Nursing Home CNA Workplace Turnover Mitigation Strategies: A Trifecta Result

Sophia R. Casale

The University of Massachusetts – Boston

Author Note

This capstone paper partially fulfills the requirements necessary to obtain the M.S. in Gerontology – Management of Aging Services degree.
Abstract

Nursing homes across the U.S. are must replace approximately 100% of their Certified Nursing Assistants (CNA) each year. If action is not taken to retain these employees soon, residents will Begin to receive poorer quality of care than they currently are. By requiring minimum staffing levels, President Biden’s new executive actions aim to improve care across numerous sectors. These measures can provide a much-needed push for Nursing Home Administrators (NHA). Job satisfaction and retention influence certified nursing assistant workplace turnover rates and these components are used to guide the strategies detailed in this paper. Throughout their implementation, three results will emerge. A facility begins to garner committed direct care employees, staff stability can be maintained, and residents will receive a higher quality of care.

*Keywords:* nursing homes, Certified Nursing Assistants, CNA, workplace turnover, quality of care, staff minimums, Nursing Home Administrators
Nursing Home CNA Workplace Turnover Mitigation Strategies: A Trifecta Result

The catchy yet compelling lyrics to We’re Not Gonna Take It by the Twisted Sisters seems to be the anthem for nursing home employees across the nation, and rightfully so. Turnover rates, otherwise known as the percentage of individuals leaving a workplace or the workforce altogether, are alarmingly high in the nursing home sector of long-term care (AAHSA Talent Cabinet, 2010; Campbell, et al., 2021; Castle, 2005; Castle, Engberg & Anderson, 2007; Donoghue, 2010; Karantzas, et al., 2012; PHI, 2022; The National Consumer Voice for Quality Long-Term Care, 2022a). Nearly half of all U.S. nursing homes must replace half of their entire nursing staff each year (The National Consumer Voice for Quality Long-Term Care, 2022a). While this workplace turnover rate statistic might seem striking, the turnover rate amongst different groups of employees is even more concerning. For instance, the national average workplace turnover rate for direct care workers, namely certified nursing assistants, is close to 100 % (PHI, 2022). This means that any given nursing home across America could very well be replacing their entire direct care staff every year.

A major reason for high turnover rates are poor CNA working conditions. First, the pay is low: direct care workers in nursing homes are barely paid a living wage (Campbell, et al., 2021; Stone & Bryant, n.d.). In 2022, the average hourly pay for a CNA was $12.00 (Campbell, et al, 2021). In contrast, the national livable standard for a single adult without children at that time was roughly $17.30 (Massachusetts Institute of Technology, 2023). Second, the job is challenging, CNAs provide care using limited resources to high-needs individuals (Long Term Care Community Coalition, 2023; Travers, et al., 2022). Third, direct care workers lack much-needed personal benefits which allow them flexibility and time to recoup from these difficult job demands (Campbell, et al., 2021; PHI, 2022; Stone & Bryant, n.d). Fourth, they are often stuck
in their current position because career advancement opportunities are rare (AAHSA Talent Cabinet, 2010; Campbell, et al, 2021; The National Consumer Voice for Quality Long-Term Care, 2022b; Mittal, Rosen & Leana, 2009; Scales, 2022; Stone & Bryant, n.d.). The most unbelievable reality of all is that direct care workers are seldom considered valuable members of a care team (AAHSA Talent Cabinet, 2010; Han, K., et al, 2014; Karantzas, et al., 2012; Kennedy, et al, 2021; Probst, Baek & Laditka, 2020; Scales, 2020; Stone & Bryant, n.d; Travers, et al., 2020; Travers, et al., 2022). However, these employees spend the greatest amount of time providing quite intimate care tasks to residents and subsequently have the most impact on the quality of care that individual receives (Long Term Care Community Coalition, 2023; The National Consumer Voice for Quality Long Term Care, 2023).

Recent events, specifically the COVID-19 pandemic, have highlighted the difficulty of direct care jobs while simultaneously contributing to an already high workplace turnover rate (Campbell, et al, 2021; Reinhardt, et al., 2023; Scales, 2020; The National Consumer Voice for Quality Long-Term Care, 2022b). Ten years prior to 2020, nursing homes on average saw 65.6% of their direct care staff leave (AAHSA Talent Cabinet, 2010). This statistic is a far cry from the approximate 100% workplace turnover rate PHI found in 2022 (PHI, 2022). Amidst the pandemic, the subpar bare minimum job aspects of direct care, fear of contracting the virus and numerous industries competing with one another for employees impacted not only direct care workplace turnover rates but workforce turnover as well (Campbell, et al, 2021; Reinhardt, et al., 2023; Scales, 2020; The National Consumer Voice for Quality Long-Term Care, 2022a).

If action is not taken soon, the direct care workforce will continue to shrink, nursing homes will increasingly struggle to keep or find staff, and residents will receive poorer quality of care (Campbell, et al, 2021; Scales, 2020; Scales, 2022; The National Consumer Voice for
Quality Long-Term Care, 2022a). As the number of older adults, who are the primary consumers of care in nursing homes, doubles from 15% of the total U.S. population in 2015 to 30% by 2060 (Kaiser Family Foundation, 2017), the reduction of direct care workers both in the workplace and workforce will create a foreboding trend. Some factors contributing to direct care workplace turnover are out of a nursing home administrator’s control. Despite this, they do have the ability to make their facility an attractive place to work (AAHSA Talent Cabinet, 2010; Centers for Medicare and Medicaid Services, 2019; Cummings, et al., 2009; Dill, Morgan & Marshall, 2012; Han, K., et al, 2014; Stone, et al. 2002). Which begs the question, what strategies can nursing home administrators implement to mitigate high CNA workplace turnover rates and what positive effects come out of reduced turnover?

**Background**

As of 2022, 16,000 nursing homes were serving 1.3 million people across the United States (PHI, 2022). These facilities offer medical, recreation, skilled nursing, and sometimes rehabilitative services (Kaiser Family Foundation, 2017). However, nursing homes should not be mistaken for skilled nursing facilities (Burke, 2021). Skilled nursing facilities offer care on a short-term basis, with the premise being that individuals stay to recover from an illness or injury (Burke, 2021; Welch, et al., 2022). Services include post-surgical care, wound care, pain management, IV fluid delivery, catheterization, and tube feeding. As well as physical therapy, occupational therapy, speech therapy and stroke recovery options. All of these are often paid for by Medicare (Burke, 2021; Welch, et al., 2022).

