

# 2 Effective Practice

## WHAT IS AN EMPLOYER OF CHOICE?

The overall goal of an “employer of choice” in long-term care is to improve the quality of care by improving the quality and stability of direct care jobs. A corollary benefit of this approach is an improved public image for home care and long-term facilities among both job seekers and residents or clients.

Mission requirements as well as business needs impel employers of choice to address the twin issues of care quality and work force quality. Becoming an employer of choice entails designing programs around those most directly affected—in this case, direct care workers. To address the staffing crisis in long-term care, one must provide a worker-centered workplace and learner-centered training opportunities. When coupled with efforts to provide resident- or client-centered care, this is an unbeatable recipe for providing quality care.

This chapter provides an overview of strategies that can assist employers in creating worker-centered workplaces and learner-centered training programs. These recommendations are drawn from CHA member experiences and PHI’s work with CHN members (see p. 2) over the past 16 years, but are applicable to a wide variety of employers that rely on direct care workers to deliver frontline services.

### **The Employer of Choice Framework**

In each system or facility, the methods used to implement the employer of choice initiative will vary tremendously. However, by grounding decision making in the following five-part framework, employers of choice demonstrate their commitment to their direct care work force. The framework calls for employers of choice to do the following:

1. Recognize caregiving as a vocation or personal calling that workers pursue because the work has meaning and contributes to the common good.
2. Recognize and respect the need for ongoing personal development for all workers by building community and incorporating learning opportunities in the workplace.
3. Support low-wage workers through the emergencies that often disrupt their lives and work because they have so few resources on which to fall back.
4. Seek to identify and change organizational practices and patterns—including nursing supervisory practices—that undermine direct care staff and the care they deliver.
5. Institutionalize the initiative through use of an ongoing quality improvement management structure that is inclusive of direct care workers.

*To address the staffing crisis in long-term care, one must provide a worker-centered workplace and learner-centered training opportunities.*

### **Celebrate Caregivers and Caregiving**

**PHI** hosts an annual “Paraprofessional Assembly,” which brings together direct care workers from throughout the Cooperative Healthcare Network. By providing an opportunity for workers to share their experience and concerns, the assembly breaks down the isolation that many direct care workers feel. The event also offers opportunities for learning and leadership development, which demonstrates to direct care staff that management staff respect their skills and abilities and are willing to invest in their personal and professional growth.

The **Carmelite Sisters of the Aged and Infirm**, Germantown, NY, host a conference for CNAs and nonsupervisory professionals each year. During this time, they convene approximately 100 CNAs, food service staff, and housekeeping staff from their facilities, as well as from other health care facilities. The two-day conference emphasizes the spiritual nature of each task that health care workers perform. The participants are invited to attend the Eucharistic celebration and a very special prayer service that includes a “Blessing of the Hands” ceremony. The blessing of the hands serves as a sign of the workers’ dedication to their work for the aged and infirm. This conference is inclusive of paraprofessionals of all faiths. For more information, contact the Avila Institute of Gerontology at 518-537-5000.

### **1. Recognize caregiving as a vocation or personal calling that workers pursue because the work has meaning and contributes to the common good**

People (usually women) are drawn to become caregivers by a desire to help and to make a difference in people’s lives. Many describe this desire to care for others as a “calling.” It may be based in spiritual or moral values.

Caregivers remain in the field because they gain tremendous satisfaction from their relationships with clients and residents. Work structures that (1) value this commitment and (2) respect and encourage strong bonds between caregivers and residents or clients greatly increase job satisfaction (and retention). Conversely, work structures that limit or strain the ability of aides to build relationships undermine satisfaction. The following practices are examples of how you can build work structures that provide a supportive work culture for direct care workers:

- Provide consistent assignments for caregivers that respect personal connections between residents and workers when they develop.
- Include direct care workers in care management team meetings and solicit their input on care planning.

- Celebrate the spiritual or personal calling shared by caregivers. Provide opportunities for retreat or renewal and use these times to build community and reinforce the meaningfulness of caregiving work. Use this shared calling to build connections between aides and nursing staff.
- Look for personal values and experiences that demonstrate a caring nature when recruiting new staff. The best indicator of success for applicants is personal experience with caregiving, usually for a family member or loved one.

### **What Is Learner-Centered Education?**

Learner-centered education is based on understanding how adults learn.

First and foremost, all people are capable of learning, regardless of age. In fact, while adults often resist “education,” everyone learns and incorporates new knowledge throughout their lives.

Second, adult learners absorb and integrate information when they are actively engaged in the learning process.

For this reason, we recommend using problem-based learning techniques. This means that rather than “providing information” to passive learners through lectures and demonstrations, instructors facilitate learning by building on what trainees already know, engaging them in critical thinking, and making the direct care worker’s job come alive through role playing and other activities that relate all learning to the needs of the job.

