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IMPROVING SUPERVISION FOR FRONTLINE JOBS

A MASSACHUSETTS CASE STUDY OF SKILLED NURSING FACILITIES

By Karen Kahn
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Improving Supervision for Frontline Jobs: A Massachusetts Case Study of Skill Nursing Facilities

Across the country, skilled nursing facilities are facing the worst direct-care staffing crisis in decades. Massachusetts, with an unemployment rate of 3.5 percent at the end of 2017, is among the states struggling to attract and retain sufficient numbers of frontline health workers, including certified nursing assistants (CNAs). CNAs provide around-the-clock compassionate care to nursing facility residents by assisting with essential functions such as feeding, bathing, dressing, and walking. With CNA vacancy rates having more than doubled since 2010, the insufficient staffing is affecting the ability of nursing facilities to deliver quality care to frail elders and individuals with disabilities.

This crisis is driven by three factors: a rapidly growing older population in need of care,[i] the quality of nursing assistant jobs, and declining government funding for nursing facility care. Thus, improving job quality for CNAs requires a multipronged strategy, including improved compensation and better training and support.[ii]

One frequently cited factor for improving job quality is better supervision.[iii] In 2008, the Institute of Medicine (IOM) found that positive supervision can greatly increase direct care workers' sense of value, job satisfaction, and intent to stay.[iv] Supervisors and managers who are trained to support staff and engage them in decision making, according to the IOM, demonstrate a higher level of care and concern resulting in higher retention rates.[v]

Despite these findings, registered nurses and licensed practical nurses receive little or no supervisory training to manage and supervise CNAs.

The inability of Massachusetts nursing facilities to improve the quality of jobs for direct-care staff—through improved compensation and supportive supervision—is a direct result of the state's lack of investment in nursing facility services. Employee wages and benefits comprise 75 percent of a nursing facility's budget. With the care of over two-thirds of nursing facility residents paid for by MassHealth, the state's Medicaid program, Massachusetts nursing facilities, unlike other businesses, are dependent upon state funding to ensure quality resident care and quality jobs. Years of underfunding for skilled nursing facility care has contributed to a $37 per patient, per day gap between the cost of providing resident care and reimbursement from MassHealth.[vi] This funding crisis has

WHAT IS A QUALITY JOB?

FOUNDATIONAL

Compensation
Wages & benefits
Gain sharing
Employee loans
Access within pay period

Fundamentals
Safety
Fairness
Respect
Job Security
Grievance procedure

Structure
Open communication
Stable hours & scheduling

SUPPORT

Training
Entry level
Specialized

Internal Assistance
Supervisory training
Job coaching
Peer mentors
Team development
Financial counseling

External Linkages
Tax credits
Childcare
Transportation
HR services

OPPORTUNITY

Career Development
Cross training
Advancement
Educational benefits

Acknowledgment
Internal & external recognition
Leveling of perks

Engagement
Participation/Self-Management
Representation/Mattering
Pride
Ownership

The National Fund's Job Design Framework offers a menu of options for employers interested in improving the quality of their jobs. To learn more about this framework and other interventions, visit www.nationalfund.org/job-quality.

made it virtually impossible for skilled nursing facilities to fill staff vacancies and make meaningful investments in their workforce.

In fiscal year 2017, the Commonwealth of Massachusetts—as part of the Nursing Home Quality Jobs Initiative—took an important first step in creating a pathway to a living wage for direct-care nursing facility staff. In fiscal year 2018, the state maintained its $35.5 million investment to increase Medicaid nursing facility reimbursement rates for the specific purpose of improving direct-care staff wages and benefits. As a result of those investments, median wages for nursing assistants increased by nearly $1 per hour in 2017. Wages, however, still remain below a living wage.

During this same time period, the Massachusetts Senior Care Association (MSCA) launched a pilot project to examine the impact of an approach to supervision focused on better communication and employee empowerment. The following report outlines that intervention, its impact on five skilled nursing facilities, and necessary conditions for success.

Addressing job quality is essential to grow and stabilize the nation's caregiving workforce to meet growing demand and to improve the quality of care and quality of life for nursing facility residents.

