

# Creating by David Farrell

## A HIGH-RETENTION CULTURE

In the next few years, we will see a tremendous push for organizational culture change—toward a person-centered care model. Clearly, the goal is to be much more deliberate about enhancing our elders’ quality of life.

Intuitively, we know that a byproduct of deep organizational culture change is greater staff satisfaction, resulting in lower turnover rates. This change is built on the intrinsic motivation of the caregivers themselves. Stability of staff allows leaders to build the knowledge and skills of the employees allowing for positive change to occur. However, to truly embrace culture change, leaders’ paradigms must shift to include person-centered care of each staff member, with the goal of enhancing the employees’ quality of work life.

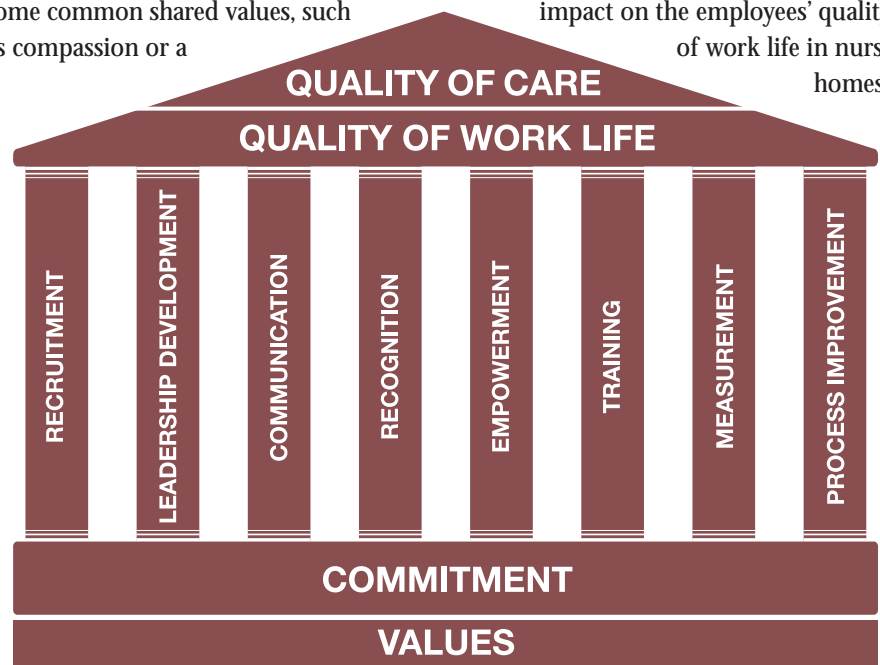
In researching the literature to find the links between the quality of caregivers’ work life and the quality of the elders’ life in nursing homes, I have found some clear patterns. It is important to note that the nursing home as we know it today has been around for only 40 years. We lack a significant amount of empirical evidence about what makes these fragile ecosystems tick, from an organizational development perspective. But there is a growing body of research-based evidence showing that leaders of successful nursing homes engage in certain activities related to how they treat their staff that the leaders of unsuccessful nursing homes do not. As the research

evidence grows, we will come to know these certain leadership activities to be universal truths—natural laws related to creating a culture of retention, and allowing for person-centered care.

This diagram represents the core components of a strategic framework for creating a high-retention culture. As you can see at the bottom of the model, everyone comes into our profession with some common shared values, such as compassion or a

propensity to want to provide service or care. Many refer to their decision to enter our field as a “calling.”

Solid structures are built with a solid foundation. And here, that foundation is a commitment to create a quality of work life for the staff. The pillars reflect broad categories of leadership practices, identified by long-term care professionals and researchers, to have the most positive impact on the employees’ quality of work life in nursing homes.



Consider these pillars the eight areas of action in which you will get the greatest mileage for your efforts.

### **Pillar #1: Recruitment**

We simply must do a better job of recruitment. Filling shifts and preventing short staffing has a profound impact on employees' perception of their quality of work life. When staff are "working short" their stress levels go up, risk of accidents increases, errors occur, tasks such as bathing elders are not done, documentation is neglected and ultimately, elders suffer. We can teach our staff the skills necessary to complete the tasks, but we cannot teach or enforce compassion, friendliness and the work ethic necessary to be great caregivers. When we encounter individuals in the service or hospitality industries who demonstrate these competencies, we should encourage them to consider a career in long-term care.

Some of my best hiring decisions involved hiring individuals with no experience in long-term care. I found some of my most caring CNAs at Burger King. I recruited an energetic, enthusiastic individual from Jamba Juice who turned out to be one of the best recreation directors I ever had the privilege of working with. I found a very compassionate, dedicated person working at a day care center who, after some training, was an amazing ward clerk. Proactivity is the key. These people would have never applied without my encouragement.

The Paraprofessional Healthcare Institute offers a wealth of free resources on recruitment strategies for long-term care professionals. They advocate for the use of referral bonus programs as an effective method of bringing in applicants. In addition, they have found that applicants who are referred by current staff have lower turnover rates than those applicants who responded to the more common method of recruitment, newspaper advertising.

