

What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say?

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Nursing Home Community Coalition of New York State (NHCC)

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Gratitude also goes to the direct care staff who shared their feelings about what makes for good working conditions for nurse aides and professional nurses. All of the direct staff that participated was impressive – they cared about their residents and their rewards seemed to come when a resident improved or said, “Thank you.” They were a remarkable group of people.

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What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say?

Executive Summary

Studies have shown that the most important factor in a resident's quality of care as well as life is their relationships with staff. In New York State, the nursing home staffing crisis is being reported as the worst in decades. Although there are many reasons for this problem, working conditions is a major factor. This paper is a description of a study the Nursing Home Community Coalition of New



York State (NHCC) conducted to discover, from workers themselves, what makes for a good working condition. The identified indicators can be used to measure job satisfaction.

The writer held focus groups in six New York City nursing homes with a sample of nurse aides, RNs and LPNs (separately) to ask them what they believed made for a good working condition. She then sent questionnaires to the remaining staff to ask them to corroborate the focus groups' responses. There were four common characteristics among all staff. ¹

COMMON IMPORTANT INDICATORS OF A GOOD WORKING CONDITION AMONG CNAS, RNS AND LPNS

- BEING TREATED WITH RESPECT
- HAVING ENOUGH STAFF TO CARE FOR THE RESIDENTS
- GETTING SUPPORT FROM AND HAVING A GOOD RELATIONSHIP WITH SUPERVISORS
- WORKING TOGETHER AS A TEAM

¹ See appendix for details of the study.

There were a number of indicators that were unique to each staff level.

CHARACTERISTICS OF A GOOD WORKING CONDITION IN DESCENDING ORDER OF IMPORTANCE ACCORDING TO RESPONSES ON THE QUESTIONNAIRES

CNA	RN	LPN
<ul style="list-style-type: none"> ■ Having enough staff to care for residents ■ Being treated with respect ■ Having the tools to do the job ■ Being trusted by supervisors and nurses ■ Having a friendly, trusting relationship with residents and families ■ Having all staff work together as a team ■ Having a good working relationship with the supervisors and licensed nurses ■ Being informed of any changes before the change 	<ul style="list-style-type: none"> ■ Being treated with respect by supervisors ■ Having all staff work together as a team ■ Being able to use the skills we were trained to do ■ Having the tools to do the job ■ Being involved in policy changes so I can explain any changes to staff ■ Having enough staff to care for residents ■ Getting support from supervisors and management ■ Being appreciated ■ Having Administration be concerned about me as a person ■ Having less paperwork by documenting in only one place or using computers 	<ul style="list-style-type: none"> ■ Being appreciated ■ Having management deal with prejudice and physical exchanges from alert residents ■ Having administration be concerned about me as a person ■ Having all staff work together as a team ■ Being able to use the skills we were trained to do ■ Getting support from supervisors and management ■ Having enough staff to care for residents ■ Being involved in policy changes so I can explain any changes to staff ■ Having management acknowledge that I often do the same work as RNs ■ Being treated with respect by supervisors

Many of the Workers Seem Unhappy

STAFF SHORTAGES

All levels of staff graphically described the consequences of not having enough staff. Staff felt pulled in all directions. They felt “burned out.” Some felt guilty because they felt residents were suffering and this affected their basic feeling of being caring. Staffing shortages also seemed to have other negative consequences on working conditions. How could a supervisor not pressure a staff member who called in sick if he does not have enough staff to care for the residents; how should management behave if staff, even though doing their best, can never get all of the work completed? If there is not enough staff, either aides or nurses, there may be little time to appreciate, respect, work as part of a team, or treat one another as “human beings” instead of “machines.” Even some problems with families and residents seemed to stem from not

having enough staff. Some staff felt that families expected them to do things they felt they could not do with the numbers of staff available.

LACK OF RESPECT

Some of the comments around lack of respect may not relate to staffing shortages at all, but to real attitudes among nurses, supervisors and management. Many RNs felt that their supervisors and managers did not respect them; many LPNs felt that in addition to supervisors and managers, many of the aides did not respect them; and many CNAs felt that nobody respected them. They did not believe that others thought the work they do is important, even though they are often told they are important. Many of the staff seemed to feel that they were not really a part of the full community; they were not involved in changes in policy; and had little control over their jobs.

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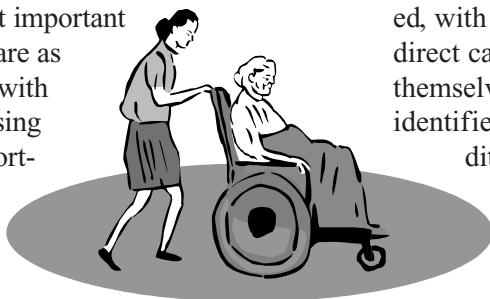
INTRODUCTION

Studies have shown that the most important factor in a resident's quality of care as well as life is their relationships with staff. In New York State, the nursing home staffing crisis is being reported as the worst in decades.

There is a growing shortage of nurses and health care employers are reporting difficulties in recruiting and retaining registered nurses.

Although there are many reasons for this problem (e.g., dwindling supply of nurses, downsizing of nurses over the past ten years), working conditions is a major factor. For many nursing homes, the shortage in nurse aides is even worse.

This paper is a description of a study the Nursing Home Community Coalition of New York State (NHCC) conduct-



ed, with the help of six nursing home management and direct care staff in New York City, to discover, from workers themselves, what makes for a good working condition. It identifies eight indicators (measures) of good working conditions for nurse aides, ten for RNs and ten for LPNs.

These indicators can be used to assess direct care job satisfaction. In addition, this paper gives voice to the workers by reporting how they feel, often using their own words. Given the staffing crisis it is crucial to hear what staff has to say in their own voice.

When direct care workers are not happy in their work, they do not stay and they do not care for our vulnerable nursing home residents in a way we all hope to be treated. Staff turnover will continue to increase, compounding the expenses for recruiting and training, while quality of care and life will diminish even more for our nursing home residents.

WHAT ARE THE IMPORTANT CRITERIA OF A GOOD WORKING CONDITION?

