Caregiver Satisfaction: The Essential Element for Person Centered Care

Pioneer Network – August 8, 2012
Mary Tellis-Nayak

VP Quality Initiatives

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Objectives

» The participant will be able to:

» List the 5 issues most important to caregivers in recommending their nursing home or their assisted living as a good place to work

» Describe the role supervisors play in creating caregiver satisfaction

» List 3 ways in which the work environment impacts other important outcomes
To provide long-term care leaders evidence-based management tools to better achieve their organization’s goals
My InnerView

» 9,500+ providers in all 50 states and District of Columbia use our tools

» Skilled team of professionals with extensive senior care operational, clinical, regulatory and academic experience

» Sent more than 1 million surveys in 2008

» Recommended by:
  – 5 national associations
  – 38 state associations
2010-2011 National Survey of Consumer and Workforce Satisfaction in Nursing Homes

LARGEST NATIONAL DATABASE

1 IN 3 NURSING HOMES NATIONWIDE

CONSUMER: Family members 140,828
Residents 90,596

WORKFORCE: Employees 256,676

Total voices: 488,100

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Predicting Performance
KEY PERFORMANCE DRIVERS

higher family satisfaction → lower nursing assistant turnover

higher employee satisfaction → higher family satisfaction
KEY PERFORMANCE DRIVERS

higher satisfaction among families and employees

higher occupancy rates
KEY PERFORMANCE DRIVERS

higher satisfaction among families and employees

better clinical outcomes related to falls, pressure ulcers and catheters
SUMMARY OF RELATIONSHIPS

- Staff Satisfaction
- Resident/Family Satisfaction
- Stability Turnover
- Quality of care
- Financial Health
Tapping the Power of Data
Facilities with **higher** family satisfaction have **better** work environments

Source: Skilled nursing family and employee satisfaction surveys conducted in 2008 by My InnerView
Facilities with **higher** family satisfaction have **better** employee training.

Mean = 57.7

- **Lowest** < 67%
- **Low** 67% to 73%
- **High** 73% to 79%
- **Highest** > 79%

Source: Skilled nursing family and employee satisfaction surveys conducted in 2008 by My InnerView
Facilities with higher family satisfaction have better supervision

Mean = 61.0

Source: Skilled nursing family and employee satisfaction surveys conducted in 2008 by My InnerView
Facilities with higher family satisfaction have better management

Source: Skilled nursing family and employee satisfaction surveys conducted in 2008 by My InnerView
Resident, Family and Employee Satisfaction Surveys
My InnerView’s evidence-based path to quality

Evaluate outcomes: measure variation

Collect data: ensure validity, organize

Turn plan into action: improve process

Turn data into information: benchmark, study variation

Turn knowledge into plan: apply new wisdom to process

Turn information into knowledge: study current process

© My InnerView
Voice of Residents and Family Members

BECAUSE KNOWING MORE MATTERS MOST™
AN EXERCISE:

What Matters Most
QUADRANT ANALYSIS: TWO KEY CONCEPTS

1. How staff rate your care and services

Your average score on each item:
1 – 4: “Poor” “Fair” “Good” “Excellent”

Rank order all items by average score:
1 – 100: Lowest to highest ranking score

2. How much each item influences staff to recommend to others

Correlate each item with “Recommendation:
0 – 1: No correlation to strongest correlation

Rank order all items by correlational strength:
1 – 100: Lowest to highest ranking correlation
<table>
<thead>
<tr>
<th>Item score</th>
<th>QUADRANT AND ACTION PRIORITIES</th>
<th>1 - Lowest to highest ranking score - 100</th>
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</thead>
<tbody>
<tr>
<td>A. Secondary strengths</td>
<td>B. Primary strengths</td>
<td></td>
</tr>
<tr>
<td>C. Secondary opportunities</td>
<td>D. Primary opportunities</td>
<td></td>
</tr>
</tbody>
</table>

