



WIN A STEP UP

Workforce Improvement for Nursing Assistants: Supporting Training, Education, & Payment for Upgrading Performance.

*A partnership between the North Carolina Department of Health and Human Services,
Division of Facility Services and the North Carolina Institute on Aging
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Nursing Assistant Turnover a problem in North Carolina's Long-Term Care Sector

High turnover levels, explosive growth of the aging population, and sensationalist media accounts of patient abuse by long-term care workers have attracted the attention of policy makers, administrators and researchers to continuing problems related to nursing assistants (NAs) in long-term care (LTC) organizations in North Carolina. High turnover rates concern state officials, aging advocates, and long-term care industry groups as well as the older persons served by these organizations and their families.

*See box on this page for formal definitions of
"nursing assistants" and the "long-term care sector."*

Turnover of nursing assistants can have serious consequences for all parties involved. Turnover increases the workload of remaining staff, diverts

Who are nursing assistants?

In this report, the generic terms 'nursing assistants' (NAs), and 'nurse aides' are used to describe a whole class of unlicensed assistive personnel that work in long-term care. Included are diverse job titles: personal care workers, certified nursing assistants (CNA), and home health aides. These individuals usually provide the largest amount of the direct care to elderly and impaired individuals in a variety of residential and home settings. Skilled nursing facilities and home health agencies require that certain tasks be performed by nursing assistants who are certified and who should be listed on the Nurse Aide Registry maintained by the NC Department of Health and Human Services.

What kinds of organizations are included in the long-term care sector?

In this report, long-term care organizations are facilities and agencies that provide residential or non-residential care on a continuing basis to the elderly and disabled. Organizations profiled in these surveys included skilled nursing facilities (nursing homes), adult care homes (some times labeled as domiciliary care, rest home, assisted living facilities), home health and home care agencies, and hospices. Family care homes serving fewer than 12 adults were excluded from our analyses.

administrators' attention from managing and improving the quality of care to finding staff and training inexperienced workers. High turnover ultimately threatens to lower quality of service and reduce the satisfaction of clients and their families throughout the long term care sector.

In order to address this problem, a collaborative effort involving a wide array of stakeholders in the long-term care sector in North Carolina was initiated. The WIN A STEP UP project was created as a partnership of the North Carolina Department of Health and Human Services and the Institute on Aging of the University of North Carolina. It was made possible by a generous grant from the Kate B. Reynolds Charitable Trust.

Over the period March 1, 1998 through January 2002, the process resulted in:

- (1) a **comprehensive study** of the nursing assistant workforce in the LTC sector in North Carolina aimed at shedding light on the nature and scope of the problem.
- (2) development and implementation of a **program of education and incentives** designed to enhance the work environment of nursing assistants and to reduce turnover.

These two activities resulted in better understanding of the nursing assistant turnover problem in North Carolina's LTC sector and demonstrated that a program of education and compensation for nursing assistants might address this problem.

This summary report:

- *profiles the situation of long-term care workers in North Carolina;*
- *describes a program of education and compensation implemented to address some of the problems of this workforce;*
- *presents findings from and evaluation of the program; and*
- *makes recommendations for policymakers to consider in order to improve the stability and quality of the long-term care workforce.*

Building a Data Capacity...

In an effort to obtain the most comprehensive picture of the turnover problem of LTC organizations in North Carolina, we used a variety of data collection strategies.

- Surveys were mailed to samples of four types of LTC organizations (Nursing Homes, Adult Care Homes, Home Health / Home Care and Hospice agencies).
- Surveys were distributed to NAs working at thirty long-term care organizations across the state.
- Telephone interviews were conducted with a random sample of aides from the North Carolina Nurse Aide Registry.
- Focus groups were held on site with nursing assistants at eight LTC organizations.
- Program participants and selected nursing assistants were re-surveyed to provide program evaluation data.
- Data provided by the North Carolina Nurse Aide Registry were compared with information provided by the Labor Market Information Service of the North Carolina Department of Labor.

