THE DECLINING MORALE AMONGST FULL TIME CERTIFIED NURSES AIDES WHEN WORKING WITH REGISTRY IN A CENTRAL PHOENIX SKILLED NURSING FACILITY

BY

CATHY A. GUTHRIE

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Cathy A. Guthrie

Has been approved
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APPROVED:


This study focused on the possible decline of morale and the retention issues amongst the full-time staff nursing aides being experienced by this Central Phoenix skilled nursing facility. Research literature was reviewed to see if morale was indeed declining amongst other long-term care and skilled nursing facilities that are also experiencing nursing staffing shortages like this one. Nurse staffing registries are being called on to supply the shortage of labor to this SNF facility. The aides from the registries make a much higher wage than the full-time staff aides do at this facility and this is causing some resentment and retention problems with an already short labor shortage.

A questionnaire listing three categories that dealt with work and morale, wage and benefit, and retention issues was given to a chosen sample of 48 full-time nursing aides. The results showed that core staff morale did indeed decline to the working with registry staff on a regular basis and that competitive wages and insurance benefits are important to all age groups. The survey results showed that the nursing aides intent when entering the nursing field was to provide a good service to patients who are in need of care. Certified Nursing Aides want to feel good about the job they are doing and be treated as the professionals they are.
DEDICATION

This thesis is dedicated to all of the hard working nursing aides that care so much for the welfare of the residents and patients at this facility.
ACKNOWLEDGEMENTS

I’d like to thank Jay Shetler, who is the President/CEO of Glencroft and a fellow student with me at Ottawa University for his suggestions and knowledge that he shared with me when I was writing this thesis. I’d also like to thank Karen Mitchell, DON of a well-known Central Phoenix Skilled Nursing facility. She was kind enough to share her experience and knowledge of the subject with me. To each of you, thank you for your help.
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CHAPTER ONE

THE PROBLEM

Introduction

This project has investigated a decline in full-time staff nursing assistant morale and registry use in a Skilled Nursing Facility in Central Phoenix and its effect on retention.

Nursing Assistant shortages in Skilled Nursing Facilities (SNF’s) in the Phoenix Metro area are reaching critical levels. In order to fill staff shortages, Skilled Nursing Facilities are forced to call upon the use of nursing registries to fill the vacant spots on shifts. Full-time staff nursing aides are working side by side with aides from the registry who are receiving higher wages than they are, are not held to the same degree of accountability for patient care that they are, and do not have the time or desire to bond with the patients. Some of the incentives for taking a position as a full-time aide rather than work for a registry are: access to benefits, familiarity with your work environment and your co-workers, and the time and ability to bond and become familiar with your patients. Studies show that a very important factor that influences residents’ overall well being is their day-to-day relationships with staff (West, 1999). Each of these factors together or singularly has added to the declining morale of the full-time aides.

Nursing Registries are becoming more competitive for manpower and are thus offering premium pay and the same type of health and dental benefits which at one time, were reserved for “core-staff” or “full time” employees at facilities. It is becoming increasingly difficult to keep morale high and maintain the full-time staff with the lure of
higher wages, flexible schedules and health benefits being offered by the registries. Morale declines with the full-time staff because of grueling workloads and lower wages that are paid by SNF’s. The core staff are working side by side with temporary employees that may have no loyalty or commitment to those patients or facility, may not do their share of the patient load, and are still getting higher wages than the full-time aides. It is difficult enough to retain staff nursing assistants, but with the lure of higher pay and benefits from registries, retention becomes even more difficult. Presently there is a 100% turnover rate for nursing aides industry wide (Bureau of National Affairs, 1997) and 100% turnover rate for nursing aides at this facility (DeVries, 2000).

**Development of the Problem**

The nursing registries’ purpose is to provide licensed nurses and nursing aides to facilities and hospitals that cannot otherwise, for various reasons, fill their staffing quotas. It was nice to know they were there if you needed them, but management tried to avoid using registries due to the high administrative cost. Presently, this Skilled Nursing Facility could not make do without the help of registries. If registry help were not brought in to fill the staffing quotas, patient care would suffer. Before present nursing shortages, most skilled nursing facilities had sufficient core staff to meet the needs of the facility. With the aging population in Phoenix, baby boomers entering into middle age, fewer young people choosing the nursing profession and more and more employees leaving the profession, skilled nursing facilities are experiencing a manpower shortage especially with their front line employees--the nursing assistants.
Historically, nursing registries offered higher wages than full-time nursing assistants received but no health and dental benefits and no paid time off. Registry employees are sent to different locations every day, thus making it hard to establish any type of real rapport or familiarity with the patients they help and the facility’s permanent staff. Now, registries are not only offering higher wages than facilities but have started offering health and dental benefits and paid time off policies that are comparable to what facilities are offering to their full-time staff nursing aides. The result is staff nursing aides are leaving to work for registries to obtain the higher wage or job hop from facility to facility to whomever will offer them a higher wage. The registries are offering nursing aides wages that are $2 to $5 per hour higher than what this SNF can offer its full-time aides due to low reimbursement wages from Medicare, AHCCCS and private insurance.

The loyalty to the patients and co-workers and a sense of “working as a team” is getting harder and harder to maintain. Negativity amongst the current staff is running high. Registry staff who are assigned to different facilities daily and/or weekly do not have the luxury or possibly even the desire to familiarize themselves with each patient and their co-workers. The regular full-time aides who are familiar with the patients, treatments, etc. often end up having a heavier patient load and start to feel some resentment against the registry aide, who may not have the same work load and is still making a much higher wage. This study will address the morale, recruitment and retention problems that are occurring within this facility’s regular full-time nursing aides.
Need For The Study

It's important for this facility to keep morale up with the full-time nursing aides for retention purposes and the well being of our patients and residents. Patient care will certainly suffer if the SNF cannot provide enough staff to cover every patient's needs. Providing a stable, familiar, caring environment for the patients who reside in this facility is a high priority for the healthcare administrators. Seeing familiar faces that know their names, needs and individual quirks comforts the patients. Seeing familiar faces everyday is not what residents and patients get when the facility has to rely on temporary staffing. There is a lack of continuity of care issues.

Human Resources and management at the SNF want to provide a type of work environment where the nursing aides feel they are making a difference in the lives of the patients and not just "picking up a paycheck." Nursing is a noble profession that most people choose to get into to make a difference or because the job or profession itself holds some kind of intrinsic value to them. H.R. and management are trying as much as they fiscally can to provide competitive wages and benefits and a positive atmosphere to work in. A registry aide gets sent to a different location a couple of times a week. They do not get the chance to feel a sense of loyalty to their co-workers or patients. They also cannot be held totally accountable for the quality of patient care that they provide since the facility cannot "write-up" or discipline registry staff for poor patient care as they are not technically employed by that facility.

