Success in recruitment and retention is highly dependent upon how leadership views and treats unlicensed employees.

Seven Strategies for Developing a High-Quality Direct Care Workforce

Certified nursing assistants, personal care workers and home health aides are integral to the long term care (LTC) industry. These paraprofessionals, or direct care workers as they are collectively designated, provide most of the hands-on care in skilled, residential and home settings. Their physically, mentally and emotionally demanding labor is vital to every LTC facility. Yet, on average, 71 percent of nursing assistant positions turn over annually, increasing administrative and training costs, and also potentially compromising patient safety.  

Studies have identified low wages, limited career growth opportunities and a lack of meaningful input into resident care as major factors affecting retention levels among unlicensed healthcare workers. In addition, relatively few employers provide a full range of benefits, such as comprehensive health insurance, retirement programs and childcare. Consequently, there is a nationwide shortage of well-trained and motivated LTC paraprofessionals, weakening an already strained delivery system.

This edition of CareFully Speaking is designed to help you take a proactive approach to the challenge of building and maintaining a high-quality paraprofessional staff. Please note that the strategies presented here are independent of the various government initiatives under consideration to address the projected LTC employee shortage. (See “State and Federal Initiatives Addressing Workforce Improvement,” page 5.) We encourage you to establish a task force within your organization to review these recommendations and to initiate a dialogue on the critical issue of recruiting and retaining qualified direct care workers.

Strategy 1: Change Management Culture

Success in recruitment and retention is highly dependent upon how LTC leadership views and treats unlicensed employees. Many administrators believe the workforce crisis is rooted in external factors, such as the state of the economy, reimbursement levels and unmotivated workers. Assistive personnel, on the other hand, are more likely to point to internal causes, including low pay, difficult working conditions and lack of respect from supervisors. Managers who characterize paraprofessional jobs as simple, repetitive and routine contribute to high turnover by denying direct care workers the freedom and confidence to make decisions and contribute to the organization’s overall goals.

Supported by your organization’s leadership, you should begin the process of culture change by identifying the policies that affect direct care workers and exploring how these policies are implemented. Next, determine whether supervisors – often licensed practical nurses (LPNs) – are emotionally and intellectually equipped to manage these employees. Finally, ask direct care workers themselves if their accomplishments are formally praised and recognized. If your analysis reveals problematic management techniques, consider applying the following measures:

**Provide management training to supervisors.** When you hire and appoint charge nurses, check whether they possess the requisite supervisory skills. For those who lack these skills, provide introductory education in principles of time management, family dynamics, problem-solving, interpersonal communication and related topics. This training will reinforce the benefits of speaking openly and frequently with direct care workers on an informal basis. Management training should be offered as a separate module within your continuing education program.

For first-time performance problems that do not warrant immediate discipline, the emphasis should be on job-coaching and problem-solving techniques, rather than sanctions and probation. It should be an organizational priority to develop such a personnel policy and the supervisory educational programs necessary to support it.

**Recognize jobs well done.** Work with Human Resources (HR) to implement programs to boost morale and job fulfillment. Employee-recognition programs should be based not solely on longevity, but also on individual and group accomplishments, such as

- achieving a high level of resident/family satisfaction
- contributing significantly to resident care
- identifying quality issues and concerns
- maintaining an excellent attendance record

Rewards may be as simple as preferred parking spaces, meal coupons, employee-of-the-month awards or employee profiles in the organization’s newsletter.

Many recognition programs also feature a bonus pay structure to reward perfect attendance, weekend coverage or filling of vacant shifts. Together, these techniques express and reinforce your organization’s commitment to its direct care workers.

**Form support groups for paraprofessionals.** Support groups can be an effective way to aid employees in improving and stabilizing their lives, and also help them develop skills in coping, communicating and problem-solving. Sessions can range from ad hoc discussions about reducing stress and building confidence to more ambitious offerings facilitated by an HR consultant.

Initial meetings among direct care workers generally should not include supervisors, in order to encourage participants to express ideas and concerns openly. Later, group facilitators can be introduced to foster dialogue between nurses and direct care workers. Regularly survey support group participants to determine whether the groups are meeting employee needs.