The writer held focus groups in six New York City nursing homes with a sample of nurse aides, RNs and LPNs (separately) to ask them what they believe make for a good working condition. She then sent questionnaires to the remaining

staff to ask them to corroborate the focus groups' responses. There were four common principles identified as important by all staffing levels.

COMMON IMPORTANT INDICATORS OF A GOOD WORKING CONDITION AMONG CNAS, RNS AND LPNS

- BEING TREATED WITH RESPECT
- HAVING ENOUGH STAFF TO CARE FOR THE RESIDENTS
- HAVING A GOOD RELATIONSHIP WITH SUPERVISORS
- WORKING TOGETHER AS A TEAM

There were a number of indicators that were unique to each staff level.

CNAs

When asked, CNAs said that the following things were important to them and make them happy to come to work:

- Having enough staff to care for residents.
- Being treated with respect (for example, being listened to, being spoken to nicely and being seen as important).
- Having the tools to do the job (towels, linen, soap, clothing, etc...).
- Being trusted by supervisors and nurses (ask me what happened, don't accuse).
- Having a friendly, trusting relationship with residents and families.
- Having all staff work together as a team — floor to floor — shift to shift.
- Having a good working relationship with the supervisors and licensed nurses (for example, they help me with my work when necessary).
- Being informed of any changes before the change (for example, if I am scheduled for a vacation, let me know before I come to work).

One hundred and two (102) nurse aides (10 percent of all CNAs in the six homes) participated in focus groups and an additional 221 (23 percent of the remaining CNAs) validated this list by responding to questionnaires.

RN

The issues for the RNs:

- Being treated with respect by supervisors.
- Having all staff work together as a team — floor to floor — shift to shift.
- Being able to use the skills we were trained to do.
- Having the tools to do the job (towels, linen, soap, clothing, etc).
- Being involved in policy changes so I can explain any changes to staff.
- Having enough staff to care for residents.
- Getting support from supervisors and management (for example, help when you feel you do not have enough staff to do your work).
- Being appreciated (for example, being praised; told you are doing well).
- Having Administration be concerned about me as a person (for example, if I am sick, ask how I feel; say, "Good morning" when on the floor; if a staff member dies, let people know).
- Having less paperwork by documenting in only one place or using computers.

Nineteen RNs (9 percent of all the RNs in the homes) participated in the focus groups and an additional 52 (31 percent of the remaining RNs) validated the list by responding to questionnaires.

LPN

LPNs stated that these issues were important to them:

- Being appreciated (for example, being praised; told I am doing well).
- Having management deal with prejudice and physical exchanges from alert residents.
- Having administration be concerned about me as a person (for example, if I need a specific day off, give it to me; if a staff member dies, let people know).
- Having all staff work together as a team — floor to floor – shift to shift.
- Being able to use the skills we were trained to do.
- Getting support from supervisors and management (for example, help me when I feel I do not have enough staff to do my work).
- Having enough staff to care for residents.
- Being involved in policy changes so I can explain any changes to staff.
- Having management acknowledge that I often do the same work as RNs.
- Being treated with respect by supervisors.

Twenty LPNs (14 percent of all LPNs in the homes) participated in the focus groups and an additional 32 (16 percent of the remaining LPNs) validated the list by responding to questionnaires.

COMMENTS COMMON TO ALL STAFF

As you will see when you read the comments below, all direct care staff, no matter what level, seem to be saying similar things about their working conditions and their feelings of job satisfaction.

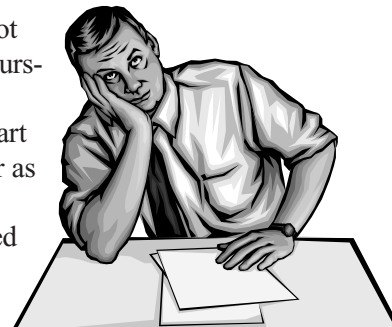
STAFF SHORTAGES

All levels of staff graphically described the consequences of not having enough staff. Staff felt pulled in all directions. They felt “burned out.” Some felt guilty because they believed that residents were suffering and this affected their feeling of being caring. Staffing shortages also seemed to

“I can’t give enough care. I am always rushing. I feel so bad that my blood pressure is going up. I can’t take it.”

have other negative consequences on working conditions. For example, many staff spoke of being mistrusted and harassed if they called in sick and of not being appreciated. If accurate, some of these actions on the part of supervisors may be due to the staffing shortage. How could a supervisor not pressure a staff member who called in sick if he does not have enough staff to care for the residents; how should management behave if staff, even though doing their best, can never get all of the

work completed? If there is not enough staff, either aides or nurses, there may be little time to appreciate, respect, work as part of a team, or treat one another as “human beings” instead of “machines.” Each level seemed to feel that the other levels should be helping because there was not enough staff, even though aides conceded that nurses had a lot to do and nurses admitted aides had a lot to do. Each shift complained that the other shifts were leaving work for them. Even some problems with families and residents seemed to stem from not having enough staff. Some staff felt that families expected them to do things they felt they could not do with the numbers of staff available. As an advocate for nursing home residents, NHCC has been acutely aware of the result of the staffing shortage on residents. However, even we were surprised at the strength and intensity of these comments in all of the focus groups.

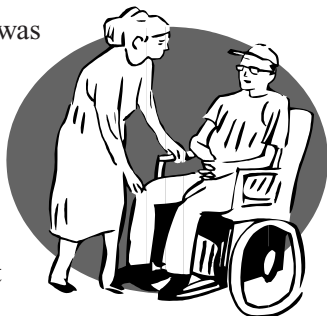


LACK OF RESPECT

Some of the comments around lack of respect may not relate to staffing shortages at all, but to real attitudes among nurses, supervisors and management. Many RNs felt that their supervisors and managers did not respect them; many LPNs felt that in addition to supervisors and managers, many of the aides did not respect them; and many CNAs felt that nobody respected them. They did not believe that others thought the work they do is important, even though they are often told they are important. Many of the staff seemed to feel that they were not really a part of the full community, that they were not involved in changes in policy and that they had little control over their jobs.