Nursing homes on the other hand, provide care for those who have serious medical conditions and are unable to care for themselves. These facilities offer medication administration, 24-hour monitoring, and help with activities of daily living such as bathing,
dressing, grooming, toileting, and eating (Burke, 2021; Kaiser Family Foundation, 2017). Individuals who need this level of care often stay in nursing homes on a long-term basis or indefinitely using Medicaid as payment. A number of nursing homes have integrated skilled nursing facilities to provide a more cohesive care experience for residents (Burke, 2021). Regardless of facility type, direct care workers are instrumental in ensuring residents receive the most fundamental aspects of care (Burke, 2021; Campbell, et al., 2021; Kaiser Family Foundation, 2017; Long Term Care Community Coalition, 2023; Stone & Bryant, n.d.; The National Consumer Voice for Quality Long Term Care, 2023)

**Who Are Direct Care Workers?**

The term direct care worker can encapsulate a number of professional caregivers. Home Health Aides, Personal Care Assistants, and certified nursing assistants are among the most well-known (Campbell, et al., 2021). The latter are primarily hired to work in nursing homes since the level of training is highest and is thus expected to correlate with the high needs of residents. Federal mandates require a certified nursing assistant enter the direct care workforce with an initial 75 hours of training and 12 more hours of continuing education. Meanwhile, Home Health Aides and Personal Care Assistant training varies widely by state (AAHSA Talent Cabinet, 2010; Campbell, et al., 2021; Han, K., et al, 2014; Stone & Bryant, n.d.; The National Consumer Voice for Quality Long-Term Care, 2022b).

By and large, CNAs are drawn from vulnerable populations. Even though they possess the highest number of initial training hours, most have low educational attainment with about half having high school degrees across the U.S. An even smaller percentage hold a college degree (Bates, Arnah & Coffman, 2018; Scales, 2020). In terms of race, 43% are white, 37% are Black/African American, 12% are Latino, 4% are Asian/Pacific Islander, and 4% identify as
other (Campbell, et al., 2021). The average age of a CNA is mid-thirties (Campbell, et al., 2021), and the percentage of foreign-born certified nursing assistants in nursing homes is roughly a quarter of the entire direct care workforce (Campbell, et al., 2021; Scales, 2020). Immigrants constitute 22% of all certified nursing assistants working in the direct care workforce (PHI, 2022). To put this statistic into perspective, 16% of the entire U.S. labor force is comprised of immigrants (PHI, 2022).

The wages CNAs receive keep many living at the federal poverty level. Ninety-two percent of CNAs working in nursing homes across the country are female, with a majority being single mothers (Center for Medicare Advocacy, 2021). Pay disparities are prevalent amongst the male-to-female demographic makeup of these direct care workers. All males, regardless of race, continue to earn the most. While women, who are the majority of the nursing home direct care workforce, earn a lower hourly pay. Women of color receive $0.70 less an hour than all men and $0.20 less than white women (Campbell, et al., 2021). Placing gender and race specifics aside, in 2022, the average yearly income with taxes taken out for a certified nursing assistant was $21,700 (PHI, 2022). As a result, a substantial proportion of direct care workers in nursing homes reside in low-income households, and nearly half of the CNA workforce rely on public assistance to survive (PHI, 2022). These services can include Medicaid, food and nutrition programs, or cash assistance offerings (Campbell, et al., 2021; Center for Medicare Advocacy, 2021; PHI, 2022). It is important to note that many of these individuals experience inequalities due to their racial, gender, and/or immigration status. Working in direct care has only exacerbated many of these struggles (Campbell, et al, 2021; Scales, 2020).

Who Are Nursing Home Administrators?
Nursing home administrators (NHA) run the operations of a nursing home and as a result they take on a great deal of responsibility, but many lack the training and resources to do so properly. Licensure requirements to become a nursing home administrator vary by state. Some are stringent with initial training hours, exam necessity, and the amount of continuing education needed, while other states seem to be quite relaxed (Myers, et al., 2016). Despite these inconsistent training standards, a nursing home administrator must “…navigate a complex regulatory environment, low levels of community prestige, vulnerable clientele, [and] uncertain public revenue streams…” (Myers, et al., 2016, p. 2). While the job entails these underlying big-picture stressors, working as a nursing home administrator can be taxing on a daily basis as well. Making sure residents are cared for appropriately, the family or guardian of a resident is informed, and staff members are satisfied are also obligations of being an administrator (Long Term Care Community Coalition, 2023). Recently, the COVID-19 pandemic placed an added pressure on the shoulders of these administrators as well (Reinhardt, et al., 2022).

**CNA & NHA Influence on Resident Quality of Care**

Certified nursing assistants play a critical role in ensuring the health and well-being of nursing home residents. Compared to other staff members, CNAs spend the most time with residents as measured by the number of hours per resident day (HPRD) they spend providing care (Long Term Care Community Coalition, 2022; Long Term Care Community Coalition, 2023; PHI, 2022). Currently, the national average certified nursing assistant HPRD is 2.03, while Registered Nurses (RNs) spend 0.43 HPRD and Licensed Practical Nurses (LPNs)/Licensed Vocational Nurses (LVNs) provide 0.62 HPRD (The National Consumer Voice for Quality Long-Term Care n.d.b). Depending on the needs of a resident, a CNA can be expected to bath, feed, dress, groom, toilet, and assist with the safe patient transferring of a resident each day.
CNA WORKPLACE TURNOVER

(Campbell, et al, 2021; Kennedy, et al, 2021; Travers, et al., 2022). These physical duties of care are only one part of a certified nursing assistant’s job. Direct care workers also contribute to the emotional well-being of residents too (Campbell, et al., 2021; Kennedy, et al., 2021). For instance, CNAs learn how hot an individual would like their shower water, which articles of clothing the resident likes or dislikes to wear, how the person prefers their coffee in the morning, or the direction the individual’s hair should be parted. All of these important physical and emotional aspects of care are completed in roughly 2.03 hours.

