
Tailored and Ongoing Training Improve Job Retention

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Overview

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

Direct care workers provide care in a variety of settings such as home and community-based agencies and residential care facilities. Perhaps, the most regulated form of care is provided in residential care settings where nursing assistants provide the majority of hands-on care to the chronically ill. With the passage of the federal Omnibus Reconciliation Act of 1987, nursing assistants were required to undergo a minimum of 75-hours of initial training and become state-tested. Unlike some states that have increased the training requirements, Ohio still requires nursing assistants to complete the minimum number of hours of training. On the other hand, cosmetologists in Ohio are required to complete 1,500 hours of initial training.

As part of the federal requirement, nursing assistants need twelve hours of continuing education every year. Many of these hours are covered by mandated annual in-services for nursing home staff in certain areas such as infection control, resident rights, fire safety, corporate compliance/Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) and abuse and neglect. This repetition often excludes training on addressing the complex needs of the frail elderly who face many physical, mental and cognitive challenges. These workers also care for multiple residents at a time and need to complete tasks in a timely and organized manner.

Despite their heavy workloads, consumers expect technical expertise from these workers for tasks such as lifting and transferring and taking vital signs, as well as good interpersonal skills such as empathy, artful listening, respect, dignified treatment and provision of individualized care.

Study Design

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

Within each organization, a sample of direct care staff and licensed nurse supervisors were recruited and interviews were conducted either in-person or over the telephone. A total of 648 direct care workers and 138 supervisors were interviewed in these three care settings. Researchers also collected organizational data from all 49 sites.

Major Findings

The findings reported below are focused on the direct care workers in nursing homes. Of the total 648 direct care workers in the sample, the majority or 435 were nursing assistants. Ninety-four percent of these were female and were on average 37 years old. The majority (55 percent) of the sample was African American, and two-thirds were unmarried. Forty-five percent completed high school or had a GED and almost 42 percent had taken some college courses or had an Associates degree. Eighty-two percent worked full-time and averaged 4.7 years at their current facility.

Initial training needs identified in the study

Major findings:

- In our study, only 55 percent of the nursing assistants said that their initial training had prepared them well for what it is actually like to work in a nursing home but 45 percent believed otherwise.
- For the most part, 91 percent were satisfied with the amount of time spent studying in the classroom but somewhat fewer (83 percent) were satisfied with the amount of time they spent on hands-on care with residents.

- They complained that their training did not cover some important issues like teaching them teamwork (27 percent).
- Almost 32 percent complained that they did not receive any training on how to organize work tasks so everything is done on time.
- Similarly, 23 percent said that they had not received any training on how to deal with residents that act out or are abusive
- Almost a fifth was dissatisfied with the amount of time spent on practicing resident care techniques such as lifting and transferring and taking vital signs.
- Almost a fifth was also dissatisfied with the amount of time they spent one-on-one with their instructor.

Quotes:

- *“Need to get STNA [state-tested nursing assistants] on the floor sooner in their training so that they know what the work is about. Explain to trainees that this is stressful and difficult work. Trainees need to know that when they are state-tested that they will have more residents to be responsible for. Have this taught early so that people can decide if this is for them.”*
- *“Some of the training dealing with dementia residents is not very realistic.”*
- *“Teach what the vital signs mean. Teach how to talk to residents . . . teach how to be more patient with residents . . .”*
- *“Stress importance of working as a team for safety sake for the resident and the STNAs. Teach better organization of time that mirrors what the real work situation will be like.”*
- *“Make sure the class size is small enough so that everyone can tell what is going on. Cover how to handle work load when short-staffed.”*

Implications for practice:

Such findings suggest that educational institutions preparing nursing assistants for their career need to offer longer training with more of an emphasis on hands-on training and include more content on teamwork, organizing work tasks, dealing with difficult residents, helping with lifting/transferring, taking vital signs and spending more time on one-on-one instruction.

Perceptions of orientation to the job

Major findings:

- Ninety-five percent of nursing assistants had an orientation at the facility they were working in; and 81 percent had a mentor to answer questions or go to if they had problems.
- Fifty two percent said that they found the orientation that they had received at the facility to be ‘very helpful’ but 48 percent disagreed.