SUMMARY OF CNA COMMENTS

The six nursing homes the study was conducted in (see Appendix for their descriptions) were nursing homes that obviously cared about improving working conditions (they were happy to have the writer conduct the study and were interested in the results), yet



most of the CNAs participating in the focus groups were angry. Below are comments about the indicators (listed in the boxes above), common to all of the homes unless noted. They are listed in descending order of importance according to CNAs’ responses to the questionnaires. This summary includes comments from both the participants in the focus groups and the respondents to the questionnaires.

HAVING ENOUGH STAFF TO CARE FOR RESIDENTS

“I think about myself getting old. There won’t be anyone to care for me.”

This issue was raised as having significant effect on staff working conditions. Eighty-seven percent of the CNAs who responded to the questionnaire checked this as important and 21% stated that it was the most or second most important issue.

Wear and Tear on the Aides

“I feel pulled in all directions.”

“Don’t expect miracles from one person.”

“When I go home at night, I am exhausted. My husband is upset with me because all I do is go to sleep.”

“I could do all this work with so few staff years ago. I can’t do it now.”

The nurse aides uniformly felt that there was not enough staff to care for the residents. The word “stress” was used often. They complained of aches and pains and of having to fight with residents to care for them because they had to do it so quickly. They urged management and owners to come on the floors and “see how things really are.”

Concern for the Effect on the Residents

“So much responsibility. I feel so guilty because I can’t do what I should do.”

“I have no time to speak to the residents. They cling to you. One resident called me in one night. She grabbed my arm and asked me to hold her. I gently removed her hand and explained that I had 16 residents to care for and could not stay. She died the next day. All she wanted was someone to be with her. I felt terrible.”

Some aides spoke of the inconvenience and harm to residents and their concern about this. For example, a few aides on the night shift in one home spoke of having to begin waking up residents at 4:30 AM in order to give care so the day shift would not have so many residents to care for. They were upset that the residents were disturbed. They did not

“Some residents need more attention. But I do not have the time.”

like to do this. One aide mentioned a charge nurse who refused to do this unless the residents were alert and wanted to get up. The aide appreciated that nurse. Another aide said that she knew that the elderly residents needed patience but she has no time; she gets aggravated, becomes short and impatient. The aides spoke about how unhappy and guilty they felt about not having enough time to give to the residents and needing to cut corners in order to get work done. This is a crucial issue. Many CNAs decided to become nursing home aides because they thought they would be helping elderly residents. Some no longer feel they are doing this.

“Floating” and Agency Staff

“The weekends are the worst. If someone calls in sick, they do not replace her. We don’t even know if they tried.”

Aides in a number of the homes spoke of having to “float” (move from floor to floor as needed) to other floors because of short staff, which only made their floor even shorter of staff. Many of the aides who have floated did not like it because they did not know the residents, regular staff did not help (maybe because they had their own work to do) and often they had taken care of some of their regular residents before being moved and had to care for a new full

assignment. They wondered why they could not be sent to a floor they were familiar with as a floater if that floor needed someone. Some said that even if the floor they were familiar with needed a floater, they were sent to a strange floor. Many of the aides liked having agency staff even less. They said that agency staff is not supervised, they do not know the residents and the regular staff often ends up doing more work.

BEING TREATED WITH RESPECT

“We are seen only as feces cleaners.”

“I would not want my daughter to be a nurse aide.”

“I wanted to take care of people. I remembered my grandmother. But I didn’t expect to be seen only as a st cleaner!”**

“We want to be part of the community.”

Being treated with respect was a very important issue for most of the aides. In fact, 86% of those CNAs that responded to the questionnaire checked this as being important and 25% of them rated this either the most or second most important issue. Many of the nurse aides in the focus groups felt that they were not respected and used strong language to describe how they felt.

Seen as Nothing

“We are nothing.”

“CNAs are the lowest person.”

One aide mentioned an incident where a charge nurse called him to clean up a resident even though he was taking care of

“We are seen as people who just clean butt all day.”

someone else. When he asked the nurse if she could do it while he was busy, she said, “I didn’t go to school for four years to clean s**t!” As an example of feeling they are perceived as nothing, one aide mentioned that the bulletin board in the nursing home that lists all of the staff, does not list any CNAs. To her that meant she is seen as not being there. Others complained that managers did not say “good morning” or “hello” when they come on the floor.

Did Not Feel They Were Being Treated as “Human Beings”

“We are not machines.”

In addition, many of the aides felt that their management did not seem to care about them as human beings; they seemed to care only about getting the work done. For example, some aides talked about the fact that little notice is taken of a staff member dying or retiring. One of the most common examples of how aides felt they were not seen as people is how poorly they believe they are treated when they call in sick, or have to leave the job for an emergency or because they feel sick or if they need a personal day or vacation.

Many were upset with how calling in sick was handled. Even though they conceded that some staff abuse the system and are not really sick, they did not like being threatened with warning slips or the threat of suspension or being fired. It only made them angry: “Why treat us all this way because of a few?” They felt they have a right to be sick. They did not like being harassed about being out for sickness. They said they were often asked why they are sick; they feel they are being interrogated.

”My son was sent to the emergency room and I was called. I told my supervisor I would like to go to the hospital to see my son. She sighed, said, ‘Go back upstairs and finish your work. Then you can leave.’ I was so upset, I was crying and I couldn’t work properly.”

“My father-in-law died. He lived in this nursing home. I asked for two days off, without pay, to be with my wife. I was told no.”²

The aides believe they have a right to stay home if they are sick, take a personal day if necessary, and take vacation time that is convenient for them. In fact, according to the aides, one of the nursing homes had brought in a consultant to talk to staff about stress. In the workshop with the aides, the consultant urged them to stay home if they felt stressed out. “It is better to stay home than to hurt a resident or have an accident.” Yet, the aides felt sure they could not take off a day for stress. They would get a “warning slip.”

“You know what I would like? If I call in sick, my supervisor says, ‘Get well soon,’ not, ‘You better bring in a doctor’s note.’”

Their Human Needs are Not Understood

Many spoke of the fact that they felt management doesn’t understand their needs. A number talked about school responsibilities and family responsibilities that management did not take into consideration when scheduling vacations and personal days. Another aide mentioned that she was eligible to go to classes to get a LPN degree. She needed Saturdays off (she was willing to work Sundays) to take the classes. Management did not help her. She was told that if she wanted Saturdays off, she would have to find her own replacement.

