

Approved: 2-1-99  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on January 26, 1999 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Bill Wolff, Legislative Research Department  
Norman Furse, Revisor of Statutes  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Larry Buening, Kansas Board of Healing Arts  
Jim Sperry, Kansas Academy of Physician Assistants  
Richard Morantz, Acupuncture Association of Kansas  
Michael Byington, Envision  
Randy Fitzgerald, Nursing Home Adm. and Chair of Long-Term Care Services Task Force  
Debra Zehr, Vice President, Kansas Assn. of Homes and Services for the Aging  
Craig Kaberline, Kansas Council on Developmental Disabilities  
Randall J. Forbes, attorney, Kansas Dental Board  
Kevin Robertson, Executive Director, Kansas Dental Association

Others attending: See attached list

### Introduction of Bills

Larry Buening, Kansas Board of Healing Arts, requested introduction of three bills relating to grounds for discipline, expiration of licenses, and definition of accredited schools or colleges of the healing arts. Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Jones. The motion carried.

Jim Sperry, Kansas Academy of Physician Assistants, requested introduction of legislation that would allow physician assistants the authority to prescribe controlled medications pursuant to a written protocol authorized by a responsible physician. (Attachment 1) Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Salmans. The motion carried.

Richard Morantz, Acupuncture Association of Kansas, requested introduction of legislation that would allow for licensure of individuals to practice acupuncture in Kansas. (Attachment 2) Senator Hardenburger made a motion the Committee introduce the proposed legislation, seconded by Senator Becker. The motion carried.

Michael Byington, Envision, requested introduction of legislation that would add references to communications accommodations to the Developmental Disabilities Reform Act. (Attachment 3) Senator Jones made a motion the Committee introduce the proposed legislation, seconded by Senator Hardenburger. The motion carried.

### Hearing on SCR 1606 - Long-term care staff training funds

Senator Janice Hardenburger expressed her support for SCR 1606, a resolution that would request the Governor to identify funds available for training and retraining of long-term care staff which is in keeping with one of the recommendations of the the task force on Long-Term Care Services established by the 1998 Kansas Legislature. Senator Hardenburger noted that the number one problem identified by nursing homes, was the ability to recruit and retain Certified Nurses Aides. She also called the Committee's attention to a bill that she will introduce in Taxation Committee that would provide a property tax exemption for day-care facilities within the nursing home. She noted that such legislation would help strengthen the CNA's position and be a positive approach to staff turnover.

Randy Fitzgerald, Kansas Regional Director of the Good Samaritan Society and Chair of the task force on Long-Term Care Services, expressed his support for SCR 1606 as noted in his written testimony.

## CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S, Statehouse, at 10:00 a.m. on January 26, 1999.

(Attachment 4) Mr. Fitzgerald pointed out that adequate staffing is the backbone of good care for nursing home residents in the state. The work of front line nursing home care givers is stressful, challenging and under-valued by society. Statewide average annual turnover among Certified Nursing Assistants is over 116% according to the most recent reports from SRS. The average pay per hour is \$6.50.

Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging, expressed her support for **SCR 1606** and noted that the resolution is good public policy because it directly addresses what is known as an underlying cause of staff turnover in nursing homes. By helping to stabilize nursing home staffing, it will reduce costs to the state, and most importantly, achieve and maintain high quality of care for frail elders residing in Kansas nursing homes. Information was also distributed to the Committee with her written testimony regarding a study that examined the root causes of turnover among paraprofessional care givers, nurses and front-line managers in nursing home facilities. (Attachment 5) Craig Kaberline, Kansas Council on Developmental Disabilities, (Attachment 6) and John Kiefhaber, Kansas Health Care Association also expressed support for the resolution.

### **Action on SCR 1606**

Senator Jones called the Committee's attention to a need for a technical language change in the resolution. Senator Jones made a motion to amend SCR 1606 by striking "state of" on page 1, line 42, seconded by Senator Hardenburger. The motion carried.

Senator Hardenburger made a motion the Committee recommend SCR 1606 as amended be adopted, seconded by Senator Jones. The motion carried.

### **Hearing on SB 71 - Applicants appearance before Kansas dental board, penalty fees for late renewal; practice location address**

Randall J. Forbes, attorney, Kansas Dental Board, presented testimony to the Committee in support of **SB 71** which would allow the Board to provide for an increased penalty for licensees who do not renew their licenses in a timely fashion. He felt this would encourage timely renewal and eliminate cost to the Board. The bill also would clarify that licensees are to notify the Board when establishing a new practice location and would give the Board the option to not require a person applying for licensure without examination to appear before the Board. (Attachment 7). Considerable discussion was made by the Committee regarding the substantial increase of the license renewal and penalty fee from \$50 up to \$500 if a person's license is canceled. Mr. Forbes noted that there currently are 1,300 dentists licensed in the state, and approximately 300 letters have recently been sent to those dentists who have not met timely renewals. Such renewals are now required every two years. Staff will research what other agencies do regarding similar situations when applying penalties.

