

2017

# Employee Turnover in the Long-Term Care Industry

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# Walden University

College of Management and Technology

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Olalya Bryant

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Walden University  
2017

Abstract

Employee Turnover in the Long-Term Care Industry

by

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MBA, Harding University, 2008

BBA, University of Arkansas at Little Rock, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

February 2017

## Abstract

Employee turnover costs long-term care facilities billions of dollars on an annual basis. The purpose of this correlational study was to examine the relationships between employee turnover intention of certified nursing assistants (CNAs) in the long-term care industry and employee compensation, engagement, job satisfaction, motivation, and work environment. The predictor variables were employee compensation, engagement, job satisfaction, motivation, and work environment. The criterion variable was employee turnover intention. The population of interest consisted of CNAs who were residents of Florida, over the age of 18 years, and employed in the long-term care industry. The theoretical framework that grounded this study was the motivational-hygiene theory. For this study, a sample of 157 participants completed an electronic survey. Multiple linear regression analyses predicted the dependent variables,  $R^2 = .34$ ,  $F(5, 151) = 15.22$ ,  $p < .0001$ . The multiple regression model with 4 of the 5 predictors accounted for significantly more variance in turnover intention than would be expected by chance. Correlation tests resulted in statistically significant inverse relationships between employee turnover intention and employee compensation, engagement, job satisfaction, and work environment. The negative correlation observed between motivation and turnover intention was not statistically significant. The findings in this study may contribute to positive social change by reducing turnover intention while improving the quality of care and reducing costs of care that affect the lives of the long-term care residents, concerned family members, and significant others.

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## Dedication

I dedicate this work to our Father and God Almighty, who I relied upon for giving me strength and knowledge to continue this journey. I dedicate this study to my loving husband Earl Bryant III, who always encouraged me never to give up, and endured my hardships as I continued through this milestone in my life. His support and sacrifice allowed me to pursue this dream, and I am forever grateful. I also dedicate this study to our four children Ishun Bryant, Earl T. Bryant, Joshua Bryant, and Jonathan Bryant. All of you are my inspiration for all that I accomplish and I am appreciative of your love and support.

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## Section 1: Foundation of the Study

Direct care providers, such as certified nursing assistants (CNAs), are integral to the long-term care workforce, with over 600,000 CNAs providing the majority of daily care to almost 1.5 million long-term care facility residents in America (Khatutsky, Wiener, Anderson, & Porell, 2012). One of the more impenetrable issues facing long-term care facilities is the high rate of turnover of CNAs (Kayyali, 2014). Employees are one of the key assets of an organization and a main contributor to business success, providing a competitive edge in the long-term care industry (Squires et al., 2015). Healthcare professional turnover remains a major issue for leaders in the long-term care industry (Kayyali, 2014). Employee turnover is costly (Kim, 2012) and companies cannot afford to lose skilled professionals with significant knowledge (Dinger, Thatcher, Stepina, & Craig, 2012). Therefore, long-term care businesses are in need of strategies to retain an effective workforce, which could depend on improving employee motivation, job satisfaction, and a healthy work environment for nursing staff in the industry (Squires et al., 2015).

This quantitative correlational study stems from the interest in understanding factors involved with high turnover rates among CNAs. Previous researchers addressed the problem of turnover in long-term care facilities, but did not address a comprehensive set of factors that could influence both the immediate and the long-term retention of CNAs (Kayyali, 2014). Previous researchers discovered substantive reasons for CNA turnover, such as relations among nurses, nursing leaders, and other healthcare professionals (Fitzpatrick, 2002). Other studies pertained to regulations affecting nursing

assistants (Estabrooks, Squires, Carleton, Cummings, & Norton, 2015), work-related injuries (Khatutsky et al., 2012), workplace environmental factors (Qin, Kurowski, Gore, & Punnett, 2014), motivation, and job satisfaction among CNAs (Choi & Johantgen, 2012). To build on these prior studies, this quantitative correlational study includes surveys administered to CNAs to obtain data about employee compensation, engagement, job satisfaction, motivation, and work environment, with the intent to uncover any relationships between those factors and employee turnover that affects the nature of the business.

### **Background of the Problem**

CNAs are the majority of the nursing staff who help long-term care residents with most of their daily activities, including eating, grooming, bathing, ambulation, and toiletry needs. There is a growing long-term care facility population, accompanied by a shrinking pool of long-term care workers, creating challenges for leaders in the long-care industry (Khatutsky et al., 2012). If long-term care facilities are unable to retain successful and experienced employees, especially employees who specialize in providing daily elder care, it is unlikely that the organization will prosper (Kayyali, 2014).

The ability to retain experienced professionals in the workforce is one measurement of success for many companies. Employee turnover has been a challenging issue, and the negative impact has been a focus of management in almost every business sector (Griffeth, Lee, & Hom, 2012). Organizational leaders endure numerous challenges when trying to alleviate high turnover rates within the healthcare industry (Kayyali, 2014).

Several issues developed over the years regarding high turnover rates, the hiring process of CNAs, and the retention of these skilled workers within the long-term care industry (Kayyali, 2014). CNAs and registered nurses are pivotal in the nursing home and healthcare industry, yet common views are that CNAs are inferior to most colleagues, earning relatively lower pay based on education and training experiences that are more limited (Ellenbecker & Cushman, 2012). These issues produce a hostile environment leading to high turnover rates and unexpected outcomes such as abuse within the facilities (Gruss, McCann, Edelman, & Farran, 2004).

Long-term care facilities endure problems due to the high rate turnover (Kutney-Lee, Sloane, & Aiken, 2013). These issues affect an organization's profitability, leading to significant costs associated with the expenses of training the replacements (Kutney-Lee et al., 2013). The problem is turnover is pervasive and costly throughout healthcare; therefore, analyzing it with the intention to determine solutions is a necessary step and one that will potentially lead to corrective measures (Kavanagh, Cimiotti, Abusalem, & Coty, 2012).

Several prior researchers studied job satisfaction focused on CNAs, but failed to address the issues that cause job dissatisfaction leading to nursing home abuse, declines in profits, and high employee turnover (Choi & Johantgen, 2012; Davis, 2014; Kim, 2012). A review of the literature led to the conclusion that long-term care leaders may overlook how important a positive work environment is for CNAs and their patients (Ghorbanian et al., 2012). Therefore, this study helps fill a gap pertaining to business practices to help leaders access the necessary knowledge about effective practices to



retain these skilled workers. Leaders may also gain an understanding of the advantages of job satisfaction, engagement, motivation, and the work environment, including potentially reducing costly labor disputes and turnover (Qin et al., 2014).

### **Problem Statement**

Employee turnover costs businesses, including long-term care facilities, over \$25 billion on an annual basis (James & Matthew, 2012). Between 2001 and 2011, turnover rates within the United States increased by 120% per month (Bureau of Labor Statistics, 2012). Within the long-term care industry, the turnover rate among nursing assistants was 31% higher compared to other nursing staff in 2012, resulting in added operational expenses between \$22,000 and \$63,000 per individual (American Health Care Association, 2012). The general business problem is that some long-term care facilities have high turnover rates among its employees that result in costly business expenses and decreases profitability and productivity. The specific business problem is that some long-term care facility leaders have limited information about the relationship between compensation, engagement, job satisfaction, motivation, and work environment that leads to high CNA turnover.

### **Purpose Statement**

The purpose of this quantitative correlational study was to examine the relationships between employee turnover intention of CNAs in the long-term care industry and employee compensation, engagement, job satisfaction, motivation, and work environment. The predictor variables are employee compensation, engagement, job satisfaction, motivation, and work environment. The criterion variable was employee

turnover intention. The population for this study includes CNAs working in long-term care facilities in Florida. The implications for positive social change include the possibility of reduced CNA turnover, stemming from a better understanding of turnover, leading to employee retention that could improve the care and well-being of the institutionalized elderly population in America. The implications for business practices include the potential for the applications of research-driven understanding of the factors that drive CNA turnover, leading to strategies that can prevent turnover and reduce the associated costs in long-term care facilities (Bebe, 2016).

### **Nature of the Study**

Quantitative research involves testing a theory, examining relationships, and analyzing statistical data (Mukaka, 2012). The purpose of this quantitative study was to examine the relationships between predictor and criterion variables. A quantitative method was appropriate for this study because of the numerical nature of the data and the suitability of evaluating hypotheses through the application of inferential statistics (Bebe, 2016). Conversely, qualitative researchers use a non-statistical research method often involving situations encompassing unknown variables (Englander, 2012). The qualitative method may apply to the understanding of a human problem from different broad perspectives, explored by observing behaviors and trends or asking open-ended questions (Marshall & Rossman, 2016). The inclusion of qualitative data was not appropriate for this study because prior research implicated known variables that require further study, leading to greater generalizability of the study results than what could occur with a qualitative method (Hayes, 2015). Mixed-method research is a combination of the

qualitative and quantitative research methods, used in tandem to enhance the study (Ivankova, 2014). However, the intent to apply statistical tests to numerical data about known variables made a mixed method approach unnecessary.

The correlational design was adequate for this study because the design involved the opportunity to observe statistical relationships between predictor and criterion variables, that research experts claimed lead to suggestive findings (Bryman, 2012; Field, 2013). The quasi-experimental and experimental designs involve tests of cause and effect between two or more groups and entails direct manipulation and control of the independent variables (Turner, Balmer, & Coverdale, 2013). Quasi-experimental and experimental designs were not appropriate for this study; to determine the significance of possible relationships among known variables, there was no need to manipulate variables or to focus of causes or effects among variables.

### **Research Question**

What is the relationship between employee compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intention of CNAs working in the long-term care industry?

### **Research Sub-Questions**

- RQ1-What is the relationship between employee compensation and employee turnover intention in the long-term care industry?
- RQ2-What is the relationship between employee engagement and employee turnover intention in the long-term care industry?

- RQ3-What is the relationship between employee job satisfaction and employee turnover intention in the long-term care industry?
- RQ4-What is the relationship between motivation and employee turnover intention in the long-term care industry?
- RQ5-What is the relationship between work environment and employee turnover intention in the long-term care industry?

### **Hypotheses**

- $H_01$ : There is no relationship between employee compensation and employee turnover intention in the long-term care industry.
- $H_11$ : There is a relationship between employee compensation and employee turnover intention in the long-term care industry.
- $H_02$ : There is no relationship between employee engagement and employee turnover intention in the long-term care industry.
- $H_12$ : There is a relationship between employee engagement and employee turnover intention in the long-term care industry.
- $H_03$ : There is no relationship between employee job satisfaction and employee turnover intention in the long-term care industry.
- $H_13$ : There is a relationship between employee job satisfaction and employee turnover intention in the long-term care industry.
- $H_04$ : There is no relationship between employee motivation and employee turnover intention in the long-term care industry.

- $H_{14}$ : There is a relationship between employee motivation and employee turnover intention in the long-term care industry.
- $H_{05}$ : There is no relationship between work environment and employee turnover intention in the long-term care industry.
- $H_{15}$ : There is a relationship between work environment and employee turnover intention in the long-term care industry.

### **Theoretical Framework**

The motivation-hygiene theory, also called the two-factor theory, initially advanced by the work of Herzberg, Mausner, and Snyderman (1959), represents the theoretical framework for understanding the underlying issues that may relate to employee turnover intention among CNAs. Based on previous research showing the relevance of motivation and job satisfaction to employee retention in other industries, the Herzberg theory encompasses motivational constructs affecting job satisfaction. These motivational constructs include (a) achievement, (b) recognition, (c) employees' perception, (d) responsibility, (e) advancement, and (f) possibility of growth. In addition, Herzberg outlined (a) job security, (b) organization commitment, (c) work environment or conditions, (d) working relationships, (e) supervision, and (f) incentive as hygiene constructs affecting employees' levels of job dissatisfaction. The independent variables identified in Herzberg's motivation-hygiene theory are measurable using multifaceted motivational- based questionnaires to predict employee turnover intentions. The constructs contain elements that pertain to employees' perceptions of work environments that could potentially affect motivations addressed in the theory. Previous researchers

applied the Herzberg theory to examine related variables that influence compensation, engagement, job satisfaction, motivation, work environment, and employee turnover (Davis, 2013). This two-factor theory has the potential to serve as a foundation for explaining employee motivation and engagement as factors that may relate to changes in turnover (Kelleher, 2011). Therefore, Herzberg's theory represents the framework for investigating the relationship of employee compensation, engagement, job satisfaction, motivation, work environment, and turnover rates in the employment of CNAs in long-term care facilities.

### **Operational Definitions**

*Certified Nursing Assistant (CNA)*: Commonly referred to as nursing attendants, nursing assistants, and direct care workers; CNAs provide basic care and help with basic living activities to assist patients with their fundamental needs (Bureau of Labor Statistics, 2012).

*Employee engagement*: Employee engagement is an increase in the emotional and logical commitment an employee expresses towards their job, manager, or organization, that commonly results in the employee applying additional work (Swarbalatha & Prasanna, 2014).

*Employee turnover*: Employee turnover is when an employee totally separates from an organization and includes cessations, resignations, layoffs, and discharges (Brawley & Pury, 2016; Bureau of Labor Statistics, 2012; Hom, Mitchell, Lee, & Griffeth, 2012).

*Hygiene factors:* Hygiene factors are job factors extrinsic to the employee such as policies and procedures, working conditions, and salaries that Herzberg (1976) identified as means of dissatisfaction.

*Job satisfaction:* Job satisfaction is a combination of happiness and fulfillment stemming from the attitudes and emotions influenced by internal and external factors that an individual has about work (Ghorbanian, Bahadori, & Nejati, 2012).

*Long-term care:* Long-term care is a set of health, personal care, and social services delivered over a sustained period to persons who lost or never acquired some degree of functional capacity (Doyle, 2012).

*Motivation:* Motivation is the desire of a person to achieve an objective; when motivation is present, there is a great chance of achievement of goals, and when motivation is not present, goals are typically not met (Herzberg, 1987).

*Productivity:* Productivity is the amount of work an employee does on the job to increase the organization's profits (Cording, Harrison, Hoskisson, & Jonsen, 2014).

*Retention:* Retention results from actions that an organization takes to encourage professionals to maintain employment with the organization for a sustained maximum period of time (James & Mathew, 2012; Ratna & Chawla, 2012).

*Talent sustainability:* Talent sustainability is an organization's ability to continuously attract, develop, and retain people with the capabilities and commitments needed for current and future success (Smith & Campbell, 2013).

*Turnover intention:* When an employee anticipates totally separating from an organization, their thoughts about leaving the organization comprise a construct called turnover intention (Hom et al., 2012; Wu, Fox, Stokes, & Adam, 2012).

### **Assumptions, Limitations, and Delimitations**

#### **Assumptions**

Assumptions are unsubstantiated or uncontrollable research elements that appear to be true and include commonly accepted information, factors beyond the investigator's control, and confounding variables (Leedy & Ormrod, 2013). I based this study on the assumptions that could influence the validity of its findings. I assumed that all participants understood the survey questions and provided honest responses. The second assumption was that the choice of questions for data collection provided the appropriate method to acquire information on the perceived reasons employees may leave the long-term care industry or their facilities. The third assumption was that all respondents are the actual employees of long-term care facilities. Finally, I assumed turnover intention was a reflection of or contributor to actual turnover rates.

#### **Limitations**

Limitations are potential weaknesses or problems that have uncontrollable outcomes and could contribute a threat to the internal validity of a study (Leedy & Ormrod, 2013). This study included only employees of long-term care facilities in Florida who willingly participated. The nature of internet participation in a limited geographical location may exclude other CNAs with differing opinions or experiences. A limitation of using an online survey tool was that it excluded employees who may have otherwise



participated in the study if not for the unfamiliarity, discomfort, or lack of association with the Internet survey site, leading to a narrower participant pool. A related limitation of this study pertained to the participation or response rate that may not reflect the expected yield. I only evaluated the self-reported data on employee turnover intention, limited by the honesty and thoroughness of the respondents' answers. I did not include data from actual turnover or consider other initiatives or possible factors that may have influenced or could influence CNA turnover. I did not rely upon or apply any other conceptual or theoretical framework that would have relevance to the interpretations of the research outcomes.

### **Delimitations**

Delimitations are factors that limit the scope and define the boundaries of the study (Simon & Goes, 2013). The first delimitation of this study was the selection of the geographic area of the state of Florida. The sample drawn from the population in this study included CNAs in Florida who were 18 years and older and worked in long-term care facilities. This research population included only CNAs in Florida long-term care facilities and excluded employees in other healthcare positions, including employees in senior-level leadership roles. The specific facets of the research problem addressed those factors that the peer-reviewed literature revealed are influences on employees who choose to quit their jobs, including employees in the long-term care industry. The factors did not include facets of involuntary turnover. The theoretical framework was the Herzberg (1959) two-factor theory, which applied to previous turnover studies pertaining to employees who intended to quit their jobs. The selection of the quantitative method

stemmed from the decision to reject the qualitative research method, which was inappropriate for hypotheses testing.