For more information about the benefits of support groups and networking among assistive personnel, visit the Web site of the National Clearinghouse on the Direct Care Workforce. (See Resources, page 11.) For specific advice on connecting direct care workers with
peers through worker associations and online communities, click on the header “Direct Care Worker Association List,” which is located under the Web site’s “Featured Resources.”

**Appoint an HR coordinator.** The coordinator should be well-versed in employee benefits, and also be aware of resources available from government and non-profit agencies, including affordable housing, daycare and transportation options. By adopting a “case management” approach to direct care personnel, you can help them find assistance to address their own needs and become more productive and satisfied workers.

**Initiate a “buddy program” at your organization.** Such a program can help newly hired assistants and aides adapt more easily to their environment. Assign staff members a buddy for the first few weeks of employment. If it is financially feasible, encourage veteran staff members to participate in the program by offering a bonus to buddies.

**Establish a formal violence prevention program.** Studies show that such initiatives can foster more positive attitudes among direct care workers toward colleagues and residents. All personnel should receive personal safety training, and also learn how to prevent assaults by identifying and counseling potentially violent individuals. (See CareFully Speaking, 2005 – Issue 1, “Leading the Fight Against Violent and Abusive Acts,” available for viewing at [www.cna.com](http://www.cna.com).)

**Strategy 2: Retool Job Descriptions**

Although direct care workers often have valuable knowledge of individual residents’ physical and mental capabilities, their input is rarely solicited by others. To gain access to this knowledge, leadership must focus on integrating paraprofessionals into the care team.

Begin by revising job descriptions to ensure that direct care personnel are involved in resident interviews, minimum data set collection, the care-planning process, shift reports and team meetings. Some organizations also train assistive personnel in the areas of problem analysis and solution implementation. These staff members also may be appointed to quality management, performance improvement or safety committees, as appropriate.

**Career path programs** also should be incorporated into redesigned paraprofessional job descriptions. Many organizations have developed stepladder programs to enhance career opportunities for their unlicensed workforce, most notably nursing assistants. (See “Sample Framework for Creating a Nursing Assistant Career Pathway,” page 9.) Career pathways allow direct care workers to develop professional skills and assume additional responsibilities at a safe, steady pace.

Many programs offer paraprofessionals the opportunity to gain specialized care skills in such areas as dementia or geriatric care. Others foster continued professional growth through LPN classes, completion of a general equivalency degree, provision of English as a Second Language (ESL) classes or certification as a medication assistant. Career path programs are a cost-effective way to bolster staff retention, as it is typically more efficient to offer incremental raises to current employees than to recruit additional licensed staff.
Strategy 3: Broaden the Recruitment Pool

In its projections of occupational growth for the period 2000 through 2010, the U.S. Department of Labor’s Bureau of Labor Statistics estimates that an additional 874,000 direct care workers will be needed nationwide to meet the burgeoning demands of an aging population. Clearly, demographic realities necessitate a broadening of the LTC industry’s traditional staff recruitment pool.

To identify desirable traits in potential recruits, profile the personnel that remain within your organization, as well as those who leave. Studies of retention among paraprofessionals in LTC settings point to the following characteristics:

Paraprofessionals who tend to stay
- have a history of longer tenure with fewer employers
- have friends who are aides or assistants
- possess decision-making power
- work with a maximum resident ratio of 1:10 and have more permanent assignments

Paraprofessionals who tend to leave
- are unemployed at the time of application
- lack relevant experience beyond caring for family or friends
- feel misplaced and unappreciated within the organization’s culture
- have entry-level, multi-task job descriptions

Relying solely on women to fill vacancies can be a serious misstep for LTC organizations. Men and women should both be vigorously recruited and made to feel welcome, even if this requires a fundamental change in workplace culture.

These sources of potential employees are increasingly being tapped by the LTC industry:
- Older workers and retirees are now being courted by LTC facilities because of their commitment, strong work ethic and receptiveness to part-time employment. Reasonable accommodation should be considered with respect to physical limitations, including, but not limited to, redesigning job positions and encouraging the use of assistive devices. Consult with legal counsel regarding what accommodations are legally required under particular circumstances.
- Welfare-to-work program participants are often open to recruitment efforts, especially in those states that have implemented wage and benefit pass-throughs and improvements to health insurance access programs for LTC workers.
- Nurses-in-training may desire career-related part-time work before and during school.
- Medical students may seek practical experience in geriatric care.