You have little control over employee

Recommended

Successes

Challenges

1 ----- Lowest to highest ranking correlation ------ 100
RESIDENTS SAY:
WHAT MATTERS MOST IN A NURSING HOME
<table>
<thead>
<tr>
<th>Survey items</th>
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<tbody>
<tr>
<td>Choices/preferences</td>
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<td>Respectfulness of staff</td>
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<td>Respect for privacy</td>
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<td>Resident-to-resident friendships</td>
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<td>Meaningfulness of activities</td>
<td>6</td>
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<td>Religious/spiritual opportunities</td>
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<td>Quality of RN/LVN/LPN care</td>
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<td>Quality of CNA/NA care</td>
<td>9</td>
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<td>Quality of rehabilitation therapy</td>
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<td>Adequate staff to meet needs</td>
<td>11</td>
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<tr>
<td>Attention to resident grooming</td>
<td>12</td>
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<tr>
<td>Commitment to family updates</td>
<td>13</td>
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<tr>
<td>Competency of staff</td>
<td>14</td>
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<tr>
<td>Care (concern) of staff</td>
<td>15</td>
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<td>Responsiveness of management</td>
<td>16</td>
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<tr>
<td>Safety of facility</td>
<td>17</td>
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<tr>
<td>Security of personal belongings</td>
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</tr>
<tr>
<td>Cleanliness of premises</td>
<td>19</td>
</tr>
<tr>
<td>Quality of meals</td>
<td>20</td>
</tr>
<tr>
<td>Quality of dining experience</td>
<td>21</td>
</tr>
<tr>
<td>Quality of laundry services</td>
<td>22</td>
</tr>
</tbody>
</table>
Voice of Residents and Family Members
NATION’S RESIDENTS SAY:
WHAT MATTERS MOST IN A NURSING HOME

1. Care (concern) of staff
2. Competency of staff
3. Choices/preferences
4. Nursing (RN/LVN/LPN) care
5. Management responsiveness
6. Respectfulness of staff
7. Safety of facility
8. Nursing assistant (CNA/NA) care
9. Resident/Family updates
10. Resident-to-staff friendships

Top 10 rankings are based on correlational analyses between responses to a “Recommendation to others” survey item and 22 individual survey items. Source: Resident Satisfaction Surveys conducted across the nation in 2009 by My InnerView.
DATABYTE

NATION’S FAMILIES SAY:
WHAT MATTERS MOST IN A NURSING HOME

1. Care (concern) of staff
2. Competency of staff
3. Nursing (RN/LVN/LPN) care
4. Nursing assistant (CNA/NA) care
5. Respectfulness of staff
6. Choices/preferences
7. Safety of facility
8. Responsiveness of management
9. Adequate staff to meet needs
10. Attention to resident grooming

Top 10 rankings are based on correlational analyses between responses to a “Recommendation to others” survey item and 22 individual survey items. Source: Family Satisfaction Surveys conducted across the nation in 2009 by My InnerView.
Quadrant A shows items of lower importance to "Recommendation" with a higher average score.

Quadrant B shows items of higher importance to "Recommendation" with a higher average score.

Quadrant C shows items of lower importance to "Recommendation" with a lower average score.

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Quadrant D shows items of higher importance to "Recommendation" with a higher average score.
SECONDARY STRENGTHS

Respectfulness of staff

Competency of staff

Care (concern) of staff

RN care

PRIMARY STRENGTHS
A B

SECONDARY STRENGTHS PRIMARY STRENGTHS

Resident Family

Safety of facility

17

19 5

10 4 4 3

7 7 5 13 9
Commitment to family updates

Resident-to-staff friendships

CNA care

10

4

7 7

Primary Opportunities

Secondary Strengths

Resident

Family
Quality of dining experience

Adequate staff

Cleanliness of premises

Resident grooming

Quality of dining experience

Adequate staff
NATION’S FORMER PATIENTS SAY:
WHAT MATTERS MOST IN A NURSING HOME

1. Competency of staff
2. Care (concern) of staff
3. Choices/preferences
4. Quality of medical care

5. Responsiveness of management
6. Respectfulness of staff
7. RN/LVN/LPN care
8. Commitment to family updates
9. CNA/NA care
10. Treatment by staff

Top 10 rankings are based on correlational analyses between responses to a “Recommendation to others” survey item and 24 individual survey items. Source: 2009 National Survey of Consumer and Workforce Satisfaction in Nursing Homes by My InnerView
When you don’t remember anything, you’re satisfied!