### **Significance of the Study**

The significance of the study stems from the expansion of knowledge about employee turnover that may be useful in efforts to reduce CNA turnover in long-term care facilities. A 2012 survey by Bureau of Labor Statistics led to findings that involuntary turnover resulted in a loss of 25% of the long-term care workforce. The negative effect of turnover rates provides a significant impact on employees, organizations, patients, and society (Davis, 2013). This research may lead to workable solutions to real problematic issues that affect dependent Americans who rely on CNAs in long-term care facilities. As employee turnover increases, it can adversely affect the quality of life of the care recipients and can influence remaining employees who may experience corresponding changes in motivation, job satisfaction, and compensation (Galetta et al., 2011). Understanding these issues may lead to improvements among the long-term workforce, decreasing the costs associated with the lack of employee retention. The study could have a significant impact on organizational growth, based on the idea that applications of knowledge generated from research can lead to solutions to problems such as a lack of employee retention (Davis, 2013). Key stakeholders may benefit from this study, including leaders in the long-term care industry. Given the results of the study, long-term care leaders may be able to expand comprehensive management practices that Mensah (2014) claimed may assist leaders with employee retention.

### **Contribution to Business Practice**

The financial costs of employee turnover in organizations are high (Bebe, 2016). This expansion of knowledge about factors in the long-term care industry may help prevent high turnover rates in long-term care facilities, leading to reduced turnover costs. Understanding compensation, engagement, motivation, job satisfaction, and work environment, in relation to CNA turnover, could help managers implement strategies and policies that will reduce the costs of turnover in an already financially exhausted and overtaxed long-term care industry (Khatutsky et al., 2012).

Davis (2013) noted that several studies focused on employee retention; however, the studies failed to concentrate on long-term care facilities that are experiencing a growth in clients combined with a shortage of CNAs. Research that helps leaders understand the factors related to CNA retention can lead to strategies to retain CNAs and alleviate the organizational problems associated with turnover, such as financial distress and substandard care caused by high turnover rates (Khatutsky et al., 2012). In addition, organizational leaders can use the results of the research to implement policies, strategies, and programs, which Luhmann et al. (2012) claimed are integral to the long-term care industry's positive sustained growth.

Management and administrators who can recognize and foster employee engagement and retention improve customer satisfaction leading to growth (Bebe, 2016). Frey, Bayón, and Totzek (2013) suggested that when organizational leaders engage their employees, service qualities improve and influence customer satisfaction, employee retention, and productivity leading to improved financial performance. When workers

feel alienated or disengaged, organizations experience declining customer satisfaction, poor productivity, and limited financial performance (Frey et al., 2013). The study may help leaders understand their workforce in ways that can lead to improved customer satisfaction through the retention of CNAs, who are the majority of direct caregivers to long-term care customers.

### **Implications for Social Change**

Employee turnover among CNAs has dramatic effects on the quality of care given within the long-term care industry (Kayyali, 2014). Schwinn and Dinkle (2015) noted that impeding long-term care placement provokes many fears for the elderly, including fears for their safety and well-being. Staffing deficiencies jeopardize the safety and well-being of long-term care recipients (Grabowski et al., 2014). Employees in long-term care facilities, especially CNAs who have the most daily contact with residents, are in unique positions to improve the lives of the residents, which helps improve the lives of concerned family members and significant others (Schwinn & Dinkle, 2015). The examination of retention of registered nurses and CNAs revealed that improved retention leads to improved quality of care, which is also reassuring to the recipients' families and concerned members of society (Kayyali, 2014). Accordingly, employee retention in long-term care facilities can benefit millions of Americans who are stakeholders in the long-term care process (Khatutsky et al., 2012).

### **A Review of the Professional and Academic Literature**

The purpose of this quantitative correlational study was to examine the relationships between employee compensation, engagement, job satisfaction, motivation,

and work environment on employee turnover of CNAs in the long-term care industry.

The research population included CNAs in the state of Florida working in the long-term care facilities. This quantitative correlational research study involved ways to examine the experiences of CNAs and the issues that cause high employment turnover rates.

Within the literature, several studies pertained to possible factors that may relate to employment turnover, with quality of care and turnover costs representing major concerns for healthcare organizations with high rates of employee turnover (Davis, 2013).

The literature reviewed covered the several factors identified in the purpose statement that are the foundation for this study. The first section includes a review of the roles of CNAs who serve the growing elderly population requiring long-term care in nursing homes. The next section includes a review of the high CNA turnover followed by a section that includes the review of studies that highlighted the possible reasons for the high turnover of CNAs. A section on turnover theories shows why CNAs might voluntarily leave their workplaces or professions. The review of the literature also exposed some of the documented effects of high CNA turnover. After these sections, the discussion of employee retention problems in the long-term care industry includes an overview of employee retention strategies proposed by researchers in specific fields. The review ends with a summary, a discussion of the gap in the literature, and a conclusion about the findings revealed by the studies examined.

## **Literature Search Strategy**

The literature reviewed for this study came from databases and academic libraries, such as Business Source Complete, ProQuest, and ABI/INFORMS Global. Using these databases, I conducted searches using terms such as *employee turnover*, *employee retention*, *nurses*, *CNAs*, and *costs*. The professional and academic literature that surfaced from the searches provides a foundation of understanding the topic of employee retention among CNAs in long-term care facilities. The search for materials yielded 106 relevant sources, of which 85% of the materials had publication dates between 2012 and 2016 (90/106) and 89% were peer-reviewed materials (94/106).

## **Theoretical Framework**

The theory to support this study was the two-factor theory, also called the motivation-hygiene theory (Herzberg, 1987). The Herzberg two-factor theory emerged from the earlier work of scholars and theorists involving the implications of job satisfaction and job dissatisfaction (Herzberg et al., 1959). Herzberg et al. (1959) collected data from interviews of 200 engineers and accountants to understand motivating factors that caused the employees to be satisfied or dissatisfied with their employment. Hygiene factors refer to those factors surrounding the doing of the job, including supervision, interpersonal relations, physical working conditions, compensation, benefits and bonus, company policies, and job security (Herzberg et al., 1959). On the other hand, motivation factors can affect employees' job attitudes that become more positive if employees' self-actualization needs are satisfied. Examples of motivation factors include

achievement, recognition, positive feedback, more responsibilities, advancement, and promotion, as well as the work itself (Herzberg et al., 1959).

The satisfaction of the hygiene need of the employees may lower dissatisfaction and prevent poor performance (Herzberg et al., 1959). However, satisfaction of the motivation factors can lead to improved productivity levels (Herzberg, 1987). According to Herzberg (1976), under the theory, attitudes can affect performance; favorable attitudes result in better performance compared to unfavorable attitudes toward the company (Herzberg et al., 1959). Herzberg claimed that negative attitudes toward the company can also lead to psychological withdrawal from the job. Job satisfaction is a predictor of loyalty, independent of mental health that Herzberg found has no impact on performance or satisfaction. Unique to Herzberg's theory is the deviation from the conventional ideas of job satisfaction, which is that both satisfaction and dissatisfaction are extremes of a single continuum.

Many leaders of companies believe that just satisfying the hygiene factors are enough to improve productivity. However, Herzberg (1987) argued that satisfying the hygiene factors is not enough to improve productivity. To improve satisfaction levels, job environments must meet motivation factors so employees can find meaning in their jobs and feel as if they are valued (Herzberg, 1976). Herzberg's theory provides an understanding of factors that may relate to turnover decisions across different types of organizations, applied for decades to rigorous research efforts.

Tamosaitis and Schwenker (2002) used the two-factor theory to understand how to recruit and retain technical personnel at a United States Department of Energy site.

The results were consistent with the assumptions of the two-factor theory (Herzberg et al., 1959) and revealed that hygiene factors could influence turnover. Moreover, the work itself can affect the employees' job satisfaction levels. Takase, Teraoka, and Yabase (2014) looked at turnover among correctional officers using the two-factor theory as the frame of reference and found that satisfying the hygiene needs of the officers lowered turnover rates. In fields that suffer from high levels of turnover, applications of the theory to research findings may be significantly beneficial.

Diverse applications of Herzberg's two-factor theory applied throughout different healthcare settings. For example, Asegid, Belachew, and Yimam (2014) applied the Herzberg theory to the study of factors influencing job satisfaction and anticipated turnover among nursing staff in South Ethiopian public healthcare facilities. Alshmemri, Shahwan-Akl, and Maude (2014) applied the Herzberg theory to the study of Saudi Arabian nursing staff, with the purpose of identifying long-term sustainable strategies to recruit and retain Saudi Arabian nurses in the national Saudi healthcare delivery system. Thomas (2012) applied the Herzberg theory to broaden the understanding of the relationship of a healthy work environment to retention of direct care nurses in hospital settings. In an earlier study, Lambrou, Kontodimopoulos, and Niakas (2010) applied the Herzberg two-factor theory in their study of motivation and job satisfaction among nursing professionals in a public healthcare facility in Cyprus.

### **Turnover Theories**

Other relevant theories could pertain to the high turnover rates of CNAs as competing theories. Review of those theories provides an additional foundational



understanding of why turnover may happen. The ecological and social exchange theories are two theories that can present a foundational understanding of high turnover and its possible effects. In particular, the theories provide additional insight into the effects of high CNA turnover rates on the relationships between CNAs and their patients, as well as the effects on a patient's quality of life and care received.

**Ecological theory.** The ecological perspective pertains to an individual and his or her environment, inseparable from each other (Viken, Lyberg, & Severinsson, 2015). Researchers consider the relationship of the individual and the environment to understand why there is a high employee turnover rate, such as among CNAs. According to Greene (1999), the person and his or her environment reciprocally affect each other, making them interdependent; the nature of the relationship involves reciprocal transactions that take place in a specific environment. Under the ecological perspective, power dynamics can greatly affect the relationship between a person and his or her environment, because the person depends on his or her environment for support, resources, a sense of security, and overall well-being (Wissing, 2013). The person gives back by engaging in equally nurturing activities (Greene, 1999). Under the ecological perspective, balance is necessary for a positive person-environment relationship to develop and grow (Wissing, 2013). According to Greene (1999), a person in the environment must engage in adaptive responses that are conducive for growth and development, both physically and emotionally. When these adaptive and reciprocal balances remain unachieved, stress could occur within the person and the environment, leading to maladaptive behaviors that can affect the person-environment relationship (Green, 1999).

Bishop, Squillace, Meagher, Anderson, and Wiener (2009) found that job satisfaction of nursing assistants related to their work environment that included a sense of being valued in the organization and good relations with supervisors and other team members. According to Bishop et al., in studying CNA turnover and the nursing home environments, the ecological perspective could provide valuable insight into the effects of imbalances in reciprocal transactions on high turnover rates. CNAs working overtime to make ends meet because of their low salaries would tend to become mentally and physically weak, pushing them to engage in maladaptive behaviors, such as using drugs and drinking alcohol. These behaviors could lead to increased absences, elder abuse, low quality of care, and high turnover rates (Bishop et al., 2009).

Based on the perspectives of ecological theory, the environment does not reciprocate the extra time and effort put in by CNAs as they work double shifts and engage in overtime (Bishop et al., 2009). If CNAs experience empowerment in the nursing homes they serve, reciprocal transactions would take place between the CNAs and their environment. For instance, if organizations give CNAs the chance to participate in decision-making processes and goal accomplishment, mutual exchanges can happen between CNAs and their work environment. The same effect can happen if organizations give CNAs control over their workload, obligations, and even relationships (Bishop et al, 2009). Empowerment makes CNAs feel a sense of connectedness and belongingness in the nursing homes and among the nursing residents requiring care; as a result, maladaptive behaviors decline (Bishop et al, 2009). At the same time, the quality of care

the CNAs provide to the patients would also improve. With fewer incidents of pressure ulcers, CNAs are less likely to entertain thoughts of leaving (Bishop et al, 2009).

**Social exchange theory.** Another important theory that researchers use to explain CNA turnover is the social exchange theory. According to the social exchange theory, interpersonal exchanges can lead to individuals symbolically connecting with one another. Social exchange refers to the “the exchange of activity, tangible and intangible, and more or less rewarding or costly, between at least two people” (Cook, Cheshire, Rice, Nakagawa, 2013, p. 62). The theory pertains to the cost-to-benefit analysis of interactions. According to Cook et al. (2013), if a relationship is rewarding, interactions that are positive and desirable, reinforcing behaviors; however, in contrast to rewarding relationships, interactions that take place in costly relationships may become strained and vanish. To sustain exchange relationships, interactions must exceed or at least be on par with one another (Cook et al., 2013).

The need for involvement in social exchange relationships does not vanish with age (McQueen, 2012). Older adults still need these relationships to maintain their health (Touhy et al., 2014). Although older adults can lose their exchange power as they age, depending on monetary and tangible considerations as opposed to their intangible offerings, older adults still need emotional support, showing how important emotional exchanges are between them and their CNAs (Touhy et al., 2014). This makes the shortage of CNAs or high CNA turnover problematic. Under this theory, emotionally charged social exchanges between nursing staff and residents can also improve the

satisfaction levels of both residents and staff (McQueen, 2012). Thus, the CNAs would be less likely to entertain thoughts of leaving.

Studies showed that close or meaningful relationships involving positive social exchanges could potentially impact both the relationships and mental health of older adults living in long-term care facilities and their direct caregivers (McQueen, 2012). As such, those CNAs who would not leave their jobs are those who may feel that the organization reciprocates the care they are giving to the residents (Bowers, Esmond, & Jacobson, 2000). At the same time caregivers feel valued and empowered, residents who have close relationships with them can perceive the quality of care they receive in a more positive light because they feel that they are receiving care from by good listeners who would give advice when necessary (Lopez, White, & Carder, 2012). Residents who have close personal relationships with CNAs are also more likely to feel that the organization respects their individual identities. On the other hand, if CNAs and residents do not have intimate relationships, the nurse assistants are more likely to deliver care linked with clinical outcomes and standard procedures, as opposed to focusing on individual needs and going the extra mile to meet these unique needs of each resident (Bowers et al., 2000).

### **Nursing Homes and CNAs**

Older adults are one of the fastest-growing segments of the American population, even though compared to the total population they still constitute the minority (McQueen, 2012). In 2010, there were already 40 million adults ranging from 65 years and older (Federal Interagency Forum on Aging-Related Statistics, 2013), already accounting for

13% of the whole population. The number will expand to 20% by 2030, increasing more than three-fold by 2050 (McQueen, 2012). Moreover, researchers expect the overall percentage of the oldest old subgroup of aging adults, or those from 85 years and up, to grow (Federal Interagency Forum on Aging-Related Statistics, 2013). As such, this is already the fastest growing subgroup of the aging population. In relation to this, usage of long-term care services is increasing (Department of Health and Human Services, 2013).

From previous studies, researchers expect that 17% of adults from 65 to 74 years old will need some form of long-term care service in due time, and that this need will further escalate as they age (Spetz, Trupin, Bates, & Coffman, 2015). Long-term care services include assisted-living services, supportive care, hospice care, specialized mental health care, memory care, and other such care (Lopez et al., 2012). Because of this increased demand, CNAs must perform more critical roles than in the past (Spetz et al., 2015).

According to Liang et al. (2014), CNAs provide 90% of the care provided in long-term care facilities. The services they provide affect the quality of life of the residents (Lopez et al., 2012). Unfortunately, high CNA turnover negatively affects the quality of life and continuity of care to those in the nursing homes for long-term care services (Liang et al, 2014). If the problem of CNA turnover continues, those with less experience will care for the majority of those in the nursing homes (Kayyali, 2014). For several reasons, the shortage of long-term care workers would put the patient at much greater risk (Liang et al, 2014).

## **High CNA Turnover**

Within the United States, employee turnover costs organizations \$25 billion a year (James & Matthew, 2012). An increase in employee turnover affects an organization's finances and the productivity. According to James and Mathew (2012), an increase in employee turnover can negatively affect the productivity and talent sustainability of an organization. Castle and Engberg (2005) found that the national annual turnover rates of nursing assistants were already at a significant high of 400%. This indicated that a large number of direct care employees voluntarily leave their jobs in long-term care facilities. As a result, residents experience adverse effects, both physically and emotionally, from interruptions in care, inexperienced temporary workers, as well as lower dedication of care staff (Castle & Engberg, 2005).

The high turnover rates of CNAs are a problem, because residents usually establish personal relationships with direct caregivers (McQueen, 2012). These intimate relationships generate emotionally oriented care. Andersen and Havaei (2015) put forward that CNAs form familial feelings for the residents they care for, which develop out of their desire to help others. The presumption is that this desire is the primary motivational factor for CNAs (Andersen & Havaei, 2015). According to the 2008 report from the Center for Disease Control and Prevention (CDC), this desire does not prevent high CNA turnover rates. The CDC found that 37.2% of CNAs left their jobs because of insufficient compensation. The rest leave this employment field because they do not like the policies of the nursing homes, are burned out, do not receive enough benefits, and do not have strong working relationships with their colleagues or supervisors (Center for

Disease Control and Prevention, 2008). However, the most recent survey published by the Florida Center for Nursing (2016) showed that CNA turnover might have improved in certain states over the years since the CDC reported their previous findings, indicating the need for renewed state-specific research in CNA turnover intention.

