

Capstone Project

Factors Which Influence Job Satisfaction in Nursing Assistants in Nursing Homes

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Abstract

High turnover of nursing assistants in long term care facilities results in poor quality of care and decreased quality of life for nursing home residents. Turnover is related to job satisfaction and can be improved by improving job satisfaction.

The purpose of this project was first to explore the relationships between job satisfaction and factors known to affect job satisfaction in an existing data set of 556 nursing assistants from 12 Maryland nursing homes. The second purpose of the project was to develop a guideline and user friendly tool to assist Directors of Nursing in improving job satisfaction in their own facilities.

A multiple regression analysis was performed to identify the relationship between job satisfaction and facility, age, gender, education, years of experience, self-esteem, self-efficacy and outcome expectations for performance of restorative care activities, and observed performance of restorative activities. A step wise approach was used. Three variables entered the model, accounting for 7.1% of the variance in job satisfaction. The variables positively associated with job satisfaction were length of experience as a nursing assistant and performance of exemplary nursing care demonstrated through performance of restorative care. Self esteem was negatively associated with job satisfaction. The remaining variables did not enter the model.

An evidence based guideline for evaluating and improving job satisfaction and reducing turnover in nursing assistance was developed based on the study results and existing literature. Strategies for improving job satisfaction which were proven to be effective were included. A three step, checklist tool was developed from the guideline to assist administrative staff in the evaluation and improvement of job satisfaction and turnover in their facility.

Enhancing job satisfaction and reducing turnover is a problem with multiple causes and multiple potential solutions. For Directors of Nursing, shifting through the potential interventions can be daunting. The guideline and tool can assist in addressing and resolving job satisfaction problems and, through more satisfied nursing assistants, improve quality of care and quality of life for long term care residents.

Factors Which Influence Job Satisfaction in Nursing Assistants in Nursing Homes

The United States is currently experiencing a shortage of nursing assistants (Collier & Harrington, 2008). The average turnover of nursing assistants in nursing homes in the United States is high, averaging 93% (Bowers, Esmond, & Jacobson, 2003). Turnover results in high recruitment expenses, poor staffing ratios, and vacant positions in those facilities that care for our nations' elderly. Those nursing assistants who leave nursing facility employment seem to do so due to poor job satisfaction. Over the last three decades, findings from numerous studies indicate that job satisfaction is significantly associated with job turnover among nursing assistants (Kennedy, 2005; Parsons, Simmons, Penn, & Furlough, 2003; Schur, Noelker, Looman, Whitlatch, & Ejaz, 1998; Secrest, Iorio, & Martz, 2005; Squillace et. al., 2006; Claudill & Patrick, 1989; Garland, Oyabu & Gipson, 1988). Job satisfaction in nursing assistants is also related to client satisfaction in nursing home patients and families (Tellis-Nayak, 2007; Sikorska-Simmons, 2006; Chou, Boldy & Lee, 2003).

Background and Purpose

The number of Americans in need of long term care is expected to double by 2050. Recruitment and especially retention of nursing assistants is a priority for long term care providers (Squillace, Remsburg, Bercovitz, Rosenoff, & Branden, 2006). Since nursing assistants are the members of the long term care healthcare team who provide direct assistance for the personal care needs of the patients, recruitment and especially retention of nursing assistants is a priority for long term care providers (Squillace, Remsburg, Bercovitz, Rosenoff, & Branden). High turnover of nursing assistants results in a poor quality of care and decreased quality of life among nursing home residents (Castle, 2007; Collier, 2008; Castle, 2005; Schur, Noelker,

Looman, Whitlatch, & Ejaz, 1998). Turnover and its relationship to quality of care could also be a factor in the relationship between job satisfaction and patient and family satisfaction with nursing home care.

The issue of client and family satisfaction is becoming a crucial component in determining quality in the nursing home culture change movement. Researchers in and out of health care studying client satisfaction are finding correlation between client satisfaction and employee satisfaction (Hallowell, Schlesinger & Zornitsky, 1996). In nursing homes, less job satisfaction in larger nursing home units correlated with reduced quality of life measured by resident need for physical and psychosocial assistance (Pekkarinen, Sinervo, Perala & Elovainio, 2004). Better relationships and improved quality of life on units with nursing assistants satisfied with their jobs could positively influence reports of client and family satisfaction.

Factors Influencing Job Satisfaction

Job satisfaction is a complex phenomenon with multiple causative factors, including work environment, training, supervision and management (Grant, et. al. 2007). Specifically, among nursing assistants multiple factors influencing job satisfaction and turnover have been identified. Demographic factors such as age and length of employment have been studied and are related to satisfaction (Parsons, et. al. 2003; Claudill & Patrick, 1992). Wages and benefits are frequently cited as causes of job dissatisfaction along with working conditions (Hsiech, 2005, Parsons, et. al.; Sung and Chang, 2004; Grieshaber, 1995). Nursing assistant perceptions of poor staffing and high workload in facilities are often mentioned as factors in job satisfaction (Cherry, et. al., 2007; Castle & Engberg, 2007; Donoghue & Castle, 2007; Lapane and Hughes, 2007). Some factors have been studied which positively impact a nursing assistant's feelings about their

job. Especially important in motivating positive feelings is the relationship between nursing assistants and residents (Parsons, et. al; Pfefferle, 2008; Moyle, et. al. 2003; Friedmann, et. al., 1999). Also important is the perception of being valued by nurses and supervisors and considered an important part of the care team (Pfefferle; Bowers, Edmond, Jacobson, 2003; Moyle; Banaszak-Holl, 1996). Studies also found that personal growth and advanced training improved job satisfaction (Atchison, 1998; Fitzpatrick, 2002; Jette, et. al., 1998; Metcalf, 2002).

Continuing Job Satisfaction Issues

Increasing job satisfaction among nursing assistants working in individual nursing facilities should reduce turnover. Increased job satisfaction should also increase resident and family satisfaction and quality of life directly or indirectly through reduced turnover. Studies of job satisfaction and turnover in nursing assistants have been published since the 1980's. Despite this evidence, the problem of low job satisfaction and high turnover among nursing assistants persists (Grant, et.al., 2007). Testing the interventions identified in these studies is needed to establish if improving job satisfaction will increase retention and improve resident quality of life and satisfaction.

One factor that may be contributing to the lack of evidence-based initiatives to improve job satisfaction is that directors of nursing in these facilities, who would be most influential in designing and implementing these strategies, may not be familiar with the many factors which influence job satisfaction. Most directors of nursing in nursing homes (73.1%) have associate degrees as their highest educational level. An additional 5.8% are diploma graduates. Only 15.4% had a BSN and 3.8% are Master's prepared (Adams-Wendling, 2005). Since basic research evaluation and database search techniques are not taught at the associate degree level,

these nursing administrators may not have access to the information and the skills to evaluate the information that could help them keep their nursing assistant employees satisfied and committed.

The purpose of this project is to develop and disseminate a best practice tool to assist nursing home directors of nursing in Maryland to evaluate job satisfaction factors in their facilities and adopt techniques to improve them. The project will involve synthesizing the evidence based data on job satisfaction, quantifying the data, if possible, and restating the data in a simple, easy to use format.

Theoretical Framework

There are multiple theories related to job satisfaction, most of them from disciplines outside of nursing such as education, business and social sciences (Herndon, 1997; Herzberg, 1962; Jiang & Klein, 2002; Landy, 1978; Locke, Smith, Kendall, Hulin, & Miller, 1963). One of the theories, Herzberg's Motivation-Hygiene theory, has been used frequently in research on job satisfaction for nursing and nursing assistants in addition to research in other fields and assists practitioners in understanding this multi-factorial problem.

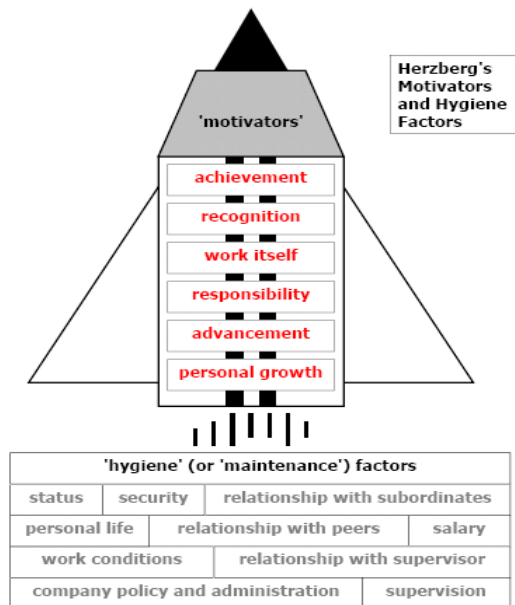
In motivation-hygiene theory there are two concepts which are clearly defined by the theorist. The first is the concept of dissatisfaction which comes from pain avoidance needs in man. Dissatisfaction is influenced by what Herzberg calls hygiene factors which are extrinsic to job related activities. Hygiene factors are security issues, such as salary and company policies, working conditions including supervision and relationships with other workers. Addressing these factors will temporarily cause improvement in job dissatisfaction but will not be a long term motivator (Herzberg, Mathapo, Wiener, & Wiesen, 1974). The other concept is job satisfaction which comes from man's need for growth. Job satisfaction is influenced by motivation factors

such as achievement and responsibility (Herzberg). Therefore, according to Herzberg, the path to job satisfaction is hierarchical. Before job satisfaction can be obtained, the basic job needs or “hygiene” needs of the worker must be met. If these basic needs are not met, then job dissatisfaction occurs. When these basic “hygiene” needs are met, however, the worker can progress to the next step which is achieving job satisfaction. The factors which must be in place for workers to achieve job satisfaction which Herzberg called “motivation factors” include opportunities for growth and advancement, responsibility for the quality of one’s work, enjoyment of the work itself, recognition by the employer of the workers contribution and a sense of accomplishment or achievement.

