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What do nurses want? : critical factors in recruiting and retaining RNs in long-term care

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Ohio Long-Term Care Research Project

WHAT DO NURSES WANT?

Critical Factors in Recruiting and Retaining RNs in Long-Term Care

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January 1992

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Background

The national shortage of nurses is producing severe staffing problems in health care organizations. Nursing homes are hit hardest by this shortage. Nationally, over one-third of homes report severe shortages, and in some parts of the country nursing homes report up to 20% of their nursing positions are vacant.

These shortages create incentives to drive up salaries and improve benefits. A survey by the American Hospital Association in 1988 indicated that the hospitals polled required an average of 90 days to fill staff RN positions. In the last six years the national average salary for a hospital Director of Nursing has gone from $50,000 to an average of $61,000. Long-term care organizations are in competition with other health care organizations for professional nursing staff. Not only must nursing homes compete with higher salaries paid by hospitals, they face a general negative image of nursing homes as a place to do nursing.

According to a 1988 report from the U.S. Department of Health & Human Services, Secretary's Commission on Nursing, the shortage of RNs is primarily the result of <u>an increase in demand</u> as opposed to a contraction of supply. Although the pool of RNs continues to grow, the supply has not kept pace with increased demand, not only in traditional settings such as hospitals and nursing homes but also in new areas such as case management and home health care. Even in the face of increasing wages, the current shortage is expected to persist (McKibbin, 1990).

The National Institute on Aging (1987) found that about one-third of the 1.5 million Registered Nurses work in positions involving care of people age 65 and older (see Table 1). Moreover, about one-third of RNs work part-time, reducing their availability to deliver nursing care. Although the RN population will continue to grow, the growth rate is slow and the need or demand is greater than the supply. Thus, problems created by the nursing shortage will not be resolved easily or quickly.

Background

Table 1: <u>Number (in thousands) and Workplace of</u>
          <u>Registered Nurses, 1984</u>

	Total Number		Full-Time Equivalents	
	<u>Number</u>	<u>%</u>	<u>Number</u>	<u>%</u>
TOTAL	**1,485.7**	**100**	**1,234.9**	**100**
Hospitals	1,012.0	68	850.7	69
Nursing Homes	115.1	8	91.6	7
Community/public health	167.5	11	144.1	12
Ambulatory care	97.4	7	74.4	6
Nursing education	40.3	2	35.0	3
Private duty	22.7	2	14.7	1
Other	30.9	2	24.5	2

Source: National Institute on Aging, 1987: 56A

The National Institute on Aging (1987) has estimated the needs for health care personnel by the year 2000. Based only upon historical trends, nursing homes will need to double the number and proportion of RNs by the year 2000 (see Table 2). However, a number of factors compound this increasing need. Nursing homes face critical staffing issues including the nursing shortage, economic constraints, and the need to move from primarily custodial care to care that provides a more therapeutic environment. We face an increasing intensity of institutional care, a higher average age of residents/patients, and more sophisticated levels of care and technology for many of them. These changes will require an increase in nursing hours per resident day.   Thus, a projection that includes these complicating factors leads to a far higher level of need for RNs.

Table 2: Estimated Requirements (FTE)
for Registered Nurses, 1984 & 2000

	Full-Time Equivalents	
	No. (in thousands)	%
1984		
TOTAL	1,234.9	100
Nursing Homes	91.6	7
Projections for 2000		
Historical trend-based Model		
TOTAL	1,683	100
Nursing Homes	259	15
Criteria-based Model (Lower)		
TOTAL	2,328	100
Nursing Homes	838	36
Criteria-based Model (Upper)		
TOTAL	2,958	100
Nursing Homes	1,053	36

Source: National Institute on Aging, 1987: 56A-57A

Whereas in 1984 about 92,000 full-time equivalent RNs were employed in nursing homes, projected requirements for the year 2000 range from 260,000 to over one million (see Table 2). The differences in these projections underscore the considerable uncertainties that prevail about future developments in the nursing home industry (NIA, 1987: 59).

In 1984 nursing home residents received an average of 7 to 12 minutes of RN care per resident day. This is expected to increase to 1 hour and 10 minutes of RN care per resident day by the year 2000. With DRGs promoting hospital discharges "quicker and sicker" and the rapid aging of the older population, it is projected that by the year 2000 residents will require an average of 3.5 hours of direct nursing care. One-third of this care is RN

Background

care, about 17% LPN care, and 50 percent provided by nursing aides (National Institute on Aging, 1987: 59).

