



Interventions Table: Staff Retention

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Introduction

The purpose of this Interventions Table is to provide a succinct overview of information published during the past ten years regarding successful or potentially successful interventions to retain staff. Some citations may not be actual studies of specific interventions, but are included, as they provide important information or commentaries regarding relevant publications. The genres of citations include editorials, observational studies, informational publications, randomized control trials, and reviews of multiple published articles. Citations are grouped and alphabetized by type of intervention (see Table of Contents for listing of interventions). The project team conducted a search of the MedLINE and PubMed databases via OVID for articles written in English within the most recent ten-year period (1999 – 2009), acknowledging the fact that 2009 publications do not encompass the entire year. Medical Subject Headings (MeSH) keywords used in the database searches are listed below:

Nursing home + staffing + intervention
Nursing home + staff + resident outcomes
Nursing home + staff retention
Nursing home + staff turnover
Nursing home + staff turnover + intervention
Nursing home + staff satisfaction
Nursing home + staff satisfaction + retention
Nursing home + job satisfaction + retention
Nursing home + staff retention + systematic review
Nursing home + retention + systematic review
Nursing home + satisfaction + turnover
Nursing home + staff + quality
Nursing home + WellSpring
Nursing home + Eden
Nursing home + Pioneer Network
Nursing home + Greenhouse

Additional searches:

The Commonwealth Fund (www.commonwealthfund.org) - limiting criteria to publications only

Turnover

Staff retention

Staff retention + nursing home

Turnover + nursing home

Staffing + nursing home

Recruitment + retention

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PHI National Clearinghouse on the Direct Care Workforce (www.directcareclearinghouse.org)

Turnover

Staff retention

Staff retention + nursing home

Turnover + nursing home

Staffing + nursing home

Recruitment + retention

Highlights from the citations are presented in the Interventions Table. The information noted in the table is not intended to provide a comprehensive summary of each citation. The full articles should be referenced for complete information. In addition, other citations may be available that are not represented in this table.

The evidence rating, based on review criteria from Cochran¹, Agency for Healthcare Research and Quality (AHRQ)², and Grading of Recommendations, Assessment, Development, and Evaluation (GRADE)³, is designated by use of three categories: *Excellent* (providing the strength of a randomized control trial), *Moderate* (e.g., observational or retrospective study), or *Limited* (e.g., case study, opinion piece, or small sample). Ratings were determined relative to the strength of evidence found in specific publications and not applied to the overall strength of evidence of the type of intervention. When clear delineation of evidence rating was not evident, ratings were applied based on consensus of the project team.

¹ Higgins JPT, Green S (editors). *Cochrane Handbook for Systematic Reviews of Interventions* Version 5.0.1 [updated September 2008]. The Cochrane Collaboration, 2008. Available from www.cochrane-handbook.org.

² Systems to Rate the Strength of Scientific Evidence: No. 47. Rockville, MD: Agency for Healthcare Research and Quality. AHRQ Publication No. 02-E015 (Contract 290-97-0011 to the Research Triangle Institute); 2002.

³ Guyatt GH, et al. GRADE: An Emerging Consensus on Rating Quality of Evidence and Strength of Recommendations. *BMJ*. Apr2008;336:924-6.

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Abbreviations

The following abbreviations are found throughout the table:

Abbreviation or symbol	Meaning
↓	decrease or decreased
<	less than
>	greater than
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nursing Assistant
DCW	direct care worker
DON	Director of Nursing
LTC	long term care
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
NA	Nurse Assistant
NH	nursing home
NHA	Nursing Home Administrator
RN	Registered Nurse
SNF	Skilled nursing facility
vs.	versus
w/	with
yr	year

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Consistent/ Permanent Assignment</p>	<p>Burgio, 2004⁴</p> <p>Moderate – Between group comparison</p>	<p>4 NHs:</p> <ul style="list-style-type: none"> • 2 NHs: self-identified as using permanent assignment (PA) <ul style="list-style-type: none"> ➢ n= 91CNAs ➢ n=104 residents • 2 NHs: using rotating assignment (RA) <ul style="list-style-type: none"> ➢ n=87 CNAs ➢ n=88 residents <p>192 residents from the 4 NHs participated</p> <p>Resident Criteria: Eligible for the study if they (a) were at least 60 years of age, (b) were expected to stay in the facility for at least 9 months, (c) spoke English, and (d) were considered by the medical director to be in stable medical condition</p> <p>Aim: Compare a variety of resident & staff outcomes across two types of staffing patterns, permanent & rotating assignment, & work shift</p>	<p>10 day study collected resident data during morning & evening shifts, direct observational systems & several paper-and-pencil measures:</p> <ul style="list-style-type: none"> • Computer-assisted behavior observational systems (CABOS) – two utilized w/ resident observations <ul style="list-style-type: none"> ➢ Activity time sampling system - to sample behaviors & events throughout the morning & evening shifts ➢ Daily care system - focused on staff–resident interactions & behaviors during daily care activities such as toileting, dressing, bathing, & grooming • The Personal Appearance and Hygiene Index (PAI) • Mini Mental State Examination • Barthel Self-Care Rating Scale • Medical record review • Medication tracking form <p>Staff instruments:</p> <ul style="list-style-type: none"> • Job Satisfaction Index • Maslach Burnout Inventory • CNA turnover & absenteeism data • Staffing Assignment Fidelity Check <p>Measures yielded data on:</p> <ul style="list-style-type: none"> • Verbal interaction among residents & staff • Resident disruptive behavior • Specific aspects of resident–staff behavior during care routines • Resident personal appearance & hygiene • Expressed affect • CNAs’ job satisfaction • Burnout • Absenteeism • Turnover rates 	<ul style="list-style-type: none"> • Residents in PA NHs received care from their most frequently assigned CNA 48% of the time on morning shifts & 51% of the time on evening shifts vs. RA NHs 22% of the time on morning shifts and 29% of the time on evening shifts • Significant main effect for staff assignment on ratings of personal appearance & hygiene - residents in PA NHs received significantly higher ratings than residents in RA NHs; however may not be clinically significant • Staff assignment & shift interaction: PA residents showed more sadness & less interest during the evening shift; RA residents displayed more sadness during the morning shift; however findings may not be clinically significant • CNAs working in PA NHs scored higher on job satisfaction measure than CNAs working in RA NHs • CNAs working in PA NHs called off from work significantly more often (7.5% of the time) than CNAs working in RA NHs (5.2% of the time). One reason for this finding might be that PA CNAs were scheduled to work more hours per week than RA CNAs (however, mean difference was only 2 hours) • Significantly higher turnover rates on the evening shift (9.8%) than on the morning shift (4.9%) for both RA & PA NHs • Evening shift significantly more resident disruptive behavior on evening shift • Absenteeism significantly more likely on the morning shift (4.0% of the time) than on the evening shift (2.2% of the time) for both RA & PA NHs

⁴ Burgio LD, et al. Quality of Care in the Nursing Home: Effects of Staff Assignment and Work Shift. Gerontologist 2004 Jun;44(3):368-77.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p align="center">Consistent/ Permanent Assignment (continued)</p>	<p>Farrell, et al, 2006⁵</p> <p>Limited – Descriptive article</p>	<p>254 NHs part of CMS pilot project – Improving Nursing Home Culture (INHC) & findings from studies re: consistent assignment</p> <p>Aim: Describe programs & results from previous studies utilizing consistent assignment in NHs</p>	<p>INHC project: utilized consistent assignment as part of a program to move NHs from an institutional model of care towards person-centered care</p> <p>Holistic approach: focus on key areas impacting organizations & individuals including the nature of the environment, care practices, work practices, leadership, family & community & government.</p> <p>Process for managers to follow when initiating the transition to consistent assignment:</p> <ol style="list-style-type: none"> 1. Hold meetings on each nursing unit w/ all CNAs from the day& night shift. 2. Explain that NHs using consistent assignment have improved quality of care & life of the patients & quality of work life for the staff. 3. Place each patient’s name from the unit on a Post-it note & place the Post-it notes on the wall. 4. Ask CNAs to rank patients by their “degree of challenge,” with No.1 being relatively easy to care for & No. 5 being very difficult. Let the CNAs agree on a number for each patient & write that number on the patient’s Post-it note. 5. Allow the CNAs to select their own assignments. Fair assignments: each CNA has amassed the same degree-of challenge total. For example, one No. 4 patient is equal to two No. 2 patients. Therefore, the CNAs may not end up with the same # of patients to care for. Relationships with patients are important and also should be part of the decision-making process. The sequence of rooms is less important. However, proximity of the residents is important. 6. Continue meeting every 3 months, or more frequently if necessary, to reexamine the assignments 	<ul style="list-style-type: none"> • Research by Susan Eaton found “retention is all about relationships & relationships are at the heart of a good working environment – this includes relationships w/ co-workers; across departments; w/ supervisors; w/ the organization; & w/ patients & families” • Studies have shown, leaders who implement systems that foster & support caring relationships have an easier time retaining staff • Consistent assignment has been found to foster relationships with patients & co-workers; rotating assignment severs relationships & inhibits caregivers’ ability to recognize patient declines & consistently address care needs • Reasons to use rotating assignment not supported by research; 11 research articles support the practice of consistent assignment • Campbell “Primary Nursing: It Works in Long Term Care” found: <ul style="list-style-type: none"> ➢ 1 yr after implementing primary nursing there was a 75% ↓ in pressure ulcers; rates of discharge to lower level of care ↑ by 11%; in-patient death rates ↓ by 18%; & turnover ↓ by 29% ➢ Nurses reported feeling more accountable by 26%; more able to make & implement decisions by 40% & more able to plan & implement nursing decisions by 22% ➢ 2 yrs after implementation, 36% ↑ in # of ambulatory patients <p>Key to successful transition: addressing staff concerns re: switching to consistent assignment</p>

⁵ Farrell D, et al. A case for consistent assignment. Provider. 2006 Jun;32(6):47-8, 51-2.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Consistent/ Permanent Assignment (continued)</p>	<p>Farrell, et al, 2006⁶</p> <p>Limited – Descriptive article, no quantitative findings</p>	<p>254 NHs took part in CMS pilot project</p> <p>Aim: Report interventions utilized by NHs in CMS project - Improving Nursing Home Culture (INHC) & summarize research regarding consistent assignment</p> <p>INHC aim: Explore strategies for improving the NH culture</p>	<p>INHC – CMS pilot study coordinated by Quality Partners of Rhode Island & the Colorado Foundation for Medical Care.</p> <p>Program includes:</p> <ul style="list-style-type: none"> • Consistent assignment (primary or permanent assignment) - same caregivers (RNs, LPNs, CNAs) caring for the same residents (85% of their shifts) every time they are on duty. • Focus on person-directed care • Holistic approach – evaluating root causes of current outcomes 	<ul style="list-style-type: none"> • Low staff morale & high rates of turnover are often directly related to rotating staff assignments (Seavey, 2004) <p>Reasons to support the adoption of consistent assignment:</p> <ul style="list-style-type: none"> • Strong links between the quality of NH employee's work life, resident's quality of life & clinical outcomes of care. • Frontline staff & residents flourish when facility policies support a consistent caring relationship. • Relationships are the cornerstone of individualized, person-directed care. • Residents who are cared for by the same staff members come to see the people who care for them as "family." • Staff who care for the same residents form a relationship and get satisfaction from the bonds w/ the residents. • Staff who care for the same people daily become familiar with their needs & desires in an entirely different way-and their work is easier because they need not spend extra time getting to know what the resident prefers. • Relationships form over time-we do not form relationships with people we infrequently see. • When staff routinely work together, they can problem solve to re-organize daily living in their care area. • When staff care for the same residents every day they are less likely to "call out."

⁶ Farrell D, et al. The case for consistent assignment in the nursing home setting. Med Health R I. 2006 May;89(5):187-8.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Consistent/ Permanent Assignment (continued)</p>	<p>Rahman, 2009⁷</p> <p>Moderate to Excellent – Literature review</p>	<p>13 reports from literature review:</p> <ul style="list-style-type: none"> • 6 experimental trials • 4 evaluation research reports • 3 NH surveys <p>Aim: Literature review exploring the following:</p> <ul style="list-style-type: none"> • Does consistent assignment improve resident care and quality of life? • Do nursing home residents prefer consistent assignment? • Do nurse aides prefer consistent assignment? • Does consistent assignment reduce staff turnover? 	<p>Literature review of PubMed database searching for ‘consistent assignment nursing home’ and ‘primary care nursing’</p> <p>Consistent assignment (primary focus on CNAs):</p> <ul style="list-style-type: none"> • 6 experimental trials of which: <ul style="list-style-type: none"> • Only 1 study evaluated CNA consistent assignment as the single test component (Patchner, 1989) • 5 others – multicomponent interventions featuring a ‘team approach’ <ul style="list-style-type: none"> ➢ CNAs working in pairs as a team (Teresi, et al, 1993 & Teresi, et al, 1993^a) ➢ Both nurses & CNAs working in pairs as a team (Cox, et al, 1991; Kaeser, 1989 & Campbell, 1985) • All involved 4 or fewer NHs • None employed randomized control trial design <p>Of the 13 reports reviewed:</p> <ul style="list-style-type: none"> • 6 studies evaluated impact of consistent assignment on resident outcomes • 4 studies evaluated resident preference for consistent assignment • 7 studies evaluated staff preference for consistent assignment • 7 studies evaluated consistent assignment & effects on turnover rates 	<p>Reviewer’s note: many studies have confounding variables due to multicomponent interventions & some studies have methodological or reporting limitations (noted by *)</p> <p>Consistent assignment & resident outcomes:</p> <ul style="list-style-type: none"> • Positive (Campbell, 1985; Patchner, 1989*) • Mixed – some positive & some negative (Cox, et al, 1991; Zimmerman, et al, 2005) • Mixed – some positive, some null (Burgio, et al, 2004; Teresi, et al, 1993) <p>Resident preference for consistent assignment</p> <ul style="list-style-type: none"> • Positive findings (Kaeser, 1989; Teresi, et al, 1993) • Null findings (Cox, et al, 1991; Teresi, et al, 1993) <p>Staff preference for consistent assignment</p> <ul style="list-style-type: none"> • Positive (Bowers, et al, 2000 – qualitative; Burgio, et al, 2004; Campbell, 1985*) • Mixed – some positive, some negative (Patchner, 1989*; Teresi, et al, 1993) • Mixed – some positive, some null/no preference (Cox, et al, 1991) • Negative (Kaeser, 1989 – qualitative finding) <p>Consistent assignment & effects on turnover rates:</p> <ul style="list-style-type: none"> • Increased turnover rates (Berman, 1989) • Decreased turnover rates (Bowers, et al, 2003 – qualitative finding; Campbell, 1985*; Patchner, 1989*) • No effect on turnover rates (Brannon, et al, 2002; Burgio, et al, 2004) • Depends on frequency of rotation (Caudill, et al, 1991*) <p>Policy implications: Additional innovation such as enhancing staff communication, incorporating team approaches or ensuring care coordination may be needed to meet more significant improvement goals.</p>

⁷ Rahman A, et al. Staff assignment practices in nursing homes: review of the literature. J Am Med Dir Assoc 2009 Jan;10(1):4-10.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
Employment Benefits	PHI – Health Care for Health Care Workers ⁸ Limited – Descriptive article/fact sheet	Aim: Descriptive article providing facts related to health insurance & job retention for healthcare workers	Recommendations related to providing health insurance coverage for health care workers <ul style="list-style-type: none"> • Policymakers must take affirmative action to ↓ high vacancy & turnover rates & improve jobs in order to deliver quality services promised to frail elders & Americans living with disabilities. 	<ul style="list-style-type: none"> • Frontline health care workers enrolled in employer health insurance plans have more than twice the tenure of those without employer coverage (Duffy, 2004). • Health insurance may be even more important than wages to ↑ supply of health workers & hours worked (Rodin, 2006). • Home care workers enrolled in their employer-sponsored health plan had a higher retention rate (56 percent) than workers who were eligible but not enrolled (45 percent). (RTZ Assoc, 2005). • In California, providing health insurance ↑ the probability of new direct-care workers remaining in their jobs for at least one year by 21 percent. (Howes, 2005).
	PHI – Health Care for Health Care Workers ⁹ Limited – Descriptive article	Aim: Description of the current state of health care coverage for health care workers, impact on staffing & successful models for providing health care to health care workers	Facts related to health insurance benefits: <ul style="list-style-type: none"> • One in every four NH workers (Scanton, 2001) & > two out of five home care workers (Lipson & Regan, 2004) lack health insurance coverage. • Direct-care workers are uninsured at a rate that is 50 % higher than the general population under age 65, & NH workers are two times more likely to be uninsured than hospital workers (Case, et al, 2002). • Nursing home aide ranks second only to truck driver in the government's list of most dangerous professions (USBLS 1999) due to the high rate of back injuries from lifting & moving patients. 	<ul style="list-style-type: none"> • Turnover rates fall when workers receive health insurance benefits and better wages (Howes, 2002 & Duffy 2004). • Low wages & few benefits force many workers to seek other ways to make a living. In home care agencies, 1/2 of all workers leave their jobs each year; in NHs, that average ↑ to more than 7/10 workers (Seavey, 2004). Successful models for providing healthcare to health care workers: <ol style="list-style-type: none"> 1. Pool small employers 2. ↑ eligibility for publicly funded plans 3. Subsidize premiums 4. Tie ↑ reimbursement rates to health benefits

⁸ Paraprofessional Healthcare Institute (PHI) - Health Care for Health Care Workers. Health Insurance Vital to Job Retention - Fact Sheet. October, 2007.

