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# Developing a Staff Development Framework for Nursing Homes in Malaysia: Content Analysis based on Expert Interviews

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**Abstract** - This paper aims to develop a Staff Development Framework for Nursing Homes (SDF-NH) to improve staff and organizational effectiveness in nursing homes in Malaysia. Expert Interviews with five nursing homes were conducted via purposive sampling and analyzed using Content Analysis. The results indicate that the SDF-NH integrates: (a) people, who are qualified staff, and the development of attitude, skills, knowledge (ASK), and performance for the effectiveness of service delivery; (b) program, which includes training and motivation, practical courses, and job rotation as training; (c) process, which is the strategy of continuous improvement of people and program in the nursing homes; (d) funds, which are government financial support to assist the NHs; and (e) rewards, which are one of the incentives to retain the staff's services.

**Keywords**: Staff development, Nursing home, Malaysia, Content analysis, Expert interviews

## 1. Introduction

In this day and age, one of the current quests is to improve the quality of care and services of Nursing Homes (NHs) globally. Generally, NHs are places where old people or the elderly, who are unable to take care of themselves properly, reside. According to Ribbe et al. (1997), NHs are institutions providing 24 hours nursing care, assistance with activities

of daily living (ADL) and mobility, psychological and personal care, paramedical care, such as physiotherapy, occupational therapy, as well as room and board.

NHs are a critical part of long-term-care systems in the United States, although many alternative facilities exist such as assisted living including medical, skilled nursing, and rehabilitative residence for those who need assistance in ADL (Kaye et al., 2010). However, NHs are distinct from resident care homes, which provide the kind of care that requires specific skills of qualified nurses or the supervision of qualified nurses.

Nevertheless, there are shortfalls in the care and services, which are offered by the NHs. These are due to factors that affect quality and management, staffing, environment, and case mix that lead to the nurses' turnover (Teresi et al., 2013). Therefore, this paper aims to develop a staff development framework in nursing homes to improve staff and organizational effectiveness in nursing homes in Malaysia.

### 1.1 Issues of Nurses Turnover

Nurses' turnover can cause negative outcomes in the quality of services provided for the residents in the NHs. Hence, nurses' high turnover rate has become a critical issue (Kingma, 2001). Globally, nurses' turnover rate ranges from 10–21% per year globally (El-Jardali, 2009). Furthermore, studies indicate that the most common factors of nurses' turnover are individual job factors, organizational factors, career advancement, salary, and benefits in NHs (Morrell, 2005; Nogueras, 2005; Sellgren et al., 2007; Zeytinoglu et al., 2007; Cai& Zhou, 2009; Hwang & Chang, 2009; Zurmehly et al., 2009; Applebaum et al., 2010; Hayes et al., 2012; Liu et al., 2012; Rubel & Kee, 2014).

### 1.2 Individual factors

Poor services by nurses tend to lead to potential negative services in NHs (Castle et al., 2007). Previous research reveals that high workloads increase the emotional exhaustion among nurses in NHs that contribute to the turnover (Takase et al., 2009; Donoghue, 2010; Mckenzie et al., 2011). Excessive workloads such as high demand work situations and working extra hours cause inferior care in NHs (Harrington et al., 2000; Flinkman et al., 2008; Leiter et al., 2009; Meeusen et al., 2011; Erin et al., 2014). Deficiencies among nurses may occur due to workloads that include sleep disorder, poor nutrition, depression and stress, anxiety, agitation, decreased activity, delayed recuperation, and a lower quality of life that affect the performance of the nurses in NHs (Ferell, 1995; Stein, 2001; Herr, 2002).

In another study, Lavoie-Tremblay et al. (2008) found that new nurses might be influenced to leave if they experience a lack of challenge in the workplace. However, the odds of nurses' turnover decrease among new graduates if they are satisfied with their jobs and salary, and feel committed to the organization (Beecroft et al., 2008). On the other hand, a higher level of nursing education such as having a master's degree is associated with a higher level of professional commitment and a decreased likelihood of leaving the job (Nogueras, 2005; Borkowski et al., 2007). Research findings also indicate that there is no statistically significant association between intention to leave or stay and nurses' educational level (Chan et al., 2009).