Kevin Robertson, Executive Director, Kansas Dental Association, expressed his support for **SB 71** but recommended that the Committee consider lowering the penalty fee "not to exceed \$500" to \$200 or \$250. He noted that KDA would concur that the current \$50 penalty fee may not be an adequate incentive to encourage dentists to renew their licenses in a timely manner as noted in his written testimony. (Attachment 8) During Committee discussion it was suggested KDA may want to point out in their newsletters to dentists that they be more responsible in renewing their licenses.

### **Approval of Minutes**

Senator Becker made a motion to approve the Committee minutes of January 20, 21 and 22, 1999, seconded by Senator Salmans. The motion carried.

### **Adjournment**

The meeting was adjourned at 11:00 a.m.

The next meeting date is scheduled for January 27, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
GUEST LIST

DATE: 1-26-99

NAME	REPRESENTING
Brian Tongier	Intern w/ Kansas Legal Services
Carolyn Micek	Kansas Acupuncture Assoc
Richard Morantz	Acupuncture Association of Kansas
Debby Fleming	Federico Consulting
Jack Lund	KDHE
Doug Smith	KS Academy of Physician Assistants
Jim Sperry	KS Academy of Physician Assistants
Craig Kabeal	KS Council on DD
Sally Finney	Ks. Public Health Association
LARRY BUENING	BD OF HEALING ARTS
Randy Finkenau	Good Samaritan Society
Hesa Bray	KDHE
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Larrie Ann Brown	KS Assn of Health Plans
Randall J. Folkes	KS Dental Board
Jan Brout	Medical Case Mgt., Inc.
Cowli Hands M. Ed <del>KABVI</del>	KABVI
Michael Byington	Envision
Rich Pittman	Health Midwest





# **Kansas Academy of Physician Assistants**

## **Request for Bill Introduction Senate Committee on Public Health and Welfare:**


Dear Senator Praeger and honorable members of the Senate Committee on Public Health and Welfare:

The Kansas Academy of Physician Assistants requests introduction of legislation to permit physician assistants the authority to prescribe controlled medications pursuant to a written protocol authorized by a responsible physician. At the present time, physician assistants are authorized to transmit prescription orders pursuant to a written protocol.

The proposed change in language would provide the documentation necessary to create a papertrail of the prescriptive practices and activity which is essential for review by the responsible physician and Board of Pharmacy. Before utilizing this prescriptive authority, a physician assistant would be required to obtain a DEA number and authorization from the responsible physician.

In addition, this legislation would provide the physician assistant the ability to request, receive, and sign for professional samples in the absence of their responsible physician.

Thank you in advance for your consideration. If we can provide the Committee any additional information, please don't hesitate to contact us.



Senate Public Health and Welfare  
Date: 1-26-99  
Attachment No. 1

**January 26, 1999**  
**Introduction of Kansas Acupuncture Act**  
**to the Senate Public Health and Welfare Committee**  
**Senator Sandy Praeger, Chair**

The legislation which we are here to introduce today proposes the establishment of a procedure for the licensure of individuals to practice acupuncture in the state of Kansas. Our proposed legislation is designed to ensure that the people of Kansas are treated by acupuncturists who are trained and deemed competent by nationally recognized certification and accreditation organizations. As the popularity and recognized effectiveness of acupuncture increase, there is an increased risk of fraud and injury from individuals who practice acupuncture with little or no training.

Public awareness and use of acupuncture increased in the United States following President Nixon's visit to China in 1972 and New York Times reporter James Reston's account of how physicians in Beijing eased his post-surgery abdominal pain with needles. According to the World Health Organization, there are approximately 10,000 acupuncturists in the United States. An estimated 3,000 practicing acupuncturists are physicians. In 1993 the Food and Drug Administration reported that Americans were spending \$500 million per year and making approximately 9 to 12 million patient visits for acupuncture treatments.

Acupuncture is a growing profession. There are over fifty schools and colleges teaching Traditional Chinese Medicine, including the Kansas College of Chinese Medicine in Wichita and Kansas City. Thirty eight states currently have some form of licensing for acupuncturists, including the nearby states of Missouri, Texas, Iowa, and Colorado. The Missouri bill was signed into law just last year.