A Massachusetts Case Study of Skilled Nursing Facilities

This report examines findings from a recent Massachusetts pilot project intended to test the efficacy of supervisory training in creating more supportive workplaces and improving staff stability and satisfaction in three Massachusetts long-term care systems. Sponsored by the Massachusetts Senior Care Association with support from the National Fund for Workforce Solutions, Boston SkillWorks, and the Massachusetts Senior Care Foundation, the project trained supervisors in the PHI Coaching Approach to Supervision®. The model teaches a relational approach to supervision that builds skills in interpersonal communication and problem solving.

"The goal of Coaching Supervision is not to keep everyone," said PHI vice president of workforce innovation and project lead Susan Misiorski, "but to grow and keep good people." As the job market tightens, skilled nursing facilities can't afford to lose valued employees. Unfilled positions put increased stress on CNAs and nurses who remain, creating a downward spiral of instability.

The results of the pilot project reinforce the vital importance of quality supervision to building supportive workplace cultures, but also make clear that solving the recruitment and retention crisis will require a multifaceted approach to job quality.

The Massachusetts pilot highlights multiple positive impacts associated with supervisory training, including:

> **Supervisors improved their ability to listen and respond objectively, without making assumptions and judgments.**

> **Supervisors established better relationships with CNAs, peers, residents, and family members.**

> **Supervisors were able to better resolve performance-related issues without disciplinary actions.**

QUALITY JOBS FOR QUALITY CARE CAMPAIGN

To address the state's staffing crisis, Mass Senior Care Association (MSCA) launched its Quality Jobs for Quality Care campaign in 2015. Since that time, unemployment has continued to decline and vacancy rates among CNAs have increased to 13 percent, leaving one in seven positions vacant. In rural Berkshire County, vacancy rates reached an alarming 21 percent in 2017. The MSCA Quality Jobs for Quality Care Campaign proposed a multipronged strategy for investing in better jobs for nursing assistants, including:

> **Create a pathway to a living wage** with an annual wage pass-through for CNAs and ancillary staff in dietary, laundry, and housekeeping.

> **Create supportive workplaces** by launching evidence-based supervisory training for nurses and other managers in skilled nursing facilities

> **Establish a CNA scholarship program** to help immigrants and those without high school degrees complete programs in Adult Basic Education/English as a Second Language and CNA certification.

In fiscal year 2017, the Massachusetts legislature allocated $35.5 million to fund wage increases for frontline staff. As a result, nursing assistants have seen an increase from a median wage of $13.36 in 2016 to $14.33 in 2017. Nonetheless, the average industry wage lags behind the estimated living wage of $29.38 for one adult and one child living in Massachusetts. To assess the impact of supervisory training on CNA recruitment and retention, MSCA, in conjunction with the Mass Senior Care Foundation, launched a pilot project with philanthropic funding.

The results documented in this report strongly suggest that a broader investment in supervisory training would benefit skilled nursing facilities, their staff and their residents.

The findings also identified key conditions for successful implementation, including:

> **Sufficiently stable staffing to allow supervisors to attend two consecutive days of training;**

> **Strong, committed leadership from administrators, directors of nursing, nurse managers/leaders, and corporate management;**

> **Well-designed, cross-departmental training groups that set the stage for improving organizational communication;**

> **Trainers capable of delivering the highly interactive, learner-centered curriculum;**

> **Adequate resources to allow supervisors and managers the time to attend training; and,**

> **Commitment to reinforce coaching skills and to integrate them into regular business practices.**

Though the pilot data—collected only during the first year of implementation—cannot confirm sustained positive impact on retention, administrators believed strongly that the program was improving their workplace cultures and was an important element in improving job satisfaction. To fully address the state's recruitment and retention challenges, they argued, wages would have to continue to rise, and that would depend on the state's willingness to increase Medicaid reimbursement rates.

Nearly a decade ago, the Institute of Medicine's "Retooling for an Aging America" report summarized evidence that quality supervision increases job satisfaction and "intent to stay" among direct caregivers.[vii] This pilot study demonstrates that high-quality supervisory training in skilled nursing facilities can have multiple benefits for staff as well as residents and their families.

Implementing the Training Program

In the summer of 2016, the pilot's partners and funders engaged PHI, the nation's leading authority on the direct care workforce, to deliver a train-the-trainer program to help the following three long-term systems implement the evidence-based PHI Coaching Approach to Supervision®.[viii]

Berkshire Healthcare System: A large statewide not-for-profit health system, Berkshire provides a full-range of long-term care services through their skilled nursing facilities, hospice, and assisted living residences. Three Berkshire Healthcare facilities participated in the project: Hillcrest Commons Nursing & Rehabilitation Center in Pittsfield, Linda Manor Extended Care Facility in Leeds, and Kimball Farms Nursing Care Center in Lenox. A particular challenge for Berkshire Healthcare

System is that Berkshire county, in 2017, had the highest CNA vacancy in the state: 21.8 percent as compared to the statewide average of 13 percent.