Only Rewards Come From Doing the Job Well

“I was out for five days. A resident I care for said, ‘I was longing for you for 5 days.’ I felt great!”

Most of the aides felt that the only rewards they received were from caring for the residents and a job well done; they felt that the management not only did not reward them, but did not appreciate them.

“I don’t go to any of the award ceremonies for nurse aides. That is only one day; management doesn’t treat me well for 365 days a year.”

“If management treated us the way they should, we would go out of the way for them.”

“I give 99.9% and nobody recognizes it.”

² Even though this is required under union contract, it seems that here, as well as elsewhere, some of the staff did not know their rights.

HAVING A FRIENDLY, TRUSTING RELATIONSHIP WITH RESIDENTS AND FAMILIES

“As a daughter left her mother’s room, she said, ‘Handle her with care.’ I was hurt. We are always trying to do this.”



“Instead of talking to us nicely, they come in with anger and take it out on me. ‘Where are the clothes? Why is my father not clean?’ It is not my fault.”

Eighty-four percent of the CNAs responding rated this issue as important. While most aides spoke lovingly of

most of the residents and families they cared for, some spoke of others who they felt did not understand their problems. A number of aides in a few of the homes believed that admissions staff promises families and residents things the aides cannot do and that leads to resentment and upset. Short staffing seemed to matter here as well. Some aides complained that residents/families were upset when things were not done, but the aides felt it was not their fault; there were just too few aides to do the job.

Others spoke of being verbally abused (racial slurs) by residents who were not demented. If they complained, they were told that it was just part of the job. They felt that management should somehow deal with this issue since these are competent residents.

HAVING THE TOOLS TO DO THE JOB

“I can’t get supplies – diapers, towels, soap – to do my work.”

This was a problem in a number of the homes (86% stated it was an important issue, with 7% rating it first or second). If supplies were not available when they needed it, aides had to waste time going from floor to floor looking for them – time they felt they did not have.



HAVING STAFF WORK TOGETHER AS A TEAM

“Teamwork is important. If we help each other out, it will make our work go easier.”

“It makes the work lighter. We could develop relationships with other aides.”

Most aides believed that this was very important (84% rated this as important with 10% rating it first or second)

and those who did work as part of a team found that this was an important part of what made them happy to come to work. Others felt that there could be no teamwork when there was not enough staff; other staff cannot help because they are too busy. In some of the homes, aides from one shift complained about aides from other shifts that left things for them to do. They felt that management should deal with this.

HAVING A GOOD WORKING RELATIONSHIP WITH SUPERVISORS

“My supervisor always listens to me when I have something to say about a resident.”

“Supervisors should work side by side with us for a month because they just don’t get it.”

“When we report something to the nurse about the residents, he ignores us. We have to fight to be heard. Yet, we know the residents the best.”

This issue generated much discussion. Eighty-three percent of the CNAs rated this as important with 8% rating it first or second. The relationship the aides had with their supervisors had a lot to do with their satisfaction with their job.

How Treated

“My supervisor compliments me and helps me when I need it. That is important to me.”

“The nurses think they are better than us, they won’t touch anything ‘dirty.’”

While some of the aides spoke about good relationships with the nurses and their supervisors, others did not.

Some spoke of supervisors who complimented them and helped them. That was important to them. Others spoke of their satisfaction when their supervisors listened to them when they had something to say about a resident, while others were upset that the nurses did not. They saw this as a sign of disrespect. A few aides spoke about the fact that they had told their supervisors about problems with residents. Not only were they not listened to, but when the residents got worse, the nurse accused them of not telling him. Some complained that the supervisors cared more about saving money than about the staff and that supervisors should treat the staff fairly instead of having favorites. Another aide spoke, appreciatively, of a supervisor who, wanting to thank them for a very hard day, took everyone out to lunch on a weekend.

Other aides complained that their supervisors spoke to them as if they were children or talked “down” to them and they did not like it. Some were upset that the nurses did not *request* that they do something, they *ordered*.

Help

“If I say I have a problem, a good supervisor doesn’t run away. She stays and helps.”

While some of the aides were appreciative of nurses that helped by answering the call bells if the aides were busy, others stated that most of the nurses did not help them. A number of examples were given of nurses calling CNAs (who were helping other residents way down the hall) to come and answer a call bell even if the nurse was right in front of the resident’s room. These aides did admit that most of the time the nurses were also in short supply and were very busy. But this did not make them feel better; they also felt overworked and resentful.

Communication and Evaluation

“My best is not good enough.”

A number of the aides urged weekly meetings with supervisors to discuss issues and problems. Some aides felt there should be some time on a daily basis to speak to supervisors about how the day is going. When asked about how they were evaluated, a number of aides complained that they were never rated high. They were told that the supervisors could not rate anyone at the highest level because they were told that no one is perfect.



Trust

“She just assumed that I was in the wrong and did not ask why he was in his shorts.”

“If a resident or relative complains, the supervisor assumes I am at fault. She says, ‘What did you do to Ms. ____? I am not given a chance to tell my side. I am guilty right away.’”

“We are always blamed.”

“We have no rights!”

Eighty-five percent of the CNAs that responded rated this issue as important. Many of the aides felt that they were not trusted. They felt they had no rights. This was a strong feeling at a number of homes. Some aides felt that residents had all of the rights and if residents complain, they are listened to and the aides are assumed to be at fault. Others felt that their supervisors think they are always lying. Some also said that supervisors always assumes the worst. One aide was caring for a resident who did not want to wear a nightgown. He only wanted to wear his shorts. The supervisor came in and assumed that the resident was not being taken care of because he was not wearing a nightgown, rather than discussing this with the aide and finding out that the aide was actually meeting the resident’s needs and desires.

BEING INFORMED OF ANY CHANGES BEFORE THE CHANGE

“There is no communication.”

“We don’t know what is going on until it’s all done. It’s like a ‘slap in the face.’”

