Improving Retention of Frontline Caregivers in Dane County

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Health Care Partnership

In 1995, the Dane County Economic Summit Council (ESC), a blue ribbon commission comprised of leaders from Dane County's business, labor, public, and non-profit organizations, and its lead technical advisor, the Center On Wisconsin Strategy (COWS) began discussions on the creation of *Jobs With A Future* Industry Partnerships. Presently there are partnerships in three of Dane County's leading industries — health care, manufacturing, and finance & insurance. In partnership meetings, industry leaders work together to identify and solve common training problems and workforce shortages. The partnerships provide workers with better information about employer demands, required skills, and training opportunities. They provide business with better indicators of worker experience and skills, and with improved incumbent worker training systems. They also send better signals on industry demand and priorities to public sector systems including training providers, technical colleges, and school-to-work programs.

Founders of the Health Care Partnership are committed to working together to promote and develop quality jobs and quality workforce in the regional health care industry. Focusing on human resource, job quality, training, and skill development issues faced by multiple players in the health care industry, the partnership provides a collaborative venue where shared solutions can be developed to solved shared problems.

The Health Care Partnership quickly identified the extremely high turnover of frontline caregivers, or the "CNA crisis," as a priority area for partnership activity. In an effort to overcome the crisis by increasing the pool of CNAs available and improving the quality of CNA jobs, the Health Care Partnership recommended the development of a report. This report documents the range of turnover rates for CNAs at different extended and home health providers and identifies and documents "best practice" examples.

Center on Wisconsin Strategy

The Center on Wisconsin Strategy (COWS), based at the University of Wisconsin-Madison, is a research and policy center dedicated to improving living standards in Wisconsin. COWS conducts research, provides policy guidance, and works with community, business, and labor organizations to implement "high road" (high-wage, low-waste, community-minded) strategies of regional economic development. Its applied work concentrates on implementing such strategies in the state's metropolitan economies. From both its research and applied work, COWS seeks to draw general lessons for economic policy.

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Table of Contents

Health Care Partnership i
Center on Wisconsin Strategy i
Acknowledgements ii
Table of Contents iii
Introduction 1
Data Sources 2
The Costs of Frontline Turnover to Caregiving Organizations 2
An Overview of the Workforce and the Industry 4
  The Jobs and the Workers 4
  Organizations that Provide the Care 7
  Home Health Providers 7
  Nursing Homes 9
A Revolving Door: Turnover of Frontline Caregivers 10
  Home Health 11
  Nursing Homes 12
The Effect of Turnover on the Quality of Care 14
  Federal Regulation Deficiencies 16
  Pressure Sores 17
  Complaints Lodged Against Nursing Homes 17
Factors that Influence Turnover 18
Compensation 19
  Wages 19
  Raises 21
  Health Care Benefits 21
Human Resources Policies and Work Organization 23
  Teamwork and Flatter Hierarchies 23
  Advancement 24
  Initial Training and Orientation 24
  Ongoing training 24
  Tuition Reimbursements 25
  Scheduling 25
  Staff Meetings 25
  Case Conferencing and Joint Care Committees 26
  Quality of Care 26
Low Turnover Examples from Dane County and Beyond 27
  Badger Prairie Health Care Center 27
  Elder Care of Dane County 29
  St. Alphonsus, Boise, Idaho 30
  Cooperative Home Care Associates 30
Conclusions and Policy Recommendations 31

Improving Retention of Frontline Caregivers in Dane County

Introduction

Nursing assistants provide the hands-on care and attention in homes and nursing homes upon which many of our most vulnerable citizens rely. These frontline caregivers literally stand at the point where our health care system touches the patient. Their job is crucial, difficult, and often poorly paid. The predictable result, especially in a tight labor market, is high turnover and difficulty in recruiting and retaining staff. In Dane County, the turnover rate of Certified Nursing Assistant (CNA) positions ranges from about 50 percent in home health agencies to over 100 percent in the county's nursing homes. Dane County's nursing home turnover of frontline caregivers is nearly twice as high as the state's which, at 54 percent for full-time and 78 percent for part-time employees, is plenty high enough.

Health care professionals in Dane County are overwhelmed by this "CNA crisis" in turnover. This is made clear through the numerous ads that run for CNAs each week in the paper: recruiting new CNAs is difficult; training rarely pays off in a long-term employee; and agencies often make extra demands of current staff in order to meet their clients' needs. While Dane County is not alone, with unemployment below 2 percent the problem here is especially bad.

That the CNA staffing situation can be considered a crisis goes beyond the difficulty of filling the position. The shortage also places extra stress on an already overburdened staff — CNAs themselves suffer the struggles of being short-staffed. And, perhaps most importantly, high turnover and short staffing can reduce the quality of care given by hospitals, nursing homes, and home health care agencies. That affects us all.

Addressing the CNA crisis is a priority of the Dane County Health Care Partnership. The Health Care Partnership brings together representatives from business, labor and education to discuss skill and training issues in Dane County's health care industry. Members include nursing homes, hospitals, home health care agencies, clinics, labor unions that represent health care workers, and Madison Area Technical College. Health Care Partnership members pay the costs of the CNA crisis every day. Their work on the CNA crisis includes building pathways from the nursing assistant position to other jobs in the health care industry and improving recruiting and retention in the job itself.

This report examines the range of experience with CNA turnover and seeks to identify some of the best local practices that reduce turnover among CNA staff. First, we provide a quick overview of the health care industry and the jobs in it. Then we document the range of experience with turnover in Dane County. This range suggests that some environments and some employers are doing better than others are. Next, we describe some "best practices" for retaining CNAs and discuss factors that appear to reduce turnover. Based on the evidence in this report and the lessons learned from the best

practice cases, we offer a series of policy recommendations to address the problem of CNA turnover in Dane County.

Data Sources

The information collected for this report is from several different resources. Quantitative data comes from various state agencies[1] and a survey by the Center on Wisconsin Strategy.[2] More qualitative data comes from interviews, job shadowing and focus groups with area health care providers.[3] The data was collected both to investigate causes of high turnover and also to document best practice examples. The research in this report is confined to nursing homes and home health care agencies. Other health care settings also have difficulty recruiting and retaining CNAs and conclusions drawn from the research on nursing homes and home health care agencies may be usefully considered for wider application.

The Costs of Frontline Turnover to Caregiving Organizations

That employers, employees, and patients all suffer from the CNA crisis is obvious enough. What is more important, and more difficult, is to actually begin to identify, document, and account for those costs. In part, this accounting is difficult because the costs of turnover include both direct dollars and indirect opportunity costs as staff time is devoted to monitoring a revolving door rather than enhancing performance and skills of current staff. Perhaps more importantly, accounting for the cost of turnover is difficult because much of it is directly related to the quality of care. Neither a quantifiable and broadly supported definition of "quality" nor the data to benchmark it are readily available. As a result, while employers know the costs are high, reliable dollar values are not easily ascertained.

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[1] Data was obtained from the following state agencies: the Center for Health Statistics, the Bureau of Health Care Financing and the Bureau of Quality Assurance. These agencies document various features of home health providers and nursing homes including staffing levels, resident and client profiles, funding sources, type and level of care given and ownership. The most recent data available is from the Center for Health Statistics' 1996 survey. Much more data is collected on nursing homes than on home health care agencies because nursing homes are more tightly regulated than home health care.

[2] A survey (see Appendix B) was sent out by the Center on Wisconsin Strategy to all nursing homes and home health care agencies in Dane County. A follow-up telephone interview was conducted with the directors of nursing or human resource managers who responded to the survey. More than half of nursing homes and three-fourths of home health care agencies responded to the survey.

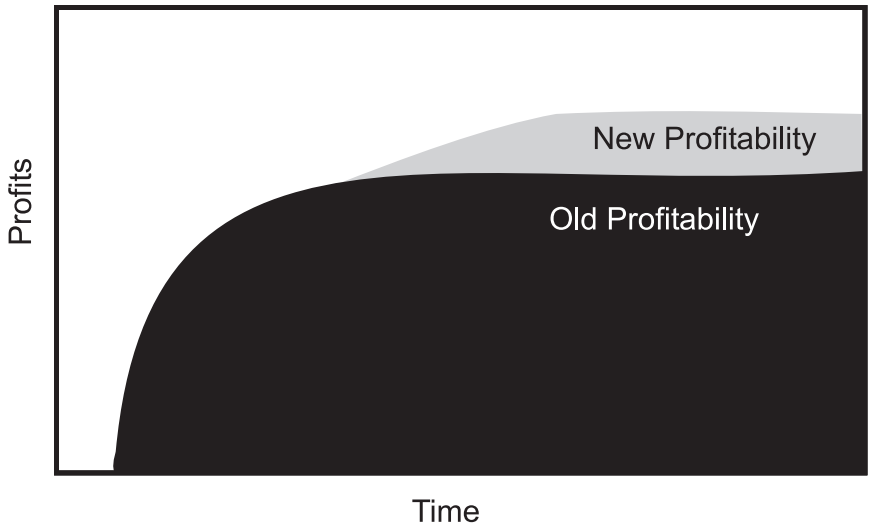
[3] In the focus groups a range of issues was discussed. The CNAs that participated were asked general questions about why they became CNAs, why they worked for their current employer, what they liked and disliked about their jobs, their relationships with their supervisors and other CNAs, their relationships with the residents, scheduling and staffing, and supervision. The objective of the job shadowing was to better understand what the work is like and to talk one-on-one with CNAs about their thoughts on their jobs, their employers and their future.

