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Factors Contributing to Job Retention of Direct Care Staff in Urban Assisted Living Facilities

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Factors Contributing to Job Retention of Direct Care Staff in Urban Assisted Living Facilities

by

Zhiqing Li

Under the Direction of Mary M. Ball

ABSTRACT

This study examined the influence of personal and workplace factors on direct care workers' retention in Assisted Living Facilities (ALFs). The sample includes 11 ALFs in urban areas in Atlanta, Georgia and 13 participants from the sample facilities. The findings show that personal and workplace factors interact with each other to influence retention in the long-term care field and retention in a particular facility. The findings of this study may have implications for facility policy and practice to retain workers.

INDEX WORDS: Retention, Intent to Leave, Assisted Living Facilities, Long-Term Care

FACTORS CONTRIBUTING TO JOB RETENTION OF DIRECT CARE STAFF IN URBAN ASSISTED LIVING FACILITIES

by

ZHIQING LI

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

In the College of Arts and Sciences

Georgia State University

2007

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Zhiqing Li

2007

FACTORS CONTRIBUTING TO JOB RETENTION OF DIRECT CARE STAFF IN URBAN ASSISTED LIVING FACILITIES

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LIST OF ABBREVIATIONS

ALF Assisted Living Facility

CNA Certified Nursing Assistant

CHAPTER I

CONCEPTUAL FRAMEWORK

Introduction

Recruitment and retention of direct-care staff in long-term care settings are major concerns for health care providers. With the aging of the population, the demographic challenge is portrayed as twofold. First, the demand for direct care staff in hospitals and long-term care settings is growing dramatically, because the older populations is growing fast and older people are living longer and needing more care. Direct care work in long-term care settings is one of the fastest-growing occupations in the U.S. (Olson, 2003). From 1988 to 1998, there was a 40 percent increase in jobs for the direct-care workers, reaching 2.1 million positions (Olson, 2003). Second, the supply of workers (mostly women) to fill the jobs associated with long-term care is diminishing. For example, according to the Institute of Medicine (IOM), advocacy groups, and provider associations, a serious shortage of direct-care workers already exists, and this crisis is expected to worsen (GAO, 2001). The ratio of potential care providers (working-age population aged 18-64) to care recipients (population over age 85) will decline from 39.5 workers for each person 85 and older in 2000 to 22.1 in 2030 and 14.8 in 2040 (GAO, 2001). Health Resources and Services Administration notes that the population of women between 25 and 50, from which long-term care workers have traditionally been drawn, continues to shrink (Health Resources and Services

Administration, 2004). Thus, retention of direct-care staff has become an important issue for the long-term care system. Yet, turnover of direct-care workers is very high, as much as 100 or even 200 percent annually in some nursing homes, with an average of between 80 and 90 percent across the U.S. (*Aging Research and Training News*, 2001). The annual rates of staff turnover in assisted living facilities range from 21% to 135% across states with a national average of 42% (American Association of Homes and Services for the Aging, 2002; National Center for Assisted Living, 2001). Turnover is not only costly in terms of recruitment and training costs but can also be costly in terms of quality of care (Gaddy, 1995).

Background and Significance

Assisted Living Facilities. The rising costs of providing long-term care services and a growing number of older people needing the services who want to remain in community settings have led to increased demand for residential facilities which provide supportive services for frail elders (Mollica & Johnson-Lamarche, 2005). Assisted living facilities (ALFs), a type of supportive housing intended to prevent or delay nursing home placement, has become one of the most popular residential care options for the elderly (Zimmerman et al., 2003). Although ALFs vary in definition, size, ownership, resident population, licensing standards, and funding sources across the states, these residential settings provide 24-hour provision and oversight of personal care and supportive services, health-

related services, meals, housekeeping, laundry, recreational activities, transportation, and social services (Mollica & Johnson-Lamarche, 2005). According to Mollica & Johnson-Lamarche (2005), the characteristics of *assisted living* include services in homelike environment to meet the residents' individualized scheduled and unscheduled needs, and a philosophy that emphasizes privacy, autonomy and decision making. In Georgia these facilities are referred to as *personal care homes*, but this study uses the term *assisted living facility* due to the growing national usage and recognition of the term.

Residents of ALFs are on the average much less impaired than nursing home residents and recent studies indicate that residents are increasingly older, more functionally impaired, and have greater physical care needs (National Center for Assisted Living, 1997). The number of residents in ALFs is projected to surpass the number of residents in nursing homes (Meyer, 1998).

Characteristics of Long-Term Care Workers and Jobs. A recent survey of 569 staff members representing 41% of all ALFs nationwide reported comprehensive data about ALF staff (Hawes & Phillips, 2000). The study showed that 61% of the staff worked full-time, and half (50%) had worked for the facility for two or more years. More than half (51%) were resident care assistants and 20% were licensed professionals. The median ratio of direct-care staff to residents was 1:14.

Statistics show that 80 to 90 percent of direct-care workers in long-term care are women (Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004). Compared to the general workforce, direct-care workers are more likely to be non-white, unmarried, and have children living at home (GAO, 2001). According to Olson (2003), women involved in caregiving jobs are invisible, devalued, and disregarded. She notes that within the nursing home, distinct social, educational, and cultural divisions among the personnel reflect differences in status, salaries, authority, and privilege. At the bottom are disproportionately women of color and Latinas, who account for 80 to 90 percent of direct care workers. Ethnic/minority formal caregivers have many cultural, language, economic, and social problems and have been paid little attention by nursing facilities, home care agencies, and government regulators (Olson, 2003).

Because native-born white women are less willing to do direct-care work, increasingly, these jobs are being filled by minorities and immigrant workers (Redfoot & Houser, 2005). The percentage of native-born white direct-care staff in long-term care settings dropped from 75% in 1980 to 63% in 2000 (Redfoot & Houser, 2005). Recent figures show that newly trained long-term care workers are more likely to be younger, unmarried, and minorities than those in the early 1990s (Noelker & Ejaz, 2001).

Olson (2003) notes that many women from Third World countries migrate to the U.S. in search of work that can support their families back home. Both their

families and their countries' national economies depend on the wages female emigrants send back. As such, these female workers are viewed as essential raw material for export. U.S. policies facilitate the importation of cheap female domestic and service workers and perpetuate their status as an underclass, without any concern for their rights, needs, or personal well-being (Kasinitz, 1992). U.S. employers take advantage of immigrant workers, relegating many to low-paying jobs that lack occupational advancement (Olson, 2003).

Overall, long-term care jobs are characterized by low wages and limited benefits (Harris-Kojetin et al., 2004). The long-term care industry is labor intensive, with payrolls representing about two-thirds of total operating costs (Olson, 2003). Thus, in order to enhance profits, providers have kept wages low. Direct-care workers in nursing homes earn 35 percent less than their counterparts in hospitals (U.S. Senate Special Committee on Aging (SSCA), 1999). In 2002, the median hourly wage for direct care workers ranged from $7.81 to $9.59, which represents a median annual wage of $16,250 to 19,960 for a worker that is employed full-time year-round (U.S. Bureau of Labor Statistics, 2002). In the late 1990s, nursing home direct-care workers and home care workers were more likely to be in poverty (16% and 22% respectively) than the average population (12-13%) (Harris-Kojetin et al., 2004). The combination of low wages, inadequate benefits, few opportunities for advancement, lack of respect, overly burdensome workloads, harsh working conditions, and an inability to provide decent care cause

dissatisfaction, stress, and burnout even among the most committed aides (Olson, 2003).

Literature Review

Factors Associated with Direct-Care Staff Turnover

Turnover is measured in various ways. Stamps (1997) notes that turnover is typically measured by actual turnover rates (the proportion of people who leave the job), participants' intent to leave (anticipated turnover), or, participants' intent to stay. Some researchers employ a combination of these three measures.

Abelson (1986) describes three categories of factors predicting turnover in long-term care: personal, organizational, and environmental factors. Personal factors include individual-level data such as age, marital status, and tenure. Organizational factors include facility-level data, such as the size of the facility, facility policies regarding pay and promotion, and management style. Environmental factors include community-level data, such as local unemployment rates and facility location (e.g., urban versus rural).

Rublee (1986) found that individual-level factors, such as age, tenure, job satisfaction, and turnover intent correlated the strongest with actual turnover in nursing homes. He reported that employees who were younger, had a shorter length of time of employment, were less satisfied, and had greater turnover intent were most likely to leave their jobs. Similarly, Kiyak and Namzi's (1997) study of job commitment and turnover among women working in nursing homes and

community settings showed that satisfaction was greater among staff who were older, married, had longer length of employment, and had a professional position. Although Purk and Lindsay's (2006) study of five assisted living communities also found that age was positively correlated with lower turnover intent, the relationship was not significant. In this study, almost no relationship was found between longer length of employment and lower turnover intent.

Organizational commitment is another individual-level factor that researchers have found influences staff turnover (and retention) in ALFs. Evidence indicates that the more committed an employee is to their job, the less likely they are to leave (Purk & Lindsay, 2006). Higher levels of organizational commitment also are related to more favorable staff perceptions or organizational culture and greater job satisfaction in ALFs (Sikorska-Simmons, 2005).

The quality of direct care workers' social relationships also has been found to affect satisfaction and turnover. For example, socializing with residents is considered the most satisfying aspects of caregiving jobs (Grieshaber, Parker, & Deering, 1995). Staff who have emotional ties to residents and are friendly with co-workers stay longer (Caudill & Patrick, 1989). In addition, social support from family and friends also help to reduce burnout and stress (Chappell & Novak, 1992).

Race and ethnicity also have been linked to job satisfaction. For example, studies in home care (Feldman, Sapienza, & Kane, 1990) and long-term care

facilities (Ramirez, Teresi, Holmes, & Fairchild, 1998) have found that black workers, native-born and non-native-born minorities are more likely to be dissatisfied.

A variety of organizational or facility-level factors have been found to be related to staff turnover. For example, several studies show that facility ownership and facility size are important predictors of staff turnover in long-term care settings. Not-for-profit status has consistently been associated with lower turnover rates in nursing homes (Banaszak-Holl & Hines, 1996). A study of 193 assisted living facilities shows that chain facilities have higher turnover rates compared to independent facilities, and small facilities have lower turnover rates compared to new model and traditional facilities (Konetzka, Stearns, Konrad, Magaziner, & Zimmerman, 2005).

Other facility-level factors that contribute to retention problems for long-term care workers include low wages, few benefits, and difficult working conditions (GAO, 2001). Research in nursing homes has consistently shown that low wages and a lack of benefits are associated with turnover (Close, Estes, Linkins, & Binney, 1994; Foner, 1994). A study of nursing aides in Texas showed that a lack of opportunity for advancement or wage increases was related to these workers' decision to leave their jobs (Wagnild, 1988). A more recent study of newly trained nursing assistants in a nursing facility (Noelker & Ejaz, 2001)

showed that low pay was a significant predictor of job dissatisfaction in all groups sampled.

The management style of supervisors, such as how policies are implemented and communicated to employees, and the amount of praise and respect given, also influences satisfaction and turnover of long-term care workers (GAO, 2001). For example, a study found that management style that allowed more staff involvement in the decision-making process was related to lower turnover in nursing homes (Waxman, Carner, & Berkenstock, 1984). This study also found that turnover was lower in facilities which were less structured and less rigidly controlled. Another study examined aide turnover in 250 nursing homes and found that direct-care staff's involvement in planning the care of residents was associated with lower turnover (Banaszak-Holl & Hines, 1996).

Evidence indicates that facility policies also may affect turnover. Bowers, Esmond, and Jacobson's (2003) study shows that dissatisfaction with staffing and absenteeism policies, training and orientation practices, and low compensation make direct-care workers feel unappreciated and undervalued and are reasons for turnover. Other studies show that lack of job security (Gaddy, 1995) and heavier workloads (Ramirez et al., 1998) also are related to job dissatisfaction. More recent research supports previous research showing that feeling physically safe at work, having a work schedule that meets one's needs, receiving positive feedback,

and having a quality work environment are important for staff satisfaction and retention (Karsh, Booske, & Sainfort, 2005).

