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Direct Care Workers and Influential Factors

By

Michelle Ryan

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Masters of Science

In

Aging Studies

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Direct Care Workers and Influential Factors

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Masters of Science, Aging Studies

Minnesota State University, Mankato MN

2015

Abstract: The shortage of direct care workers will continue to influence the quality of care that the elderly population will receive. With the projected increase of worker shortages there will be not enough direct care workers to take care of the growing elderly population. With the baby boomer population's need for long term care, the need for qualified staff is also growing. Staff training development and consistent staffing, along with employee friendly benefits and policies will be needed to recruit and retain employees. The growing aging population, along with the increase in demand for quality care drives a need to find a solution to the staffing challenges in long term care. This study uses a mixed method of survey questions and a follow up interview. The findings show that direct care long term workers value consistent staffing, consistent residents and policy and benefits are the largest influential factor in retaining employment in their field.

Table of Contents

Abstract

Chapter 1: Introduction

Study Background	8
Statement of purpose	10
Significance of problem	11
Research questions	13
Limitations	13
Delimitations	14
Assumptions	14
Definition of terms	15

Chapter 2 Literature Review

Long term care staffing literature review	18
Staffing policies	21
Quality of care	23
Facility policies and employment benefits	24

Chapter 3 Methodology	
Research Design	27
Data collection instrument: Written Survey	28
Subjection Selection	28
Data collection procedure	29
Data processing and analysis	30
Chapter 4 Findings and Analysis	
Findings: Participant demographics	30
Findings: Quality of care	33
Findings: Staffing	37
Findings: Ranking of most important	41
Chapter 5 Discussion, Conclusions and Recommendations	
References	48
Appendix	54

List of Tables

4.1	Number of Years at Current Job	32
4.2	Quality of Care	33
4.3	Job Satisfaction Ranking	35
4.4	Lack of Staff	37
4.5	Leadership	38
4.6	Competitive Pay	39
4.7	Health Insurance	40
4.8	Mandatory Overtime	41
4.9	Ranking of Influential Factors	42
4.10	Sample of Interview Answers	44

Direct Care Workers and Influential Factors

Michelle Ryan

This thesis has been examined and approved by the following members of the student's committee.

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Chapter 1

Introduction

Long term care facilities and the staff who are responsible for taking care of the elderly are an intricate part of society. Direct care staff are responsible for ensuring the safety and well-being for our nation's loved ones. Long term care facilities are often chosen places that are necessary to keep our loved ones safe and happy because they are not able to care for themselves. Aging can be a difficult journey that requires patience, understanding and trust by everyone involved, including clients, families and caregivers. Families need to feel secure with the quality of care provided to their loved ones. Long term care facilities and the staff are entrusted with the task of providing quality care. These facilities are places where people who are in the midst of life changing situations place their trust in staff to care for their mental and physical well-being.

With the increased demand by the baby boomer generation for long term care options in the United States it is projected that there will be a lack of qualified staff to take care of the elder population. The number of older adults using paid home care and nursing home care will more than double between 2000 and 2040 (Johnson, Toohey, & Wiener, 2007). Prospects for the boomer generation are more mixed. The baby boomers, those born between 1946 and 1964, are unlike preceding generations. They are typically better educated, more technologically aware, more physically active, have shorter attention spans and have higher expectations than previous generations. Baby boomers are more demanding than the relatively quiet and mostly compliant populations that have

historically dominated long term care settings. Their expectations and comorbidities will increase the need for competent, well trained direct care workers (Richman, 2012). The ability of direct care workers to take care of the growing population will be challenged. Similarly, the ability to recruit and retain qualified employees will challenge the long term care system. Without enough direct care workers in long term care, there will be a lack of qualified staff. This will test the ability of direct care workers to provide a high standard of care.

It is estimated that 90% of work in skilled nursing facilities is provided by certified nursing assistants, (Bowers, 2003). Staffing retention and turnover rates have been in crisis proportion in nursing homes for decades (Mass, Specht, Buckwalter, Gittler, & Bechen, 2008). There are estimates of turnover rates for nursing assistants (NA) working in nursing homes range from 45 percent to 105 percent, depending on the source (Stone & Wiener 2001).

One of long term care's greatest challenges is staffing long term care facilities. The care they provide is intimate, personal and both physically and emotionally challenging. Direct care staff are on the frontlines of providing care to the growing elderly population's safety and well-being. These workers are the eyes and ears of the residents' care team. Low wages, lack of benefits, heavy workloads, difficult working conditions, feeling undervalued by employers and lack of education all contribute to staff recruitment and retention (Lehning, 2009). Most entry level direct care workers in long term care are relatively disadvantaged economically and have low education levels.

While these direct care workers are engaged in physically and emotionally demanding work, they are among the lowest paid in the service industry, making little more than the minimum wage (Stone & Wiener 2001).

Statement of the problem

The shortage of direct care workers will continue to influence the quality of care that the elderly population will receive. With the projected increase of worker shortages there will be not enough direct care workers to take care of the growing elderly population. With the baby boomer population's need for long term care, the need for qualified staff is also growing. Staff training development and consistent staffing, along with employee friendly benefits and policies will be needed to recruit and retain employees. The growing aging population, along with the increase in demand for quality care drives a need to find a solution to the staffing challenges in long term care.

Staff turnover is costly for long term care. "High rates of staff vacancies and turnover have negative effects on the major stakeholders within the long term care system: providers, consumers and workers" (PI 2000). Labor shortages and high turnover also affect state and federal policy makers. While the exact costs are difficult to measure, the evidence suggests that the price paid by government payers for turnover in long-term care is on the order of roughly \$2.5 billion. The direct cost of turnover per frontline worker is at least \$2,500, based on a conservative working estimate (Seavey 2004).

Labor shortages and high turnover rates also have negative consequences for the consumer. The problems with attracting and retaining direct care workers can contribute to a lack of quality of care, lack of continuity of care and reduced access to care. In order to recruit and retain direct care workers learning what factors are influential to employees is valuable.

Direct care workers employed in facilities with a consistent shortage of staff can experience higher levels of stress and frustration, which can lead to a low quality of care. This can lead to elder abuse, work injuries, fewer mentors and peer support (Stone 2001). Shortages in workers can also lead to an increase in injury and accidents such as back injuries. The direct care workforce continues to rank as one of the most frequently injured employee groups in North America. Injury within the health care workforce is related to high turnover rates, burnout, poor job satisfaction, and leaving the health care workforce permanently, thereby cumulatively contributing to the existing health care workforce shortages, (Stone 2004).

Significance of the problem

Between 2012 and 2050, the United States will experience a large growth in the older population. In 2050, the population aged 65 and older is expected to be 83.7 million. (Ortman, Velkoff, & Hogan, 2014). The elderly population in America is growing in size due to declining death rates, increasing life expectancy, and the aging of the baby boomers. The baby boomers are largely responsible for this increase in the

older population. This will impact the long term care industry in a critical way (Ortman, Velkoff, & Hogan, 2014). The number of competent staff that will be needed in order to care for this growing population will need to grow as well.

In 2030, the first of the baby boomers will turn 85 years old and transition into the period of the life course when the need for care increases. Due to these increases, it is imperative that we understand the implications for new policies and programs to provide care for this population.

Health care costs will undoubtedly increase during the next 30 years partly as a result of the baby boomers entering late life. The economic and social impact of future increase in health care expenditures for the elderly will be significant. Important policy issues will include the continued viability of the Medicare and Social Security programs, needs for long-term care options and improvement of the overall health of the elderly. The issues will have an impact on society as a whole.

The high rates of staff vacancies and turnover also have negative effects on facilities, consumers, and workers. The cost to long term care facilities to replace workers is high and quality of care may suffer (Stone & Wiener 2001). The ability to recruit and retain direct care workers now and in the future is paramount.

There are numerous contributing factors that can influence employees to stay in their current positions. For the purpose of this research, I have identified four leading factors that influence direct care workers. The four factors that I have identified are; 1) staffing, 2) quality of care 3) leadership and 4) facility policy and employment benefits.

The intent of this research is to examine what influential employment factors are valued most by direct care workers.