Broad Reach Healthcare: A Cape Cod-based family owned long-term care organization, Broad Reach in Chatham provides skilled nursing and rehabilitation, assisted living, and hospice services. High turnover during the summer season is a particular challenge for facilities on Cape Cod, a popular summer destination.

Apple Valley Center: Located in northeastern Massachusetts, Apple Valley Center in Ayer is a nationally operated skilled nursing and rehabilitation facility. Its workforce challenges include the lack of transportation for staff and its co-location with a hospital that pays higher wages.

PHI Coaching Approach to Supervision®

The PHI Coaching Approach to Supervision® (Coaching Supervision) is defined as "a relational approach to managing and supporting staff members and teams." This approach seeks to help individuals grow their interpersonal communication and problem-solving skills to empower staff and, in the long run, facilitate more efficient and effective management.

In contrast to a traditional discipline-and-punish approach to supervision, Coaching Supervision encourages supervisors to build supportive relationships with their employees, to understand the barriers they face to successful employment (such as reliable child care or transportation), and to help frontline workers learn the problem-solving skills they need to excel in the workplace.

The Coaching Supervision Skillset

In the two-day PHI Coaching Supervision training, supervisors learn and practice core communication skills—active listening, self-awareness and self-management, and clear communication without blame or judgment—that help them build supervisory relationships and apply these skills to performance-related conversations.

Everyone thinks they know how to listen, but as leadership expert Stephen R. Covey has said, "Most people don't listen with the intent to understand, they listen with the intent to reply."[x] *Active listening* is listening with the intent to understand. It involves:

> **Paying attention** to the speaker,

> **Asking clarifying questions** to understand the speaker's perspective, and

> **Paraphrasing** to reword and confirm mutual understanding.

This is the foundation upon which a coach supervisor builds an effective supervisory relationship.

At the next level of skill development is self-awareness/self-management. When listening with the "intent to reply," people don't actually hear the speaker: they make assumptions about what the speaker is saying, they react, they plan what they are going to say. Coach supervisors learn to notice those habits in themselves (self-awareness) and to "pull back," a practice through which the listener sets aside their own emotional reaction and puts their attention back on the speaker (self-management).

Finally, coaches must communicate using objective language that focuses on observed behavior. This avoids subtle cues that imply blame or judgment, a common problem when communicating across differences of race, ethnicity, education, and class.

Using Coaching Skills to Resolve a Performance Issue

Avoiding blame or judgment is particularly important when engaged in a conversation focused on a performance issue. The PHI coaching training teaches supervisors to "Present the Problem" using four steps:

> **Be clear** and direct about the behavior you want to address

> **Use objective language** free of blame and judgment

> **Describe the impact** of the behavior

> **Express belief** in the worker's ability to resolve the problem

The final step—expressing belief in the worker—is vital to communicating respect, the quality many CNAs cite as missing in their workplace relationships, particularly relationships with nurses and other managers.[xi]

Impact of the Intervention

Uniformly, organization leaders, coaches, and training participants valued the impact of the coaching training program. Specifically, participants noted that the training program improved communication between supervisors and staff, increased interdepartmental understanding, generated stronger and more trusting relationships, increased individual and organizational problem-solving capacity, reduced disciplinary actions, and improved patient and customer satisfaction.

Improved Communication Skills

Participants highlighted that the training significantly improved their communication skills and provided concrete tools to more effectively supervise. The skills that participants identified as most important included active listening, particularly paraphrasing and asking open-ended questions; awareness of listening blocks; and pulling back from "emotion and judgment during a confrontation."

THE INTERVENTION

Embedding PHI Coaching Supervision in Massachusetts Long-Term Care

PHI used a train-the-trainer strategy to introduce Coaching Supervision to the three participating systems. Each organization sent three to four staff members, ranging from human service directors to staff educators to clinical directors, to the initial training. These eleven staff then delivered the training to managers and supervisors throughout their organizations. To provide additional support, PHI also attended the first day of training at each facility, convened organizational leaders, and provided training boosters. The full intervention included:

> **Five-day train-the-trainer:** During the first two days of the training, participants experienced the training they would deliver in their own facilities. During the next three days, they learned about adult learner-centered education and practiced delivering the training themselves.