There will also be a greater need for RNs with specialized or advanced nursing credentials. Gerontological Clinical Nurse Specialists and Gerontological Nurse Practitioners are nurses who have a post-baccalaureate education, most typically leading to a master's degree and/or advanced licensure or certification. Nursing homes are projected to need one clinical specialist for every 100 residents by the year 2000. About 10% of the RNs providing direct care in nursing homes should be nurse practitioners or nurse clinicians.

National Survey of RNs

in Long-Term Care

Administrators of nursing homes and retirement communities, and Directors of Nursing are often frustrated in dealing with the current nursing shortages and projected needs. Resorting to the use of agency or pool nurses is extremely costly. Program suggestions for recruiting and retaining nurses are often based upon armchair reflection rather than research. Indeed, the program suggestion that providing child care would be important in recruiting and retaining nurses was not well supported in this research, and will be discussed. This report describes research findings about the factors that registered nurses who are employed in nursing homes identify as important in recruiting and retaining nurses.

Studying successful cases of recruitment and retention may identify factors that are unique to a specific nursing home, city or state situation. Strategies that may fail in San Francisco may be successful in Vermont or Florida. There are differences in subcultural expectations between rural and urban, Northern and Southern labor markets. Thus, data from a national sample of the more than 103,000 RNs who work in nursing homes are desirable as a benchmark from which to proceed.

The Staff file of the 1985 National Nursing Home Survey includes a national sample of 2,760 RNs who work in nursing homes. It includes their characteristics as well as their responses to the importance of various items concerning recruitment and retention of nurses in nursing homes.

The 1985 National Nursing Home Survey (NNHS) was a nationwide sample survey of nursing and related care homes, their residents and staff. It was conducted by the National Center for Health Statistics from August 1985 to January 1986. This was the third such survey, with the first and second conducted in 1973 and 1977. The 1985 NNHS covered all types of nursing homes that provided some level of nursing care in the U.S. The sample consisted of 1,220 nursing and related care homes selected from a universe of 20,479 nursing homes. A total of 1,079 nursing

homes participated in the survey. (84 refused to participate and 57 were out-of-scope for reasons such as having gone out of business, failure to meet the definition of a nursing home, or lack of employee records for the nursing care unit.)

The sampling design was a stratified two-stage probability design. The first stage was the selection of facilities and the second stage was a selection of nursing staff from the selected facilities. In the first stage the sample of facilities was selected systematically after a random start. The second-stage sampling of registered nurses was carried out by the interviewers at the time of their visits to the facilities. The sample frame for nursing staff was all registered nurses who were employed by the facility on the day of the survey, plus any registered nurses working under contract or temporarily if they were scheduled to work during the 24 hours of the survey day. A random sample of up to four registered nurses per facility was selected, resulting in a sample of 3,439 RNs.

Data were collected according to the following procedures: (1) A letter was sent to the administrators of sample facilities informing them of the survey and the fact that interviewers would contact them for appointments. Letters of endorsement by the American College of Health Care Administrators, American Association of Homes for the Aging, and American Health Care Association were sent with the introductory letter to urge the administrator of the facility to participate in the survey. Also included with this introductory letter was one of the reports from the last survey to illustrate how the data would be displayed. (2) After the letters had been mailed, an interviewer telephoned the selected facility and made an appointment with the administrator. (3) At the time of the appointment, the interviewer completed the Nursing Staff Sampling List, selected the sample of RNs from it, and prepared the questionnaires, which were left for each selected RN to complete, seal in addressed and franked envelopes, and return either to the interviewer in person or by mail. Responses were obtained from 2,760 nurses in the 1985 National Nursing Home Survey, representing an 80 percent response rate.

Computer tapes containing the data were obtained from the National Center for Health Statistics. Data analysis for this project was completed by the Scripps Gerontology Center at Miami University.

National Survey Findings

There are more registered nurses per 100 beds in government and voluntary nonprofit homes than in proprietary homes. Government homes employed 9.1 RNs per 100 beds, nonprofit homes had 8.6, and proprietary homes had 5.3 RNs per 100 beds.