Overall, motivation-hygiene theory has been and can be used to address the issue of job satisfaction in nursing assistants in long term care. There is valid criticism of the theory especially to the composition of Herzberg’s original population which did not include women, young employees or employees at low salary levels (Medved, 1982). Herzberg’s original research failed to account for emotional influences on participants answers (Byrne, 2006). Also frequently questioned is the assumption that satisfaction and dissatisfaction are separate and distinct concepts. Critics who did not support Herzberg questioned that satisfaction and dissatisfaction are, in fact, on a continuum and that a lack of motivation factors can lead to dissatisfaction (Medved, 1982). Herzberg himself acknowledged in the initial work that his theory would not address all of the problems of the workplace (Byrne, 2006). Nonetheless, motivation-hygiene theory has been used successfully in multiple disciplines with multiple populations. The theory has been replicated more than any other theory in industrial and organizational psychology (Chapman, 2008). The original theory was developed using accountants and engineers but in the first seven years after the theory was developed it was used

in the United States and Finland and studied scientists, manufacturing supervisors, professional women, agricultural workers, hourly technicians and housekeepers (Herzberg, et. al. 1974). Since that time the theory has been the basis of studies of educators (Batchler, 1981; Dvorak & Phillips, 2001; Medved, 1982; T. C. Timmreck, 1977), nurses (Borkowski, Amann, Song, & Weiss, 2007; Parker, 1984; T. C. Timmreck, 2001; While & Maguire, 1973; Wilkinson & Hite, 2001) and nursing assistants (Moyle et al., 2003; Sung et al., 2005) and even nursing students and faculty (Egenes, 1989).

The following is a graphic model of hygiene-motivation theory.



Hygiene factors are merely a launch pad - when damaged or undermined we have no platform, but in themselves they do not motivate.

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(Chapman, 2008)

Review of the Literature

In keeping with Herzberg’s motivation-hygiene theory, a review of the literature was conducted to assess the current state of the “platform” or hygiene factors in the work lives of nursing assistants and then the motivation factors. Prior research on factors influencing job

satisfaction in nursing assistants often looked at turnover to conceptualize job satisfaction.. (Sung & Chang, 2004; Kash & Castle, 2007; Claudill & Patrick, 1992). Therefore, both job satisfaction and turnover will be reviewed in this document.

Hygiene Factors

Salary and benefits. In reviewing the literature, salary and benefits were cited in a number of studies as contributors to nursing assistant dissatisfaction (Hsieh & Su, 2007; Lapane & Hughes, 2007; Parsons, et.al., 2003; Kuo, Yin & Li, 2008; Sung & Chang, 2004). Researchers focusing on turnover in nursing assistants also found that wages and benefits were factors influencing turnover (Parsons, et. al., 2003; Castle, 2007; Castle, et. al., 2007; Atchison, 1998; Lapane & Hughes, 2007; Hsieh & Su, 2007; Sung, Chang & Tsai, 2005). A large majority of the studies found salary and benefits to be crucial in the decision to leave their current employment (Hsieh & Su; Sung & Chang; Atchison; Lapane & Hughes). Given the relationship between job satisfaction and turnover, it is not surprising that pay and benefits are related to both job satisfaction and turnover (Kennedy, 2005; Squillace et. al., 2006). Direct care workers which include nursing assistants are among the lowest paid employees in the U.S. (Stone & Dawson, 2008). In testimony before the US Congress, the General Accounting Office (2001) was concerned with nursing assistant wages and benefits. Nursing assistants were twice as likely as other workers to be receiving food stamps and Medical Assistance. One fourth of nursing home aides were uninsured compared to sixteen percent of all workers (GAO). Because of these wage issues various states have begun initiatives to increase nursing assistant wages. By 2000, 26 states had implemented some type of wage pass through in the Medical Assistance nursing home reimbursement to improve nursing assistant pay. Although at that time some states had reported positive effects on nursing assistant recruitment and retention there is little evidence to

substantiate these claims (GAO). Because low pay for nursing assistants is an industry wide problem, the strength of the influence of pay and benefits on turnover has been questioned. Given the many factors that can influence job satisfaction, it has been suggested that low pay may be relatively inconsequential for nursing assistants unless coupled with perceptions of disrespect or distrust (Parsons et. al., 2003).

Working conditions. Working conditions was cited in one study as a potential source of job dissatisfaction (Greishaber, Parker & Deering, 1995). Staff in a poor inner city facility were compared with staff in an affluent suburban facility. Both groups of nursing assistants were satisfied with the content of their job. Both were less satisfied with working conditions and the staff of the inner city home was less satisfied than their suburban counterparts. The researchers speculated that work environment was a factor in these differences but did not specify what aspect of the environment was a concern (Greishaber, Parker & Deering). Investigators studying turnover also identified work environment as a factor contributing to turnover. In a study in China, nursing assistants identified cleanliness of a facility as increasing feelings of job satisfaction which resulted in lowered turnover (Sung&Chang, 2004).

Co-worker relationships. Job satisfaction increased when there were positive relationships with co-workers and work was performed as a team rather than individually (Atchison, 1998, Friedman et. al., 1999; Kuo, Yin & Li, 2008; Moyle et. al., 2003; Parsons et. al., 2003; Pfefferle & Weinberg, 2008; Sung et. al., 2005). Nursing assistants mentioned relationships with peers helped support them in difficult situations.

Demographic factors. The age of the nursing assistant has been noted to affect job satisfaction. Younger nursing assistants were more dissatisfied with their job (Parsons, et. al.,

2003). Years of experience as a nursing assistant also was associated with increased job satisfaction as was the time employed in the previous job (Parsons, et.al.,2003). Nursing assistants with more time as nursing assistants were more likely to stay with an employer, especially if they stayed for a greater length of time at their previous job (Cohen-Mansfield, 1997). The age of the nursing assistant and years of experience may be related but this potential relationship was not explored. Nursing assistants with more education, especially if young, were more likely to be dissatisfied with the nursing assistant role and leave their jobs (Claudill & Patrick, 1991). This was not true for nursing assistants with greater job satisfaction who were not planning to increase their education to become licensed nurses and were satisfied with their current job responsibilities (Parsons, et. al.,2003).

Quality Care. Quality of care has been associated with staff turnover (Castle & Engberg, 2005; Castle & Engberg, 2007; Kash & Castle, 2007). Quality of care has not been studied related to job satisfaction but given the demonstrated relationship between job satisfaction and turnover it would not be surprising if a relationship existed. (Kennedy, 2005; Squillace et. al., 2006). Quality of care in nursing homes is a difficult concept to quantify. Nursing Home Quality Indicators represent an attempt to measure quality care in nursing homes. They were developed by the Health Care Financing Administration (now Centers for Medicare and Medicaid Services) under the federal Department of Human Services. Information for the Quality Indicators comes from individual nursing home information provided through resident assessment information submitted through the states to the Federal Government (CHSRA, 1999). Poor nursing home quality indicators such as restraint use, catheter use, contractures, pressure ulcers and psychoactive drug use were correlated with higher turnover for nursing assistants (Castle & Engberg, 2005; Castle & Engberg, 2007). Based on data from the Online Survey, Certification

and Reporting (OSCAR) system these studies showed a relationship between turnover and poor quality in the selected indicators. It is not clear, however, whether the turnover causes poor quality or poor quality contributes to turnover.

For profit ownership was associated with higher nursing assistant turnover (Castle, Engberg, Anderson & Men, 2007; Castle & Engberg, 2005), and greater profit margins were associated with reduced staffing levels (Kash & Castle, 2007). As with the relationship between turnover and quality, although for profit status was associated with higher turnover whether turnover was caused by for profit status or for profit status caused turnover could not be determined.

Workload/staffing. The most consistent source of dissatisfaction with employment was workload and/or staffing levels (Cherry, et. al, 2007; Lapane & Hughes, 2007; Castle, 2007). In all of these studies however staffing issues were subjectively determined by the nursing assistants and not based on actual staff to resident ratios. In interviews nursing assistants brought up workload as a cause of dissatisfaction even though they were not specifically questioned about workload or staffing (Cherry, et. al.,2007). Nursing assistants asked to rate their workload on a scale of 1-10 most rated it at 7. The author felt that higher staffing levels would lower this score (Castle, 2007).

