

# CERTIFIED NURSING ASSISTANT RECRUITMENT AND RETENTION PROJECT

## “FINAL REPORT SUMMARY ”

December 2000

*Made possible by Iowa Department of Human  
Services contracts #99-040 and 2000-008.*

### **The Final Summary**

This final summary is a condensed version of the two-year Certified Nurse Assistant (CNA) Recruitment and Retention Project approved by the Governor and Iowa Legislature and funded through the Iowa Department of Human Services.

It contains an executive summary, project highlights, and recommendations for long term care providers, certified nurse assistants, educators, policy-makers and others.

The full report can be obtained from the Iowa State Library, at the Iowa CareGivers Association web site at <http://members.aol.com/iowacga> or by writing or calling Iowa CareGivers Association, 1117 Pleasant Street, #221, Des Moines, Iowa 50309, 515-241-8697.

### **Executive Summary**

The care needs of vulnerable Iowans can't be met without good direct care workers. Labor shortages make it difficult for nursing home and other health care providers to find and keep workers.

Due to the physical, emotional, and mental demands of the work, poor wages and benefits, inadequate orientations and levels of training, the lack of opportunities for advancement, and other work environment factors, about 80% of those who enter the field, leave the field within the first year and most often within the first three months of employment.

Compounding these labor market and staff turnover problems is the stark reality that over 700,000 Iowans will reach retirement age over the next several years, 40% of whom will require some form of long term care.

These quality job/quality care issues also come at a time when there is a shift from institutional care to more home and community based care which creates an even greater demand upon these workers.

The CNA Recruitment and Retention Project has been driven by the need to seek solutions to finding and keeping good direct care workers.

The emphasis has been on finding ways to retain workers longer with the theory that residents benefit from more consistent care, workers are happier in an environment absent the chaos brought with high turnover rates, and employers reduce the costs associated with staff turnover.

Recruitment has been a secondary focus with the belief that if the jobs can be made more attractive it will be easier to recruit good workers to the field.



Note: “CNA” is used to refer to Certified Nursing Assistants throughout this report.

# BACKGROUND INFORMATION

## Collaborators

Iowa CareGivers Association (ICA) managed the project which was funded with a contract from the Iowa Department of Human Services. A council of various associations, agencies, and providers advised the project staff.

Success of the project was contingent upon the joint commitment of the direct care workers, providers, educators and communities targeted for the project.

Iowa Lakes Community College coordinated the activities in northwest Iowa; Hill Simonton Bell, L.C. did the survey and market research development; and the University of Iowa School of Social Work managed the data tracking and analysis.

Eight nursing facilities (Longhouse in Spencer, Community Memorial Health Center in Hartley, Good Samaritan Center in Estherville) served as the participating facilities that received interventions and tracked CNA employment and participation in programs for two years. Washington Care Center in Washington, Parkview Manor in Wellman, and Mechanicsville Nursing and Rehab in Mechanicsville served as the control facilities only tracking CNA employment, and received no interventions. In the second year, two urban facilities were selected to participate and received the interventions for one year only. They were University Nursing and Rehab and Heritage Health and Rehab Center, both in Des Moines.

Also collaborating were the members of the communities within the six Northwest Iowa counties targeted (Clay, Dickinson, Palo Alto, Emmet, Kossuth, and O'Brien), and Des Moines Area Community College Health Care Administration Program serving Polk County, the Alzheimer's Association, Mid-Iowa Chapter, and the Iowa Foundation for Medical Care.

## Goal

The goal of the Certified Nurse Assistant (CNA) Recruitment and Retention Pilot Project was to demonstrate a reduction in CNA turnover by assessing the needs of direct care workers in nursing facilities, and by providing programs and services which were responsive to the needs identified.