These findings can have implications for future research in long term care staffing. It will allow for management in long term care facilities to understand the importance and value that employees place on these factors and adjust their policies and procedures accordingly.

Research Questions

This research addressed the following questions:

- 1) What do direct care staff value most at their workplace?
- 2) What are influential factors in retaining long direct care workers?

Limitations

There were limitations to this study. For this study I surveyed and interviewed licensed staff in long term care facilities. The staff included will be registered nurses, licensed practical nurses, trained medical assistants and certified nursing assistants. A limitation to this study was the broad scope of the research topic and respondents' interpretation of the topic. The definition of the terms staffing, quality of care, leadership and benefits are broad and can be subjective. Gaining permission to collect data from

staff at long term care facilities was also a limitation because of the sensitivity of the information as well as privacy and protection for the employees. Direct care workers not willing to participate in the study due to fears of employers finding out their individual answers as well as fear of repercussions was another limitation to the study.

Delimitations

With this study there were also delimitations. Due to time constraints and availability, I only surveyed licensed staff. The location of the study include three long term care facilities in the Twin Cities metropolitan area: 1) Boutwells Landing, Oak Park Heights MN, 2) Golden Living, Excelsior MN and; 3) Folkstone, Wayzata MN.

Assumptions

It was assumed is that competitive pay and benefits would encourage job satisfaction and job retention long term care direct care workers. It was also assumed that effective leadership, strong training and support from management will increase the retention of staff in long term care facilities. A third assumption is that the participants would answer honestly.

Definition of terms

- Absenteeism: Employees missed days of work (Yeatts & Cready, 2007).
- Centers for Medicare and Medicaid Services (CMS): The Centers for Medicare Medicaid Services (CMS), previously known as the Health Care Financing Administration (HCFA), is a federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. In addition to these programs, CMS has other responsibilities, including the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov. (www.cms.gov)
- Long term care facilities: Facilities where vulnerable adults depend on their daily needs being met by others (Davey, Takagi, Sundstrom & Malberg, 2013).
- LPN: Licensed Practical Nurse. The main duties of LPNs are to assess, plan, implement, and evaluate care for clients under their jurisdiction. They provide care to patients at a very personal level and have direct contact with patients on a daily basis. To become an LPN, students must obtain an associate's degree from a community college, technical school, vocational school, or hospital. This program

is usually completed in 1 year and offers a blend of classroom learning with direct hands-on-training in hospitals.

- Nursing Assistant: Nursing assistants must complete a 40 hour course and pass a state exam to obtain the license. Responsibilities include assisting with bathing, dressing, eating and other personal care (Stone, R., & Wiener, J. M. 2001).
- Nursing Home Residents: A population of people who live in long term care facilities due to health issues (Hedayati, Hadi, Mostafavi, Akbarzadeh, & Montazeri, 2014).
- Staffing policies: CMS requires one RN on duty for 8 consecutive hours 7 days a week and one RN and one LPN for the two remaining shifts. The standards require adequate staffing levels to meet the needs of the residents (Harrington, Choinjere, Szebehely, 2012). Nursing facilities that participate in the Medicare and Medicaid program are required to meet federal certification requirements.
- Turnover rate: Turnover is the rate in which staff leave their place of employment. Turnover is total number of staff (measured in fulltime equivalents) who had left employment during the previous 6 months divided by the total number of staff (measured in full-time equivalents) who had been employed during this period (this calculation included all shifts, part-time staff, and voluntary and involuntary turnover) (Castle, 2006).

Chapter 2

Literature Review

With the need for direct long term care staff growing, recruiting, training and retaining staff is crucial. Limited resources in the long term care industry can influence the time, effort and training is needed to retain high quality staff. High staff turnover in nursing homes is a widespread problem. The purpose of this research study is to discover what employment conditions direct long term care workers want and need to stay in their field.

Previous research has shown that a high staff turnover rate affects the quality of care for the residents. Harrington (2000) concluded that evidence of the relationship between more nurse staffing and higher quality outcomes, combined with the evidence of adverse outcomes in nursing homes, indicates that an increase in minimum nurse staffing standards is necessary.

Long term care research is growing in areas of staffing and quality of care. In this literature review, long term care research involving quality of care, staffing and facility policies will be reviewed. Previous research within these three categories will be discussed and how they are relevant to my study.

This literature review begins with research that show trends in long term care staffing. This section continues to explore characteristics direct care long term care staff, reasons why they leave long term care positions and what they value in employment conditions.

The second part of my literature review addresses quality of care in long term care facilities and ways improve the quality of care that is provided by direct care staff. Several studies reviewed indicate that turnover rates are negatively related to quality outcomes in nursing homes. (Anderson, Issel, & McDaniel, 2003).

Next, I address research about measures to improve job satisfaction in long term care. Last, I review literature about policies that direct care long term care workers value most from their employers.

Long term care staffing

While there has been previous research regarding long term care staffing levels and quality of care, few studies have examined the impact of multiple workforce characteristics or what characteristics influence an increase or decrease in quality of care (Harrington and Swan 2003) Knapp and Missiakoulis (1983) and Staw (1980) have reviewed implications of workforce characteristics on quality of care. While long term care issues were not a focus of these studies, the research findings can be applied to long term care staffing issues (Castle & Engberg 2007).

Over the past three decades, concerns regarding the adequacy of the nursing workforce and quality of care in long term care settings have been well documented in literature (Castle, 2008; Collier & Harrington, 2008) Researchers have established a

strong association between job satisfaction and turnover in other health care settings (Irvine & Evans, 1995),

According to Castle and Engberg (2008), few studies have examined the impact of multiple staffing characteristics on quality of care in nursing homes. Harrington and Swan (2003) investigated at both staffing levels and turnover rates in relation to quality outcomes. They found that total nurse and RN staffing hours were negatively associated with nurse staff turnover rates and positively associated with resident case mix. Facilities were resource dependent in that a high proportion of Medicare residents predicted higher staffing hours, and a higher proportion of Medicaid residents predicted lower staffing hours and higher turnover rates. Nursing assistant wages were positively associated with total nurse staffing hours. For-profit facilities and high-occupancy rate facilities had lower total nurse and RN staffing hours. Medicaid reimbursement rates and multifacility organizations were positively associated with RN staffing hours (Harrington & Swan 2003).

According to Castle and Engberg (2007) few studies have examined the impact of multiple staffing characteristics on quality of care in nursing homes. Only one study by Harrington and Swan (2003) used both staffing levels and turnover in examining quality outcomes. Another study by Barry, Brannon, and More (2005) examined the impact of both turnover and stability on quality care outcomes. They found that long term care facilities experiencing low turnover and high retention were associated with lower

pressure ulcer incidence, whereas facilities with high turnover and high retention were associated with higher social engagement scores.

Castle and Engberg (2005) also found a consistent relationship between nursing assistants, licensed practical nurse and registered nurses low turnover rates and higher quality of care. They found a decrease in quality of care associated with increased turnover rates of direct long term care workers.

Due to the increasing interest in, and concern about, the growing aging population and resources in long term care, researchers are examining the problem. Although research about the impact of staffing levels on care outcomes has not always produced uniformly consistent findings, there is a growing body of evidence linking direct care staffing levels to quality of care in nursing homes (Bostick, Rantz, Flesner, & Riggs, 2006; Harrington, Zimmerman et al., 2000; Kim, Kovner, Harrington, Greene, & Mezey, 2009).

The Institute of Medicine in (2001) released a study that emphasized adequate staffing levels as a necessary element, but not the only factor, in quality of care. In 2004 the Institute of Medicine released a study that focused specifically on creating work environments that help to retain employees. The study showed the importance of both orientation programs for new staff and continuing education for existing staff (Stone and Dawson 2008).

