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Best Practices for Retention of Nursing Assistants in Hospitals: The BUILD Model

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Best Practices for Retention of Nursing Assistants in Hospitals:

The *BUILD* Model

A Pragmatic Leadership Application Project / Plan B

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Submitted in partial fulfillment of the
requirement for the degree of
Master of Arts in Leadership

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2002

MASTER OF ARTS IN LEADERSHIP
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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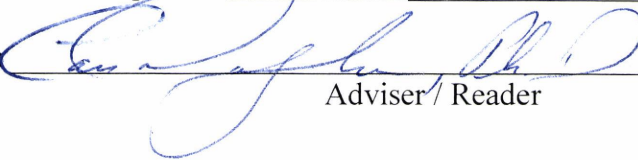
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Committee:



Adviser / Reader

DEDICATION

This study is dedicated to nursing assistants. You are saluted for your expression of empathy through your caring for the sick and suffering, and for the daily grind of the work that you do that is so integral to, yet so unappreciated by, our society.

My hope is that in some small way, the condition of your calling as a nursing assistant is improved by the information presented in this study—that in some way, a manager, a leader, a mentor, *someone*, will take the time to nurture you, invest in you and give you what should have been yours all along. By reflecting on the writing of the *Desiderata* by an anonymous author, perhaps all of us might find a gentle reminder of what should have been and what should be.

Go placidly amid the noise and the haste, and remember what peace there may be in silence. As far as possible without surrender be on good terms with all persons. Speak your truth quietly and clearly, and listen to others.

You are a child of the universe no less than the trees and the stars; you have a right to be here. And whether or not it is clear to you, no doubt the universe is unfolding as it should.

Therefore be at peace with God, whatever you conceive that to be. And whatever your labors and aspirations, in the noisy confusion of life, keep peace with your soul. With all its sham, drudgery and broken dreams, it is still a beautiful world. – Anonymous

ACKNOWLEDGMENTS

To my friends, you have been understanding and patient with my physical and emotional absence during the writing of this study. I appreciate your support. To Gabriel, Mariah, Nathan, and Elliot, the four of you have been my inspiration all along.

To Kellen, who is the age of my own adult children, your talent for coaching is amazing. I respect and appreciate the knowledge and assistance you have shared with me. I will cherish our friendship. You are an exceptional young adult.

To the Augsburg professors, thank you for your approachability and intellectual influence. You are a remarkable group of scholars, and I have the highest respect for all of you.

To Cass, my advisor, you are an amazing woman all around, clearly engaged in the calling of your life.

The journey for the Masters of Arts in Leadership has been a personal growth experience. I have cherished the experience of returning to academia and will miss the mental challenge and stimulation upon completion of the MAL program.

ABSTRACT

This study is a review of the phenomenon of poor job retention for nursing assistants in hospitals and long-term care facilities, with special emphasis on the practices that may enhance the retention of nursing assistants in hospitals.

The study establishes that the nursing assistant retention problem exists and identifies the main reasons nursing assistants leave some jobs and stay in others. It also discusses the significance that leadership has for enhancing higher retention rates of nursing assistants. The study reveals the *BUILD* model for initiatives to retain nursing assistants, a tool for front-line managers to use. Finally, recommendations for implementing the *BUILD* model are given.

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*“Why should I stay working as a nursing assistant and breaking my back when I can make more money working at McDonalds?”
~ Anonymous NA explaining to supervisor her reason for leaving~*

CHAPTER I

Introduction

In the year 2001, Abbott Northwestern Hospital hired 162 nursing assistants (NAs). After one year of employment, 48 nursing assistants (or 30 percent) of the 162 NAs have left the organization and an additional 31 nursing assistants (or 19 percent) have transferred to another unit within the organization (Abbott Northwestern Hospital, 2002). Alarming, nearly half of the NAs that were hired have left their original unit and need to be replaced. Why did they leave, and how can Abbott Northwestern retain a higher percent of these health care providers in the future?

This study will address the why and the how. Why do nursing assistants leave some jobs and stay in others, and how can the health care organization meet the needs of nursing assistants so that they stay? By knowing why nursing assistant's leave, the organization is better equipped to address retention issues. Then, by means of researching best practices for retention of nursing assistants, one is able to examine the methods that have been proven successful at other organizations and apply them to his or her own organization. Health care organizations can learn from each other about how to retain and what to do to retain nursing assistants. If retention rates improve, job satisfaction, overall skill, and competency will be enhanced as well. Ultimately, it is the patients who are the beneficiaries of experienced, well-trained, and tenured nursing assistants.

Retention is vitally important. Research illustrates that there is a dramatic NA staffing shortage. In Minnesota, the *Statewide Job Vacancy Survey, MDES, February 2001*, confirmed that of the top ten health care positions with the most openings, the nursing assistant category had the most vacancies, with 5,321 estimated openings statewide. Over 56 percent of those openings were in the Twin Cities and over 43 percent in greater Minnesota. This remarkable phenomenon is not unique to Minnesota, but is consistent throughout the United States (Minnesota Health Professions Workforce Partnership Organizations [MHPWPO], 2001). The importance of retaining NAs is clear. NAs are undeniably in short supply and the well is quickly going dry.

Hypothesis

If efforts are made to support and meet the needs of the NA, retention, and job satisfaction will improve dramatically. Competency can also improve, allowing the hospital to meet the mission of providing an excellent health care experience for the patients. Retention directly affects competency. Not surprisingly, national surveys conducted by the Paraprofessional Healthcare Institute and the national Citizens' Coalition for Nursing Home Reform in 1999 and 2000 show that 40 states are attempting to address inadequate staffing levels in some manner (Crisis in Care, 2001).

The *BUILD* model, conceived from the research of *Best Practices for Retention of Nursing Assistants in Hospitals*, is a tool for managers to use for enhancing nursing assistant retention. *BUILD* will increase retention through job satisfaction and competency. The model will, in essence, provide the necessary elements to enhance personal and professional growth, thus ensuring the success of the NA and ultimately improving retention.

Definitions of Terms

Nursing Assistant (NA)	Also known as Nursing Aid (NA), Certified Nursing Assistant (CNA). Nursing Assistants are paraprofessionals, front-line workers who provide basic care for patients, such as answering call lights, feeding, toileting, bathing, maintaining oral hygiene, and other personal grooming. Other duties include providing range of motion, transferring patients (ex: bed to bath or wheelchair) and lifting. Finally, NAs maintain tidy and safe rooms, socialize with patients, and provide postmortem care. Often they work under the direction and supervision of nurses, but are also responsible for their own actions.
Acute-care organization	Also known as a hospital. An acute-care organization is a health care organization where the sick or injured receive high acuity medical care for a short period of time.
Long-term care organization (LTC)	Also know as a nursing home, care center, assisted living home. A long-term care organization is a health care organization where the elderly, chronically ill or other persons unable to care for themselves live and receive basic care, usually for an indefinite period of time or until death.
Retention	Continued employment within the organization or with the employer.
Best Practice	Objective data of initiatives, programs, unique schemes, or models that are tried and proven successful by research and study: Best practices enhance nursing assistant retention, competency, and job satisfaction.
Competency	Competency is the degree of ability to perform one's job. To become competent in one's job is to have the propensity to perform with excellence and expertise.
Job Satisfaction	How one perceives his or her job (career) in terms of enjoyment, gratification, contentment, and happiness.
Stakeholders	Nursing assistants, the hospital (organization), other health care team members such as Registered Nurses (RNs), Physical therapists (PTs) and, most importantly, the patients themselves.

Assumptions

The first assumption is that NA retention can be improved if NAs are supported and valued. Organizations have not allocated sufficient resources for systems that support nursing assistants to reach higher levels of competency. Nursing assistants would

greatly benefit from ongoing education and training to ensure competency (Salmond, 1995). In one study, patients perceived “better care” from nursing assistants who were given expanded roles as a result of improved competency (Jung, 1994).

The second assumption is that if retention initiatives at nursing homes and other hospitals have been tried and are successful, then these initiatives will be successful at Abbott Northwestern Hospital as well. These initiatives are coined “Best Practices.”

The third assumption is that retaining nursing assistants will not result from one strategy, but from a combination of strategies, and by improving retention, all the stakeholders (the health care organization, nursing assistants, other health care team members, and the patients) will win from supporting and retaining competent nursing assistants (Reinhard, 2001).

Importance of the Study

Because Abbott Northwestern Hospital can benefit from improved retention of nursing assistants, it should examine, study and evaluate new retention initiatives.

By improving retention, all of the stakeholders win. By retaining nursing assistants, the hospital wins by decreasing the cost to recruit, orientate and train newly hired nursing assistants. Orientation of new employees costs the organization hundreds of thousands of dollars. High turnover is expensive, with the national average of recruitment / orientation / training cost per new hire estimated between \$15,000 and \$50,000 (Klemm & Schreiber, 1991; Umiker, 1989). Averaging the recruitment / orientation / training cost at \$35,000 per new hire and multiplying that figure by the 81 NA positions that need replacing (at Abbott Northwestern Hospital), the amount is calculated at an astounding \$2,835,000. The high turnover phenomenon is costing the

organization almost three million dollars! Another way of looking at this is if Abbott Northwestern retention were improved by 20 percent (from the 2001 figures), 16 nursing assistants would have been retained that were lost, saving the organization a total of \$560,000. Again, this savings figure is based on a \$35,000 per NA hire orientation cost.

