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Factors Influencing Nursing Home Social Workers' Intentions to Quit

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ABSTRACT. This national study identified factors that affect quitting intentions among nursing home social workers (NHSWs). The findings indicated that greater job involvement and lack of a negative outlook may enhance NHSWs' job satisfaction and organizational commitment and contribute to decreased job search and quitting intent.

Also, respondents that experienced less stress and routinization in their work and reported greater amounts of autonomy, equity in pay and benefits, promotional opportunities, and coworker and supervisor support, had decreased levels of quitting intent and job search via greater job satisfaction and organizational commitment. The results imply that changes in job design and greater supervisory and coworker support may encourage NHSWs' retention. doi: 10. 1300/J147v32n01_02 [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: Website: © 2008 by The Haworth Press, Inc.

All rights reserved.] Kelsey V. Simons is affiliated with Baycrest Centre for Geriatric Care, Kunin-Lunenfeld Applied Research Unit, 3560 Bathurst Street, Toronto, Ontario, CA, M6A 2E1. Thomas B. Jankowski is Associate Director for Research affiliated with Institute of Gerontology, Wayne State University, Detroit, MI. Address correspondence to: Kelsey V. Simons at the above address (E-mail: on. ca). This research was supported by a grant from the John A. Hartford's Doctoral Fellows Program, part of the Geriatric Social Work Initiative. Administration in Social Work, Vol. 2(1) 2008 Available online at <http://asw.haworthpress.com> © 2008 by The Haworth

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ADMINISTRATION IN SOCIAL WORK KEYWORDS. Turnover, job satisfaction,

retention, nursing home social work INTRODUCTION Nursing homes (NHs)

provide 24-hour care to one of society's most vulnerable populations:

Physically frail older adults who typically cannot live independently at home or in less restrictive environments such as assisted living facilities. To best ensure quality services in this setting, a stable workforce of geriatric care providers is required.

On the contrary, employee turnover rates, especially among nursing staff and administrators (i. e. , directors), are exceedingly high and have been found to negatively impact the quality of care delivered (Castle, 2006; Castle & Engberg, 2005). With this knowledge, much emphasis has been placed on the retention of these staff, perhaps overlooking the roles adjunct disciplines fulfill in improving the quality of life and care for NH residents. Social workers are key non-medical staff in NHs as mandated providers of “ medically related social services” (Nursing Home Reform Act [NHRA], 1987).

Likewise, as members of the multidisciplinary care team, they carry out complicated roles in the provision of psychosocial services including: (1) Psychosocial assessment and interventions that enhance coping skills; (2) case management services to assist with longterm care transitions; (3) care planning; (4) collaboration with the NH team including consultation regarding psychosocial issues; and (5) assistance with individualized decision-making (Greene, 2005; see also Vourlekis, Zlotnik, Simons, & Toni, 2005).

Facilities can be cited for failure to provide medically related social services; however, it is unknown whether insufficient social work staffing, which could be further compromised by turnover, is associated with quality of care and quality of life concerns. Nevertheless, the potential contributions of social workers to the overall delivery of psychosocial care underscore the need for a stable nursing homes social worker (NHSW) workforce that is prepared to serve the increasingly complex psychosocial needs of residents.

Towards this goal, this study seeks to improve knowledge of the job and organizational factors that influence NHSWs' job experiences, including their job satisfaction, organizational commitment, and the intent to quit their employment. The roles of job and organizational characteristics are emphasized, overlooking traditional psychological concepts in the Kelsey V. Simons and Thomas B. Jankowski 7 turnover literature (e. g. ,“ burnout”) to provide practical guidance and suggestions for job redesign to social work directors and NH administrators seeking to improve retention of social workers.

This research also has broader implications for the field of social work and national efforts, including the John A. Hartford's Geriatric Social Work Initiative, to meet current and future needs for gerontologically prepared social workers, who are most commonly employed in nursing facilities (National Association of Social Workers [NASW], 2006). BACKGROUND Earlier research suggests a relationship between increased turnover among NH staff and several quality of care concerns (Castle & Engberg, 2005).