The Acupuncture of Association of Kansas is seeking your assistance in passing this legislation. Please review the Kansas Acupuncture Act of 1999, Draft Proposal. If you require further information, please contact us via telephone or e-mail as noted below.

Carolyn Micek  
785-841-1587  
cmmicek @juno.com

Richard Morantz  
785-841-1587  
rmorantz@juno.com

Senate Public Health and Welfare  
Date: 1-26-99  
Attachment No. 2



Choices & resources for people who are blind or low vision

**Envision**<sup>SM</sup>

**PLEASE REPLY TO: Michael Byington, Director  
Envision Governmental Affairs Office  
P. O. Box 1063  
Topeka, Kansas 66601  
(785) 640-4500 (direct)  
(785) 575-7477 (voice mail)  
(785) 233-2539 (FAX)  
mbyingto@ink.org**

January 25, 1998

TO SENATE PUBLIC HEALTH AND WELFARE

BILL REQUEST

This bill adds references to communications accommodations to the Developmental Disabilities Reform Act. It is requested by the Kansas Deafblind Task force as well as by Envision.

Last year this Committee considered similar legislation. It was not reported out favorably because information was given to Committee members by opponents suggesting that the issues being addressed in the bill would be satisfied by Kansas Administrative Regulations (K.A.R.) changes which were anticipated to go through later in 1998.

This information turned out to be incorrect. The draft regulations which were proposed, and copies of which were provided to the Committee, addressed only a very small portion of the communications accommodation issues raised by last year's Bill. While the particular draft regulation given to the Committee was adopted by Secretary Chronister, other proposed

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Tel 316 Senate Public Health and Welfare

Date: 1-26-99

Web 1 Attachment No. 3

regulations which would have come close to addressing the issues in the Bill were not adopted, and indeed this was in part because it was felt that changes in the law would be needed in order to authorize them.

I met with Senator Praeger, Senator Hardenburger, and Senator Lee after the Committee had killed the bill and explained that I felt that the Committee had misunderstood some of the information presented by opponents and that I did not expect the K.A.R. changes to address the issues of the Bill. Senator Praeger told me at that time that, if this indeed turned out to be the case, I could bring the bill back for serious consideration next year. It did, so I am here again.

30-63-21 (4)(B) Was amended and now reads, "providing the necessary support and training to allow the person to be able to indicate the person's preferences, including a description of any training and support needed to fully participate in the planning process and other choice making;"

While the Kansas Deafblind Task Force and Envision applauds this language, it does not resolve the concerns raised in the attached proposed legislation. The new wording in the K.A.R. allows the developmentally disabled person to have choices during the planning process and at times when a choice is to be made. This is not equivalent to being assured the availability of information about the environment, day to day conversations, communication during recreational pursuits, etc. We who have worked extensively with developmentally disabled blind, developmentally disabled deaf, and developmentally disabled deafblind individuals know that it is this type of ongoing communication which allows the individual to reach his or her potential and capacity for independence, self direction and productivity. It is thus at this level, not just at times of planning and choice making, that the sensory impaired developmentally disabled individual needs the referenced communications considerations.



# TESTIMONY IN SUPPORT OF SCR 1606

**To:** Senator Sandy Praeger, Chair, and Members,  
Senate Public Health and Welfare Committee

**From:** Randy Fitzgerald, Chair, Task Force on Long-term Care Services

**Re:** Senate Concurrent Resolution 1606

**Date:** Tuesday, January 26, 1999

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Thank you Madam Chair, and Members of the Committee, for this opportunity to speak in support of Senate Concurrent Resolution 1606.

My name is Randy Fitzgerald. I am the Kansas Regional Director of the Good Samaritan Society, which owns or operates 21 not-for-profit nursing homes, assisted living facilities and independent housing campuses throughout Kansas.

I had the privilege of serving as Chair of the Task Force on Long-Term Care Services established by the 1998 Kansas Legislature. Senate Concurrent Resolution 1606 is in keeping with one of the recommendations of the Task Force. On behalf of the Task Force on Long-term Care Services and as a provider who is acutely aware of the challenges facing of long-term care services, I ask for your support for SCR 1606.

Staffing is a critical issue in nursing homes across our State. Adequate staffing is the backbone of good care for Kansas nursing home residents. The work of frontline nursing home caregivers is stressful, challenging and under-valued by society. The work has become more stressful and challenging as nursing home residents have become more frail and cognitively impaired in recent years. It is extremely difficult to recruit and retain staff. Statewide average annual turnover among Certified Nursing Assistants is over 116% according to the most recent reports from the Department of Social and Rehabilitation Services. High turnover compromises the ability of the provider to achieve and maintain high quality of care.