Key Survey Findings.

Annual turnover rates for nursing assistants in the year 2000 were extremely high compared to most industries. Turnover rates for residential facilities i.e., nursing homes (**100%**) and adult care homes (**119%**), were more than twice as high as non-residential settings, i.e., home health or home care agencies (**53%**) and hospices (**40%**). Most of the turnover in all settings was voluntary.

How is turnover calculated?

Annual turnover rates are calculated by dividing the number of nursing assistants leaving employment during a one-year period by the average number working in the facility or agency over that period. Turnover rates are expressed as percentages.

If a facility has a turnover rate of 100%, it does not necessarily mean that every nursing assistant left that employer in the last year. Rather, typically employees who have been working in a facility for a relatively long period of time hold about one-third of NA positions. However, persons who stay for only a few months fill about one-third of the positions.

Not surprisingly, turnover of nursing assistants is identified as a problem by many administrators of nursing homes (91%), adult care homes (81%), home health (61%) and hospice (28%) agencies. Similarly, absenteeism is reported as a problem in nursing

homes (75%), adult care homes (44%) home health agencies (43%) and hospices (21%). Also, recruiting enough NAs to fill vacant positions appears to be a problem for all types of long-term care organizations. Although only about 10% of organizations report having to alter plans of care due to staffing shortages, 31% of nursing homes report using temporary staff to fill gaps in their staffing needs and 28% offer sign-on bonuses as a recruitment incentive.

Nursing assistants in North Carolina's LTC sector are overwhelmingly female (95%) and approximately half of these workers are African American. The majority of these workers have no more than a high school education and twenty-one percent report receiving public financial assistance in the last three years. The typical nursing assistant has worked as a paid caregiver for slightly over 8 years regardless of the type of setting where they currently work. Nursing home NAs typically have worked at their current job for slightly less than 5 years. This is longer tenure than is the case for those working in adult care homes (1.8 years) or home health agencies (3.4 years).

Type of organization	Starting Median Hourly Wage	Highest Median Hourly Wage
Nursing Home	\$7.30	\$10.47
Adult Care Home	\$6.50	\$8.00
Home Health Agency	\$7.00	\$9.00
Hospice	\$7.75	\$9.25

The hourly wage paid to NAs in long-term care settings varies by type but is generally low and does not increase much with longevity. Benefits typically offered by nursing homes include health insurance (97%), sick days (92%) yearly cost of living raise (69%) and tuition reimbursement or educational assistance (72%). Adult care homes and home health agencies are much less likely to offer these benefits.

Despite the apparent availability of benefits offered by long-term care employers, the uptake or use of these benefits seems less than optimal. Thus, only 30% of working NAs report having health insurance paid for at least in part by their employer. Further, 21% of those surveyed in targeted facilities and 32% of NA registrants in our statewide telephone survey report having no health insurance from any source.

Employment Information

Information provided by the Nurse Aide Registry and by the North Carolina Department of Labor was combined to yield a large-scale profile of nurse aides trained to work in long term care. More than 215,000 individuals in North Carolina have been listed on the Nurse Aide Registry since 1990. These individuals have received training qualifying them to work as a nurse aide. However, only about 90,000 were currently active at the end of 2001. Of these, about 23,000 individuals became initially qualified to work as NAs between January 1, 2000 and December 31, 2001.

Most individuals who were active on the registry received income from more than one job, and 73% received some income from outside the health care sector. Active NA registrants received income from an average of 1.89 employers, while inactive registrants worked for an average of 1.05 employers and typically received higher total wages than those still working in long-term care. This pattern suggests instability in employment in long-term care. Many trained individuals work outside the health sector either to supplement their income or in search of a different career path.