A number of studies noted a direct relationship between low staffing levels and high rates of turnover (Hsieh & Su, 2007; Castle & Engberg, 2007; Donoghue & Castle, 2007; Kash & Castle, 2007). It is not surprising that turnover is related to workload because of the demonstrated relationship between job satisfaction and turnover (Kennedy, 2005; Squillace et. al., 2006). As with job satisfaction research, workload was based on subjective responses by the

nursing assistants rather than quantified information on actual staffing levels (Hsieh & Su; Castle & Engberg; Kash & Castle). One study did attempt to quantify a relationship between turnover for nursing assistants and number of nursing assistants per 100 residents (Donoghue & Castle, 2007). The researchers used data from a survey of nursing administrators they conducted and 2004 Online Survey, Certification, and Recording (OSCAR) and the 2004 Area Resource File (ARF) data (Donoghue and Castle). They found that when the number of nursing assistants increases, turnover improves not only for nursing assistants but also for RN's and LPN's. For nursing assistants turnover decreased from 65% to 41% when the number of full time equivalent nursing assistants increased from 33 per 100 residents to 41 per 100 residents. They argue that by maintaining nursing assistant staffing the turnover for all employees can be reduced. Higher rates of turnover of nursing assistants are also related to more survey deficiencies although the direction of the relationship is not clear (Donoghue and Castle, 2007).

Motivation Factors

Patient/Resident Relationship. United States nursing assistants described their relationship with residents as the most important of all issues surveyed in their satisfaction with their work (Parsons et. al., 2003; Pfefferle & Weinberg, 2008; Friedman et. al., 1999; Moyle, Skinner, Rowe & Gork, 2003). The resident relationship was also a primary motivator in other cultures with Australian aides getting gratification from resident compliments (Moyle, et. al.2003). Taiwanese aides considered resident relationships as a factor for job continuation and were especially attached to dementia residents with whom they developed long term relationships. (Sung, Chang & Tsai, 2005). The strength of relationships with residents was also apparent in Burgio's (2004) findings that permanent assignments increased job satisfaction in nursing assistants when compared with rotating assignments.

Nursing assistants' derived satisfaction from personal fulfillment in caring for residents with many feeling a sense of responsibility for the care they provided (Helmer & Heim, 1993; Monahan & McCarthy, 1992). Nursing assistants' working in the US described the spiritual nature of their motivation to care for residents in both religious and secular facilities and being called to work with older residents. They felt their work displayed altruism and selflessness which motivated feelings of satisfaction (Pfefferle & Weinberg, 2008). Conversely, nursing assistants in China considered their work satisfying because of confidence in their skills and abilities in dealing with challenging dementia clients rather than the relationship with those clients (Sung, et. al., 2005).

Recognition/Respect. Nursing assistants described lack of recognition and the perception of not being listened to by administrations as factors causing job dissatisfaction (Moyle et. al., 2003; Parsons et. al., 2003). Nursing assistants who were not satisfied with their jobs expressed frustration at a lack of recognition at both the management level and among the nurses they were working with directly. They felt they were not valued by their supervisors and administrators (Bowers et. al., 2003; Moyle et. al. 2003; Parsons et. al, 2003; Pfefferle & Weinberg, 2008). Where respect and recognition were a focus of the facility administration structure, nursing assistants were satisfied with their job and less likely to leave their employment (Friedman, et. al., 1999). Nursing assistants in PACE (Program of all-inclusive care for the elderly) are included in interdisciplinary team decision making about patients. These nursing assistants felt their suggestions were respected and they were given the opportunity to use their judgment. PACE nursing assistants had a lower turnover rate (30.0% to 58.4%) than nursing assistants in nursing homes and had higher job satisfaction scores (3.53 to 3.29 with $p=.001$) (Friedman, et. al.).

Nursing assistants in other facilities were especially concerned about being minimized as a group and treated as indistinguishable from each other. The nursing assistants expressed that their supervisors treated them as if they all were unskilled, lazy and stupid (Bowers et.al, 2003; Pfefferle & Weinberg, 2008). Conversely, when NAs felt they were respected and recognized they were satisfied with their jobs (Friedman, et. al., 1999).

Personal growth. An individual nursing assistant's potential for personal growth and development was a factor identified frequently in the literature as influencing job satisfaction. Personal growth was significant in producing job satisfaction in nursing assistants (Atchison, 1998, Fitzpatrick, 2002). As with job satisfaction, individual potential for growth and development were factors influencing turnover. Facilities that were noted to have insufficient orientation programs and a lack of ongoing training opportunities were noted to have increased nursing assistant turnover (Fitzpatrick, 2002). Orientation periods were sometimes shortened due to facilities' need to move nursing assistants into service as quickly as possible. Nursing assistants felt that newly hired aides were insufficiently oriented to the unit and were not prepared for the volume of work required. These newly hired nursing assistants quickly left the facility to pursue other opportunities (Parsons, et. al., 2003; Bowers et. al., 2003).

Advanced nursing assistant training has been used as a method to increase personal growth and development and therefore job satisfaction (Jette, et. al., 1998; Fitzpatrick, 2002; Bowers et. al., 2003; Haggstom, Skovdahl, Flackman & Kihlgren, 2005; Metcalf, 2002). Although advanced training is not mentioned by nursing assistants as a factor in job satisfaction (Cherry et. al, 2007; Parsons et. al.; Sung & Chang, 2004), advanced training programs note an increase in job satisfaction after the program concludes (Pillemer, 1996; Fitzpatrick, 2002; Häggström, Skovdahl, Fläckman, Kihlgren, & Kihlgren, 2005; Jette, Soreff & Capriole, 1998).

Gaps in Findings

Job satisfaction and turnover in nursing assistants is a problem caused by multiple interrelated factors. In reviewing the literature, factors correlated with either turnover and job satisfaction was related to Herzberg’s hygiene and/or motivation factors. The following table reviews factors identified in the literature review that contributed positively or negatively.

Hygiene Factors	Literature Factors	Study	Rating	Job Satisfaction	Turnover
Salary and Benefits	Salary and Benefits	Hsieh & Su, 2007	IV	Contributed	Contributed
		Lapane & Hughes, 2007	IV	Contributed	Contributed
		Parsons, et. al, 2003	IV	Contributed	Not Contributed
		Kuo, Yin, Li, 2008	IV	Contributed	
		Sung & Chang, 2004	VI	Contributed	Contributed
		Castle, 2007	IV		Contributed
		Castle, et. al, 2007	II		Contributed
Atchison, 1998	IV		Contributed		
Working conditions	Environment	Greishaber, Parker, Deering	IV	Contributed	Contributed
		Sung & Chang, 2004	IV		
		Atchison, 1998	IV	Contributed	
		Friedman et. al. 1999	II	Contributed	
	Co-worker relationships	Kuo, Yin & Li, 2008	IV	Contributed	
		Moyle et. al, 2003	VI	Contributed	
		Parsons, et. al, 2003	IV	Contributed	
		Pfefferle & Weinberg, 2008	VI	Contributed	
Sung, et. al, 2005	VI	Contributed			
Quality Indicators	Quality Indicators	Castle & Engberg, 2005	IV		Contributed
		Castle & Engberg, 2007	IV		Contributed
		Kash & Castle, 2007	IV		Contributed
For Profit Status	For Profit Status	Castle, et. al, 2007	III		Contributed
Personal Life	Age	Parsons, et. al. 2003	IV	Contributed	
	Career length	Cohen-Mansfield, 19997	V		Contributed
	Education	Parsons, et. al, 2003	IV	Contributed	
Company policies	Workload/Staffing	Cherry, et. al, 2007	VI	Contributed	Contributed Contributed Contributed
		Lapane & Hughes, 2007	IV	Contributed	
		Castle, 2007	IV	Contributed	
		Hsieh & Su, 2007	IV		
		Donoghue & Castle, 2007	IV		
		Kash & Castle, 2007	IV		
Motivation Factors	Literature Factors			Poor Job Satisfaction	Turnover
Work Itself	Patient relationships	Parsons, et. al. 2003	IV	Contributed	
		Pfefferle & Weinberg, 2008	VI	Contributed	
		Friedman, et. al, 1999	II	Contributed	
		Moyle et. al, 2003	VI	Contributed	
		Helmer & Heim, 1993	VI	Contributed	
		Monahan & McCarthy, 1992	VI	Contributed	

		Sung, Chang & Tsai	VI		Contributed
Recognition	Lack of recognition	Moyle, et. al., 2003 Parsons, et. al. 2003 Bowers, et. al. 2003 Pfefferle & Weinberg, 2008 Friedman et. al. 1999	VI IV VI VI II	Contributed Contributed Contributed Contributed	Contributed
Growth and development	Personal Growth	Atchison, 1998 Fitzpatrick, 2002 Jette, et. al, 1998 Bowers, et. al, 2003 Haggstrom, et. al, 2005 Metcalf, 2002 Pillemer, 1996 Parsons, et. al Bowers. et. al.	IV V IV VI VI IV II IV VI	Contributed Contributed Contributed Contributed Contributed Contributed Contributed	Contributed Contributed

Rating Key	
Level I	Systematic Review or Meta Analysis of Randomized Control Trial (RCT)
Level II	Individual RCT
Level III	Controlled trial without randomization
Level IV	Case control, cohort study
Level V	Systematic Review of Descriptive or Qualitative Studies
Level VI	Individual Descriptive or Qualitative Study
Level VII	Opinions of authorities

Much of the work supporting the factors that influence job satisfaction is based on single site studies and meta-analytic work in this area is clearly needed. Another major concern with research conducted to date is related to measurement issues particularly around the issue of staffing. Much of the research is qualitative evaluating nursing assistant's perceptions of staffing rather than an accurate daily quantification of true staffing numbers. The one study which did evaluate actual staffing levels (Donoghue & Castle, 2007) found a direct relationship between turnover of nursing assistants and number of nursing assistants per 100 residents. Although there is a relationship between perceived workload/staffing issues and turnover and job satisfaction, the relationship between actual objective staffing and job satisfaction requires review as it is this information that the DONs have immediate access to and are able to influence. From a management perspective, knowing whether there is a relationship between actual staffing and

satisfaction/turnover can assist in helping to address the problem. If the relationship is perceptual, a different solution would have to be considered.

