

Retention of Long-Term Care Professionals: *Assessing the Challenges*



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Retention of Long-Term Care Professionals: Assessing the Challenges

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The Cabinet's objectives:

- Review the most current research on what it takes to recruit and retain a well-trained and quality workforce across the long-term care continuum of services, with the focus on administrators, nurses (registered nurses, licensed practical nurses), direct care workers (certified nursing assistants, home health aides), medical directors, social workers and pharmacists.
- Gather and synthesize special initiatives and “best practices” identified by all the stakeholders for benefit of members and other aging services providers
- Provide recommendations for policy, practice and education changes to achieve this goal
- Propose strategies needed to implement these recommendations

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I.

Introduction

A review of the literature and national professional association Web sites as well as attempts at personal communication with leaders of these same associations yielded little information about retention strategies and programs for long-term care professionals. Some research,



although still very little, could be found in the literature about job satisfaction among professional long-term care staff and factors influencing their intention to stay in or leave their positions. Overall, however, there is a paucity of information to be found about strategies and/or programs aimed at retaining quality professional staff within the long-term care field. Moreover, anecdotal evidence and communication with leaders in the field indicate that the minimal literature and information to be found on retention strategies reflect a true lack of such strategies and not merely a lack of published information describing these strategies.

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Due to the lack of defined and tested retention strategies and programs for professional long-term care staff, what follows is a summary of information and research pertaining to turnover and staffs' intentions to stay or leave. **Section I** presents research conducted on this topic by various groups and individuals. **Section II** summarizes the information, albeit minimal, uncovered on specific retention strategies and programs.

II.

Research on Retention of Long-Term Care Professional Staff

A. Administrators

As **Castle and Shugarman (2005)** state, “Several research studies have identified turnover of administrators in nursing homes as a potential influence on quality of care, thus making understanding the factors associated with turnover even more pressing.”



Singh and Schwab (1998) surveyed nursing home administrators (NHAs) in Michigan and Indiana and found the annual turnover rate in the two states combined to be 40 percent. Utilizing regression models, **Singh and Schwab (1998)** examined the factors influencing retention of those NHAs who had been employed in their current positions for at least three years. The results of the regression analyses demonstrated the following:

- Stand-alone (i.e., independent ownership) facilities achieved higher retention than facilities that were part of multi-facility chains.
- A negative correlation existed between for-profit ownership and NHA retention.
- Facility size and community size both were positively associated with NHAs' length of employment. The influence of community size, however, was only marginally significant.
- The dimension of NHAs' “realized expectations” significantly correlated with NHA retention. Realized expectations encompass concepts such as leadership style of the NHA's supervisor, degree of harmony between the NHA's and the organization's ethical/moral values and management philosophies, corporate expectations in terms of goals to be achieved by the NHA, and realization of the NHA's overall expectations of the organization. It should also be noted that such expectations were met more strongly in stand-alone facilities than chain-affiliated facilities.
- A better fit between an NHA's skills and abilities and the demands made by the organization can lead to higher NHA retention.

- An administrator’s commitment to an organization had a positive influence on retention. This level of commitment was found to be significantly higher in NHAs employed by stand-alone facilities as opposed to chain-affiliated facilities.

Based on the findings of their study, **Singh and Schwab (1998)** present the following recommendations for improving NHA retention:

- Facilities—particularly chain-affiliated and for-profit facilities—should “empower their administrators with more discretionary authority, set reasonable expectations for facility performance, involve their administrators in key decisions pertaining to the facility’s operation, create a sense of fairness, and seek congruity between the administrator’s and the organization’s ethical and operational values.”
- In hiring NHAs, it is important to find compatibility between organizational demands and the skills of the recruited/hired NHA.
- Better skill compatibility can be achieved by providing support mechanisms to help NHAs cope with demands such as low census, substandard patient care, inadequate supplies and equipment, and high staff turnover. In addition, skill compatibility must be a priority given current trends indicating that NHAs will face increasing challenges and demands in the future.
- Long-term care organizations should reevaluate how they manage their administrators in an effort to foster a high level of organizational commitment among NHAs.
- Corporate officials should encourage open discussion about facility goals and values, build loyalty and gain the NHA’s trust, and

provide adequate resources and support to help the NHA cope with facility demands. Appropriate attention to such factors can help increase job satisfaction and build organizational commitment.