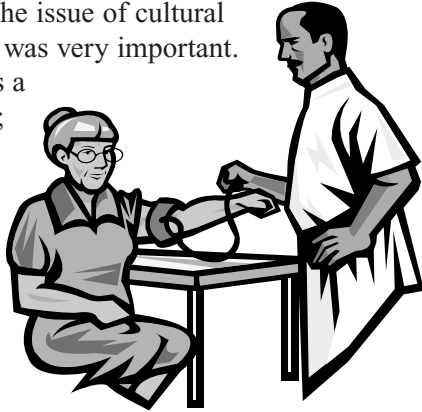
Eighty percent of the respondents rated this as important, although no one put it down as the most important. Many of

the CNAs felt that they were not given notice about important things like having their floors changed or their schedule changed. In fact, a few (in more than one home) stated that once or twice they had come into work to find they had a holiday and had to go home. They found this disrespectful. Some of the aides felt that they were not seen as part of the team. According to the aides, some charge nurses say, **“This is MY floor and you will do what I say.”**

OTHER IMPORTANT ISSUES

Cultural Differences

In a few of the homes, the issue of cultural differences among staff was very important. Some felt that there was a bias against black aides; others did not seem to respect foreign nurses.



Involvement in Care Planning

Some aides considered being involved in care planning a sign of respect and they wanted to be involved. Many already participated in care plan meetings. Some liked this and some didn't. Many were ambivalent because, even though they might want to, they felt they did not have the time to be in care plan meetings. However, all felt it was important to be asked about the residents they care for. Many were in fact asked.

More Money

A number of aides spoke about the fact that this was a difficult job and they should receive more money and/or bonuses.

Training

CNAs were also asked about their training. Did they believe their training prepared them for their job and would they suggest any additions to basic or on-going training?

Although most aides felt that their training did prepare them for their job, some aides made a number of suggestions for additions to content:

- how to deal with multicultural staffing issues
- how to care for mentally disturbed residents
- how to care for demented residents
- how to care for residents on ventilators
- how to care for residents on oxygen
- how to do CPR
- how to care for residents with food tubes
- how to relate to families
- how to handle stress
- how to talk to other aides in a polite way
- how to manage time
- how to deal with what they see as "mean" residents
- how to read a resident's chart
- how to take blood pressure
- how to do a fingerstick
- how to work as part of a team
- offer GED and LPN courses

They also suggested some changes in the process:

- don't give out papers for staff to read
- use videos and role play
- give more time for training
- train for the real world they will face
- spend more time with actual residents in a facility

SUMMARY OF RN COMMENTS

BEING TREATED WITH RESPECT BY SUPERVISORS

“I don’t like it when I make a decision and my supervisor changes it.”

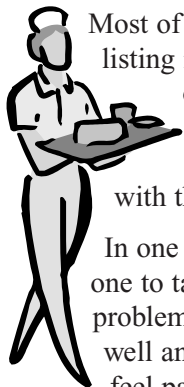
“Sometimes someone calls and ‘tells’ us to do something rather than ask.”

“I forgot to finish a chart one day. I was ... woken up and asked why I did not finish. Why couldn’t they wait until I got in?”

Being treated with respect was seen as a very important part of a good working condition by the RNs. Ninety-two percent of those responding to the questionnaires listed this as important, with 16% listing it as the most or second most important issue. Some of the RNs gave examples of their supervisors not showing them respect by “rolling eyes” in front of the aides and talking to the nurses as if they were children. They felt that this indicates to the aides that the nurse is not capable. Some did not like the tone of voice that some supervisors used and urged that supervisors speak privately to the staff if they have any issues, not yell in front of other staff.

Other RNs spoke of feeling respected and having mutual respect for all staff as members of the same team.

HAVING ALL STAFF WORK TOGETHER AS A TEAM — FLOOR TO FLOOR — SHIFT TO SHIFT



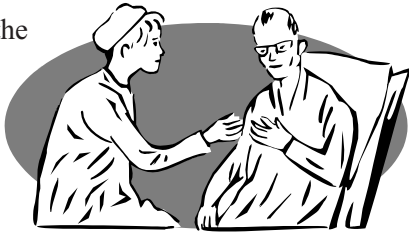
Most of the RNs felt this was important, with 90% listing it as important and 16% rating it first or second. Many of the nurses felt that the other nurses were supportive and helped. Some felt that they worked very well as a team with the CNAs, but not with management.

In one home, daily meetings were held with everyone to talk about the day and to try to handle any problems. These RNs believed that this worked very well and allowed all levels to give their opinion and feel part of the team.

“Why can’t supervisors help if they are on the floor and see something?”

BEING ABLE TO USE THE SKILLS WE WERE TRAINED TO DO

Eighty-seven percent of the respondents rated this as important with 10 percent rating it first or second. Many of the RNs in the focus groups



felt that their skills were being used, especially their leadership skills. They did urge more in-services to help them keep up their skills and to give them additional information. These RNs felt they should get more experience in things like IV, even if they only use it once in a while, in order to keep their skills up.

HAVING THE TOOLS TO DO THE JOB (TOWELS, LINEN, SOAP, CLOTHING, ETC)

Similar to what aides said, RNs believe that looking for supplies or trying to fix broken equipment is a major waste of time. Eighty-five percent of the respondents rated this issue as important, with 14% putting it in first or second place. The RNs also felt that when supplies are in short supply, many CNAs hoard them, which causes waste in the long run. In one home where the management had begun to make all supplies more available, the RNs said that aides had stopped hiding supplies for later use.

“I feel that I can’t do as good a job because I do not have access to quality supplies.”

BEING INVOLVED IN POLICY CHANGES SO I CAN EXPLAIN ANY CHANGES TO STAFF

“We don’t know what is happening. I don’t have a clue.”

“All we see is the change.”

“We have to implement any change.”

There was much discussion on this item. Eighty-five percent rated this as important with 2 percent rating it as first or sec-

ond. Many of the RNs felt that it was important that they not only be informed but be part of the actual development of any change. They said that they have to implement any changes and explain them to their staff. They believed that one part of a good working condition involves having all staff be involved in understanding any changes so that RNs will not feel that they are “in the middle” when they have to implement the changes.