Research by Bowers, Esmond and Jacobson (2003) found that direct care workers felt underappreciated. Their research suggests how long term care facilities could change

their staffing and personnel policies to better demonstrate respect and appreciation for employees, which would reduce turnover and enhancing the quality of work and care. Many studies consistently show the positive relationship between higher nurse staffing levels, especially RN staff, and the outcomes of facility nursing care (Aaronson, Zinn, & Rosko, 1994; Bliesmer, Smayling, & Shannon, 1998; Cherry, 1991; Cohen & Dubay, 1990; Cohen & Spector, 1996; Linn, Gurel, & Linn, 1977; Munroe, 1990; Nyman, 1988; Spector & Takada, 1991)

A study of Minnesota nursing facilities found that in the first year after admission to a nursing facility, the licensed nursing hours were related to improved functional ability, increased rates of discharge to home, and the lower likelihood of death (Bliesmer et al., 1998).

Staffing policies

Previous research on policies and benefits in long term care only touch the surface of what is needed in order to understand what is valued by direct care staff. Bowers and colleagues (2003) conducted a study to determine why certified nursing assistants leave, using "grounded dimensional analysis" or in-depth interviews rather than structured interviews or survey instruments. This method allowed selected nursing assistants to express their opinions on why they leave their job and identify factors that influence their decisions. This research confirmed many of the factors previously shown as reasons for turnover, such as dissatisfaction with staffing and absenteeism policies, training and orientation practices, and low wages. However, the data collected revealed that it was the

perception of these policies and practices that made certified nursing assistants feel unappreciated and undervalued, which in turn led to their leaving their positions. In their review of the nursing home literature, Bowers, Esmond, and Jacobson (2003) identified numerous factors as important determinants of staff turnover. These factors included low salaries, few benefits, understaffing, little opportunity for advancement, poor staff-supervisor relations, lack of supervisory respect, lack of acknowledgment for work, and little autonomy and opportunity to contribute to care plans. These factors have also been linked to lower job satisfaction. In particular, a supportive and open relationship between supervisors and nursing aides and participation in decision making were significant predictors of job satisfaction and lower turnover rates (Feldman, 1994).

Quality of Care

In the 1980's, the connection between staffing and quality in long term care facilities became the focus of attention for policymakers and researchers (Bowers, 2000).

The nursing home industry has been plagued by scandals and consumer demands for reform for decades. The Institute of Medicine has undertaken multiple studies with similar conclusions, specifically that quality of care and staffing in nursing homes must be improved (Committee on Improving Quality in Care, Institute of Medicine, 2001; Committee on Nursing Home Regulation, 1986; Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes, 1996).

In general, studies of staffing and quality of care support the argument that both the level of staffing and the mix of staff are related to quality. Cherry (1991) found that lower levels of registered nurses and licensed practical nurses staff were associated with poor care in long term care facilities. Spector and Takada (1991) found that quality was affected positively by both higher levels of staffing and lower rates of nurses turnover. Similarly, Johnson-Pawlson and Infeld (1996) reported that nursing home quality was related to both total nursing staff to resident ratios and to the ratio of registered nurses to residents. Feuerberg (1996) however, found no association between quality and staffing levels for registered nurses, licensed practical nurses and nursing assistants. These inconsistent results have been recognized due to poor quality staffing data, to limitations in the measure used to assess quality of care and to studying facilities in which levels of

staffing are so inadequate as to make comparisons among them meaningless, (Bowers et al. 2000).

Facility Policies and Employment Benefits

Not all nursing homes provide employment benefits to nursing assistants such as health insurance, paid sick leave, and paid holidays off (GAO, 2001a ; Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004 ; Stone & Wiener, 2001). The availability of benefits may impact direct care workers decision to work at a particular long term care facility.

This financially disadvantaged status is exacerbated by the lack of health coverage experienced by a large portion of these caregivers: 1 in every 4 nursing assistants and more than 2 out of 5 home care workers lack health insurance coverage (Lipson & Regan, 2004). Direct care workers are uninsured at a rate that is 50% higher than the general population younger than age 65, and nursing home workers are twice as likely to be uninsured than hospital workers (Case, Himmelstein, & Woolhandler, 2002). Furthermore, coinsurance premiums for workers in long-term care can be as much as fifty percent of the total premium (Michigan Assisted Living Association, 2001). For low-wage workers such as direct care workers, this makes offering health coverage meaningless because it is unaffordable.

Researchers have found a strong, positive link between health insurance benefits for direct-care workers and worker retention. Direct care workers enrolled in employer-sponsored health insurance plans remain in their jobs twice as long as those without employer coverage. In an industry with chronically high turnover, these findings are significant. Constant turnover among caregiving staff is disruptive, affecting both the quality and continuity of care. (Duffy, 2004)

Long term care facilities policies and employment benefits can be an influential factor on employees' decisions to work at a particular long term care facility. As mentioned previously, researchers have shown a positive relationship between strong policies and employee benefits.

Chapter 3

Methodology

By the year 2030, 1 in 5 people in the United States will be aged 65 and older (U.S Census Bureau, 2004). With the increased rate of growth of elders in our country, the long term care system that is currently in place needs improvement. With the increased need for long term care, the need for qualified direct care workers also will increase.

My research focused on exploring the reasons that direct care workers stay in their current positions. Staff retention has been at the top of the list of challenges for in long term care facilities “Not surprisingly, nearly all state Medicaid agencies and units on aging consider nursing assistant turnover to be a major workforce issue” (North Carolina Division of Facility Services, 2000).

In my research, I investigated what is contributing to the high staff turnover rates in long term care facilities. I focused on identifying what direct care workers value most from their workplace and employment conditions. I also investigated what direct staff workers felt were the largest problems in long term care and how those issues affected their ability to provide high quality of care. This research will help to confirm what direct care staff value and the factors that influence their ability to provide high quality of care. This chapter presents the design of the study, subject selection, data collection, procedures, data processing and analysis.

Research Design

My study used a mixed method research design employing both quantitative and qualitative data collection techniques. A written survey and a qualitative follow up interview were designed for to investigate retention of direct care staff. The written survey collected data regarding: 1) general demographics of the participants; 2) participants' perceptions of quality of care, staffing satisfaction and policy and benefits; 3) participants' ranking of their facilities consistent staffing, leadership, benefits and working conditions. The follow up structured interview collected data about participants' attitudes and opinions. These questions were designed to cover the areas of staffing, quality of care, leadership and policy and benefits in long term care facilities.

After completion of the written survey, participants were asked to participate in a follow up interview. Participation was voluntary and seven participants agreed to participate in the interview. The interview questions addressed the areas of staffing, quality of care, leadership and policy and benefits in long term care facilities. The researcher explained the survey and that the answers and individual names would be kept confidential. The questions were asked in a private location. The researcher asked the questions and wrote down the answers.

Data Collection Instrument: Written Survey

This survey was voluntary and the participants were recruited through their individual facilities after gaining the facilities' permission. The survey included questions that allowed for a determination of what is valued most from the participant's employers and is divided into three categories. These categories are: quality of care, staffing and policies and benefits. This was intended to illicit answers to show what categories were of most value to participants. See Appendix ___ for a copy of the written survey.

Subjection Selection

The participants were a purposive sample of Registered Nurses, Licensed Practical Nurses and Certified Nursing Assistants who are: 1) are licensed by the State of Minnesota 2) who work in long term care facilities with a vulnerable population and 3) voluntarily agreed to participate in the survey and interview.

Licensed staff at three different long term care facilities in the Twin Cities area participated in the study. The facilities were chosen based on their locations and willingness to participate in the study. Permission was granted from each of the facilities administrators. Each administrator voluntarily agreed to allow the study to be done in the facility. The facilities ranged in sizes from thirty beds to one hundred and eight beds. All of the facilities were licensed skilled nursing facilities.

Participants were recruited on an individual basis. The researcher and administrator approached staff, explained the intent of the survey and interview and asked for their participation.

Data collection procedures

This study was designed to gain information about what long term care staff value most in their employment conditions. The approval of this research on human subjects was provided by the Minnesota State University Institutional Review Board. (See Appendix B) After permission from the facilities was granted the survey and consent form was handed out to the willing participants. In order to get full disclosure, the participants were reassured that their answers as well as their identities would not be disclosed. The consent forms were explained to each of the participants and if they agreed to continue their consent was given. See (Appendix C) They were allowed to take the survey to a private location within the facility where they completed it in their own time. After completing the surveys, the participants confidentially turned in their completed surveys in a private location within the facility. The participants were then asked to participate in a follow up interview in a private location within the facility. (See Appendix D)

Data processing and analysis

Data collected by the written survey included participants' perceptions of: quality of care, staffing satisfaction, and policy and benefits. Participants also ranked the importance of consistent staffing, leadership, benefits and working conditions at their facilities. Data collection by the interview focused upon participants' attitudes and opinions staffing, quality of care, leadership and policy and benefits at their facilities.