Once you have targeted a potential pool for recruitment, effective screening methods can further identify the candidates that best fit your needs. Develop a pre-employment questionnaire for applicants to complete based upon your profiling findings. The questionnaire should query candidates about skills and experience, and also ask them to cite examples of such qualities as reliability, kindness, caring and compassion. On the opposite end of the hiring spectrum, be sure to conduct exit interviews to identify workplace factors contributing to employee turnover.

State and Federal Initiatives Addressing Workforce Improvement

Forty-two states recognize paraprofessional recruitment and retention as a major workforce issue, regardless of existing overall unemployment rates. Advocates call for reform on a national level and urge the integration of federal and state policy. One example is Citizens for Long Term Care, a non-profit coalition of long term care providers, resident advocates, insurers and workers, which seeks to inform and educate policymakers about viable solutions to long term care financing. For information about the group’s positions, see “Long-Term Care Financing and the Long-Term Care Workforce Crisis: Causes and Solutions,” available for viewing at http://www.directcareclearinghouse.org/l_art_det.jsp?res_id=52010.

In the interim, many states are establishing task forces to review paraprofessional recruitment and retention. Here is an overview of some of the public policies that have recently been proposed to achieve a more stable, skilled and satisfied LTC workforce:

- **Wage and benefit pass-throughs** translate increased reimbursement levels into higher salaries for direct care workers. Some states have implemented wage pass-throughs based on a set dollar amount per worker per hour or per client day. Others have established a wage pass-through as a percentage of any increase in Medicare and Medicaid reimbursement rates.

- **Enhancement incentives** tie increased reimbursement rates to exceeding the minimum standards in accreditation, in-service education and mentoring programs. Some states increase reimbursement based on shift differentials, level of resident acuity and worker satisfaction.

- **Career ladder initiatives** support career paths and the establishment of new state-defined job classifications. (See “Sample Framework for Creating a Nursing Assistant Career Pathway,” page 9.)

- **Minimum training and continuing education requirements** for direct care workers help improve worker skills and enhance the quality of care provided to residents.

- **Consumer-directed delivery models** allow long term care residents to control expenditure of funds, and also to hire friends and relatives to provide direct care.

- **Transportation reimbursement programs** pay home care aides for the time spent in their cars traveling to and from client homes.

- **Informational campaigns** aimed at paraprofessionals attempt to improve workers’ access to health insurance. These programs also may involve legislation authorizing public-private partnerships with managed care plans and low-income access plans.

For a state-by-state review of policy responses to these initiatives, see “Results of a Follow-Up Survey to States on Career Ladder and Other Initiatives to Address Aide Recruitment and Retention in Long-Term Care Settings,” published by the North Carolina Division of Facility Services, September 2001. It is available for downloading at http://facility-services.state.nc.us/careerna.pdf.

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Strategy 4: Counter Negative Impressions of LTC Careers
Sensational media reports about LTC lawsuits have created many negative stereotypes of the industry and its workforce. To reach prospective employees, it is necessary to publicize improvements and challenge obsolete perceptions within your community. The following strategies can help boost recruitment and workforce morale by fostering a more balanced public image of LTC organizations and caregiver careers:

Launch a promotional campaign to honor outstanding LTC organizations and employees in your community. Focus your message on the worthiness of the people who staff these organizations, as well as the industry’s commitment to employee development through continuing education and career paths. Civic associations and foundations may be willing to partner with you in developing an effective award program.

Create a video public service announcement (PSA) for use on local television and at job fairs. The PSA should reinforce the theme that direct care positions are a sound, respectable career choice. Consider providing examples of how LTC organizations have integrated direct care workers into the resident care team.

Design brochures and posters to publicize career opportunities at your organization. Circulate this material at community colleges, high schools and libraries, as well as public assistance offices and other job placement locations.

Offer regular tours of your facility to prospective employees and others. Be sure to include staff members on the tour to highlight their responsibilities. Ensure that break rooms and nursing stations are clean and inviting.