Researchers also attributed high turnover rates to specialized memory care units (Hunter et al., 2015; Lim et al., 2015.) Caregivers for patients with Alzheimer's disease, in particular, as well as other forms of dementias and age-related cognitive declines, feel burned out the most and relatively dissatisfied with their jobs (McQueen, 2012). Increased stress levels, as well as educational deficits, may also lead to high turnover rates among CNAs (Dietrich et al., 2014; Sjögren et al., 2015). Sjögren et al. (2015) claimed that the workload of these care assistants could affect the health of the patients.

**Compensation.** According to the CDC (2008), 70% of 304,400 CNAs reported through surveys that they left their jobs because of low salaries. The report implied that they desired to seek better employment elsewhere or abandon their jobs because of their socioeconomic status. Dill, Morgan, and Marshall (2013) claimed that even though there is a strong link between job satisfaction, intention to leave, and retention, these theories might not adequately capture the plight of low-wage health care workers, such as CNAs.

Dill et al. (2013) asserted that low-wage workers might have weaker capacity to act on their intentions to leave because they do not have the same resources available to higher-wage workers and need the income to support their households. Dill et al. (2013) looked at the relationship between job satisfaction, intention, and retention of CNAs in nursing homes and how contingency factors affected their plans to leave. Contingency

factors in the Dill et al.(2013) study were resource-related constraints, such as being single parents with low income, which could affect employment decisions even if satisfied, leading to intentions of leaving. Based on survey data gathered from 315 nursing assistants across 18 nursing homes in a U.S. Southern state, the results revealed that job satisfaction and other perceived job characteristics, such as workload and quality of care, all affected nurses' intentions to stay at their jobs. However, the findings indicated that job satisfaction and employment intentions did not necessarily make a CNAs leave or act as significant predictors of retention. Rather, contingency factors, such as being the primary breadwinner in one's household, as well as other individual motivators acted as reliable predictors of CNA retention. Findings showed that low-wage health care employees such as CNAs left their jobs for reasons that turnover theories largely failed to stipulate, and that researchers can use employment intentions as proxies for measuring turnover.

Researchers suggested that family-sustaining wages, as well as full-time employment, could mitigate high turnover rates. However, other studies showed that minor wage increases would do nothing to reverse high turnover rates. Most long-term administrators believe that increasing compensation for CNAs would only lead to bidding wars between competing nursing homes or facilities and would just aggravate the problem with high turnover rates (Fitzpatrick, 2002). Apart from low salaries, limited employer-sponsored benefits cause high CNA turnover rates. CNAs who are not satisfied with employer-sponsored benefits seek other employment. However, literature found that most long-term care administrators are not keen on increasing the benefits to the



employees because of dependence on public reimbursement. The administrators claimed that this type of reimbursement prevents most facilities from increasing the salaries of their employees, particularly CNAs (McGilton, Boscart, Brown, & Bowers, 2014).

Because for-profit facilities want to maximize profits and minimize their costs, for-profit facilities only purchase a limited amount of supplies, making it challenging for CNAs to do more for their patients (Woodhead, Northrop, & Edelstein, 2014). As the facilities reduce more items that can enhance the care given by CNAs so that they can serve the “bottom line”, CNAs’ stressors increase. According to Woodhead et al. (2014), in large for-profit facilities, the organization does not give enough attention to the needs of CNAs and other low-level staff; the workers do not receive the recognition they deserve, and reward systems are usually nonexistent or meager. Woodhead et al. compared these for-profit facilities to nonprofit facilities with fewer beds accommodating fewer patients, so the number of CNAs is more proportionate to the number of patients they serve. In addition, administrators of nonprofit facilities are more amenable to rewarding the CNAs for their individual efforts (Woodhead et al., 2014).

Donoghue and Castle (2006) also highlighted the problem of a bed-to-aide ratio through a survey of 354 facilities across four different states, examining the impact of bed-to-aide ratio on the employee turnover rate. Donoghue and Castle found that smaller bed-to-aide ratio or a proportionate ratio of the number of CNAs to the number of employees could reduce the burnout of the CNAs and lower the rate of voluntary staff turnover. However, the researchers also found that smaller facilities face a unique

problem of their own, particularly involuntary staff turnover, because these facilities are not earning much (Donoghue & Castle, 2006).

A literature search revealed that the primary inadequacies resulting in the high turnover rate have been a lack of education that truly prepared the students for the real job. Staffing shortages place a greater burden on existing employees (Negarandeh, 2014; Unruh, Zhang, & Chisolm, 2014). The researchers also cited a lack of job advancement opportunities and low wages as reasons for short employee retention (Al-Hussami, Darawad, Saleh, & Hayajneh, 2014; Härmä, 2015). The average long-term care worker earned approximately \$6.50 to \$8.00 per hour (Al-Hussami et al., 2014). Many of these workers do not receive health insurance, or they cannot afford the premiums for the coverage. These conditions lower the worker's feeling of satisfaction and give little incentive to continue in the profession. Many long-term care workers leave within the first three to six months of employment (Al-Hussami et al., 2014). Researchers expect that these same factors will have a negative impact on the number of mistakes made by health care workers. The findings of this early study are still applicable today.

Almost 60% of the long-term care facilities with staffing deficiencies also have the highest number of deficiencies as far as patient care (Backhaus, Verbeek, van Rossum, Capezuit, & Hamers, 2014). The researchers measured these deficiencies against other service industries. These shortcomings include inappropriate restraining of patients, pressure sores, accidents, poor food sanitation, and medication problems (Zhang, Unruh, & Wan, 2013). These deficiencies were particularly noticeable in high-stress areas, such as those that care for severely ill patients with HIV and hemophilia

(Zhang et al., 2013). Many facilities are beginning to realize that this must become a primary focus if their facility expects to maintain a minimum of standards.

Facilities and facility administrators have many pressures and difficulties in keeping their program operational (Lerman, Eyster, & Kuehn, 2014; Skirbekk & Nortvedt, 2014). These facilities struggle with budgetary constraints, both from cuts in government funding and the inability of patients to pay for their care, adding yet another factor to their inability to offer employees higher pay incentives to stay. Budgetary issues are not the only issue in employee attraction and retention, but researchers cannot ignore their impact (Lerman et al., 2014; Skirbekk & Nortvedt, 2014).

**Employee motivation.** There are also several organizational and job-related factors linked to high turnover rates. The CDC (2008) found that 15.6% of 304, 4000 surveyed CNAs leave their jobs because they did not like the policies put in place in their facilities, as well as their working conditions. Studies showed that for-profit nursing homes or facilities are more likely to have higher turnover rates because of the policies in place (McGilton et al., 2014; Woodhead et al., 2014). CNAs felt that for-profit facilities prioritized economic gain for their services, rather than the patients' clinical outcomes and the care they must receive. For-profit facilities usually have more patients than the nursing staff, or more beds to accept patients than CNAs to ensure profits. However, this only leads to increased risk for burnout of the CNAs (Woodhead et al., 2014).

Research has also found distrust of management to lead to high CNA turnover. Studies have found that some CNAs do not trust their management because of perceived workplace surveillance and because management emphasizes differences in employee

statuses of the CNAs—that is, whether the organization considers them higher-level employees or lower-level ones (Jang et al., 2015). CNAs do not trust management because they feel that they receive disrespect from the management. Most CNAs perceive themselves as being at the bottom of the tier, affecting their job satisfaction levels (Jang et al., 2015). Turnover rates of CNAs may also result from how leaders interact with ground staff (Jang et al., 2015). According to Hayes et al. (2012), if CNAs perceive that management supports them by communicating with them and teaming up with them, turnover rates would decrease.

**Job satisfaction.** Choi and Johantgen (2012) also looked at what factors can trigger high CNA turnover rate, emphasizing the need to recruit and retain CNAs in nursing homes because of their significant roles in delivering high-quality care to residents. According to Choi and Johantgen, nursing homes provide the majority of direct care, but hiring and retaining CNAs is not an easy process. Retaining CNAs is critical because they provide high-quality resident care in nursing homes. Choi and Johantgen investigated how work-related and personal factors could affect CNAs' decision to leave by using data from the 2004 National Nursing Home Survey, as well as the 2004 National Nursing Assistant Survey. Results revealed that personal factors of the CNAs' ages, educational backgrounds, and job histories are all factors related to CNAs' decision to leave. However, these factors do not affect CNAs' level of job satisfaction. A unique finding of this study is that supervision can significantly predict CNAs' decision to leave, as well as their levels of job satisfaction (Choi & Johantgen, 2012).

Choi and Johantgen (2012) found that CNAs who perceive that they have supportive managers tend to have more job satisfaction. The presence of nursing home violence can also lead CNAs to leave their job. Research shows that workplace violence has become more prevalent. An earlier study by Hall, Hall, and Chapman (2009) found that around 27% of workplace violence takes place at long-term care facilities.

Workplace violence and aggressive behavior can range from repetitive demands, verbal outbursts from the bosses, and sexual harassment in the workplace (Hall et al., 2009).

According to Hall et al. (2009), the violence takes place during close CNA and resident contact, such as when the CNAs are transferring and turning, dressing, feeding, and bathing the resident. Some residents resort to hair pulling, biting, punching, kicking, and even spitting. Studies showed that workplace violence and aggression push CNAs to leave their posts. Most who experienced this suffered from increased stress and latent anger. If CNAs do not leave, these feelings of anger and stress would still affect CNA-to-resident interactions. The literature showed that this might push some to show abusive behaviors toward the residents. Some CNAs would start ignoring the needs of their residents, and some would just keep incurring absences (Hall et al., 2009).

Constant exposure to such negative behavior from their residents makes CNAs unsatisfied with their jobs and less committed to the residents (Morgan et al., 2012). In particular, Morgan et al. (2012) surveyed 83 nursing assistants exposed to aggression and physical violence from residents. From the responses, Morgan et al. found that registered nurses and CNAs exposed to violence of their residents are less likely to form intimate relationships with their residents, which means the loss of the benefits from such a close

and committed relationship between nurses and residents. Because they fail to form caring relationships with the residents, their services would lack personal touch and intimacy, which can negatively affect the overall quality of life of nursing home residents. In addition, CNAs exposed to violence of their residents are dissatisfied with their job, which pushes them to make the decision to leave their posts. Not having the ability to discuss the aggressive and violent behavior of their residents makes the feelings of indifference and dissatisfaction stronger.

Henry (2014) claimed that high annual turnover rates of CNAs are a systematic problem. As such, it is important to understand the reasons why CNAs leave, as their services enable sick or frail persons to perform mundane daily activities. Instead of looking at factors such as salary, benefits, and promotion opportunities, Henry (2014) looked at whether CNAs' perceived belongingness, attachment to their organizations, as well as self-efficacy, affected their intentions to leave their job. Using theories such as Tajfel and Turner's social identity and Bandura's goal attainment theories and gathering data from 117 CNAs employed in nursing homes across Midwest state, findings showed that organizational identity, affective commitment, job satisfaction, and self-efficacy all significantly shape intention to leave their jobs. Henry (2014), therefore, called for employers to put into place a formal process that would train and retrain CNAs so that they become more efficient and committed to their jobs. In addition, Henry (2014) highlighted the need to have formal workgroups in improving job satisfaction and decreased job turnover.

There is a vast amount of research available on the scope and probable future of the healthcare industry. Many academic journal articles have addressed the relationship between job satisfaction, stress, and employee satisfaction (DeTienne, Agle, Phillips, & Ingerson, 2012; Lu, Bariball, Zhang, & While, 2012; Shanafelt et al., 2012). Some studies revealed that employee satisfaction relates to the length of employee retention (Ito, Eisen, Sederer, Yamada, & Tachimori, 2014; Laschinger, Wong, & Grau, 2012; Lu et al., 2012).

**Employee engagement.** Zhang, Punnett, and Gore (2014) claimed that high employee turnover is a significant problem in long-term care settings and can be quite costly if not resolved. Intention to leave is a reliable indicator of actual turnover by past literature, but Zhang et al. claimed that researchers have not yet comprehensively studied actuarial predictors for nursing assistants. Zhang et al. employed a quantitative design which looked at the relationships among employees' working conditions, mental health, and intention to leave among 1,589 employees across 18 for-profit nursing homes; results indicated that employees' intentions to leave can be affected by employees' perceptions in certain workplace features. In particular, employees who perceive that their workplaces foster interpersonal relationships, respect their employees, and empower their employees to be part of the decision-making processes would have fewer or no intentions to leave.

Moreover, according to Hayes et al. (2012), CNAs may be less likely to leave if they receive the opportunity to take part in care planning, because this validates their importance as well as their relationships with the residents. McQueen (2012) discussed

the lack of leadership acceptance and outdated or inappropriate facility policies as problematic in long-term care facilities. Positive management can lead to a rewarding and satisfying workplace environment for CNAs. If supportive managers were leading them effectively, the CNAs would feel that they are part of their work community and would feel motivated (Hayes et al., 2012).

**Workplace environment.** Studies surfaced from the healthcare industry, indicating employees' working conditions also affected their intentions to leave (Kramer, Halfer, Maguire, & Schmalenberg, 2012; Kutney-Lee et al., 2013). These studies did not exclude CNAs. Gross et al. (2004) showed that non-empowered work environments could lead to high job stress and increase CNAs' desire to leave their jobs; for example, CNAs exposed to high amount of stress were more likely to quit. This is a significant problem in light of the increasing demand for long-term care workers. Gruss et al. looked at how job stress among dementia care CNAs differentiated the levels and types of their stress according to whether they are working in empowered LTC environments or not. Results showed that the caregivers employed in empowered environments experienced more resident-focused stressors than those in non-empowered dementia care units, who experienced more job-focused stressors. Resident-centered stress revolved around problems linked to accidents, behavioral problems, and death and dying situations of their patients. On the other hand, job-focused stressors were problems in salaries, workloads, and interpersonal conflicts, likely to lead to higher intentions to leave.

More recently, Zhang et al. (2013) showed that working conditions could significantly affect both the mental health of CNAs and their intentions to leave. Data



from 1,589 employees across 18 for-profit nursing homes for a quantitative analysis using Poisson regression modeling indicated that employees who cited at least four positive features in their workplace were less likely to desire or intent to leave their place of work (Zhang et al., 2013). Usually, features such as good interpersonal relationships, respectful environments, and empowering conditions where employees can contribute to decision-making processes are those that make nursing assistants less likely to leave (Zhang et al., 2013).

One important component of workplace environment is aggression. In the healthcare industry, studies showed that workplace aggression can lead to high stress among employees and have serious adverse outcomes for the employees and organizations (Dellasega, Volpe, Edmonson, & Hopkins, 2014; Rittenmeyer, Huffman, Hopp, & Block, 2013). According to Van Dyck (2013), who conducted a hierarchical regression analyses to investigate the relationship between horizontal workplace aggression, turnover intentions of CNAs, work-to-family conflict, and family-to-work conflict, organizations should keep aggression in check or else CNAs would decide to leave. Van Dyck also assessed if coworker social support can serve as a potential moderator in these relationships. Van Dyck asked 156 CNAs employed in a long-term assisted living facility corporation located in the Northwestern United States to complete surveys measuring the examined critical constructs; results indicated that high horizontal workplace aggression led to high levels of work-to-family conflict, family-to-work conflict, and turnover intentions. Coworker social support, on the other hand, moderated the relationship between aggression and work-to-family conflict, but not other

relationships of aggression and family-to-work conflict and turnover intentions (Van Dyck, 2013). The findings, however, still implied that the workplace environment is a critical factor behind CNAs' turnover intentions and actual turnover.

### **Effects of High CNA Turnover**

The effects of high CNA turnover rates are profound. These employees offer the bulk of hands-on care for residents in nursing homes or long-term care facilities, which would adversely affect residents if there were a shortage in CNAs resulting from high turnover rates. High turnover rates can lead to an elevated risk of infectious diseases among the nursing home patients or residents (Hayes et al., 2012). Nursing home residents can also experience their quality of life diminishing because of this shortage and high turnover of CNAs (Fitzpatrick, 2002). There are even studies showing that high turnover rates of CNAs can explain nursing home residents' low weight, pressure ulcers, and functional declines. These studies found that in nursing homes with low turnover rates, such problems are nonexistent (Dellefield, Castle, McGilton, & Spilsbury, 2015).