## Objectives

In order to achieve the project goal, the following objectives were enlisted:

- Coordinate a local planning committee.
- Recruit three (3) nursing facilities to participate as tracking facilities and three (3) facilities to participate as control group.
- Conduct a representative and random needs assessment of CNAs in the state of Iowa.
- Recruit two (2) urban facilities to participate as tracking facilities (year two).
- Develop and implement a public relations plan.
- Develop and implement programs and interventions.
- Evaluate the effectiveness of the project.
- Develop and disseminate a final report.

Expected outcomes include:

- a reduction in the CNA turnover
- an increase in CNA job satisfaction
- a more stable pool of caregivers
- an enhancement of the quality of care being delivered
- reduced costs associated with the high staff turnover

## Phases

The objectives were carried out in the following phases over a two-year period of time:

- Phases I & II: Assessment
- Phase III: Implementation
- Phase IV: Evaluation & Dissemination

## PHASES I & II: ASSESSMENT

In year one a statewide CNA needs assessment survey was conducted. A random sample of 2133 names were mailed with a 23% return rate. The survey was followed up with two CNA focus groups with 17 CNAs participating to glean more specific information from the initial survey findings.

Comparisons of the rural and urban surveys revealed no significant differences.

The survey and focus group questions and analyses were done by Hill Simonton Bell, L.C.

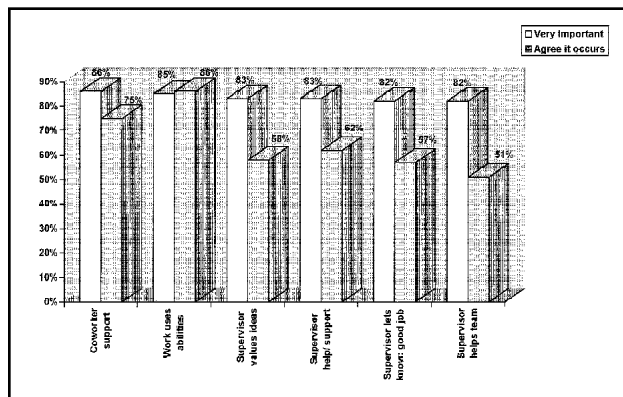
### •CNA Needs Survey Highlights:

CNAs stay in the field due to their commitment to their residents.

#### The four top concerns of CNAs surveyed

- A) Short staffing
- B) Poor wages and benefits
- C) Relationships with supervisors and lack of respect
- D) Inadequate levels of education, training and orientation

### •Paramount to CNA job satisfaction was the CNAs' relationship with their nursing supervisor.



**4. Nurse Supervisor Survey:** In year two a survey of licensed nurses was administered. Of 3137 surveys mailed, 703 were returned for a 23% return rate.

The purpose of the nurse supervisor survey was two-fold:

- 1- study what their needs and concerns were
- 2- conclude what their perception of the CNAs' needs and concerns were

The concerns of the licensed nurses who supervise CNAs were:

- 1- lack of authority and resource to see that CNAs get the training they need
- 2- a need for more training on how to supervise staff
- 3- no time to care or to supervise CNAs

#### Why Nurse Supervisors Think CNAs Leave The Field

- A) Poor wages and benefits
- B) Understaffing
- C) Lack of respect or appreciation
- D) Inadequate levels of education, training and orientation

The responses of 703 nurse supervisors echoed those of the CNAs who were surveyed one year previously.

(The supervisor's responses were slightly different in order of priority. Refer to CNAs responses in column one for comparison).

The assessment consists of three reports:

- *Certified Nursing Assistant Recruitment and Retention Pilot Project, Phase I: Survey Results*
- *Certified Nursing Assistant Recruitment and Retention Pilot Project, Phase II: Focus Group Study Results*
- *Certified Nursing Assistant Recruitment and Retention Pilot Project Nurse Supervisor Study*

To obtain the reports which contain the survey instruments call or write Iowa CareGivers Association, 1117 Pleasant Street, #221, Des Moines, Iowa 50309, 515-241-8697, or email: [iowacga@aol.com](mailto:iowacga@aol.com) or visit our website: <http://members.aol.com/iowacga>

You may also contact the Iowa state library or the Iowa Department of Human Services 515-281-5487.

