

Community Foundation of St. Joseph's County
Regional Nursing Home Collaborative
in partnership with Health Care Excel

***What a difference management
makes!***

April 12, 2011

Faculty:

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B & F Consulting

Share Shamelessly:
Any action taken since March mtg:

What you did
How you did it
Results
Challenges
Lessons

Care Practice/Workplace Practice

- Getting residents off to the right start
 - Welcoming new residents
 - Gathering information prior to admissions when possible
 - Enhancing first day experience
 - Getting to know the family and resident better
- Staff development and turnover, incentive programs, organization, team involvement, communication
 - Charge nurses taking charge
 - Scheduling
 - Staffing composition
 - Attendance
 - Improve shift hand-off
 - Standup meetings with CNAs

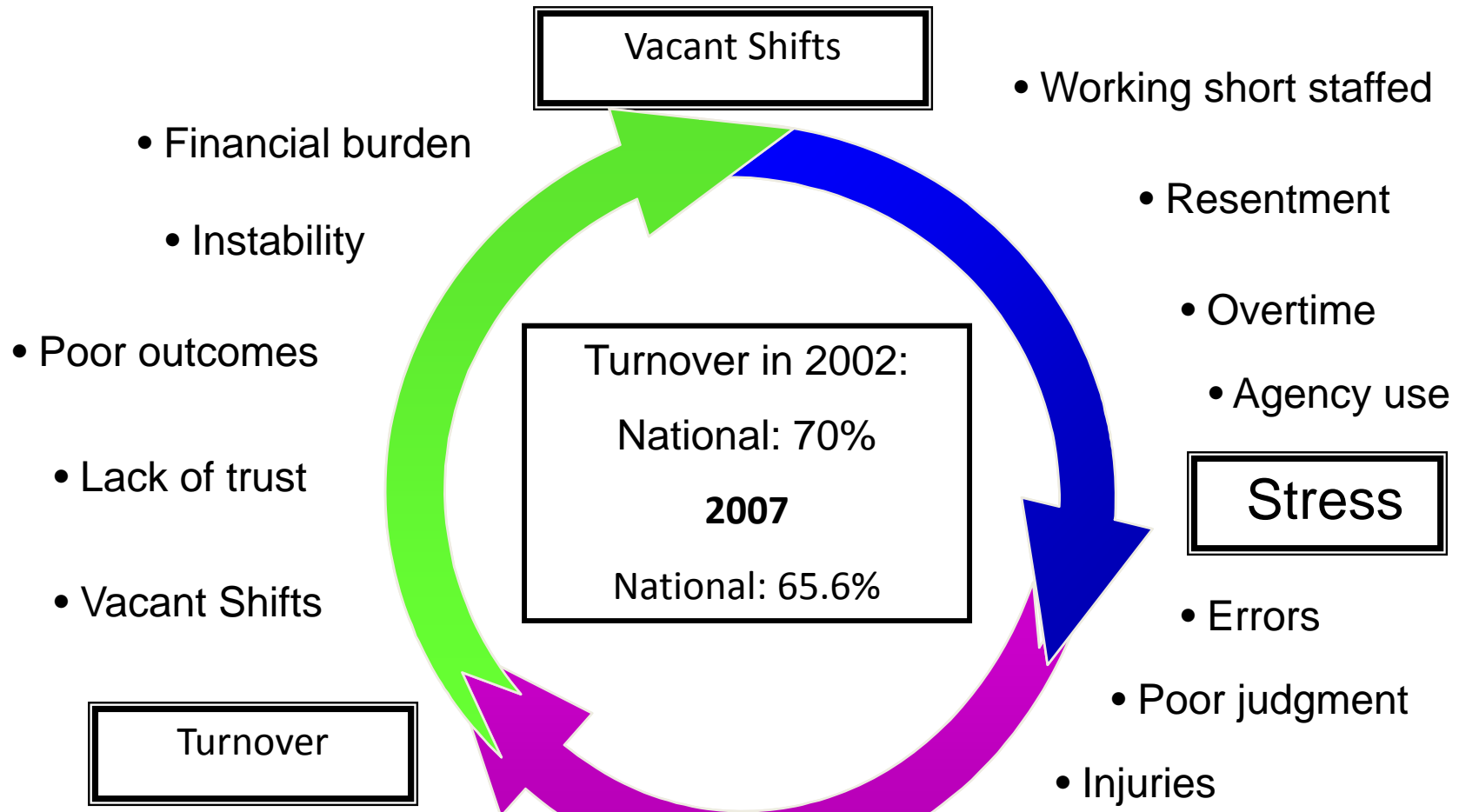
Goals

- **Welcoming Residents:**
 - Enhance admission process; Improve first day experience
 - Make the resident and their family comfortable
 - Pre-admission gathering of information, convey information to key departments prior to admission
 - Adopt a unit program, Lunch with new resident and family, buddy with a resident
- **Workforce Stability:**
 - To train/teach nurses to take charge
 - One weekend without call offs; Improve attendance and decrease call offs
