

Intrinsic Factors that Influence Retention among Nursing Assistants

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Overview

- **Aging Population**
 - By 2040, it is expected that 21.7% of the population will be 65+
- **Need for Long-term Care (LTC)**
 - The lifetime probability of becoming disabled in at least two activities of daily living, or of being cognitively impaired, is 68% for people age 65+
 - Every year nearly 8 million people receive supportive LTC services
 - Over 1 million older adults utilize SNF with 13% of individuals 85 and older relying on SNF for their care
 - Nursing assistants make up 72% of the direct care workforce in skilled nursing facilities (SNFs)
 - 40 % of all nursing assistants work within skilled nursing facilities (SNFs)
 - Anticipated 21% increased in need by the year 2030

(Administration on Aging, 2013; CDC, 2013; Centers for Medicare and Medicaid Services [CMS], 2013; Family Caregiver Alliance, 2013)



State Tested Nursing Assistants (STNAs)

- **High workload** -- Assist with activities of daily living (ADLs) as well as directed healthcare activities
 - High resident to STNA ratio
 - Shift work
 - Increased job stress
- **Health disparities**- Poor physical and mental health
 - Caregivers in direct care positions felt as though their positions posed emotional and physical strain, which resulted in poor self-reported health outcomes (Ejaz et al. 2008)
 - Job stress is associated with coronary heart disease, high blood pressure, musculoskeletal disorders, lifestyle cancer risks, and psychosomatic symptoms (Liang et al., 2014).
- **Low Wage**- 1 in 3 report an annual income less than \$20,000
 - Limited benefit offerings
 - Limited upward mobility



Turnover vs. Retention

- High turnover & low retention of STNAs in SNFs
 - 45%-100% turnover rates
 - Higher in for-profit facilities which comprise 69% of SNFs (Bureau of Labor Statistics, U.S. Department of Labor, 2014 Ejaz et al., 2008;
- Despite the similar negative impacts on facilities, residents, and staff, research has suggested that **the reasons for low retention and high turnover are causally distinct** (Brown et al., 2014; Mittal et al., 2009)
- Retention of STNAs in their job is examined through research on intent to stay.(Liang, Hsieh, Lin, and Chen,2014; Mawn et al., 2010; Tak et al., 2010; Zhang, Punnett, and Nannini, 2016)



Selected Research: Intent to Stay

- Despite the low pay, limited tangible rewards, and health risks (extrinsic factors), the positive aspects of interpersonal relationships (intrinsic factors) in the workplace contribute to intent to stay (Thomas, Mor, Tyler, & Hyer, 2012).
- Organizations who foster an environment where employees are experiencing basic psychological need fulfillment can experience benefits including:
 - 1) Maintenance of desired employee behavior or culture changes
 - 2) Increased effective performance; 3) Increased job satisfaction
 - 4) Positive work related attitudes
 - 5) Psychological adjustment
 - 6) Promotion of employee well-being (Gagne & Deci, 2005).
- Enabling workers to experience intrinsic satisfaction and basic psychological need fulfillment can serve as a foundation for organizational commitment and facilitate intention to stay (Gagne et al., 2008)



Self- Determination Theory and Basic Psychological Needs

- **Basic Psychological Needs (BPN)**- The needs of autonomy, relatedness, and competence. Fulfillment of one's basic psychological needs facilitates healthy development, engagement in tasks, motivation, and well-being.
- **Autonomy** – Is one's ability to experience “self-rule” actions that are self-initiated and self-regulated in relationship with one's goals.
- **Relatedness**- Is a sense of belonging and feeling significant in the eyes of others, not according to position or status, or feeling connected to others.
- **Competence**- is the experience of mastery, challenge and engagement in the activities that may serve to broaden one's capacities or one's behavior.



