Pioneering Change

Strengthening Staff Education Module

to Promote Excellent Alternatives in Kansas Nursing Homes
ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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# Table of Contents

## Strengthening Staff

### Course Objectives .......................................................... 2
### Pretest ................................................................. 3
### Strengthening Staff ....................................................... 5
  - Introduction ......................................................... 5
  - Understanding Relationships and Their Role in Culture Change .... 6
  - Understanding Relationships Activity ................................ 8
### Permanent and Consistent Staffing ..................................... 9
  - Improved Relationships Begin with Permanent Staffing .......... 10
  - Definitions ............................................................. 11
  - Future Wheels for Permanent Staffing Activity ....................... 11
  - Implementing Permanent Staffing ..................................... 12
  - Replacing Agency Staff .............................................. 13
  - Shorthanded Staff Can Lead to Shortchanged Residents .......... 14
  - Methods for Recruiting Permanent and Consistent Staff .......... 14
  - Methods for Recruiting Activity ...................................... 15
  - Hiring the Right People for the Job .................................. 16
  - Retaining and Maintaining Staff ...................................... 17
  - Self-Scheduling ....................................................... 18
  - Flexible Scheduling Activity: The Pros and Cons .................. 19
### Administration and Staff ................................................... 21
  - Flattening Organizational Hierarchy .................................. 23
  - Strategies for Implementing Teams .................................... 24
  - Managing Realignment ................................................ 25
  - Managing Realignment Group Activity ................................. 27
  - “Being Green” .......................................................... 28
### Conclusion ................................................................. 32
### Projects ................................................................. 33
### Post-test ................................................................. 36
### Pretest and Post-test Answers ............................................ 38
### References ............................................................... 39
### Additional Resources ...................................................... 40
Course Objectives:

1. To foster a better understanding of culture change as relationship-centered.

2. To foster an appreciation of the benefits of permanent staffing as a central component of building an improved relationship-centered culture.

3. To help administration develop some basic theories for hiring, training, and maintaining effective and empowered staff.

4. To provide models for bridging cultural divides between administration and staff in order to create more stable working environments.
Pretest

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. Which of the following is a culture change strategy for fostering meaningful relationships between staff and residents?
   A. Keeping a cadre of experienced, rotating staff to expose residents to a variety of people who administer to their physical needs over the course of the day.
   B. Ensuring that mid-management keeps a fixed schedule for front-line staff working the same shifts at expected times and, thus, gives residents consistent exposure to the same people at the same times.
   C. Limiting front-line staff and hiring more professional nurses in order to improve medicinal care of residents.
   D. Allowing staff greater self-governance in an effort to improve their outlook and, by extension, invigorate their interactions with residents.

2. When interviewing for a front-line staff position, which of the following responses by job applicants might best illustrate their suitability to a long term care facility that had adopted culture change strategies?
   A. “I’m a people person.”
   B. “I enjoy taking care of things. I was the kind of kid who would bandage a bird’s wing and try to nurse it back to health.”
   C. “I want to give back. Contributing to my community is important to me. The residents here are part of my community.”
   D. “I really need a job right now and this is one of the first ones I’ve applied to. I’ve always thought health care was an interesting field; this is a great opportunity to learn it.”

3. Which of the following groupings most closely reflect culture change models?
   A. Professional medical care, competent mid-management, staff empowerment
   B. Staff self-scheduling, flattening hierarchy, increased supervisory positions among nurses
   C. Centralized nursing stations, managed scheduling, agency staff
   D. Flattening hierarchy, proactive administration, staff empowerment

4. Which of the following is a culture change strategy for reducing staff turnover?
   A. Fixed schedules closely monitored by management
   B. Allowing staff to develop their own schedules
   C. Hiring additional RN supervisors
   D. A and C

5. In order to more effectively lead in a culture change environment, administration could:
   A. Encourage the perception of the organization as an interconnected network.
   B. Only allow personal meetings with upper level management in most instances. Staff need to observe the rules of the command structure in order to better respect their place in it. Exceptions can be made for staff emergencies or for whistle blowing.
C. Fire all of mid-management.
D. Bring in numerous plants and assign staff to water them daily. This not only will beautify the facility; it will give the less motivated staff members an additional responsibility to keep them busy.