Employers face a variety of constraints on the knowledge that would make placing a dollar value on the cost of turnover possible. The nursing homes and home health care agencies that employ CNAs suffer very tangible losses as a result of the shortage and high turnover rates in the position. The most obvious costs associated with turnover are dollars spent on recruiting and training replacements and dollars paid to hire expensive "subs" from temporary help agencies to fill-in when agencies are short-staffed. Less easy to calculate, but no less important are productivity losses that result from reduced morale and increased stress among the current workforce and the decline in the quality of care due to less continuity of care. Clearly, organizations are losing both money and time due to CNA shortages and turnover. The care that they are able to provide is suffering and the smooth operation of their facilities and/or agencies is disrupted by turnover. Some of these costs are in direct dollars, while others are more hidden but no less critical to the organizations that face them.

Moreover, any organization that can find a way to hold onto staff could, in fact, devote resources and energy in new directions. This is a more hidden cost of turnover and one that often goes overlooked when considering strategies to reduce turnover. Imagine if the professionals that currently hustle simply to fill vacancies could actually spend their time training staff and looking for other means to increase productivity. Coopers and Lybrand make this argument with Figure 1, the graph below. If less time was spent on dealing with turnover, organizations could actually shift toward enhanced productivity and or increased customer satisfaction. The result? Higher long-term profitability and improved quality of care.

Figure 1

Benefits of Decreasing Turnover



Source: Coopers & Lybrand, L.L.P. *The Cost of Entry-Level Staff Turnover: A Thinking Tool for Companies*, (p. 5) 1997.

While employers suffer the economic costs of turnover, those on the receiving end of the care suffer in more personal ways. Ninety percent of the direct care in nursing homes is done by CNAs. The very nature of their work is hands-on and intimate. Building relationships and trust between CNAs and clients is vital to delivering quality care. High turnover and understaffing seriously undermine the relationship building process and thus erode the quality of care. Several nurse supervisors that were interviewed as a part of this study commented that "CNAs are the eyes and ears of the organization." They know the condition of the people they care for better than the nurses or doctors. If there are any changes or developments, CNAs are the first to know. Their stable and continuous employment is in the interest of the people for whom they care.

The CNAs who participated in this study were also concerned about high turnover and staffing shortages. From their perspective both turnover and shortages make their already stressful jobs more difficult. The frontline caregivers we talked to are deeply committed to providing quality care and cite understaffing and turnover as major obstacles to providing such high quality care. The CNA shortage should be expected to raise wages but given the structure of payment in the system, wages have barely changed. The current CNA workforce then suffers the usual cost of occupational shortages — increased work — while not reaping the usual benefit — higher wages.

In this industry, high turnover directly reduces the quality of care. Patients, caregivers, and health organizations clearly share common ground in finding the best means of improving quality of and retention in CNA jobs. We now turn to an overview of the industry and turnover in it to begin to look at the range of experience in Dane County.

An Overview of the Workforce and the Industry

The Jobs and the Workers

Technically defined, certified nursing assistants perform daily personal cares and very minor medical cares in a variety of health care settings. The Bureau of Labor Statistics has two occupational categories that cover the CNAs studied in this report. The job description from the Bureau of Labor Statistics for "Nursing Aide" is:

> Work under the direction of nursing or medical staff to provide auxiliary services in the care of patients. Perform duties such as answering patient's call bell, serving and collecting food trays, and feeding patients.[4]

The job description for "Home Health Aide" is:

> Care for elderly, convalescent, or handicapped person in home of patient. Perform duties for patient such as changing bed linen; preparing meals; assisting in and out of bed; bathing, dressing, and grooming; and administering oral medications under doctors' orders or direction of nurse.[5]

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[4] Bureau of Labor Statistics, 1996 National Occupational Employment and Wage Data, 1996.
[5] Ibid.

In order to become a certified nursing assistant, the State of Wisconsin requires 75 hours of training, including 16 hours of clinical experience. An exam is given at the conclusion of the training. Students must answer one question right in each of eight categories on the exam, including: infection control; emergency procedures; charting and documentation; environmental safety; and residents' rights. Students must also display competence in basic nursing, personal care, interpersonal communication and restorative care skills. A student could be certified after just two weeks of training and testing. However, most training programs are much longer than 75 hours. Certified CNAs possess a portable credential that can help them find work. However, once hired, there are few opportunities for advancement, and pay increases barely exceed the increases in the cost of living.

Once certified, nursing assistants enter positions that are at the "low end of the totem pole" in most organizations. According to data from the COWS Home Health and Nursing Home Surveys, CNAs in Dane County earn an average of $9.13 at nursing homes and $8.49 at home health care agencies. Most organizations offer health care benefits to CNAs. Differences in data collection make the average difficult to compare, but national average wage is a bit lower. In 1996 the average wage for "nursing aides, orderlies and attendants" was $7.75 and for "home health aides" it was $7.83.[6]

CNAs work in a variety of settings including hospitals, nursing homes, other extended care facilities, home health care agencies and in some clinics. At nursing homes in Wisconsin CNAs comprise approximately 41% of the full time equivalent (FTE) staff. At Wisconsin home health care agencies they comprise 28% of the FTE staff.

The daily routine for home health aides and CNAs at nursing homes differ quite substantially. At a nursing home the day shift CNA begins by reviewing any changes or developments in the condition of the residents they will care for that day. The CNA is then responsible for making sure that the residents he or she is assigned to - usually about 8-10 people - are awoken, dressed, and ready for breakfast. This is no small task since almost 60% of residents at the skilled nursing level are partially dependent on the assistance of one or two staff with bathing, eating, dressing, toiletting and ambulating or transporting. Further, the other 40% are totally dependent on staff to accomplish these activities.[7] After breakfast, CNAs make sure residents are brought to the living areas, back to their rooms or to any activities that are scheduled for the day. During the brief period between the end of breakfast and the beginning of lunch CNAs attend to any special needs for that day. For example, they make sure residents who are in bed are turned periodically to avoid bedsores, they give baths, they walk residents to make sure they get some exercise. At around 11:00 a.m. lunch begins and once again all the residents are brought to the dining area to eat. After lunch the residents are again brought to an activity, to the living area or to their rooms for a nap. CNAs use the time after lunch to chart the condition of their residents. Conditions such as eating habits, bowel movements, and changes in health or disposition are all recorded.

Job shadowing and focus group discussions make it clear, however, that the typical day rarely goes as smoothly as described above. For example, Robin[8] finished getting about half the residents on the Alzheimer's unit ready for breakfast when the floor

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[6] Ibid.
[7] Calculated from data collected by Center for Statistics Nursing Home Survey, 1996.
[8] All of the names in this report have been changed to preserve confidentiality.

nurse found us and told us that Mary, one of the residents, was agitated and trying to get out of bed by herself. Robin went quickly to Mary's room to see what was the matter and found Mary lying on a mattress on the floor. Mary's bed rests on the floor because, Robin explained, she regularly tries to get out of bed and had broken her hip in the past. Though still on the mattress, Mary had uncovered herself and taken off all of her clothing. She was very upset and struggling to get out of bed. Robin knelt down and started telling Mary in a loud but soothing voice that everything was going to be ok. As she put her arms around Mary and caressed her back, she noticed Mary's arms and legs were cold. The other CNA on the unit came to help dress Mary as Robin held her and tried to rub some warmth back into her limbs. As frail as Mary appeared, she fought the CNA trying to dress her. She then fought both CNAs as they helped her to the bathroom and then back to her bed. By the time Mary was settled in bed it was already 8:30 a.m. and half of the residents were waiting in the dining room for breakfast and half were still waiting in their rooms for assistance in getting ready. The rest of the morning seemed rushed and chaotic. Interruptions, unexpected problems and crises are the norm rather than the exception for CNAs working at nursing homes.

> ***"The typical day is very rushed. If you're rushed it translates to the residents and they get more agitated and more short-tempered."***

Working in home health is very different even though the services performed by CNAs are almost identical. The CNA is still responsible for helping clients with eating, dressing, bathing, moving around, and other personal cares. The difference is that CNAs in home health are able to focus on one client at a time and are allowed much more time per person. They also have more autonomy and independence since they travel from home to home on their own most of the day. At most home health agencies a schedule is sent to the CNA listing which clients are to be visited and when. The CNA rarely comes into the office. He or she will usually start from home and drive to about 5-6 clients' homes. The visits can last anywhere from 15 or 20 minutes to several hours, but the average visit length in Wisconsin is 1.8 hours.[9] There is a care plan developed by an RN which the CNA carries out. Most CNAs will also help out with other things the client needs done, such as a little housework or help performing some task.

Table 1

Race & Ethnicity of Dane County CNAs and Total Population

	Hispanic	African American	Asian	Native American	White
CNAs in Dane County	1 %	17 %	8 %	<1 %	73 %
Dane County Total	2[10]	3.5	3	<1	93

Source: Wisconsin Department of Workforce Development, and COWS Nursing Home and Home Health Survey, 1998.