*For more on Adult Learner-Centered Principles, see p. 14.*

## **2. Recognize and respect the need for ongoing personal development for all workers by building community and incorporating learning opportunities in the workplace**

- Use mentors, support groups, and recognition days to build a supportive, caring community among staff.
- Use learner-centered training techniques in every aspect of training: entry-level training, new employee orientation, in-service programs, and supervisory training.
- Recognize that communication and problem solving are critical to direct care jobs and that these skills can be learned. Develop an internal training program that moves beyond clinical and personal care skills and helps entry-level workers do the following:
  - Identify problems
  - Create solutions
  - Appropriately communicate issues to residents or clients and care team members
- Regard “incidents” as opportunities to reinforce problem-solving skills rather than responding with punishment or humiliation.
  - Use a “job coach” (see sidebar, p. 8) to intervene and work with aides to identify issues and work on behavior changes prior to dismissal. Train all employees (from administration, operations, and patient services) in coaching methodology and practice to ensure a uniform approach to applying and enforcing policies.

### **What Is the Difference Between a Job Coach and a Counselor?**

Although a counselor and a job coach can be (and in some cases are) a single individual, the roles are distinct and that fact needs to be clarified.

A job coach (who may or may not be an employee's direct supervisor) works with employees to identify and change personal attitudes and behaviors that result in poor job performance. When a disciplinary problem surfaces, a worker may be referred to a job coach who, while setting clear expectations for job performance, supports the employee in resolving the issues that are getting in the way of successfully carrying out his or her job responsibilities. Workers also may be referred to a job coach on a proactive basis—before any particular incidents occur.

The job coach helps workers understand appropriate workplace behaviors and learn problem-solving skills that will help them stay on the job.

A counselor provides a friendly ear and connects low-wage workers to supportive services such as childcare subsidies or emergency housing assistance. Counselors largely focus on resolving personal problems and accessing public benefits or services, thereby removing external barriers to work.

### **3. Support low-wage workers through the emergencies that often disrupt their lives and work because they have so few resources on which to fall back**

- Develop supportive services for all low-wage workers, including both new and long-standing employees.
- Provide an on-site counselor or contract for counseling services with a community-based human service agency. In either case, make sure the counselor is positioned to connect workers to a broad range of supports that can stabilize workers' personal lives and thereby improve their job performance.

Direct care workers commonly need the following services: emergency housing support, childcare stipends or subsidies, transportation support, emergency loans, mental health services, and domestic violence counseling.

### **4. Identify and change organizational practices and patterns—including nursing supervisory practices—that undermine or devalue direct care staff and the care they provide**

Nursing schools, like all medical institutions, tend to reinforce a hierarchical view of power. Moreover, nurses—whether registered nurses (RNs) or licensed practical nurses (LPNs)—generally are not taught the supervisory skills they need to manage a large staff of CNAs or home health aides.<sup>5</sup> In facilities or agencies facing staffing shortages, the sheer volume of critical issues often overwhelms even the best-intentioned supervisor. Changing the role of direct care workers in your organization can relieve some of this stress, but it also will require changing how nurses work with and supervise direct care workers.

- Invest in improving supervisory skills for RNs and LPNs (both nursing supervisors and charge nurses).
- Train supervisors to use a supportive, problem-solving approach to supervision (“coaching”) rather than one that focuses exclusively on discipline.
- Build team structures and activities that increase the value placed on direct care services within the organization and incorporate direct care workers into decision making.

### **The Pioneer Network**

The Pioneers are a network of long-term care providers, elders, family members, CNAs, ombudsmen, educators, and many others dedicated to supporting elders and those that work with them. They are transforming the culture of aging in America by building loving, elder-directed communities. This work includes changing caregiving practices and the role of CNAs within nursing facilities.

Some of the practices that individuals in the network have pioneered include:

- Consistent assignment, whereby nursing aides care for the same residents every day in order to build deep and enduring relationships
- CNA involvement in care planning and organizational decision making
- Redefining the CNA position as resident assistant as opposed to nursing assistant (i.e., the CNA is there to assist and support the resident, not the nurse)
- Redesigning food service programs to allow for more flexibility and a more genuine community dining experience

To find out more about these and other practices that support elder communities where people are proud to live and work, contact the Pioneer Network: [www.pioneernetwork.org](http://www.pioneernetwork.org) or Rose Marie Fagan, 585-271-7570.

- Build common ground among all levels of nursing staff by respecting the deep personal commitment individuals bring to this work.
  - Create performance benchmarks and regular management reports on each aspect of the employer of choice program to allow the organization to continually evaluate progress, celebrate successes, and identify new opportunities to innovate. Examples of key performance measures include turnover rates of direct care workers, retention rates of new employees by source of applicant, and attendance and tardiness reports.
  - Review and revise goals and objectives. Continue to innovate.
- 5. Institutionalize the initiative through use of an ongoing quality improvement management structure that is inclusive of direct care workers**
- Establish a staff committee to gather information, make suggestions, and monitor program success. We recommend that direct care workers form the core of a committee that also includes nurse supervisors and administration and operations personnel. You will want the committee to be ongoing, but its first assignment should be to define the problems and barriers facing frontline workers.
  - Set and communicate goals and objectives to staff at all levels.
  - Implement changes slowly and in stages by using a phased rollout strategy to build support throughout the organization.

