12-2016

A New Approach to Retain Certified Nursing Assistants in Nursing Homes

Lois Rausch
St. Cloud State University, loboogs@gmail.com

Follow this and additional works at: https://repository.stcloudstate.edu/gero_etds

A New Approach to Retaining Certified Nursing Assistants in Nursing Homes

by

Lois Rausch

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science

in Gerontology

December, 2016

Starred Paper Committee:
Phyllis Greenberg, Chairperson
Rona Karasik
Elizabeth Bauck

Table of Contents

List of Figures

List of Exhibits

Chapter 1: Introduction

As a professional working in a Nursing Home environment I am seeing the struggle we go through on a day-to-day basis with the problem of retaining and keeping our new Certified Nursing Assistants with the company on a long term basis. It seems that hiring these professionals is an easy task for us, but keeping them engaged and with the facility has been quite challenging. This research inspires me to search for a way to find the reasons Certified Nursing Assistants leave a nursing home and then develop a program to retain and engage them.

As the "baby boom" generation continues to exit the workforce in record numbers, our next generation of "millennials" will soon be taking the realm. Health care organizations will need to take a careful look at the differences of these generations and adapt to a new style of leadership and a new style of management. We will be asking the question "How do we lead a new generation of Certified Nursing Assistants in Long Term care in an effort to maximize their talents and to keep them engaged in the organization?" For they will be taking the lead in Long Term care in the very near future.

Approximately two million employees work at nursing home facilities (American Health Association, 2011). Minnesota has a Certified Nursing retention rate of 52.2%, meaning that about one half of employees starting work in nursing homes left their jobs within 1 year. High turnover rates in nursing homes continue to plague the industry (American Health Association, 2011).

The cost of high Certified Nursing Assistant turnover is substantial. It will cost a facility 25% of the employee's wage and compensation package to replace them (Seavey, 2004). No other expense is greater to a nursing home than high employee turnover (Seavey, 2004). The direct financial cost of high employee turnover is only part of the picture. The value of knowledge and preferences of the residents they care for is an indirect cost that is hard to measure (Taylor, Funk, & Kennedy, 2005). The problem of high staff turnover in nursing homes is associated with a decrease in the quality of care, with a decline in employee productivity and could eventually damage the very reputation of a nursing home (Taylor et al., 2005).

By creating a positive culture change with millennials in the mix a Long Term Care facility has the potential to inspire loyalty, and commitment where employees feel safe, valued and respected. Turnover can be drastically reduced (Houliham & Harvey, 2015). It is now time to take a serious look at an approach where the knowledge of front line workers (Certified Nursing Assistants) re recognized as having expertise in their field and empower them to bring their knowledge to improve productivity and quality to the nursing home industry.

Some obvious reasons that Certified Nursing Assistants leave to leave their jobs include pay, benefits, and work hours (Squillace, Bercovitz, Rosenoff, & Remsberg, 2008). Others, not quite so obvious and include lack of good supervision, lack of a good mentorship program, lack of opportunities for career advancement (Squillace et al., 2008) and lack of good quality leadership who will promote their cause and advocate for them.

The millennial cohort (birthdate 1979-2002) will be a generation of change (Cahill & Sedrak, 2012). If we are to engage and retain Certified Nursing Assistants in nursing homes we will need to incorporate the strong skills of appreciation of work-life balance, teamwork, social interaction, and tech savvy knowledge. (Cahill & Sedrak, 2012). As an industry we will need to develop programs for newly hired Certified Nursing Assistants that they can relate to and that will engage them in their positions.

Developing a "career ladder" may be one way to encourage Certified Nursing Assistants to stay with a nursing home and work toward career development through a series of uniquely designed steps and levels of achievement (Maier, 2002). After one step is complete, a Certified Nursing Assistant will move on to the next level of achievement (Maier, 2002). A level of achievement will earn a Certified Nursing Assistant a new degree and advancement with the Nursing Home.

A mentorship program may be a much needed personal touch designed for the new generation of millennials. The Baby Boom generation have viewed a mentoring program as a way to establish a one-to-one relationship between a more experienced mentor and a more junior mentee in an effort to boost career advancement and satisfaction (Emelo, 2011). Over the past 20 years, the influence of social network research and the emergence of the Internet as a dominant communication medium changed the way mentoring has been viewed (Emelo, 2011). There is now a push to a growing use of e-learning, video conferencing, email, dating websites, LinkedIn, Facebook, Twitter, and a variety of other avenues of virtual communication (Emelo, 2011). Today millennials are changing the way we look at

mentoring through its basic concept (Emelo, 2011). Millennials want instant information at their fingertips and will ask for guidance to develop networks of professionals through virtual media (Emelo, 2011). It is important for millennials to see the big picture of the mission statement, short term goals and long term goals of nursing home (McCann, 2012). Employees will make good decisions when they understand the "big picture" of an organization and their contribution to that goal. It is important that a nursing home share some of their financial goals (McCann, 2012). Even non-profits need to make money to exist (McCann, 2012).

A creative and positive way to create loyalty with Certified Nursing Assistants may be to hire a "Retention Specialist" for the nursing home. The Retention Specialist would specialize in developing programs specifically designed to evaluate the needs, create incentives and share educational resources in an effort to promote loyalty and longevity with the organization (Pillemer et al., 2008). The Retention Specialist is someone who will customize a unique Certified Nursing Assistant strategy for a specific nursing home and oversee the success of the program (Graham et al., 2008). The results of this program are measureable in reducing Certified Nursing Assistant turnover through statistical results provided by management (Graham et al., 2008).

I am hopeful that we find a cost effect solution to Certified Nursing Assistant turnover in nursing homes because it will directly impact the quality of care we see in our facilities. By creating a new culture for understanding the generational differences between the baby boom generation and the millennials, developing career ladders for

advancement, creating a new style of mentorship and by possibly hiring a Retention Specialist to promote inspiration and loyalty we can unite to create a strong, vibrant workforce for Certified Nursing Assistants in the nursing homes of the future.

The following literature review will help establish the need to address employee retention of Certified Nursing Assistants (CNA's) in nursing home environment.

Chapter 2: Literature Review

Generational Change in the Workplace

How do we harness the talent and sense of social responsibility in today's new workforce? Often our next generation of Millennials have very different characteristics, ideas, values and beliefs than that of the Baby Boom generation (Cahill & Sedrak, 2012). As the baby boom generation has begun its exodus from the workplace, health care organizations are beginning to look at the millennials not as a problem, but a solution to issues we faced in the workforce today. How do we lead a new generation of Certified Nursing Assistants in Long Term Care to maximize their talents and to keep them engaged in an organization (Cahill & Sedrak, 2012)? It is this generation of Millennials that will be caring for their predecessor cohorts–the Baby Boom generation. It would be worth our while to look at understanding the work differences between the characteristics of baby boomers (birth year 1946-1964) and the millennials (birth year 1979-2002) (Cahill & Sedrak, 2012). Children are born into a particular era where they grow up at the same time, are exposed to generally the same stimuli, take on the same values, beliefs and attitudes of their generation. While it is important to recognize that the process of placing people into cohorts for viewing similarities, it is also important to recognize individuals as unique human beings.