While training in the technical aspects of caregiving and disease management is important, just as important is a good foundation in human relation skills and good supervisory skills. Long-term care staff and their residents would benefit greatly from additional opportunities for staff training in stress management, effective communication and teamwork. Dr. Mary Lescoe-Long of the Department of Public Health Science at Wichita State University reported before the Long-term Care Services Task Force on an in-depth study she conducted in 1998 on human interaction factors underlying staff retention and recruitment problems in Kansas nursing homes. She identified a critical need for training and continuing education to build communication skills and caregiver empathy for residents, and to increase supervisors' organizational and interpersonal skills.

I thank you for your support for SCR 1606 and your interest and commitment to the well-being our State's nursing home residents and those who serve them. I would be pleased to answer any questions you may have.

Senate Public Health and Welfare  
Date: 1-26-99  
Attachment No. 4

## TESTIMONY IN SUPPORT OF SCR 1606

To: Senator Sandy Praeger, Chair, and Members,  
Senate Public Health and Welfare Committee  
From: Debra Zehr, Vice President  
Re: Senate Concurrent Resolution 1606  
Date: Tuesday, January 26, 1999

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Thank you Madam Chair, and Members of the Committee.

The Kansas Association of Homes and Services for the Aging (KAHSA) represents 160 not-for-profit nursing homes, retirement communities and housing providers in Kansas.

On behalf of our members I ask your support for SCR 1606.

Staff recruitment and retention is the foremost concern of KAHSA members. Nursing homes are in the midst of a staffing crisis that cuts across rural/urban and ownership lines, negatively impacting the quality of care for nursing home residents throughout the state. Average annual turnover among Certified Nurse Aides (CNAs) statewide is nearly 120% according to the Department of Social and Rehabilitation Services. Among not-for-profit nursing homes the figure is 90%. (This does not mean that every position has new staff every year; in most nursing homes, a core group of dedicated staff have to deal with the constant disruption of positions that turn over frequently.) Nursing homes with less than 50% CNA turnover are envied by their peers, but even those homes consider their turnover levels unacceptable given their commitment to quality care.

KAHSA and its members helped sponsor a study in 1998 by Wichita State University on the underlying factors of staff retention and recruitment problems in Kansas nursing homes. Researchers found no quick fixes or easy answers to this long-standing problem. Instead, they discovered that there is a dynamic and often conflicting relationship between the underlying values, beliefs, and expectations of various types of employees and the realities of work life in a nursing home. This clash results in low job commitment and high turnover. Some of the study's most urgent recommendations are the need for ongoing education in interpersonal communication, self management, problem solving and empathy for all levels of nursing home staff. (See attachment.)

SCR 1606 is good public policy because it directly addresses what we now know is an underlying cause of staff turnover in nursing homes. By helping to stabilize nursing home staffing, it will reduce costs to the State, and, most importantly, achieve and maintain high quality of care for frail elders residing in Kansas' nursing homes.

Thank you for this opportunity to offer support for SCR 1606. I would be happy to answer any questions you may have.





## INTRODUCTION

This study examined the root causes of turnover among paraprofessional caregivers (nurse aides), nurses (LPNs) and front-line managers (aide and LPN supervisors). It examined the role of external rewards (e.g., salary, benefits, organizational policy and regulations) and internal rewards (e.g., job satisfaction, motivation, personal achievement, mastery and autonomy).

Staff turnover and problem behaviors among front line personnel in nursing homes reflect a dynamic interplay between employees' underlying values, beliefs, and expectations, and the current realities of work life in the nursing home industry. The conventional internal reward programs that are championed in the human resource literature do not address the root causes of turnover that this study identified. For years, organizations have tried to replicate "best practices" and other tools to stem the chronic tide of turnover; but without underlying change in the culture of the nursing home itself, these approaches by themselves have not worked.

## SUMMARY OF STUDY RESULTS

This study revealed that the root causes of turnover differed between paraprofessional care givers (aides), professional care givers (LPNs), and front line managers. Paraprofessional behavior is driven by predisposing circumstances which set up a cycle of powerlessness and unfamiliarity with the skills and rewards associated with performance and achievement in the work place. These circumstances render the rewards inherent in conventional personal development programs, both inaccessible and unimportant to aides. This situation is at odds with the very foundation of job commitment initiatives and bars aides from those internal satisfiers which breed excellence in the work place. Aides' circumstances further drive a focus on the external rewards of work, which are associated with average or below average job performance. With respect to retention, external rewards must be overcompensating to retain internally unfulfilled employees, and this situation clearly does not apply to the position of nursing home aide. A lack of both adequate internal and external rewards at work predisposes aides to seek "better" jobs.