*Although a long-term vision is important...  
a short-term plan is essential.*

### **Sisters of Mercy Supervisory Practice**

The Sisters of Mercy, St. Louis, uses materials provided by The Ken Blanchard Companies to explain Blanchard's Situational Leadership® or SLII® leadership model. Using this model, leaders adapt their supervisory style to the developmental stage of the worker. As the employee moves from knowing very little about the work to being able to perform the job competently on his or her own, he or she requires different levels of supervisory support.

Blanchard's SLII® identifies four leadership styles:

1. Directing: The leader provides specific directions and closely tracks a new employee's performance in order to provide frequent feedback.
2. Coaching: The leader explains more about the tasks, solicits suggestions, praises performance, but continues to direct task accomplishment.<sup>6</sup>
3. Supporting: The leader and employee make decisions together through a process where the leader facilitates, listens, encourages, supports.
4. Delegating: The leader empowers the employee to act independently with appropriate resources to get a job done.

To learn more about Situational Leadership® or the SLII® leadership model, contact The Ken Blanchard Companies at 800-728-6000.



## EFFECTIVE PRACTICE PRESCRIPTIONS

**Problem:** *“We get plenty of applicants from our newspaper ads, but there aren’t very many good applicants ... and they don’t stay very long when we hire them.”*

**Prescription:** **Improve your recruitment outcomes by developing a more targeted approach to finding the ideal candidates for your jobs.**

- Establish an interdepartmental team to design, implement, and monitor recruitment strategies and facilitate good decision making.
- Focus on defining and then identifying the right candidates for the job. Look for mature persons with caregiving skills. Try targeting persons who receive public assistance, persons with limited English-speaking skills, and others who have limited job prospects. During in-depth interviews, staff can use a variety of techniques to screen for personal characteristics that applicants must possess to perform well as direct caregivers, such as the following:
  - Maturity: Not necessarily associated with age, but rather with certain characteristics such as independence, self-direction, and self-discipline
  - Concern: A strong desire to care for someone who is sick, elderly, or disabled
  - Sensitivity: An understanding of other people’s lives and conditions and a tolerance for diverse groups and points of view
  - Critical Thinking: The ability to think through and solve problems independently
  - Demonstrated Ability to Learn: Accumulated knowledge and skills (generally unrelated to grade completed in school)
  - Pattern of Responsible Decision Making: The ability to make responsible choices at critical life junctures
  - Ability to Communicate: The ability to express oneself well enough to communicate with residents or clients, their families, agency staff, doctors, and nurses, as well as the ability to keep adequate written records of work activities and observations
  - Satisfactory Health: The ability to cope physically with the demands of the job
- Use your organization’s mission to attract candidates by emphasizing the meaningful nature of the work and its value to those in need and to the community as a whole.

- Build relationships by developing formal or informal partnerships with public or private human service agencies that serve your target population. Nurture these relationships so that administration and staff of these agencies come to value you as a concerned employer and understand the requirements and specifications for success on this job.

Start by getting to know the public and private human service agencies in your community (see “Community Collaboration,” p. 25). Look for organizations that serve unemployed workers, public assistance recipients, and/or refugees as well as those that specifically link clients to training and employment. Most communities have a loose-knit network or human services coalition, which might be a good place to start. The United Way, or any other participating community group, can provide an introduction for your staff to this network. By participating in this network, employers can learn more about a range of community organizations and begin to identify partners and build relationships.



- Involve frontline employees in recruitment; there is no better recruiter than someone who enjoys his or her job and feels supported in the workplace.
  - Use current or former aides as part of the interview process to describe the job opportunity and answer questions of potential applicants.
  - Establish a (significant and meaningful) bonus for employees who refer successful applicants. Provide training and support to employees so they can become good company advocates, recruiters, and peer mentors.
- Establish a rigorous intake and assessment process structured to ask candidates to demonstrate a high level of maturity, responsibility, and self-motivation. We recommend a three-part assessment process: scheduled group information sessions, followed by individual interviews and pre-employment screenings (including drug and criminal records checks and employment barriers assessments). Key criteria for assessment should be the ability of candidates to adhere to a set of rules that replicate the responsibilities of employment. Throughout the process, ask candidates to:
  - Take initiative
  - Call back to check the status of their applications
  - Arrive on time for all appointments
  - Reschedule appointments ahead of time when a problem arises
  - Dress appropriately
  - Leave children at home
- Incorporate methods of evaluating and refining recruitment strategies on an ongoing basis. Track costs and outcomes of recruitment methods and continually seek out the most effective balance of recruitment methods. Look at retention of workers by specific sources of recruitment.

#### **Effective Recruitment Practices**

- Establish an interdepartmental team to design, implement, and monitor recruitment strategies and facilitate good decision making.
- Focus on defining and then identifying the right candidates for the job.
- Use your organization’s mission to attract candidates by emphasizing the value of the work to those in need and to the community as a whole.
- Target outreach by building partnerships with public and private human service agencies.
- Involve frontline employees in recruitment—there is no better recruiter than someone who enjoys his or her job and feels supported in the workplace.
- Establish a rigorous intake and assessment process structured to ask candidates to demonstrate a high level of maturity, responsibility, and self-motivation.
- Incorporate methods of evaluating and refining recruitment strategies on an ongoing basis.