Selection is another very important piece of the puzzle. A key component of the interview and selection process is the all-important facility tour. During the tour we can gain tremendous insight into the

heads need ongoing training include: coaching and counseling (not disciplinary action), conflict management, effective praise, interpreting data, critical thinking and conducting performance appraisals.

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personal characteristics of an individual. Make sure to take the applicant to visit with some of the elders and watch how they interact. In addition, pay attention to the friendliness factor, measured by how often the applicant smiles. Consider the "five smile rule." Be wary if the applicant does not smile at least five times during the tour. After the tour, retrace your steps and ask every employee who saw you with the applicant if they know or have worked with the person. Solicit their input on whether or not they would be a good fit at your facility.

### **Pillar #2: Leadership Development**

The best administrators look at themselves as works in progress. When leaders improve, organizations improve. Leaders improve only when they are exposed to new knowledge; when they can examine their own actions against new information to gain perspective on their own effectiveness.

The performance of department heads and charge nurses is the key to our success and to the quality of employee work life. In fact, front-line supervisors make or break our organizations. According to a massive study by Gallup, the employee-supervisor relationship determines 50 percent of the employee's work-life satisfaction.

Important topics in which department

Unfortunately, we tend to violate some of the basic rules of human resource practice, leading to a lack of staff and, thus, poor clinical care. Clearly, if supervisory behavior is one of the primary reasons people leave long-term care, it must be turned around to become one of the primary reasons people stay.

### **Pillar #3: Communication**

Successful leaders in our profession make an extraordinary effort to communicate their vision, values and organizational missions at every opportunity. Be specific when talking about the organization's values, because in order to achieve your mission, all staff need to understand what your values look, feel and sound like in action. Storytelling is an effective way to communicate your mission and values in action. Stories help to create a picture and an emotional connection for the staff. Nursing is intrinsically meaningful in terms of its effect on the lives of people. However, it is up to leaders to sincerely and consistently remind staff that their contributions are important and are much more than simply tasks to be performed and documented.

Successful leaders also understand that staff is looking to them to demonstrate their commitment to their words through

action. Leadership presence and visibility on the units and in resident rooms, modeling excellent communication and elder relations, is the key. Every hour, employees are committing acts of compassion. If we let them know we notice, we will fuel their sense of self-esteem. In fact, nothing is more important to creating a culture of retention than doing rounds.

#### **Pillar #4: Recognition**

Most leaders simply do not do enough to reward and recognize their

the call of duty again. I do not believe that there are many toxic, mean-spirited leaders working in long-term care. But there are plenty who unknowingly ignore the vast majority of their staff. Recognizing and rewarding good performance takes time and costs money, but not nearly as much time and money as turnover, or worse, a lawsuit that resulted from an incident that occurred when a facility was working short-staffed. A careful review of the literature, recently published by Better Jobs Better Care, places the average cost

valuable and important. They come to work because they know they make a difference.

In my work with homes that have adopted the Wellspring Model, I have noticed the high self-esteem among front-line caregivers. Fundamental to the Wellspring Model is the managers' belief that the best decisions about how care should be given are made by the elders first and the frontline caregivers second—those who know the residents best. Under the Wellspring Model, they empower staff through extensive education, shared decision-making and enhancing their critical thinking skills. In addition, a fundamental component of Wellspring—and the Eden Alternative™—is that facility leadership must commit to primarily assigning staff to the same group of elders every time they come to work.

Unfortunately, primary assignments are not widely used in long-term care. Most providers continue to rotate staff from one group of elders to the next on a monthly basis. However, we cannot deliver person-centered care without primary assignments. Primary assignments empower staff because they allow a relationship to form between caregivers and elders. Studies have repeatedly confirmed that consumers' perception of the quality of their care is deeply rooted in the quality of their relationship with their caregivers. They value these relationships higher than medical care and the quality of the food. By rotating staff, we sever relationships.

From a clinical perspective, primary assignments are effective because staff to really get to know the elders. They notice the subtle clinical changes early before it's too late. This is essential to reducing exposure and risk. While it is difficult to pull CNAs off the floor for care planning meetings, the multidisciplinary team will find that it cannot logically conduct the meetings without the input of primary caregivers.

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staff. Recognition is about noticing and acknowledging good results and reinforcing positive performance. Caregivers have a fundamental need to have their efforts on behalf of elders acknowledged and appreciated by their supervisors. Almost 70 percent of the 1.7 million elders in our nation's nursing homes have some level of cognitive impairment. Thus, caregivers rarely hear from the elders themselves if they are pleased with the care they are receiving. Unfortunately, in some cases, the caregivers are cursed, or worse, physically assaulted by the elders. It is up to the supervisors to fill the void and consistently acknowledge the compassionate care being provided.

When we catch and praise staff members for making an extra effort, working on their day off or simply lending a helping hand to a co-worker, we triple the likelihood that the person will go above and beyond

per incidence of turnover at \$2,500. Therefore, spending \$800 per month on food and gifts for the staff is a worthwhile investment.