### *1.3 Organizational factors*

Staffing, psychosocial work environment, and climate are also the most contributing organizational factors that contribute to nurses' turnover (Castle, 2005; Stone et al., 2007; Donoghue, 2010). Previous studies show that lack of supervision, communication, support, and assistance from supervisors lead to nurses experiencing negative physical and emotional changes in NHs (Fujiwara et al, 2003; Noelker et al., 2006). Hence, it is vital for nursing administrators to understand what is valued the most by their nurses by being good leaders, visible, consulting with the staff, and providing praise and recognition (Hayes et al., 2012).

According to Apker et al. (2009), nurses are less likely to leave their jobs if they are members of patient-care teams in which nurses engage in a synergistic communication. In European countries, low quality teamwork was associated with increased intent to leave across the countries, career development possibilities, quality of interpersonal relations, uncertainty regarding treatment, and influence at work (Estryn-Behar et al., 2007). Nurses with roles perceptions and adequate support are able to carry out their responsibilities (Hayes et al., 2012). It is reported that higher levels of role ambiguity and role conflicts were associated with higher rates of nurses' turnover (O'Brien-Pallas et al., 2010). Furthermore, missed care was associated with the intention to leave by nurses (Tschannen et al., 2010).

### *1.4 Career advancement, pay, and benefits*

Understanding factors of nurses' turnover such as individual and organizational factors is important because it can influence the operation of quality care and services in the NHs. Besides, there are external factors of other opportunities that contribute to the nurses' turnover (Camerino et al., 2008; Brewer et al., 2009). According to LeVasseur et al. (2009), Generation X and Millennia's provide the reason of advancement as the second highest factor for why nurses leave the profession. The reasons include relocation, further education, and pay improvements. In addition, Zeytinoglu et al. (2007) perceived that being unpaid increased the likelihood of leaving the profession of nursing, particularly among part-time nurses. In fact, pay and benefits tend to be a more vital factor for males as compared to females when considering leaving the profession (Borkowski et al., 2007; Rajapaksa & Rothstein, 2009). On the other hand, job satisfaction with pay and benefits influence the nurses' turnover (Estryn-Behar et al., 2007; Chan et al., 2009).

### *1.5 Staff Development*

Staff Development (SD) is a systematic process of assessment, development, and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence (National Nursing Staff Development Organization, 1999). The main goal of SD is designed to enhance the work performance of organizational employees through its impact on knowledge, skills, and attitudes. The scope of SD includes orientation, training, and educational programs, which help nurses to function more effectively within the NHs and to remain in the industry as well as to achieve job satisfaction. Therefore, Dixon's (2001) Equity-Sensitive Perspective (ESP): A Model for Managing Change elaborates on SD in staff and organizational effectiveness in delivering the services. Figure 1 shows the ESP's SD conversions model that focuses on people, process, and program in the context of institutional change. In meeting the needs

for excellent service and professionalism, SD should also be a priority to the staff or people. Appropriate SD programs will eventually guarantee continuing the education process that enhances staff knowledge in a particular organization.

## 2. Literature Review

### 2.1 People

Staff or people play a key role in the quality of care in NHs (Castle and Anderson, 2011; Collier and Harrington, 2008; Milisen et al., 2001). According to Dixon (2001), people in an organization must foster awareness and acceptance of individual differences, and encourage greater understanding of the nature and dynamics of the differences. In SD, people and a stable nursing workforce will ensure the vital quality of care received by residents. Thus, by having sufficient numbers of qualified and skilled nurses enables the development of skills, knowledge, and organizational improvement (Omar et al., 2014).