### **Why Use Recruitment Partners?**

Broad-based outreach methods (such as newspaper advertising, posters or flyers, and attending job fairs) are successful at bringing in a high volume of potential applicants. However, Cooperative Healthcare Network (CHN) members have found that attrition rates from both training and employment are higher for persons who apply through these routes. Applicants who are referred to CHN training programs by human service organizations or by current employees are much more likely to become successful long-term employees. CHN employers, therefore, place a great deal of emphasis on doing targeted outreach by building recruitment partnerships with public and private human service agencies.

More than one-third of the 570 paraprofessionals hired by CHN employers in 1999 and 2000 were referred from referral partners, including community and neighborhood associations, human service agencies, GED and other educational programs, public assistance agencies, and unemployment offices. For all new employees who passed the six-month employment mark, only 58 percent of walk-in and newspaper ad applicants were retained, whereas 70 percent of those referred by friends, employees, or recruitment partners still were employed.

### **Effective Recruitment Programs**

In 2000, the **Alexian Brothers Sherbrooke Village** facility, St. Louis, created a recruitment/retention program that virtually eliminated use of temporary staffing, which had reached a high of \$50,000 in monthly costs. Elements of the “One Great Unit” program include the following:

- CNA and entry-level staff leadership in identifying problems and proposing solutions
- CNA participation on the interview team for new recruits
- Bonuses of \$250 to staff who successfully recruit new employees (paid out as new employees reach 30 days, 60 days, and 90 days of employment)
- A “Small Rewards” program to recognize/encourage perfect attendance within each two-week pay period

**Providence Health System** in Washington also provides employees with bonuses, ranging from \$250 to \$500, for referring new employees to a facility. New employees must remain employed for six to nine months and work a minimum number of hours. In one facility, this program led to 20 new hires in one year.

**Problem:** “Entry-level workers aren’t prepared to do the job we need them to do, but we find it hard to find experienced workers.”

**Prescription:** Develop a new (or reconfigure an existing) entry-level training program to ensure that (1) trainees are learning, and (2) they are learning what you need them to know.<sup>7</sup>

To implement a quality training program, we recommend the following steps:

- Apply adult learner-centered training techniques throughout the curriculum. Specific techniques include the following:
  - Case studies
  - Learning team discussions
  - Role playing and other simulations
  - Interactive lectures
  - Homework that stimulates questions and discussion
  - Recycling (repeating) information in different contexts and forms
  - Interactive review and assessment activities
- Adapt clinical and personal care skills curricula to the specific needs of your resident or client base (for example, add segments on wound care or dementia as needed).
- Add work-readiness skills such as communication and interpersonal problem solving to your curricula and assessments (see pp. 16–17). Once these skills are introduced, weave them into clinical and personal care skills units as well. (For example, use the bathing unit to practice communication skills.)
- Integrate learning about appropriate workplace behaviors and understanding company policies throughout the training program. In addition to modeling a respectful workplace culture, use the training period to introduce participants to organizational policies and procedures such as case assignments, hours, expectations for professional dress and behavior, and time sheets. Understanding the mechanics of the workplace helps trainees transition to their roles as employees more easily.
- Incorporate work force policies into the learning process by using problem-solving exercises. Pay attention to ambiguous administrative policies that may cause confusion among new employees.
- Extend the training period into the first 90 days of employment (this may be a probationary period) using close supervision, in-service training sessions, and peer mentoring to reinforce both technical and soft skills.

### Adult Learner-Centered Training Principles

You can strengthen your teaching by keeping in mind the following 10 principles of adult learning:

1. Learning is an active—not passive—process.
2. Learners need and deserve respect.
3. Learners have different strengths and weaknesses.
4. People learn in different ways and at their own pace.
5. People learn best when they feel safe and supported.
6. People learn best when what is being taught is relevant to their needs.
7. A range of barriers impedes learning.
8. Learners need clear, high standards and structure.
9. Learners need clear, appropriate, and regular feedback that reinforces success.
10. Teaching and learning are enhanced when perceived as a partnership.

By attending to these principles, trainers are better able to create learning environments that enable participants to become skilled, confident direct care workers. *Note: People remember best what they have said, not what they have heard.*

### **Elements of a Quality Training Program**

- Adult learner-centered training techniques
- Curriculum customized to your resident/client base
- Work-readiness skills component that emphasizes communication, problem solving, and work-appropriate behaviors
- On-the-job training during the first 90 days of employment

### **Integrating Learner-Centered Training Techniques into a Clinical Training Program**

**Cooperative Home Care Associates**, Bronx, NY, incorporates several critical components of a high-quality training program when teaching body systems to home health aide trainees. Instructors use a two-hour session to orient trainees to the eight body systems and the diseases that most affect each system. First, instructors use a simple introductory game to introduce the concept of a system and how systems work. Trainee volunteers are asked to move 15 objects arranged in a specific pattern from one side of the room to another with the exact same arrangement. The class is instructed to observe the volunteers to discern how they organize themselves and what system they use to accomplish this task. The instructor then leads the group in a discussion about the definition, importance, and roles of systems, and specifically what a “body” system is.