The appropriate amount of time CNAs need to provide adequate care is currently unacceptable (The National Consumer Voice for Quality Long-Term Care, 2023). Sadly, with turnover rates the way they currently are, many CNAs are experiencing heavier caseloads, and the number of hours per resident day are beginning to decrease as their direct care counterparts leave the workplace (Long Term Care Community Coalition, 2023). This then places a heavier burden on the shoulders of these remaining direct care workers, and a downward spiral process begins (Bryant, et al., 2023; Reinhardt, et al., 2022). The fewer CNAs employed in a facility, the shorter amount of time a direct care worker spends with a resident; thus, the likelihood quality of care will be affected increases (The National Consumer Voice for Quality Long-Term Care, 2022b). A nursing home administrator has the power to prevent this downhill scenario from descending any further.

An administrator can influence the minimum nursing staff level needed to supply adequate quality care for their facility. (Castle & Anderson, 2011; Feurerberg, 2001; MACPAC, 2023; Scales, 2022; The National Consumer Voice for Quality Long-Term Care, n.d.a; The National Consumer Voice for Quality Long-Term Care, 2022a). To do this, an administrator needs to ensure their faculty has the minimum number of nursing employees available to provide
the highest number of HPRD. President Biden and Congress are working towards federal mandates which would require administrators reach these goals. A landmark study in 2001 detailed 4.15 HPRD as the total nursing staff base requirement (Fuererberg, 2001). Over twenty years later this statistic remains relevant (Long-Term Care Community Coalition, 2023).

Unfortunately, the vast majority of U.S. nursing homes only provide 3.61 HPRD (Long Term Care Community Coalition, 2023). While this future requirement may add to the complex regulatory environment an administrator already works in, they can take action to prepare.

Nursing home administrators can reach minimum staff levels in their facility by decreasing turnover rates. With CNA workplace turnover rates at about 100% and the influence these employees have on quality of care, administrators must start with these employees first (PHI, 2022). Reducing the number of CNAs leaving a facility can be achieved by providing a positive work environment even under constraints such as funding. Knowing what causes high CNA workplace turnover rates is the first step.

**Literature Review**

Turnover can be costly for a facility, both monetarily and otherwise (AAHSA Talent Cabinet, 2010; MACPAC, 2023; PHI, 2022). A significant financial burden is accrued when a nursing home administrator must find and replace their entire staff of direct care workers as well as hire outside agency employees to fill in this care delivery gap (Kim, Wehbi, DelliFraine & Brannon, 2014; PHI, 2022). A nursing home could spend anywhere from $3,000 to $6,000 replacing one CNA (Jividen, 2021), while the exact cost for agency staffing is unknown, these outside CNAs can place financial strain on nursing homes. High turnover rates also impact a nursing home’s quality of care reputation (Long Term Care Community Coalition, 2023). The Center for Medicare and Medicaid Services (CMS) offer star ratings for a facility through their
Care Compare website (Medicare, 2023). Turnover is one component in CMS’ rating formula and incidences of abuse is another. A nursing home with overall staff turnover rates between 50% to 59% were 1.5 times as likely to be cited for abuse than facilities with lower overall staff turnover (The National Consumer Voice for Quality Long-Term Care, 2022). These nursing homes received lower star ratings as a result (The National Consumer Voice for Quality Long-Term Care, n.d.a.). Mitigating certified nursing assistant workplace turnover can be a win-win-win scenario for nursing home administrators, CNAs and residents. Before these successes can occur, the underlying reasons why turnover rates need to be mitigated must be discussed.

**Job Satisfaction Factors**

Job satisfaction is at the core of certified nursing assistant turnover (Campbell, et al, 2021; Decker, Harris-Kojetin & Bercovitz, 2009; Han, et al., 2014; Probst, Baek & Laditka, 2020; Rosen, et al., 2011; Scales, 2022; Schwendimann, et al., 2016; Squires, et al., 2015; Temple, Dobbs & Andel, 2009). These job satisfaction factors can be broken down into two types of motivators: extrinsic and intrinsic. Extrinsic motivators focus on aspects of the workplace and the nursing home at large. Intrinsic motivators, on the other hand, are nestled within the CNA themselves.

**Extrinsic Motivators**

Extrinsic motivators have a few distinct subcategories. Job-related components of job satisfaction refer directly to CNA job duties and workplace environment. These factors are where nursing home administrators have the greatest control and in turn, have the largest effect on a Certified nursing assistant’s desire to stay with a facility or not (Bryant, et al., 2023; Having, et al., 2011; Healthcentric Advisors, 2012; Rosen, et al., 2011). Facility-related factors include aspects of the facility itself and its ownership. Administrators have some power, but often not
enough to see facility-level factors affect a CNA’s decision as the latter can (Decker, Harris-Kojetin & Bercovitz, 2009).

*Job-Related Components*

In 2008, wages and supervisor behavior were the two most significant factors influencing overall job satisfaction (Decker, Harris-Kojetin & Bercovitz, 2009). Both job-related factors still hold true today (Travers, et al., 2022). Residents primarily pay for their care using federal funds such as Medicare and Medicaid (Burke, 2021; Gorges & Konetzka, 2020; Kaiser Family Foundation, 2017). As a result, nursing home employee wages are highly dependent upon reimbursement rates. President Biden is working towards implementing additional revenue streams, but until then nursing home administrators have zero control over staff wages. However, they do have authority over their management team. Administrators also have the ability to change how they themselves lead (Berridge, et al., 2020; Cummings, et al., 2009; Donoghue & Castle, 2009; Rajamohan, Porock & Chang, 2019).

