)*
- *Were less likely to have had a job-related injury requiring time off from work*
- *Had fewer worries about their family while at work*
- *Had fewer financial worries*
- *Reported their health had improved or was unchanged since they became a nursing assistant*
- *Were more satisfied with the job*



What factors affect nursing assistant job satisfaction?

The nursing assistants in all three studies were asked the same series of questions about job satisfaction. What are the top four sources of dissatisfaction with the job?



- *Rate of pay (77% were dissatisfied)*
- *The way employee complaints are handled (56% were dissatisfied)*
- *Opportunities for promotion (54% were dissatisfied)*
- *Benefits (53% were dissatisfied)*

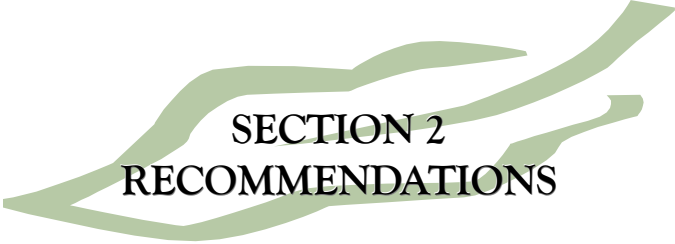
A number of these questions referred to their satisfaction with supervision because this is a key component in job satisfaction, such as how complaints are handled. Analysis of the nursing assistants' responses who participated in the three studies revealed some of the factors that are significantly related to greater satisfaction with supervision.

Nursing assistants who are more satisfied with supervision:

- *Have fewer work-related worries*
- *Report their physical health has stayed the same or improved since working as a nursing assistant*
- *Have low depression scores*
- *Report few or no changes in their work schedule*
- *Report more positive interaction with other staff*



These findings indicate that both on- and off-the-job sources of stress have a negative impact on job satisfaction, specifically, satisfaction with supervision. They also suggest that more careful attention needs to be given to how nursing assistants' emotional and physical health is affected by their job. Based on these findings, recommendations for improving nursing assistant job satisfaction and retention are reported in the next section.



SECTION 2 RECOMMENDATIONS

The following recommendations for improving the retention and health of nursing assistants are based on the survey findings.

HELP NURSING ASSISTANTS TO MANAGE STRESS BETTER AND IMPROVE THEIR EMOTIONAL HEALTH.

Provide health screening and promotion programs.

- ✓ Educate employees about the impact of their work on their health and provide screening for diabetes, hypertension, and other chronic conditions that are more common in the African American population.
- ✓ Invite weight reduction groups into the workplace, offer education on healthy diet and nutrition, and give employees access to exercise equipment and classes.

Provide in-service education on stress management and depression.

- ✓ Educate employees about the prevalence of depression among nursing home residents and those who care for them.
- ✓ Provide self-screening tests for depression and burnout.
- ✓ Make certain employee health insurance programs have adequate coverage for mental health services and offer employee assistance programs.
- ✓ Offer continuing education sessions on techniques for stress management such as massage therapy, aromatherapy, guided imagery, and other forms of relaxation therapy.
- ✓ Target injured workers for counseling around work-related stress and techniques for enhancing emotional health.

Provide support groups and time-out areas.

- ✓ For nursing assistants caring for residents with behavioral problems, provide continuing specialized training, a support group, and a time-out area on the unit or floor.

IMPROVE THE EDUCATION AND TRAINING NURSING ASSISTANTS RECEIVE.

Provide more initial training for persons seeking to become a nursing assistant.

- ✓ The Institute of Medicine recommends a minimum of 160 hours of initial training.
- ✓ The training should include substantially more clinical time, more content on dementia care, and more content on interpersonal skills such as working as a team and problem solving.

Provide more continuing education, upgrade the quality, and make the content more responsive to nursing assistants' needs and requests.

- ✓ Include nursing assistants in the planning and design of their continuing education program.
- ✓ Ensure that all training is geared to the adult learner (lectures and videos are disliked).
- ✓ Consider having a user-friendly GED program on site.
- ✓ Recognize the literacy issues employees may have and offer confidential assistance.

IMPROVE THE SUPERVISION NURSING ASSISTANTS RECEIVE.

Provide training to nurse supervisors.

- ✓ Train nurse supervisors in communication, motivation, recognition, and team-building skills.

Flatten the staffing “hierarchy” in nursing homes.

- ✓ Nursing assistants complain bitterly about nurse supervisors who just sit behind the desk and won’t lend a hand when they’re short-staffed.

Include nursing assistants in resident care planning conferences.

- ✓ Routinely seek input from nursing assistants on the status and functioning of residents in their care.

Provide regular positive feedback on a job well done.

- ✓ Give feedback on a job well done rather than waiting to recognize only their errors and mistakes.

Permanent assignments.

- ✓ Use the practice of permanently assigning nursing assistants to residents to promote continuity in relationships and individualized care.

ENSURE ADMINISTRATION AND MANAGEMENT STAFF ARE SUPPORTIVE.

Establish career ladders for nursing assistants.

- ✓ Work with local organizations (e.g. Alzheimer's Association) and community colleges to implement certificate programs.
- ✓ Successful completion of certificate programs results in a new title and pay increase.

Create a “family friendly” work environment.

- ✓ Consider on-site child care, flex time, and time off for family emergencies.

Increased reimbursement.

- ✓ Advocate for increase reimbursement to provide a just living wage.

Facility policies.

