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## The Effect of Training and Recognition on Nursing Assistant Retention in Acute Care Settings

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The Effect of Training and Recognition on Nursing Assistant Retention in Acute Care Settings

by

Rachael A. Swann

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

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2018

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## Abstract

Nursing assistants are being hired in acute care settings to alleviate staffing issues associated with the nursing shortage. This has been a great economical solution to ensure adequate staff because of the large number of trained individuals in this vocation.

Turnover and retention with nursing assistants in all settings including acute care is an expensive and reoccurring problem. Although several strategies have been implemented to prevent this, few provide a sustainable positive outcome. This situation requires an approach to look at the causes of turnover and provide interventions to reverse the negative impact. The intent of this research looked at the causes, effects, and alternatives to turnover of nursing assistants in all settings and promote retention. The areas that were looked at included training, recognition, respect, patient outcomes, patient and staff satisfaction along with training, education, and recognition. These strategies could assist acute care settings reduce turnover and decrease incidental costs and improve outcomes for all involved.

*Keywords:* retention, turnover

## Acknowledgments

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## **CHAPTER I**

### **INTRODUCTION**

The purpose of this thesis was to investigate the role and impact that unlicensed assistive personnel or nursing assistants play in acute care settings. There is limited research regarding the nursing assistant in acute care settings. Most of the research around nursing assistants have been in long-term care, which has been the most significant employer of this occupation in the past (American Healthcare Association [AHA] Staffing Report, 2012; Black, 2015; Chamberlain, Hobien, Squires, & Estabrooks, 2016; Donoghue, 2010; Fitzpatrick, 2002; Flannery, Resnick, Galick, Lipscomb, & McPhaul, 2012; Grealish, Henderson, Quero, Phillips, & Surawski, 2014; Howe, 2013; Tilden, Thompson, Gajewski, & Bott, 2012). The client population and role descriptions are very different from long-term care to acute care, and this is an area that has been explored to help with the staffing needs of tomorrow.

The nursing shortage has brought on staffing issues that all health care settings are continually attempting to solve (Donoghue, 2010). Acute care settings are turning to nursing assistants to help alleviate the staffing situation. A combination of licensed nurses and nursing assistants are delivering care and meeting the needs in acute care settings. This team nursing approach is complicated because turnover and retention is a challenge in the nursing assistant population. The causes of increased turnover have not been identified in acute care settings and may be the reason hospitals are unable to consistently meet patient care needs. Increased turnover can have a negative impact on several areas, such as patient satisfaction, patient outcomes, and staff satisfaction (Howe, 2013). This thesis will explore research that can provide cause and effects of nursing

assistant turnover, retention strategies while improving patient outcomes and improving staff satisfaction.

Acute care settings employ nursing assistants to provide front-line patient care. There was limited research regarding nursing assistants in acute care settings and the indications for the intent to leave or stay in this work environment and the effects that decision has on patient care and the financial impact to the employer. There is an increasing number of nursing assistants who are employed while obtaining nursing degrees in acute care settings due to the flexibility of work schedules and tuition reimbursement. Once the nursing assistant becomes a nurse this could be one contributing factor for turnover. Therefore, if turnover causes are identified and changes implemented with nursing assistants, retention will increase and have a positive outcome on tomorrow's nurse, patient care, and healthcare in general.

### **Significance**

Nursing assistants deliver 75-80% of daily care for patients. Nursing assistants shared that they have experienced behaviors from leadership that were rude, and made them feel insignificant or undervalued (Black, 2015). The nursing assistants also reported that they feel unprepared for the work environment after a short orientation period and lack of ongoing education and inadequate support from management. Difficult client care assignments, being treated with disrespect, and feeling unprepared for the role description are direct causes of turnover in nursing assistants in long-term care (Black, 2015). The healthcare institution and the support the organization renders to nursing assistants is a crucial part of the decision to remain employed with an organization. The overall work environment, and a sense of support and appreciation are an essential attribute

(Chamberlain et al., 2016). Long-term care agencies report that turnover with nursing assistant staff as high as 94-100% at the cost of \$2,500.00 per nursing assistant to orient in 2006. There was limited research after 2006 related to the cost of turnover with nursing assistants in any settings. The research indicates that turnover was a global problem for nursing assistants. The American Health Care Association has developed a statistical equation for individual organizations to determine the financial impact of turnover for each discipline. This was the most current data because of the wide variation of pay rates among long term care nursing assistants. The American Health Care Association reported that turnover cost was a significant financial impact to long-term care institutions. The 2012 report of long-term care staffing indicated the median turnover rate for nursing assistants was 51.5% (AHA Staffing Report, 2012). Turnover in one article was listed as \$100,000.00 annually just in re-hiring practices (Tilden et al., 2012). In an end of life care facility, the quality of care was reported as low and family stated that there was not an adequate amount of staff to meet the needs of the clients. The family members expressed sadness over the staffing situation and the fact that the client's needs were often unmet (Tilden et al, 2012). The evidence presented in this abstract demonstrates a pattern of turnover in long-term care facilities within the nursing assistant population. Turnover is an expensive and reoccurring issue in the long-term care setting with nursing assistants. With a concentrated effort to reduce turnover, organizations would benefit from an increase in quality of care, client satisfaction, and reduced financial cost of rehiring. Similar problems associated with turnover may be affecting acute care facilities. It was the intent of this thesis to examine if nursing assistant turnover is an issue in acute care and if so will education and recognition have a significant impact.