As a result of replacing the cost of retraining and recruiting with other retention initiatives that focus on increasing job satisfaction and competency, the hospital wins a high-quality reputation by providing excellent care to the patients it serves. Other health-care team members such as nurses are better supported, as well, because of the improved competency level of tenured nursing assistants.

Why do they leave and how can Abbott Northwestern hospital retain a higher number of these health care providers in the future? The issues surrounding retention of nursing assistants in hospitals is an important multifaceted study for all the stakeholders involved.

Methodology

The purpose of this study was to unveil answers to three questions: (1) Why do nursing assistants stay and why do they leave their jobs? (2) What are the best practices or support systems identified by nursing assistants that enhance their retention? (3) Does a specific leadership style correlate with or have any influence on retention factors?

Finding the answers to the three questions posed necessitated a literature search that sought the best practices for retention of nursing assistants. Over fifty articles were read and examined. By seeking information on a particular situation from the experience and knowledge of others, one can learn a great deal. Therefore, this study included an in-depth literature search and examination of journal articles, texts, and other related

materials relating to job retention of nursing assistants. The findings are based on fact, and the conclusions and recommendations are created from the author's expertise and opinions learned from the study.

By means of researching best practices for retention of nursing assistants, one is able to examine the methods that have been proven successful at other organizations and apply the concepts to one's own organization. Health care organizations can learn about job retention from each other.

CHAPTER II

Review of the Literature

Research studies consistently illustrate that nursing assistants who work at long term care facilities, have identified many factors that might retain nursing assistants (Gould et al, 1996; Meisirow, 1998; Riggs and Rants, 2001). However, the research is scarce for hospitals addressing nursing assistant retention. The following is a review of several research studies that address the multifaceted quandary of NA retention.

It will address three key areas that relate to retention of nursing assistants in hospitals:

- (a) Why do nursing assistants stay and why do they leave?
- (b) What are the best practices or support systems identified by nursing assistants that enhance their retention?
- (c) Does a specific leadership style correlate with retention factors?

The first study reviewed is a nursing assistant program or model that was developed at the Mayo Clinic in Rochester, Minnesota by Kummeth, de Ruiter, and Capelle. The new model is based on clarifying job expectations and then assigning the right person (RNs / LPNs / NAs) to perform each job. The researchers formed a task force that represented each of the stakeholders: the leadership, the RNs, and the NAs. A *Task Inventory Grid* (see Appendix A, Table 1) and *Nursing Assistant Skills Checklist* (see Appendix A, Table 2) resulted from their meetings.

The Task Inventory Grid specifies which task is assigned to each role in accomplishing excellent care of the patient. Because both RNs and NAs feel pulled in many directions by trying to accomplish “everything,” the new model addressed both NA

and RN role expectations. By identifying role expectations, NAs were provided with a more consistent and predictable set of tasks, and by using an assignment check-off sheet that listed NA tasks for each shift, the RN and the NA were informed exactly what had been assigned and accomplished. From the RN perspective, the NA checklist enabled RNs to meet their professional role more efficiently and effectively. RNs trusted that the job was completed because the NA had a clear and comprehensive understanding of the jobs for which he or she was responsible. Thus, for RNs, more time was made available to develop the patient plan of care, consult with physicians, and to do other tasks regarding the patient and family.

The *Nursing Assistant Skills Checklist* is used during orientation as an assessment tool to validate competency of skills. Results of the pilot show greater job satisfaction, increased competency, and retention of NA staff (Kummeth, de Ruiter, & Capelle, 2001).

While the Kummeth study clarified job expectations and then assigned the right person to the right job, Eichenberger's study in the State of Maryland used four investigator-designed instruments. According to Eichenberger's Abstract, of the 203 LTC facilities in Maryland in 1996, 40 long term care facilities agreed to participate in the study. Forty administrators and 130 NAs completed interviews (113 random and 17 non-random). The interviews revealed that NAs believed that by improving orientation, scheduling, the relationship between the supervisor and the NA, salaries, and staffing ratios, that the long term care organization could improve retention (Eichenberger, 2000).

Somewhat like the Eichenberger study, Monahan and McCarthy (1992) also researched and explored the nurse's aids views regarding their employment in the state of Oregon. A data collector visited seven nursing homes and interviewed nurse aids that

were present at the time of the visit. Individuals signed an informed consent and then completed a two-page questionnaire eliciting demographic information. Next, the data collector interviewed each individual with eight questions (APPENDIX D). The results revealed five overriding themes from the seventy-six NAs at the seven different nursing homes. The five themes are:

- Attachment to others (residents and co-workers) was the main reason for staying.
- Gratification from personally rewarding work was important. They liked being needed and valued, and affirmation of their good work was important.
- Demands of the job were physically and emotionally demanding
- Salary was undesirable and low.
- NAs liked supervisors who were flexible, listened to them, and made sure that they had the supplies and equipment to do their work (Monahan & McCarthy, 1992).

NAs felt strongly that their ability to relate, understand and care for the suffering and disadvantaged because of their own life experiences and their interest in working in the health profession were the two main reasons for choosing to work as an NA.

Looking at the situation a different way than the Eichenberger, Kummeth, and Monahan studies, Wilner's study indicates that support groups lead by experienced group leaders have brought turnover reductions and other positive changes in a select group of nursing homes in Washington D.C. With funding from the National Center for Nursing Research of the National Institutes of Health, Mary Ann Wilner, Ph.D., studied

sixteen nursing homes that conducted eight months of biweekly support groups. Approximately 200 individuals participated in the support groups, and comparison data were collected from 240 NAs in fourteen other nursing homes. Discussions were confidential, and topics—all work-related—emerged from the group. Qualitative data from interviews and observational field notes of 250 meetings were collected. Wilner used content analysis and identified topics important to NAs on their jobs. Themes that most frequently surfaced were problems relating to communication with peers and supervisors, working with a short staff, managing difficult residents and their family members, and salaries and benefits. Sharing feelings and thoughts about grieving the loss of patients, relationships with peers and supervisors, and working with a short staff proved powerful and illuminating.

In comparisons with 14 control group facilities, the nursing homes that offered support groups showed modest reductions in turnover during the demonstration period and four months following. It was noted that experienced group leaders are crucial to this program's success and can be hired as consultants to avoid breaches in confidentiality that might occur by using internal management staff. Another discovery was that meeting for six to nine months during the year and then taking a break for three to six months before reconvening is a good plan that was used by one nursing home after the demonstration ended (Wilner, 1994).

Turning from the Wilner study, Kathleen Kopiec completed an interesting qualitative report in New England. Sponsored by the New Hampshire Community Loan Fund and Department of Health and Human Services, she investigated and helped identify strategies for improving NA recruitment and retention. One goal of the study

was to understand how turnover could be reduced. An important finding was that the relationship between NAs and supervisors is a key factor that affects turnover (Kopiec, 2000). Kopiec concludes, “NAs need to have supervisors who respect health aids and their work and who can administrate effectively” (p. 21).

Kopiec gathered the data using two different means: (1) focus groups and (2) individual interviews. The NA volunteers were from a variety of health care settings. They responded to a newspaper advertisement and were reimbursed monetarily for their time and efforts. The three focus groups, totaling 30 participants, were conducted in three different areas of the state. The interview group, consisting of ten participants who were also from different areas of the state, was involved in one-to-one interviews (rather than the group interviews). The number of study participants then totaled 40. Both the focus group and the interview group were asked open-ended questions that covered topics of personal background information, work history, and characteristics of paraprofessional health care jobs and work settings (See Appendix A). Using a computer software program designed for qualitative data analysis (QSR Nudist, Nvivo), the interviews were audio-recorded and then transcribed into the computer program to be analyzed for patterns and recurring themes.

Again, there was not just one simple reason why NAs left or why they stayed; rather, the Kopiec study revealed that many issues determine retention of NAs. Summarized in Figure 1. are five recurring themes revealed in Kopiec’s study. Themes include training, supervisory relationships, wages and benefits, physical injury, and emotional stress.

Theme	Concerns
Training	<ul style="list-style-type: none"> • School reality incongruent with real world reality • Orientation period inadequate • In-service training rare and at inconvenient times and locations; many times without compensation
Supervisory Relationships	<ul style="list-style-type: none"> • Relationships with RNs and Supervisors affect job satisfaction • Lack of respect from supervisors and RNs demeaning and result in lack of self-esteem • Lack respect from society • RN delegation demeaning RN / replace with RN/NA teamwork
Wages and Benefits	<ul style="list-style-type: none"> • Perceived lack of respect from society reflected in the low wages and benefits.
Physical Injury	<ul style="list-style-type: none"> • Heavy workload NAs • Frequent work-related injuries from lifting and transferring patients
Emotional Stress	<ul style="list-style-type: none"> • Unable to provide adequate care because of poor staffing ratios, inadequate supplies and equipment • Cope with suffering and death, patient safety • Burn out high

Figure 1. Summary of themes and related concerns in Kopiec’s article.

Kopiec’s study also looked at the reasons NAs gave for choosing to work in the health care field. Not surprisingly, the overriding theme was the desire to help others. Many of the NAs felt that the reason they were able to care genuinely for their patients was “a sense of empathy for those who are sick or elderly, an awareness of what it feels like to be hurt or suffering, and an ability to relate to others” (p. 6).