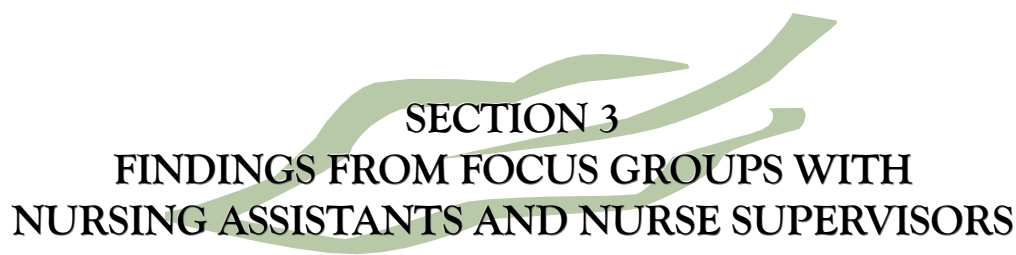
- ✓ Ensure facility policies apply equally to all employees.

Ensure residents' families understand staffing issues.

- ✓ Provide individual counseling, support groups, family councils, and written materials on staffing issues and how to behave respectfully toward staff.

Flatten the staffing hierarchy.

- ✓ Practice management by “walking the floors” and modeling desired behaviors.



SECTION 3

FINDINGS FROM FOCUS GROUPS WITH NURSING ASSISTANTS AND NURSE SUPERVISORS

INTRODUCTION

WHAT ARE FOCUS GROUPS?

Focus groups are used to obtain detailed information on a specific topic from a small group of individuals (8 to 10). Focus groups are led by a facilitator who is skilled at keeping the discussion on track. Typically, the discussion is guided by questions developed in advance. In this project, focus groups were held with nursing assistants and the licensed nurses who supervise them at five participating local nursing homes that used the materials to change practice in their facilities. In the nursing assistant groups, the participants were asked about what they liked best and least about their job and how their orientation, continuing education, and recognition programs could be improved. In the nurse supervisor groups, some things supervisors were asked concerned how they were trained to be a supervisor, the challenges they faced, and what they wanted to learn regarding improving their supervisory skills. Both groups were asked some of the same questions regarding the qualities of excellent and poor supervisors and ways to improve the quality of their continuing education and work setting.

WHAT TYPE OF NURSING HOMES TOOK PART IN THE STUDY?

Five skilled care nursing facilities with a demonstrated interest in improving the work setting and job training for nursing assistants and licensed nurse supervisors were selected to participate in the study. Three of the sites were non-profit, one was for-profit and another was a county nursing home. They ranged in size from 320 beds to 150 beds, for a total of 1052 beds. Two of the sites had religious affiliations.

HOW WERE NURSING ASSISTANTS AND NURSE SUPERVISORS CHOSEN TO PARTICIPATE?

Research staff developed colorful fliers promoting the focus groups to recruit volunteers for the study. Most of the focus groups included participants who volunteered while others were selected by the Director of Nursing because of their availability at the time the focus group was held.

HOW WERE THE FOCUS GROUPS CONDUCTED?

A set of standard questions was used for discussion in the focus groups. Some of the same questions were asked of both nursing assistants and nurse supervisors to compare the perspectives of these different groups. The focus groups were conducted by a professional consultant along with a member of the research team. The sessions were held either before or after

shifts or during lunchtime, depending on what worked for a facility. Food was provided at each of the sessions as an incentive to attend. Permission was obtained from the participants prior to the start of a session to record it. The majority of the sessions were taped and later transcribed in verbatim fashion.

A total of ten nursing assistant focus groups were held (two at each of the five sites). A total of five nurse supervisor focus groups were held (one at each site). At no time were nursing assistants and supervisors in the same focus group. It was important to keep them separate so that the atmosphere was open to a free discussion of the challenges that the staff faced working together.

HOW WAS THE INFORMATION ANALYZED AND CONCLUSIONS REACHED?

A team approach was used to analyze the information from the focus groups. First, four members of the research team independently examined the information for each nursing home. Taking one question at a time, they reviewed all of the responses and comments for common themes. For example, regarding how an ideal supervisor could be described, the concept of “fair” emerged and other related words included “impartial” and “open-minded.” Focus group responses were categorized using broad themes that emerged during the analysis.

This process was carried out twice by different researchers to compare how reliable the results of the categorization process were. When there were disagreements, one member of the team went back to the transcripts to check exactly what was reported in order to resolve the disagreement. As a result of this process, 100% agreement on the categorization of the responses was finally reached.

WHAT DID THE FINDINGS SHOW?

The following pages detail the findings from the focus groups. The results were reported to the five facilities using tables, as exemplified by the table with findings from the first question on page 18. The nursing homes maintained their anonymity through the secret assignment of a number (one through five) shown across the top of the grid. The responses were listed in the column and, if a nursing assistant or nurse supervisor made a comment in a focus group held at their facility, a checkmark was placed under the facility’s number. Usually if one person brought up an issue, it led to further discussion of the topic. The general trend was that most of the members of the focus group agreed with the comment and added to it. As can be seen from the table on page 18, different issues emerged at the five facilities. The grid on the next page proved to be an excellent tool to compare similarities and differences in responses across the different sites. However, the grids for subsequent findings were not reported by facility in an effort to be more concise in the presentation of results.

Findings from the focus groups have been divided into three sections. First, findings related to the answers to questions that were only asked in the nurse supervisor focus groups are reported. These are followed by answers to questions that were only asked in the nursing assistant focus groups. Last are the answers to questions that were asked in both focus groups.