For example, increased risk for infection and subsequent hospitalizations have been found to occur among residents in facilities with high registered nurse (RN) turnover (Zimmerman, Gruber-Baldini, Hebel, Sloane, & Magaziner, 2002). Excessive administrator turnover is similarly associated with increased catheterization, pressure ulcers, use of psychotropic drugs, and numbers of inspection deficiencies (i. e. , health citations; Angelelli, Gifford, Shah, & Mor, 2001; Castle, 2001).

Turnover among managerial staff, both administrators and directors of nursing (DONs), may be particularly problematic as it can destabilize the organization and further compound staffing shortages among direct care staff (Castle, 2005), contributing to a discontinuity of care for residents (CohenMansfield, 1997). To facilitate organizational and policy changes that may improve retention, researchers have sought to identify factors that contribute to turnover of both direct care and managerial staff, focusing on organizational and job characteristics.

For example, several facility characteristics have been demonstrated to have a significant, positive effect on turnover rates including for-profit status (Banaszak-Holl & Hines, 1996; Brannon, Zinn, Mor, & Davis, 2002; Castle & Engberg, 2006; Singh & Schwab, 1998) and chain affiliation (i. e. , corporate ownership of multiple nursing facilities; Angelelli, Gifford, Shah, & Mor, 2001). Similarly, administrator turnover in chain-owned facilities is also significantly and positively related to higher than average numbers of quality of care inspection deficiencies (Castle, 2001).

Among nursing staff, low staffing levels, poor quality of care, and greater facility size exacerbate turnover (Castle & Engberg, 2006). Finally, social work caseload was a significant, positive predictor of nursing assistant (NA) turnover in a 8 ADMINISTRATION IN SOCIAL WORK Louisiana study, suggesting that adequate levels of social work staffing may mediate pressures in the NAs' work environments (Parsons, Parker, & Ghose, 1998). Several studies have also examined the job factors that contribute to NH staff turnover, most commonly involving samples of NAs who provide the bulk of resident care.

For example, Parsons, Simmons, Penn, and Furlough (2003) found that dissatisfaction with supervision, a lack of job-related professional opportunities, little organizational influence, and lack of communication with facility management were positively associated with NAs' quitting decisions. Nurses' aides have also expressed feelings of being undervalued that may influence quitting decisions, such as a lack of recognition of their unique contributions to resident care (Bowers, Esmond, & Jacobson, 2003).

On the contrary, NAs may be more likely to stay in their jobs when they are involved in care planning (Banaszak-Holl & Hines, 1996), have nursing supervisors that are trained in management, and when they participate in unions (Brannon et al. , 2002). Surprisingly, a greater rewards climate in which compensation is merit based, goals are clear, and relationships between management and employees are fostered, may exacerbate NA turnover, especially if such processes are viewed as paternalistic (Anderson, Corazzini, & McDaniel, 2004).

Among RNs and licensed practical nurses (LPNs) the intent to stay increased when supervisors showed an interest in their career aspirations and if they had friends within the facility (Francis-Felsen et al. , 1996). Finally, administrator turnover has been shown to be influenced by a perceived lack of job autonomy and influence over organizational policy, excessive time demands, and few resources to meet licensing pressures (Rubin & Shuttlesworth, 1986).

Lacking from the NH and social work workforce literature are studies involving nationally representative samples of NHSWs. Earlier studies of this population have identified potential retention problems, as they have used varying definitions of turnover intent thereby making it difficult to directly compare the results. For example, the majority (69. 4%) of NHSWs (N = 108) in a Missouri survey, conducted via telephone, stated that they did not plan to remain in the field (Parker-Oliver & Kurzejeski, 2003).

Likewise, a self-administered mail survey of Texas NHSW directors (N = 326) found that one-third intended to quit or look for a new job within 1 year, with job satisfaction having a large, negative effect ($b = . 67$) on quitting intent (Gleason-Wynn & Mindel, 1999). These findings may be of limited generalizability because they were conducted in individual states that may have varying regulatory systems and quality assurance processes that affect the provision of Kelsey V. Simons and Thomas B. Jankowski 9 psychosocial services.