This project will address the gaps in the current work in this area by taking a two pronged approach. First, the relationship between nursing assistant hours per patient day and job satisfaction will be tested while controlling for variables known to be associated with job satisfaction using an existing data set which includes data on 556 nursing assistants from twelve nursing homes in Maryland. The second step involved developing a guideline to assist Directors of Nursing in evaluating their own facilities to help guide them in the development of interventions to improve job satisfaction and retention.

Design

This study explored the relationship between job satisfaction in nursing assistants employed in nursing homes and multiple factors known to affect job satisfaction in previous studies. An existing data set of 556 nursing assistants from 12 Maryland nursing homes was used. The nursing assistants were participants in a 12 month study of restorative care in Maryland. The NA's completed a survey at baseline and then at 4 and 12 months post intervention. Within that survey was an evaluation of job satisfaction using the Job Attitude Scale. Information on hours per patient day for the 12 nursing facilities included in the data set was obtained from the Nursing Home Compare website found at <http://www.medicare.gov/NHCompare/include/DataSection/Questions/SearchCriteria.asp?dest=NAV|HomeSearch|SearchCriteria#TabTop>.

The nursing assistant hours per patient day (hppd) data ranged from 2 hours, 7 minutes to 2 hours, 35 minutes for the 12 included facilities. All but one of the facilities had hppd numbers which were above both the Maryland and National average.

Sample

Nursing assistants were recruited for the parent study from 12 nursing homes in the greater Baltimore area. The facilities all housed at least 100 residents; two were independent facilities with the remaining ten from three different facility chains; and eight were for-profit. Facilities were matched based on ownership as appropriate and randomly assigned to intervention or placebo control. Nursing assistants were eligible to participate if they had worked in the facility for at least six months, worked day or evening shifts, and if they could read and write English. Across all sites, a total of 1006 nursing assistants were approached (not all of whom were eligible), 30% of whom refused to participate. Among those approached and eligible, 556 NAs consented to participate, 283 from treatment sites and 273 from control sites. The parent study was approved by the Institutional Review Board of the University of Maryland School Of Medicine. Of the 556 study participants in the parent study, there was complete data on 434 participants and it is this group that was used in for this analysis.

Data analysis

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) software. Means, proportions and ranges were used to describe the sample. To explore factors that influence job satisfaction a multiple regression analysis was done with the dependent variables of NH site, age, gender, education, years of experience, self-esteem, self-efficacy and outcome expectations for performance of restorative care activities, and observed performance of

restorative activities. A step wise approach was used and decisions based on a stepping method with entry set at $p=.05$ and removal at $p=.10$.

Measures

The Job Attitude Scale, a 17 item measure, was used to determine job satisfaction by measuring 5 components believed to influence work satisfaction; pay factors, organizational factors, task requirements, job status and autonomy. Response options range from 1 (strongly disagree) to 5 (strongly agree). Validity of the Scale was demonstrated by the significant relationship between its scores and scores of the Minnesota Satisfaction Scale (Helmer, Olson and Heim, 1995).

Self esteem was determined using the Rosenberg Self-esteem Scale (RSES), a 10 item, 4 point Likert scale. The 10 items in the RSES aim to differentiate individuals with high or low self esteem based on agreement or disagreement with positive or negative statements. Response options range from 4 (strongly agree) to 1 (strongly disagree). The reliability of the RSES is supported by a 10 year review with reported alpha scores from 0.75 to 0.92. Test/retest reliability correlations for the RSES ranged from 0.85 to 0.88 (Winters, Myers & Proud, 2002).

Performance of restorative care was measured using the Restorative Care Behavioral Checklist; an observational measure of whether a nursing assistant performed a specific restorative care activity (e.g., encouraged bed mobility at the highest functional level). To complete this measure a resident/NA care interaction is observed during a 15 minute period and it is recorded if the activity was performed, not performed, or not applicable (i.e. not completed during the time of testing). Prior testing provided evidence of inter-rater reliability with ratings

done by 2 nurses ($r=.88$, $p<.05$), and 8 non-nurse evaluators ($r=.90$, $p<.05$). Validity was based on contrasted groups and Rasch analysis (Resnick, Rogers, Galik, Gruber-Baldini, 2007).

Self efficacy was measured using the Nursing Assistants Self Efficacy for Restorative Care Activities (NASERC); a 10 item measure tool focusing on nursing assistant's confidence in performing restorative care activities. In prior testing Alpha coefficients ranged from .80 to .91 for internal consistency and validity was evidenced based on contrasted groups (Resnick & Simpson, 2003).

Nursing assistant's outcome expectations about the benefits of restorative care for patients was measured using the Nursing Assistant's Outcome Expectations for Restorative Care (NAOERC), a 9 item measure focusing on the benefits of restorative care activities for patients. The NAOERC was based on an original 6 item measure with limited evidence for internal consistency with an Alpha coefficient of .61 and some evidence of validity based on contrasted groups. Three items were added to the original measure (Resnick & Simpson, 2003).

Results

As described in Table 1, study participants included 403 (92.9%) women and 31 (7.1%) males. The majority of the participants were Black/African American (387, 89.2%) and the mean age was 39.7 years ($SD=11.96$). Most had at least a high school education (201, 46.3%) and an additional 110 (25.3%) had completed trade school. A surprising 116 (26.7%) had at least some college and 6 (1.3%) had post college education. The participants were experienced nursing assistants with a mean of 11.43 years experience ($SD=8.4$) as nursing assistants.

As described in Table 2, the mean score of the nursing assistants on the job attitude scale, which is reflective of job satisfaction was moderately high at 37.59 ($SD=4.12$, range 20 to 50).

The mean score on the Rosenberg Self Esteem scale was likewise fairly high at 35.33 (SD=4.08, range 20 to 44). Participant scores on the Restorative Care Behavioral Checklist, indicating that nursing assistants provided restorative care during all observed care interactions was 63% (SD=0.29, range 0 to 1). Self efficacy in the performance of restorative care and outcome expectations for restorative care were likewise relatively high with a mean of 81.01 (SD=15.16, range 13 to 100) and 36.9 (SD= 6.48, range 9 to 45) respectively.

The Analysis of Variance (ANOVA) revealed that the over all model was significant ($R=.26$, $F(10.87)$, $df(3)$, $p(<.001)$) (Table 4). The stepwise regression showed that years of experience was entered first in the first model with a beta of .230 and accounted for 5.3% of the variance. Self esteem entered the model with a beta of -.094 and added 0.9% of the variance in job satisfaction. Performance of restorative care was the last variable to enter the model with a beta of .095 accounting for an additional 0.9% of the variance in job satisfaction. All together these three variables accounted for 7.1% of the variance in job satisfaction (Tables 3 and 5). Facility, gender, age, educational level, race, self efficacy and outcome expectations did not enter the model (see Table 6).

Discussion

This study demonstrated that years of experience, self-esteem, and performance of exemplary nursing care demonstrated through evidence of performance of restorative care activities were all associated with job satisfaction, although the three variables explained only a small amount of the variance (7%). The association noted in this study between years of experience as a nursing assistant and job satisfaction mirrors other research findings (Parsons, et.al., 2003; Cohen-Mansfield, 1997). Nursing assistants with greater total experience as well as

increased current job tenure are known to be less likely to leave their current position (Decker, Harris-Kojetin, Bercovitz, 2009). Nursing assistant's with more years of experience have less stress in their job than newer nursing assistants and perceive work related problems differently (Parmelee, Laszlo, Taylor, 2009). They could be those who found their job more rewarding and remained in the profession, where those who did not find their job rewarding left the profession (Decker, Harris-Kojetin, Berkovitz). Since nursing assistants with longer tenure in the profession also appear to have more stable family environments (Parmelee, et. al., 2009) they may have less childcare and marital changes which contribute to job instability (Rosen, 2008).