There is much to be learned by the study of understanding characteristics and similarities among these four generations represented in our workplace. Each generation brings a different set of life experiences, values, and attitudes. The differences in the generations of Baby Boomers and Millennials are worth noting

because these two generations need to work cohesively in order to create a successful workplace in healthcare.

		Generations		
	Traditionalists	Baby Boomer	Gen X	Millennial
Date of birth	Before 1945	1946-1964	1965-1978	1979-2002
Age	67 and older	48-66	34-47	10-33

Exhibit 1: Differences in the generations of baby boomers (used with permission. © American Hospital Association, 2010).

Some of the characteristics of the Baby Boom generation: called the "Me" Generation, grew up in a post-war- thriving economy dominated by optimism and a can-do attitude. "They inherited their parents' hard work hours and willingness to sacrifice personal and family matters for their careers" (Cahill & Sedrak, 2012, p. 7). The "Me" generation of baby boomers are very much into themselves. They are a competitive generation and struggle to be successful on all fronts, especially their careers. General characteristics of the Baby Boom generation include teamwork, one-on-one personal relationships and career company loyalty. They associate these qualities with success in their professions.

The new generation of healthcare workers are the millennials. The millennial generation are currently the largest group of workers in the U.S. today and account for 27% or 88 million workers (American Hospital Association, 2010). This millennial generation may also be known as "trophy kids" (Cahill & Sedrak, 2012). The mere

size of this cohort commands attention. It is estimated that one in three American

workers today are from the millennial generation (Fry, 2015). This workforce has

been rapidly rising and surpassed the baby boom generation the first quarter of 2015

with an estimated 53.5 million workers (Fry, 2015). This generation of millennials

have often grown up with over protective parents who wrapped them in the thought

that they are "special" (Cahill & Sedrak, 2012). A specific example would be the child

who receives a "trophy" for just showing up (Cahill & Sedrak, 2012). In their

developmental years, this generation has been continually brought up with praise

and they may be accustomed to constant positive feedback (Cahill & Sedrak, 2012).

It is not surprising how frustrated the employers become when a millennial employee

continually needs feedback and praise (Cahill & Sedrak, 2012). The millennial

generation is all about teamwork; they have been coached about the value of playing

and working as a team. There is strong evidence that points to the value of teamwork

in a Long Term Care facility (Cahill & Sedrak, 2012).

The millennial generation can be very comfortable juggling multiple activities at

one time (Cahill & Sedrak, 2012). From a very young age they have been exposed to

the busy lives of working parents and millennials have become excellent multi-

taskers (Cahill & Sedrak, 2012). Millennials may be accustomed to having very little

down time so when millennials are not busy they may have a tendency to easily

become bored (Cahill & Sedrak, 2012). A challenge for health care management will

be to continually keep them moving forward with new challenges of interest. Many

positions in the medical field require repetition, thus, meaning "boredom" to a

millennial Certified Nursing Assistant (Cahill & Sedrak, 2012). It will be the challenge of a nursing supervisor to find a way to change the duties of a Certified Nursing Assistant to become less repetitious (Cahill & Sedrak, 2012).

The millennial generation strives for work, life balance and will usually choose personal obligations over their work responsibilities (Cahill & Sedak, 2012). Millennials are less oriented to scheduled work hours and value the quality of work itself. They have unlimited access to information and look at work as being 24/7 with little regard as to where it gets done and when it gets done. (Cahill & Sedak, 2012). This may be frustrating for nursing supervisors who come from a baby boom generation where structure, dependability and work-before-family are core values (Cahill & Sedak, 2012).

In considering workplace characteristics, a new view of generational diversity can explain the preferences of each generation in relation to the preferences of other generations (Cahill, & Sedrak, 2012).

Traditionalist	Baby Boomer	Gen X	Millennial
Respectful of authority	Values individuality	Self-reliant	Image conscious
Values duty and sacrifice	Driven by goals for success	Highly educated	Need for feedback and reinforcement
Values accountability	Work ethic = hours worked and monetary rewards	Questioning	Values instant gratification
Values practical experience	Believes in teamwork	Most loyal employees	Idealist
Work ethic = timeliness and productivity	Emphasizes relationship building	Wants open communication	Team-oriented
Strong interpersonal skills	Expects loyalty from coworkers	Respects production over tenure	Wants open communication
Promotions and recognition come with job tenure	Career = identity	Values control of his or her time	Searches for others who will help him or her achieve his or her goals
Values academic credentials	Wants work-life balance	Invests loyalty in a person, not in an organization	Wants job that is personal fulfillment
Accepts limited resources		Risk averse	Searches for ways to shed stress in his or her life
Loyal to employer; expects loyalty in return			Racial and ethnic identification less important

Exhibit 2. The generational workforce characteristics (used with permission. © American Hospital Association, 2010).

The largest general difference between the baby boomer generation and the millennials generation is the issue of technology. "Millennials have never known a time without sophisticated technology" (Cahill & Sedrak, 2012, p. 8). The millennial generation will want and can access instant solutions, it is their way of life. They want instant solutions without delay and become impatient when they are not acknowledged enough to be part of the decision; millennials want to be part of the decision (Cahill & Sedrak, 2012). Each person, regardless of position within the company, is asking for real-time access to information and access to most company resources–especially those of higher management (Cahill & Sedrak, 2012). This can be a real challenge for baby boom generation supervisors who tend to make changes

slowly, withhold information and try to calculate the outcome beforehand. As the healthcare industry uses more and more technology, organizations will surely benefit from millennials that bring tech savviness to the forefront. The way a facility will change and become more productive is with the use of technology (Cahill & Sedrak, 2012).

In an employer/employee relationship a millennial may see himself/herself as a customer. Millennials grew up with the idea that they are "special" and with the idea that a customer-centric world should cater to them (Cahill & Sedrak, 2012). Many examples are provided in TV commercials. Because of their buying power and cohort size, the retail trade has always addressed the needs of this generation (Cahill & Sedrak, 2012).

The millennial generation may want their work to have meaning and they are attracted to a workplace that emphasizes social responsibility as a core value (Cahill & Sedrak, 2012). This generation is attracted to mission-driven industries where they can make a difference (Cahill & Sedrak, 2012). It is now time that we figure out how to engage millennials keep them and keep them with the organization (Cahill & Sedrak, 2012).