Studies in nursing homes and ALFs indicate that community-level factors and local environmental conditions also are related to job turnover, but these findings are inconsistent. Some studies show that turnover rates are higher in areas with more nursing home beds and lower in areas with higher unemployment rates (Banaszak-Holl & Hines, 1996; Purk & Lindsay, 2006). However, Brannon et al.'s (2002) study found no significant relationship between local unemployment rates and staff turnover in nursing homes (Brannon, Zinn, Mor, & Davis, 2002). Konetzka, Stearns, Konrad, Magaziner, and Zimmerman's (2005) study found that ALFs with unattractive neighborhoods (not clean, disrepaired buildings, and dangerous) are associated with higher turnover rates than those in attractive neighborhoods. Overall, these findings suggest that turnover rates are lower in areas with fewer employment opportunities and higher in facilities located in less attractive neighborhoods.

Effects of Turnover

Three major problems associated with high turnover rates in long-term care facilities are increased financial burden for the company, reduction in the quality of care for residents, and lowered employee morale (GAO, 2001; Rublee, 1986). According to GAO (2001), high turnover affects resident care quality because it can disrupt the continuity of the care, and new employees may lack

experience and knowledge of individual residents or clients. High employee turnover bring financial burden for the facility with the cost of recruitment, selection, training of new staff, and use of temporary agency staff to fill gaps. Turnover also disrupts staff relationships and decreases morale.

Conceptual Model

This study examined the retention of direct-care staff in ALFs from a life course perspective. The life course perspective focuses on how societal factors, including the historical periods in which people live and their social locations, shape individuals' life course trajectories over time (Marshall & Mueller, 2003). It is a dynamic analytical approach that emphasizes the importance of time, process, context, and meaning , in the study of individuals or groups at various stages in their lives (Bengtson & Allen, 1993). Giele and Elder (1998) explain that life course analyses focus on the relationships between the individual and the surrounding social structure.

In this study, the life course perspective will be used to examine how historical and cultural changes affect direct-care workers. According to a review of the literature, the decision of a direct-care worker to leave a job can be related to her past employment history, such as how long she has been employed at a facility. This study will provide a more in-depth investigation into how employment history affects direct-care workers' retention. In addition, this study will examine how life course factors, such as gender, age, race, ethnicity, and

country of origin affect workers' experiences. One focus will be on the experience of immigrant workers, including how their attitudes towards their caregiving jobs are affected by their immigration experiences, life history, and cultural backgrounds. Other life course transitions, such as the time when a worker enters the field, marital status, and current educational stage (whether currently at school), also will be taken into account.

Research Aims and Questions

The review of literature shows high turnover rates in long-term care facilities and reveals various factors contributing to turnover in these facilities. Currently, limited research has focused on turnover and retention in ALFs. This study aims to understand what factors make some AL staff want to stay in their jobs, whether they intend to leave, and what factors contribute to their intention of leaving. I used in-depth qualitative interview data to gain deeper understanding of the factors associated with staff satisfaction and turnover and to find out what is new, consistent or inconsistent with the findings in the review of literature. This study focuses on workers in facilities in urban areas of metro Atlanta. The sample includes homes that vary in size and ownership. Because staff in urban area are more diverse in race and ethnicity and country of origin compared to those in rural areas, this sample provides an opportunity to examine more diverse staff. Two aims and research questions of this study are as follows.

1) To gain understanding of supports for job retention in urban assisted living facilities.
    - What personal-level factors (e.g., age, race, work history, health) contribute to job retention?
    - What workplace factors (e.g., salary, workload, relationships) contribute to job retention?
2) To gain understanding of barriers to job retention in urban assisted living facilities.
    - What personal factors (e.g., age, race, work history, health) create barriers to job retention?
    - What workplace factors (e.g., salary, workload, relationships) create barriers to job retention?

CHAPTER II

RESEARCH METHODS

The Primary Study

This study is a secondary analysis of the data from a larger study entitled "Job Satisfaction and Retention of Direct-Care Staff in Assisted Living," funded by a grant from the National Institute on Aging (R01 AG021183-03). The overall goal of the larger study was to learn what ALFs could do to maximize job satisfaction and retention of direct-care staff. The study has three specific research aims as follows.

1) To gain understanding of the meaning of job satisfaction for direct-care staff in the ALF environment.
2) To better understand how individual, sociocultural, and environmental factors influence job satisfaction and retention of direct-care staff in ALFs and the relationships between these variables.
3) To learn the strategies that direct-care, managerial, and administrative staff could develop to support job satisfaction and retention of direct-care staff in ALFs.

The sample frame for this study was all ALFs in Georgia with 16 beds or more which are located within 150 miles of Atlanta. ALFs in Georgia are defined as "personal care homes" with no limitation on size or age of resident (except that they must age 18 or older). In 2001, Georgia had 1,704 licensed facilities with

16,615 beds (Georgia Long-Term Care Ombudsman Program, 2001). ALFs in Georgia are similar to a majority of other states on the issues of minimum staffing levels, training requirements, job content, and pay (Ball et al., 2000a; Hawes, Phillips, Rose, Holan, & Sherman, 2003), and residents in ALFs in Georgia resemble the national resident profile on the levels of frailty, race, gender, and soco- economic status (Ball et al., 2005), which improves this study's generalizability to ALFs nationwide.

Stratified random sampling was used to select 45 ALFs as the sample. Based on the research aims and research questions of the study, sample homes were stratified according to facility size and geographic area. Three stratified categories by size are 16-25 beds, 26-50 beds, and 51+ beds. Stratifying by size helps to include facilities which differ in resources and ownership and in race and socioeconomic status of residents. In order to address variables associated with different locations of facilities and different types of local economy and different socioeconomic status, culture, and race and ethnicity of staff and residents, homes were stratified into three geographic areas: Area 1, which is the most populous, includes 10 counties of metro Atlanta. Area 2 is located within 150 miles south, southwest, southeast, and east of Atlanta. Area 3, which contains the rural mountain area of north Georgia, is located within 150 miles northeast, northwest, and north of Atlanta. Table 1 shows the distribution of sample homes by facility size and geographic location.

Table 1. Distribution of Homes by Facility Size and Geographic Location

Size Location\	16-25 Beds (Small)	26-50 Beds (Medium)	51+Beds (Large)	Total
Area 1	2	4	8	14
Area 2	6	4	4	14
Area 3	11	4	2	17
Total	19	12	14	45

Three categories of participants were selected. 1) Administrative Staff: In each of the sample homes, one administrator who was in charge of hiring and managing direct-care staff was selected for interviews to provide insights into issues of staff satisfaction and retention. 2) Direct-Care Staff for Type 1 Interview: Stratified, random sampling was used to select 370 direct-care staff for Type 1 interviews, which contain both open- and closed-ended questions and a job satisfaction scales. Staff were stratified by shift and employment status – full-time vs. part-time. Within strata, staff were selected by systematic random sampling. 3) Direct-care Staff for Type 2 Interview: Because qualitative research will be used to collect and analyze data from in-depth interviews (Type 2), sampling is driven by the desire for detailed and in-depth information about the experience of individuals. Purposive sampling was used to choose 41 sample cases that represent conceptual dimensions relevant to the research questions.

The primary methods of data collection included 1) face-to-face interviews with administrative and direct-care staff, 2) limited participant observation, and 3) review of the facility's written policies and procedures related

to staffing. First, face-to-face interviews were carried out with the administrators (one from each home). Interviews combining forced-choice and open-ended questions lasted about 1.5 hours and addressed the facility's organizational structure, policies and procedures, and the administrator's experiences and attitudes related to staffing. The open-ended parts of the interviews were recorded verbatim. Second, face-to-face interviews (Type 1) were conducted with 370 direct care staff. These interviews included personal characteristics, experiences and attitudes toward caregiving and other tasks, quality of relationships with residents, fellow workers, residents' families, managers, and administrators, and views about the work environment. Third, direct-care staff Type 2 interviews with selected staff members were in-depth, qualitative interviews lasting about 1.5 hours each. The interviews inquired about work routines, social relationships, attitudes toward work and individuals in the work setting, and personal information. All Type 2 interviews were tape-recorded, given informed consent, and tapes were transcribed verbatim. Fourth, relevant features and routines in the setting were observed and recorded following a guide. Observations were recorded through field notes, including: what was going on, who was involved, how people went about what they did, what people said, where activities occurred, when they took place, and how participants reacted to what was going on.

Secondary Research Sample

This study focuses on 11 homes in Area 1, a 10-county area of metro Atlanta, I selected homes in Area 1 because workers in these homes are more racially diverse and include more foreign-born workers compared to homes in other areas. Since the aim of this study is to gain greater understanding of the factors contributing to retention of direct-care workers, I selected homes that included in-depth qualitative (Type 2) interviews with staff. Facility memos written by the researchers in the larger study were used to gain additional information about the facilities. The sample of homes (N=11) for the current study includes: two small (16-25 beds) facilities; three medium (26-50 beds) facilities; and six large (51+ beds) facilities. Participants in the current study include the 13 staff in these facilities who completed in-depth interviews. Most facilities (N=11) included in-depth interviews with one staff member and two (Facility 500 and Facility 1000) included in-depth interviews with two staff members each. Table 2 shows the distribution of the participants by facility size.

Table 2. Distribution of the Secondary Research Sample of ALFs (N=11)

Facility #	Total # of Staff	% of Non-White Staff	Total # of Residents	% of White Residents	Ownership Status	Fee Level($)	Salary Range ($)
300	54	98.1	95	94.3	For-profit, corporate	1678-3965	8.75-11.50
400	3	100	18	27.8	For-profit, independent	544-1000	N/A[①]

[①] Staff were paid a monthly salary which includes room and board.

500	34	79.4	65	100	For-profit, corporate	2220-4085	7.90-11.00
600	16	87.5	33	100	Non-profit, independent	2292-3898	8.00-12.00
800	10	30	27	100	For-profit, independent	2100-3950	8.00-15.00
1000	40	85.0	66	97	For-profit, corporate	2203-4093	8.00-9.25
3100	31	87.1	96	100	For-profit, corporate	2100-3950	8.67-10.75
3200	28	92.9	62	94.4	For-profit, corporate	2265-3945	8.00-12.00
3300	14	100	35	83.3	For-profit, corporate	1650-3100	8.00-10.50
3700	9	88.9	16	93.8	Non-profit, independent	1800-1800	7.50-8.00
4000	19	94.7	63	93.5	For-profit, corporate	2595-6495	9.00-11.07

The following table shows some characteristics of the participants.

Table 3. Characteristics of the Secondary Study Participants

Variable	% (N=13)
Gender	
Female	92.3 (N=12)
Male	7.7 (N=1)
Age	
20-30 years old	30.8 (N=4)
31-50 years old	46.2 (N=6)
Older than 50	23.0 (N=3)
Race / Ethnicity	
Native-born white (non-Latina)	7.7 (N=1)
Foreign-born white (Latina)	7.7 (N=1)
Native-born black (African American)	46.2 (N=6)
Foreign-born black	
African	15.4 (N=2)
Afro-Caribbean	7.7 (N=1)
Foreign-born Asian American	7.7 (N=1)
Native-born American Indian	7.7 (N=1)

Educational Level	
GED	7.7 (N=1)
High school degree	30.8 (N=4)
Some college	53.8 (N=7)
College degree	7.7 (N=1)
Care related degree	92.3 (N=12)
Marital Status	
Married	38.5 (N=5)
Divorced	15.4 (N=2)
Single	46.2 (N=6)
Number of People Rely on	
0	15.4 (N=2)
1 – 3	69.2 (N=9)
5	7.7 (N=1)
13	7.7 (N=1)
Years employed in LTC	
Less than 1 year	23.0 (N=3)
1-5 years	23.0 (N=3)
5-10 years	15.5 (N=2)
More than 10 years	38.5 (N=5)
Years employed in facility	
Less than 1 year	46.2 (N=6)
1-3 years	30.8 (N=4)
3-6 years	23.1 (N=3)
Thought of quitting the job	
Yes	53.9 (N=7)
No	46.2 (N=6)
Expect to be working a year from now	
Yes	69.2 (N=9)
No	23.1 (N=3)
N/A	7.7 (N=1)

Data Analysis

This study uses qualitative methods and a g*rounded theory* approach (Strauss & Corbin, 1998) was used to analyze the data. The major advantages of grounded theory are its systematical research procedures and its flexibility to

address new findings and modify initial assumptions. The process involves two major procedures: coding and memoing.