### 2.2 Program

In ESP, program is one of the factors, which refers to an assortment of terms such as in service, continuing professional staffing, and assumes various forms. Program in SD is the main concern of the employee and the organization that tends to achieve the goals for quality services, personal growth, retaining staff, and organizational improvement (Burgio et al., 2001; Stone et al., 2007). Hence, implementing a program is clearly beneficial by helping to address issues of diversity, assisting miscellaneous populations by fully integrating them into the organization, and by providing staffing opportunities and capacities (Dixon, 2001).

### 2.3 Process

*Process* in SD aims to structure continuous improvement of the *people* and *program* in an organization. Dixon (2001) states that all the staff in an organization would participate in an on-going *process* of SD in achieving particular organizational missions. Hence, *process* in SD is the effectiveness of improvement in staff and organization that affects the interpretation of job requirements, relationship between colleagues, and perspectives in the methods of working that leads to satisfaction. Satisfaction is important because it is posited as a main component of overall job satisfaction, job performance, and retention of nursing staff (Noelker et al., 2006).
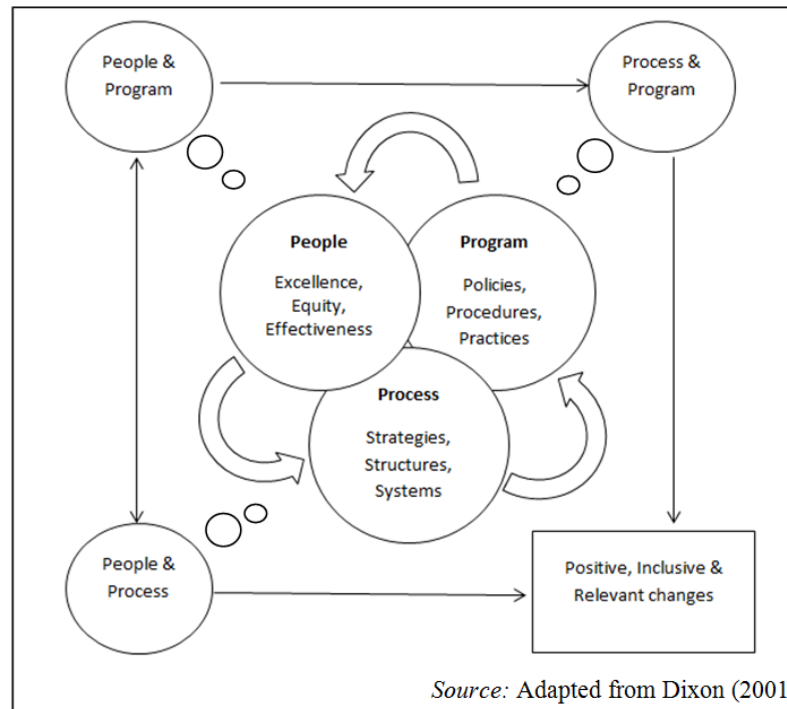
*Source:* Adapted from Dixon (2001)

Figure 1: ESP (Equity-Sensitive Perspectives): A Model for Managing Change

## 3. Research Methodology

This study is conducted using Expert Interviews (EI) with five Nursing Homes (NHs) via purposive sampling. Purposive sampling reflects the five NHs that participated in developing the Staff Development Framework. The data gathered from the EI are analyzed using Content Analysis (CA). CA is a vital and powerful tool in analyzing qualitative research that has a systematic technique and collates valid inferences from texts into fewer categories and themes (Babbie, 2007; Krippendorff, 2004; Saldana, 2009; Stemler, 2001; Wilkinson & Birmingham, 2003).

In employing CA, all the interview transcripts from the EI are carefully considered in obtaining a sense of the whole data. The respondents' responses are extracted and presented as a table, which constitutes the unit of analysis. The table is divided into "Respondent Identifier", "Interview Text", "Interpretation of the Underlying Meaning", and "Descriptive Codes" (Refer to Tables 1 and 2). "Respondent Identifier" refers to the five NHs that have participated in the study, which are coded as "NH1 for Nursing Home 1"; "NH2 for Nursing Home 2"; "NH3 for Nursing Home 3"; "NH4 for Nursing Home 4"; and "NH5 for Nursing Home 5".