Since this facility does rely so heavily on registry to fulfill the shift vacancies, it is important to know what recruiting and retention techniques can be used by management
and H.R. to provide a positive working environment that the aides will want to stay and work in, rather than going to work for the registries who are offering premium wages.

The information obtained from this research will help this facility better understand the negative or positive aspects of the working relationship between the temporary nursing aides and the full-time staff aides, and what measures it needs to take to retain and recruit permanent full-time staff.

**Purpose of the Study**

The purpose of this study was to determine if the high use of registry in this Central Phoenix SNF is affecting the morale, retention and recruitment of the core staff nursing aides. The use of registry is not going to diminish in the near future and this facility needs to know what techniques it can use to create a positive and nurturing work environment that will lead to long term employment and quality patient care. New and innovative recruitment and retention efforts will have to be devised in order to retain and recruit nursing aides from a rapidly dwindling supply of manpower.

**Research Question**

What are the effects of registry use on the morale and retention of the full-time nursing aides at the SNF?
DEFINITION OF TERMS

SNF (Skilled Nursing Facility) A facility that provides comprehensive inpatient care designed for someone who has had an acute illness, injury, or exacerbation of a disease. Usually the next step for someone who is just out of the hospital but not well enough for home care.

Long Term Care Comprehensive health care services ranging from health promotion through acute and chronic care to assistance with a dignified death.

Registry An employment agency that provides temporary licensed RN, LPN, Certified Nursing Aides, and Nursing Aides to nursing facilities for a fee.

NA (Nursing Assistant) A person that has successfully graduated from an accredited CNA training program. The State Board of Nursing has not certified them through the written and practical exam.

CNA (Certified Nursing Assistant) Completed a CNA training program as well as passed the written exam by the State Board of Nursing. Upon passing the exam and a clean fingerprint by the FBI, they are considered “Certified.”

Core Staff Employees who are hired on as regular, usually full-time employees with paid time off and insurance benefits offered to them. This term means the same as full-time employee and is interchangeable with full-time staff employee.
Full Time Employee Employees who regularly work 30 hours or more per week, and are eligible for company insurance and paid time off.

Pool Staff Nursing Staff who do not have “set hours” or guaranteed hours. Work on an “as needed basis.” Pool Staff are not eligible for PTO, or company insurance benefits. In lieu of not having benefits, they are paid a higher hourly wage.

HCFA Health Care Financing Committee. The Federal Agency that administers Medicare, Medicaid and the Childs Health Insurance program.

AHCCCS (Arizona Health Care Cost Containment System) Arizona’s version of Medicaid.

DON Director of Nursing. The top nursing position that supervises the nursing staff.

Quality Mentor Program A program designed to promote CNA’s with exceptional work performance, leadership and work skills. Quality Mentors are responsible for “mentoring” the other CNA’s and nursing aides. Quality Mentors (QM’s) are given more responsibility and pay for their technical and interpersonal skills.
CHAPTER TWO

THE LITERATURE REVIEW

Introduction

Skilled nursing and long-term care facilities are under the gun by the government and society to provide quality patient care to a burgeoning older population in the United States. With baby boomers reaching middle age, families having fewer children, and eight years of economic growth, the United States is experiencing a manpower shortage. The nursing profession is no stranger to the manpower shortage. From this shortage of workers, nursing registries have stepped up to the challenge by providing temporary nursing staff to hospitals, long term care facilities and home health agencies. Nursing registries are becoming very competitive amongst themselves and with medical facilities to draw employees from the same pool of candidates that every other business is drawing from. The registries are appealing to employees because they have been able to offer much higher wages than the long-term care facilities can offer. Within the last few years some registries have sweetened the pot by now offering health insurance and paid time off.

This review examined the pertinent literature in order to provide a theoretical basis for such topics as current population trends and its effect of the current nursing aide shortage, why SNF’s can’t pay what registries can, nursing aide morale and recruitment and retention trends.
Note: This researcher prefers to use the term “skilled nursing facility” or “long-term care” when referring to facilities that care for the elderly. The media still refers to long-term care facilities as “nursing homes.

The Aging Population and the Nurse Shortage

With an aging population and longer life expectancies, nearly 1.6 million Americans reside in about 18,000 nursing homes across the United States (Porter, 1998). The number of people over the age of 65 is up from 5 percent at the turn of the century to around 12 percent. The state of Arizona has over 1,006,903 people over the age of 55, and 277,963 over the age of 75. Nursing facilities have doubled since the introduction of Medicare and Medicaid in 1965 with the average age of residents in nursing facilities being 85 (Administration on Aging, 1998). In 1998, Medicare payments to skilled nursing facilities reached $13.6 billion, more than double of what was paid in 1991 (Domrose, 2000). Hospitals are now releasing patients “quicker and sicker” to the SNF’s, which results in patients that need more attention, and more time spent with them. Increasing numbers of licensed nurses and aides are needed to meet the demand for patient care (Pear, 2000). Nursing is a profession dominated by women and fewer women are choosing nursing. There is a declining interest in nursing by women because of wider choice of careers that are available to them than there was in the past. Phoenix is no exception to the nurse aide shortages that skilled nursing facilities and hospitals are experiencing all over the United States.
Patient Care In Relation to Staffing Ratios

Skilled nursing facilities with a low ratio of employees to patients are “significantly more likely to have quality-of-care problems.” A new federal guideline recommends that each patient receive two hours of care per day from nurse’s aides. Since 95 percent of the facilities participate in Medicare and Medicaid they are subject to federal standards (Pear, 2000). In a report to Congress based on eight years of research from the Clinton administration, it states that 54 percent of nursing homes fall below this “proposed minimum standard” (Pear, 2000). Arizona’s representatives are considering mandated ratios. Facility administrators claim that mandated ratios won’t work. Mandating higher staffing ratios assumes that the facilities can hire the staff, but the manpower just isn’t there. The quality of care depends so much on the nursing assistants that are the lowest-skilled and lowest paid workers. The aides are responsible for bathing, feeding, walking patients, turning patients in bed, etc. Nursing assistants provide 80 to 90 percent of the person-to-person care in most facilities (West, 1999). Nursing home administrators say they would hire more aides if they could, but there are not enough to go around and administrators say they cannot raise wages because of the low reimbursement rates received by Medicare and Medicaid (Nursing Homes Face Shortage of Aides, 1998). Nursing homes receive about half of their revenue from Medicaid and 10% from Medicare. Medicare cuts in 1997 have forced many long-term care facilities to go bankrupt (Domrose, 2000). Since SNF’s rely so much on federal and state reimbursements, wages that would be competitive with nurse registries cannot be offered.
Reasons for Declining Morale Amongst Core Staff Nursing Aides

