SafeCare BC

Quality Care Needs Quality People: A Fresh Look at Staff Retention Strategies

Presented by:

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Not your average session…

- Welcome! You picked an interactive session. This means…
  - Please, participate!
    - Instructions on how are at your table / will be given during the presentation
  - Respect and seek out each others' contributions.
  - There is truly no such thing as a dumb question…only unasked ones.
  - Create a safe space for others. It's tough to put yourself out there!
  - Have fun!

Icebreaker – 5 min
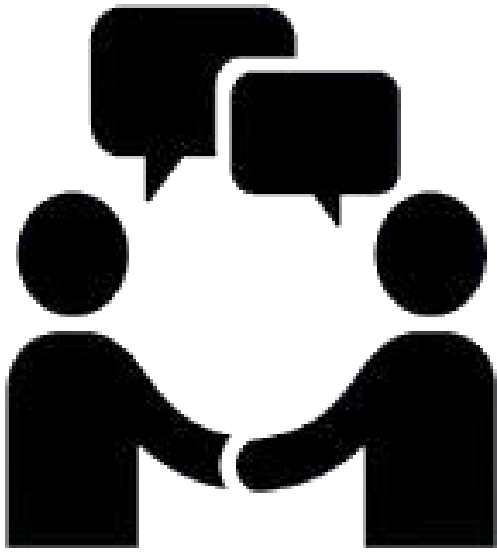
- Using the materials provided, build a structure that represents how the top-4 priorities in your life are connected (or not).

- Share your structure with your table.

Quality of care depends on staffing

- In the 2018 SafeCare BC Member survey, **95% of organizations reported that they work short staffed**
  - This results in poorer quality of care, tired and fatigued staff, rushing/hurrying practices, and impacts physical and mental health

"Safety is affected when direct care staffing work short, it is also affected when there is an inadequate supervisory/management presence (budget-driven) and too many demands on supervisors/managers." – SafeCare BC Member Survey Respondent

We want to hear from you

On your phone, go to: live.voxvote.com

Enter **46945**

Hit OK, Next

Then vote!

How would you characterize your organization's staffing situation?

- We're fine – no staffing shortages here
- We sometimes struggle to fill shifts or key positions but it's not a big concern
- Staffing shortages are a big issue for us

Human Resources (and everything else…)

- **Individual Activity (5 mins):**
  - Use the marshmallows and spaghetti to create a visual representation of how the following are linked together:
    - Human Resource Management (specifically retention)
    - Resident/client safety
    - Quality of care
    - Workplace health and safety

- **Group Activity (5 mins):**
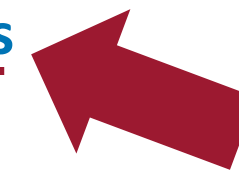 - Share at your table what your model means and why you built it that way

Addressing retention through a comprehensive strategy

A word on culture

A positive culture is...

- Valuing **continuous improvement**
- Having high-functioning **teamwork and workplace relationships**
- **Organizational learning** as a core value
- **Safety** is valued as a shared **responsibility**
- High staff engagement and **communication is integral** to daily practice
- There is a **"just" organizational culture**
- The organization is **genuinely committed** to staff's physical safety, personal development, and psychological safety
- There is **leadership commitment**, peer-to-peer **feedback is routine** practice, fostering an **open, collaborative learning environment**

Quality care needs quality people and... quality workplace relationships

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Workplace Incivility & Bullying (WIB)

Bullying

- Repeated misuse of power intended to undermine, humiliate, denigrate or injure
- Frequent; hostile; persistent; power imbalance

Incivility

- Low intensity, deviant act; violates workplace norms for respectful interactions
- *Ambiguous intent to harm*

Examples = being ignored, dismissed/put down, silent treatment, sabotage, act impatient, blamed & criticized, intimidated, teased/insulted, yelling/swearing

Study Setting

- Suburban, non-profit care home, approximately 100 beds
- Purpose-built; 15+ years old
- First-floor unit – 3 wings, each housing 10 residents
- Daytime – 3 RCAs (plus float), 1 LPN
- Nights – 2 RCAs (plus float), 1 LPN

Data Gathering

- 6-month period

- 21 semi-structured, in-depth interviews

- 50+ hours of participant observation

- Participants included RCAs, LPNs, support staff, administration/management staff & residents

RCAs' Experiences

Sometimes it's **body language**, just, you know, trying to **be intimidating quietly**. Sometimes… it's **just not helping** you when they totally have the time. Like sitting at the nursing station & you're running with your hands full & look distressed & they **just turn the other way**. [S0138]

People will go on there [Facebook] & **openly call out other workers**. I don't want any part of that, right? I just don't. [S0143]

I felt like, that there was kind of a bit of bullying going on there, that she was **being left out on purpose**. You know, there'd be conversations at the desk & they wouldn't bother, **wouldn't look at her**, right, just talk to other people. Like who does that when you're an adult, right? You know.