Singh and Schwab (2000) sought to investigate which factors, attitudes and personal characteristics can predict job tenure among NHAs. A total of 290 NHAs in Michigan and Indiana responded to a mail survey that asked about the job environment of their prior positions. Analysis of the survey responses found that during the first three years of employment, the probability that a newly hired NHA would leave his or her position, either voluntarily or involuntarily, was 37 percent. Seventy-five percent (75%) of involuntary leaves or “separations” occurred during the first three years, while only 25 percent of involuntary separations occurred later. When involuntary separation occurred within the first three years, an NHA’s average length of employment was 1.3 years. However, the great majority—81 percent—of NHAs left their position voluntarily, and a large proportion of these found promotional opportunities after an average length of employment of just 1.3 years. Thus, **Singh and Schwab (2000)** argue that the extent of voluntary NHA turnover due to pursuit of promotions after relatively short tenures suggests a limited available pool of adequately trained administrators to fill vacancies created by high turnover in the field.

Having controlled for the nature of employment leave (voluntary or involuntary), **Singh and Schwab (2000)** found that NHAs who evidenced a pattern of short tenures and frequent job changes in the past were likely to be potential leavers in future positions. Past patterns of instability also may indicate lower levels of organizational commitment among NHAs, a factor that significantly correlated

with job tenure. Facility performance also significantly correlated with job tenure, with good facility performance minimizing both voluntary and involuntary leaves. Finally, results of the study found that a community environment compatible with an NHA's personal lifestyle as well as his or her overall satisfaction with the quality of life a community offers were contributing factors to job stability. Based on their findings, **Singh and Schwab (2000)** present the following conclusions and recommendations with regard to recruitment and retention of NHAs:

- Recruitment of NHAs should screen not only for competency skills and for compatibility with the organization's management philosophy and organizational demands, but also for the administrator's likelihood of remaining at the facility. Hiring an NHA with an average length of employment of 4.5 years in past positions can greatly reduce the likelihood that the newly hired NHA will leave.
- If the hiring of an NHA requires relocation, the recruitment process should include an assessment of the match between the prospective NHA's lifestyle and the community where he or she would reside.
- It is critical for nursing home management to examine how their NHAs are managed and to provide support and direction to these NHAs with the objective of achieving high performance outcomes in the facility. This, in turn, may lead to greater organizational commitment and job stability among NHAs.
- Management styles that promote support, personal growth and achievement of facility performance objectives can help improve NHA retention.

Angelelli, Gifford, Shah and Mor (2001) examined administrator turnover in 832 New York state nursing homes from 1970 through 1997. Their study sought to investigate how the average length of NHA job tenure changed from 1970 to 1997, as well as to examine nursing home characteristics associated with increased rates of NHA turnover in the 1990s. Some of the study's major findings included the following:

- NHA turnover increased in the late 1980s and early 1990s—years during which the Omnibus Reconciliation Act (OBRA) was passed, the Medicare Catastrophic Coverage Act (MCCA) was passed and subsequently repealed, and there was increased specialization and professionalization in the field of long-term care. Since the early 1990s, however, the percentage of facilities with high administrative turnover appears to have declined.
- Median job tenure of NHAs hired in the early 1970s was nearly three years, while median job tenure by the late 1980s declined to less than one year. Median job tenure began to rebound slightly in the mid-1990s.
- Poor quality (i.e., more health-specific as well as total facility deficiencies) precipitated higher rates of NHA turnover during the study period.
- During the period of 1991 to 1997, the hazard rate of NHA turnover was 1.26 times higher in hospital-based nursing homes than in freestanding homes.
- During the period of 1991 to 1997, the hazard rate of NHA turnover was 1.2 times higher in chain-affiliated facilities than in independent homes.
- During the period of 1991 to 1997, the hazard rate of NHA turnover was significantly higher in government facilities than in to nonprofit facilities. But no

differences in turnover hazard rates were found when comparing corporate and individual/partnership-owned facilities to nonprofit homes.