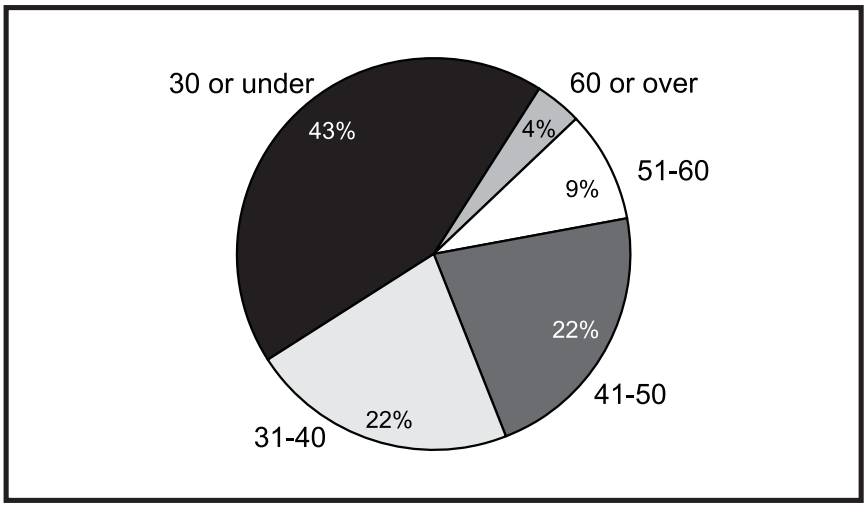
[9] Home Health summary book, 1995 pg. 21.

[10] 2% of the Dane County population that identifies itself as white, African American, Asian or American Indian also identifies itself as Hispanic.

As in all areas of nursing, CNAs are overwhelmingly women. According to our Home Health and Nursing Home Surveys, fully 89% are female. Moreover, while less than 7 percent of the county's residents are people of color, people of color accounted for fully 27 percent of CNA staff in the survey (see Table 1, above). Finally, CNAs also tend to be young, with 43 percent of the CNA workforce under the age of 30 and 65 percent of the CNA workforce under the age of 40 (Figure 2). Compared to the labor force at large, where just over half of the labor force is under 40 years, CNAs appear to be disproportionately young.

Figure 2

CNA Age Range in Dane County



Source: COWS Nursing Home and Home Health surveys, 1998.

Organizations that Provide the Care

Home Health Providers

There are seven home health agencies located in Dane County that serve residents of Dane County and the surrounding area. According to the Center for Health Statistics, in 1996 home health care agencies employed 1,847 FTE home health aides statewide.[11] In 1996 in Dane County, home health care agencies each employed the FTE of 26 home health aides on average. Dane County agencies ranged in size from a staff with 7 CNAs to a staff with 39 CNAs.

Figure 3 shows that the just over half of revenue for home health comes from Medicare, while Medicaid accounts for another 28 percent and other sources account for the remaining share of total pay sources. This payment structure, so heavily reliant on federal sources, forces a significant constraint on home health agencies. Essentially, the entity that pays for the service — the government — has only a loose connection to those that actually receive the service. This can result in a system which under-emphasizes quality of care and over-emphasizes cost reduction. In either case, the critical federal role in the structure of the industry should not be overlooked.

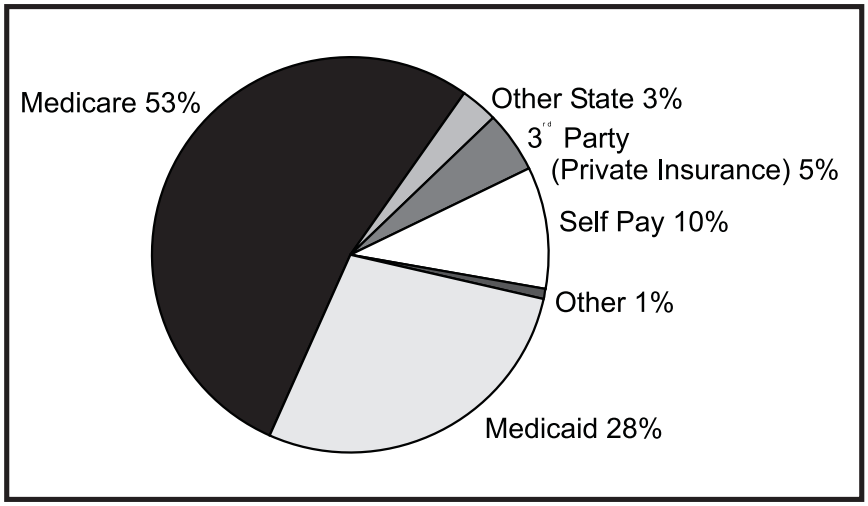
[11] Home Health summary book 1995, pg. 10.

The use of home health is increasing rapidly in Dane County as well as elsewhere in Wisconsin. The number of admissions statewide to home health increased by 35 percent from 1990 to 1995. Employment in home health is increasing at an even greater rate. Employment grew 45 percent between 1990 and 1995. According to the Center for Health Statistics, the "increase was in home health employees other than nursing personnel or home health aides."[12] Employment of home health aides probably would have increased if it were not for the statewide shortage of CNAs. An administrator of a home health agency in Dane County lamented that a branch office in rural Wisconsin was actually forced to close because of the shortage of CNAs.

In 1995, 4,993 people in Dane County received services from home health care agencies.[13] Using an estimate from the Center for Health Statistics on home health services for a typical day, almost two-thirds of home health clients needed assistance in one of their activities of daily living, including dressing, ambulation, eating, toiletting, and transferring. So two-thirds of the clients needed services that CNAs provide. Fully 70 percent of the patients are over 65 and their most common primary diagnoses were cardiovascular disease and cancer. Between 1990 and 1994 the number of patients served increased by 19 percent. The growth in home health is due in part to the increase in the proportion of the population aged 65 and above. It is also the result of increasing pressure for cost reduction in the industry which tends to push people out of hospital and long-term facilities when they still may need some ongoing care.

Figure 3

Primary Pay Source for Home Health



Source: Center for Health Statistics, 1996.

[12] Ibid, pg. 3

[13] All data from Home Health summary book 1995 and 1994.

Nursing Homes

There are 23 nursing homes and 1 facility for the developmentally disabled in Dane County. The average size of a nursing home in Dane County is 126 beds with 2,322 licensed beds in the entire county. The occupancy rate is 89.6% and nursing homes in Dane County employ the full time equivalent of 1,565 CNAs. [14] The average nursing home in Dane County employs the full time equivalent of 69 CNAs and the full time equivalent of 30 RNs and LPNs.

Like the home health industry, the bulk of payments in the nursing home industry comes from the federal government — together Medicare and Medicaid account for 75 percent of payments to the industry. Unlike home health however, the overwhelming majority of nursing home revenue comes from Medicaid as opposed to Medicare.[15] Though differing in program, the payment structure of both nursing homes and home health agencies rely principally on federal sources. Thus federal reimbursement policies set by Medicaid (for nursing homes) and Medicare (for home health agencies) have a direct influence on organizations' budgets.

On an average day in 1996 there were 2080 people in nursing homes in Dane County, but this number is gradually declining.[16] For all facilities in Wisconsin combined the overall census is declining very slowly. The average census decreased by 3 percent between 1990 and 1996 even though the number of people aged 65 and above increased during that time. In Dane County nursing homes the average daily census decreased from 2183 in 1995 to 2080 in 1996.

Table 2

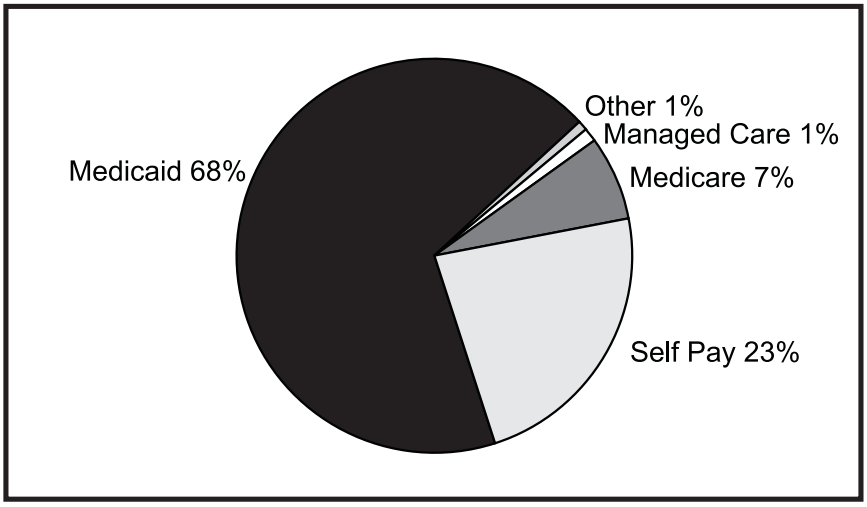
Ownership and Size of Nursing Homes in Dane County and Wisconsin

Facility Ownership	Dane County	Wisconsin
Government	2	77
Non-profit	6	166
Proprietary	16	216
Facility Size		
0-49 beds	4	63
50-99 beds	9	193
100-199 beds	9	154
199+ beds	2	49

Source: Center for Health Statistics, 1996.

[14] Calculated from data from Nursing Home fact book, 1996
[15] Nursing Home summary book 1996 pg.22
[16] Nursing Home summary book 1996, pg 9.

Figure 4
Primary Pay Source for Wisconsin Nursing Homes



Source: Center for Health Statistics, Division of Health, Wisconsin Department of Health and Family Services, 1996.