As a final point to Kopiec’s study, interviewers asked the group participants, “What are the qualities that define a good NA?” (p. 10). The qualities that were identified by the NAs as important were the abilities to support, to demonstrate patience,

to be a team player, to show compassion, to empathize, to display listening skills, to care, to maintain a positive attitude, and lastly, the ability to relate to the patients.

The results of the Gould et al. study (1996) indicate that NAs who completed competency-based training had positive outcomes of increased competence, increased feeling of self-worth, and perceived membership in the patient care team. This study is one that was conducted in a hospital instead of a long-term care facility. The positive results of the competency-based training were the dramatic decrease in overtime, improved patient care, and increased patient and staff satisfaction. In addition, the role of the NA was one of more autonomy and competence. This gave the RNs more time for patient assessments, direct patient care, and patient education. NAs reported (1) feelings of increased self-worth and (2) enjoyment and appreciation for being a part of the patient care team.

In Gould's study, nursing leaders at the University of Iowa Hospitals and Clinics in Iowa City, Iowa, developed a new team approach to nursing in response to maintaining continued high quality and consistent patient care. The new model maximized utilization of the RN by efficient utilization of ancillary personnel (NAs, licensed practical nurses, etc.) in providing patient care. Surveys that listed 50 different and various patient care tasks. "Of the 103 surveys sent out, 67 (65 percent) of the RNs responded to the items and wrote in a total of 21 additional tasks were sent to each RN. Responses ranged from 61 percent to 100 percent agreement in what an RN should do and what could be delegated. There was 80 percent or more agreement on 40 of the 50 items" (p. 40). (See Appendix B).

Where the Gould study focused on developing a team approach between NAs and RNs, the Mesriow, Klopp, and Olson (1998) study focuses on improving absenteeism. Nursing Assistant absenteeism causes understaffing, resulting in a lofty workload for the staff that does show up for work. Thus the absentee problem perpetuates an inadequate staff, high workload, and low morale. Mesriow et al (1998) offers a creative and successful initiative addressing absenteeism of NAs and is certainly worth noting. A new Director of Nursing became aware of an attendance problem at Plymouth Place, an 86-bed long-term care facility. Quantitative issues, including the number of absences, tardy punch-ins, and early punch-outs were documented. The amount of agency (outside) staff used to fill unscheduled absences was documented as well. Using agency NAs revealed increased patient complaints and caused Plymouth Place to spend beyond the staffing budget.

Therefore, a motivational attendance policy (See Appendix C, Table 2) with a point system was started. An individual attendance record (See Appendix C, Table 3) was maintained for each employee. All NAs began the new process with zero points and with a clear understanding of the expectations and the consequences of the new policy. After six months of the new policy, there were no NA resignations related to job satisfaction, and agency staff use was greatly reduced as well. There were four terminations due to attendance. The impact of the changes was monitored, and a salary increase was given in response to the money saved (See Appendix C, Table 4).

In the Plymouth Place study, it should be noted that other factors might have contributed to the decrease in absenteeism. The first is that the new director of nurses met individually with each employee to explain and make clear the new policies. The

director of nurses also listened to the employee concerns, then counseled and facilitated ways to overcome the dilemmas of arriving late, forgetting to punch in or out, and absenteeism. The fact that the director established a relationship with each employee suggests that the new policy may not have been the only cause of improved absenteeism. Secondly, the Hawthorn effect, where study participants change their behavior because they know they are in a research study, might also have be a contributing factor in improving absenteeism.

Finally, the Gallup Organization sums-up and provides the most succinct information in its findings from an incredible, far-reaching, thirty-year study. The results of this study are published in the Buckingham and Coffman book *First, Break All The Rules: What the World's Greatest Managers Do Differently* (1999). The overriding theme is that the front line manager or supervisor is the single most important factor in attracting and retaining employees. Based on Gallup's thirty-year study, for which it interviewed over 80,000 managers and more than a million employees, the Gallup Organization made a significant discovery. Gallup discovered that workplace strength could be measured by twelve simple questions. The magic twelve, listed below, are proven to accurately measure what is needed to attract and retain employees.

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my work right?
3. At work, do I have the opportunity to do what I do best every day?
4. In the last seven days, have I received recognition or praise for doing good work?

5. Does my supervisor, or someone at work, seem to care about me as a person?
 6. Is there someone at work who encourages my development?
 7. At work, do my opinions seem to count?
 8. Does the mission/purpose of my company make me feel my job is important?
 9. Are my co-workers committed to doing quality work?
 10. Do I have a best friend at work?
 11. In the last six months, has someone at work talked to me about my progress?
 12. This last year, have I had opportunities at work to learn and grow?"
- (Buckingham & Coffman, 1999, p. 28).

What is even more fascinating about this study is that Gallup was able to link two important factors. The first finding was that companies with increased productivity, profit, retention, and customer satisfaction were also those companies whose employees responded positively to the twelve questions. According to Gallup, this is the first time that productivity, profit, retention, and customer satisfaction have been linked directly with satisfied employees.

The second discovery names the manager as the critical player in developing satisfied employees. Gallup illustrates that employees from the same company but from different business units rated the questions differently. This clearly establishes that the

manager of the business units—not the company leader, pay, benefits or perks—had direct influence on the way the twelve questions were answered.

Gallup found that only five of the twelve questions related directly to retention and they are questions one, two, three, five and seven:

1. Do I know what is expected of me at work?
2. Do I have the materials and equipment I need to do my work right?
3. Do I have the opportunity to do what I do best every day?
5. Does my supervisor, or someone at work, seem to care about me as a person?
7. At work, do my opinions seem to count? (p. 33).

These five questions also are the questions identified by Gallup as being most influenced by the immediate manager. “What does this tell us? It tells us that people leave managers, not companies” (p. 33). Although this is not a study directed solely for NA retention, the study clearly relates to any job and any job retention issues.

Summary of Literature Review

It appears that the majority of leaders of health care organizations are not paying attention to the experienced voices of NAs. Indeed, if the bosses of the world could stop, take a deep breath, sit down, and listen to what has heart and meaning, they most likely would learn an invaluable lesson on what it takes to retain NAs.

NAs have offered the following comments, for those who would listen. “[The work was back-breaking and the lift was old, decrepit and constantly breaking down]” (Johnson, 1999, 21). “My boss didn’t seem to really care that the NAs were having a tough time, the only time I ever saw the administrator was when he came around to chew me out for something that had gone wrong” (p. 21). Other comments disclosed a general

feeling of being under-valued and disrespected: “I find major respect from families; we are doing something they can’t [...] my biggest thing with respect, and again, it drives me absolutely crazy, is the administration” (Kopiec, 2000, p. 12). Another comment demonstrates an egotistical and aloof way of treating NAs: “[I]f a nurse has disempacted stool from someone, you know, and they would call you in just to dispose of the bowel movement. They couldn’t do that themselves. You have some days you come out of there, you don’t respect yourself. You expect to take care of the residents, all that, but you don’t expect that the RNs and administration treat you like that as well” (p. 13).

Nursing Assistants argue the need and desire for more in-service / educational training, good equipment and materials, an appropriate number of staff that enable quality work, the opportunity to do gratifying and rewarding work, and, finally, the need to be respected and valued by the entire health care team. Instead, they go about their work doing the best they can with little support from anyone.

Overall, the literature reveals that the retention problem of nursing assistants is multifaceted, but yet remarkably clear. The recurring theme of what matters most for NAs is the leadership style of the immediate manager or supervisor. The lack of empirical research that might address nursing assistant retention issues in hospitals is troubling. The reader cannot ignore that the prevailing theme of why NAs leave and why NAs stay is the relationship between the supervisor and the NA. Other important themes to which the research points are the need for a clear understanding of job expectations, improved orientation/training; improved scheduling, salaries and benefits/ staffing ratios; systems that affirm that the NA is valued and respected, such as support groups; increased autonomy and accountability; and the need to be recognized for hard work.

CHAPTER III

Connecting Leadership to Nursing Assistant Retention

Two leadership theories that could be directly used by managers to improve job retention are servant leadership and transformational leadership. Servant leadership is fusing leader and servant into one, ennobling leaders who are servants and servants who are leaders in seeking a better world. Transformational leadership engages both followers and leaders who transcend one another to a higher moral level. This chapter will examine these two theories of leadership, and then apply servant leadership and transformational leadership to managers who can then facilitate a higher retention for NAs. Both of the aforementioned leadership theories can support front-line managers or supervisors in establishing a strong and positive relationship with their employees.

Servant-Leadership Defined

What is servant leadership? Can a person be both servant and leader? These are questions that Robert K. Greenleaf, founder, author, and teacher of servant leadership theory, asked himself. The answer to Greenleaf's question came when he read Herman Hesse's *Journey to the East*. In this story, a group of men are on a mythical journey. One of the men is Leo; he is the group's servant and "does their menial chores, but also sustains them with his spirit and song" (Greenleaf, 1970, p.1). Everything goes well while he is with the group, but one day he disappears. Falling apart without Leo, the group is unable to complete its journey and disbands. After many years of wandering, the narrator of the story finds Leo and "discovers that Leo, whom he had known first as *servant*, was in fact the titular head of the Order, its guiding spirit, a great and noble *leader*" (p.1). Greenleaf points out that by this story we can see that the great leader is

seen as servant first. “Leo was actually the leader all the time, but he was servant first because that was what he was, *deep down inside*” (p. 2).