Interview data were analyzed by reviewing participants' responses and identifying themes. Survey data were analyzed by descriptive statistics. Frequencies and percentages were calculated for participants' responses to each survey question.

Chapter 4

Findings and Analysis

The purpose of this study was to investigate what long term care staff value most in their employment conditions. Factors including facility policies, quality of care and staffing were investigated as leading influential factors for staff retention for direct care staff. A focus of this research was to discover what makes the long term care worker stay in the profession at the same facility.

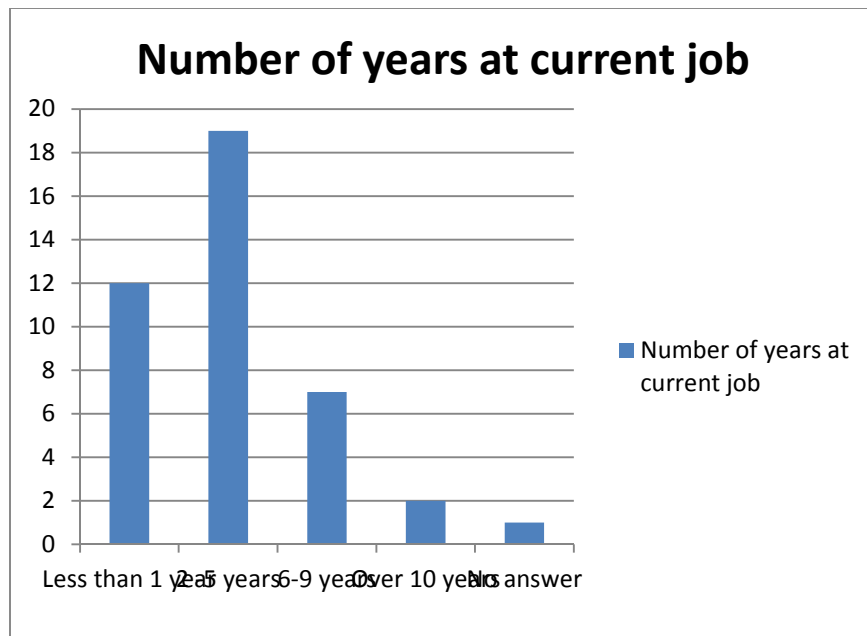
Findings: Participant Demographics

Thirty- seven long direct care workers from three different facilities were surveyed. They were asked to provide answers to questions regarding their demographics, workplace policies and benefits, their ability to provide quality of care and staffing. The surveys were distributed by the researcher during the afternoon either when they were beginning their shift or leaving their shift. The participants ranged in age, educational backgrounds and experience levels.

Of the thirty-seven participants surveyed, only five percent (N=2) of those surveyed had been in the same position for over ten years. The findings showed that thirty two percent (N= 12) had held their current position for less than one year. Nineteen percent of participants had been at their facility for less than five years. Of the thirty seven direct care workers who participated, eighteen percent of the participants had

been in their profession for over five years. (See Table 4.1) Previous research has estimated turnover rates for nursing assistants in nursing homes range from forty five to one hundred and five percent depending on the source (Stone 2001)

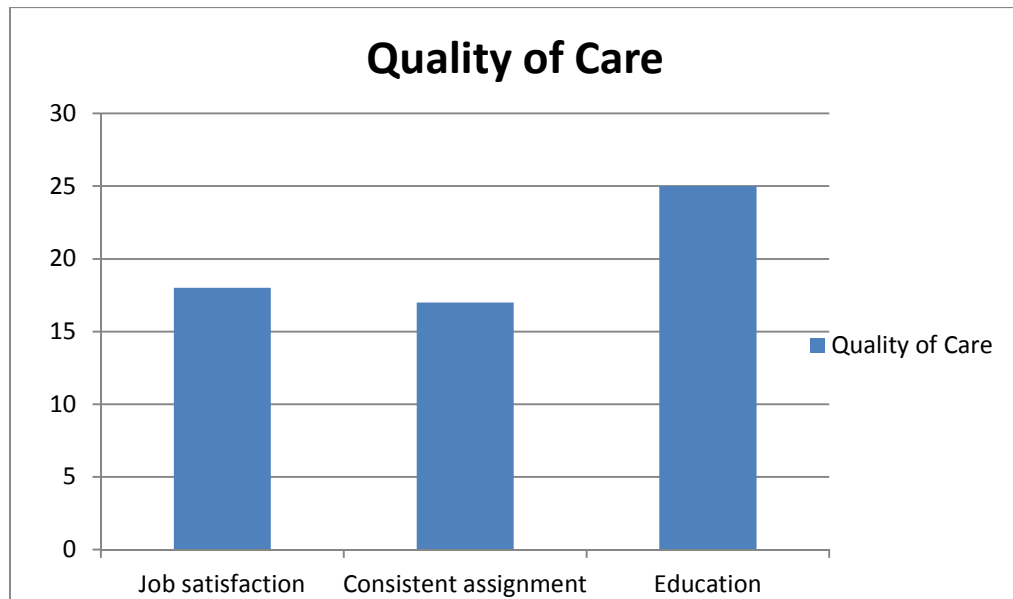
Table 4.1: Number of years at current job



Findings: Quality of Care

There were three survey questions that pertained to quality of care for the residents. For all three questions regarding quality of care, the participants responded with the highest scores (strongly agree) possible. (See table 4.2)

Table 4.2: Quality of Care

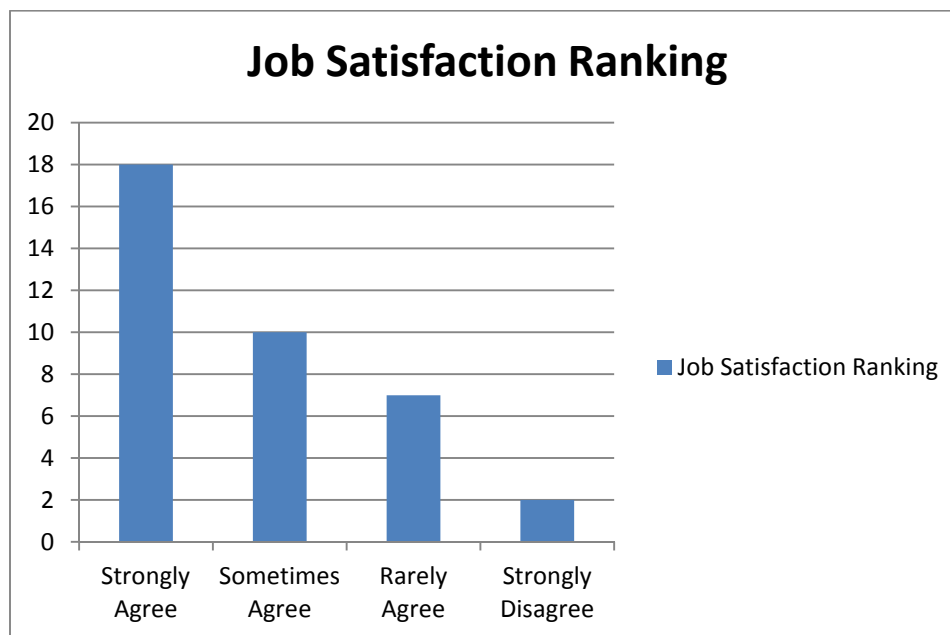


Maintaining consistent care with the same residents also scored the highest with forty six percent of responses of strongly agree. The objective of consistent staff for residents is to maximize the quality of services by personalizing them for each resident. By permanently assigning nursing assistants to specific residents, commitment is

increased by instilling a sense of ownership or personal responsibility to the aides for the care of "their" residents. Consistent assignments allow for relationships to be formed which allows staff to become more aware of the individual needs of each resident. This in turn improves quality of care (Patchner & Patchner, 1993). My research findings indicate that this sample of direct care worker value working with the same residents on a consistent basis and believe that it is important for quality of care.