Supervisors, including nursing home administrators, who demonstrate a relationship-focused leadership style had the greatest impact on job satisfaction and CNA turnover (Cummings, et al., 2009; Having, et al., 2011; Healthcentric Advisors, 2012). These supervisors often encourage staff to reach their potential, understand the needs and desires of their employees, and above all, include them in decisions (Cummings, et al., 2009). Donoghue & Castle (2009) found that managers who sought input from employees and used that insight to drive decision-making noticed CNA workplace turnover levels drop by 44%. As opposed to when supervisors simply abide by task-oriented leadership. These individuals essentially lead when there is work that must get done or problems that need to be solved (Cummings, et al.,
2009). Employees, especially CNAs, are not valued, empowered, nor respected as members of an organization when nursing home administrators and other supervisors manage this way. The arduous daily tasks of bathing, dressing, grooming, feeding, toileting, and transferring are enough to increase a CNA’s stress level (PHI, 2022). Wages and leadership style had the greatest influence on certified nursing assistant job satisfaction, but other job-related components can impact direct care employee happiness too. For instance, the time it takes to provide care to residents, consistent assignment of residents, as well as the availability of lifting devices on each floor were seen to decrease stress levels and increase job satisfaction (AAHSA Talent Cabinet, 2010; Castle, et al., 2013; Healthcentric Advisors, 2012; Kennedy, et al., 2021; Kennedy, et al., 2020). With some dedication these can be instilled within a facility rather efficiently, whereas other job-related factors can be more time-consuming to implement. These include continuing education training, reward systems, and promotional opportunities (Bishop, et al., 2008; Campbell, et al, 2021; Decker, Harris-Kojetin & Bercovitz, 2009; Dill, Morgan & Marshall, 2012).

**Facility-Related Components**

A facility’s ownership status whether it is, non-profit, for-profit, or private-equity owned, has been found to influence CNA job satisfaction (Decker, Harris-Kojetin & Bercovitz, 2009). For-profit ownership negatively impacted mean job satisfaction scores the most. Meanwhile, non-profit nursing homes had the most satisfied CNAs and the healthiest residents (Probst, Baek & Laditka, 2020). Surprisingly, a facility’s bed size and the number of residents on Medicaid will not impact job satisfaction (Decker, Harris-Kojetin & Bercovitz, 2009), but supervisor tenure can (Castle, 2005; Castle, Engberg & Anderson, 2007; Castle & Lin, 2010; Decker, Harris-Kojetin & Bercovitz, 2009).
Similar to the CNA workforce, nursing home leadership also experiences high rates of turnover. In 2022, half of all U.S. nursing homes had to replace one nursing home administrator within twelve months. Roughly 20% of nursing homes replaced two administrators in the span of a year (Long-Term Care Community Coalition, 2023). Nursing home administrator turnover rates did not directly affect CNA workplace turnover as much as these rates influenced Director of Nursing (DON) workplace turnover. Therefore, Director of Nursing turnover occurs in part because a nursing home administrator left the facility (Castle, 2005; Donoghue, 2010). Being that DONs are the primary supervisors of CNAs; a trickle-down effect begins to emerge. Essentially, certified nursing assistant job satisfaction is impacted by the workplace turnover rates of their immediate managers (Castle, 2005; Castle, Engberg & Anderson, 2007; Castle & Lin, 2010; Decker, Harris-Kojetin & Bercovitz, 2009; Long-Term Care Community Coalition, 2023). An overarching problem of the nursing home industry is that CNAs are not the only group of employees turning over. There is most certainly a bigger issue at hand (Castle, 2005; Castle & Lin, 2010; Donoghue, 2010). One that nursing home administrators fall victim to and subsequently have little influence over.

**Intrinsic Motivators**

Intrinsic motivators of job satisfaction are located within the CNAs themselves. These factors are not easily malleable like extrinsic motivators are (Decker, Harris-Kojetin & Bercovitz, 2009). A nursing home administrator cannot, nor should they change these personal aspects of their employees. What an administrator can do is find the positive characteristics that lie within their certified nursing assistants as well as make the individual feel supported and provide them room to grow (Healthcentric Advisors, 2012)

**Personal Factors**
Age is an intrinsic motivator a CNA possesses and one an administrator cannot influence. Older certified nursing assistants have higher job satisfaction than their younger direct care worker counterparts (Decker, Harris-Kojetin & Bercovitz, 2009; Kim, Wehbi, DelliFraine & Brannon, 2014). The number of years a CNA has been in the specific workplace, the direct care workforce, and the confidence level they feel in their caregiving abilities positively impact job satisfaction too (Decker, Harris-Kojetin & Bercovitz, 2009; Risen, et al., 2011). Nursing home administrators cannot change the age, tenure, or beliefs of their CNAs, but can use older and more experienced certified nursing assistants to guide younger direct care workers (Campbell, et al., 2021; Kemper, et al, 2008; Scales, 2022; Stone & Bryant, n.d.). This concept is integral, considering education is a personal factor that contributes to direct care job satisfaction the greatest (Decker, Harris-Kojetin & Bercovitz, 2009; Kim, Wehbi, DelliFraine & Brannon, 2014; Probst, Baek & Laditka, 2020).

Education may be the most significant personal factor, but a CNA’s race is the second-largest intrinsic motivator connected strongly with job satisfaction (Decker, Harris-Kojetin & Bercovitz, 2009; Kim, Wehbi, DelliFraine & Brannon, 2014; Probst, Baek & Laditka, 2020; Rosen, et al., 2011). African American, Latino, and Asian/Pacific Islanders make up over half of all direct care workers working in nursing homes across the U.S. (Campbell, et al., 2021). In 2060, the older adult population, which nursing homes care for the most, will become increasingly diverse as well (Campbell, et al., 2021; PHI, 2022; Travers, et al., 2022). Nursing home administrators can ensure that diversity, equity, and inclusion practices are implemented for their current direct care staff (Campbell, et al., 2021; Healthcentric Advisors, 2012). Providing on-the-job education this way and using experienced direct care workers can effectively influence the two greatest CNA intrinsic motivators.
The number of immigrants and their subsequent beliefs impact job satisfaction too. Twenty-five percent of CNAs are foreign-born (Campbell, et al., 2021; Scales, 2020). Some of them hold deep spiritual reasons for being certified nursing assistants, such as considering direct care a calling (Healthcentric Advisors, 2012; Mittal, Rosen & Leana, 2009). These individuals often hold high job satisfaction scores as a result (Mittal, Rosen & Leana, 2009). This idea of being called to serve others can be said for the number of women who are certified nursing assistants (Center for Medicare Advocacy, 2021). Albeit not for spiritual reasons, but more maternal (Campbell, et al., 2021). Reduced workplace turnover rates are seldom held solely on these intrinsic and extrinsic motivators of job-satisfaction though. Certain employer benefits and job market effects also play into a CNA’s decision to stay or leave the workplace (Mittal, Rosen & Leana, 2009). These benefits fall within retention factors, which is the next component contributing to direct care workplace turnover.

