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Ohio Long-Term Care Research Project

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Executive Summary

Frontline workers in long-term care are the paraprofessionals, such as nurse aides, personal care workers, home health aides, and homemaker service workers, who provide more than 80 percent of the direct care to nursing home residents and more than 90 percent of formal services delivered by home care programs.

There is a shortage of frontline workers in long-term care and this shortage is projected to reach crisis proportions very soon. In fact, chronic short-staffing of nursing homes and waiting lists stemming from a shortage of home care workers are already a reality in many localities. The primary goal of this report is to summarize our information base concerning how best to recruit and retain high quality frontline staff in long-term care.

Low pay and lack of health insurance are obvious obstacles to increasing the number of frontline workers in long-term care, especially in tight local labor markets where jobs in other sectors of the economy are more attractive than in long-term care. Frontline workers in long-term care are among the lowest paid workers in the economy, and many have annual earnings below the poverty level. Few have health insurance coverage.

Job satisfaction is almost as important as pay and benefits as a determinant of whether employees stay in long-term care. The major predictors of job satisfaction are:

- a continuous employee orientation process that establishes and maintains an employee's sense of belonging and knowing what is going on within the organization,

- sufficient training to do an adequate job,

- job designs that emphasize genuine two-way communication and shared decision making between supervisors and frontline workers, and

- frequent and supportive supervision that fits the needs of various types of employees.

In a larger context, recruiting and retaining frontline workers in long-term care is made more difficult by a mentality among policy makers that emphasizes cost containment and pays too little attention to the long-term consequences of "balancing the budget at the expense of frontline workers." If we do not find a way to pay a living wage to frontline workers and to provide dignity on the job, we are unlikely to be able to meet future needs for long-term care.

Recruiting and retaining the large number of quality frontline workers that will be needed to care for a growing population of disabled elders is likely to be one of the greatest challenges facing our aging society.

Acknowledgements

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Introduction

Current experience and population projections both lead to an alarming conclusion: Unless we find new solutions to the problems of recruiting and retaining effective frontline workers in long-term care, the rapidly rising demand for long-term care services of all kinds will far outstrip the labor supply, leaving thousands needing long-term care with no one to provide it.

Crown, Ahlburg, and MacAdam (1995) cited numerous examples of states, including Ohio, that have issued alerts to local agencies concerning shortages of paraprofessional frontline workers in long-term care, especially home care workers but also nursing home aides and personal care workers in assisted living as well. The Ohio Department of Aging surveyed home care agencies and found that 30 percent had client waiting lists attributable to shortages of home care workers (Glock, 1995). Both home care and institutional providers report difficulty in recruiting. High rates of turnover in frontline long-term care positions are common (Marion Merrell Dow, 1995; Feldman, 1994).

Silvestri (1993) projected that nationally paraprofessional work both in nursing homes and in home care would be among the top 12 occupations with expanding needs for workers from 1992 to 2005. Specifically, he projected a need for nearly 600,000 additional nurse aides for institutional care and over 475,000 additional homemaker and home health workers. In percentage terms, the number of frontline nursing home workers was projected to increase by 45 percent and the number of home care workers was projected to more than double. More than 75 percent of this projected increase was due to increased demand and less than 25 percent was attributed to the need to replace workers who leave. Given that turnover rates are high among front-line workers in long-term care, Silvestri's projections probably underestimate future recruiting needs.

Traditionally, frontline long-term care workers, especially in home care, have come primarily from a limited labor pool: unmarried, middle-aged women with a high school education or less (Cantor and Chichin, 1990; Crown, 1994; Glock, 1995). To meet staffing needs of the future, organizations will have to reach out to other groups. As they do so, it is important to build on already-existing knowledge and experience about recruitment, retention, and turnover.

The primary goal of this report is to summarize our information base concerning how best to recruit and retain high quality frontline staff in long-term care. Unfortunately, because registered nurses and licensed practical nurses can be expected to respond to different sets of issues than nurse aides, personal care assistants, and home care workers (Cohen and Hudecek, 1993; Atchley, 1992), the extensive literature on recruitment and retention of nurses, mostly in hospital situations, is of questionable value in understanding the dynamics of staff recruitment and retention of unskilled long-term care workers.

Instead, we focus our review on published articles that specifically deal with nursing home or home care organizations. This literature consists of a very small number of carefully done analytical studies,

a few descriptive studies, and a large number of articles offering practical tips based on professional experience. We do not have the luxury of waiting until systematic research can nail down predictable ways to identify people who are likely to become excellent workers committed to staying in frontline work in the field of long-term care. We must also look at the practice literature. But in using the educated guesses of professionals working in the field, we introduce information that may work well in one situation but not in another. Solutions offered are often based on idealistic showcase or "best practice" programs that rely on a financial base of grant funding, which means that they are often difficult to apply under normal financial constraints. Therefore, the information in this report should be taken as an inventory of potentially useful ideas that remain to be tested in most long-term care situations. The best way to use this information is to start with a specific organization's highest-priority needs, develop modest trial solutions that seem to address those needs, and use systematic feedback from actual experience to decide on next steps.