## PHASE III: INTERVENTIONS

### Nature of the Interventions

Since local ownership was crucial to the success of the programs, both community based and facility based interventions were implemented.

Facility-based: Facility-based programs were delivered on site or at the participating facility. CNAs were instrumental in deciding what programs would be delivered. They included: job satisfaction survey, in-services on conflict resolution, caring for the Alzheimer's client, communicating with dying residents and their families, and communication and team building at work.

The two urban facilities recruited in year two received the programs that the three northwest Iowa facilities received in year one. The facilities in northwest Iowa received fewer in-services in year two.

Community-based: In order to take a comprehensive approach, community programs were implemented by a planning committee consisting of consumers, family members, advocates, educators, providers, regulators, direct care workers, agencies, the religious community and others.

The purpose was to increase awareness, enhance the CNA image and to foster community-wide ownership. Programs included community education programs, a public awareness campaign, and CNA network meetings (support groups) facilitated by the local community college.

### Interventions

- CNA needs assessment survey
- Nurse supervisor survey
- Job satisfaction survey
- Conflict resolution training
- Team building/communication training
- Recognition programs (facility and community)
- Training on caring for the Alzheimer's client
- Community education and recognition programs
- CNA support group meeting
- Communicating with Dying Residents and Their Families
- CNA Mentor Training program
- CNA Mentor Reunion meetings

- Direct Care Forums
- Ways to Retain CNAs (for management)
- Exit interviews

### CNA Mentor Training Program

The CNA Mentor Training program was a joint effort between the community college, participating facilities, and Iowa CareGivers Association.

CNAs who went through an application process based upon their facilities' criteria were accepted to complete a two-day CNA Mentor Training program. The purpose of the CNA Mentor Training program was to train CNAs to mentor or train new CNAs coming to work at their facilities.

The rationale behind the CNA Mentor Training Program was to help retain veteran CNAs by giving them an opportunity for advancement and to retain new CNAs by providing longer orientations by the same person.

Once the CNAs completed the training, it was then up to the participating facilities to create their own program guidelines for implementation at their facilities. Those efforts varied with respect to wage increases, new name badges and titles, and the inclusion of mentors in the care plan meetings.

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*"The whole mentoring course was excellent. I enjoyed sharing information with others about our job positions."*

CNA Mentor

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CNAs who completed the CNA Mentor Training realized challenges in their new roles. Quarterly CNA Mentor Reunion meetings were scheduled to assist the new mentors in problem-solving and to identify ways to deal with the challenges they faced once in their new roles.

In some instances the CNA Mentors expressed frustration because there wasn't an effective implementation plan for the program for which they took training once they got back to their facility.