**Retention**

While job satisfaction is a big reason why CNAs may leave a facility, it is not the only reason. Simply looking at why a certified nursing assistant is or is not happy with their workplace cannot solely determine turnover because even a dissatisfied worker may have different criteria for remaining in their workplace (Rosen, et al., 2011). “[Direct care workers] reported leaving their jobs for a different set of reasons than those that motivated them to stay.” (Mittal, Rosen & Leana, 2009, p. 629). It is true that certified nursing assistants intend to leave when job satisfaction factors are not met (Bishop, et al., 2008; Decker, Harris-Kojetin & Bercovitz, 2009; Dill, Morgan & Marshall, 2012; Han, K., et al, 2014; Kennedy, et al, 2021; Kim, Wehbi, DelliFraine & Brannon, 2014; Rajamohan, Porock & Chang, 2019). Retention factors, otherwise known as the ability to keep employees, provides nursing home administrators
with a second set of turnover components (AAHSA Talent Cabinet, 2010; Rosen, et al., 2011). These are largely independent of job satisfaction and intent, but can be influential nonetheless (Mittal, Rosen & Leana, 2009; Stone, et al., 2016). The first aspect of retention, employer benefits, can be seen as the added step needed to lock down satisfied direct care employees. Whereas the second aspect of retention, job market effects, are what can keep dissatisfied employees from leaving.

**Employer Benefits**

Nursing home administrators who find ways to offer benefits to employees even under a rigid corporate culture can retain their direct care staff over facilities that do not (AAHSA Talent Cabinet, 2010). For starters, one of these benefits can include financial and English literacy courses (AAHSA Talent Cabinet, 2010; Campbell, et al, 2021). Another could be helping CNAs navigate community-based resources and local, state, as well as federal government agency programs (Campbell, et al, 2021). An administrator who allows for flexible work schedules, and who has a forgiving attendance policy were shown to keep their direct care workers longer too (Campbell, et al, 2021; Cimarolli, et al., 2022; Healthcentric Advisors, 2012; Scales, 2020). These factors have a substantial effect on retention rates and yet can be instilled more easily than other benefits can.

Career advancement opportunities were cited as another important employer benefit (AAHSA Talent Cabinet, 2010; Campbell, et al, 2021; Dill, Morgan & Marshall, 2012; Scales, 2022; Stone & Bryant, n.d). These can include career ladder and career lattice offerings that is, provide a CNA with the means to move upward in the nursing profession or to an adjacent career such as social work, rehabilitation, or management (Stone & Bryant, n.d). For those direct care workers seeking additional certification and not a full-blown career shift, nursing homes that
offer assistance were able to retain their direct care employees (Campbell, et al, 2021). Although these employer benefits yielded higher retention rates, Nursing home administrators are seldom able to implement them all without permission from higher management (Campbell, et al, 2021).

**Job Market Effects**

Availability of employer benefits can impact a certified nursing assistant’s decision to stay with an organization, switch facilities, or leave the workforce altogether, so can job market effects (Berridge, et al., 2020; Donoghue, 2010; Kennedy, Applebaum & Bowlbis, 2020; Kennedy, et al, 2021). These effects include the demand for employees within a given area and the prospect that CNAs can find better employment elsewhere. “In areas with a higher per capita income and a higher unemployment rate, CNAs may be less likely to terminate their…positions because they are paid better and also because they fear they will have difficulty finding a new job.” (Donoghue, 2010, p. 103). Kennedy, Applebaum & Bowlbis (2020) noticed that with every 1% increase in the community-unemployment rate, the number of CNAs who stayed with their workplace out of fear grew. Certified nursing assistant turnover rates decreased by 3.81 percentage points with each 1% county-unemployment rate uptick. On the other end of the spectrum, COVID-19’s low unemployment rates decreased CNA retention throughout nursing homes, thus leading to a higher-than-average direct care turnover than before 2020 (PHI, 2022).

**Recommended Strategies**

Many of the strategies below are meant to address specific factors of job satisfaction and retention. However, some actions overlap with one another. Each nursing home is different (Healthcentric Advisors, 2012; Center for Medicare and Medicaid Services, 2019; Kennedy, Applebaum & Bowlbis, 2020; Kennedy, et al., 2021; Pillemer & Meader (n.d.). Therefore, not all the recommended strategies below will need to be used in every facility. Some nursing homes
may have already incorporated a few of these actions, whereas other facilities may need to start considering turnover rates when they had not before. These strategies can be used as a guide for nursing home administrators to turn to when needed.

**Retention Specialist Program**

One strategy for improving retention is to appoint a retention specialist, this individual should be any facility employee who can focus on decreasing workplace turnover rates. These individuals receive specialized training from the National Association of Personnel Services (NAPS). Although these specialists do not solely work in nursing homes, Pillemar & Meador (n.d.) found that CNA workplace turnover rates decreased by 11% within one year of installation. retention specialists focus on a specific facility employee needs and desires (AAHSA Talent Cabinet, 2010; Pillemar & Meador, n.d.). Doing so provides a tailored approach to workplace turnover rates as opposed to a one size fits all mentality. In addition to the promising workplace turnover rate result, the mere decision to have a retention specialist proved a commitment to change. Certified nursing assistants viewed nursing home administrators more positively as a result (AAHSA Talent Cabinet, 2010).

An individual offering to or appointed by an administrator to be a retention specialist must be willing to commit approximately twenty hours per week to certain job satisfaction, and retention tasks (AAHSA Talent Cabinet, 2010; Pillemar & Meador, n.d.). A nursing home administrator must be aware that having a retention specialist within a facility can alleviate pressure on themselves, but also be demanding for the individual taking on these new responsibilities. Replacing an employee’s current job duties with retention specialist tasks or placing an added twenty hours of work on an already full-time employee can negatively impact a facility (Kennedy, et al., 2021). A nursing home administrator may have another employee on
their hands looking to leave. That is why locating the right employee for the retention specialist program is an important piece when implementing this CNA workplace turnover mitigation strategy (Pillemar & Meador, n.d.).