Murphy (2004) examined the job satisfaction of 149 NHAs in the state of Iowa. Murphy found that NHAs had a more compressed rate of job satisfaction than their managerial counterparts in other industries. In addition, findings indicated that NHAs' job dissatisfaction centered largely around coworkers and pay levels.

Castle and Shugarman (2005) surveyed the top management teams—consisting of the NHA and Director of Nursing (DON)—of 406 nursing facilities in five states to examine the effects of top management professional development on administrator turnover. Their research findings indicated the following:

- Administrator turnover rate after one year was 43 percent.
- Longer-tenured administrators were 40 percent less likely to leave an organization than those with shorter tenure.
- In facilities where both the administrator and DON had similar tenure, NHAs were 30 percent less likely to turn over after one year.
- Membership in a professional organization was associated with a 50-percent likelihood of lower NHA turnover after one year.
- Similarity in the professional memberships of the NHA and DON was associated with a 45-percent likelihood of lower NHA turnover after one year.
- Administrators of facilities with higher numbers of nurses and nurses' aides were less likely to turn over after one year.

Based on their findings, **Castle and Shugarman (2005)** suggest that nursing home owners may benefit from hiring top managers with strong professional membership ties or should, at the

very least, encourage their top management to form such ties.

Castle, Engberg and Anderson (2007) examined NHAs' levels of job satisfaction and the association of job satisfaction with both intent to leave and actual turnover after one year. Their findings revealed that 41 percent of the 753 NHAs surveyed turned over within one year, and of these, 63.5 percent subsequently worked for another nursing home, 22.5 percent worked for another long-term care facility and 14 percent worked outside of long-term care. In addition, the work of **Castle et al. (2007)** revealed the following with regard to NHAs' intent to leave their position:

- NHAs with lower job-skill satisfaction had a greater intent to leave.
- NHAs with longer job tenure were less likely to intend to leave.
- Higher RN turnover was associated with higher intent to leave among NHAs.
- Higher RN staffing was associated with a lower intent to leave among NHAs.

With regard to NHAs' actual turnover after one year of employment, **Castle et al. (2007)** found the following:

- Older NHAs were less likely to turn over.
- NHAs in facilities with a higher number of deficiency citations were more likely to turn over. **Castle et al. (2007)** contend that while this finding may indicate that NHAs leave lower-quality facilities, anecdotal evidence suggests that NHAs are frequently held responsible for poor survey/certification inspection results and are, in turn, expected or forced to leave their positions.
- NHAs were more likely to turn over if they had low satisfaction with regard to their work demands; i.e., they found work more demanding than NHAs who do not turn over.

- NHAs were more likely to turn over if they had lower satisfaction with their work skills; i.e., they viewed their skills as lower than those of NHAs who do not turn over.
- NHAs were more likely to turn over if they viewed job rewards as more favorable than NHAs who do not turn over. **Castle et al. (2007)** propose that this result may suggest that high-performing, well-rewarded NHAs are actively recruited by other facilities, thus resulting in their higher turnover.
- Three-quarters of respondent NHAs had seriously considered quitting their position and half expected to leave their job within five years. Furthermore, even the seemingly most committed NHAs said they would not recommend work as an NHA to others.
- NHAs struggled to balance dual demands—the demands of caring for others, which they embrace as their calling and to which they remain committed, and the demands emerging from the political economy of health care. **Tellis-Nayak (2007)** contends that NHAs come to resent the latter demands because these keep them away from the former, which they view as their mission. It is in this sense that NHAs have become “satisfied but disenchanting leaders in long-term care.”

In sum, the research of **Castle et al. (2007)** found support for the hypothesis that NHAs with lower job satisfaction will be more likely to turn over within one year of employment. In addition, strong support was found for the hypothesis that NHAs with the lowest levels of job satisfaction will be more likely to turn over within one year and subsequently be employed outside the nursing home field.