## **Purpose**

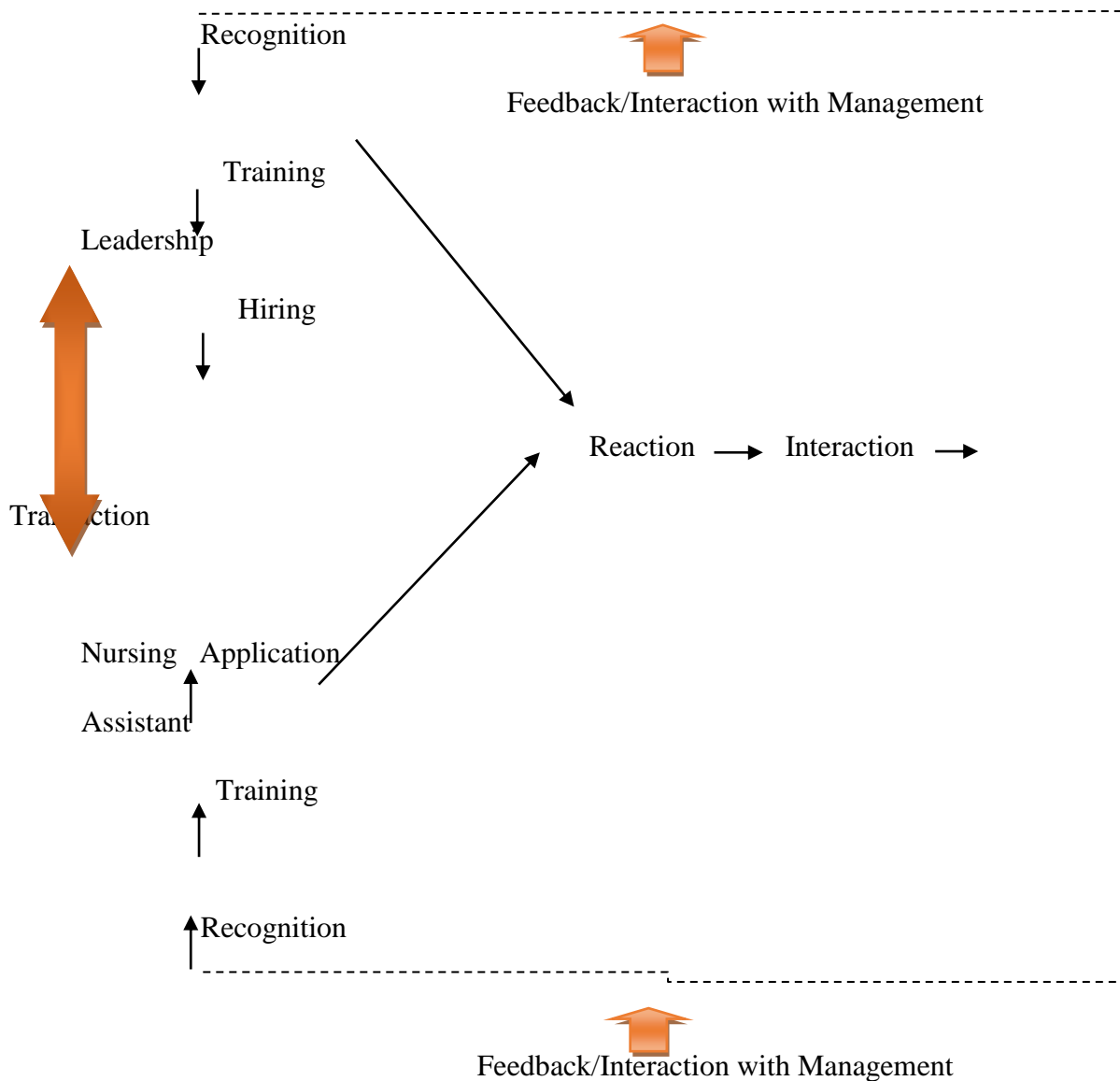
The purpose of this MSN Thesis was to explore retention and turnover in the nursing assistant population within an acute care setting. The reason for this research was to determine if nursing assistants' turnover has a direct relationship with staff satisfaction and a financial impact on the institution. There was research that demonstrates this was a valid issue in long-term care settings but limited research is available in acute care settings. Interventional research of implementing an orientation coach class as a mentor for newly hired nursing assistants will be done as a direct means of improving retention.

## **Theoretical Framework**

Imogene King's Theory of Goal Attainment was used as the theoretical framework for this MSN thesis. This is a conceptual system related to goal attainment that follows a transaction process that will provide a framework for identifying and changing delivery of care from nurse to patients. This conceptual framework was beneficial in creating successful work environments for nursing assistants. The theory of goal attainment state the cause and effect relationship that actions, reaction, interaction all leads to a transaction. Imogene King identified that self-perception, stress, growth, and development are areas that need to be explored before one can care for others (Sieloff & Frey, 2015). Communication and interactions with others in the environment allow for establishment of a knowledge base for either being successful or failing in achieving the desired transactions. The goal attainment theory, a basic model of the nursing process and therefore, an ideal concept to create a review of nursing assistants in acute care settings. The goal attainment theory is a beautiful compliment to evidenced-based practice which

is the backbone of making meaningful change in today's healthcare industry. King's Theory of Goal Attainment outlines outcomes and the final stage. Outcomes will determine if the evidenced-based practice was relevant and if a change in nursing practice was needed. King recommended the theory of goal attainment be used in all nursing situations, and therefore this would be ideal research to apply her theoretical and conceptual model (Sieloff & Frey, 2015).

King's theory of Self-Perception is a combination of personal, interpersonal, and social system. The concepts for personal are stress, body image and self-growth, and development was the basis of this thesis by identifying the reasons for nursing assistant turnover. The transaction framework of communication, interaction, reaction, and transaction were the strategies used to facilitate the desired outcomes to promote retention in acute care settings for nursing assistants. (Figure 1).



*Figure 1. Conceptual-Theoretical-Empirical Diagram*

### **Thesis Question**

Does training and recognition improve nursing assistant retention in acute care settings? This research was used to identify significant differences in turnover associated with nursing assistants. The variables were training and recognition of nursing assistants

in acute care settings. Data was collected before and after the implementation of training and recognition to determine the level of significance.

### **Definition of Terms**

Nursing assistants are individuals who complete a training course and certification exam to provide direct patient care under the direction of a registered nurse (The Medical Dictionary, 2018). Nursing assistants are unlicensed assistive personnel (UAP) according to the North Carolina Board of Nursing (North Carolina Board of Nursing, 2018).

Nursing assistants are also referred to as certified nursing assistants (CNA), patient care technicians (PCT) and nurse aides. The practice across the United States was that any individual that wishes to practice in one of the roles listed above must complete a training course and maintain certification.

In summary, this thesis examined the effect of training and recognition on nursing assistant retention in the acute care setting. Long-term health care institutions experienced significant advantages of reduced turnover as evidenced by lowering the financial cost of turnover, improved quality of health care given to patients, and improved staffing (Black, 2015). Acute care settings currently employ nursing assistants to alleviate staffing related to the nursing shortage. The turnover rates for long term care settings remain astronomically high and the reasons indicated are increased workloads, reduced staffing, and a lack of appreciation for the work performed (Howe, 2013). There was limited research in the United States regarding nursing assistants in the acute care setting and impact of staffing turnover and how that impacts patient care. This thesis explored turnover of nursing assistants in acute care settings and the effect of training and recognition of nursing assistants.



## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Review of Literature**

A research of literature was performed to establish if there was evidence to support the impact of nursing assistant turnover. The areas examined were patient outcomes, staff job satisfaction, retention strategies, and reasons cited for turnover. The research was also examined to see if trends existed in all care settings such as long-term and acute care. A literature research was conducted by the Cumulative Index for Nursing and Allied Health Literature [CINAHL] online library using key terms such as, “turnover,” “retention,” “education,” “training,” “patient outcomes,” “nursing assistant,” “unlicensed health care personnel,” and “nurse aides” that revealed 12 qualitative and 11 quantitative articles from 2002-2017. No studies were found that related to nursing assistant retention or turnover in acute care health settings. No articles were found with the key terms related to King’s Theory of Goal Attainment. Twelve of the articles were conducted in the United States, three articles were conducted in Canada, three articles in England, one article in Germany, Iran, Belgium, Taiwan, Israel, and Slovenia. The literature identified the relationship between retention of nursing assistants and nurses in long term care settings related to education and recognition. The literature also identified how turnover can influence patient outcomes.