1. Low rate of pay compared to the registry worker
2. Lack of recognition by management and clinicians
3. Lack of mentoring ("Mentor vs. tormentor") There is a saying in the nursing profession—"They eat their own." It basically means that nurses are pretty hard on each other. Older more experienced nurses tend to be very hard on the new incoming nurses.
4. Grueling workloads
5. Current negativity from co-workers
6. Treated as "slaves" rather than team members from the licensed staff (RNs, LPNs)
7. Working with unfamiliar co-workers (temporary staffing from registries)
8. Aides view their jobs as a "job," not a career
9. Lack of educational opportunities

(Porter, 1995)

All of the above have contributed to the low morale among the full-time aides presently employed at this facility. This researcher feels the main reasons this facility looses its full-time aides is to a higher wage being offered at the registries or another facility and negativity in the current workplace.

In discussions with nurse managers and some of the aides at this facility, many of the aides have expressed frustration at having to take heavier patient loads than the registry aides but are getting paid less per hour. The aides must wonder why there isn’t money for merit increases for them, but there must be money to pay the registry bills. The obstacle that faces this facility is how can we keep from using registry staff which
can bring down aide morale when in actuality they are so necessary for us to use in order to maintain patient care. The first commitment is to have adequate staff working so the patients can be taken care off. The administrators of this facility do not see a reduction in registry staff in the near future and thus must find ways to keep the morale of our core staff aides up while working side by side with registry.

**Motivation Theories and Wages**

There are various motivation theories that can be called upon to help us understand what types of incentives are important to people. The Equity Theory argues that people are very concerned about the fairness of the exchange process. Employees look at the exchange as a ratio between what is expected and what is received (Milkovich & Newman, 1996). Are our aides getting a fair exchange (monetary-wise) as compared to the work they do? Industry opinion is saying no. Herzberg’s Theory on motivation states that employees are motivated by two types of motivators: hygiene factors and satisfiers. Base pay must be set high enough to provide individuals with economic means to meet basic hygiene needs (Milkovich & Newman, 1996). Many aides don’t feel their pay even meets their most basic needs--food, shelter, childcare, etc. The second motivator from Herzberg has to do with recognition, promotion and achievement to motivate performance. This facility feels the key to retaining our aides is through an employee recognition program, a Quality Mentor Program and CNA appreciation days which ties into the second motivator.
Retention Trends

Recruitment and retention is by the far the greatest employment issue facing U.S. companies today according to a survey of HR executives from 388 organizations. Recruitment and retention came in at 52% (Rewards Plus of America, 2000). In the SHRM 2000 Retention Practices Survey, 75 percent of HR professionals that responded said that the largest threat to employee retention was from higher salaries. How can this SNF retain its aides, when the lure of making more money by going to work for a registry is so appealing?

Aides working for registries can consistently make anywhere from $2 to $5 more per hour. There is a potential to make up to $7 more per hour if they work a night shift on a weekend night. Up until recently, registries offered premium pay and the flexibility that comes along with temporary work. The one thing that this Phoenix SNF had as a recruitment tool was to promote the benefit package -- paid time off, health and dental insurance. It used to be the one winning card that enticed a new employee to sign on and stay with the company. Now, many registries have started offering health, dental and paid time off for their employees with waiting periods for benefits of a mere 30 days! The SRHM Retention Practices 2000 Survey also stated that competitive benefits plays a large part in retention. BridgeGate LLC asked 660 workers what they needed to stay at their current job. The most popular answer was a raise (43.2%). But collectively, non-monetary perks took 50% of the vote with improved benefits (21.3%), more flexible work schedule (14.1%), stock options (8.6%) and better training (4.7%) (Employee Benefits News, 2000). Studies such as the one just mentioned seem to find that benefits are almost as important as a good wage. Results from the 2000 Value of Benefits Survey
conducted by the American Compensation Association found 65% of workers ranked health insurance as the most important benefit (Rewards Plus of America, 2000). This researcher hasn’t found that to be altogether true at this SNF. A phenomenon that this researcher has encountered in this facility obtained though exit interviews with nursing aides in their 20’s and 30’s is the propensity to go after the “higher wage” (even if it means not being eligible for health insurance and retirement benefits). The younger workers here tend to forego a lower wage with full benefits (health/dental and retirement) to make a wage that may be anywhere from .40 to 75 cents higher per hour with no benefits. Younger employees seem to feel that getting paid a higher wage while not having medical insurance is a risk they’ll take.

Recruitment and Retention Strategies

One of the most serious problems affecting SNF’s and long-term care facilities is the turnover of nursing aides. According to a study by the Bureau of National Affairs, nurse aide turnover in long-term care runs over 100% per year (The Council Close-Up 1997, #218). How do we keep the morale of our core staff aides up when they work the same grueling shift along side another aide from the registry that is making more money per hour, getting comparable benefits, and may not be held as accountable for patient care than the staff aide? This facility feels that making the work environment a place where the aides are recognized for their hard work, given a chance to become part of the “Mentor” program and valued as a team member is the key to retention. Keeping negativity from the current employees is also a high priority. In exit interviews conducted by HR in this facility, two major reasons cited by new employees that resigned were “low pay” and hard workloads.
Motivators to Stay

But what keeps the full-time aides from not leaving for another facility or a registry job? Focus groups conducted by HR in this facility found a true commitment to the well being of the patients that they care for and loyalty to the facility and their co-workers (DeVries, 2000). Many aides leave the profession because of the stress, low pay and the fear that they are unable to give good care (Nursing Homes Face Shortage of Aides, 1998). Nurse aides are faced with feelings of guilt from accomplishing less than supervisors and residents’ demand of them or from failing to meet there own expectations because of a high patient load. Aides take pride in their work and when they have too many patients to care for they know the patients are not receiving good care. CNA’s want to do a good job. Employees need to feel good about what they do. According to a survey of approximately 600 nurse aides conducted by Dr. Karl Pillemer, author of Solving the Front Line Crisis in Long-term Care, the respondents’ main reasons for selecting nursing home work was that it gave them the opportunity to help others, or that the work gave them some meaning (Addressing the Challenge of Retaining Nurse Aides, III, 1997). In short, a major motivator for nurse aides is the chance to contribute or to do something for others.