The Source of the Problem and Possible Solutions: Administrators and NAs Speak Up

Administrators views: Over half the administrators reported that they think the following are important reasons for turnover: family-work conflicts, better jobs in other employment sectors, the labor shortage (poor job candidates), absenteeism, wages are too low and the physical challenges of the job. More than 30% cited few benefits and lack of training and education while less than 25% cited poor relationships with supervisors, co-workers or families, unclear job descriptions and lack of involvement with care planning as important reasons for NA turnover.

Administrators Acknowledge a Need for Outside Intervention:

- ~ "Thank you for addressing this most difficult subject. We need the assistance to solve the problems of turnover."
- ~ "I sincerely hope the "WIN A STEP UP" project will make a difference in the severe shortage of quality nursing assistants. I am cautiously optimistic as the problems and solutions are multifaceted."

Nursing assistants views: The NA perspective is somewhat different than that of the administrators surveyed. Eighty-seven percent of those surveyed worked previously in another health care job. These workers report leaving their previous jobs due to low wages (62%), availability of their current job (46%),

too few benefits (41%), too many clients or residents to care for (39%), disagreements over working conditions or policies (31%) or personal reasons (39%). Very few cite conflicts with supervisors (14%) as a reason they left their last health care job.

The NAs who reported that they did not see themselves working in LTC in three years (23%) suggested several factors that would make them stay in the long-term care field. These included better pay (80%), better benefits (36%), more advancement opportunities (33%), and better working conditions (32%). Only 3% of these NAs reported that nothing would make them stay. Analyses of comments made by nursing assistants in interviews and in questionnaires reveals that certain key aspects of their jobs intrinsically motivate many NAs. They overwhelmingly report enjoying people, coworkers who care, feeling needed and being useful. One NA reported...

".....I wish pay for CNAs could be higher. It would make me stay on for years and years. Other than that I am pretty satisfied."

Administrators tended to see external factors (e.g., the state of the economy) or characteristics of workers as important reasons for turnover. In contrast, NAs tended to cite problems with the job (e.g., low pay, few benefits, heavy workload). Despite the fact that each group views the problem of turnover from a somewhat different perspective, both groups recognize the severity of the problem and see external assistance as key to its solution.

Note on survey data sources and methodology:

Our long-term care sector profile is based on data obtained from administrator surveys of 240 nursing homes, 174 adult care homes, 147 home health and home care agencies, and 40 hospices. Responses to these surveys were relatively high.

Type of organization	Response Rate
Nursing homes	57%
Adult Care Homes	44%
Home Health or Home Care	44%
Hospice	66%

Surveys were also distributed on-site to a sample of nursing assistants working in 30 long-term care organizations statewide. Data were obtained from 79% of those surveyed in 17 nursing homes, (n=575), 6 adult care homes (n=115), 7 home health care and home care agencies (n=282).

Designing and Implementing the Intervention...

Needs Assessment.

The first task was to assay perceptions of the nursing assistant turnover crisis of a variety of North Carolina stakeholders and to decide upon ideas to improve the situation of nursing assistants. In developing the WIN A STEP UP concept, we utilized knowledge gained through several meetings with our advisory committee and insights from North Carolina's experience with the highly successful early childhood workforce effort, the TEACH® Early Childhood Program. Six nursing homes, two adult care and two home health agencies were identified and invited by the Division of Facility Services (DFS) to participate in the pilot test of an educational / incentive program. Hospice agencies were excluded from the program as turnover appeared to be less of a problem for this type of agency.

Curriculum.

The program used curricula designed to increase nursing task skills and to enhance NAs' knowledge and capacities to work collegially. These curricula were developed in response to skill gaps identified by nursing assistants and staff development coordinators in nursing homes. As such, the content areas were designed specifically for the nursing home context. Despite this, they were recognized for their broader applicability and were utilized for all types of LTC organizations enrolled in the program (i.e., nursing homes, adult care homes, home health and home care agencies).

Program Implementation.