One survey question asked participants if they were satisfied in their current position. Participants responded with a forty eight percent job satisfaction rating. Job satisfaction may also impact quality of care. Long-term care employees who see their work as meaningful tend to experience increased satisfaction with their work and are more likely to stay in the profession (Secret, Iorio, & Martz, 2005). (See table 4.3)

Table 4.3: Job Satisfaction Ranking



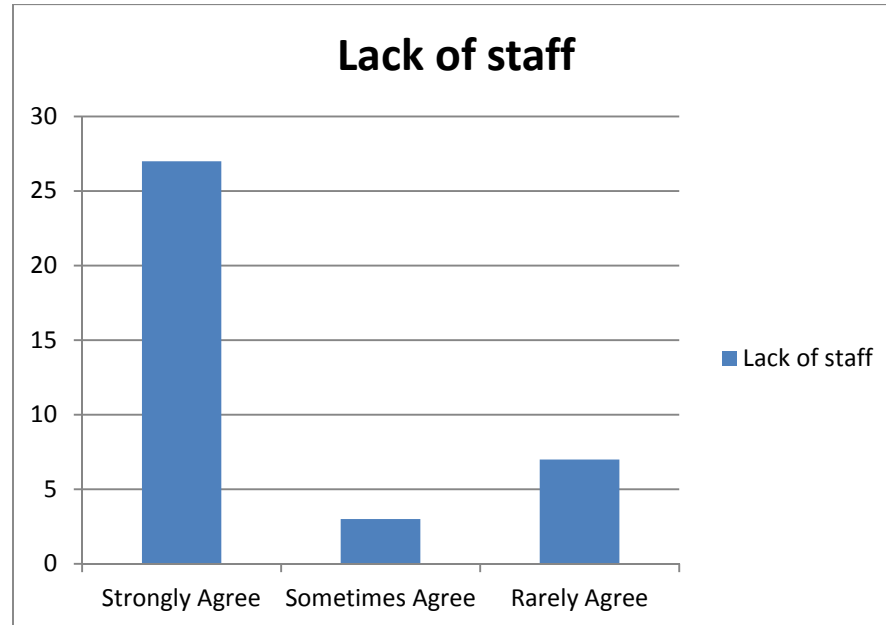
Continuing education for licensed staff is not only a requirement from the state, but is also felt necessary by employees. Sixty seven percent of the participants believed that facility supported continuing education was important. (See figure 4.2) Having the proper education may enhance the quality of care that staff is able to provide. Staff education provides a more stimulating and motivating environment in which to work, and it demonstrates that all staff are valued as students and in some cases, as teachers, it provides an opportunity to stay in touch with the needs of staff, because forums serve as an ongoing source for communication (Gilster & Dalessandro, 2008).

Findings: Staffing

The next category of survey questions focused upon staffing issues. As previously discussed, consistent staffing is highly valued by the sampled long term care workers. Consistent staffing allows employees to develop a solid foundation with each other and work as a team which is congruent with providing a high level of care to the residents (Stone 2004).

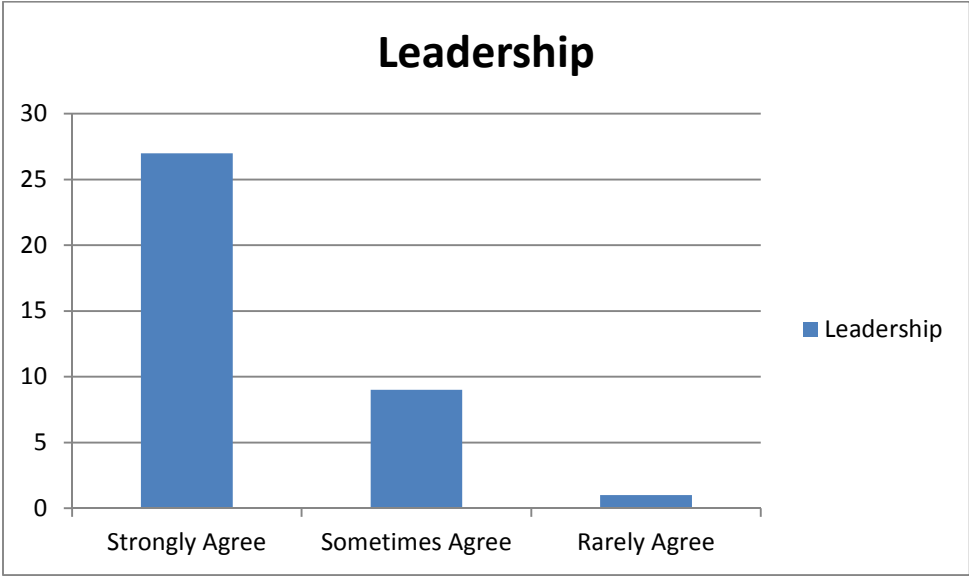
Seventy two percent of respondents strongly agree that lack of staff directly affects their abilities to do their job. The number of staff needed to provide adequate care was determined by OBRA 87. The federal government strengthened national standards through the Nursing Home Reform Act (NHRA) as part of OBRA 87, which required nursing facilities to have: (1) licensed nurses on duty 24 hours a day; (2) a registered nurse (RN) on duty at least 8 hours a day, 7 days a week; and (3) an RN director of nursing. Yet many nursing homes have had continuing quality problems despite the OBRA standards (Park, & Stearns, 2009). Not being able to fill the open positions results in more overtime, longer hours for staff and a heavier workload for each staff person. Caregiver burnout is directly related to these working conditions (Park & Stearns, 2009) (See table 4.4).

Table 4.4: Lack of Staff



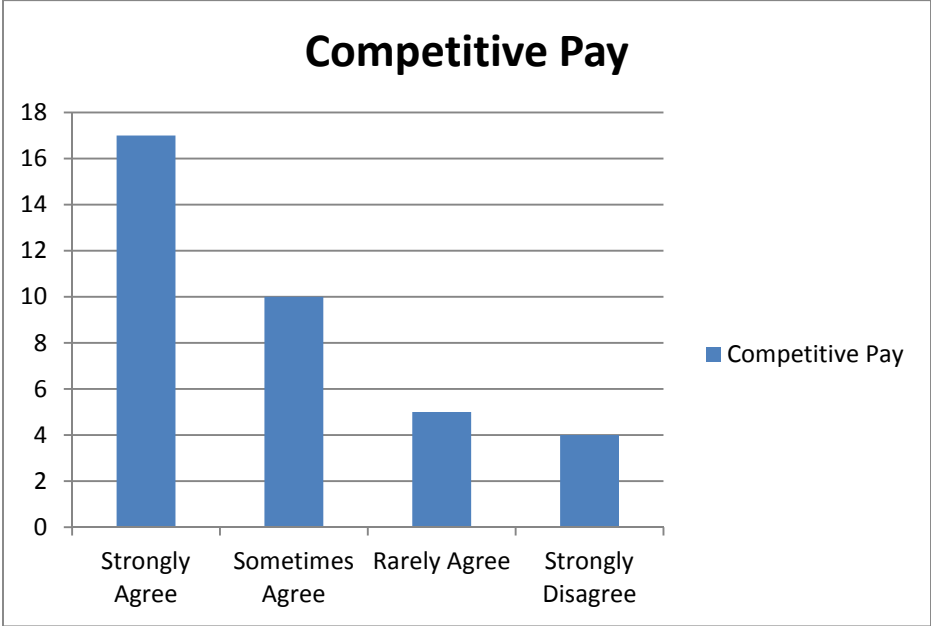
In this study, seventy six percent of participants strongly agreed that strong leadership affects their job satisfaction. According to the sample in this study, strong leadership from management both in the administrative offices and on the floor is valued by licensed staff. Leadership can be directly related to job satisfaction for long term care workers. Leadership can be influential in job satisfaction for direct care workers. Nurses are integral to improving the quality of care. However, most Registered Nurses in long term care have had inadequate preparation in geriatric nursing (Harvath, et. al 2008) and could benefit from effective leadership in caring for elderly patients.