Greenleaf uses Hesse’s story for another purpose, the discussion of prophecy. Prophecy is also part of servant leadership because prophecy nurtures growth of self and service to others. Greenleaf says that we must embrace the theory of prophecy because when we listen to the past voices, we gain incredible insight into our contemporary age or into any age. Greenleaf writes, “It is seekers, then, who make the prophet; and the initiative into any one of us in searching for and responding to the voice of a contemporary prophet that may mark the turning point in his growth and service” (p. 2). When one seeks answers, then knowledge and beliefs are redirected toward other beings, not only toward oneself. That is, one desires to serve by sharing growth and service with others. Greenleaf defines servant leadership as a type of awakening:

“The servant-leader is servant first[...]. It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. He is sharply different from the person who is *leader* first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions. For such it will be a later choice to serve—after leadership is established” (Greenleaf, 1970, p. 7).

According to Greenleaf, “The best test, and most difficult to administer, is this:

1. Do those I serve grow as persons?
2. Do they, while I serve them, become...healthier, wiser, freer, more autonomous, more likely themselves to become servants?

3. What is my effect on the least privileged in society: will they benefit, or at least, not be further deprived?" (Spears, 1998, p. 19).

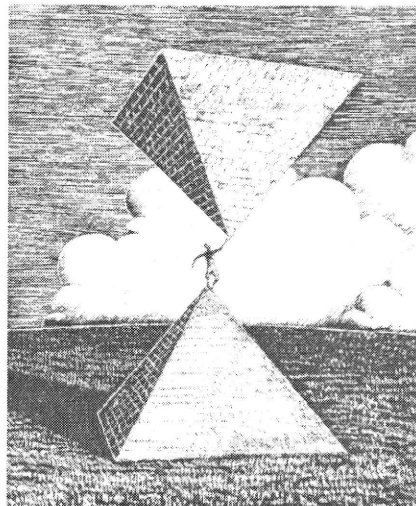
By examining servant leadership with reference to the three questions posed by Greenleaf, one can determine that the issues identified for retaining NAs could be improved with a servant-leader mindset. Servant leadership endorses managers to support and serve their employees. Managers who practice servant-leadership help people grow in many ways by informing employees of work expectations, listening to the opinions of staff, advocating for new program development, supporting existing programs and services, and creating a supportive respectful environment. In particular, the third question addresses an important point regarding NAs. Most likely, NAs are some of the least privileged in society and come from a low socio-economic stratum. Leaders who practice the servant leadership model do not ignore or further deprive the least privileged, but rather develop them to reach full their full potential.

Key Characteristics of Servant Leadership

The pictorial metaphor displayed on the following page and commonly used at the *Greenleaf Center for Servant-Leadership*, depicts the straightforward mindset of servant leadership. Indeed, the servant leadership way of thinking has been likened to turning the hierarchical pyramid upside-down. However, it *does not* mean that managers and leaders should be doing the work of their subordinates, who would be telling them when and how to do the job. "The paradox is that the pyramid needs to be right side up and upside down depending on the task or role. It is absolutely essential that the pyramid stay upright when it comes to vision, mission, values, and setting major goals" (Spears, p. 23).

Author and renowned expert Dr. Ken Blanchard is known for his contributions in the field of management and leadership. In his essay *Servant-Leadership Revisited* (Spears 1998), one can find clarity for the pyramid metaphor and its application to the servant-leadership theory. Blanchard explains that leadership has two aspects, a visionary part and an implementation part. Blanchard goes on to say that once the mission, vision and goals are set, it is in the implementation phase where confusion may occur. Blanchard explains the reason for the potential confusion:

The minute you think you work for the person above you for implementation, you are assuming that person—your boss—is *responsible*, and your job is being *responsive* to that boss and to his or whims or wishes. The way to correct this situation is by turning the pyramid upside down. Then you make *your people responsible*, and *you become responsive* to their needs...to help them accomplish their goals. You help them win (p. 25).



(www.Greenleaf.org)

Figure 1. A pictorial metaphor of servant-leadership. The inverted pyramid illustrates the straightforward mind-set of servant leadership, which turns the hierarchical pyramid upside-down.

Servant Leadership Principles Applied to Cultural Competence

Cultural competence is a crucial part of leadership. Organizations have a basic responsibility to recognize, incorporate, and value diverse workforces. Welcoming, and integrating diversity will strengthen the relationship between the manager and NA. Imagine embracing a vision that promotes the less privileged to lead by turning the pyramid upside down. Turning the pyramid upside down allows the supervisor or manager to be responsive to the needs of the NA. The NA then is responsible for leading effective and efficient patient care. The servant leadership model is ideal when leaders seek cultural competence in ethnic, racial, generational, sexual preference, socio-economic and cultural diversity because servant-leadership dismisses power and welcomes empowerment. NAs will be empowered by managers who support and care for their employees. Servant leaders consciously strive to improve or benefit the least privileged in society.

Jesus is the perfect example of someone who turned the pyramid upside down. When Jesus is asked, “Who is first?” or “Who the greatest?” he answers in the book of Mark: “If anyone wants to be first, he must be the very last, and the servant of all” (Mark 9: 35).

Jesus not only spoke of servant leadership, but he also demonstrated servant leadership through his actions. When Jesus washed the feet of his disciples, he was allegorically teaching them about servant leadership. Jesus not only gives the disciples clear direction on serving, but he also serves as a role model by his actions. The story of Jesus washing his disciples’ feet is a wonderful example of a leader in the servant role.

You call me Teacher and Lord, and rightly so, for that is what I am. Now that I, your Lord and teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you. (John 13:13-15)

Transformational Leadership Defined

Throughout history, one can find examples of an awareness of change. Heraclitus (c.500 BC), the Greek philosopher, said wisely, "Nothing is permanent but change" (Crainer, 1998, p. 48). Rosabeth Kanter (b. 1943), former editor of the Harvard Business Review and author of *The Change Masters* and *When Giants Learn to Dance*, has a contemporary view of change:

Change masters are—literally—the right people in the right place at the right time. The right people are the ones with the ideas that move beyond the organization's established practice, ideas they can form into visions. The right places are the integrative environments that support innovation, encourage the building of coalitions and teams to support and implement visions. The right times are those moments in the flow of organizational history when it is possible to reconstruct reality on the basis of accumulated innovations to shape a more productive and successful future (p. 48).

Managers and supervisors of NAs have the opportunity to be catalysts for change in their hospitals or organizations. An insightful manager will view change as an opportunity and good fortune. Creating opportunity (or good fortune) from a bad situation (or misfortune) can be further understood through the writing of sixteenth century advisor and writer

Niccolo Machiavelli. Machiavelli explains this concept in *The Prince*, where he writes on what it takes to be a successful leader, prince, king or president:

[By] examining...[great leaders'] lives and actions, one cannot find that they owed anything to fortune, but the opportunity which gave them matter to shape into the form they thought right. Without an opportunity their abilities would have been wasted, and without their abilities, the opportunity would have arisen in vain (Machiavelli, 1996, p. 26).

Improving retention of nursing assistants is an opportunity of the twenty-first century and managers have the opportunity because they are in the right place in the right time with the right situation for transformation. If managers and supervisors desire to improve the retention of NAs, they are transforming agents.

James M. Burns, winner of the Pulitzer Prize and a National Book Award for his study of Franklin D. Roosevelt, gives us insight into transformational leadership. Burns looks at the relationship between leaders and followers. Burns believes that leadership is “Leaders inducing followers to act for certain goals that represent the values and motivations—the wants and needs, the aspirations and expectations—of both leaders and followers” (Wren, 1995, p. 100). Burns believes that leadership is, in essence, the result of the interaction of the leader and follower and that both are working for a common goal. Burns continues: “That interaction, however, takes two fundamentally different forms” (p. 101). To fully appreciate transformational leadership one must recognize the differences it has from transactional leadership.

Burns describes *transactional* leadership as “when one person takes the initiative in making contact with others for the purpose of an exchange of valued things” (p. 101).

Examples of this type of interaction are swapping votes for a political platform or agreeing to work overtime so as to secure employment. Transactional leadership is based on contingencies or incentive reinforcements. People promise rewards in exchange for a job well done. A human interaction happens, but the people involved have no future mutual purpose. The mindset of this interaction is somewhat like the cliché “I’ll scratch your back if you’ll scratch mine.”

The second and more desirable interaction that Burns identifies between leaders and followers is *transformational* leadership. Burns defines transformational leadership as “when persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality” (p. 101). The key here in defining transformation leadership is the *moral level* or transcendence that the transforming leadership enhances for both leaders and followers.

Managers can raise NAs to higher levels of motivation and morality by changing current management requirements. The NA manager or supervisor must initiate measures to build a positive relationship with the NA. In order for managers to know, interact with, build relationships with, and serve their staff, they must be visible and accessible. Scheduling one-to-one meetings on a regular basis and choosing to be present (having presence) for their employees can enhance building positive relationships.