Paraprofessions provide 80 percent of the direct care given to residents of nursing homes and over 90 percent of the formal direct care given to home-care clients.

TERMINOLOGY

We first need to make sure we have a common vocabulary. This report focuses on frontline workers in long-term care, the people whose paraprofessional work provides 80 percent of the direct care given to residents of nursing homes and over 90 percent of the formal direct care given to home-care clients. An amazing variety of labels are used for these positions. In nursing homes they can be called nurse aides, resident care technicians, nursing assistants, or geriatric nursing assistants. In home care, they may be called home health aides, home care aides, personal care assistants, home care workers, or homemaker service workers. In some areas, the term certified is part of the occupational title, to indicate that employees have completed a specified training program.

Recruitment consists of all the steps taken by an organization to identify potential applicants, solicit and process applications, and hire new staff. Retention refers mainly to an organization's capacity to keep high-quality workers. Retention rates are best measured longitudinally, by looking at the proportion of people hired within a given period who are still with the organization at some time in the future. Most managers believe that retention is related to various forms of compensation, such as pay or fringe benefits, and rewards, such as promotions and selective training opportunities. Retention is also thought to be related to aspects of the organizational environment, such as organizational culture, philosophy of supervision, and organizational support for employee education, autonomy, and participation in decision making.

Turnover rates average about 45 percent in nursing homes and 10 percent in home care programs, but the range is enormous.

Turnover rates are usually expressed as a percentage and are computed by dividing all of an organization's new hires in a given time period (usually one year) by their average number of positions during that time period. Turnover rates average about 45 percent in nursing homes and 10 percent in home care programs, but the range is enormous (Marion Merrell Dow, 1995). Some organizations have as little as 5 percent annual turnover; others have well over 200 percent turnover annually. High turnover rates can be misleading, however, because an organization can have a large core of stable and effective workers and at the same time have a few positions where turnover is extremely high, which could result in a high annual turnover rate. To allow for this possibility, it is advisable to also compute the percentage of positions for which there is turnover in a given year.

Some turnover is inevitable. People get promoted; people die; people move; people retire. Staff members who are valued by their employer but who voluntarily quit constitute a type of turnover that probably most concerns managers of long-term care programs. Another particularly problematic category consists of newly-trained workers who quit within a short time, which results in a loss of the organization's recruitment, orientation, and training investment in those people. As we will see, hiring staff is an expensive process. In any case, continuity of care is essential in monitoring clients' changing needs as well as clients' responses to care interventions. Therefore, high turnover of personnel most directly able to observe the care recipients is counter-productive to adequate long-term care.

A DYNAMIC PROCESS

Recruitment, retention, and turnover are obviously interrelated. Some of the factors that attract staff to join an organization are the same factors that attract them to stay. An effective recruitment process that selects workers whose personal goals match those of the organization is likely to produce high rates of retention and low turnover rates. On the other hand, a recruitment process that hires a large number of people whose goals do not match those of the organization is likely to have a high level of turnover and low retention.

Labor Market Issues

For frontline jobs in long-term care, recruitment, retention, and turnover are related to local conditions in both the long-term care labor market and in the overall local labor market. Local labor markets are quite variable across the United States and within states. When the general local labor market is tight, there are more jobs than qualified people, which means that people who are motivated by occupational prestige, opportunity for advancement, or higher pay and better benefits are more likely to find better opportunities outside long-term care, which in turn means that recruitment and retention become more difficult in long-term care. Likewise, when the local long-term care labor market is expanding, competition among providers for new staff intensifies, recruiting cannot be very selective (because of high labor demand and low labor supply), and retaining existing staff can also become more difficult. When there are more people

looking for work than there are jobs, recruiting can be more selective. For example, this sometimes happens temporarily when local hospitals downsize and cut nurse aide positions.

Individuals enter the frontline long-term care labor market in several ways: they may not have the skills required for better-paying jobs in other labor markets, they may have had positive experiences of long-term care previously, or they may be entering the labor market for the first time in midlife and may have heard of opportunities in long-term care. Some people are in the market for frontline jobs in long-term care to gain experience that will be useful for a later professional career in long-term care. Some enter this labor market because jobs are scarce in other labor markets, and they tend to leave long-term care if opportunities in other markets open up. People already working in the field are also potential candidates for job openings.

Organizational Characteristics

Most long-term care organizations do not have the luxury of being highly selective when it comes to hiring frontline workers. Selectivity is possible mainly for the most attractive organizations. Management lore in long-term care contains a number of generalizations about what makes organizations attractive or unattractive. Within the long-term care labor market, the attractiveness of specific organizations is thought to be related to the reputation of the organization among frontline workers, competitive pay and benefits, and a management philosophy that encourages employee development and allows frontline workers to gradually grow into giving more input, participating in decision making, and taking more responsibility. For organizations, unattractiveness is associated with a poor reputation among frontline workers, an authoritarian management philosophy, pay and benefits below the market average, and policies that put little investment into employee growth and development. However logical these ideas may appear, it is important to note that, like many ideas in management culture, these ideas have not been tested through systematic research.