Our study builds on this prior research by using a nationally representative sample of NHSW directors and defines intent to quit as “ the extent to which

an employee plans to continue membership with his or her employer” (Kim, Price, Mueller, & Watson, 1996, p. 951). MODEL OF QUITTING INTENTIONS A conceptual model of quitting intentions was adapted from the work of Price (2000; see Figure 1). Quitting intent, used here as a proxy measure of turnover, has been consistently demonstrated to be a precursor of actual quitting (Mobley, 1982; Mor Barak, Nissly, & Levin, 2001; FIGURE 1.

Model of Quitting Intentions (Adapted from Price, 2000) 10 ADMINISTRATION IN SOCIAL WORK Price & Mueller, 1986; Steele & Ovalle, 1984). The exogenous variables included in this study, which include personal (job involvement and positive and negative affectivity) and job factors (autonomy, distributive justice, stress, promotional chances, routinization, and supervisor and coworker support), are predicted to have indirect effects on quitting intent through the endogenous, intervening variables (job satisfaction, organizational commitment, and job search). The hypotheses stemming from the model are as follows: 1.

NHSWs whose affect tends to be more positive than negative, and who are more involved in their work will be more satisfied with their jobs, more committed to their facilities, and less likely to search for new jobs and express their intent to quit. 2. NHSWs who experience less stress and routinization on the job, and whose jobs provide them greater autonomy, equity in pay and benefits (i. e. , distributive justice), promotional opportunities, and support from coworkers and supervisors will also be more satisfied with their jobs, more committed to their facilities, and less likely to search for new jobs or express their intent to quit.

METHODS Sampling and Procedure Data were gathered during the winter of 2004 through a self-administered survey mailed to the directors of social work or social services at 675 randomly selected nursing facilities across the U. S. The sample was drawn from a list of NHs with 120 beds or more, derived from the nearly 17, 000 NHs listed in the Center for Medicare and Medicaid Services Online Survey, Certification, and Reporting (OSCAR) system.

Facilities with fewer than 120 beds were eliminated from the sampling frame due to concerns that such homes may not staff full-time social workers consistent with federal regulations (NHRA, 1987). Nursing facilities within hospitals were eliminated due to the possibility that the survey may be misdirected to a hospital social worker and because such facilities may be unrepresentative in terms of clientele and staffing resources (Castle, 2001). Several procedures were used to encourage an adequate response rate. These included mailing an introductory letter in advance of the

Kelsey V. Simons and Thomas B. Jankowski 11 survey materials that explained the purpose of the study, clarified participation criteria, informed respondents of their right to refuse participation, and included the researchers' names and contact information. Approximately one week later, the survey materials were mailed including the questionnaire, IRB consent form, a post card to request results, a self-addressed stamped envelope, and a cover letter that reiterated the information in the introductory letter and provided a deadline for return of the survey materials.

Participants were additionally given the option of selecting a health or aging nonprofit organization to which \$5 would be donated on their behalf for completing and returning their survey. Reminder post cards were sent to non-respondents approximately 7-10 days before the return deadline also informing them of an extension of the deadline by one week. The first mailing resulted in an initial response rate of only 38% (N = 252); therefore, a second mailing was conducted yielding an additional 47 completed surveys for a final response rate of 45% (N = 299).

Thirteen disqualifications occurred due to facility closure (n = 1), bad addresses (n = 5), and refusals or self-disqualifications (n = 7), resulting in a possible sample size of 662. Though the final response rate falls below 50%, a commonly cited acceptable threshold for mail surveys (Rubin & Babbie, 1993), no significant differences were found between responders' and non-responders' facility characteristics including the certified number of beds (t = .55, p = .59), occupancy rate (t = .82, p = .41), ownership status (i. e. , for-profit vs. thers) ($\chi^2 = 3.22$, p = .07), and chain participation ($\chi^2 = .61$, p = .43). The demographic and facility characteristics of the final sample are given in Tables 1 and 2. The respondents were typically white (n = 249, 83.60%); women (n = 265, 89.50%) whose average age was 42.38 years (SD = 11.57, Range = 23-79). Job tenure ranged greatly (1 month-28.50 years) and was positively skewed, suggesting that the median (2.58) or modal (2.00) years on the job were more accurate than the mean years (4.41, SD = 5.34) reported in Table 1.