Principles of Transformation Leadership Applied to Cultural Competence

The true leader of the future must be competent in dealing with America’s changing demographics. John Work, senior principal of a consulting firm and author of numerous books on race, ethnicity, and corporate America, speaks out on the need for cultural competence:

In respect to the United States today, a number of the important changes are related to the nation's changing demographics, in particular, changes in the distributive characteristics of the population and labor force relative to race, ethnicity, culture, gender, age, religion, and so on (Drucker, 1996, p. 73).

Undoubtedly, leaders are looking straight into the face of all kinds of diversity. Diversity necessitates a response that transformational leadership can provide. Becoming culturally competent is a moral and right thing to do, and transformational leadership is defined as "raising one another [leaders and followers] to a higher moral level." Lifting or transcending one another to a higher moral ground is a tangible part of transformational leadership. Therefore, advocating for human rights in the struggle against racism or any cultural disparity is within the definition of transformational leadership.

J. Work writes, "True leadership must lead to change that translates into social betterment" (p. 75). Transformational leadership has the capacity to promote the greater good of society. Work reveals the five challenges that leaders must be willing to accept in the future:

1. They must be willing to become more sensitive and understanding with respect to the ethnic, cultural, and gender differences within the workplace and to demonstrate that sensitivity and understanding.
2. They must have a vision for the workplace that ultimately results in a significant broadening of the corporate culture and the workplace environment.

3. They must be willing to craft and implement new and different employment and communication processes to enhance and promote perceptions of fairness and equity.
4. They must be willing to bring full and unquestioned commitment to the effective utilization of a diverse work force.
5. They must be the linchpin between their organization and the larger community, to establish the organization as a place where people want to work and be productive and to develop new markets and maintain existing ones. (p. 78)

If leadership ascends to the five challenges described, people and society will be capable of elevating themselves up and away from the human inequalities that now prevail.

Seeking to reach out to humankind with grace and humility will enable society to live in a moral and more meaningful way. Promoting a respectful work environment that doesn't tolerate discrimination on the basis of cultural, gender, socio economic, generational, spiritual or other differences will build a strong and positive relationship between the manager and the NA.

Key Components of Transformational Leadership

Transformational leaders are vehicles for change because they motivate followers to greater commitment, performance, involvement and loyalty. Several years of in-depth studies by Bass, Howell and Avolio, and others, reveal key components of Transformational-Leadership (Bass 1998):

- Charismatic Leadership: Leadership is charismatic such that the follower seeks to identify with the leaders and emulate them.

- Inspirational Motivation: The leadership inspires the follower with challenge and persuasion, providing a meaning and understanding.
- Intellectual Stimulation: The leadership is intellectually stimulating, expanding the followers use of their abilities.
- Individualized Consideration: The leadership is individually considerate, providing the follower with support, mentoring and coaching (p. 5).

Engagement between leader and follower is a key for successful transformational leadership. NA managers must lead in a manner in which they and their followers are mutually supportive and work for the common purpose of the organization. NA managers must strive to motivate and uplift the NAs in their organization. The relationship between the followers (NAs) and the manager is moralistic in that the manager wants to move the NA from one stage of human development to a higher one.

A Leading Transformational Servant as a management model for NA Retention

By applying the servant leadership three-question test, and integrating the four main components of transformational leadership, the reader can determine that the leadership style that is needed to retain NAs is congruent with servant leadership and transformational leadership. One could name this style of leadership a leading transformational servant. Combining these two theories into one best describes the leadership style needed for improved job retention of NAs. The qualities of a leading-transformational-servant are essential to be a successful manager.

Factors that improve NA retention can be addressed by looking at Greenleaf's first question about servant leadership, "Do those I serve grow as persons?" The answer

lies in part by respecting and establishing the value of NAs. Some of the ways that managers can show NAs that they are valued are scheduling one-to-one meetings with the supervisor, genuinely listening to the concerns and suggestions of the NA, providing flexible scheduling, promoting participation in training and ongoing staff development, clearly making known job expectations, providing the materials needed to do the job right, and caring about the employee. These actions will lift NA morale and reverse the feeling of being undervalued. These actions will help people grow.

Managers can continue to work in bringing pride to NAs through transformational leadership, as well. Challenging NAs to improve competency in their practice is inspiring and motivational. Competency encourages excellence, and excellence in caring expands and makes use of the NAs abilities. Everyone wins: the manager, the NA, the organization, and, most importantly, the patients.

Nursing Assistants will become healthier, wiser, and more autonomous because the front-line manager is serving them. NA managers will engage with NAs in such a way that both manager and NA raise one another to a higher level of accomplishment. This mindset fulfills the definition of transformational leadership and servant leadership's second question, "Do they, while I serve them, become...healthier, wiser, freer, more autonomous, more likely themselves to become servants?"

As leading-transformational-servants, NA managers are effective leaders by serving and leading change. Effective leaders also encourage participation. That is why it is important for managers to actively participate and interact with their staff.

Effective leaders make people feel like members of the team by being accessible to them, and showing, not just saying, that they care about them. This style of

leadership encourages a kind of participation, which empowers not just their subordinates but the leaders themselves, [...] sharing their goals and moving with them. (Morreall, 1997).

The proposed NA management style is congruent to both the servant leadership and the transformational leadership theories. NA managers must be leaders and servants in one. In seeking a better workplace, and thus retaining NAs, managers must show that they engage both followers and leaders, thus transcending one another to a higher moral level.

CHAPTER IV

The *BUILD* Retention Model

Though many factors are important to nursing assistant retention, it is the leadership style that is at the heart of why people stay and why people leave their jobs. Knowing that the leadership style is the integral piece to NA retention, the reader will now examine and consider an innovative model that conjugates the learned information from this study. By bringing together the main points of the (1) the literature review that addresses NA retention (2) the leadership theories that support NA retention and (3) the *BUILD* model that will simplify and clarify the best practices for NA retention, a tangible tool is available for organizations to use in retaining NAs. The model will supply the specific solutions for the retention problem.

The retention initiatives (why people stay) are grouped accordingly into one of five concepts that arise from Gallup's study and pertain to retention of employees. Listed below are the five concepts and the issues that were discovered in the research that are grouped accordingly within each concept.

- I. Begin with work expectations
 - A. Schedule one-to-one regular meetings between the NA and manager
 1. Coach frequently, direct goal setting
 2. Provide effective and comfortable communication pathways
 - B. Provide a comprehensive orientation program and assign NA orientee with a mentor

- C. Offer opportunities for personal and professional training and development
- D. Develop clear policies explaining expectations, and then review with the mentor or manager

II. Utilize materials and equipment

- A. Lift equipment convenient and available
- B. Supplies for patients convenient and available
- C. Professional uniforms provided
- D. Adequate staffing
- E. Clear communication system between the NAs and manager in case barriers arise in attaining supplies/materials, so the manager is able to respond to the NA need in a timely manner

III. Integrate talent with the job

- A. Discover each NAs talent by asking “What is it about your work that you love to do every day?” Then guarantee that NAs are able to do what they love. This will ensure that their work is gratifying and rewarding
- B. Match the NAs talent with the assignment. For example, some NAs will be talented with technical aspects, and other NAs will be talented in empathy and want to work directly with patient care
- C. Observe the work of the NAs. Where do they seem to thrive and where do they demonstrate work excellence?

IV. Lead through caring

- A. Manager visible and accessible on the unit

- B. Engage with and coach the employees
- C. Build positive relationships
- D. Take a genuine interest in their personal and professional
- E. Demonstrate caring by providing the extras
 - 1. Picnics, barbecues, holiday parties, manager cooking breakfast for staff, support groups
 - 2. Proper and comprehensive orientation programs
 - 3. Instant recognition initiatives with monthly give-aways, and a drawing for a larger prize
 - 4. Tuition reimbursement and other benefits
 - 5. Bonuses for limited absenteeism

V. Develop respect by listening to opinions

- A. Manager visible / accessible and listening to and engaging in dialogue with NAs
- B. Managers asking the NAs their opinion on work initiatives, problem solving methods, and general improvement plans
- C. Providing a fair salary and benefit package
- D. Valuing NA work through recognition initiatives
- E. Taking a team attitude with the RN, rather than a subservient “delegating” technique between RNs and NAs in providing care for the patient. RNs and NAs serving one another. Thinking of NAs as Patient Care Assistants rather than Nursing Assistants. Both RNs and NAs working as a team in caring for the patients that they serve.

The following *BUILD* model forms the structure that is the essence of best practices for NA job retention. The triangular or pyramid shape represents servant-leadership. Transformational leadership is embodied in the pyramid by placing the leader at the base of the triangle, thus in a great position to uplift and raise the people to higher levels of motivation and morality. The sunburst effect that distinguishes each concept represents the illuminating effect such leadership has with the people. The result of this model is that the leadership theories and findings come together to shape the new and necessary model that will enhance NA retention.