Summary

The aging population, longer life expectancies and "sicker" patients has created a nursing aide shortage. Long term care facilities and nurse registries are trying to draw from the same employment pool that every other business is drawing from.
With reduced payments from Medicare and Federal Budget Cuts, SNF's and long-term care facilities cannot offer the wages that are being sought by the aides. The workloads are grueling, the days are long and the aide-to-patient ratio is high. Most aides cannot meet their basic needs--food, clothing, rent, medical insurance, child care etc.

In come the nurse registries to help staff the SNF units with aides who are being paid higher wages than the SNF regular full-time aides. The registry aides are not held as accountable for patient care and do not have the time to bond or really get to know the patients as they may be off to another assignment at a different facility the next day. Morale and retention become pressing issues for the nursing management and Human Resources. Management has to deal with morale, pay and high turnover issues.

Keeping morale up, providing quality patient care and negativity from the workplace is a high priority. High employee turnover is costly both administratively and patient care. Industry informants estimate turnover at $4,000 per nurse aide, or about three months of wages. Keeping the core aides happy with their work environment, their wages and benefits and appreciating their hard work are ways to retention. The nursing profession is one that people seem to pick because of the intrinsic value it holds--making a difference in someone's life.
CHAPTER THREE
METHODOLOGY

Introduction

The purpose of this study was to identify if the use of registry staff is affecting the morale, and the retention and recruitment of the full-time staff nursing aides in this Central Phoenix skilled nursing facility.

Research Design

An action research design is a methodology that aims to solve a specific problem in regards to a current problem and that is why this researcher chose this design for this study. Action research is defined as a research design to develop new skills or approaches and to solve problems with direct application to the problem, i.e. applied settings or a classroom type setting. The knowledge that was obtained from this study will be applied directly to the present problem of low employee morale, and retention and recruitment issues. The results of the study can be reviewed and analyzed by the management and HR at this facility and then applied directly to the problem. This design was selected because it is program-specific as this research is targeted to one specific skilled nursing facility. The questionnaire examined wages and benefits and other issues that arise out of working with registry staff and retention of employees.

Population and Sample

The sample population selected for this survey was all full-time nursing aides working on the skilled nursing floors and two floors of Assisted Living as they use registry help too. The total nursing aide population was 90 aides which includes
full-time, part-time and pool staff. The size of the sample was 48 full-time nursing aides. The aides chosen to survey were obtained from payroll record classifications. This sample was selected because of their full time status, which drives their wage structure and the access to obtain health and dental insurance. Only full-time (core staff) aides are eligible for benefits. The aides that are in the "In-House Pool" were not included due to their wages being higher than the full-time staff in lieu of benefits and their "as-needed" work schedule. Due to conversations with other HR Personnel, administrators and nursing aides of skilled nursing facilities, this researcher believes that the population of aides chosen at this facility will reflect what other aides feel about job morale and retention issues in the Phoenix metro area. Long-term care facilities and SNFs basically operate under the same rules, regulations and assumptions since the same state and federal agencies regulate them. Aides go from SNF to SNF with relatively no problems because the work environments are so similar and this holds true for registry aides. The same problems and concerns seem to exist in many of the area SNFs.

The gender of the selected population is 99% female as the nursing profession is still very female orientated. Twenty-five percent of the population selected are under age 30 with an ALOS (average length of stay) averaging around 3.5 years.

Instrumentation

A questionnaire was developed to determine if core staff nursing aides morale declines due to wages and benefits, accountability, motivation and heavier workload issues that result from working side by side with registry staff.

The questionnaire was pilot tested for content and clarity on two full-time aides. It was also presented to the HR Director and the CEO for their approval and input.
Employee demographics were collected as a part of the questionnaire. Respondents were asked to indicate their age by checking one of the following categories: 18-25 years, 26-36 years, 37-50 years, 50 years and above. The respondents were also asked to check what shift they normally work: first shift (6:30 am - 3:00 pm), second (2:30 pm - 11:00) and third (10:30pm - 7:00am). This is relevant because some shifts routinely need to use more registry staff than other shifts.

The third part of the demographic section of the instrument asked the respondents how long have they been employed at this facility. Categories are: less than 3 months, 3 months to 1 year, 1 year to 5 years, and 5 years and above. The literature review and prior HR audits at this facility have shown that the aides in the younger age group (18 - 25) tend to job hop much more readily than the older employees. Age is also important in regards to the importance of benefits. Benefits like health insurance seem to be much more important to older employees than the ones under the age 25.

Specific instructions were given to the respondents to complete the survey by a certain timeline and completed questionnaires are to dropped into the two locked suggestion boxes for their convenience. By dropping the surveys in the suggestion boxes this will insure anonymity and will improve chances in getting the questionnaires back. The suggestion boxes are located by the time clocks, which they must stop at before and after their shifts.

The first part of the questionnaire examined wage and benefits, the second, patient care accountability and workloads, the third, morale problems, and last, retention incentives. The survey uses a “forced answer” style to statements in order to better analyze answers and keep the participants focused on the pertinent issues. From past
history with surveying this group of employees, a forced choice works well as employees
tend to get off track and bring other work issues to the table that are not in the original
format or survey. The forced choice questionnaire is easy to administer to larger groups
and does not require the researcher to actually be present.

A five point Likert scale was developed to test the respondents feelings to
statements.

The scale designates the following descriptors:

1  Strongly Agree  
2  Agree  
3  Unsure  
4  Disagree  
5  Strongly Disagree

Each respondent will be asked to circle the response that best indicates their feelings
toward a particular statement/issue.

Procedure

The surveys were distributed to the selected population as a paycheck stuffer.
This researcher knows from past experience that check stuffers are the most efficient way
to communicate to the employees on this large campus. A deadline will be on the bottom
of the survey with instructions for the respondents to drop their surveys in the two
suggestion boxes located by time clocks for their convenience.

A series of questions was also developed to interview the Director of Nursing for
the nursing facility.
Assumptions and Limitations

This researcher expects to receive about half of the surveys returned. Age may affect how the aides answer. Older, long term employees seem to have a different values regarding the importance of health insurance and retirement fund programs than the younger aides.

This researcher expects the issue of pay and benefits to come in at the top of what is important to the aides. The intrinsic value (the patients, humanitarian feelings) should also be at the top of the list.

Method of Analysis

Data was interpreted in both raw numbers and percentages of the total sample.

The data obtained from this questionnaire will be analyzed and presented to CEO, Director of Nursing and the Human Resources Director for any future action.
CHAPTER FOUR

PRESENTATION AND ANALYSIS OF THE DATA

Demographics

The CNA Morale, Retention and Benefit survey was sent out to 48 full-time nursing aides working for this Central skilled nursing facility. All of these aides have worked side by side with registry staff while employed at this facility. The survey was completed on the aides own time. Since it would be difficult to get all 48 full time aides together at one time due to the three different work shifts, it was necessary to send out the survey via paycheck stuffer. A sample of the complete survey may be found in Appendix A.