Strategy 5: Align Training with Job Demands
Initial training requirements for most direct care positions are governed by federal mandates under the Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Dec. 22, 1987, as well as state-approved minimum criteria. Some advocates are now seeking formal, accredited training programs at the national level that would exceed the 75 hours of training currently required for nursing assistant certification. Consult with legal counsel regarding the training, certification and continuing education requirements for direct care workers in your jurisdiction, as well as documentation of these criteria.

Because educational requirements may not fully address current clinical realities, it is a good idea to periodically re-examine your organization’s entry-level and ongoing training programs. To better align training with changing demands, consider expanding curriculum offerings to include
- care of behaviorally challenged residents
- computer skills
- effective teamwork
- interpersonal communication
- stretching and relaxation techniques
- time management
Experts agree that effective training, especially for first-time aides or assistants, involves both learning skills and applying them. Traditional instructional methods may preclude meaningful assessment of skill mastery. Consider implementing a format that includes not only presentations, but also return demonstrations and evaluation. The following instructional tips may be helpful:

- Deliver classes in short modules, 30 to 45 minutes in length.
- Provide practicum exams that closely emulate real-world scenarios.
- Offer “shadow training” under a buddy or mentor.
- Consider instituting a no-rotation policy for 30 days.

**Strategy 6: Maintain Appropriate Staffing Levels**

When redesigning the jobs of direct care workers, it is essential to consider the issue of workload. A realistic staffing model with balanced and safe workloads ultimately decreases the risk of unsafe care due to excessive overtime shifts.

The Centers for Medicare and Medicaid recommend using acuity indices or other case-mix methods for ensuring that staffing levels meet the needs of residents. These indices should take into account not only basic resident care duties, but also the time required for staff to participate in support groups and provide for the psychosocial needs of residents.

Among the innovative staffing models now being tested for safety and efficacy are the following concepts:

- **Resident neighborhoods.** The facility is divided into nursing “districts,” with 12 or fewer residents per employee. The goal is to help assistants and aides better identify individual resident needs, and also to reduce staff burnout and consequent turnover.

- **Staff floaters.** Certain employees are appointed to fill gaps in staffing schedules, rather than changing assignments frequently. Extra staff members are assigned to “float” during high-demand times and work partial shifts if needed.

- **Alternative workers.** Non-clinical tasks such as completing paperwork are delegated to ward clerks and hospitality aides, freeing direct care workers from these time-consuming activities.

- **Job sharing.** Aides are assigned to rotate within the organization, focusing on those units where help is most needed. This helps break the monotony of routine duties and gives staffers an opportunity to cross-train in different areas, such as dementia care.

- **Permanent assignment.** An aide or assistant is assigned to certain residents for the duration of their stay, encouraging a primary care approach to resident nursing. This decreases the number of repetitive, task-oriented duties performed by direct care workers, and may also benefit residents by improving consistency and continuity of care.
Strategy 7: Embrace Technology

Over the years, LTC has often been viewed as a low-tech field. But an increasing number of organizations are exploring ways in which assistive technology can improve administrative and clinical efficiencies. For instance, by incorporating online technology into your educational and professional development programs, you can enhance and diversify your on-site training in specialty topics. In addition, Web-based educational opportunities may appeal to younger current and prospective employees.

Other innovations to consider include hand-held computers and monitoring devices, which promote autonomy and facilitate highly accurate, keystroke documentation. In addition, advancements in lifts and ergonomics reduce the number of workers needed for certain tasks, potentially reducing injury rates for a historically high-risk occupational group.

Every organization desires a stable, highly motivated workforce that delivers safe and humane care to residents. Achieving this goal involves treating direct care workers with respect, and honoring their needs and aspirations. By providing a living wage, competitive benefits and meaningful career opportunities, complemented by a positive work environment, LTC facilities can enlarge their hiring pool while decreasing turnover.
Sample Framework for Creating a Nursing Assistant Career Pathway

Career pathways or ladders are designed to facilitate upward mobility for those in low-skill-level jobs. The key to successful career path development is to divide a monolithic job category – such as the entry-level position of resident attendant – into ascending steps of ability and responsibility. Combining curricular instruction with workshops and incentives, career paths specify the distinct skills, knowledge and competencies associated with each step of the ladder.