The acronym *BUILD* is appropriately applied to the five main concepts of retention within the leadership style. Leadership houses the actions necessary to reach higher retention of NAs. The ad hoc *BUILD* model provides an orderly and uniting method for understanding and applying best practices of retention for nursing assistants in hospitals. Each letter of *BUILD* embraces the five concepts necessary for improved retention. Here they are:

- **B**—Begin with work expectations
- **U**—Utilize materials and equipment
- **I**—Integrate talents with the job
- **L**—Lead through caring
- **D**—Develop respect

The *BUILD* Model

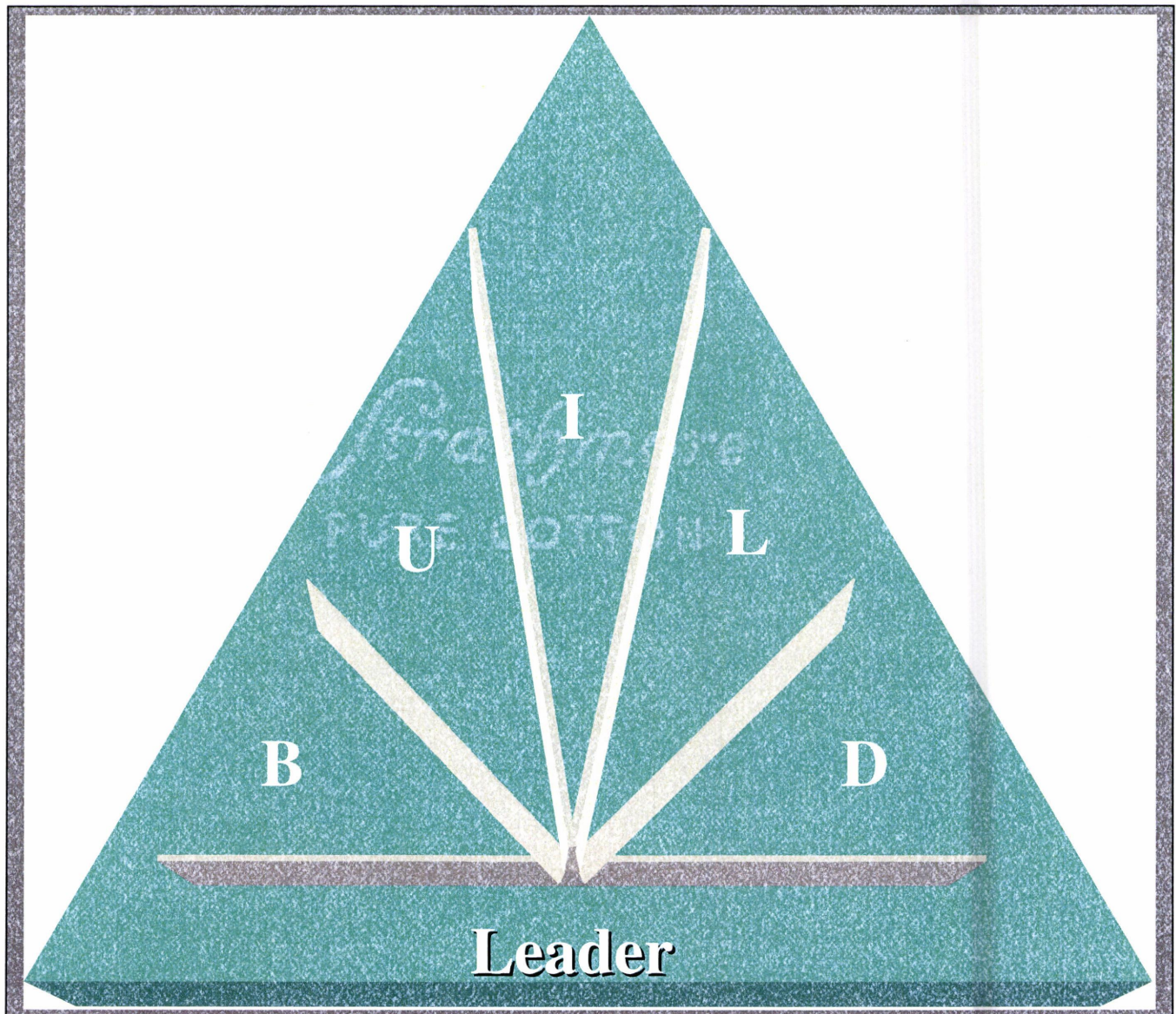


Figure 2. The *BUILD* Retention Model. ©Lynda Frayne. 2002. All rights reserved.

CHAPTER V

Recommendations

The following are recommendations for implementing *Best Practices for Retention of Nursing Assistants in Hospitals*.

- Adapt the *BUILD* model
- Secure commitment from Senior Leadership / Directors level

Identify administrative responsibility for:

Implementation

Oversight

Measurement

Reporting / Publishing Results

Training

- Educate and train the management on the new leadership approach.
 - Introductory training for NA managers
 - Ongoing observation, coaching, and re-direction of NA managers
 - Monthly forums between managers and *BUILD* facilitator
 - NA managers accountable for *BUILD* behavior or re-directed to other areas of responsibility
- Pilot the *BUILD* model
 - Select 3 – 4 hospital units for pilot study
 - Implement the pilot (1year)
 - Measure the outcomes (retention, job satisfaction, competency)
 - Publish the results

- Measure program outcomes and measure employee engagement by means of Gallup's "magic twelve" questions using a Likert-type scale to measure how strongly the participants agree or disagree with the statements. Administer Gallup's survey prior to the pilot initiative and following the pilot initiative. (see Appendix F).
- Evaluate / Revise *BUILD* results
 - Retention
 - Job satisfaction
 - Competency
 - Nursing
- Plan for next steps
 - Foresee a hospital-wide *BUILD* initiative, based on optimistic findings, i.e., if retention, job satisfaction and competency are improved initiate *BUILD* to all nursing units

CHAPTER V

Conclusion

After reading over fifty journal articles, investigating numerous leadership textbooks, personally creating a solution to the problem, and then writing and re-writing, on the dilemmas of nursing assistant retention, one can draw conclusions.

The purpose of this study has been twofold. First, it was to seek the answer to the nursing assistant retention problem by examining the literature and data that relates to this particular phenomenon. By discovering the problem (findings), drawing conclusions, and then creating a solution to the retention problem (recommendations), one can offer Abbott Northwestern hospital something of value to be used to enhance the effectiveness and efficiency of that organization.

The second essential purpose of this study is to make the work-world of nursing assistants a little bit, if not a whole lot, better. In this case, the *BUILD* model will address and improve retention issues of nursing assistants.

The study establishes that nursing assistant retention is based on many factors, but overwhelmingly it is the skill of the leadership that makes the difference for job retention. servant leadership and transformational leadership are two theories of leadership that have significant roles in enhancing higher retention rates for nursing assistants. Servant leadership is fusing leader and servant into one, ennobling leaders who are servants, and servants who are leaders, in seeking a better world. Transformational leadership engages both followers and leaders who transcend one another to a higher moral level. Servant leadership and transformational leadership are applicable for managers who desire higher

retention of NAs. Both of the aforementioned leadership theories support front-line managers or supervisors in establishing a strong and positive relationship with their employees.

The *BUILD* model is a tool for managers to use for improving nursing assistant retention. *BUILD* was conceptualized from Gallup's 30-year study, published in the book *First, Break All The Rules: What the World's Greatest Managers Do Differently* by Buckingham and Coffman. *BUILD* gives front-line managers clear directions and structure for job retention of nursing assistants.

Finally, recommendations for improving upon nursing assistant retention are spelled out:

- Adopt the *BUILD* model
- Secure commitment from senior leadership
- Educate the front-line managers
- Pilot the *BUILD* model
- Evaluate, revise, plan for next steps

As said by the late Robert K. Greenleaf, "Caring for persons ... serving each other, is the rock upon which a good society is built" (Greenleaf, 1970, p. 7). If managers are able to serve nursing assistants in a way that empowers, motivates and raises nursing assistants to higher levels of performance and morality, then job retention, job satisfaction, and competency will improve. This method and attitude of leadership will guide the individual and the organization to greater levels of satisfaction, happiness and excellence.

APPENDIX A.

Task Inventory Grid

Task	RN	LPN	NA	US
Baths				
Beds				
Medications				
Weights				
BID assessments				
Vital signs				
Order books				
Profile				
Site care				
Referrals				
ADMISSION CHECKLIST:				
VS (L & R arm), orthostatic BP if needed				
Height/weight—document on flow sheet and ADT census				
Orient patient to room/equipment/computers				
Put ID band on (review with patient for correct name/spelling)				
Allergy/caution band on.				
ADT census/information card with contact person's phone #				
PFH/CVI reviewed and signed				
Bottom of hospital notes PFH / CVI review—date and sign				
RN assessment—each subject area circled or underlined				
RN assessment note and initial discharge note written				
Barriers section completed				
Advance directives/living will addressed				
Complete order communication sheet				
Doctor orders signed off				
Patient/family education flow sheet				
Primary nurse assigned/primary nurse pamphlet given to patient				
Care plan started				
Blue Diabetic record initiated on diabetic patient's chart				
Hypoglycemia protocol initiated if needed				
Vaccine/influenza immunization (November – January)				

APPENDIX A. Task Inventory Grid (continued)