<http://www.directcareclearinghouse.org/download/RetentionFactSheet.pdf>

⁹ Paraprofessional Healthcare Institute (PHI) - Health Care for Health Care Workers. The Facts about a Critical Gap in Long Term Care: Caregivers without Coverage.

http://www.directcareclearinghouse.org/download/PHI_HCHCW_PolicyBrief1Final%201.pdf

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Employment Benefits (continued)</p>	<p>PHI – Health Care for Health Care Workers¹⁰</p> <p>Limited – Descriptive, ~18% response rate, informative</p>	<p>90 agencies employing 13,000 home care aides (from initial list of 517 agencies) completed survey 14 focus group participants (employer group)</p> <p>Aim: Study conducted to help policymakers understand the extent to which home care agencies in upstate New York & Long Island offer health insurance to their direct-care workers, eligibility requirements & enrollment rates for health insurance, the type of health insurance offerings available to this workforce, & the cost to both employers and employees</p> <p>Survey response rate: Overall rate 17.8%, Note: Author felt that low response rate possibly due to fact that surveys were mailed to 'director' since names of individuals operating the home care agency were not available</p> <p>Employer focus group attendance: 14 of the 28 participated in focus groups (7 in one session, 6 in another session) Note: Specific numbers for employee focus group attendance not available</p>	<p>Survey of home care employers & focus groups of employer and employees</p> <p>Survey: questionnaire mailed to home care agencies & designed as a fax-back process Survey contained 'sign up sheet' for focus groups Focus groups: 1 employer & 2 employee focus groups (1 hour each). Scripts prepared for each focus group. Employer volunteers were provided a description of the project & a copy of the script prior to participation. CNAs were paid their hourly rate to participate.</p> <p>Topics discussed with employers:</p> <ul style="list-style-type: none"> • Business context • Employees (number, demographics) • Health Insurance (provision of, eligibility for, type of coverage, costs & cost-sharing, enrollment rates barriers, importance) • Family Health Plus Buy-in (knowledge of) <p>Topics discussed with employees:</p> <ul style="list-style-type: none"> • Health insurance status, • Eligibility, • Accessibility • Outreach & awareness • Quality of coverage • Relationship of health insurance • Coverage to retention • Obstacles to obtaining medical care, • Priorities (what's most important in plan) • Health plan features 	<p>Survey results:</p> <ul style="list-style-type: none"> • Barriers to insuring the home care workforce: <ul style="list-style-type: none"> ➢ Lack of access to employer-sponsored insurance from coverage not being offered ➢ Strict eligibility criteria, such as long waiting periods and minimum weekly work hours ➢ Cost of coverage <p>Importance of Health Insurance for Recruitment and Retention</p> <ul style="list-style-type: none"> • Of participating agencies, 90% cited health insurance benefits as "essential" or "important" to recruitment & retention of home care aides • Nearly one-third (32%) of participating agencies reported that health insurance was essential, while most of the remainder indicated that health insurance was important for both recruitment (58%) & retention (56%) • Relatively few felt that health insurance was "not as important" as other factors for either recruiting or retaining workers (11% and 12%, respectively) • Among the majority of focus group participants, health insurance was considered "not as important as wages & mileage reimbursement" to recruitment & retention. (note: focus groups occurred when gas prices were around \$4.00/gallon)

¹⁰ PHI - Health Care for Health Care Workers. Health Insurance Coverage of NY State's Home Care Aides: Findings from a 2008 Survey of Home Care Agencies Outside of New York City 2009. <http://www.directcareclearinghouse.org/download/NY-HCAsurvey2009.pdf>

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<p>Leadership and Management</p>	<p>Donoghue and Castle, 2009¹¹</p> <p>Moderate – Multivariate analysis, qualitative survey data, large sample, 72% response rate</p>	<p>2,900 NHAs survey respondents</p> <p>Aim: Examine the associations between NHA leadership style & staff turnover (General linear model used to estimate effects of NHA leadership style, organizational characteristics, & local economic characteristics on NH staff turnover for RNs, LPNs & NAs)</p> <p>Survey response rate: 2,900 of 4,000 NHAs (72%)</p>	<p>Primary data: Survey information from the National Nursing Home Turnover Study (NNHTS) used to measure the leadership styles of NHAs & staff turnover levels in their NH</p> <p>Secondary data: Online Survey Certification & Reporting (OSCAR) database & Area Resource File used to extract organizational & local economic characteristics of the NHs.</p> <p>NNHTS survey (2007) -</p> <ul style="list-style-type: none"> All NHs in the US divided into markets based on unemployment rates (low, med, high) & 1,333 surveys mailed to randomly selected NHs in each area <p>Leadership styles:</p> <ul style="list-style-type: none"> Consensus managers: seeks input from the work group & allows the work group’s input to influence decision making Consultative autocrat: also seeks input but makes all important decisions on his or her own Autocrat: does not seek any input & makes all decisions on his or her own Shareholder manager: fails to solicit input from staff on decision-making & neglects to share important information w/ staff that would enable them to make better decisions on their own 	<ul style="list-style-type: none"> NHA leadership style is associated with staff turnover, even when the effects of organizational & local economic conditions are held constant. Consensus managers associated w/ lowest turnover levels, 7% for RNs, 3% for LPNs, & 44% for NAs; Shareholder managers associated w/ the highest turnover levels, 32% for RNs, 56% for LPNs & 168% for NAs Organizational & environmental factors were also related to turnover for all caregiver types. High NHA turnover was significantly associated w/ high NA turnover, but also w/ low LPN turnover. High levels of RN, LPN, & NA staffing were associated w/ low turnover for RNs & LPNs; but only high LPN staffing was associated with low NA turnover. High unemployment was significantly associated w/ high levels of RN & LPN turnover, but significantly lower NA turnover. Encouraging contributions from caregivers & granting them the power to make meaningful decisions in their work can be transformative.

¹¹ Donoghue C and Castle NG. Leadership styles of nursing home administrators and their association with staff turnover. Gerontologist 2009; Apr;49(2):166-74. Epub 2009 Mar 27.

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<p style="text-align: center;">Leadership and Management (continued)</p>	<p>Forbes-Thompson, et al, 2006¹²</p> <p>Moderate – Large sample survey</p>	<p>Analyses of data in this report were from two surveys. Retention analysis from 222 KS NHs responses to a mailed survey.</p> <p>Aim: Explore the relationship between NH perceptions of organizational processes (communication, teamwork & leadership) w/ characteristics (turnover, tenure & educational preparation) of the nursing home administrator (NHA) and director of nursing (DON)</p>	<ul style="list-style-type: none"> • Three structure variables were examined in the study: NHA turnover, tenure, and educational preparation. • Three non-clinical process variables were examined in the study: communication, teamwork, and leadership. • Definitions of communication, teamwork, and leadership are provided. 	<ul style="list-style-type: none"> • NHAs and DONs rate communication, teamwork, and leadership significantly higher than direct care staff (RNs, LPNs, CNAs). • CNAs have the lowest ratings of communication and teamwork. • Turnover is costly: both n financial terms, (\$2,000 to \$4,000 per CNA) and in terms of impact on quality care to residents. • DON and NHA education levels were not related to staff' perceptions of organizational processes. • Turnover of the NHA and DON negatively influences communication and teamwork. • Strong relationship between turnover of DONs and NHAs; strong working relationship may increase likelihood that these leadership positions leave together.

¹² Forbes-Thompson S, et al. An exploration of nursing home organizational processes. West J Nurs Res. 2006 Dec;28(8):935-54.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Leadership and Management (continued)</p>	<p>Wilson, 2005¹³</p> <p>Limited to Moderate – Pre – post-test design, small sample</p>	<p>Pre & post intervention data for 25 of 43 nurse participants at baseline (26 scholarship recipients, 9 employer sponsored)</p> <p>Aim: Determine the impact of a management education program for new & transitioning nurse managers, & evaluate program based upon the outcomes of anticipated turnover & employee satisfaction</p> <p>Evaluation: Pre & post-intervention via program survey questionnaires using a between-group precohort & postcohort analysis</p> <p>Initial survey response: 35 of 43 enrolled participants completed survey</p> <p>Final survey response: 25 of 36 enrolled participants completed survey</p>	<p>Pacific Northwest Nursing Leadership Institute (PNNLI) 10 month program consists of 2-day retreat style workshop about leadership & seven 1-day modules providing education re:</p> <ul style="list-style-type: none"> • Managing financials • Employee performance • Communication • Personal effectiveness • Coaching • Teamwork • Process improvement skills <p>Each participant is expected to have a sponsor, who provides mentorship & helps guide a learning project relevant to his or her home organization. Cost: \$1800 per participant, typically paid by the employing organization; however scholarships were offered from the Nursing Retention Demonstration Project run by the Washington Health Foundation (WHF).</p> <p>Program evaluation pre & post-intervention (administered in the classroom): Initial survey: program evaluation questionnaire Final survey: combination of The Index of Work Satisfaction (IWS) & the Anticipated Turnover Scale (ATS) to measure changes in satisfaction & intent to stay as a result of the PNNLI.</p>	<ul style="list-style-type: none"> • Anticipated Turnover Scale (ATS) scores significantly ↓ for all program participants. • Further analysis of scholarship recipients indicated the management program significantly ↑ intent to stay in their current positions; however, because of a large rate of attrition, findings can only be considered preliminary. • A management development program may have a positive impact on reducing nursing turnover rates, especially for nurses in LTC • Trends found in IWS analysis indicate that while nurses were more likely to be satisfied with their career choice, they also wanted more autonomy in the form of independence & initiative in daily work activities after completion of the PNNLI program • Management programs support professional development of nurses & will likely improve organizational commitment & positively impact nurse retention. • Management development provides an opportunity to bring about incremental positive change in nursing attitudes & nursing practice by increasing accountability, critical thinking skills, and the quality of interpersonal relationships.

¹³ Wilson AA. Impact of management development on nurse retention. Nurs Adm Q. 2005 Apr-Jun;29(2):137-45.

Interventions Table: Staff Retention

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Models and Programs	<p>Arentz & Hasson, 2006¹⁴</p> <p>Moderate - Prospective, non-randomized controlled intervention with pre & posttest design</p>	<p>All Nursing staff in 2 municipal elderly care organizations in Sweden</p> <p>Intervention municipality – “toolbox” provided to 37 facilities</p> <ul style="list-style-type: none"> • 355 nursing staff of which <ul style="list-style-type: none"> ➢ 75% work in NH facilities ➢ 25% work in home care <p>Control Municipality-</p> <ul style="list-style-type: none"> • 950 nursing staff of which <ul style="list-style-type: none"> ➢ 65% work in NH facilities ➢ 35% work in home care <p>Aim: Evaluate the possible effects of an educational “toolbox” intervention on nursing staff ratings of their competence, psychosocial work environment & overall work satisfaction</p> <p>Baseline work environment questionnaire: Distributed to all nursing staff (RNs, LPNs & CNAs) in intervention group (n=355) 270 responses = 76% response rate</p> <p>Pre & Post Intervention Questionnaires:</p> <p>Intervention group:</p> <ul style="list-style-type: none"> • Baseline: response rates > 75% • 6 months & 18 months post intervention: response rates > 85% <p>Control:</p> <ul style="list-style-type: none"> • Baseline & 12 month follow up: response rates just under 70% 	<ul style="list-style-type: none"> • Initial questionnaire survey (shortened version of the Quality-Work-Competence - QWC) for all nursing staff in intervention municipality to determine areas in which they felt a need for competence development • “Toolbox” created with measurement instruments & educational materials for improving staff knowledge & work practices • Nursing staff ratings of competence & measured pre and post-intervention by QWC questionnaire. <p>Overview of instruments included in “toolbox”</p> <ul style="list-style-type: none"> • Instruments for improving nursing staff work situation (4) • Educational materials for nursing staff (4) • Instruments for meeting residents’ social and physical needs (5) • Questionnaire instruments (3) <p>37 “toolbox” binders (1 per intervention workplace) distributed with seminar. Binder contained:</p> <ul style="list-style-type: none"> • One-page descriptions of each of the toolbox intervention instruments (stating the instrument’s purpose, use, cost (when applicable) and the name of a contact person for further information) • Whenever possible, the actual instrument or educational material was included in the binder; otherwise, the description was accompanied by appropriate references 	<ul style="list-style-type: none"> • Nursing staff ratings of their competence & psychosocial work environment, including overall work satisfaction, improved significantly over time in the intervention municipality, compared to reference group. • Both competence & work environment ratings were largely unchanged among reference municipality staff. • Multivariate analysis revealed a significant interaction effect between municipalities over time for nursing staff ratings of participation, leadership, performance feedback & skills’ development (significant improvement w/ intervention compared to reference).

¹⁴ Arentz JE and Hasson H. Evaluation of an educational “toolbox” for improving nursing staff competence and psychosocial work environment in elderly care: results of a prospective, non-randomized controlled intervention. Int J Nurs Stud. 2007 Jul;44(5):723-35. Epub 2006 Mar 24.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Models and Programs (continued)</p>	<p>Bodwell, et al, 2006¹⁵</p> <p>Limited – Case studies, descriptive</p>	<p>8 NHs from Centura Health 30 member team including Centura leaders & NH staff reviewed progress</p> <p>Aim: Summarize Centura Health’s LTC centers results from CMS pilot project "Improving Nursing Home Culture through Workforce Retention"</p>	<p>CMS collaborative project led by Quality Partners of Rhode Island w/ 7 corporate partners & 86 LTC centers</p> <p>Project goal: to create a culture in which decisions are focused on resident care & organizational policies are based on respect for employees</p> <p>Project included:</p> <ul style="list-style-type: none"> • “Discovery activities” to help the NHs evaluate themselves • “Change ideas” to use as roadmap for quality improvement <p>30 team members evaluated the 8 NHs assessing:</p> <ul style="list-style-type: none"> • Cycles and causes of turnover • Cycles of understaffing • Costs of recruitment and retention • Financial incentives for retention • Leadership practices • Employee motivation • Management practices • Employee frustrations <p>Team members:</p> <ul style="list-style-type: none"> • Utilized “way of inquiry” to look at the NHs through residents’ & employees’ eyes • Held 4 face-to face meetings & monthly teleconferences for education & sharing 	<ul style="list-style-type: none"> • At the end of 1st year, residents seemed happier & employee satisfaction & involvement ↑ in all 8 NHs • Centura’s CEO reports: “in follow up surveys, we had a tremendous jump in overall satisfaction & employee engagement” • Initially turnover ↑ in some NHs, due in part to an effort to ensure the right fit, turnover has now stabilized & is expected to ↓ <p>Change Ideas Implemented in Centura Facilities:</p> <ul style="list-style-type: none"> • Hire for “fit” & skills rather than hiring too quickly – finding personalities that fit the organization via revised interview process • Revamping orientation process: <ul style="list-style-type: none"> ➢ Giving CNAs more complete tours of the facilities ➢ Introducing new employees to other staff members on their first day ➢ Revising formal orientations ➢ Pairing new employees w/ experienced employees who serve as mentors ➢ Frequently Asked Questions sheet for new employees ➢ Changing times for orientations & in-service programs to meet employees' needs (i.e., weekends & during work hours) • Primary/consistent staffing • CNA led care teams empowered to solve interpersonal & interdepartmental problems • Enhanced work environment for employees • Employee recognition programs (birthday gifts, anniversary celebrations, newly certified CNAs recognition, perfect attendance awards, & “safety bingo”) • Remodel & ‘refresh’ bath & shower rooms • Open dining or continuous meal service

¹⁵ Bodwell W, et al. Retaining Caregivers, Improving Care. Health Prog 2006; Jan-Feb;87(1):22-8.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Brannon, et al, 2007¹⁶</p> <p>Moderate – Cluster analysis, survey data, large sample</p>	<p>n= 3,039 direct care workers from:</p> <ul style="list-style-type: none"> • 50 SNFs • 39 home care agencies • 40 assisted living facilities • 10 adult day services <p>Aim: Assess how perceived rewards & problems with caregiving work & supervision relate to intent to leave among direct care workers who are employed in provider organizations participating in the Better Jobs Better Care (BJBC) demonstration; additional examination of how these relationships vary by provider type</p> <p>Survey overall response rate: 54.4% (ranging from 51.9% for SNFs to 72.0% for adult day services)</p>	<p>BJBC Direct Care Worker Survey administered prior to implementation of the BJBC program in each organization to measure direct care workers' perceptions of job and related work-systems characteristics including</p> <ul style="list-style-type: none"> • Job problems • Job rewards • Quality of supervision • Individual-level characteristics found to influence turnover (job tenure, race, educational level, and self-efficacy) <p>Analysis: Data clustered by provider organization to compare:</p> <ul style="list-style-type: none"> • Those not at all likely to leave & • Those very likely to leave in the next year <p>Compared to:</p> <ul style="list-style-type: none"> • Middle reference group who are somewhat likely to leave 	<ul style="list-style-type: none"> • The relationship between work overload & lack of upward mobility ↑ intent to leave. • Respondents w/ positive assessments of their supervisor, who valued helping others, & for whom the income was perceived as rewarding were less likely to be in the very likely to quit category & more likely to be in the stable category. • Some differences between provider types observed, especially between home care workers & those employed in facilities. • Implications: findings provide support for many of the management practice improvements taking place in the field, including those implemented in the BJBC demonstration.