FINDINGS FROM THE NURSE SUPERVISOR FOCUS GROUPS

There were approximately 40 nurse supervisors from the five facilities who took part in the focus groups. The overwhelming majority of the supervisors were female. Most were licensed practical nurses rather than registered nurses. Clearly, some supervisors at all the facilities did not have training for the job but learned from daily experience. As these and other findings show, they reported many areas in which they felt they needed training.

	FACILITIES				
	1	2	3	4	5
No Formal Training in Supervision					
Learned on the job	4	4	4	4	4
Some General Training in Supervision in Facility					
One seminar	4				4
In-services	4				4
One day of orientation to the job	4				4
Lunch-time workshops	4		4		
Some leaflets	4				
Some General Training in Supervision Outside Facility					
Sessions on management leadership			4		
Management Topics Covered in Nursing School					
Learned some (minimal)		4	4		
Leadership/ supervisory skills in nursing school		4	4		
Learning on One's Own					
Books on management					4
Took sessions on own initiative				4	



High turnover

- *Revolving door*
- *Some nursing assistants are being forced to work because of “welfare to work”*



WHAT ARE SOME OF THE CHALLENGES YOU FACE

WHAT TYPES OF NEW OR IMPROVED SKILLS WOULD YOU LIKE TO ACQUIRE THROUGH CONTINUING EDUCATION?

Learn about management

- *Different management styles*
- *How to be a good supervisor*
- *How to demonstrate good leadership*
- *How to build teamwork/create team environment*
- *Time management (trying to deal with multiple tasks with residents, families, and other staff at the same time)*
- *Decision making*
- *Conflict management*

Communication skills

- *How to listen*
- *Know when to back off*
- *How to deal with racial issues*
- *How to deal with residents' families*

Motivating staff

- *How to handle staff with poor work ethics*
- *How to deal with negative attitudes at work*

Specialized care

- *Dementia/ Alzheimer's disease*
- *Behavioral and psychiatric problems*

Miscellaneous issues

- *Vital signs*
- *IV therapy certification*
- *Refresher courses because things change so much (new medications, equipment)*
- *Issues related to the aging process (physical therapy, nutrition, and the elderly)*
- *Death and dying*
- *How to deal with sexual issues faced by residents*

WHAT WOULD MAKE YOUR JOB AS A NURSE SUPERVISOR BETTER?

Change policies and procedures

- *Cut down on the amount of documentation we have to do*
- *Use permanent assignment of nursing assistants to residents*



Improve staffing and support

- *Hire more staff*
- *More support from top management; more positive reinforcement and respect; understanding our viewpoint/opinions*
- *Being able to motivate staff*
- *No or limited use of agency nurses*
- *Train the head nurses because they can cause some problems (some pass their jobs on to you; interrupt when medications are being passed; unorganized; disciplinarians)*



Increase resources for staff

- *Provide better supplies/equipment*
- *Have child care on site*
- *Better pay*

FINDINGS FROM THE NURSING ASSISTANT FOCUS GROUPS

This section provides specific recommendations from the nursing assistant focus groups. Focus groups dealt with issues such as how to improve the orientation programs for new nursing assistants when they are hired, and the recognition programs and events that acknowledge their contributions to resident care.

DESCRIBE YOUR ORIENTATION TO THE JOB.

Length of orientation

- *Too short/not long enough*
- *Used to be longer, new hires get less orientation*
- *Hardly any orientation/one day*
- *Three days*
- *One week*
- *Two weeks*
- *Too long*

Format and quality of orientation

- *Boring, too many videos, not enough “hands on” training*
- *It was interesting and thorough*
- *It needs to be “one on one”*
- *Trained with a mentor*
- *Should be structured with a gradual increase in responsibilities each week for at least three weeks*
- *Fun, big discussion groups*
- *It was fine and covered all the do’s and don’ts*

HOW COULD THE ORIENTATION BE IMPROVED?

- *Give more initial training (classroom)*
- *Would be better if they orientated you on each floor so you could learn about the different types of residents on each floor*
- *Let nursing assistants do things their own way/less supervision*
- *Give them time to get used to dementia residents*
- *Have friendlier staff (trainers)*

IF YOU COULD HELP ORIENT NEWLY HIRED NURSING ASSISTANTS, WHAT IMPORTANT THINGS WOULD YOU HELP THEM LEARN?

Improving the way nursing assistants work

- *Teamwork/working together*
- *Not to try and short-cut, do a thorough job*
- *Time management (how to manage their daily work schedule)*
- *How to avoid getting written up (answering lights, taking residents to the bathroom on time)*
- *The reality of the work (how to deal with real people, not dolls like in training class)*



Improving the quality of resident care

- *Compassion*
- *Patience/ how **not** to get frustrated*



Teaching resident care techniques

- *Cleaning and bathing residents, changing incontinence pads*
- *Transferring residents, lift mechanics*
- *How to use equipment*
- *Taking vital signs*
- *Specific techniques and procedures for our facility*
- *Safety and precautions (gloves, isolation mask)*
- *How to deal with difficult residents*

WHAT KINDS OF RECOGNITION, PROGRAMS, EVENTS, OR AWARDS DO YOU LIKE BEST?