The instructor then creates four to eight small study groups depending on class size. Working with a course textbook as its basic resource, each group receives a set of pictures representing the components for one body system and is asked to label each part. Then the group is provided with a set of index cards describing the function of its system and its various components. An individual group member selects an index card and reads the function. The group decides to which organ the function is attached and records its answers on a newsprint graphic drawing of the body system. Finally, a matching worksheet that associates several major diseases with each body system is distributed to the groups. Trainees decide the appropriate answers to related questions within their small group and add these to the drawing of their system. Throughout this small group activity, classroom instructors provide assistance and support to ensure accuracy. Finally, each small group presents what it has learned about its assigned body system to the full class. The lead instructor facilitates a discussion to clarify/correct facts or provide new information.

*Problem: “In the first three to six months of employment, our turnover rate is very high. It is expensive to train workers who don’t stay more than a few weeks.”*

**Prescription: Establish an “On-the-Job Training Program” to support workers during their first three to six months on the job.**

- Review your **training curriculum** (if you are hiring newly certified workers) to ensure that it builds the technical skills and confidence of new employees and ensures they are “work-ready” with appropriate communication and problem-solving skills.
- If training is provided off site or you are hiring experienced aides, develop a comprehensive **orientation program** that refreshes skills, improves communication and problem-solving skills, and introduces aides to the full range of staff with whom they will interact in the organization.
- Establish a regular schedule of **in-service training** sessions that reinforce problem-solving skills through discussion of actual experiences at the work site. (If possible, hold your in-service training sessions biweekly with peer-support groups on alternating weeks so that new employees receive continual support and encouragement during their first several months on the job.)
- Institute a **peer-support/mentoring program** to support new aides in adapting to the workplace. More experienced peers can provide a comfortable place to go with questions and concerns. Peer-mentoring groups that meet biweekly (alternating with in-service training sessions) during the initial period of employment provide a sense of safety and community. Ideally, an outside facilitator should work with peer-support groups to help identify issues that need to be brought to supervisors or care managers. This method works well for large employers that bring in a large cohort of new workers at the same time. For smaller organizations, where new employees are hired one at a time, a more flexible and informal mentoring relationship can be very valuable. Peer mentoring programs also can provide increased pay and/or leadership opportunities for more experienced aides.
- Connect new employees to a **counselor** (either in-house or by contracting with a human service agency) who can assist workers in identifying obstacles to maintaining employment and resources for overcoming these obstacles. If possible, refer all

### **Resolving an Employment Barrier**

At Cooperative Home Care Associates (CHCA), Bronx, NY, one experienced aide kept calling out of work, and supervisors reviewing the situation planned to fire her. Supervisory staff asked the on-site counselor to look into the situation before making a final decision. The case manager found that the employee suffered from menopausal depression but could not afford the medication prescribed for her condition. The aide was placed on a leave of absence, and the case manager referred her to a private mental health organization, which enrolled her in Medicaid and helped her work through her depression. After this experience, CHCA rehired the direct care worker, who remains employed at CHCA today.

new hires to a counselor before employment so that transportation, child care, and housing issues can be addressed before they have a negative impact on job performance.

- Be prepared to **support employees** through inevitable crises that could disrupt their ability to maintain their jobs. For example, many nursing homes have formal programs to provide employees with emergency loans.
- **Gather information** from recent hires about what works and what does not work.
  - Clarify your organizational profile of ideal candidates
  - Refine outreach and assessment processes for applicants
  - Refine your “workplace transition” support program

### **Home Care Associates Institutionalizes Coaching**

At Home Care Associates (HCA), Philadelphia, training is extended into the workplace through an intensive job-coaching program that begins in training and extends on a regular basis through the first three months of work and then, as needed, based on supervisory referral. All workers are assigned a job coach who guides, supports, and provides feedback for the employee regarding work culture issues.

The coaching-supervision project was designed to address the organizational consequences of poor problem-solving skills: the relatively high turnover and number of “disciplinaries,” that is, punitive actions and dismissals as consequences of policy infractions on the part of home health aides. Although a specific “job coach” intervenes when infractions are serious and/or repetitive, ideally everyone in the organization (including administrative, operations, and caregiving staff) is trained in the coaching method of supervision. In this way, the philosophy of support and encouragement permeates the entire culture and staff learn to expect consistent application of policies and procedures.

Impact: After six months of the coaching project, disciplinary action had become a rare occurrence at HCA. Instead, relationships that had been established with aides through coaching enabled supervisors to address most problems before they escalated. Workers were much more willing than they had been in the past to accept responsibility for their actions and to commit to a plan to address problem areas with the support of their supervisor. Staff were faced with fewer day-to-day problems related to home health aides, and the aides felt supported in addressing issues in their work and personal lives.

### **Train Supervisors in Coaching Style of Supervision**

Coaching is a style of supervision that focuses on supporting the growth of workers, as opposed to the more traditional “discipline and punish” approach to addressing problems. However, a job coach or a supervisor who uses coaching techniques (in some agencies these roles are separate, but most often they are not) still enforces high performance standards.