Using the grounded theory approach, I first analyzed interview transcripts line by line and scrutinized the data for emergent categories based on my research questions. I grouped the emergent categories in terms of their properties and dimensions. This analytical process is called *open coding* (Strauss & Corbin, 1998). For example, I discovered various aspects that are related to staff's job satisfaction, such as caring for residents. The next step was *axial coding* (Strauss & Corbin, 1998). I linked the initial categories to other categories, or subcategories, through a *paradigm model* (Strauss & Corbin, 1998). For instance, I grouped different aspects of caring for residents, such as loving the residents, enjoying interacting with them, and the feeling of being needed, into the category of relationships with residents. In the final stage of analysis, *selective coding*, categories were further refined and integrated.

Memoing went hand in hand with coding. Throughout the process of analytical coding, I wrote notes as memos about my insights, interpretations, and questions about the data. I created charts to organize the factors emerging from the data. I also drew diagrams to analyze the interaction of the factors.

CHAPTER III

THE CONTEXT OF RETENTION

This chapter provides the context for this study of retention by summarizing the characteristics of the sample workers and facilities. I also profiles five workers in the sample homes. These five prototypes are included to exemplify the types of workers found in this sample and to illustrate similarities and differences among workers.

Characteristics of Workers

All but one of the 13 workers are female. The one male worker is 53, Caribbean-born, and black. He is working at 3100, a large facility.

The 13 workers range in age from 20 to 61. Four (30.8%) are younger than 30. Six (46.2%) are between the ages of 30 and 50. Three (23%) are older than 50, with one being 61.

The largest proportion of the staff (46.2%) is native-born black (African American). Three (23%) are foreign-born blacks. One, the male comes from Barbados in the Caribbean. The other two come from Africa, one from Johannesburg, South Africa, and one from Nigeria. Two white workers include one born in the U.S. and one from El Salvador.

Only the white worker from El Salvador has a Bachelor's degree in teaching. Over half (53.8%) have a two-year college degree, and the others (46.2%) have a high school diploma. The two youngest staff members are

currently in school pursuing nursing degrees. Nine (69.2%) of the 13 staff are certified nursing assistant (CNAs), seven of which have current licenses. Another staff member, a native-born black worker, is currently pursuing a CNA. Two workers have medication training; one received the medication training at the large corporate facility where she is working.

Five (38.5%) of the staff are married, six (46.2%) are single, and two (15.4%) are divorced. All of the single workers are living with family members, such as children, parents, and siblings. The two divorced workers are living alone. Three workers are providing financial support to multiple family members. Three of them are sending money to their families in their home countries.

Before their current jobs, these workers worked in places such as home care, nursing homes, hospitals, food industry, airlines, retails, state/government agencies, and factories. Thirty-eight percent of the workers have been home care workers, and 38.5% have worked in nursing homes. Their length of employment in long-term care ranges from 6 months to 34 years, with 38.5% of the staff having over 10 years experience working in the field. Workers' length of employment in their current facility is between 3 months and 6 years. Thirty-one percent have worked in the facility for more than 3 years. According to our follow-up survey on the retention of the staff, which was conducted one year after the interview, six of the 13 workers have left the job.

Characteristics of Facilities

Of the 11 facilities, two (400 and 3700) are small-sized (16-25 beds), three (600, 800, and 3300) are medium-sized (26-50 beds), and six (300, 500, 1000, 3100, 3200, 4000) are large-sized (51+ beds). I will further group them according to the level of financial resources because of the influence that facility resources has on staffing policies and the experiences of direct care staff.

Low-Resource Homes

Both small homes, 400 and 3700, have very limited resources due to the low fee level and the socio-economic status of the residents. Most residents (93.8%) at Facility 3700 are white, while 82.2% of the residents at Facility 400 are black. All staff (100%) in Facility 400 and 88.9% at 3700 are non-white. The fee scale of Facility 400 is from $544 to $1000, and most residents receive Supplemental Security Income (SSI). The private-pay rate at Facility 3700 is $1800, but eighty percent of the residents participate in Medicaid Waiver programs, which results in lower income for the facility from residents' fees.

Owing to the limited resources, the pay ranges for staff at these two homes are very low. Facility 3700 pays staff between $7.50-$8.50 per hour. At Facility 400, pay is approximately $3 per hour plus free shelter and meals. Neither home offers health benefits. They also have no activity personnel or middle management staff. The only staff working in these homes are the low-wage care aides and facility owner-operators.

High-Resource Homes

The majority of the homes (N=9) belong to this category of high-resource homes, which includes seven for-profit, corporately-owned homes, one for-profit, privately-owned home, and one non-profit, privately-owned home. These facilities typically have impressive physical environments, being beautifully landscaped and decorated and clean and neat inside. Eight of the nine facilities have a staff break room. Seven of them have a dementia care unit.

For-profit, corporately-owned. Three of the seven facilities in this category (300, 500, and 1000) are owned by the same large corporation. The fees of most range from $2,100 to around $4,000. The highest reaches $6,495. Salaries range from around $8 to $11 per hour. Some facilities pay a little better, with the highest being $12 or even $15 for one or a few workers. Six of the seven facilities offer medical benefits and the employee pay share of cost varies from $30 to $160 per month. Only the medium-sized, corporately-owned home offers no benefits. Staff enrollment in the benefit programs ranges from 8% to 50%. Generally speaking, over ninety percent of the residents at these homes are white.

Two facilities, 1000 and 3100, provide impressive incentives to staff. Take Facility 1000 as an example. It is a large home opened in 1999 and owned by a large corporation. The resident population is solidly middle-class and predominantly white (97%). Depending on experience, direct care staff members' starting salaries are $8.00 to $9.25 an hour. Although the pay is not high at this

facility, the employee recognition programs are valued by the staff. For example, each month, three staff members are recognized as employee of the month. Choice of employee of the month is based on votes cast by AL residents and care managers. Once a year in June, the facility also recognizes all employees by throwing them a catered party and handing out t-shirts. Additionally, each time that management staff observes that staff members provide exceptional service they reward them with tokens ("sunny dollars") that can be used to bid on gift items auctioned at resident counsel meetings. In addition to these incentives, staff at Facility 1000 receive free breakfast and discounted lunch and dinner. Those who are currently in school can take advantage of a tuition reimbursement program offered through the facility.

For-profit, privately-owned. Only Facility 800 fits in this category. It has 27 residents and is located in the northern outskirts of Atlanta. It was opened in December, 1996 by two male owners and is under their management. Fees range from $2,100 to $3,950. All the residents are white. 800 is the only home that has a large proportion (70%) of white staff, which may be because of its location. Staff pay ranges from $8.00 to $15.00 per hour. Medical benefits are available, and the employee pay share is $31.00 per paycheck. According to the administrator, the facility ceased having a formal employee recognition program because the program caused resentment among staff who did not receive the award.

Non-profit, privately-owned. Facility 600 is the only home in this category. The facility has been open for 25 years and is religiously affiliated. The fees range from $2,292 to $3,898 in assisted living and from $3640 to $3940 in the dementia unit. The majority of the residents are Jewish, and all of them are white. The pays range from $8.00 to $12.00 per hour. This facility is unique in providing free health and dental insurance to all the staff, which may be an important reason why the turnover rate is very low. All the staff enroll in the health insurance and about half in the dental insurance. It is also worth noting that the executive director has been working in the facility for 20 years. According to the follow-up survey, only one of the staff who had been interviewed had left the job. She left to care for a relative.

Profiles of Workers

Below are profiles of the five staff I selected to illustrate a variety of personal characteristics and work experiences that are important factors influencing the process of retention–Mercy (native-born white), Rose (native-born black), Young (Korean American), Amanda (foreign-born black from Africa), and Mike (foreign-born black from the Caribbean).

Mercy

Mercy is 57, a native-born white female. She completed 12 years of school and has a high school diploma. Mercy is working in Facility 800. Her current

position is shift supervisor, and she has a current CNA. She is divorced and living alone.

Mercy is a talkative person. She says that it was her sister who got her involved in caregiving, as she used to be a caregiver as well. Helping with her grandmother when she was younger also got Mercy interested in caring for the elderly. Her first job was taking care of a lady who went to the same church as she did, when she was about 20 years old. Then she started doing private duty. Her employment history has always been caregiving for a total of 34 years. Mercy feels that she has a natural talent for caregiving and that it is a calling for her. She mentioned that others have told her this as well, and it makes her feel good when she is given compliments like that. She has been working at Facility 800 for almost 6 years. She would like to become an administrator or director in an ALF. She also said that she would buy a facility or start her own if she could.

What Mercy enjoys the most is caring for the residents: “I guess, just to know that I am doing something for somebody. I feel like I am helping, and I guess that is the main thing.” The appreciation and recognition from the residents make her feel satisfied. She feels good to know that the residents depend on her.

Mercy is not satisfied with the administration at 800, and she said that this may be the reason to make her leave. She does not like the administrator to be too controlling: “There is no discussion. There is no nothing. It is going to be this way, and if they don’t like it, there is the front door.” She also complains that the

administrator will not agree to give her a raise, and she sees no opportunity for advancement.

Mercy makes $10.50 an hour and she has a health insurance through the facility, but feels that she cannot advance beyond the point she is at now. Mercy said that what would really make her stay longer would be a change in the administration, more money, and initiatives to make employees want to stay. According to the follow-up survey, she has left the job to work in another facility.

Rose

Rose is age 24, a native-born black lady who works in Facility 300. She has care-related training in medications. She has finished two years of college, with a total of 14 years of education. Her current position is medication technician. She has never married and has been living with a partner and his daughter for two and a half years.

Rose was born in Louisville, Kentucky. Her mom worked in AL and she went with her and helped her out. She said that she started to do elder care work because of her mother: “Because I have been around it all my life. My mother does it, so I just decided to do it, too. It was something I was interested in doing.” Her total experience in elder care is about three years, and she has been working for 300 for seven months. She came to work for this facility because she heard about it through a friend. She is happy with her schedule and feels she has much control over her schedule.

What Rose has found most satisfying in her past jobs is being able to help people, being with people, and helping senior citizens: “It makes my day when you are taking care of them and they say ‘thank you’ or appreciate that.” Now she plans to go to school in order to be a nurse.

Rose has health through the facility but thinks it is expensive: “I kind of think it is expensive but I need it so I have to do what I have to do.” Her starting salary was $9.25; her current hourly rate is $10.00. She wishes it could be more: “I wish I could get paid more because I feel that I do a lot. There is a lot to what I do, but other than that, I enjoy it.”

According to Rose, the most important thing for her and for other people to stay in this kind of work is the residents and love for the job. Bad management may be the most likely to make people leave. According to the follow-up survey, she has left the job.

Young

Young is a nice-looking woman with long, curly hair. She is 48 and came from Korea to the U.S. in 1990. Her highest education level is technical school, with a total of 14 years of education. She is working at Facility 500 as a medication technician. She obtained her CNA in Indiana in 1992.

Young’s husband is an American. He is in the military, and they have lived all over the world. Young’s husband makes enough money that the family is

not dependent on Young's income. Her in-laws, daughter, and three-old grandson share her house.

Young says: "God gave me a talent to take care. I am not smart, but I know how to take care of people. I think God gave me the talent." Her first caregiving job began in 1992 at a nursing home. Other than that, she has been a cook and a cashier and worked in day care. Then she worked as a dental assistant, but she quit because she was never happy at the job, although the money was good. She has done elder care for 10 years, including in a nursing home and AL. She learned about Facility 500 from a hospice nurse and has been working there for 3 years. Young likes taking care of people, especially those with Alzheimer's disease, because she feels that they need her. She treats residents as her family members: "I call some of them grandma, and I call some of them mom…. Sometimes I am a nurse, and sometimes I am the daughter. I will change [diapers] too…. I don't mind everything. It is okay to me, whatever makes them happy I can be everything and it is okay to me."