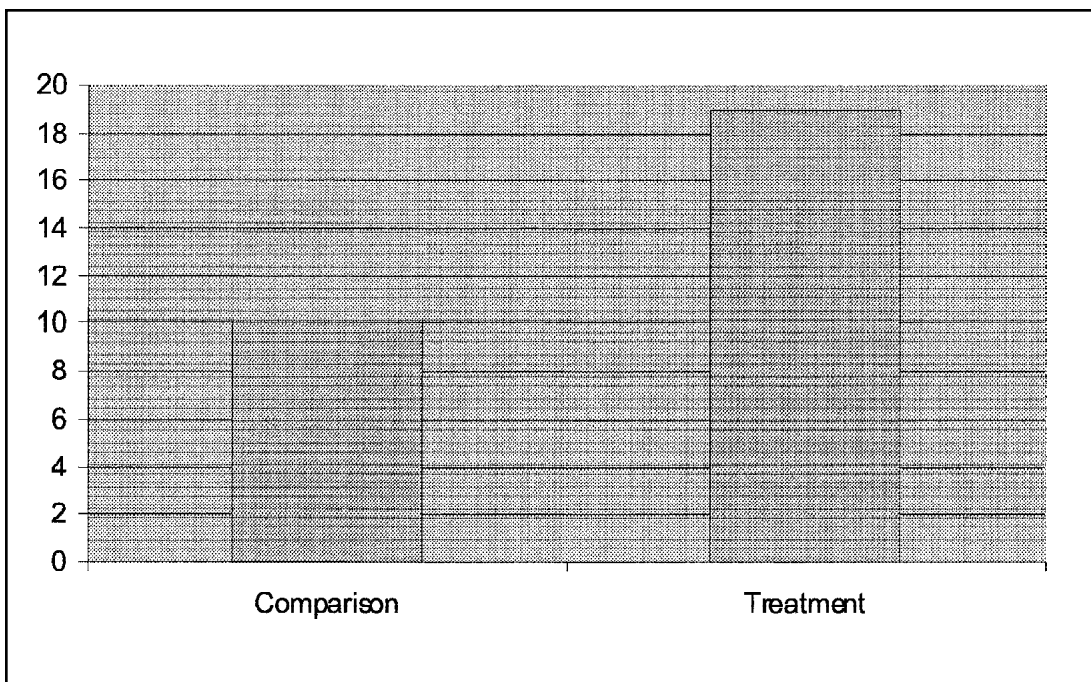
## PHASE IV: EVALUATION HIGHLIGHTS

The evaluation was conducted by researchers at the University of Iowa School of Social Worker, National Resource Center for Family Centered Practice in Iowa City, Iowa.

It was based upon the Certified Nursing Assistant (CNA) tracking information provided by the facilities, CNA exit interviews, and pre and post job satisfaction surveys. The facilities' rates of CNA turnover along with the tracking of CNAs participation in the facility and community-based interventions were also tracked.

Qualitative measures were taken through program evaluations. Observations and other variables are detailed in the overall final report.

Figure 2 illustrates the combined average length of service for the two groups over the two-year period. For the **Treatment facilities the overall average length of service during the study period was 18.96 months and for the Comparison facilities the average length of service was 10.01 months.**