Most residents of nursing homes are elderly. Approximately 90% are aged 65 and above[17]; 60% are dependent on one or two staff for assistance with at least one of their activities of daily living (ADLs), and 40% are completely dependent on staff for their ADLs. The primary diagnosis of nursing home residents is cardiovascular, but of those residents aged 55 and above an equal percentage had a primary diagnosis of Alzheimer's disease.[18] Nursing homes are increasingly becoming facilities for those in need of Intense Skilled Nursing (ISN) or Skilled Nursing (SN) as opposed to Intermediate Care (ICF). In 1985 only 61 percent of residents were in the ISN or SN category; by 1995, fully 80 percent required these intensive levels of care.[19]

A Revolving Door: Turnover of Frontline Caregivers

Fundamentally, the CNA crisis is the product both of the difficult work described above and the low value that has been historically assigned to hands-on caregiving work. The work of CNAs requires — among many other talents and skills — discretion, bedside manners, a strong back, and a strong stomach. In nursing homes, care of 8 to 10 patients keeps caregivers jumping even on slow days and it's clear that days are rarely slow. In home health, CNAs may face less time pressure but they also face their work alone, which requires independence, tact, and judgement. In both areas of work, caregivers develop strong relationships with their clients and have to face their deaths as a part of the job as well. While many CNAs find the work rewarding because of the relationships they develop, it is clear that the work is very hard.

[17] Ibid, pg. 23.
[18] Ibid, pg. 29.
[19] Ibid, pg. 20.

At the same time, wages paid for this difficult work are relatively low. According to the 1995 Occupational Wage Survey (DWD), the median starting wage for nurse aide/orderly was $6.29 per hour. At the same time, starting data entry workers earned a median of $6.92, furniture movers got $7.09, laundry workers brought in $6.79, and tellers started at $6.45. Health care providers are not simply competing with each other in this market for nursing assistants, and CNAs know that there are opportunities outside the industry that may pay at least as well and involve less stress. The demands and rewards of the job are high, and for this reason many CNAs devote themselves to careers in the industry. But for others, the stress is too high, and the reward, financial and otherwise, is too low. Turnover is the obvious result.

Home health and nursing homes provide very different work environments and it should not be surprising that turnover problems and concerns registered by CNAs in the two settings differ substantially as well. Home health agencies generally face turnover rates of 25-50 percent. That means that an agency with a CNA staff of forty is hiring anywhere from 10 to 20 workers each year. For nursing homes the problem is more extreme. In Dane County, nursing homes face turnover rates of 100 percent or more for full and part-time staff. That means that in a nursing home with 50 CNAs, each year they hire 50 new CNAs. These levels of turnover, both in home health and nursing homes, are very difficult to sustain.

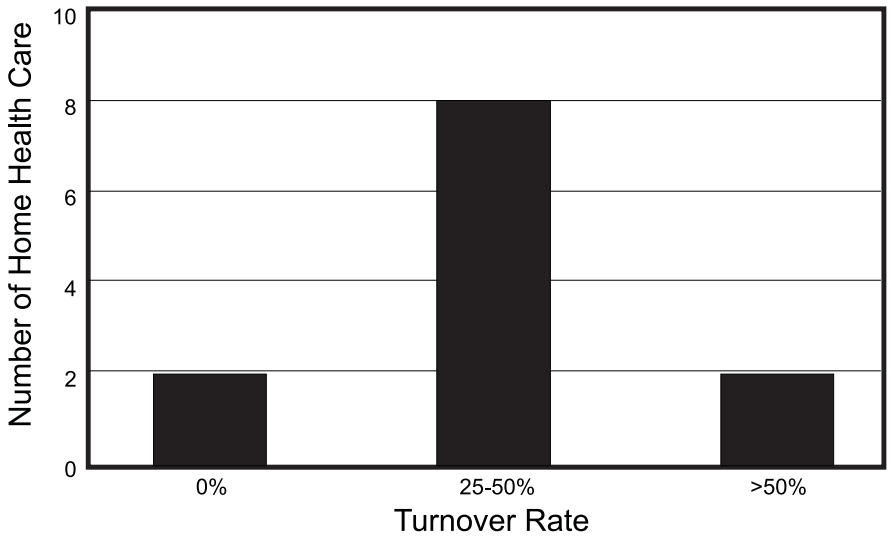
Turnover rates can be deceiving and deserve some clarification at this point. Take, for example, "100 percent" turnover. This does not necessarily mean that the entire staff turns over each year. If all staff stayed exactly one year, no more and no less, then turnover would be 100 percent and the entire staff would be replaced each year. At the other extreme imagine a 50 person agency where 49 staff stayed on, year after year, while hiring a new person every week for the final position. This agency would have turnover in excess of 100 percent turnover (because they hire 52 new people each year), but a relatively stable employee base. Of course, neither of these extremes approximate the norm in Dane County. Employee turnover tends to concentrate in the first three months of employment and every agency has some share of long-term employees. For this reason, we present both turnover data and data on "retention," or the share of the labor force that has been with the agency for more than a year. Taken together, turnover and retention data can reasonably identify the stability of the labor force at different organizations.

Home Health

Twelve home health agencies responded to our survey, and eight of them posted turnover in the 25-50 percent range for their total workforce. The median turnover rate for Dane County home health care agencies is 34.5 percent. Although most agencies fall in this middle category, there are agencies with turnover rates at both extremes. Two agencies had turnover rates of zero.

Retention did not vary greatly between agencies. The average retention rate for CNAs at home health care agencies in Dane County is 81%. Most agencies had retention rates very close to 80 percent. The highest retention rate for 1997 was 100% and the lowest was 71%.

Figure 5
Range of Turnover Rates for Dane County Home Health Care Agencies



Source: COWS Home Health survey, 1998.

Nursing Homes

Turnover Rates

Table 3 shows that turnover of CNA staff is a serious problem for Dane County nursing homes. Among full-time staff, turnover is just under 100 percent each year: on average, in a year, a nursing home is required to fill as many full-time positions as it has. For part-time workers, the turnover is more extreme. In a Dane County nursing home with 50 part-time CNA positions, managers hire 63 people each year. The differences between part-time and full-time turnover rates, shown in Figure 6, are significant. For either part-time or full-time workers, however, turnover rates in the 100 percent range indicate the severity of the CNA crisis for nursing homes.

Along with the high turnover, retention rates in Dane County nursing homes are relatively low (Table 3). Among full-time staff, just under two-thirds (62 percent) have more than one-year of experience in the industry. Not surprisingly, the picture is worse for part-time workers. Of part-time workers in the County's nursing homes, only half have more than one year of tenure at their current job. Continuity of care is difficult to secure when turnover is so high and retention so low.

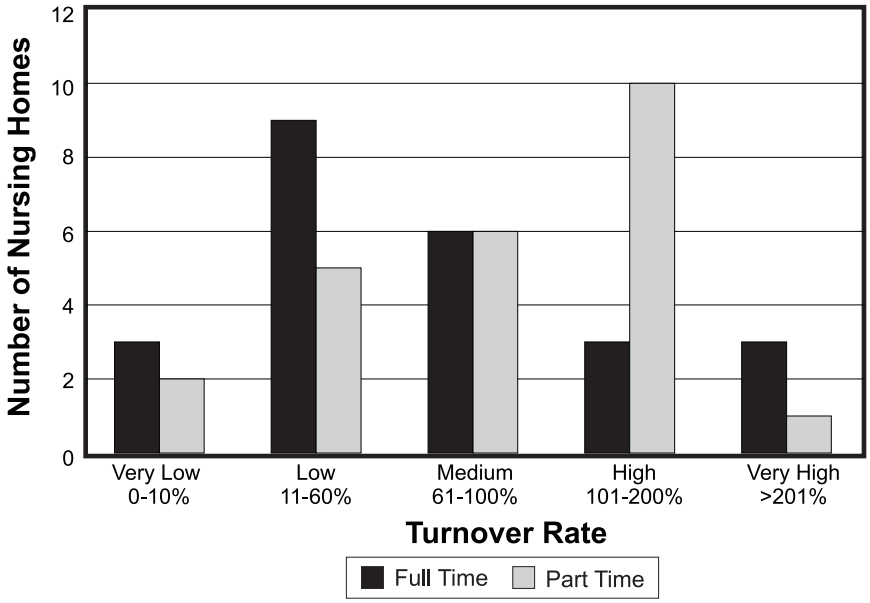
Turnover and retention experience of different institutions is generally similar from year to year. That is, if a nursing home has very high turnover rates one year, it is likely to post high rates the next year. The diversity of experience with turnover (3 Dane County homes posted very low turnover rates in 1996) and the fact that it correlates from one year to the next suggests that turnover is not simply a random event that strikes all nursing homes equally. In fact, some homes have found means of retaining staff, even in Dane County's tight labor market.

Table 3
CNA Turnover and Retention Rate for Dane County Nursing Homes, 1996

	Turnover	Retention
Full Time	99.4 %	62 %
Part Time	127.2	49

Source: Center for Health Statistics 1996.

Figure 6
Part-time and Full-time Turnover Rates at Dane County Nursing Homes



Source: Center for Health Statistics, 1996.