Table 4.5: Leadership



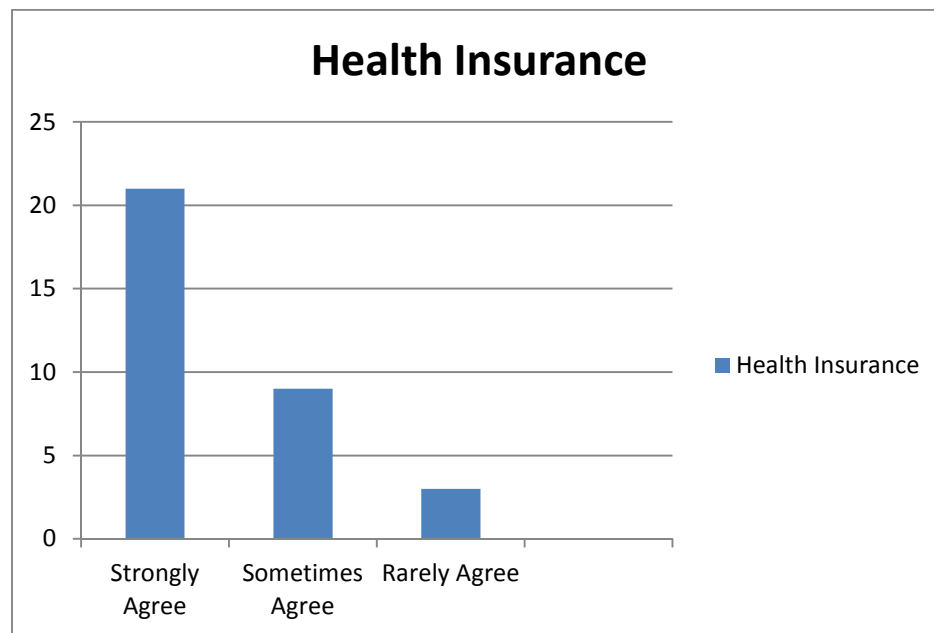
The third area of questions about facility policy, specifically wages, provided the most insight to what long term care workers value most. In terms of wages and compensation, 46 percent of respondents regarded their hourly wage as a deciding factor on where to work (See Table 4.6) Despite low pay, many home care workers choose this kind of work over work in facilities or other occupations such as factory worker, cashier, hairdresser, child care worker, or food service worker, none of which pay well, but many of which pay just as well or slightly better than personal care services (Howes, 2007).

Table 4.6: Competitive Pay



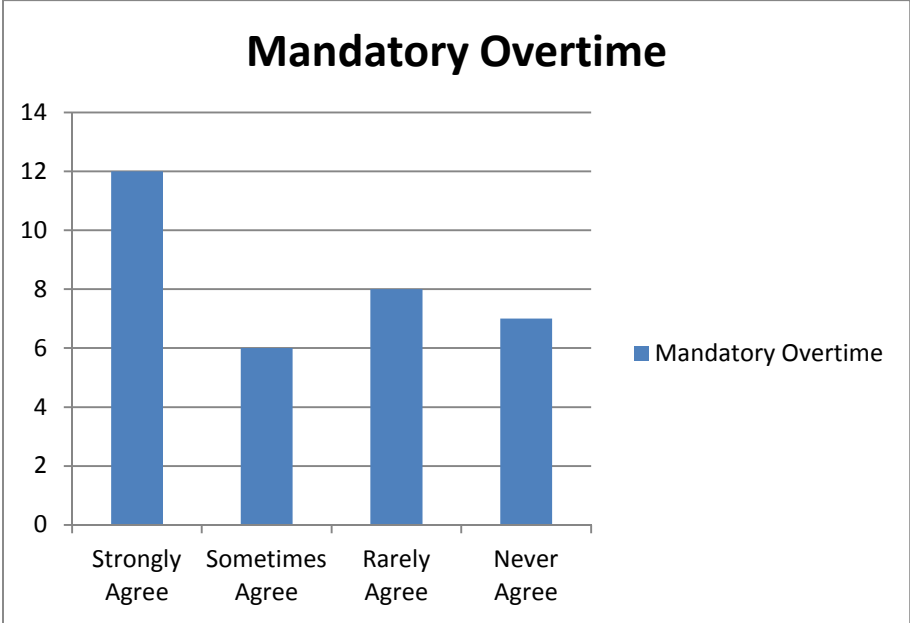
In addition, facility policies regarding the value of benefits such as health insurance was valued by 56 percent participants who strongly agreed that benefits are a top priority for direct care staff (See table 4.7).

Table 4.7 Health Insurance



The participants were also asked about mandatory overtime policies at their facilities. Thirty two percent of the participants regarded mandatory overtime as decreasing their job satisfaction (See table 4.7) Mandated overtime is determined by individual facilities policies. Mandatory overtime can negatively impact job satisfaction (Bishop, Squillace, Meagher, Anderson & Wiener, 2009)

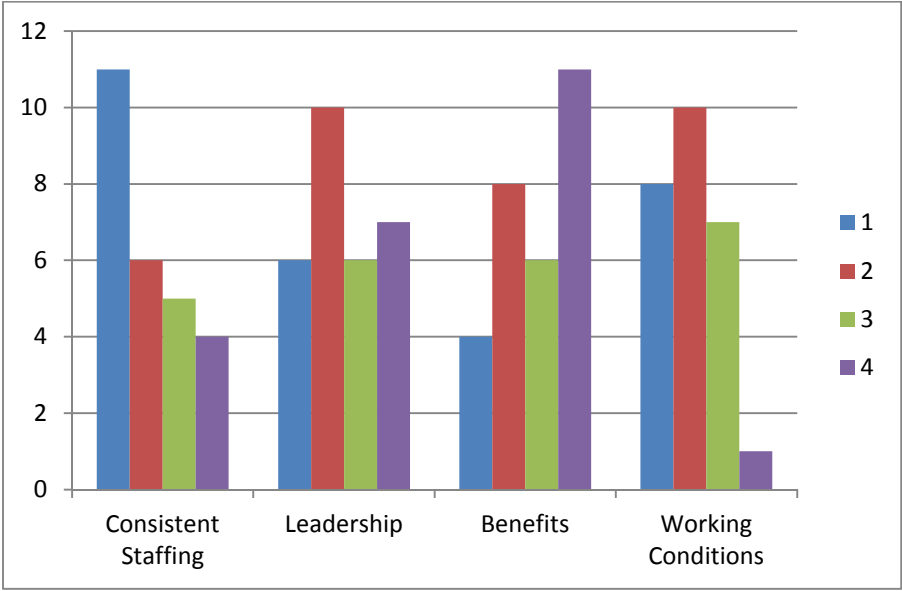
Table 4.8: Mandatory Overtime



Findings: Ranking of most important

The third part of the survey asked participants to rank the categories of consistent staffing, leadership, benefits and working conditions on a scale of 1 to 4 according to their opinion of personal importance. Participants rated consistent staffing and working conditions as most important (See table 4.8).

Table 4.9: Rankings of Most Important Factors



Findings: Interviews

After participants completed their surveys, they were invited to continue with a short in-person interview to provide more insight to direct care workers ideas, beliefs and perceptions about long term care. Seven participants chose to continue with the interview. Continuing with the four topics of staffing, quality of care, leadership and policy and employment benefits, participants were asked questions regarding these four areas. The questions were open ended in order to gain the most complete and honest answers from the participants.

The questions about staffing led to what similar responses about the effect of staff and quality of care. Common themes were identified from the interviews. Participants identified the importance of having enough adequate, educated staff to perform high quality of care. The greatest challenge for long term care staff is working without enough staff. Without the appropriate number of staff, they are not able to perform the quality of care that they would like. It does not however, lead to wanting to leave their place of work. These common themes from the interviews agreed with my assumptions that having enough staff would be influential on direct care staffs intent to stay or leave.

The interview questions regarding quality of care also had similar themes. Participants stated that quality of care was defined as respectful and providing residents with meaningful care. Quality of care was shown to include having adequate staffing levels, proper equipment and supplies. There was a positive relationship between having adequate staffing levels and quality of care.