#### **Education and Training**

Meyer, Raffle, and Ware (2014) conducted a longitudinal design survey of 123 nursing assistants for one year after completing training and obtaining employment in a long-term care facility. Meyer et al. (2014) administered the five-point Likert scale

initially after training, six months, and 12 months after training. The survey asked questions related to respect, training, workload, salary, training, staffing, and intent to stay or leave. The survey was also examining nursing assistant training both in and outside of facility settings to determine if retention was associated with this variable. Descriptive statistics was used to examine the sample, and correlation. Correlation, chi-square, and t-test were used as inferential statistics with a 0.05 level of significance. There was no significance found with training location on retention. The study found that 81.9% of nursing assistants employed six months after training were still employed at 12 months after training. Salary ranges were not significant according to the research found. Nursing assistants that were still employed in long-term care reported pay being worse at 25.4% and of those who left long-term care employment at 58.4%. The nursing assistants who left, cited lack of respect at 50% compared to those still employed cited lack of respect at 39%. Both groups cited that workloads were worse than when they began, with ranges between 33%-47%. The opportunity for training and advancement was cited by both groups between 33%-35%. The most significant turnover happened prior to the six-month employment, dropping by 51 positions. The respondents cited the reasons for turnover as lack of respect, workloads, work conditions, and poor pay progression. The strengths of this study were the longitudinal design and that the research is supported by previous finding on this topic. The weaknesses of this study were the small sample size and that two thirds of the respondents stopped responding at the one-year mark (Meyer et al., 2014).

Kilburn and Kilburn (2012) utilized a qualitative-design to investigate the effects of using humor when delivering education and creating a team work environment.

Students were asked if they could relate business concepts, such as diversity, work place aggression, stress, and organizational management, to the humor within sitcoms, news magazines, and newspapers. A total of 25 students agreed that all three were great avenues of education. The survey revealed that sitcoms came in at 9.28 on a 10-point scale, whereas news magazines had an average score of 7.0 on a 10-point scale, and newspapers had an average of 6.67, on a 10-point scale (Kilburn & Kilburn, 2012). The strength of this article was that the overwhelming response of the subjects to the survey. The subjects also participated in scenarios within small groups that led to team building. The weaknesses were that further research was indicated by the authors to gather quantitative data with the addition of content related education. This would have yielded statistical evidence to support this educational format. The survey was also one question post-intervention. If a pre-survey was given to the students then the author would have comparative data.

Grealish et al. (2014) conducted a mixed-method research design to determine if a facilitator, such as an educator could be an effective change agent for delivering organizational education to a long-term care staff population in three long term care facilities. A total of 159 participants completed the pre-test educational survey and 147 participants completed the post-test educational survey. The 27-question survey administered to the staff were answered on a level of agreement (five-point Likert scale) and associated with affiliation, accomplishment, recognition, influence, and dissatisfaction in the current assignment per the Clinical Organizational Learning Cultures (CLOC) survey. An independent-samples t-test was completed with each question individually, to determine significant mean differences from pretest to post-test.

Analysis of variance (ANOVA) was conducted on the data of all three sites to establish significant differences among each subscale. Differences in all subscales were noted except for influence. The strength of the research was that the study was conducted in three separate facilities using the CLOC survey tool. The limitations of this study were that it was conducted in Australia in a limited setting of long term care homes so may not be generalizable. The research indicated a need for further exploration into this subject.

Mbemba, Gagnon, Parre, and Cote (2013) completed a systematic review to determine the effectiveness of current retention interventions in rural health care settings of nursing staff. A total of 517 publications were reviewed and five publications met the criteria that was used related to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) (Mbemba et al., 2013). The findings were that financial-incentives proved to be very beneficial to retention. Supportive relationships, easily accessed information, and adequate communication and technological support along with a career path for advancement were valued. The weakness of this study were that there was a gap in literature related to supportive relationships within healthcare and even more limited with nurses in rural health care settings. The PRISMA tool also was used by the authors interpretation and therefore could have some varying degree of opinion. The findings as suggested by the authors should be used as a guide to develop an individualized retention strategy for rural health care institutions. The strengths of this systematic review were that it was based in the United States and not in another health care system in another country. The study also supported that each organization needs to determine staff turnover causes and create a detailed plan of action. The PRISMA tool is an excellent resource to gather baseline data.

## Patient Outcomes

Boamah, Spench-Laschinger, Wong, and Clarke (2017) conducted a cross-sectional survey to test a hypothesis of the effect of transformational leadership as it related to employee job satisfaction and patient outcomes. The survey was sent to 378 nurses in Ontario Canada, which yielded a 38% response rate. The survey consisted of questions on leadership, job satisfaction, adverse patient outcomes, and empowerment. Nurses reported a moderate degree of transformational leadership in their managers ( $\bar{x}$  = 2.05; SD = 0.99). The results were that the nurses felt empowered to work effectively was slightly above the midpoint of the scale ( $\bar{x}$  = 11.91; SD = 3.77; range, 4–20). Nurses reported that patient and/or family complaints were 36% related to employee performance and nosocomial infections 28%. Nurses on average rated job satisfaction as moderate ( $\bar{x}$  = 3.05; SD = 0.97) with 55% of nurses agreeing or strongly agreeing with statements regarding job satisfaction. The hypothesis that transformational leadership's impact was acceptable (0.85–0.94) was not proven. Empowerment, adverse events, and job satisfaction were all acceptable. This indicated that the data was a good fit to the model. Transformational leadership had a strong and significant positive direct effect on empowerment. This yielded a positive effect on job satisfaction and a negative effect on adverse events. The data reflected that the higher the nurses' reported job satisfaction, the lower the adverse event rate was. Therefore, the indirect effects of transformational leadership and intentional empowerment on adverse events and nurse job satisfaction were significant (Boamah et al., 2017). The strengths of this study were that the population sampled represented the general nursing population for Ontario Canada. The findings were also supportive of the nursing leadership theories that include

empowerment lead to higher job satisfaction and improved patient outcomes. The weaknesses of the study were that it was a cross-sectional study which limits the impacts to the evidence. A longitudinal designed study would be a better and more efficient way to evaluate the impact of transformational leadership on patient outcomes and job satisfaction. There was also a lower response rate due to the mailing and online survey.

Bright, Austin, Garn, Glass, and Sample (2017) completed a convenience and snowball sampling technique to research if identification and implementation of interprofessional practice would impact patient outcomes in an acute care setting. The Interprofessional Practice Survey was handed out and collected by the survey administrators to physicians, physician assistants, nurse practitioners, nurses, occupational therapists, physical therapists, social worker, managers, and any direct care providers that yielded 120 viable surveys in an acute care setting. The majority of the respondents were nurses, at a total of 53 respondents. There was an overall understanding of the importance of interprofessional practice and rounding on patients (86.67%). Health care professionals who implemented interprofessional rounding on a daily basis was reported at 54.17%, with time constraints begin the largest barrier. The value of interprofessional rounding and practice between disciplines aides in positive patient outcomes. The strengths of this study included this research was a needs assessment for further investigation and the inclusion of all direct care disciplines, and the even distribution aligned with the care provided. The limitations of the study were small sample size on one acute care setting, and the completion of the survey during work, which may have caused inadequate responses due to limited time (Bright et al., 2017).