¹⁶ Brannon D, et al. Job perceptions and intent to leave among direct care workers: evidence from the better jobs better care demonstrations. Gerontologist 2007 Dec;47(6):820-9.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Commonwealth Fund & Quality Partners of Rhode Island, 2009¹⁷</p> <p>Limited – Descriptive, distribution of developed staff stability toolkit</p>	<p>Target audience: NHAs & clinical professionals</p> <p>Aim: Provide staff stability toolkit designed to serve as an evidence-based resource for NHs that are working to ↓ staff turnover (developed by Quality Partners' of Rhode Island w/ Commonwealth Fund support)</p>	<p>Staff Stability Toolkit –</p> <ul style="list-style-type: none"> • Evidence-based resource for NHs that working to ↓ staff turnover (from experiences of > 400 NHs) • Identifies some of the perverse incentives (hiring bonuses rather than retention bonuses & poor management practices, such as ineffective hiring & scheduling, that contribute to NH staff turnover • Offers guidance on ways to sustain employee stability <p>Staff Stability Toolkit Sections:</p> <p>Section 1: Setting the Stage for Success</p> <ul style="list-style-type: none"> • Describes process for getting started & outlines how to include employees from every department <p>Section 2: Management Practices that Support Stability</p> <ul style="list-style-type: none"> • Tips on recruiting, hiring, & orienting staff • Attendance, scheduling, & consistent assignment • A Positive Chain of Leadership <p>Section 3: Drilling Down: Gathering & Analyzing Data</p> <ul style="list-style-type: none"> • Introduces tool for gathering & examining data (such staff composition, length of service, vacancies, & absenteeism) <p>Section 4: Case Study- Achieving Staff Stability</p> <p>Section 5: Using Training Strategically</p> <ul style="list-style-type: none"> • Discusses role of training in supporting staff empowerment & improving organizational performance. • Provides information about workforce development & other resources • Tips on writing grants & choosing the right training partner • State-based technical assistance resources for stabilizing staff 	<p>Specific details re: Holistic Approach to Transformational Change (HATCh) Model & link to staff stability toolkit: http://www.riguqualitypartners.org/2/Site/CustomFiles/Qty_DocMgr/Staff%20Stability%20Toolkit%201.2_122308_smm.pdf</p>

¹⁷ Commonwealth Fund. How to Retain Nursing Home Staff and Improve Organizational Performance. 2009. <http://www.commonwealthfund.org/Content/Innovations/Tools/2009/Aug/How-to-Retain-Nursing-Home-Staff-and-Improve-Organizational-Performance.aspx>

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Models and Programs (continued)</p>	<p>Doty, 2008¹⁸</p> <p>Limited – Descriptive from survey data (from Commonwealth Fund 2007 National Survey of Nursing Homes)</p>	<p>1,435 NHs</p> <p>Aim: Report results from the Commonwealth Fund 2007 National Survey of Nursing Homes, fielded to examine the penetration of the culture change movement at the national level & measure the extent to which NHs are adopting culture change principles & practicing resident-centered care</p> <p>Survey Aim: Learn more about the penetration of the culture change movement at the national level and measure the extent to which NHs are adopting culture change principles & practicing resident-centered care</p> <p>Survey exclusions: Facilities located within hospitals & those that are Medicare-only, as these facilities handle mostly short-stay patients, rather than long-term care residents who are the focus of this survey</p>	<p>Questionnaire administered to DONs asking about three domains of culture change:</p> <ul style="list-style-type: none"> • Resident care • Staff culture & working environment (including consistent CNA assignment) • Physical environment <p>Culture change or a resident-centered approach means an organization that has home & work environments in which:</p> <ul style="list-style-type: none"> • Care and all resident related activities are decided by the resident • Living environment is designed to be a home rather than institution • Close relationships exist between residents, family members, staff, and community • Work is organized to support and allow all staff to respond to residents' needs and desires • Management allows collaborative and group decision making • Processes/measures are used for continuous quality improvement. <p>NHs divided into 3 categories based on (results): Traditional NH: culture change definition describes NH only in a few respects or not at all & leadership is not very committed to adopting culture change Culture Change Strivers: culture change definition describes NH only in a few respects or not at all, but leadership is extremely or very committed to adopting culture change Culture Change Adopters: culture change definition completely or for the most part describes NH</p>	<ul style="list-style-type: none"> • 31 % of NHs are culture change adopters, 25% culture change strivers, & 43 % are traditional NHs & among culture change adopters, only 5 % of NHs indicate that the definition of culture change “completely” describes their NH; the rest report that the definition describes their NH for the most part. • 74% of DONs say their NH consistently assigns CNAs to the same group of residents • Survey results indicate that culture change is associated with improvements in staff retention and absenteeism. • Three of five (59%) NHs that are engaged in seven or more culture change initiatives report improvements in staff retention, compared with just 52% of less-engaged homes. • 50 % of NHs most engaged in culture change report ↓ staff absenteeism vs only one-third of NHs with three or fewer culture change initiatives under way. • When combining all three staffing indicators (turnover, absenteeism, use of agency staff) as many as 64 % of NHs that have adopted seven or more resident centered culture change initiatives report improvements in staffing, compared with only 52 percent of homes that are engaged in three or fewer culture change principles.

¹⁸ Doty MM, et al. Culture Change in Nursing Homes: How far have we come? Findings from the Commonwealth Fund 2007 National Survey of Nursing Homes. 2008 The Commonwealth Fund. http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2008/May/Culture%20Change%20in%20Nursing%20Homes%20%20How%20Far%20Have%20We%20Come%20%20Findings%20From%20The%20Commonwealth%20Fund%202007%20Nati/Doty_culturechangenursinghomes_1131%20pdf.pdf

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
Models and Programs (continued)	Farrell & Dawson, 2007 ¹⁹ Limited – Descriptive article & case studies	Case studies: <ul style="list-style-type: none"> • Medical Hill Rehab Center (MHRC) in CA: Baseline CNA turnover rate 94% • VNA of Indiana County: baseline CNA turnover rate of 53% • Birchwood Terrace Healthcare, VT Aim: Description of proactive turnover efforts to reduce costs of turnover (from BJBC)	MHRC: Average cost to replace a single CNA was \$1,961. MHRC implemented evidence based interventions using multi-faceted approach to staff retention with focus on changing the organizational culture toward more individualized, person-directed care VNA of Indiana County: workforce investments such as: <ul style="list-style-type: none"> • Providing coaching supervision training to homecare workers & supervisors • Creating a career lattice program Birchwood Terrace Healthcare: stabilized staffing by ↑ % of permanent full & part time staff based on BJBC work. Most effective change was a wage package.	Reduce turnover costs by knowing the true cost of turnover, calculating the costs carefully & investing in proven retention strategies MHRC results: <ul style="list-style-type: none"> • Annualized CNA turnover rates ↓ from 94% to 29% in 6 months • ↓ turnover has also ↓ workmen’s compensation, health insurance premiums & health care costs • No vacant CNA positions & applicants on waiting list • Resident occupancy rate ↑ from 87 to 93.5% VNA of Indiana County: <ul style="list-style-type: none"> • Turnover ↓ from 53% in 2003 to 11% in 2006 Birchwood Terrace Healthcare <ul style="list-style-type: none"> • ↑ RN permanent staff by 20%, ↑ LPNs by almost 20% & ↑ CNAs by 17%
	Hegeman, 2005 ²⁰ Limited - Descriptive article	Specific study details not provided Aim: Describe the Growing Strong Roots program & relevant findings from studies (see program details w/ previous citation Hegeman, 2007)	Additional information re: Growing Strong Roots <ul style="list-style-type: none"> • Each NH selects its own mentors • Mentoring supplements new CNA training • RN supervisors oriented & trained • Mentors do not teach or re-teach clinical skills as formal education done by in-service educator • Mentor-mentee team maintains an active relationship for 4 or more weeks • Mentors & mentees work the same shift & do so in the same unit. • Mentors - compensated by the employer 	Studies evaluating Growing Strong Roots w/ findings provided: <ul style="list-style-type: none"> • Intervention NHs ↑ their new CNA retention rates by 25 %; control group ↑ of only 10% • All NHs participating in the project ↑ their retention rates, some by as much as 41% • Program won 2005 Award for Best Practices in Human Resources and Aging: given each yr to an agency or organization that has developed creative solutions to workforce dilemmas in the areas of recruiting, training, management, & retention.

¹⁹ Farrell D and Dawson S. The Business Case for Investing in Staff Retention: Can You Afford Not To? Future Age. 2007 Mar/Apr Vol 6 (2): 8-11.

²⁰ Hegeman CR. Turnover turnaround. Health Prog. 2005 Nov-Dec;86(6):25-30.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Hegeman, et al, 2007²¹</p> <p>Limited - Descriptive article</p>	<p>Growing Strong Roots:</p> <ul style="list-style-type: none"> • Study 1: 16 NHs with program implementation compared to control (wait-comparison group –no specific details about this group or study components) • Study 2: 15 NHs & 3 CNA groups w/ program implementation. Study conducted over 2 yr period. Complete data for 2 CNA groups (specific study details not provided) <p>Aim: Describe two successful peer-mentoring programs designed to improve the quality of care in NHs & retention rates among direct care staff. The first program, Growing Strong Roots examined CNA retention rates & the second program, Peer Mentoring for Long Term (LTC) Charge Nurses examined RN and LPN retention rates</p> <p>Growing Strong Roots: multi state peer mentoring program developed by the Foundation for Long Term Care (FLTC) – also see Hegeman, 2005</p>	<p>Growing Strong Roots – 3 month peer-mentoring program Goals:</p> <ol style="list-style-type: none"> 1. Improve CNA retention rates by improving orientation processes so they reflect the values of the facility 2. Improve the quality of care by teaching the value of caring & reinforcing critical skills and behaviors. <p>Peer Mentors: Aides used as role-models. Train-the-trainer approach w/ 6 hour training including mini-lectures (usually <5 min), interactive exercises, role-plays & case studies followed by 3 – 1hour booster sessions. Training content:</p> <ol style="list-style-type: none"> 1. The role of the mentor 2. How the program works 3. Tools for successful mentor including a very important component of communications skills (“I” statements, conflict management, & effective listening 4. The importance of compassion 5. The importance of attitude 6. Leadership skills <p>Additional information on:</p> <ul style="list-style-type: none"> • Stress/time management • Principles of adult education • Death & dying <p>NHA orientation & start up program details: 3 hour training including:</p> <ul style="list-style-type: none"> • Project summary & key terms • The role of the coordinator • Selecting a project coordinator • Supporting the project coordinator • Project design and fiscal issues • Initiating & maintaining the project. <p>Turnover data:</p> <ul style="list-style-type: none"> • Study 1: Baseline, at 3 months (immediately post intervention) & 6 months post-intervention • Study 2: Baseline data at 3 & 6 months, & post-intervention 	<p>Study 1:</p> <ul style="list-style-type: none"> • Intervention group: average baseline retention rate for mentees = 59% & 3 months (immediately post-intervention) = 84%; Wait-comparison group: average baseline retention rate = 38 %; & 3 months (immediately post-intervention) = 48% *significant for intervention group, but not wait comparison group • 16 intervention facilities retention rate: 37% ↑ from baseline to 3 month post-test & 51% ↑ at 6 months post. <p>Study 2:</p> <ul style="list-style-type: none"> • Retention rate for both groups at 3 month post-intervention was higher than 6 month post-intervention * significant for Group 2, but not for Group 1. • ↓ retention rates in both groups between 3 & 6 month post-intervention may be a consequence of factors other than the intervention.

²¹ Hegeman CR, et al. Peer mentoring in long-term care: rationale, design, and retention. Gerontol Geriatr Educ 2007;28(2):77-90