6. Staff cultural backgrounds and expectations are:
   A. Only a marginal concern because the only responsibility of the organization is resident comfort.
   B. Often influenced by conditions outside of work and important to understand when developing a healthy work climate.
   C. Often overdramatized by staff and used as an emotional weapon to manipulate management in an effort to increase leniency.
   D. Critical to understand when hiring additional RNs in order to better design staff schedules and enforce the rules.

7. Culture change in long term care is dependent on:
   A. Developing meaningful relationships at all levels of an organization.
   B. Administration supporting staff/resident relationships but staying out of them.
   C. Increasing the amount of time residents spend sleeping instead of staff waking them.
   D. Mid-management empowerment in order to better enforce policy. Staff who won’t play ball must be replaced.

8. Encouraging staff empowerment is:
   A. Tricky business. Too much power and staff will always take unfair advantage of their freedoms.
   B. The opposite of positive change in long term care. Mid-management must take the reins of culture change and staff will follow their lead.
   C. A key component of culture change in long term care.
   D. Important but not as important as hiring additional competent, efficient managers.

9. Role modeling is important because:
   A. A lot of staff are vain and when they see someone important doing something they want to do it and look important.
   B. It lets staff see that administration is willing to lead by example.
   C. It held a lot of sway in traditional nursing home care and is an important part of nursing home history. However, new culture change studies suggest a return to structured boundaries between staff and management is the ideal.
   D. All of the above.

10. Understanding poverty can
    A. Help administration get a handle on why some staff are lazy.
    B. Fuel support in administration for buying more plants. Plants give staff additional care responsibilities and encourage them to apply themselves.
    C. Encourage nursing home administrators to stay longer in a leadership position that is secure and not risk their future in a new place.
    D. Help administration better understand staff culture and more effectively interact with staff.

Answers can be found on page 38
Strengthening Staff

Introduction

I knew the nurses by their hands. There was one with such delicate fingers that I cried a little when I heard her come on duty. She made me feel like she had all the time in the world. The others made me feel like a lump of flesh, like they had to get me out of the way as fast as they could. But those hands! I knew it was going to be a good day when she squeezed my arm in the morning. She would put a fresh gown on me and brush my hair with such tenderness and patience. You can’t imagine how much it meant to me, there in that strange place, to be touched like that (Lustbader, 1991, p.52).

The opening passage is really at the heart of resident-centered care. Quality care is all about relationships. According to Bill Keane (Mather LifeWays) and Anna Ortigara (Life Services Network) “the successful organizational culture in service to our elders is one which is person-centered and relationship-based, maximizing the opportunity for elders to have meaningful relationships in eight areas: self, God/spirit, family, friends, staff, organization, community and environment” (Keane & Ortigara, 2004).

Effective culture change in long term care for the aging centers on changing relational behaviors. Helping residents to maintain and/or develop the types of relationships listed above is a crucial responsibility for nursing home staff. Traditional models of managed care focus on providing food, shelter, and medical attention. They lack purposeful, proactive interactions between residents, their families and staff. The development of deeper, relational bonds among all of these participants can ultimately create a more enriching experience for all. In order for residents to feel valued and maintain meaningful, constructive relationships in their lives, permanent staff must be hired, trained, and encouraged to participate in the development of those positive interactions. New models of managed care should center on learning, growth, and relational development through interactions between staff and residents.

“It’s about relationships. It’s about separating the person from the task. It’s about sharing a moment with a resident. I was talking to a resident the other day and she said that the housekeepers were her favorite person to see during the day. I asked why and she told me because ‘they don’t want anything. Nurses and aides come in and they always want something (to take my pulse, or give pills, or give a shot). Housekeepers come
in like my friend.’” (R. Grace, personal communication, December 2, 2004).

A long term care facility’s commitment to culture change will be channeled to individual residents and their families through the actions and interactions of staff. However, for staff to consistently embrace culture change they must first receive effective guidance from their organization’s leadership. For effective culture change to occur, leadership must first be committed to implementing change. Culture change flows from the administration throughout an organization.