What Nurse Managers Need to Know in Healthcare

As we study the impact of four generational differences of nursing there is a great diversity in attitudes (Kupperschmidt, 2006; Wieck, Dols, & Landrum, 2010), beliefs, work habits and expectations (Hendricks & Cope, 2012). These differences

affect the type of care supervision and the way nurse managers conduct themselves on a day to day basis.

Hendricks and Cope (2012) contend that the way we explore the challenges to nurse managers who work in a difficult health care environment demands complex, dynamic and sometimes life changing interaction between patients and staff. The health care profession is one that is heavily regulated by the state and federal government (Hendricks & Cope, 2012). Generational differences can cause a nurse manager to think and behave in different ways because of the difference in generational values (Hendricks & Cope, 2012).

By examining the viewpoint of different generational cohorts a basis of mutual respect can build the strengths of a team by focusing on the strength, value and contribution of each individual cohort (Hendricks & Cope, 2012). Acknowledgements of characteristics of the baby boomer generation and the millennial generation can cultivate an understanding and seek strategies that focus on communication, mentoring, and motivation where a use of technology and ethics can bridge the generational gap to increase a cohesion in the nursing workforce (Hendricks & Cope, 2012).

If nurse managers are to effectively manage a cohesive workforce they must move away from a "one size fits all" philosophy toward a multi-generational workforce. These generations may not operate with a universal perspective. Wieck et al. (2010) contends that this approach for employee retention and satisfaction will not produce a workforce that values a feeling of success, respect and appreciation. Core

values that focuses on positive attributes which suggest that a nurse manager develop a plan to promote quality, productivity, reduce tensions and conflict through the knowledge of international cohort similarities and differences (Wieck et al., 2010). Hendricks and Cope (2012) suggest that core values can be classified into the categories of communication, commitment and compensation. A goal of a nursing home might be to bridge the gap and create solutions that appeal to each generational belief system (Hendricks & Cope, 2012).

Communication is the cornerstone for managing diverse generational needs and challenges (Hendricks & Cope, 2012). Managing successful communications within each cohort may increase the opportunity to learn from the positive features that each generation has to offer (Hendricks & Cope, 2012).

Recognizing and diffusing the differences between generational differences in the workplace can help cohesiveness and promote understanding. Hendricks and Cope (2012) contend that millennial nurse graduates have been educationally prepared to speak for themselves and encouraged to voice their opinion to contribute to the team whereas, from a veteran nurses perspective this may be viewed as disrespectful because Certified Nursing Assistants are taught to listen to their elders and speak when they are spoken to. It is important to set a baseline for tolerance and respect for all generations so all viewpoints are considered legitimate (Hendricks & Cope, 2012). "Research connects conflict in the workplace with nurse retention and that negative, non-supportive, unpleasant and uncooperative peers and co-workers

are key impediments to nurse's ability to find joy in their work" (Kupperschmidt, 2006, p. 7).

Modes of communication have created differences in the way workplaces prefer to communicate. The millennial generation may prefer e-mail, instant messaging, chat rooms, and texting. Facebook, and Twitter are common ways of communicating and the millennial generation typically travel along with their smartphones in close proximity (Hendricks & Cope, 2012). The baby boom generation prefers a more personal approach of building trust and personal communication. Scheduled meetings are attended and decisions are made through corporate policy where the baby boom generation is methodical in thinking through decisions and make them slowly (Hendricks & Cope, 2012). Millennials like to cut through corporate bureaucracy. Lengthy policies and procedures to read may not be an effective means of communication with the millennials, as they prefer "short and sweet" (Hendricks & Cope, 2012). A nurse manager may be able to create a workplace where all generations are respectful to the understanding of what type of communication is effective and to whom. Research tells us that a good policy of communication is likely to lead to a workforce of committed staff (Hendricks & Cope, 2012).

Commitment can be defined as an agreement or pledge to be loyal to something in the future. "The nurse manager developing an appreciation for the ways generation's value work and the balance of work in their lives, helps to create a space where individuals, as representatives of a cohort, feel valued and builds

strategies for retaining staff and promoting satisfaction in the workforce" (Hendricks &

Cope, 2012, p. 722). Veteran nurses may find the adventurous millennials who create

work life balance by having fun at work to be annoying. Unlike the baby boom

generation, who view their nursing careers with dedication, the millennial generation

may strive to find a balance between their work lives and personal lives making this a

high priority (Hendricks & Cope, 2012). In contrast, the millennial generation tends to

view nursing as an occupation and not a profession, as their baby boomer cohorts

do. "This difference in priorities may create conflict and damage the work

environment with one group describing the other as pessimistic, selfish and

possessing no work ethic" (Gursery, Maier, & Chi, 2008, p. 112). Baby boom

generation nurses generally view nursing as their career and tie it to their work ethic

(Hendricks Cope, 2012). Also, this generation is disappointed by the lack of

opportunity for advancement in nursing. Some tend to perceive themselves as

carrying the workload of a younger generation of nurses (Hendricks & Cope, 2012).

Often nurses are experiencing high levels of role stress and overload (Cope, 2012).

The baby boom generation of nurses have a high potential to be superb mentors to

the next generation of nurses because they are hard workers and are process-

oriented team builders (Cope, 2012).

    Studies show that the characteristics of the baby boom generation use money

as a strong motivator. A difference in generational values view millennials striving for

work-life balance and time off (Hendricks & Cope, 2012). In an effort to promote a

stable workforce it is important to recognize these generational differences and offer

each group what it wants with a goal of promoting an atmosphere of cohesion, job satisfaction, and strength. The objective is to bring together the diversity and value of each generation (Cope, 2012).

Understanding and Motivating Health Care Employees

   Integrating Maslow's hierarchy of needs, training, and technology.

Benson and Dundis (2003) suggest one way to understand and motivate health care professionals is to revisit Abraham Maslow's Hierarchy of Needs, which continues to be used as a means in understanding human behavior. In health care it proves to be a good model in understanding the driving forces of what is important to the individual. Maslow's vision is to create a model of five levels in the shape of a pyramid. The lowest level of the pyramid is physiological where the basic survival of food, water and shelter are needed (Aantoos, 2014). After these needs are met the next level seeks safety and freedom from anxiety and stress. Level three of the pyramid is identified as a social need for belongingness, love and friendship. After level three is met, level four consists of self-esteem where the individual seeks to feel competent, self-assured and confident. At the top of the pyramid is self-actualization. (Benson & Dundis, 2003).