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Hegeman, 2007 (continued)</p>	<p>Peer Mentoring for LTC Charge Nurses 1 study – no specific details provided for target sample or aim</p>	<p>Peer Mentoring for LTC Charge Nurses include the goals described for Growing Strong Roots program w/ 2 additional goals:</p> <ol style="list-style-type: none"> 1. Improve care for residents w/dementia by improving the management leadership & communication skills of LTC charge nurses 2. Improve care for residents w/ dementia by improving retention rates of charge nurses & CNAs they supervise. <p>Peer mentors: for some NHs experienced charge nurses mentor new charge nurses & others charge nurses trained to be peer mentors also work with charge nurses who were not new to the facility. Mentoring program: 2 full days followed by 2 booster sessions. Similar to Growing Strong Roots, includes:</p> <ul style="list-style-type: none"> • Train-the-trainer manual that provides sample script and background info to teach the content/role-plays, case studies & exercises. • Intended learning outcomes are to ↑ peer mentoring, communication & leadership skills <p>NHA orientation & start up program: similar to Growing Strong Roots program</p>	<ul style="list-style-type: none"> • At 3 month post-test, intervention facilities displayed a retention rate of 91% for new charge nurses, significantly higher than 3 month pre-test (baseline) retention rate of 75% for new charge nurses • 6 & 9 month data analysis on charge nurse retention rates currently in progress but preliminary results showing similar trending to the 3 month charge nurse data <p>Both peer mentoring programs:</p> <ul style="list-style-type: none"> • Implemented successfully in a wide variety of NHs w/ Growing Strong Roots implemented in NHs with a range of 49-672 beds & Peer Mentoring for LTC Charge Nurses implemented in facilities with a range of 82-705 beds (both urban & rural) • Growing Strong Roots CNA peer mentoring program has been shown to have positive impacts on new staff retention & turnover & has proven effective in 31 NHs in a wide variety of settings. The charge nurse peer-mentoring program appears to be similarly effective.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Iowa Caregivers Association, 2000²²</p> <p>Moderate – Pre – post-test design with control group</p>	<p>3 NH participants & 3 NH controls Program timeframe Oct 1, 1998 – Nov 30, 2000</p> <p>Aim: Description of CNA recruitment and retention project to help retain CNAs on the job longer & to attract workers to the field</p> <p>Expected program outcomes include:</p> <ul style="list-style-type: none"> • ↓ CNA turnover • ↑ in CNA job satisfaction • Stable pool of caregivers • Enhanced quality of care being delivered • ↓ costs associated w/ high staff turnover 	<p>Program components:</p> <ul style="list-style-type: none"> • CNA needs assessment (survey & focus groups) • Facility based interventions • CNA mentor training • Community based interventions • Direct care forum • Program evaluation & job satisfaction surveys <p>Rationale for interventions based upon:</p> <ol style="list-style-type: none"> 1. Findings from CNA needs assessment 2. Input from the 3 participating NHs 3. Input from the community planning committee 4. Input from project advisory council 5. Feasibility for completion given the time to complete the project 6. Cost <p>Facility-based Interventions:</p> <ol style="list-style-type: none"> 1. Training program addressing personality differences & communication, building relationships & teamwork All staff were expected to attend. (470 staff attended these programs) 2. Caring For Alzheimer’s Clients 3. CNA mentor Training 4. Conflict resolution training <p>Community based Interventions:</p> <ul style="list-style-type: none"> • Building a community network • Public information programs • Public relations/public awareness campaign • Project newsletters • CNA support groups <p>Intervention details, job satisfaction results & additional recommendations can be found at: http://www.directcareclearinghouse.org/download/DHSreport.pdf</p>	<p>Prior to initiative, needs assessment results: CNAs surveyed report their top 4 concerns to be:</p> <ol style="list-style-type: none"> 1. Short-staffing 2. Poor wages and benefits 3. Relationships (supervisors) & lack of respect from general public 4. Inadequate job orientation and levels of training <ul style="list-style-type: none"> • Dedication to residents & coworkers: #1 reason CNAs stay on the job • Job satisfaction is closely linked to how they are treated by their supervisors. <p>Nurse Supervisors surveyed reported their top concerns to be:</p> <ol style="list-style-type: none"> 1. Lack of authority to ensure CNAs get needed training 2. A need for more training on how to supervise staff 3. No time to care or to supervise CNAs <p>Nurse Supervisors surveyed identified 4 reasons for high CNA turnover:</p> <ol style="list-style-type: none"> 1. Poor wages and benefits 2. Understaffing and assignments too demanding for time allotted 3. Lack of respect or appreciation 4. Inadequate education and training <p>Pre-post intervention results:</p> <ul style="list-style-type: none"> • Intervention group: overall average length of service during the study period was 18.96 months & Comparison NHs average length of service was 10.01 months • Intervention group: overall turnover rate averaged 34% compared to 82% in the control (lower) in '99 • Intervention group: overall turnover rate averaged 38% compared to 47% in control (only 1 NH provided data for control) in 2000 • Average total # of months worked was 53 for intervention & 34 control (indicating intervention group retained workers longer than control during study & retained those w/ more experience)

²² Iowa Caregivers Association. Certified Nursing Assistant Recruitment and Retention project Final Report. 2000 <http://www.directcareclearinghouse.org/download/DHSreport.pdf>

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Kemper, et al, 2008²³</p> <p>Moderate – Secondary analysis of survey from Better Jobs Better Care (BJBC)</p>	<p>3,414 direct care workers from 122 providers including:</p> <ul style="list-style-type: none"> • SNFs (n=53) • Assisted living (n=33) • Home Care Agencies (n=36) <p>Aim: Understand what changes in management practices would most improve the jobs of frontline workers from the perspective of workers themselves & to analyze differences across settings.</p> <p>Overall survey response rate: 54%</p> <p>Because the number of workers in adult day service providers (n=54) was too small to analyze separately, they were excluded from the analysis, leaving a sample of 3,414 workers in 122 providers for this analysis</p> <p>Improving relationships through training in communication, supervision, and team building; peer mentoring; and greater involvement of direct care workers in care management decisions are promising management practices that were tested in BJBC.</p>	<p>Baseline survey of direct care workers as part of the National Study of the Better Jobs Better Care demonstration.</p> <p>Survey:</p> <ul style="list-style-type: none"> • 8-page self-administered paper booklet • It included questions about length of employment, job satisfaction, job rewards and problems, supervision, perceptions of quality of care, job confidence, training, intent to quit, & demographic characteristics. • Personalized packets including a survey, informed consent, a \$2 bill, & a business reply envelope for all direct care workers were sent to the providers for distribution. <p>Process for analysis:</p> <ul style="list-style-type: none"> • Analysis of responses to the following open-ended question: “What is the single most important thing your employer could do to improve your job as a direct care worker?” • Open ended responses were coded & grouped into categories • Comparison of percentages of workers recommending changes in these categories across types of providers. <p>Direct care workers defined as: an individual who provides hands-on personal care (e.g., assistance with bathing, dressing, transferring and feeding) as a significant part of their job at a nursing facility, home health agency, assisted living organization, adult day center or other personal care organization. (some titles include: nurse aide, home health aide & personal care attendant)</p> <p>Exclusions: RNs, LPNs, & workers who help w/ cleaning, meal preparation and chores, but do not provide personal care.</p>	<ul style="list-style-type: none"> • Direct care workers in home care were least likely to make a recommendation: 37% of home care workers made no recommendation compared with 24% in assisted living and 20% in NHs <p>Across settings, workers called for:</p> <ul style="list-style-type: none"> • More pay & better work relationships including communication; supervision; and being appreciated, listened to, and treated with respect. • Workers in home care (39%) & assisted living facilities (36%) were much more likely to say that increasing compensation was the single most important thing that employers could do to improve their jobs than workers in NHs (23%). • Work relationships appeared to be of greatest concern in NHs (24%) & of least concern in home care (11%), with assisted living in between (19%) • Workers in NHs identified hiring more or better staff more often than any other major recommendation category (25% of NH workers) compared with 10% of workers in assisted living & almost none in home care. <p>Implications: To ↑ retention of frontline workers, policy makers should design public policies and management practices to ↑ pay and to improve work relationships. However, specific strategies should differ across settings</p> <p>NHs: Top 3 recommendations to improve workers’ jobs:</p> <ul style="list-style-type: none"> • ↑ staffing • Improving work relationships—especially supervision and whether workers are appreciated, listened to, and treated with respect • Increasing pay - third most important change that would improve workers’ jobs.

²³ Kemper P, et al. What Do Direct Care Workers Say Would Improve Their Jobs? Differences Across Settings. The Gerontologist 2008 48:17-25.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
	Kemper, et al, 2008 (continued)			<p>Assisted Living: Top 3 recommendations to improve workers' jobs:</p> <ul style="list-style-type: none"> • ↑ pay • Improve supervision, as well as other work relationships. • Providing more training & increasing staffing <p>Home care: Top 3 recommendations to improve workers' jobs:</p> <ul style="list-style-type: none"> • ↑ compensation • Better fringe benefits • Respond to workers' concerns about the number of hours they work, scheduling, & more training
<p>Models and Programs (continued)</p>	<p>Morgan and Konrad, 2008²⁴</p> <p>Moderate – Pre-post-test, quasi-experimental study</p>	<p>Intervention group: 8 NHs (77NAs) Control group: 10 NHs (81NAs)</p> <p>Intervention NHs: Recruited from waiting list</p> <p>Control NHs: Selected based on similarity of labor markets, region of state, organizational size, characteristics, & management style</p> <p>Aim: Evaluate WIN A STEP UP, a workforce development program for CNAs in NHs created to decrease turnover & increase quality of care</p> <p>Also described by VanRyzin, 2007²⁵ Administration of all paper-& pencil surveys except the organizational survey included small (<\$5) incentive for respondents.</p> <p>Survey response rate (organizational management survey): 100% of intervention & control NHs completed baseline and 3 month follow up surveys</p>	<p>WIN A STEP UP program (including Coaching Supervision program): 33 hour curriculum to direct care workers:</p> <ul style="list-style-type: none"> • Covering clinical & interpersonal topics such as infection control, being part of a team, & dementia care • Involving continuing education by onsite trainers • Providing compensation for education modules • Providing supervisory skills training of frontline supervisors • Short-term retention contracts for bonuses and/or wage increases upon completion • Requires commitments from each NA, the NH management, & the WIN A STEP UP program staff • 10 NAs from each NH agree to attend classes & remain employed at the NH for a specified amount of time 	<ul style="list-style-type: none"> • 3 months after baseline, participants differed from controls by having <ul style="list-style-type: none"> ➢ More improved nursing care & supportive leadership scores ➢ Greater improvement in team care ➢ Stronger ratings of career & financial rewards. • Nurse supervisors participating in supervisory skills training reported positive changes in management practices for themselves & peers. • Modest 3-month turnover reductions occurred in six settings where the program was fully implemented without incident. <p>Qualitative findings:</p> <ul style="list-style-type: none"> • Managers at seven of eight participating NHs wanted to repeat the program. • Managers felt that the WIN A STEP UP program had an impact in two main areas: increased job satisfaction/morale and improved quality of care. • Managers described participating NAs as more confident and proud and reported that NAs felt more rewarded.

²⁴ Morgan, JC and Konrad TR. A Mixed-Method Evaluation of a Workforce Development Intervention for Nursing Assistants in Nursing Homes: The Case of WIN A STEP UP. The Gerontologist 2008;48:71-79.

²⁵ VanRyzin J. Workplace Interventions for Retention, Quality and Performance. Future Age. 2007 Mar/Apr Vol 6 (2):16-19.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Morgan and Konrad, 2008 (continued)</p>	<p>NA surveys at baseline & follow up: Intervention group: mean response rate of 97% (n=238) at baseline & 81% at follow-up (n=192). Comparison sites had a mean response rate of 93% (n=224) at baseline and 75% at follow-up (n=198).</p> <p>Performance rating of NA by supervisors baseline & follow up: Intervention: 100% (77 NAs from 68 supervisors) Comparison: 85% (n=85 of individuals targeted)</p> <p>Coaching Supervision survey after completing training in classes with 4 to 10 participants, anonymous survey. Response rates at NHs ranged from 50% to 100%, with a mean of 74% (N=33).</p> <p>4 Hypotheses tested: Hypothesis 1: Participants will show significant improvement on self-assessed quality-of-care subscales such as team care and quality of coworkers. Hypothesis 2: Participants will not be significantly different from controls in terms of workload or interpersonal care subscales. Hypothesis 3: Participants will terminate employment at a lower rate than participating site and comparison site controls. Hypothesis 4: Participants will show improvement in performance in nursing care, supportive leadership, communication, & resident- focused care.</p>	<ul style="list-style-type: none"> • NH agrees to commit staff time to completing the program & distribute a retention bonus or wage increase to NAs who complete the program. • The program provides the curriculum, educational incentives to NAs (\$70 per class), and a \$75 retention bonus to NA participants completing the program • 2 informants per facility <p>6 Data sources:</p> <ul style="list-style-type: none"> • Organizational survey at all sites (N=18 surveys) • Interviews with key informants before & after implementation (N=84 interviews, all sites), • Pre & post in-person paper and pencil surveys with NAs (N = 390 complete cases of pre–post data, all sites) • Performance ratings of NAs by their supervisors (N=162 complete cases of pre–post data, all sites) • Evaluative surveys of Coaching Supervision trainees (N=42 complete surveys, 8 program sites). <p>Interviews were conducted prior to the start of the intervention, 3 months after program completion, and 6 months after completion.</p>	<p>Managerial informants often reported that workers had stronger clinical skills and knowledge; some even reported that NAs had improved their relationships with residents.</p> <p>Hypothesis 1 partially supported: Participants showed significant improvement on one of two self-assessed quality-of-care subscales: team care (where change was expected) and quality of coworkers.</p> <p>Hypothesis 2 supported: Participants were not significantly different from controls in terms of workload or interpersonal care subscales.</p> <p>Hypothesis 3 partially supported: Although program participants did not terminate employment at a lower rate than participating site controls, program participants were slightly less likely than comparison site controls to leave in the 3 months following completion of the program.</p> <p>Hypothesis 4 partially supported: Improved performance in two of the four dimensions of care: nursing care and supportive leadership. Performance was not improved in the other dimensions: communication & resident focused care.</p>

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Models and Programs (continued)</p>	<p>PHI, 2004²⁶</p> <p>Limited - Case study</p> <p>Press release, 2008²⁷</p>	<p>5 health care related employers forming a Health Field Collaborative</p> <p>Aim: Improve retention of entry-level workers in health care (specifically direct-care workers in the LTC industry)</p>	<p>Health Field Collaborative (HFC)</p> <p>Key activities influencing retention:</p> <ul style="list-style-type: none"> • Helping workers address personal challenges that interfere with job performance • Providing educational opportunities and career ladders that allow workers to grow both personally and professionally • Training supervisors and workers to communicate more effectively and build stronger relationship. • Occupational enhancement coordinator providing counseling & support to workers to help workers overcome barriers to sustained employment • Confidentiality • Open communication • Links to community support • Financial assistance if emergency • Career development & education 	<ul style="list-style-type: none"> • One company reported turnover rate for entry-level positions ↓ from average of 36% from 2000–2004 to 22 % in 2005 & was continuing to drop. • Two companies halved their turnover rates in two years. • Over 80% of employees utilizing the Opportunity Partnership & Empowerment Network (OPEN) program maintained their employment (All of these employees were at risk of losing their jobs due to an inability to successfully manage personal challenges along with work expectations) <p>Keys to success:</p> <ol style="list-style-type: none"> 1. The quality of cooperation among HFC participants 2. The character & skills of the occupational enhancement coordinator 3. The coordinator's strong relationship with managers and supervisors 4. Program attractive & accessible to employees through extensive on-site outreach & collaboration w/ participating companies to ensure consistent & ongoing communications 5. Self-sustainable/replicable program - the networking & collaboration provided through the structure contributed to the ongoing infusion of good ideas, energy & resources

²⁶ Paraprofessional Healthcare Institute (PHI) - Health Care for Health Care Workers. Opportunity Partnership & Empowerment Network A Case Study of an Effective Employee Retention Project – 2004. <http://www.directcareclearinghouse.org/download/OPEN%20Report%20final.pdf>

²⁷ <http://phinational.org/archives/innovative-program-opens-doors-for-mi-health-care-workers-employers-open-program-provides-roadmap-for-health-care-workers-to-keep-jobs-and-advance-their-career/>

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>PHI, 2008²⁸</p> <p>Moderate – Pre – post-test data, qualitative interviews</p>	<p>7 NH & 5 care homes participating in the Leadership, Education, & Advocacy for Direct Care Support (LEADS) project</p> <p>Interviews:</p> <ul style="list-style-type: none"> • 14 executive leaders of 12 sites • 6 representatives from 4 state partners • 1 representative from initiative funding organization <p>Work Environment Scale (WES) Survey: 780 employees baseline; 892 post intervention</p> <p>Job Satisfaction Survey (JSS): 769 employees baseline; 894 post intervention</p> <p>Response Rates: Both surveys ranged from 23% to 90% w/ mean of 55%</p> <p>Aim: Improve the quality of direct-care jobs by providing training, technical assistance, & cross-learning opportunities</p> <p>Hypothesis: LEADS initiatives would improve the quality of jobs for direct-care workers, improve their job satisfaction & ultimately reduce turnover & absences such as call outs.</p>	<p>3 year program providing cross-learning opportunities among 12 provider partners The initiative offered LTC employers a set of individual, team, and organizational skills aimed at creating truly person-centered care.</p> <p>Project objectives:</p> <ul style="list-style-type: none"> • To institutionalize supports for direct-care workers (DCWs) by using a train-the-trainer model to create a core of leaders able to deliver peer mentoring and coaching supervision training within their organizations • To support the re-design of caregiving practices around the interaction between the caregiver & the consumer, through training & technical assistance provided to supervisors & administrators • To establish leadership teams inclusive of DCWs within each organization to lead quality improvement efforts • To create a network of support across the region to facilitate cross learning among LTC leaders • To move public policy agendas in each state, designed to improve the quality of jobs for DCWs & thereby support quality care for consumers <p>Evaluation methods:</p> <ul style="list-style-type: none"> • Qualitative telephone interviews w/ key stakeholders • Pre/post job satisfaction & work environment surveys (JSS & WES) • Pre/post data on turnover & absences • Document review • Lessons learned discussions w/ PHI staff 	<p>Impact on turnover & call-outs</p> <ul style="list-style-type: none"> • 5 of 10 sites w/ complete data: turnover for direct-care workers ↓ from 2006 to 2007 • 4 of 9 sites w/ reported call-out data experienced ↓ in ratio of call outs per direct-care worker. • One NH (w/ specific focus on ↓ call outs) ↓ annual call out ratio from 9.5 to 8.5 per worker <p>Turnover & call-out trends (above) based on program implementation:</p> <ul style="list-style-type: none"> • 9 sites had very strong implementation of one or more LEADS initiatives • 2 of 3 sites w/ very strong, sustainable coaching supervision & peer mentoring programs ↓ turnover & call outs • 1 site w/ strong peer mentoring program & improved team building reported ↓ turnover & call-outs • 5 of 9 sites w/ strong implementation of one or more LEADS initiatives achieved improvements on at least one of two indicators—turnover and/or call outs <p>Systemic Changes</p> <ul style="list-style-type: none"> • 11 sites changed organizational policy or structure • 5 sites: hiring process changes including: <ul style="list-style-type: none"> ➢ Involving direct-care workers in interviewing prospective hires ➢ Incorporating expectations around communication in job descriptions ➢ Expanding orientation to cover communication, coaching & person-centered care ➢ Making peer mentoring a requirement ➢ Hourly bonus for peer mentors • 3 sites changed disciplinary process from punitive to coaching & problem solving <ul style="list-style-type: none"> ➢ 2 of these 3 sites ↓ turnover rates