Compensation/ Benefits

- 
- *Raises*
 - *Bonus*
 - *Extra pay for working when short-staffed*
 - *Christmas bonus*
 - *Recognize first shift has extra tasks so first shift should get extra pay*
 - *Raffle from money in vending machine*
 - *Better benefits*

Time off/ Attendance

- 
- *Day off with pay*
 - *Paid holidays*
 - *Day off for perfect attendance*
 - *More than 30 minutes for lunch*
 - *More breaks*
 - *One relaxed day at work*

Acknowledgements

- 
- *Verbal thank you, daily positive comments on the work*
 - *Receive recognition from family members*
 - *Administration should go on the units to get to know the staff and acknowledge their work*
 - *Treat nursing assistants with respect and dignity*
 - *Monthly or quarterly events, more frequent recognition*
 - *Need something nicer to give to employees who have been employed for 20 years*
 - *Give us plaques*
 - *Pictures on the recognition board*

WHAT KINDS OF RECOGNITION, PROGRAMS, EVENTS, OR AWARDS DO YOU LIKE BEST? (CONTINUED)

Gifts

- *Turkeys for thanksgiving*
- *Fruit baskets*
- *Christmas baskets*
- *Uniform vouchers*
- *Gift certificates*
- *Tickets to the movies*



Social events

- *Ice cream socials*
- *Big Christmas party*
- *Pot lunch social /luncheon gathering*



ARE THERE ANY PROGRAMS YOU DISLIKE?

- *Unthoughtful gifts (cups, umbrellas)*
- *Making us bring our own food to the event*
- *One person gets multiple awards, while others get none*
- *When the same people are recognized over and over*
- *Candy/food used as recognition*



COMMON QUESTIONS ASKED IN THE FOCUS GROUPS WITH NURSE SUPERVISORS AND NURSING ASSISTANTS

In this section, the responses of both nursing assistants and their supervisors are reported for the questions that both were asked. As can be seen in the table below, both groups seek care and compassion from their supervisors. They describe the ideal supervisor as someone who is a team player with good communication skills. In contrast, fairness is a quality mentioned more often by nurse supervisors than nursing assistants, while nursing assistants are more likely to mention the importance of being appreciated.

HOW WOULD YOU DESCRIBE YOUR IDEAL SUPERVISOR? WHAT ARE THE QUALITIES OF A GOOD SUPERVISOR?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS CONSIDER TO BE QUALITIES OF AN IDEAL SUPERVISOR

Understanding, caring, compassionate, does not degrade you in front of others, gives and earns respect, does not talk down, is not snotty

Team player, helps out on the floor when needed

Treats you as an equal/ co-worker, won't ask you to do things they wouldn't do

Listens/ willing to listen, good communication skills

Impartial, fair and open-minded when handling conflicts, honest, truthful

Thanks you, understands how hard you work, is appreciative, gives positive feedback and recognition

Organized

WHAT NURSE SUPERVISORS CONSIDER TO BE QUALITIES OF AN IDEAL SUPERVISOR

Knowledgeable, good teacher, knows how to delegate

WHAT NURSING ASSISTANTS CONSIDER TO BE QUALITIES OF AN IDEAL SUPERVISOR

Leader, provides leadership, has a backbone, stands up for us

Is not always on your back

Flexible

THINK OF THE WORST SUPERVISOR FOR YOU. HOW WOULD YOU DESCRIBE HIM/HER? WHAT ARE THE QUALITIES OF A BAD SUPERVISOR?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS CONSIDER TO BE QUALITIES OF A BAD SUPERVISOR
Uncompassionate, inconsiderate, and unsupportive
Passes the blame for her mistakes, is not truthful, concerned with self-preservation
Treats me like a child, beneath supervisors, puts herself on a pedestal, thinks she is perfect, think she is superior in knowledge, attitude and puts you down
WHAT NURSE SUPERVISORS CONSIDER TO BE QUALITIES OF A BAD SUPERVISOR
Puts their work on you, doesn't respect that you're busy trying to get your work done
Never available, unapproachable
Unfair while delegating work or in his/her dealings
Doesn't get your input, doesn't consider you as part of the team
WHAT NURSING ASSISTANTS CONSIDER TO BE QUALITIES OF A BAD SUPERVISOR
Gets on your back all the time, writes you up for little things, accuses without investigating, can't address/ solve problems
Overly critical/ always criticizes, nit-picky, unappreciative, expects everything to get done even when short staffed
Doesn't work on floor, sits behind desk, doesn't know what's going on, unaware, doesn't know her staff as people, does not know residents on her floor
Yells at me

The findings in the table above reveal that nurse supervisors are more likely to report poor supervisors as those who don't make themselves available, delegate too much work, and are unfair. The supervisors that nursing assistants find unacceptable are those who don't take time to get to know them and the residents, sit behind the desk, and act superior.

WHAT TOPICS ARE OF MOST INTEREST TO YOU FOR FUTURE CONTINUING EDUCATION? WHAT NEW OR IMPROVED SKILLS WOULD YOU LIKE THROUGH CONTINUING EDUCATION?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS WANT TO LEARN ABOUT
How to deal with residents with dementia
How to deal with combative residents, behavior problems, psychiatric problems
How to deal with difficult family members/ out of control families
Dealing with racism from residents and their families
Vital signs/ CPR, personal care for residents
WHAT NURSE SUPERVISORS WANT TO LEARN ABOUT
Communication skills (how to listen, know when to back off)
Different management styles, how to be a good supervisor, leadership skills
How to handle staff with poor work ethics, how to motivate staff, how to build team-work
Time management (how to deal with multiple tasks and address concerns of family, residents, and other staff at the same time)
Changes in practice because things change so much (new medications, equipment), take refresher courses
Decision making, conflict management
Death and dying
How to deal with younger residents, sexual issues, AIDS patients
IV therapy certification
WHAT NURSING ASSISTANTS WANT TO LEARN ABOUT
How to use lifts, other equipment, restoratives
How to handle work-related stress
Personal care for residents
Understanding contagious diseases
Fall prevention for residents
How to deal with difficult staff
Terminal patients
Avoiding staff injury, learning strategies, stretching exercises
Nutrition/ wellness topics for nursing assistants

Nurse supervisors and nursing assistants have quite different interests for continuing education sessions at which they can acquire new skills. Areas of overlap mentioned were having a better understanding of Alzheimer's disease, dealing with resident behaviors that display difficult behaviors such as wandering or aggressiveness, addressing racism from residents and families, and learning appropriate care techniques for residents.