Epstein (2014) conducted a review of articles if multidisciplinary teamwork improves patient outcomes in various acute care settings. Twenty-six articles were reviewed that covered multiple areas, such as operating rooms, intensive care units, respiratory therapy, and radiology, related to multidisciplinary teams and patient outcomes. Employees that participated in the team work sessions and research expressed feeling empowered and valued, and yielded astounding patient outcome improvements. Length of stay was reduced by nine days with mechanically ventilated patients when staff received adequate training. Hospital acquired pressure ulcers were reduced by 48% in the first year and 61% the third years with implementation of a nurse and nursing assistant team that completed training to perform skin assessments once a week on all patients. The implementation of uninterrupted change of shift report caused an increase in patient safety and outcomes among doctors, nurses, and nursing assistants. Strength of the research included the evidenced presented supported the research question of teamwork reducing adverse patient events and improving job satisfaction for all staff. All the articles cited concluded that multidisciplinary team work and good communication improves patient outcomes and improves job satisfaction. The time frame of the articles included articles from 1999-2014, from credible resources and academic journals located in the United States and Nigeria. The limitations of the research were that it consisted of more operating rooms, intensive care units, and procedural areas where nursing assistants have limited roles. The research also did not have a consistent evaluation method to determine validity (Epstein, 2014).

Copanitsanou, Fotos, and Brokalaki (2017) completed a systematic review and descriptive correlational study of ten viable articles from an original pool of 109 articles

about the effects of work environments on patient and nurse outcomes. Six of the ten studies selected were from the United States, two from China, one from Finland, and one from Canada. The studies for the nurses, patients were performed randomly and for hospitals in a more constructive manner. Most of the findings were that units with a good work environment yielded positive patient and nurse outcomes. Negative work environments led to poor patient outcomes such as pressure ulcers, medication errors, increased mortality rate and increased length of stay. Patients reported higher satisfaction with primary nursing care in private rooms rather than care management in wards. Nurses reported higher satisfaction and intent to stay employed in environments with supportive leadership, empowerment and career growth opportunities. Ultimately positive work environments led to reduced turnover, improved nurse satisfaction and positive patient outcomes. The strengths of this study were that the global inclusion of articles from five countries that began with 109 articles and was systematically reviewed with cross-sectional design to include the then most pertinent research articles by expert opinions from educators. Nursing is a stressful career in all countries and healthcare delivery systems and this is best demonstrated by the systematic review. Two of the nursing studies and three of the patient studies within the 109 articles were randomly assigned, which could be considered a strength. The limitations were that the studies were written in English which could constitute bias, and two articles were published in 1999, with the remaining articles published during 2003-2014. (Copanitsanou et al., 2017).

### **Recognition**

Howe (2013) conducted a single group, non-randomized, convenience sample, pre-test post-test study design in New York, utilizing of a combination of quantitative and



qualitative data. This study was conducted among a transitional care unit located within a long-term care facility with nursing assistants. The purpose of the research was to determine if nursing assistants feeling empowered would have an impact on retention. The questions asked included, “What went well today at work?”, “What needed improving today at work?”, and “What things were needed to institute the improvements at work?” The survey was administered over a four-week period with a pre- and post-program survey. Fifteen employees (seven nurses and eight nursing assistants), with 1-25 years’ experience, ranging in ages from 22-58, participated in the survey. The results were significant in the categories of coworker and supervisor support related to job intentions at a t-test of ( $t = 0.032, p = 0.05$ ). These results indicated that the employees valued support from both coworkers and supervisors in order to perform the job assigned. The categories of teamwork, communication, job demands, and decision authority did not reach significance (Howe, 2013). The units responded according to the size of the unit. The southwest being a large unit had an equally large response, whereas the northeast unit being smaller had a small to medium response. Qualitative data was collected by examining themes of discussions during focus groups. The teams overall expressed positive attributes of the program but felt that staffing and communication are still issues that can hinder the outcomes. The nursing assistants did express they felt more empowered to speak up regarding issues and were excited to be able to see their concerns taken seriously (Howe, 2013). The strengths of this study were that the use of qualitative and quantitative design rendered results that supported the theory behind the team talks to improve empowerment of nursing assistants. The costs of implementing talking sessions and debriefs is an inexpensive tool that could meet the desired effects of the program.

The weaknesses were that the study group was small and only administered in one facility. The facility was also undergoing leadership changes that presented a challenge to staff.

Chamberlain et al. (2016) conducted a research study in Canada about the impact of individual and organizational predictors of job satisfaction of 1,224 nursing assistants in 30 long-term care settings. The Alberta Context Tool was used to survey leadership, culture, and resources, along with informal and formal interactions. The Maslach Burnout Inventory (MBI)-General Survey was used to evaluate the risk of burnout in nurse aides. The subscale of emotional exhaustion had acceptable internal consistency ( $\alpha=0.752$ ), cynicism and professional efficacy had lower internal consistencies ( $\alpha=0.629$  and  $0.517$  respectively) (Chamberlain et al., 2016, p. 3). The variables included experience, shift assigned and job satisfaction. Most of the respondents were women between the ages of 40-49. A hierarchical, mixed-effects ordered logistic regression was used to determine the relativity of job satisfaction with respect to care aide and type of facility. Higher MBI results were associated with lower job satisfaction while lower MBI results were associated with higher job satisfaction. Only 5.64% stated that they were dissatisfied with their jobs. Overall the article cited that job satisfaction is congruent with intent to stay employed. The intent to stay employed is based on a direct result of emotional exhaustion and organizational support. The strengths of this study were the large number of participants from a wide variety of long term care facilities. The use of approved evaluation tools such as ACT and MBI were also acceptable tools. The limitations of this study a cross sectional design, and further psychometric testing is needed (Chamberlain et al., 2016).

Flannery et al. (2012) conducted research using the job attitude scale of 556 nursing assistants employed in either nursing homes or assisted living facilities in Maryland. The job attitude scale measured 17 questions on a five-point Likert scale. The hypothesis of job satisfaction in assisted living facilities was higher than with nursing assistants in nursing homes. The survey revealed that nursing assistants who worked in assisted living had a mean Job Attitude Score (JAS) score of 38.5. Nursing assistants who were employed in nursing homes had a mean JAS score of 36.4 (Flannery et al., 2012). The strengths of this survey were that the tools used determined validity and reliability and Cronbach's alpha 0.70 or greater was used to determine internal consistency. The study also validated the research question of job satisfaction is imperative to retaining staff and decreasing turnover. The weaknesses of this survey were that it was only administered in Maryland, with a majority of African American females, which does not meet the national standards for typical nursing assistant staff in the United States. The participants also were not aware that the survey was anonymous which may have influenced their answers for fear of retaliation from employers (Flannery et al., 2012).

Chung and Fitzsimons (2013) conducted an international literature research review of articles from 2008-2013 on the impact of Generation Y on the nursing workforce in regard to turnover and retention within the United Kingdom. Generation Y has a keen sense of technology, autonomy, strong work ethic, high self-esteem, resilient, fast learners, multi-taskers who enjoy volunteering and fast-tracked careers. They also can appear impatient, want recognition and work life balance. The research revealed that the Generation Y craves motivational leadership who envision tomorrow in today's line of

work. The suggestions from the research are that Generation Y needs mentorship where the above attributes can be met. The absence of preceptorship resulted in higher turnover and reduced productivity. Preceptorship programs assisted the new nurse to avoid excessive job stress, anxiety, and less errors when delivering care (Chung & Fitzsimons, 2013).