²⁸ Paraprofessional Healthcare Institute (PHI) - Health Care for Health Care Workers. Northern New England LEADS Institute Report Evaluation 2008.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>PHI, 2008 (continued)</p>			<p>Systemic Changes (continued)</p> <ul style="list-style-type: none"> • Other systemic changes included: <ul style="list-style-type: none"> ➢ Formalizing participation of DCWs on committees, in organizational policymaking, & in care management ➢ Including family members & residents in care planning ➢ Instituting consistent assignment ➢ Changing smoking policy ➢ Creating career ladder for DCWs <p>Work environment</p> <ul style="list-style-type: none"> • DCWs in NH & home care, & nurses in NH ↑ scores in Clarity (of expectation & policy), supervisor support, peer cohesion, involvement & work pressure scores (measured by Work Environment Surveys) <p>Public Policy Outcomes:</p> <ul style="list-style-type: none"> • In each of 3 LEADS states, PHI established strong partnerships w/ similarly committed stakeholders & policymakers sponsored legislation on behalf of DCWs • Comprehensive workforce studies completed in two states, & study is underway in the third in part as a result of LEADS efforts. • ↑ media awareness through newspaper articles, radio, and television shows <p>Qualitative findings re: project implementation</p> <ul style="list-style-type: none"> • Respondents highlighted importance of DCWs' participation in leadership teams, work groups, & decision-making around program implementation & policy • Sharing of power & decision making w/ different levels of staff & empowerment of DCWs were viewed by many respondents as important LEADS outcomes

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>PHI, 2008 (continued)</p>			<p>Qualitative findings re: project implementation (continued)</p> <ul style="list-style-type: none"> • Neither provider site leadership nor PHI had a good understanding at the outset of the level of effort required to implement LEADS initiatives & nearly half of site leadership reported that the amount of work was often overwhelming. • Executive leaders overwhelmingly reported high-quality technical assistance received from PHI. • State partners reported overall good communication & cooperation between their organizations & PHI; however, one disappointment - LEADS work remained very state-based and therefore a sense of a “Northern New England” network among state partners did not develop. • 10 executive leaders identified coaching supervision either alone or in combination w/ other interventions as the most valuable LEADS intervention. • Coaching supervision affected communication & relationships in important ways: peer mentoring provided a vehicle to improve new-hire orientation, to provide a career ladder for direct-care workers, & to further imbed culture change within the organizations. <p>Overall conclusion:</p> <ul style="list-style-type: none"> • Through specific sustained interventions, supported by strong leadership & ongoing commitment, it is possible to achieve greater job satisfaction & improved retention in LTC.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Models and Programs (continued)</p>	<p>Stone, et al, 2002²⁹</p> <p>Moderate – Pre posttest design with comparison group</p>	<p>11 NHs forming the Wellspring Alliance</p> <p>Wellspring Alliance: Originally began as effort by otherwise unaffiliated not-for-profit NHs to enable them to compete successfully in a managed care environment & to ↓ staff turnover</p> <p>Twofold purpose:</p> <ol style="list-style-type: none"> 1. Make the NH a better place for people to live by improving the clinical care provided to residents 2. Create a better working environment by giving employees the skills they need to do their jobs, giving them a voice in how their work should be performed, & enabling them to work as a team toward common goals. <p>Aim: Evaluate the Wellspring model of NH quality improvement</p>	<p>15-month evaluation utilizing qualitative & quantitative methods</p> <p>Wellspring model includes:</p> <ul style="list-style-type: none"> • Clinical consultation & education by a GNP hired by the Alliance • Shared program of staff training using modules developed by the nurse practitioner • Sharing of comparative data on resident outcomes • A structure of multidisciplinary care resource teams who are empowered to develop & implement interventions that they believe will improve resident care • Evaluation of employee & resident outcomes (survey, observation, interviews) <p>Evaluation research objectives.</p> <ol style="list-style-type: none"> 1. Describe components of the Wellspring model & identify elements that differentiate it from the <i>status quo</i> in NHs. 2. Examine how elements are being implemented at the Alliance, facility, & unit levels & how that implementation process differs across 11 Wellspring NHs 3. Evaluate impact of the Wellspring model on residents, families, & staff (w/ focus on nursing staff turnover & retention rates, quality of care, & the organizational culture of the member facilities). 4. Assess the impact of the Wellspring model on costs <p>Additional information can be found at: http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2002/Aug/Evaluation%20of%20the%20Wellspring%20Model%20for%20Improving%20Nursing%20Home%20Quality/stone_wellspringevaluation%20pdf.pdf</p>	<p>Positive outcomes from Wellspring model implementation:</p> <ul style="list-style-type: none"> • Rates of staff turnover were lower & ↑ more slowly than in comparable NHs in Wisconsin within same time period. • Wellspring NHs improved their performance on the federal survey. • No additional ↑ in net resources were required for implementation & generally Wellspring NHs had lower costs than the comparison group. • Evidence that staff was more vigilant in assessing problems & took a more proactive approach to resident care, although clear evidence of improvement in clinical outcome, using Minimum Data Set (MDS) quality indicators, could not be documented. • Observational evidence & interview results indicated a better quality of life for residents and an improved quality of interaction between residents and staff.

²⁹ Stone, RI, et al. Evaluation of the Wellspring Model for Improving Nursing Home Quality. The Commonwealth Fund, August 2002.
http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2002/Aug/Evaluation%20of%20the%20Wellspring%20Model%20for%20Improving%20Nursing%20Home%20Quality/stone_wellspringevaluation%20pdf.pdf

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Models and Programs (continued)</p>	<p>Weitzel, et al, 2004³⁰</p> <p>Limited – Descriptive, case study</p>	<p>CNAs on 37 bed medical unit (specific #s not given)</p> <p>Aim: Report findings from Functional Model of Elder Care with impact on CNA satisfaction & turnover</p>	<p>The Functional Model of Elder Care conceptualized & designed by the CNAs of a 37-bed medical unit w/ guidance from the Professionals Improving Care to Hospitalized Elders (PICHE) coordinator & the gerontological clinical nurse specialist.</p> <p>Program has 4 (4-hour) sessions w/ information on:</p> <ul style="list-style-type: none"> • Incontinence • Sleep problems • Nutrition problems • Falls • Immobility • Loss of functioning that occurs w/ hospitalization <p>Following initial program, few change in practice were noted, after analysis CNAs were found to be spending most of their time w/ bathing & making beds. Changes were made to current model.</p> <p>Current Model components:</p> <ul style="list-style-type: none"> • Bathing every other day vs. daily • Vital signs: no longer taken at night to prevent sleep disruption • Increasing patient activity • Improving nutrition & hydration • Maintaining skin integrity • Promoting continence 	<ul style="list-style-type: none"> • The Functional Model of Elder Care has been shown to be effective on a medical unit of a 500-bed tertiary hospital. • By ↓ the time CNAs spend in the activities of bathing & bed making, more attention is focused on those activities that help maintain functional status • Staff turnover has ↓ & CNA satisfaction has been improved. • CNA turnover ↓ from 175% in 2000 to 37% in 2002 (in 2003 turnover was 63%, but resignations were due to CNAs returning to school for further education & a CNA changing positions for work hours that would accommodate family needs) • Positive patient outcomes include ↓ length of stay & fewer patients discharged to NHs

³⁰ Weitzel T, et al. Satisfaction and retention of CNAs working within a functional model of elder care. *Holist Nurs Pract.* 2004 Nov-Dec;18(6):309-12.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
Satisfaction	<p>Allensworth-Davies, et al, 2007³¹</p> <p>Limited to Moderate – Survey data, moderate sample size</p>	<p>10 NHs w/ 135 NAs</p> <p>Aim: Examine organizational cultural competence as perceived by nursing assistants & determine if this was related to differences in job satisfaction across countries of origin and racial-ethnic groups.</p>	<p>Survey & some NH focus groups capturing:</p> <ul style="list-style-type: none"> • Demographic information • Perceptions of organizational cultural competence • Job satisfaction ratings via Job Diagnostic Survey (JDS) <p>Survey participants provided w/ gift certificate</p> <p>Cultural competence set of skills, attitudes, behaviors, & policies that enable organizations & staff to work effectively in cross-cultural situations.</p> <p>Survey response rate varied by NH: average 60-65%</p> <p>Data analysis: respondents combined into 2 groups for racial-ethnicity:</p> <ul style="list-style-type: none"> • Whites • Non-whites (including Asian, U.S.-born Black, African-born Black, Haitian-born Black, Hispanic & Latino) <p>Country of Origin: US born or foreign born</p>	<ul style="list-style-type: none"> • Foreign born NAs reported greater autonomy & greater intrinsic feedback compared w/ US born NAs • Non-white NAs perceived NHs as less culturally competent & perceived coworkers' attitudes toward their race and culture more negatively than white NAs • Perception of organizational cultural competence strongest predictor of job satisfaction among NAs; as cultural competency ↑, job satisfaction ↑ • Autonomy also strongly associated w/ job satisfaction among NAs • Comfortable work environment for employees of different races/cultures was strongest organizational cultural competency factor • Strongest positive correlates of comfortable employee work environment were cross cultural communication & knowing how to respond if a coworker or resident was being treated unfairly due to his/her race; strongest negative correlates employees believing that the different races & cultures were causing problems for the facility & that others did not want them to succeed because of race/cultural background • RECOMMENDATIONS: Developing & maintaining organizational cultural competency & employee autonomy are important managerial strategies for ↑ job satisfaction& improving staff retention

³¹ Allensworth-Davies D, et al. Country of origin and racio-ethnicity: are there differences in perceived organizational cultural competency and job satisfaction among nursing assistants in long-term care? Health Care Manage Rev 2007 Oct-Dec;32(4):321-9.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Castle, et al, 2006³²</p> <p>Limited – Satisfaction survey, small study from 2 NHs</p>	<p>2 NHs in PA, 251 unique individuals participated in the surveys.</p> <p>Aim: Determine factors associated with job satisfaction and dissatisfaction for NH workers</p>	<p>Assessment data collected from all NH staff via a 28-question written survey implemented in 5 waves of data collection spaced 6 months apart.</p>	<p>This article contains a table with studies of job satisfaction in the LTC setting. The table includes the author, instrument, # of items, # of response options, job satisfaction domains, sample size and setting, analyses used, and significant findings.</p> <p>Study findings include:</p> <ul style="list-style-type: none"> • If job satisfaction can be modified as a result of efforts to improve the quality of care, those efforts may also have the benefits of reducing turnover. The opposite may also be true (unhappy workers may provide poor quality of care, thus putting residents at risk while also increasing the likelihood of turnover. • Overall, caregivers are generally satisfied with their work, but are less satisfied with promotional opportunities, superiors, and compensation. • Workers with tenure of more than one year are less likely to be satisfied with the pay. • Full time workers are less satisfied with pay, but more satisfied with work than part time workers. • CNAs are more satisfied with work; however, they are less satisfied with pay than are nurses.

³² Castle NG, et al. Determinants of staff job satisfaction of caregivers in two nursing homes in Pennsylvania. BMC Health Serv Res 2006 May 24;6:60.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Castle, et al, 2007³³</p> <p>Moderate – Survey with large sample, multivariate analysis</p>	<p>696 NHAs from PA & NY Eligible NHs: Those participating in Medicare/Medicaid certification & having Online Survey Certification and Reporting (OSCAR) data</p> <p>Aim: Examine data from NHAs to determine:</p> <ol style="list-style-type: none"> 1. Levels of job satisfaction 2. Whether job satisfaction is associated with intent to leave 3. Whether job satisfaction is associated with turnover after 1 year 4. Whether job satisfaction after 1 year varies for NHAs who left based on where they subsequently worked <p>Hypotheses:</p> <ol style="list-style-type: none"> 1. After controlling for personal, role-related, & facility characteristics, NHAs with lower job satisfaction will be more likely to intend to leave their current position. 2. After controlling for personal, role-related, facility characteristics, & turnover opportunities, NHAs with lower job satisfaction will be more likely to turnover within 1 year. 3. After controlling for personal, role-related, facility characteristics, & turnover opportunities, NHAs with the lowest job satisfaction will be more likely to turnover within 1 year & subsequently work outside the NH industry. 	<p>Nursing Home Administrator Job Satisfaction Questionnaire (NHA-JSQ) mailed to 1,000 NHAs Survey response rate: 69%</p> <p>Job satisfaction defined as “the favorableness or unfavorableness with which employees view their work”</p> <p>Intent to turnover influenced by:</p> <ul style="list-style-type: none"> • Personal characteristics: individual NHA variables such as age & gender • Role-related characteristics: include tenure on the job & professional society membership • Facility characteristics include the size & ownership of the facility. • Opportunity to turnover includes contextual factors such as local unemployment rates & number of local NHs • Job characteristics: the individual subscales used in the job satisfaction instrument <p>Actual Turnover influenced by all factors above and by intent to turnover</p> <p>Intent to turnover & actual turnover were used to provide more detailed information on the job satisfaction-turnover relationship.</p>	<ul style="list-style-type: none"> • Overall, NHAs more satisfied w/ the job satisfaction subscales of: rewards, work skills, & workload but less satisfied w/ work demands & coworkers. • NHAs appeared sensitive to work skills, w/ this being associated with intent to turnover & actual turnover • Stronger association with job satisfaction & actual turnover than with intent to turnover • NHAs w/ a longer tenure less likely to intend to turnover • Higher RN turnover associated w/ higher intent to turnover (NHA) & higher RN staffing associated w/ lower intent to turnover. • NHAs were more likely to leave if they had low satisfaction scores with work demands; that is, they viewed work as more demanding than NHAs who did not turnover. • NHAs more likely to leave if they had low satisfaction scores with their work skills; that is, they viewed their skills as lower than NHAs who did not turnover. • Older NHAs were less likely to turnover. • NHAs in NHs with higher number of deficiency citations more likely to turnover. • NHAs with high intent to turnover scores were more likely to leave after 1 year. • NHAs were more likely to work for another NH if they had low satisfaction scores w/ work demands & coworkers. • NHAs more likely to work in another LTC setting if they had low satisfaction scores with the workload, work demands, work content & work skills; but viewed rewards as more favorable. • NHAs more likely to work outside of LTC if low satisfaction scores w/ work demands or work content; but viewed rewards as more favorable.