HOW CAN THE CONTINUING EDUCATION YOU RECEIVE BE IMPROVED?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS BELIEVE WOULD IMPROVE CONTINUING EDUCATION

Pay us for attending in-services, it's too expensive, can't afford the good courses because we have to pay for it

Allow home study, let us chose educational materials available in journal and trade magazines to do on one's own time

Give us time off to attend

Offer in-house rather than having to go outside the facility after work hours

Have training outside of the facility (like at a college campus) for a whole day so we get a lot of CEU's

WHAT NURSE SUPERVISORS BELIEVE WOULD IMPROVE CONTINUING EDUCATION

Be more flexible with the manner in which CEU's are offered (fewer hours, not a whole day, more frequently, one hour before shift because we are too tired after shift, advertise it more)

Should be more practical and relevant to one's day-to-day work (no videos, more interactive, more in-depth)

We already have a lot of good sessions here

WHAT NURSING ASSISTANTS BELIEVE WOULD IMPROVE CONTINUING EDUCATION

Have training at less busy times

Don't keep repeating the same topics over and over, offer new topics and make it less boring

The responses listed above show that nursing staff would like facilities to financially support them to take continuing education classes, give them time off to attend, and allow a variety of options such as home study to meet the diverse preferences and learning styles of nursing staff. Nursing assistants, however, are most likely to request that facilities not offer sessions when they are busy with resident care or offer repetitious sessions.

IF YOU COULD CHANGE ONE THING TO MAKE YOUR JOB BETTER WHAT WOULD IT BE? WHAT WOULD MAKE YOUR JOB BETTER?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS BELIEVE WOULD MAKE THEIR JOBS BETTER
More staff
More money/better wages
Change attitudes, be able to motivate staff
Better equipment and supplies
WHAT NURSE SUPERVISORS BELIEVE WOULD MAKE THEIR JOB BETTER
Cut down the amount of documentation we have to do
More support from top management, more positive reinforcement, respect, understanding our viewpoint/opinions
Change the disciplinary system, have better head nurses who are more understanding and don't pass their jobs on to you, don't interrupt you, are not disorganized and focused on discipline only.
Cut down on agency nurses and have more permanent assignments
Have child care on site
WHAT NURSING ASSISTANTS BELIEVE WOULD MAKE THEIR JOB BETTER
Better benefits (dental, family health insurance)
Teamwork
Have more frequent union meetings
Have nurses take our place for a day
More respect

For both nurse supervisors and nursing assistants hiring more staff and paying higher wages top the list of ways to improve their job. Nursing assistants would also like to have better benefits. Nurse supervisors, in contrast, resent the extensive documentation they are required to do. Taken together, the above list of recommendations suggests areas and opportunities for administrators and management staff to explore ways to create a higher quality work environment for nursing staff.

WHAT KEEPS YOU WORKING HERE?

WHAT KEEPS BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS AT THEIR CURRENT JOBS

Care about the residents

Nice clean facility, no odor, comfortable

Dedication, love my job

Because of the peace here/God is here [home with a religious affiliation]

Good hours (day shift, weekends), good staffing, good supplies

Great benefits, good pay

Staff are like family, feels like a home, a neighborhood. Excellent place to work, peers help each other, camaraderie

WHAT KEEPS NURSE SUPERVISORS AT THEIR CURRENT JOB

Reputation of the place

Administrator is very supportive

Director of Nursing is great

WHAT KEEPS NURSING ASSISTANTS AT THEIR CURRENT JOB

Having enough linens, supplies

Small number of residents to care for compared to other homes

Great supervisor

Like the floor

Need the money/ need to pay the bills

Location/ convenience to home

The responses above show that both nurse supervisors and nursing assistants are more committed to the facility they work at when there are more positive relationships among staff in the nursing home. These qualities include teamwork and a family-like feeling. Nurse supervisors suggest that support from the facilities' administrative and management staff is important to their commitment. Nursing assistants are more committed when they have good supplies and equipment they require to care for the residents properly. In fact, it is very likely that many of the reasons given by nursing staff for their work commitment are also the reasons why residents and their families are happy with a nursing home.

WHAT IS THE MAIN REASON FOR TURNOVER HERE?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS CONSIDER TO BE THE MAIN REASON FOR TURNOVER

Money, low pay, too little money compared to responsibilities

Overworked, work too hard, too many residents to care for, being short staffed too often

Too many write-ups, being written up for small things

Not treated right, lack of support from management, don't feel appreciated, unfair treatment (management has favorites)

WHAT NURSE SUPERVISORS CONSIDER TO BE THE MAIN REASON FOR TURNOVER

Younger nurses go to the hospital to work because of the excitement and to keep their skills updated

Disorganized finance office (don't get the pay right) and penalize us for using grace-period for being late

Not much turnover here. In fact there is a waiting period to get a job here. Many nurses have worked for a long-time here, loyalty, excellent place to work

WHAT NURSING ASSISTANTS CONSIDER TO BE THE MAIN REASON FOR TURNOVER

Lazy, unmotivated staff

Job too stressful

Mandatory overtime

Not enough training, unreal perception of the job

Turnover, according to nurse supervisors and nursing assistants, results from low pay and overwork. Nurse supervisors believed that younger nurses wanted to work in an acute care setting because of the excitement there. Interestingly in one nursing facility, supervisors believed that turnover was not an issue because of staff loyalty and it being such an excellent place to work. Nursing assistants pointed to issues like stress on the job, mandatory overtime, and not being prepared to deal with the realities of the job.

