

Tailored and Ongoing Training Can Improve Job Satisfaction

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Overview

Turnover of direct care workers in the long-term care industry has reached alarming proportions, ranging from 45 percent to over 100 percent and costing nearly \$4.1 billion annually. Among the many factors contributing to the high turnover rates of direct care workers is inadequate initial training, poor orientation to the job and lack of on-going training, which are likely to result in feelings of incompetence, lack of commitment to the job, job dissatisfaction and provision of poor quality of care to frail and chronically ill populations.

Direct care workers provide care in a variety of settings such as home and community-based agencies and residential care facilities. Care that is the most highly regulated is provided in nursing homes where nursing assistants provide the majority of hands-on care to the chronically ill. With the passage of the federal Omnibus Reconciliation Act of 1987, nursing assistants were required to undergo a minimum of 75-hours of initial training and become state-tested. Unlike some states that have increased the training requirements, Ohio still requires nursing assistants to complete the minimum number of hours of training. Similarly, aides working in Medicare-certified home care agencies also require 75 hours of initial training in Ohio. No such requirement exists for aides in assisted living facilities that are the least regulated of these three long-term care settings in Ohio. By comparison, cosmetologists in Ohio are required to complete 1,500 hours of initial training.

As part of the licensing/certification process in Ohio, nursing assistants and home care workers must have 12 hours of continuing education every year. Many of these hours are covered by mandated annual in-services. This repetition often excludes training in important areas such as depression and adjustment disorders that are related to the many physical, mental and cognitive challenges of frail elderly. Further, direct care workers also confront racial and discriminatory attitudes and behaviors by clients and residents. Yet, it is unclear how much of the training that direct care workers receive teaches them how to deal with racist attitudes.

The purpose of the Better Jobs Better Care study, led by a Benjamin Rose research team, was to investigate the perceptions of direct care workers and supervisors in home health care agencies,

assisted living facilities and nursing homes regarding issues related to education and training, racism on the job, commitment to the field and factors related to job satisfaction.

Study Design

In this study, researchers used a cross-sectional survey design to interview direct care workers and supervisors employed by organizations located in a five-county area in Ohio. The study sites were drawn from three lists: (1) all certified home care agencies, (2) all assisted living facilities, and (3) all licensed skilled nursing homes. Proportionate random sampling procedures were used to select 27 nursing homes (NHs), 14 assisted living facilities (ALFs) and 8 home health care agencies (HCAs) for participation in the project.

Within each organization, a sample of direct care staff and licensed nurse supervisors were recruited and interviews were conducted either in-person or over the telephone. A total of 644 direct care workers and 138 supervisors were interviewed in the three care settings. Of the total 644 direct care workers in the sample, the majority of direct care workers interviewed were from NHs (432) followed by those in ALFs (106) and HCAs (106). Similarly, the majority of supervisors interviewed were from NHs (87), followed by ALFs (32) and HCAs (19). In addition to interviews conducted with direct care workers and supervisors, the project also collected organizational-level data using a survey that was completed by administrative staff in each of the 49 sites.

Major Findings of Direct Care Worker Training Needs

The following are background characteristics of the direct care workers in the study:

- The average age of direct care workers was 39 years old.
- They were primarily female (95 percent), unmarried (63 percent) and minority (59 percent).
- Ninety-two percent had a high school education or more.
- They had worked in the long-term care industry an average of 8.7 years and in their particular facility for 4.7 years.

Initial Training

- Almost all the workers (98 percent) reported that they had received initial training.
- The majority of direct care workers who received training (59 percent) reported that the initial training had prepared them well for their job. Workers in HCAs felt significantly better prepared than workers in NHs (no significant difference was found between workers in HCAs and ALFs).
- The top four recommendations to improve the initial training were: (1) having more hands-on experiential training, (2) longer training, (3) learning better communication skills, and (4) learning how to deal with residents' problem behaviors and mental illness.

Quotes:

- *“Need to get STNAs [state-tested nursing assistants] on the floor sooner in their training so that they know what the work is about. Explain to trainees that this is stressful and difficult work. Trainees need to know that when they are state-tested that they will have more residents to be responsible for. Have this taught early so that people can decide if this is for them.”*
- *“Needs to be longer, more detailed instruction, especially on vital signs, lifting, transferring, universal precautions and state policies.”*
- *“Stress importance of working as a team for safety’s sake for the resident and the STNAs. Teach better organization of time that mirrors what the real work situation will be like.”*

Orientation to the Job

- 95 percent of direct care workers reported that they received an orientation to the job where they worked.
- The majority of workers who received the orientation (54 percent) reported that it was helpful. A significantly larger number of workers in HCAs felt the orientation was helpful compared to workers in NHs (no significant difference was found between workers in HCAs and ALFs).
- The top four recommendations to improve job orientation were: (1) making the orientation longer, (2) using consistent and good quality training staff, (3) providing a more hands-on orientation with training on the floor, and (4) providing new hires with the opportunity to have a more varied experience with different units and types of residents.