Regulatory reporting requirements result in much more data on turnover and retention in nursing homes. Indeed, for nursing homes, for any given year there are data from Dane County and the state on turnover and retention of CNA staff, RNs and LPNs. Table 4 shows that Dane County's turnover rates substantially exceed the state's norm. In 1996, turnover for full-time CNA staff in the state was 54 percent, substantial enough, but just over half the Dane County rate. State turnover for part-time staff was 78 percent compared to Dane County's 128 percent turnover rate. While unemployment has been low across the state for a number of years, Dane County has regularly posted the lowest unemployment rates in the state. It may be little surprise that turnover rates are higher here; the size of the gap, however, is worth noting.

Finally, as shown in Table 5, turnover is concentrated among CNA staff in nursing homes, but not limited to them. In fact, the turnover rate for RNs and LPNs is generally around 40 percent. Nursing homes, residents, and CNAs also face the extra stress of turnover among their supervisory staff.

Table 4
CNA Turnover and Retention Rates for Dane County and Wisconsin, 1996

	Full-time Turnover	Part-time Turnover	Full-time Retention	Part-time Retention
Dane County	99%	127%	63%	43%
Wisconsin	54	78	72	61

Source: Center for Health Statistics 1996, Bureau for Quality Assurance 1996.

Table 5
Turnover and Retention Rates CNAs, RNs and LPNs

	Full-time Turnover	Part-time Turnover	Full-time Retention	Part-time Retention
CNAs	99%	127%	62%	49%
RNs	42	58	73	60
LPNs	39	40	64	64

Source: Center for Health Statistics, 1996.

The Effect of Turnover on the Quality of Care

The quality of the care that a nursing home or home health care agency provides is heavily dependent on the frontline workers that provide the day-to-day care. CNAs comprise the majority of the staff, they perform 90% of the direct care at nursing homes and do more than half of home health visits. High turnover intuitively would have a negative impact on quality of care since knowledge of the patient and the organization is key to doing a good job as a CNA. Beyond medical knowledge, the relationships CNAs have with the people they care for makes the difference between adequate care and high quality care. Turnover disrupts continuity of care and the development of relationships. Mor (1995) notes that if aides are treated like “replaceable parts,” then they are more likely to treat the residents in their care as “objects” as well, whereas active nursing assistant involvement in the care planning process is related to quality of care.

In this section, we seek to document some of the relationship between turnover and quality of care by relying on measures of quality of care established for nursing homes. At this point, our data only highlight some outlines of the relationship between turnover and quality of care. However, more detailed studies of the correlation are required as are better data on outcomes in home care as well as definitions of measures of quality of care. Even so, we think some trends are indicators of the important, if difficult to measure, relationship between turnover and quality of care.

Table 6
Illustrative Measures of Quality of Care in Nursing Homes

Structural Measures

- Staffing levels (nurses, PT, OTs, etc.)
- Staffing mix
- Staff turnover
- Wages/benefits
- Management/leadership structure
- Facility: size, location, ownership
- Availability of private rooms
- Volunteers
- Governance
- Age/condition of plant, equipment (include mobility development)
- Payer mix (percent mix, etc.)
- Case mix
- Accreditation
- Teaching status

Process-of-Care Measures

- Assists with ADL/IADL (includes bathing, skin Care)
- Injury (staff and patient)
- Infection control (includes residents and staff)
- Resident services: special care to prevent Problems
- Overuse of restraints
- Use of urinary catheters
- Bladder training
- Delivery of "hotel" services (sanitation)
- Assessment (includes care planning), Frequency and completeness
- Abuse prevention
- Quality assurance and use of medical care
- Resident rights

Outcome Measures

- Mortality
- Hospitalization
- Facility-acquired pressure sores, skin Breakdown
- Functional status change
- Pain control
- Depression
- Injuries
- Urinary incontinence
- Weight loss
- Infectious disease
- Patient satisfaction
- Thefts/abuse
- Staff injuries/illness
- Staff satisfaction

Source: Institute of Medicine, *Nursing Staff in Hospitals and Nursing Homes: Is It Adequate?,* 1996 pp. 130.

"Quality" of care is difficult to define and measure for home health care agencies and nursing homes. The proportion of residents that are in nursing homes for rehabilitation and will be discharged is small compared to the proportion of residents whose conditions can only be expected to worsen. Often the goal of health care in nursing homes is not recovery but, at best, maintenance of a minimum level of quality of life. Because patient outcomes (i.e. recovery, improvement) are not a realistic measure of quality of care, researchers have struggled to come up with other measures. The Institute of Medicine study on nursing home staffing included a fairly comprehensive list of "illustrative measures of quality of care in nursing homes."

The Institute of Medicine considers staff turnover, under structural measures, a measure of quality of care. It follows then that CNA turnover would have a considerable effect on quality of care if one looks at both the process-of-care and outcome measures. CNAs' daily duties make them responsible for most of the process-of-care measures listed in the table above and even many of the outcome measures. Garibaldi et al (1981) find that the physical care of nursing home residents in the United States deteriorated during periods of high staff turnover. Stryker (1981) hypothesizes that depression, disengagement, disorientation, and isolation among long term care residents is likely to increase when staff resident relationships are disrupted by high turnover.

To begin to chart the connection between quality of care and turnover in Dane County, we document the relationship between turnover and the three most quantifiable measures of quality care:

- Federal regulation deficiencies;
- Percentage of residents with pressure sores; and
- Number of complaints registered with the bureau of quality assurance.

Using these measures of the quality of care, we found that nursing homes with low turnover and high retention rates also had higher quality care. The correlation was more evident when considering the turnover rates for full-time CNAs.

Federal Regulation Deficiencies

State surveyors from the Wisconsin Division of Supportive Living, Bureau of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9-15 months to determine if the nursing home complies with State and Federal rules. To determine Federal regulation deficiencies, surveyors according to the Bureau of Quality Assurance use a "resident-centered, outcome-based process…equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, as well as on whether or not the resident's rights, dignity and privacy are respected."[20]

The number of Federal deficiencies for nursing homes in 1996 in Dane County ranged from 0 to 25. In agencies with low full-time turnover, the median number of deficiencies posted was 5. But in agencies with very high turnover among full-time staff (turnover at 150 percent or above) were often cited with multiple deficiencies. The average number of deficiencies for high turnover homes was 13.

Table 7

1996 Turnover and Median Federal Deficiencies for Nursing Homes in Dane County

Low Turnover – less than 60%	5
Average Turnover – between 60 and 150%	7
High Turnover – greater than 150%	13

Source: Center for Health Statistics, 1996.

[20] Bureau of Quality Assurance. *Right to Know Report*, 1996. Section 1, page2.

Pressure Sores

The percentage of residents with pressure sores at a nursing home is another indicator of the quality of care given by a facility. Pressure sores are generally avoidable, especially if CNAs have the time and the training to provide the care which can help avoid the pressure sores. In their inspections for quality of care, state surveyors document the share of residents with pressure sores.

In Dane County, nursing homes with lower turnover also do a better job of protecting residents from pressure sores. According to the data from the state, on average 4 percent of nursing home residents in low turnover homes had pressure sores while on average 7 percent of residents in high turnover homes had pressure sores.

Table 8

1996 Turnover and Average Percentage of Residents with Pressure Sores for Nursing Homes in Dane County

Low Turnover – less than 60%	4%
Average Turnover – between 60 and 150%	5
High Turnover – greater than 150%	7

Source: Center for Health Statistics, 1996.

Complaints Lodged Against Nursing Homes

The Center for Health Statistics keeps track of the number of complaints lodged by residents and families against nursing homes. All of these complaints are investigated and either declared "substantiated" or "unsubstantiated." For Dane County homes, there was a correlation between the number of complaints a nursing home had received and the turnover rate of their nursing assistants.

Table 9

Turnover and Average Number of Complaints Lodged Against Nursing Homes

Low Turnover – less than 60%	2.1
Average Turnover – between 60-150%	1.8
Above Average Turnover – greater than 150%	9.4

Source: Center for Health Statistics, 1996.

Taken together, these findings confirm at least some relationship between turnover the quality of care in Dane County nursing homes. Indicators of quality care — deficiencies, pressure sores, and client complaints — suggest that low turnover homes posted higher quality outcomes. Nursing homes and other agencies are all seeking means to avoid deficiencies, pressure sores, and client complaints, and reduction of turnover may be one such means. Moreover, when attempting to calculate the cost of turnover in organizations, this evidence suggests that turnover may lead to direct cost in terms of worse outcomes for patients.

The causal arrow between turnover and quality of care seems to go both ways: CNAs who work at organizations that give high quality care are more likely to stay and CNAs who stay are better able to give high quality care. All this is very much consistent with the comments of CNAs during focus groups and job shadowing. When asked why she became a certified nursing assistant, one CNA remarked: "Well, I didn't go into it for the money." Most responded that they wanted to take care of people or that they enjoyed working with the elderly. The focus groups left the overwhelming impression that CNAs are committed to taking good care of people. If the organization they work for does not allow them to do a good job they are much more likely to leave. Several CNAs speculated that the turnover rate at nursing homes was much higher than at home health agencies for precisely this reason. CNAs considered nursing homes stressful places to work. They felt that it was impossible to give quality care in nursing homes where it was difficult to work with a patient one-on-one as in home health. CNAs at nursing homes cited cleanliness and staffing levels as two important factors that would determine whether they would stay or leave a job. According to the CNAs both of those factors are major determinants of the quality of care they are able to give.

Factors that Influence Turnover

CNA turnover in Dane County is both high and varied, and those organizations with higher turnover appear to have worse outcomes in terms of quality of care. Variation in turnover and the fact that, at least among nursing homes where data is available, turnover is relatively consistent through the years suggests that some organizations have found means to reduce turnover while other have not.