The purpose of this module is to provide models, examples and activities designed to help effectively incorporate culture change constructs into staffing. It will provide insight into how staff can learn to help residents grow through enhanced relationships. The module provides general guidelines for employee development and is not meant to be a one-size-fits-all program or a quick fix that will solve all staffing issues. It, in conjunction with the other PEAK modules, is part of an overall recipe for implementing culture change in long term care.

**Understanding Relationships and Their Role in Culture Change**

The ability to help residents foster relationships is a skill that needs to be taught, role-modeled and reinforced. This module is about strategies that can be implemented to help staff become more empowered to make decisions with and about residents. When that happens, the residents themselves will experience the positive, residual effects of that empowerment through new and strengthened relational models of interaction.

It is assumed that leadership and staff have completed earlier modules on culture change and measuring change, that they understand the philosophies that culture change is based upon, and that culture change in staffing practices is one part of an organizational strategic plan that supports the care philosophy. Another assumption is that an ongoing shift to resident- or person-centered care is taking place within the organization. Residents, their families and staff should all be involved in the process of change from the planning of changes through implementation and evaluation of those changes.
As in previous modules, this module on culture change and staffing includes information based on the Pioneer Network objectives. These objectives include: committing to permanent and consistent staffing, eliminating middle layers of management, enabling CNAs to set their own schedules and supporting team development. We will also be including information on leadership and modifying recruitment and hiring procedures.
Understanding Relationships Activity

The following activity is designed to help participants better understand both the existence and inherent importance of maintaining strong personal relationships.

This activity was developed by Bill Keane of Mather LifeWays and used with his permission. For more information contact Bill at Bkeane@MatherLifeWays.org. This activity is appropriate for all staff. Administration could use this to evaluate their own perceptions regarding staff and residents in the nursing home. As we will see later, administration bears significant responsibility for developing, nurturing and maintaining relationships within long term care.

Put a checkmark in the boxes below the “me” column if you feel you have developed strong relationships in the area listed to the left. Now think about a resident at the nursing home. Check the boxes that you feel apply to that resident.

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>ME</th>
<th>RESIDENT X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>God/Spirit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
<td></td>
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<tr>
<td>Staff</td>
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<tr>
<td>Organization</td>
<td></td>
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<tr>
<td>Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Now compare the two columns. Do you have more checkmarks than the resident you selected? Why? How might you help the resident improve his or her relationships? Not all of these categories need to be present or apparent (for instance, not all residents will or need to embrace concepts of spirituality, and for some that do it may be deeply personal and not observable), but fostering and strengthening relationships in as many relevant areas as possible can improve and maintain the quality of life for those receiving care. By extension, their improved outlook can have a positive influence on the overall organizational culture of a given facility and, over time, can dramatically improve the environment of a long term care facility.

In the following pages we will consider some of the basic ground rules for improving the work culture within long term care facilities, with the ultimate objective being improved care through strengthened and sustained relationships.
Permanent and Consistent Staffing

There are two general staff assignment models: rotation and permanent assignment (Tedros, Rice, & Kratzke, 1993). With rotation, staff are frequently moved from one section of the nursing home to another, working with different residents daily, weekly or monthly. This model reinforces fragmentation in services, poor continuity and lowered staff accountability for resident improvements. The outcome is standardized rather than personalized care.

In a study conducted by Teresi et al (1993), certified nurse aides were consistently assigned to the same group of residents. They were also taught to use a team approach and enhanced communication. The residents they served were compared to a control group of residents who did not receive the “primary care nursing model.” It was found that the group with consistently assigned care givers improved in positive affect (evidenced by the expressions on their face) and their disturbed behavior decreased. These residents also became more involved in social activities.

Staff speculated that permanent assignment caused them to feel more responsible for the residents they cared for and felt that they checked on their residents more frequently throughout the day. They believed that this model was more efficient because aides found that they had more time to interact with the residents. The increased social involvement may have related to the fact that the aides felt more responsible for getting residents to appointments and activities.

When continuity of care is not maintained there is less likelihood that the staff is aware of the many needs and preferences of the nursing home residents.

(Yeatts & Seward, 2000).