For example: One home decided to stop rotating aides from resident to resident and told the nurses that the aides would stay with the residents they now had. The aides were upset. Some of the aides felt they had residents who had heavy care needs and that others had residents with lower care needs. The RNs felt they were in the middle. Their hands were “tied.” According to the nurses, it would have been better to involve everyone (CNAs as well) in a discussion of the change and make sure that the assignments were equal and fair before implementing any change.

HAVING ENOUGH STAFF TO CARE FOR RESIDENTS

“I am fed up. Maybe I need to do something else.”

“The day starts off bad. There is not enough staff and the CNAs get grumpy. I can’t do anything about it.”

“We are burning out. We do too many things.”

“We are in a crisis. We can’t get out on time. We are tired and can forget things. This could lead to mistakes.”

This was an important issue for the RNs with 83% listing it as important and 41% listing it as most or second most important. Having enough qualified workers was critical to a good working condition. They felt that agency staff was not the same as regular staff.

“Agency staff is not vested in the facility.”

“They merely do the minimal amount of work.”

“Agency staff makes it difficult for us. We need to follow and deal with their mistakes.”

They complained that they are stressed out. They said that they miss lunch and stay late. They feel they have to; they are in charge. Some RNs were concerned about not being able to follow the rules because there were not enough nurses. Some were concerned about their licenses. For example, one nurse said she was required to give medications within a two hour window based upon the physician’s orders. She felt that that was not possible given all the residents needing medication.

GETTING SUPPORT FROM SUPERVISORS AND MANAGEMENT

“Everything is a priority. Supervisors tell us to do our best. Yet everything is important for a nurse. I need help deciding what to give up.”

“I need someone to talk to, to help me.”

“I learn a lot from my supervisor.”

Eighty-one percent of the respondents rated this as important with 36% rating it first or second. Some nurses felt they were not getting support from their supervisors. They stated

that some supervisors ask them to get something when they are busy that the supervisors could get for themselves. One nurse spoke about telling her supervisor that she could not get to a care plan meeting because she was too busy with residents. Rather than giving help, the supervisor said, “get there!” Other examples involved asking for specific help with a resident they were having difficulty with and being told to read a book to learn more or told they were not knowledgeable instead of being given ideas about what to do. Some felt that part of the problem was that there were not enough supervisors. RNs felt that the supervisors should come onto the floor, do rounds and help out if necessary.

Some of the RNs felt they were always being blamed by their supervisors and that the supervisors were hostile and threaten loss of their license. Others felt they got along with their supervisors because their supervisors listened to them and were positive, not negative.

BEING APPRECIATED

“My administrator... smiles and talks to us. I don’t feel that she is the administrator with a capital A.”

“He sends us a card at holiday time and when we pass the State survey. I like that.”

“You kill yourself and do everything – one mistake and out goes all the good you did.”

“When I know that I have done my best, management tells me I haven’t done enough.”

Eighty-one percent of the respondents said this was important with 4 percent rating it first or second. Some RNs complained, as did CNAs, about not getting a vacation or holiday that they requested long before and felt that this showed they

were not appreciated. Many of the RNs felt rewarded only from the work they do and the satisfaction they felt from helping someone; they did not feel they were getting rewarded by management. Some RNs felt that if they don’t get everything done, they are blamed, yet they felt it was impossible to get everything done.

In one home the RNs spoke about a past administrator who, they felt, was an excellent leader. She did rounds and “cared” about what they were doing and could see for herself how difficult the job was. She praised staff. She never made them feel that they were being blamed. “She did not lay blame; she helped to solve the problem.”

“Before you criticize me, at least thank me for what I have done.”

For example: “One day this administrator was on the floor and saw a resident who was exposed. The first thing she did was cover the resident. Then she came over to the staff person and in a soft tone of voice, touching her, treating her like family, began to talk about the issue.”

HAVING ADMINISTRATION BE CONCERNED ABOUT ME AS A PERSON

“Other departments just pass by and don’t say a word unless they need something.”

“She (administrator) knew every staff member by name.”

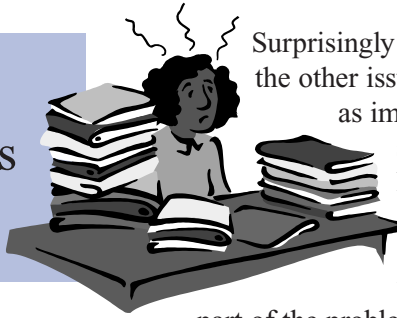
“She touched us; she acknowledged that we were there.”

Eighty-one percent of the respondents said this was important with 4% rating it as second most important. Some RNs spoke about their administrator who came on the floor and always said good morning to everyone.



HAVING LESS PAPERWORK BY DOCUMENTING IN ONLY ONE PLACE OR USING COMPUTERS

“I should be more with residents and less with paperwork.”



Surprisingly this was not seen as important as some of the other issues. Only 75% of the respondents rated this as important, although 25% rated it as first or second. Some RNs did talk about the problems of getting their paperwork done. They felt that they needed time to just concentrate on their paperwork. Some said that they stayed late to complete it. Some felt

“I need time just to do my documentation and audit the charts.”

part of the problem was that they had to write the same thing down in many different locations. Some were upset that they were responsible for the CNAs’ documentation and felt that the CNAs’ needed more training in documentation.

OTHER IMPORTANT ISSUES

Supervision

Although many of the CNAs complained about how they were being treated by their supervisors, most RNs, in the focus groups, saw their treatment of aides differently. When asked about their role as supervisors, the RNs described a picture of a good relationship between CNAs and their supervisors. They said they:

- listen to CNAs when they are reporting on a resident
- thank the CNA
- get back to the CNA
- respect the CNAs’ experience
- look at the person when speaking – talk to her, not at her
- are accessible to the aides
- set the tone to keep morale of staff high
- help the aides
- keep communication open
- act as a role model
- praise the CNAs

Some of the RNs did say that the CNAs feel that it is ‘us’ against ‘them; we are management.’ Most of the RNs said they had had no training to be supervisors and some felt this should be part of their in-service.

Salaries

Some of the RNs felt they were underpaid for the amount of work they had to do.



Evaluation

Some of the RNs made the same comments as did the CNAs about never being given the top score – always in the middle.