High caregiver turnover rates also affect residents at the emotional level (McQueen, 2012). High turnover rates reduce the likelihood that remaining nurses would prioritize the giving of emotional care and focus on providing clinical outcomes instead (Fitzpatrick, 2002). This would also lead to deprioritizing of personalized care. On the other hand, incidences of job satisfaction relate to higher levels of care quality, because nurses are more committed to the facilities they are working for as well as to the health and well-being of the residents. CNAs who are not as committed and satisfied with their jobs are also likely not to address the needs and wants of the residents adequately

(Gellatly, Cowden, & Cummings, 2014; Kunaviktikul et al., 2015). Studies have shown that the quality of life and care for nursing homes relates to the availability and longevity of the CNAs.

Trinkoff et al. (2013) evaluated the relationship between high staff turnover and nursing home quality outcomes. Trinkoff et al. analyzed data from the National Nursing Home Survey by linking the data to the quality outcomes through logistic regression. The researchers found that nursing homes with high CNA turnover had a higher number of patients suffering from pressure ulcers, pain, and even urinary tract infections. The researchers concluded that staff turnover is a significant concern that nursing homes cannot overlook. When organizations minimize CNA turnover, quality of care is better in nursing homes. Trinkoff et al. even concluded that turnover could be more important in shaping nursing home outcomes compared to focusing on the right staffing and skill mix in the nursing homes.

Lerner, Johantgen, Trinkoff, Storr, and Han (2014) also examined the relationship between high staff turnover and nursing home quality of care by looking at deficiencies in these nursing homes. Lerner et al. examined both CNA and licensed nurses' turnover and its effects on the number of deficiencies observed in nursing homes. Lerner et al. carried out secondary data analysis of information gathered through the 2004 National Nursing Home Survey, as well as new data gathered through the Online Survey, Certification, and Reporting (OSCAR) database. The study focused on 1,151 NHHS facilities that showed comprehensive deficiency data. Deficiencies pertained to quality of care, quality of life, and resident behavior categories. Results revealed that high CNA

turnover results in high numbers of the quality of care, resident behavior, as well as certain deficiencies. Lerner et al. concluded that CNA turnover results in quality problems in nursing homes, measured by the number of deficiencies of these nursing homes.

Health care facilities must now make employee recruitment and retention a part of their strategic planning process (Buchan & Campbell, 2013). According to Buchan and Campbell (2013), healthcare facilities need to make each employee feel as if they are a valuable resource and that they cannot treat employees as if they are easily replaceable. The researcher did not cite the reasons for this social change; this trend in social change is one of the primary factors in the healthcare quality and worker shortage (McQueen, 2012).

No one will deny the existence of the health care crisis and the lack of employees to care for the growing number of elderly in the country (Buchan & Campbell, 2013; Dal Poz, 2013; Mason, 2012). To this point, solutions to the problem have been few and thus far ineffective. This problem was the focus of this study. I not only address the problem and examine the potential predictors of the problem among a concentrated geographic area serving a large number of retirees, but I also offer recommendations to leaders and suggestions for future research based on the results. This research problem need further study to determine how prior research that led to specific interventions may have helped to mitigate the problem and the intended impact on employee satisfaction, particularly CNAs, leading to positive outcomes in the quality of care the long-term care facility patients receive.

The demand for nursing staff and caregivers in long-term facilities for older Americans in the United States has significantly increased (McQueen, 2012). According to the Center for American Nurses, employment in these positions has increased to a significant 83%, which is now at the highest it has been since 1980. Considering that nursing accounts for the highest number of jobs in healthcare, with over 2.6 million employees, the problem in hospitals, healthcare facilities, and in-home care is the lack of registered nurses and CNAs (Bureau of Labor Statistics, 2011). Buehaus and Potter estimated that by the next decade, demand would increase by an estimated 260,000 registered nurses (Chart Your Course International, 2015). This estimate is almost three times more than any scarcity incident in the country in the past half century (Chart Your Course International, 2015).

There are many reasons offered by experts about why healthcare facilities are unable to hire enough people to fulfill the positions within their establishments. Kowalski and Kelley (2013) determined that the main reasons there are such a shortage of nursing jobs is because of the nursing educator shortage, poor management and leadership within the nursing work environment, the increased amount of responsibility, and the workload of nursing staff. Moreover, CNAs are frustrated and stressed because of other employees and their actions and attitudes towards certain nurses, especially minorities, prompting them to look for other jobs offered in other locations (Phillips & Malone, 2014).

Hospitals and other healthcare institutions are looking at the causes for nursing shortages in their areas so they can respond appropriately (US Healthcare, 2015).

Unfortunately, with no end to this problem in sight, the American Organization of Nurse

Executives CEO, Pamela Thompson, felt that many establishments should be conducting surveys on a regular basis to help determine the reasons nurses who do leave their environments (Runy, 2006). Runy (2006) and other professionals in these positions felt that leadership and having a committed administration keeps nurses at their positions. Some institutions make a point of being acquainted with the nurses who are aboard their facility by spending time with them, talking about their concerns and other issues in their departments, and considering actions to meet the expectations of their employees (Runy, 2006). In other words, hospitals must provide a desirable work environment to keep their staff happy, and by offering leadership and responsible management, they can implement programs to accomplish these goals.

Mortality rates for hospitalized patients significantly increased, especially in the twenty-first century and the turnover in healthcare positions is one of the main contributors to the cause (Tourangeau et al., 2009). The shortage also results in a decrease in production, meager values in care, heavier workloads for the nurses that remain, decline in confidence, augmented distress for occupational wellbeing, and supplementary turnover (Tourangeau et al., 2009). Therefore, the added responsibility on the CNAs who continue to work in environments where the number of staff is limited have more stress and control over their own positions within that particular facility or department. In reality, most CNAs want to have the opportunity to have the power in their positions to take on more responsibility. Taking on more responsibilities makes the nurses feel confident and appreciated by the doctors and administration. However, the downside is that people can experience burnout in these positions and take a leave of absence or even

dread the long hours at their jobs. In fact, of new nurses fresh out of college, almost 65% leave their first job within the first year of nursing, and there are varieties of strategies to prevent such turnover. The journal's authors recognize these strategies to be simple to complex that include increasing the number of educational capacity within some of the hospitals, as well as encouraging incentives to keep nursing staff from retiring or moving on to other positions (Tourangeau et al., 2009).

Receiving unfair treatment in a stressful work environment is another reason that CNAs leave their jobs (Choi et al., 2013; Mark & Smith, 2012; Wu et al., 2012). Nursing jobs can have just as much violence and bullying as any job, and the psychological and physical effects that it can have on these nurses who suffer from this type of mistreatment can take its toll. Some CNAs fear that their supervisors will look down on them if they speak up about the way that others treat them (Lee et al., 2013; Phillips & Malone, 2014; Spector, Zhou, & Che, 2014). No one wants to deal with these issues, but these issues are serious in this type of work environment (Lee et al., 2013; Spector et al., 2014).

Younger CNAs may continue to earn their way up the ladder or quit, instead of facing difficult problem with the purpose of stopping them (Becher & Visovsky, 2012; Spector et al., 2014; Yang, Spector, Gallant-Roman, & Powell, 2012). The violence in nursing is a common issue in many facilities with consequences or possible terminations if there is a continued or reoccurring problem. Recently, there have been diverse developments in the direction of comprehensive specialized orientation programs designed specifically for new nursing graduates. Many hospitals have established new policies that educate nurses and established personnel at facilities of guiding principle

and their zero tolerance for complaints they receive (Becher & Visovsky, 2012; Spector et al., 2014; Yang et al., 2012).

In encouraging staff preservation, associations need to create work environments amenable to CNAs that are safe and to support worthy healthcare professionals; it is the responsibility of nursing management and directors to create settings that maintain inclusive proficient performance (Phillips & Malone, 2014). Furthermore, the RNs should play active roles in the process of creating positive and healthy working conditions starting at the time of recruitment; however, setting these standards is not easy because it takes time to collect the data required to determine individual healthcare facility needs (Runy, 2006). Organizations should implement surveys in every facility that request partialities about rules and performances that influence the opinions of the nursing staff in each medical wing within each institution. The purpose of the assessment is to evaluate and revise guidelines in their surroundings, based on questions asked to determine how each CNA feels about their management and direct supervisors and to find out if there are hostile working conditions, how they feel about co-workers, and if there is effective leadership in nursing jobs (Runy, 2006).

To develop effective leadership, the institutions should have a high set of standards that all employees must abide by, increasing the proficiency-based professional hierarchy permitting only fully prepared employees to go into management positions, as noted by Monaghan (2009). According to Monaghan, the method of progression preparation is to facilitate impending persons in charge to obtain an appreciation of the talents that will be necessary for the jobs they seek, recognizing precise aptitudes that are



similar to handling differences, and organizing alterations required to acquire their position, together with any abilities necessary. The next method is to offer proper and unofficial leadership education because numerous hospitals have condensed their workers' schooling finances as a way to cut back and save money. Considering that the cost to recruit one RN is more than \$50,000, it is evident that the expenses of less than \$5,000 for on-hand and prospective bosses are absolutely the better decision. Not only can this avert the failure of a number of fine medical tending employees owed to meager control, but it will also aid in maintaining accessible Charge Nurses (Monaghan, 2009).

Organizations must continue to apply principles to develop leadership and create equitable suitable jobs in which nurses are not overwhelmed with hostile or extensive responsibilities (Mocerri, 2014). These hospitals and other healthcare facilities will need to have principles that support every staff member and ensure that they provide and offer opportunities to their employees fairly (Robinson, 2013). Every role requires some responsibility, and the head nurse and administration are no exception. These facilities should offer permanent and dependable teaching to all personnel in leadership positions; Monaghan's response was a lengthy approach to the development and progress of an individual manager in the course of mentoring. This is an exceptional means of taking care of a select few for additional expansion within the society and to support specified mentors, as well as to make sure that they also get the learning needed to guarantee their usefulness (Monaghan, 2009).

Finally, the company should develop a formal rather than an ad hoc approach to succession planning, because it is not difficult in the national economic atmosphere to

become satisfied about the issues of retaining nurses, particularly when some may have delayed their retirement, or increased their hours as their spouses may have lost their job. Spending time and funds on existing and possible nursing managers is one of the greatest savings a facility can realize. Not only will it help with decreasing the funds connected with replacing workers who have moved on, but also it will offer the techniques that are essential to the employees to support the management charge, as healthcare institutes modify the desires of their opportunities in the future (Monaghan, 2009).

In addition to re-evaluating how hospitals promote leadership, nine other guidelines that medical centers should follow will promote employee preservation. The first is the ability to offer and apply momentous input to the healthcare center. Next, the administration will give appreciation to the importance of nurse involvement in order to reward people for their talents with the opportunity for occupational flexibility and growth. Furthermore, institutions will support specialized performances and insist on growth and progress through long-term teaching/qualifications. Another key focus is partaking in mutual decision-building at all ranks, and guaranteeing the existence of professional, capable, plausible, observable management, and making sure there are sufficient numbers of trained CNAs. These establishments must support a culture of accountability, enforce a communication wealthy society, and give reverential uncompetitive contact and manners. In turn, this will build group direction, confidence, and value in diversity, giving the nurses and other workers the ability to offer compassionate care to the patients in their wing or department and to become steady in their dedication to their occupation and home life (Monaghan, 2009).

In analyzing these principles to avoid high turnover rates and fulfill open positions, only 13% of the registered nurses were under 30 years of age, and the average age of the nurse population was 45; the majority of the reasons for the older nurses to leave and go to other job opportunities was because of the physical stress they underwent. However, 13% of newly graduated nurses whose first job was at a hospital left because they were unsatisfied with their jobs and the stress they endured in the process, and they classified these stressful situations as hostile or traumatic working conditions (Runy, 2006).

The second largest reason that there was a shortage in the nursing staff was the fact that the level of management and leadership was insufficient in providing a well-rounded and stable work environment, and the promotional segment was unfair. Finally, the third reason that nurses left their positions was because of the responsibilities of the registered nurses and licensed practitioner nurses (LPN) who became overwhelmed and tired from working long hours and doing the work of other staff members because of the shortage of nurses in their sector and or department.

After looking over the different data derived from research with Tourangeau et al. (2009), and reviewing and rereading the recorded surveys in the nurses and retention issues, while noting specific words and phrases that nurse participants used to explain the dynamics of their purpose to stay or depart their particular institution. Experts helped administration understand the records of the surveys with a definite type of system to process the types and rising arguments, and consistently contrasted and evaluated figures, and assessed and measured collections of succeeding focal point set facts to former

groupings. The researchers recognized reliability throughout the utilization of accurate speech marks to demonstrate results and through affiliate examinations. Furthermore, the experts showed prelude conclusions to a number of members, asking for their outlook on precision of elucidation. The researchers transmitted results during the depiction of the point in time and circumstances in which the information originated, permitting examiners to make choices about transferability (Tourangeau et al., 2009).

The findings of Tourangeau et al. (2009) were similar to the findings of this analysis, because the focus group surrendered to several different thematic sorts that encouraged hospital nurses purposes to stay effective within the facility. The findings also encouraged relationships with other workers, allowed for understanding the conditions of their job's surroundings, and obtained relationships with people in charge of their shifts (Tourangeau et al., 2009). In addition, the researchers found that rewards and incentives—how and if any they received any, and for what reasons, any managerial assistance and performances, physical and mental responses to tasks, patient rapport and occupation satisfaction, and other outside issues—had an effect (Tourangeau et al., 2009).

From the findings above of all focus groups, the participants talked about the significance of their companionship with other people they worked within their department, and some of the surveys revealed that the environment and value of these friendships were one of the most vital explanations for why they remained working at the hospital. Others pointed out that unconstructive or unsettled co-worker affairs were a strong force for getting out of the job within the facility as quickly as they could

(Tourangeau et al., 2009). The nursing staff was concerned that one reason they stayed employed at the hospital was that they felt they belonged to some type of peer group that was very important. Additionally, some even commented on the professionalism of some of the co-workers, which they thought of as one of the reasons they liked their jobs (Tourangeau et al., 2009).

The assessment revealed that registered nurses wanted to remain at their jobs when they worked in a setting they felt was stable and dependable, and when they had some trust and respect for one another, especially for the doctors (Tourangeau et al., 2009). Furthermore, the RNs perceived whether they had ordinary occasions to meet with other people they worked with and commemorate as a significant factor of fitting into that group. In fact, numerous staff participants expressed having engaged in or having previously observed nurse-to-nurse or nurse-to-employee circumstances of harassment or disparagement. Those who talked about these aggressive conditions did identify what they witnessed as inspirations to look for various vocational or instituted declarations on their scrutiny and affirmed that a senior or co-worker had not yelled at them within the past year (Tang, Chan, Zhou, & Liaw, 2013). They also explained that they had never been insulted that way since they had been in these positions as nurses (Tang et al., 2013).

Essential to these debates was the identified capability of being equipped for granting treatment to the patients. Nurses reported that they were definitely more liable to think about submitting applications for jobs in other medical centers and healthcare

facilities when there was not a sufficient amount of staff scheduled or because they felt that, the patients deserved better treatment (Jeon & Yom, 2014; Twibell et al., 2012).

Registered nurses of understaffed hospitals prefer to be elsewhere because they feel that these work settings are risky (Stimpfel, Sloane, & Aiken, 2012; Twigg, Gelder, & Myers, 2015). These registered nurses and other staff members also feel the same way when they are consistently dealing with a lack of equipment and supplies (Unruh & Nooney, 2011). Other undesirable working conditions and negative situations involved supervisors not being on the floor on the job because they had too much responsibility; the work overload affects their work and others in their surroundings. The main complaint was that management was unethical, unreliable, and lacked interpersonal qualities. The most significant external factors were the incentives offered at other jobs (Unruh & Nooney, 2011).

If hospitals want to promote hospital nurse retention, they need to look at their work ethics and standards, because if there are no principles or effective leadership in place for the nursing teams and other staff for a better environment, the nursing staff will look elsewhere for a job (Twigg & McCullough, 2014). Organizations must make major changes in the thematic categories that reflect nurse satisfaction and surroundings rather than trying to change the RN or CNA themselves. Hospitals that have high turnover should implement surveys, interviews, and observations, and should converse with groups in different departments to find out what is causing high turnover, including hostility, how management is operating, the workloads, and how to provide a place where the employees will stay (Twigg & McCullough, 2014).

Once organizations make determinations, they can set principles for everyone into stone for every individual to follow, and promote inside employees to become a part of supervising; this would help the hospital save money because these leaders hold an advantage over newcomers (Twigg & McCullough, 2014). If CNAs have a safe environment with less-stressful workloads, enjoy the people they work with, and have useful leaders that are visible, reliable, and eager to work, will provide the best care for the patients, then nurses would stay and turnover would decrease drastically (Twigg & McCullough, 2014).

### **Employee Retention Strategies**

**High commitment and involvement.** Recently, researchers have hailed “high commitment management” as the future of strategic human resource management (Ramstad, 2015; Wood et al., 2015). According to the authors, these types of management strategies can lead to organizational effectiveness, especially amidst the modern volatile and increasingly competitive economic environment (Ramstad, 2015; Wood et al., 2015).