Of the 48 surveys distributed via paycheck stuffer, 21 were completed (44% return) and returned within two weeks. A 44% return on this survey is a normal return this facility usually gets on its surveys.

The respondents were asked to complete three demographic questions regarding their age group, what shift they work, and how long they have worked for this facility. Of the 21 surveys returned, all 21 (100%) filled out this section. Of those respondents, 15% were between the age of 18 - 25; 20% were between the ages of 26 - 36; 30% between the ages of 37 - 50 and the largest number (35%) were over age 50. Forty percent (40%) worked the first shift, with 30% working second and 30% worked third shifts. Thirty five percent of respondents have worked at this facility 3 months to 1 year, 30 % 1 - 5 years, with 35% of the respondents working at this facility over 5 years.

See Table 1.
Table 1
Demographic Results

<table>
<thead>
<tr>
<th>Survey Respondents n = 21</th>
<th># of Participants</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Categories:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age: 18 - 25 years</td>
<td>3</td>
<td>14.0 %</td>
</tr>
<tr>
<td>26 - 36</td>
<td>4</td>
<td>19.0 %</td>
</tr>
<tr>
<td>37 - 50</td>
<td>6</td>
<td>29.0 %</td>
</tr>
<tr>
<td>50 and above</td>
<td>8</td>
<td>38.0 %</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>100 %</td>
</tr>
<tr>
<td><strong>Shift Categories:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st: 6:30 am - 3:00 pm</td>
<td>9</td>
<td>43.0 %</td>
</tr>
<tr>
<td>2nd: 2:30 pm - 11:00 pm</td>
<td>6</td>
<td>28.5 %</td>
</tr>
<tr>
<td>3rd: 10:30 pm - 7:00 am</td>
<td>6</td>
<td>28.5 %</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>100.0 %</td>
</tr>
<tr>
<td><strong>Length of Employment:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3 months</td>
<td>0</td>
<td>00.0 %</td>
</tr>
<tr>
<td>3 month - 1 year</td>
<td>8</td>
<td>38.0 %</td>
</tr>
<tr>
<td>1 - 5 year</td>
<td>6</td>
<td>28.50 %</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>7</td>
<td>33.5 %</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

The survey was broken up into three categories—Wage and Benefits, Work and Morale Issues, and Retention issues. One hundred percent (100%) of the 21 surveys received back answered all of the questions in all three categories.

Findings

Category One: In this category 23.8% of the respondents felt their wage was about the same as other facilities and 19% did not think their wage was comparable to other facilities. While 66.6% respondents agreed health and dental benefits were important to them, 23.8% agreed to take the lower hourly wage for benefits, 23.8% were unsure and 23.8% felt they would not take a lower wage for benefits. One hundred percent (100%) of the respondents that were in the 18 - 25 age group strongly agreed that benefits were important. One hundred percent (100%) of the 26 - 36 age group strongly
agreed and agreed that insurance benefits were important and 66.6% of the 37 - 50 age group strongly agreed or agreed. Six out of the seven respondents in the “over 50” age group also strongly agreed that having health and dental benefits was important.

In regards to transferring to “pool” status and a higher wage, 38% disagreed and 42.8% strongly disagreed that they would transfer to Pool and obtain a higher wage and lose benefits.

When the aides were asked if they thought of leaving this facility to work for a registry and a higher wage, a small percentage, 4.7%, strongly agreed with that statement while 33.3% were unsure and 28.5% disagreed. See Table 2.

Table 2
Category One
Wage and Benefit Results

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hourly wage is competitive with other SNF’s N=21%</td>
<td>0</td>
<td>5</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>% of Sample</td>
<td>0%</td>
<td>23.8%</td>
<td>14.2%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Importance of Health &amp; Dental Insurance N=21%</td>
<td>14</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>% of Sample</td>
<td>66.6%</td>
<td>23.8%</td>
<td>4.7%</td>
<td>4.7%</td>
<td>0%</td>
</tr>
<tr>
<td>Choose Lower hourly wage to obtain benefits N=21%</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>% of sample</td>
<td>19.0%</td>
<td>23.8%</td>
<td>23.8%</td>
<td>23.8%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Transfer to “Pool” for a higher wage N=21%</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>% of sample</td>
<td>0</td>
<td>14.2%</td>
<td>4.7%</td>
<td>38.0%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Leaving this SNF to work for a Registry @ higher wage N=21%</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>% of sample</td>
<td>4.7%</td>
<td>9.5%</td>
<td>33.3%</td>
<td>28.5%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>
### Table 3
Category Two
Work/Morale Issues

<table>
<thead>
<tr>
<th>WORK/MORAL ISSUES</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Workload is heavier when staffed with registry. N = 21</td>
<td>8 (38.0%)</td>
<td>9 (42.8%)</td>
<td>1 (14.2%)</td>
<td>1 (4.7%)</td>
<td>1 (4.7%)</td>
</tr>
<tr>
<td>Registry is necessary to use for staffing N = 21</td>
<td>6 (50.0%)</td>
<td>12 (57.0%)</td>
<td>1 (4.7%)</td>
<td>1 (4.7%)</td>
<td>1 (4.7%)</td>
</tr>
<tr>
<td>Resentment towards registry with higher wages. N=21</td>
<td>6 (28.5%)</td>
<td>9 (42.8%)</td>
<td>1 (4.7%)</td>
<td>1 (4.7%)</td>
<td>2 (9.5%)</td>
</tr>
<tr>
<td>Morale declines amongst core aides when working with registry N=21</td>
<td>6 (50.5%)</td>
<td>7 (33.3%)</td>
<td>1 (14.2%)</td>
<td>5 (23.8%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Registry aides are not held as accountable for patient care N=21</td>
<td>6 (28.5%)</td>
<td>8 (38.0%)</td>
<td>1 (4.7%)</td>
<td>1 (14.2%)</td>
<td>1 (4.7%)</td>
</tr>
<tr>
<td>Registry aides do a good job N=21</td>
<td>3 (14.2%)</td>
<td>8 (38.0%)</td>
<td>5 (23.8%)</td>
<td>1 (4.7%)</td>
<td>1 (4.7%)</td>
</tr>
</tbody>
</table>

Category Two: In Category Two regarding Morale and Work Issues, a majority of the aides either strongly agreed or agreed that their patient load was heavier when the floors were staffed with registry aides.