 - Better communication and care
 - To implement a reward program for perfect attendance
 - Have CNAs be a part of improving care for residents
 - Bring information to DON, SDC ED, invite RN/CNA to morning meeting

Preliminary steps in our action plan:

- Better welcome of new residents:
 - In-service staff on this concept
 - Use the MDS preferences/life cycle, use communication map
 - Increase clocks in main activity area to decrease anxiety, Intro/schedule card for participants to carry first day
 - Welcome baskets/delivered by CNA, Meet with families before admission, Invite family and resident in for a meal with leadership team, white board to introduce hands on staff
- Stability
 - Review attendance records, Roll out and sustain attendance initiative
 - Assessing staff using toolkit, Review attendance policy, Develop plan to incentivize staff, communicate plan to dept. leaders and staff
 - Review attendance policy, clearly communicate expectations, extend the way facility tracks absentees, look at shift and unit trends, thank/recognize good attendance
 - Nurse management team assist charge nurses to take charge
 - Team leader for each unit
 - Evaluate staff schedules start time and overlap

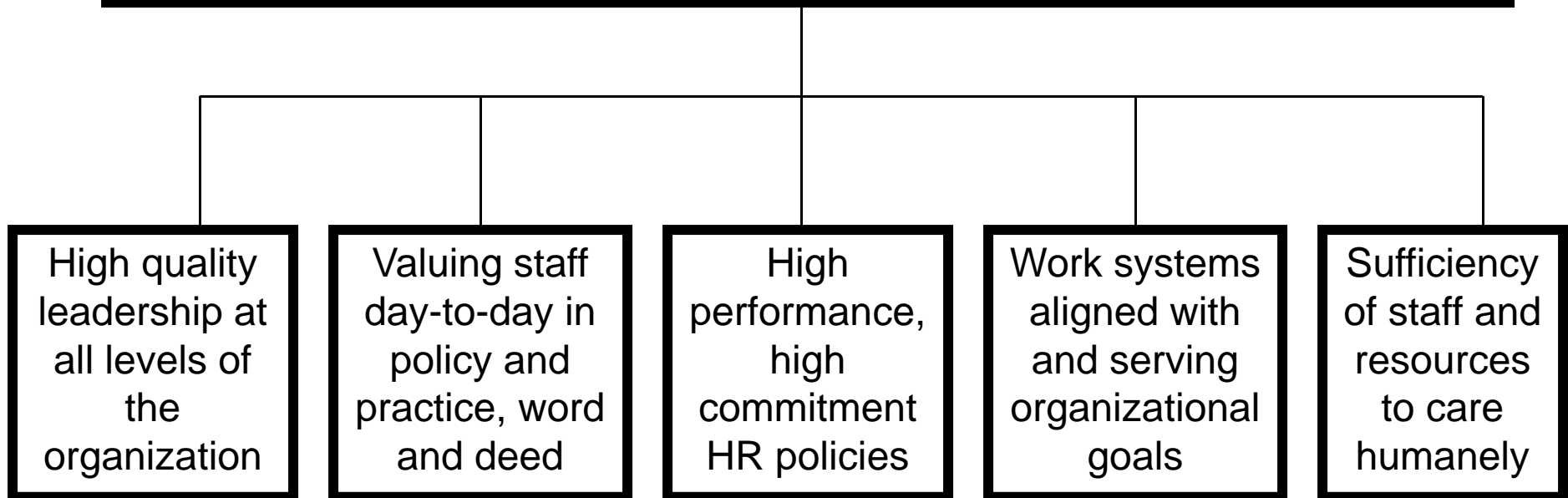
A Vicious Cycle of Turnover, Vacant Shifts, and Stress