Tellis-Nayak (2007) surveyed 685 NHAs from throughout the country to investigate the roots of the high rate of turnover among NHAs. Both structured survey responses and open-ended text comments were analyzed with the following study findings:

- Almost two-thirds of NHAs were satisfied being NHAs, but about one-quarter were not.
- NHAs were least satisfied with salary, the inadequate resources they receive to perform their job duties and the insufficient recognition they receive from their bosses.
- State surveys, regulation, corporate management and salary emerged as the four greatest sources of frustration for NHAs and increased the risk that NHAs will think of quitting. These four elements, **Tellis-Nayak (2007)** points out, all originate from outside the nursing home.

Based on her research findings, **Tellis-Nayak (2007)** makes two recommendations. First, encourage CEOs, boards, senior officers and regional managers to engage in an open, professional and social exchange with caregivers and other long-term care professionals. This recommendation attempts to address NHAs’ frustrations that corporate management is out-of-touch with the nursing home environment. Second, develop and instigate a process that allocates responsibility to the NHA while simultaneously requiring proportional accountability from upper management. This recommendation responds to NHAs’ complaints that they are often held accountable for what happens in the nursing home despite the fact that policies and budgets generally flow from upper management.

B. Nurses

Retention of nursing staff in long-term care has generally focused on the frontline worker, i.e., the certified nursing assistant (CNA). Less research and fewer retention programs have

been conducted and developed, respectively, for registered nurses (RNs) and nurse management, e.g., DONs. However, a small body of literature addressing turnover rates of nurses in long-term care does exist. In addition, a few nursing retention programs have targeted or at least included participation by long-term care nurses.

Brannon, Zinn, Mor and Davis (2002) explored the job, organizational and environmental factors associated with nursing assistant turnover in nursing homes and found that RN turnover is closely associated with turnover among nonprofessional nursing home staff. More specifically, RN turnover was negatively associated with a nursing home's chance of being a facility with low nursing assistant turnover and positively associated with the chance of being a facility with high nursing assistant turnover.

Castle (2005) surveyed 419 nursing facilities in five states and reported that RN and LPN turnover rates averaged 32 percent in 1998. This research also showed that top management (NHA and DON) turnover was significantly associated with high RN and LPN turnover rates. More specifically, it was reported that a 10-percent increase in top management turnover was associated with a 30-percent increase in the odds of a nursing facility having high rates of RN and LPN turnover.

Castle and Engberg (2006) surveyed 854 nursing homes in six states and found the average annual turnover rate for RNs to be 35.8 percent. In addition, the research findings of Castle and Engberg (2006) indicated that, contrary to what might be expected, higher RN staffing patterns were associated with higher combined nursing staff (RNs and LPNs) turnover. Lower CNA staffing levels, however, as well as lower nursing home quality, for-profit facility ownership status and greater bed size

were associated with higher combined nursing turnover.

C. Social Workers

Gleason-Wynn and Mindel (1999) analyzed survey data from 326 nursing home social workers in the state of Texas and found the factors of autonomy, supervisor support, coworker support and satisfaction with clients to be significant predictors of job satisfaction among this population of social workers. Furthermore, job satisfaction was, in turn, a strong predictor of nursing home social workers' intention for job turnover. Thus, **Gleason-Wynn and Mindel (1999)** suggest that the nursing home environment and administration support autonomous behavior and job responsibility for social workers, and that supervisors and coworkers provide professional as well as emotional and morale-building support. Finally, they contend that social workers employed by nursing homes must enjoy working with the elderly population if they are to find meaning and motivation for their work and interaction with clients.

In 2004, the **National Association of Social Workers** in partnership with the **Center for Health Workforce Studies** surveyed a national sample of licensed social workers in the United States. In an effort to generate a profile of the licensed social work workforce serving older adults, the survey responses of this subgroup of social workers were interpreted and summarized in a published report (**Whitaker, Weismiller and Clark, 2006**). This report sought to describe the practice environment of gerontological social workers and, in so doing, highlight issues relevant to the retention of social workers providing services to older adults.

- Seventy percent (70 percent) of survey respondents indicated they planned to stay

in their current position for the next two years, yet almost half of those surveyed had been with their current employer for less than five years. In addition, gerontological social workers were the most likely subgroup of licensed social workers to report plans to retire within the next two years.