Aims

- While extensive research, investigating job satisfaction among STNAs exists; the work has failed to investigate the deeper psychological underpinnings of nursing assistant motivation
- The specific aims of the project were to:
 - **Aim 1**: Describe the intrinsic factors including psychosocial stressors that influence job retention among nursing assistants in for-profit skilled nursing facilities.
 - **Aim 2**: Examine the relationships among intrinsic factors that influence nursing assistants' intention to stay in their position at for-profit skilled nursing facilities.
 - **Aim 3**: Identify intrinsic factors that significantly influence nursing assistants' intention to stay in their positions at for-profit skilled nursing facilities.

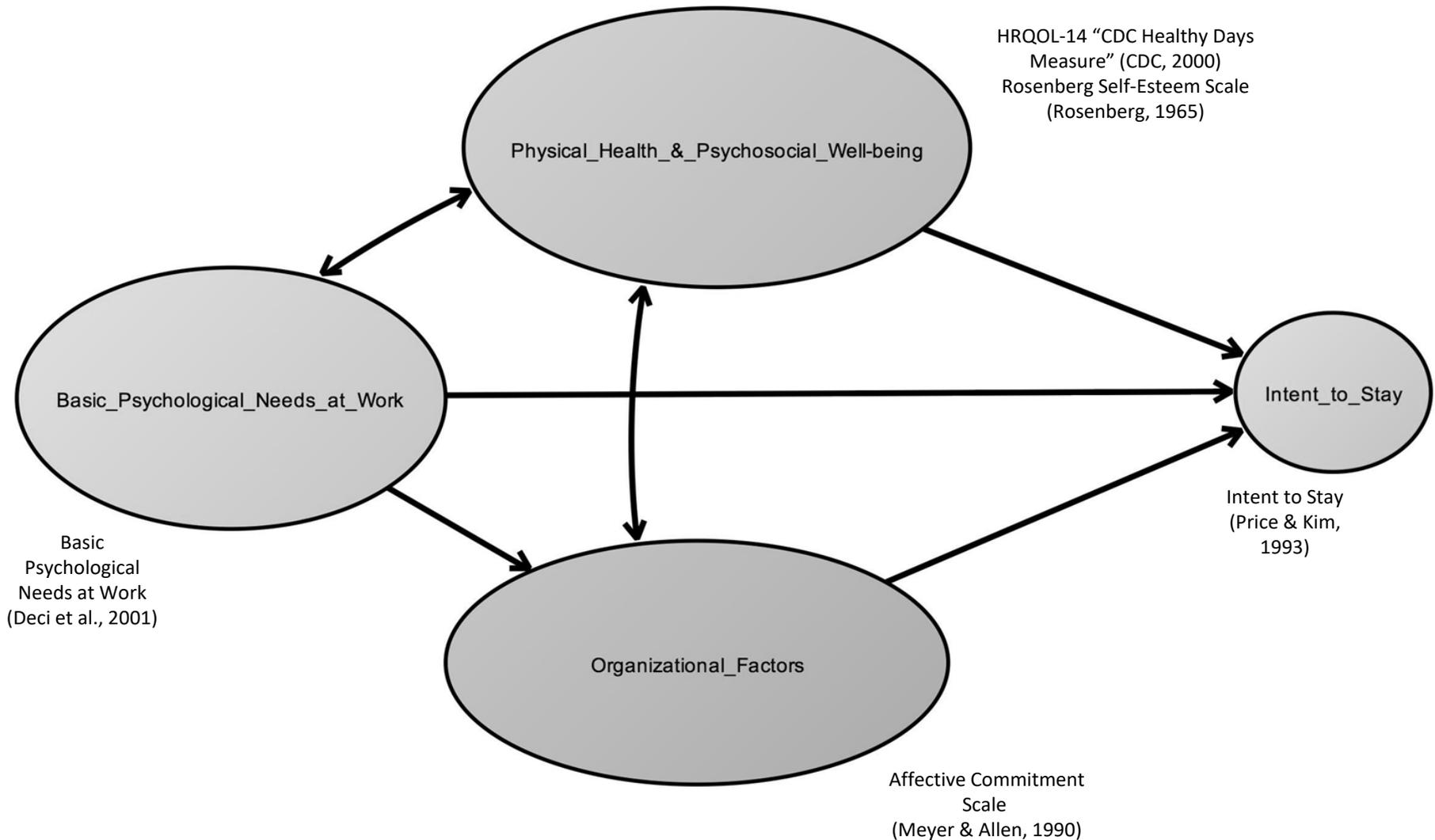


NORA Priority Areas

- Health Care and Social Assistance
 - Cross Sector Program
 - Work Design and Well Being
 - Total Worker Health
 - Strategic Goal 1: Improve the health and safety of working people through research and surveillance to better understand work organization exposures and their associations with health and safety outcomes.
- Work Organization and Stress Related Disorders
 - Strategic Goal 1: Advance and conduct etiologic, surveillance, and intervention research that builds the evidence base for effectively integrating protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being.



Proposed Conceptual Model



Phase I Study Design

Aim 1: Describe the intrinsic factors including psychosocial stressors that influence job retention among nursing assistants in for-profit skilled nursing facilities

- Qualitative semi-structured interviews
- Data analysis
 - Existing framework for qualitative analysis- theme and coding scheme based on interview data (Morgan, 1997)
- Inclusion/Exclusion Criteria
 - NA for > 1 year, employed at for-profit SNF, no restrictions due to neglect or abuse on their certifications, 18 +, able to understand English
- Participants
 - 10 participants recruited from 6 for-profit skilled nursing facilities in NW Ohio



Findings

- Participants were primarily white (n=5) with an average age of 38.
- Eight themes emerged from the data:
 - **Supportive themes**
 1. Having work related confidence
 2. Experiencing positive caring relationships
 3. Feeling workplace appreciation
 4. Willing to go above and beyond
 - **Threatening themes**
 1. Seeking career advancement
 2. Experiencing difficulty providing patient centered care
 3. Feeling unsupported by supervisors