**Improve CNA Job Design**

Job design improvements consider the challenges CNAs encounter daily. Consistent assignments, flexible attendance policies and access to public services can be what sets a facility apart from others. Although for improvement strategies to be effective, open lines of communication between the CNA and nursing home administrator must exist when identifying ways to improve (Cimarolli, et al., 2022). Components of job satisfaction and retention lay within these improvement strategies and an administrator seeking to touch on either component of turnover may look here.

**Consistent Assignment**

When CNAs are scheduled to consistently work with specific residents, this is called “consistent assignment” (Castle, et al., 2013). These assignments take the unknowns out of the direct care job because once CNAs know whom they are caring for, a routine can be built. A routine that incorporates the time needed to provide care and coordination of lifting devices. A first step should be to include certified nursing assistant preferences in the assignment process (Schwendimann, et al., 2016). Regularly working with the same residents over time allows CNAs to understand the needs of the individual better, leading to higher quality care, and allows relationships between them to form (Healthcentric Advisors, 2012). These outcomes can then increase the satisfaction of both direct care staff and residents (Yeatts, et al., 2016).

**Flexible Work Schedules & Attendance Policies**
Inflexible work environments fail to accommodate the twists and turns a CNA can experience just from being human (Campbell, et al, 2021; Cimarolli, et al., 2022; Healthcentric Advisors, 2012; Scales, 2020). The majority of CNAs are single mothers and handling children on one’s own while working can be a challenge (Center for Medicare Advocacy, 2021). Flexible work schedules allow CNAs the leeway needed to make their designated hours for the week when unforeseen situations arise (Healthcentric Advisors, 2012). Allowing CNAs to make their own schedules and staggering shifts are two ways to do so. Implementing such a attendance and work schedule policies can not only retain employees but ensure that work shifts are seldom interrupted by callouts (Castle, 2013; Cummings, et al., 2009; Healthcentric Advisors, 2012; Yeatts & Cready, 2007). “Adjusting a schedule or providing some help often makes a big difference. The resources to support attendance often pay for themselves in salvaging employment for good employees having difficult times.” (Healthcentric Advisors, 2012, p. 34)

**Access to Public Services**

Nursing Homes can play an important role in helping direct care staff access the public services that support this frequently disadvantaged population. Developing connections with local government agencies, food banks, childcare organizations, public transportation, older adult services and other community-level providers can demonstrate a facility cares for their employees wellbeing (Campbell, et al., 2021). So can reaching out to ESL schools and local banks for financial and English literacy classes. Having state and federal government aid program information readily available for CNAs to use can be a critical job design aspect as well (Campbell, et al, 2021; Healthcentric Advisors, 2012). A specific staff member can take on the responsibility of fostering these connections and locating this information (Healthcentric Advisors, 2012). Although similar to the challenges surrounding retention specialists, a nursing
home might not have the capacity to dedicate a staff member to this role. In this case, supplying
written local, state, and federal resource information might suffice (Campbell, et al., 2021).
These printed resources should consider the languages spoken by CNAs within their facilities 
though.

**Change Committee**

The aim of a Change Committee is to identify specific causes of low job satisfaction and
create the shifts necessary to increase employee happiness (Centers for Medicare and Medicaid
Services, 2019). Any individual regardless of job title can be selected by a nursing home
administrator or can volunteer to be on such a committee (Centers for Medicare and Medicaid
Services, 2019; Healthcentric Advisors, 2012). At least one representative from each facility
department is a mandatory requirement and since reducing CNA workplace turnover rates are the
focus of this recommended strategy, a larger group of CNAs should be present. Having a diverse
Change Committee can bring different employee backgrounds, sets of skills, and unique
perspectives to the change process (Campbell, et al, 2021; Centers for Medicare and Medicaid
Services, 2019).

Creating the Change Committee is just the first step. The Centers for Medicare and
Medicaid Services (2019) has detailed a list of subsequent actions that the committee should
take to improve employee job satisfaction. These include first implementing numerous surveys
to locate which extrinsic and intrinsic motivators are affecting job satisfaction. Then developing
a change vision based on these survey results and disseminating this vision to non-committee
members. Communicating turnover priorities, brainstorming ways to improve, and developing
goals then come next. Finally, actions can be taken, with consistent monitoring and tweaking.

**Workplace Culture**
Certified nursing assistants experience discrimination in many forms: prejudice, racism, sexism, and xenophobia are often prevalent in the lives of CNAs (Campbell, et al., 2021; Travers, et al., 2022). Efforts can be taken to facilitate inclusion within the workplace. Developing a sense of trust among certified nursing assistants and supervisors can help guide a team toward a workplace environment that values CNA insight (DeConinick, 2010; Mittal, Rosen & Leana, 2009; Yeatts, et al., 2016). The culture change movement embodies the type of faith in one another needed (AAHSA Talent Cabinet, 2010; Berridge, et al., 2020; Stone, et al., 2002; Tyler & Miller, 2018; Tyler, et al., 2014; Yeatts & Cready, 2007). Through staff empowerment activities, which are an integral in culture change, a nursing home administrator can cost-effectively improve both CNA job satisfaction and retention within their facility (Berridge, et al., 2020). Shared decision-making is a staff empowerment practice a nursing home administrator can strive to implement. This type of decision-making is a formal process that gives CNAs the ability to provide their input on workplace policies and resident care decisions (Berridge, et al., 2020; Yeatts, et al., 2016). “There are many opportunities to incorporate such practices, including involving [CNAs] in quality improvement teams and resident care plan meetings” (Berridge, et al., 2020, p. 1257). Individuals involved in these meetings must be aware of when these conferences are held. Certified nursing assistants are often providing care nonstop throughout their shifts. Being creative and conscientious are important aspects of shared decision making (Yeatts, et al., 2016).