In-service

- How to work with people from different cultures
- Stress counseling for RNs and CNAs
- How staff can relate to each other
- How to supervise

SUMMARY OF LPN COMMENTS

BEING APPRECIATED

“We never get praise.”

“At least don’t criticize us and tell us everything we are not doing. We are doing our best.”

“Thank us. If we do a double shift, thank us.”

Ninety-four percent of the LPN respondents to the questionnaire rated this item as important with 35% rating it

first or second. Similar to comments made by RNs and CNAs, some LPNs felt that their only reward came from doing a job well. These LPNs did not feel that management appreciates them. Some LPNs felt that they were not getting recognition for all the hard work they do. Some spoke about the fact that when a RN is a charge nurse she is given extra money; LPNs do not get the extra money even though they are really acting as a charge nurse. Other complaints: they felt they were harassed when they call in sick, that their honesty was being questioned. They felt that this shows that management is not being considerate.

HAVING ADMINISTRATION BE CONCERNED ABOUT ME AS A PERSON

Eighty-eight percent of the respondents rated this as important with 18% rating it as first or second. Some staff dis-

cussed issues related to vacation days and management not understanding their needs.

HAVING MANAGEMENT DEAL WITH PREJUDICE & PHYSICAL EXCHANGES FROM ALERT RESIDENTS

“Some residents curse and hit. Many... are competent. Management just says, it is part of the job.”



Eighty-eight percent of the respondents rated this as important with 9% rating it as first or second. Some of the LPNs complained that some residents are verbally abusive and they do not know how to deal with it; they wanted management to help. As noted above, this was an issue for some of the CNAs as well.

HAVING ALL STAFF WORK TOGETHER AS A TEAM — FLOOR TO FLOOR — SHIFT TO SHIFT.

“I have never experienced supervisors helping during a time when there are two admissions at the same time.”

“Off going staff should leave residents in a clean tidy way when they leave and not be so rude when asked about this.”

Eighty-four percent of the respondents rated this as important (with 3 percent rating it first or second) and some LPNs felt that this was happening. Similar to other levels of staff, some of the LPNs complained that other shifts did not do their work and nobody was supervising.

BEING ABLE TO USE THE SKILLS WE WERE TRAINED TO DO.

Eighty-four percent of the respondents rated this as important with 16% rating it as first or second. Similar issues

raised by the RNs were stated here.

GETTING SUPPORT FROM SUPERVISORS AND MANAGEMENT

“We need help from the supervisors.”

“They walk right by the bell as it is ringing. Sit at the desk.”

“Everything falls back on the LPN.”

Eighty-one percent of the respondents rated this as important with 3 percent rating it second (no one rated it first). Similar to the CNAs and RNs, some LPNs felt that many supervi-

“My supervisor is easy to talk to and has a sense of humor. This helps me forget my frustration.”

sors do not help them when they are busy and some complained that they do not get management support when they have problems with a CNA.

HAVING ENOUGH STAFF TO CARE FOR RESIDENTS

“We are at unsafe staffing levels.”

“I am often the only nurse on the floor.”

“I feel guilty. Residents are suffering.”

“We have no chance to speak to residents.”

Similar to the other staffing levels, LPNs felt overworked. They felt “stressed out,” responsible for everything and rushed. They feel they are taking short cuts and were afraid that they will make mistakes. Eighty-one percent of the respondents rated this as important with 3 percent rating it second (no one rated it first). This issue seemed to also affect their relationships with the CNAs:

“Bedside nursing? We have no time to stand by the bedside.”

“Because we are so rushed, we tend not to see those CNAs who are doing a good job. We only see those who aren’t doing a good job.”

“I don’t have time to supervise.”

BEING INVOLVED IN POLICY CHANGES SO I CAN EXPLAIN ANY CHANGES TO STAFF

Eighty-one percent of the respondents rated this as important with only one rating it first or second. Some LPNs complained that they were not involved. For example, after making plans

as the nurse in charge on a specific floor, they are suddenly floated to another floor without discussion. Others spoke of even more major changes that they were not involved in.

HAVING MANAGEMENT ACKNOWLEDGE THAT I OFTEN DO THE SAME WORK AS RNS

“We are asked to do an RN’s job without an RN salary.”

Eighty-one percent of the respondents rated this as important with 3 percent rating it first. A number of the LPNs complained that they are doing the work of the RN. Some LPNs felt that they do all the real work; RNs do paperwork.

BEING TREATED WITH RESPECT BY SUPERVISORS

“First thing the supervisor says is, ‘I don’t want any falls.’ As if we do.”

“When I voice a concern, I let my superiors know and nothing is done.”

Although only 78% of the respondents rated this as important, 44% of these rated it as the most or second-most important issue. Some LPNs said that many supervisors do not say hello when they come to the floor. They just look around and then leave. Some LPNs felt that their supervisors were not approachable and that they were afraid to go to them with problems because they may be blamed.

OTHER IMPORTANT ISSUES

Relationship with Families

Some of the LPNs made similar comments about families expecting more than they can deliver and wondered whether families are being told things that are unreal by admissions offices. Families and residents then get angry.

Supplies

Many LPNs made comments similar to those of RNs and CNAs about the problem of shortages of supplies.

Respect from CNAs and Housekeeping

“CNAs feel that only RNs know anything.”

“Housekeeping yells when I ask them to do something.”

Some LPNs felt it was difficult to get respect from these staff. Some experienced CNAs felt they could tell LPNs what to do. Some LPNs felt new agency staff is disrespectful. Other LPNs said that some CNAs do not follow orders, then they have to write the aides up and they are the “bad guys.”

In-service

“I wasn’t even told I was in charge the first time.”

Some LPNs said they were not trained for supervision and feel they need some training in this as well as stress management.

Role as a Supervisor

Similar to RNs, LPNs saw their role as supervisors in a way that CNAs say they would like to see their supervisors act. LPNs saw their role as:

- being approachable
- encouraging team work
- making sure CNAs feel comfortable
- listening to staff
- making sure residents get care
- checking what CNAs are doing
- showing respect for CNAs
- not blaming
- not looking “down” on anyone.

More Money

A number of LPNs complained that their salary is little more than a nurse aide’s and that they often do the work of an RN. They wanted a higher salary.