Although 50.5% strongly agreed that morale did decline when the core staff worked with registry, 50.0% and 57.0% strongly agreed and agreed that registry is a necessity in order to staff the units. When asked if the registry aides are not held as responsible for patient care than the core staff aides, 28.5% strongly agreed and 38% agrees. A smaller percentage of respondents (4.7%) strongly disagreed with this
statement. Thirty-eight (38%) of the staff aides felt that the registry aides do a good job. Only 4.7% felt they did not.

### Table 4
**Category Three**
**Retention Issues**

<table>
<thead>
<tr>
<th>EMPLOYEE RETENTION</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic value of being a CNA</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N=21</td>
<td>57.1%</td>
<td>42.8%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of Sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I continue to work here because I care about the residents</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N=21</td>
<td>71.4%</td>
<td>28.5%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher wages/benefits &amp; continued employment</td>
<td>17</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N=21</td>
<td>81.0%</td>
<td>19.0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Made to feel part of a “team”</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N=21</td>
<td>23.8%</td>
<td>47.6%</td>
<td>23.8%</td>
<td>0</td>
<td>4.7%</td>
</tr>
<tr>
<td>% of sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing Registry aides benefits patient care</td>
<td>14</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N=21</td>
<td>66.6%</td>
<td>23.8%</td>
<td>9.5%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility has a good reputation to work for</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N=21</td>
<td>38.0%</td>
<td>42.8%</td>
<td>4.7%</td>
<td>9.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>% of sample</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Category Three: High percentages are noted in this category in the “Strongly Agree” and “Agree” columns. More than half of the aides 57.1% strongly agreed that they became a CNA because they wanted to perform a job that provided a good service to people and 42.8% agreed to the same question. A majority of the aides, 71.4%, strongly agreed that they continue to work for this facility because they have a genuine concern
for the welfare of the residents and patients. Another majority (81%) of the aides strongly agreed that they would continue to work for this facility if the wages were higher and improved benefits were offered. All of the age groups felt this way about continuing to work for this facility and all categories in the LOS (Length of Stay) felt strongly about this.

The statement that asked if the nurse supervisors made the aides feel “part of a team.” invoked the following responses: 23.8% strongly agreed, 23.8% agreed, 9.5% were unsure. None of the respondents felt that they were not made to feel part of a team.

When asked about patient care improving if registry use was lowered or stopped, 66.6% strongly agreed and 23.8% agreed that patient care would benefit.

Thirty-eight (38%) and 42.8% strongly agreed and agreed respectively, that this facility is a good place to work while 9.5% disagreed with that statement. See Table 4.

A discussion with the Director of Nurses (DON) produced the following narrative. When asked if she saw a decline in the full-time aides morale from having to work with the registry so much, the following is what she has observed.

A combination of all three factors--higher wages, bonuses and not as much patient accountability all contributes to the core staff declining morale. The DON also pointed out that the registry staff is very active about trying to recruit our full-time aides to come and work for the registry. They tell them the wages are higher, what facilities are good to work for and which ones aren’t, they can earn cash bonuses, they can work where they want to and when they want to.

The DON noted that the registry aides are also very blatant about what they will and will not do. For instance, they will not do a lot of the charting, and they will not do a
lot of the weekly or daily maintenance-type chores that are required of the core staff aides. Their negativity rubs off on the core staff aides. They will say to the full-time staff aides, “I don’t have to put up with this.” The registry aides disrespect the facilities’ authority. If they don’t like it here, they don’t ever have to come back.
CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The current nursing shortage that the United States as well as Phoenix is experiencing is also being felt at this Central Phoenix SNF. In order to maintain staffing ratios to provide good patient care, registry staff has been called in to help staff the shifts.

Registry staff historically make an hourly wage that is anywhere from $2.00 - $5.00 more per hour than the full-time staff aides employed by this facility. What often results are feelings of frustration, anger, and low morale amongst the core aides who work for a lower hourly wage, have heavier patient loads and are held more accountable for the patient care they provide than the registry aides.

Employment incentives and retention techniques are being used to attract workers and retain the ones we have. The nursing profession is often a stressful, physically demanding field of work. Nursing aides especially feel demoralized by a stressful job that pays an “entry-level” wage. Living paycheck to paycheck, some aides feel the need to job hop from facility to facility or to a registry in pursuit of a better wages and insurance benefits.

Historically, registries did not usually offer pay time off or insurance benefits, but some of the registries are now starting to offer these same benefits plus a higher wage, making working for a registry more and more appealing.

Many nursing aides get into the profession because of the intrinsic value of what they do. They either like working with people or like that their work provides a good service. The purpose of this study was to determine if the high use of registry in this
Central Phoenix SNF is affecting the morale, retention and recruitment of the full-time nursing aides. What can this facility do to raise the morale and retain the full-time aides with lure of premium wages and benefits being offered by nurse registries?

Employee morale, wage and benefits and retention issues were the focus of this questionnaire. The questionnaire was given to 48 full time nursing aides whose full-time status drives their wage and their access to insurance benefits.

Surveys were sent out as a paycheck stuffer. Respondents were asked to choose a degree of agreement of disagreement using a five point Likert Scale in three categories--Wages and Benefits, Morale Issues and Retention.

Conclusions

Several conclusions can be drawn from this study. In regards to the idea that morale is declining amongst this facility’s core staff aides when working with registry aides, the data support the assertion that morale does indeed decline. The full-time aides felt they did have heavier workloads when working with registry who are unfamiliar with the unit and the patients. Since the quality and continuity of patient care relies so much on the nursing aides (90% of all patient care, according to studies), the findings from this study supports the theory that the aides felt patient care declines due to heavier workloads put on the core-staff aides. It’s impossible for understaffed and overworked aides to spend the amount of time they should with each resident. It bothers the CNA’s that they have to rush through their patient loads and cannot give quality time to each patient. Also, rushing to get patients up out of bed and transferred is a safety hazard. Aides will be more prone to back injuries if they don’t have enough staff to help lift with, or are in too much of a hurry to use the mechanical lifts or get help. Heavy workloads along with
lower pay than the registry aides earn does cause some degree of resentment. Although a majority of the core staff aides felt their patient loads were heavier when registry was on the floor, they still felt that the registry aides did a good job while they were there. It seems that the core aides did not feel the registry aides’ work quality was poor, but registry aides are just not familiar with the patients or the unit (i.e. where the supplies are kept, how Patient X prefers to be turned, etc.) because it’s a new environment to them. It is hard for anyone to be efficient in an entirely new environment and the core staff aides seem to recognize this problem.

In can be concluded that the registry aides are not held as accountable for patient care as the facility’s aides, because they technically are not employed by the facility. Performance evaluations and disciplinary actions are evaluation tools that can not be used. Although the registry aides are still liable for State nursing standards, they might not always meet the facility’s standards of patient care.