In this section, we discuss some of the quantitative and qualitative evidence we have gathered on factors that influence CNA turnover. In turnover, there is no magic bullet, no single explanation that can completely account for the variation in turnover among the nursing homes and home health agencies we observed. And given the nature of our data, we can only offer evidence that suggests the influence of different factors on turnover. There is simply not a large enough sample here to securely estimate the effect of different factors on turnover outcomes.

The bottom line given our evidence, however, is that valuing frontline caregivers can reduce turnover. Practices that put a high value on CNAs range from high wages to real problem solving in staff meetings. Here we discuss three broad categories of practice that matter for turnover: compensation, working conditions, and quality of care. Our evidence is in keeping with national studies and with studies in other states. Throughout these surveys, frontline caregivers consistently point not only to low-wages, but also disrespectful treatment at the hands of supervisors and the lack of reward for skills and experience as the factors that push them out of the industry. Throughout the next section,

quantitative data (from the survey and collected by the Department of Health and Family Services) is backed up by information collected during interviews, focus groups and job shadowing.

Compensation

It will likely surprise no one that compensation, ranging from the obvious forms like wages and benefits, to the more obscure forms like wage progression schedules, is a key determinant of turnover rates. We review evidence from Dane County on the effect of various compensation factors on turnover rates.

Wages

Wages are the first signal of how highly valued workers are. Wages are also arguably the area of most direct competition in the labor market. In low unemployment markets, agencies are competing with each other and with external opportunities and workers often make choices based on the best possible wage. CNAs are some of the lowest paid workers at nursing homes and home health care agencies. According to information reported on the survey, the average wage for CNAs working in Dane County nursing homes is $9.13 compared to $8.49 per hour at home health care agencies. A CNA working full time making $9.13 per hour would make just over $18,000 per year. In our survey, wages ranged from $7.50 per hour to $13.06. Comparable wages can be earned in food service and better wages are available at entry-level jobs in the manufacturing sector. Workers and agencies both note the problem of low wages and their effect on turnover.

> ***"I think the problem [high turnover] is wages. I mean, you could work at McDonalds and make as much as you can most places."***

Given the importance of wages in labor markets and the obvious interest of workers in seeking out higher wages, it should come as no surprise that agencies with lower wages face higher turnover rates. Among Dane County's nursing homes, those that pay above average wages face half the turnover rate that nursing homes that pay below average wages. For full-time CNAs the turnover rate at below average wage nursing homes was 126 percent, compared to 44 percent at homes with above average wages. Where wages are below average in home health, turnover is 65 percent, but agencies with above average wages faced just 26 percent turnover.

It is important to note that wages are often highly correlated with other factors that may reduce turnover. For example, nursing homes with above average wages often also provide better health care and retirement benefits as well. Because the correlation of all these factors, this data cannot be used to positively assign wages a specific effect on turnover. Even so, the quantitative data does strongly support our anecdotal evidence that higher wages are likely to reduce turnover.

These findings are consistent with what CNAs said in focus groups. Those that had reached above average wages for the industry often said that they would not consider leaving despite other complaints they had about their place of work, because they felt they could not make as much at a new job.

Table 10

Wages and Turnover and Retention Rates in Nursing Homes and Home Health Dane County Nursing Homes 1996

	Turnover Rate for Full-Time CNAs	Turnover Rate for Part-Time CNAs	Retention Rate for Full-Time CNAs	Retention Rate for Part-Time CNAs
Below Average Wages	126%	174%	58%	51%
Above Average Wages	44	77	67	55

Dane County Home Health Care Agencies 1997

	Turnover rate	Retention rate
Below Average Wages	65%	67%
Above Average Wages	26	94

Source: Center for Health Statistics 1996, COWS Home Health Survey 1997-1998.

Table 11

CNA Wage Rates at Dane County Nursing Homes by Ownership

	Number of Agencies	1996 Wage Rate	Turnover Rate
Government	2	$14.49	29.5%
Non-Profit	6	8.56	67.6%
Proprietary	16	8.53	141.4%
Total	24	8.84	

Source: Bureau of Health Care Financing, 1993-1995, COWS Nursing Home Survey, 1998

The comparison of home health and nursing homes raises an important contradiction, however. In general, nursing homes pay higher average wages than do home health agencies. Even so, they face much higher turnover than do home health agencies. If the formula was simply higher wages equals lower turnover, then home health would face higher turnover than nursing homes. This finding suggests the important differences between CNA work in the two environments and the fact that the attributes of home health work makes it, for many, a substantially more attractive job.

Raises

Rewards to tenure on the job for frontline caregivers are few. In fact, there are very few fields where it is so clear that experience matters (think of sponge baths, or working with an angry patient) but where there is so little pay-off to time on the job and so few formal means to either demonstrate or develop new skills. Because raises acknowledge and reward the growing skill of caregivers, and because raises increase take home pay, systems for awarding raises also appear to have an effect on turnover and retention. The average time before the first wage increase and the percentage value of that increase both appeared to be important.

This was one of the chief complaints made by CNAs in focus groups. They felt as if their experience and knowledge was not rewarded or appreciated as much as it should be. They clearly felt that the level of their experience as CNAs and their seniority at an organization made them much more valuable and that they ought to be compensated accordingly. Though some organizations are better at addressing this concern than others, the most common practice is to award very small increases that barely surpass a cost of living increase and are tied to seniority more than skill.

Health Care Benefits

> ***"I would think about working at another nursing home, maybe one closer to my house, but I can't wait that long for health care benefits and I don't want to start over in a new program."***

During job shadowing and focus groups, CNAs mentioned repeatedly how important health care benefits were to them. Several were single mothers and depended on their benefits to provide health care for their children. All nursing homes and almost all home health care agencies that responded to the COWS Home Health and Nursing Home Survey said they provided health care benefits for both part-time and full-time workers. In most cases, benefits were awarded if employee worked 20 hours or more. For this study, since most facilities and agencies provide some health care benefits, we looked at how much was spent on health care benefits as a percentage of the average CNA wage and how long CNAs had to wait after their first day of employment to be enrolled in a health insurance program. Both were related to turnover and retention.

For most organizations that provide health care benefits to their employees there is a period of time before an employee's first day of employment and the first day of their enrollment in a health insurance program. Sometimes the employee must simply wait until the first of the month because of the way the insurance provider structures enrollment. Often, however, employers have a waiting period from one month up to a year before the employee is eligible for enrollment. A little over half of the nursing homes that responded to the COWS Nursing Home Survey reported that CNAs were eligible to enroll in their health insurance program on the 1st of the month following their first day of employment or after 30 days plus until the next first of the month following the first day of their employment. The rest responded that CNAs had to wait a month and a half to up to a year before they were eligible. As the following table shows, among CNAs who wait a month and a half or longer to be eligible to receive health care benefits turnover is higher and retention is lower than among those who receive benefits soon after their initial start date.

At home health care agencies, all but one of the agencies that provided health care benefits to their CNAs allowed their CNAs to receive health care benefits within a month and a half. The one agency that had a waiting period of 3 months had a turnover rate slightly above the median. The agency that did not provide benefits to its CNAs at all had a turnover rate 162% above the median.

The Bureau for Health Care Financing collects data on wages and also on what percent of the wage bill is spent on health care benefits at nursing homes. In Dane County the actual percentage of the wage bill spent on health care benefits is not correlated with turnover and retention rates for CNAs, but the dollar amount spent on benefits is highly related to turnover and retention. For CNAs, the average amount spent by Dane County nursing homes on benefits per hour of work is $1.64 and the median is $1.49. Employers that spent more than the median on benefits experienced almost half the turnover rate for CNAs than did employers who spent less than the median. The same relationship, although less strong, is found looking at nursing homes statewide.

Table 12

Time Before Enrollment in Health Insurance Program and Turnover and Retention Rates at Dane County Nursing Homes

	Turnover Rate for Full-Time CNAs	Turnover Rate for Part-Time CNAs	Retention Rate for Full-Time CNAs	Retention Rate for Part-Time CNAs
1.5 months to 6 months	120%	251%	55%	43%
30 days + 1st of the month	50	77	63	53

Source: Bureau for Health Care Financing, 1995, Center for Health Statistics 1995-96.

Table 13

Amount Spent on Benefits and Turnover and Retention Rates at Dane County and Wisconsin Nursing Homes, 1996

	Turnover Rate for Full-Time CNAs		Turnover Rate for Part-Time CNAs		Retention Rate for Full-Time CNAs		Retention Rate for Part-Time CNAs	
	Dane	Wisconsin	Dane	Wisconsin	Dane	Wisconsin	Dane	Wisconsin
Below Median $ Spent on Benefits	132%	66%	183%	100	58%	183%	53%	49%
Above Median $ Spent on Benefits	67	38	94	84	63	72	52	55

Source: Bureau for Health Care Financing, 1995, Center for Health Statistics 1995-96.

