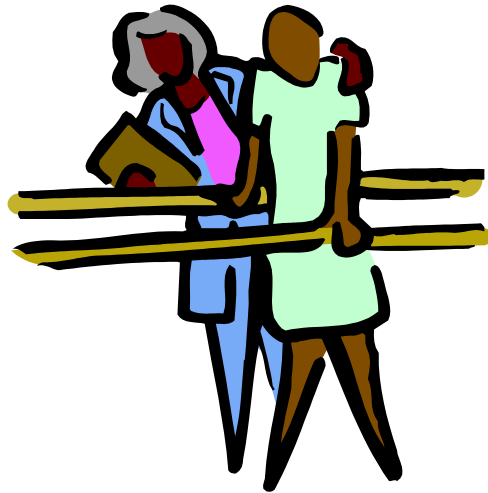


IMPROVING WORKING CONDITIONS FOR NURSING HOME DIRECT CARE STAFF:

Description of a project in two nursing homes in
New York City



A Ten-Step Guide to Improving Working
Conditions

LONG TERM CARE COMMUNITY COALITION

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INTRODUCTION

In order for a home to be a nice place to live, it must be a nice place to work. Studies have shown that the most important factor in a resident's quality of care as well as life is his/her relationship with direct care staff. In addition, how staff are treated or perceive to be treated often affects how they treat residents.

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 nursing staff over the past ten years, etc.), poor working conditions are a major factor. For many nursing homes, the shortage in nurse aides is even worse.

In June 2003, the Long Term Care Community Coalition (formerly the Nursing Home Community Coalition) developed indicators of a “good” working condition for direct care staff in order to help facilities measure the quality of their staff working conditions. These indicators were based upon information gathered at focus group sessions and questionnaire findings from staff at six New York City homes. Staff were asked what, for them, makes for a “good” working condition. The released report, “What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say,”¹

supported by the New York Community Trust, gave voice to workers’ perception of their working conditions. The findings indicated that many of the workers were unhappy.

With additional support from the New York Community Trust, a follow up project was formulated to use the developed indicators to actually measure and improve work conditions for direct care staff. The author went into two nursing homes to work with staff to: (1) measure the quality of their working conditions using the developed indicators; (2) identify strengths and weaknesses; and (3) develop and implement plans to build on these strengths and eliminate or minimize these weaknesses.

What follows is a description of the activities taken and a guide which we believe will be relevant for all nursing homes who are interested in knowing how they are doing (in terms of working conditions) and looking for ways to improve.

The major criteria for selection to be part of this project was a willingness to find out what workers thought about their working conditions and a readiness to commit the time, effort and resources needed to work and solve any identified problems.

¹ “What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say?” LTCCC, June 2003. For a free copy, go to the LTCCC’s website: www.ltccc.org

(click on Publications). For a hard copy, send \$5.00 to LTCCC at: 242 West 30th Street, Suite 306, New York, NY 10001.

The two selected nursing homes both have about 300 residents. One home is a not for profit and one home is for profit. Both homes were interested and excited about the project. Management of both homes agreed to create a committee of nurse aides, LPNs, RNs, supervisors and top management that would meet to go over all information and develop and implement plans over the course of a year.



PROJECT ACTIVITIES AND FINDINGS

Preliminary Activities

Informational sessions were held for staff on all shifts. The goals of the project were discussed with direct care workers on all shifts and all questions were answered.

It is crucial to make sure that staff on all shifts, day, evening and night, know about the project and have a chance to give and receive information. Staff have to “buy in” to the project and believe that you are interested and committed to making improvements.

Staff were told that management wanted to know how they felt about their job. They wanted to know if there were any problems. They want to improve things if problems are found.

Staff were told that they would be asked to fill out questionnaires asking them about things that other workers have said were important to them. They were asked not to put their names on the questionnaires. They were asked if they would be willing to be interviewed one-on-one to go into detail about their

answers. This was not necessary but would be helpful.

They were told that a committee would be created that would consist of CNAs, LPNs, RNs, supervisors, charge nurses and top management. This committee would meet to go over the collected information and develop ways to address any identified problems.

Informational sessions were held for residents and families.

Although residents and families would not participate in filling out any questionnaires, it was important for them to know about the project. They are part of the nursing home community. This was a chance to let them know how important the home believes a high quality working condition is.

A committee was created in each home, including nurse aides, LPNs, RNs, charge nurses, supervisors and management.

These committees met regularly to go over the data, discuss strengths and

weaknesses, develop interventions and monitor progress.