 4. Being frustrated with limited teamwork



Results: Supportive Themes

- **1. Having work-related confidence (Competence)**
 - *“I've learned a lot on the job, just about different diseases they have and what they're feeling. [I'm] Pretty confident. I trust myself.”*
 - *“I've been an aide for four years, so pretty much, even if I don't know specifically something, I kind of already have an idea, or I know where to find information I need, so usually I'm pretty confident. “*
 - *You just learn so much more as you interact with them [patients] on a day-to-day basis...The more you do something, the more comfortable you become with it.”*
- **2. Experiencing positive caring relationships (Relatedness)**
 - *“Seeing them smile and just making their quality of life better.”*
 - *“I would say when the patients are happy, if I can do something special for them; go out of my way to make them happy.”*



- **3. Feeling workplace appreciation (Competence)**

- *“Almost every day to be honest with you because I have people that, either my co-workers compliment me or the people that I work for. Just saying that, “Thank you for helping me with this and thank you for being there.”*

- **4. Willing to go above and beyond (Relatedness)**

- *“I had a patient who was a Holocaust survivor, and so she only spoke broken German, a couple words of English, and I worked third shift and every night- not every night- a lot of nights, she would get really scared when the lights went out. She would sometimes barricade herself in her room and one thing I did ... I was able to translate just some basic English statements that I needed to have reassure her into German, and I just carried cards in my pocket of my scrubs that I could just pull out ...So when I felt like she needed to hear something...I was ready”*



Results: Threatening Themes

- **1. Seeking career advancement (Competence)**
 - *“I would like to have my RN degree, then get my Master's so doing it in stair steps. I see myself being a registered nurse and, hopefully, living somewhere warm.”*
 - *“ I would like to run my own care home for older adults.”*
- **2. Experiencing difficulty providing patient centered care (Relatedness)**
 - *“The job that I'm at now, initially we said that our ratio would be between one to eight or one to ten. There's a lot of other responsibilities along with charting for 18 people is a lot of work for one person.”*
 - *“I don't like it when we're short of help. That is hard because you have 20-25 residents and that just doesn't give enough time.”*