Registered nurses are more likely to work in other types of facilities or settings than in nursing homes. Less than 10 percent work in nursing homes (see Table 1). They tend to be female, white, and married. RNs who work with elders tend to be older than the average RN. They have a median age of about 45 years, and have been working in their profession for 10 years or more. Many who work full time are head nurses, supervisors, or directors of nursing. Primary care nursing is often shared with licensed practical nurses and nurse's aides.

Nursing has traditionally been a female-dominated field, and only two percent of the RNs working in nursing homes were males. About 90 percent of the RNs in nursing homes were white non-Hispanics (NCHS, Strahan, 1988).

The age span of RNs working in nursing homes shows an even distribution, with about one-fourth in each of the age ranges: under 35, 35-44, 45-54, and age 55 and over (see Table 3). More than two-thirds of the nurses were married. Those who were married or widowed were more likely to work part-time, while registered nurses who were never married, divorced, or separated worked full-time more frequently. More than one-half had no children living at home, consistent with the fact that more than one-half were age 45 and over.

Most RNs working in nursing homes were prepared in a diploma program (60%). A small proportion had worked to achieve a higher level of nursing education, although less than 3 percent held a master's degree.

The major way in which staff characteristics differ today from 1985 appears to be in the increased use of nurses from nursing pools. The number of contract or agency nurses and temporary RNs may have been underestimated because of the

procedures used to select the sample. However, the results suggest that in 1985 from 93 to 97 percent of the RNs were staff members on the facility's regular payroll.

Over 30 percent of the nurses work part-time. The full- or part-time employment status of RNs on the staff of nursing homes was related to the position they held. Head nurses and supervisors or directors of nursing were much more likely to work full time than staff or charge nurses were. Nearly 90 percent of all directors of nursing and head nurses were employed full time, while RNs who had the title of staff nurse were more likely to work part time than full time. Full-time RNs worked an average of 39.2 hours per week, and staff RNs working part time worked an average of 20.5 hours per week (NCHS, Strahan, 1988).

The work schedules of registered nurses are typically divided into day, evening, and night shifts. Most RNs work on the day shift as their usual shift, although some have rotating shifts (the RN alternates working two shifts or more during the work schedule). About one-fourth describe their position as administrative, while primary nursing is the most typical kind of work.

Consistent with the age distribution described above, RNs who work in nursing homes have considerable experience. Nearly 40 percent have worked as an RN for over 20 years, over 61 percent have worked for over 10 years, and less than 7 percent have less than three years' experience. However, turnover rates are high in this field. Twenty-two percent had worked at their current facility for less than one year, and 58 percent had worked in their present jobs for less than 5 years.

Table 3: Personal and Job Characteristics of
RNs in Nursing Homes

AGE

20 - 34	22.8%
35 - 44	25.4
45 - 54	26.4
55 - 85	24.3
missing	1.1

BASIC NURSING EDUCATION PROGRAM

Associate Degree	26.7%
Diploma	59.6
BA/BS or higher degree	11.7
missing	2.0

MEMBER OF FACILITY STAFF

Staff Member	96.7%
Special Contractual Relationship	2.4
Temporary Employment Service	.9

USUAL SHIFT

Day	55.2%
Evening	14.3
Night	12.6
Rotating	9.2
missing	8.7

YEARS WORKED AS R.N. SINCE GRADUATION

One Year	2.5%
Two Years	4.4
3 - 5 Years	9.6
6 - 10 Years	16.5
11 - 20 Years	31.5
21 - 30 Years	18.8
31 - Over	11.1
missing	5.6

MARITAL STATUS

Married	68.3%
Divorced	13.4
Separated	1.7
Widowed	6.6
Never Married	9.3
missing	.7

HIGHEST NURSING RELATED DEGREE

Associate Degree	25.0%
Diploma	54.1
BA/BS in Nursing	13.2
BA/BS in other field	4.5
Masters in Nursing	1.2
Masters in other field	1.3
missing	.7

FULL-TIME STAFF

Full-Time	61.8%
Part-Time	30.4
missing	7.8

POSITION DESCRIPTION

Primary Nursing	43.1%
Supervisor	22.0
Special Nurse	4.9
Administrative	25.5
missing	4.6