In addressing job performance concerns, the coach has two goals. The first goal is to be clear and straightforward about the problem and its consequences. The second goal is to help the persons being coached to reflect on their thinking and their behavior, consider different perspectives or possibilities, and actively make decisions to ensure the problem does not recur. The process generally has four stages:

- Present the problem: The coach presents a clear statement, without blame or judgment, of the perceived performance problem.
- Gather information about the problem from the employee’s perspective: The coach focuses on the employee’s concerns and thought processes.
- Clarify ownership of the problem: The coach works with the employee to establish mutual agreement about what the problem is and what caused it. By this point, the employee must be prepared to accept ownership of the problem.
- Find resolution: The coach pushes the employee to apply problem-solving skills to both the presenting problem and the underlying causes.

### **The Role of an On-Site Case Manager or Counselor**

- Identifying specific employment barriers experienced by direct care workers
- Introducing workers to the benefits and services for which they may qualify
- Providing a connection to the appropriate organization or person who can accept and facilitate an application for assistance
- Troubleshooting, if necessary, with specific programs to ensure that eligible paraprofessionals actually receive benefits
- Supporting employees through the inevitable crises that could disrupt their ability to maintain their jobs

*Problem: “We have unreliable and ‘difficult’ employees who don’t understand what it means to be a responsible employee. As a result, there is conflict with supervisors and a high dismissal rate in our facility.”*

**Prescription: Create an environment in which direct care workers learn to use problem-solving skills and supervisors work with them to resolve personal and work-related issues that interfere with high-quality caregiving.**

- Improve problem-solving skills of direct care staff by incorporating training activities that focus specifically on communication and interpersonal relationships.
- Train supervisors to use a coaching style that emphasizes responsibility for supporting employee growth and development while setting high standards for performance.

#### **Improving Employee Problem-Solving Skills: The Four Ps**

With most entry-level workers, particularly those who are making a transition from public assistance or who have little employment experience, training programs are more likely to be successful when they include “soft skills,” or work-readiness training, as well as technical skills training. This is particularly true for direct care workers, because clinically competent workers must be able to draw on good problem-solving skills on a daily basis to respond to unexpected situations, prioritize needs or concerns, communicate effectively with people who may be demanding, and develop strategies to effectively manage the complexities of work and home life.

You can integrate work-readiness skills into your entry-level training and reinforce these skills through in-service training sessions and by using a coaching method of supervision (described in more detail on pp. 18–19).

Critical skills include communication, cooperation, goal setting, and interpersonal problem solving. Although teaching skills such as “problem solving” and “cooperation” may seem abstract, you can develop activities that build specific concrete skills. For example, problem solving can be broken down into a series of sequential steps that trainees can practice and learn. Sometimes called “The Four Ps,” these steps are as follows:

1. Pull back: The ability to gain emotional control in a stressful situation
2. Paraphrase: The ability to listen actively and ask open questions
3. Present options: The ability to identify a critical fact, brainstorm solutions, consider consequences, and present options to a client or supervisor
4. Pass it on: The ability to document work or communicate with others about a problem using objective language

To teach the Four Ps, use experiential activities and role playing and focus on each step in a building-block manner. By practicing realistic workplace scenarios, trainees will become increasingly adept at resolving conflicts that arise with clients, family members, supervisors, and other members of their health care teams. You also may want to introduce this problem-solving strategy to supervisors who will be working with trainees when they become employees. When conflicts arise, if both the supervisor and direct care worker are consciously listening and examining options, they are more likely to reach a satisfactory resolution to the problem.<sup>8</sup>

The core of the coaching methodology is one-on-one sessions that build a trusting relationship and in which issues to be addressed are identified. In these sessions, the coach seeks to understand how the employee sees his or her world, what his or her thinking and problem-solving process is, what he or she understands as his or her goals, and what barriers might be in the way of achieving these goals. With a clear, empathetic picture of who each employee is, the supervisor is in a good position to work with individuals as job performance issues arise.

It is important to establish a coaching perspective throughout your organization. When a shift occurs from “blaming” direct care staff for problems such as absenteeism or “poor attitude” to supporting growth and development, operations staff, nurses, and supervisors can begin to listen more carefully and improve communication with these critical staff members. Rancor and tension are thus reduced, and direct care workers who might have left the organization may become prized employees.

### **A Coaching Success**

In late 1998, Nichole,\* a 28-year-old home health aide who, at the time, had been with her home care agency for five months, talked about the impact of coaching on her work life:

I got a lot of things going on in my life. You just don't know. And then the scheduler says I can't take this weekend off because I didn't sign out. I been working now 18 days in a row, I haven't seen my son in three weeks. I need to see my son. I have to take three buses to get there [to the group home where he lives]. It takes about two hours; but I got unsupervised visits now for an hour, and I can take him across the street to the mall. I'm tired, and I need to see my son this weekend. So I told D, I wasn't going to work this weekend, no matter what she said. I said some things to her I shouldn't have said; and she didn't say nothing, she just sent me to talk to the supervisor. I thought I was going to be fired and right then, I'm being honest with you, I didn't care.