The economic realities of long-term care place significant constraints on the extent to which organizations can be attractive in terms of pay and benefits, especially in competition with organizations outside the long-term care labor market.

The economic realities of long-term care place significant constraints on the extent to which organizations can be attractive in terms of pay and benefits, especially in competition with organizations outside the long-term care labor market. For example, Glock (1995) found that with substantially less time invested in training, workers could earn as much in the fast-food industry as in home care. And the national average wage of starting frontline workers in nursing homes ($5.53 in 1995) was less than the average paid to restaurant workers (Marion Merrell Dow, 1995; Glock, 1995). However, there is still a range of pay and benefits within local long-term care labor markets, which means that some organizations will be relatively attractive on that dimension. For example, Glock (1995) found that hourly pay rates for home health aides in Ohio ranged from $4.25 (minimum wage) to $11.00.

Organizations also vary a great deal in terms of providing access to health benefits. Most organizations offer health benefits only to full-time employees, and some intentionally limit the number of hours to control the number of workers qualifying for benefits. Thus, frontline employees, over 95 percent of whom are women, can work more than 60 hours per week for two or more nursing homes or home care agencies and still not qualify for health benefits. Home care workers often do not receive health or retirement benefits because two-thirds of them work part-time (Glock, 1995). In addition, even if employees qualify for health benefits, more than half of home care agencies require employees to share the cost (Glock, 1995), and most home care workers cannot afford to pay their share.

More organizations can be attractive in terms of their reputation for considerate treatment of staff and their commitment to staff training and development, although these functions are also subject to financial constraints. Organizational policies that emphasize personal care of the clients as much as performance of instrumental tasks are particularly attractive to frontline workers, both in institutional settings and in home care.

The Nature of Frontline Work in Long-Term Care

Although frontline jobs in long-term care are often considered "dead end," many workers value the warm personal relationships they develop with clients or residents and get a sense of pride and accomplishment from serving a population that very much needs their services (Feldman, 1994; Eustis and Fischer, 1991). Helmer, Olson, and Heim (1993) found that 91 percent of the nurse aides they surveyed felt that the work they did was "really important" and 66 percent felt proud to talk to other people about their work.

Issues in retention and turnover are slightly different for home care workers compared with nursing home workers. Home care workers tend to be somewhat older and have a wider range of education than nursing home workers (Crown, 1994). They also tend to have more flexibility in their jobs because they are less closely supervised. Yee (1994) reported that home care workers and clients commonly negotiate scheduling, work priorities, and tasks in ways that can diverge substantially from the official care plan. By contrast, nursing home workers usually work under the watchful eyes of supervisors and must contend with bureaucratic organizations that focus on high worker productivity measured in terms of an assembly-line type schedule of tasks to be performed and documented during each shift. In general, nursing home workers appear to be much more likely to experience inflexible schedules and severe time pressures on the job than are home care workers.

As a result of these differences, turnover of front-line workers in home care organizations tends to be lower than for nursing homes. For example, Close et al. (1994) reported that 65 percent of nursing homes had annual turnover rates above 25 percent, whereas only 17 percent of home care agencies had more than 25 percent turnover. Based on a survey of employers, Marion Merrell Dow (1993, 1994) reported average annual turnover of 44 to 48 percent for nurse aide positions and only 10 to 12 percent for home health aides.

Regarding reasons for leaving, Gilbert (1991) found that 78 percent of home care workers who resigned cited working

conditions as a reason for resignation. The most important negative aspects of working conditions were lack of opportunities for advancement, instability of working hours, emotional strain of the job, and lack of input into the development of care plans. Feldman (1994) reported that isolation from peers and inadequate supervision were also important negative elements of working conditions. Among Gilbert's respondents, pay and benefits were cited as reasons for resignation by 55 and 50 percent respectively. Lack of recognition and burnout were also cited by a third or more of those who resigned. Thus, there were many reasons for leaving home care, and economic factors were not seen as the only important problems.

Eustis and Fischer (1991) found that home care workers were often caught between the formal standards of their employers and the informal relationships they developed with their clients. Many home care workers provided companionship and other services on their own time. Home care workers tended to get involved in the personal lives of the clients and in their family relationships as well. Eustis and Fischer found that over half of the home care workers in their study had friendlike relationships with their clients. This quality of relationship is most important to the clients and to the home care workers as well, but unfortunately home care agencies and funding authorities often see instrumental tasks as the most important component of home care. Certainly there must be a balance between the "doing for" and "being with" components of the home care relationship, but to retain workers in home care, agencies and funders may have to allow more time for companionship and relax the emphasis on instrumental tasks.

In contrast to home care workers, nursing home workers on the front-line have difficulty finding time to respond in more than a cursory fashion to the individual needs of residents.