This type of approach demands a shift in leadership. Increasing teamwork and providing CNAs with much needed autonomy will not stick if supervisors are not willing to switch over to shared decision making (Bishop, et al., 2008; Kim, et al., 2014; Travers, et al., 2022; Yeatts & Cready, 2007): not all leadership styles support an equal distribution of power. For instance, all
supervisors regardless of department who possess either a consensus or relationship-oriented management approach often take in feedback from employees and use this information to guide decisions. As mentioned earlier, these types of leadership result in a significant drop in CNA workplace turnover rates (Donoghue & Castle, 2009). Nursing home administrators should look at how their managers lead and, if needed provide in-service training opportunities to expand the types of leadership styles found within their facility. When fostering inclusion within the workplace, management in-service offerings must pertain not only to leadership, but diversity equity and inclusion as well (Campbell, et al., 2021; PHI, 2022; Scales, 2022).

**Expand Training Opportunities**

Despite the fact that CNAs hold the greatest amount of prior preparation, these seventy-five hours of training are still inadequate for job satisfaction purposes (Campbell, et al, 2021). Certified nursing assistant training-related education was the most significant intrinsic motivator impacting a CNA’s level of satisfaction with their job (Decker, Harris-Kojetin & Bercovitz, 2009; Kim, Wehbi, DelliFraine & Brannon, 2014; Probst, Baek & Laditka, 2020). Nursing home administrators have the potential to expand their direct care staff skills and subsequently increase satisfaction. In-service offerings are a good way to go about doing so (Decker, Harris-Kojetin & Bercovitz, 2009; Healthcentric Advisors, 2012; Kennedy, Applebaum & Bowlbis, 2020; Rosen, et al, 2011; Stone & Bryant, n.d.; Trinkoff, et al., 2016). Appointing certified nursing assistants to peer mentor roles can be seen as a reward for a job well done and a steppingstone in one’s career. When a facilities reward system is a factor in job satisfaction and career mobility is one in retention, peer mentorship can help tackle both components of CNA workplace turnover (Berridge, Tyler & Miller, 2018; Campbell, et al., 2021; Kemper, et al, 2008; Scales, 2022; Stone, et al., 2002; Travers, et al., 2022).
**In-Service Offerings**

In-services are learning opportunities provided to CNAs within their facility. These in-services are often held during work hours and typically taught by a facility’s nurse educator. These sessions are meant to supplement the knowledge CNAs enter the workforce with and many of these training opportunities benefit residents too (Campbell, et al., 2021). Information regarding widespread health conditions prevalent in nursing homes and the appropriate means of documenting changes in a resident can be discussed in these CNA in-services (Scales, 2022; Travers, et al., 2022). This information should be common knowledge going into the direct care field, but often is not the case (Campbell, et al., 2021). Many initial training hours are spent learning proper techniques for ADLs. Infection prevention and emergency management are other pieces of information that should be shared during in-services. Bryant & Colleagues (2023) as well as Gorges & Konetzka (2020) both noticed that when nursing homes failed to communicate COVID-19 prevention and protection protocols, CNA workplace turnover rates increased significantly.

With the already diverse direct care workforce and the increase in older adult diversity to come, diving into different cultures is critical (AAHSA Talent Cabinet, 2010; Campbell, et al., 2021; Healthcentric Advisors, 2012; Scales, 2022). Unbiased cultural competency training has to be offered within a facility’s rotation of in-services (Campbell, et al., 2021; Scales, 2022). One way to do so can be by giving certified nursing assistants the opportunity to lead these in-services and truly present what their culture looks like (Travers, et al., 2020). Providing all types of information through in-service offerings demonstrates a facility cares (Campbell, et al., 2021). Throughout these training sessions an administrator must be aware of language barriers here too,
Peer Mentorship Program

A peer mentorship program trains a CNA to support new certified nursing assistants as they navigate caregiving challenges and other issues that might arise during the transition into direct care (Campbell, et al., 2021). This program should train peer mentors in coaching as well as problem-solving competencies (Campbell, et al., 2021; Kemper, et al., 2008), and a nursing home administrator should seek out CNAs who have the type of work ethic the administrator would like to see expanded throughout their facility (Healthcentric Advisors, 2012). Older and more experienced certified nursing assistants have higher intrinsic job satisfaction motivators which demonstrated a greater commitment to stay in the workplace and the direct care workforce (Decker, Harris-Kojetin & Bercovitz, 2009; Kim, Wehbi, DelliFraine & Brannon, 2014). These individuals would be ideal candidates for peer mentor roles.

“Peer mentorship programs…show promise as a method for supporting direct care workers while also providing a career advancement opportunity for experienced workers and fostering a collaborative organizational culture.” (Scales, 2022, p. 210). Peer mentors are a proven way to reward stellar employees and provide additional training to new CNAs as they enter a facility (Healthcentric Advisors, 2012). However, an administrator must be aware that with limited financial resources, increased wages to reward peer mentorship induced responsibilities can seldom be attainable (Campbell, et al., 2012). Efforts should be made to reduce the likelihood that these workers will be taken advantage of.

Implications for Nursing Home Administrators
Nursing home administrators need to work hard to reduce CNA workplace turnover, reach minimum staffing levels, and get closer to the 4.15 HPRD recommendation for appropriate quality of care. To achieve these goals, components of CNA workplace turnover had to be discussed prior to touching on proven turnover mitigation strategies (Long Term Care Community Coalition, 2023; Scales, 2022; The National Consumer Voice for Quality Long-Term Care, 2022a). Some factors of job satisfaction and retention are outside of a nursing home administrator’s authority (Campbell, et al., 2021). Increased wages, career advancement opportunities, job market effects, supervisor tenure and ownership priorities are factors influencing CNA workplace turnover but were not able to be implemented into a recommended strategies. Future research needs to focus on these CNA shortfalls.

**Suggestions for Future Research**

With compensation being the largest extrinsic job satisfaction factor influencing CNA workplace turnover rates, ways to increase direct care wages to at least a livable standard need to looked at. Medicaid reimbursement pass-through methods and cracking down on Medicare upcoding could be a solution (Campbell, et al., 2021; Emanuel, 2022; Stone & Bryant, n.d.). States that chose to partake can also benefit from a direct care workforce who are less reliant on Medicaid for themselves and can contribute to the economy (Campbell, et al., 2021). Wages may have impacted extrinsic job satisfaction the most, but a CNA’s level of education influenced intrinsic motivation and career advancement opportunities affected retention the greatest also.