This situation is compounded by the aides' place in the organizational hierarchy. Relegated to the bottom of the formal power structure, they seek control through informal means. This situation leads to many of the problem behaviors observed in aides, from lack of self reliance to chronic absenteeism. This, in turn, leads to organizational policies which are intended to alleviate staffing shortages, but instead end up punishing aides for reliability and good work performance. This fuels further problem behaviors and leads to the turnover of reliable staff who find the situation intolerable.

Turnover among the nursing staff is based in transgressions against their professional expectations and value set. Nursing education often combines with a personal background of boot strapping, which leads these care givers to place heavy emphasis on the status and value of the nursing profession. LPNs, in particular, fail to receive the measure of respect they desire. LPNs are often reminded that others perceive their professional skill and judgment to be less than an RN. Nursing home nurses in general are granted less respect than hospital-based nurses by other significant health care professionals. This lack of respect is accompanied by the belief that nurses who choose nursing home work are less intelligent and competent than those who work in other health care settings. This situation primes nurses to look for jobs where respect is more naturally accorded.



Organization and nursing expectations interact in three additional ways to contribute to nursing turnover. First, the skill set required for routine nursing home care is more limited than that which might be required in the acute care setting. Nurses often leave for jobs that help them maintain their skills and consequently, their value as a well-trained nurse. Second, nursing home nurses find themselves constantly adjusting to changing internal and external policies which are not always clearly communicated or which do not integrate smoothly into required nursing duties. This adds stress and complexity to the job and often limits the nurse's sense of personal competence. Potential hidden sanctions, such as increased paperwork, sometimes accompany these policy changes and the completion of these additional duties may not be well supported by the organization. Third, the need to control and replace aides causes frustration and a sense of being manipulated by those aides. This strikes at the nurses' need for respect and a clear differentiation between their professional contributions to patient care and the physical assistance provided by paraprofessionals. All these factors combine to drive down the internal rewards a nurse experiences on the job and this fuels turnover behavior.

Front line managers are characterized by their extreme need for the internal rewards of work, particularly, a sense of personal achievement and control. Achievement and control in nursing homes are often limited by constrained financial and human resources. Managers feel frustrated when personally important innovations and improvements fall victim to budgets cuts, the rationale for which is not readily apparent. They feel controlled by the ongoing staffing crisis which threatens their personal definition for high quality care. They feel punished by organizational policies which reduce an already limited staff to accommodate fiscal concerns. These factors transgress managers' values for personal competence and fairness in the work place. Organizationally-driven transgressions of personal values are closely linked to turnover in the managerial ranks.

Aides, nurses and managers share two critical sources of dissatisfaction which lead to turnover. The first is a widespread and mutual lack of empathy among workers of differing rank and role. Each rank and role is acutely aware of the rigors associated with its own circumstances and position but, the behavior and contributions of other ranks and roles are judged using broad and often erroneous stereotypes. Inadequate empathy leads to misunderstandings, conflicts, and a lack of unity and team work. This creates a negative interpersonal climate and encourages job seeking behavior.

The second common source of dissatisfaction is a deficit of good interpersonal skills among all organization employees. Poor interpersonal skills fuel misunderstandings, resentment, and conflict in the work place. They are at the heart of negative employee-employee interactions which demoralize and reduce job commitment. A negative human climate undercuts all job satisfaction programs and diminishes the level of internal rewards which can be obtained from the organization. This deficit is a major contributor to absenteeism and turnover in all roles and at all ranks.

Data from residents' family members frame turnover in terms of its impact on resident values, beliefs and expectations. As with employees, resident family members, and the residents they represent, value empathy. In this case, they are worried about the effect short staffing has on the ability of front line care givers to develop a level of personal and physical empathy for the residents they serve. Families and residents believe that knowing the resident's capabilities, preferences and history, and respecting the resident as an individual member of the nursing home

community are of paramount importance. It is expected that staff should be plentiful enough, and unhurried enough to act as extended family members; caring for residents as they would their own aging parent. It is also important that front line care givers appreciate the stress and discomfort associated with a delayed or careless response to assisting a resident in need. Staff shortages drive haste or neglect, both unacceptable situations. These concerns represent the intersection of job satisfaction and quality of care for nursing homes.