Loyalty is generated by memorable things that happen that we didn’t expect.
The Law of Memorable Events

- Though it takes somebody doing something special beyond what is expected, it doesn’t take everybody doing something special all the time.

- It takes only one brief experience on only one day of a stay to determine dissatisfaction or loyalty.
Understanding the patient’s mind

» Satisfaction and loyalty are not won on field of best clinical quality
  – Clinical and process outcomes is not where battle for consumer’s mind is being waged

» Residents judge their experience by the way they are treated as a person, not by how they are treated for their disease

» Perceptions of personal treatment are more highly correlated than clinical competence
Loyalty comes from compassion

What words on comment cards made the patients love the staff?
## COMPASSION

2/3rds of adjectives used ...

<table>
<thead>
<tr>
<th>Compassion synonyms:</th>
<th>Courtesy synonyms:</th>
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<tbody>
<tr>
<td>Caring, cares, cared +32</td>
<td>Friendly +8</td>
</tr>
<tr>
<td>Kind, kindness +24</td>
<td>Professional +9</td>
</tr>
<tr>
<td>Compassionate +15</td>
<td>Attention, attentive +7</td>
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<tr>
<td>Help, helpfulness +15</td>
<td>Sweet +3</td>
</tr>
<tr>
<td>Concerned +6</td>
<td>Respect +3</td>
</tr>
<tr>
<td>Listens +4</td>
<td>Polite +3</td>
</tr>
<tr>
<td>Loving +3</td>
<td>Patient +3</td>
</tr>
<tr>
<td>Empathy +3</td>
<td>Smiling +2</td>
</tr>
</tbody>
</table>
If one were to pick out the synonyms for compassion, there is an amazing consistency in the qualities that have the greatest impact on patient loyalty.
Questions from survey companies that have questions with “care,” “compassion” or “concern” in them have the highest correlation with overall satisfaction and loyalty.

Compassion dramatically influences overall satisfaction.
“Competence” synonyms were the least mentioned.
Courtesy and competency are expected.

Doing what is expected does not earn unsolicited raves.
Loyalty is often expressed because of the actions of one nurse or CNA on one shift!
It’s all about ...

RELATIONSHIPS
It’s all about relationships …

“No man can stay alive when nobody is waiting for him. Everyone who returns from a long and difficult trip is looking for someone waiting for him. … Everyone wants to tell his story and share his moments of pain and exhilaration with… someone waiting for him to come back. … A man can keep his sanity and stay alive as long as there is at least one person who is waiting for him.”

HENRI NOUWEN
THE WOUNDED HEALER
“I hope for the day when everyone who lives in any long-term care situation knows there is someone waiting for him or her each morning after the journey of sleep one takes each night.

“And I yearn for the day when each staff person — most especially CNAs — know that there are people who are waiting for a morning greeting, interested in learning how the CNA fared in the hours they were apart.”
Meeting the desires of residents
It is the compassionate connection between a caregiver and a resident that elevates common courtesy into something more tender and unforgettable than good, routine care.
What can I do to improve the quality of life for my residents?
For long-term care not to teach the role of empathy, or inspire compassion, is a colossal omission, because empathy has the capacity to heal by its effect on stress, and compassion is the primary influence behind patient loyalty.
Voice of Employees

BECAUSE KNOWING MORE MATTERS MOST™
Survey items

1. Quality of orientation
2. Quality of in-service education
3. Quality of resident-related training
4. Quality of family-related training
5. Comparison of pay
6. Care (concern) of supervisor
7. Appreciation of supervisor
8. Communication by supervisor
9. Attentiveness of management
10. Care (concern) of management
11. Safety of workplace
12. Adequacy of equipment/supplies
13. Sense of accomplishment
14. Quality of teamwork
15. Fairness of evaluations
16. Respectfulness of staff
17. Assistance with job stress
18. Staff-to-staff communication
NATION’S EMPLOYEES SAY:
WHAT MATTERS MOST IN A NURSING HOME

1. Care (concern) of management
2. Attentiveness of management
3. Assistance with job stress
4. Safety of workplace
5. Adequacy of equipment/supplies
6. Care (concern) of supervisor
7. Appreciation of supervisor
8. Communication by supervisor
9. Quality of resident-related training
10. Fairness of evaluations

Top 10 rankings are based on correlational analyses between responses to a “Recommendation as a place to work” survey item and 18 individual survey items. Source: Family Satisfaction Surveys conducted across the nation in 2009 by My InnerView.
Quadrant A shows items of lower importance to "Recommendation" with a higher average score.