Nursing assistants in this study, at an average of 11.4 years of experience, have substantially more experience than the national average for nursing assistants (Squillace, et. al., 2006). Our findings may be biased in that our inclusion criteria required that the nursing assistants worked in the facility for at least 6 months, thus excluding new nursing assistants. Nursing assistant inclusion in the parent study was voluntary with 30% of those recruited refusing to participate, also potentially biasing this study's findings.

Performance of restorative care is a component of quality care and is taught as a component of nursing assistant basic education (Sorrentino, 2007). Restorative care, to maintain residents at their highest physical, mental and psycho social level, is mandated for nursing homes in the United States (Acello, 2003). Since nursing assistants take pride in and get satisfaction from providing good care to their patients (Mittal, Rosen, Leana, 2009; Parsons et. al., 2003; Pfefferle & Weinberg, 2008) it is not surprising that those nursing assistants who consistently give the care they have been taught are more satisfied than those who do not provide restorative care. The results of this study are also consistent with research demonstrating a relationship between improved job performance, improved skills development and job satisfaction for

nursing assistants (Wisniewski, 2007; Hasson & Arnetz, 2008). The association between the positive performance of restorative care and job satisfaction is consistent with the findings of other groups of nursing assistants who have received training in the performance of restorative care (Resnick, et. al, 2009; Johnson, et. al., 2004). Nursing assistants trained in restorative care are proud of their ability to regain function and more confident in the performance of restorative care (Resnick, et. al., 2009; Johnson, et. al., 2004). As such, their feelings of achievement and personal growth motivate satisfaction in their job consistent with motivation-hygiene theory (Herzberg, 1962). Advanced training programs such as those in restorative care have been shown to increase job satisfaction in participants and meet nursing assistant's needs for personal growth and development (Fitzpatrick, 2002; Bowers et. al., 2003; Haggstom, Skovdahl, Flackman & Kihlgren, 2005). Herzberg's job satisfaction theory considers career advancement and personal growth to be key long term motivators of job satisfaction. Nursing assistants have few opportunities for career advancement and complain of inadequate orientation and on-going training (Rosen, 2008). Those who have tenure in the profession, such as the nursing assistants in this study, do not plan to continue their education (Parson, et. al., 2003) so advanced training programs or inservice education programs to increase their skills may be positive approaches to increasing job satisfaction and reducing turnover.

This study produced a negative relationship between self esteem and job satisfaction in the nursing assistants. Self esteem is considered to be a personality trait that is highly correlated with job satisfaction in employed adults along with the traits of self efficacy, internal locus of control and emotional stability (Judge & Bono, 2001). Self esteem refers to the degree a person likes and values him or herself (Blascovich & Tomaka, 1991). If an individual believes that others regard their role and status negatively, his or her self esteem will be reduced. This is

particularly true for women and for individuals in work settings (Jaret, Reitzes & Shapkina, 2005). Nursing assistants perceive that they are not accepted as equal health professionals (Lapane & Hughes, 2007). They feel disrespected by nurses and seen as indistinguishable from each other. They feel that nurses and administrators see them as stupid, lazy and unskilled (Bowers et.al, 2003; Pfefferle & Weinberg, 2008; Rosen, 2008). These perceptions can affect the self esteem of nursing assistants. Nursing assistants who stay in the profession attempt to create a positive identity in spite of this disrespect by insisting on the value of their work. They see the work as its own reward and instill the work with a spiritual or religious component which allows them to be satisfied with their career in spite of the belittling and lack of respect they receive. (Pfefferle and Weinberg, 2008; Rosen, 2008; Mittal, Rosen & Leana, 2009). Further research, including qualitative interviews, is needed to determine why a negative association between self esteem and job satisfaction was found.

The three variables associated with job satisfaction explained only a small percentage of variance in this study. Based on these findings, multiple factors influence job satisfaction in nursing assistants. Most of the variables included in this study, especially those that failed to enter the model, were what Herzberg would consider hygiene factors (Herzberg, 1962). Although these factors can influence job satisfaction, they do not produce the sustained satisfaction that motivator factors such as personal growth, patient relationships, and the work itself have on job satisfaction. With nursing assistants with many years of experience, like those in the study group, these motivator factors can be even more important since they have already decided to stay in this career. Because of the multiple factors influencing job satisfaction a tool was developed to assist Directors of Nursing in evaluating and improving job satisfaction in their facilities (Appendix). It is anticipated that the tool to assess and intervene to improve job

satisfaction in nursing assistants will facilitate the evaluation and management of job satisfaction among nursing assistants.

Recognition and respect are important motivation factors in Herzberg's theory but are seemingly not available to many nursing assistants working in nursing facilities (Pfefferle & Weinberg, 2008). A focus on evidence based interventions to increase nursing assistant's feelings of respect and recognition should be one of the first steps in increasing job satisfaction at the facility level. Including nursing assistants in care planning, implementing self scheduling, training supervisors in coaching techniques and calling nursing assistants by name have all been shown to improve job satisfaction and reduce turnover (Appendix).

Study Strengths and Limitations

This descriptive study was limited by the fact that the facilities from which nursing assistants were recruited were fairly homogenous with regard to staffing ratios, which were also equal to or higher than the state and national average. The nursing assistants in this group had also been working as nursing assistants for many years. Further study of the relationship between job satisfaction and turnover and nursing assistant hours per patient day with a more varied sample of staffing ratios is necessary to assist nursing home administration in understanding what workload levels are consistent with nursing assistant fulfillment and quality patient care.

As a single one-time survey, the data in this study is descriptive only. As such it demonstrates associations but cannot determine causation between factors.

Conclusion

Job satisfaction for nursing assistants has been shown to be related to client and family satisfaction with nursing home care (Tellis-Nayak, 2007; Sikorska-Simmons, 2006), and the quality of care and quality of life for nursing home residents (Castle, 2007; Collier, 2008; Castle & Engberg, 2005). This secondary data analysis supported prior work identifying characteristics which contribute to job satisfaction for nursing assistants in nursing homes (Parsons, et. al., 2003; Cohen-Mansfield, 1997; Claudill & Patrick, 1991) This study, including 553 nursing assistants, supported prior findings indicating that years of experience as a nursing assistant is associated with job satisfaction. This study also showed that providing exemplary care by performance of restorative care was associated with job satisfaction. Nursing assistants get satisfaction from caring for the residents and doing the best job they can. By performing the restorative care they have been trained to perform, they can provide the best possible care for their residents which may increase their satisfaction in their job.

Increased self esteem was a negative predictor of job satisfaction. Until further research is done to determine the underlying relationship between self esteem and job satisfaction in nursing assistants, increasing recognition and respect to increase job satisfaction for all nursing assistants is necessary. Directors of Nursing and Nursing Home Administrators should familiarize themselves with evidence based interventions, both intrinsic and extrinsic, to improve job satisfaction in these employees (Appendix).

Given that we were only able to explain a very small amount of the variance in job satisfaction, continued exploration of the many factors that influence job satisfaction among nursing assistants is needed. Once established, this information can be shared with those working in long term care administration and additional interventions can be developed to optimize job satisfaction. Improving nursing assistant job satisfaction and reducing turnover will

result in improved life satisfaction for nursing assistants and help contribute to better care for future nursing home residents.

References

- Acello, B. (2003). *The OBRA Guidelines for Quality Improvement*. Clifton Park: N.Y.: Delmar Learning.
- Adams-Wendling, L. & Lee, R. (2005). Quality improvement in nursing facilities: A nursing leadership perspective. *Journal of Gerontological Nursing*, 31(11), 36-41.
- Atchison, J. H. (1998). Perceived job satisfaction factors of nursing assistants employed in midwest nursing homes. *Geriatric Nursing (New York, N.Y.)*, 19(3), 135-7;
- Banaszak-Holl, J., Hines, M. (1996). Factors associated with nursing home staff turnover. *The Gerontologist*. 36 (4), 512-517.
- Batchler, M. (1981). Motivating staff--A problem for the school administrator. *Journal of Educational Administration*, 19(1), 44-54. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ264291&site=ehost-live>
- Blascovich, J., Tornaka, J. (1991). Measures of self-esteem. In J.P. Robinson, P.R. Shaver. L.S. Wrightsman (Eds) *Measures of Personality and Social Psychological Attitudes*. San Diego, Ca. Academic Press.
- Borkowski, N., Amann, R., Song, S., & Weiss, C. (2007). Nurses' intent to leave the profession: Issues related to gender, ethnicity, and educational level. *Health Care Management Review*, 32(2), 160-167.