Since the context of the insights of the five NHs will be complex and complicated to understand, the meaning of the "Interview Texts" are condensed into an "Interpretation of the Underlying Meaning" that will be summarized and manifested in the content of the responses. The condensed "Underlying Meaning of the Interpretation" is seen as a whole and abstracted into "Descriptive Codes". The "Descriptive Codes" are the thread of meaning running through the condensed texts that are encrypted. It will be later used in developing the Staff Development Framework.

## 4. Data Analysis

This section represents the findings of the "Current Staff Development Model" for five NHs (refer to Table 1) and "Developing Staff Development Framework" (refer to Table 2). As mentioned earlier in the section for method, the responses from the EI are summarized into one table and divided into "Respondent Identifier", "Interview Text", "Interpretation of the Underlying Meaning", and "Descriptive Code".

Table 1 indicates the Content Analysis for the Expert Interviews of Current Staff Development Model in this study. All responses for the "Current Staff Development Model" are placed under the "Interview Text" section. It is later condensed into "Interpretation of the Underlying Meaning" in order to summaries the points. The "Descriptive codes" are coded based on the "Interpretation of the Underlying Meaning" that implicitly explain the conversion of people, program, and process in the NHs' "Current Staff Development Model". It consists of people, program, and process. These codes will then be mapped to develop the Staff Development Framework for the study.

Table 2 indicates the Content Analysis for the Expert Interviews in developing the Staff Development Framework. In developing the Staff Development Framework (SDF) for Nursing Homes (NHs), Dixon's (2001) Equity-Sensitive Perspective (ESP): A Model for Managing Change, is employed, explained, and elaborated for the five NHs in order to provide understanding of the research. The respondents provide insights in developing Staff Development Framework that explain the factors of people, program, and process. In addition, the respondents also provide suggestions such as "government fund" and "rewards incentive" to be included in the SDF. "The government fund" is coded as "funds" and "rewards incentive" is coded as "Rewards". These two contributing elements are also included in the SDF–NHs.

The results indicate that the Staff Development Framework is integrated into: (a) people; the development of knowledge and skills of nurses; (b) program; training programs for quality services; and (c) process; the structure for continuous improvement in the Nursing Homes. Suggestions such as "funds" and "rewards" with financial incentives from the government are also proposed to be included in the Staff Development Framework.

Table 1: Content Analysis for the Expert Interviews - Current Staff Development Model

| Respondent Identifier | Interview Text | Interpretation of the Underlying Meaning | Descriptive Codes |
|---|---|---|---|
| Nursing Home$_1$ (NH$_1$) | Actually, we don't have any specific model for Staff Development but we have our own model. The model is more focused on the training and development for our staff. Training is very important for our staff because it is not easy to handle and serve the old folks and most of them need a lot of attention. Regarding that, we keep doing training that is handled by our management team to make sure that our staff really perform their task well. For example, we provide training for staff in terms of managing the old folks like providing their daily necessities such as food, medicine, and activities. As for the | NH$_1$ does not have a specific model for Staff Development, but has itsown model.<br>The current model focuses on:<br>i. People<br> - Staff go for training to improve their performance and<br>  knowledge.<br>ii. Programme<br> - Training programmes such as practice in preparing food<br>  for the elderly, planning elderly activities, and giving<br>  medicine for the elderly.<br>iii. Process | People<br><br><br>Programme<br><br><br>Process |