And she would **do nothing but try to be nice & try to help them**. She would go & ask if they wanted help. And normally they would always say yes, obviously those two people. But "no, I don't need your help", right? [S0120]

Impact on Safety

Well, I've noticed they're **turning down their phones & not answering them**. So it's trying to find them & it's like well now you have to wait on them because **they want to make sure that it's on their time**. [S0112]
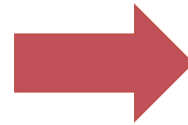
But if it's her wing, she needs to answer her bells. And it's my wing, I answer mine, right? I can feel my phone. I know when it's my phone & when it's hers. She needs to answer her bells. It drives me nuts. So when I work with her, **I have to turn my phone off so I can make her answer her bells**. [S0111]

So now she's just, "No, this is my wing. Stay away from me." Which is a shame **because when you work together you don't get hurt.** [S0144]

Impact on Residents

Well, I just think if they're waiting for someone to come & help & that person is, you know, not willing to help this person, then their **safety is put at risk** if they don't have a two-person lift. The **care is not being provided quick, as quickly as it could be**.

Just the atmosphere itself, right? They don't get to choose what care aide goes in there or how the day is. And if your care aide's feeling neglected by their teammates, they're not going to be feeling like, "Hi, how are you?" They're going to be like, "Hi." You know, it brings down that whole atmosphere. [S0120]

They hear it & they sense it. And I do believe **they become agitated** & ...**they're just on edge**... I can tell the way they slouch, they way they look at each other. I can hear them mumbling to each other & talking ... [S0111]

So you can see that **anxiety** in them... it's like **they're uneasy, they're on edge**. They don't feel like they're **in a safe place** where everything's calm & everyone's happy. And that's kind of what they need more, especially the ones that aren't cognitive. The ones that are cognitive can just kind of be like, "Oh, those two don't get along very good. Hm." [S0125]

...safety becomes an issue as well because **care aides are cutting corners** or they're, you know, especially if it's not their resident, going back & talking about that a little bit, sabotage....

They'll just do the bare minimum. If they're pissed at you that day because they have to answer the call, **they'll just do actually what's necessary** rather than what really needs to be done... [S0129]

I know a lot of them [residents] they just want to, like **they don't want to piss anyone off...** And so unless it's really harmful, they won't say anything... **They don't want to rock the boat.** They don't want a care aide mad at them. I think they're worried that **they'll take it out on them** [S0143]

Implications…

Putting the pieces together

Reflection exercise: Thinking about the workplace relationships in your organization, how might they impact...

- Staff retention;
- Quality of care;
- Workplace health and safety; and
- Resident/client safety?

Jot down your thoughts on a piece of paper

Fostering positive workplace relationships – practical examples

- Two-way communication and staff engagement ('having your finger on the pulse')
  - Comments box
  - Staff huddles at shift change
  - Senior executive 'walking tour'
  - Engaged Joint Occupational Health and Safety Committee
  - Communication/Safety board
  - Means to publicly acknowledge staff contributions

How well connected are your managers to front-line workers?
How well connected are front-line workers to their managers?

Fostering positive workplace relationships – practical examples

- Culture of compassionate, assertive communication
  - Staff training on compassionate, assertive communication
  - Supervisor training on communication practices (e.g. LPN Safety Leadership course)
  - Organizational policy on respectful communication
  - Management education on respectful communication
    - Ex.: Stop, reframe, go approach to difficult conversations

Quality

HRM

Culture

Resident / Client Safety

Workplace health & safety

Do your supervisors have the tools they need to communicate effectively?

- Establishing a just culture
  - A just culture = the organization's response varies depending on the **intent** behind the **action**, not the **outcome**
    - Actions arising from **genuine human error = learning opportunity**, **not** a disciplinary issue;
    - Actions arising from **reckless or malicious behaviour = disciplinary issue**, with the response scaling according to where the action falls on the reckless vs. malicious continuum.

Does your organization respond according to intent, or outcome?

To sum it up

- Are your organization's operations **connected** or siloed?

- When you're looking at your staff retention strategies, are you addressing the periphery, or are you **addressing the hub?**

Envisioning an evolved future – Table exercise

- Table exercise: Knowing how your organization's workplace relationships currently work, what would an evolved future look like, thinking about the four organizational areas we've touched on today?
  - Staff retention
  - Quality of care
  - Workplace health and safety
  - Resident/client safety

1. Build a model of your future using the materials provided. (5 min)

2. Share your model with your table. (3 min)

Identifying next steps

- Reflection exercise: Write down **one action item** you can take on in the next 30 days to move your organizations towards your evolved model. (5 min)

Recap and summary

- Staff retention strategies are critical in continuing care

- There's more to staff retention than remuneration

- Operational areas, such as workplace safety, staff retention, quality care, and client/resident safety are related – because they share a common hub

- Addressing the hub of issues, like workplace relationships, will lead to positive outcomes across multiple operational areas

- All changes – big or small – start with a small, first step

Thank You

... to our participants, research & funding partners
& research assistant, Kaitlin Murray

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