WHAT WORK WOULD YOU LIKE TO BE DOING IN THREE YEARS?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS WANT TO BE DOING IN THREE YEARS
Registered Nurse
Pediatric Nurse/ private duty with kids
Nurse (LPN)
In college, higher education
Out of nursing
Retired
WHAT NURSE SUPERVISORS WANT TO BE DOING IN THREE YEARS
Same thing
Medical records
Home health care
Music therapy
Work part-time (1-3) days a week
WHAT NURSING ASSISTANTS WANT TO BE DOING IN THREE YEARS
Still a Nursing Assistant
Own business/entrepreneur
Scrub Nurse
Paramedic
Dental Assistant
Pharmacy Tech
Restorative Aide
Massotherapy
Lab Tech
Hospital Nursing Assistant (orderly)
Farmer
Accounts/ Billing Department
Physical Therapist
Nursing Assistant with Teenage Pregnancy Program
Secretary
Administrative work

Some nursing staff at all five facilities aspired to become licensed registered nurses or to advance their career via higher education or training. Nursing assistants mentioned a wider variety of preferred occupations than their supervisors.

WHAT OPPORTUNITIES DO YOU THINK YOU HAVE FOR CAREER ADVANCEMENT?

WHAT BOTH NURSE SUPERVISORS AND NURSING ASSISTANTS CITED AS OPPORTUNITIES FOR CAREER ADVANCEMENT

No opportunities for career advancement

WHAT NURSE SUPERVISORS CITED AS OPPORTUNITIES FOR CAREER ADVANCEMENT

Confusion regarding availability of tuition reimbursement

Believed it was difficult to work full-time to be eligible for tuition reimbursement

Confusion over whether CEU's are paid for nurses or not

WHAT NURSING ASSISTANTS CITED AS OPPORTUNITIES FOR CAREER ADVANCEMENT

Getting tuition reimbursement

Becoming a nurse

It is clear that nursing staff at all five facilities reported that their opportunities for career advancement are nonexistent. This is likely to be a major factor in the low levels of commitment to the facility and job dissatisfaction. Additionally, the confusion about the availability and qualifications for tuition reimbursement suggests that human resources staff should be directing more effort to educating nursing staff about the benefits packages at their facility and finding ways to enable the nursing staff to take advantage of them.

SECTION 4 CHANGING PRACTICE

USING CHECKLISTS TO UNDERSTAND THE CONTINUING EDUCATION NEEDS OF NURSING STAFF

The findings from the nurse supervisor and nursing assistant focus groups were passed on to the staff liaisons at the five facilities and their administrators to help them implement changes in their practice. Research staff undertook an additional step to help the facilities focus on one specific aspect of the data, further examination of the CEU needs of the nursing assistants and nurse supervisors in these facilities. Since only a few staff from each facility had participated in the focus groups, it was important to get more information on the subject from the majority of staff in these facilities. Such information would ensure that nursing staff in each facility would receive continuing education geared to address their needs as one important method of trying to improve the job satisfaction in these facilities.

The research team created two checklists. One for nursing assistants and one for charge nurses (i.e., nurse supervisors). The checklists were used to get feedback from more staff at each facility. These checklists were given to the Director of Nursing at each of the five facilities, who in turn handed them out to staff. Staff completed the checklists anonymously and the completed forms were mailed back to Benjamin Rose for analysis. After completing the analyses, the results were returned to the facilities. The findings were grouped according to the needs of each facility as well as by the average of all the facilities.



Arc Ancient
sponsored the
aromatherapy
workshop at
the
Dementia
Care
Specialist
Banquet.

The following topics, listed in order of importance, were listed by staff as suggestions for improvement at all of the participating facilities.

Nurse Supervisors

- ✓ Creating an environment of caring and cooperation
- ✓ Building and coaching a “team” of workers who support one another
- ✓ Providing appropriate feedback that helps nursing assistants correct their shortcomings and perform better
- ✓ Using positive feedback techniques and providing appropriate recognition
- ✓ Motivating nursing assistants to go the extra mile
- ✓ Transforming the disciplinary process into a plan for improved performance
- ✓ Understanding staff “call-offs” and trying not to use agency help
- ✓ Dealing with difficult employees in a group setting
- ✓ Resolving union-related and other conflicts to avoid a grievance procedure

Nursing Assistants

- ✓ Communicating with residents who have dementia
- ✓ How to manage difficult resident behaviors (such as hitting or wandering)
- ✓ Improving one’s own health and well being
- ✓ Ways to manage work-related stress
- ✓ Care of the dying resident
- ✓ Communicating effectively with your supervisor
- ✓ Meaningful activities for residents
- ✓ Dealing with residents’ families (such as angry or upset relatives)
- ✓ Personal care of the resident (such as bathing, toileting, transferring)

IMPROVING THE TRAINING OF NURSES WHO SUPERVISE NURSING ASSISTANTS ¹

Denise Rucker-Burton

The Benjamin Rose research team partnered with faculty from the Center for Applied Gerontology at Cuyahoga Community College to develop continuing education classes that would help nurses improve their skills at supervising nursing assistants. The college was encouraged to customize the classes based on the reported needs of each facility in the project, as well as to offer classes on common issues faced by area nursing homes. The college hired a professional consultant, Kathleen Kne, President of Specialty Seminars, who is a nurse educator to help develop and teach the curriculum for the courses. The courses were offered on site at each facility in a three-hour format. The Ohio Board of Nurses approved each course for 3.4 contact hours.