Human Resources Policies and Work Organization

Beyond compensation, human resources policies also have an impact on turnover and retention of CNAs. The factors that relate to turnover and retention seem to cluster around issues of respect. Organizations that treat their CNAs more as valuable assets and less like disposable units have lower turnover rates. Placing high value on CNAs can take many different forms. Some of the ones looked at in this study are:

- Teamwork / flatter organizational hierarchies
- Opportunities for advancement
- Initial training and orientation
- Ongoing training
- Scheduling
  - Consistency
  - Flexibility
- Staff meetings
- Case conferencing
- Availability of tuition reimbursements

At nursing homes and home health care agencies in Dane County human resources policies do not vary greatly from home to home or agency to agency. We suspect that even small improvements in the above factors make a difference in the organization's ability to retain their workers.

Teamwork and Flatter Hierarchies

Frontline caregivers, directors of nursing, and human resource managers all made it clear that strong and respectful direct relationships between CNAs and other staff were absolutely critical for retaining good workers. In focus groups CNAs emphasized the importance of having nursing staff that "weren't afraid to get their hands dirty." They resented nurses that made a point of setting themselves apart from CNAs and refused to do work or help with tasks that were considered "CNA work." Also, CNAs are acutely aware of those nurses that pay attention to their questions and recommendations. CNAs often notice changes in patients condition well before a nurse or doctor might, and when their observations are brushed off by upper level staff they obviously feel devalued. Additionally, when they make observations, most want to know what comes of it. Just hearing back that their observation helped improve someone's care, or even that it was not an significant insight can help CNAs feel valued and improve their skills.

The type and quality of the relationships between CNAs and nurses varied within nursing homes, from floor to floor or unit to unit, as well as between nursing homes, because they often depended on the personality and management style of the individual nurse. At a handful of nursing homes, nurses were systematically encouraged by their supervisors to create less of a hierarchical relationship between themselves and the CNAs that they supervised. CNAs reported that they enjoyed their jobs the most when they worked with nurses who emphasized teamwork rather than hierarchies. Several benefits of teamwork were mentioned in focus groups including better communication, less accidents, more efficiency and better care.

Advancement

> ***"Everybody wants to move up and move on. Even though I enjoy my job as a CNA, I still want to have opportunities to move up."***

There are rarely any formal career ladders that link entry level positions in health care, like CNA positions, to higher positions within health care organizations. One of the complaints that surfaced in focus groups was that some CNAs feel trapped within their positions. Some said that they were discouraged by the fact that their knowledge and experience was not only unrewarded but also would never lead to higher positions within the nursing homes and home health care agencies for which they worked.

Even among facilities with relatively low turnover, the one complaint to surface was that there were no opportunities for advancement. CNAs felt like their knowledge and experience was rewarded in some ways, but they also felt trapped in their jobs. One CNA said "You're just stagnant. That's one of the things I don't like about it. If you like what your doing you can't move up. There are no promotions." A few organizations have created different levels of CNAs that are differentiated by level of pay and some differences in job description. Also several organizations reported that CNAs have moved up within the organization. These organizations, after further questioning, did not have formal career ladders, they simply gave preference to internal applicants when hiring or they encouraged and supported CNAs who showed interest in seeking out training for a higher level position.

At home health agencies that reported there were opportunities for advancement, turnover was only 26% whereas at agencies that reported that there were no opportunities for advancement the turnover rat was 50%. All but two nursing homes responded that there were some opportunities for advancement for CNAs.

Initial Training and Orientation

Training conducted in-house is also important to CNAs, especially orientation and training of new CNAs. The longer the initial training and orientation time, the lower the turnover rate at both home health agencies and nursing homes. In focus groups, CNAs discussed a two-fold explanation for this. CNAs who have adequate initial training are more comfortable in their jobs and are more likely to stay. Data collected on nursing homes by the Center for Health Statistics confirms this. Also, if adequate training is given to new CNAs, CNAs who have been with the organization for a while "don't end up picking up the slack" for their ill-prepared coworkers.

Ongoing training

Even though from a statistical perspective whether an organization provided ongoing training for CNAs did not appear to be a significant influence on turnover, most directors of nursing and human resource managers interviewed believe that ongoing training is essential to the ability of an organization to give quality care. They see ongoing training as an investment in their CNAs. Most nursing homes and home health care agencies in Dane County offer some kind of training for CNAs. All are required to make sure that their CNAs receive 12 hours of training and many go beyond that. The most common type of training is client specific, meaning that if a resident or home health

recipient needs some kind of care that is not routine, there will be a training on that particular skill.

Tuition Reimbursements

Where tuition reimbursements were available, CNAs felt like their employers were genuinely concerned about their professional development. They also felt less trapped in their occupational classifications. Home health care agencies that offered tuition reimbursements had lower turnover rates: 28% for agencies that offered tuition reimbursement vs. 66% at agencies that did not offer tuition reimbursement.

Scheduling

Scheduling issues, especially in home health, are a major concern for CNAs. Scheduling in the health care industry will always be difficult, since health care is not a nine-to-five business. Consistency and flexibility are two issues of concern to CNAs. Nursing homes offer more consistent hours than home health can. The flip side of this is that home health can offer much more flexibility.

In one focus group CNAs cited scheduling as their biggest complaint about working in home health. Home health agencies that offered their CNAs a consistent number of hours per pay period had a turnover rate of 22%, less than half that of agencies who did not offer a consistent number of hours.

Almost all nursing homes and home health care agencies that responded to the COWS Home Health and Nursing Home Survey reported that they are flexible in their scheduling of CNAs. Most directors of nursing interviewed said that they had to be flexible in order to retain their CNAs.

> ***"We have to recognize that our CNAs often have childcare or other responsibilities that we have to work around."***

In a tight labor market, where job opportunities for CNAs are plentiful, flexibility is very important in retaining workers. CNAs who need time off for family responsibilities or need flexibility regarding what shift they work can easily leave their jobs and find new ones perhaps at organizations that are more accommodating.

Staff Meetings

Every home health care agency and nursing home interviewed emphatically responded that input from CNAs is taken very seriously, but organizations that had mechanisms in place to solicit input from CNAs had lower turnover and higher retention. Different strategies worked differently depending on the organization type and size. For home health agencies simply having periodic staff meetings proved to be very important to retaining workers. CNAs working in home health rarely come into the office and thus rarely see each other or their supervisors. Agencies that had periodic staff meetings geared toward the problems and interests of CNAs created an atmosphere where CNAs felt like their knowledge and input is valued and where that they are part of a team. At nursing homes staff meetings also are important, but CNA relationships with the RNs and LPNs were much more important.

Case Conferencing and Joint Care Committees

From both interviews with Directors of Nursing and focus groups with CNAs, case conferencing appeared to be an excellent mechanism for soliciting CNA input on client care issues, especially in home health. Case conferencing, a small meeting where all of the staff that work with a particular patient discuss the progress and treatment of the patient, is a great tool for improving the quality of care given as well as for soliciting the input of CNAs. CNAs who work with patients on a regular basis often have the best knowledge regarding the patient's condition. Including them in meetings not only is beneficial to the doctors, nurses, social workers, respiratory therapists, and others that work with the patients, but it also recognizes the knowledge and experience of CNAs. These observations confirm national research that found that facilities that include frontline caregivers as part of the care team, value their opinions, and acknowledge their important role in the provision of quality care have lower turnover rates (Mor, 1995).

Quality of Care

CNAs notice the quality of care they can give. In focus groups, many clearly pointed out that they stay at organizations where they have the time, resources, and support to provide high quality care. Some even cited quality of care and time with patients as a reason that they moved from nursing homes to home health work. Earlier, we emphasized the effect that turnover can have on the quality of care, but here we are emphasizing the effect that the quality of care can have on turnover.

Taken together, the evidence on valuing workers presents a challenge to many agencies that provide care for some of Dane County's most needy residents. Obviously, compensation policy changes cost real dollars and organizations are often stretched simply trying to serve the clients they already serve. For them, the challenge may be to carefully calculate the costs they already are paying in terms of turnover and see to what degree turnover costs can be turned into retention bonuses. It may be especially important to investigate ways to reward the staff that does stay, through increasing responsibility, wages, and opportunities for skill development.

Rewarding frontline caregivers for knowledge and skill

- Improve wages, especially if your wage structure is below the industry average
- Reward CNAs who stay by developing internal career ladders for staff
- Pay attention to scheduling to reduce the unpredictability of workers' income
- Remember that benefits do matter, and the turnover is lower for those with benefits that start earlier

It's important to note, however, that much more than simple wages matter. Developing systems where frontline care staff is valued and a part of a team can make a real difference. These systems need to be formal and offer real respect and input. Though most organizations felt they had strong systems for two-way communication from the

floor to the administration, CNAs noticed real differences in how complete that communication felt. Empowering frontline caregivers to identify and help solve problems, rather than simply asking for a daily report on time spent can increase worker's loyalty and improve the quality of care. These structures often come with very little in terms of dollar costs but they present a challenge to organizations. Organizations will have to reconsider roles and restructure work in order to reduce hierarchies and increase teamwork that includes frontline staff. Such reorganization can be challenging, perceived as a threat by staff that sat on top of hierarchies and perceived as simply a way to increase work effort by staff that sat on the bottom. Effective reorganization requires that all parties buy into the system and that frontline staff see their views as valued.

Promote quality care through high performance staffing patterns

- Encourage flatter hierarchies and improve RN supervision
- Provide adequate orientation for new staff and encourage and support ongoing training for your long-term workforce
- Require and support two way communication at staff meetings
- Develop joint care committees
- Link compensation to knowledge and experience

Such policies aren't always straightforward to implement. In the next section, we talk about two firms in Dane County that have implemented some of these strategies and reaped the reward of lower CNA turnover.