Data Collection

All direct care staff members were asked to fill out questionnaires asking about their perception of their working conditions.

The questionnaires were developed from the indicators identified in the original study. The order of the questions related to their importance to staff. The questionnaires had two parts: one asked staff how important each of the indicators was to them and one asked how often the indicator occurred at the home. Thus, we were able to see whether the developed indicators were important to staff who had not taken part in the original study. If an indicator was found not to be important to the staff, it did not matter if it occurred at the home or not. See the appendix for the CNA, LPN and RN questionnaires.

All managers were asked to fill out the questionnaires as they thought staff would fill them out.

This permitted a comparison of the perceptions of the managers to those of the direct care staff.

Home Number One: Data Findings

The home spent time recruiting and educating members of the committee created to review the data and develop plans to improve working conditions. A committee of 15, committed to meeting throughout the duration of the project, met to go over all of the statistical and interview data and to develop and implement intervention plans. The committee represented the entire staff

All direct care staff filled out background information.

Thus, the home was able to analyze the data for different shifts and units and for new and experienced workers. Additional background information could be added depending on the particular situation of the home.

Staff who volunteered to be interviewed in person was interviewed.

This allowed us to gather more in-depth understanding of the issues.



community: the administrator, the in-service trainer, a supervisor for one of the shifts, a number of nurse aides, a few charge nurses, a few LPNs, the director of clinical services and a few RNs.

The data indicated that all of the questions asked were almost all extremely or very important to the staff. The information identified both strengths and weaknesses. Strengths found:

- Over 50 percent of the CNAs felt that there was enough staff all or most of the time.
- A majority of the CNAs felt they had a friendly and trusting relationship with residents and families, had the tools to do the job and had a trusting relationship with supervisors.
- A majority of the LPNs felt that they were being treated with respect and were able to use their skills all or most of the time.

There were a number of possible weaknesses that needed improvement:

- There was little or no teamwork among staff.
- Low staffing levels on the night shift, which may be affecting teamwork.
- Need to include night staff as part of the nursing home community.
- Need to improve communication between managers and line staff.
- Need to improve the feeling of respect and trust among LPNs and CNAs.

The home was able to identify differences by shift, unit, etc. For example, while a majority of the CNAs on the evening shift felt that all of the indicators occurred all or most of the time, a majority of the night CNAs felt that most of the indicators occurred only some, rarely or never.

Home Number One: Intervention Plans

This home decided to work on the issue of improving staff teamwork first. It is important not to take on too much at one time. The committee developed the following plan for improving teamwork and to help free up the CNAs on the floors to help meet residents' needs.

1. **A new policy was written** stating the requirements for all staff (including non-nursing staff such as dietitians, etc.) to “assist residents with their needs,” by: answering call bells, helping with the feeding experience, etc. while on the floors. The policy (“Assisting With Care”) includes a statement that non-nursing staff must speak with a nursing staff member (CNAs or professional nurses) before attempting to meet the health care needs of a resident such as giving food or water. However, they can do many things that will meet the needs of residents and help free up the direct care staff without speaking to nursing staff: answering call bells, helping to calm residents who need assistance, helping with activities and helping to alleviate resident pain.

2. **Educational programs were developed** to educate both the nursing and the non-nursing staff about this policy. Nursing staff must understand their role in helping non-nursing staff know what a resident can do or have (such as take water, eat certain foods, etc.). Non-nursing staff must know when to ask for advice.

3. **A monitoring plan was developed** for examining the plan after implementation. This plan is part of the home’s regular monitoring of care. It is important to build on systems already in place.

4. **The new duties were incorporated into a network-wide job policy.**

Staff will be hired with the understanding of these tasks and will be evaluated on their ability and willingness to assume these new roles.

5. **A “buddy system” was developed.**

A policy developing a new buddy system was drafted and shared with the committee. The new system pairs up two CNAs to work together on caring for residents.

This will allow the CNAs to work with the residents to develop the best plan for both meeting residents' needs as well as the best plan for staff helping each other out. It will also mean the CNA will have someone to rely on.

The committee agreed that the charge nurse, with input from the CNAs, would assign the pairs to be "buddies."

6. Educational programs were developed to teach CNAs what a buddy system is and how to be a buddy.

7. A monitoring plan was developed to get feedback on this plan. The CNAs on the committee developed 3 questions, that the committee agreed to use, that CNAs will answer about how well the new buddy system is working once it is implemented

- Is there a buddy system on your neighborhood/shift?
- Has the buddy system made your work easier?
- Do you have problems working with your buddy?