- When asked about the primary factors that would influence their decision to change their current position, the most common factor reported by gerontological social workers was higher salary. Highly relevant to the long-term care field and the need to recruit and retain social workers in this field is the fact that gerontological social workers have slightly lower median salaries than do all social workers combined. In addition, those with a master degree in social work serving older clients earn the highest salary in private practice and hospitals and the lowest in nursing homes. Those with a bachelor degree in social work earn the highest salaries in hospitals, nursing homes and hospice but the lowest in home health agencies.
- Beyond higher salary, other factors influencing gerontological social workers to change their position were lifestyle/family concerns, more interesting work and job stress.
- Less than one-quarter (23 percent) of gerontological social worker respondents identified a reduced workload as a reason they would change jobs. This is in spite of the fact that social workers serving older adults have significantly larger caseloads than other social workers. Furthermore, the average caseload size increases as the extent of involvement with older adults increases. Moreover, licensed gerontological social workers work with the fewest other social workers on average. Yet, licensed

social workers with a caseload comprised of 50 percent or fewer older adults work in settings with the most other social workers.

- Gerontological social workers were slightly more likely than social workers in other areas to indicate ethical challenges as an influential factor in a decision to change jobs.
- Gerontological social workers reported that in the two years prior to being surveyed, workplace changes occurred that resulted in increased demands but fewer supports in providing services to their older clients. Commonly reported workplace changes included increases in paperwork, caseload size, severity of client problems and waiting lists for services.

The findings of this national survey of licensed social workers underscore the fact that “action to improve the practice environment of gerontological social workers is vital to the recruitment and retention of these qualified professionals” (**Whitaker, Weismiller and Clark, 2006, p. 24**).

Simons and Jankowski (2008) sought to improve knowledge of the job and organizational factors that influence nursing home social workers’ job experiences, including their job satisfaction, organizational commitment and intent to quit their current employment. Self-administered survey data from nursing home social work directors at 299 nursing homes throughout the United States were analyzed. A summary of the study results is as follows:

- Supervisor and coworker support were significant predictors of job satisfaction among nursing home social workers, suggesting a need for fostering relationships with supervisors and colleagues.

- Nursing home social workers desired recognition for their work through compensation or other rewards. Perceptions of inequity decreased job satisfaction and increased the likelihood of quitting.
- Social workers employed in nursing homes desired variety in their work activities. But the regimentation found in the highly regulated long-term care setting may lead to job dissatisfaction and an increase in intentions to quit.
- Nursing home social workers may be more easily retained as employees if they get opportunities to work autonomously and if they do not perceive their work to be overly repetitious or stressful.
- Administrators would be well served by adequately compensating social workers at levels equitable with other professionals working within the nursing home and by placing social workers in leadership and managerial roles. This helps to foster a sense of career trajectory and influence within the social worker's job setting.
- Social workers should be given a clear understanding of their job roles and responsibilities, especially as they relate to the mission-oriented nature of their chosen profession.
- Greater supervisory and coworker support for social workers should be fostered in an effort to increase retention of this critical subgroup of nursing home employees.

Based on their research findings, **Simons and Jankowski (2008)** make the following recommendations pertaining to retention of nursing home social workers:

- Nursing home social workers would benefit from advocating for greater compensation and from seeking opportunities for advancement within the nursing home. This is especially advised when a social worker's training and job skills have the potential to benefit facility operations.
- Nursing home social workers would be well served by setting aside time, or being allowed time, for professional development in order to avoid career stagnation.
- Nursing home social workers would benefit from broader connections within their field, which may help reinforce appropriate job roles and functions.
- Nursing home administrators should provide extra support—both social support and professional networking and educational support—to their social workers, particularly if only one social worker is employed.