But she [the supervisor] talked to me about what's going on, just like we talking now, and I feel like she understands about my son; but she also helped me to see how it ain't D's fault that she don't have nobody to cover for me. And it's true, I know I should have signed out for the time, I just forgot, I was so tired. So we came up with a plan that I will work this weekend, but I asked for Tuesday off so I can go out to see my son and meet with his social worker. I also signed out now for the next two weekends so I can get some rest and see him then, too. Then I had to go apologize to D for cussing her out. That was hard, but I did it. I still got my job, thank the Lord. I'm on some kind of probation, and I need to see my supervisor each week now when I pick up my check to show her my schedule, that I have things under control, you know? I know I'll make it through because she helps me a lot.

Nichole is still employed as a home health aide with the same agency.

*\*Nichole is a pseudonym.*

### **A Wage Parity Initiative**

In 1995, a new administrator joined **Bon Secours Place at St. Clair Shores**, MI, and found constant staff turnover and high use of temporary staffing. His first effort to turn this situation around was to improve recruitment standards and marginally increase wages. After one year, the St. Clair Shores facility still had a 65 percent turnover rate and spent more than \$800,000 in agency costs. The facility then adopted a systemic increase in wages and benefits to create parity between the pay of paraprofessionals employed at St. Clair Shores and the pay of those employed in area hospitals. The effort has resulted in the following:

- Paraprofessional wages ranging from \$9 to \$13 per hour based on a 14-step experience-based pay ladder
- Merit evaluations ranging from 2.1 percent to 6 percent annually
- An annual market survey of wages, which the facility uses to ensure that its wages fall within the top 10 percent; in the past three years, the staff at St. Clair Shores received both merit and market adjustment increases, so their annual raises were between 10 percent and 15 percent
- An increase in the employer contribution to direct care workers' health plans, so CNAs rarely spend more than \$25 weekly for health insurance
- A 403(b) pension plan with a 3 percent employer contribution
- A \$25 attendance bonus paid monthly to aides who do not arrive late or call out

One year after the pay parity plan went fully into effect at the St. Clair Shores facility, the cost of temporary agency staff plummeted by 60 percent. This year, the facility is on budget to achieve a 70 percent reduction in costs for temporary agency staff. CNA turnover has decreased to 15 percent annually. Most significantly, resident surveys indicate that the facility's quality rating increased from 87.5 percent in 1998 to 93 percent in 2000.

*Problem: "We can't attract workers because direct care jobs, in general, and long-term care, in particular, are not seen as rewarding or desirable work."*

**Prescription: Show your respect for direct care staff by providing competitive wages and benefits and recognizing quality care throughout the organization.<sup>9</sup>**

- Deliberately seek caregivers with a strong personal sense of mission and caring.
- Provide competitive pay and benefits; exceed the pay and benefits provided by the competition whenever possible.
- Reward and celebrate caregiving at all levels of the organization.
- Work to remedy the poor public image of long-term care in your community.

*Problem: "During the past few years, we have recruited refugees and immigrants to join our direct care work force. They are hard workers and have really helped us meet staffing needs, but language and cultural differences among our staff have led to tension and communication issues."*

**Prescription: Significant changes in the ethnic composition of your staff will require adjustment on the part of your existing staff and residents, as well as careful orientation for your new workers. An ongoing investment in team-building and communications skills will help reduce these tensions.**

As local communities become increasingly diverse, home health companies and nursing homes are finding a ready source of direct care workers in immigrant and refugee communities. Although these workers provide a valuable and welcome relief to staffing shortages, hiring from



ethnic communities also brings new management challenges. Typically, organizations encounter problems that involve communication issues between staff (both among direct care workers and between direct care workers and supervisory staff); communication and language issues between direct care workers and residents; and resentment and tension regarding benefits and support provided to newly recruited refugees that are not provided to other staff.

Managing for diversity is a growing area of management study and consultation; the lessons learned could fill an entire book. In this section, we suggest some simple techniques that are consistent with the overall management approach for this *Guide* (i.e., respect and value your workers, provide access to supportive services they need to succeed on the job, and collaborate with other local organizations that share your concerns and interests).

- Create a bridge between your institution and immigrant communities by developing relationships with community organizations that represent your work force.

- Create bridges among your staff by encouraging them to learn about each other's cultures.
- Hire supervisory and management staff that share the language and ethnic backgrounds of your direct care workers.
- Provide access to English as a second language (ESL) courses for workers who need to improve their speaking and comprehension.
- Cultivate an attitude of equity in the treatment of workers; ensure that supportive services offered to immigrant workers also are available to other employees.
- Contact refugee resettlement organizations in your community, such as Catholic Charities or Lutheran Immigration and Refugee Services, and explore available resources such as housing counseling, job coaching, and general advice and support.