- Bowers, B., Esmond, S., & Jacobson, N. (2003). Turnover reinterpreted: CNAs talk about why they leave. *Journal of Gerontological Nursing, 29*(3), 36-43.
- Byrne, M. (2006). The implications of Herzberg's motivation-hygiene theory for management in the Irish health sector. *The Health Care Manager, 25*(1), 4-11.
- Castle, N. G. (2007). Assessing job satisfaction of nurse aides in nursing homes: The nursing home nurse aide job satisfaction questionnaire. *Journal of Gerontological Nursing, 33*(5), 41-47.
- Castle, N. G., & Engberg, J. (2005). Staff turnover and quality of care in nursing homes. *Medical Care, 43*(6), 616-626.
- Castle, N. G., Engberg, J., Anderson, R., & Men, A. (2007). Job satisfaction of nurse aides in nursing homes: Intent to leave and turnover. *The Gerontologist, 47*(2), 193-204.
- Caudill, M., & Patrick, M. (1991). Turnover among nursing assistants: Why they leave and why they stay. *Journal of Long Term Care Administration, 19* (4), p. 29-32.
- Caudill, M., & Patrick, M. (1989). Nursing assistant turnover in nursing homes and need satisfaction. *Journal of Gerontological Nursing, 15*(6), 24-30.
- Center for Health Systems Research and Analysis (1999). Retrieved 04/06/2009 from <http://www.chsra.wisc.edu/>
- Chapman, A. *Frederick Herzberg motivational theory*. (2008). Retrieved 10/27/2008, from <http://www.businessballs.com/herzberg.htm>

- Cherry, B., Ashcraft, A., & Owen, D. (2007). Perceptions of job satisfaction and the regulatory environment among nurse aides and charge nurses in long-term care. *Geriatric Nursing (New York, N.Y.)*, 28(3), 183-192.
- Chou, S., Boldy, D., Lee, A. (2003). Factors influencing residents' satisfaction in residential aged care. *The Gerontologist*. 43, 459-472.
- Cohen-Mansfield, J. (1997). Turnover among nursing home staff: A review. *Nursing Management*. 28 (5), 59-62
- Collier, E., & Harrington, C. (2008). Staffing characteristics, turnover rates, and quality of resident care in nursing facilities. *Research in Gerontological Nursing*, 1(3), 157-170.
- Decker, F.H., Harris-Kojetin, L.D., Bercovitz, A. (2009). Intrinsic job satisfaction, overall satisfaction and intention to leave the job among nursing assistants in nursing homes. *The Gerontologist*, 49 (5), p. 596-610.
- Donoghue, C., & Castle, N. G. (2007). Organizational and environmental effects on voluntary and involuntary turnover. *Health Care Management Review*, 32(4), 360-369.
- Dvorak, J., & Phillips, K. D. (2001). *Job satisfaction of high school journalism educators*
Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=ED456466&site=ehost-live>
- Egenes, K. H. (1989). Nursing student and faculty perceptions of factors leading to student satisfaction and dissatisfaction in student clinical experiences: An application of the

- herzberg model. NORTHERN ILLINOIS UNIVERSITY). , 238 p. (UMI Order PUZ9020036.) Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=1991129215&site=ehost-live>
- Fitzpatrick, P. G. (2002). Turnover of certified nursing assistants: A major problem for long-term care facilities. *Hospital Topics*, 80(2), 21-25.
- Friedman, S. M., Daub, C., Cresci, K., & Keyser, R. (1999). A comparison of job satisfaction among nursing assistants in nursing homes and the program of all-inclusive care for the elderly (PACE). *The Gerontologist*, 39(4), 434-439.
- Garland, T.N., Oyabu, N., Gipson, G. A. (1988). Stayers and leavers: A comparison of nurse assistants employed in nursing. *Journal of Long Term Care Administration*. 16 (4), 23-29
- Grant, L.A., Hernadez, M., Davern, M., Tellis-Nayak, V., Hu, A., Lewerenz, E. (2007). 2006 national survey of nursing home workforce satisfaction. *My Inner View: Management intelligence for healthcare*. Retrieved April 30, 2009 from http://www.myinnerview.com/downloadPDF.php?pdf=miv/reports/MIV_NHWS07_FA.pdf
- Grieshaber, L. D. P. D., Parker, P. P. D., & Deering, J. (1995). Job satisfaction of nursing assistants in long-term care. *Health Care Supervisor*, 13(4), 18-28.
- Hägström, E., Skovdahl, K., Fläckman, B., Kihlgren, A. L., & Kihlgren, M. (2005). Work satisfaction and dissatisfaction -- caregivers' experiences after a two-year intervention in a newly opened nursing home. *Journal of Clinical Nursing*, 14(1), 9-19.

- Hallowell, R., Schlesinger, L., Zornitsky, J. (1996). Internal service quality, customer and job satisfaction: Linkages and implications for management. *Human Resource Planning*, 19 (2), 20-31.
- Hasson, H., Arnetz, J.E. (2008). Nursing staff competence, work, strain, stress and satisfaction in elderly care: A comparison of home based care and nursing homes. *Journal of Clinical Nursing*, 17 (4), p. 468-481.
- Helmer, F.T., Olser, S.F., & Heim, R.I. (1993). Strategies for nurse aide job satisfaction. *Journal of Long Term Care Administration*. 21 (2), 10-14
- Herndon, S. L. (1997). Theory and practice: Implications for the implementation of communication technology in organizations. *Journal of Business Communication*, 34(1), 121-129. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=buh&AN=9708063002&site=ehost-live>
- Herzberg, F. (1962). *Work and the nature of man*. New York: Thomas Y. Crowell Company.
- Herzberg, F., Mathapo, J., Wiener, Y., & Wiesen, L. E. (1974). Motivation-hygiene correlates of mental health: An examination of motivational inversion in a clinical population. *Journal of Consulting & Clinical Psychology*, 42(3), 411-419.
- Hsieh, P. C., & Su, H. F. (2007). Retention and attrition of certified care assistants in the long-term care industry from the taipei area: An interview survey. *International Journal of Nursing Studies*, 44(1), 93-104. doi:10.1016/j.ijnurstu.2005.11.024

- Jaret, C., Reitzes, D., Shapkina, N. (2005) Reflected appraisals and self esteem. *Sociological Perspectives*, 48 (3), p. 403-419, doi 10.1525/sop. 2005. 48.3.403
- Jette, A. M. et. al. (1998). An advanced CNA education program: Meeting the need. *Annals of Long Term Care*, 8(2), 47.
- Jiang, J. J., & Klein, G. (2002). A discrepancy model of information system personnel turnover. *Journal of Management Information Systems*, 19(2), 249-272. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=buh&AN=7721307&site=ehost-live>
- Johnson, J., Shanthi, C., Myers, A., Jones, G., Fitzgerald, C., Lazowski, D., Stolee, P., Orange, J.B., Segall, N., Ecclestone, N., (2005). Evaluation of the restorative care training and education program for nursing homes. *Canadian Journal on Aging*, 24 (2), p. 115-126.
- Judge, T., Bono, J. (2001). Relationship of core self evaluations traits-self esteem, generalized self efficacy, locus of control and emotional stability-with job satisfaction and job performance: A meta-analysis. *Journal of Applied Psychology*, 86 (1), p. 80-92.
- Kash, B.A., Castle, N.G. & Phillips, C.D. (2007). Nursing home spending, staffing and turnover. *Health Care Management Review*, 32, 251-262.
- Kennedy, B. R. (2005). Stress and burnout of nursing staff working with geriatric clients in long-term care. *Journal of Nursing Scholarship*, 37(4), 381-382.

- Kuo, H., Yin, T. J., & Li, I. C. (2008). Relationship between organizational empowerment and job satisfaction perceived by nursing assistants at long-term care facilities. *Journal of Clinical Nursing, 17*(22), 3059-3066.
- Landy, F. (1978). An opponent process theory of job satisfaction. *Journal of Applied Psychology, 63*(5), 633.
- Lapane, K. L., & Hughes, C. M. (2007). Considering the employee point of view: Perceptions of job satisfaction and stress among nursing staff in nursing homes. *Journal of the American Medical Directors Association, 8*(1), 8-13. doi:10.1016/j.jamda.2006.05.010
- Locke, E., Smith, P., Kendall, L., Hulin, C., & Miller, A. (1963). Convergent and discriminant validity for areas and methods of rating job satisfaction. *Journal of Applied Psychology, 46*(5), 313.
- Medved, J. A. (1982). The applicability of Herzberg's motivation-hygiene theory. *Educational Leadership, 39*(7), 555. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=7728914&site=ehost-live>
- Metcalf, R. C. (2002). Certified nursing assistants in long-term care facilities: Perceptions of their initial training and competency evaluation program. North Carolina State University). , 218 p. (UMI Order AAI3064669.) Retrieved from

<http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2004154393&site=ehost-live>

- Mittal, V., Rosen, J., Leans, C. (2009). A dual-driver model of retention and turnover in the direct care workforce. *The Gerontologist*, 49 (5), p. 623-634.
- Monahan, R.S., & McCarthy, S. (1992) Nurisng home employment: The nurse aide's perspective. *Journal of Gerontological Nursing*. 18 (2), 13-16.
- Moyle, W., Skinner, J., Rowe, G., & Gork, C. (2003). Views of job satisfaction and dissatisfaction in australian long-term care. *Journal of Clinical Nursing*, 12(2), 168-176.
- Parmelee, P.A., Laszlo, M.C., Taylor, J.A. (2009). Perceived barriers to effective job performance among nursing assistants in long-term care. *Journal of the American Medical Directors Association*, 10 (8), p. 559-567.
- Par er, J. (1984). Utilization of herzberg's motivation-hygiene theory: Primary nursing as a method of increasing job satisfaction for nurses. *Journal of Nephrology Nursing*, 1(3), 148-151. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=6569079&site=ehost-live>
- Parsons, S. K., Simmons, W. P., Penn, K., & Furlough, M. (2003). Determinants of satisfaction and turnover among nursing assistants. the results of a statewide survey. *Journal of Gerontological Nursing*, 29(3), 51-58.