Quotes:

- *“Stay on orientation longer.” . . . “If it's your 1st time working in a nursing home it would make you more confident.”*
- *“They should work with more than one mentor and get to know all the residents or at least the group they will be assigned to.”*
- *“Trainer should be able to devote more time to teaching orientation. For example the trainer should have a lighter resident load while training some one so that they can show the new trainee the right way to do thing.”*
- *“For training, they need to let the new nursing assistant get hands-on experience while being observed rather than just have them follow around the other nursing assistants to see what they are doing.”*

Implications for practice:

Providers need to explore how orientation can be improved by asking incumbent nursing assistants about their experiences/suggestions. It would be worthwhile to involve them in the orientation of new workers, increase the amount of time spent with a new assistant and provide the mentor with incentives (such as a pay increase or a decrease in workload) to help with such tasks.

Continuing education needs

Major findings:

- 95 percent of nursing assistants had received continuing education/in-services since they began working at their current facility.

- 59 percent reported that a lack of coverage on the floor was a major barrier for them to attend continuing education classes.
- 53 percent did not learn about how to deal with other nursing assistants who were difficult.
- 48 percent did not get any training on how to work well with their supervisors.
- 48 percent did not learn about taking vital signs properly.
- 45 percent did not find the continuing education at their facility to be very useful.
- 40 percent did not learn about organizing work tasks so everything could be done on time.
- 41 percent did not learn about CPR.
- 33 percent did not learn about caring for residents with mental illness.

Quotes:

- *“In-services should be scheduled into work time with coverage taken care of, so that we can go.”*
- *“In-services are held mostly on day shift so it’s hard to attend. More are needed in the afternoon/evenings . . . have them on various days.”*
- *“Include sessions on getting along with difficult nursing assistants and difficult residents.”*
- *“Teach respect to and for other coworkers and to and for the residents.”*
- *“More on dealing with difficult or abusive residents. Allow residents more freedom in their day-to-day activities. If they don't want to get up at a certain time they shouldn't have to.”*
- *“Teach how to deal with combative, the ones with mental health, with drug and alcohol problems.”*

- *“Would recommend more communication between the nursing assistants and the nurses. There is none. Some nurses straight out of school do not have management skills - they’re power hungry. They don’t talk right to nursing assistants. Some of them, not all of them.”*

Implications for practice:

Providers should ensure adequate coverage so that nursing assistants can attend sessions. More than 12 hours a year is needed for continuing education and sessions should target areas that these workers report as their priorities for training.

Preferences for receiving continuing education

Nursing assistants were very flexible about how they wanted their continuing education:

Major findings:

- 73 percent wanted to receive their continuing education at the facility they worked in compared to off-site.
- 95 percent wanted to have interactive training with other nursing assistants.
- A majority (79 percent) were also willing to read printed materials on their own and about half were willing to receive the sessions on the computer (55 percent).
- The majority preferred shorter, more frequent sessions (79 percent) compared to longer/all-day sessions.

Quotes:

- *“Take classes on Saturday.”*
- *“Tape sessions so that other shifts can see them.”*
- *“More repeats of the same sessions so that everyone can attend. I would prefer to attend a session than to have a hand out or video of it.”*

Implications for practice:

Even though providers should ensure staff coverage on the floor so others can attend session, it is important that nursing assistants receive some of their training with other nursing assistants so that they can interact and learn from each other regarding areas such as teamwork, dealing with difficult residents, co-workers, supervisors and organizing work tasks.

Sensitivity training on issues related to racism

Major findings:

- Even though 81 percent of nursing assistants said that the facilities had clear policies to ensure that racial discrimination was not tolerated in the workplace, 79 percent had heard residents make racial or ethnic remarks.
- 46 percent said that these remarks were directed at them weekly.
- Yet, two-thirds believed that these remarks were not intended to hurt their feelings.
- Interestingly, far fewer (15 percent) reported that they had heard family members make racist remarks.
- On the other hand, slightly more nursing assistants (25 percent) had heard other staff members make racial or ethnic remarks.
- More than half of these believed that remarks from other staff were intended to hurt their feelings (57 percent).

Implications for practice:

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

Training nursing assistants to work in a supportive environment

Major findings:

- The overwhelming majority of nursing assistants believed that they had people in the facility including residents and other nursing assistants who supported them, i.e., were there to reassure them when they were upset, showed them respect and were friendly.
- However, they also believed that there were people (including residents and co-workers) who made them feel frustrated (78 percent), angry or provoked (44 percent) and were rude or insulting (59 percent).

Implications for practice:

Implications for practice: Providers should help promote more supportive work environments, and provide training on how to deal with difficult residents and co-workers and manage negative feelings that result from the emotional burdens of caregiving.