In contrast to home care workers, nursing home workers on the frontline have difficulty finding time to respond in more than a cursory fashion to the individual needs of residents. For example, Bowers and Becker (1992) found that successful nurse aides who stayed in their jobs had to learn to focus on tasks, not people. To get the work done "well enough to stay out of trouble," workers had to learn to unobtrusively cut corners, often in violation of standards of resident care. For instance, they cut corners by ignoring resident call buttons, "batching" residents for efficient feeding, and changing incontinent residents on a schedule rather than as needed. New nurse aides tended to be more responsive to resident requests, and if they could not learn to ignore these requests, they did not last because they could not get their required work done. New workers who could not learn to juggle multiple tasks were also unsuccessful. In addition, some new workers could not tolerate putting the residents' socioemotional needs last and tended to quit. To "succeed," to remain employed as a nurse aide, Bowers and Becker found that employees had to develop thick skins with regard to the socioemotional needs of the residents. They simply did not have the time to devote to those concerns.

Like home care workers, nursing home aides who left were dissatisfied with working conditions as well as pay and

benefits. Nursing home workers often quit early in their tenure, some in response to the heavy demands of the job, some to pursue better opportunities, and some from disillusionment caused by the gap between what they saw as the ideal of frontline care and the realities of work in many nursing homes. Of course, others leave because they do not like the work or are discharged because they are not doing an adequate job.

The total cost associated with each instance of turnover amounted to $3,362.

The Cost of Turnover

Turnover is expensive. Zahrt (1992) carefully documented the costs of replacing home care workers. She found that, for each replacement hired, recruitment (advertising, outreach, printing brochures, interviewing time, and time to check references) cost $398. Orientation expenses (staff, materials, and travel) amounted to $675. Training expenses (certification training, practicum, and competency evaluation) were $1,859. In addition, the exit interview for the worker being replaced cost $31. The total cost associated with each instance of turnover amounted to $3,362. Obviously, high turnover represents a substantial financial loss to the organization. In addition to the financial costs of hiring, there are financial costs associated with lost productivity during the time it takes newly-hired workers to complete the learning curve.

Zahrt's estimates do not include the enormous attrition that can occur in the recruitment process. For example, White (1994) described the results of program designed to recruit, train, and place home care workers. Out of 751 telephone inquiries about the program, 683 were scheduled for interviews, 351 actually showed up for their scheduled interview, 216 were accepted for the training program, 133 actually started classes, and 106 graduated. Of the 106 who graduated, only 46 were still with the agency 6 months after they were placed.

Push and Pull Factors

It is useful to think of recruitment and retention as processes that respond to various "push" and "pull" factors. Push factors are elements of a person's current situation that lead her or him to want to make a change. For example, low job satisfaction, frustration with ineffective management or overly bureaucratic organizational processes, low pay, and lack of benefits are common push factors in long-term care. Pull factors attract an individual. Pull factors that can attract workers to stay with their current employers include high job satisfaction, considerate management (especially supervisors), above-average pay, health benefits, opportunities for advancement, and retirement pension programs. Of course, these same factors may exert a pull toward another organization that the worker sees as ranking higher on significant pull factors.

Although most workers respond to the same set of push and pull factors, workers vary a great deal in the weight attached to specific factors. To retain a worker, it is useful to know which of the push-pull factors are at the top of his or her priority list.

The difficult situation facing those responsible for long-term care staff recruitment and retention in frontline positions is partly the result of the poor image of this

type of work among the general public. A creative Oregon program produced a series of 30-second television public service announcements about the value of long-term care work (Human Resources & Aging, 1993). Much more effort is needed along these lines. Perhaps after a decade or so of being deluged with television messages, the public might come to know about the difference good long-term care can make and the pride most frontline workers take in doing it.

Frontline workers in long-term care are among the lowest paid people in America. For 1989, Crown (1994) found a considerable disparity between the median hourly wage among home care workers ($4.22) compared with nursing home aides ($5.29) and with hospital aides ($7.12). Because of low wages and less than full-time hours for a large proportion of frontline workers, the median individual earnings of workers in both nursing homes and home care were below the poverty level. To attract and retain the types of workers wanted and needed, organizations will have to pay workers a living wage. To make a living, many home care workers now are forced to work far more than 40 hours a week (Cantor and Chichin, 1990). Many nursing home workers also work considerable overtime. Some work double shifts. Because front-line workers in long-term care are seldom unionized (Close et al., 1994), overtime seldom brings premium pay.

Trends and Problems in the Field of Long-Term Care

One reason that the assisted living model of institutional care is growing rapidly throughout the country, whereas nursing home growth is nonexistent in many states, is the emphasis in assisted living on the relationship between the client and the frontline worker. In the assisted living model, clients and staff negotiate what services will receive the highest priority, which can be much more flexible than the lock-step model of nurse aide ADL tasks that typifies nursing homes. The additional time for relationships is created by an agreed-upon de-emphasis of instrumental tasks. Thus, if a person only wants a bath every other day, then staff time is created that can be used in other ways.