Self-actualizing needs — Self-aware personal growth

Esteem needs — Self-worth, accomplishment

Social needs — Belonging, love, family

Security — Safety, steady job, insurance

Physiological — Food, water, shelter, air, warmth

Maslow's hierarchy of needs (1943)
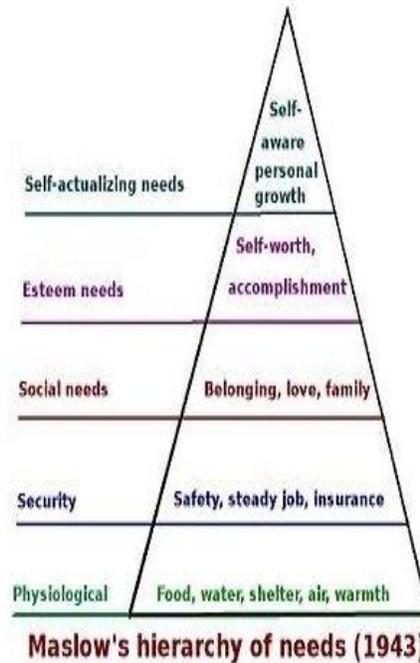
Exhibit 3. Diagram showing the hierarchy of needs based on Abraham Maslow's theories in the 1950s (Tomsulcer, 2014).

Understanding what challenges and motivates an individual becomes increasingly important in adapting management styles for an ever changing health care environment (Benson & Dundis, 2003). At the base of the hierarchy is the basic need of survival. Health care workers must be satisfied with wages (Benson & Dundis, 2003). If this basic need is not met, too much time will be spent with concerns of inequity in wages while other work requirements may not be given attention that is needed (Benson & Dundis, 2003).

Individuals seek safety at level two of Maslow's Model (Benson & Dundis, 2003). Health care workers equate safety with freedom from stress and anxiety which is produced by company employee benefits. Medical insurance, vacations, and paid

time off for medical and parental obligations are at the forefront of safety in Maslow's

Model (Benson & Dundis, 2003).

The "social level" defined by Maslow (1954) consists of belongingness, love

and friendship. As Long Term Care facilities move to a technical aspect of the

business some of the personal effects of belongingness are lost, where E-mail,

Skype, and Tweets are commonplace in work environments. Training may be a

means of keeping belongingness alive in the health care field. As organizations pour

resources into training and education, self- actualization come to the forefront. Health

care employees feel belongingness, love and friendship when an organization has an

interest in investing in them (Benson & Dundis, 2003).

Most organizations do not operate at the level of self-actualization with every

individual in the company. It is the highest level of Maslow's hierarchy (Benson &

Dundis, 2003). Technology can provide everyone with unlimited information for those

who have access to it. The training industry reflects this optimism with its focus on

education and training with access to all (Benson & Dundis, 2003). How does one

motivate employees that are working with more government regulations and more

stress? The answer is, seemingly, to make the employee feel secure, appreciated

and needed through training and education (Benson & Dundis, 2003).

Creating a Positive Work Culture Having Millennials in the Mix

When employees enjoy coming to work, enjoy the team they work with and

portray work as a family unit, it can become fun (Houlihan & Harvey, 2015). It is

possible to create a culture of inspiration, loyalty and commitment where employee

turnover can be curbed. Positive work culture is key. "It's a myth that productivity improves when (work) cultures are rigid, serious and businesslike" (Houlihan & Harvey, 2015, p. 5). "The reality is, productivity improves when people enjoy being at work and enjoy the work they're doing regardless of the decade in which they were born" (Houlihan & Harvey, 2015, p. 5). Studies show that when work becomes fun, employees do their best work.

Why Certified Nursing Assistant's Intend to Leave

According to Donaghue and Castle (2006), Castle and Engberg (2006), and Decker, Dollard, and Kraditor (2003), almost 50% of Nursing Assistants reported that they were unsatisfied and ready to leave their job within the next year. This is consistent with the findings of the American Health Care Association (2011) Department of Research report which found that the retention rate for the first year of a nursing assistant is 53% nationwide.

In an exploratory study, the study concluded that when nursing assistants were asked why they do not like their jobs, the most important reasons are:

1) Poor pay

2) Finding a new or better job

3) Poor working conditions

4) Having too many residents to care for

5) Poor benefits

When asked what would prompt a Nursing Assistant to dislike and leave their job, the reasons were:

1) Dislike for co-workers

2) Unrealistic workload

3) Poor supervisors

The reasons Nursing Assistants gave for staying on the job were:

They feel good about caring for the elderly

1) Their location of work is close to home

2) They have flexible work hours

3) They like their supervisors and feel like they are respected

4) They have opportunities for advancement in their field

5) They have opportunities for overtime for more income

This exploratory study shows the importance of work environment, supervision, pay and benefits and how it may be directly related to job satisfaction, job commitment, and commitment to the field of a Nursing Assistant (Squillace et al., 2008). While of the reasons are obvious and include poor pay, lack of benefits, and long work hours, others are not quite so obvious and include lack of good supervision, lack of respect, and lack of opportunities for career advancement (Squillace et al., 2008).

Report of Findings from 2009 Nursing Facility Staff Retention and Turnover Survey

Approximately two million employees worked at nursing facilities across the United States in 2009 (American Health Association, 2011). Minnesota had a retention rate of 52.2%, meaning that about half of the employees in nursing homes

left their jobs within one year of starting (American Health Association, 2011). The

turnover rate for Certified Nursing Assistants (CNA's) in Minnesota was 46.9%

(American Health Association, 2011). Studies show that the retention rate usually

indicates the stability of staff in a nursing home (American Health Association, 2011).

High turnover rates in nursing homes continue to plague the industry (American

Health Association, 2011).

The Cost of Staff Turnover

The problem of high staff turnover in nursing homes is correlated with a

decrease in quality of care, decline in productivity and will damage the reputation of a

nursing home (Taylor, Funk, & Kennedy 2005). The rule of thumb for the direct cost

of turnover per employee is 25% of the employee's wage and compensation package

(Seavey, 2004). When faced with these expenditures for the cost of good quality care

it is hard to believe that administrators of nursing homes do not view this with

immediate urgency (Seavey, 2004). When a Certified Nursing Assistant (CNA) quits

a job the knowledge of nursing homes procedures and processes they have learned

over time is lost (Seavey, 2004).

Nursing Assistant's Job Commitment

The direct financial cost of high employee turnover represents only part of the

picture (Seavey, 2004). The value of knowledge and preferences of the residents

they care for is an indirect cost that is hard to measure (Taylor, Funk, & Kennedy

2005). Researchers should investigate hypotheses from a management perspective

on the relationship between workers' satisfaction and resident customer satisfaction

outcomes in a nursing home context because it makes sense that worker satisfaction and workforce stability would result in a better care for residents in a nursing home (Seavey, 2004).