Home Number One: Other Issues

Although this home agreed to focus on the issues above, the committee discussed a number of other issues it would work on in the future.

Helping evening and night staff be a part of the care planning process.

- They agreed to develop a form to be attached to the 24-hour report

that lists the names of residents whose plan will be reviewed the following day. It will have a place for staff to write any issues they want the care planning committee to know and a place for the care planning meeting members to respond.

- They agreed to develop educational programs for helping staff know how to be a part of the care planning and add to the form.

Social work time is now extended on the weekends. Perhaps this should be looked at for evenings. Thus, some social workers could work in the early evening to deal with social work issues.

Home Number Two: Data Findings

The committee in this home met and discussed all of the statistical and interview data. Included were: the administrator, the in-service trainer, a supervisor, three aides, the head dietitian, the director of nursing, two LPNs and an RN. Due to one of the major issues, the Rabbi joined the committee.

The data indicated that all of the questions asked were almost all extremely or very important to the staff. The information identified both strengths and weaknesses. Strengths found:

- A majority of the CNAs felt they had a trusting relationship with their supervisors and felt they had the tools to do the job all or most of the time.
- A majority of the LPNs felt the administration was concerned about them as human beings, felt they were respected, and felt were

able to use their skills all or most of the time.

- A majority of the RNs felt they were respected, had the tools to do the job and were using their skills all or most of the time.

The data indicated a number of weaknesses that staff wanted to work on:

- A significant percentage of the nurse aides felt they were not respected by management, were not informed about any changes and had difficulties relating and dealing to the orthodox Jewish residents and families. Specifically, they felt they did not understand why some residents could not do certain things on the Sabbath such as ring call bells. In addition, they did not know what some residents were permitted to do or were prohibited from doing. Thus, they were not prepared. They also were unhappy when some visitors did not say, "Thank you," in certain situations such as when a staff member opened a door the visitor could not open on the Sabbath.
- Staff on the Long Term Care floors felt a lack of trust and a good working relationship with supervisors; they felt they were not informed of changes; they did not have enough staff to care for

the residents; and they needed help in acting as a member of a team.

- The night shift reported poor relationships with families and not being notified of changes.
- RNs felt there was not enough staff, that management did not have concern for them as human beings and that teamwork had to be improved.
- LPNs felt they were not appreciated by management, did not get enough support, and did not participate in changes and that teamwork needed to be improved.



Home Number Two: Intervention Plans

The committee continued to meet over the next few months, chose a CNA as its

team leader and decided to work on two issues:

- Improving relationships between orthodox Jewish families and residents and direct care staff.
- Improving communication, making sure that all staff were informed of any changes (which it believed would help the staff feel more respected).

Improving Relationships with Orthodox Jewish Families and Residents (This was broadened to include all residents culture and way of life.)

1. All new residents would be interviewed at or prior to admission.

All new residents would be asked to describe a typical day. The interview would be built on the MDS “customary routine” section already required to be filled out. In order to make sure that the resident/family member gives enough detail, leading questions will be asked if necessary: “What time do you get up? What is the first thing you do?” etc. For Jewish residents, the interviewer will have an information sheet they she/he will make sure they have answers to.

3. The Rabbi of the home would develop an informational sheet for the Jewish residents. Jewish residents will specifically be asked what kinds of things they are not permitted to do on the Sabbath.

4. The Rabbi, who has already been conducting orientation classes for new staff, will develop in-service training for all staff, explaining the Orthodox traditions and customs. This training will include feedback from direct care staff, role-playing and descriptions of how the information will help them.

5. In order to make sure that all staff know resident preferences, nurse aides

will participate in resident care plan meetings.

The care plan meetings will be scheduled around CNA schedules and CNAs will know at the beginning of the shift what meetings they will be going to so they can arrange their schedules.

6. Major points made at the admission interview will be put onto the CNA cardex as a “Quality of Life” section for CNAs to follow and will be put into the shift reports for all new residents.

7. The Rabbi will meet with the family council with a few direct care staff to begin a dialogue to improve understanding between Jewish families and staff.

Involving Staff In Facility Changes

The Committee decided to improve communication by structuring a uniform “shift meeting” on each shift.

1. A new policy was developed to create a new format for the shift meetings. Currently, 10 to 15 minutes is spent before each shift making sure that all aides are updated on any new resident concerns. The new written policy will be put in the front of the 24-hour report book so all charge nurses can refer to it. The new policy stated the purpose to improve staff awareness/communication during shift report and stated seven parts of the new procedure.