Permanent and consistent staff assignment is one of the hallmarks of culture change recommended by the Pioneer Network. Susan Eaton (2000) writes that consistent assignment encourages staff members, residents and their families to form meaningful relationships while the reduction in staff members who “float” around the home improves staff ability to identify subtle changes in resident conditions quickly.
Ryan Grace, Assistant Administrator at Saint Joseph Village in Manhattan, Kansas states, “Residents see the same faces day in and day out. Even residents with cognitive loss (Alzheimer’s) seem to feel a sense of well-being and/or comfort with consistent staffing. I don’t know if it’s because the employee talks with the resident like they’ve known them forever or not. I’ve run into old classmates from high school and don’t remember them at all but find a sense of serenity in their presence. It could be that the resident with memory loss wakes up in the morning and something just feels ‘right.’” (personal communication, December 2, 2004).

With permanent and consistent staffing, residents get consistent care from the same staff members. Residents benefit because their wishes or needs are more likely to be met, and families benefit because they know who to talk to about their loved one. Staff appreciate the permanent staffing model because they can see the “finished product” of their care and they know their residents well enough that they can plan their days in advance. Even administrators benefit from permanent staffing because of increased accountability.

Permanent staffing is more difficult on evenings, weekends, and holidays. Some homes expect all staff to work a weekend rotation once or twice a month while others have staff who work only on weekends. Because fewer people work at night, homes often pair neighborhoods, so staff members can float between the two units and help each other as needed.

**Improved Relationships Begin with Permanent Staffing**

It is critically important that permanent positions be filled with competent, genuinely interested caregivers. Once hired, those same caregivers should be given the tools to develop effective relational interactions. It is equally important to ensure that they are consistently valued and supported (by management and administration) for their vital contributions to the organization’s mission. The bottom line for effective culture change is not financial. It is relational, and it is relational at all levels of an organization. When that concept is effectively embraced and adopted, financial stability and support may follow.

**Case Study:**
Because many of their windows face south, residents at ABC Home decided to call their neighborhood “Sunnyside.” Yvonne Green is a resident assistant who has worked with the fifteen Sunnyside residents for the year and a
half that the nursing home has had designated neighborhoods. One morning, after a rather confusing conversation with Edna, one of the residents, Yvonne begins to suspect that Edna has developed another of her frequent infections. Edna is normally sharp as a tack and remembers things even when Yvonne or the other resident assistants forget. Yvonne recalls one of the first times she saw Edna’s confusion and how it was connected to her health problems. This was before the home had made the change to consistent staffing, and it had taken a lot longer for staff to identify Edna’s problem.

At first Yvonne had not been in favor of consistent staffing but was now well aware of the advantages of always working with the same residents and staff members. She’d even managed to learn to like the feisty Mr. Jennings, whom she has started to call Phil on his request. He was the main reason she had resisted consistent staffing because she had not wanted to get “stuck” with him permanently. Now that she has gotten to know him, she feels she understands him better and looks forward to spending time with him each day.

Definitions

- **Consistent staffing**: the same employees always work with the same residents.
- **Continuity of care**: “continuous (care), or an uninterrupted connection- especially without essential change” (Merriam-Webster). A combination of permanent and consistent staffing is necessary for continuity of care.

**Future Wheels for Permanent Staffing Activity**

Future Wheels (Adapted from LEADS Curriculum Notebook, 2002, pg II–3f) help group members assess the possible outcomes of a future event or situation (in this case adopting permanent staffing) and could be used for any staffing issue. It is especially useful in developing a common understanding of a preferable future. For this activity you will need paper, pencils, newsprint, magic markers and masking tape.

1. Discuss the need to understand the implications of permanent staffing.

2. In the center of the newsprint page write “Permanent Staffing.”
3. Use brainstorming to generate primary (the first or most important) outcomes directly associated with the permanent staffing (such as no agency, facilitates consistent staffing, and builds community).

4. Continue to brainstorm and list the possible secondary (minor or those resulting from the primary outcomes) outcomes, branching out responses around the center in a wheel-like shape.

5. Display the future wheels and discuss.
   a. Which of the secondary outcomes are preferable?
   b. Which secondary outcomes are undesirable?
   c. How could undesirable outcomes be avoided or remedied?