Typically 8 nursing assistants per site were identified by supervisors, attended educational sessions conducted by the facility or agency staff, and received a stipend of \$70 for each content area (i.e., module) completed. The first contract period was from August 2000 through December 2000. Two sites dropped from the project due to administration-level turnover and state code infractions. The eight remaining pilot sites were given an option to participate for a second period; six sites elected to continue during the period from January through May 2001.

In addition to stipends for module completion, the second contract period offered sign-on and retention bonuses and required a five-month employment commitment agreement. The four nursing homes participating in the second contract period chose to match the \$75 retention bonus offered to participating NAs in exchange for the commitment agreement. The remaining adult care home and home health agency chose not to match the retention bonus offered by the program.

In this pilot program, numbers of NA participants were relatively small: among the 77 participants, 34 were enrolled in both contract periods of the program, 23 were enrolled in the first contract period only, and 16 only in the second contract period.

At the conclusion of the program and evaluation, in January, 2002, key stakeholders from throughout the state were invited to a meeting where evaluation results were presented and feedback was received from program participants, state officials, and education and industry leaders.



Continuing Education Modules for Nurse Aides

- A More Empathetic You
- Advanced Communication
- Being Part of a Team
- Fecal Impaction and Hydration
- Infection Control
- Me, Myself and I
- Pressure Ulcers

***Developed by
the North Carolina
Department of
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and Registry
Administration***

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Evaluating the WIN A STEP UP Project

To assess how well the WIN A STEP UP project actually worked, we designed an evaluation that compared participants to similar nursing assistants in the same facilities (“internal comparison group”) and to other similar nursing assistants in a different but similar group of facilities (“external comparison group”). We collected data from participating nursing assistants, the LTC organizations where they worked, and also from a comparison group of LTC organizations that was matched on relevant characteristics. We also collected information directly from nursing assistants employed by comparison organizations. Participating organizations and individuals were matched to these comparison groups on a number of organizational, structural and performance characteristics. Detailed follow-up surveys were targeted toward the nursing assistants in both participant and comparison groups.

Two data waves were collected from participating and comparison sites. This enabled us to use before and after measures to assess changes in turnover rates and job satisfaction. An after-only design was used to examine the efficacy of specific education modules. Participants were surveyed at baseline (the time of their enrollment in the program in August- September, 2000) and at the end of the first and second contract periods. Individuals were surveyed again at a follow-up date several months later (as late as November 2001) to assess the utility of the education modules in their current work, their current job satisfaction and their intent to leave the facility and the field of long term care.

Non-participating nursing assistants were matched to participants based on characteristics obtained at the time of enrollment and surveyed at baseline and at the end of the first and second contract periods. We used the data from all these surveys to evaluate the success of the program intervention using three primary outcomes. We counted as success any instance of 1) positive rating of the programs usefulness; 2) increasing job satisfaction of NAs; and 3) decreasing the actual turnover of participating NAs at the participating facilities.

How Did We Do?

Assessing the Success of the Intervention.

PARTICIPANTS’ RESPONSE

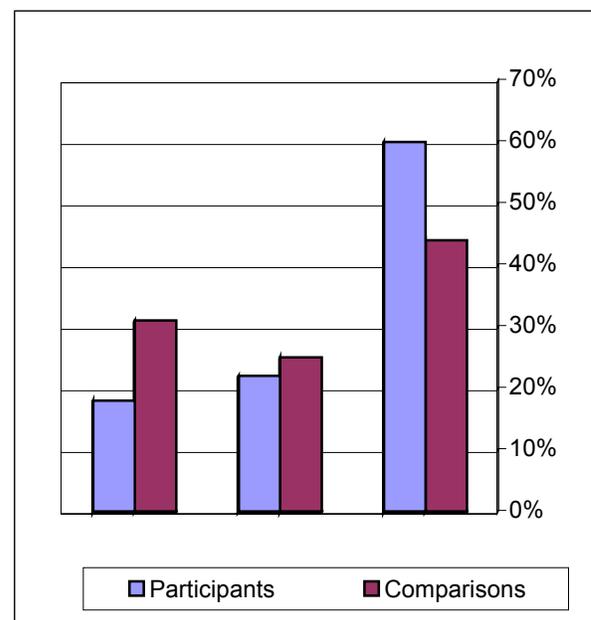
Subjective assessments by participants suggest unmitigated success. Staff development coordinators expressed a similarly positive view of the WIN A STEP UP program. At the end of the observation period, over 80% of the participants reported they applied the skills or ideas they learned in the classes to their daily work.