Eaton, *What a difference management makes!*, 2002

What a difference management makes!

Five Management Practices Associated with
Low-Turnover, High Attendance
and High Performance:



Eaton, 2002

Susan C. Eaton

In her own words



July 9, 1957 – December 30, 2003

About Susan Eaton

- PhD from MIT's Sloan School
- Taught graduate courses in human resource management
- Researched impact of high performance human resource management practices in nursing homes

Her background blended
labor and management

My relationships with hundreds of workers convinced me that work itself, no matter how low paid or “unskilled,” is fundamental to most people’s lives – not just in the sense of earning their livings, but in their own sense of who they are and what they are accomplishing in this world.

Most people have a sense of “making a difference” in the world through what they do, whether it is cleaning toilets, changing bandages, teaching others, or running a sewing machine. If they do not have such a sense, they yearn for it.

*...most people both
want to do a good job and to make
a difference through their labor.
They hate not having the proper tools
or training to complete their tasks.
They hate not being asked
how they might do their jobs better.*

*And those who are not asked –
which in my experience was
especially true for those
at the bottom of the workplace ladder –
especially have a lot to contribute.
I saw people everywhere being
undervalued and their skills and
ability to contribute underestimated.*

*I used to think you didn't have to
like your co-workers to be a good
supervisor*

*Now I know you can't be a good
supervisor unless you really do care
about the people who work with you*

Identifying Behavior Change Intervention Points to Improve Staff Retention in Nursing Homes

by Mary Lescoe-Long
and Michael Long
July 1998

Study sponsored by:
Kansas Association
of Homes and Services for the Aging
and
Aging Research Institute

KAHSA Project
*Keeping Front-line Workers
in Long-term Care*

Looked into causes of turnover, absenteeism and negativity and determined that:

- ***they are driven by administrative and organizational culture and the interpersonal practices and interactions in the nursing home workplace***

KAHSA LTC Workforce Project:

- **Intrinsic job satisfaction** among CNAs was heightened when their *nurse supervisors possessed good interpersonal skills and promoted aide autonomy* in the daily processes of care
- **Turnover rates** among CNAs were significantly lower in homes where *nurse supervisors listened and responded to aides' recommendations* and involved aides in resident care plans
- *Poor interpersonal skills and a lack of mutual empathy* among CNAs and their nurse supervisors affected communication, interfered with informal teamwork and were a **root cause of turnover for both aides and nurses** (Lescoe-Long and Long)

Looked at What Affected Retention, Job Satisfaction and Performance

- Among 3 groups:
 - paraprofessionals
 - front-line supervisors
 - managers/department heads
- Found 3 types of factors in play:
 - Predisposing circumstances (personal history and experience)
 - Organization-Based Reinforcers and Enablers (policies, procedures, practices)
 - Interpersonal Reinforcers (factors arising from interaction with others)