Summary: Using this technique helps groups see the outcomes of future events or ideas for change, enabling them to prepare in advance for things that could go wrong. It would be wise to repeat this exercise with all staff. If this is not possible, staff representatives could be involved, and then the results of the activity could be reported back to all staff.

**Implementing Permanent Staffing**

In a field that often experiences 100% or more staff turnover every year, continuity of care may seem nearly impossible to achieve, but a number of Kansas nursing homes have proven otherwise.

In 1998 the turnover rate at The Cedars in McPherson was 90.6%. After adopting culture change practices, including permanent and consistent staffing (they were using agency staff in 1998) and allowing staff increased control over scheduling, turnover rates dropped to 45.5% in 2000 and have remained at that level.

Administrator Carla Lehman believes that this rate would be lower still, but it reflects the use of an innovative position called Cedar Care Assistant (CCA). CCA is a non-certified aid position generally filled by part-time students. They provide assistance such as making beds and filling water pitchers. The positions provide them with an opportunity to gauge their interest in working in a nursing home. These positions tend to turn over more frequently which affects the overall turnover rate. What the statistic does not reveal is that many of these employees change positions within the organization. This dramatic drop in turnover is reflective of what is likely an increased level of job satisfaction among staff at The Cedars.
By extension, the retention of permanent staff presents residents and their families with the opportunity to create and maintain meaningful relational bonds with the front-line staff. These bonds can be nurtured over time as staff care for residents’ physical and emotional needs.

At Windsor Place in Coffeyville there has been a reduction in employee turnover every year since 1995 when it was 97%. The rate for 2003 was 30%. Administrator Monte Coffman and his leadership team wanted to “stop the employment revolving door” by replacing agency help with permanent staff. The philosophy that helped to improve retention was to treat staff with the same respect that leadership wanted staff to treat residents. Among the very tangible ways this philosophy is expressed at Windsor Place is leadership development opportunities for staff, public recognition of their work, and personal loans when staff members need a helping hand.

Once implemented, the benefits of permanent staffing have been supported by research. A recent study found that residents in permanently staffed organizations benefitted from significantly higher levels of hygienic care and personal grooming during morning shifts. Additionally, CNAs at permanently staffed care facilities reported a higher level of job satisfaction. (Burgio et al, 2004)

Replacing Agency Staff-
“We Drew a Line in the Sand”

The majority of nursing homes that incorporated permanent staffing selected a date and stated that agency staff would not be used after that time. Several have admitted that making this commitment made them nervous, but they knew that a stable workforce was crucial to the success of their vision for the home. This stability insures that staff know the residents very well. An additional benefit is that, depending on the level of agency use, it is sometimes possible to hire additional staff because of the savings in agency fees.

Joanna Randall at Olathe Good Samaritan Home said it meant that they had to draw “a line in the sand,” beyond which they would never use temporary agency workers again. Randall explained that as the home hired staff to replace agency workers, they restructured job positions to better align with their new culture change philosophy and implemented better orientation for new hires. They now have a five-hour orientation session followed by a period of time when the new employee works with a mentor. The orientation period can last from four days to two weeks.
Lyons Good Samaritan Home trained office staff and leadership as CNAs prior to ending their reliance on agency help. Not only did this provide back-up help as the transition occurred but it helped create a sense of urgency to get permanent staff into place.

Shorthanded Staff Can Lead to Shortchanged Residents

Permanent and consistent staffing should be part of an overall staffing plan that sufficiently meets the needs of residents. Careful financial planning of labor costs needs to be done prior to implementation of staffing changes. Short-staffed homes have a negative effect on residents’ quality of life. For example, research in 34 nursing homes in California revealed some residents spent 50% of the time they were observed during daytime hours in bed. Residents in short staffed homes were six times more likely to be in bed 50% of the time than those in well staffed homes. Those who slept more also ate less and had fewer social interactions (Bates-Jensen et al., 2004).

Therefore, if relationships are recognized as an important component of culture change, maintaining healthy social interactions between staff and residents requires maintaining staff levels sufficient to create sustainable care networks within a home.

Higher levels of permanent staff can prevent other problems. Gaps in caregiving place increased burdens on staff to cover a wider range of responsibilities. Staff issues like turnover will be a consistent problem if front-line workers are repeatedly expected to cover a range of duties that are beyond their ability to complete effectively. Insufficient funding and cost cutting of staff can lead to cutting corners on the job, erosion of staff’s quality of service, and a gradual decline in quality of life for residents.