³³ Castle NG, et al. Job satisfaction of nursing home administrators and turnover. Med Care Res Rev. 2007 Apr;64(2):191-211.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Castle, et al, 2007³⁴</p> <p>Moderate – Survey with large sample, multivariate analysis</p>	<p>1,779 CNAs from 79 NHs in 5 states</p> <p>Eligible NHs: Those participating in Medicare/Medicaid certification & having Online Survey Certification and Reporting (OSCAR) data NH exclusions: Hospital based facilities & NHs w/ less than 40 beds</p> <p>Aim: Examine the relationship between job satisfaction of nurse aides & intent to leave & actual turnover after 1 year</p> <p>Hypotheses:</p> <ol style="list-style-type: none"> 1. After controlling for personal, role-related, & facility characteristics and turnover opportunities, was that nurse aides with low job satisfaction would be more likely to intend to leave their current positions. 2. After controlling for personal, role-related, and facility characteristics & turnover opportunities, was that nurse aides with low job satisfaction would be more likely to turnover within 1 year. 	<p>Nursing Home Nurse Aide Job Satisfaction Questionnaire (NHNA-JSQ) mailed to 2,872 CNAs from random sample of 240 NHs in 5 states Survey response rate: 62%</p> <p>Job satisfaction defined as “the favorableness or unfavorableness with which employees view their work”</p> <p>Intent to leave: influenced by:</p> <ul style="list-style-type: none"> • Personal characteristics including age • Role related characteristics including tenure on the job • Facility characteristics including staffing levels • Turnover opportunities including local unemployment rates • Job characteristics: the individual subscales used in the job satisfaction instrument <p>Intent to leave consists of a progression of three phases: (a) thinking about leaving, (b) thinking about searching for a job, & (c) searching for a job Actual turnover: influenced by all 5 factors above & intent to leave</p>	<ul style="list-style-type: none"> • High overall job satisfaction associated w/ low scores on thinking about leaving, thinking about a job search, searching for a job, & turnover • High Work Schedule subscale scores, high Training subscale scores, & high Rewards subscale scores were associated with low scores on thinking about leaving, thinking about a job search, searching for a job, & turnover • High scores on the Quality of Care subscale were associated w/ low turnover after 1 year. • Implications: These results clearly show relationship between job satisfaction & intent to leave & turnover of CNAs. Training, rewards, & workload are particularly important aspects of CNAs’ jobs.

³⁴ Castle NG, et al. Job satisfaction of nurse aides in nursing homes: intent to leave and turnover. Gerontologist 2007 Apr;47(2):193-204.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Ejaz, et al, 2006³⁵</p> <p>Moderate – Randomly selected participants, survey data, large sample, multivariate analysis</p>	<p>644 direct care workers (DCWs) in 49 LTC organizations</p> <p>Criteria for inclusion in the study:</p> <p>(a) Facilities w/ more than 10 DCWs</p> <p>(b) Facilities that employed their own DCWs & did not use only agency staff or outside contractors.</p> <p>161 organizations met criteria of which 90 were randomly selected & 49 agreed to participate:</p> <ul style="list-style-type: none"> • 8 home health agencies • 14 assisted living facilities • 27 NHs <p>Aim: Investigate the effects of background characteristics, personal & job-related stressors, & workplace support on direct care workers' (DCW) job satisfaction</p> <p>Research questions:</p> <ol style="list-style-type: none"> 1. To what extent do DCW reports of personal & job-related stress & workplace support predict their job satisfaction? 2. To what extent do organizational characteristics & management issues predict DCW job satisfaction, after controlling for DCW individual level variables? 	<p>DCWs included:</p> <ul style="list-style-type: none"> • CNAs in NHs • Resident assistants in assisted living facilities • Home care aides in home health agencies <p>Data collection:</p> <ol style="list-style-type: none"> 1. DCW data: in person or telephone interviews (average time 50 min & respondents received \$20) 2. Organizational-level data based on a mailed survey completed by the site liaison (usually a human resources director or the administrator) <p>Background characteristics of the DCW:</p> <ul style="list-style-type: none"> • Age • Marital Status • Race <p>Stressors:</p> <ul style="list-style-type: none"> • Personal: family & financial, health changes • Job related: training, pay & benefits, schedule changes & permanent assignment <p>Workplace support:</p> <ul style="list-style-type: none"> • Relationships: w/ residents & staff • Racism: from residents or staff <p>Organizational variables:</p> <ul style="list-style-type: none"> • Characteristics: type of LTC setting, profit status, % of minorities served, % of Medicaid reimbursement • Management Issues: turnover of DCWs, minimum pay <p>Outcomes:</p> <ul style="list-style-type: none"> • Job satisfaction 	<ul style="list-style-type: none"> • Background characteristics of DCWs were less important than personal stressors (e.g., depression), job-related stressors (e.g., continuing education), and social support (e.g., interactions with others) in predicting job satisfaction. • NHs compared to the two other types of LTC organizations had lower average DCW job satisfaction rates, as did organizations offering lower minimum hourly rates & those reporting turnover problems. • Almost 75% of DCWs received paid holidays off, but only 49% received fully paid health insurance. • DCWs who reported better physical & emotional health since working as a DCW & those who had lower depression scores were more likely to have higher job satisfaction. • DCWs who perceived they had better on-the-job training in terms of the usefulness of continuing education & job orientation had higher job satisfaction. • DCWs who reported being fairly compensated for their job, having a retirement/pension plan, & having paid health insurance had higher job satisfaction. • Racism & negative interactions were significant predictors of DCW job satisfaction.

³⁵ Ejaz FK, et al. The impact of stress and support on direct care workers' job satisfaction. Gerontologist. 2006 Jul;48 Spec No 1:60-70.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Kinjerski and Skyrpnek, 2008³⁶</p> <p>Moderate – Pre – post-test design</p>	<p>2 LTC centers w/ average of 40-45 residents each</p> <ul style="list-style-type: none"> • Intervention: n=24 staff from 1 LTC center receiving spirit at work program • Control: n=34 staff from 1 LTC center, no intervention <p>Aim: Evaluate effectiveness of a spirit at work program in LTC</p> <p>Research question: “Can a spirit at work intervention program increase employee spirit at work, employee wellness, job satisfaction, and organizational commitment, and decrease absenteeism and turnover?”</p> <p>Hypotheses:</p> <ol style="list-style-type: none"> 1. The spirit at work intervention would increase participants’ spirit at work, job satisfaction, organizational commitment, and features of organizational culture (in particular, teamwork and climate/morale). 2. The intervention would decrease absenteeism and turnover but that our ability to detect a reduction in turnover would be limited by the short time span post-intervention. 	<p>Intervention consisted of a 1-day workshop: “Cultivating Spirit at Work in Long-Term Care,” & 8 weekly 1-hour booster sessions focusing on:</p> <ul style="list-style-type: none"> • What it is • Personal strategies to foster it (i.e., living purposely, living spiritually, appreciating self and others, and re-filling the cup) • Organizational conditions to cultivate it (e.g., inspired leadership, sense of community, personal fulfillment, positive workplace culture); creation of personal action plans to enhance spirit at work. <p>Booster sessions: offered each week before & after shift change to support employees’ efforts to enhance their spirit at work and to promote a sense of team. Topics included:</p> <ul style="list-style-type: none"> • Mindfulness • The power of positive thoughts • Strengthening relationships through communication (e.g., ↓ gossip) • Cultivating a spiritual life • Serving others • Developing a sense of community • Handling difficult situations • Creating time for fun & celebrations <p>Pre & post-intervention data collected via:</p> <ul style="list-style-type: none"> • The Spirit at Work Scale • The Job Satisfaction Scale • The Organizational Commitment Scale • The Organizational Culture Survey • The Vitality Scale • Satisfaction with Life Scale • The Sense of Coherence scale • Focus group discussions 	<p>Overall study findings & focus group results provide strong support that the program increased spirit at work, job satisfaction, organizational commitment, and organizational culture (particularly teamwork and morale), leading to reduction in turnover, absenteeism.</p> <ul style="list-style-type: none"> • Turnover evaluated 8 months prior to & 5 months following intervention: Turnover rates ↑ in comparison group (from just less than 9.8% to 16.4%), & ↓ in intervention group (from 10.5% to 2.6%) following introduction of the program, suggesting that the spirit at work program ↓ staff turnover. • Participation in the spirit at work program of employees at all levels and across departments working on the same shift resulted in ↑ teamwork, improved communication, enhanced morale, & improved relationships among staff. • Attention to the deeper meaning underlying work in LTC, a focus on service to the residents, encouragement of relationships and teamwork among all staff, facilitation of personal responsibility to effect positive change, expression of appreciation toward colleagues, and promotion of positive thought and communication goes a long way toward improving spirit at work in long-term care. • Implementation of a spirit at work program is a relatively inexpensive way to enhance the work satisfaction & commitment of employees, improve organizational culture, & reduce turnover & absenteeism while improving the quality of resident care.

³⁶ Kinjerski V and Skyrpnek BJ. The promise of spirit at work: increasing job satisfaction and organizational commitment and reducing turnover and absenteeism in long-term care. J Gerontol Nurs. 2008 Oct;34(10):17-25; quiz 26-7.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Lee and Cummings, 2008³⁷</p> <p>Moderate to Excellent – Systematic review</p>	<p>14 studies identified by literature review</p> <ul style="list-style-type: none"> • 12 quantitative studies • 2 qualitative studies <p>Aim: Systematically review the research literature that examined the determinants of front line nurse managers' job satisfaction</p>	<p>Search of electronic databases from 1990- May 2006 & manual searches of additional journals.</p> <p>Search criteria:</p> <ul style="list-style-type: none"> • Peer reviewed research that measured job satisfaction of front line nurse managers in all types of healthcare facilities. Front line nurse managers defined as nurses in leadership roles responsible for managing a nursing unit or team, and having direct supervision of staff nurses in a healthcare organization. • Studies measuring job satisfaction and determinants/predictors of job satisfaction • Studies that addressed the relationship between job satisfaction, front line nurse managers and the respective determinants <p>14 studies met criteria:</p> <ul style="list-style-type: none"> • 12 quantitative studies investigated the relationship between various determinants & job satisfaction in acute care inpatient units of hospitals (11 studies) & LTC inpatient units (one study) • 2 qualitative studies • No studies were found that explored job satisfaction of front line managers in community or public health settings. 	<ul style="list-style-type: none"> • The findings of this review provide evidence of a positive relationship between support for managers, participative organizations, empowerment and job satisfaction of nurse managers. • Reducing managerial span of control and workload, as well as developing strategies to increase support and empowerment of front line managers, is pivotal to positively influence patient and staff outcomes. <p>Conclusion The review suggests that job satisfaction of front line managers may be improved by addressing span of control and workload, increasing organizational support from supervisors and empowering managers to participate in decision-making.</p> <p>Implications for Nursing Management Healthcare organizations may enhance the recruitment, retention and sustainability of future nursing leadership by addressing the factors that influence job satisfaction of front line managers.</p>

³⁷ Lee H and Cummings G. Factors influencing job satisfaction of front line nurse managers: a systematic review. J Nurs Manag. 2008 Oct;16(7):768-83.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Parsons, et al, 2003³⁸</p> <p>Limited to Moderate – analysis of survey data with large sample, randomly selected subcomponent, but low response rate</p>	<p>550 CNAs from 70 NHs</p> <p>Aim: Survey to examine job satisfaction & turnover among nursing assistants employed in nursing homes</p> <p>Survey response rate: 33%</p>	<p>Survey of CNAs to analyze job satisfaction & turnover w/ 2 sections:</p> <ol style="list-style-type: none"> 1. Employee & work characteristics 2. Work issues <p>NHs selected from 259 members of Louisiana NH Association (75% of total in LA) w/ 70 NHs agreeing to participate</p> <p>CNA selection- 2 random samples drawn from the 70 NHs:</p> <ol style="list-style-type: none"> 1. Every third NH & all CNAs on all shifts 2. Remaining NHs w/ evening & night shift given more weight <p>Surveys mailed to 1,660 CNAs w/ 550 responses</p>	<ul style="list-style-type: none"> • 60% were satisfied with their jobs and 30% planned to quit. • The CNAs participating in this study identified the relationship w/ the resident as the most important work issue, & their major reason for staying in the job. • CNAs were most dissatisfied with pay, benefits, & recognition & appreciation. • Although the respondents were dissatisfied w/ benefits & salary, these work issues could not explain overall satisfaction or turnover. • Professional growth & involvement in work-related decisions, supervision, & management keeping employees informed were significantly related to both turnover & overall satisfaction. • CNAs most likely to remain in a job are older, not planning to further their education, are not new in the current job, have a longer tenure in the previous job, have more total years in their occupation, & are less interested in moonlighting. • Turnover was linked to job satisfaction & a large % of the CNAs were either neutral or dissatisfied with their job. • Trust & organizational justice (fairness) were a problem & turnover was related to the belief that management does not follow through on its promises, & also related to concerns about the fairness of supervisors & administration. • Factors that are the cornerstone to any effort to increase job satisfaction & reduce turnover: career ladder & other professional growth strategies; employee involvement & participation; Input into decisions, feedback & keeping employees informed; Supervisory training; Employee recognition.

³⁸ Parsons S, et al. Determinants of satisfaction and turnover among nursing assistants. The results of a statewide survey. J Gerontol Nurs. 2003 Mar;29(3):51-8.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Satisfaction (continued)</p>	<p>Zurmehly, 2008 ³⁹</p> <p>Moderate - Descriptive, correlational study</p>	<p>Inclusion criteria for RNs (n=140):</p> <ul style="list-style-type: none"> • Current RN licensure • Graduation from an accredited nursing program with a diploma or associate, baccalaureate, or master's degree in nursing • Employment in health care facility • Job of floor nurse, supervisor, director, or manager. <p>Sample drawn from staff nurses employed in four different types of health care organizations: urban and rural hospitals, community health agencies, and home health agencies</p> <p>Aim: Explore factors influencing job satisfaction in nursing by examining relationships between educational preparation, autonomy, & critical thinking & job satisfaction</p> <p>Survey response rate: 140 of 200 (73%)</p>	<p>Two standardized measures used w/ permission to assess levels of critical thinking, autonomy, and job satisfaction:</p> <ol style="list-style-type: none"> 2. The Watson-Glaser Critical Thinking Appraisal (WGCTA) (Watson & Glaser, 1980) measures critical thinking gains resulting from instructional programs, predicts success in certain types of occupations or programs where critical thinking is known to play an important role, and determines the relationship between critical thinking and other abilities or traits. 3. The Minnesota Satisfaction Questionnaire (MSQ) Short Form was used to measure autonomy & job satisfaction (Weiss, Davis, England, & Lofquist, 1967). <p>Relationships between variables were analyzed to determine which explained the most variance in job satisfaction.</p>	<ul style="list-style-type: none"> • Significant positive correlations between total job satisfaction & perceived autonomy, critical thinking, educational preparation, & job satisfiers. • Significant negative correlations between job dissatisfiers & total job satisfaction were also found. • The variables all participants identified being the most dissatisfied with were ability & compensation. <p>Conclusions:</p> <ul style="list-style-type: none"> • Understanding nursing job satisfaction through critical thinking, educational level, and autonomy is the key to staff retention. • Besides providing an opportunity for nurses to apply their professional skills, health care organizations need to contribute to their overall professional development by identifying organizational activities that have the potential to increase job satisfaction & retention.