Predisposing circumstances: Personal Backgrounds

Para-professionals	Front-line Supervisors	Managers and Dept. heads
<ul style="list-style-type: none"> ○ Severely economically disadvantaged ○ Profoundly socially disadvantaged ○ Lack of causal link between personal effort and success 	<ul style="list-style-type: none"> ○ Not severely disadvantaged or significantly advantaged ○ Lower middle class ○ Boot-strap – causal link between personal effort and success 	<ul style="list-style-type: none"> ○ Economically and socially advantaged ○ Middle class ○ “Robust sense of self-confidence and personal causality”

Effects of Predisposing Circumstances on Motivation and Needs

Para-professionals	Front-line Supervisors	Nurse Managers and Dept. heads
<ul style="list-style-type: none"> ○ Used to external factors controlling circumstances ○ Extreme, but fragile, need for internal rewards of self-development, self-esteem, mastery 	<ul style="list-style-type: none"> ○ Used to relying on own problem-solving skills ○ Internal rewards come from pride in being a nurse; have worked hard to earn respect 	<ul style="list-style-type: none"> ○ Used to own abilities producing good results ○ Looking for an environment in which they can have meaningful accomplishments

Predisposing circumstances: Training and preparation for job

Para-professionals	Front-line Supervisors	Nurse Managers and Dept. heads
<ul style="list-style-type: none"> ○ Incongruity between job and how it is depicted in training ○ Under-prepared for residents' behaviors and disabilities 	<ul style="list-style-type: none"> ○ LPNs had little training in managing people 	<ul style="list-style-type: none"> ○ Little training in how to manage people, especially people with such different skills and circumstances

Organization-Based Reinforcers and Enablers: Sources and Use of Power

Para-professionals	Front-line Supervisors
<ul style="list-style-type: none">○ Many people tell CNAs what to do, few ask what they think and see○ Little room for CNAs to exercise own judgment	<ul style="list-style-type: none">○ When CNAs don't exercise judgment and initiative, nurses respond by being more directive and controlling○ Nurses resent having to direct, having to do CNA's job, resent CNAs "behavior"

Organization-Based Reinforcers and Enablers: Sources and Use of Power

- Without sanctioned avenues for power or control, left to informal uses of power including controlling or negative behaviors to co-workers or supervisors

Organizational Reinforcers and Enablers – Hidden Sanctions

Para-professionals

- Reliable aides fill shortages, take up slack, have greater burden

Interpersonal Reinforcers

Lack of Mutual Empathy

Para-professionals	Front-line Supervisors	Nurse Managers and Dept. heads
<ul style="list-style-type: none"> ○ Most supervisors uninformed about what it means to come from and live in profoundly disadvantaged circumstances 	<ul style="list-style-type: none"> ○ Misunderstand source of CNA's behavior; come to wrong conclusions about CNA's motives and character; resent them; have decreasing tolerance for perceived bad behavior 	<ul style="list-style-type: none"> ○ Sympathetic but not empathetic to CNA's personal circumstances or interpersonal dynamics' impact

Interpersonal Reinforcers

Mutual Lack of Interpersonal Skills

Para-professionals	Front-line Supervisors	Nurse Managers and Dept. heads
<ul style="list-style-type: none"> ○ Meet stressful situations with conflict generating responses 	<ul style="list-style-type: none"> ○ Clinical education gives nurses excellent communication skills with patients but not with employees ○ Respond to stress in ways detrimental to good employee relationships 	<ul style="list-style-type: none"> ○ Have good interpersonal skills but lack skills in how to deal with others who don't have good interpersonal skills

“Life is very rough for many who work in long-term care. I want their workplace to be a place of stability and success for them.”

Connie McDonald, Administrator
Maine General Nursing and Rehab at Glenridge,
Augusta, Maine

Lescoe-Long

Key Findings and Recommendations

- Go beyond sympathy to have mutual empathy, in word and deed
- Bring same level of caring for clients into caring for staff
- Develop interpersonal skills to support relationships
- Build in systems that reinforce caring for staff and teamwork – huddles and hand-offs

Maslow's Hierarchy of Needs

Abraham Maslow first presented the five-tier hierarchy in 1942 to a psychoanalytic society and published it in 1954 in *Motivation and Personality* (New York: Harper and Row).