Wright, Zakarian, and Blake (2016) conducted a qualitative research of 12 nurses in an acute care setting to explore the benefits of alternative therapies during the work day to improve caregiver stress. The therapies offered were massage, reiki, and reflexology both on site and off site. The nurses were ages were 24-53 with 3-35 years of experience in the hospital setting. The results were that the nurses did not participate in the complimentary services often, citing time constraints both on and off the job, location of the services, and the perception of being irresponsible if attending these therapies during the work day from peers. The nurses agreed that self-care is very important and the therapies offered were things they would find beneficial. The strengths of this study were that self-care is an important component of managing stress and the types of therapies are also congruent with appropriate strategies for stress management by validated research. The age and experience range was indicative of the typical nursing population for the area. The weaknesses of this study were that it took place during 2011-2012 and is now considered dated (Wright et al., 2016).

Van Bogaert et al. (2014) conducted a cross-sectional design survey in Belgium of 1108 nurses in 98 facilities regarding the importance of teamwork related to burnout, nurse outcomes along with quality of care. The Nursing Work Index Revised (NWI-R) and Maslach Burnout Inventory Human Services Survey (MBI HSS) tools were used to

conduct research related to nurse burnout, team work, empowerment and feeling valued. Cronbach's alpha of ( $>0.80$ ) was used to examine adverse patient outcomes and demonstrated validity and reliability between the variables, with a result of  $-.079$  to  $.598$ . Descriptive statistics and inter-class correlation coefficients were used to determine the homogeneity of nursing units. The mean average of age was 38.5, with 80% women in a full-time position with a baccalaureate degree ( $n=96$ ). The overall results were that most of the respondents reported inadequate organizational support, excessive workloads, and lack of management with 10% of the staff indicated an intention to leave. High scores were reported for depersonalization, lack of professional growth opportunities, and emotional exhaustion. Ironically, the nurses reported the quality of care as high, whereas the hospital reported less favorable outcomes from patients and families. Nurses related quality of care to the workload assigned. Higher levels of burnout are associated with adverse patient outcomes. The strengths of this study were that nursing units with a lack of leadership, opportunities for growth and inadequate workloads are associated with negative patient outcomes related to falls, medication errors, and increased length of stay. The limitations of this study were that the cross-sectional study of the units could indicate bias and does need to be conducted with organizational, department and unit manager leadership to determine more accurate outcomes. The adverse patient outcomes were nurse reported, therefore would be more reliable with quality and safety data to corroborate the findings (Van Bogaert et al., 2014).

### **Turnover and Retention**

Anvari, Barzaki, Amiri, Irum, and Shapourabadi (2017) conducted a correlational study of 345 nurses in acute care settings in Malaysia to determine if organizational

citizenship behaviors along with workplace spirituality affected the decision to leave the organization. The respondents were 98% full time employed females between the ages of 25-30 with 1-6 years of experience. Cronbach's alpha and composite reliability were used for testing the internal consistency value of  $>0.708$ . The z-value of Organizational Citizenship Behaviors (OCB) towards individuals was  $-1.97$ ,  $p < 0.05$ . The z-value of OCB towards Organization provided by the Sobel test was  $-2.027$ ,  $p < 0.05$ . The z-value of OCBO provided by the Sobel test was  $-1.991$ ,  $p < 0.05$ . These results indicated a strong relationship between individuals and organizations that provide citizenship behaviors leadership and spirituality can reduce the intent to leave of nursing staff. The strengths of this study were that the population surveyed was an adequate representation of the nursing population and was a quantitative design of three separate locations of acute care institutions. Previous studies supported the findings of this research and the link between organizational leadership to provide citizenship behaviors and encourage spirituality development can influence a nurse to remain with the organization. The limitations of this study were that it was primarily female and only occurred in three acute care settings and was an opinion survey. If statistical information related to retention data was used in a cross-sectional survey the evidence would support the findings (Anvari et al., 2017).

Black (2015) completed a comparison research of articles surrounding the causes of turnover and the strategies of retention for nurses and nursing assistants in long term care facilities. The research in this paper consisted of 22 articles that identified an average turnover rate between 47-65% for nurses and nursing assistants. The reasons for turnover for both groups was insufficient staffing, salary, benefits, and difficult work assignments. The highest reasons for retention for nurses included caring relationships

with patients followed by career advancement, education, job autonomy, supportive leadership, and ongoing education. Nursing Assistants cited the most important retention areas as job autonomy, appreciation, and respectful work environments. They also acknowledged ongoing training, supportive leadership and caring relationships with patients. The turnover and retention drivers are similar but do have distinguishable differences between nurses and nursing assistants. The strengths of this research were the 22 articles that were studied to compile the list of drivers for turnover and retention. The similarities within the research articles supported the evidence in this article. The weaknesses of the research were that the articles were from 2001-2014. The range of the evidence collected can sometimes dilute the results. There also was no statistical data to support the research in the article (Black, 2015).

Tilden et al. (2012) conducted research related five facilities related to the quality of end-of-life care in relation to turnover and retention. This article cited that turnover with nursing assistants is estimated at 55-75% and sometimes approaching at 94% with an estimated annual cost of \$100,000. There was a meta-analysis of the individual cost of replacing a nursing assistant at \$2,500.00. The study was conducted within 85 end-of-life care homes in the mid-west United States, where residents and/or family members were asked to complete a quality of care survey. Using linear and correlation statistics the results indicated a distinct link between staff turnover and decreased patient satisfaction with end-of-life care. The collective narrative surveys indicated that families and patients expressed concern over inadequate staffing and feeling they should not ask for assistance for patient needs. The strengths of this research were the collection of quantitative and qualitative data in relationship to five high functioning end-of-life care facilities with

supportive financial data. The weaknesses of this research were that the 80 facilities who failed to complete the survey had increased leadership turnover. If these facilities had participated, the results may have yielded even more proof of the research question or rendered different outcomes (Tilden et al., 2012).

Flickinger, Allshler, and Fieldler (2016) conducted a correlational study in Germany related to job satisfaction, leadership, and contract length and if these variables are associated with turnover. The survey was administered to 593 permanent and temporary workers employees across 15 companies with permanent and temporary employment in highly skilled positions. The survey was a Likert scale of seven points from strongly disagree to strongly agree with a Cronbach alpha for the scale of 0.74. The first hypothesis was that job satisfaction is less important for temporary employees than permanent. The research revealed that turnover is not as prevalent with poor job satisfaction with contract employees because they see an end in sight. Permanent employees, however felt pressured to change their situation because of poor job satisfaction as change was unlikely. This was evidenced by using moderate regression and the permanent employees' slope gradient (simple slope=-0.36,  $t=-5.22$ ,  $p<0.001$ ), which does not confirm temporary employees to be significantly different from permanent employees (simple slope=0.21,  $t=0.85$ ,  $p=0.40$ ) (Flickinger et al., 2016). The second hypothesis of leader member exchanges influences turnover was quite different for temporary and permanent employees. A total effects moderation model and bootstrapping technique was used to determine the outcomes of (95% confidence interval of indirect effect is -0.22 to -0.12) as well as a Sobel test ( $Z = -6.45$ ,  $p<0.001$ ) to confirm these findings. Temporary employees did not attribute turnover to negative leader



exchanges whereas permanent employees did (Flickinger et al., 2016). The temporary employee had increased turnover with shorter, less salaried positions and ineffective leadership. The permanent employee had less turnover with increased years of service, therefore the newly hired employees had higher intentions for turnovers. To test the robustness of the results, a t-test was run that yielded ( $t=0.61$ ,  $p<0.55$ ), which shows no significant differences. A single item measure question was asked of the employees in regard to their intention to leave their current employment and this item did not change the results. The strengths of this study were the large number of participants who consisted of both focus groups in highly trained fields. The use of previously used and tested surveys along with descriptive statistics helped substantiate the findings. The weaknesses of the study were that it was conducted in Germany and not in the United States where employment opportunities can be quite different. There is also a tendency for bias as the employees may have been afraid to answer because of employment repercussions (Flickinger et al., 2016).