### **Covenant Health System Addresses Multicultural Issues**

To address the needs of immigrant workers who had joined its staff—and the tensions that often arise in a multicultural workplace—Covenant Health System, Lexington, MA, and affiliated facilities have implemented three innovative strategies:

- **On-site ESL classes:** Hosting English classes on site reduces barriers to participation. In two facilities, 60 hours of instruction are offered over a 15-week period. Employees attend four hours of paid training each week.
- **Diversity training:** Two facilities mandate diversity training for every employee to help reduce cross-cultural tensions. Through these classes, managers learn to become more effective supervisors with employees from a range of different backgrounds. Classes include conflict resolution, quality improvement, and teamwork/spirituality.
- **Collaboration with Catholic Charities:** Two facilities have formed strategic partnerships with Catholic Charities to expand assistance to new immigrants in need of jobs and housing.

Additionally, in November 2000, the Covenant Health System sponsored a conference entitled, "Cultural Diversity in Health Care: Enriching Our Heritage." Through this event, Covenant shared with paraprofessional employers throughout New England some of the lessons its member facilities have learned about recruiting and retaining workers from different backgrounds and ethnicities.

*Problem: “Even our loyal employees who love working here are leaving for better paying jobs.”*

**Prescription: Create career advancement opportunities for your workers. Design career paths that combine increased responsibility and increased pay and benefits with recognition for leadership skills.**

In nursing homes and home health agencies, the educational gap between entry-level caregiving jobs and professional positions is more like a chasm than a ladder. Experienced aides often end up choosing to leave the profession because there is so little opportunity for growth within it. In the best-case scenario, aides are able to move into teaching or administrative positions within long-term care. Otherwise, they leave the industry entirely.

Massachusetts has embarked on a statewide career-ladder demonstration program funded by the legislature (see p. 49). Several other states are considering similar legislation to provide career paths for direct care workers. By providing workers with greater opportunities in their field, these states hope to increase retention of good, caring workers.

Results are not in yet. However, based on prior experiences, we can look at a few ideas that work.

- For senior or specialized aide programs:
  - Build leadership capacity among aides.
  - Involve senior aides in recruiting and interviewing aide candidates.
  - Develop a peer mentor program through which senior aides support new aides in learning skills, understanding performance expectations, and adapting to organizational culture.
  - Support participation in professional organizations, which build leadership skills and confidence.
- For clinical advancement:
  - Make sure the skills you teach are permissible under the Nurse Practice Act in your state.
  - Regardless of the program’s focus, make sure that new skills are immediately incorporated into the senior aides’ job responsibilities.
  - When aide responsibilities change, make sure all appropriate nursing and administrative staff know and understand the new job structure; help charge and supervisory nurses adapt to these new responsibilities.

### **Two-Tier Career Path**

After six months of employment with good supervisory evaluations, aides at Home Care Associates (HCA) in Philadelphia are eligible to become peer mentors. Peer mentors assist in screening applicants and preparing trainees to begin work in the field. During the new employees’ first 90 days, peer mentors participate in formal in-service training sessions and “rap groups,” which provide informal support to employees. Participating in those activities gives peer mentors the opportunity to provide an experienced, peer perspective on issues and problems being encountered by new employees.

Peer mentor training focuses on:

- Effective communication techniques
- Observation/feedback
- Coaching

The second stage of the career ladder involves additional training in clinical and personal care skills to better equip aides to work with HCA’s most demanding cases: hospice clients and persons who are physically and behaviorally disabled.

HCA trained and upgraded 46 of its 120 aides. Each receives an hourly wage increase when working on cases that require their advanced skills.

### **St. Peter Villa Nursing Home Career Path**

St. Peter Villa Nursing Home, a 180-bed skilled nursing facility in Memphis, has implemented a two-tier career advancement program as part of its effort to reduce CNA turnover. Since the program's inception in 1999, 13 CNAs have progressed to level II, and three have been promoted to level III. No CNAs have left the facility. St. Peter Villa provides a pay increase of 50 cents per hour for each level. Training and advancement is individualized. Level II CNAs have the following additional responsibilities:

- Attend additional in-service training sessions.
- Teach two in-service training sessions.
- Attend unit and CNA meetings.
- Serve on at least one employee committee (e.g., restraint reduction, performance improvement, infection control).
- Mentor new CNAs; assist in competency training and evaluation.
- Develop and implement a "special project" that galvanizes other CNAs to improve the quality of life/care within the facility, such as:
  - Skin-assessment checklist
  - Dehydration

Level III CNAs must meet the above responsibilities plus:

- Assist nurse managers in checking documentation for all CNAs.
- Assist nurse managers in completing their rounds when they assess quality of care/quality of life for residents and evaluate CNAs.

After St. Peter implemented its career path program, CNA turnover decreased from 100 percent to 60 percent. Currently 50 percent of all staff members in all departments have been employed at St. Peter for five or more years.

As a Catholic facility, St. Peter Villa bases its organizational culture on spirituality—continually seeking to extend the "healing ministry of Christ" to residents and staff members. According to the facility's administrator, Kathryn Werkhoven, this focus creates a work culture of respect, which drives the success of St. Peter's Employer of Choice initiatives. Nonreligious facilities can build similar cultures of respect by emphasizing the core institutional values that sustain their caring community.