High commitment and high involvement management strategies focus on empowering employees to have a say in the decision-making process, but also emphasize training and development programs that boost the value of the organization’s human capital. This, in turn, will ideally lead to increased productivity and lower turnover rates (Ramstad, 2015). To retain employees, organizations must develop mandatory, ongoing training and development programs as part of the revised HR strategy. Organizations should perform a cost-benefit analysis on online training versus traditional classroom-

type training; and once the organization makes a determination, training would need to commence immediately.

Another retention strategy is to increase and improve training opportunities. According to researchers, there is a need to integrate both formal and informal training into the job experience (Desimone et al., 2014; Manuti et al., 2015). This would provide employees with all the possible learning opportunities within the organization and form the specific goals and objectives toward making the organization a learning-oriented environment. Revealing that both informal and formal training necessary for employees to thrive in an organization and not entertain the thoughts of leaving (Bourke, Waite, & Wright, 2014).

Appraisal and assessment will also need to be an important part of the training and development process because these gauge the effectiveness of these training processes (Hong, Hao, Kumar, Ramendran, & Kadiresan, 2012). By asking the employees to fill out surveys regarding their perceived effectiveness of the training and then comparing those results with the actual production results, companies can gain a better understanding of how perceptions of improvement match up with actual improvements.

**Empowering organizational culture.** In every organization, there are certain dynamics that influence the organizational culture in either a productive or a nonproductive manner. It is ultimately the leaders' job to assess and understand those dynamics and to channel them in a positive direction (Hong et al., 2012). It is critically important to modify companies' organizational structure in such a way that balances out



the needs and desires of employees with those of the organization. As such, the organizational design and structure has a significant effect on HR strategy development and implementation (Bal & De Lange, 2015; Cascio, 2014). However, it is important to recognize that organizational culture is always the most difficult type of organizational change effort.

In a top-down organization, management dictates tasks to employees, who essentially function like worker bees at the command of the queen of the hive (Wallis & Kennedy, 2013). Such a system may not work well for empowering and retaining employees, including CNAs (Wallis & Kennedy, 2013). A more decentralized organization treats employees as valuable assets and gives them the opportunity to provide important input into the functions of the organization (Macphee & Suryaprakash, 2012; Philip, 2014). Clearly, companies need a HR strategy that would consider these factors. Human resource managers need to create a strategy that is in alignment with not only the design of the organization, but also where it hopes to be in the future (Boxall, 2014; Werner, 2014).

Alignment is also critical for employee retention in terms of matching employee skills with the jobs they perform (Dotson et al., 2014). Having a highly creative employee spending most of his or her day inputting data into the computer is either going to cause that employee to leave, or lower production based on frustration and disinterest. It is critical that organizations treat employees as unique individuals, and that management takes the time and effort to screen and assess the skills of its workforce and match them

accordingly with the areas that they will be the happiest with and the most productive in (Felstead, Gallie, Green, & Henseke, 2016).

Companies should strive to create an organizational culture of loyalty, trust, and motivation that will build long-lasting commitment to the company on the part of its employees. Employees are leaving in droves to go work for their organizations' competitors, and there appears to be little motivation to for employees to excel and be creative. This may be due, in part, to a lack of feeling appreciated and respected on the part of the employees (Laddha, Singh, Gabbad, & Gidwani, 2012; Robinson et al., 2014) This is critical because studies showed that contented employees are more committed to both the company and its customers. Satisfied employees also would like to see their employers succeed. Consequently, they work harder and are more productive to ensure that their employers succeed and that their customers are happy (Laddha et al., 2012; Robinson et al., 2014).

To improve the company culture and employee satisfaction, leaders need to ask for input and make everyone feel as if they are an important part of the team. The leaders should promote all interested parties to feel empowered and invested in the company's overall success. Logically, then, this should lead to reduced turnover rates (Grissom, 2012).

In addition, a focus on human capital management, which promotes the development of employees as invaluable assets, could help companies retain loyal, committed employees. The theory behind human capital management is that enhancing employees' value to the organization by investing in them will ideally improve their

performance, increase their production, reduce turnover, and ultimately make more money for the company. Therefore, HR strategies must look at human capital as a key resource in the planning process (Ployhart, Nyberg, Reilly, & Maltarich, 2014).

For human capital theory to be effective, it must properly align with the organization's mission and vision statements and integrate into the organization's strategic goals (Ployhart et al., 2014). Companies that have the mindset that people are expendable resources experience low productivity and higher turnover. Therefore, managers must focus on keeping the employees they have by satisfying their needs, listening to their ideas and opinions, and creating an organizational culture that thrives on communication, teamwork, and strategic alignment. This will help to develop an effective corporate culture that encourages employees to stick around for the long-term (Ployhart et al., 2014).

**Employee recognition and motivation.** Successful companies understand the value of their employees. Therefore, they try to keep the work as interesting as possible, provide opportunities for growth and advancement, and align skilled workers with the jobs that they are mostly likely to succeed in doing. Employees need to believe that they have as much of a chance of advancing through the company ranks as anybody else with the input of time, effort, and creativity. Without feeling that their input will be helpful to either the company or their own careers, employees are unlikely to put forth the extra effort for the company to succeed (Choi, Zhao, Joung, & Suh, 2014).

All companies should recognize that their success is dependent on their ability to attract, develop, and retain talented employees and build long-term employee

relationships (Edgren & Barnard, 2012). Top management must be able to foresee and predict future needs for employees and develop specific plans to obtain, develop, and retain the type of employees who meet the needs of a high-performing organization. If companies can foresee what would work toward the development and retention of the right types of employees, companies can expect to be successful in a global, dynamic, and continuously-changing competitive environment (Edgren & Barnard, 2012).

In addition, managers must pay attention to the needs of employees and create an environment in which they reap the rewards of the company's success as much as the "higher-ups" do. A gain-sharing program is one in which the money that the company saves is passed on (in part) to the employees, as a means of thanking them for contributing to these savings. Reducing turnover can contribute significantly to cost savings, while at the same time; employees' knowledge that they will reap the profits from their efforts provides motivation and increased productivity (Anvari et al., 2014).

Secondly, a pay-for-knowledge compensation system is also recommendable. Pay-for-knowledge systems operate on the premise that employees get pay increases as they reach certain, preordained levels of knowledge or skills within the company (Curran & Walsworth, 2014). Pay-for-knowledge systems offer organizations many advantages, such as allowing for greater flexibility among the workers, a more streamlined workforce, better job satiability, higher productivity, lower rates of absenteeism, and ultimately fewer turnovers (Curran & Walsworth, 2014).

Lastly, companies should focus on intrinsic rewards (Aggarwal, 2014; Mishra & Mishra, 2014.) Extrinsic compensation is essentially the more tangible rewards from

working for someone, while intrinsic compensation consists of the intangible types of rewards. Examples of intrinsic compensation include a boss complimenting an employee's work, having an enjoyable working environment, and learning the ins and outs of the business while in a company's employ. Intrinsic compensation is much more difficult to measure directly than extrinsic compensation, but that does not make it any less important or valuable (Aggarwal, 2014; Mishra & Mishra, 2014).

**Strategic planning.** Human Resource (HR) strategies are not just a cluster of ideas or policies strung together. They are specific plans that take into account all of the major stakeholders. All of these factors contribute to the notion of continuous improvement. Continuous improvement, according to Kearns (2003) is not only a strategy, but it is a philosophy and a mindset. Companies that understand that there is always room for improvement and refuse to engage in the snare of contentment are the most successful. Understanding where improvements are necessary and gaining ideas for making changes requires good communication. As Kearns (2003) pointed out, "It is very easy to communicate badly, but you can never have too much good communication" (p. 152). Organizations must communicate HR strategy, no matter how well conceived, effectively and properly if it is to have any legitimate value (Jain, 2014). There are dozens of reasons why it is important to not only plan effective strategies but to communicate them well, but the most notable reason is that if people do not understand the strategy, then it is not possible for them to carry it out.

The only successful organizations in the future will be those that are able to increase productivity through improving the performance of their human resources

through strategic human resource management (Kramar, 2014). Under the strategic human resource management, effective communication is an especially critical part of achieving this goal. Specifically, creating a vision and communicating the components of that vision effectively can help to create employees' sense of understanding of what the company hopes to achieve. In addition, making employees feel that they are a part of the decision-making process will help to make it seem as if they are working as a part of a cohesive team, which will in turn cause employees to try to make change and new initiatives succeed, instead of fighting to make them fail (Kramar, 2014).

Truss, Mankin, and Kelliher, (2012) opined that strategic human resource management goes much beyond the everyday HR policies and practices. Rather, it entails formulating strategies and policies to meet the long-term goals of the organization. Thus, it is imperative that HR strategies align with the overall corporate strategy of the organization. The defining element of strategic human resource management is the link it establishes between the various human resources functions, which include developing employee expertise; acquiring, retaining, and managing talent; managing employee relationships; managing organizational change; and ensuring employee engagement (Truss et al., 2012).

Implementing an HR strategy requires the creation of value through an added-value HR system that includes an explicit employee engagement system, a continuous improvement system, a learning system, a value creation system, and an employee recognition and award system (Kearns, 2003). It also involves a specific set of processes: (a) selection and recruitment processes aimed at the development of capabilities and

talents, (b) role definition processes to fit workers with the right jobs, (c) rewards, recognitions, and retention processes comprised of resources for those who add value, and (d) capabilities development processes expanding career and succession planning (Kearns, 2003). Ultimately, it is imperative that companies ensure that its HR strategy is explicit and detailed, and is not just a collection of policies. Policies are not the same as strategies. An effective HR strategy must include specific steps, measures, and timelines (Kearns, 2003).

### **Conclusion**

The concerns of human resource managers consist of a wide spectrum of activities, including recruitment, employee satisfaction, employee motivation, and many other tasks; however, the ultimate goal in all of these endeavors is to facilitate the success of the organization by increasing productivity (Kramar, 2014). This means treating employees as valuable and integral parts of the organization by offering them competitive salaries and benefits packages, including them in major decisions that will affect them, and clearly communicating the company's vision and mission (Kearns, 2003).

The future of HR management is one that focuses more on organizational performance as a whole, as opposed to merely individual performance (Kramar, 2014). Understanding stakeholder influence and motivation is one of the first steps in establishing a framework and process for strategic HR planning and management. A company cannot function properly without the support of its employees, a support that will not occur without proper treatment from management, including open, two-way communications. Companies that truly understand the impact of employee satisfaction on

the bottom line are the ones most likely to work hard to develop successful communication strategies. These companies gain continuous feedback from both employees and customers in regards to their satisfaction, and then use that information to build better, longer-lasting relationships.

The anticipated result of the recommendations made in this research paper is an improvement in the efficiency and productivity of the organization by retaining quality employees. Yet, such a state will only occur if employees are truly content in their working environment. I anticipate that a well-researched and updated HR strategy incorporating these recommendations will improve employee satisfaction, which will reduce turnover and ultimately enhance productivity.

Organizations cannot ignore the problem of high CNA turnover. According to Rocca et al. (2011), by 2050, researchers expect that 1 out of 85 persons will receive a diagnosis of some form of dementia. Nearly half (40.3%) among this group would require high levels and long-term care. Society expects nursing homes to cater to this need and be the main providers for the elders who have dementia, Alzheimer's disease, and other diseases that require long-term care. It is vital to retain trained CNAs and lower the turnover rate to meet this impending demand for CNAs who can provide quality care.

The literature review established that nursing home staff turnover could lead to significant economic and personal costs to the nursing homes and the patients. Turnover significantly and adversely affects the quality of life provided to the residents. The literature also determined that reducing high staff turnover in nursing homes is critical because it would benefit the U.S. healthcare system, and at the same time, benefit the



residents. The literature also established that empowered CNAs have better knowledge, skills, and attitudes to provide better care for the residents and reduce the burnout they experience, which is a strong trigger of the intent and decision to leave their jobs.

The rationale behind this research is solution-oriented and stems from the growing deficiencies in the number of direct care health care workers. It is imperative that the health care industry finds solutions to this growing problem. As an increasing percentage of the population grows older, the workplace stresses will only increase on individual workers. This will ultimately lead to even heavier workloads and will lead to an increase in employee dissatisfaction and an increase in employee stress. This is very difficult on the workers; however, the patients will ultimately lose in the end.

The first step in solving the health care crisis is to identify the problem. Preliminary research into the problem finds that many do know that a problem exists and some go as far as to offer solutions. However, the solutions offered do not consider actual employee needs, and only guess at appropriate actions. This research delved deeper into the employee satisfaction issue from an employee's standpoint. Demographic information played an important part in this research from both satisfied and dissatisfied workers.

There are many who recognize the problem and understand the urgent need to find solutions. Organizations must take proactive measures to curb the problem before the crisis grows more severe. This issue needs concrete answers, ones rooted in solid research directed at identifying the needs and then implementing a plan to decrease the number of negative patient incidents in that facility. This research may impact the facilities in this study as well as give a set of guidelines to help other facilities in a similar

process. Thus far, the solutions to the health care crisis have failed to produce positive results, or results that will solve both the immediate and future needs of the industry.

After the development and implementation of the guidelines that resulted from this research, future researchers may conduct further studies to determine if these guidelines have been effective.

### **Transition**

Employee turnover is a major issue facing administrators and managers in the LTC facilities. Economic issues have caused organizations across the United States to find it difficult to overcome the challenges of retaining skilled employees. When organizations' employee retention decreases, it has an adverse effect on organizations, communities, and the economy overall (Davis, 2013). The purpose of the study is to examine if the variables of employee motivation, engagement, compensation, work environment, and job satisfaction have a significant impact on employee turnover. The findings could potentially assist organizations in developing strategies to obtain motivating factors that could in turn decrease employee turnover in the long-term health care industry. Employers need retention strategies to reduce the operational cost associated with the high employee turnover rates within the United States.

Section 1 of this study provided an overview of the foundation of this study, including the background of the problem, problem statement, purpose statement, literature review, and research question. Section 1 also included a review of literature relevant to the phenomenon of employee turnover in the nursing home industry. This includes causes, effects, and possible solutions to the problem. Section 2 provides a

detailed interpretation of the methodology identified to explain the focus of this quantitative study and discusses the research design used to examine and understand the factors that lead to employee turnover. In addition, Section 2 contains a discussion of the data collection, process, and the instruments used to collect and analyze the data to support the findings.

## Section 2: The Project

Employee turnover is part of almost every organization's business cycle (Jiang, Dong, McKay, Lee, & Mitchell, 2012). Turnover is costly to businesses because it affects the organization's performance and profitability (Craig, Allen, Reid, Riemenschneider, & Armstrong, 2013). The focus of this quantitative correlational study was on the examination of the possible relationships between employees' motivation, engagement, work environment, job satisfaction, compensation, and employee turnover among CNAs. The data collection was from CNAs currently employed in long-term facilities in Florida to understand the possible relationships between suspected factors pertaining to employee turnover. Increased numbers in employee turnover can have a negative impact on other employees' motivation, employee engagement, compensation, and the overall work environment (Arekar, Sherin, & Deshpande, 2013; Cao, Chen, & Song, 2013). Therefore, managers search for effective ways to retain skilled employees to maintain a competitive advantage within their industry, including in healthcare settings involving long-term care (Kayyali, 2014). This section provides a detailed description of the research methods and design procedures used to examine the extent of any relationships among variables.

### **Purpose Statement**

The purpose of this quantitative correlational study was to examine the relationships between employee turnover intention of CNAs in the long-term care industry and employee compensation, engagement, job satisfaction, motivation, and work environment. The predictor variables were employee compensation, engagement, job satisfaction, motivation, and work environment. The criterion variable was employee

turnover intention. The population for this study includes CNAs working in long-term care facilities in the state of Florida. The implications for positive social change include the possibility of reduced CNA turnover, stemming from a better understanding of turnover, leading to employee retention that could improve the care and well-being of the institutionalized elderly population in America. The implications for business practices include the potential for the applications of research-driven understanding of the factors that drive CNA turnover, leading to strategies that can prevent turnover and reduce the associated costs in long-term care facilities (Bebe, 2016).