³⁹ Zurmehly J. The relationship of educational preparation, autonomy, and critical thinking to nursing job satisfaction. J Contin Educ Nurs 2008 Oct;39(10):453-60.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Work Environment and Organizational Factors</p>	<p>Anderson, et al, 2004⁴⁰</p> <p>Limited to Moderate – Quantitative survey, 43% response rate</p>	<p>N=3,449 employees in 164 randomly sampled NHs</p> <p>Aim: Test the effect of administrative climate, communication patterns, & the interaction between the two on turnover, controlling for facility context</p> <p>Survey response rate: Of the 380 NHs sampled, 164 (43%) returned completed surveys from the NHA, DON, & nursing staff (244 RNs, 964 LVNs, & 2,317 CNAs).</p> <p>3 Hypotheses:</p> <ol style="list-style-type: none"> 1. NHs in which staff perceived a reward climate would have lower turnover than nursing homes in which staff perceived a laissez-faire climate. 2. Greater levels of perceived communication openness, accuracy, & timeliness would explain lower staff turnover. 3. Interaction between climate type & communication patterns would explain lower turnover. 	<p>Perceptions of administrative climate & communication collected via self-administered survey of NHAs, DONs, RNs, LVNs, & CNAs in each participating NH in 1995.</p> <p>Survey data linked to secondary data on:</p> <ul style="list-style-type: none"> • Facility characteristics • Resource allocation • Turnover <p>Survey:</p> <ul style="list-style-type: none"> • Closed-ended questions about the socio-demographic background of the employee • Perceptions of management practices at the NH • Core set of questions identical for all staff, customized modules were included for the RNs, LVNs, and CNAs re: administrative climate & for the NHA & DON survey re: environmental change • The focal unit of analysis of the study was the organization <p>Types of climates:</p> <ol style="list-style-type: none"> 1. Reward: rewards are merit based, goals are clear, & relationships & employee welfare are important. 2. Laissez-faire: management is disorganized, rewards are status based, & conflict goes unresolved. 3. Ambiguous: After clustering groups w/ dissimilar climates, these NHs did not strongly identify with either laissez-faire or reward-climate based on administrative climate. 	<ul style="list-style-type: none"> • Climate & communication both affected turnover, but lower turnover was dependent on the interaction between climate & communication. • NHs w/ reward-based administrative climates, higher levels of communication openness & accuracy explained lower turnover of LVNs & CNAs, relative to NHs w/ an ambiguous climate. • Adequate staffing & longer tenure of the DON were also important predictors of turnover. • Implications: Although context is important, managers can also influence turnover by addressing climate and communication patterns & by encouraging stable nursing leadership. <p>Hypotheses 1: not supported; however; differences between a reward climate & an ambiguous climate were tested w/ findings that the type of climate was not significantly related to RN or LVN turnover, but climate was related to CNA turnover in a direction opposite of expected</p> <p>Hypothesis 2: not supported</p> <p>Hypothesis 3: supported for LVN & CNA turnover, but not RN turnover</p>

⁴⁰ Anderson RA, et al. Complexity science and the dynamics of climate and communication: reducing nursing home turnover. Gerontologist 2004; Jun;44(3):378-88.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Work Environment and Organizational Factors (continued)</p>	<p>Castle & Engberg, 2006⁴¹</p> <p>Moderate – retrospective study</p>	<p>854 facilities (effective response rate of 60% for NH survey) in 6 states (MO, TX, CT, NY, PA, & NJ)</p> <p>Aim: Examine the association between CNA, LPN & RN turnover & the organizational characteristics of NHs</p> <p>Analyzed 2003 NH Administrator survey data, 2004 OSCAR data, 2004 Area Resource File, and turnover data collected from NHs</p>	<p>Eight organization characteristics were examined:</p> <ol style="list-style-type: none"> 4. Staffing levels 5. Top management turnover 6. Resident case mix 7. Facility quality 8. Ownership 9. Chain membership 10. Size 11. Medicaid census 	<p>For all levels of direct care givers, higher turnover rates were seen with:</p> <ul style="list-style-type: none"> • Lower staffing levels • Lower quality • For-profit status • Higher bed size <p>One-year rates of turnover found in this study were 56.4%, 39.7%, and 35.8% for CNAs, LPNs, and RNs, respectively.</p> <p>Either national or practitioners' own Initiatives to improve quality may benefit not only the residents, but also facilities themselves by decreasing turnover.</p>
	<p>Erenstein & McCaffrey, 2007⁴²</p> <p>Moderate to Excellent – Literature review</p>	<p>5 research studies dealing w/ nurse retention in relation to the work environment & background information from 13 other sources.</p> <p>Aim: Determine the effect of healthcare work environments on nurse retention, describe factors that contribute to unhealthy work environment & implicate them as significant factors influencing nurse retention</p>	<p>Literature review search of Ovid database for research studies dealing w/ nurse retention in relation to the work environment (search dates not specified).</p> <p><u>Study 1:</u> AbuAlrRub, 2004 Internet survey of nurses (n=303) w/ web-based questionnaire to determine correlation between coworker support & ↓ job stress & job performance & stress.</p> <p><u>Study 2:</u> Geiger-Brown, et al, 2004 Written survey of nurses (n=309) to investigate common themes that nurses expressed re: work environment & how they viewed the impact of work on their personal health & well-being.</p> <p><u>Study 3:</u> Ray, et al, 2002 Semi-structured interviews of 32 RNs & 14 Administrators from 1 military & 3 civilian hospitals to study the healthcare environment.</p>	<p>Overall themes identified by nurses for retention:</p> <ul style="list-style-type: none"> • Desire for autonomy • Empowerment • Decision-making opportunities <p>Critical issue identified: Leaders & administrators need to construct a partnership w/ nurses to build an environment of trust & support to enhance nursing practice</p> <p>Improvement of the work environment can influence:</p> <ul style="list-style-type: none"> • Morale • Job satisfaction • Patient outcomes • Professional nurse retention <p>Individual study findings: <u>Study 1:</u></p> <ul style="list-style-type: none"> • When nurses perceived social support from coworkers & colleagues, they felt less job-related stress, liked & performed better • Social support & diminished level of stress were components in nurse retention.

⁴¹ Castle NG, and Engberg, J. Organizational Characteristics Associated With Staff Turnover in Nursing Homes. Gerontologist 2006 Feb;46(1):62-73.

⁴² Ernstein CF and McCaffrey R. How Healthcare Work Environments Influence Nurse Retention. Holist Nurs Pract 2007;21(6):303-307.

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<p>Work Environment and Organizational Factors (continued)</p>	<p>Erenstein & McCaffrey (continued)</p>		<p><u>Study 4:</u> Atencio, et al, 2003 Survey to examine the nurse's perception of work pressure & autonomy (n=257) w/ follow up every 6 months for 24 months. <u>Study 5:</u> Smith, et al, 2005 Interviews with nurses (n=62) randomly selected in an academic hospital setting to investigate the work environment & what likely affects job satisfaction & nursing turnover</p>	<ul style="list-style-type: none"> • Outcomes of prolonged stress: ↓ job performance, burnout & nursing shortages <p><u>Study 2:</u></p> <ul style="list-style-type: none"> • Major work environment themes identified: excessive demands such as long hours, poor staffing, lack of support from co-workers, & lack of administrative advocacy, injustice & unfairness. • Solution to working environment themes proposed by nurse participants: <ul style="list-style-type: none"> ➢ Providing staff nurses w/ voice to make decisions about work environment ➢ Management willingness to try new ideas that could improve work environment • Recommendations on how to improve nurse retention & nurses' health & well-being: <ul style="list-style-type: none"> ➢ ↑ workplace safety ➢ Continuous evaluation compensation levels • Focus on retention measures by administrators <p><u>Study 3:</u></p> <ul style="list-style-type: none"> • When RNs lost trust in the organization, they became disillusioned & lost loyalty; Administrator believed that rebuilding this trust could ↑ retention & recruitment of nursing professionals. • Authors concluded that healthy work environment for nurses may require: <ul style="list-style-type: none"> ➢ Rebuilding trust through effective communication ➢ Improving visibility ➢ Encouraging participative decision making within all org levels <p><u>Study 4:</u></p> <ul style="list-style-type: none"> • Positive perceptions of work environment are vital to improving job satisfaction, retaining nurses & ↓ turnover. • Recommendations: If NHA positively influence work environments by promoting trust & empowerment, the improved work environment would ↑ nurse retention & ↑ patient outcomes

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	Erenstein & McCaffrey (continued)			<p>Study 5 (similar findings to study 3):</p> <ul style="list-style-type: none"> • Importance of creating a work environment that enables nurses to meet professional expectations & supports their beliefs in support of management while improving organizational commitment • Job satisfaction linked to retention, a satisfactory work environment supports ↑ loyalty to employer
<p>Work Environment and Organizational Factors (continued)</p>	<p>Karsh, et al, 2005⁴³</p> <p>Moderate – Analysis of large scale survey, however is limited to not-for-profit</p>	<p>N= 6584 of 15,013 NH employees (44% response rate) responded to a questionnaire from 76 NHs from a mid-western state’s not-for-profit NH association</p> <p>Aim: Examine whether job characteristics, the work environment, participation in quality improvement activities & facility quality improvement environment predicted employee commitment & job satisfaction in NHs, & whether those same predictors & commitment & satisfaction predicted turnover intention</p>	<p>Areas assessed included:</p> <ul style="list-style-type: none"> • Job characteristics • Feedback • Role conflict • Quantitative workload • Role ambiguity • Task control • Work schedule meets needs • I feel physically safe at work • Employees get training as needed • Paperwork interferes with care • Able to do job independently • Involved in quality improvement activities • Work environment • Task orientation • Work pressure • Task clarity • Innovation • Organizational quality improvement environment • Perceived caring • Organizational identification • Intrinsic job satisfaction • Extrinsic job satisfaction (factors external to the job itself) • Turnover intention 	<ul style="list-style-type: none"> • Results support the hypothesis that organizational work pressures, having a flexible work schedule, feeling physically safe at work, receiving feedback, and the organizational quality environment indirectly affect turnover retentions through employee job satisfaction and commitment. • Interventions are needed to address factors that negatively impact satisfaction and commitment, however. • A sole focus on quality of care for residents, without addressing that the design of work of the staff may impact the provision of care, then staff concerns will not be addressed. • It is important for an organization to be focused on both staff and resident outcomes. • LTC facilities seeking to ↓ turnover could focus on reducing work pressure (education and social support), role conflict, and increasing flexible scheduling (involving staff in designing work schedules that better meet individual needs), safety (focus on ergonomics and resident assaults on staff), task clarity, feedback, and quality improvement efforts.

⁴³ Karsh B, et al. Job and organizational determinants of nursing home employee commitment, job satisfaction and intent to turnover. Ergonomics 2005 Aug 15;48(10):1260-81.

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Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p style="text-align: center;">Work Environment and Organizational Factors (continued)</p>	<p>Kash, et al, 2006⁴⁴</p> <p>Moderate – Retrospective study</p>	<p>Cross-sectional 2002 Medicaid Cost Report and 2003 Area Resource File data collected from 1,014 Texas NHs</p> <p>Aim: Examine the effects of facility & market-level characteristics on staffing levels & turnover rates for direct care staff, & the effect of staff turnover on staffing levels for RNs, LVNs, and CNAs</p>	<ul style="list-style-type: none"> • Examination of staffing and turnover rates for RNs, LVNs, and CNAs individually. • Facility level variables included profit status and chain membership, # of licensed beds, occupancy rates, level of payor sources, & hourly wages for direct care staff • Demographic and labor market factors that were assessed included proportion of population 85 and older, racial and ethnicity proportions, per capita personal income. • Facility staffing characteristics included staff training expense ratio, direct care staff benefit expense ratio, professional staff ratio, administrative expense ratio, RN turnover rates, and in-house CNA training. 	<ul style="list-style-type: none"> • Although wages were not an effective recruitment incentive in a market that was dominated by for-profit NHs, they do reduce turnover rates for CNAs significantly. • Results also suggest that better management (qualified administrators and higher management capacity), as well as higher wages would help CNA retention. • Staff turnover is not always associated with staffing levels. Staff turnover is a predictor of RN and CNA staffing levels, but LVN staffing levels are associated with market factors rather than turnover. • It is important to focus on management initiatives that help reduce CNA and RN turnover and ultimately result in higher nurse staffing levels.

⁴⁴ Kash BA, et al. Effect of staff turnover on staffing: A closer look at registered nurses, licensed vocational nurses, and certified nursing assistants. Gerontologist 2006 Oct;46(5):609-19.

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<p>Workforce</p>	<p>Bishop, et al, 2008⁴⁵</p> <p>Moderate – Qualitative survey, informative, moderate sample size</p>	<p>255 CNAs from 15 NHs 105 residents – quality of life survey</p> <p>Aim: Investigate (a) whether CNAs are more committed to NH jobs when they perceive their jobs as enhanced (greater autonomy, use of knowledge, teamwork), & (b) whether CNA job commitment affects resident satisfaction</p>	<p>18 NHs nominated as being good places to live & work by an advisory group of which 15 were selected:</p> <ul style="list-style-type: none"> • 9 NHs identified themselves as pursuing transformation to person-centered care • 5 NHs in similar areas of the state, not self-identified as culture change homes • 4 NHs underrepresented types (including for-profit regional corporate facilities) <p>Site visits conducted to identify management philosophy of leadership & care, management practices, & CNA work concerns via:</p> <ul style="list-style-type: none"> • Semi-structured interviews w/ administrators & frontline supervisors • CNA focus groups (day & evening shifts) <p>CNA survey: 82 items concerning workplace relationships, job satisfaction, and resident care based on information from interviews</p> <ul style="list-style-type: none"> • Translated into Spanish & Haitian Creole & recorded on audiotape to play w/ written survey • Offered to 267 full-time CNAs from morning & evening shifts in 15 NHs • 255 CNAs participated (96% response rate) • Participants given \$10 after survey completion <p>Quality-of-life questionnaire administered to 105 residents</p>	<ul style="list-style-type: none"> • Good basic supervision was most important in affecting CNAs' intent to stay in their jobs (after accounting for satisfaction w/ wages, benefits, & advancement opportunities) Specifically a nurse supervisor perceived as: <ul style="list-style-type: none"> ➢ Showing respect to NAs ➢ Helping out when help was needed & ➢ Working to solve problems had a significant impact on intent to stay • Job enhancements (use of nursing assistant knowledge, autonomy, teamwork) were not significantly related to intent to stay • Tangible rewards (satisfaction with wages, benefits, & advancement possibilities) significantly related to CNAs intent to stay after accounting for personal characteristics (age, English as primary language, & education beyond high school) • Residents more satisfied w/ their relationships to nursing staff & their quality of life on units where a higher proportion of CNAs were committed to their jobs. <p>Implications:</p> <ul style="list-style-type: none"> • Greater job commitment of CNAs is associated w/ better quality of relationships & life for residents implying that better jobs lead to better care • Culture change transformation that ↑ CNA autonomy, knowledge input, & teamwork may not ↑ workers' commitment to jobs without improvements in basic supervision.

⁴⁵ Bishop CE, et al. Nursing Assistants' Job Commitment: Effect of Nursing Home Organizational Factors and Impact on Resident Well-Being. Gerontologist 2008 Jul;48 Spec No 1:36-45.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
Workforce (continued)	Bowers, et al, 2003 ⁴⁶ Limited – Qualitative data, informative only, interviews, 24% response rate	41 CNAs from 3 NHs <ul style="list-style-type: none"> • 32 current employees • 9 former employees Aim: Contribute to the development of a theory of turnover by understanding how CNAs employed in LTC facilities conceptualize the factors that cause them to leave their jobs	Invitations to participate mailed to CNAs currently or formerly employed at 3 NHs invitation packet contained: <ul style="list-style-type: none"> • Brief study description • An invitation to participate in an individual interview • Postage-paid return form indicating willingness to volunteer. Interviews: <ul style="list-style-type: none"> • Invitations sent to 169 CNAs of which 41 interviews were completed • 45 min to 1 hour • Highly unstructured & open 	<ul style="list-style-type: none"> • CNAs' perception that they are unappreciated & undervalued by the organizations for which they work contributes significantly to turnover (origins of this perception lie in policies & practices that lead CNAs to feel personally & professionally dismissed). • The CNAs felt generally undervalued & unappreciated by the organization in general and by their supervisors in particular. • The CNAs described how organizational policies & practices are based on beliefs that CNAs are all the same, discounting important differences among front line staff. • Strategies for determining staffing levels & reward systems for CNAs reflect a general lack of respect for CNAs & their work.
	Castle, 2005 ⁴⁷ Moderate – Large sample survey	1999 Survey data from 419 NHs in 5 states (85% response rate) and OSCAR data Aim: Examine the association between turnover of caregivers (RNs, LPNs & CNAs) & turnover of nursing home top management (NHA & DON)	<ul style="list-style-type: none"> • Few clues are provided as to how or why top managers influence the turnover of other staff. • Top management may have a general destabilizing influence on NH, may influence employees' commitment to the organization, and may influence resident care and services. • Incoming top managers could play a role to lessen negative influences. 	Turnover of top managers has an important influence on staff turnover: <ul style="list-style-type: none"> • A 10% increase in top management turnover is associated ($p < 0.05$) with a 21% increase in the odds that a NH will have a high turnover rate of CNA and is associated ($p < 0.05$) with an 8% decrease in the odds that a facility will have a low turnover rate of CNAs. • A 10% increase in top management turnover is associated ($p < 0.1$) with a 30% increase in the odds that a NH will have a high turnover rate of RNs and LPNs.

⁴⁶ Bowers BJ, et al. Turnover reinterpreted CNAs talk about why they leave. J Gerontol Nurs. 2003 Mar;29(3):36-43.