Lee et al. (2017) conducted a one-year purposive sampling study in Taiwan of 1,283 hospital nurses regarding the quality of work life and intention to leave. The quality of work life questions was on subjects of autonomy and respect. Surprisingly 720 (56.1%) nurses expressed a desire to not only leave their present employment, but also leave the profession. In reality, a year later only 31 (2.5%) had left their profession. The purposive sampling of questions was taken from the Nursing Quality of Work Life Scale (NQWLS) that consisted of management, work-loads, respect, autonomy, communication, teamwork, and work-life balance that made up seven sub-scales. The answers were measured on a 6-point Likert scale (6 = strongly agree, 1= strongly

disagree). The internal consistency reliability of the seven subscales (Cronbach's  $\alpha = 0.72-0.89$ ) and the total scale (Cronbach's  $\alpha = 0.93$ ), and the concurrent validity and construct validity of the C-QNWL were found to be acceptable) (Lee et al., 2017, p. 439). A five-point Likert scale questionnaire regarding intention to leave was administered. The answer choices ranged from, never thinking about leaving to daily thinking about leaving along with demographics that included eight variables (age, marital status, service length, education, children, and career ladder, unit and teaching hospital) (Lee et al., 2017). The data yielded an average age of the respondents of 29.2 and approximately seven years' experience as a nurse with 69% of those holding a bachelor's degree. Statistically there were no significant differences ( $p > .05$ ) between individual-related or work-related variables, and nurses choosing to leave the nursing profession. The service length variable was associated with statistically significant differences in nurses leaving the profession ( $t = 2.242, p = .025$ ) almost monthly. The absence of respect and autonomy was a significant predictor of nurses' intention to leave the profession ( $X = 0.761, p < .001$ ). The strengths of this study were the use of tested and proved survey tools such as the NQWLS, and the data was examined with descriptive statistics. The weaknesses of this study were the average age of the participants being under 30 because this age group usually has more turnover in job positions. The study was conducted in seven hospitals and not all nurses in Taiwan were included (Lee et al., 2017).

Fitzpatrick (2002) conducted a survey in South Carolina of 12 long term care facilities in relation to turnover with nursing assistant care staff. Fitzpatrick (2002) identified the turnover rate for these companies was between 53-82% and an average 65%, which was considerably lower than the national average during this time of 94%.

The companies resorted to using temporary agencies to fill staffing needs. The contributing factors of turnover were difficult to ascertain. The reasons for this was because of the high rate of turnover, very few companies were able to complete exit interviews successfully. Additional research was included as to the reasons for turnover such as low wages, increased work-loads, inadequate staffing, and not feeling valued or respected and inadequate training for the job. High turnover rates result in poor patient satisfaction, adverse patient outcomes, and increased financial cost of continually orienting new staff. Fitzpatrick (2002) reported that Medicaid pays for approximately 43% of all long-term care and these funds are being used for reoccurring staffing for nursing assistants. Many long-term care facilities staff at the Medicaid minimum requirements because of inadequate numbers of staff. This could be mitigated if Medicaid reduced the minimum staff to patient ratio. The other issue of not feeling valued or respected could be alleviated with appropriate training, orientation and professional development. The nursing assistant could also be included on multi-disciplinary care teams to offer insight to the patient's daily interactions which would assist in them feeling valued and respected. The strengths of this study were the inclusion of 15 long-term care facilities and the inclusion of previous research data that supported the findings. The weaknesses of this study were the low amount of exit interviews performed. The reason for this was because the turnover was so high that the staff could not keep up with the number of employees leaving. Exit interviews would be a valuable tool to identify causes and trends in research data for turnover. Another weakness was the survey only was done in one state and not a wider region to demonstrate a strong sample size (Fitzpatrick, 2002).

Donoghue (2010) completed a cross-sectional review of the National Nursing Home Survey of 2004 of 1,500 nursing homes within the United States in relationship to turnover of registered nurses, licensed practical nurses, and certified nursing assistants. The variables in this study were work load, leadership tenure, and education. The results were a national estimated rate of turnover for RNs at 56.1%, LPNs at 51.0%, and 74.5% for CNAs. CNAs performed the highest amount of direct patient care at 2.51 hours of work per patient day, RNs work .51 hours per patient day; LPNs work .72 hours per patient day. Most of the overtime shifts are worked by CNAs, who average \$8.72 per hour in wages at hire date. The average hourly starting wages are \$15.15 for LPNs and \$19.75 for RNs at hire date. The suggestions of this research were to address the CNA turnover because it was the highest and most costly to the nursing homes. The research also indicated that CNAs who worked in better economic regions or higher rated nursing homes had lower turnover rates. The strengths of this study were that it is conducted nationally with a verified survey tool and the sample size was adequate to represent the population. The weaknesses of this study were that causality cannot be assumed because it was not evaluated. Turnover rates can also be seasonal and this study was only conducted over a three-month period (Donoghue, 2010)

### **Summary**

The current literature in this thesis related to turnover in health care settings for any profession, especially with nursing assistants has demonstrated to be an expensive problem related to adverse patient outcomes and financial implications for staffing (Black, 2015; Chung & Fitzsimons, 2013; Donoghue, 2010; Epstein, 2014; Mbemba et al., 2013; Tilden et al., 2012). Research was very limited or non-existent related to

nursing assistant turnover in acute care settings, as demonstrated in the literature. It was the intent of this thesis to determine if education, training, and recognition has impacted turnover in acute care settings in nursing assistants' roles.

## **CHAPTER III**

### **METHODOLOGY**

Acute care settings are turning to nursing assistants to help alleviate staffing issues. With the current nursing shortage, retaining nursing assistants in acute care areas is paramount to provide patients with quality care and improve patient outcomes. Increased turnover can have a negative impact on several areas, such as patient satisfaction, patient outcomes, and staff satisfaction (Howe, 2013). Education and recognition can promote retention of nursing assistants in long-term care facilities (Anvari et al., 2017; Black, 2015; Chamberlain et al., 2016; Chung & Fitzsimons, 2013; Copanitsanou et al., 2017; Donoghue, 2010; Flannery et al., 2012; Howe, 2013; Tilden et al., 2012). However, the causes of increased turnover have not been identified in acute care settings. There was limited research regarding nursing assistants in acute care settings and the indications for the intent to leave or stay in this work environment, and the effects that decision has on patient care and the financial impact to the employer. This research explored the effect of nursing assistant turnover related to retention strategies through education and training. The causes of long term care turnover have been identified and changes implemented in these areas in the acute care setting with nursing assistants, retention may increase, which will have a positive outcome on healthcare in general.