Workers are willing to forego some amount of pay for greater control over their working conditions. For example, turnover is low among home care workers even though they could make significantly more money doing the same work in nursing homes. If frontline jobs in nursing homes or in home care were redesigned to encourage job advancement through training and increased participation in decision making and taking on more responsibility, then more workers would be attracted to these jobs. But team approaches to human services are not efficient. They are satisfying to the workers but time-consuming because teams have to meet and participatory meetings take much more time than authoritarian meetings. In addition, these meetings take frontline staff away from their assigned care duties. Thus, job redesign is needed in long-term care, but it is not likely to reduce the number of workers needed. In fact, just the opposite.

There is considerable tension between the images of good care used by professionals and those used by managers, government officials, and politicians. Professionals see care as ideally consisting of a highly individualized program of service being performed by an empowered frontline worker who has the knowledge and skills to be able to operate independently and deal

with complex work (Feldman, 1994). However, such workers in today's labor market expect at least $15 per hour, clearly a substantial departure from current frontline market wages in long-term care. Managers, government officials, and politicians, on the other hand, are still operating with an industrial mind-set. They think in terms of standard service packages, standardized job descriptions, quantitative approaches to measuring worker productivity and evaluating worker performance, and cost containment by increasing demands on worker productivity, which in caregiving cannot be achieved by automation. Feldman (1994:7) referred to this combination of policy stances as "balancing the budget at the expense of frontline workers." These attitudes tend to exacerbate problems of recruiting and retaining effective front-line workers in long-term care.

The nursing home and home care industries are converging and are beginning to compete for people in the same labor pool, which will tend to increase the shortage of frontline workers.

Feldman (1994) also pointed out several trends in long-term care that will influence recruitment, retention and turnover. First, with middle-class jobs disappearing at a much faster rate than they are being created, many people displaced from middle-class jobs are being forced to consider employment at modest pay rates. Those who want to feel that their work is accomplishing something worthwhile might be attracted to long-term care. Second, as hospitals de-emphasize inpatient hospital care, they have begun offering subacute care and various forms of community-based care. Nursing homes have increasingly specialized in rehabilitation and subacute care and have branched out into home care. As a result, the nursing home and home care industries are converging and are beginning to compete for people in the same labor pool, which will tend to increase the shortage of frontline workers. Third, funders increasingly emphasize managed care, which involves productivity standards and standardized care plans, which reduces the attractiveness of frontline work. Fourth, pressures are increasing to allow more consumer choice and consumer direction of services. Obviously, trends three and four are on a collision course, and frontline workers will probably be pressured by both sides in the conflict.

AREAS FOR IMPROVEMENT

In this section, we look at various suggestions contained in the literature for improving various aspects of recruitment and retention of frontline workers in long-term care. Problems with recruitment and retention are thought to be related to several areas of operations: compensation and benefits, identifying and soliciting candidates for open positions, selecting personnel to be hired, orientation of new employees, job design, training, supervision, organizational support, and public relations. All of these issues are part of the process of getting the right people for the job and keeping them by ensuring that their jobs are satisfying and rewarding. We will look at each of these areas in turn.

Compensation and Benefits

As we documented above, average wages for front-line workers put them in the low-income category and, because of their

part-time work, many are working poor. In 1995, starting nursing home aides and home care workers averaged about $11,000 per year. Experienced nursing home aides made $14,500 annually for full-time work and experienced home care workers made about $12,600 (Marion Merrell Dow, 1995). The poverty level in 1995 for a two-person household with the householder under age 65 was just over $10,000 (U.S. Bureau of the Census, 1996).

Given that much institutional care is financed by Medicaid and home-based long-term care is financed by both Medicare and Medicaid, the outlook for improving compensation in an era of government cost containment is not good.

Both state and federal governments are under intense pressure to contain the growing costs of Medicare and Medicaid. Given that much institutional care is financed by Medicaid and home-based long-term care is financed by both Medicare and Medicaid, the outlook for improving compensation in an era of government cost containment is not good. In addition, when additional resources do become available, organizations tend to increase professional compensation first and defer increases for frontline workers.

But are there viable alternatives to raising pay? If pay does not rise to a level that attracts good workers, thousands of people will be going without needed care, which will almost certainly exert heavy political pressure. Some professionals in the field expect new models of care, such as assisted living and managed care, to decrease costs. However, the need to increase compensation for frontline workers may offset any potential cost savings. To meet staffing needs, especially in nursing homes, where minimum staffing levels are mandated by licensing regulations, organizations have had to increase compensation in order to stay in business. Waiting lists in home care programs can be expected to exert comparable pressures to increase compensation. Indeed, the once-substantial gap between hourly wages of nursing home and home care workers has narrowed substantially (Feldman, 1994).

Employers may need to pick up the entire cost of health coverage in order to make health benefits a significant pull factor.

On the benefit side, there is also significant room for improvement. But with health benefits becoming more problematic even in the upper reaches of the occupational structure, the likelihood of substantial gains in health coverage for frontline long-term care workers seems slim. Nevertheless, with the advent of local health care alliances and health maintenance organizations, health coverage may become less expensive for small employers, which in turn could improve access to health coverage for frontline workers in long-term care. Employers may need to pick up the entire cost of health coverage in order to make health benefits a significant pull factor.