2. The new format will include:

- **Resident Issues**
 - Going over the 24-hour report with input from the nurse aides.
 - Detailed resident information so staff will

not only know that a resident has a problem, but what that means for them and the care they need to give. This will be connected to in-service classes.

- Prevention issues – preventing falls, loss of ambulation, preventing dehydration, malnutrition. This will be connected to in-service classes.
 - Customary routine of new residents.
 - Any clinic or physician visits, x-rays, tests, trips, etc.
 - Discharges
 - Empty Beds
 - Bed Holds
 - New admissions
- **Facility Issues** (This information must be given to all charge nurses **and** coordinators. Administration is responsible for sending memos, putting them in the supervisor book and the allocation sheet).
 - Hot water problems
 - Generator problems
 - Elevator problems
 - Any in-services that day and who is going what time (In-service coordinator is responsible for making sure charge nurses and supervisors have this information before each shift.)

3. All staff will be educated on the new policy in both orientation and on going in-service classes.

4. Implementation of the new format will be monitored. CNAs and charge nurses will give feedback on how well this plan is working. CNAs will be asked three questions: (1) are you given the opportunity/time to give feedback or to ask questions during shift report; (2) are you informed of changes in the facility (i.e., residents who need precautions, generator testing, etc.); and (3) are you informed of changes in residents' conditions on a timely basis?

Once the committee was formed and interventions were developed, a letter was sent to all staff (the letter was put into their pay checks to make sure that all received it). The letter introduced the committee members by name, stated the goal of the committee was to follow up on the original questionnaires improve working conditions and job satisfaction at the home. It then raised the two identified weaknesses and how it intended to act. It then urged any staff to contact any member of the committee for further information.



After six to nine months, each home will measure the effectiveness of their intervention plans. If the problems identified in the earlier measurement have not been eliminated or minimized, the committees will try to figure out why and modify the intervention plans. Below is a ten-step program to improve working conditions:

TEN – STEP GUIDE TO IMPROVING WORKING CONDITIONS

1. Identify Your Nursing Home Community

Your community might include: nurse aides, professional nurses, residents, family members, friends of residents, housekeeping staff, administration, secretaries, security staff, clergy, recreational staff, social workers, rehabilitation staff, dietitians, etc.

2. Orient The Community About the Project

Develop ways to educate the community. Hold meetings, discussion groups, send memos, newsletters, meet with resident councils, family councils, etc.

3. Create a Committee Representing the Full Staff.

This committee, will include nurse aides, LPNs, RNs, charge nurses, supervisors, top management and others, and will meet during their work day (relieved of normal work load). They will be given the responsibility of analyzing all of the collected information, discussing possible ways of making improvements as well as developing ways of monitoring the interventions.

4. Give out questionnaires to staff at meetings held for that purpose so staff will be able to ask any questions and fill out on the spot.

5. Interview all staff that volunteered.

6. Analyze all data. Use forms provided in the appendix.

7. The committee:

- **evaluates findings**
- **brainstorms about strengths and weaknesses found**
- **picks one or two issues to work on**
- **develops possible interventions**
- **develops ways of monitoring**

8. Keep the Community Informed.

Send out memos/letters from the committee or hold meetings discussing committee's activities and progress of the project.

9. Implement and Monitor Interventions.

10. After a period of time (six to nine months), staff information is collected on the issues worked on to see if things have improved. If there is little or no improvement, analyze why and modify the intervention plan.



APPENDIX A

QUESTIONNAIRES AND
SAMPLE DATA FORMS

QUESTIONNAIRES

CNA JOB SATISFACTION

Below you will find things that staff said were important to them. Please check how important each is to you.

- 1 = extremely important
- 2 = very important
- 3 = somewhat important
- 4 = slightly important
- 5 = not important at all

HOW IMPORTANT IS IT TO YOU?

	1	2	3	4	5
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.					

Please check how often each thing happens at _____.

- 1 = all the time
- 2 = most of the time
- 3 = some of the time
- 4 = rarely
- 5 = never

HOW OFTEN DOES THIS HAPPEN HERE?

	1	2	3	4	5
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.					

LPN JOB SATISFACTION

Below you will find things that staff said were important to them. Please check how important each is to you.

- 1 = extremely important
- 2 = very important
- 3 = somewhat important
- 4 = slightly important
- 5 = not important at all

HOW IMPORTANT IS IT TO YOU?