#### **Study Design**

A retrospective descriptive design was used to examine retention rates of nursing assistants one year prior to the orientation training program intervention and one year after the implementation of an orientation training program.

### **Setting and Sample**

The research will be conducted at a non-profit 700-bed community hospital that employs approximately 550 nursing assistants in acute care areas. The participants for this study will be nursing assistants who perform direct patient care within the facility, including units such as medical-surgical, emergency, and critical care. Demographic information is not needed for this type of research, as the literature did not support demographic variables influencing retention of nursing assistants. At the research site, a training and recognition program was implemented on April 2017, with veteran nursing assistant staff carefully selected by leadership as appropriate role models for the program. After successful completion of the program, the veteran nursing assistant, now referred to as the “orientation coach,” was recognized in this role and salary was adjusted accordingly. The training included how to properly coach a new nursing assistant into the new role, and how to appropriately mentor the new nursing assistant for at least one year after the orientation is complete. The new hires for the organization completed orientation with a trained orientation coach.

### **Design for Data Collection**

Retrospective data was collected to compare nursing assistant retention one year prior to the intervention and one year after the intervention. Retention rates was evaluated at one year prior to the intervention, and one year after the intervention. No personal demographic data was collected for the purpose of this thesis. Retention rates of nursing assistants at the research site one year prior to implementation of the orientation coach training and one year after the training was instituted and examined.

### **Measurement Methods**

An excel spread sheet was used to analyze retention rates at specified time intervals both pre-intervention and post-intervention to determine if an orientation training program for nursing assistants affects retention rate. Retention rates of different departments was compared to analyze trends in retention and determine if additional department-specific education may be needed.

### **Data Collection Procedure**

Retrospective data was collected by a representative from Human Resources at the research site. The Human Resources representative used existing data to compile aggregate data related to retention rates of nursing assistants from April 2016 to April 2018 separated by department into an Excel file. The file was shared with the researcher, research mentor at the research site, and the university professor for analysis. Data will be stored on a password protected electronic device.

### **Protection of Human Subjects**

Prior to data collection, approval from the Institutional Review boards both at the research site and university was obtained. There is minimal risk to participants as no demographics or identification data was collected. There are no apparent risks or benefits to participants during the conduction of any phase of the MSN thesis research.

### **Data Analysis**

The researcher was responsible for data collection and storage. Excel was used to analyze descriptive statistics. Retention rates were evaluated one year prior to the intervention, and compared to one year after the intervention to determine if the intervention was effective at increasing retention of nursing assistants at the research site.



### **Summary**

Retaining nursing assistants in acute care areas was important to provide patients with quality care, improve patient outcomes, and decrease costs associated with staff turnover. Decreasing nursing assistant turnover does improve patient satisfaction, patient outcomes, and staff satisfaction (Howe, 2013), therefore, it is a needed area of research. Understanding the effect of nursing assistant turnover related to retention strategies through education and training, can help provide information to improve retention.

## **CHAPTER IV**

### **RESULTS**

This thesis examined the retention of nursing assistants in acute care settings and trying to ascertain if training and recognition influences the selected population. The research for this thesis has been performed in an acute care hospital that employs nursing assistants as part of a health care delivery team. Training and recognition was implemented to a portion of this population. The data that has been collected looked at turnover rates prior to the training and recognition and one-year post-training and recognition to see if a level of significance was reached or if there are clinical significances. An orientation coach class was implemented with a select group of nursing assistants, with two intentions: (1) train an orientation coach for new nursing assistant staff to assist new staff in adjusting to the new role, and (2) to recognize exemplary veteran nursing assistant staff and provide training.

#### **Sample Characteristics**

The sample size for this study was approximately 700 nursing assistants that work in a rural acute care setting. The turnover rates were examined one year prior to the intervention (Year One), and one year after (Year Two) the implementation of training and recognition. Turnover rates examined to see if the implementation of training and recognition had a significant impact on the overall turnover rate. The data unfortunately does not show the exact reason why the employee left the acute care setting. The acute care setting does not complete exit interviews with nursing assistants. The data collected did reveal categories for the termination that was separated into five groups, including school, performance, relocation, personal and other by the 2017 and 2018 years.

## Major Findings

The hypothesis for this thesis was to evaluate if training and recognition would improve nursing assistant retention in acute care settings. The results of this research indicated an increase of 69 employees from 2017 to 2018. The data that was gathered was the total number of nursing assistant employees with no demographic information. The data identified employees by date of employment, department, and a reason for termination that yielded no definitive definition for each category. The data was analyzed by dividing the amount of terminations by the total number of employees to obtain the turnover percentage for each year. The terminations were divided into three groups of critical care, emergency department, and medical-surgical. There was an overall two percent increase in turnover for this population as seen in Table 1 below.

Table 1

*Overall Turnover by Year*

Characteristic	Year One	Year Two
Total Number Employees	684	753
Total Number Turnover	146	176
Percentage of Turnover	21%	23%

*Note.* This table shows the overall turnover for the time frame.

The turnover was then examined by units that were divided into medical-surgical, emergency, and critical care areas. Then starting turnover rates for the emergency room was 16%, medical surgical 22% and critical care 25% for a total turnover percentage of 21% after one year of training and recognition. The turnover decreased in the critical care

areas by 4%. The medical-surgical areas had an increase in turnovers by 4%. The emergency department remained unchanged in turnover at the lowest percentage of 16%, medical surgical had an increase of 4% and critical care had a decrease of 4%. This is shown in Table 2 below.

Table 2

*Comparison of Employee Turnover by Units*

	ER	Med-Surg	Critical Care
Year One:			
Employees	121	461	102
Turnover	19	101	25
Percentage	16%	22%	25%
Year Two:			
Employees	122	513	119
Turnover	19	133	25
Percentage	16%	26%	21%

*Note.* This table shows the turnover by medical-surgical, emergency and critical care.

The turnover was then reviewed for the reason why the nursing assistant left the acute care setting, including. The department, amount of nursing assistants that left acute care, along with the reasons for termination (see Table 3). The terminations were grouped into five categories of performance, relocation, school, personal, and other. The data does not go into detail for the termination, such as school, citing if the position was incongruent with the school schedule, or if the employee graduated and took another position such as a nurse.

Table 3

*Comparison of Reason for Turnover by Year*

Reason	Year One	Year Two
Performance	21	25
Relocation	14	16
School	12	7
Personal	54	72
Other	45	56
<b>Total Turnover</b>	<b>146</b>	<b>176</b>

*Note.* This table displays the turnover of nursing assistants by department.

Table 4 shows the overall turnover rate for the acute care setting in the time frame of intervention (Year One), and one year after (Year Two). The Certified Nursing Assistant Orientation Coach (COC) program was implemented in April of 2017. The total amount of COCs were divided by critical care, emergency department and medical surgical. The total amount of COCs for each department was divided by the total amount of employees to determine the percentage.