Employer pensions are not likely to become more available. At the wage level and in labor market sector of most frontline long-term care workers, Social Security is

customarily the sole source of future retirement benefits. However, organizations with employer-funded retirement pension programs will continue to enjoy a significant pull factor.

In one study, 85 percent of new employees in home care came from personal referrals.

Identifying and Soliciting Job Candidates

Open houses for potential frontline workers, job fairs, and newspaper advertising generate a large number of applicants, but referrals from existing staff are the most efficient way to identify viable job candidates. Glock (1995) reported that 85 percent of new employees in home care came from personal referrals. One way to increase referrals is to offer bonuses to employees who refer someone who is hired and retained.

Only about 10 percent of frontline workers are hired through job advertisements (Glock, 1995). However, effective ads stress elements of the job that attract applicants--the meaningfulness and importance of the work, competitive pay and benefits, flexible scheduling, advancement opportunities, and congenial work environment.

In recruiting, accurately describe the job. It does little good to mislead candidates into taking jobs that they will quit as soon as they find out what the job is really like. What is expected of employees and what employees can expect are pragmatic realities that need to be clearly stated in advertising and in job interviews.

Special outreach efforts are often needed to attract very young people, older people, and low-income people to jobs in long-term care.

Special outreach efforts are often needed to attract very young people, older people, and low-income people to jobs in long-term care. Young people can be attracted to long-term care by working with high school guidance counselors to insure that they have up-to-date information on the types of jobs, especially part-time jobs, available in long-term care and the qualifications successful applicants need. Some school vocational programs offer courses that qualify students for work in long-term care. Many young people who have full-time jobs in long-term care today began as part-time workers while they were still in school. Service learning programs give students academic credit for engaging in volunteer work with local agencies, and these programs are an excellent way to expose young people to long-term care environments. Glock (1995) reported that next to personal re-ferrals, schools were the second most effective source of new employees.

Most managers in long-term care do not think of people over 60 as a potential labor pool, but this may be a mistake. A program in Indiana successfully recruited, trained and placed more than 20 older people as either certified nurse aides or home health aides (Human Resources & Aging, 1994a). Such programs would probably be attractive to physically able elders with low retirement incomes.

Low-income people with no employment history can become successful frontline workers. On the other hand, a process that effectively moves people from welfare to work often requires substantial training and support over an extended time period.

Currently there is an emphasis on moving people from welfare to work. In this policy climate, programs that train AFDC recipients for work in long-term care can be attractive. For example, one program first screened applicants using the Test of Adult Basic Education, then it assigned each trainee to a counselor who worked closely with them to develop an individualized plan for accomplishing the transition from welfare to work. Trainees were then put through a 60-hour basic life skills and work maturity course. Then they were ready to go through a 90-hour course and 40-hour practicum leading to qualification as a nurse aide, personal care assistant, or home care aide. After completing the program, graduates were assigned a peer mentor, someone just above them on the career ladder, who encouraged the graduate to continuously improve. This program was successful, with an 82 percent retention rate for the first 90 days following graduation (Human Resources & Aging, 1994b). Most of the substantial costs of this program were financed through the Job Training Partnership Act. Another approach assigned qualified AFDC recipients or applicants to paid "long-term care apprenticeships" that after a year qualified an individual to be hired permanently. These individuals were paid a "training wage." The success of these programs suggest that low-income people with no employment history can become successful frontline workers. On the other hand, a process that effectively moves people from welfare to work often requires substantial training and support over an extended time period.

Selecting Personnel to Be Hired

Previous job performance is one of the best predictors of future job performance. Employers are also responsible for screening out applicants whose backgrounds reveal that they might pose a risk to coworkers, clients or residents. Therefore, getting and verifying reference information from previous employers and doing background checks are important in screening applicants. To do background and reference checks requires written permission from the applicant.

Job interviews are probably the most important determinant of who gets hired by an organization. Good job interviews are semi-structured. They cover a predetermined set of basics such as general background, past performance, and problem solving ability but allow applicants flexibility in showing how their background and personal goals relate to the job for which they are applying. The interviewer poses general questions and then spends most of the interview listening to the applicant's answers. Careful listening is a key to picking up subtle clues that can identify applicants whose qualifications fit the organization and whose goals can be met by the organization. This latter point is especially important in predicting potential for retention.

Good orientation programs tend to establish a healthy and vital ongoing connection between the new employee and the organization.

Orientation of New Employees

The new employee's orientation experience sets the stage for all that follows. Good orientation programs tend to establish a healthy and vital ongoing connection between the new employee and the organization. New employees' first-day orientation creates for many an enduring image of the organization's attitude toward employees. Most programs use a check-list of items that all employees need to know before they begin work. When orientation is seen as an ongoing process, details of all aspects of orientation do not have to be addressed in the initial orientation. For example, payroll information needs to be dealt with on the first day, but if health benefits do not become available until the employee has been with the organization for six months, then details of the health plan need not be given until they become relevant. Effective orientation programs produce employees who feel valued, are motivated to do a good job, know where to go to get information, and are clear about their responsibilities and opportunities. Feedback from employees is an important indicator of the effectiveness of orientation programs. Effective orientation has been linked to lower turnover (Iannone and Bye, 1993).