According to caregivers, some of the most meaningful and memorable moments of recognition and praise cost little or no money. For example, thank-you cards are a powerful way to reinforce positive behavior. Of course, birthday cards and anniversary cards should be a given, but thank-you cards are a surprise. Make sure to send the cards to the workers' homes. Sending cards to their homes sends a powerful message to their families that their boss is proud of them.

#### **Pillar #5: Empowerment**

The pioneers of the culture change movement have mastered the art of empowerment. High involvement leads to commitment. An empowered staff feels

## Pillar #6: Education

Organizational performance is based on people and only improves when people improve. The majority of facilities are not true learning organizations. In fact, many homes merely follow their state laws related to in-service training. This is not adequate in today's environment.

The state quality improvement organizations (QIOs) offered high-quality education to skilled nursing facilities nationwide in 2003 and 2004 with great results. Funded by the Centers for Medicare and Medicaid Services (CMS), QIOs are gearing up to offer more education sessions beginning in August 2005, and they will broaden their focus beyond clinical topics to include training on culture change toward a person-centered care model. In addition, the experts on culture change at the Pioneer Network will be offering regional conferences throughout 2005.

When conducting staff training, make sure to incorporate the basic principles of adult education by using real-world case studies, discussions, practice sessions and return demonstrations. Education must be interactive and fun to be effective. In addition, we may need to translate materials into other languages. I have found that the best-performing facilities are not hung up on English-only rules in the classroom.

Obviously, performance improves only if people adopt and implement what they learn in everyday practices. Therefore, department heads and "clinical champions" must be assigned to go out on the floors and help people use the skills and knowledge shared during training sessions. A nursing home rich with opportunities to acquire new knowledge and skills fosters high performance, builds self-esteem and lowers turnover.

## Pillar #7: Measurement

According to a study led by Dr. Vivian Tellis-Nayak, highlighted in the book, *Customer Satisfaction in Long-Term Care:*

*A Guide to Assessing Quality*, staff satisfaction is a key performance indicator with a strong correlation with other performance measures that we routinely track. Tellis-Nayak found that staff satisfaction influences survey results, occupancy rates, family satisfaction and, of course, turnover.

Staff satisfaction is not routinely measured in long-term care. In fact, leaders in our profession do a lot of guessing when it comes to staff morale. According to a recent study of homes in California, led by Dr. Robyn Stone of AAHSA's Institute for the Future of Aging Services in conjunction with the California Association of Homes and Services for the Aging, fewer than half of the facilities used staff satisfaction surveys, and, remarkably, only 60 percent measured turnover.

We must do a better job of measuring the quality of work life of staff and treating that data as importantly as we do our clinical outcome data. After all, quality of work life indicators are the process measures to the clinical outcomes.

I suggest that leaders also track their number of shifts worked short on a daily basis. This is an important measure of your exposure to risk.

## Pillar #8: Process Improvement

Process improvement is not a program. It is a continuous, never-ending business strategy focused on continuously collecting data, looking for opportunities to improve processes within systems in order to improve quality outcomes and quality of life. Generally, staff are miserable working within broken systems. However, if employees are given the opportunity and a forum, they will amaze us with their creativity in solving broken systems.

Pillar seven is collecting data on the quality of work life of staff. Under pillar eight, we must apply the same process improvement approach to this information as we do to clinical data. Recruit a multi-disciplinary team to address the employee

satisfaction surveys. Let them analyze the results to critically think through why staff responded to certain questions in a negative manner. Let this team develop the action plan, implement the plan and study the results.

## "Striking at the Root"

Clearly, recruitment and retention of caregivers is a complex problem that requires multifaceted solutions. However, it must become a top priority. It was Henry David Thoreau who said, "For every thousand hacking at the leaves of evil there is only one striking at the root." The root cause of many of the challenges we face in long-term care stems from our lack of focus on our most important asset—the living angels we call our staff.

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## Resources

The Wellspring Institute,  
Green Bay, Wis.  
[www.wellspringis.org](http://www.wellspringis.org) or (920) 434-0123.

Institute for the Future of Aging  
Services (IFAS), Washington, D.C.  
[www.futureofaging.org](http://www.futureofaging.org) or  
(202) 508-1208.

The Paraprofessional Healthcare  
Institute, Bronx, N.Y.  
[www.paraprofessional.org](http://www.paraprofessional.org)

Better Jobs Better Care (BJBC),  
Washington, D.C.  
BJBC is an initiative of IFAS, in  
partnership with the Paraprofessional  
Healthcare Institute. Visit [www.bjbc.org](http://www.bjbc.org).

American Health Quality  
Association, Washington, D.C.  
AHQA represents quality improvement  
organizations (QIOs) throughout  
the U.S. For a list of state QIOs,  
visit [www.ahqa.org](http://www.ahqa.org).

The Pioneer Network, Rochester, N.Y.  
[www.pioneernetwork.org](http://www.pioneernetwork.org)

All inquiries are to be directed to Tom Lohuis, CEO at (920)434-0123 or for further information the web address is: [www.wellspringis.org](http://www.wellspringis.org)