- **4. Feeling unsupported by supervisors (Relatedness/Competence)**
 - *“The nurses, sometimes you get that feeling of you're low on the totem pole or you're not as important, so they don't really talk to you unless they need something. “*
 - *“ They usually are training and educating us to fit their standards and that's usually when I'm talking to them. Or if something's not getting done, which is very annoying, because I only see them when there's a problem.”*
- **3. Being frustrated with limited teamwork (Relatedness)**
 - *“In a facility setting, what makes it hard is when you don't have team players.”*
 - *“Sometimes they see that call light go off and, “Hey, that ain't my hall,” so they go the other way... “*



Phase II Study Design

- Based on Phase 1 – added Organizational Citizenship Behavior Checklist (Robinson & Morrison, 1995) to model
- **Aim 2**: Examine the relationships among intrinsic factors that influence nursing assistants' intention to stay in their position at for-profit skilled nursing facilities.
- **Aim 3**: Identify intrinsic factors that significantly influence nursing assistants' intention to stay in their positions at for-profit skilled nursing facilities.
- Quantitative- Cross-sectional survey of NAs
- Data Analysis-
 - SEM (MPLUS) - ability to make inferences about model fit was impacted by small sample size
- Inclusion/Exclusion
 - NA for > 1 year, employed at for-profit SNF, no restrictions due to neglect or abuse on their certifications, 18 +, able to understand English, must be featured on the Ohio Department of Health Nurse Aide Registry



Phase II- Results

- Sample (n=32) consisted of primarily white (78.1 %) women (81.3%) with the majority of respondents identifying their age between 25-34, which is similar to the National Nursing Assistant Survey (NNAS)
- Ability to make inferences about the model fit using SEM was impacted by small sample size
- Simple Linear Regression-Significant predictors of Intent to Stay
 - Autonomy ($R^2=.317$, p-value =.001)
 - Competence ($R^2= .118$, p-value=.054)*
 - Anxious days ($R^2 = .134$, p-value=.039)
- Multiple Linear Regression- (DV= Intent to Stay)
 - Model 1 (Autonomy, Competence, Anxious Days)
 - Autonomy was the only significant predictor in model



Limitations

- This research is delimited to nursing assistants in the state of Ohio
- Differences between participants and non-participants
- Self-reported experiences
- Low response rate
- Small sample size for SEM



Implications for Practice

- Differences between Qualitative and Quantitative
 - Autonomy in direct care
 - Lower autonomy experiences identified with general workplace questions
- How can facilities improve the experiences of autonomy to potentially increase intent to stay and retention?
 - Enable STNA involvement in other patient care and decision making activities:
 - Care conferences
 - Staff meetings
 - Development of career goals



Future Research

- Qualitative – Investigate the concept of autonomy
- Larger grant funding (e.g. NIH) test proposed model with SEM
 - Larger sample
 - Alternative recruitment strategies

References

Administration on Aging (2013) Aging Statistics. Retrieved from http://www.aoa.gov/Aging_Statistics/Profile/2013/docs/2013_Profile.pdf

Barile, J., Reeve, B., Zack, M., Mitchell, S., Kobau R., Cella, D., Luncheon, C., Wilder Smith, A., & Thompson, W. (2013). Monitoring Population Health for Healthy People 2020: Psychometric Properties of the NIH PROMIS Global Health, CDC Healthy Days and Satisfaction with Life Instruments. *Quality of Life Research* 2013; 22:1201-11. doi: 10.1007/s11136-012-0246-z.

Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2014-15 Edition, Nursing Assistants and Orderlies, on the Internet at <http://www.bls.gov/ooh/healthcare/nursing-assistants.htm> (visited September 28, 2015).

Di Domenico, S. I., & Fournier, M. A. (2014). Socioeconomic status, income inequality, and health complaints: A basic psychological needs perspective. *Social indicators research*, 119(3), 1679-1697.

Ejaz, F.K., Noelker, L.S., Menne, H.L., & Bagaka J.G. (2008). The impact of stress and support on direct care workers' job satisfaction. *The Gerontologist*, 48(1), 60-70.