Also notable is the wide range in annual salaries (\$16,000-\$100,000) stemming from regional variations and differential levels of training,

education, and experience (Simons, 2005). Finally, sizable portions of the sample possessed degrees in fields other than social work (n = 113, 38.40%), lacked a social work license or state registration (n = 153, 52.60%), and did not receive clinical supervision from a licensed social worker (n = 252, 84.80%). Such findings contrast with the National Association of Social Workers' (NASWs') Standards for Social Work Services in 2 ADMINISTRATION IN SOCIAL WORK TABLE 1. Respondent Demographic and Professional Characteristics n % 83.60 89.50 70.40 47.40 15.20 2.70 62.00 34.70 0.70 61.00 35.60 25.10 1.00 White Women Married or domestic partner Possesses license or registration Receiving clinical supervision Type of degree Less than bachelors Bachelors Masters Doctorate Degree in social work Bachelors in social work Masters in social work Doctorate in social work 249 265 209 138 45 8 184 103 2 180 105 74 1 M

Age Job tenure (in years) Tenure in NH social services (in years) Tenure in social services (in years) Hours worked (weekly) Caseload Annual salary (in thousands) 42.38 4.41 7.59 11.98 45.21 90.25 39.29 SD 11.57 5.34 6.52 8.43 6.91 47.87 11.61 Range 23-79.00 0-28.50 .08-29.75 .17-40.00 30-85.00 0-300.00 16-100.00 TABLE 2. Facility Characteristics n Ownership type Corporate Government Non profit Chain affiliation Location Urban Suburban Rural 211 20 67 171 70 118 104 % 70.80 6.70 22.50 57.40 24.00 40.40 35.60 M Survey deficiencies Bed size Occupancy rate 9.6 165.93 86.63 SD 6.68 58.14 13.88 Range 0-33.00 120-527.00 1.56-107.61 Kelsey V. Simons and Thomas B. Jankowski 13 Long-Term Care Facilities (2003), which advises all NHs to employ licensed, professional social workers. Measures Nearly all of the measures come from the work of Price

and his colleagues and have been demonstrated to possess adequate reliability and validity in their research (Cyphert, 1990; Kim, 1996; Kim et al. , 1996; Price, 2000; please see Price [2000] and Kim et al. [1996] for operational definitions of the variables).

An 8-item Coworker Support Scale was adapted from Poulin's (1995) study of job satisfaction among social work supervisors and administrators and achieved a Cronbach's alpha of = .95 both in his research and in the current study. All of the measures use the same Likert format (1 = strongly disagree, 5 = strongly agree) and most involve a series of statements designed to assess respondents' attitudes towards their employment. Reverse scoring was conducted for negatively phrased items, with the average of each scale forming an overall index. Table 3 contains the means, standard deviations, and internal TABLE 3.

Scale Means, Standard Deviations, and Internal Reliability Scores

Measurement Sources Intent to quit (Quitting)-4 items Search behavior (Search)-4 items Job satisfaction (Job Sat)-6 to 5 items Organizational commitment (Commit)-6 items Positive affect (Affect)-5 items Negative affect (Affect)-5 items Job involvement (Involved)-5 to 4 items Job stress (Stress) Resource inadequacy-4 items Role ambiguity-4 items Role conflict-4 items Autonomy (Autonomy)-4 items Distributive justice (Dist Just)-4 items Promotional chances (Promo)-5 items Routinization (Routine)-4 items Supervisor support (SS)-4 items Coworker support (CWS)-8 items

Ma 2. 69 2. 66 3. 53 3. 54 3. 71 2. 44 2. 45 2. 54 1. 82 2. 78 3. 92 3. 00 2. 64 2. 35 3. 75 3. 80 SD 1. 15 1. 14 . 79 . 94 . 77 . 83 . 88 . 89 . 77 . 93 . 77 1.