The final data highlight image and employee mission problems which serve as a backdrop for all the previously cited forces which drive turnover. Nursing homes are currently characterized by an image of loss which fuels the belief among potential employees that work in a nursing home is unrewarding and unappealing. Additionally, nursing homes are seen as places where the residents are valued, but the employees are not. There is universal agreement that aides must be better recognized and valued for their vital roles of extended family member and physical care giver. The data suggest that nurses' special knowledge and care of the elderly should be extended and emphasized to decrease the stigma of the "nursing home nurse" and increase nurses' professional satisfaction. Employee value systems suggest that the bond between resident and care giver should be more openly encouraged and supported. Finally, the belief was expressed that staff interactions should be improved to the point where the nursing home extended family was more functional.

### **CAVEATS TO THE RECOMMENDATIONS**

Interventions to address this complicated and interactive mix of root cause predisposing, reinforcing, and enabling factors, must be carefully planned and evaluated to account for the complexities revealed in this analysis. Among the most critical points to be considered are:

- 1) Conventional internal reward systems will not be operative until the underlying problems identified here are addressed
- 2) Different root causes impact turnover among the three different front line positions. Many interventions will have to be tailored specifically to aides, or nurses, or managers. Across-the-board approaches will not suffice. This is true even in the case where common problems, such as interpersonal skill deficits, are identified because the types of skills required will vary by position and background.
- 3) Interventions which positively impact one group of employees have the potential to negatively impact another group of employees. Interventions must be evaluated and refined to prevent this from happening.
- 4) Interventions cannot just be directed at the front line. Several of the factors identified extend throughout the organization. Factors must be assessed to determine if they need to be addressed from the top down.
- 5) External rewards are still important. Within existing resources, creative ways should be sought to use money or benefits to acknowledge preferred and internally rewarding behavior.

- 6) Complex problems cannot be resolved using simple solutions. Changing the current state of turnover in nursing homes is going to be a long and effortful process. It will require that many separate and interactive interventions be supported over time before behaviors can be changed, and behavior change can be sustained.
- 7) Successful interventions can not be implemented in haste. If the groundwork is not laid to win the acceptance of those employees an intervention is designed to impact, it will create a new cycle of dysfunctional beliefs and attitudes which will derail the initiative.
- 8) Success must be carefully measured before improvements in turnover can be attributed to any given set of intervention activities.

The recommendations which follow point to future directions for substantively improving the turnover crisis in the nursing home industry. All of these recommendations rest on strict adherence to the above stated caveats.

## RECOMMENDATIONS

The primary purpose of this investigation was to identify and analyze the root causes of retention problems among front line personnel, using a job commitment framework. The findings from this investigation provide insight into the directions that retention interventions must take to improve job commitment. *Improved job commitment is the cornerstone of reduced absenteeism, reduced turnover, and improved quality of resident care in the nursing home industry.* The recommendations which follow serve as vectors for the design and composition of effective retention interventions.

### RECOMMENDATIONS FOR PARAPROFESSIONAL FRONT LINE CARE GIVERS

#### **1. Improve training for aides**

Improved training for new recruits may take place in formal aide training programs, in nursing home based apprenticeship programs, or some combination of the two. Continuing education offerings should be developed to address the need for improved training in the existing aide pool. Training must be sensitive to aides' education level and cultural background. Improved training programs should include:

- a. Extended formal training
- b. Extended on-the-job training
- c. A balance of practical job experience and didactic learning
- d. Reality-based education
- e. Information on the aging process
- f. Information on the physical and behavioral challenges of the elderly

- g. Empathy training to sensitize aides to respect resident's personal identity
- h. Empathy training to sensitize aide to potential resident stress and discomfort
- i. Problem solving skills regarding resident behavior and organizational demands
- j. Interpersonal skills
- k. Self-management skills
- l. Information on structure and mission of nursing homes
- m. Information on role and responsibilities of other personnel
- n. Empathy training in the interdependence of personnel and the value of cooperation
- o. A progressive mastery format where aides learn to experience success and gain self efficacy

## **2. Link training to external recognition structure**

Improvements in job commitment-related abilities should be tied to an external reward structure. Aides' lack a predisposing drive for personal growth. To experience and appreciate the value of internal rewards, aides must be motivated to pursue self development; external recognition provides an initial incentive.

External recognition for the increased skills and abilities provided through improved training could include:

- a. Certificates for advanced learning
- b. Professional excellence awards
- c. Educational credit for continuing education
- d. Pay scale, bonuses, advancement tied to personal development

## **3. Persuade and reinforce value of training**

Potential aides must be persuaded that personal development is a meaningful pursuit. The internal and external rewards of personal development must be delineated and presented to potential aides in manner which is consistent with their personal background and goals. Training should include feedback which clearly demonstrates to the would-be aide not only personal gain, but the value of that gain to the resident and their family.