Quotes:

- *“Make sure the aides are very comfortable before going out on their own. They should spend 30 hours with a variety of different people.”*
- *“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.”*
- *“They should have people who’ve been here for a while involved in orientation. Managers don’t know what it’s like on the floor.”*

Continuing Education

- Overall, 94 percent of direct care workers reported that they received continuing education. Almost a fifth (18 percent) of direct care workers in ALFs had not received any continuing education.
- About half of direct care workers (55 percent) who received the continuing education reported that it was useful. Workers in HCAs felt that the continuing education was significantly more useful than did workers in NHs (no significant difference was found for workers in HCAs and ALFs).

- Fifty-two percent of direct care workers reported that the lack of staff coverage on their unit was a barrier to attending in-services.
- The workers were very flexible about how they wanted to receive their continuing education. The majority (94 percent) wanted to learn interactively with other direct care workers, 80 percent also wanted printed materials they could read on their own, 74 percent liked watching videos, fewer (54 percent) wanted to learn on the computer, and most preferred more frequent, shorter sessions (73 percent) rather than having whole day sessions (26 percent).
- The top four recommendations for improving continuing education were to conduct sessions: (1) more frequently; 2) during different shifts and different days to include more direct care workers; (3) on communication between residents, families and other staff; and (4) on teamwork.

Quotes:

- *“For training, they need to let the new nursing assistant get hands-on experience while being observed rather than just have them follow around the other nursing assistants to see what they are doing.”*
- *“In-services should be scheduled into work time with coverage taken care of, so that we can go.”*
- *“Also how to deal with difficult family members. A lot sessions talk about common sense stuff coming from trainers who don’t directly deal with residents.”*

Implications for Practice and Policy:

These findings suggest that much could be done to improve direct care worker initial training, orientation to the job and continuing education. For the most part, the workers wanted longer training that was more experiential, included more clinical time and were provided in the care settings in which they would work. They also wanted training that dealt with real residents and their challenging behaviors and cognitive problems. One method of enhancing training is to require longer and more in-depth orientation to the job. This orientation is especially important for newly trained workers who are often unprepared for the realities of the job.

Other research has found that almost a third of direct care workers voluntarily or involuntarily turnover in the first three months on the job. This happens because the actual work is not what they had expected, or they cannot meet the demands and quit or are fired because they are unsuited to this type of work. Thus, one possible method for dealing with the problem of high turnover is to encourage better screening of applicants for training programs and in the hiring process, and to offer a more intensive and longer job orientation.

With regard to the workers’ continuing education needs, providers need to ensure that direct care workers receive interactive training, while at the same time ensure that there is adequate coverage on the floor. Receiving training with other workers is important so they learn from each other regarding areas such as fostering teamwork, dealing with difficult residents, co-workers, and supervisors, and efficient ways for organizing work tasks.

On the part of states, some of the mandatory content for in-services for incumbent direct care workers in NHs and HCAs should either be reduced, or the total number of required in-service hours should be increased, or both. Enhanced training is likely to lead to a more skilled workforce and therefore, better quality of care for the elderly requiring long-term care services.

Sensitivity Training on Issues Related to Racism

- Even though 81 percent of direct care workers said their organization had clear policies to ensure that racial discrimination was not tolerated in the workplace, 70 percent had heard residents make racial or ethnic remarks. About 29 percent had heard these remarks directed at these workers daily or several times a week. Yet, two-thirds believed that these remarks were not intended to hurt their feelings.
- 15 percent of the workers reported that they had heard family members make racial or ethnic remarks.
- Slightly more direct care workers (21 percent) had heard other staff members make racial or ethnic remarks.
- 45 percent reported that their organization had programs and policies that promoted an understanding of different cultures and races. Statistically significant differences were found for workers in HCAs who were more likely to report such programs/policies (68 percent) compared to workers in NHs (43 percent) and ALFs (30 percent).

Implications for Practice and Policy:

Even though direct care workers were likely to excuse residents who made racist remarks, attention must be given to communication among staff to enhance racial and ethnic sensitivity and respect and ensure that policies related to nondiscrimination are enforced.