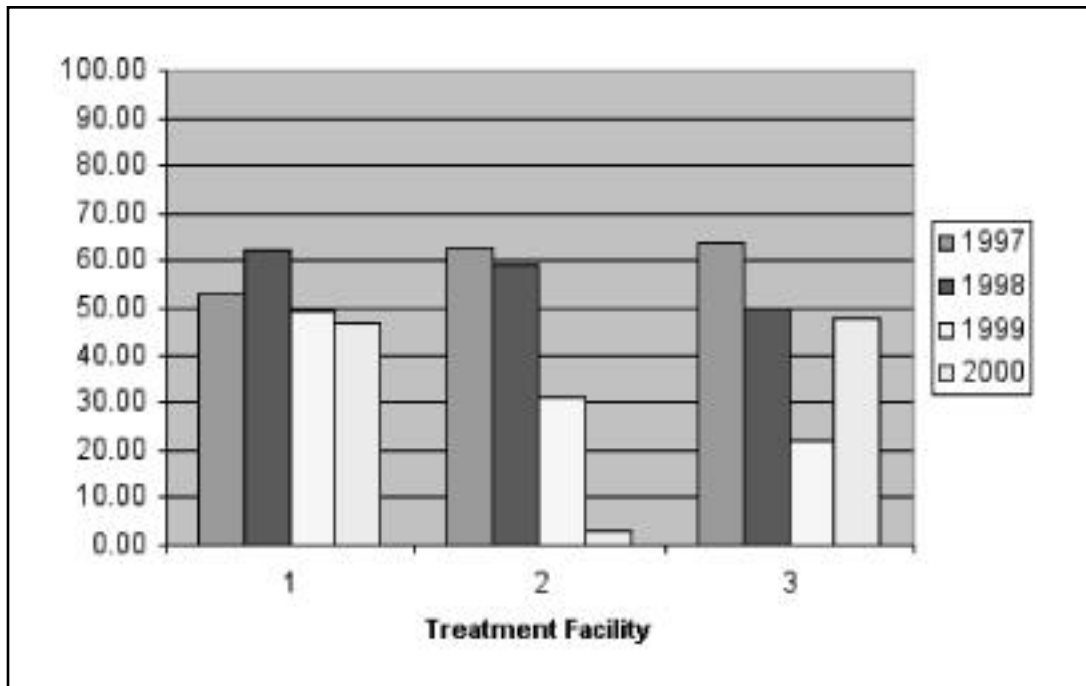


*Those facilities receiving interventions experienced a CNA retention rate of approximately twice as long as those facilities which did not receive the interventions.*



Figure 7 illustrates the turnover rates for Treatment facilities only from 1997 through 2000. Each column, labeled “Series”, represents one year beginning with 2000 in Series 1. The figure demonstrates a trend in the first two sets of columns (facilities) toward progressively lower turnover while in the third facility the year 2000 rate rebounded from the lowest in 1999 to the highest of the treatment facilities in 2000. Unfortunately, Comparison facility data were not available for inclusion.

However, with an industry average of nearly 100% turnover per year, these results are impressive.



*With an industry average of nearly 100% turnover per year, these results are impressive.*

**Job Satisfaction**

The Treatment group scored better on job satisfaction.

**Exit Interviews**

Exit interviews were gathered from those terminating employment to determine their reasons for leaving. Eighty percent of those exiting Treatment facilities said they were satisfied with their wages and benefits compared to 20% of those exiting the Comparison facilities.

**Effectiveness of Interventions**

Since only the Treatment group could attend programs or services, there can be no comparison on these items. Clearly, more analysis is needed to evaluate the extent to which attendance at programs and services effects the decision to stay or delay leaving. However, the significant difference between the turnover rates of the Treatment and Comparison facilities are suggestive of the efficacy of the programs and services offered by the project as interventions.

*The significant differences between the turnover rates of Treatment and Comparison facilities are suggestive of the efficacy of the programs and services...*

# RECOMMENDATIONS

## *The way to quality care through direct care*

### Considerations for Facility Administrators and Nurse Supervisors

- **Be visible** to the CNA staff.
- **Meet with each CNA** individually on a regular basis.
- **Enforce “no show”** policies.
- Maintain **high hiring standards** for CNAs and all staff [good CNAs would often rather work short-staffed than to work with a CNA who doesn't care].
- Embrace a facility culture which **promotes professionalism** among all staff, including CNAs.
- Place a **high priority on training** for nursing staff who supervise CNAs.
- **Give supervisors the authority** and resources necessary to **provide the necessary training for CNA staff.**
- Place a **high priority on training** and continuing education for **CNA staff.**
- Help to initiate or mentor the development and maintenance of a CNA peer networking or **support group** within your facility or community.
- Encourage CNA participation in **educational programs outside the facility** [conferences, workshops, support groups].
- Implement a **CNA Mentorship Training Program** whereby CNAs mentor and orient new CNAs [as an advancement with a pay increase]. CNA support through participation in the planning and implementation of such a program is very important to its success.
- When CNAs complete the CNA Mentor Training program, **have a plan** for when they return to use their new skills. Should include pay increase, new title, name badges, and an actual plan for the program implementation.
- Provide the necessary support and **follow up to newly trained CNA Mentors**, e.g. quarterly meetings with other CNA Mentors in the area to problem-solve, gain peer support and prevent burn-out.
- Implement **inexpensive, short-term incentives** in the workplace to keep staff motivated or to maintain momentum for a new program or policy.
  - poster contest/team competition
  - dinner
  - awards/certificates
- Identify **other perks** for those CNAs not interested or unable to take advantage of advancement programs.
  - invite them to serve as **advisors** to the CNA Mentors
  - invite their participation on other **committees** of interest to them
- Be diligent about having appropriate and **working equipment and adequate supplies at all times.**
- **Seek counsel** and input from CNAs re: equipment and supply purchases and needs and the storage convenience of supplies.
- **Include CNAs in resident/patient care plans.**