#### **4. Respect aides for contribution to resident care**

The core value of aides' work lies in assisting the resident. All members of the nursing home staff must be sensitized to focus on and recognize aides for this core contribution. This requires that aides be given responsibilities consistent with their role as resident link to medical care, that they be treated as professional co-workers - not servants to other staff, and that the value of their social interaction with residents be respected and facilitated.

#### **5. Eliminate Hidden Sanctions**

Reliable behavior must be rewarded, not punished. Organizational policies and evaluation mechanisms must be re-oriented to document and reward behavior which is valued by the organization. Social recognition and merit rewards should be tied to reliability and excellence in performance of duties. Unwanted behavior must be sanctioned. Both social and financial sanctions are appropriate. Equity must be respected in hiring practices.

### **RECOMMENDATIONS FOR PROFESSIONAL FRONT LINE CARE GIVERS**

#### **1. The special qualities of the nursing home nurse must be extended and linked to professional recognition.**

Training and continuing education programs for LPNs should include additional training for, and recognition of, nurses who choose to "specialize" in nursing home care. Some elements of that specialty training could include:

- a. Advanced training in the medical and behavioral problems of the elderly
- b. The interface of medical practice and social concerns in a medical/residential setting
- c. Information on the structure and policy environment of nursing homes
- d. Information on the role and responsibilities of other personnel
- e. Empathy training on the interdependence of personnel and its impact on nursing duties
- f. Interpersonal skills

#### **2. Link specialty training to external recognition structure**

Nurses value a balance of internal and external rewards. Education which advances the competence of the nurse in the nursing home environment should be rewarded with external recognition. Such recognition could include:

- a. Specialty certificates
- b. Professional continuing education credit
- c. Pay scale, bonuses, and advancement tied to personal development

### **3. Provide professional refresher courses to maintain acute care skills**

### **4. Provide special training in aide management**

The working interface of aides and the nursing staff is one of the most potentially volatile in the nursing home. Until aide-directed interventions succeed in developing a more professional aide, nurses need to understand the source of aide-related problems. They also need to be trained in how to encourage reliability and independence among aides and how to effectively manage problem aide behavior.

### **5. Eliminate Hidden Sanctions**

Nurses must be trusted to exhibit professional behavior on the job. Overtime should be honored without question. Equity must be respected in hiring practices.

## **RECOMMENDATIONS FOR FRONT LINE MANAGERS**

### **1. Open communication between front line managers and higher level administrators**

Front line managers should always be meaningfully included in any decision process which impacts, or has the potential to impact, their area of responsibility. Front line managers should be privy to any information which increases their sense of control over the fiscal and human resources in their area of responsibility.

### **2. Front line managers should be consulted as to the presence and impact of hidden sanctions in their area of responsibility.**

Control of the resources needed to eliminate these hidden sanctions should be delegated to front line managers where possible.

### **3. Front line managers should be trained in the special concerns of front line care givers.**

As retention in nursing homes is a critical problem at the front line, managers need to understand the causes of turnover among their staff and the implications those causes have for managing front line care givers. Managers should be trained in how to problem solve around these special issues. They should also become fluent in the interpersonal skills necessary to effectively lead their staff and encourage excellence in the work place.

### **4. Front line managers should have input into the design and implementation of programs and initiatives directed toward stemming turnover in their area of responsibility**

## **RECOMMENDATIONS FOR HIGHER LEVEL ADMINISTRATION**

**1. Higher Level Administrators must become knowledgeable about the dynamics of turnover in their organization and be sensitive to the special requirements and caveats of successfully changing human behavior.**

Policies and interventions for improving retention in nursing homes must be evaluated from the more global perspective of higher level administration. To do this, higher administration must understand the causes of turnover at the front line. They must also understand the dynamics of human behavior change and be skilled in applying those dynamics to facility activities, programs and policies directed toward this issue. Higher level administrators must also ensure their fluency in the interpersonal skills necessary to effectively lead their organization and encourage excellence in the work place.

## **2. Nursing Homes must alter their current unfavorable image**

Nursing homes must begin to emphasize the rewards and positive aspects associated with life and work in the nursing home. Image campaigns should center on the valuable interchange between employees and residents. The contribution of the residents to the personal growth of the staff, the rewards of working with the elderly, and the potential contribution of the residents to others in the community seeking the rewards of interacting with the elderly should all be emphasized. A climate of professionalism as well as love, respect, and trust should be highlighted. The advantages of being a member of an extended family should also be noted.

## **3. Nursing homes must actively pursue policies that will support and facilitate the positive aspects of work and life in a nursing home.**

This rests on empowering and valuing their front line care givers, lobbying for the resources necessary to add more front line staff, to improve the external reward structure of front line staff, and to ultimately provide the highest quality social, medical, and rehabilitative care possible. This lobbying should spring from the core value that the nation's elderly deserve nothing less.