The course was directed at three basic areas:

1. Assuming the leadership role
 - Understanding human behavior
 - Fundamental leadership skills
 - Role of a nurse manager
 - The nurse as a leader
 - Motivating nursing assistants and relating to them
 - Mentoring versus supervision
2. Communication skills: Even silence is outspoken
 - Fundamental aspects of communication
 - Components of communication
 - Communication styles
 - Communication barriers
 - Communication errors versus enhancers
 - Communicating like a leader
3. Conflict resolution: Can cooperation be far behind?
 - Understanding conflict
 - Dealing with difficult people
 - Acting as a mediator
 - Key behaviors in managing conflict and handling complaints
 - Conflict resolution styles
 - Turning conflict into cooperation

¹ Denise Rucker Burton (2001). Developing and implementing supervisory skills training for nurses in long-term care to improve work settings and job outcomes. Poster session presented at the 2001 American Society on Aging Annual Meeting, New Orleans.

PROVIDING A CAREER LADDER FOR NURSING ASSISTANTS: THE DEMENTIA CARE SPECIALIST CERTIFICATE PROGRAM

Nancy Jirousek and Darlene Horabik

To meet the extensive needs of nursing assistants for training in dementia care, the Benjamin Rose research team partnered with education staff from the Cleveland Area Chapter of the Alzheimer's Association. Our goal was to develop a dementia care specialist certificate program for nursing assistants at the five participating facilities. This training program would accomplish two things. First, it would provide advanced training for nursing assistants in dementia care, thereby addressing the concerns they expressed in the focus groups and checklists. It would also be an opportunity for career advancement, giving them a new title (Dementia Care Specialist) and a wage increase. The larger goal was that this new opportunity for career advancement would improve their job satisfaction and commitment.

Five nursing assistants were selected from each of the five participating facilities to receive this special training on dementia care. In order to be selected, the nursing assistant's most recent job evaluation had to be satisfactory. Also, the nursing assistant had to have some experience working with residents with dementia and commit to completing the program requirements. Most of those selected, in fact, worked on a Special Care Unit for residents with memory loss.

After completing the basic elements of the training, the nursing assistants entered the "train-the-trainers" sessions. These sessions provided them with skills in adult education so that they could coach other nursing assistants at their facilities in dementia care. Originally, the Alzheimer's Association staff agreed to train a total of ten nursing assistants (two from each facility) as trainers. However, there was so much enthusiasm for the program that the Association staff agreed to train all the nursing assistants who requested it.



One of our successful nursing assistants who received her certificate and other gifts.

The Alzheimer's Association set up a detailed protocol to provide this training in a group setting for the nursing assistants as well as to customize the training for each site. The outline below summarizes the protocol that was used to provide the training.

Outline for Training Protocol

1. Five nursing assistants from each facility come to the Cleveland Area Alzheimer's Association office for a day of training (TIMEFRAME: 8 Hours)
2. A Cleveland Area Alzheimer's Association staff person visits each facility after five nursing assistants from each site have attended the day of training at the Association to do the following (TIMEFRAME: 2 Hours):
 - Meet with the five nursing assistants and their supervisor(s) regarding the areas of training most needed at their facility
 - Have the five nursing assistants re-do the Nursing Assistant Checklist in order to identify their remaining specific continuing educational needs
 - Arrange a time with the nursing assistants and supervisors in which the designated staff person from the Alzheimer's Association can return to observe each unit/floor and schedule the requested training
 - Meet with the education staff at the five facilities to inform them of the time frame and training topics decided upon
3. The Cleveland Area Alzheimer's Association staff person returns to the facility (within one month following the planning meeting described above) to observe nursing staff as they care for residents on each of the facility's units/floors where training is to take place (TIMEFRAME: 2-3 Hours)
4. Deliver a customized training program specifically designed for a facility based on the observation. Customized training involved:
 - Training Session 1 (TIMEFRAME: 2-3 Hours)
 - Optional Training Session 2 (if necessary) (TIMEFRAME: Not to exceed 2 hours)
5. Nursing assistants from each facility will attend a special Train the Trainer session at the Cleveland Area Alzheimer's Association's Fairhill office (TIMEFRAME: 8 Hours)
6. Follow-up in each facility to observe the nursing assistant trainers conducting a training session for co-workers (TIMEFRAME: 1 Hour)

The topics listed below were covered in the Dementia Care Certificate Program by the Alzheimer's Association.