09 . 82 . 85 1. 06 . 85 . 89 . 85 . 80 (. 82)b . 87 . 86 . 79 . 81 (. 83)b . 65 . 79 . 73 . 76 . 85 . 70 . 78 . 88 . 95 aRange for all scales (1 = Strongly disagree, 5 = Strongly agree). b One item dropped in the measurement model due to low loading-revised alpha in parentheses. 14 ADMINISTRATION IN SOCIAL WORK reliability scores for the present study's measures. Note that even though the mean of intent-to-quit fell slightly above the mid-point of the scale (M = 2. 9, SD = 1. 15), 50 (16. 78%) respondents had scores on the intent-to-quit scale that averaged four or above (agree and highly agree), indicating an interest in quitting. Analytic Procedure Hypothesis testing was conducted using the structural equation modeling (SEM) capabilities of AMOS 5. 0 (Arbuckle, 2003) with maximum likelihood estimation. Prior to the analysis, the expectation maximization (EM) procedure within SPSS' missing value analysis module was applied to all variables. 1 SEM combines confirmatory factor analysis in a measurement model with linear regression techniques in a theoretical model.

These analyses can be conducted simultaneously or in two steps, which enable to distinguish between mis-specification in the measurement and theoretical components of SEM models (Anderson & Gerbing, 1992; Bentler & Chou, 1987; Kline, 1998). The two-step method was applied here, wherein a measurement model was tested and revised (not presented), followed by a test of the structural paths implied by the conceptual model (see Figure 1). Each latent construct was indicated by 3-8 observed items. RESULTS Model Fit A preliminary test of the model of quitting intent was significant (χ^2 [df = 1998, N = 297] = 3798. 54, $p < 0005$); however, χ^2/df (1. 90) and RMSEA (. 06) scores suggested an acceptable fit with some remaining degree of

theoretical misspecification that structural modifications may ameliorate. All but one of the predicted paths, positive affect to job satisfaction, was significant and all were in their predicted directions. Modification indices additionally suggested that model fit may be improved by freeing the parameters from job satisfaction to job search and from job satisfaction to quitting intent. Based on these observations the theoretical model was re-run, dropping positive affect and freeing the additional parameters (see Figure 2).

This resulted in a significant improvement of the model fit ($\chi^2 [df = 1692, N = 297] = 3225.22, p < .0005$ [$\chi^2 = 573.32, df = 306, p < .0001$]) compared with the preliminary Kelsey V. Simons and Thomas B. Jankowski 15 FIGURE 2. Final Theoretical Model of Quitting Intentions with Standardized Regression Weights model, but little change in the supplemental fit indexes ($\chi^2/df = 1.91, RMSEA = .06$). Considering its complexity and χ^2/df and RMSEA scores, the final model appears to offer a reasonably close fit to the data.

Likewise, it accounted for moderate to large portions of the variance in the endogenous variables (job satisfaction [$R^2 = .49$], organizational commitment [$R^2 = .52$], job search [$R^2 = .47$], and quitting intent [$R^2 = .82$]) and is further validated by Price et al.'s earlier research, including Kim et al.'s (1996) study of career intent among Air Force physicians, which includes most of the mediated relationships among the endogenous variables, also identified here. Effect Sizes of Individual Factors The hypotheses were largely supported, with the exception of the nonsignificance of positive affect.

The largest effects occurred among the 16 ADMINISTRATION IN SOCIAL WORK endogenous variables, with job search having the greatest impact on quitting intent ($b = .73, p < .001$). A comparable sized effect occurred between job satisfaction and organizational commitment ($b = .72, p < .001$), although the influence of commitment on intent was entirely mediated through job search ($b = .34, p < .001$). The effect sizes among the job and organizational characteristics ranged from $b = .37 (p < .001)$ for supervisor support to $b = .18 (p < .1)$ for routinization, and the remaining personal factors had similar effect sizes of $b = .25 (p < .001)$ for job involvement and $b = .20, p < .001$ for negative affect. DISCUSSION Implications for Retention of Nursing Home Social Workers While this cross-sectional study was unable to determine who actually quit her job, the results imply that characteristics intrinsic to NHSWs' jobs and facilities can affect perceptions of employment and employers and willingness to stay; therefore, changes in job design and enhancement of the work environment may encourage retention.

For example, both supervisor and coworker support were significant predictors of job satisfaction, suggesting that relationships with immediate supervisors, commonly the administrator, and with colleagues (including non-social work staff) should be fostered. This may be especially important when a social worker lacks collegial relationships within the facility (i. e. , the only staff social worker) or professional connections outside the facility, such as membership in professional associations.