Young thinks that her race and ethnic background have limited her work opportunities, but she thinks that her race helps with her relationship with residents' family members. "I am Asian. We were raised respecting the adults, and that helps me a lot. And I don't speak really loud or [use] bad language or slang or anything like this." However, sometimes she gets frustrated: "They

[residents] kick you or scratch you. All over, a lot of things happen, but the family don't say a word. They just pass. That makes you upset."

Although Young is not satisfied with the benefits offered by the facility, she is satisfied with the pay: "I guess, some people don't even have a job now. The economy is really bad so I think it is okay." Her starting pay was $8.00, and her current pay is about $9.62. She gets her health insurance from her husband. She said that this facility is a good place to work. What make her stay in the job are her coworkers and the residents. According to the follow-up survey, she is still working at 500.

Amanda

Amanda is an attractive woman who worked in the airline industry for seven years before coming to the U.S. She is 36 years old and comes from South Africa. English is her primary language. She has a total of 12 years of education, with a high school diploma. She is working at Facility 3200 as a care aide. She has a current CNA.

Amanda is single, never-married, and lives with two children, her 15-year-old daughter and 12-year-old son. She has a 62-year-old father, nine sisters and one brother in her home country of South Africa, whom she sends money to once a month.

Amanda experiences racism in the facility. She describes a recent incident: "I had a resident last week who was way out of line and cursed me out real bad.

The worst thing is, his family was there and they didn't do anything about it. I felt bad. . . . He said I wasn't fit to touch his hand because I was trying to calm him down. I was offended. I didn't hate him or anything, but I was offended. . . . I treat him still the same. It is hard." Some African American staff are not nice to her because she comes from Africa.

When Amanda came to the U.S. she wanted to continue working in the airline industry, but she could not afford the cost of international training and support her children. A friend told her about long-term care work and she got her CNA training in a private class. Her first job in private sitting led to her current job: "Before I got here I worked with a lady, and unfortunately she died just two months after I had worked with her. Being with her taught me a lot. It is something you have to have the heart to be with these people. That is how I ended up getting a job." Prior to coming to this facility, Amanda worked at another ALF, but she left there because it was located an hour from her home and her car broke down. There she was making $10, and she makes only $8.25 at 3200. She chose 3200 due to its location just a few minutes from her home. Amanda has worked at 3200 for over one year; her total time in caregiving jobs is 16 months. If she can save enough money, she wants to pursue further study in nursing (to be an LPN) or training for some other healthcare-related job. Neither she nor her children have health insurance. She said the facility health plan is too expensive.

Amanda has good relationships with the supervisors and management staff, which contributes to her overall job satisfaction. She says that there is an open door policy with management because she can walk in and discuss anything with them: “There is an openness…. They respect me…. They work with you and I think that is one reason why I am still here. I think they have their hearts.”

Sometimes Amanda gets frustrated because her rent is higher than her paycheck. She is eligible for food stamps but is not receiving them yet. She would love to stay in the job if she could make a little bit more money. She says the residents keep her there: “There is not a day that I leave this place that I did not hear something funny that makes me laugh and smile. It is like I just love you people. It is a great place to come to. You are not making the most money, but why are you still here? I have got attached to it so much. I had an option to go.” Recognition to her means a lot. She is still working in the facility according to the follow-up survey.

Mike

Mike, a black male born in the Caribbean, is youthful looking with lots of energy and very talkative. He is 53 years old and working as a care aide at Facility 3100, a large, for-profit, corporately-owned facility. He has a current CNA and a two-year college degree, with a total of 14 years of education. English is his primary language.

Mike is living with his second wife now. He lived much of his life in New York City, where he raised his three sons, who have grown up. He talks about how he taught his boys to respect others and to always be on their best behavior, which is how he was raised in "the islands." He says that his grandmother and mother played an important role in teaching him to help others.

Mike once worked at United Cerebral Palsy and for the State of New York in the Department of Mental Hygiene. During that time, he helped take care of his mother-in-law, who had Alzheimer's, at the same time. He has been working at 3100 for 1.5 years, and that is his total time working in caregiving.

He is extremely devoted to his job:

> I believe that we are here for the residents…. I try to treat them with dignity, respect, everything that they deserve. I try to be that person, now when I come into work, when I come through that door, it is not just a job. I look at it as they (residents) are my friends that I am looking after. If you think that way, that is when you want to give your all. Some people say, 'Well, I'm here from three to eleven. I have that chart that tells me what I'm supposed to do.' No, anyone that works with me will tell you there is never a task too big that I will not do if they ask me. That is the way you're supposed to work, and that is the way I have always been.

Mike likes the management because they give him some control over his job: "Fortunately we have management here that they are not the types of

management that stays behind you or says, ‘I’m the boss here. Do as I do, okay?’ Um, they give us a lot of leeway because they know we are competent.” He also has a very good rapport with his co-workers.

Mike’s current pay is $10.28. He says that poor pay or lack of benefits will not make him leave. He stays in the field because he loves the residents and loves helping people. Mike said that his most likely reason for leaving would be if he had the opportunity to go back to school to study nursing. He was still working in the facility when we called back a year later.

Summary

The majority (92.3%) of the 13 participants are females. Their ages range from 20 to 61, with the largest proportion (46.2%) aged between 31 and 50. About eighty-five percent of the workers are non-white. Only one of them has a Bachelor’s degree and all the others have high school diplomas or two-year college degrees. About fifty-four percent have current CNAs. About thirty-nine percent are married, fifteen percent are divorced, and forty-six percent are single. Their length of employment in long-term care varies from 6 months to 34 years, with 38.5% of the staff having over 10 years of employment in the field. Workers’ tenures in their current facilities are between 3 months and 6 years. Thirty-one percent have worked in the facility for more than 3 years.

The level of resources of a facility is greatly influenced by the size and fee level. The small low-income homes with low fees and Medicaid funds have fewer

resources for staff salaries and other incentives. They also have fewer types of staff positions-no activity personnel or middle management staff. Neither of these even offers insurance. The larger, high-resource homes pay staff more and offer insurance and various incentives. Some large corporate facilities have the resources to provide benefits like tuition reimbursement and corporate training. The one non-profit home pays the full share of insurance, which likely is due to its non-profit status.

CHAPTER IV

THE PROCESS OF RETENTION

Introduction

The aim of this study has been to gain understanding of how individual-level and facility-level factors influence direct care staff's retention in ALFs. In this thesis I conceive of retention as a dynamic process. My findings show that multiple factors influence how workers make decisions to stay or leave their jobs. These factors are interactive, and their effect on decision-making can change over a worker's long-term care career. This research aims to gain better understanding of how factors interact with each other to increase the likelihood of staff persons' leaving or staying.

In this chapter, I will address two kinds of retention: retention in the long-term care field and retention in a particular facility. Retention in the field is concerned with a worker's career in assisted living and elder care work in general, not necessarily work in the same facility. Since some of the workers worked in nursing homes or home care prior to their current jobs, I also address some differences between working in ALFs, nursing homes, and home care. Retention in a facility refers to decisions regarding leaving or staying in the job in a particular facility. Personal factors and workplace factors operate in both kinds of retention, but their relative importance varies. My findings show that workplace factors tend to play a more important role than personal factors in the retention in

a facility. Any one factor rarely acts alone, but rather factors act together to contribute to retention decisions. In this chapter I will discuss the operation of personal and workplace factors on both types of retention.

I also will explore the relative importance of various factors for job satisfaction and intent to leave and the effect of satisfaction and intent to leave on retention. Although my data are not clear-cut regarding these relationships, they offer some likely connections.

Factors Influencing Retention

Based on analysis of the data, I have identified a number of personal and workplace factors that influence the process of job retention. These are shown in Table 4 below.

Table 4. Factors Influencing Job Retention of Direct Care Staff

Personal Factors
Race
Nativity
Ethnicity
Gender
Age
Career Stage
Employment History
Marital Status
Family and Living Situation
Financial Situation
Education / Training
Life history
Values
Health

Workplace Factors

- Relationships with Residents
- Relationships with Co-workers
- Relationships with Supervisors
- Management Style
- Rewards
  - Pay
  - Benefits
  - Other Incentives
- Workload
- Schedule / Work Hours
- Location

Personal Factors

Race, Nativity, and Ethnicity. In this study, 11 out of 13 (85%) participants are non-white. Fifty-four percent are immigrants. Although few of them claimed that race affects their work opportunities, it cannot be denied that structural inequalities in race, which result in the structural constrains for them in the labor market, funnel them into elder care jobs characterized by low pay and low prestige. In addition, as mentioned in the literature review, the decreasing number of whites doing the “lowly” work due to the availability of better jobs for them further contributes to the likelihood that blacks and minorities will take long-term care jobs. Cognizant of a history of institutional discrimination, a black worker is less likely to seek a new job and places high value on job security (Matin & Tuch, 1993).

Although racism at the macro level may promote retention, interpersonal racism may create barriers to job satisfaction and retention. Due to the great racial

contrasts between white residents and non-white caregivers, many staff experience racist treatment by residents, as shown in Amanda's profile. My findings show that Amanda is not the only worker to experience racist treatment. Unless the situation is particularly malicious, Mike's comment below suggests that many staff choose to stay in their jobs and ignore the problem:

> I know it (the racial issue) does exist out there, but if I were to linger on that, you would never get anywhere…if somebody calls me a nigger, I say 'thank you'. Because what am I going to do, fight? Sometimes when people call you those things, they are looking for you to fight back. If you ignore them, well, first thing they called Jesus names.

With the exception of Facility 400 where 82.2% of residents were black, racial discrimination by white residents toward black staff was evident in all facilities in my study where the majority of residents were white. This factor also is likely to be operative throughout the field of long-term care because of the over-representation of white residents in almost all of the facilities. Mike's experience also indicates that both native- and non-native-born blacks receive similar treatment from white residents.

My findings also show that racial conflict exists between supervisors and co-workers in ALFs. For example, some African staff members think that management staff give preference to African American workers. Perceived supervisor or co-worker discrimination can be a source of job dissatisfaction and

lead to the intent to leave a facility. Amanda says that some native-born black co-workers are not nice to her because she comes from Africa:

> I would say late last year we had, like, African American staff who would call you from Africa and say you are a bit timid or you are doing this job because you are cheap or something. They are, like, you would walk in and they were, like, you can't do that because they were better than you.

It is also worth noticing that ethnicity and cultural commonalities emerge from the data to be a factor that facilitates the process of retention. One example is a staff person who is working in 600 where the majority of residents are Jewish. She is a native-born black worker who grew up in a Jewish neighborhood knowing about Jewish people and culture, which contributes to her close relationships with the Jewish residents. She has been working in the facility for 6 years and has not thought of quitting.

Being white is not necessarily a big advantage. The only white worker in this study is Mercy. She does not experience racism from residents, but, in some aspects, she is like the non-white workers. She is lower class, grew up in rural Georgia, and has only a high school degree. She is 57 years old, a woman, divorced, and still supporting children. Hence, she also belongs to the disadvantaged groups for long-term care work.

Gender. Given the subordinate position women hold in relation to men in society due to institutional gender discrimination, formal and informal caregiving

is considered women's work (Hooyman & Gonyea, 1991). The disadvantages resulting from the interaction of gender and race make black and minority women disproportionately occupy the elder care jobs. Thus, similar to being non-white, being a woman leads to jobs in long-term care.

For example, a staff person at Facility 600 has always been doing formal and informal caregiving. She is 52-year-old, native-born black who still cares for her youngest child, who is 16 and disabled. Several years ago she had to stop work to take care of her father as a full-time job after he had bypass surgery. Then she cared for her aunt, who was sick in her 70's. Later her son was car-jacked and got disabled and she stopped work again to take care of him. As to her formal caregiving, she worked in a nursing home for 5 years and has been in her current facility for 6 years. Mercy also took care of a lady who went to the same church as she did when she was 20 years old. This informal caregiving helped lead her to formal caregiving work.