# ***Kansas Council on Developmental Disabilities***

BILL GRAVES, Governor  
DAVE HEDERSTEDT, Chairperson  
JANE RHYS, Ph. D., Executive Director

Docking State Off. Bldg., Room 141, 915 Harrison  
Topeka, KS 66612-1570  
Phone (785) 296-2608, FAX (785) 296-2861

*"To ensure the opportunity to make choices regarding participation in society and quality of life for individuals with developmental disabilities"*

## **SENATE PUBLIC HEALTH AND WELFARE COMMITTEE**

**January 26, 1999**

Testimony in Regard to Senate Concurrent Resolution No. 1606

Madam Chair, Members of the Committee, my name is Craig Kaberline and I am appearing today on behalf of the Kansas Council on Developmental Disabilities in support of SCR No. 1606, requesting the Governor of the State of Kansas to identify funds available for training, retraining or continuing education of long-term care staff of adult care homes.

The Kansas Council is a federally mandated, federally funded council composed of individuals who are appointed by the Governor. At least half of the membership are persons with developmental disabilities or their immediate relatives. We also have representatives of the major agencies who provide services for individuals with developmental disabilities. Our mission is to advocate for individuals with developmental disabilities, to see that they have choices regarding their participation in society.

For all the reasons already listed in the Resolution, the Kansas Council on Developmental Disabilities is in total support of SCR 1606. I believe proposed resolution would go a long ways toward ensuring ongoing training for the people who take care of our most vulnerable adult population.

I appreciate the opportunity of appearing before you and would be happy to answer any questions that you may have.

Craig Kaberline  
Grants Manager  
Kansas Council on Developmental Disabilities  
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Senate Public Health and Welfare  
Date: 1-26-99  
Attachment No. 6



**TESTIMONY OF THE  
KANSAS DENTAL BOARD  
IN SUPPORT OF SB 71**

My name is Randall J. Forbes, I am an attorney and have been asked by Carol Macdonald, Administrative Secretary of the Kansas Dental Board, to present testimony on behalf of the Kansas Dental Board in favor of SB 71. This bill has been introduced at the request of the Kansas Dental Board and makes a few administrative changes to the Kansas Dental Act which the Board feels will be advantageous.

The amendment to K.S.A. 65-1431(e)(2) simply allows the Board to provide for an increased penalty for licensees who do not renew their license in a timely fashion. It is felt that this will encourage timely renewal and eliminate cost to the Board.

The amendment to K.S.A. 65-1432 simply clarifies that licensees are to notify the Board when establishing a new practice location, as well as when they change a practice location. The Board feels that this information is necessary to its enforcement activities. Presently, there appears to be some confusion about the requirement.

The amendment to K.S.A. 65-1434 would give the Board the option to not require a person applying for licensure without examination to appear before the Board. Often times, these individuals must travel great distances because of the present requirement and the Board does not feel that these personal appearances before the Board provide a sufficient benefit in the licensure process to justify the expense and inconvenience.

The Board appreciates your consideration of its thoughts and respectfully requests your support of Senate Bill 71.

Randall J. Forbes

Senate Public Health & Welfare  
Date: 1-26-99  
Attachment No. 7



KANSAS DENTAL ASSOCIATION

Date: January 26, 1999

To: Senate Committee on Public Health and Welfare

From: Kevin Robertson, CAE  
Executive Director

A handwritten signature in black ink, appearing to read 'Kevin', is written over the printed name 'Kevin Robertson, CAE'.

RE: Testimony on SB 71

Senator Praeger and members of the Senate Committee on Public Health and Welfare, I am Kevin Robertson Executive Director of the Kansas Dental Association. The Kansas Dental Association consists of approximately 1,000 members, representing 80% of Kansas' practicing dentists.

✓ Today I am here to testify in general support of the administrative changes being requested by the Kansas Dental Board in SB 71. I would, however, ask the Committee to consider lowering the penalty fee "not to exceed \$500," found on page 2 line 22 of the bill, to a more practical \$200 or \$250. Though the KDA would concur that the current \$50 penalty fee may not be an adequate incentive to encourage dentists to renew their licenses in a timely manner, a 1000% increase seems excessive.

Thank you allowing me the opportunity to express the KDA's thoughts with regard to SB 71. I would be happy to respond to any questions you may have at this time.

5200 Huntoon  
Topeka, Kansas 66604-2398  
785-272-7360

Senate Public Health & Welfare  
Date: 1-26-99  
Attachment No. 8