Supervisor and coworker support were also significant predictors of job satisfaction in the Gleason-Wynn and Mindel (1999) Texas NSW study,

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further lending support to these results. Also important are perceptions of being adequately compensated, relative to employment qualifications and the extent of job responsibilities and effort, and having opportunities for advancement in the home. Social workers, as members of a mission-oriented profession, can be characterized as less concerned with pay, benefits, and career advancement, than with the intrinsic rewards of their work.

However, similar to previous social work research (Mor Barak et al. , 2001; Poulin & Walter, 1992; Siefert, Jayaratne, & Chess, 1991), our findings suggest that NHSWs want to be recognized for their work, through compensation or other rewards, and that perceptions of inequity may decrease job satisfaction, subsequently increasing the likelihood of quitting intentions.

Accordingly, NHSWs, when necessary, should advocate for greater compensation and seek opportunities for advancement within the home, even into upper management positions, especially when their unique person-in-environment training and job skills can potentially benefit facility operations. These findings also imply that NHSWs value variety in their work activities and that the regimentation endemic to this highly regulated setting may increase feelings of dissatisfaction and the likelihood of quitting.

To lessen this possibility, NHSWs are encouraged to set aside time for professional development in order to avoid a sense of career stagnation. In addition to clinical supervision, this could translate into participation in continuing education programs, informal or formal networking with other NHSWs, or attendance at professional meetings, for example. Also, in a

practical sense, this may mean learning to prioritize the large amounts of paperwork (e. g. the Resident Assessment Instrument, care plans, progress notes, and so forth) that must be accomplished on a typical day in order to better balance such responsibilities with obligations to clients (e. g. , residents, family, staff, and facility as a whole). Once again, accomplishing these goals may require selfadvocacy with administration and other staff, especially when social workers' caseloads are high. Our findings further suggest that NHSWs may be more easily retained when they are allowed to work autonomously and if their work is not perceived as overly repetitious or stressful.

As most respondents were the only social workers in their facilities (n = 89, 29. 8%) or were part of small departments, autonomy may be an inherently positive characteristic to social work practice in this setting. However, coupled with the lack of clinical supervision, one may question whether NHSWs, especially those who do not have prior social work training and experience, have an adequate amount of clinical resources available to them and whether this lack of supervision may affect the manner in which social services are provided.

Likewise, with concerns for role ambiguity and role conflict within this area of practice, already suggested to be a source of job stress by previous authors (Beaulieu, 2002; GleasonWynn & Mindel, 1999; Vourlekis, Gelfand, & Greene, 1992; Vourlekis, Greene, Gelfand, & Zlotnik, 1992), NHSW staff would be well served by broader connections with the field that may reinforce appropriate roles and functions. NH administrators seeking to improve retention among social work staff are encouraged to provide extra supports to their social

work- 18 ADMINISTRATION IN SOCIAL WORK rs, particularly if only one social worker is employed. These not only include providing extra social support, but time for fostering professional networks outside the facility, attending professional meetings and continuing education opportunities, and so forth. Administrators are also encouraged to adequately compensate their social workers at levels that are equitable with other professionals (e. g. , nursing) and to utilize social workers in leadership and managerial roles to foster a sense of career trajectory and influence within the home.

Finally, social workers must also be provided with clear understandings of their job roles and functions that are directly tied to the mission-oriented nature of the profession that includes protecting and advocating for vulnerable populations including frail older adults. CONCLUSION With its nationally representative sample, results of this research add to knowledge of the job experiences of NHSWs and enhance understanding of the processes that contribute to turnover. It also presents a conceptual model of quitting intent that may be adapted to other health and social service settings.

Future research should focus on validating these results with other populations, including additional samples of social workers, and with longitudinal designs. It should also broaden the focus of inquiry by examining whether social work turnover or staffing levels have an impact on the delivery of psychosocial care. Such research is needed and is consistent with recent recommendations from a national group of stakeholders concerned with improving the quality and measurement of psychosocial care in NHs

(Vourlekis, Zlotnik, & Simons, 2005). NOTE 1. Missing data were < 5% for all variables. REFERENCES

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