The need to leave a job to take care of family members affects some women's careers, eventually leading them into jobs in long-term care.. An example is a staff person at Facility 400, who once held administrative positions with the state and federal governments. Later, her need to quit one of these jobs to take care of her mother resulted in her entering the long-term care field, because she could not return to her previous job and a job in long-term care was her best option. According to her, "[It is] hard to get them (secretarial jobs)."

On the other hand, gender also can be a factor contributing to the termination of employment. According to the facility memos, several administrators reported that some staff left because of the need to take care of their family members.

Age, Employment History, and Career Stage. Age, employment history and career stage usually interact with each other to influence a staff person's retention. My findings show that young workers in the sample are at an early stage of work, and all aspire to reach professional goals in the health care field. One of them says, "It is nice as a first job to get experience", which indicates that she does not treat the job as her long-term occupation. Similar to Rose, a 25-year old staff person at Facility 500, is at school studying nursing. She says, "If I get something better with better pay, I would leave." Another 20-year-old staff person at Facility 3300, who is in an undergraduate program, is very upset about her wages: "No, it is not fair! I am highly upset about it, which is why I want another job!"

A couple of the older workers had the aspiration to be a nurse when they were young, but they failed to achieved their goals due to various reasons and were resigned to this job. Older workers may have gotten used to the reality of the low pay in the field and realize at their age and career stage that they have few other options for work. Some of them may pay more attention to the intrinsic rewards of helping residents than the extrinsic rewards. Mike and Young are

examples. Young says, “I am 48, I want the same job here. I am satisfied.” In addition, an older worker whose employment history contains all caregiving jobs, such as Mercy, is least likely to leave.

Yet, older workers who have progressed to higher positions may leave a particular facility because their long-time experience makes them more employable and allows them more opportunities to move to another facility. Similar to Mercy, a staff person at 4000, who is aged 61 and has been working in the field for 20 years, recently was promoted to a position as a resident activities director. When asked what would make her leave the job, she says, “If I had an offer for another job making more money and particularly if it is in [resident activities], then yes [she would leave].” When asked whether she sees herself working in the facility for one more year, she responds, “I sure hope so, unless I get a better offer.” In her case, experience would allow her to move to another facility, but, combined with her age, serves to keep her in the field. She will not leave this job, though, without the certainty of another job she considers better than her current one. According to the follow-up survey, she has left the facility.

The data also show that working in other settings in the elder care field can lead some workers to choose jobs in ALFs. Five of the13 workers previously worked in nursing homes and four of them worked in home care. The reasons why they moved to ALFs included the heavy workload and poor quality of

resident care in nursing homes and the lack of job stability and smaller social environment in home care**.**

Thus, young age combined with aspiration of achieving professional goals may indicate the likelihood of turnover in the field, while older age, along with an employment history in direct care work may promote the process of retention in the field.

Family and Living Situation, Marital Status, and Financial Situation. My data show that the number of dependents, marital status, and living situation affect a worker's overall financial situation and need to stay in a job. One staff person from Facility 3700, for instance, is 30 years old and never married. She was born in a very low-income family. Her mother, who is in her sixties, and her grandmother, who is 89 years old, both rely on her financially. When asked how she feels about her pay, she says, "I feel like I am bitter." But when asked whether it affects her work, she says, "No, not really." Her need to stay in the job helps her develop a positive attitude towards job-related problems instead of thinking about leaving. Each time when talking about a problem in her job, she says, "It is something you have to deal with."

Similarly, another staff person, aged 45, never married, is living with five people – her daughter, son, goddaughter, and two grandchildren. All of them rely on her for financial support. When asked whether she is thinking of quitting the job, she says, "It would take a lot for me to do that. I don't know. It takes a lot. I

don’t know. I don’t know. It would take a lot for me to just [quit].” This worker has been in the field for 10 years and at Facility 1000 for 6 months.

Education/Training: Formal education and job-related training influence staff’s retention differently. Among the participants, 38% have high school degrees and 54% have 2-year college degrees. Direct care workers’ unfavorable educational outcomes are affected by their race and gender.

Long-term care training includes CNA, medication, and in-service training at the facility. Generally speaking, when a staff person is first hired, she gets initial training to be familiar with the facility and job tasks. Most facilities provide in-service training to update staff’s knowledge, and all AL workers are required to have 16 hours of in-service training a year. Low level of education and high level of training help to promote retention, because the former limits job opportunities outside the field, while the latter increases satisfaction or advancement opportunities in long-term work.

The data show that training can make the work easier and increase job satisfaction. One staff person who works with dementia residents in 3200 says, “Yes, it (the training) has been useful. You have an understanding with the dementia…. It gives you a better approach to deal with them.” In some cases, medication training leads to higher pay.

Consider the staff person working at Facility 600 as another example. She has been working in the field for 11 years and in 600 for six years as a lead

caregiver. Prior to this job, she worked in a nursing home for five years and received training there. She has completed two years of college. Her current pay is $13.63, which she is proud of: “Whenever I started a job I always made more than others. I always ended getting on top. So I have always made more.” When asked whether she thinks that is because of her education or training, she says “yes.”

The data also show that education and training interact with age to affect a staff worker’s retention. Young workers with higher levels of education are more likely to advance to a higher level of health care career. Older workers with more work-related training and experience are more likely to stay in the field. Younger workers who fail to reach their goals may end up staying.

Life History. A worker’s life history influences her retention by affecting various personal factors, such as educational opportunity, motives to enter the field, values, and financial situation. First, a staff person’s educational opportunity is affected by her family’s socio-economic status. A native-born American Indian worker at 3700, for instance, had a difficult childhood. She had four older brothers and a younger sister. Her father was an alcoholic and stayed outside longer than he stayed inside, which made it hard on her mother. She began to work in a dime store when she was still in high school. She has a high school degree. Although she had earlier aspirations to study nursing, she knows she will not have the chance. Now aged 30, she has been in the field for six years and at

3700, a small, low-resource home, for two years. Her salary is $7.50 and she has no insurance.

The native-born white worker, Mercy, was somewhat luckier. When she was a child, her family had enough money and she is very thankful to her father: “Dad was a good provider. He was a mechanic and kind of a jack-of-all-trades.” Her mother stayed at home and is “very loving.” She has two sisters and they are a close knit family. Although her educational level is also that of high school diploma, the quality of her education may be higher due to her race and her family’s higher socioeconomic status. Neither of these workers, though, had the opportunity for higher education.

Second, a worker’s family relations, such as a family member’s working in long-term care, can be the motive for one to do the same job, such as the cases of Rose and Mercy. One more example is a 52-year-old, native-born black worker. She started doing elder care through the introduction of her cousin, who was working in a nursing home. She worked in that nursing home for five years, and then worked in a children hospital for three years, prior to the current facility. She has been working in long-term care for 11 years.

Third, life history may influence a staff worker’s values. Take the 61-year-old native-born black worker who has been working in the field for 20 years as an example. When she was a child, her grandparents raised her. She says that she has always been around older people and she likes working with the elderly. She once

worked in a hospital as a nurse aide, but she quit the job because she wanted to take care of a particular patient:

> I would go out and talk with them (the patients), and I bonded with a patient that had six months to live. She had cancer. And, I resigned from the hospital and went home with this patient and took care of her until she passed away.…I like working with the elderly.…That's what brought me out of the hospital.

Fourth, a staff person's sense of obligation to support her family may be influenced by her life history. Amanda, who grew up in South Africa in the1970s, describes her childhood: "I would never go to a movie because I was expected to be home with mom helping and doing dishes or helping with food…. We grew up indoors. As a girl you couldn't stay out after six." She was raised to have a sense of obligation to help her family, and now she still financially supports her family at home, which contributes to her financial burden and reluctance to seek other work.

Values. My findings suggest that high value for helping the residents leads to high job commitment and great satisfaction, which contributes to retention in the field. Values can interact with other factors, such as age, career stage, and cultural background.

The way in which a culture values elders may influence workers' job attitudes. The value for helping and respecting the residents affects the motivation

for caregiving work and helps to enhance the satisfaction with relationships with residents and overall job satisfaction. My findings indicate that these cultural values may be stronger among foreign-born workers. For example, Mike, who is black and was born in the Caribbean, says that he works in elder care because he wants to help the elders, and not for the money: “Sometimes people say it is because of the money. It isn’t because of the money because I’m telling you if it was because of the money, I wouldn’t be in this job today.” Like Mike, Young also believes her family values guide her treatment of residents and thus her relationships with them: “I am Asian. We were raised respecting the adults, and that helps me a lot. And I don’t speak really loud or [use] bad language or slang or anything like this.”

Data also show that these values help support retention. One example is a worker in 1000 who is 40 years old, white, and born in El Salvador. She has a similar family situation to Young’s in that her husband makes enough money so that she does not have to work. She has a Bachelor’s degree, which may allow her to find a higher level job, but she has been working in the field for 12 years. She says that she does the job because she loves working with Alzheimer’s patients and they need help: “I really love to take care of them. If I didn’t I wouldn’t be there. They’re like [a] child. They touch your heart.”

My data show that native-born workers also place high value on caring for the residents. The African American staff person interviewed in 600 says: “I love

the residents, taking care of them, talking to them and being sure they are OK. I am just a nervous wreck [when I am not at work]. I tell [the director] all the time that I just worry about them. I love them and I have to call up here to check on them when I am not here."

Health. Health is a factor that cannot be ignored. An example is the American Indian staff person discussed earlier who is 30 years old and works at Facility 3700. She has cerebral palsy and epilepsy and is a slow worker, which limits her job opportunities. In addition, the expensive cost of medicine adds to her heavy financial burden. Thus, her health problem together with heavy financial burden may promote her retention. The staff person at 400 suffers from panic disorders and may be addicted to drugs because she appeared high when she was interviewed. These problems likely led to her termination and would prevent her from finding employment in her former field as an administrative worker. She might, however, find work in another low-income ALF.

Workplace Factors

Relationships with Residents. Eleven of the 13 staff say that relationships with residents are the most satisfying part of their work. Since relating to residents is a big part of the direct care workers' job experience, good relationships with residents are a prime source of job satisfaction and intrinsic rewards, which plays an important role in the process of retention. Facility directors share this viewpoint. The executive director at Facility 300 said:

> I think the relationship the staff member builds with the resident is part of the reward they get for the job they do…. No one is going to get rich doing this kind of work so there has to be something else about it. Part of it is knowing that I am helping someone, but the other part is that you have a relationship with someone.

One staff person tells about how she views relationships with residents: "To me it makes everything smooth because if you don't have some kind of relationship with them, to me you can't get along with them. If you can't get along with them, that makes for a bad day." In her viewpoint, developing relationships with residents is necessary for carrying out her job of taking care of them.

The data from staff interviews identify certain aspects of the relationships with residents that enhance job satisfaction and contribute to retention. One was the strong attachments workers developed with residents. Young described how loving and helping residents affect her job attitudes and decision to stay in the field of long-term care:

> They stop and talk to you and make you feel really good. I enjoy my job. I'm working, I am tired but I still keep coming because I love these residents. Only thing is I love these residents, I love it. I think it is God's gift for me is to take care of people. I will continue to do the work. If I am

> 60 years old, I will be here, even if I don't need the money…. If I need help, somebody going to want to do for me. It is not for them money.

As Young's words show, her value for helping reinforces her relationships and thus her satisfaction and retention.

Another worker provides an example of how interactions with residents are satisfying and an important part of caring for them:

> I like when I get to be with the residents.… Each resident is totally different. You have to accommodate for each resident as far as how you talk or act. I just like interacting with the residents because everybody is different. I just think it is interesting.

The feeling of being needed and appreciated by residents gives staff a sense of accomplishment and increases their satisfaction. Mercy describes her feelings:

> You go in and you are talking to a resident and it is like they will put their arms on your shoulder and say we appreciate you, thank you so much for what you do. That makes your day…. It does make you feel good to know that they really depend on you.