Continuous job design is based on external changes in standards, rules, and guidelines, but it also uses feedback from the employees to refine and change operational definitions of frontline jobs.

Job Design

General job design is usually done prior to soliciting applicants and hiring staff. But jobs seldom remain static for long, which means that long-term care organizations need mechanisms for continuous job design. Continuous job design is based on external changes in standards, rules, and guidelines, but it also uses feedback from the employees to refine and change operational definitions of frontline jobs. One area where job design in frontline positions is consistently deficient is in allowing frontline personnel an opportunity to make suggestions with regard to resident or client care plans. This problem is compounded by staffing plans that rotate frontline workers to a different set of clients periodically. This prevents the development and maintenance of the relationship and knowledge needed to contribute to care planning.

Labels such as "basic nursing assistant", "nursing assistant", and "senior nursing assistant" linked to differences in compensation can acknowledge differences in expectations and rewards and create perceptible opportunities for advancement.

Another neglected area is the creation of opportunities for advancement. Glock (1995) reported that 75 percent of home care agencies offered no advancement opportunities for their frontline workers. Creating advancement opportunities can be done by encouraging frontline staff to continue their educations and qualify for higher-level positions. Advancement opportunities can also be created by formally recognizing that some frontline workers have more knowledge and skills than others. Thus, labels such as "basic nursing assistant", "nursing assistant", and "senior nursing assistant" linked to differences in compensation can acknowledge differences in expectations and rewards and create perceptible opportunities for advancement.

Training

Many long-term care organizations provide little training beyond that required legally to employ people as front-line workers. Nursing home jobs require at least a minimum number of hours of initial training to become certified and annual in-service training on a prescribed set of topics, such as infection control and fire safety. However, states vary a great deal on the training requirements for home care workers and some have no minimum requirements.

Job satisfaction comes in large measure from knowing what is expected and being able to do it.

There is no question that job satisfaction is linked to preparation. Job satisfaction comes in large measure from knowing what is expected and being able to do it. Most workers need training in interpersonal relationships, communication and negotiation as well as in technical aspects of their jobs. Most effective training in frontline long-term care jobs is on-the-job training, where a new employee works for a time alongside an experienced employee to learn the job. Group question-answer sessions with an exemplary front-line worker are useful periodically even for experienced workers. Classroom training is often negatively evaluated by frontline workers in long-term care, often because it is either "above their heads" or has no obvious application in their everyday work.

In addition to its capacity to improve employee performance, training also has symbolic value as an indicator of the organization's concern for the worker (Brannon and Smyer, 1994). Nevertheless, most employers offer little training beyond that required by regulatory agencies.

To be effective, training must be well designed and given by seasoned trainers. For example, Waung (1995) reported that training on how to cope with problem aspects of the job heightened sensitivity to negative aspects of the job and resulted in greater worker attrition.

Most two-way, face-to-face communication between the organization and the employee occurs in the process of supervision.

Continuing Communication

Employees can easily lose whatever grasp of overall organizational goals and directions they might have gained in their orientation or apprenticeship period. Yet frequent meetings are expensive and difficult to schedule. A low-key organizational employees' newsletter that outlines general policies, communicates changes that affect employees, and provides a schedule of important upcoming events can be an important bridge to employees. Communication from employees is also important. For example, employees could be given a periodic opportunity to do a checklist evaluation of the organization, supervision, and overall agency administration. But realistically, most two-way, face-to-face communication between the organization and the employee occurs in the process of supervision.

Supervision

Supervision means very different things to different people. Some supervisors see themselves as accountability officers who enforce care standards and make sure that mostly unmotivated employees perform the work they are being paid to do. Other supervisors assume that most workers want to work and to do a good job. They see themselves as colleagues, teachers, and motivators. Still others see themselves as needing to be sometimes a disciplinarian, sometimes a coach, and sometimes a cheerleader, depending on the particular employee. Organizations need to think carefully about what model of supervision they want to use, because this decision influences the type of people they want to hire as supervisors.

Frontline employees are not given enough constructive feedback on how they could improve their performance.

The research on frontline workers in long-term care clearly documents a widespread perception that frontline employees do not get enough positive supervision. That is, they are not given enough constructive feedback on how they could improve their performance. "Problem employees" appear to get the most attention from supervisors. Of course, most supervisors have many other things to do in addition to supervision, and if workers are doing an adequate job, it is easy to get into the habit of ignoring them. But supervisors who do this run the risk of losing workers who begin to feel unappreciated and unsupported. Lack of recognition is a major cause of job dissatisfaction in long-term care (Feldman, 1994). Frequent supervision need not be seen as a mistrustful looking over the employee's shoulder. Instead, it can be a frequent opportunity to provide constructive feedback and acknowledgement of a job well done.