YEARS WORKED AT THIS FACILITY

Up to One Year	22.0%
1 up to 2 Years	15.4
2 up to 3 Years	8.3
3 up to 5 Years	12.4
5 or more years	37.2
missing	4.7

Conditions Important in

Recruitment and Retention

Conditions Important in
Recruitment and Retention

Registered nurses in the 1985 National Nursing Home Study were asked to rate the importance of 45 items listed in terms of recruiting RNs to work in the nursing home and then in terms of retaining RNs in the facility. The items were prefaced with the instruction:

> "A wide variety of factors about the employment situation could be important in attracting a Registered Nurse to a position and/or in making an individual want to stay in the position. The factors that would attract an individual to the position could be the same as or different from the ones that would make the individual want to stay. Therefore, provide 2 ratings for each item listed below. The rating in Column A will indicate the importance of the items in recruiting the Registered Nurse to work in the facility and the rating in Column B will indicate the importance of the item in retaining the Registered Nurse in employment in the facility. Use the following scale to indicate the DEGREE OF IMPORTANCE: 1=not important, 2=slightly important, 3=about as important as not, 4=very important, and 5=all important."

Table 4 shows the percentages of RNs responding who considered an item important (choices 4 & 5 combined) for each of the 45 questionnaire items about recruitment and retention. Items the RNs ranked as important in recruitment were also important in retention. Items such as well-equipped facility with functional nursing units, insurance benefit items, comprehensive orientation and in-service education, and vacation and salary plans that reward length-of-service were very important to a high percentage of nurses in the study.

Conditions Important in
Recruitment and Retention

Table 4: Importance of Employment Conditions in Recruiting and
Retaining Registered Nurses

Percent of RNs responding who identify employment conditions as
"very important" or "all important" in attracting a Registered Nurse
to a position and/or making an individual want to stay:

Conditions in the Employment Situation	Recruitment	Retention
Well-equipped facility with functional nursing units................................	89.4	92.2
Insurance plans at no cost or partially paid for covering hospitalization........	87.5	89.3
Insurance plans at no cost or partially paid for covering medical/ surgical care..................................	86.1	87.8
Provision of comprehensive orientation program for those newly-hired.........	87.7	80.2
Graduated vacation plan varying according to length-of-service.......................	78.4	86.7
Pay differential for holiday work............	78.1	79.1
Graduated salary plan with increases according to length-of-service............	76.2	85.5
Graduated salary plan with increases according to holiday work................	78.1	79.1
Graduated salary plan with increases according to merit........................	76.2	83.8
Provision of in-service education...........	74.4	78.3
Insurance plans at no cost or partially paid for covering dental.................	71.6	73.7
Availability of support service personnel and nonprofessionals to do non-nursing tasks...................	70.4	76.9
Retirement plan (other than federal Social Security) partially or totally paid for by employer.....................	66.8	76.5
Availability of physicians....................	68.9	73.2
Pay differential for night shift................	72.0	72.4
Ability to arrange work hours to work day shift only...............................	69.5	71.7

Conditions Important in
Recruitment and Retention

	Recruitment	Retention
Clinical supervision available by experienced nursing home nurses.......	67.9	66.3
Pay differential for evening shift.............	69.0	69.9
Ability to arrange work hours to work during child's school hours.............	67.3	69.4
Pay differential for weekend work.........	66.0	67.4
Reimbursement for expenses for continuing education......................	62.8	68.0
Not required to "float" to unfamiliar units...........................	62.4	63.0
Insurance plans at no cost or partially paid for covering life.....................	60.3	63.4
Job advancement possibility along clinical lines...............................	57.6	67.3
Leave of absence for maternity.............	57.5	62.3
Release time with pay for continuing education......................	56.6	61.5
Pay differential or separate salary scale by educational preparation..............	55.7	55.2
Free parking.....................................	55.1	55.1
Ability to arrange work hours to work during child's school term...............	54.1	55.4
Ability to arrange work hours to work during week days only....................	49.9	51.6
Availability of college tuition reimbursement plan.......................	48.2	51.9
Opportunity for professional development such as participation in clinical nursing conferences & nursing research projects..........................	45.1	50.0
Security personnel available.................	44.5	48.4
Ability to arrange work hours to work evening shift only.........................	47.2	49.5
Ability to arrange work hours to work night shift only............................	46.3	48.1
Ability to arrange work hours to work rotating shifts..............................	39.5	41.0