### **Role of the Researcher**

The role of the researcher is to act as the coordinator for data collection and to perform data analysis, which requires the use of methods to enhance rigor and validity (Ludlow & Klein, 2014). The role of the researcher in this study was to collect, organize, and analyze data. Researchers should collect data in a trustworthy manner and mitigate bias (Smit, 2012). A researcher should engage in the process of identifying and exposing biases that he or she cannot readily eliminate (Kam & Meyer, 2015). To improve the trustworthiness of the study and mitigate bias, I chose research methods based on the recommendations of published research experts and apply data collection and analysis efforts that adhere to recognized research standards. I recruited participants impartially, reported the findings without judgment, and verified that the research results were valid. I used an outsider's perspective. According to Fassinger and Morrow (2013), outsider research is appropriate and can reduce the bias that may stem from an insider's point of view; unlike all the participants, I am not an employee in the long-term care industry. The

three core ethical principles that protected the participants were (a) respect for individuals, (b) beneficence, and (c) justice, which complied with ethical research detailed in the Belmont Report (1979). I remained available to answer and clarify any questions that the participants had through email and telephone to establish a working relationship. I complied with the Belmont Report protocol, adhering to ethical guidelines recommended by Udo-Akang (2013) and Bowser and Wiggins (2015), including (a) designing research that minimizes harm to participants, (b) obtaining informed consent signatures from all study participants prior to data collection, (c) ensuring equal access to participation for all members of the population, (d) maintaining confidentiality, and (e) providing the means for withdrawal.

### **Participants**

The population of this research study consisted of CNAs in the long-term care industry in Florida. The sampling of the participants occurred following the permission from the Walden University Institutional Review Board (IRB). The sample strategy resulted in participants who represent the population, which Bebe (2016), Englander (2012), and Saunders (2011) claimed is important to research findings. To access participants for this sample from the population, I relied upon an Internet-based survey administration service by SurveyMonkey® Audience that recruits individuals who belong to different types of study populations (Sinkowitz-Cochran, 2013). SurveyMonkey® Audience is a service offered to purchasers of a targeted group of survey participants (SurveyMonkey®, 2015; Hayes, 2015).

The SurveyMonkey® Audience service facilitated access to CNAs with experience working in the long-term care industry in Florida. Survey Monkey used a process to prequalify each participant to determine suitability by using his or her roles as employees, as well as their experiences reported with employee retention in their organizations. Survey Monkey established relationships with individuals to obtain survey responses within a reasonable period. I obtained all of the collected survey data from participants accessible through the survey service. The data was the participants' answers to the questions administered in the Survey Monkey format, using the questions included in Appendices A through K, based on the permission obtained in the appendices. I closed the survey after obtaining the desired amount of usable responses (Bebe, 2016). Receiving the surveys through a web-based link provided by Survey Monkey ensured that participants' identities and responses remained both anonymous and confidential (Appendix L).

### **Research Method and Design**

Thomas (2012) defined a research method and design as a systemic way of helping to solve a problem. A research method and design are procedures the researcher describes, explains, and applies to study a phenomenon (Thomas, 2012). The research method and design represents a complete plan for conducting a research study (Antwi & Hamza, 2015; Maxwell, 2015; Mayoh & Onwuegbuzie, 2013). This quantitative correlational design study included a multiple linear regression analysis to test the hypotheses leading to the determination of the existence and nature of any relationships that exist between the variables. This section includes the discussion of research

methodologies and designs, along with the justifications for the choices of a quantitative methodology and correlational design.

### **Research Method**

A quantitative method involves examination of numerical or otherwise measureable and quantifiable data pertaining to constructs in research questions and testing hypotheses. Quantitative methods apply to the examination of known, identified variables among samples of participants who are representatives of broader research populations (Mukaka, 2012). A quantitative method supports the application of inferential statistics permitting inferences from the sample to an entire population (Bryman, 2012). A quantitative method permits a deductive approach through objective analysis of variables and provides an opportunity to reject or to fail to reject the null hypotheses (Mukaka, 2012). The findings of quantitative research are the product of statistical summary and analysis (Mensah, 2014). A quantitative approach was suitable for a study that involved measurable variables, research questions with corresponding hypotheses, and a sample of participants from the long-term care industry. In quantitative research, data collection from the use of surveys or questionnaires with close-ended answer options, representing numerical data, can be more cost-effective and efficient than qualitative data collection and analysis or mixed method approaches that include both quantitative and qualitative data sources (Cirtita & Glaser-Segura, 2012).

The qualitative method was not appropriate for this study because answers to the research questions were unlikely to emerge from qualitative methods. Qualitative research often involves subjective interpretations about previously unidentified variables



or analysis of textual data from a smaller number of participants than in quantitative studies (Elo et al., 2014). Rather than using quantitative methods involving statistics to produce objective findings, qualitative researchers typically apply subjectivity to sampling strategies, data collection, and analysis of data about personal experiences expressed in interviews or observations, (DeLyser & Sui, 2013; Frels & Onwuegbuzie, 2013). The accessibility of a large population of CNAs in long-term facilities in Florida make objective sampling strategies, data collection, and analyses involving statistical hypotheses testing with known variables a more appropriate method for obtaining objective answers to the research questions in this study.

A mixed methods approach is appropriate when research goals include collecting both quantitative and qualitative data to answers research questions within one study (Denzin, 2012). A mixed methods type of research expands the process of using quantitative and qualitative research methods in tandem (Bryman 2012; Hoare & Hoe, 2013), requiring more time and research expertise than was available for this doctorate-level study. Mixed method research can strengthen a study through the mitigation of the inherent weaknesses of single-method studies (Maxwell, 2015; Mayoh & Onwuegbuzie, 2013), often involving triangulation (Bryman, 2012), which was beyond the scope of this research and unnecessary for obtaining answers to the research questions.

### **Research Design**

This quantitative study has a correlational design, selected with the purpose of examine the relationships between the variables. Quantitative designs include experimental, quasi-experimental, and non-experimental designs (Ludlow & Klein,

2014). An experimental approach that, according to Zellmer-Bruhn, Caligiuri, and Thomas (2016) revolves around the manipulation of variables, control groups, and causation, would not be appropriate for this study because there was no intention to manipulate variables, draw conclusions about causation, or involve treatment and control groups. Similarly, the quasi-experimental design includes variables such as age, gender, personality, and ethnicity that cannot be randomly assigned, but still focuses on causation (Cokley & Awad, 2013).

Correlation research does not require experimental manipulation of variables or assignments to research groups (Cokley & Awad, 2013). According to Mukaka (2012), a correlational design is a type of inferential quantitative research approach that involves examining possible relationships among variables instead of causation. A correlational design was appropriate for this study because the purpose was to determine if relationships exist among known variables and to quantify the extent of any relationships among predictor variables and the criterion variable. The use of a regression equation results in statistical findings that lead to conclusions about predictions within the population of the study (Ludlow & Klein, 2014). To quantify the variables for the tests of correlation, the survey instruments consisted of close-ended questions on the Compensation Scale, Utrecht Work Engagement Scale, Job Satisfaction Scale, Work Extrinsic and Intrinsic Motivation Scale, Work Environment Scale, and Employee Turnover Scale. Multiple linear regressions are rigorous analysis techniques to test the hypotheses and quantify any relationships that exist between the variables in the study (Ansong & Gyensare, 2012).

## **Population and Sampling**

### **Population**

The population for this study consisted of current CNAs with experiences working in long-term care facilities in Florida. All CNAs who work in the state must register with the Florida Board of Nursing (2016), demonstrating their eligibility to work in the field; eligibility includes being at least 18, passing a fingerprinting and criminal background review, earning at least a high school diploma, completing prescribed coursework, and passing the state examination. The Florida Center for Nursing (2016) conducts statewide surveys every two years to study trends in nursing, reporting findings on the thousands of CNAs and other nurses working in the state. According to the 2015 survey results reported by the Florida Center for Nursing, including data for over 11,000 CNAs employed in the state, CNAs represented the majority of care staff (61% of the nurses) in long-term and skilled nursing facilities. The population of CNAs includes of long-term care facilities in Florida. The recruitment of prospective participants occurred within various long-term care facilities operating in Florida. The participants had opportunities to respond to close-ended survey questions, delivered via Survey Monkey, completed through the established survey link. All participants were age 18 or older, currently employed in long-term care facilities with at least two years of long-term care experience.

### **Sampling**

Researchers use sampling strategies to draw participants from the population and generate conclusions concerning the population on interest (Hayes, 2015). Sampling of a

population entails the extraction of often-voluntary respondents who are able and willing to provide data about their viewpoints, perceptions, and experiences (Palinkas et al., 2013). To make inferences about the population, I employed a sampling technique that resulted in a sample of between 92 and 138 CNAs, further described and justified below. CNAs who opt-in to the study were those participants who made themselves readily available and who met the criteria for inclusion, based on their self-reported eligibility.

Although surveys delivered through the Internet, involving a specialized population of experienced individuals, did not meet the criteria established for true random sampling, Fulgoni (2014) claimed that respondents could opt-in randomly from among the people exposed to the invitation to take the survey, if all of the members of the population received an invitation to participate. According to Baker et al. (2013), if conditions such as access, interest, or population size arise that prevent census sampling or probability sampling, then non-probability sampling, such as the type of sampling that applies to opt-in Internet surveys may be representative enough to make appropriate generalizations to the broader research population.

The advantages of using Internet surveys involving sample members who opt-in include findings that the sampling strategy is widely accepted, frequently used, relatively easy, and affordable (Lanier, Tanner, Totaro, & Gradnigo, 2013). A nonprobability sampling strategy is appropriate for generating survey responses from participants drawn from different distant locations and reduces the need for researcher travel to access the population (Ludlow & Klein, 2014). Although each prospective participant may have an equal chance of becoming a participant, only those accessible by SurveyMonkey®

Audience who decide to opt-in were actual participants, leading to the need to determine and account for response rate and sampling bias (Ude, 2015).

The possible disadvantages of using the selected sampling strategy involving participants who opt-in the internet survey included the response rate based on a sample of only Internet users who made themselves available for sampling (Fricker & Schonlau, 2002). A meta-analysis of rigorous peer-reviewed research with participants who completed Internet surveys indicated an average response rate of 40%, ranging from 6% to 100% (Sivo, Saunders, Chang, & Jiang, 2006). I aimed for a 40% or better response rate and included a discussion of how the sampling strategy and response rate, based on Survey Monkey reports, influenced the results or the interpretations of the findings.

The selected sample was between 92 and 138 CNAs who were readily available to participate in the study and who met the criteria for inclusion in this study. The sample size estimation is relevant to rigorous research, based on calculating and determining the sample from an identified population (Beck, 2013; Farrokhyar, Reddy, Poolman, & Bhandari, 2013). A power analysis using G\*Power version 3.1.9.2 software, was useful in determining the appropriate sample size for this study. An a priori power analysis, assuming a median effect size ( $f = .15$ ),  $\alpha = .05$ , indicated a minimum sample size of 92 participants would achieve a power of .80. Increasing the sample size to 138 increased the power to .95. Therefore, I recruited 138 participants for the study (see Figure 1).

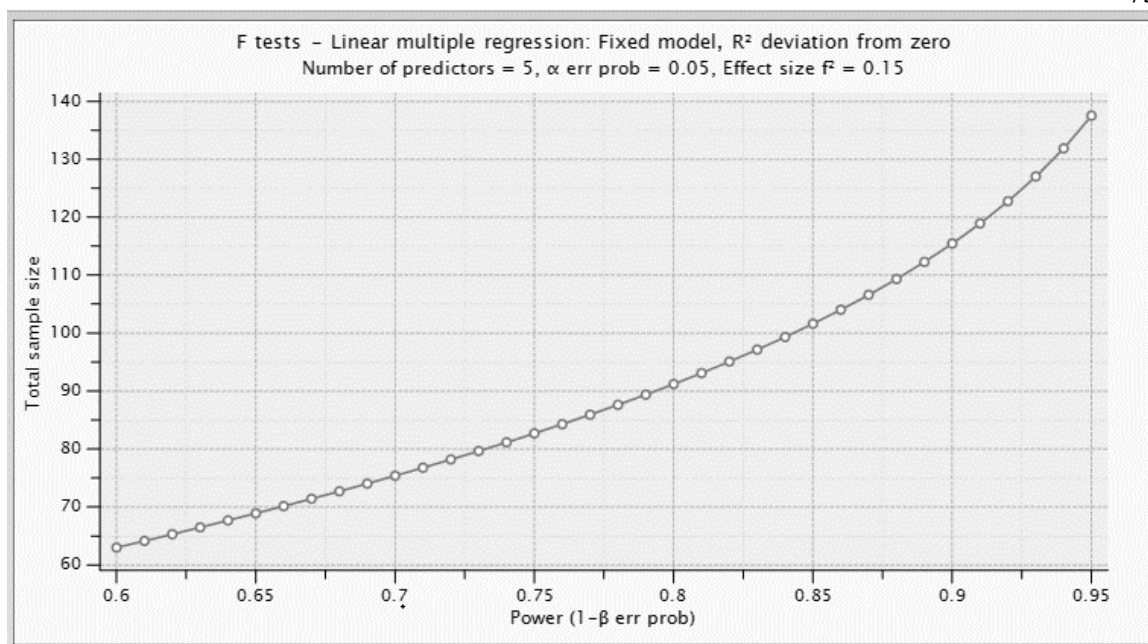


Figure 1. Power as a function sample size.

### Ethical Research

Ethics in research encompasses the responsibility of researchers to be honest and respectful to all individuals affected by the research studies or reports of the results of the studies (Mealer & Jones, 2014). Researchers are required to uphold characteristics of honesty, trustworthiness, and credibility leading to valid and reliable research findings. To adhere to the ethical protections of research participants, I obtained the permission of the Walden University IRB prior to commencing research. Because of the reliance upon SurveyMonkey® Audience, there was no need for permission forms or letters of cooperation from any long-term care facilities to complete the study. After the IRB granted me permission to collect data and complete the study, I began the process of approving SurveyMonkey® Audience to recruit the participants to complete the online survey created on their site.

Walden University requires that all participants involved in the study sign an informed consent form. The process of requiring a signature on the informed consent form from every research participant adheres to the ethical guidelines for research involving human subjects, discussed and emphasized by Tam et al. (2015) and Check, Wolf, Dame, and Beskow (2014). The use of SurveyMonkey® to administer the internet-based surveys allowed for the inclusion of an informed consent form as the first page of the survey, prior to any data collection. I included Walden's IRB approval number, 08-19-16-0303844, and the expiration date of August 18, 2017 in the consent form. Prospective participants who visited the survey site were able to progress to the survey questions if they indicated their agreement with the informed consent terms listed on the informed consent page. If they did not agree to the informed consent terms, they were not able to progress to the actual survey questions and exited from the survey site.

Pacho (2015) and Resnik (2015) discussed some of the ethical concerns about incentives for research subjects, including the possibility of inappropriate inducements, exploitations, and biased samples. Despite the ongoing debates among researchers, the offer to potential research participants to compensate them modestly for their time and efforts, through services like SurveyMonkey® Audience, has been acceptable at the doctorate research level (Hayes, 2015; Mlinar, 2015; Weiss, 2016). Survey participants received the incentives and benefits offered by SurveyMonkey® Audience, which may have included a gift card or contribution to a charitable cause.

McConnell (2010) discussed the inalienable rights of human participants to withdraw from research, emphasizing the assurance of that right to withdraw as part of

the informed consent process. Melham et al. (2014) also discussed the right to withdraw from research that should be a part of an adequate informed consent process, as an essential ethical safeguard for human research participants. In this study, there were no penalties for not participating, declining the invitation, or withdrawing from the study at any time before, during, or after data collection. Study participants had the option to withdraw at any time by declining the survey, not answering one or more of the survey questions, or not submitting the survey questionnaire.

For privacy and ethical reasons, I ensured that the participants and any organization names remain private, used solely for the purpose of this study (see Appendix A). To guarantee confidentiality and privacy in this study, two elements of ethical research described by Check et al. (2014) and Beskow, Check, and Ammarell (2014), data collected for this study will remain safely in storage for a period of 5 years to protect the participants and their organizations. After the 5-year requirement, I will destroy all consent forms, survey data, and any other stored data, papers, or electronic files associated with the research data. The electronic versions of the survey, hosted by SurveyMonkey®, will remain encrypted with IP protocol identification turned off, as recommended by Mahon (2014), to ensure the anonymity of participants and results that are accessible without any personal identifiers. The data from the participants pertained only to this study, and the participants' names and any other possible identifying information remain protected without any accessible identifiers pertaining to participants' identities.



### **Instrumentation**

The selected survey instruments used for the measurement of the five-predictor variables in this quantitative correlation study were (a) Compensation Scale, (b) Utrecht Work Employee Engagement Scale, (c) Job Satisfaction Scale, and (d) Work Extrinsic and Intrinsic Motivation Scale, and (e) Work Environment Scale. The Turnover Intention Scale was the means to measure the criterion variable. The six survey instruments, used in previous studies, demonstrated both reliability and validity. Consideration of instrument validity and reliability is an inherent part of any rigorous quantitative research effort; using the Cronbach's coefficient alpha indicates whether there is a high level of reliability and consistency (Ude, 2015). According to Ude (2015), a Cronbach's coefficient alpha score indicates reliability and consistency. The six scales selected have registered Cronbach's coefficient alphas of .72 to .934, which were indicators of acceptable to excellent levels of reliability. There were no adjustments or revisions made to the scales, due to the established reliability and validity measurements.