A substantial majority of participants, both in the first (76.4%) and second (70.0%) phases of the intervention, believed their participation in the project increased their chances of remaining as an employee in their particular facility/agency. One nursing assistant summed it up nicely when asked whether participation in the project helped her in her work:

“I think so because we went over some things that I knew, but just needed to be reminded. And some things I didn't know and [was] glad I learned. I enjoyed the way things were taught and the group involvement. It just made me feel once again that this is really what I want to do in life. HELP PEOPLE.”

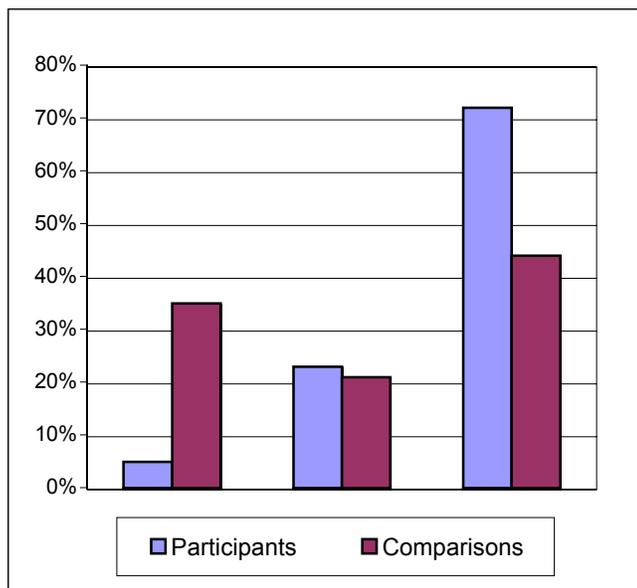
CHANGES IN JOB SATISFACTION

We observed marked changes in the level of job satisfaction of participating and comparison NAs. Over three-quarters of nursing assistants in both groups reported some change in their level of job satisfaction between baseline and the end of the observation period. Only 18% of the 40 program participants for whom we have follow-up data decreased in job satisfaction. Conversely, 60 % of the program participants increased in job satisfaction while only 44% of the comparison group increased. When change in job satisfaction is treated as the outcome variable, the difference between program and comparison groups is marginally statistically significant.



Changes in Job Satisfaction among Participating and Comparison Nursing Assistants in all types of LTC Organizations

The result is stronger when we limit our analyses to nursing homes--the group for whom the curricula were originally developed. Only 5% of the 21 program participants in the nursing home group decreased, while 35% of the comparison group decreased in job satisfaction. On the other hand, 71% of nursing home participants increased in job satisfaction while only 44% of the comparison group did.



Changes in Job Satisfaction of Participating and Comparison Nursing Assistants working in Nursing Homes

TURNOVER

In terms of actual turnover, 3 of the 59 participants in the first contract period left their job, as did 3 out of the 50 participants in the second contract period. Nine of the 56 nursing assistants in the comparison group (observed over a comparable time period) left their jobs. If this is annualized it suggests an annual turnover (attrition) rate of 15% for the program participants in contrast to a rate of 32% for the comparisons. Because the overall turnover rates of these facilities were equal to or higher than the state average, this result suggests that though we were working with highly motivated employees the program may reduce turnover.