Quadrant B shows items of higher importance to "Recommendation" with a lower average score.

Quadrant C shows items of lower importance to "Recommendation" with a lower average score.

Quadrant D shows items of higher importance to "Recommendation" with a lower average score.
Safety of workplace
Care (concern) of supervisor
Communication by supervisor
Appreciation of supervisor
Equipment/supplies
Resident-related training
Care (concern) of management
Attentiveness of management
Assistance with job stress

Quadrant D shows items of higher importance to "Recommendation" with a lower average score.

THIS COMMUNITY FOR JOB → HIGH
The nursing home: where two worlds meet

Residents
- lowest status age group
- loss of health, roles, home
  - dependent, frail
- powerless to change

CNAs
- weakest social class
- lowest social status job
- least paid, least autonomy
- powerless to change

How do DON and Administrator generate quality of life?
The cradle of quality

= 

Resident  CNA

interaction

Resident’s world = The CNA
- 90% of personal care
- 6 times as an RN
- 5 times as an LPN

Q of life = CNAs relationship

CNAs significant world = The Nursing Home
- 50% of waking hours
- 90% economic support
- significant social bonding
- self image, self respect

Q of life = NH relationships
Leadership Best Practices

What can I do to make my home successful?

BECAUSE KNOWING MORE MATTERS MOST™
Employees speak out about leadership
Listen to your employees

The truths of leadership you need to know:

1. We are watching everything you do
   - If you show up late for a meeting, you are telling us you don’t value OUR time
   - If you lose your cool over small issues, we wonder how you will react with big ones
   - You are ALWAYS leading, you can’t NOT lead

2. Everything you do counts
   - Sharing juicy gossip and remove yourself from your leadership role? NO TIME OUTS
   - What you say to us outside the office COUNTS
Listen to your employees

3. We have expectations of you

- Hire great people – this is one of the most important things you do
  - Don’t just hire any “warm body” just to fill a position
  - You can be the best manager in the world but if we have people on the team who are not talented, we will not be successful

- “De-hire” those on the team who are NOT contributing to the mission
  - They are more detrimental than any of our competitors
  - If we get lucky, our competitor will hire them

- Treat us with respect
  - You need us just as much as we need you … sometimes even more
A study on turnover

» Paired facilities
» Same geographical location
» Several different states
» High and low turnover facilities
General Observations in low turnover facilities

» Less odor or urine
» Residents wearing fresh unstained clothing
» Clean and well groomed
» Few behavioral problems
» Few people wandering aimlessly or sitting lined up in wheelchairs by nurses stations
» Residents were attuned to particular staff members
» Residents were likely to speak to visitors showing they felt safe and not frightened
General Observations in high turnover facilities

» Desperate and chaotic air
» Staff were rushing around or hard to find
» Residents were calling out, crying and screaming
» Call lights were typically buzzing, flashing or ringing with no one appearing to pay attention
» Few smiles in evidence
» Entire parts of the home seemed to be abandoned by staff
» Break rooms were gloomy, dark and dingy
In general, if a visitor walked blindfolded into the selected pair of facilities in each community and sat in the lobby or dining room for less than one hour, he or she could have accurately predicted which was the high turnover workplace.
Five areas stand out as distinguishing facilities with low nursing staff turnover.
Five Positive Management Practices correlated with Low Turnover

» High quality leadership and management
» Respect for the nursing caregivers
» Positive Human Resource policies
» Effective work organization
» Adequate staffing ratios
High quality leadership and management

» Tenure of administration

» The best leaders have a clear sense of mission and philosophy that connected residents and workers.

» “I spend as much time as I can on the floors. I am a soldier, not a general…We should spend our money on staff, not agency or corporate offices or furnishings”
Who is a good leader or manager?