Although relationships with residents are the major source of satisfaction, the nature of the relationship is important. The problem behaviors of some residents make caregivers frustrated. Amanda, from 3200, where most residents are white and affluent, talks about the behaviors of some residents, "They are very

fussy. They have complaints everyday especially about the food. They will shove it back at you. I am like, ‘I didn’t cook it.’ They are very picky and they have no patience. They always say something.” As noted earlier, racist behaviors of residents also contribute to dissatisfaction.

Because relationships with residents are such an important component of job satisfaction and a positive influence on retention, it is likely that if relationships overall become more frustrating than satisfying, a worker might consider leaving the field if other options were available. Relationships with residents likely influence retention in the field more so than in a particular facility due to the disparities in race and class between workers and residents in most facilities.

Relationships with Co-workers. The data indicate that relationships with co-workers also affect job satisfaction and turnover. Five staff workers mention that they are happy with their good relationships with their co-workers, and three of them complain about the unfriendliness of their co-workers. Teamwork and friendliness from co-workers can make work easier and more pleasant. Even though Amanda experiences racism from some co-workers, she feels they are supportive: “They are all behind one another. They will speak up for one care staff. They are supportive. You don’t have the way where they say, ‘I can’t work with her or him.’ It is not like that.” Young sometimes goes out to have dinner

with some of her co-workers, which helps to build close relationships beyond work.

On the other hand, lack of teamwork and conflicts with co-workers can be dissatisfying and affect intent to leave and, possibly, turnover. Like Rose, workers from Facilities 100 and 3300 complain that some of their co-workers do not work hard and make others do more work. The native American staff member at Facility 3700 described a problem with one co-worker: “She is one of the ones that kind of has the attitude that I’m better than you are, and she acts like she don’t do wrong and you do all wrong. And to me that is one of the ones that is not a team player.” When asked what would most likely make her leave, her answer was her co-workers. Finding a facility environment with more compatible co-workers is likely not impossible. Thus, co-worker relationships fall more into the category of factors affecting retention in a facility than in the field.

Relationships with Supervisors. My data indicate that relationships with supervisors also influence job satisfaction and retention. The staff person at Facility 600 describes her relationship with the facility director, who has been there throughout her tenure: “She is the best person to work for. That’s her nature. I have never had a problem with her…. We can always come to her. I see her every day. If she goes out of town, I can call.”

Amanda's relationship with the executive director at 3200, and the director's willingness to accommodate her situation contribute greatly to her retention:

> She is kind of like a mentor. I look up to her. She has a great heart. It is so big. She is like a big, big teddy bear. One time last year we were short and I went to her office. She should have fired me that day. I went to her office and I said, 'How do you think I am going to pay my rent, how can you give me one day?' I was like, 'Do you know who I am here?' She said, 'Calm down. What is going on?' I said, 'I am a single parent, and this is the only job I have. Can you work with me? Why do other people have more days than me?' She said she didn't even see that happened. She is like a big umbrella to me. She would make sure you are all covered. She has a protection around you. She makes sure you are protected. She will only let you go if you let yourself go.

Good relationships with supervisors enhance the likelihood of staying in a job, but my data show that problems and conflicts with supervisors can make a worker leave. For example a worker at Facility 500 stated that she left a previous job because of her relationship with her supervisor.

Management Style. My findings show that the management style of a facility has an effect on worker satisfaction. According to the data, favorable management styles are open, appreciative, supportive, understanding, and give

autonomy to staff. According to the facility memo of 600, the executive director is a kind, soft-spoken person who tries to please everyone. She is very appreciative of staff loyalty and gives constant positive feedback when appropriate. She says that she calls staff in and tells them how much she counts on them and "kisses the ground they walk on." As noted above, her relationship with the director is very important to the job satisfaction of the staff person interviewed at Facility 600. According to our follow-up survey, this facility has the lowest turnover rate of my sample.

The director at Facility 3200 has a similar style. Again, Amanda:

> I would say it is not the most highly-paid job I could have, but in a way I think you are at home. That is how I feel when I am here. I wish they could pay more. You feel that you are at home. I could call at 6:00, and say, 'I am going to come in an hour from now,' and they say, 'Okay.' They don't say, 'What? You have to be here right now.' And when you come in, they ask you if you are okay. They work with you, and I think that is one reason why I am still here. I think they have their hearts.

Mike at Facility 3100 is very appreciative of the autonomy he has in his job:

> Fortunately we have management here, but they are not the types of management that says behind you or says, 'I'm the boss here. Do as I do, okay?' Um, they give us a lot of leeway because they know we are competent…She (the director) is the only manager that kept that door

> open and no matter what, you could just walk right in and you can talk to her.

On the other hand, Young complains that the management at Facility 500 does not listen to staff and is not responsive to their needs:

> I wish my supervisor or the ED [executive director] would open their mind and listen to us more and get us what we need. People don't trust other people because they don't listen. When we complain, they never fix it. Everybody says don't complain. Nothing is going to change.

Similar complaints are reported at Facility 3700. According to the facility memo about this home, the most frequent complaint from staff is about the management. The memo indicates that the owner and administrator, a Puerto Rican woman, never showed appreciative behavior for the work the employees performed. The relationships between the owner and employees frequently are confrontational and hostile. One worker we interviewed says, "She [the owner] doesn't try to accommodate anybody.… It [her relationship with the owner] works for me sometimes. I wish it was better but right now I don't think there is too much that I can do about it." Half of the staff persons we interviewed in this facility have left their jobs.

Management style clearly influences relationships between staff and supervisors. Favorable management style may lead to good relationships and vice

versa. Both management style and relationships with supervisors are factors that likely influence retention in a facility more than in the field.

Rewards. Rewards, including pay, benefits, and other incentives, are important motives for people to do the work and important factors influencing satisfaction and intent to leave.

A common complaint among the staff is about the low pay and few raises. Eleven of the 13 staff workers complain about the pay-all except Mike and Young, who have very high values for helping and who have less overall financial burden. Besides the young workers' dissatisfaction with the pay, which I have noted in a previous section, older workers also are not happy with their salaries. For example, the 52-year-old staff person, who has been working at 600 as a shift supervisor for six years and in the caregiving field for 11 years, receives $13.63 per hour. She says, "I think it is fair, but I know I am worth more than that." Similarly, Mercy, who also is a shift supervisor and has been in 800 for six years and making $10.50 an hour, complains about the administrator not giving her a raise:

> I am like everybody else. Um, I have a lot of training behind me. I have been doing this for thirty-three years now. I have taken different classes. I'm a CNA…. If you have an employee that has been with you for that long, you could do a little something if you care. That (the administrator did not agree to give her a raise) lets you know that management don't care.

When asked whether she has thought about looking for another job, Mercy says, “Yes, actively pursuing that.” As previously noted, the 61-year-old worker who has been in the field for 20 years is another example. She says that she will move to another position, particularly if it involves resident activities and provides better pay. The data show that both this older worker and Mercy have left their jobs.

Although Amanda is still at Facility 3200, she says that she hopes to make more money, and her words suggest that given the right opportunity she might leave:

> I kind of would love to leave if I could make a little bit more money. I am looking at what I have to do for my own life for my children and me. I don’t want to look at the end of two years, and, I have seen people work here for years without an evaluation or anything and I don’t think it is fair. I would say yes and no.

My findings show that pay is an important factor that influences the intent to leave. It does not operate alone but interacts with other factors such as age, career stage, management style, employment history, and value. Given other options available, high level of dissatisfaction may make a young worker leave the field and an older more experienced worker leave a particular facility but most likely stay in the field.

As noted in the facility summary in Chapter III, eight of the nine high-resource facilities provide medical benefits. No benefits are available in the two low-resource facilities. Eight of the 13 staff persons complain about the lack of affordable health insurance. Seven staff members are enrolled in health benefit programs through their facilities, and four receive health insurance through their family members or from Medicaid. As noted in Chapter III, Facility 600 pays 100% of the staff's medical and dental benefits and half of a disability policy, which is a major reason for the low turnover rate in that facility. In Facility 600, all of the staff are enrolled in the medical insurance and approximately half have the dental coverage. Only one staff person we interviewed in this facility has left her job.

In contrast, in Facility 3200 (a large, for-profit, corporately-owned facility), the employee pay share for health benefits is as high as $160 per month. Of the 12 staff interviewed at that facility, only one is enrolled in the health plan. Amanda at this facility says that she does not have health insurance because "the company takes out too much and it is too expensive." Neither she nor her children have health insurance.

According to the facility memo for Facility 500 (a large, for-profit, corporately-owned facility), staff and administration report that the health benefits are not a good value. The staff person we interviewed at this facility reports that the employee pay share for an individual is $100 a month. She says, "The benefits

are expensive. I think when you work for the hospital that is when you get good insurance. I feel like I just have to have it." She is 25 years old, working as a medication technician, and is currently at school studying nursing and health care management. Our follow-up survey shows that she has left the job.

Facility 800 (a medium-sized, for-profit, privately-owned facility) provides employee medical insurance, but the employee pay share for that benefit is $31 per 2-week pay period. Mercy, from that facility, describes how she feels about it:

> Lousy. What I mean is, um, first they didn't have insurance when I started here, then they got insurance. Well, [the administrator] had told me [that] since I had been here so long that they would pay for my insurance, well, then they came back and said they couldn't do that anymore. And now I'm having to pay for insurance…. um, then, I mean, there is no incentive here.

This may be one of the reasons why she left the facility.

Neither of the low-resource homes provides benefits. The worker in 3700 says, "There is no insurance here. There is none whatsoever…. That is not something established here and it makes for a hard life but it is something you have to deal with."

These findings suggest that good benefits help to promote staff retention. Dissatisfaction with benefits may lead to the intent to leave both a particular facility and the field, such as the cases of Mercy and the 25-year-old staff person.

Other incentives include employee recognition and appreciation, holidays, and advancement opportunity. Staff complaints include not enough recognition, appreciation, or holidays, and no opportunity for moving up. For example, when asked what the most important incentives for her, Amanda at 3200 says:

> Like they will say this month we will have staff appreciation and a ticket for a meal. Or say if you are on time, you get a bonus of $10 in your check. Or if you are early, you get your check the day before pay day. You get a star or a pin on your shirt. Even a little card or little inspiration saying, "Keep up the good spirit," it would show something; it would make you feel that management really does.

The worker at 4000 complains about not enough holidays:

> We don't have every holiday. I have Christmas and Thanksgiving but you don't have, um, I think it's Memorial Day or it's the Fourth of July, you know the major holidays…. I think we ought to have a personal day in there, too.

Some facilities, such as 300 and 800, have no formal employee recognition. Both sample staff in these two facilities complain about this lack. The worker in 300 talks about it: "They have not done it in a long time. I haven't seen anything. I think they should give the employee of the month money. Or it could be a gift certificate to a store or a restaurant." Mercy from 800 has a similar opinion:

> No [we don't have an employee recognition program]. We used to have a thing where the residents voted employees of the months and, um, you get a little certificate thing with a little gold thing on it…. [But now we don't have it.] But you need initiative to run a good place, you have got to have, first of all you have got to have employees that are happy.

Opportunity for advancement is another motivator for staff. In some medium and large facilities, care aides can move up to staff positions such as shift supervisor, lead care manager, or medication manager, although these positions usually do not come with much, if any, pay increase. According to the facility memos, six of the 11 facilities have advancement opportunities for staff of this type. Staff working at corporate facilities also had the opportunity to be promoted to a higher position at another facility owned by the same corporation. The 45-year-old African American staff person who had been working at Facility 1000 as a care aide for six months and in the cargiving field for ten years says, "I think the opportunity for growth (to move up) here is pretty good." When asked whether she would like to be a lead caregiver, she says that she does.

Mercy complains about lack of opportunity for her to move up: "There is no move-up [opportunity] because she (the administrator) hired two different people from the outside to take over the resident care when I have the qualification. I did it at another job. But she went over me." As noted, Mercy has left this job.