Low Turnover Examples from Dane County and Beyond

The following organizations have been chosen as best practice examples because they have had consistently low turnover and high retention rates. They have achieved these remarkable rates through different strategies from monetary incentives to human resources policies.

Badger Prairie Health Care Center

Badger Prairie's combination of high wages, excellent benefits and commitment to employee involvement in decision making has resulted in a very low turnover rate — 2 percent in 1996. Badger Prairie is a county run nursing home with a capacity for 142 residents. This nursing home cares for residents with unusually severe health, psychological and behavior problems. They often admit patients that are rejected by other nursing homes or cannot be cared for at other facilities.

CNAs have significant monetary incentives to stay at Badger Prairie. Badger Prairie pays higher wages than any other facility in Dane County. They also provide excellent

health benefits. The amount spent on benefits relative to wages is also the highest in Dane County. Furthermore, unlike most nursing homes, Badger Prairie offers a retirement package. Several people interviewed at Badger Priairie credited the retirement package for the facility's ability to retain CNAs for ten, twenty and sometimes thirty years or more.

Despite the hard work and the difficult population, CNAs in focus groups and in other informal discussions expressed a great deal of pride and satisfaction in working for Badger Prairie. The reasons given for their satisfaction were not exclusively related to wages or benefits. Some of their reasons for staying at Badger Prairie had to do with the pride they have in the quality of care that Badger Prairie is able to give. CNAs felt that the standards for care are higher than anywhere else they had worked. One CNA said that other facilities she worked at were "filthy," and "they didn't take care of their residents." Another CNA discussed his experience working at a facility where the staffing ratio was 20-45 residents to every 2 CNAs: "You can't do quality care when you are just doing the basics [and you] can't possibly have appropriate infection control." It was said that there is an "unspoken rule" at Badger Prairie that the quality of care given by CNAs is top notch.

> ***"People are around because of those good benefits, because of the good work environment and stuff. With that longevity you have continuity of care. Continuity of care is where you can give the best care that anybody can possibly give. Kathy knows her folks as well as anybody around and that's a real tribute to her, but it's also to the benefit of these people she gets to work with."***

Badger Prairie really seems to give their CNAs the tools to give quality care. The amount of training and orientation is much higher than the average for nursing homes in Dane County. Staffing levels are also the highest in Dane County. CNAs said that the high staffing levels really allow them to give each resident the care that they need. The data from the state and the impression from the focus groups suggest that hierarchies are much flatter at Badger Prairie than at other nursing homes. While the CNA to RN ratio is approximately the same as it is at other nursing homes the wages are closer together.

At a floor meeting of the nurse supervisor and the floor CNAs, the nurse supervisor used the time to learn from the CNAs about the condition of the residents on the floor. The nurse showed a great deal of respect for the knowledge that the CNAs brought to their jobs and the input they had to give regarding the care of their residents. After discussing condition each of the residents on the floor, they would discuss strategies for handling difficult patients or changes in particular resident's conditions.

CNAs also suggested that their ability to participate in safety committees and other committees at the nursing home kept turnover low. They said these committees give them a voice in how the nursing home is run and how the residents are cared for. The union also gives workers a voice and more incentive to stay according to the CNAs that participated in the focus groups. They mentioned several times that the good working conditions at Badger Prairie were largely due to the efforts of the union that represents CNAs as well as other workers.

CNAs technically are close to the bottom of the employee organizational chart at Badger Prairie but the amount of training time invested in them, the value placed on CNA

input, benefits levels, and compensation levels all indicate that CNAs are highly valued employees.

Elder Care of Dane County

Elder Care of Dane County doesn't have the lowest turnover rate in the area but it does have a high retention rate and seems especially able to provide an environment that's good for workers. In part, Elder Care's unique structure contributes to the organization's ability to retain high quality workers. Its model may provide some ideas on how high quality health care can be delivered at a reasonable cost while supporting high quality jobs.

One of Elder Care's most important tools for retaining CNAs is guaranteeing 40 hours of pay whether or not there is 40 hours of work. This addresses one of the biggest complaints of CNAs in home health care. Schedules for CNAs in home health are very irregular because of cancellations, changes in condition of clients and fluctuations in caseload. CNAs have no control over how much they are able to work and cannot look forward to a regular paycheck at most agencies. An Elder Care CNA that I shadowed for a day told me that the most important reason she decided to work for Elder Care was because of the guaranteed 40 hours of pay. She said that Elder Care pays a little less per hour than her last job, but she said: "At least it's steady." She said that considering what CNAs make, fluctuations in your schedule could: "mean the difference between making your rent that month or not, especially if you're the sole provider for your kids."

When questioned if CNAs at Elder Care tend to rush through their visits because 40 hours per week were guaranteed, she said: "I think it's just the opposite. I used to feel very rushed by the last agency I worked for and I felt like I never had enough time to take good care of my clients. I never feel rushed by Elder Care so I feel like I can spend the amount of time needed to really do a good job."

One of the reasons Elder Care is able to offer their CNAs a guaranteed 40 hours per week is because they have a capitated contract with Medicare and Medicaid. Instead of relying on billing Medicare for each service they provide they get a fixed amount of money for each person they have enrolled in their organization. The organization and the CNAs refer to their clients as participants. The capitated contract allows Elder Care to work with a fixed budget and avoids the uncertainties and fluctuations that other agencies deal with. Within this contract Elder Care provides their members with many different types of health care and personal care services including transportation, grocery shopping as well as routine medical checkups. According to the human resources manager, the organization has been able to provide high quality care for less cost than other agencies.

Because Elder Care is able to take care of a wide variety of health care services there is a great deal of consistency and continuity of care. Both the CNAs that were shadowed and the human resources director felt that their members are able to stay out of long term care facilities much longer than they would otherwise because of Elder Care's consistent and quality care.

As we did this research, two other organizations were brought to our attention. Here we briefly describe CNA work from Boise to the Bronx.

St. Alphonsus, Boise, Idaho

The Home Health division of Saint Alphonsus hospital has managed to maintain a turnover rate of zero for over two years. This remarkable retention rate is largely due to Saint Alphonsus's unique organizational structure that allows a self-directed conglomerate of CNAs to autonomously operate the agency. Saint Alphonsus' CNAs work as a cohesive unit to provide optimal patient care.

According to their mission statement, Saint Alphonsus pledges to administer "…multi-disciplinary, cost effective, quality care to clients and families in their homes…" In addition, "[they] strive to create together a work environment that is affirming of individual worth and self-esteem, and that reflects trust and mutual respect." The work group selects a candidate whose credentials meet the profile the residing CNAs have established. In addition to hiring, Saint Alphonsus' CNAs personally draft their daily schedules, as well as manage monthly staff meetings. CNAs take turns heading these meeting which include educational workshops based on realized areas of weakness within the organization.

Saint Alphonsus' interactive administrative structure helps ensure employee contentment by integrating CNAs into the decision-making processes. Serious consideration of CNA input in individual patient cases has proven to be an incentive for CNAs to stay at Saint Alphonsus. As a result of their continuing commitment to the firm, Saint Alphonsus' CNAs are able to work comfortably and efficiently while providing relationship specific care.

Cooperative Home Care Associates

Cooperative Home Care Associates (CHCA) in New York has achieved a low turnover rate and high quality care with truly innovative methods. CHCA is a worker-owned cooperative founded in 1985. Approximately 85% of the employee/owners are former welfare recipients. The firm has been profitable and consistently provided quality home health care in New York over 10 years.

The founder of CHCA, Rick Surpin, attributes the success of the firm to several factors including communication, training, good wages and benefits, and ownership. CHCA pays wages that are 20% higher than the average and provides excellent benefits. Surpin sees wages and benefits as a "basic form of respect". CHCA wants to show its employees how much they are valued. As well as good wages, employees are also given the option to buy stock in CHCA with the help of a loan from the firm. Finally, training and communication round out CHCA's business strategy. *Crain's New York Business* writes that "communication and training has given CHCA a competitive advantage: Its turnover rate is 20%, about half the industry average."[21]

[21] Goff, Lisa, Crain's New York Business, October 7, 1996.

Conclusions and Policy Recommendations

The important work of caring for the elderly, the sick, and the frail is not going to disappear. Neither is the difficulty finding the frontline caregivers to do that work. Previously we discussed the means that individual organizations could employ to improve turnover. However, it is clear that the CNA crisis will not simply be solved one firm at a time. Some of the most important areas of activity will require concerted work at a local, state, and national level. In this section, we list some of the suggestions that the Health Care Partnership has made for improving recruitment and retention to CNA positions.

Improve supports for people in the job

Build an association of CNAs to provide frontline caregivers a network for information and support

Build systems that encourage ongoing training, on site and off, that meets the needs of employees and employers

Provide adequate initial training

Help organizations establish joint care committees and other means of improving communication between CNAs and other staff

Build career ladders across organizations

Develop programming to build on CNAs' skills and move them up into more skilled health care positions

Publicize the existence of the career ladders to improve the reputation of frontline jobs

Use career ladders as a recruiting tool

Change Medicare and Medicaid reimbursement policies

Funding policies should reward organizations for lower turnover and encourage increasing staffing ratios

Reimbursement policy should compensates health care organizations for and encourage training

Reimbursement policy should be designed to require adequate compensation for CNAs

Document costs of turnover and the effect of turnover on quality of care