- Listen and Respond** to CNAs re:
  - resident's condition or care and
  - get back to CNA about what was done and how their observations were helpful.
- Provide more **extensive employee orientation** that is consistent with the CNAs training and previous experience.
- Hire CNAs who have completed the **75 hour training** program.
- Provide **quality continuing education** programming beyond the federal/state requirements. Include programs on team and relationship-building and conflict resolution...*things I don't already know.*
- Ensure that veteran and new **CNAs have the same training** or understanding of techniques and skills. This will reduce tensions between staff and reduce risks to staff and residents. Send CNAs to Skills Fair at local community college or plan your own.
- Pitch in to **help on the floor** when short staffed.
- Be **sensitive to CNAs who grieve the loss of residents:**
  - allow one or two CNAs to attend the funeral/memorial on behalf of the facility
  - hold a memorial at the facility and involve the CNA staff in the service and/or eulogy
  - offer grief counseling
  - death and dying education
- Join Iowa's Governor and Lt. Governor and Iowa Caregivers Month sponsor, Iowa CareGivers Association, along with over twenty statewide agencies and associations to **honor CNAs** and other direct care workers during their professional

recognition day, week, month [June] by offering:

- recognition program at the facility
- participate and assist with community awareness campaign and celebration
- Whereas, CNAs report that they stay on the job due to their devotion to their residents; **involve the residents in any recognition** programs held for CNAs.
- Work with the Iowa CareGivers Association, community colleges, direct care staff and others to create a **statewide network** of support, recognition, education, and advocacy for CNAs.

**Considerations for Community Colleges and Other Institutions of Learning**

Community Colleges are in a position to be the nucleus for community activity to promote quality care through education and programming which respond to the needs of CNAs and other direct care workers. Some activities may include:

- Work with Iowa CareGivers Association, direct care workers, and other agencies and associations to build the network.**
- Coordinate **local level public awareness campaign** activities such as Iowa Caregivers Month.



- **Educate the general public** [civic and service groups and others] about the roles of CNAs.
- **Provide CNA Mentorship Training.**
- Coordinate quarterly **follow-up meetings for CNA Mentors.**
- Offer **CNA Mentorship Train the Trainer Program** for facility staff.
- Conduct **training** for those interested in being a **CNA support group mentor.**
- **Host CNA support group meetings.**
- Coordinate CNA Skills Fair to **ensure that all CNAs and CNA Mentors are doing things consistently** which will also improve relationships between CNAs who may have learned to do things differently.
- Provide **information to new CNA students** about CNA peer network or support group meetings in the area.
- Maintain a climate within the community conducive to open dialogue about caregiving issues with the intent to work cooperatively toward solutions.
- Provide a **realistic orientation** to what the role of a CNA is. “What I learned in class and what the job is really like are very different”, were comments frequently heard from CNAs. (Trainers often agreed).
- Work with the Iowa CareGivers Association to expand the CNA Mentor Training program into other community college districts which are interested.
- Identify a liaison within the community colleges and institutions of learning to answer questions and inform health care providers and CNAs of the services of Iowa CareGivers Association.