The Need for Culture Change

In the last several years there has been a shift to "person-centered" care of residents in a nursing home setting where the resident becomes the customer. It is now time to take a serious look at an approach where the knowledge of front line workers are recognized as having expertise in their field and are empowered to bring their knowledge to improve the productivity and quality to the nursing home industry. This culture change would shift the responsibility from the nursing supervisors to the Certified Nursing Assistant who is responsible for the direct care of nursing home residents. The nursing home industry is currently behind with this transformation. Typically this culture change is expressed through the human resources practices that are meant to attract, develop, and retain qualified workers, including good pay, benefits, and advancement opportunities (Baron & Kreps, 1999) "In contrast, in its quest for culture change the nursing home industry has not picked up on these aspects of high-quality management." "Pay remains low, benefits are often poor and opportunities for advancement are few (Smith & Baughman, 2007; U.S. Bureau of Health Professionals, 2004). In defense, nursing homes are restricted by low reimbursement rates by the government and a low demand for private pay customers making it a challenge to provide better pay, better benefits, and advancement opportunities for their employees (Smith & Baughman, 2007). However, a redesign of

culture change would put responsibility and empowerment in control of the Certified

Nursing Assistants which in turn would make for a more attractive work environment

(Smith & Baughman, 2007). Workers value teamwork, input into decisions affecting

their jobs, and value the ability to problem-solve (Smith & Baughman, 2007). This

shift would be from a micromanagement style of leadership to a worker-centered

style of leadership matching the "person-centered" shift in paradigm of the nursing

home resident (Smith & Baughman, 2007). The purpose of this paper was to

research and to develop a successful program that will engage and retain Certified

Nursing Assistants in a Long Term Care Facility.

Chapter 3: Methods

Procedure

Approximately two million employees work in Long Term Care facilities across the United States (American Health Association, 2011). The retention rate of Certified Nursing Assistants in Long Term Care facilities in Minnesota is approximately 52.2%, meaning that about one half of the employees who started working had left their jobs within one year of starting at the facility (American Health Association, 2011).

The problem of high staff turnover in Long Term Care is directly associated with a decrease in the quality of care for residents, a decline in productivity and may eventually damage the reputation of a Long Term Care facility (Taylor, Funk, & Kennedy, 2005). When faced with these expenditures for the cost of good quality care, it is hard to believe that administrators of Long Term Care facilities do not view this with immediate urgency (Seavey, 2004). While the direct cost of turnover is substantial, the indirect cost of turnover is even more alarming. When a Certified Nursing Assistant leaves a position she/he takes the valuable knowledge and trust of a resident with when leaving. Indirect costs include valuable training that the employee learns in the classroom and on the job.

As Long Term Care facilities have shifted to a culture of "person-centered "care for their residents, so should the culture of Certified Nursing Assistants be analyzed. A redesign toward culture change for Certified Nursing Assistants could result in a big payback for Long Term Care facilities.

I am proposing a new Employee Retention Program that will engage Certified Nursing Assistants in an effort to retain them with Long Term Care facilities. This program will address the needs of a new workforce of millennial generation employees. The program will take into consideration what Millennials are looking for in a workplace and what will keep them engaged enough to stay with a facility long term. This program can be adaptable to any size of facility and can adapt itself to any facility no matter what the financial resources are of the organization.

A new position will be developed to create, motivate and oversee the Employee Retention Program. The position of Retention Specialist will address and lay out a plan to focus on:

1) Career Ladders–Career Development

2) Mentorship Program–Millennial Style

3) Culture Change–New Generation

This new Employee Retention Program is measurable. Certified Nursing Assistant retention rates can be accessed through a Human Resource department and can then be compared through a definite period of time. Success can be determined by comparing employee satisfaction and employee retention rates.

It is possible to change a workplace culture with complete support of management and all those involved. The program will take time and would best be laid out on a time line as a major project. It would be better not to start the program at all if management does not have complete "buy-in" to the program in its entirety. From the research I have done in this paper I will develop a program that is both

economically feasible for Long Term Care Facilities to implement and I will provide a way to measure productively the retention of new employees.

Dissemination Plan

My dissemination plan will start out through person-to-person communication by speaking before organizations in the area that are directly related to long term care facilities. Some of them include the Parish Nurse Association, Aging Network Association, the Council on Aging Board of directors and Leading Age Association. Health Care consulting firms in the area will be contacted in hopes that they will take the program "in house" and support it as an option for consulting purposes in long term care facilities.

Chapter 4: New Look at a Certified Nursing Assistant Retention Program

As a professional working in a medium size nursing home in the Midwest I have the opportunity to converse with health care specialists in their day to day activities. After speaking directly to Certified Nursing Assistants (CNA's), Registered Nurses (RN's), the Director of Nursing (DON), and Social Workers (SW's) I have created a model that I believe will help reduce the turnover of Certified Nursing Assistants in nursing homes.

In recent years there has been a shift to "person-centered" care of residents in a nursing home setting where the resident becomes the customer. It is now time to take a serious look at an approach where the knowledge of front line workers are recognized as having expertise in their field and are empowered to bring their knowledge to improve the productivity and quality to the nursing home industry. This "direct worker-centered" culture change would shift empowerment from the nursing supervisor to the Certified Nursing Assistant (CNA) who directly cares for a resident. The nursing home industry is currently behind with this transformation. Many other industries have already made this culture shift. "In contrast, in its quest for culture change the nursing home industry has not picked up on these aspects of high-quality management; pay remains low, benefits are often poor and opportunities for advancement are few" (Smith & Baughman, 2007; U.S. Bureau of Health Professionals, 2004).

A redesign of culture change would put responsibility and empowerment in control of the Certified Nursing Assistant (CNA) which in turn would make for a more

attractive work environment for them. Motivated workers value teamwork, input into decisions affecting their jobs, and value the ability to problem solve. This "direct worker-centered" style of leadership runs parallel to the "person-centered" shift in paradigm of the nursing home resident.

A New Position/A New Look from a Retention Specialist

As an industry, nursing homes have focused on "person-centered-care" for the residents they serve. It is time we take a serious look at giving that same recognition and attention to the front line staff of our nursing homes–the Certified Nursing Assistants (CNA).

A Retention Specialist (RS) may be the answer (Pillemer et al., 2008). By definition, the Retention Specialist (RS) is an employee who is specifically designated to evaluate needs and resources of direct working staff. She/he is someone who will customize a Certified Nursing Assistant (CNA) strategy specifically for the organization by aligning with the mission statement of the organization. It is unlikely that a "one size fits all" approach will be successful so a unique program will need to be developed for each facility.

A goal of the Retention Specialist (RS) will be to develop and train internally, Certified Nursing Assistant (CNA) leaders who will innovate and create strategies to move the program forward. The Retention Specialist (RS) will build a network of leaders to who will vigorously support, promote, develop, and train leaders to use innovative strategies to reduce Certified Nursing Assistant (CNA) turnover. These

advocates will be the future of the Certified Nursing Assistant (CNA) retention program and will be able to sustain the program for the long term.