> **Two-day Coaching Supervision training:** Trainers delivered the two-day Coaching Supervision training to 332 managers and supervisors in five skilled nursing facilities, one assisted living center, and one hospice program.

> **Two one-day leadership trainings:** With the goal of building institutional support, PHI invited administrators, human resource directors, and directors of nursing to two one-day workshops that focused on recruiting workers in a competitive environment, understanding coaching skills and their impact, and how to build a coaching culture.

> **Two booster sessions:** Trainers were brought back together for two workshops, to share learnings, challenges and successes, and to develop additional skills. The first booster provided an introduction to a one-day communication skill training for frontline workers and the second focused on "feedback skills": i.e., how to provide personal feedback when an employee's behavior is inappropriate or adverse to the workplace.

"Tools of active listening and being present were a real eye opener for me," said Rosemary McLaughlin, director of education and training at Berkshire Healthcare. She is now taking a more "relational approach" with employees. She also noted that the supervisors she trained are more likely to actively listen and "less likely to react." Instead, she said, "they will take a breath, pause, and try to hear the person's story without making assumptions."

❝❝ Two thirds of our frontline staff travel past three other competing facilities to come to us. We have to give them a value proposition that makes that worthwhile, and we can't always do it in dollars. With Coaching Supervision, we hope to create a workplace environment that they can't get elsewhere. ❞❞

- Bill Bogdanovich,
President and CEO, Broad Reach Healthcare

The training helped to improve cross-departmental communication as well. Nursing facilities tend to be siloed operations, but by bringing people from different departments into the training, they opened up new channels of communication. McLaughlin explained, "Now the dietary manager is communicating with the nurse unit manager. People take things less personally. When nursing asks for a special tray for a resident, it isn't because they are trying to make the day harder for the kitchen staff [which is how it can be perceived]. It is for the residents."

Better Relationships

Bridgette Carty, clinical lead for the subacute unit at Broad Reach, explained that knowing a person's "back story" sets the stage for open communication. She says, "I have built trusting relationships with several staff members, including the CNAs who report to me."

Rosalee Lampro, director of nursing at a Berkshire Healthcare facility, says that she has improved relationships with people on her staff by entering into conversations with the assumption that "the person is doing the best they can," and the problem they are having "isn't about me." Similarly, Emily Haynes, assistant director of nursing at Broad Reach, explained, "I no longer assume someone who is upset is angry at me. I assume something is going on for that person and try to find out what it is." This belief in the person's desire to resolve the problem sets the stage for a positive interaction and a stronger relationship.

Improved Problem Solving

All the participants in the coaching training reported that coaching skills improved their ability to have difficult conversations and to work with staff to find solutions to performance-related issues.

For Chris Jones, director of rehabilitation at Broad Reach, pulling back has been key. He said, "I try to make sure the speaker understands that I am hearing their side of the story, and that changes the dynamic." Also, Jones has changed his approach to problem solving. As a supervisor, he tended to jump in with a solution. Now, he says, "I realize I need to work with the person on arriving at their own solution, so that person remains in control." The Coaching Approach, he said, "helps us teach better problem solving skills."

Lampro also notes success in helping staff to become effective problem solvers. A CNA in her organization, she said, was threatening to quit if she didn't get a raise. "I had to use pull back a lot!" Lampro said. "Otherwise I would have become angry, which would have just aggravated the situation. Instead, I clearly stated the problem and how it affected others. At first, the employee was angry and defensive, but with frequent redirection toward clarifying the problem (which really wasn't about the money), we were able to come to an agreeable solution. She actually left our organization for a few months, but now she is back."

In the long run, Lampro succeeded in retaining a valued employee. This outcome was heartening in an area of the state where CNA vacancy rates average 20 percent, and recruiting new workers is a constant challenge.

Reduced Disciplinary Actions

One of the benefits of using the PHI Coaching Approach, participants found, was that they resolved performance problems before they became formal disciplinary actions.

For example, Carty recalled how she and a manager in the dietary department worked together to solve an employee performance issue. The quality of the employee's cooking had been deteriorating, and he was frequently on his cell phone, so they came up with questions to try to understand his situation. She says, "It took a couple of efforts, but in the second conversation he opened up and explained that a personal issues was causing the phone calls and short temper."