D. Medical Directors, Consultant Pharmacists and Therapists

A review of the scientific literature as well as relevant national professional association Web sites failed to uncover any research or information pertaining to job satisfaction, turnover rates, and/or retention strategies of nursing home medical directors, consultant pharmacists or therapists. This is not, of course, assurance that such information or such strategies do not exist. They simply may not be widely publicized or disseminated, especially efforts unique to an individual facility or local area. Nonetheless, the lack of available information is a strong indication of the need for greater research and program development aimed at retention of medical directors, consultant pharmacists and therapists working within the long-term care field.



Retention Strategies and Programs for Long-Term Care Professional Staff

A. Administrators

The **Foundation for Quality Care** offers, as part of its **Leadership Institute** (see information in Section B), an administrator course for newly licensed NHAs to enhance their skills as they apply their knowledge to management of a skilled nursing facility. Contact Nancy Levielle, director, at (518) 462-4800 ext. 20. or go to www.foundationforqualitycare.org for further information on the Leadership Institute.



B. Nurses

Wilson (2005) reported on the impact of a management development program on retention of nurse managers. This program, the **Pacific Northwest Nursing Leadership Institute (PNNLI)**, began in 2002 and ran for more than four years. It has been inactive now for

approximately 2 ½ years (personal communication with Barbara Trehearne, RN, PhD, Executive Director for Nursing, Group Health). The **PNNLI** was comprised of a two-day retreat-style leadership workshop along with seven one-day modules aimed at providing practical knowledge about managing financials, employee performance, communication, personal effectiveness, coaching, teamwork and process-improvement skills. The total cost of the program was \$1,800 per participant. The program was open to nurses in various settings, including hospitals and nursing homes. However, in order to increase participation by long-term care nurses, such nurses were considered a priority for receipt of scholarships to attend the program. **Wilson's (2005)** pre-post program evaluation of one **PNNLI** participant class found that participation in the program significantly decreased nurses' scores on an anticipated job turnover scale. This decrease was most dramatic for scholarship participants who were primarily long-term care nurses. Thus, **Wilson's (2005)** findings suggest that a management development program may contribute to reducing nurse turnover rates, especially for long-term care nurses. **Wilson's (2005)** evaluation also found that following participation in the **PNNLI**, nurses desired more autonomy in the form of independence and initiative in daily work activities. This finding, however, was not unique or more prominent among long-term care nurses.

Pathways to Leadership is a research-based educational program targeting charge nurses (both LPNs and RNs) and designed to strengthen their management, leadership and communication skills with the goal of improving quality of care in nursing homes. **The Foundation for Long Term**

Care administers the program with funding from the New York State Department of Health. Pathways uses a peer-mentoring approach and is guided by the following goals:

- Improve management, leadership and communication skills of long-term care charge nurses, especially as they relate to dementia care
- Teach positive “practice wisdom” related to managing a long-term care unit
- Improve the retention rates of charge nurses
- Create a caring community of staff and residents on each long-term care unit

As a peer-mentoring program, Pathways can be implemented using one of two approaches. The first model involves selecting the facility’s best charge nurses and training them to mentor newly hired charge nurses. The second approach consists of a process in which two experienced nurses who have participated in the training mentor each other. Regardless of the model used, the program incorporates three elements: (1) formal and mandatory administrative and coordinator training, (2) a train-the-trainer guide and instruction in peer mentoring and (3) booster sessions and in-house reinforcement materials. Because of the integral nature of administrative support for a program such as this, only facilities committing one key administrative staff member to the training are allowed to send additional staff to the train-the-trainer program. The administrator training includes instruction in the following:

- The rationale, nature and benefits of a leadership program for charge nurses
- Implementation methods for a charge nurse leadership program in long-term care
- Benefits of a charge nurse leadership program to the individual and family
- Best practices

- Cost-saving ideas for a charge nurse leadership program

The two-day train-the-trainer program is guided by the following learning goals:

- Understanding of the nature and scope of work as a charge nurse and how this differs from typical staff nursing and the nursing education received
- Leadership skills for long-term care nurses including leadership styles and misconceptions about leadership
- Communication skills for long-term care charge nurses including communication blockers as well as verbal and nonverbal communication enablers and blockers
- Understanding of the importance of compassion
- Management skills including delegation and assignments, conflict management, time management and handling criticism
- Problem solving
- Skills in “coaching supervision”
- Planning quality improvement interventions

At the end of the Pathways program, trainees are able to discuss the components of the leader role within the care team, the qualities of nurse leaders and the principles of becoming a trustworthy leader. In addition, they are able to perform effectively as both a leader and a team member.