Pekkarinen, L., Sinervo, T., Perala, M., Elovainio, M. (2004). Work stressors and the quality of life in long-term care units. *The Gerontologist*, 44, 633-643.

Pfefferle, S. G., & Weinberg, D. B. (2008). Certified nurse assistants making meaning of direct care. *Qualitative Health Research*, 18(7), 952-961.

Pillemer, K. (1996). *Solving the frontline crisis in long-term care*. Clifton Park, N.Y.: Delmar Publishing.

Pratt, J.R. (2004). *Long-Term care: managing across the continuum, second edition*.

Sudbury, Massachusetts: Jones and Bartlett Publishers.

Rosen, J. (2008, December). Getting the the bottom of CNA turnover. *Mcknight's Long Term Care News*, Retrieved from <http://www.mcknights.com/getting-to-the-bottom-of-cna-turnover/article/121691/>.

Resnick, B., Simpson, M. (2003). Restorative care nursing activities: Pilot testing self efficacy and outcome expectations measures. *Geriatric Nursing*, 24 (2), p. 84-89.

Resnick, B., Gruber-Baldini, A.L., Zimmerman, S., Galik, E., Pretzer-Aboff, I., Russ, K., Hebel, J.R. (2009). Nursing home resident outcomes from the res-care intervention. *The Gerontologist*, 57 (7), p. 1156-1165.

Resnick, B., Rogers, V., Galik, E., Gruber-Baldini, A.L. (2007). Measuring restorative care provided by nursing assistants: Reliability and validity of the restorative care behavior checklist. *Nursing Research*, 56 (6), p. 387-398.

- Schur, D., Noelker, L. S., Looman, W. J., Whitlatch, C. J., & Ejaz, F. A. (1998). 4 steps to more committed nursing assistants. *Balance (Alexandria, Va.)*, 2(1), 29-32.
- 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(8), 90-97.
- Sikorska-Simmons, E. (2006). Linking resident satisfaction to staff perceptions of the work environment in assisted living: A multilevel analysis. *The Gerontologist*. 46, 590-598.
- Sorrentino, S. (2007). *Mosby's Textbook for Nursing Assistants*. Philadelphia: C.V Mosby
- Squillace, M. R., Remsburg, R. E., Bercovitz, A., Rosenoff, E. & Branden, L.(2006), *An introduction to the national nursing assistant survey*. Retrieved October 26, 2008, from <http://aspe.hhs.gov/daltcp/reports/2006/NNASintro.htm#intro>
- Stone, R., Dawson, S. (2008). The origins of better jobs better care. *The Gerontologist*. 48, 5-13.
- Sung, Hueichuan, M. S. N., Chang, Shumin, M. S. N., Tsai, & Chuanshoiu. (2005). Working in long-term care settings for older people with dementia: Nurses' aides. *Journal of Clinical Nursing*. 14 (5), 587-593
- Tellis-Nayak, V. (2007). A person-centered workplace: the foundation for person-centered caregiving in long-term care. *Journal of the American Medical Directors Association*. 8 (1), 46-54.
- Timmreck, T. C. (2001). Managing motivation and developing job satisfaction in the health care work environment. *The Health Care Manager*, 20(1), 42-58.
- U.S. General Accounting Office (2001). *Nursing workforce: Recruitment and retention of nurses*

and nurse aides is a growing concern (Publication No. GAO-01-750T). Retrieved November 15, 2008 from <http://www.gao.gov/new.items/d01750t.pdf>.

While, C. H., & Maguire, M. C. (1973). Job satisfaction and dissatisfaction among hospital nursing supervisors: The applicability of Herzberg's theory. *Nursing Research*, 22(1), 25-30.

Wiener, J., Squillace, M., Anderson, W., Khatutsky, G. (2009). Why do they stay? Job tenure among certified nursing assistants in nursing homes. *The Gerontologist*, 49 (2) p. 198-210.

Wilkinson, C. S., C.N.A.A., & Hite, K. J. (2001). Nurse-physician collaborative relationship on nurses' self-perceived job satisfaction in ambulatory care. *Lippincott's Case Management*, 6 (2), 68-78

Winters, N.C., Myers, K., Proud, L. (2002). Ten-year review of rating scales. III: Scales assessing suicidality, cognitive style and self esteem. *Journal of the American Academy of Child and Adolescent Psychiatry*. 41 (10), p. 1150-1181.

Wisniewski, A.M., Erdley, W.S., Singh, R., Servoss, T.J., Naughton, B.J., Singh, G. (2007). Assessment of safety attitudes in a skilled nursing facility. *Geriatric Nursing*, 28 (2), p. 126-136.

Table 1

Description of Demographic Data for the Nursing Assistant Sample

Variable	Number	Percent
Gender		
Female	403	92.9
Male	31	7.1
Race		
Black (African-American)	387	89.2
White	26	6.0
Other	21	4.9
Education		
Elementary	1	2.0
High School	204	46.3
Trade School	110	25.3
College	116	26.7
Post College	6	1.3

Table 2

Test scores for measures administered

Variable	Number	Minimum	Maximum	Mean	Std. Deviation
Job Satisfaction	434	20	50	37.59	4.127
Self Esteem	434	20	44	35.33	4.08
Performance of restorative care	434	0	1	.6311	.296
Self Efficacy	434	13	100	81.01	15.16
Outcome Expectations	434	9	45	36.98	6.48

Table 3

Model Summary

Mode	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.230 ^a	.053	.051	4.02213
2	.248 ^b	.062	.057	4.00821
3	.266 ^c	.071	.064	3.99363

a. Predictors: (Constant), # of years experience as an NA in any facility

b. Predictors: (Constant), # of years experience as an NA in any facility, RSES total score

c. Predictors: (Constant), # of years experience as an NA in any facility, RSES total score, behav check %

Table 4

ANOVA^d

Model	Sum of Squares	df	Mean Square	F	Sig
1 Regression	389.758	1	389.758	24.093	.000 ^a
Residual	6988.678	432	16.177		
Total	7378.435	433			
2 Regression	454.105	2	227.052	14.133	.000 ^b
Residual	6924.331	431	16.066		
Total	7378.435	433			
3 Regression	520.341	3	173.0447	10.875	.000 ^c
Residual	6858.095	430	15.949		
Total	7378.435	433			

a. Predictors: (Constant), # of years experience as an NA in any facility

b. Predictors: (Constant), # of years experience as an NA in any facility, RSES total score

c. Predictors: (Constant), # of years experience as an NA in any facility, RSES total score, behav check %

d. Dependent Variable: Job sat

Table 5

Regression Coefficients^a

Model	Unstandardized	Coefficients		Standarized	t	Sig
	B	Std. Error	Beta	Coefficients		
1. (Constant)	36.311	.325			111.594	.000
Years of experience	.112	.023	.230	.230	.230	.000
2. (Constant)	39.720	1.734			22.911	.000
Years of experience	.108	.023	.220	.220	4.69	.000
Self Esteem	-.095	.047	-.094	-.094	-2.001	.046
3. (Constant)	39.230	1.744			22.494	.000
Years of experience	.103	.023	.211	.211	4.493	.000
Self Esteem	-.103	.047	-.102	-.102	-2.179	.030
Performance of rest. care	1.330	.653	.095	.095	2.038	.042

a Dependent Variable: Job.sat

Table 6

Excluded variables

Model	Beta in	t	Significance	Partial Correlation	Collinearity Statistics	
					Tolerance	
1	Test score	-.028 _a	-.600	.549	-.029	.994
	OE	-.030 _a	-.641	.522	-.031	.986
	SE	.033 _a	.703	.482	.034	.999
	behav check %	.087 _a	1.846	.066	.089	.993
	NA's gender	.003 _a	.057	.954	.003	.967
	race	.008 _a	.169	.866	.008	1.000
	NA's Educational level	.052 _a	1.104	.270	.053	.999
	Facility	-.068 _a	-1.456	.146	-.070	.999
	Nursing assistant age	.119 _a	1.845	.066	.089	.523
	RSES total score	-.094 _a	-2.001	.046	-.096	.989

a. Predictors in the Model: (Constant), # of years experience as an NA in any facility

Model	Beta in	t	Significance	Partial Correlation	Collinearity Statistics
					Tolerance
2 Test score	-.023 _b	-.498	.619	-.024	.992
OE	-.020 _b	-.418	.676	-.020	.973
SE	.052 _b	1.087	.278	.052	.967
behav check %	.095 _b	2.038	.042	.098	.985
NA's gender	.009 _b	.193	.847	.009	.962
race	.016 _b	.342	.732	.016	.993
NA's Educational level	.055 _b	1.182	.238	.057	.998
Facility	-.067 _b	-1.445	.149	-.069	.999
Nursing assistant age	.110 _b	1.706	.089	.082	.520

b. Predictors in the Model: (Constant), # of years experience as an NA in any facility. RSES total score

Model	Beta in	t	Significance	Partial Correlation	Collinearity Statistics	
					Tolerance	
3	Test score	-.024 _c	-.512	.609	-.025	.992
	OE	-.020 _c	-.420	.675	-.020	.973
	SE	.049 _c	1.043	.297	.050	.966
	NA's gender	-.004 _c	-.077	.939	-.004	.946
	race	.011 _c	.241	.810	.012	.990
	NA's Educational level	.050 _c	1.079	.281	.052	.995
	Facility	-.061 _c	-1.298	.195	-.063	.993
	Nursing assistant age	.105 _{c\}	1.635	.103	.079	.513

c. Predictors in the Model: (Constant), # of years experience as an NA in any facility, RSES total score, Behav check %

d. Dependent Variable: Job. sat

Appendix: A Step by Step Approach to Improve Family and Resident Satisfaction by Improving N.A. Job Satisfaction

Check off each step and suggestion after you implement it.