Small facilities typically lack middle management positions and have only the owner and care staff. The staff person in the small facility 3700 complains that there are no incentives or opportunity to move up: “We don’t have anything like employee of the month or anything…. I don’t see anywhere, like I stay here and you go up one level, or you stay where you are at and I go up one level. To me it is like a dead end.”

What I have found here is that incentives enhance workers’ initiative to work and job satisfaction. Lack of recognition or appreciation may also lead to turnover.

Workload. Larger facilities are found to have heavier workload than the two small facilities, largely due to the number of residents and the level of resident physical frailty and mental acuity. Some facilities are found to have heavier workload than others. For instance, according to the facility memos, residents in 300, 500, 3200 and 4000 have significant frailty. All of them but 4000 have dementia care units. The staff from these facilities all complained about the heavy demand of physical care.

One staff person in 500 reports: “They (the management) keep adding stuff to it (the work) without thinking…. It makes you not have enough time to do the really important things. The workload, the work is too overwhelming. It is not like it is a hard job. It is just you have too many things to do in one day.” Amanda describes her experience working in a dementia care unit:

> Some days it (working in the dementia care unit) is so stressful, especially when you don't have the help. It is frustrating. Sometimes you walk in at 6:30 and they have had a bowel movement and you have to wash them and it is 6:30. When you don't have the help, it is really frustrating. [When you have help], it is better because you pool everything and it is a team. When it is only you and someone it is really, there are days when I have tears in my eyes and it is just too much. Emotionally it is too much and I break down. I like it better up here (AL unit) than downstairs (the dementia care unit), not because I prefer the residents, but the people here are more independent.

Amanda asked her supervisor to transfer her to the assisted living section, which she did. The staff person at Facility 400 also complained about workload and indicated it might cause her to leave the field: "I think I will go back to that kind of work (secretarial job). This work is too much manual labor."

I have found that eight of the 13 workers complain about the workload and their complaints include too much manual labor, not enough time, no breaks, and not enough staff. Heavy workload is a major source of job dissatisfaction and may lead to the intent to leave and turnover.

Nevertheless, my findings show that workload is also a factor that makes some workers enter ALFs. Although the workload in ALFs can be heavy, it is lighter than that in nursing homes. In nursing homes, residents are much more

functionally impaired and have greater physical care needs. The heavy workload there often leads to poor quality of resident care. Some staff persons left nursing homes to work in ALFs because of the lighter workload in ALFs. For example, the 61-year-old staff person at 4000 describes her experience in a nursing home:

> I have done some work in a nursing home and I feel that in a nursing home they do not get the care that they get in the assisted living…. In nursing homes you have to do everything. . . . It's a lot of lifting; there is a lot of feeders; there is a lot of baths. You just got to do it all.

Similarly, Mike also says:

> You have fifty to one staff, okay, um; we have heard the stories about nursing homes. Particularly I don't want to deal with nursing homes because I feel this: I am the type of person, if I see something going on, I'm going to report it, I don't care who they are, you see, because I always figured the way I treat people is how I want people to treat me.

Schedule, Work Hours. Schedule is important especially for workers who have other commitments. For example, the young staff workers who are currently at school say that they stay in the job because their job schedules work with their school schedules. The 25-year-old African staff person in 500 is studying nursing and health care management at a branch of the state university. She says that the schedule is one of the reasons for her to stay in the job: "They (administrators)

work with your schedule here. That is one thing. That is why I have been here that long."

The number of work hours cannot be ignored because of the effect on overall pay. According to the facility memo, a common staff complaint at Facility 4000 is about its new policy of hour-cutting. In this facility, all but two staff work full-time (30 hours or more). Overtime is not allowed, but some staff told us that they had worked overtime in the past. Twelve of the 17 staff said that they would like to work more hours than they did. One staff person quit during the primary study because of a reduction in her hours.

Location. Data indicate that location can affect facility choice and retention. Amanda, for instance, chooses to work at Facility3200 because it is in walking distance of her home, although it pays less than the facility where she worked prior to 3200. One staff member in 1000 also says that she wants to stay in the facility due to its location.

Summary of Worker Retention

In the previous section, I identify the personal and workplace factors I found to affect the process of worker retention in AL. Some factors appear to affect retention directly, while other factors seem to influence retention more indirect, through job satisfaction. Although my study focuses on workers in assisted living, some of my findings highlight factors that influence retention in the field of long-term care as a whole. I also identify factors that affect workers'

decisions to choose AL over either the nursing home or home care setting. In addition, I identify key factors that influence staff members' decisions to stay or leave a particular ALF. As noted throughout, multiple personal and workplace factors can influence any one person's retention behavior. Factors are interactive and the process of retention is dynamic. My findings indicate that certain worker profiles are more likely than others to reflect high retention workers.

Retention in the Long-Term Care Field

Based on my findings, retention in the field is based on a combination of factors that both bring workers into the field and keep them there. These include personal factors, such as race, gender, age, life history, career stage, education, and health, which interact and influence workers' employment opportunities. Non-white workers' limited education, which is affected by race and gender discrimination, promotes the process of retention in the field. A history in long-term care work also promotes retention. Older workers, who have been in the field for a long time, are likely to have fewer opportunities to find a job outside the field, and their experience facilitates their continued employment. Poor health and physical limitations also can limit older workers' job options and increase the likelihood that they will remain in the field. Younger workers, who have obtained more education and can pursue a higher-level career, are likely to have job opportunities outside the field.

Retention also is influenced by values for caregiving, a history of informal caregiving, and having family members who are involved in elder care work. All of these factors help to increase the value for direct-care work. High value for helping leads to higher job satisfaction and thus promotes retention in the field.

The need to work to a great extent is related to a worker's financial situation, which is influenced by her marital status, family and living situation, and number of dependents. Great need to work due to heavy financial burden usually facilitates retention.

A number of workplace factors affect both job satisfaction and retention of direct-care staff in AL. Key factors include: pay, benefits, workload, and relationships with residents. Low pay and lack of benefits are common phenomena in the field. Presented with better opportunities, workers often leave the job because of dissatisfaction with pay and benefits. Values for caregiving and fondness for older people promote relationships with residents, which increases job satisfaction and promotes retention.

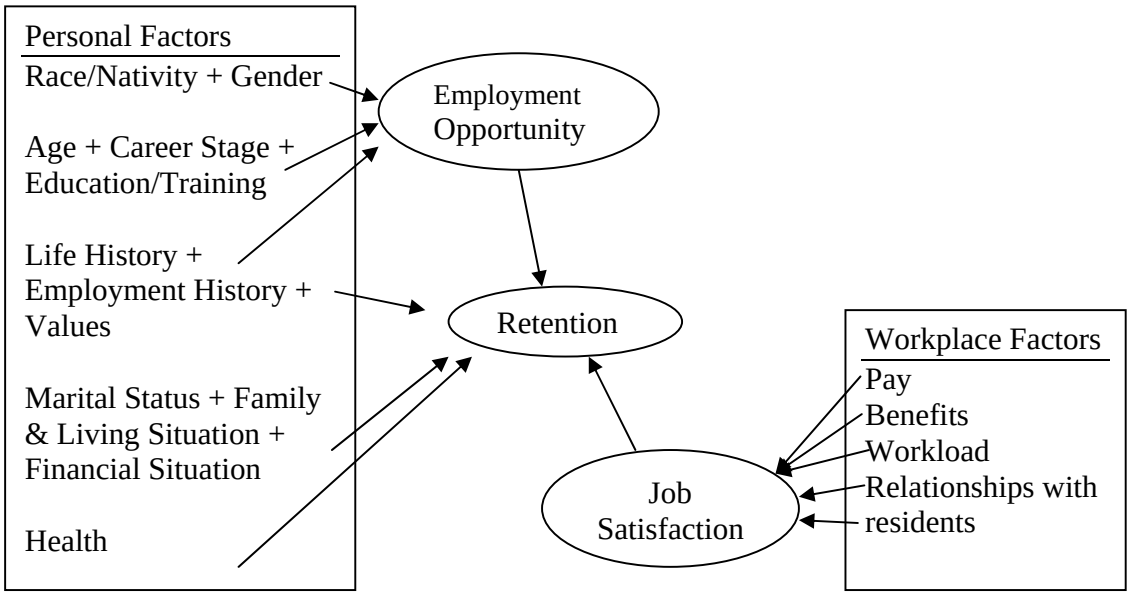
With regard to actual turnover, dissatisfaction, combined with availability of alternative job opportunities, can result in decisions to leave the job. For example, a younger worker who is dissatisfied with the low pay and studying nursing is very likely to leave the field due to the availability of other job options and maybe lower job satisfaction. An older worker who has worked in the field for over ten years is not likely to leave the field, even though she also is not happy

with the low pay, because she may not have a job option out there and she is more devoted to her job.

Commitment to the field also is a value that evolves over time. My findings show that some older workers had the aspiration to be a nurse when they were young, and they entered the long-term care field because of the failure to achieve their initial goals. After working in the field for a long time, they have become very devoted to their jobs.

Based on my findings, I have carried out a preliminary model to show the influences of the most important factors on retention in the field. The arrows refer to direct or indirect influence. The model is shown in Figure 1 below and it may need future revision.

Figure 1. Influences of Factors on Retention in the Long-Term Care Field



Retention in a Facility

Retention in a facility is based on staff members' commitment to a particular facility. Workplace factors play a more important role than personal factors in influencing workers' retention in a facility. Some have greater effect on job satisfaction than retention.

Rewards and workload usually are related to the ownership and resource level of a facility. As noted in the facility summary in Chapter 3, high-resource facilities typically provide more rewards but may have heavier workloads. Low rates of pay are the greatest source of job dissatisfaction among these workers. Although low wages are prevalent throughout AL, some workers indicated they would leave for higher pay. No raise in pay or advancement opportunity also can lead to intent to leave and turnover. Good benefits, higher pay, and other incentives help to promote retention in the facility.

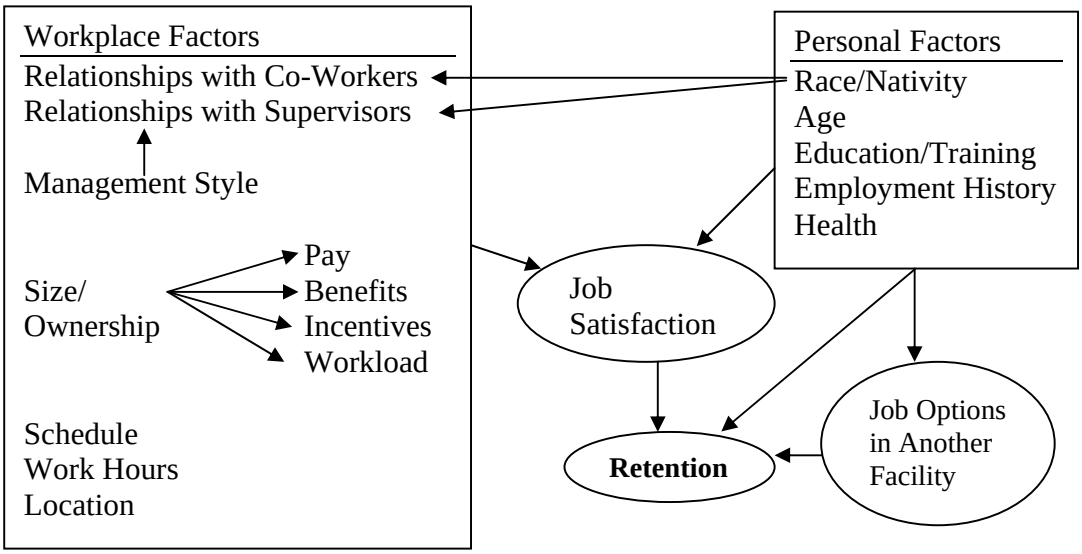
Heavy workloads also are a major source of job dissatisfaction. Although none of the workers in this study indicated that they would leave because of heavy workloads, data suggest that an older worker or a worker with poor health may choose to move from a facility with a heavier workload to one with a lighter workload. Some left nursing homes for this reason.