Gagné, M., Chemolli, E., Forest, J., & Koestner, R. (2008). The temporal relations between work motivation and organizational commitment. *Psychologica Belgica*, 48(2-3), 219-241.

Gray, M., Shadden, B., Henry, J., Di Brezzo, R., Ferguson, A., & Fort, I. (2016). Meaning making in long-term care: what do certified nursing assistants think?. *Nursing inquiry*, 2-9, doi: 10.1111/nin.12137

Kusamaul, N., & Bunting, M. (2016). Perspectives on caregiving: A qualitative evaluation of certified nursing assistants. *Geriatric Nursing*, xx, 1-6, doi: 10.1016/k.gerinurse.2016.09.004

Liang, Y., Hsieh, Y., Lin, Y., & Chen, W. (2014). The impact of job stressors on health-related quality of life of nursing assistants in long-term care settings. *Geriatric Nursing*, 35, 114-119.

Morgan, B., Siqueira, E., Koren, A., Slatin, C., Devereaux Melillo, K., Pearce, C., & Hoff, L.A. (2010). Health disparities among health care workers. *Qualitative Health Research*, 20(1), 68-80. doi: 10.1177/1049732309355590.



Mittal, V., Rosen, J., Leana, C. (2009). A dual-driver model of retention and turnover in the direct care workforce. *The Gerontologist*, 49(5), 623-634.

Morgan, D.L. (1997). Focus groups as qualitative research. *Qualitative Research Methods Series*, 2nd Edition, 16.

Ng, J. Y., Ntoumanis, N., Thøgersen-Ntoumani, C., Deci, E. L., Ryan, R. M., Duda, J. L., & Williams, G. C. (2012). Self-determination theory applied to health contexts a meta-analysis. *Perspectives on Psychological Science*, 7(4), 325-340.

Probst, J., Baek, J., & Laditka, S. (2010). The relationship between workplace environment and job satisfaction among nursing assistants: Findings from a national survey. *Journal of the American Medical Directors Association*, 11, 246-252.

Rosen, J., Stiehl, E.M., Mittal, V., & Leana, C. R. (2011). Stayers, leavers, and switchers among certified nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist*, 51(5), 597-609. doi: 10.1093/geront/gnr025

Rubin, G., Balaji, R., & Barcikowski, R. (2009). Barriers to nurse/nursing aide communication: The search for collegiality in a southeast Ohio nursing home. *Journal of Nursing Management*, 17, 822-832.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78. doi: 10.1037//0003-066x.55.1.68

Tak, S., Alterman, T., Baron, S., & Calvert, G.M. (2010) Racial and Ethnic disparities in work related injuries and socio-economic resources among nursing assistants employed in US nursing homes. *American Journal of Industrial Medicine*, 53, 951-959.

Trybou, J., De Pourcq, K., Paeshuyse, M., & Gemmell, P. (2014). The importance of social exchange to nurses and nurse assistants: Impact on retention factors. *Journal of Nursing Management*, 22, 563-571. doi: 10.1111/jonm.12039

United States Census Bureau (2017) American Community Survey Questionnaire Archive: 2017 American Community Survey. Retrieved from <http://www2.census.gov/programssurveys/acs/methodology/questionnaires/2017/quest17.pdf>

Weiner, J., Anderson, W., Khatusky, G., & Squillace, M. (2009). Why do they stay? Job tenure among certified nursing assistants in nursing homes. Office of disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Zhang, Y., Punnett, L., & Nannini, A. (2016). Work-family conflict, sleep, and mental health of nursing assistants working in nursing homes. *Workplace Health and Safety*, 1-9, doi: 10.1177/2165079916665397.

Zhang, Y., Punnett, L., Gore, R., & CPH-NEW Research Team. (2014). Relationships among employees' working conditions, mental health, and intention to leave in nursing homes. *Journal of Applied Gerontology*, 33 (1), 6-23.



Questions