Often Human Resource departments do not have the specific training to create, evaluate, and sustain a successful employee retention program because their job is to get new employees in the door. In contrast, the goal of a Retention Specialist (RS) is to keep the newly hired employee with the organization.

Employee Turnover Results are Measurable

The Retention Specialist Program is designed to reduce employee turnover in nursing homes by creating a new position within the facility. We will expect the results of the Retention Specialist (RS) to be measurable in the reduction of employee turnover. In addition, we would expect the Retention Specialist (RS) to improve staff attitudes toward the facility and promote a positive attitude. Our hope is that an employee describes the facility as "a good place to work" in an effort to recruit their friends to their own workplace.

At the start of the program the administrator in the facility will agree to turn over their Certified Nursing Assistant (CNA) employee turnover data which is generally collected by Human Resources of the facility. Data will be collected at the start, after six months and then again after 12 months. The three sets of data will be compared and reviewed by the administrator.

Employees will be asked about their opinion of the success of the program through a short survey. One at the beginning of the program, after 6 months of

implementation and again in twelve months. The results of the survey will be reviewed by the administrator of the facility.

Two Challenges to the Success of the Retention Program

The position must be given high credibility. There must be a "buy-in" for the program at all levels of management, especially from the nursing administration. Even a simple derogatory remark from a key management person could derail and discredit the entire program.

It is tempting to start a new program and then not give the new Retention Specialist (RS) adequate time to do the position well. Or, worse yet, to start the program and continually decrease the amount of hours dedicated to do the job.

Goals of the Retention Specialist

The Retention Specialist will focus on three main ideas:

1) Develop a Career Ladder

2) Develop a Mentorship Program

3) Work toward culture change

Develop a career ladder.

In August 1999, a consortium of individuals joined to develop and evaluate a career ladder for Certified Nursing Assistants (CNA's) in Boston. The consortium consisted of representatives from Benjamin Health Center, Massachusetts Extended Care Federation, and Boston Private Industry Council. Funded by a Department of Labor grant, the project was implemented to evaluate the effects on turnover and retention when opportunities for career development were provided. (Maier, 2002, p. 217)

This curriculum was placed in ten long term care facilities for testing. Piloting the program was the Edgar P. Benjamin Health Care Center (BHCC) in Boston, Massachusetts. The results were very promising.

Before implementing the career ladder program, the center experienced an 80% annual turnover of CNA's. With the program the center now enjoys a retention rate of 54%. Most (80-90%) of the original participants in the career ladder program continue to be employed at BHCC. Yearly recruitment costs have dropped significantly-from $50,000 to $10,000. (Maier, 2002, p. 217)
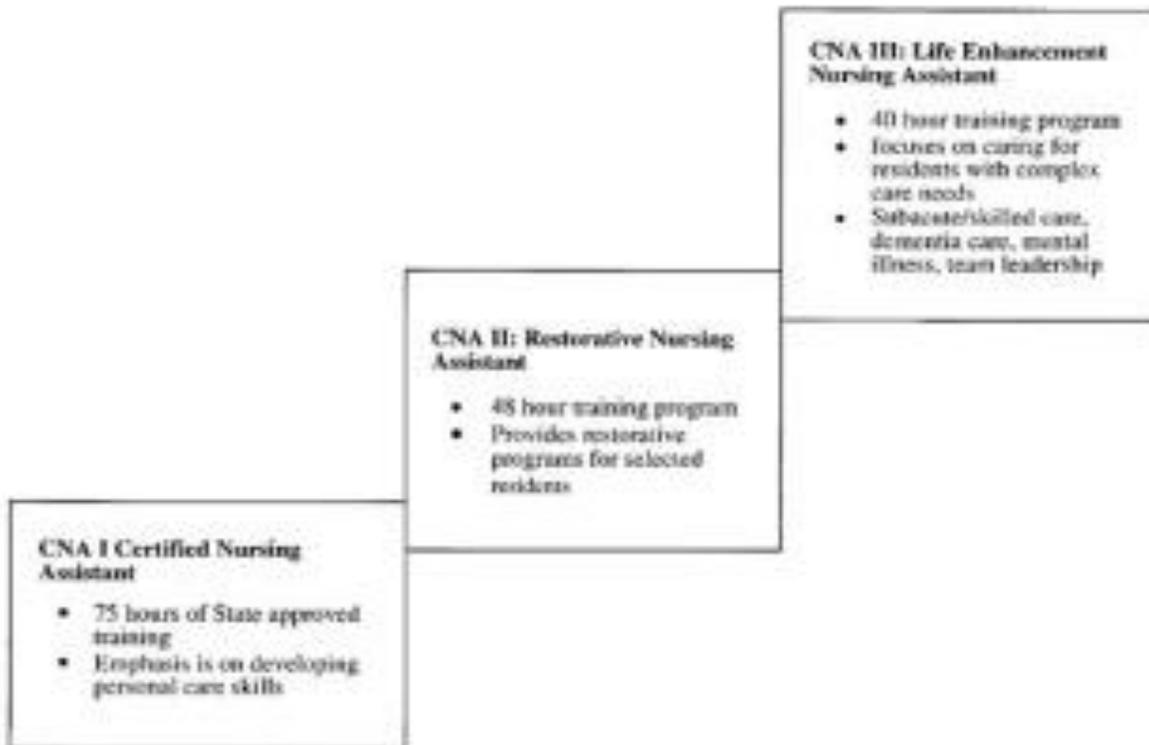
How the career ladder works.

CNA III: Life Enhancement Nursing Assistant

- 40 hour training program
- focuses on caring for residents with complex care needs
- Subacute/skilled care, dementia care, mental illness, team leadership

CNA II: Restorative Nursing Assistant

- 48 hour training program
- Provides restorative programs for selected residents

CNA I Certified Nursing Assistant

- 75 hours of State approved training
- Emphasis is on developing personal care skills

Figure 1. Three levels of CNA career advancement **(**Maier, 2002)

1) Career Ladder I–Teaching skills to assist residents in Activities of Daily Living

2) Career Ladder 2–Teaching Restorative Care emphasizing dignity, quality of life and independence

3) Career Ladder 3–Prepares for complex medical needs

   a. Tract 1–curriculum to care for complex needs like respiratory, infections, neurological, orthopedic

    b. Tract 2–curriculum for cognitive impairments like Alzheimer's disease

    c. Tract 3–curriculum specific to mental illness bipolar, depression, psychosis.

It is important to reward training with a specific change in job responsibilities. With greater responsibility comes greater pay. Raises serve as reinforcement of the program as a Certified Nursing Assistant (CNA) climbs to ladder to success.

Mentorship program. What would the mentoring program look like if management turned the design and execution over to a team of millennials?