Topics

- ✓ The Do's & Don'ts of working with persons with dementia
- ✓ Reminiscing with the person with Alzheimer's disease

- | | |
|--------------------------------------|-------------------------------|
| ✓ Aggressive behaviors | 3Combative behaviors |
| ✓ Repetitive behaviors | 3Sundowning behaviors |
| ✓ Screaming, verbal noises behaviors | 3Wanting to go home behaviors |

Creative communication techniques

- ✓ To encourage residents involvement in or understanding of personal care or other activities
- ✓ How to communicate with foreign speaking residents:
 - Use of language or picture board
 - Use of volunteers

- ✓ Communicating social profiles of residents to staff prior to residents admission
- ✓ Upon admission
- ✓ Ongoing relationships

- ✓ One-on-one education as questions/concerns come up
- ✓ A family conference, education programs for families
- ✓ Family support groups

- ✓ Issues in death and dying
- ✓ Grief is normal, mourning, guilt

- ✓ Benefits for persons with dementia
- ✓ Discussion of therapeutic goals
- ✓ Spaces for familiar tasks

Topics continued

Information about bathing

- ✓ Fact sheet on bathing
- ✓ Problems with bathing, causes, coping strategies, other considerations

Information about dressing

- ✓ Fact sheet on dressing
- ✓ Problems with dressing, causes, coping strategies, other considerations

Information on nutrition and eating

- ✓ Fact sheets on nutrition and eating
- ✓ Nutrition and mealtimes
- ✓ Problems with eating, causes, coping strategies, other considerations

Maintaining/ providing continuity of care for residents with Alzheimer's disease and the different unit staff

- ✓ Special training and ongoing educational sessions
- ✓ Weekly staff meetings, daily log
- ✓ Social gatherings

Maintaining/ providing continuity of care for residents with Alzheimer's disease and staff floating onto unit from different areas

- ✓ Review of Alzheimer's disease notebook
- ✓ Staff suggestions to assist/support float staff adjustment to unit

Overview of Alzheimer's disease and related dementias

- ✓ Define dementia, its causes, and different types
 - Alzheimer's disease (including physical changes to the brain and stages of AD)
- ✓ Related dementias
 - Multi-Infarct Dementia
 - Normal Pressure Hydrocephalus
 - Lewy Body Dementia
 - Creutzfeldt-Jakob disease
 - Others (Wernicke's Syndrome and Korsakoffs Psychosis, Alzheimer's disease and Downs Syndrome)
 - Parkinson's disease
 - Huntington's disease
 - Picks disease
 - Depression

Stress reduction/ coping strategies for staff in relation to dealing with difficult families

- ✓ Upon admission
- ✓ Ongoing relationship

Time management

- ✓ Review of tips on interacting with persons with dementia
- ✓ Maintaining quality of care in time management

AWARDS BANQUET

At the conclusion of the training sessions offered by the Alzheimer's Association an awards banquet was held to celebrate the accomplishments of this deserving group of nursing assistants. It was not only a day to receive awards and certificates, but also a day of learning how to reduce the stress that nursing assistants experience. The nursing assistants chose stress reduction as the theme for the day. Benjamin Rose hosted the event and formal luncheon at Cuyahoga Community College.



Belleruth Naperstak, the featured guest speaker, shares her expertise on Guided Imagery as an effective method of stress reduction for nursing assistants.

The featured speaker was Belleruth Naperstak, an expert in the technique of Guided Imagery as a method of stress reduction. She also graciously gave a tape and CD Rom on guided imagery to each nursing assistant who received a certificate. Massage therapy students from Cuyahoga Community College taught the nursing assistants how to reduce stress through the benefits of massage. The aromatherapy experience was provided by Arc Ancient in Cleveland Heights. Ms. Geraldine Thigpen, an expert in facial care for women of color, demonstrated make up and skin care techniques. Ryann Anderson, a local guitarist, performed classical and jazz music to entertain the group during the continental breakfast. Local restaurants, theatres, and malls donated gift certificates that were raffled off throughout the banquet. Benjamin Rose hosted the event and luncheon at Cuyahoga Community College. Nursing assistants were given continuing education credit for participation in the event.

CONCLUSIONS

The partnership between the Margaret Blenkner Research Institute of Benjamin Rose, The Center for Applied Gerontology at Cuyahoga Community College, and the Alzheimer's Association served to enhance the skills of nursing assistants and nurse supervisors at five area nursing facilities. The education and training they received are an example of how research findings can be used to improve job training and outcomes for staff in nursing homes.



Nursing assistants enjoying the banquet held in their honor.

Lessons learned from the surveys, focus groups, and checklists can be used by other facilities to customize education and training for their nursing staff. The intent is to adapt these lessons to the perceived needs of nursing staff in order to improve job satisfaction, career advancement, and job retention.

SECTION 5
APPENDICES

APPENDIX A

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APPENDIX B

SUGGESTED READING

Ejaz, F.K., Noelker, L.S., Schur, D., Whitlatch, C.J., & Looman, W.J. (in press). Predictors of family satisfaction with care in nursing facilities. Journal of Applied Gerontology.

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Heiselman, T., & Noelker, L. S. (1991). Enhancing mutual respect between nursing assistants, residents and their families. The Gerontologist, 31, 552-555.

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BROCHURES

Please contact either Farida Ejaz or Linda Noelker at 216.621.7201 if you would like to order any of the following brochures.

Guides for Nursing Assistants

- ✓ Families Praise Nursing Assistants
- ✓ Managing Difficult Behaviors
- ✓ What's Good About Being a Nursing Assistant

Guides for Families and Friends of Nursing Home Residents

- ✓ Introducing Nursing Assistants
- ✓ Providing Resident Care Through Teamwork
- ✓ Talking to Nursing Home Staff
- ✓ Visiting the Nursing Home
- ✓ When You're Concerned About Nursing Home Care

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The background of the entire page is a light green color. It is decorated with several stylized, dark green leaf-like shapes. These shapes are scattered across the page, with some appearing as simple outlines and others as filled-in areas. The leaves vary in size and orientation, creating a natural, organic feel. In the center of the page, there is a block of text in a black, serif font.

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