» Someone with a strong vision or mission and sense of goal

» Someone who sets standards and keeps other accountable

» Someone who listens to others and spends time on the floors

» Someone who values the contributions and work of others while demanding commitment and high performance

» Someone who tries to create a chain of positive supervision all the way to the front line while being open to new and non-traditional ideas
Respect for the nursing caregivers

» Demonstrated in many ways:
  – Bulletin boards recognizing long service
  – Photos of new staff with information containing things he or she wanted others to know about him or her
  – New residents also had a bulletin board

» Attending to the needs of the job:
  – Supplies and education
  – Assistance both on and off the job
    • Flexible scheduling
    • Emergency loans

» Hardly anyone had left the staff in the last year because they were unhappy in the homes where they felt respected!
Valuing relationships

» Between workers themselves
» Between residents
» Between workers and residents
» With families

» This quality was noticeably absent in the high-turnover facilities
Positive Human Resource policies

» Compensations was NOT the key factor distinguishing facilities from one another.

» Wages were often comparable between high and low turnover facilities.

» “People who do this work want to care for people. It’s their calling. They still have to be able to enjoy their coworkers”
Policies which matter!

» Recruitment process – greater selection in hiring is imperative

» Orientation times ranged from one shift or less at high turnover facilities to 10 days or more at low turnover facilities.

» “I didn’t get orientation because the lady that does it was on sick leave”.

» Mentoring

» Evaluations, feedback, rewards

» Managerial training for supervisory personnel
Effective work organization

» Consistent assignments between residents/CNAs
» Sufficient staffing
» Careful attention to emotional and religious passages in life
» Organizing eating and bathing in ways that rarely caused conflict and distress for residents or caregivers alike
» Involvement of aides in care planning meetings
» Seeking their input into the decisions about care for residents they know well
» Celebrations
In general, positive care giving practices were more likely linked to decentralized decision making and an absence of arbitrary changes without involvement or explanation of nursing staff.
Let’s Talk About Communication
A paradox

» Employees are frustrated by perceived lack of communication with their managers

» Most managers feel they are outstanding communicators

A recent study discovered that 90% of the managers rated their communication skills in the top 10% of all managers
“Sixty percent of all management problems are the result of poor or faulty communication.”

PETER DRUCKER
Another paradox

» Communication may not be the problem
» Communicating more may not be the solution
» Most of the information employees receive:
  – Doesn’t get read
  – That which is read is often not understood
  – That which is understood is usually not remembered
» Communication being delivered is not the same as the message being received
Communication as an outcome – not an activity

» We pay more attention to the **HOW** we’re going to communicate than to the **WHAT**

» Proliferation of communication methods

<table>
<thead>
<tr>
<th>✓ E-mail</th>
<th>✓ Pagers</th>
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</thead>
<tbody>
<tr>
<td>✓ Voice mail</td>
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<td>✓ Conference calls</td>
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<td>✓ Newsletters</td>
</tr>
<tr>
<td></td>
<td>✓ Text messages</td>
</tr>
</tbody>
</table>
Understanding communication

» Understanding does not mean agreement

» Goals
  – To build support and acceptance
  – To have receivers internalize the message
  – To move them to action

» Understanding is intellectual

» Support and acceptance are emotional
Manager’s role

Communicate in a way…

1. the team understands what is being said
2. the team makes a decision to accept and support the message

1. This is the simple part
2. This is the tough part

You don’t need to do MORE of it
You need to do it BETTER
What does research have to tell us about the workplace?
A Person-Centered Workplace: The Foundation for Person Centered Caregiving in Long-Term Care

- V. Tellis-Nayak, Ph.D., JAMDA, January 2007

Satisfied Employees Predict Satisfied Families: Organizational Predictors of Family Satisfaction in Nursing Facilities

- Leslie A. Grant, Ph.D., Senior Housing and Care Journal, 2004 Paper of the Year

– more at www.myinnerview.com
Quality of leadership and quality of the workplace

THE INTERFACE

CNAs speak up!