Relationships with co-workers and supervisors, interacting with race and management style, influence job satisfaction and intent to leave. Some workers report good relationships with co-workers or supervisors as the reason they stay.

A supportive management style, such as being open, understanding, appreciative, and helpful, may result in good staff-supervisor relationships, which help to promote retention in the facility. My findings also show that some workers leave their job due to dissatisfaction with management and conflicts with co-workers. For example, some foreign-born workers report unfriendliness from native-born co-workers and unequal treatment by native-born supervisors. Lack of teamwork among co-workers also is a source of dissatisfaction. Other workplace factors, such as schedule, work hours, and location, sometimes also have effects on retention in a facility.

The likelihood for a staff person to stay or leave a facility also is influenced by personal factors, such as education and training. An experienced worker with advanced training may receive job offers from other facilities. A low-income worker, who lacks education and training, is less likely to think of leaving or to have the opportunity to move to another facility. A preliminary model for retention in a facility is shown in the following Figure 2.

Figure 2. Influences of Factors on Retention in a Facility



CHAPTER V

DISCUSSION AND IMPLICATIONS

This thesis has aimed to provide increased understanding of how individual- and facility-level factors support or create barriers to the retention of direct care staff in assisted living. My findings have revealed that retention decisions are complex. Workers make decisions about staying or leaving a facility or the field within the context of their personal lives and their experiences in a facility. The various personal and workplace factors interact and their relative importance can evolve over an individual's life.

Among personal factors, I found that race and gender were factors in bringing people into the field of long-term care and keeping them there. Employment history, age, and career stage interacted with each other to influence a staff person's intent to leave or stay. Consistent with Rublee 's (1986) and Kiyak and Namazi's (1997) findings, this study found that younger workers who were dissatisfied with their jobs and had a shorter length of employment were most likely to leave their jobs. Additionally, older workers who held long-term care jobs for many years, especially those who had a higher professional position, were not likely to leave the field, although they were dissatisfied with certain aspects of their jobs, such as pay. In addition, retention in long-term care work was found to evolve over a person's life course. Although some staff have aspirations to achieve a higher-level profession when they are young, their failure

to reach their goals leads them into careers as direct-care workers. The longer they stay, the more committed they become to the work and to the field of long-term care.

Intent to stay or leave was found to interact with marital status, family and living situation, and financial situation. Direct care workers, who have never married, have multiple dependents, and have no other means of financial support, are not likely to think of quitting, due to their need to work and lack of other options available.

I found that a worker's life history is an important factor that influences retention, because it affects many other personal factors, such as educational opportunities and values. First, a family member's working in long-term care can contribute to a person's entering the field. History of working in other settings in long-term care, such as home care and nursing homes, also may lead to entering and staying in ALFs. Second, direct care workers' low levels of education due to the low socio-economic status of their families help to bring these workers to long-term care. Yet, job-related training helps to compensate for these limitations and to promote retention in the field by making work easier and thus enhancing job satisfaction. Older workers with more training and experience are more likely to stay in the field, while younger workers achieving higher levels of education are more likely to advance to a higher level of health care career. Third, a staff person's life history of growing up around older people and cultural background

of respecting elders may help to shape her value for elder care work. High value for helping leads to positive job attitudes and high job commitment. Value is also associated with age and tenure. Extrinsic rewards, such as pay and benefits may be more important to younger workers who have been in the field for less time, whereas high values for helping the elders may be more important in influencing an older worker's retention.

Among workplace factors, I found that workplace relationships are important factors influencing staff workers' job satisfaction and intent to leave or stay. My findings support the claim that good relationships with residents is the most satisfying aspect of caregiving jobs (Grieshaber et al., 1995), and that emotional ties to residents and friendliness with co-workers help to promote retention (Caudill & Patrick, 1989). Yet, racial issues are often the cause of dissatisfying relationships with residents and co-workers and, if the situation becomes too malicious, may lead to intent to leave.

Relationships with supervisors often are associated with management styles. My findings show that a management style which is open, appreciative and supportive, may lead to good staff-supervisor relationships and promote job satisfaction, and vise versa. This is consistent with Waxman et al.'s (1984) and Banaszak-Holl and Hines's (1996) findings.

Studies of long-term care settings show that low pay, a lack of benefits, and no opportunity for advancement are associated with turnover (e.g., Close et

al., 1994). My findings support these earlier studies and show that direct-care workers' dissatisfaction with low pay and lack of benefits may lead to intent to leave the field or turnover. Reduced hours, resulting in overall lower pay, also was found to be a factor that may lead to turnover. In addition, I found that other incentives, such as recognition and appreciation from the management, help to increase direct care workers' job satisfaction.

I found that workload was another common source of workers' job dissatisfaction and influenced intent to leave and turnover, which is consistent with Ramirez and colleagues' (1998) findings. I also found that some workers left nursing homes because of the heavy workload there. This study also found that a flexible work schedule (supporting Karsh et al.'s [2005] findings) and a convenient location also helped to promote direct workers' retention.

This study found that many workplace factors were influenced by the ownership and resource level of a facility. Low-resource facilities were found to provide lower pay and few benefits or incentives. High-resource facilities offered comparatively higher wages, better medical benefits, and more incentives. Facility 600, the medium-sized, non-profit, privately-owned facility, provided free medical benefits to the staff and was found to have the lowest turnover rate among the sample facilities. This finding is consistent with Banaszak-Holl and Hines's (1996) claim that not-for-profit status is associated with lower turnover rates.

The strength of this study is its in-depth insight into the interaction of various personal and workplace factors. It also addresses the difference between retention in the field and that in a facility. My findings show that personal factors outweigh workplace factors with regard to retention in the field. These findings indicate that while workplace factors are more important than personal factors in influencing the retention in a particular facility, these variables interact.

Theoretical Implications

This study has examined the retention of direct care staff in ALFs from a life course perspective. The life course perspective is a dynamic analytical approach that emphasizes the importance of time, process, context, and meaning in the study of individuals or groups at various stages in their lives (Bengtson & Allen, 1993). The life course analyses focus on the relationships between the individual and the surrounding social structure (Giele & Elder, 1998). This study has conceived of retention as a process. The process of retention is influenced by life history and employment history. Four central elements of Giele and Elder's (1998) life course perspective were employed in this study to address the importance of location in time and place, or cultural background; the linkages between individual lives; the importance of individual goal orientation; and strategic adaptation.

From the life course perspective, institutional gender and race inequalities bring about direct care workers' cumulative disadvantages in education and the

labor market and thus limit their structural opportunities. These disadvantages contribute to their entry into the long-term care field and promote the onset of the process of retention. Nativity and ethnicity can affect retention in other ways. Coming from a culture which values elders and growing up around older people helps to develop a high value for the elder care work and thus promote retention. Diversity can influence a worker's social integration in a facility. White residents' racist treatment to non-white workers produces job dissatisfaction and thus may lead to intent to leave. Conflicts between native- and foreign-born workers can create barriers to retention, while common ethnicity can facilitate retention in a facility.

A past history of informal caregiving or having family members who worked in long-term care influenced workers to enter the field. Having worked in other long-term care settings led some workers to choose to work in ALFs.

Direct care workers often have different goal orientations in different life stages. Young workers who are in an early career stage frequently aspire to a higher level of career. Some older workers also may have had the same aspiration when they were younger but failed to attain their goals. Older workers who have been working in long-term care for a long time sometimes aspire to achieve advancements in the field, and the life event of achieving professional goals may lead to the turning point of turnover. On the other hand, realizing that early professional goals will never be achieved may indicate the onset of the process of

retention. Moreover, longevity working in the field can promote the process of retention.

Different life trajectories come with different retention decisions. My findings show that young, never married women who have few dependents are more likely to leave the field. Single motherhood and heavy financial burden and married women with less financial burden are associated with less likelihood to leave.

Retention in the field reflects the relations between a direct care worker and a larger social structure – the long-term care field. Retention in a facility reflects the relations between a worker and a smaller social structure – a particular organizational environment. Life course factors may influence both kinds of retention. For example, life stage may influence strategies to cope with job dissatisfaction. Some young workers who are dissatisfied with the work employ the strategy of pursuing higher levels of education in order to leave the field. Older workers may be more likely to use strategies such as ignoring the problem, such as racial issues with residents, accepting the reality and trying to deal with difficulties, and moving from one facility to another one to get a better situation, although younger workers may employ similar strategies.

Implications for Policy and Practice

The findings of this study shed some light on facility policy and practice. First, low pay is a major source of staff job dissatisfaction, but some pay increases

can help to reduce the dissatisfaction. Since direct care work provides few extrinsic rewards, intrinsic rewards, such as recognition and appreciation, mean a lot to the workers. My findings show that a good employee recognition program helps to enhance staff's job satisfaction and promote their retention. A favorable staff recognition program may include tangible rewards, fair selection process, and frequent motivating activities. A gift, a t-shirt, a card, or even a "thank you" also are meaningful to the workers. Other forms of incentives can be awards to outstanding workers and staff parties.

Medical benefits also are important to these low-income direct care workers. I found that some facilities provide a benefit plan, but the employee cost share is very high, which prevents staff members' participation and leads to their job dissatisfaction. I have noted that Facility 600 has a very low turnover rate, greatly due to the free medical benefits provided to staff. I am not suggesting that every facility offer free medical insurances, but an insurance plan with an affordable share for staff could help to promote staff retention.

Appreciation from management staff persons and supportive management styles also help to increase staff satisfaction. As noted in the chapter of findings, favorable management styles are open, appreciative, supportive, and give autonomy to staff, while unfavorable ones may be characterized by being too controlling, not open-minded, not appreciative, and not responsive to problems. It

is suggested that management staff cultivate favorable styles in order to keep their workers.

Regarding the racial issues between direct care workers and residents, facilities can educate the staff to ignore residents' racist treatment and provide more knowledge about physical aging and persons with dementia. To avoid conflicts between workers, we recommend that people who have similar cultural and ethnic backgrounds or have similar personalities be assigned to the same team. In addition, management personnel should strive to treat every worker equally, regardless of their race or cultural background. Facilities also should provide cultural competency training for all staff and residents in order to promote mutual acceptance and understanding between these groups.

My findings also show that workload is one of the major sources of direct care workers' job dissatisfaction. I found that some facilities have a heavier workload than others. In cases where facilities have large numbers of heavy care residents, it is recommended that workloads are reduced by adding staff to increase staff-to-resident ratios and that staff members' ability to care for these residents is improved by providing more training. Training helps to make work easier and workers in this study reported that they would like more training. These findings indicate that decreased workloads and more training would increase direct care workers' job satisfaction and thus promote facility retention.

Furthermore, based on my analysis, younger workers may be more energetic and may be more educated in direct care work and medications. Thus, they may be valuable assets for a facility, but many of them are pursuing education to move up to a higher level of career. Therefore, a job schedule that works with their school schedule or tuition reimbursement may make them remain in their jobs longer. Older experienced workers may pay more attention to opportunities for pay raise, advancement, and appreciation. Giving them incentives to meet their needs may help to keep them in the facility.

Moreover, for those people who are considering the field of long-term care, a large, corporately-owned facility may be a good choice, because large, corporately-owned facilities usually provide better wages and benefits and may have good staff recognition programs and opportunities for advancement. Not-for-profit facilities may provide more benefits than for-profit ones. For those who are older or do not have a good health, it would be a good idea to choose a facility with less impaired residents.

Limitations and Suggestions for Future Research

This study is subject to the following limitations. The data came from only 11 facilities in urban area of Atlanta, Georgia and from only 13 participants. Therefore, I acknowledge that this narrow scope limits the generalizability of my findings. Although my findings provide important insight into intent to leave, this study provides less information about the factors that affect actual turnover.

Future studies should use a larger sample from various states and include follow-up interviews with the workers who left the job to get more information about why they left and where they currently work. It is also a good idea for future studies to combine qualitative and quantitative analysis. Finally, self-report data may not always be precise. For example, some staff members may not have answered questions honestly due to their concern about the confidentiality of the study.

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