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| | doctors, we provide the medical equipment and facilities in our nursing home similar to hospitals, so that they can easily treat the old folks daily to ensure that their health condition is good.<br><br>For the time being, the current staff development model works as what the management team has planned but we keep on improving our model in future to suit the current requirement in our nursing home. | - Series of staff training for the needs of thenursing home. | |
| Nursing Home₂ (NH₂) | The staff development model, actually does not focus on it because our organisation is more focused on providing good services especially in treating and taking care of the old folks here.<br><br>The current staff development model works because we have trained nurses and we believe that there is no problem in developing them. As mentioned earlier, before we recruit them (staff), we analysed (screen and select carefully) their qualification and skill to meet our current model practices. | $NH_2$ does have a model for Staff Development.<br> The model focuses on:<br>i. People<br>  - Selection and recruiting staff based on qualifications and<br>  skills.<br>ii. Programme<br>  - Training programme such as practises in preparing the<br>  hospitality for the elderly.<br>iii. Process<br>  - Focuses on the services offered tothe elderly. | People<br><br><br>Programme<br><br><br>Process |
| Nursing Home₃ (NH₃) | Actually, we don't have any specific practise model but in terms of hiring the staff, we are very particular in selecting a person to be our staff and nurses because as we know, not all the people (staff) have the skills in nursing home and old folk's management. To develop our staff here, we provide a training session by the management that has a lot of experience, so that our staff and nurse can adapt themselves with the surroundings. In addition, to keep our staff and nurses more motivated in performing their tasks, we have given an annual incentive and salary increment in order to reward them. Besides that, we also practice a job rotation basis as our practice among the staff and nurses, so that they will not feel bored and keep learning new knowledge and skill. Thus, it can enhance their motivation level.<br><br>The current staff development model works especially on job rotation practice. | $NH_3$ does not have a specific model for Staff Development, however it practises the development of:<br>i. People<br>  - Hiring and selecting staff based on skills.<br>ii. Programme<br>  - Training programme by experienced nursing home<br>  operators.<br>  - Job rotation for learning new knowledge and skills,<br>  and enhancing the motivation level.<br>iii. Process<br>  - Focuses on staff recruitment. | People<br><br><br><br>Programme<br><br><br><br>Process |
| Nursing Home₄ (NH₄) | We have the Shalom Health Care Centre Model and it is one of the continuous development models in teaching, training, and nursing. We offer essential, practical courses and nursing care to our staff that have a lot to contribute from their experiences.<br><br>Shalom Health Care Centre Model works especially on practical courses. | $NH_4$ has the Shalom Health Care Centre Model.<br>This Model includes:<br>i. People<br>  - Essential practical courses for the staff from<br>  experienced staff.<br>ii. Programme<br>  - Teaching, training, and nursing programme by<br>  experienced nursing staff. | People<br><br><br>Programme<br><br><br>Process |

| | | iii. Process<br>  - Series of continuousdevelopment. | |
|---|---|---|---|
| Nursing Home$_5$ (NH$_5$) | In terms of staff development, here we practise the concept that "Nursing is a Patient Care", so we train our nurses and staff by doing practical training such as exposure to determine, the right medical way in treating and handling old folks here. Actually, turnover in our nursing home is quite high because some of them are not having an enthusiasm and patiencein working in this section especially for young and fresh graduate people with qualifications in the nursing area. We highlight here that our nursing home practises a business concept not a hospital concept because here the old people have the freedom to enter and discharge according to their needs.<br><br>In general, the current staff development model is sometimes not working well as it does not get full support from the government in the operation of nursing home. It depends completely on itsown finances. Besides that, they realise that this nursing home cannot retain their staff especially "local people" that we hire because they cannot adapt with our environment. Thus, here, most of our staff arenot from Malaysia and they are foreigners. | NH$_5$ Staff Development - Nursing is a Patient Care.<br>The practice concept includes:<br>i. People<br>  - Practical training for the staff who are qualified, young,<br>  and fresh graduates.<br>ii. Programme<br>  - Practical training for services in nursing home.<br>  - Business concept – elderly is the client.<br>iii. Process<br>  - Series of practical training. | People<br><br>Programme<br><br>Process |