Questions regarding leadership in the participants' respective facilities showed a positive relationship between job satisfaction and leadership. According to participants, leadership is providing direction, guidance, and is able to lead the team. Leadership does affect the team on a daily basis according to the participants of this interview.

The interview questions also addressed policy and employment benefits at their respective facilities. The participants were asked to explain what policy and benefits meant to each of them. Policy and benefits were described as rules, regulations, paid time off and health insurance. The majority of the participants agreed that policy and

benefits were important. Facility policies and procedures provide structure and explain expectations regarding employment conditions and responsibilities. Participants were asked if policy and benefits would influence their decision to leave their current job and four out of the seven participants said that policy and benefits were influential factors when choosing where to work(See figure 4.9).

Table 4.10: Sample of Interview Answers

Staffing	Lack of resources	Not enough staff	Staffing numbers
Quality of care	Respect	Better education	Providing the best care possible
Leadership	Someone who provides direction	Enforces the policies	Mentors
Policy and Benefits	Rules that must be followed	Rules and guidelines	Policies are similar in different facilities

Chapter 5

Discussion, Conclusions, Recommendations

My research goal was to identify what long term care employees' value most from their employment conditions. Data collection focused on four main categories of factors that may influence long term care staff. Findings regarding from the survey and interview instruments retention and satisfaction, quality of care, staffing and policies findings were contrary to my research assumptions.

My assumption that competitive pay was a main factor in long term care workers staying at their current place of employment was found to be not true. This sample of respondents revealed that competitive pay and benefits were not the primary determinant for an employee to remain at their current long term care facility. In contrast, the main deciding factor for long term care staff to stay in their current position was staffing issues. The research findings showed that working with consistent staff and assignment of residents for their care which results in building strong relationships was the most influential factor for this sample. Findings in this study indicated that job satisfaction is influenced by working conditions and policy and benefits which confirms previous research. "Furthermore, although wages and benefits are an essential part of labor pricing, working conditions are equally important. Working conditions include a broad array of factors, from the tangible (part-time employment or unsafe workloads) to the intangible (feeling "respected") and much in between (good training or opportunities to advance)" (Dawson., & Surpin (2001).

With the growing aging population, more long term care staff is going to be needed. In order to fulfill the need and retain the employees, long term care facilities must address the factors that employees value most. Although this survey showed what was valued most, employers need to continue to improve on employees' job satisfaction in order to retain their employees.

Recommendations

The findings in this study are consistent with findings from previous research. Quality of care is directly related to staffing levels and job satisfaction. Staffing levels are not being met nationwide and in order to increase job satisfaction and retention of employees, staffing levels need to be addressed in long term care. With the need for long term care direct care workers, there needs to be creative options to recruit and retain direct care workers. As a society, we need to change the way we view and value long term care. We need to understand the magnitude of the workforce that is needed and what can be done to improve the quality of care in long term care facilities. In this research, it has been suggested from this workforce sample that stronger leadership, better training, and improved employment benefits could increase the retention rates of direct care workers. Increased state and federal support is also needed in order for long term care facilities to be able to provide the care that is expected.

References

- Aaronson, W. E., Zinn, J. S., Rosko, M. D. (1994). Do for-profit and not-for-profit nursing homes behave differently? *The Gerontologist*, 34(6), 775-786.
- Anderson, Ruth A.; Corazzini, Kirsten N.; McDaniel, Jr., Reuben R. 2004. "Complexity Science and the Dynamics of Climate and Communication: Reducing Nursing Home Turnover." *Gerontologist*. 44:378-388.
- Bliesmer, M. M., Smayling, M., Kane, R., & Shannon, I. (1998). The relationship between nursing staffing levels and nursing home outcomes. *Journal of Aging and Health*, 10(3), 351-371.
- Castle, N. G. 2006. Measuring Staff Turnover in Nursing Homes. *Gerontologist*, 46:2, 210-219.
- Cherry, R. L. (1991). Agents of nursing home quality of care: Ombudsmen and staff ratios revisited. *The Gerontologist*, 21(2), 302-308.
- Cohen, J. W., & Dubay, L. C. (1990). The effects of Medicaid reimbursement method and ownership on nursing home costs, case mix and staffing. *Inquiry*, 27, 183-200.
- Cohen, J. W., & Spector, W. D. (1996). The effect of Medicaid reimbursement on quality of care in nursing homes. *Journal of Health Economics*, 15, 23-28.

Davey, A., Takagi, E., Sundstrom, G., & Malmberg, B. 2013. "(In) Formal Support and Unmet Needs in The National Long-Term Care Survey." *Journal of Comparative Family Studies*, 44:4, 437-453.

Harrington C, Choiniere J, Szebehely M, et al. "Nursing Home Staffing Standards and Staffing Levels in Six Countries." *Journal Of Nursing Scholarship*. 44:1, 88-98.

Hedayati, H. R., Hadi, N., Mostafavi, L., Akbarzadeh, A., & Montazeri, A. (2014). *Quality of Life Among Nursing Home Residents Compared With the Elderly at Home*.

Lehning, Amanda, Michael J. Austin. 2009. "Long-Term Care in the United States: Policy Themes and Promising Practices", *Journal of Gerontological Social Work*, 53: 43-63.

Linn, M., Gurel, L., & Linn, B. A. (1977). Patient outcome as a measure of quality of nursing home care. *American Journal of Public Health*, 67(4), 337-344.

Meridean Maas, Janet K. Specht, Kathleen C. Buckwalter, J. Gittler, and K. Bechen. 2008. "Nursing home staffing and training recommendations for promoting older adults' quality of care and life: Part 2. Increasing nurse staffing and training" *Gerontological Nursing*. 1.2:134-152.

Munroe, D. J. (1990). The influence of registered nursing staffing on the quality of nursing home care. *Research in Nursing and Health*, 13(4), 263-270

Nyman, J. A. (1988). Improving the quality of nursing home outcomes: Are adequacy- or incentive-oriented policies more effective. *Medical Care*, 26(12), 1158-1171.

- Spector, W. D., & Takada, H. A. (1991). Characteristics of nursing homes that affect resident outcomes. *Journal of Aging and Health*, 3(4),427-454.
- Ortman, J. M., Velkoff, V. A., & Hogan, H. (2014). An aging nation: the older population in the United States. Proc. Economics and Statistics Administration, US Department of Commerce.
- Yeatts, D. E., & Cready, C. M. 2007. "Consequences of Empowered CNA Teams in Nursing Home Settings: A Longitudinal Assessment." *Gerontologist*, 47:3, 323-339.
- Bowers, B., Esmond, S., and Jacobson, N. 2003. "Turnover Reinterpreted: CNAs Talk about Why They Leave." *Journal of Gerontological Nursing* 29(3):36-43.
- Bowers, B. J., Esmond, S., & Jacobson, N. (2000). Relationship between staffing and quality of long-term care facilities: exploring the views of nurse aides. *Journal Of Nursing Care Quality*, 14(4), 55-64.
- Johnson-Pawlson, J., & Infeld, D. L. (1996). Nurse staffing and quality of care in nursing facilities. *Journal of Gerontological Nursing*, 22(8), 36-45
- Cherry, R. L. (1991). Agents of nursing home quality of care: ombudsmen and staff ratios revisited. *Gerontologist*, 31(3), 302-308.
- M.A. Feuerberg, et al., HCFA Study on Appropriateness of Minimum Nurse Staffing Ratios-Interim Report. Report to 105th Congress, Subcommittee on Health. Washington, D.C. October 24, 1996.

Dawson, S. L., & Surpin, R. (2001). Direct-care healthcare workers: You get what you pay for. *Generations*, 25(1), 23-28.

Stone, R., & Wiener, J. M. (2001). Who will care for us? Addressing the long-term care workforce crisis. Urban Institute, Washington, DC; and American Association of Homes and Services for the Aging, Washington, DC.

Stone, R. I. (2004). The direct care worker: The third rail of home care policy. *Annual Review of Public Health*, 25, 521-37.

Secrest, J., Iorio, D.H., & Martz, W. (2005). The meaning of work for nursing assistants who stay in long-term care. *Journal of Clinical Nursing*, 14(8B), 90-97.