In the 1980s and 1990s traditionalist leaders who saw the value of passing wisdom down to the next generation developed formal and conventional mentoring programs for the Baby Boom generation. Traditionalist viewed a mentoring program as a way to establish a one-to-one relationship between a more experienced mentor and a more junior mentee in an effort to boost career advancement and satisfaction. Over the past twenty years, the influence of social network research and the emergence of the Internet as a dominant communication medium changed the way mentoring has been viewed. There has been a push by the Gen Xers to begin to experiment with virtual relationships and electronic media communication. This push is due to the growing use of e-learning, video conferencing, email, dating websites, Linked-In, FaceBook, Twitter, and a variety of other avenues of virtual communication. "Today, millennials are challenging the conceptual framework of mentoring itself, advocating the free exchange of ideas in a virtual environment as foundational to an effective workplace" (Emelo, 2011, p. 33). Given the way

millennials view mentoring this new style will dominate the future of this practice as a model for developing and learning.

Value and Purpose

While the Baby Boom generation embraced mentoring as a way to advance a career, millennials see it as a simple way to learn what they need to know. Learners want instant connections to advisors, and advisors want instant learning to take place. For millennials, mentoring is a way to get quick answers in real time to meet learning needs. Millennials are searching for a way to achieve excellence in their areas of passion, purpose and expertise. Millennials are requesting an open environment where they can explore and connect with people who have the knowledge, wisdom, and experience they seek on a global level. The program they seek will offer an organization-wide, equal opportunity environment where anyone can take part in. They see this program as a means to learn by interacting with others from different locations, different continents, and different functions or with people who have different backgrounds and perspectives. This free exchange of ideas, guidance and learning is at the convenience of the learner in this new model. Millennials believe that they can learn from anyone and everyone in a virtual environment. A model of mentorship that is used in the Baby Boom generation makes little sense to a Millennial because everyone is qualified to be a mentor.

Design of a New Mentorship Program for Millennials

Millennials see mentoring as a way to build informal learning networks of collaborators and advisors who will share their interests and their passions. These

relationships are built on what they need at the time they need it. The relationship spans on duration from long-term advisory mentors to short-term, need-oriented based mentoring.

The question we may ask is how do we make it work? It is a broad conceptual model of mentorship. As an organization changes from one model to the next it is wise to do it slowly by adding some programs to the current model and then eliminating other small parts of the old model.

By adding large, open mentoring programs to pre-existing small, targeted groups a facility can open more mentoring programs to all Certified Nursing Assistants. This concept will allow high achievers to have multiple mentors of their own choosing and allow them to mentor others as part of their experience. This new culture of mentoring allows for shared, collaborative social responsibility to the organization and it helps millennials engage in mentoring the want the want and need to accomplish their daily work. Millennials will see an exclusion from a formal mentoring program as a social injustice issue among their Certified Nursing Assistant co-workers. This cohort will not be shy about sharing their opinions with their peers inside and outside the organization through social media.

MENTORING PROGRAM	BABY BOOMER-RUN	MILLENNIAL-RUN
Purpose	A career-advancement strategy	A primary learning strategy
Value	Mentees/learners gain understanding of culture, politics and some skills needed	Rapid dissemination of knowledge and learning across organizational, geographical and generational boundaries
Audience	Primarily senior leaders and high potentials	Open to anyone in the organization
Mentors/Advisors	People with higher status and knowledge	Anyone who has some knowledge a learner needs; will be known as an advisor
Design	One-to-one mentoring, longer-term relationships	Networked view, multiple relationships, length determined by needs
Method	Most relationships are face-to-face with some phone or distance communication occurring	Most relationships are virtual with communication via phone and technology

Figure 2. Mentoring, then and now (Emelo, 2011, p. 34).

The use of technology can make it easier to connect with others and expand the mentoring experience. Mentoring is people centered learning and the use of technology makes it easier. This does not mean that all face-to-face mentoring programs should be replaced with virtual mentoring programs but slowly the old programs should be replaced with new ones. Organizations need to forge new opportunities in technology by making it easier to forge new relationships to break through traditional boundaries in order to expand learning networks. An example would be to open up the line of communication through all levels of management through the use of smart phones, and email by encouraging Certified Nursing Assistants (CNA's) to sign up to company E-Mail servers and get connected. "The sooner organizations embrace millennials' values of openness, access and

exchange, the sooner organizations will benefit from the rapid multiplication of learning across the enterprise" (Emelo, 2011, p. 36).

Working toward Culture Change

The millennial cohort will be a generation of change. They will break the stereotype norms that we know today and this change will shake up the health care industry. If we are to engage and retain Certified Nursing Assistants (CNA) as a new cohort in the health care industry we will need to incorporate their new skills and listen to what they have to say. This new cohort of millennials will bring tech savvy techniques, appreciation of workplace balance for family and friends, an ability to learn quickly, along with a desire to serve and make the world a better place in which to live. Some of these attributes may be difficult for Baby Boom supervisors as Gursory et al. (2008) found that the Baby Boom generation will generally "work-to-live". Millennial's philosophy of a "live-to-work" lifestyle will challenge the basic fundamentals of the Baby Boom generation. An equilibrium of lifestyle and work ethics will be essential to the success of the new health care generation. Finding a way to balance each generation's expectations will produce a happy and healthy working relationship, provide excellent resident care and produce a healthy workplace.

According to Kroth and Young (2014), in healthcare millennials strive for five basic goals:

1) Focus on teamwork. This cohort wants social interactions and the ability to work as a team to accomplish projects in their own creative way. They

need to be given the opportunity to think outside the box and to share ideas to come up with a common result.

2) Allow for social interaction. This cohort puts a high priority on social interaction and networking with coworkers. The job itself of a Certified Nursing Assistant allows for this interaction. It should be encouraged by management.

3) Provide specific goals. This generation of cohorts will want direction and will want the freedom to get the job done within a certain timeline. They expect the autonomy to do it in their own creative way. This is beneficial when it comes to the care of nursing home residents who need to be interacted with in their own special way.

4) Accommodate for work-life balance. This millennial cohort will be looking for health care positions that allow them the balance to be flexible with their friends, family and other interests outside the workplace. They will place a great importance on their work-to-live lifestyle. Certified Nursing Assistants are needed for 24/7 care of nursing home residents. The door is always open for different shifts to accommodate a lifestyle balance.

5) Provide opportunities for career advancement. Providing leadership opportunities is high on the list of essentials for the millennial cohort. Millennials will want to advance their careers and learn from administrator's failures (Manning, 2011) and successes. They want a mentor who will challenge them and help them navigate through careers (Martin, 2005).