Conditions Important in
Recruitment and Retention

	Recruitment	Retention
Job advancement possibility along administrative lines.......................	38.3	47.0
Convenient public transportation............	36.8	36.3
Ability to arrange work hours to work during weekends only....................	34.6	36.3
Child care facilities............................	33.2	35.2
Meals at no cost or subsidized..............	33.1	33.8
Use of facility as clinical center for nursing students.......................	20.8	21.4
Career counseling..............................	18.6	21.1
Clinical supervision available by a master's prepared clinical specialist...	13.9	13.4
Laundry of uniforms..........................	10.3	10.3
Subsidized housing............................	10.2	10.1

One surprising finding in this research was the limited value that most nurses placed upon child care facilities provided by employers. It ranked 39 among the 45 items. Only about one-third of the nurses identified it as very important in attracting or keeping RNs. This does not mean that it is unimportant to younger nurses. However, in relationship to other benefits, fewer nurses expect or want it to be provided by their employer. Perhaps they define the need for child care as a personal issue rather than an employment issue. It is also possible that child care close to home is preferable to child care close to work. Table 5 shows the age differences for this benefit.

Table 5. Importance of Child Care by Age of Nurse in
         Recruiting and Retaining RNs.

Percent of RNs by age who identify child care as "very important"
or "all important" in attracting a Registered Nurse to a position
and/or making an individual want to stay:

	Recruitment	Retention
TOTAL	33%	35%
age up through 34	43	47
35 - 44	34	35
45 - 54	28	30
55 and over	29	31

Even though providing child care has been suggested as a
way to recruit and retain nurses (Brooks, 1989), it will probably
not have the significant pay-off that employers might hope.
Attention to other factors may be more cost effective. This finding
illustrates the value of empirical research, in contrast to the
unsupported statements by administrators that making child care
available has proven to be beneficial for recruitment and retention.
There may be other desirable reasons for administrators to develop
and provide child care to employees. Child care programs show
concern for family life.   However this research suggests that
greater attention to other employment benefits may have more
influence on recruitment and retention.

The frequencies obtained in Table 4 can be used to
understand what nurses who work in nursing homes want.
However paying attention to 45 separate items can be complicated.
In order to simplify the implications of this research, clusters of
similar items were created by using factor analysis. These clusters
can be discussed together and used to inform employers. The
most important clusters were: insurance benefits, professional
environment, educational opportunities, and career advancement.

Conditions Important in
Recruitment and Retention

A good selection of <u>insurance benefits</u> is important to all nurses, but particularly to younger nurses, those with less tenure, nurses who have higher salaries, and those who work part-time. In short, it seems worth the time, attention, and financial resources to offer an attractive package of insurance benefits such as hospitalization, medical/surgical care, dental care, and life insurance plans at no cost or partially employer-funded. Long-term care nurses are also interested in retirement plans other than federal Social Security. Furthermore, employees must be clearly informed of the dollar value of these benefits, just as they need to be fully informed about the value of their wages and salaries.

Another important cluster of items refers to the <u>professional environment</u>. These include: a well-equipped facility with functional nursing units; provision of comprehensive orientation program for those newly-hired; graduated salary plan with increases for merit; provision of in-service education; availability of support service personnel and nonprofessionals to do non-nursing tasks; and availability of physicians. These factors appear to be more important in retention than in recruitment. Many of these factors are slighted by the employers who only pay lip-service to them rather than really devoting attention to them. For example, providing an abundant supply of all kinds of equipment to meet periods of peak demand in emergency situations when everything goes wrong is extremely important to registered nurses. They believe that nursing units are more functional when the lines of communication, responsibility, and supervision are clear. Many nurses need more formal training in management and supervisory skills. This helps the units run more smoothly and creates a better work environment. Treating RNs like professionals and facilitating their professional development is very important in retaining them.

Employers who wish to recruit younger nurses will need to provide attractive <u>educational opportunities</u>, such as reimbursement for expenses for continuing education; release time with pay for continuing education; availability of college tuition reimbursement plan; and opportunity for professional development. Additional training in management as well as nursing should be made available. Younger nurses were also more interested in <u>career</u>

advancement than older nurses. The career advancement dimension includes job advancement possibility along clinical lines; job advancement possibility along administrative lines; and career counseling. This is not to imply that younger nurses are more desirable staff members. Indeed, older nurses may represent a more stable source of staffing if they are recruited. Older nurses show greater interest in retirement benefits.