⁴⁷ Castle NG. Turnover Begets Turnover. Gerontologist 2005 Apr;45(2):186-95.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Workforce (continued)</p>	<p>McFeeley, et al, 2003⁴⁸</p> <p>Limited – Case study</p>	<p>73 bed SNF</p> <p>Aim: Summarize results from a case study of a Good Samaritan NH in PA attempt to ↓ pressure ulcers (pressure ulcers) & retain staff</p>	<p>Staff stability and education As part of process of improving facility performance & reducing pressure ulcers, NH implemented a team approach requiring a greater sense of involvement in the NH's mission. To determine how the NH could retain staff members senior staff conducted:</p> <ul style="list-style-type: none"> • Interviews • Staff appreciation programs • Morale building • Satisfactions surveys 	<p>Staff turnover was reduced from 45% (prior to the initiative) to 20%</p> <p>NH developed & implemented new programs as result of findings</p>
	<p>Menne, et al, 2007⁴⁹</p> <p>Moderate – Analysis of interview data</p>	<p>27 NHs, 14 assisted living facilities, and 8 home health agencies (HHAs) in Ohio. In-person (27%) and phone (73%) interviews were completed with 644 direct care workers.</p> <p>Aim: Examine direct care workers' perceptions & recommendations for training needs (based on results from Ejaz, et al, 2006) in efforts to improve job satisfaction and commitment</p>	<ul style="list-style-type: none"> • Assessment of adequacy of initial direct care worker training, job orientation, mentorship, and continuing education (CE) • Assessment of additional training needs • Recommendations for improvements in trainings 	<ul style="list-style-type: none"> • 55% of NH and 71% of HHA workers found initial training left them well prepared for actual work. • Majority of NH and HHA workers found their job orientation to be somewhat or very helpful. Additional participant comments indicated that orientations should be longer, involve consistent and good/quality training staff, and involve more hands-on training. • Over 97% reported that having a mentor or preceptor was very or somewhat useful, especially if using experienced mentors for one-on-one training. • Over half of the direct care workers reported that CE was very helpful. 70% of HHAs and 53% of NHs found their CE very useful. • Unmet educational needs included wanting more CE on how to deal with difficult direct care workers (60% overall expressed this need), teamwork, how to organize tasks to get everything done on time, caring for residents with mental illness/dementia, CPR, and communicating with residents. • 94% preferred interactive learning, 73% preferred more frequent, shorter sessions, 75% preferred to receive CE at their facility/agency rather than outside or at home.

⁴⁸ McFeeley P, et al. Pressure Ulcer Benchmark Study. Provider. 2003 Jul;29(7):45-8.

⁴⁹ Menne HL, et al. Direct care workers' recommendations for training and continuing education. Gerontol Geriatr Educ 2007;28(2):91-108.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
	<p>Nakhnikian, 2005⁵⁰</p> <p>Limited – Descriptive article, no intervention</p>	<p>Aim: Describe 7 elements essential for employers in their creation of a stable, well-qualified direct-care workforce</p>	<p>7 elements essential for employers to create</p> <ol style="list-style-type: none"> 1. Family-sustaining wages 2. Affordable health insurance and other family-supportive benefits 3. Full-time hours (if desired), stable work schedules, & no mandatory overtime 4. Opportunities for Advancement 5. Training That Helps Provide High-Quality, Individualized Care 6. Supervision That Supports, Encourages, and Guides Them 7. Management Whose Core Value Is Strengthening the Essential Caregiving Relationship between Them and Consumers 	<ul style="list-style-type: none"> • Implementing the seven elements requires the commitment, coordination, & cooperation of the entire LTC system, especially the state and federal reimbursement systems that pay for most care and services. • By joining forces with other LTC stakeholders, through organizations such as the Direct Care Alliance, providers can help stabilize the workforce & help to increase the allocation of public resources
<p>Workforce (continued)</p>	<p>Pennington, 2003⁵¹</p> <p>Limited – Interviews, small sample</p>	<p>12 CNAs from 5 NHs</p> <p>Aim: Examine experiences of CNAs in Colorado NHs, (their experiences must be understood to effectively address recruitment and retention issues)</p>	<p>Qualitative research to examine the CNA work experience & understand the meaning of work for CNAs via:</p> <ul style="list-style-type: none"> • Minimally structured, 30 minute audio- taped interviews • Observation of care 	<ul style="list-style-type: none"> • The overriding theme that emerged from the interviews with the 12 CNAs was “we love our job.” • The CNAs’ commitment to their jobs & the residents, their satisfaction with the work, their desire for long-term employment, & their respect for seniors were the recurring patterns that were apparent throughout the interviews. • Issues important to CNAs revolved around basic motivational factors, such as job enrichment opportunities, personal growth opportunities, recognition, responsibility, & sense of achievement. • Leadership must become creative and build on that base, providing CNAs with job mobility, job enrichment opportunities, recognition, & increased job responsibility, producing positive outcomes not only for the CNA but also for the resident and the facility.

⁵⁰ Nakhnikian E. Breaking the turnover cycle. Health Prog. 2005 Nov-Dec;86(6):21-4.

⁵¹ Pennington K, et al. The role of certified nursing assistants in nursing homes. J Nurs Adm. 2003 Nov;33(11):578-84.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Workforce (continued)</p>	<p>Pillemer, et al. 2008⁵²</p> <p>Excellent – 12 month randomized control trial at NH level</p>	<p>30 NHs randomized to:</p> <ul style="list-style-type: none"> • Intervention (n=15 NHs) • Control (n=15 NHs) <p>Aim: ↓ employee turnover by creating a retention specialist (RS) position in NHs</p> <p>Data collected at baseline, 6 month post & 1 yr post-intervention</p> <p>Staff outcomes measured through certified nursing assistant (CNA) interviews & turnover rates measured over the year.</p> <p>Study findings also described by VanRyzin, 2007⁵³</p>	<p>1 staff person from each facility was designated as a retention specialist (RS).</p> <ul style="list-style-type: none"> • RS designated as a retention champion, serving as the key internal consultant regarding retention programs & spending at least 20% of his/her time on retention activities over the course of one year. <p>3 major components of the intervention:</p> <ol style="list-style-type: none"> 1. Specialized Retention Training – 3 day training on the process of promoting retention practices & evidence based retention programs <ul style="list-style-type: none"> • Introduction to retention issues • Creating & maintaining a favorable climate • Diagnosis of retention problems • Implementing the RS program evidence based retention programs • Respect & recognition • Management practices • Structured career development • Mentoring programs • Structured programs to improve interpersonal skills • Work & family support 2. Ongoing Technical Assistance 3. Leveraging Community Resources 	<ul style="list-style-type: none"> • Treatment NHs experienced significant ↓ in turnover rates compared to control NHs • Average CNA turnover rates in treatment facilities ↓ between baseline & the 12-month assessment by 10.54%; the rate in control facilities ↓ by 2.64% • Found positive effects on CNA assessments of the quality of retention efforts & of care provided in the facility • Did not find effects for job satisfaction or stress

⁵² Pillemer K, et al. A Facility Specialist Model for Improving Retention of Nursing Home Staff: Results From a Randomized, Controlled Study. The Gerontologist 2008. Vol. 48, Special Issue 1, 80–89.

⁵³ VanRyzin J. Workplace Interventions for Retention, Quality and Performance. Future Age. 2007 Mar/Apr Vol 6 (2):16-19.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Workforce (continued)</p>	<p>Secretst, et al, 2005⁵⁴</p> <p>Limited – Qualitative survey, small sample, informative only</p>	<p>11 NAs from 4 NHs</p> <p>Aim: Investigate the meaning of work for NAs who stay in LTC</p>	<p>In-depth interviews to determine the meaning of work for NAs in LTC</p> <p>Survey design: existential-phenomenological - participants are asked to describe specific experiences that stand out for them & researchers analyze the experiences to understand the meaning they have for the participants.</p>	<ul style="list-style-type: none"> • The meaning of work emerged as an experience of family, pride & control, in spite of an environment fraught with hostility, disrespect & lack of control • Results suggest there may be some ways to facilitate a more stable workforce, by enhancing experiences of family, pride & control, & minimizing experiences of hostility, disrespect, & lack of control.
	<p>Stearns and D’Arcy, 2008⁵⁵</p> <p>Moderate – Secondary data analysis from 2004 National Nursing Assistant Survey, large sample</p>	<p>2,328 CNAs completing the National Nursing Assistant Survey (NNAS)</p> <p>Aim: Determine whether the factors that predict NAs’ intent to leave their current job at a facility also predict their intent to leave the NA profession</p> <p>Analysis of data from the 2004 NNAS to investigate NA retention in the current job as well as the profession as measured by intent to leave.</p>	<p>NNAS data via interview with CNAs utilizing self-reported measures of intent to leave:</p> <p>2 measures reflecting intent to leave facility:</p> <ul style="list-style-type: none"> • Whether NAs expected to leave their current job within 1 year • Whether NAs were searching for new job <p>1 measure of intent to leave profession:</p> <ul style="list-style-type: none"> • Whether NAs did not expect their next job to be as a NA 	<ul style="list-style-type: none"> • Substantially different factors affected facility versus profession retention • Facility retention affected by facility characteristics including: <ul style="list-style-type: none"> ➢ Supervisor w/ positive qualities ➢ Respect from supervisor ➢ A lot of say in class topics ➢ Training (including a lot of say in class topics) ➢ Safety (including lifting devices available) ➢ Higher wages ➢ Benefits (including paid vacation/personal days) • NA profession retention negatively associated with income & education • Higher education leads to greater likelihood of intent to leave the facility & NA profession • ↓ likelihood of intent to leave the NA profession with: <ul style="list-style-type: none"> ➢ Higher income ➢ Being of white race ➢ Age 46-60 yrs (relative to >60 yrs) • Broader enhancements of career opportunities may be necessary for profession retention, though balance between retention & promotion may be important

⁵⁴ Secretst J, et al. The meaning of work for nursing assistants who stay in long-term care. J Clin Nurs. 2005 Sep;14(8B):90-7.

⁵⁵ Stearns SC and D’Arcy LP. Staying the course: facility and profession retention among nursing assistants in nursing homes. J Gerontol B Psychol Sci Soc Sci. 2008 May;63(3):S113-21.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Workforce (continued)</p>	<p>Temple, et al, 2009⁵⁶</p> <p>Moderate – Logistic regression analysis utilizing data from the 2004 National Nursing Home Survey</p>	<p>1,174 NHs - National Nursing Home Survey (NNHS) respondents</p> <p>Aim: Examine NH organizational characteristics & specific job characteristics of staff in relation to turnover of NAs</p> <p>NNHS response rate: 81% (1,174 of 1,500 NHs)</p>	<p>Cross-sectional data on 944 nationally representative NHs from the 2004 NNHS</p> <p>NNHS Survey: administered between August and December 2004; includes components on staffing and facility characteristics at organizational level.</p> <p>Staffing questionnaire: self-administered questionnaire completed by the NH administrator w/ data on education, staffing levels, staff turnover & tenure, staffing practices, wages and benefits of various categories of staff within the facility</p> <p>Facility questionnaire: in-person, computer-assisted interview w/ the administrator re: organizational characteristics & services provided by the facility.</p> <p>Classification of NHs using a 3-month CNA turnover rates:</p> <ul style="list-style-type: none"> • 25% of NHs w/ lowest turnover rates were classified as low turnover • 25% of NHs w/ highest turnover were classified as high turnover • Remaining 50% of NHs moderate turnover <p>Multinomial logistic regression used to examine organizational characteristics & job characteristics associated with low & high turnover compared with moderate turnover.</p> <p>Organizational characteristics: Facility size, chain membership, ownership status, occupancy, Medicaid census, Medicare census, nurse hours per pt day, NHA tenure & DON tenure</p> <p>Job characteristics: CNA wages, full insurance, partial employee insurance, partial family insurance, retirement, sick days, personal days, employee assistance, CNA union, staff specialty training, resident assignment, care planning involvement, & overtime shifts</p>	<p>Conclusions: nurse staffing levels, wages, health insurance, employee assistance benefits, unionization, & involvement in resident care planning were significantly associated w/ NA turnover</p> <ul style="list-style-type: none"> • Staffing levels at or > 4.0 hours per patient day was associated w/ more than a fourfold ↑ in the odds of low turnover & a 43% ↓ in the odds of high turnover compared w/ moderate turnover • Job characteristics associated w/ greater odds of low NA turnover: <ul style="list-style-type: none"> ➢ Higher wages: a \$1 ↑ in wages ↑ likelihood of low turnover by 21% & ↓ likelihood of high turnover by 20% in comparison w/ moderate turnover ➢ Union membership: 66% ↑ in likelihood of being in the low turnover group compared w/ moderate turnover group • Few facilities offered fully paid health insurance for employee or family (13%) & access to employee assistance programs (30%) • Fully paid health insurance & availability of employee assistance programs were significantly associated w/ ↓ odds of high turnover compared w/ moderate turnover by 50% and 38%, respectively • Involvement in care planning significantly associated w/ ↓ likelihood of high turnover compared w/ moderate turnover by 44% and 38%, respectively <p>Important policy implications:</p> <ul style="list-style-type: none"> • Mandated nurse staffing at or > 4.1 HPPD (recommended by CMS) may improve resident care & ↓ turnover • ↑ staffing levels may initially be costly, but may save expenses associated with NA turnover, estimated at \$4.1 billion annually (Seavey, 2004)

⁵⁶ Temple A, et al. Exploring correlates of turnover among nursing assistants in the National Nursing Home Survey Health Care Manage Rev 2009 Apr-Jun;34(3):182-90.

Interventions Table: Staff Retention

Type of Intervention	Citation & Evidence Rating	Targeted Sample & Aim	Specific Interventions & Related Information	Outcomes/Findings
<p>Workforce (continued)</p>	<p>Yeatts and Cready, 2007⁵⁷</p> <p>Moderate - Pre-post-test, quasi-experimental design w/ qualitative & quantitative data</p>	<p>Quantitative analysis:</p> <ul style="list-style-type: none"> Experimental group - 5 NHs w/ 21 teams at baseline; 4 NH post-intervention Control group: 5 NHs at baseline; 4 NH post-intervention <p>Qualitative analysis: Observation of 270 CNA-empowered team meetings</p> <p>Aim: Evaluate the effects of CNA empowered work teams in LTC</p> <p>Proposition 1: empowered work teams positively affect feelings of empowerment, (autonomy, impact, meaningfulness & competence) among team members Proposition 2: empowered work teams positively affect performance Proposition 3: empowered work teams have a positive effect on job attitudes, including job satisfaction, commitment, & self esteem. Proposition 4: empowered work teams reduce absenteeism and turnover</p>	<p>Empowered work team: group of frontline employees who hold similar job titles, do similar work & are empowered to make decisions about some aspects of their work & recommendations about others.</p> <ul style="list-style-type: none"> Also referred to as: self-directed work teams, self-managed work teams or autonomous work groups <p>Quantitative pre-post test data: Experimental group: established CNA empowered work teams in 5 NHs (selected from 18 volunteer NHs). Activities of the CNAs included:</p> <ul style="list-style-type: none"> Being involved in nurse management decisions re: CNA work Reviewing resident health conditions & making recommendations Addressing issues provided to them by the nurse management Dealing w/ any other issue of CNA concern Weekly 30 min meetings w/ written summary for nurse management & short stand up meetings during week as needed Written feedback from nurse managers re: team summaries <p>Control group: 5 comparable NHs based on baseline surveys of all 10 NHs (CNAs, nurses, residents & family members)</p> <p>Data Collection: Baseline & post-test data via</p> <ul style="list-style-type: none"> Self-administered questionnaires for CNAs & nurses Staff survey Family Survey 	<p>Quantitative & qualitative analyses indicate that the work teams had a variety of modest, positive effects:</p> <ul style="list-style-type: none"> ↑ CNA empowerment: given new decision making responsibilities, grew in competence w/ decision making & experienced more positive impacts from their efforts Better CNA performance: allowing CNAs to become more aware of resident health conditions, opportunities to question poor performance of negligent team members, time for communication & team members more willing to carry out decisions they were part of making; however some negative effects: CNAs away from direct care duties for meetings Improved resident care & choices: staff listens, talks, and cares; increased choices for residents Improved procedures, coordination, & cooperation between CNAs & nurses Possibly ↓ turnover: team members able to help others avoid an absence or team provided important job feature not offered by other NHs Mixed effects on job attitudes (satisfaction, burnout, and self-esteem) <p>Size of NH has a significant impact on ease of implementation. A large NH with 200 residents may have 12 or more empowered work teams, which is more than a single DON can monitor. In these cases, other nurse managers may need to be involved with the teams.</p>

⁵⁷ Yeatts DE and Cready CM. Consequences of Empowered CNA Teams in Nursing Home Settings: a Longitudinal Assessment. The Gerontologist 2007;47:323-339.