The position of certified nursing assistant (NA), which requires certification as a condition of employment, lends itself to career ladder development. Pathway programs reduce the gap between entry-level assistants and licensed practical nurses by encouraging skills development beyond the required core competencies for NAs.

The following general strategies for launching a career path program can be adapted to fit your organization’s needs:

Secure full support and approval of your program from executive leadership. Often, the greatest resistance to career pathways for NAs comes from nursing supervisors who fear a loss of control, and may also resent having assistants temporarily removed from clinical duties for training purposes. Career path programs are likely to gain acceptance throughout the organization only if they are visibly endorsed and “sold” by senior leaders. Such support also ensures that sufficient resources will be allocated to sustain the training program and fund temporary aides to cover staff during training times.

Identify real and perceived deficiencies among the NA staff as a whole. Encourage your staff development coordinator to invite NAs, supervisors, residents and families, as well as the director of nursing and other leaders, to participate in an open discussion of direct care workers’ strengths and weaknesses. Focus initially on clinical and operational skills and knowledge, and then move on to assessment of “soft skills,” such as communication, peer interaction, cross-cultural awareness and flexibility.

Offer financial incentives to prospective nursing assistants. Potential NAs may be understandably reluctant to undertake a structured certification process at their own expense. Consider providing financial support by reimbursing the costs of certification for those who pass the examination, and/or offering bonuses for completion of certification training.

Help participants overcome educational barriers. These may include poor English proficiency, low literacy and numeracy, and negative prior schooling experiences, which will require remedial attention. Depending on your population, ESL programs or bilingual instructors may be required.

Decide on a conceptual model and develop measurable goals. This involves creating proficiency levels based upon certification and training, as suggested below:

**Level I – Resident Attendant (pre-state NA certification)**

- admission, transfer, and discharge policies and procedures
- basic problem-solving skills
- documentation parameters for resident care records
- essentials of customer service
- infection-control techniques
- resident/family orientation process
- routine operational procedures

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Sample Framework … continued from Page 9

**Level II – Geriatric Aide (state-certified NA)**
Demonstrates knowledge and clinical proficiency related to daily resident care activities, including
- bed safety
- catheter and ostomy care
- feeding assistance (including residents with swallowing difficulties)
- immobility-related complications
- orienting residents as to time, place and person
- reporting observations during dressing care
- safe transfer and ambulatory techniques
- signs of circulatory insufficiency
- skin and foot care concerns in the elderly
- specimen collection
- symptoms of hypoglycemia and hyperglycemia

**Level III – Senior Nursing Assistant**
Demonstrates knowledge and clinical proficiency related to higher-acuity residents, including
- bed and chair positioning after hip surgery
- blood glucose level monitoring
- caring for a limb in a cast
- communicating with residents with aphasia
- identifying and reporting signs of infection
- knowing types of and rationale for isolation precautions
- mastering oxygen safety, including body positioning for maximum lung expansion
- oxygenation-saturation monitoring
- providing diabetic care, including diet, exercise and insulin therapy
- understanding scope of practice and limitations in caring for acutely ill residents
- vital signs monitoring, including respiratory/cardiac insufficiency

Evaluate the career pathway program's effectiveness by surveying participating NAs and tracking turnover. Ask participants to rate the program itself, the usefulness of learned skills and their overall job satisfaction. Compare these findings with baseline data regarding job satisfaction and turnover of non-participants.

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Resources
- National Clearinghouse on the Direct Care Workforce is an on-line library that collects, analyzes and disseminates information concerning the paraprofessional workforce, and also works to enhance the quality of jobs for direct care workers in long-term care: www.directcareclearinghouse.org.

- National Network of Career Nursing Assistants (NNCNA) is a non-profit educational organization that promotes recognition, education, research, advocacy and peer support development for nursing assistants in nursing homes and other long term care facilities: www.cna-network.org.

- Nursing Assistants Net is a Web site dedicated to news, training, skills, education, support and resources for nursing assistants in long term care settings: www.nursingassistants.net.

- Paraprofessional Healthcare Institute (PHI) is a non-profit organization that works to strengthen the direct care workforce by developing innovative approaches to recruitment, training and supervision; client-centered caregiving practices; and effective public policy: www.paraprofessional.org.