Job Commitment

- The majority (55 percent) did not want to be a direct care worker three years from now.
- Of those that wanted to leave direct care work, almost half wanted to advance their career by becoming licensed practical nurses or registered nurses. The rest were almost equally divided between going into other health-related careers (such as physical therapy) and leaving health care altogether.
- Despite these findings, 87 percent would recommend becoming a direct care worker to a family member or friend.

Implications for Practice and Policy:

Although the widespread intent to not remain a direct care worker does not portend well from the perspective of reducing turnover among these workers, it is encouraging that workers are hoping to use the position as a stepping stone for career advancement. In fact, a large portion (42 percent) reported having taken some college courses. Thus, those who desire to further their career should be supported.

In fact, other related findings from our study suggested that even though direct care workers did not anticipate doing the same thing three years from now, they were fairly satisfied with their jobs and were willing to recommend it to family members and friends.

From a policy perspective, employers should be reimbursed for providing career advancement opportunities, tuition reimbursement to direct care workers, flextime to attend classes, and classes offered in the workplace through partnerships with community colleges.

From a macro perspective, providing career advancement is likely to fill the gap/shortage of health care staff in other health-related fields. One such area is professional nursing and therefore, encouraging incumbent workers to move on would help address the professional nurse shortage.

Having such opportunities would encourage younger nurses to fill the gap created by direct care workers if they saw that a professional career advancement opportunity was in place. Further, if job advancement opportunities were also available to those workers who choose to remain in their current occupation, such as specialized training in certain areas such as restorative therapy or dementia care or medication aide with certification, title change and wage increase, it would encourage commitment and retention.

Predictors of Job Satisfaction

- **Direct care worker background characteristics and personal stressors influence job satisfaction.**
 - Race: Workers who are non-minorities report higher levels of job satisfaction.
 - Emotional well-being: Workers who report better emotional health since working as a direct care worker and have lower depression levels are more likely to have higher job satisfaction.
- **Job-related stressors impact job satisfaction.**
 - Training: The more positive the perceptions workers have about their job orientation, usefulness of mentors or preceptors at the time of hire and their continuing education, the higher their job satisfaction.
 - Job Assignments: Direct care workers who more often have permanent assignments to residents/clients have higher job satisfaction.
 - Turnover: The less stressful the workers find the turnover of other direct care workers to be, the higher their job satisfaction.
 - Pay and Benefits: Workers who believe that they are fairly compensated for their job and that report receiving more benefits have higher job satisfaction.
- **Work place social support influences job satisfaction.**
 - Racial remarks: The fewer the frequency of racial or ethnic remarks from other staff (directed at direct care workers), the higher the job satisfaction.

- Interactions with staff: The fewer the number of negative interactions with staff or residents, the higher the job satisfaction.
- **Influence of organizational characteristics and practices (based on the administrative survey) on job satisfaction:**
 - Turnover: Organizations reporting fewer problems with turnover had higher average direct care worker job satisfaction scores.
 - Best Practices: Organizations that reported using more best practices to recruit and retain workers such as offering cost of living increases, increases in wages and benefits based on length of employment, worker input into planning own schedule and employee assistance programs had higher average job satisfaction scores.
 - Type of setting: NHs had lower average direct care worker job satisfaction scores compared to HHAs and ALFs.

Implications for Practice and Policy:

The data suggest that background characteristics and personal stressors of direct care workers such as their race, emotional health and feelings of depression are related to job satisfaction. In addition, the data suggest that greater job-related stressors and fewer social supports influence job satisfaction negatively. Organizations can alleviate some of this stress by enhancing social supports in the workplace. Some key suggestions include improving worker training, offering employee assistance programs, having permanent assignments to residents/clients, enforcing a no-tolerance policy on racism and improving positive interactions among staff and residents. In attempting to change such organizational policies and implementing best practices, organizations are likely to improve the direct care worker retention. This is important because perceptions of turnover from both the workers themselves and the administrative staff/organizational perspective were related to job satisfaction. Thus, addressing the turnover issue is key to enhancing job satisfaction.

It was interesting to find that NHs overall had lower direct care worker job satisfaction levels compared to HHAs and ALFs. Contributing factors to higher levels of job dissatisfaction could perhaps stem from the institutional nature of most NHs and the fact that they are the most regulated of the three types of long-term care settings in Ohio. Further, nursing assistants in NHs are also likely to deal with residents who are probably more physically and cognitively impaired compared to the clientele served by HHAs and ALFs. Thus, the institutional setting, greater regulations and serving a more impaired clientele is likely to increase job dissatisfaction among direct care workers in NHs. However, additional research needs to be conducted to further examine if such differences hold up with larger, more nationally representative samples of study sites.