Table 2: Content Analysis for the Expert Interviews – Developing a Staff Development Framework

| Respondent Identifier | Interview Text | Interpretation of the Underlying Meaning | Descriptive Codes |
|---|---|---|---|
| Nursing Home$_1$ (NH$_1$) | We understand the model proposed by your team and as for us, we can say that our model is quite similar with your model because we hire aqualified person to be our staff and we continuously provide training for them. Personally, we don't send our staff to join training programmes outside for example with the Ministry of Health, since it is a private organisation. We don't have much finance to support for it. Due to that reason, we do training given by our own management team. For instance, we have training in one room with white board and marker pen. In addition, our nurses work 24 hours. The nurses look after individuals who have health needs. Besides that, our nursing home has qualified and committed nurturing groups in an environment uncommonly acclimatisedto every resident's requirements. Each care plan reflects an individual's strengths, interests and physical and emotional abilities. Moreover, | NH$_1$hasquite a similar model to the Dixon Staff Development Model. Therefore, NH$_1$ provided insights on developing Staff Development Model on:<br>i. People<br>  - Hiring qualified staff.<br>ii. Programme<br>  - Training programmes given by their own management of<br>  NH.<br>iii. Process<br>  - Focused on the care services that are provided for the<br>  elderly.<br>iv. Fund<br>  - Needs funding from the government to undertake social<br>  responsibility for the nation. | People<br><br>Programme<br><br>Process<br><br>Fund |

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| | our nurses concentrate on conveying kindness, to the elderly like taking care of their own loved ones.<br><br>As for the suggestion, we hope that even though our nursing home is a private body, our mission is one where we support social responsibility programme by the government. Thus, for that reason, we still need more funds for it. Now, we just get funds from charity and contribution by individuals and private body personally. Therefore, we hope that the government provides concern to us so that our management can be strong in future. | | |
| Nursing Home₂ (NH₂) | Thank you for explaining to me about the model proposed by your team. If we refer to your explanation, we can say that we only focus on theprocess of working programmesindeveloping our staff skills and knowledge. Here, I suggest it is better if you can also put rewards as one of the element in the development (of staff) because in this nursing home, we also motivate our staff by giving them an increment of salary, benefits, and bonus to encourage them since you know that it is not easy to manage the old folks. | $NH_2$ provided insights on developing Staff Development Model which were:<br>i. People<br> - Staff enhancement skill and knowledge.<br>ii. Programme<br> - Programme of developing skills and knowledge.<br>iii. Process<br> - Focusing on quality of care services for the elderly.<br>iv. Rewards<br> - Rewards as one of the element for the Staff<br> Development Model. | People<br><br>Programme<br><br>Process<br><br>Rewards |
| Nursing Home₃ (NH₃) | I am not familiar with academic study but I understand about your explanation about this model. Actually all the factors that are stated by you before this is relevant in terms of enhancing the staff development but here I suggest maybe the government can support by providing funds and related nursing programmes to all staff and nurses in any private nursing homes in Malaysia that can help us in future. | $NH_3$ agrees that Staff Development is a systematic process of assessment, development, and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence. It focuses on people, programme, and process in the context of institutional change.<br>Fund – Needs government support in providing funds and training programmes. | People<br><br>Programme<br><br>Process<br>Fund |
| Nursing Home₄ (NH₄) | My suggestion here is thatit is better if you can add practical courses in your model such as what we practise in this nursing home. It is evidently, very effective forour establishment since we only get three (3) students to take care and handle ten (10) residents here. Thus, it is very important to retain our staff motivation and their skills development. | $NH_4$ provided insights on:<br>i. People<br> - Practical courses for the staff.<br>ii. Programme<br> - Staff motivation and skill development.<br>iii. Process<br> - Series of continuous development in retaining staff<br> motivation and skills development. | People<br><br>Programme<br><br>Process |