SUMMARY

Using outcomes such as participants' subjective assessments of the program, and changes in job satisfaction and turnover, successful outcomes can be documented in the overall sample of program participants and in the nursing home subgroup. The

small numbers of participants and facilities in the adult care home and home health care subgroups preclude meaningful statistical analyses of these subgroups separately. Although small numbers precluded a robust statistical test of the relationship between program participation and retention, the probability that such a difference could have occurred by chance approached statistical significance. Breakdowns of “internal” and “external” comparisons yielded virtually identical rates indicating that at least one out of every four members of the comparison groups had left their employer over the observation period. However, the second survey responses from external comparisons may understate true levels of turnover in the comparison group because survey non-response among that group is high (i.e., 33%) and non-respondents are typically less likely to be working at these facilities. It should be recalled that both the participants and the comparison groups at the outset are somewhat less likely to quit their jobs than is typical of many other NAs currently working in the same settings.

Overall, The WIN A STEP UP Intervention Was a Success

The project evaluation revealed that the WIN A STEP UP program was a success. Program participants and trainers expressed very positive opinions of the workshops, curriculum and incentives provided in the program. The evaluation also provides evidence of improvements in participating nursing assistants' satisfaction. Results suggest a reduction in quit rates might be expected from an extension or expansion of the WIN A STEP UP program.

While positive results are most clearly evident in nursing homes, promising results were found in other types of settings as well. The curricula, which was designed for nursing homes, was also tailored toward group activities, so that larger numbers of caregivers in these residential settings had more opportunities to usefully exercise the skills learned in working with each other, particularly for role playing and advanced communication skills. Further expansion or extension of programs like WIN A STEP UP may require closer involvement of additional partners such as community colleges or educational consortia in order to implement this type of intervention on a much larger scale.

RECOMMENDATIONS

The following recommendations were developed from the experience of the WIN A STEP UP project, the project evaluation, and feedback received at the statewide meeting where the results were presented. These recommendations are made to key stakeholders concerned with meeting the challenge of ensuring that an adequate supply of high quality staff are available to work in North Carolina's long-term care sector. The six recommendations below are grouped into two major areas:

RECOMMENDATIONS FOR MONITORING DEVELOPMENTS IN THE LONG-TERM CARE WORKFORCE:

- (1) Increase the amount and timeliness of information about the workforce that is collected by the Division of Facility Services and other regulatory agencies. Given the current changes in overall employment, these analyses are particularly important.**
- (2) Critical information from the Nurse Aide Registry should be annually combined with Department of Labor data, as well as LPN and RN licensure data. Analyses of these data should be conducted to make inferences about the size of the nurse aide workforce, the amount and source of wages received and the extent to which registrants remain in and make career progress within the long term care sector.**
- (3) If innovative workforce improvement programs are expanded, sufficient resources should be allocated to ensure effective tracking of program participants. This will require that program personnel maintain contact with participants, preferably by establishing personal relationships with key participants, and by delivering recurrent incentives to participants and their employers.**

RECOMMENDATIONS FOR IMPLEMENTING PROGRAMS TO REDUCE TURNOVER:

- (4) The WIN A STEP UP program should be expanded to involve other long-term care settings with a focus on nursing homes.**
- (5) The state should work with employers to explore ways to encourage the expansion of health insurance coverage for the long-term care workforce**
- (6) The state should work with various stakeholders in the long-term care arena to define an explicit career ladder for nursing assistants in long-term care that links educational targets to compensation expectations and plots progress along a career path. This policy should be fostered, initially in the nursing home sector---which seems poised to develop such a strategy, and expanded to other sectors of the long-term care workforce.**

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More information about the project, findings, acknowledgments and other supporting documents can be obtained from the WIN A STEP UP program at the North Carolina Institute on Aging:

<http://www.aging.unc.edu/research/winastepup/index.html>

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