Maslow



Maslow's Hierarchy of Needs

- Five levels of needs
- Seen as a hierarchy
- The most basic need emerges first
- People move up the hierarchy of needs one level at a time.
- Once a need is gratified it loses its strength and the next level of needs is activated.
- As basic or lower-level needs are satisfied, higher-level needs become operative.
- People experience the most sophisticated needs last, as their other needs are satisfied.

A satisfied need is **not** a motivator.

The most powerful employee need is the one that has **not** been satisfied.

Level I - Physiological needs

Physiological needs are the most basic human needs.
They include food, water, and comfort.

In most organizations this need is met by a paycheck.

How well are physiological needs met in your organization by a paycheck?

When a paycheck is not enough

- Feed your staff
- Raffles with grocery store gift certificates as prizes
- Food pantry
- Loan programs
- Children's winter coat exchange

Level II - Safety needs

Safety needs are the desires for security and stability, to feel safe from harm.

An organization helps to meet employees' safety needs through its provision of benefits.

How well are safety needs met in your organization?

Other Ideas

- Flexible scheduling
- Paid Time Off (PTO)
- Cash out vacation or sick pay
- Free or low-cost meals
- Free vitamins
- Free flu shots for staff and household
- Ride share
- EAP Program

Level III - Social needs

Social needs are the desires for affiliation. They include friendship and belonging.

An organization helps to satisfy this need by how it brings people together, provides opportunities for social connection, and supports **relationships** in the workplace.

How well are employees' social needs met in your organization?

Bringing people into your organization

- Summer bar-b-cues
- Holiday parties
- Bowling league
- Softball team
- Pool team
- Special events
- Promoting teamwork
- Supporting friendships among staff

Level IV - Esteem needs

Esteem needs are desires for self-respect and respect or recognition from others.

This need is met by matching the skills and abilities of the employee to the job, building in rewards and recognition for a job well done, and showing staff that their work is appreciated.

How well are esteem needs met in your organization?

How do you show appreciation?

- Notice and give appreciation
- Create a system where anyone can recognize, and reward, the good work of another
- Appoint to a special project
- Give more training/education to support someone's potential
- Promotion

Level V - Self-actualization needs

Self-actualization needs are the desires for self-fulfillment and the realization of the individual's full potential.

Self-actualization needs are fulfilled tasks that are challenging and that allow for the full development of potential.

How well are self-actualization needs met in your organization?

Take a moment and think about the
people who work for you.