Step One: Assess Your Facility's Turnover and Job Satisfaction

Calculate Turnover: Include Full time, part time, per diem and terminations

Take the Total number of Nursing Assistants (FTE) who leave employment in a year
Divide by the Total number of Nursing Assistants (FTE) employed during the

Compare Turnover to Other Facilities

Poor = 75% and greater, Average = 33% to 75%, Good = Less than 33%

Job Satisfaction: Have Staff Complete and Turn In Anonymously the Attached Questionnaire

Your Facility's results should be similar to your turnover results and will clue you into what your biggest issues are!

Now that you have a baseline you can begin to improve!

Step Two: Improve Extrinsic Job Satisfaction Factors

You will need to work with others to improve extrinsic factors which define the external environment in which people work

Wages: Survey surrounding nursing and assisted living facilities to see what they are paying nursing assistants. Nursing assistants in homes with pay in the top 20% have a 71% overall satisfaction with their jobs where those in the lowest 20% of pay are only 46% satisfied. To recruit and retain nursing assistants, try to be in the top ½ of area facilities.

Workload/Staffing: Research has shown that the lower the number of nursing assistants per 100 residents, the higher the turnover of nursing assistants and nurses. Increase nursing assistant positions so that your facilities staffing is equal to or above the national average found on Nursing Home Compare website (<http://www.medicare.gov/NHCompare/>)

Step Three: Improve Intrinsic Job Satisfaction Factors

The nursing department can improve intrinsic factors which is how employees feel about their jobs and themselves. You don't need to do everything at once. Pick one suggestion which fits your facility's needs and work on it, then move on to another.

Improve Relationships with Residents

The relationship nursing assistants have with their residents make them feel good about themselves and the job that they do. To encourage these feelings Directors of Nursing can:

- _____ 1. Maintain permanent assignments: Permanent assignments allow nursing assistants to develop relationships with residents and learn more about how to care for them which makes them feel more competent
- _____ 2. Learn more about their residents: The use of life histories or life stories helps nursing assistants better understand their residents. Use the attached questions to help nursing assistants interview residents and share the information with their peers
- _____ 3. Educate nursing assistants in how to communicate with residents with dementia to better understand their needs. Although a complete dementia training program works the best, the use of the attached "Tips for communicating with cognitively impaired older adults" can help.

Recognition and Respect

Nursing assistants who are not satisfied with their jobs express frustration at a lack of recognition at both the management level and among the nurses they work with directly. They feel they are not valued by their supervisors and administrators. Directors of Nursing can increase nursing assistant's feelings of respect and recognition at both the unit and facility level

Unit Level: Making changes at the unit level is the quickest, if not the easiest, change that Directors of Nursing can make

- _____ 1. Charge nurses can be trained to say "hi" when they pass a nursing assistant in the hall and call them by name. This simple change lets the nursing assistant know that they are identified as a person, not just another employee.
- _____ 2. Charge nurses should thank the nursing assistants on the unit at the end of each shift for their help. A simple "I couldn't have done it without you" says that the individual's work is valued and helpful. Thanking a nursing assistant for helping with a procedure or treatment also makes them feel like a valued member of the team.
- _____ 3. Charge nurses should explain why they are asking for something to be done or to be done differently. Explaining the "why" behind a demand allows the nursing assistant to learn how to better care for the residents.
- _____ 4. Charge nurses should help with fundamental nursing skills when possible. Toileting a resident on the spot, rather than waiting for a nursing assistant to do it or helping to feed a resident reduces waiting time for the resident and shows the nursing assistant that their work is valued and supported.

Facility Level: Some of these changes can be implemented in the nursing department where others require the support of other departments.

- _____ 1. Include nursing assistants in formal and informal care planning sessions and meetings. Nursing assistants spend the most time with residents and involving them in care planning puts decision making at the bedside
- _____ 2. Solicit and act on staff input, both licensed and unlicensed. Flattening the department structure and delegating decision making to employee committees increases job satisfaction and reduces turnover.
- _____ 3. Employee recognition programs increase recognition reward positive performance. The recognition ceremonies should be publically celebrated with attendance from residents and families encouraged. Press releases to local newspapers are important for the employees and are a good marketing technique.
- _____ 4. Consider self scheduling for nursing assistants. Facilities who allow nursing assistants to do self scheduling have lower turnover and higher job satisfaction
- _____ 5. Implement a coaching approach to supervision which assists employees in solving their problems and gives them the tools to be accountable for their performance. A coaching approach has been shown to be a crucial component of nursing assistant retention efforts. Information to get started can be found at <http://www.directcareclearinghouse.org/download/PHI-CoachingOverview.pdf>

Personal Growth

Facilities that have insufficient orientation programs and a lack of ongoing training opportunities are noted to have increased nursing assistant turnover. Only 54% of surveyed nursing assistants felt their orientation was helpful. Nursing assistant also feel that inservice programs are repetitious and not relevant to everyday work situations

_____ Orientation

- 1. Use consistent and good quality training staff
- 2. Provide hands-on training in the setting workers will be providing care
- 3. Provide hands-on training in the setting workers will be providing care
- 4. Offer longer and more in-depth orientation to the job

_____ Continuing Education

- 1. Provide inservice education programs frequently
- 2. Provide inservice education at a variety of times in the day and night and a variety of days of the week
- 3. Focus on clinical and interpersonal skills
- 4. Use short sessions so nursing assistants are not taken away from their residents

_____ Advanced Education

1. Consider advanced training in dementia and end of life care. Handbooks to help educators in implementing this training are available from the Better Jobs/Better Care Coalition
2. Individual states offer advanced education courses as do some nursing home chains
3. Check with professional organizations which sponsor courses
4. Consider a career ladder for nursing assistants who attend advanced education courses.

Resources and Ideas

Ararat Nursing: Performance Improvement Quality Improvement (PIQI).

http://www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=53610

Better Jobs, Better Care. (2008) Solutions you can use: Transforming the long-term care workforce,

http://www.bjbc.org/%5Ccontent%5Cdocs%5CResearch_Findings%5CResearch_findings_fullreport.pdf

Heathfield, S. M. (2009). Perform exit interviews: Exit interview questions.

http://humanresources.about.com/od/whenemploymentends/a/exit_interview_2.htm

Institute of Medicine (1986). Improving the quality of long-term care.

<http://www.iom.edu/Object.File/Master/4/136/LTC8pagerFINAL.pdf>

Loomis House: Inspiring workers through education and resident-centered care.

http://www.directcareclearinghouse.org/practices/r_pp_det.jsp?res_id=86610

Murphey, E. (2001), Creating a culture of retention: A coaching approach to

paraprofessional supervision. <http://www.directcareclearinghouse.org/download/PHI-CoachingOverview.pdf>

Job Satisfaction Survey

Rate each statement from 1=Completely Disagree to 10= Completely Agree

- ___ Q1. I am provided adequate facilities to do my job.
- ___ Q2. I believe that the work atmosphere is friendly.
- ___ Q3. I am given adequate freedom to do my job efficiently
- ___ Q4. I know what is expected of me at work.
- ___ Q5. In the last 7 days, I received praise for my good work.
- ___ Q6. My superior, that is the person I report to seems to care about me as a person.
- ___ Q7. My superior encourages my development.
- ___ Q8. At work, my opinion seems to count.
- ___ Q9. In the last three months, my superior has talked to me about my progress
- ___ Q10. The purpose of my company makes me feel that my job is important
- ___ Q11. My associates are committed to doing quality work.
- ___ Q12. I have a best friend at work
- ___ Q13. This last year, I have had opportunities at work to learn and grow.
- ___ Q14. The best people in my profession are keen to work with my organization
- ___ Q15. I am kept informed about the activities that go on in my organization.

ADD THE SCORES TOGETHER FOR THE TOTAL _____