CONCLUSIONS



What staff said in the focus groups in these six homes generally paints a bleak picture of working conditions in nursing homes. Although there were positive comments, many were negative. Staff at all levels seem to be

saying similar things about what they liked and didn’t like and there was a lot that they didn’t like. We believe that in most homes across the state, comparable things would be said. What is not bleak is the fact that now that we know what the problems are, we can begin to determine the root causes of these behaviors, actions and/or perceptions and then develop solutions to improve things.

Appendix

The Process of Collecting Information³

The Homes

The six homes were all located in New York City. All the boroughs were represented except for Staten Island. Two were for-profit and four were not-for-profit. The homes' bed size ranged from 200 to over 500.

The Process

The writer first met with all direct care staff on duty in each home to discuss the project. In two of the homes, she went to all three daily shifts, in four of the homes she only talked to staff on the day and evening shifts. In addition, a one-page description of the project was given out to all direct care staff. The staff was told the writer was going into six nursing homes in New York City to talk directly to a sample of nurse aides, LPNs and RNs by holding a series of separate focus groups. They were told that the purpose of the project is to find out from them what makes for good working conditions and how to better working conditions that need improvement. They were told their participation is voluntary and all discussions and answers to the questionnaires are confidential. They were told that each nursing home participating in the project agreed that the focus group participants would either be paid over-time or would be given time off during the regular work day while their work was covered by other staff.⁴

Participants were selected both through a random selection and a self-selection process. No group held more than 12 people. Notes were taken during the focus group sessions, each of which lasted one and one half hours. When all of the notes were analyzed, a list of identified indicators of good

working conditions was developed for CNAs, RNs and LPNs. In order to determine if the items identified by the focus group participants were items that other staff would agree were important to a good working condition, these lists were then sent to all staff in the six homes. The questionnaires stated that the lists were developed by staff in focus groups in their homes. They were asked to check those things they agreed were necessary for them to feel happy in their work. In addition, they were asked to list the most and second most important item and to add anything else they thought important to creating a good working condition. The final lists were determined by including only those items where 80 percent or more of the respondents to the questionnaires agreed they were important or 25 percent or more of the staff listed it as most or second most important item.

The Focus Group Participants

In two homes, focus groups were held on all shifts; in four of the homes focus groups were held on the day and evening shifts only. There were three types of focus groups: nurse aides, RNs and LPNs. Ten percent of all the nurse aides in the six homes participated in focus groups; 9 percent of the RNs and 10 percent of the LPNs. See the tables below for a detailed description of the focus group participants.

Responders to the Questionnaires

Twenty-three percent of all the CNAs in the six homes responded to the questionnaire, 31 percent of the RNs and 16 percent of the LPNs.

CNAs									
NURSING HOME	DAY	EVE	NIGHT	FEM	MALE	-2*	+2*	WORKED ELSEWHERE	TOTALS
Number 1	5	4	2	8	3	0	11	6	11
Number 2	6	7	0	13	0	0	13	6	13
Number 3	6	6	0	10	2	1	11	7	12
Number 4	12	9	0	19	2	1	19	7	21
Number 5	11	8	7	22	4	2	25	5	26
Number 6	11	8	0	17	1	0	18	11	19
TOTALS	51	42	9	89	12	4	97	42	102

*-2 means worked in the home two years or less; 2+ means they worked more than 2 years.

3 For copies of any materials used in the study contact NHCC at barbara.nhcc@verizon.net or (212) 365-0355.

4 According to some of the participants, the home did not adhere to this. However, most of the homes did.

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RNs										
NURSING HOME	DAY	EVE	NIGHT	FEM	MALE	-2	+2	WORKED ELSEWHERE	TOTALS	
Number 1	0	0	0	0	0	0	0	0	0	
Number 2	0	2	0	2	0	0	2	1	2	
Number 3	3	0	0	3	0	0	3	2	3	
Number 4	1	1	0	1	1	1	1	1	2	
Number 5	4	2	0	6	0	0	0	0	6	
Number 6	4	2	0	6	0	0	6	4	6	
TOTALS	12	7	0	18	1	1	12	8	19	

LPNs										
NURSING HOME	DAY	EVE	NIGHT	FEM	MALE	-2	+2	WORKED ELSEWHERE	TOTALS	
Number 1	0	1	0	1	0	1	0	0	1	
Number 2	4	0	0	4	0	1	3	1	4	
Number 3	1	0	0	1	0	0	1	1	1	
Number 4	2	2	0	4	0	1	3	0	4	
Number 5	2	3	0	4	1	0	5	3	5	
Number 6	4	1	0	5	0	0	5	3	5	
TOTAL	13	7	0	19	1	3	17	8	20	

The Focus Group Questions

After introducing the topic the focus group would consider and a discussion of focus group rules (relating to confidentiality and allowing everyone to speak), each group was asked the following questions to begin the session:

- In your opinion, what are the important matters or topics that make up good working environment, conditions or circumstances - what is important to you?
- What, in your opinion, would be the ideal nursing home in terms of good working conditions?

There were a number of follow-up questions such as:

- What is your biggest reward? What is your biggest frustration?
- What do you get praise for? Get criticism for?
- What do you see the role of your supervisor? What does he/she do?

- What do you think he/she should do?
- Do you find the physical environment (e.g., space, dining rooms, and lounge) as part of your working conditions an advantage or a disadvantage?
- Does the availability of supplies, equipment and personal items for residents have anything to do with your working condition? If yes, how?
- Does your relationship with your residents and their families have anything to do with your working condition? If yes, how?
- Do differences in culture have anything to do with your working conditions? If yes, how?

In addition, CNAs were also asked about their training.

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Mission

The Nursing Home Community Coalition of New York State is a coalition of consumer, community, civic and professional organizations whose mission is to protect and improve the quality of life and quality of care for people who use and/or reside in nursing homes and other types of long-term care facilities and programs throughout New York State. Its members join together to assert, protect and enhance the rights of consumers of long-term care services, to strengthen public health codes and standards affecting long-term care facilities and their programs and staffs. The Coalition strives to educate policymakers, the public, and consumers, as well as family members and caregivers, on long-term care issues, and advocates for New York's frail elderly and disabled people who use long-term care services.

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