As expected by this researcher, the “over age 50” group felt strongly about the importance of health and dental benefits. The younger age group, 18-25, also felt the insurance benefits were important and this was somewhat of a surprise to this researcher. In conversations with employees in that age group previously, this researcher had gotten the impression that benefits weren’t that important and the younger aides would prefer a higher wage in lieu of insurance benefits. While 66% of all of the aides surveyed strongly agreed that having benefits was important, only 19% strongly agreed that they would consider taking a lower wage to have access to benefits, and the rest agreed or were unsure. It seems the aides want the whole package of a higher wage and benefits.
This is something most long term care facilities are not in the position to provide due to low reimbursement rates from the Medicare, AHCCCS and private insurance provides.

While it seems common for the aides to complain about making a low wage, they still seem to be unsure or are not readily willing to leave this facility to work for a registry. This may demonstrate the need for a sense of familiarity and continuity and a sense of being a part of a team rather than the unfamiliarity of different staffing assignments and lack of being part of a team atmosphere, which can result when working for a registry. When one is working with the same group of co-workers day in and day out, a sense of teamwork will emerge. A sense of belonging and being a valued member of the nursing team is crucial to retaining nursing aides.

In previous focus groups with the nursing aides conducted by the Human Resources Department at this facility, many participants expressed their concern that their wages were not competitive with other medical facilities. Although almost half of the respondents on this survey either agreed their wages were competitive or didn’t know. This may be due to the fact that they really don’t know what other facilities are paying or the respondents who have worked other facilities found the wages to be comparable to what they are making.

The numbers supported the literature that people do indeed join the nursing field because they wanted to work in a profession that provided a good service to other people. All of the nursing aides surveyed at this facility either agreed or strongly agreed with the statement that they became a nursing aide because they could help other people in some way. The intrinsic value of being in the nursing profession is rated high. Most aides are
proud of the work they do even though the workloads are grueling, it’s physically demanding, they are exposed to blood and infectious diseases, and their wages are low.

The nursing shortage is here locally and nationally and probably will be for sometime. Adequate staffing is a real and pressing problem for most long-term care facilities as well as hospitals. Staffing registries are enjoying an economic boom due to laws of supply and demand. There is a demand for nurses and the registries are meeting the demand by supplying the staff. The registries are able to pay higher wages, offer some benefits and offer flexible schedules, thus making it attractive to work for one. Long-term care facilities such as the one that is the focus of this study face the problems of retaining the aides they have been able to hire and paying the high wages the registry charges for the aides that the facility desperately needs to staff the units when the shifts can’t be covered with regular employees. Morale does indeed decline when the facility’s aides are desperately trying to complete their patient care loads with the patients who need, and are entitled to the best care this facility can provide while the registry aide working beside them may not be working as hard, but yet is still making a higher wage than they are.

Recommendations

As a result from this study, this researcher would like to make some recommendations for future consideration for this skilled nursing facility.

First and foremost this facility must explore and try different strategies for recruitment and retention of its nursing aides. Whether it be through focus groups, surveys, or one-on-one discussions, Human Resources and nursing management needs to ascertain what the factors are that are important enough to draw a nursing aide to this
facility as opposed to another facility and what does it take to keep them here. There is a gap in employer and employee perception as to what is important. Employers seem to underrate the importance of flexible schedules and opportunities for advancement that employees find very important. This facility will have to adjust to the realities of what is important to the aides like offering more flextime with schedules.

Through internal and external wage surveys, this facility must stay competitive as fiscally possible with its competitors. Investing money into the salaries nursing aides shows how much the facility values their hard work. Long-term facilities will probably never be able to pay as high as registries due to the low reimbursement rates from the government and insurance companies. Surveying the employees is a good tool to use to also find out if benefits are important and which ones are important. The demographics of the aides need to be looked at also. Are the majority young mothers in need of on-site child day care, or are the aides older and childcare is not important to them? Demographics such as age and gender can be collected from payroll reports.

Second, once the facility can become fully staffed or as close to being fully staffed as it can be, the registry problem will take care of itself. If the shifts are staffed with the facility's own employees, registry will no longer be called upon to work at the facility. Patient care quality would improve as well as the nursing aides morale. The opportunity for registry aides to blatantly recruit the core staff aides would also diminish. The monies that are being paid out to use the registry can be put back into the facility or towards giving yearly merit increases and/or bonuses to reward exceptional performance by the aides. Money saved by not using registry may be put back into training and skill advancement for the aides.
Third, preceptorships and Quality Mentor type programs should continue. They are successful at retaining the quality nursing aides by providing an incentive wage increase, more responsibility and empowerment. Programs such as these show this facility does value their experience, work performance and commitment to the facility, the patients and their co-workers. Quality Mentor nursing aides are given more responsibility and on-going training in supervision, performance objectives and chart documentation. Since being a new aide on an unfamiliar floor can be overwhelming, pairing veteran nurse aides with new aides can substantially reduce feelings of stress during the first weeks of work. The facility must expound on the present aides how important it is to make new staff feel welcomed and show a positive attitude. New employees need someone to show them what to do. Current employees need to generate a positive and motivated attitude. Negativity can, and does drive 50% of new hires out of a facility in their first 90 days. Workers with a negative attitude often are more vocal and are more apt to spread their negativity amongst the new staff. Promote enthusiasm and positivism.

An often overlooked area for retaining staff and keeping morale high is providing continuing education. Continuing education needs to be more “hands-on” training rather than watching a video or listening to a lecturer. Training a CNA to do a new procedure or new skill keeps the job interesting and challenging. This facility should offer inservices on interpersonal skills as well as the technical aspects of the job. Mentoring programs like the one that this facility is using is the key to the continuing education
ladder. Let the nursing aides get involved in designing their own mentoring programs. This shows that the facility values their ideas and input.

Fourth, this facility should promote the CNA position as a career, not just a job. CNA's need to be viewed as professionals, not unskilled workers. CNA's have a hard time establishing themselves as professionals in the long-term care industry. RN's and LPN's can join local and national professional associations, nursing assistants do not have that opportunity. Hopefully some more Nursing Assistant Professional Organizations will come about to help the "professional" side of being an aide. Facilities should also provide some type of career ladder for CNA's that will give them a way and the means to become better aides by working on job skills as well as interpersonal skills. Providing tuition reimbursement to further an aide's career will help let the aide know how much this facility does value them.

Fifth, nurse aide recognition programs should be instituted. There is no better way to increase worker's self-esteem by using verbal and written praise, giving sincere compliments and thanking an employee for a job well done. Longevity awards should also be established to honor and praise the long-term employee. Let the aides know how much this facility appreciates their long-term employees. Celebrate National Nurses Aides week with postings and articles in the facility employee newsletter.