Creating a plan of an open door policy toward administration or setting up

opportunities for them to meet with administrators to openly discuss their

ideas and answer their questions will create a solid bond for growing

company loyalty. Administrators have this opportunity but must create time

in their busy schedules to make it happen. Encouraging Certified Nursing

Assistants to attend conferences and earn certifications to advance their

careers will provide them with opportunities for advancement (Kroth &

Young, 2014).

Our culture change will focus on these five specific values for it is essential

that we create a culture of desired work attributes were good people to work with and

for opportunities for certified nursing assistant advancement and work-place balance

are crucial to a healthy retention of high achieving young professionals (Kroth &

Young, 2014).

Do something now. The Baby Boom generation will be walking out the doors

soon along with their wisdom, expertise and knowledge while the millennials are

asking for more opportunities. Millennials would love to have access to the wisdom

and understanding of the leaders around them in the organization. Organizations

would benefit from launching larger open initiatives that remove barriers. Bringing

together the Baby Boomer experience and Millennial's creativity can lead to an

outstandingly strong organization.

Understanding the Big Picture

When employees have a basic understanding of how organizations make money and achieve goals, as well as their role in making this happen, they are better able to make decisions that align with their employees long term objectives. Companies are in the business to make money. So why does the financial department get sole privy to this information? It should be the responsibility of the administrator of the organization to establish a minimum baseline understanding in finance for Certified Nursing Assistants (CNA's) so they are able to know their purpose and identify with the importance of their position with the company. "Thinking like an owner" is a formula for accountability and responsibility.

Chapter 5: Summary

In the nursing home industry we have focused on "person-centered-care" for our customers, the residents we serve. It is time we take a serious look at giving that same recognition and attention to the front line staff of our nursing homes–the Certified Nursing Assistants (CNA). A Retention Specialist (RS) may be the answer to retaining valuable employee resources (Pillemer et al., 2008).

The Retention Specialist will focus on three main ideas:

1) Develop a Career Ladder

2) Develop a Mentorship Program

3) Work toward culture change

Most Millennials would love to have access to the wisdom and understanding of the leaders around them in the organization. Organizations would benefit from launching larger open initiatives that remove barriers.

References

Aanstoos, C. M. (2014, January). Maslow's hierarchy of needs. *Salem Press Encyclopedia of Health*.

American Health Care Association. (2011). *Report of findings 2009 nursing facility staff retention and turnover survey*. Washington, DC: U.S. Government Printing Office.

American Hospital Association. (2010). *Workforce 2015, strategy trumps shortage*. Washington, DC: Author.

Baron, J. M., & Kreps, D. M. (1999). *Strategic human resources: Frameworks for general managers*. New York: Wiley.

Benson, S. G., & Dundis, S. P. (2003). Understanding and motivating health care employees: Integration of Maslow's hierarchy of needs, training and technology. *Journal of Nursing Management, 11*, 315-320.

Cahill, T. F., & Sedrak, M. (2012). Leading a multigenerational workforce: Strategies for attracting and retaining millennials. *Frontiers of Health Services Management, 29*(1), 3-15.

Castle, N. G., & Engerg, J. (2006). Organizational characteristics associated with staff turnover in nursing homes. *Gerontologist, 46*(1), 62-75.

Cope, V. C. (2012). *Listening for a story: Portraits of resilience among nurses in western Australian healthcare settings*. (Unpublished doctoral thesis). Edith Cowan University, Western Australia.

Decker, F., Dollard, K., & Kraditor, K. (2003). *Results of the 2002 AHCA survey of nursing staff vacancy and turnover in nursing homes*. Washington, DC: American Health Care Association.

Donaghue, C., & Castle, N. G. (2006). Voluntary and involuntary nursing home staff turnover. *Research on Aging, 28*, 454-472.

Emelo, R. (2011, May 10). What if millennials ran your mentoring program? *Chief Learning Officer Magazine*.

Fry, R. (2015, May). *Millennials surpass Gen Xers as the largest generation in U.S. labor force*. Washington, DC: Pew Research Center.

Gursery, D., Maier, T., & Chi, C. (2008). Generational differences: An examination of work values and generational gaps in the hospitality workforce*. International Journal of Hospitality Management, 27*(3), 448-458.

Houlihan, M., & Harvey, B. (2015, June). Creating a positive work culture; millennials in the mix reinforce the need to engage employees. *Health Care Registration: The Newsletter for Health Care Registration Professionals, 24*(9), 3.

Hendricks, J. M., & Cope, V. C. (2012). Generational diversity: What nurse managers need to know. *Journal of Advanced Nursing*, *69*(3), 717-725.

Kroth, A. M., & Young, S. J. (2014). New professionals, new desires: What Millennials want in their work. *Recreational Sports Journal, 38*(1), 23-32.

Kupperschmidt, B. J. (2006). Addressing multi-generational conflict, mutual respect and carefronting as strategy. *Journal of Issues in Nursing, 11*(2), 1-14.

Maslow, A. H. (1954*). Motivation and personality*. New York: Harper and Row.

Maier, G. (2002). Career ladders: An important element in CNA retention. *Geriatric Nursing, 23*(4), 217-219.

McCann, D. (2012, February 16). How one company teaches employees the ABC's of finance. *The CFO Cyber Newsletter.* Retrieved from http://ww2.cfo.com/training/2012/02/how-one-company-teaches-employees-the-abcs-of-finance/.

Pillemer, K., Meador, R., Henderson, C., Robison, J., Hegeman, C., Graham, E., & Schultz, L. (2008). A facility specialist model for improving retention of nursing home staff: Results from a randomized, controlled study. *The Gerontologist, 48*(1), 80-89.

Seavey, D. (2004). The cost of frontline turnover in long term care. *Better jobs better care.* Retrieved from http://www.bjbc.org/content/docs/ TOCostReport.pdf/.

Smith, K., & Baughman, R. (2007, August). Caring for America's aging population: A profile of the direct care workforce. *Monthly Labor Review*, *130*, 20-26.

Squillace, M. R., Bercovitz, A., Rosenoff, E., & Remsburg, R. (2008, September 22). *An exploratory study of certified nursing assistants' intent to leave.* Washington, DC: U.S. Department of Health and Human Services.

Taylor, P., Funk, C., & Kennedy, C. (2005). *Baby boomers approach age 60–From the Age of Aquarius to the age of responsibility*. Washington, DC: Pew Research Center.

Tomsulcer. (2014). Public domain. *Wickimedia commons.* Retrieved from https://commons.wikimedia.org/wiki/File:Maslow_hierarchy_of_needs.jpg.

U.S. Bureau of Health Professionals. (2004). *Nursing aides, home health aides, and related healthcare occupations–Shortages and associated data needs*. Washington, DC: Author.

Wieck, K., Dols, J., & Landrum, P. (2010). Retention priorities for the intergenerational nurse workforce. *Nursing Forum*, *45*(1), 7-17.