

Capturing the Training Needs of Direct Care Workers

Among the many factors contributing to the high levels of job dissatisfaction and high turnover rates of direct care workers are poor orientation and lack of on-going training. Direct care workers, such as nursing assistants and home health aides, are often asked to take care of clients and residents without enough training and education to do so.

Several studies document this finding. In one, 300 nursing assistants identified poor or non-existent orientation and training as a key factor in job dissatisfaction (Noelker & Ejaz, 2001). Other studies have found that direct care workers were not the only long-term care staff who cited the lack of training as a problem. Supervisors also reported a lack of training in supervising and managing poorly trained direct care workers (Ejaz, F.K., Noelker, L.S., 2001).

Drs. Farida Ejaz and Linda Noelker at the Margaret Blenkner Research Institute, Benjamin Rose decided to expand on these previous studies in their applied research and evaluation grant from Better Jobs Better Care (BJBC). In this project, Benjamin Rose is surveying both direct care workers and their supervisors from a spectrum of long-term care agencies, i.e., nursing homes, assisted living facilities and home health agencies. As part of the study, researchers are asking direct care workers about three

types of training; their initial training to become direct care workers, their orientation training to the particular long-term care provider and their continuing education.

The study uses a conceptual model that examines how on- and off-the-job stress (including inadequate training) contributes to job dissatisfaction and turnover. Data are also being collected from administrative staff to understand whether management practices like peer mentoring, adequate

benefits and racial congruence between workers and clients/residents offset direct care workers' job dissatisfaction and stress.

As part of their research grant, Benjamin Rose is collaborating with two

Ohio initiatives working on direct care worker issues, the Health Care Workforce Initiative in the Ohio Department of Aging and the Long Term Care Workforce Initiative of Cuyahoga County's Senior Success Vision Council. This collaboration will help ensure that the research findings are incorporated into initiatives seeking to improve the training and education of direct care workers at both the state and local levels.

Study Design

The researchers' goal is to survey approximately 500 frontline workers and 150 supervisors in 26 nursing homes, 13 assisted living facilities and 8 home care agencies



Left to right: Justin Johnson, Research Assistant; Dr. Linda Noelker, Co-Principal Investigator; Kathleen Fox, Project Coordinator; Dr. Farida Ejaz, Principal Investigator; Heather Menne, Research Analyst. Missing from the photo is Dorothy Schur, research analyst, who retired at the end of September.



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in a five-county area of Ohio (Cuyahoga, Geauga, Lake, Lorain and Medina). This area was chosen for its mix of inner city, urban, suburban and rural areas. It also is home to about 20 percent of Ohio's older adults and 30 percent of Ohio's minority older adults. It is expected that the project will have a good mix of minority and non-minority organizations. (An organization is considered to be "minority" when 55 percent or more of both the direct care workers *and* clients or residents served are African American or other minorities).

Preliminary Survey Findings

As of September 2005, 47 facilities have been recruited. Preliminary data from 211 nursing assistants working in nursing homes is already demonstrating the extent of unmet training needs.

Regarding their initial training, 26 percent of the nurse assistants reported that the initial training did not include information on handling residents who act out or are abusive. Thirty-nine (39) percent were not trained in how to organize tasks so that everything gets done on time, and only 54 percent felt that the initial training they received made them well prepared for their job.

The nursing assistants also reported problems with continuing education and training. While 54 percent reported that the continuing education they received was very useful in helping them do a better job, 30 percent reported receiving no education on how to solve problems at work. Forty-five (45) percent reported they had not received any continuing education or training on organizing work tasks.

Many direct care workers often speak about the absence of adequate training in caring for people with dementia or mental health disorders. The Benjamin Rose researchers found a similar trend with the nursing assistants they surveyed. Eight (8) percent reported not receiving any continuing education on caring for residents with dementia. In addition, only 56 percent of the nursing assistants reported that the training they received on working with residents who act out or are abusive was very helpful. Thirty-five (35) percent of the nursing assistants didn't receive any continuing educa-

tion on caring for residents with mental illnesses such as depression or anxiety disorders. Twenty-four (24) percent didn't receive any continuing education on how to deal with difficult residents.

Finally, the nursing assistants had an overwhelming preference (94 percent) for how they would like to receive their continuing education – through interactive learning with other nursing assistants. In addition, 78 percent wanted printed materials they could read on their own, and 77 percent preferred to have more frequent, shorter sessions.

Several Themes Emerging

“ Only 54 percent of nursing assistants felt that the initial training they received made them well-prepared for their job. ”

The nursing assistants were also asked several open-ended questions on their recommendations for the three different types of training. From preliminary analysis of these responses, Benjamin Rose researchers noted the emergence of several themes. Here are the themes they found, with several comments from the responders.

On initial training:

- Training should be longer, more comprehensive and with more “hands on” instruction.
- Teamwork should be stressed.
“...Spend time learning how to handle situations involving mental health issues. More consistency with training is needed so that when people come together to work they are all on the same page.”

On orientation:

- A longer, more comprehensive orientation to the facility is needed. It should include all departments, stress teamwork, span a longer period of time and be conducted by someone with expertise.





“Make sure new hires are given the full three days of orientation on each floor. Don’t pull them to place them in other areas that are short on staff. Train Lead Aides how to teach others.”

On continuing education:

- In-services need to be scheduled so all shifts have the opportunity to attend. (Attending training is difficult due to schedules and time limitations).

- Include in-services on teamwork and improved communication and more training on dealing with the evolving care needs of residents.

“Talk about the resident’s well-being and teamwork.”

“More refresher courses. Update on new equipment, new drugs, new procedures. Communicate with the STNA [state-tested nursing assistant] about these things as well as the nurse...”

- Use in-services to teach respect for both co-workers and residents.

“... I think the respect for the elderly should be covered more. Dealing with dementia people covered more. Teamwork.”

“... there’s not enough attention and tenderness in hands-on care of the elderly.”

Next Steps

The next steps for the Benjamin Rose team will be to finish recruiting the direct care workers and supervisors so they can complete the survey sample.

The team will be working on data analysis from October 2005 through early 2006. Their final report is scheduled to be released in early spring 2006.

Farida Ejaz, the project’s principal investigator, stressed the importance of this research for direct care staff. “Training is the foundation on which good job performance rests, and our project team is fully committed to identifying specific ways to improve the education and training of direct care staff and their supervisors,” she says. Dr. Noelker, the co-principal investigator, believes that “it is unfair to these workers to give them responsibility for quality care if they are not adequately prepared to discharge this responsibility.”



For more information about the Benjamin Rose BJBC project, contact Farida Ejaz at fejaz@benrose.org or Linda Noelker at lnoelker@benrose.org.