Table 4

*Comparison of Turnover Rate with CNA Orientation Coaches by Year and Department*

	CNA Orientation Coaches (COC)	Year One Turnover rate	Percentage of COCs	Year Two Turnover rate
Medical	34	22%	7%	26%
Surgical				
Critical Care	6	25%	5%	21%
Emergency	2	16%	2%	16%
Department				
Total Number	42			
Total %			6%	

*Note.* This table shows the comparison of turnover rates with CNA Orientation Coaches by year and department.

## Summary

The COCs training and recognition program was implemented to see if there is an impact to nursing assistant retention in an acute care setting. The data collected demonstrated a baseline of turnover and then looked at the turnover one-year post-training and recognition. The acute care setting is in a rural area and has implemented using nursing assistants to alleviate staffing issues. Overall, findings revealed turnover increased by 4% for the medical-surgical area, remained the same for emergency department, and decreased by 4% for the critical care areas. The overall turnover rate for these areas increased by 2%, which included an overall increase of 69 employees in these areas from the previous year.

## **CHAPTER V**

### **DISCUSSION**

The hypothesis for this MSN thesis was to determine if training and recognition would improve nursing assistant retention in the acute care setting. The results revealed an overall 2% increase in the turnover for this population. The statistical analyses demonstrated no change in the emergency department, a 4% decrease in critical care, and a 4% increase in the medical-surgical department. There was an overall increase of 69 employees from 2016 to 2017, with 52 new employees in medical-surgical, 17 in critical care, and one in the emergency department. The data revealed several indications for the terminations, however the exact meaning was unclear. Terminations were divided into five sub-groups of performance, school, personal, relocation, and other. There was a total of 146 terminations in 2016 and 176 dismissals in 2017. The turnover rate for 2016 was 21% and in 2017 was 23%.

#### **Implication of Findings**

The results did not reflect an overall improvement in nursing assistant retention in this acute care setting. The turnover from 2016 went up by 2% in 2017. The interesting finding was that the emergency department remained the same, the medical-surgical area increased turnover by 4%, and the critical care areas decreased by 4%. The amount of COCs in each department was as follows; 34 COCs for 513 medical-surgical employees or 7%, 2 COCs for 122 emergency department employees or 2% and 6 COC's for 119 critical care employees or 5%. The medical-surgical department had the most COCs with the highest turnover rate. Critical care had the next highest amount of COCs and saw a decrease in turnover and the emergency department was unchanged.

Exit interviews are not part of the termination process for nursing assistants in this acute care setting. A general reason for the termination was entered but no description or code that would clarify the entry, such as school. An exit interview could have revealed whether the employee completed nursing school and obtained a nursing position or if the situation was not conducive to attending school. The selections are entered by each manager at their discretion and interpretation of the termination category.

The turnover rate for long-term care settings according to the most recent article was 47-65%, (Black, 2015). The data revealed an overall turnover rate for this acute care setting of 21% for 2017 and 23% for 2018, which is substantially lower than that of long-term care facilities. One reason there may not have been an improvement is that the starting turnover rate for this acute care setting is significantly lower than that of long term care settings. With the turnover rate being substantially lower there was not much room for change.

### **Application to Theoretical/Conceptual Framework**

King's Theory of Goal Attainment was the theoretical framework for this thesis. The reason for choosing King's theory was the background of goal attainment in relationship to evidenced-based practice and outcome driven (Sieloff & Frey, 2015). The implementation of training and recognition for the nursing assistant in this acute care setting revealed that only 6% of the necessary staff was trained to provide orientation to the new staff member. There was an increase of 69 employees from 2017 to 2018.

The three aspects of King's theory are stress, body image, and self-growth. Stress is related to the relationship of a new employee to a new work environment, and a veteran employee performing the daily assignment with the added responsibility of



orientating the new staff member. Body image relates to the pride of a veteran staff member being selected to be a leader and an example of excellence within the organization. Body image for the new staff member that was selected to fill a position in a highly competitive field. Self-growth also relates to the veteran staff member that is promoted to a higher position. Self-growth for the new employee would be learning the new role and striving to become an orientation coach. The theory was not supported by the data collected. Further research will need to be collected to include qualitative information pre- and post-instruction to measure if the theory was supported related to body image, self-growth and stress.

### **Limitations**

The limitations of this research covered several areas. There was a limited amount of COCs trained for the overall nursing assistant population at 6%. Increasing the amount of COCs for the nursing assistant staff to 10-15% may have yielded a positive impact on turnover.

Exit interviews were not completed to determine the exact cause of turnover. One example was that school could be a selection as a reason for termination. The research could not determine if the employee completed the degree or left because the position was not congruent with the demands of school. Training for managers on the codes for termination and the definitions of use could yield a complete picture of turnover incidents.

Restriction of the research to one acute care setting was a limitation. Further analysis of several acute care settings and organizations could yield a more definitive report of the training and impact on retention.

Time was another restriction, and the current research was conducted over a one-year period. Extending the study to a three or five-year period could yield a broader examination of the interventions.

### **Implications for Nursing**

There are several areas of significance for nursing and a call to decrease turnover for nursing assistants in acute care settings. Patient outcomes are the first and most important aspect when determining impact to healthcare. The patient satisfaction, which was a driver of reimbursement was also a consideration. Research has proven that decreased staff turnover yields improved patient outcomes (Boamah et al., 2017). When nursing assistant staff has a substantial amount of turnover patient care, and staff morale was affected. Increased turnover of nursing assistants was expensive both financially to train new staff and lowers job satisfaction of current healthcare staff (Donoghue, 2010).

Acute care settings implemented the nursing assistant position to alleviate staffing concerns for today and tomorrow. To be able to deliver competent and adequate healthcare, each acute care setting will determine how to attract and maintain a qualified nursing assistant population.

### **Recommendations**

The recommendation for further study of this topic would include examining the causes of nursing assistant turnover. This research and interventions intended to decrease overall turnover. The acute care setting selected for this research and intervention yielded a 2% increase in turnover in one year. Further investigation and changing the hypothesis to nursing turnover and not specific to a position could reveal a more favorable outcome. The inclusion of demographics such as age and career goals may help drive the research

in a different direction. If the nursing assistant left the position because of completing nursing education for a licensed position could be viewed as a positive implication and not turnover. Career advancement of nursing assistants could be the cause of the increase in turnover. This would require additional research.

### **Conclusion**

The overall finding of this thesis revealed a 2% increase in nursing assistant turnover in an acute care setting with the implementation of training and recognition. The acute care setting where the research took place experienced a 10% increase in nursing assistant employees from 2017 to 2018 with a 2% increase in turnover. While the overall intent of the interventions and variable was to decrease turnover the research has yielded additional questions. The literature review presented in this thesis did reveal that training and recognition does have a positive impact on turnover, patient outcomes, and staff satisfaction. The implementation of COCs needs further investigation over a prolonged period with an increase in the amount of COCs to determine impact. The turnover rate for this acute care setting was considerably lower than that of long term care settings.

Further research is needed to determine the age and career goals of nursing assistants in acute care settings. This data could be used to determine if nursing assistant turnover is driven by obtaining higher degrees. The findings of this research demonstrated a substantial difference in the turnover rates of long-term care to acute care settings, yet still requires a closer look. Healthcare is ever changing and the nursing assistant that is leaving the acute care setting today may be the nurse of tomorrow.

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