| Nursing Home$_5$ (NH$_5$) | Since this nursing home is private and independent, I really hope that the government at least support and provide financial aid for this nursing home. It will enhance the staff skills and knowledge. Based on the model explained, it is better to give rewards or financial incentives so that it is more effective in maintaining and creating good attitude, motivation, and skills for the staff in any private nursing home in Malaysia.<br><br>In addition, it is suggested that the government also supports private nursing homes. | NH$_5$ provided insights on:<br>i. People<br>- Government fund for enhancement of staff skills, knowledge, attitude, and motivation.<br>ii. Programme<br>- Government fund and rewards for enhancement programme and retaining staff's quality of services.<br>iii. Process<br>- A series of government support in terms offunds and rewards. | People<br>Fund<br><br><br>Programme<br>Fund<br>Rewards<br><br><br>Process<br>Fund<br>Rewards |
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## 5. Discussion and Conclusion

Various thoughts and views have been collected during the EI in developing the Staff Development Framework for Nursing Homes (SDF-NH). Moreover, expert views and useful insights have been established for SDF–NH for organisational effectiveness.

*People* - This study showed the findings that people have been mentioned by all five NHs. Consequently, Castle and Anderson (2011); Collier and Harrington (2008); and Milisen et al. (2001) have stressed that people play a key role in the quality of care in the NHs. Majority of the respondents reiterated that recruitment of qualified staff is vital for the SDF-NH. Furthermore, the respondents stated that developing people's attitude, skills, and knowledge is vital for the quality of services in the NHs. This statement is also in line with Omar et al.'s (2014) observation.

*Programme* - The main objective of the SDF-NH is to enhance the work performance of NHs' employees through various programmes. The responses of five NHs indicated that teaching, practical training, job rotation, and motivation programmes help the staff to develop positive attitudes, skills, knowledge, and increase job satisfaction. Hence, various programmes conducted by the NHs help to retain the staff and to establishorganisational improvement (Burgio et al., 2001; Harrington et al., 2000; Stone et al., 2007).

*Process* - Process in the SDF-NH assists in the staff's continuous improvement in attaining new skills, and knowledge, and in increasing the quality of care andservices in the NHs. Therefore, the effectiveness of strategies, structure, and system of the process helps to overcome the issues of staff turnover due to workload and lack of organisational supervision (Ferell, 1995; Harrington et al., 2000; Stein, 2001; Herr, 2002; Flinkman et al., 2008; Leiter et al., 2009; Meeusen et al., 2011; Woodhead et al., 2014; Fujiwara et al., 2003; Noelker et al., 2006).

*Funds and Rewards* - The literature statesthat there are external factors that contribute to the nurses' turnover (Camerino et al., 2008; Brewer et al., 2009). Due to this, majority of the NHs suggested that funds and incentives have to be included in the SDF-NH. According to the NHs, government funds can assist the NHs in developing the training programmes for the staff. On the other hand, rewards are fundamental in retaining the staff and as an incentive forjob satisfaction. Furthermore, scholars such as Estryn-Behar et al.

(2007) and Chan et al. (2009) asserted that job satisfaction with pay and benefits influence the nurses' turnover.

From the discussion above, the study concludes that the SDF-NH integrates: (a) people, whoare qualified staff, and the development of attitude, skills, knowledge (ASK) and performance for the effectiveness of service delivery; (b) programme, which includes training and motivation, practical courses, and job rotation as training; (c) process, which is the strategy of continuous improvement of people and programme in the NHs; (d)funds, which are government financial support to assist the NHs; and (e) rewards, which are one of the incentives to retain the staff's services.

Staff Development is widely used for organisational effectiveness in delivering services. The study aimedto develop a Staff Development Framework in Nursing Homes (SDF-NH) in Malaysia to improve staff and organisational effectiveness. The SDF-NH has integrated people, programme, process, funds, and rewards in the context of institutional change. It is hoped that this framework is undertaken by the NH operators in enhancing the service delivery for the elderly in Malaysia. It is suggested that the quantitative method is included and the number of respondents to be added for future studies.

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