Outcome data from 14 New York state nursing homes that have implemented the program show a 15-percentage-point average increase in the retention of new charge nurses at the three-month post-training mark and similar rates of retention six and nine months after program participation. Thus, the Pathways to Leadership program appears to be a promising approach to improving retention of nurses in long-term care.

The above information on the Pathways to Leadership Program is gleaned from review of **Hegeman, Hoskinson, Munro, Maiden and Pillemer (2007)** as well as additional personal communication with the article's lead author, Carol Hegeman, MA, Director of Research for the Foundation for Long Term Care. *It is noted that Carol Hegeman is eager to share the Pathways to Leadership program with and disseminate its training materials to AAHSA members.*

New York state's **Foundation for Quality Care** offers a **Leadership Institute**, the principle component of which is an eight-week course in nurse leadership for new or potential DONs in the skilled nursing setting. The program works toward the following objectives:

- Identify and enhance the competencies needed to be an effective nurse leader
- Articulate the standards of care and practice of an RN in the skilled nursing setting
- Identify how the staffing, program and organizational development (SPOD) model can be implemented into practice
- Understand the 1987 Omnibus Reconciliation Act (OBRA) initiative, along with New York state and federal regulations guiding the care of skilled nursing facility residents
- Understand the survey process
- Understand a minimum of two principle methods of reimbursement from governmental sources for skilled nursing care
- Direct efforts to ensure that the care needs of residents are reflected in reimbursement documents
- Facilitate an effective quality improvement process

In addition to the DON program, the **Leadership Institute** offers a similar eight-week course for frontline managers and supervisors, designed to teach and enhance their supervisory skills. The Institute also offers a four-day workshop for nurse educators and instructors who work in skilled nursing facilities.

Contact Nancy Levielle, director, at (518) 462-4800 ext. 20, or go to www.foundationforqualitycare.org for further information on the Leadership Institute.

The Health Resources and Services Administration (HRSA) offers Nurse Education, Practice and Retention Grants, which are awarded to eligible institutions for projects to strengthen and enhance the capacity for nurse education, practice and retention in an effort to address the nursing shortage. The retention priority area of the grant includes two focus areas: (1) career-ladder bridge programs that promote career advancement for registered nurses and nursing personnel and (2) enhancement of patient care delivery systems through improved retention of registered nurses. The grants are provided to organizations and institutions in a variety of health care settings and are not exclusive to long-term care. In fact, the majority of grantees are not long-term care facilities or related organizations but hospital- or academic-based groups or organizations.

The **Foundation for Long Term Care's** Pathways to Leadership program and the **Foundation for Quality Care's** Leadership Institute are both programs that have received funding support through this **HRSA** mechanism. However, given the large number of grantees receiving funding under this **HRSA** grant program and given that few are inclusive of long-term care nursing, the programs are not individually presented or described here.

A complete listing of the 2007 fiscal year Nurse Education, Practice and Retention grantees can be found on the HRSA Web site at <http://granteefind.hrsa.gov/searchbyprogram.aspx?select=D11&index=109>

C. Social Workers

We were unable to identify any retention programs for social workers in long-term care. However, the research findings presented above identify important issues and components that should be addressed and incorporated into any such retention program. The small body of existing research on job satisfaction and retention in nursing home social workers is a starting point, but a need for further research and development of retention strategies is critical.

D. Medical Directors, Consultant Pharmacists and Therapists

Our review failed to uncover any information regarding retention programs or strategies targeting nursing home medical directors, consultant pharmacists or therapists. As stated previously, this does not imply that such programs and strategies do not exist. They may simply not be widely publicized or disseminated, especially efforts unique to an individual facility or local area. Nonetheless, the lack of available information is a strong indication of the need for greater program development aimed at retention of medical directors, consultant pharmacists and therapists working within the long-term care field.

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