As a result of these conversations, the manager gave the employee some additional time off to deal with family issues. Since then, they have been able to communicate openly and resolve issues more quickly. A situation that could have resulted in a formal disciplinary action, losing the employee, and being understaffed until a new employee was hired was handled more effectively and efficiently.

Bill Bogdanovich, president and CEO of Broad Reach Healthcare, explained that "there seems to be an unstated but firmly held belief among frontline nurses that their job is to send the problem upstairs." This, he says, "puts middle managers in a more difficult position, because they are being asked to address a problem for which they were not present." Coaching puts problem solving squarely where it belongs—between the supervisor and supervisee, who through the coaching conversation, address issues before they get 'bumped upstairs', increasing managerial efficiency across the organization.

Better Customer Relations

Coaching skills improve supervisory relationships, but they are also useful in other workplace interactions, particularly with residents and their families.

Jones explained how he used coaching skills with an irate patient in the rehab unit he manages at Broad Reach. By actively listening and showing empathy—explaining that he understood why she was upset—he was able to defuse the situation and prevent her from going home against medical advice. He said, "Once she and her husband realized I was not there to verbally spar with them but to work with them to solve the problem, their tone completely changed and together we found a great resolution to the problem."

A More Supportive Culture

Coaching communication is a cultural change for many skilled nursing facilities. Managers become more aware of the complex lives of their frontline workers and the barriers they face in succeeding at work. "The Coaching Approach helped people see the judgments and assumptions they were making about our frontline workers," said Maggie Messer, employee engagement manager at Berkshire Healthcare System.

Messer explained that supervisors often are unaware of the struggles that their direct-care workers face. She told the story of a young woman, whose mother passed away, leaving her to care for a disabled brother and a sister with learning disabilities. "When managers listen to the workers' stories, it is a humbling experience," she said. "We put ourselves on a pedestal, but often we have just been luckier in our lives." Stepping back and listening with our full attention helps to build respectful relationships, and that makes a big difference to the culture of the organization, she asserted.

The shift to coaching can be a big change for nurses in other ways as well. David Maloney, the hospice director at Broad Reach, observed, "Nurses are problem solvers, and often look at a situation and think it is faster to fix it themselves. Coaching takes more time at the beginning. It's an investment. But down the road, it could save hours of time."

Bogdanovich agreed, noting that in his organization, supervisors are working at not reacting to employees with anger, exasperation, or frustration, but rather are "pausing to rethink." The ability to do that, he says, "makes a significant difference in achieving the workplace culture we want."

Conditions for Success

In analyzing the results of the project and discussing lessons learned, participants identified several organizational characteristics and conditions that support successful implementation and sustainability:

Sufficiently Stable Staffing

In all three long-term care systems, rolling out the training proved to be more difficult than expected. High levels of staff vacancies made pulling staff from the floors to participate in the training difficult. Turnover was so high at Apple Valley—both at the leadership level and frontline staff—that after an initial training of unit managers, the program ground to a halt. The new administrator, Libby Haidemonos said, "the initial training was very beneficial and once our staffing is more stable, we plan to train all of our nurses."

To accommodate the needs of their facilities, Berkshire Healthcare delivered the training in nonconsecutive half days at some sites. This, admitted McLaughlin, may not have been ideal. At the most successful Berkshire facility, the administrator felt delivering the training in two consecutive full days "was worth the pain."

Commenting that one of her facilities was experiencing a 43 percent vacancy rate among CNAs, McLaughlin observed, "Perhaps above a certain percentage of vacancies the barriers to training are just too high." One answer to the challenge was to use replacement staff. However, finding replacement staff is difficult when vacancy rates are high. Even when managers and supervisors fill in for staff participating in training additional replacement staff was needed and not always available.

Leadership that Champions the Intervention

The organizations that were most successful in implementing the program had leaders who felt deeply invested in building relationship-centered cultures. These leaders modeled the skills, supported their training by allocating funds for replacement staff, and empowered their teams to experiment with new supervisory and disciplinary processes.

When leaders are committed to the PHI Coaching Approach it can be transformative. As Bogdanovich explained, the coaching intervention is "a journey, not an excursion." Staff need ongoing support to examine their assumptions and manage their reactions in stressful situations, but when they do, it can create a dynamic that improves worker engagement and satisfaction.