- November 2004 study
- 156 nursing facilities in the Southeast
- 3,579 CNAs, 6,502 families surveyed
Indicators of quality of workplace

1. Pay compared to other nursing homes
2. Safety of workplace
3. Adequate equipment and supplies to do your job well
4. Work allows you to make a difference in people's lives
5. Co-workers work as a team
6. Fair performance evaluations
7. Staff are respectful of residents
8. Helps you get to deal with job stress
9. Communication between shifts
Quality of leaders produce a quality workplace
Rating by 6,305 CNAs in 156 nursing facilities

Leadership

Quality of workplace

4 percentile ranked groups of NHs (2004)
A quality workplace earns staff recommendation.

4 percentile ranked groups of NHs (2004)

- Lowest
- 2nd lowest
- 2nd highest
- Highest

Quality of workplace
Recommend NH
A quality workplace earns family recommendation

4 percentile ranked groups of NHs (2004)
A quality workplace creates quality of life for residents.

4 percentile ranked groups of NHs (2004)
A quality workplace creates quality of care for resident.

4 percentile ranked groups of NHs (2004)
A quality workplace creates quality of service for resident

4 percentile ranked groups of NHs (2004)
A quality workplace results in better state surveys

- Lowest
- 2nd lowest
- 2nd highest
- Highest

4 percentile ranked groups of NHs (2004)
A quality workplace makes business sense

4 percentile ranked groups of NHs (2004)
Workforce

Research and experience has shown that a higher level of satisfaction among nursing home staff directly correlates with higher levels of satisfaction among residents and their family members.
How do you show you care about your employees?
The biggest investment is TIME

1. Schedule time to focus on employee development
2. Ask about interests outside of work
3. Treat everyone with respect and dignity
4. Say “thank you”
5. Get employees involved and ask for their opinion
6. Remember birthdays and service anniversaries
7. Support employees in times of crisis
8. Be available when people need you
9. Help co-workers become more effective
10. Surround good people with other good people
Why do you work in Long-Term Care?
Special people  Caring for
Special people
Survey Results

» 600 people who work in the nursing department in LTC

» They rated 12 possible reasons that have been found to be important to people selecting jobs
The Top Three Reasons

» 96% said
  – It gives me an opportunity to help others

» 93% said
  – It makes me feel meaningful

» 84%
  – It is useful to society
To love what you do and know that it matters – how could anything be better?
The next big three reasons:

» 81% say
  – It offers a lot of contact with others

» 73% say
  – It is an interesting job

» 72% say
  – It gives me the chance to do responsible tasks
If you suddenly lost your job

And no other nursing home work were available, what kind of work would you do?

- Home health care
- Child care

Very few said they would work in hospitality, restaurant or related industries.

They are committed to helping people.
“A resident’s satisfaction with his/her relationship to nursing staff was found to be significantly related to the proportion of CNAs on the resident’s unit who said they intended to stay in the job, and to the proportion of CNAs who had positive relationships with their supervisors.”

- Bishop, October 2006
Why do you feel that in your facility management is not perceived as caring or concerned?
Leadership practices

» To demonstrate that management cares about the staff:
  – Implement evidence-based clinical “best practices”
  – Share clinical outcome data with staff
  – Staff participate in identifying the “root-cause”
  – Charts are audited to collect data – QI
  – Commitment to individualize care
Leadership practices

» To demonstrate that management cares about the staff:

– Staff schedules are honored
– Investments in staff satisfaction and safety
– Celebrate joyful events
– Staff are allowed to grieve
– Positive relationships are a priority
  • Facilitate relationship-building
People paradigm

Focus on relationships

DEMING:

» Quality, the result, is a function of quality, the process

» Essential ingredients of the process:
  – Leadership and people

» Cannot improve interdependent systems and processes until you progressively improve interdependent, interpersonal relationships
Leadership practices

To demonstrate management listens to employees:

» Consistently measure and act on satisfaction survey results

» Seek out individuals to “weigh-in” on decisions

» Conduct consistent, frequent rounds
  – Ask questions and be 100% interested in answers

» Create opportunities for individuals to lead

» Learning circles

» Community meetings, neighborhood meetings
Leadership practices

To demonstrate management is minimizing job stress:

» Establish sanctuary
» Decrease random alarms and overhead paging
» Ample supplies at hand – linen, barrier ointment
» Report between shifts – CNAs and licensed staff
» Staffing configurations – Spa aides, RNAs
» Expand activity program
» Reduce shifts worked understaffed
A Vicious Cycle

Turnover

Vacant Shifts

Stress

- Working short staffed
- Resentment
- Waiting
- Anxiety
- Errors
- Poor judgment
- Injuries

- Financial burden
- Instability
- Poor outcomes
- Lack of trust
- Vacant Shifts

Eaton, Phase II Final Report, 2001  FP-05b
Eaton’s findings on scheduling

Most common reason for termination

» Flexible in low-turnover facilities
  – Allow for different start times
  – Consider personal lives

» Rigid in high-turnover facilities
  – In response to problems
  – “Personal life is not my problem”

Eaton, Phase II Final Report, 2001
The “stop doing” list

» Incentives to waive benefits
» Turning away FT applicants
» Sending staff home early
» Scheduling mistakes
» Discipline before intervention
» Focusing on attendance policies
The “stop doing” list

continued

» Sick pay – “use it or lose it”
» No sick pay until second day of absence
» Requiring notes from physicians to receive sick pay
» No incentives or disincentives
» Rotating staff assignment
Staffing models

Consistent assignment =

Consistently assigning the same caregivers to the same nursing home residents every day

Rotating assignment =

Rotating caregivers from one group of residents to the next after a period of time
Support for consistent assignment

» Results from 13 research studies:
  – Enhanced relationships
  – Improved staff attendance
  – Improved staff, resident, family satisfaction
  – Lower staff turnover
  – Improved accuracy, timeliness:
    • screening and assessments
  – Improved clinical outcomes
  – Improved quality of life

Allow for individualized care
Consistent assignment – the evidence

» Residents – reduction in pressure ulcers, increased functional ability

» Staff – felt more accountable for quality

» Turnover dropped by 29%

Campbell, S. 1985

» Staff residents and families prefer it

» Families – greater sense of comfort

» Staff – higher satisfaction

Goldman, B. D. 1998
Evidence continued

» Residents – more control and choice, less agitation

» Staff – reported ability to provide high quality care

» Residents – better clinical outcomes

» Staff – providing better care, more aware of resident needs

» Lower turnover and lower absenteeism

Cox, C.L. 1991
Patchner, M.A. 1993
Family member perspective –

» Personal empathy – know my mom as a person

» Knowing only comes about from consistency

» Facilitates getting to know and trust caregivers

» Helps to know who to go to with questions

» Gives family members “peace of mind”

Why do you feel that your facility is not offering help with job stress?
How can you improve the process of “assistance with job stress”?

» What, today, are the areas in our home where staff feel they have job stress?

» What are things which you can do today to provide them with assistance with job stress?
Look at the possibilities:

» Changing assignments on any given workday
» Working short
» Being unable to feel as if I did a good job and my residents were well cared for
» Dealing with the death of one of my long-term residents
» Having insufficient supplies to do my work
» Not understanding how to work the equipment I need to use each day
» Not receiving the information I need about a resident before I go in to care for them
How do I get answers to the “why” questions?

» Hold focus groups with employees.
» Create a follow up questionnaire and distribute it to employees
» Hold discussions about “job stress” at staff meetings
» LISTEN to the interactions between staff and between staff and families and residents
» Let your employees know you listened to what they said on the surveys and you want to take action to improve
We did the best we could,  
with what we knew,  
And when we knew better,  
we did better  

*Maya Angelou*
Now you know better so ...

... what do you do?
Where do we start?

» Choose the issues
  – Start with “low hanging fruit”
  – Choose an area where you know you can show staff that you are listening to them
  – Choose an area which is important to the staff even if you may not have scored too badly
  – Choose an area where you know you can achieve results quickly
  – Choose an area which is no surprise because you’ve “heard it before”
Just ask why!

My work is stressful —

I gave Mrs. J her supplement and she threw up —

No one told me she had been sick all morning —
There is no communication between the morning and evening shifts of CNAs —

why? why? why?
Using Results of Resident, Family and Employee Satisfaction Surveys to Improve Performance
Thank you!

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