To ensure the validity and clarity of the instrument, comprised of the previously validated surveys described in detail below, I requested that my dissertation committee re-evaluate the instruments. There were no necessary changes to the instrument; therefore, I utilized the surveys previously tested. I pre-tested a small portion of the population to improve the data collection instrument by eliminating any ambiguities and inadequate terms. Usage of the pre-test enabled the researcher to check for validity of the instrument used in data collection. The descriptions of the validity of the instruments described below encompasses the results of prior research that involved the stated

measures of employee's compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intention (Khan & Du, 2014; Mensah, 2014; Tremblay, Blanchard, Taylor, Pelletier, & Villeneuve, 2009).

The survey instruments selected for this study included close-ended answer options representing the data from the sample, analyzed to determine if a relationship exists between the predictor and criterion variables. The single survey administered to participants included the combination of the different sections of questions pertaining to the different variables, such as compensation, engagement, job satisfaction, motivation, work environment, and employee turnover. The participants deemed eligible through the SurveyMonkey® database received an email invitation including the purpose of the survey with the request for the individual's participation. A link to the SurveyMonkey® host site included the informed consent form page leading to the list of survey questions. An electronic signature affirmed acknowledgment of the informed consent terms before completing the survey questions to ensure compliance with the Walden University IRB process.

SurveyMonkey® provides an encrypted collection and storage of survey data for retrieval, stored for a period of 5 years at the request of the researcher. The questions on the survey included questions from six previously validated instruments used to measure the variables. The following subsection contain detailed information about the (a) Compensation Scale, (b) Utrecht Work Employee Engagement Scale, (c) Job Satisfaction Scale, and (d) Work Extrinsic and Intrinsic Motivation Scale, (e) Work Environment Scale, and (f) Turnover Intention Scale. The permissions to use these instruments are in

the Appendices. All of the scales involved Likert-type answer formats. There were no adjustments or revisions to the identified survey instruments, due to the established reliability and validity measurements. The points along a rating scale may not represent equal intervals; however, rating scale data are closer to interval than ordinal scale data, and researchers may use rating scale data as interval data in statistical analyses (Meyers, Gamst, & Guarino, 2013).

After participants answered the survey questions and submitted the survey answers, SurveyMonkey® automatically tabulated the scores for each and all surveys completed by the participants. Data was downloadable to Excel and Statistical Package for Social Sciences Program 4.0 (SPSS), so inspection and analysis of the data could occur. Upon inspection, I identified any incomplete surveys and excluded the entire survey from the data set used for analysis. Descriptive statistics, such as the frequency distribution, mean, median, and standard deviations stemmed from the appropriate statistical calculations, in preparation for the inferential statistics.

**Compensation Scale.** The CS instrument is a gauge of employees' thoughts about monetary and non-monetary factors of their jobs. Appendix A contains the e-mail correspondence requesting and receiving permission to use and publish the pre-designed CS instrument for this study. The Compensation Scale (CS) developed by Mensah (2014) includes five questions that represent a measure of an employee's views on compensation, leading to appropriate data for the corresponding predictor variable in this study. Mensah adapted this instrument to measure an individual's views on how compensation has an adverse effect on employee retention in the banking industry. The

CS measures compensation, based on intrinsic and extrinsic rewards, including monetary pay and other benefits. Compensation is essential for retaining valuable employees in the different industries studied (Hong et al., 2012); however, compensation levels do not single-handedly guarantee an employee will stay with an organization (Hong et al., 2012).

The ordinal scale identified in Appendix B represents a five-point Likert-type scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Likert-type scales are easy to construct, reliable, and effective measures of vital psychometric constructs (Holt, 2014; Lantz, 2013). The Likert-type scale allows the participants to select the appropriate answer based on various aspects of their positions. Scores were additive, with no reverse coding required, leading to possible additive answers of between 5 and 25 for the five questions on the compensation portion of the survey. A higher score indicates that more positive attitudes about respondents' experiences with compensation (Mensah, 2014).

The five questions pertained to how the participants feel about their earnings in comparison to others who occupy similar positions in other health care industry. The second question included nonmonetary benefits, such as vacation time and medical insurance that participants may receive. The third question revolved around ideas about rewards for hard work and results produced in the industry. The fourth question pertained to participants' perceptions about how their salaries and benefits were commensurate with their responsibilities. The final question was about the occurrence of satisfactory reviews of compensation.

Ude (2015) noted that the validity of a given data collection instrument stays the same for different populations and samples. Therefore, a validity test was not necessary for the Compensation Scale. According to Ude, the Cronbach's Alpha, a reliability coefficient that specifies if there is a positive correlation between the set of items, for the five-point compensation subscale was 0.81, an indication the instrument was a valid measure of compensation factors that reflect the respondents' views about their experiences with employee-related compensation.

**Utrecht Work Engagement Scale.** Permission to use the UWES instrument to measure employee's engagement in the long-term care industry is in Appendix D. The UWES contains 17 questions in a Likert-type format, adapted from research conducted by Schaufeli, Salanova, Gonzalez-Roma, and Bakker (2002). The ordinal scale was appropriate for measuring an individual's work engagement. The UWES includes three subscales to determine the level of work engagement: (1) vigor, (2) dedication, and, (3) absorption. Vigor refers to the energy and mental resilience while working that leads to the willingness of an employee to invest effort in work and to persevere in the face of difficulties (Schaufeli et al., 2002). Dedication encompasses inspired enthusiasm to address challenges and significant pride in applying oneself (Schaufeli et al., 2002). Absorption means fully concentrated and deeply engrossed in one's work, characterized by quickly passing time passing and difficulties detaching from work (Schaufeli et al., 2002). Appendix E depicts the 17 questions that make up the UWES and the three subscales.

Response options for the 17 items regarding work engagement were along a 7-point Likert-type rating scale (*0=never, 1 = almost a few time a year, 2 =rarely once a month, 3 = sometimes a few times a year, 4 =often, 5 =very, 6=always*). of engagement. Individual items can range from 0 to 7. The scale was additive, with no reverse coding required, with a minimum and maximum total scale measurement or individual scores ranging between 0 and 102 respectively. A higher total score and higher subscale scores indicate a relatively positive work engagement, while lower scores indicate lower levels of work engagement.

Prior reliability analysis resulted in internal consistencies (Cronbach's  $\alpha$ ) computed with the engagement scale, whereby an iterative process removed items that either negatively affected the values of the coefficient, or that did not make a positive contribution to the level of the coefficient (Schaufeli et al., 2002). Revisions to the original 24-item scale included three items removed from both the vigor and dedication subscales and one item removed from the absorption subscale. As a result, the Cronbach's alpha coefficient for the 17-item survey subscales were .79 for vigor, .89 for dedication and .72 for absorption, all internal coefficients indicative of the validity and reliability of the instrument and its subscales. Accordingly, the UWES is reliable and meets external validity requirements (Schaufeli et al., 2002).

**Job Satisfaction Scale.** The Job Satisfaction Scale (JSS) consists of a 5-point Likert-type scale from research conducted by Mensah (2014). Appendix A contains the e-mail correspondence requesting and receiving permission to use and publish the JSS instrument for this study. The purpose of this 11-item ordinal scale was to measure the

participants' overall job satisfaction in a Likert-type format; the instrument allows the employees to note the extent to which they are satisfied with the organization (Woltz, Gardner, Kircher, & Burrow-Sanchez, 2012). Appendix C includes the 11 questions that comprise the JSS. The job satisfaction scores were on the 5-point Likert rating scale (*1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree*). The scale was additive, with no reverse coding required, with a summative total scale range between 11 and 55. Higher ratings indicate higher job satisfaction. A prior reliability test based on the Cronbach alpha coefficient for the five-scale survey was .93. The determination of the internal consistency of the instrument stemmed from the use of the Cronbach alpha coefficient in prior study of the instrument. The scale had a Cronbach alpha coefficient greater than .90 for the total scale. Test-retest correlations served to determine the stability of the instrument over time. The instrument previously was subject to tests for discriminate and convergent validity and was a valid measure of job satisfaction (Mensah, 2014).

**Work Extrinsic and Intrinsic Motivation Scale.** The permission granted from the author to use this instrument to measure employee's motivation within the long-term care industry is in Appendix G. Tremblay et al. (2009) linked and measured 18 work motivation indicators using the self-determination theory (Deci & Ryan, 2000), which established a measure of the different levels of employee motivation in the workplace. The WEIMS contains 18 questions applied in six subscales by Tremblay et al. (2009). This ordinal scale leads to a measure employees' levels of motivation in the workplace,

based on six aspects of motivation: (a) intrinsic, (b) integrated, (c) identified, (d) introjected, (e) external regulations, and (f) motivation.

Intrinsic motivation (IM) was a measure reflected by questions 4, 8, and 15. The subscale of integrated regulation (INTEG) stems from questions 5, 10, and 18. Identified regulation (IDEN) as a part of motivation in the workplace involves questions 1, 7, and 14. Introjected regulation (INTRO) was a measure produced by answers to questions 6, 11, and 13. A measure of external regulation (EXT) stems from questions 2, 9, and 16. The concept of amotivation (AMO) applies to questions 3, 12, and 17. The answer options to the 18 items regarding motivation were along a 5-point Likert-type ratings scale (*1 = does not correspond at all, 2 = does not correspond, 3 = neutral, 4 = corresponds moderately, 5 = corresponds exactly*). Three of the subscales reflect a lack of motivation (external regulation, amotivation, and introjected regulation); therefore, reverse scoring applies to their contributions to a total motivation score. I used the scoring method employed by Tremblay et al. (2009) to calculate the six subscales and total data scores.

The WEIMS measurement represents a predictor variable in this study, based on a person's work-related self-determined motivation and work-related, non-self-determined motivation (Ude, 2015). The WEIMS instrument was an acceptable way to collect online responses from CNAs concerning motivation in the workplace. Previous research with the WEIMS demonstrated high levels of reliability and validity with a Cronbach's alpha coefficient of .84 (Tremblay et al., 2009).



**Work Environment Scale.** The permission from the author to use this instrument is in Appendix H. The Work Environment Scale (WES) scale contains 10 questions adapted from research conducted by Rossberg and Eiring (2004). Appendix I includes the 10 questions that comprise the WES. The scale was appropriate in measuring the employees' perceptions about their environment in an organization. Use of the formatted WES instrument resulted in the appropriate data needed to understand the measures of an individual's work environment. I measured the responses regarding work environment using a 5-point Likert-type rating scale (*1 = not at all, 2 = to a small extent, 3 = to some extent, 4 = to large extent, 5 = to very large extent*). Reverse coding of several scale items led to an additive scale that reflects an individual's perceptions of their work environment. The possible individual scores for the total scale ranged from 10 to 50. After reverse coding, a higher summative scale score indicated positive perceptions about the work environment, while a lower score reflected relatively less positive perceptions of the work environment. The WES instrument was appropriate for measuring the predictor variable in this study work environment. Rossberg and Eiring reported displays of high levels of reliability and validity, with a Cronbach's alpha coefficient as high as .85. The validity demonstrated reflected the core dimensions of the working environment, suitable for this study. Therefore, I did not make any adjustments or revisions to the work environment scale.

**Turnover Intention Scale.** The TIS contains three questions adapted from research conducted by Khan and Du (2014). Permission to use this instrument is in Appendix J. The TIS was appropriate to obtain data to understand the reasoning for

employees' turnover in the long-term care industry. Appendix K is a depiction of the 5-point Likert-type scale ranging from *1 = Strongly Disagree* to *5 = Strongly Agree*. The first question pertained to how often the respondent thinks about leaving the organization. The second question had respondents choosing the level to which they agreed that it was very possible that they would look for a new job in the next year. The third question required that respondents choose the degree to which they agreed that if they could choose again, they would choose to work for their current organization. Each participant received one score that was the sum of the three items included in the instrument. Possible summative scores on the 3-item scale ranged from a low score of 3 to a high score of 15, with higher scores indicating higher intentions to leave one's job and lower scores indicating lower intentions to leave (Hayes, 2015). Cronbach's alpha is a commonly accepted measure of the test reliability (Cho & Kim, 2015). Yucel (2012) conducted an evaluation of the construct validity of the 3-item turnover intention, describing the items as intent to leave, a job alternatives factor, and thoughts of quitting (Yucel, 2012). Khan and Du demonstrated that the TIS is a valid and reliable instrument with a Cronbach's Alpha coefficient of .75, which confirmed the instrument's reliability and validity in measuring turnover intention.

### **Data Collection Technique**

The data collection process was an ethically appropriate protocol for establishing a record of participants' answers to the survey questions. An online survey service called SurveyMonkey® administers consent forms and surveys via an online survey link. The survey instrument consisted of items on the graduated Likert-type scales described in the

instrumentation section above. SurveyMonkey® Audience is a service for the purchase of survey participants (SurveyMonkey®, 2015; Hayes, 2015). I obtained all of the data from participants who completed the survey instrument, recruited by the survey site. I closed the survey after SurveyMonkey® Audience sent a notice that I obtained the desired amount of usable responses (Bebe, 2016). Participation through a web-based link provided by Survey Monkey ensured that responses remained both anonymous and confidential (Appendix L). The data collection occurred only with the participants who electronically signed the informed consent page (the first page they were able to access and complete), thereby allowing them to progress to the survey questions by following the prompts provided through SurveyMonkey®. I followed the suggestions of Turner et al. (2013) to check the web-based questionnaire periodically to ensure that the link was working and to monitor and obtain results and participation statistics.

An advantage of using SurveyMonkey® is that approximately 1 million panel members are accessible using the participant pool (Brandon, Long, Loraas, Mueller-Phillips, & Vansant, 2014). In comparison with other electronic survey tools, SurveyMonkey® is more economical (Brandon et al., 2014; Hayes, 2015). In some instances, researchers paid between \$7.00 and \$15.00 for each completed survey, while SurveyMonkey® charges researchers \$1.00 per response, which is more cost-effective (Brandon et al., 2014). The disadvantage of using the online survey is unintentionally excluding employees who wish to respond, but are not a part of the SurveyMonkey® audience members (Kayam & Hirsch, 2012). The disadvantage of using paper surveys is it more time consuming, expensive (due to travel and postage), would require additional

effort to manually enter data, and involve letters of cooperation as well as additional efforts to protect the confidentiality of participants, causing delays in the collection of data.

To collect the data derived from the surveys, I established a Survey Monkey collector account. Prior to administering the survey, I validated the collector account by using preview or test options to ensure that all survey design options were functioning properly. Selected design options included the informed consent page that occurred before the survey questions, a page that confirms the participant meets the eligibility criteria as a member of the population, and the means for withdrawal from the survey after data collection begins. In addition, the survey included an option not to answer any or all questions, and a final page that confirmed or withdrew the submission of survey answers.

### **Data Analysis**

Multiple linear regression analysis was the selected data analysis technique used for this study. This study of relationships among variables did not involve causal relationships; therefore, there was no claim that one variable is dependent while other variables are independent (Mukaka, 2012). Instead, Ludlow and Klein (2014) advised researchers to use the terms predictor and criterion variables in the multiple linear regression study of relationships and associations among variables. In this study, there may be relationships between the criterion variable of employee turnover intention and the predictor variables of employee compensation, engagement, job satisfaction, motivation, and work environment.

Multiple regression analysis was appropriate because it enables examination of quantitative variables of the central research question: What is the relationship between employee compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intention in the long-term care industry? The null and alternative hypotheses for this study were as follows:

- $H_01$ : There is no relationship between employee compensation and employee turnover intention in the long-term care industry.
- $H_11$ : There is a relationship between employee compensation and employee turnover intention in the long-term care industry.
- $H_02$ : There is no relationship between employee engagement and employee turnover intention in the long-term care industry.
- $H_12$ : There is a relationship between employee engagement and employee turnover intention in the long-term care industry.
- $H_03$ : There is no relationship between employee job satisfaction and employee turnover intention in the long-term care industry.
- $H_13$ : There is a relationship between employee job satisfaction and employee turnover intention in the long-term care industry.
- $H_04$ : There is no relationship between employee motivation and employee turnover intention in the long-term care industry.
- $H_14$ : There is a relationship between employee motivation and employee turnover intention in the long-term care industry.

- $H_{05}$ : There is no relationship between work environment and employee turnover intention in the long-term care industry.
- $H_{15}$ : There is a relationship between work environment and employee turnover intention in the long-term care industry.

According to Pallant (2009), the multiple regression analysis is a data technique used for examining the relationship between one continuous criterion variable and several independent predictor variables. The correlational analysis forms the basis for multiple regression analysis; due to a researcher can examine the strength and direction of the linear relationship between variables (Mukaka, 2012). The advantage of using a multiple regression analysis instead of a bivariate correlational analysis was that the former enhances analytic capabilities (Ude, 2015). The capabilities associated with the multiple regression analysis include: (a) demonstrating how variables can predict an outcome (Ludlow & Klein, 2014), (b) identifying predictor variables to foresee the outcome (Ude, 2015), and (c) examine individual subscales and the relative contribution of each variable scale (Pallant, 2009). Researchers use other statistical tests such as ANOVA and t-tests to test for correlation between variables and differences between means (Simmons, 2015). Conversely, regression analysis is an appropriate statistical test to use if the goal is to assess the influence of one or more predictor variables on the response or criterion variable (Simmons, 2015).