Fairness is a crucial element of supervision. Employees want to be able to trust that the supervisory process is equitable, consistent, and respectful. Breaks in trust can cause unwanted employee turnover.

Supervision also involves resolving conflict among frontline employees. In nursing homes, for example, conflict between nurse aides or between nurse aides and dietary aides is common. Supervisors need training in how to prevent and resolve conflict among the employees. An atmosphere of continuous conflict is conducive to high turnover.

Information on Reasons for Turnover

Although some turnover is unavoidable, to get an effective overview of why employees are resigning, organizations need to collect information from everyone who resigns or simply stops coming to work. If there are conditions that are "push" factors in the organization, managers need to know what they are. Glock (1995) reported that 60 percent of people who left home care cited "personal reasons," a vague category that conveys little information to the organization. Exit interviews attempt to go beyond the socially desirable reasons for resignation, such as "personal reasons," to identify underlying causes of job dissatisfaction, if applicable.

Organizational Support

Organizational support includes allocation of management time and financial resources to such supporting activities as training, developing specializations and career tracks within long-term care, providing support to employees who have to deal with particularly difficult clients or residents, helping staff deal with the emotional stresses, and helping home care workers deal with the isolation they often feel. Managers may feel that they do not have the time or money to put into these activities, but these costs need to be considered in the context of the costs of replacing workers who leave for lack of organizational support.

Public Relations

Most frontline workers in long-term care are proud of the job they do and feel that it is important. But at the same time, they know that most people in the community see their jobs as very undesirable. Public relations activities are intended to create a positive image in the minds of the public. Public relations is badly needed for frontline workers in long-term care. As yet we do not know how long it would take to create a more positive image, but everyone seems to agree that public opinion in this area has nowhere to go but up. A better image of the importance and value of frontline work in long-term care could be expected to improve both recruitment and retention of effective staff.

HOW TO KNOW IF EFFORTS HAVE PAID OFF

On one point we can be absolutely certain. If organizations do not plan in advance to evaluate the results of steps they take to improve recruitment and retention they will be in a poor position to evaluate the results. They will not be able to know if their efforts paid off.

Evaluation plans need not be elaborate. For example, if a strategy is designed to reduce turnover, then turnover rates could be compared before and after the implementation of the new strategy. If wages are raised, using the rationale that increased retention will lower recruiting costs, then retention rates and recruiting costs before the wage raise could be compared with retention

rates and recruiting costs after the wage raise.

The period when an operational change is being designed is the time to think carefully about what outcomes will indicate whether the change paid off and how to measure these outcomes. For instance, if a new recruitment approach is to be implemented, then recruitment rates are needed before and after the change. The organization would want to collect and retain information on all contacts by potential employees both before and after implementing the new recruitment approach. This information is not routinely kept by employers, so special efforts might be needed to collect and retain it.

Carefully documented results of efforts to improve recruitment and retention are precious few at this point, so it is also important to communicate both positive and negative results to colleagues. It is important to know which approaches do not work as well as which approaches prove effective.

Conclusion

There is a shortage of frontline workers in long-term care and this shortage is projected to reach crisis proportions very soon. Indeed, chronic short-staffing of nursing homes and waiting lists stemming from a shortage of home care workers are a reality in many areas already.

Low pay and lack of health insurance are obvious obstacles to increasing the number of frontline workers in long-term care. The public's perceptions of this kind of work as distasteful and the people who do it as marginal have a negative effect on recruiting that is less obvious. Tight local labor markets in many parts of the country may also undercut both recruitment and retention of frontline long-term care personnel.

In addition to pay and benefits, job satisfaction is a major determinant of retention in long-term care. In turn, the major predictors of job satisfaction are: a continuous orientation process that establishes and maintains an employee's sense of belong and knowing what is going on within the organization, sufficient training to do an adequate job, job designs that emphasize genuine two-way communication and shared decision making between supervisors and frontline workers, and frequent and supportive supervision that fits the needs of various types of employees.

Unfortunately, most long-term care organizations are scrambling to just get the job done from day to day, and a harried supervisory and administrative staff is not in a good position to address many of the problems that hamper recruiting and that result in high turnover of frontline workers. But they will have to find the time or be replaced by new organizations with a more aggressive stance toward finding and retaining the needed frontline workers.

Our failure to find ways to finance adequate long-term care services lies at the root of most of the issues presented in this report. This situation is not apt to change anytime soon. In today's political climate, policy makers want to minimize spending for programs such as Medicaid and Medicare. Basic health insurance coverage is becoming less adequate, and long-term care insurance for the mass of the population is unlikely. The number of people who can afford to finance their own long-term care is extremely limited, and as the population ages, the proportion who outlive their money is likely to increase.

So to whom can we look to solve the problems of recruiting and retaining an adequate supply of frontline workers in long-term care? Perhaps we will have to look inside ourselves.

SUGGESTIONS FOR FURTHER READING

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