Implications

This paper has provided a demographic description of Registered Nurses who work in long-term care facilities. The research deals with organizational factors that nursing home administrators might be able to modify. Long-term care administrators cannot change the nature of the competition for employees. But they can focus upon the kind of nurse they hope to attract and retain. They can offer a different kind of employment situation than most hospitals offer and can try to provide a more professional working environment than they have in the past. Nurses desire opportunities for personal and professional development. Administrators must also pay greater attention to providing an attractive package of insurance benefits.

Conditions in the employment situation must be assessed by administrators in making decisions about organizational factors that work positively and negatively to recruit and retain nurses. These include: the physical environment and equipment, the social environment and quality of supervision, and employment benefits. Employees need a physical environment and equipment that provides them with the best tools for their jobs. The environment should facilitate their work rather than requiring them to "make do" with either undesirable but available equipment or a less than adequate supply. Employees need a clearly defined division of labor with equally clear areas of autonomy, responsibility, and teamwork. Nurses must be allowed to function as professionals. Supervisors need training in supervisory skills and techniques. Administrators must evaluate all of their fringe benefits to be sure they are as competitive and attractive as possible. They should provide an annual account to each person that includes all direct and indirect benefits.

The American Nurses Association identified the work problems of nurses as poor working conditions, stress of working with people who are ill and dying, paperwork demands of government red tape, long unpredictable hours including weekends and holidays, low pay, little opportunity for advancement, and stress. Thus, in addition to the items identified here from the 1985 National Nursing Home Survey, attention should be paid to issues of professional support, particularly in dealing with chronic illness, death, and stress.

Implications

Some administrators have implemented trial incentives to recruit and retain nurses. Some try offering nurses more flexible working hours with shift and schedule options. Others are trying 12-hour shifts with 3 days (36 hours/week) equivalent to full-time work.

Another possibility is job redesign and staff realignment. After job analysis that identifies all tasks to be performed in the job position, some work can be reassigned to non-nursing personnel. For example, some administrators have hired non-nurse managers for nursing units who are responsible for personnel management, not supervising the quality of nursing services delivered. Using computers may provide additional efficiency that allows nurses to do more of the patient care work most nurses enjoy.

If administrators pay specific attention to nursing recruitment and retention and create employee awareness of their attention, improvements are likely to occur. When employers develop and name a specific set of recruitment and retention goals and the means to achieve them, employees may begin to spread the word about the program to other people outside the organization.

The Hawthorne effect shows that employee satisfaction and productivity may be affected more by the fact that employees are being studied or attention being paid to them than by the steps taken to improve productivity. Scientists (F.J. Roethlisberger & W.J. Dickson) learned in the 1930s that workers develop close primary group norms about their work. They found that making working conditions better consistently increased satisfaction and productivity. Eventually they discovered that the workers were responding more to the attention by researchers given them than to improved working conditions. This is known as the Hawthorne effect. Similarly, medical researchers often find improvements in patients who receive a placebo. Thus, the very fact of implementing new procedures to recruit and retain nurses may produce some positive results.

Summary

This research serves to identify some factors that nurses themselves have identified as high priority concerns in recruiting and retaining RNs in nursing homes. Several areas of importance were identified from a list of 45 items included in the 1985 National Nursing Home Survey. According to the national sample of 2,760 Registered Nurses who worked in those nursing homes, the areas that deserve our greatest attention include: insurance and employment benefits (such as hospitalization, medical/surgical, and dental insurance, and retirement plans); offering a professional environment which provides such things as a well-equipped facility with functional nursing units; provision of comprehensive orientation program for newly-hired employees; graduated vacation and salary plan according to length-of-service; and pay differentials for holidays, and night, evening, or shifts.

It may be desirable to attract middle-aged and older nurses who make up the backbone of long-term care nursing. On the other hand, attempts to recruit and retain younger nurses must pay special attention to educational opportunities and career advancement. This research indicates that the factors that are important in recruitment tend to coincide with the factors important in retention. Certainly, the best way to keep nurses is to treat them like professionals.

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