Task	RN	LPN	NA	US
DISCHARGE CHECKLIST:				
Medical consent for release of information signed				
Dressings/supplies needed				
_____ Ordered				
_____ Given				
Social services contacted. First visit date: _____				
Referral initiated				
P.T., O.T. referral enclosed.				
Referral called				
Referral sent with patient				
DOCUMENT on patient/family education flow sheet:				
Meds, USP sheets, prescriptions				
Activity				
Next appointment/appointment card given				
Signs and symptoms				
Patient understanding				
Equipment				
Diet				
DCS – Project				
Transcribe orders				
Copy chart for tests, Prac, Dism				
Accompany patient to test/procedure				
Stable				
Critical				
Tidy rooms				
Tidy utility room				
Equipment				
Empty linen				
Answer lights				
Doctor rounds				
Families: Coordinate care				
Plan				
Anxious				

APPENDIX A. Task Inventory Grid (continued)

Task	RN	LPN	NA	US
Check labs				
Empty urine catheters (I & O)				
NG (I & O)				
Preps				
Enemas				
Specimens to lab				
Medicus				
Give Report				
HS snacks				
IV meds				
Documentation				
Break Coverage				
Pick up CS – Supplies				
Referral				
Initiate/Complete				
Call				
Feed Patients				
Pass trays				
I:1				
Dressing changes				
Call physician				
Transfer patient				
Stable				
Critical				
Ambulation				
Toilet				
Aces				
Turn/rub/oral care				
Stock nurse server				
Pass water				
Stock linen				
Door cards				

APPENDIX A. Task Inventory Grid (continued)

Task	RN	LPN	NA	US
Assignment sheet				
Assign to primary				
Call staffing				
Record keeping EA – ill calls				
Header on blue sheets				
Call staff – to work				
Patient education				
Disease process				
Medications				
Unit routines				
Test procedure				

APPENDIX A-2. Nursing Assistant Skills Checklist

Name _____ Unit _____ Date _____			
Skill	Observation Practice	Competency Demonstration	
	Date	Date	Initials
.Complete initial admission process <ul style="list-style-type: none"> • Assist patient to comfortable position in bed • Place supplies in room as appropriate (tissues, water, glasses, basin) • Obtain vital sign measurements • Check height and weight • Orient patient to the environment • Record data obtained during admission 			
Provide morning care to patient <ul style="list-style-type: none"> • Oral care (e.g., brush teeth, clean dentures) • Brush / comb hair • Toileting (bathroom / bedpan / urinal) • Wash hands and face • Provide fresh water (if not NPO) • Tidy room 			
Bath patient <ul style="list-style-type: none"> • Total bath • Assist with bath • Assist with shower 			
Provide evening care to patient <ul style="list-style-type: none"> • Oral care (e.g., brush teeth, clean dentures) • Toileting (bathroom / bedpan / urinal) • Wash hands and face • Provide fresh water (if not NPO) • Back rub (as needed) • Tidy room 			
Provide for patient's food and fluid needs <ul style="list-style-type: none"> • Deliver and pick up meal trays • Measure intake and output • Empty catheter drainage bag at end of shift and as needed • Place menu card at patient door • Distribute patient snacks to room, refrigerator, or freezer 			

APPENDIX A-2. Nursing Assistant Skills Checklist (continued)

<p>Maintain clean, safe environment for patient</p> <ul style="list-style-type: none"> • Clear tray table and other surfaces in room • Place items that patient will need within reach • Place dirty linen in linen bag • Set temperature and ventilation at level of comfort for patient • Appropriate lighting • Put trash in wastebasket 			
<p>Obtain vital sign measurements</p> <ul style="list-style-type: none"> • Temperature using electronic thermometer • Radial pulse • Respirations • Blood pressure • Daily weight 			
<p>Communicate effectively</p> <ul style="list-style-type: none"> • Report work progress to NA on next shift • Report changes in patient status or patient questions to RN • Let other staff know what you are not available to assist 			
<p>Document accurately</p>			
<p>Maintain a clean safe environment on the unit</p> <ul style="list-style-type: none"> • Empty linen bags/hampers • Complete room check log (supplies, masks, sharps) • Answer call lights • Clean soiled utility room • Maintain food and beverage stock supply in kitchen areas 			
<p>Nursing Assistant _____ Date _____</p> <p>RN Preceptor _____ Date _____</p> <p>Nursing Education Specialist _____ Date _____</p> <p>Nurse Manager _____ Date _____</p>			

APPENDIX B

Interview Questions for nursing assistants

- What do you like about your job?
- What do you not like about your job?
- What does your family like or not like about your job?
- What attracted you to this type of work in the first place?
- Is that attraction still present?
- What keeps you working here?
- What do you think helps morale or spirit here?
- Do you have any further questions or comments?

Monahan, R., McCarthy, S. (1992) Nursing Home Employment: The Nurse's Aide's Perspective. Journal of Gerontological Nursing. 18 (2): 13-15.

APPENDIX C

Interview Guide

We are conducting a study on health aide's work. As you know, there is a growing shortage of health aides in the state. Policy makers are concerned about how to retain people in these jobs and how to recruit more people into the field. I'd like to ask you some questions about your experiences, and get your views about the job you do.

You and the Work

I usually start by asking how old you are

How far did you go in school?

What is your family situation like?

Partner or spouse?

Children at home?

How do you work out childcare when you work?

How did you get into this work and become a Certified Nursing Assistant?

How long have you been a CNA?

What kinds of work have you done before becoming a CNA?

What is your work now?

How did you get it?

Organization and Job

Can you tell me more about the place or organization where you work now?

What is your contract, or terms of your employment?

What is your schedule like? What hours and days do you work?

How does that work for you? What would you change if you could?

How many patients do you care for?

What are their circumstances or conditions?

Thinking back on your last day or night of work, could you walk me through your whole shift, starting from the beginning?

What kind of supervision do you have?

What is your relationship like with your supervisor?

Good aspects?

Bad?

What about the people you work with—how are they and how do you get along?

Pay and Benefits

What do you get paid in your current job?

Different for overtime? Do you try to work overtime?

What benefits do you get?

Health insurance?

Vacation or sick time?

Training and Career Development

What kind of training program did you go through once you decided to become a CNA?

How well did that prepare you?

Are there opportunities for advancement where you work?

Does your employer provide ongoing training opportunities?

Are there opportunities for promotion to a higher level of pay of different responsibilities?

Reflection about the Job

How do you feel about your job?

What are the most unpleasant things about your job?

What are the best things?

What do you think would make this a better job, one that more people would stay with?

In your experience, why have people left their jobs as CNAs?

APPENDIX D

<p>Exhibit 1</p> <p>TASKS IDENTIFICATION</p> <p>Tasks Identified as RN Only (80% or more agreement)</p>	<p>Task Identified an NA May Perform (80% or more agreement)</p>
<p>Assigned to new surgicals from PACU Assigned transfers from ICU Central line dressing change Completing patient admissions Complex dressing changes Discharge Assessment and documentation Foley catheter insertion/removal Foley catheter irrigation NG placement checks Patient teaching Tracheostomy suctioning</p>	<p>Accu-Cheks Ambulate patients Answer patient call lights Apply aqua-K pads Applying TEDs/SCDs Bag out isolation rooms Baths/oral care Clean Units Enemas Environmental tasks Feeding patients Fill water pitchers I & O Incentive spirometer Make beds NG pH Obtaining urine/sputum/drain specimens Position/turn patients Prepare rooms for admission/transfers Refrigerator checks Run labs Simple dressing changes Sitz baths Stool guaiacs Transporting patients Urine specific gravity/pH Vital signs Weights Whirlpools</p>

APPENDIX E

Table 1. Research Regarding Certified Nurse Aide (CNA) Satisfaction

Author (Ref.)	Subject Studied	Study Participants (N)	Results
Waxman, Carner, and Berkenstock (1)	Comparison of CNA turnover among 7 nursing homes.	234	Turnover not related to pay, quality, or job satisfaction; management styles important.
Tellis-Nayak and Tellis-Nayak (6)	The work and home culture of CNAs.	132	Awareness of CNA culture and needed improvements.
Helmer, Olson, and Heim (7)	Job satisfaction factors	246	Dissatisfaction related to salary
Brannon, Cohn, and Smyer (8)	Comparison of nursing home jobs to other available jobs.	383	Compares well with other jobs: Salary satisfaction low; coworker satisfaction high.
Garland, Oyabu, and Gipson (9)	The differences between CNAs that stay and leave.	79 (stay) 35 (leave)	Portraits of those who stay and those who leave.
Brannon et al. (10)	Analysis of nursing home care giving as a job.	388 (aides) 101 (LPNs)	Increase skill variety, autonomy, and feedback.
Holtz (11)	Survey of SNA satisfaction using Herzberg's theory.	31	Interpersonal relationships most important.
Caudill and Patrick (12)	Relationship between turnover and satisfaction using Maslow's theory.	248	Less turnover with better salary and benefits, and feedback from residents, peers, and staff.