Ramifications of inadequate training**Major findings:**

- Nursing assistants who perceived their initial training for the job to be less than adequate had higher levels of job dissatisfaction; those who perceived their orientation to be less than adequate also reported more job dissatisfaction.
- Nursing assistants who perceived their continuing education as less than useful were more dissatisfied with their supervisors; those who did not have a mentor at their facility were more dissatisfied with their supervisors.

Implications for practice:

This suggests that training, orientation, mentorship and continuing education have significant ramifications and can affect job satisfaction and satisfaction with supervisors. Higher levels of dissatisfaction in such areas could lead to higher turnover rates.

Better training can help nursing assistants advance in their nursing career**Major findings:**

- 61 percent said that they would not like to be working as a nursing assistant three years from now.
- The majority of nursing assistants did not want to leave health care but wanted to advance their careers by becoming registered nurses (26 percent) or licensed practical nurses (23 percent).
- Most of the others wanted to move into other health-related careers such as medical billing, medical administrative work, dental or dialysis technicians.

Implications for practice:

Such findings suggest that nursing assistants may be using their current status as a stepping stone for future advancement in nursing. If so, career ladders, tuition reimbursement, workplace education programs (vocational & academic) to transition to professional health careers are warranted. This also suggests that not all turnover is

negative but that in some instances it could lead to better, more skilled nursing/healthcare related careers.

Implications for Policy

Our findings suggest nursing assistants' satisfaction with training is likely to have far-reaching effects on job satisfaction, thus, it is important to address their reported training needs in order to have a more satisfied and high performing workforce.

Initial Training

It is obvious that the initial 75-hours of training are inadequate because almost half of the sample reported their dissatisfaction with how the training had prepared them for the job. Comments from nursing assistants revealed that the initial training needed to be more grounded in reality, in the care setting with more clinical time, involving hands-on care of residents and addressing their challenging behaviors and cognitive problems. Some states have increased the mandatory initial training period for nursing assistants to 150 hours or more to adequately accommodate their initial training needs. Better training is likely to reduce turnover, provide greater continuity in care and improve the overall quality of care to the frail elderly.

Orientation

One method of enhancing the initial training is to require longer and more in-depth orientation to the job. This orientation is especially important for newly trained nursing assistants who are often unprepared for the realities of the job. Other research has found that almost a third of nursing assistants voluntarily or involuntarily turnover in the first three months of the job. They are fired because they cannot meet the demands of the job, are unsuited to this type of work or leave because the work is not what they had expected. Thus, one method that states could use to deal with the problem of high turnover is to encourage better initial screening for the job and to offer more orientation.

Continuing Education

With regard to the continuing education needs of nursing assistants, states should consider either removing some of the mandatory annual content for in-services for incumbent workers, increasing the required number of hours of continuing education, or both. It was obvious that they do not receive adequate continuing education hours in critical areas that they identified. States can use some of the nursing home penalty monies to cover the costs associated with enhanced worker training.

Other Findings

An interesting finding from our study was that although two-thirds of our sample was not committed to remaining as a nursing assistant three years from now, most wanted to stay in health care occupations and in more professional positions. Although the situation seems dismal from the perspective of turnover, it is encouraging that perhaps workers are hoping to use the assistant position as a stepping stone for career advancement. In fact, a sizable number reported having taken some college courses. Those that desire to further their career should be supported.

Other related findings from our study suggested that even though nursing assistants did not anticipate doing the same thing three years from now, they were fairly satisfied with their jobs and were willing to recommend it to family members and friends. From a policy perspective, employers should be reimbursed for providing career advancement opportunities and should offer incentives such as tuition reimbursement. Nursing assistants who demonstrate their competence and ambition to become health care professionals and are given opportunities to advance would help to address the professional nursing shortage in this country. On the other hand, those who choose to remain in their current occupation would benefit from careers ladders based on skill advancement and possibly specialized training in certain areas such as restorative therapy or dementia care.

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

Better Jobs Better Care is a four-year \$15.5 million research and demonstration program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care workers in long-term care and contribute to improved workforce quality. Technical assistance is provided in partnership with the Paraprofessional Healthcare Institute (PHI).

Better Jobs Better Care is directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA). For more information about Better Jobs Better Care, contact Robyn Stone at (202) 508-1206, rstone@aaahsa.org or visit www.bjbc.org.