### What CNAs Might Consider

- Work with Iowa CareGivers Association, community colleges, and others within your community to **create a statewide network of support, recognition, education, and advocacy for CNAs and other direct care workers.**
- **Network with other CNAs** at support groups and educational programs and conferences.
- **Promote professionalism** within your field by being the “example” of professionalism by your behaviors, actions, communication and caregiving skills.
- Recognize and **accept the field of direct care as a “career”** for those who choose it as a career.
- **Set high expectations when seeking employment** within the field of direct care. Expect an interview, a tour of the facility, an opportunity to meet the administrator, director of nursing, CNAs, and other staff, and to be given a chance to ask questions that are important to you [scheduling, number of residents you’ll be required to care for, what CNA turnover rates are, etc.].
- **Be supportive of new CNAs** and other staff who may lack confidence starting out by sharing your experience and offering encouragement. You have the influence to help retain good caregivers.
- **Take part in training** and activities to enhance communication between all staff.
- **Give administrative staff credit** for starting or supporting programs to benefit direct care staff.
- **Urge your facility or administrative staff to seek CNA opinions** or input on

programming and to include CNAs in the planning.

- **Suggest topics** you need or want to know more about and don't be afraid to ask questions.
- **Express your appreciation** to administrative and management staff if they help you on the floor or in other ways.
- **Be tolerant with co-workers** who may have learned skills differently than you.
- Place a high **value** on your ongoing **continued education**. Seek ways to increase your knowledge, skills, and confidence through education.
- **Attend educational programming** designed for you by Iowa CareGivers Association, local community college, your employer or other providers and educators.
- **Proudly promote your profession** by taking part in Iowa Caregivers Month activities.
- **Increase awareness about your profession** by speaking to your child's class or your church or club about your profession, write articles or poems about your role as a direct care worker for the Iowa CareGivers Association's newsletter or your employer's newsletter.
- **Listen and respond** to requests from supervisors and follow through even if you aren't able to carry out the request. Make sure to let them know you are unable to complete a task.

### Considerations for Owners/Operators

- Place a high **priority on CNA training and orientation**.

- Place a **high priority on management training** with respect to human resources management.
- Give **administrators and directors of nursing the authority** and resources needed to provide the training, orientation, and recognition needed to maintain a good staff.
- **Ensure pay parity** and adjust the wages of veteran CNAs when the starting wage is increased.

### Considerations for Policy-makers

- **Review the findings of the CNA and Nurse Supervisor needs assessments**.
- Examine and consider **staffing level requirements**.
- Provide **resources necessary to recruit** other workers such as **immigrants, and mature workers, and the programs tailored to their specific needs**.
- **Support the creation of a statewide staff retention network** to include ICA, community colleges, direct care workers, advocates, providers, and other agencies, associations, and institutions of learning.
- Ensure adequate **training standards** for all health care providers.
- Determine what the state's role is, if any, in ensuring **health care for low wage-earning nurse assistants**.
- Consider changes in provider reimbursements in order to increase wages for direct care workers and other nursing staff.



*I've worked as a nurse assistant for 38 years. I've worked in nursing homes and hospitals.*

*Nobody, not even my family, can support me in my role as a nurse assistant better than another nurse assistant or direct care worker.*

*As President of the Iowa CareGivers Association, I am able to take some responsibility for my own profession. I am among the thousands of direct care workers in Iowa who work for too little pay and stay with it because we CARE!*

*If I was caring for you, how important would it be that:*

*I take your blood pressure accurately? Or, if you couldn't walk on your own...that I answer your call light quickly so you can make it to the bathroom in time? How important would it be to you...that if you were incontinent...that I handled it in a compassionate way? If you had a stroke and could not speak...how important would it be to you that I offer you a drink and understand the difficulty you may have with swallowing?*

*If you could not respond, would you still want someone to talk to you, encourage you and care?*

*As slow as the wheel turns in government, you may be living in a nursing facility with the rules being discussed today. So if the things I mentioned would be important to you, then these things need to happen:*

*We as direct care workers must be viewed as professionals within our field of direct care.*

*Our wages and benefits should reflect the importance of our jobs.*

*A high priority should be placed on our training and continuing education.*

*And we MUST have enough help to give good care. Thank you.*

(A talk by Lin Salasberry, Certified Nurse Assistant,  
September 1999 Direct Care Forums)

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