Table 2. Plymouth Place Attendance Policy

Attendance policy issue	Definition
Year	Consecutive, rolling 12-month period. Each absence or tardiness is on record for one year A point expires on its anniversary
Absence with permission, no points accrue	Approved leave of absence per facility policy. Approved days off per facility policy. Absence due to work-related injury.
Absence, points accrue	A missed shift of scheduled work. Missing more than 50% of a shift including scheduled overtime. Leaving work area anytime during shift without authorization.
Point accumulation	Absence/sick occurrence = 1 Tardiness = 0.5 Failure to punch in/out = 0.5
Points per year—disciplinary action	5.5 points—written counseling 7.5 – 8.0 points—final written counseling 8.5 points or more—termination

APPENDIX E (continued)

Table 3. Plymouth Place Attendance Record: John Doe

Date	Episode	Points	Total	Counseling
08-02-93	absent	1	1	
08-10-93	sick	1	2	
09-13-93	tardy	0.5	2.5	
10-09-93	absent	1	3.5	
11-06-93	tardy	0.5	4.0	
12-05-93	absent	1*	5.0	
01-16-94	tardy	0.5	5.5	written counseling
02-03-94	tardy	0.5	6.0	
04-20-94	sick	1	7.0	
05-03-94	tardy	0.5	7.5	Final written counseling
05-24-94	tardy	0.5	8.0	
08-02-94	point expires**	-1	7.0	
08-10-94	point expires**	-1	6.0	
08-29-94	sick	1	7.0	
10-04-94	no punch	0.5	7.5	
10-06-94	absent	1	8.5	termination

* An episode may include consecutive days lost as the result of a single illness, e.g. The employee has the flu for 3 days = 1 occurrence
 ** A point expires on its anniversary date

Table 4. Impact of Certified Nurse Aid Salary Adjustment on Agency Use

Pay period	7/24	8/7	8/21	9/4	9/18	10/3	10/17	10/31	11/13	11/27	12/11	12/26
Agency use (FTE)	6.1	3.9	3.0	2.3	0.8	0	0.5	0.8	0.5	0.6	1.1	1.2
Agency cost* (dollars)	7,320	4,680	3,600	2,760	960	0	600	960	600	720	1,320	1,440

*Cost based on an example of average agency cost of \$15.00 per hour and 80 hours per full time equivalent (FTE) per pay period.

APPENDIX F

1. Do I know what is expected of me at work?
1. Do I have the materials and equipment I need to do my work right?
2. At work, do I have the opportunity to do what I do best every day?
3. In the last seven days, have I received recognition or praise for doing good work?
4. Does my supervisor, or someone at work, seem to care about me as a person?
5. Is there someone at work who encourages my development?
6. At work, do my opinions seem to count?
7. Does the mission/purpose of my company make me feel my job is important?
8. Are my co-workers committed to doing quality work?
9. Do I have a best friend at work?
10. In the last six months, has someone at work talked to me about my progress?
12. This last year, have I had opportunities at work to learn and grow?"

(Buckingham and Coffman, 28).

REFERENCES

- Abbott Northwestern Hospital. (2002). Count of termination in period 1/1/2001 thru 12/31/2001. Minneapolis: Author.
- Bass, Bernard. (1998). Transformational Leadership: Industrial, Military, and Educational Impact. New Jersey: Lawrence Erlbaum Associates, Publishers.
- Bennett, William. (1993). The Book of Virtues: A Treasury of Great Moral Stories. New York: Simon & Schuster.
- Buckingham, M., Coffman, C. (1999). First Break All The Rules: What The World's Greatest Managers Do Differently. New York: Simon & Schuster Inc.
- Burack, O., Chichin, E., (2001, November/December). A support group for nursing assistants: Caring for nursing home residents at the end of life. Geriatric Nursing 2001, 22 (6). 299-307.
- Crainger, Stuart. (1998). The Ultimate Book of Business Quotations. New York: AMACOM.
- Diehl, B., (2001, October 29). New National Study of Health Care Staffing Needs in U.S. Nursing Homes: Over 100 K Health Care Professionals Urgently Needed to Help Care for America's most Vulnerable Senior Population. American Health Care Association News Release. 1-3. Retrieved January 6, 2002 from the World Wide Web: <http://www.ahca.org/brief/nr011029a.htm>
- Drucker, Peter. (1996). The Leader of the Future: New Visions, Strategies, and Practices for the Next Era. San Francisco: Jossey-Bass Publishers.
- Eaton, S. (2002). Beyond 'Unloving Care:' Linking Human Resource Management and Patient Care Quality in Nursing Homes. International Journal of Human Resource Management. 11 (3). 591 – 616.
- Eichenberger, M. (2000). An Analysis of turnover costs/retention measures for nursing assistants in Maryland nursing homes. (Doctoral dissertation, University of Rochester School of Nursing, 2000). Dissertation Abstracts, DAI, 61, no. 07B (2000): p. 3505.
- D'Eramo, L., Popp, K., Rose, J., (2001 July/August). A program on complementary therapies for long-term care nursing assistants. Geriatric Nursing. 201-7.
- Greenleaf, Robert. (1970). The Servant as Leader. Indianapolis: Greenleaf Center.
- Greenleaf Center for Servant-Leadership. (2001). Programs and Resources for Servant-Leaders. www.greeleaf.org.

- Gould, R., Thompson, R., Rakel, B., Jensen, J., Hasselman, E., & Young, L. (1996 February). Redesigning the RN and NA roles. Nursing Management. 37-41.
- Johnson, L., (1999 Sept-Oct) Cutting Costs by Managing Turnover. American College of Health Care Administrators. 3(5 Sept-Oct): 20-3.
- Jung, F., Pearcey, L., Phillips, J. (1994, March). Evaluation of a Program to Improve Nursing Assistant Use. Journal of Nursing Administration. 24 (3) 42-47.
- Klemm, R., Schreiber, E.J. (1991). Paid and Unpaid Benefits. Strategies for Nurse Recruitment and Retention. Journal of Nursing Administration, 22(3), 52-56
- Kopiec, K., Caffrey, E., Hallock, P., Field, C., Engel, S. (2000). The Work Experiences of Certified Nursing Assistants in New Hampshire. 1-23. Retrieved January 6, 2001 from the World Side Web:
http://www.directcareclearinghouse.org/content/wk_exp_cnas_nh.htm
- Kummeth, P., De Ruitter, H., Capelle, S., (2001, October). Developing a Nursing Assistant Model: Having the Right Person Perform the Right Job. MEDSURG Nursing. 10(5) 255-263.
- Lang, S., (1996, May 14). Lack of nursing assistants in an impending crisis, says Cornell gerontologist. Cornell University News, p. 1-2. Retrieved January 6, 2002 from the World Wide Web:
<http://www.news.cornell.edu/releases/May96/nursingassistants.ssl.html>
- Leedy, P., Ormrod, J. Practical Research: Planning and Design. Prentice-Hall, Inc. New Jersey. 2001.
- Long Term Care Coordinating Council. (March 2001) Crisis in care: A report of the CNA study group. Retrieved January 26, 2002 from the World Wide Web:
<http://www.ltgov.state.ri.us/Legislative%20Initiatives/CNA%20Study%20GroupRep>
- Machiavelli, Niccolo. (1966). The Prince. New York: Doubleday Dell Publishing Group, Inc.
- Minnesota Health Professions Workforce Partnership Organizations. (March 2001). Critical resources: Forums addressing Minnesota's health care worker shortage.
- Mesirow, K., Klopp, A., Olson, L. (March 1998) Improving Certified Nurse Aid Retention. Journal of Nursing Administration. 28 (3): 56-61.
- Monahan, R., McCarthy, S. (1992) Nursing Home Employment: The nurse's Aide's Perspective. Journal of Gerontological Nursing. 18 (2): 13-15.

- Morreall, J. (1997). Humor Works. Amherst, MA: HRD press.
- Mulrooney, C., Spencer, S., (2001 October). Long-Term Care Nursing Assistants: Competencies of Outstanding Caregivers. The Gerontologist, 41 (special issue) 306.
- Nelson, B. (1997). 1001 ways to energize employees. New York: Workman Publishing Company.
- Reinhard, S., Stone, R. (2001). Promoting Quality in Nursing Homes: The Wellspring Model. Institute for the Future of Aging Services American Association of Homes and Services for the Aging. 1-12. Retrieved January 6, 2001 from the World Wide Web: www.cmwf.org.
- Reensch, J. (1994). Leadership in a New Era: Visionary Approaches to the Biggest Crisis of Our Time. San Francisco: Sterling & Stone, Inc.
- Riggs, C., & Rantz, M. (2001). A Model of Staff Support to Improve Retention in Long Term Care. Nursing Administration Quarterly, 25 (2): 43-45.
- Salmond, S., (1995). Models of Care Using Unlicensed Assistive Personnel. Part 1: Job Scope, Preparation and Utilization Patterns. Orthopaedic Nursing, 14 (5), 20-30.
- Severson, M., & Flippin, K., & McKay, A., & Johnson, P., & Brumm, S. (2002). Partners in Care: An Acute and Long-Term care staff Development Initiative. Journal for Nurses in Staff Development, 17 (2), 87-93.
- Spears, Larry. (1998). Insights on Leadership; Service, Stewardship, Spirit and Servant-Leadership. New York: John Wiley & Sons.
- Umiker, W.O. (1989). Recruitment and Retention Strategies to Cut Turnover. Medical Laboratory Observer, 21(9), 24-28.
- Wilner, M., (1994, fall). Working it Out: Support Groups for Nursing Assistants. Generations. 39-40.
- Wheatley, Margaret. (1999). Leadership and the New Science. Discovering Order in a Chaotic World. San Francisco: Berrett-Koehler.
- Wren, Thomas J. (1995). The Leader's Companion, Insights on Leadership Through the Ages. New York: The Free Press.

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