A number of opportunities for CNA’s to grow lie within state and federal governments. Using Massachusetts’ Nursing Facility Stabilization Legislation as a guide (Massachusetts Senior Care Association (n.d.), states may want to consider expanding CNA job duties to include the ability to help Registered Nurses with nursing tasks by actively working to develop statewide
career ladder and career lattice pipelines (AAHSA Talent Cabinet, 2010; Campbell, et al., 2021; Stone & Bryant, n.d.). Research should also examine how these methods can supplement President Biden’s plan to start apprenticeship programs and connections with employee unions (The White House, 2023). These efforts could lead to a larger direct care workforce pool, but future studies must also examine the impact of mandatory nationwide universal training guidelines for Home Health Aides and Personal Care Assistants. Particularly, how this universal training can make sure direct care workers, regardless of title and geographic location, can seamlessly move throughout the direct care field, including nursing homes.

As direct care training standards become more cohesive and comprehensive, future research needs to look ways to do the same for nursing home administrators. Especially in regard to expanding competencies that prepare administrators for the uncertainty and stress that comes along with the job (Castle, Enberg & Anderson, 2007; Myers, et al., 2016). Research also needs to focus on what causes high nursing home leadership turnover. Finally, researchers focusing on culture change should look to the Wellspring Model for guidance. This model is older, but Wellspring researchers noticed a drop in CNA workplace turnover (Stone, et al., 2002). Implementing culture change can be difficult, but Wellspring simply looked at staff empowerment and quality of care whereas other models include environmental aspects, such as bed size and building layout. Taking away this component and still having promising results is important to note. Wellspring or similar models have the capacity to help nursing home administrators instill culture change more easily into their workplace even under harsh ownership.

Conclusion
The pandemic placed an imaginary magnifying glass on the issues CNAs have struggled with for decades. These include poor pay, rigid workplace policies, perpetual discrimination, and lack of career mobility. Yes, COVID did put more stress on nursing home administrators to find and replace CNAs, but actions can be taken to rebound and insulate from further unexpected situations. With dedication and commitment to be better, administrators can change the landscape within their facility. As resources allow many of the recommended CNA workplace turnover mitigation strategies mentioned here can be started right now. Three results will emerge throughout implementation. A facility will begin to garner committed direct care employees, staff stability can be maintained, and higher quality of care for residents achieved.
References


https://doi.org/10.1016/j.jamda.2020.01.109


https://doi.org/10.1093/geront/48.supplement_1.36


https://doi.org/10.1001/jamahealthforum.2021.3817


https://www.aplaceformom.com/caregiver-resources/articles/skilled-nursing-vs-nursing-homes


doi: 10.1177/07334648231155017

https://doi.org/10.1080/08959420.2012.705647

https://doi.org/10.1093/geront/45.2.186

http://www.jstor.org/stable/23053761

10.1177/1077558706298291


https://doi.org/10.1097/hmr.0b013e3181c22bcb

Center for Medicare Advocacy (2021, July 9). *Nursing home industry is heavily taxpayer-subsidized*. Retrieved from
https://sdaho.org/2019/12/03/cms-toolkit-3-guide-to-improving-nursing-home-employeesatisfaction/


https://doi.org/10.1093/geront/gnaa130
[https://doi.org/10.1016/j.jbusres.2010.01.003](https://doi.org/10.1016/j.jbusres.2010.01.003)


DOI 10.1177/0733464809334899


doi: 10.1111/jgs.16787

https://www.nber.org/papers/w28474


doi: https://doi.org/10.1016/j.ijnurstu.2021.103905

https://doi.org/10.1111/j.1365-2702.2011.03697.x


Retrieved from

https://www.relias.com/blog/cna-turnover-costs-for-skilled-nursing-facilities#


https://www.kff.org/infographic/medicaids-role-in-nursing-home-care/


https://doi.org/10.1093/geront/48.Supplement_1.17


https://doi.org/10.1093/geront/gnaa130

doi:10.1093/geront/gnaa098


Long Term Care Community Coalition (2022, August 24). LTCCC Alert: Nursing Home Staff Turnover Above 50%. Retrieved from https://nursinghome411.org/alert-staffing-q1-2022/


doi:10.1093/geront/gnp054

https://doi.org/10.1177/0733464816665207


https://livingwage.mit.edu/articles/103-new-data-posted-2023-living-wage-calculator
https://doi.org/10.1016/j.jamda.2009.08.008

https://doi.org/10.1111/jnu.12488

https://doi.org/10.1177%2F07334648221081124

doi: 10.1111/j.1547-5069.2009.01285.x

doi:10.1093/geront/gnr025

https://doi.org/10.1093/geront/gnaa116
https://doi.org/10.1016/j.jamda.2021.12.005

https://doi.org/10.1186/s12912-016-0160-8

https://doi.org/10.1155/2015/157924

Stone, R. & Bryant, N. (n.d.). *Feeling valued because they are valued*. LeadingAge LTSS Center @UMass Boston.  


https://doi.org/10.1093/geront/gnw075


DOI: 10.1097/NNA.0b013e318221c34b

The National Consumer Voice for Quality Long-Term Care (2022, September 8). *High staff turnover: A job quality crisis in nursing homes*. Retrieved from


The National Consumer Voice for Quality Long-Term Care (2022, March). *Inadequate staffing during the COVID-19 pandemic and its catastrophic effects on nursing home residents*. Retrieved from


The National Consumer Voice for Quality Long-Term Care (n.d.a). *Staffing Matters*. Retrieved from


The National Consumer Voice for Quality Long-Term Care (2023, January 12). *Why nursing homes need a minimum staffing standard*. Retrieved from
https://theconsumervoice.org/uploads/files/issues/The_Impor


https://doi.org/10.1080/02701960.2013.837049

https://aspe.hhs.gov/sites/default/files/documents/fd593ae970848e30aa5496c00ba43d5c/aspe-data-brief-ownership-snfs.pdf

https://doi.org/10.1093/geront/47.3.323

https://doi.org/10.1177/0898264315600689