Methods for Recruiting Permanent and Consistent Staff

Once an organization has the mind set that only permanent staff will be working in the nursing home, it becomes the responsibility of all staff to recruit good people to be permanent front-line caregivers. There are many possible avenues for recruiting the right people. Some nursing homes offer incentives to existing staff when they recruit suitable employees.

Brewster Place Retirement Community in Topeka offers employees incentives to
recruit good workers. Brewster has instituted a monetary incentive for referrals; they pay the employee an additional 25 cents per hour for as long as the referred worker continues working at the home. The home received more than 500 applications from employee referrals in 2003 and hired 78. Angela Dailey, Director of Human Resources says, “By far, the employee referrals are our biggest draw, at no up front costs from advertising for us.”

In 2000 the Illinois Council on Long Term Care developed what was called the “Heroes Have Many Faces” advertising campaign to attract candidates to work in the field. The four different sixty-second radio spots at the heart of the campaign highlighted why various long term care staff enjoyed their jobs and directly compared the work they do to heroes of the past like Martin Luther King, Jr. (Hoban, 2001). The campaign tied changing public perceptions about caring for the aging with attracting people interested in making a positive contribution to their communities. More than 600 people responded to the toll-free number provided in the ads.

Activity

Try the following activity with various members of your organization, including those directly involved in hiring. You might find it especially productive to try this activity with resident input. Before you begin, let participants know their answers will be valued and will be considered when making future hiring and staffing decisions for the home. In that way you will send the message that you are gathering useful feedback from people you consider especially qualified to judge what works in your facility. Additionally, you will reinforce the idea of your organization as a mutually supportive, proactive community.

In a comfortable discussion area, set up a large easel with presentation paper or tape up a series of white poster papers. On the first page write “Service Qualities.” Then pose this question: “What do you think are important characteristics to look for in applicants when hiring staff for this organization?”

Use as many sheets as necessary. Keep encouraging your participants. Be watchful for the occasional person who appears ‘about to speak’ but doesn’t. Provide light encouragement if you notice this by saying “What do you think Mary?” Often shy bystanders will offer significant contributions once they feel comfortable contributing. One method of encouraging broad participation is to form a learning circle. Have participants
form a circle or semicircle and simply ask for feedback sequentially around the circle. If someone prefers not to speak, they could simply pass. If there are people uncomfortable speaking in front of others, written feedback could also be taken. This would require having paper and writing utensils available beforehand. The end result might be a significant amount of information management can use to tailor employment interviews to better reflect the needs of the organization. You may even get feedback from staff and residents that will alert you to improvements that can be made with your resources on hand. Remember that developing meaningful relationships is an organization-wide phenomenon and administration is a critical part of that proactivity. By being directly involved in some of the activities listed in this module, administration can send a message of concern and accessibility to staff and residents alike.

**Hiring the Right People for the Job**

One challenge when hiring permanent staff is trying to make sure the right people are hired for the job. So what characteristics make someone right for the job?

It is important to match people generally interested in caregiving to the open position(s) available. Basic, open-ended questions about why someone decided to apply for an opening can provide immediate clues as to their applicability to the position. If, when asked why he or she applied to be a nurses’ aid, the first thing an applicant says is that he or she is looking for employment and saw the ad, it may be an indication of practical need rather than an eagerness to serve.

Granted, an applicant may just be up front and honest (and everyone applying for a job has at least some financial motivation). However, if you find yourself having to draw out service related comments with your questions, instead of an applicant offering them on his or her own, it may be one early indication to keep looking. Jim Collins in *Good to Great* writes of “getting the right people on the bus” and notes “when in doubt, don’t hire, keep looking” (Collins, 2001). Collins includes a paragraph of a letter he received from Alan Wurtzel of Circuit City: “Your point about ‘getting the right people on the bus’ as compared to other companies is dead on. There is one corollary that is also important . . . Instead of firing honest and able people who are not performing well, it is important to try to move them once or even two or three times to other positions where they might blossom” (Collins, 2001).