Gilster, S., & Dalessandro, J. (2008). Creating a successful workforce culture. *Nursing Homes Long Term Care Management*, 57(2), 22-26.

Harvath, T. A., Swafford, K., Smith, K., Miller, L. L., Volpin, M., Sexson, K., & ...

Young, H. A. (2008). Enhancing Nursing Leadership in Long-Term Care. *Research In Gerontological Nursing*, 1(3), 187-196.

Howes, C. (2008). Love, money, or flexibility: What motivates people to work in consumer-directed home care? *The Gerontologist*, 48(1), 46-60.

Johnson, R. W., Toohey, D., & Wiener, J. M. (2007). Meeting the long-term care needs of the baby boomers: How changing families will affect paid helpers and institutions. *The Retirement Project Discussion Paper Series*, The Urban Institute, 1-61.

Institute of Medicine (US). Committee on Quality of Health Care in America. (2001). Crossing the quality chasm: a new health system for the 21st century. National Academy Press.

Institute of Medicine (US). Committee on Nursing Home Regulation. (1986). Improving the quality of care in nursing homes (Vol. 85, No. 10). Natl Academy Pr.

Wunderlich, G. S., Sloan, F. A., & Davis, C. K. (1996). Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes, Division of Health Care Services, Institute of Medicine. Nursing staff in hospitals and nursing homes: Is it adequate, 1-18.

Lipson, D., & Regan, C. (2004). Health insurance coverage for direct care workers: Riding out the storm (Issue Brief No. 3). Washington, DC: Better Jobs Better Care National Program Office.

Case, B., Himmelstein, D., & Woolhandler, S. (2002). No care for the caregivers: Declining health insurance coverage for health care personnel and their children. American Journal of Public Health, 92, 404–408.

Michigan Assisted Living Association. (2001). Mental health provider 2001 wage and benefit survey. Lansing, MI: Michigan Assisted Living Association.

Paraprofessional Healthcare Institute. (2003). Long-term care financing and the long-term care workforce crisis: Causes and solutions. Washington, DC. Paraprofessional

- Duffy, N. (2004) Keeping Workers Covered: Employer Provided Health Insurance Benefits in the Developmental Disabilities Field. JFK Jr. Institute for Worker Education. City University of New York.
- Park, J., & Stearns, S. C. (2009). Effects of State Minimum Staffing Standards on Nursing Home Staffing and Quality of Care. *Health Services Research*, 44(1), 56-78.
- Richman, A. (2012). Are wii ready for the baby boomers? *Long-Term Living*, 61(4), 24-26.
- Seavey, D. (2004). Cost of frontline turnover in long-term care. *Better Jobs Better Care*, Washington, DC.
- McCaughey, D., McGhan, G., Kim, J., Brannon, D., Leroy, H., & Jablonski, R. (2012). Workforce Implications of Injury Among Home Health Workers: Evidence From the National Home Health Aide Survey. *Gerontologist*, 52(4), 493-505.
- Irvine, D. M., & Evans, M. G. (1995). Job satisfaction and turnover among nurses: Integrating research findings across studies. *Nursing Research*, 44, 246–253.
- Castle NG, Engberg J. Staff Turnover and Quality of Care in Nursing Homes. *Medical Care*. 2005; 43(6):616–26

Survey

Please fill in the blank:

1. Years/Months at current job_____
2. In the past 5 years, how many jobs in your current field have you held?_____
3. Number of years have you been licensed in your current field_____
4. Do you provide direct care for a vulnerable population?_____

For each of the following statements please circle the number which indicates your agreement.

1. I am satisfied in my current position.
(Strongly disagree) 1 2 3 4 5(strongly agree)

2. Strong leadership is important for my job satisfaction.
(Strongly disagree)1 2 3 4 5(strongly agree)

3. Working with the same staff each day is important to me.
(Strongly disagree)1 2 3 4 5(strongly agree)

4. Working with the same residents is important to me.
(Strongly disagree)1 2 3 4 5(strongly agree)

5. Facility supported staff education is important for my job satisfaction
(Strongly disagree)1 2 3 4 5(strongly agree)

6. Lack of staff affects my ability to do my job.

(Strongly disagree)1 2 3 4 5(strongly agree)

7. Benefits such as health insurance affect my decision where to work.

(Strongly disagree)1 2 3 4 5(strongly agree)

8. Mandatory overtime decreases my job satisfaction.

(Strongly disagree)1 2 3 4 5(strongly agree)

9. Competitive pay affects my decisions where to work.

(Strongly disagree)1 2 3 4 5(strongly agree)

Please rank each of the following in order of importance to you with 1 indicating high importance and 4 indicating low importance.

Consistent Staffing_____

Leadership_____

Benefits_____

Working conditions_____

Project Overview

[730774-4] Long Term Staffing

You have Full access to this project. (Edit)

Research Institution Minnesota State University, Mankato, Mankato, MN

Title Long Term Staffing

Principal Investigator Luebke, Judith

The documents for this project can be accessed from the Designer.

Project Status as of: 07/08/2015

Reviewing Board Initial Approval Date Project Status Expiration Date

Minnesota State University, Mankato IRB, Mankato, MN 03/17/2015 Exempt 03/15/2016

Package 730774-4 is: Locked Locked First Package Previous Package Package 4 of 4 Next Package Last Package | Jump |

Submitted To Submission

Date Submission

Type Board Action Effective

Date

Minnesota State University, Mankato IRB, Mankato, MN 06/15/2015 Revision Approved 06/17/2015

| Review Details |

Shared with the following users:

User Organization Access Type

Luebke, Judith Minnesota State University, Mankato, Mankato, MN Full

Ryan, Michelle Minnesota State University, Mankato, Mankato, MN Full

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Consent Form

We invite you to participate in a research study involving a survey of health care workers. If you agree to participate you will be asked questions about your work place. All of your responses will be kept confidential, and can be viewed only by Dr. Judith Luebke who is an authorized research staff members, and Michelle Ryan who is conducting the research study. The survey takes about 10 minutes to complete and all participants must be 18 years of age or older. Following the survey you may be randomly chosen to be interviewed by the researcher. This interview will last no longer than 10 minutes and your answers will be kept confidential. By completing this survey you are giving consent to use your answers for research purposes.

This research project is being directed and supervised by Dr. Judith Luebke. You may contact Dr. Luebke at 507-389-5938 or Judith.luebke@mnsu.edu about any concerns you have about this project. You also may contact the Minnesota State University, Mankato Institutional Review Board Administrator, Dr. Barry Ries, at 389-2321 or barry.ries@mnsu.edu with any questions about research with human participants at Minnesota State University, Mankato.

Participation in this project is voluntary and you have the right to stop at any time. If you wish to stop completing the survey, simply turn in your survey. Only answer the questions you wish. Your decision whether to participate will not affect your relationship with Minnesota State University, Mankato.

None of your answers will be released and no names will be recorded other than on this form, which will be kept separate from your survey responses. The risks of participating in this study are about the same as are encountered in daily life. The purpose of this survey is to assist employers in understanding what employees' value most from their employers. This research will be beneficial to the participants and society because it will help employers understand what their employees expect from their workplace.

If you wish to receive a copy of this consent form, please contact:

Michelle Ryan

Minnesota State University, Mankato,

michelle.ryan@mnsu.edu

507-450-6220

MSU IRBNet ID# 730774

Date of MSU IRB approval: 3/17/15

Interview questions

Staffing

1. What do you think is the biggest problem in long term care?
2. What do you think are the biggest problems with staffing in long term care?
3. How do you define the term staffing in long term care?
4. How do you feel staffing influences your decisions on where to work?
5. What could be improved with staffing in long term care?

Quality of care

1. Explain the term “quality of care” and what it means to you?
2. How do you think staffing affects your ability to provide a high quality of care?
3. What do you need to have to provide high quality of care to your clients?

Leadership

1. What does the term “leadership” mean to you?
2. How does leadership affect your daily work?
3. Tell me about the effectiveness of leadership in your facility

Policy and benefits

1. Explain what the terms “policy” and “benefits” mean to you
2. Tell me how important facility policy is to you and why.
3. Do policy and benefits influence your decision on where to work and if so why?