Fifth, this researcher recommends that a similar study or survey be completed at other skilled nursing and long-term care facilities to determine if the morale problem that results from working with registry exists in those facilities also. Through an exchange of information and ideas amongst facilities, solutions to staffing and morale problems can be dealt with on a larger scale.
The nursing aide is a valuable part of the nursing interdisciplinary team. Skilled nursing and long-term care facilities must work hard at retaining their aides by keeping them motivated and positive. By reducing or eliminating registry from this facility, patient care will improve and the morale of those very important nursing aides will rise. Retaining your staff in an overwhelming city, state and country nursing staff shortage must become a priority for healthcare administrators, nursing management and human resources.
REFERENCE LIST


Arizona Association of Homes and Housing for the Aging (AzAHA) 2000/2001 Salary and Benefit Results: 3-16.


Porter, L., NAGNA, Secret to Employing Excellent Nursing Assistants April, 1995.


www.shrm.org/surveys/results=2000retention.htm

www.shrm.org/surveys/jobhopping.htm


APPENDIX A

THE FULL TIME NURSING AIDES QUESTIONNAIRE DEALING WITH EMPLOYEE MORALE, WAGES AND BENEFITS, AND RECRUITMENT AND RETENTION
This survey is part of a research study and is not sponsored by this institution and will be used only for the purposes of research. You will remain anonymous. Upon completion of the survey, please drop in the suggestion boxes in the Care Center and the Lodge or drop off in Human Resources. Thank you for taking the time to complete this survey.

Please circle the category you fit in:
Age: 18 - 25  26 - 36  37 - 50  50 and above

What shift do you work:
1st (6:30am - 3:00)  2nd (2:30 - 11:00 pm)  3rd (10:30pm - 7:00am)

How long have you worked for this facility?
< 3 months  3 months to 1 year  1 to 5 years  > 5 years

Circle the number that best corresponds to your feelings to the following statements.

WAGE AND BENEFITS

1) I feel my present hourly wage is comparable to what CNA’s are making in other long term care facilities.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

2) Having access to health and dental insurance benefits is very important to me.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

3) I would take the lower hourly wage with “full time status” in order to have access to insurance benefits.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

4) I’ve thought about transferring to the “In-House Pool or Committed Pool” to get the higher wage, even if I lose company benefits.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

5) I would consider leaving this facility to work for a registry in order to obtain a higher hourly wage.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

WORK/MORALE ISSUES

6) I feel my workload is heavier when my shift is staffed with registry aides.
1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
7) I feel that registry aides are necessary to use to help staff the shifts.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
8) I sometimes feel resentful that the registry aides are making a better wage than I am.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
9) I feel morale declines amongst the full-time aides when we have to work so much with registry staff that make a higher wage than we do.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
10) Aides from the registry aren’t held as accountable for patient care than the full time aides.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
11) I think the registry aides do a good job and I enjoy working with them.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree

RETENTION

12) I became a CNA because I wanted to do a job that provided a good service to people.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
13) I continue to work for this facility because I care about the residents.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
14) Higher wages and better benefits would keep me working here.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
15) The nurse supervisors listen to me and make me feel a part of the team.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
16) Being fully staffed and reducing registry aides would really benefit patient care.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
17) I feel this facility has the reputation of being a good place to work.

1) Strongly Agree  2) Agree  3) Unsure  4) Disagree  5) Strongly Disagree
Please write any additional comments you have on the next page. Thank you!

COMMENTS:

________________________________________________________________________

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________________________________________________________________________

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Please drop in the suggestion boxes when you’ve completed this survey. Thank you.
APPENDIX B

RESPONSES FROM THE “COMMENTS” SECTION ON THE QUESTIONNAIRE DISTRIBUTED
“I believe if we had a union we’d get paid better plus dental and medical would be a lot better for the poor working people at Facility A, and there wouldn’t be so much favoritism. A lot of the CNAs are good workers. It’s others that take advantage and come and go as they please.”

“I feel that a lot of people are in this kind of work for other reasons then money. Doing something you enjoy is very important, but paying bills is also very important! For most people doing work they enjoy is not practical when they can’t sustain a comfortable lifestyle. In my opinion the people who are able to do this kind of work are very, very special. Not only is the work physically stressful, but emotionally draining as well. I love my job, but I am leaving very soon because I can make much more money doing other work. It may be something I hate to do, but I have no other choice.”

“Everybody has bills to pay including CNA’s. Nobody works for free. We are all looking for better paying wages to make ends meet. But we all care for the residents, we care for.”

“The cost of food, clothes etc. keeps going up. And some of us live from paycheck to paycheck. It would be nice to have a little left over in a paycheck just to save for that rainy day! But I do thank God I have a job where some people do care about each other and the people they work for.”

“It would be nice if some of the real good registry could come to work for us if they could get good pay.”

“I appreciate registry aides. I would rather have them than be short staffed because resident care suffers tremendously when we are short staffed. It stresses both residents and staff. Registry aides are at a disadvantage because they don’t know the residents or the routine. However, some are better workers and caregivers than some of our regular staff. I am aware this is a complex issue.”

“Inservice classes for CEU credits once a month are important.” “Moral-attitudes are low because there is no incentive, no reward for trying to make it a better place.” “Hire more full time staff for each shift. Ration 8-10 residents per caregiver.” “Get more organized to work as a team. Say thank-you, a job well done! Its a good to hear. Not just from the residents but from this facility.” “Communication from team-leaders and staff—verbal and written.”
"I really do appreciate the registry personnel who come in to fill a position when a regular staff person is not available. Some of them do an excellent job. I just feel that it is impossible for them to give the same level of quality care that a regular staff person can give. There is no substitute for the personal care given by the regular caregiver to meet the varying needs and wants of the individual residents."

"The benefit package is definitely a factor to my employment here. I also appreciated the recent wage increases as it shows that the facility appreciates and values what we do."

"Some of your registry aides are very good. These are the ones I like to work with. The others you can keep them."

"Re: wages. They are not always fair. People hired after you come in with better wages. Why is it that some employees get more wages, and you don’t even though you have more experience?"
BIOGRAPHICAL SKETCH

Cathy Guthrie graduated from the University of Wisconsin-LaCrosse in 1977 with a Bachelor’s Degree in Psychology and in 1989 from Madison Area Technical College with an Associate Degree in Information Processing – Administrative Assistant. She also received her Professional Human Resources Certification in December 2000 and has worked in Human Resources the past six years concentrating in hospice and long-term care facilities.