	1	2	3	4	5
1. Being appreciated (for example, being praised; told I am doing well).					
2. Having management deal with prejudice and physical exchanges from alert residents.					
3. 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).					
4. Having all staff work together as a team - floor to floor – shift to shift.					
5. Being able to use the skills I was trained to do.					
6. Getting support from supervisors and management (for example, help me when I feel I do not have enough staff to do my work).					
7. Having enough staff to care for residents.					
8. Being involved in policy changes so I can explain any changes to staff.					
9. Having management acknowledge that I often do the same work as RNs.					
10. Being treated with respect by supervisors.					

Please check how often each thing happens at _____.

- 1 = all the time
- 2 = most of the time
- 3 = some of the time
- 4 = rarely
- 5 = never

HOW OFTEN DOES THIS HAPPEN HERE?

	1	2	3	4	5
1. Being appreciated (for example, being praised; told I am doing well).					
2. Having management deal with prejudice and physical exchanges from alert residents.					
3. 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).					
4. Having all staff work together as a team - floor to floor – shift to shift.					
5. Being able to use the skills I was trained to do.					
6. Getting support from supervisors and management (for example, help me when I feel I do not have enough staff to do my work).					
7. Having enough staff to care for residents.					
8. Being involved in policy changes so I can explain any changes to staff.					
9. Having management acknowledge that I often do the same work as RNs.					
10. Being treated with respect by supervisors.					

RN JOB SATISFACTION

Below you will find things that staff said were important to them. Please check how important each is to you.

- 1 = extremely important
- 2 = very important
- 3 = somewhat important
- 4 = slightly important
- 5 = not important at all

Please check how often each thing happens at _____.

- 1 = all the time
- 2 = most of the time
- 3 = some of the time
- 4 = rarely
- 5 = never

HOW IMPORTANT IS IT TO YOU?

	1	2	3	4	5
1. Being treated with respect by supervisors.					
2. Having all staff work together as a team.					
3. Being able to use the skills you were trained to do.					
4. Having the tools to do the job.					
5. Being involved in policy changes so you can explain any changes to staff.					
6. Having enough staff to care for residents.					
7. Getting support from supervisors and management.					
8. Being appreciated.					
9. Having administration be concerned about me as a person (for example, if I am sick, ask how I feel).					
10. Having less paperwork by documenting in only one place or using computers.					

HOW OFTEN DOES THIS HAPPEN HERE?

	1	2	3	4	5
1. Being treated with respect by supervisors.					
2. Having all staff work together as a team.					
3. Being able to use the skills you were trained to do.					
4. Having the tools to do the job.					
5. Being involved in policy changes so you can explain any changes to staff.					
6. Having enough staff to care for residents.					
7. Getting support from supervisors and management.					
8. Being appreciated.					
9. Having administration be concerned about me as a person (for example, if I am sick, ask how I feel).					
10. Having less paperwork by documenting in only one place or using computers.					

SAMPLE DATA FORM
AIDE QUESTIONNAIRE

TOTAL = _____

HOW IMPORTANT	1	2	3	4	5	HOW OFTEN DOES IT HAPPEN?	1	2	3	4	5
1. Having enough staff						1. Having enough staff					
2. Being treated with respect						2. Being treated with respect					
3. Having the tools to do the job						3. Having the tools to do the job					
4. Being trusted by supervisors and nurses						4. Being trusted by supervisors and nurses					
5. Having a friendly, trusting relationship with residents and families						5. Having a friendly, trusting relationship with residents and families					
6. Having all staff work together as a team						6. Having all staff work together as a team					
7. Having a good relationship with supervisors and licensed nurses						7. Having a good relationship with supervisors and licensed nurses					
8. Being informed of any changes before the change						8. Being informed of any changes before the change					

SAMPLE DATA FORM

**AIDE QUESTIONNAIRE
CONTINUED**

BACKGROUND INFORMATION

- Less
than
- 1. YEARS WORKING** 1 2 3 4 more than 5
- 2. YEARS AT NH**
- 3. FLOATER** YES NO
- 4. PERMANENT STAFF**
- 5. UNIT**
- 6. SHIFT** DAY EVE NIGHT

We would like to thank the staff of the two homes that participated in the study. Since we have assured each home of confidentiality, we will not name them here. However, we would like to take this opportunity to praise the management and direct care staff of both homes for their willingness to look deeply into any possible issues arising from job satisfaction and for their desire to improve any problems found. It was a delight working with both of these homes.

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