Major Findings for Supervisor Training Needs

The following are background characteristics of the supervisors in the study:

- The average age of supervisors was 47 years old.
- They were primarily female (96 percent), married (62 percent) and white (83 percent).

- Forty-nine percent of the supervisors were RNs, and 45 percent had an LPN degree.
- They had worked in their particular facility for 3.9 years.

Training on Supervision

- Almost half of the supervisors (49 percent) reported that they had not received any formal education on supervision.
- Of those that had, only 13 percent believed that they were well prepared to supervise. Supervisors in ALFs felt better prepared than supervisors in NHs.

Orientation to the Job

- Most supervisors (91 percent) had received an orientation to the facility where they worked.
- Of those that had received an orientation, 45 percent found the orientation to be very helpful.
- The top four recommendations to improve orientation were: (1) receiving a formal overview of facility rules, regulations, procedures and expectations; (2) making the orientation longer; (3) providing experienced mentors for one-on-one training; and (4) emphasizing staff teamwork, communication, and respect.

Quote:

- *“Newly hired people need training on how to be a supervisor. They’re hired for their nursing and other skills, not for their ability to be a supervisor. It takes a different skill to manage people, to practice conflict resolution.”*

Continuing Education

- Eighty-five percent of supervisors had received continuing education.
- A quarter of supervisors (25 percent) in ALFs had not received any continuing education.
- A quarter of all supervisors (26 percent) who had received continuing education found it to be very useful; 45 percent found it to be somewhat useful.
- The top four most frequently mentioned recommendations for improving supervisors’ continuing education were related to: (1) providing training on such issues as leadership, supervision, and dealing with insubordination by direct care workers; (2) having more frequent and regularly scheduled continuing education sessions; (3) conducting sessions during all shifts and repeating them on different days; and (4) having sessions on communication with residents, families, and staff.

Quote:

- *“They should be provided at least on a quarterly basis and rotated so everyone can make it to them.”*

Implications for Practice and Policy:

The literature suggests that poor supervision is related to direct care worker turnover and job dissatisfaction. One method to address lack of training is to provide better job orientation and more continuing education on the topics that supervisors believe would help them to do a better job. Using the supervisors' recommendations to improve training is the first step to enhance their supervision skills. Improved training is likely to lead to better communication between workers and supervisors, thereby leading to better quality of care for residents and clients.

Supervisor Perceptions of Racism on the Job

- Similar to direct care workers, the majority of supervisors (79 percent) believed that their organizations had clear policies to ensure that racial discrimination was not tolerated in the workplace. Yet, 75 percent of supervisors had heard residents/clients make racial or ethnic remarks. Very few (nine percent) felt that such remarks were done with the intent to hurt supervisors' feelings.
- Significantly more supervisors in HCAs (74 percent) had heard family members make racial or ethnic remarks compared to supervisors in NHs (24 percent) or ALFs (nine percent). The majority of them, like their counterparts in NHs and ALFs, believed that such remarks were not intended to hurt their feelings.
- 38 percent of supervisors believed that their organizations' programs and policies promoted an understanding of different cultures and races. Significantly more supervisors in HCAs (68 percent) believed that their organizations had such programs/policies compared to supervisors in NHs (25 percent) and ALFs (34 percent).

Implications for Practice and Policy:

Similar to direct care workers, supervisors were willing to tolerate racist and ethnic remarks and believed that they were not intended to hurt their feelings. There were differences by types of long-term care setting. More supervisors in HCAs had heard family members make racial remarks compared to supervisors in NHs and ALFs, although they believed that the remarks were intended to hurt their feelings. Despite these findings, HCAs had more programs and policies to promote cultural and racial understanding than had NHs and ALFs. It appears that HCAs as organizations are attempting to deal with the negative issues related to racism and cultural differences, but going into the client's home is likely to encourage more negative interactions/perceptions of racism between supervisors and the family members they interact with on a regular basis.

From a practice perspective, it is important that racial harmony and understanding be promoted in order to provide care that is respectful to both the worker and the client/family member. Organizations need to ensure that although they might have policies against discrimination, these policies need to be promoted through regular training and education programs and enforced across the board. Such enforcement is likely to lead to reduced resentment between workers and clients, thereby helping to improve quality of care.

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Better Jobs Better Care is directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA). For more information about Better Jobs Better Care, contact Robyn Stone at (202) 508-1206, rstone@aahsa.org or visit www.bjbc.org.

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