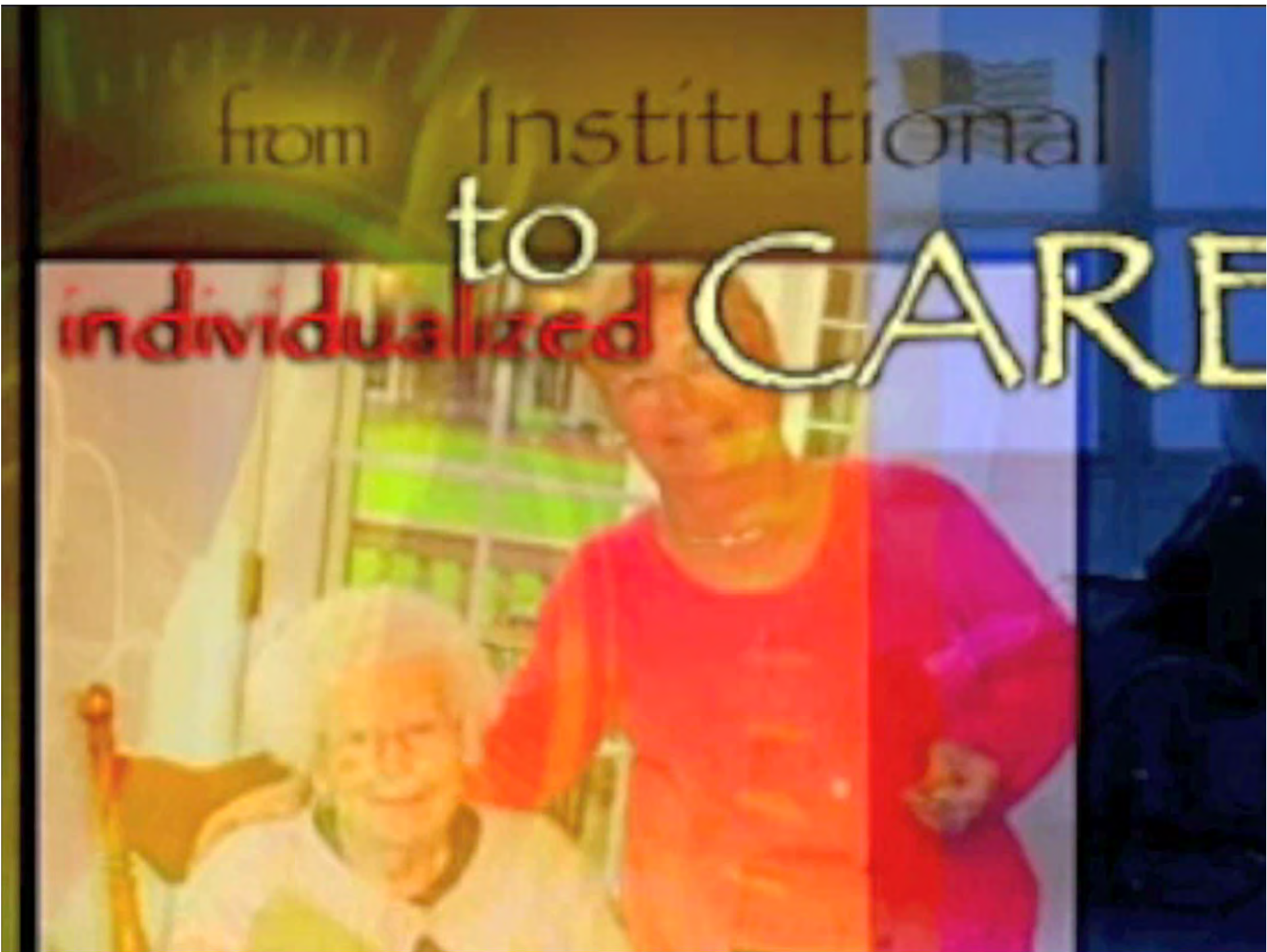
What are their needs?

How is your organization meeting
their needs?

Eaton's Findings on Scheduling

- Most common reason for termination
- Different practices in low vs. high
- Communication
- Flexible re start times; personal lives
- Fair and reliable
- Rigid, harsh response to problems
 - “Personal life is not my problem.”

from Institutional
to individualized CARE



Basics for Consistent Assignment

- A Good Process
 - Fair distribution of work
 - Matches work for residents and staff
- Charge nurse support
 - Adjust as needed
 - Support for residents staff find challenging
- Include nurses, housekeeping, dietary, activities, SW, and physicians

Process for Balancing Assignments

Each staff use post-it note to Rate each resident on scale of 1 – 3 in each dimension – physical care and non-physical factors

Resident	Physical	Non-physical	Total



Staff Stability
and
Engagement

Improved
Quality and
Satisfaction

Better
Census and
Revenue

Lescoe-Long

Key Findings and Recommendations

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As a team from your home, discuss
and record your progress:

In area you said you'd work on at
March mtg:

What did you do?

What were your results?

What were your lessons?

Taking it Home

Goals and Action Steps

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