Bill Kittler, the administrator at Kimball Farms, a Berkshire Healthcare facility, described this change in terms of "fairness": "It feels fairer," he said. "The CNA has input. The supervisor has more understanding, and we can find out how to help the CNAs do their jobs better." When everyone has the tools to be successful in their jobs, the organization does a better job in carrying out its mission to deliver quality care, he explained.

The Right Trainers and Training Groups

Leaders and trainers at the participating organizations noted three key concerns when selecting trainers and trainees:

> **Choose the right people as trainers.** Position is not as important as personality. The interactive training requires people who are outgoing and comfortable facilitating group processes.

> **Train cross-departmental groups.** All participants were enthusiastic about bringing together staff members from different departments. The shared experience, along with new skills, improved communication and management across their organizations.

> **Distribute resisters and skeptics.** In every organization, there are people who hate change. "It is best to know who your resisters are ahead of time, and spread them out in different trainings," said one organization leader.

Resources to Cover Backfill

Pulling supervisors and managers away from their primary role to attend training requires adequate resources to cover their shifts with other staff or temporary hires. At first, the project sought to not cover backfill funding. However, in order to successfully implement training, it was determined each organization required this funding to pay for "double staffing" or to hire costly per diem assistance to ensure adequate staffing during the training period. Despite the cost, Broad Reach was convinced of the positive benefits of the PHI model that the leadership paid for replacement nursing staff in order to expand their training to all 80 supervisors across all departments.

Integrate Coaching into Organizational Practices

To sustain the positive impact of the coaching supervision model, the participating organizations are working toward more fully integrating coaching into their regular business practices.

For example, at Kimball Farms, Bill Kittler was in the process of restructuring the disciplinary process. Prior to the coaching training, he said, a performance issue always resulted in a written warning. That often led to firings. But today, supervisors have multiple conversations with staff members before they begin a formal disciplinary process. "There is an opportunity to talk about barriers to success." The goal, he says, is to work together to find a solution and to commit to action steps. "The form stays in the drawer."

Broad Reach has taken a different approach, extending the training beyond their managerial and supervisory staff. In the second half of 2017, they began rolling out

a one-day PHI coaching communication training to all frontline staff. By creating a common language across the organization, the leadership hopes to more deeply embed the practice throughout the organization. "Communication is a two-way street," said Bogdanovich.

Consistently Reinforce the Training

All participants talked about the need to reinforce the skills staff learned during the trainings. As David Maloney noted, "We invested a lot of time, and the training has made an impact. We want to make sure it sticks." Broad Reach was integrating quick reviews—with scenario-based problem solving—into regularly held staff meetings, and plans to offer booster trainings to management and supervisors. Other organizations email staff coaching tips and hold impromptu floor meetings with five-minute problem-solving scenarios.

"The reminders," said Maloney, "are really terrific. People are often in survival mode, everything is a crisis, and they fall back on old habits. We have to keep it in front of them until it becomes second nature."

Conclusion

Coaching Supervision training for frontline supervisors and managers in the long-term care sector is a promising practice that, in Massachusetts, demonstrated improvements in communication and problem solving, reductions in disciplinary actions, and the development of a more supportive workplace for frontline staff. Coaching Supervision, however, will not solve the pervasive staffing crisis troubling the state's nursing facilities. To compete for workers in a tight labor market, skilled nursing facilities need to be able to offer competitive compensation *and* supportive work environments. This will require an increase in state investment to ensure that Medicaid—which funds the care of two thirds of the state's residents—provides sufficient funds to recruit new workers into frontline caregiving occupations, support workers in their jobs, and improve the quality of resident care.

Endnotes

[i] The number of Americans age 65 and older is expected to more than double, from 46 million in 2016 to 98 million in 2060. The number of older Americans needing nursing home care is likely to grow to 2.3 million by 2050, a 75 percent increase from 2010. Data from Mather, M. (2016). Fact Sheet: Aging in the United States. Population Reference Bureau. Retrieved at http://www.prb.org/Publications/Media-Guides/2016/aging-unitedstates-fact-sheet.aspx

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[ix] U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (March 31, 2017). May 2016 State Occupational Employment and Wage Estimates, Massachusetts. Retrieved from: https://www.bls.gov/oes/current/oes_ma.htm#00-0000

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[xi] To read more from the perspective of CNAs, visit www.cnaedge.com

National Fund
for Workforce Solutions

TEL 202-223-8994 | info@nationalfund.org

1730 Rhode Island Ave NW #712, Washington, DC 20036

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