The redundancy or collinearity of the independent or predictor variables can lead to difficulty in inferences regarding the variables (Hayes, 2015). Collinearity occurs when there is a strong relationship between the predictor variables (Hayes, 2015). In

addition, if collinearity exists, inflation of the standard error may occur resulting in the determination of statistical insignificance when the findings should be statistically significant (Hayes, 2015). I used collinearity diagnostics in SPSS software to identify collinearity among the variables. An advantage of using the SPSS software was that Walden University provides students with access to the package free of charge.

Quantitative data analysis using SPSS is appropriate for use in analyzing, presenting, and interpreting data as it pertains to research questions and hypotheses (Nasef, 2013). The survey data for this research study obtained from the Survey Monkey® system downloads into Excel spreadsheet and SPSS formats. The SPSS software is appropriate for importing, aggregating, sorting, and analyzing data to determine statistical relationships in this study (Breavscek, Sparl, & Znidarsic, 2014). The phases of data analysis were descriptive and inferential statistics involving multiple linear regression analysis followed by decisions to reject or to fail to reject the null hypotheses.

**Phase 1: Descriptive and Inferential data analysis.** This phase involved using the data to generate frequency counts, percentages, means, medians, standard deviations, and variances observed in the data for each of the variables. The use of the SPSS software can generate a series of both descriptive and inferential statistics including the mean, mode, range, standard deviation, kurtosis, sample skew, and test the normality (Ude, 2015). The descriptive analysis provided a way of appreciating the individual and group responses provided from the participants in the sample. The inferential analysis indicated a way of identifying the relationship between the responses provided from the

participants and the variables from a sample size. The inferential analysis examined the relationships between variables within a sample and makes generalizations or predictions about how those variables relate within a larger population.

**Phase 2: Multiple linear regression data analysis.** This phase of the data analysis consist of addressing the assumptions associated with the use of the multiple linear regression approach, and the execution of the techniques (Ude, 2015). The multiple regression statistical technique is sensitive to the quality of data (Pallant, 2009). Given this, researchers must manage a number of assumptions about the collected data (Ringim, Razalli, & Hasnan, 2012). The assumptions of multiple linear regression techniques include: (a) multicollinearity, (b) outliers, (c) linearity, (d) homoscedasticity, and (e) normality (Pallant, 2009).

***Multicollinearity:*** Data analysis involving multiple variables depends on the correlation structures among predictive variables (Yoo et al., 2014). Multicollinearity occurs when there is a correlation between two or more independent or predictor variables in a multiple regression (Pallant, 2009). The negative aspects of violating this assumption could result in unreliable estimation results, coefficients with incorrect signs, high standard errors, and implausible magnitudes (Enaami, Mohammed, & Ghana, 2013). If multicollinearity exists, the solution is to remove one of the two independent variables from the data set.

***Outliers.*** Outliers result when there are abnormal or inconsistent values in the data that could indicate errors in importing or recording the collected data (Morell, Otto, & Fried, 2013). Outlier violations can potentially distort data results by affecting the



regression coefficients, resulting in incremental changes in the residual variance estimates (Morell et al., 2013).

***Assumption of linearity.*** Indicating whether the dependent variable has a linear function of the predictor variables is essential because incorrect or imprecise measurements of regression models in analyzing data are common causes of this violation (Ude, 2015). The resulting generations of biased estimates of the regression coefficient or erroneous predictions of the dependent variable are common results associated with the violation of linearity assumptions (Ude, 2015).

***Assumption of homoscedasticity.*** Consideration of this assumption is that the variances or residuals for scores of the dependent or criterion variable are somewhat equal (Schutzenmeister, Jensen, & Piepho, 2012). A growing dispersion of the residuals with larger or lower values of the predicted values is usually a sign of this assumption. Probable causes of violating homoscedasticity include: (a) outliers, (b) use of enhanced data collection techniques, and (c) omitting a variable from the dataset (Ude, 2015). The problem with violating this assumption is that it could result in bias in standard errors and improper inferences.

***Assumption of normality.*** Normality can be an indicator the sample means distribution across predictor variables is normal (Schutzenmeister et al., 2012). A cause that could possibly violate this assumption is that the estimates of confidence intervals and p-values may become inaccurate when using a small sample size (Ude, 2015). Tests for normality include visual inspections of data plots, skewness, kurtosis, P-P plots and Kolmogorov-Smirnov tests for normality (Williams, Grajales, & Kurkiewicz, 2013).

**Assumption violations.** A method to correct assumptions violations is bootstrapping. Bootstrapping is a nonparametric method (Martinez-Camblor & Corral, 2012). The use of bootstrapping techniques addresses potential concerns with the standard errors of the regression coefficients (Aguinis et al., 2013). Researchers use bootstrapping techniques to estimate reliable statistics when data normality assumptions are met (Martinez-Camblor & Corral, 2012). Therefore, if questions arise concerning the validity and accuracy of the usual distribution and assumptions that limit the behavior of the results bootstrapping is a useful tool in addressing this concern (Cohen et al, 2013).

**Multiple linear regression techniques.** By using SPSS, the researcher can compute the multiple linear regression model. This function assists in determining how well the model predicted the observed data, by computing relationships between multiple predictor variables and the criterion variable in the study (Satman, 2013). Lin et al. (2014) expressed the simple linear regression equation relationship as a predictor variable to the criterion variable as:  $\hat{Y} = b_0 + b_1X_1$ . However, with the use of five predictor variables in this study, the multiple linear regression equations linking the five-predictor variables to the criterion variable is:  $\hat{Y} = b_0 + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5$ . In the equations,  $\hat{Y}$  represents the expected value of the criterion variable,  $X_1$  through  $X_5$  were the distinct predictor variables,  $b_0$  represents the value of  $Y$  when the predictor variables equal zero, and  $b_1$  through  $b_5$  were the estimated regression coefficients (Ude, 2015).

**Phase 3: Acceptance and rejection of the hypothesis.** The final phase in the data analysis was the use of the results from the statistical analysis as a guide to reject or to fail to reject the null hypothesis, based on the reported statistical significance of the

results. The research question in this study pertained to the relationship between employee compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intention in the long-term care industry. The results and the overall analysis of the data formed the basis for interpreting, presenting, and explaining the findings leading to an answer to the research question (Williams et al., 2013). The failure to reject the null hypothesis or the decision to reject the null hypothesis depends on the results of the inferential statistics used for interpreting the relationship between variables with respect to the levels of significance (Ude, 2015). Additionally, the discussion of the results includes the recommendations for leaders, suggestions for future research, and the implications for positive social change.

### **Study Validity**

Validity pertains to the assertion an instrument's measurement depicts what it should measure (Hamdani, Valcea, & Buckley, 2014; Henderson, Kimmelman, Fergusson, Grimshaw, & Hackam, 2013). Thus, validity reflects how precisely the instrument, leading to the results, reflect accurately the underlying variable of interest (Mensah, 2014). Content validity in this study stemmed from the assurance that the survey instruments measured the purported content of the construct accurately. Internal and external validity are important in a quantitative study (Carlsen & Glenton, 2013; Kieruj & Moors, 2013).

Internal validity involves an inward view of the study (Simmons, 2015). Threats to internal validity arise from experimental procedures, treatments, or the experience of participants that may influence the researcher's ability to make a correct inference

(Venkatesh et al., 2013). Threats to internal validity in quantitative research relate to causal relationships (Hayes, 2015). I conducted a non-experimental, correlational study; therefore, the results of the study did not establish causation. However, to diminish any threats that could have compromised the study, the application of a proven data analysis program was appropriate for reviewing and analyzing data. Data validity required the use of precautionary factors such as downloading the data correctly into the SPSS software and validating the information entered matches the predefined conventions and acceptable limits, as recommended by Ude (2015).

External validity describes how readers can apply the results of the study to other groups or situations (Venkatesh et al., 2013). The focus of external validity is how well the study applies outside of the study environment (Simmons, 2015). The broad range of information selected represented an extensive demographic along with the homogenous treatment of work and strategies that provided a basis for addressing external validity concerns.

To assure statistical conclusion validity, the statistical power for the study was .95 with an overall alpha =.05. Conclusion validity is the probability of detecting a relationship, if a relationship exists, or not detecting that a relationship exists (Becker, Rai, Ringle, & Volckner, 2013). A power designation of .95 reduces the probability of Type II errors to 5% (Hayes, 2015). I used the results at the .05 level to mitigate the risk of Type I errors to 5% (Hayes, 2015). The five-predictor variables for the study were (a) compensation, (b) engagement, (c) job satisfaction, (d) motivation, and (e) work environment.

When conducting an independent significance test of multiple comparison problems, the researcher must control the *family-wise error* rate (Cohen, Cohen, West, & Aiken, 2013). According to Hayes (2015), a family-wise error rate is a probability of making one or more Type I errors. A Type I error occurs when the researcher rejects the null hypothesis when they should not reject it (Simmons, 2015). Quantitative researchers minimize threats to statistical conclusion validity by selecting the appropriate level of significance ( $\alpha$ -value) for their study (Simmons, 2015). An appropriate  $\alpha$ -value helps minimize the risk of a Type 1 error.

Reliability refers to the degree to which measures are free from error (Mensah, 2014). Thus, the extents to which any measurement procedures produce consistent results over time along with the accuracy of the findings reflect reliability. In conducting research, it was imperative that I ensured measurement errors were minimal, valid, and reliable. This research used Cronbach's Alpha as a measure of consistency. Cronbach's Alpha is a reliability coefficient that indicates how well there is a positive correlation between the items in a set to one another (Cho & Kim, 2015). The coefficient alpha is a measure of internal consistency and validity based on the formula  $\alpha = rk / (I + (K-I)r)$ , where  $k$  is the number of variables in the analysis and  $r$  is the mean of inter-item correlation (Mensah, 2014). Larger number of variables inflates the alpha value, so there is no set interpretation as to what is acceptable (Mensah, 2014). Table 1 shown below indicates a rating system that applies to most situations and discloses standard measurements on the scale. All of the scales applied in this study demonstrated acceptable to excellent Cronbach Alpha ratings.

Table1

*Coefficient Alpha Rating Scale*

Coefficient	Cronbach Alpha	Rating
$\alpha >$	.90	Excellent
$\alpha >$	.80	Good
$\alpha >$	.70	Acceptable
$\alpha >$	.60	Questionable
$\alpha >$	.50	Poor
$\alpha <$	.50	Unacceptable

*Note.* Adapted from Effects of Human Resources Management Practices on Retention of Employee in the Banking Industry in Accra, Ghana by Rebecca Dei Mensah (2014), (Doctoral dissertation). Available from ProQuest Digital Dissertations and Theses database. (UMI No. 3159996).

### **Transition and Summary**

Section 2 includes the restatement of the purpose of the study and the reason for conducting the study. The purpose of this quantitative correlational study was to examine the relationship between employee compensation, engagement, job satisfaction, motivation, and work environment on employee turnover intention. The section also includes a description of the role of the researcher in this study. This section contains the population and sample selection, research method and design, contents of the survey instruments, data collection, and data analysis methods. The population under investigation in this study consisted of CNAs in in long-term care facilities located in Florida. Multiple regression analysis occurred with data collected using Survey Monkey services. Quantitative techniques applied to data analysis and further discussions of the results are in Section 3.

In Section 3, the application to professional practice and implications for change, I present the interpretations of the research findings, presentation of the results, and a

discussion of how the research is of relevance to the specific business problem. The implications for positive social change include a better understanding of what employee turnover leaders can use to reduce turnover, which may improve the quality of care in long-term facilities and help stabilize the long-term care industry. Lastly, I discuss the limitations associated with my study while offering suggestions for additional research that may extend support to managers and administrators of nursing facilities that can be beneficial in the future.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this quantitative correlational study was to examine the relationships between employee turnover intention of CNAs in the long-term care industry and employee compensation, engagement, job satisfaction, motivation, and work environment. The results of the statistical tests applied to data obtained from 157 employees in the long-term care industry resulted in decisions about five null and alternative hypotheses that were the focus of this study. Together, the correlation and multiple regression statistics resulted in the findings for this study of a statistically significant inverse correlation between turnover intention and each of the following variables: employee compensation, engagement, job satisfaction, and work environment. The correlation between turnover intention and motivation was not statistically significant. This section begins with the presentation of findings, followed by the discussion of the findings in light of the existing literature and the theoretical framework for this study. Section 3 continues with the applications of these findings to professional practice and implications for social change. Recommendations for action and future research stem from the results of this study. Reflections and conclusions complete the section.

#### **Presentation of the Findings**

I conducted correlation and multiple regression analyses to examine the relationships between employee compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intention in the long-term care industry. The



purpose of the examination was to determine if there was a statistically significant relationship between the variables to accept or reject the research hypotheses. The data came from CNAs working in the long-term care industry in the state of Florida. Participants completed an internet survey hosted by SurveyMonkey. The following subsections include the results of the descriptive and inferential statistics.

### **Descriptive Results**

To answer the research question outlined in Section 1, I collected data from CNAs who completed surveys to provide their perspectives on the relationship between the predictor variables and the criterion variable. I conducted an online survey using SurveyMonkey® Audience and used the approved survey instruments identified in Section 2, receiving 190 responses in 10 days. Of the 190 responses, 33 individuals failed to answer all of the questions for the survey. The a priori sample size calculation was for 138 participants; as a result, the post-screening total was 157 eligible sets of participant data that met the established criteria.

Of the 190 respondents that began the informed consent and online survey process, 157 agreed to participate and provided answers to the survey questions. The data downloaded into Excel files for reverse coding where necessary and appropriate. I used SPSS for statistical tests, including the calculations of means, median, standard deviations, variance, and tests for normality, among other descriptive and inferential statistics performed. Multiple regression and tests for correlations occurred to test the five hypotheses in this study. Table 2 includes a summary of the descriptive statistics pertaining to the variables, discussed in greater depth in the subsections that follow. The

following subsections contain detailed reports of the descriptive and inferential statistics, along with the findings of the calculations and tests performed on the data.

Table 2

*Descriptive Results*

Value	Compensation	Engagement	Satisfaction	Motivation	Environment	Turnover Intention
Mean	13.64	54.79	32.99	34.28	32.28	9.67
Variance	14.65	124.00	41.31	37.92	26.40	8.72
Standard Deviation	3.83	11.13	6.42	6.15	5.13	2.95
Range	18	56	32	31	32	13
Median	14	54	33	34	32	10
Skewness	-.22	.12	-.08	-.10	.10	-.24

**Employee Compensation**

The 157 respondents answered five questions pertaining to their compensation. Table 3 is a summary of the results that stemmed from all of the answers to the questions about compensation. The mean ( $M = 13.64$ ,  $SD = 3.83$ ) was lower than the midpoint or neutral point of 15, indicating that the participants collectively expressed less satisfactory views of their compensation than neutral or positive views. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 3

*Compensation*

Computation	Value
Mean	13.64
Variance	14.65
Standard deviation	3.83
Range	18
Median	14
Skewness	-.22

**Employee Engagement**

The 157 respondents answered 17 questions pertaining to their work engagement. Table 4 is a summary of the results that stemmed from all of the answers to the questions pertaining to the views of employees about their engagement within their organizations. The mean ( $M = 54.79$ ,  $SD = 11.13$ ) was higher than the midpoint or neutral point of 48, indicating that the participants collectively expressed more satisfactory than neutral or negative views of the elements involved with their perceptions of work engagement in their organizations. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 4

*Employee Engagement*

Computation	Value
Mean	54.79
Variance	124.00
Standard deviation	11.13
Range	56
Median	54
Skewness	.12

**Employee Job Satisfaction**

The 157 respondents answered 11 questions pertaining to their job satisfaction. Table 5 is a summary of the results that stemmed from all of the answers to the questions pertaining to the views of employees about their job satisfaction they experienced within their organizations. The mean ( $M = 32.99$ ,  $SD = 6.42$ ) was higher than the midpoint or neutral point of 30, indicating that the participants collectively expressed more satisfactory than neutral or negative views of the elements involved with their levels of job satisfaction in their organizations. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 5

*Employee Job Satisfaction*

Computation	Value
Mean	32.99
Variance	41.31
Standard deviation	6.42
Range	32
Median	33
Skewness	-.08

**Employee Motivation**

The 157 respondents answered 18 questions pertaining to their motivators at their workplaces. Table 6 is a summary of the results that stemmed from all of the answers to the questions about participants' views pertaining to their experiences with motivation within their organizations. The mean ( $M = 34.28$ ,  $SD = 6.15$ ) was higher than the midpoint or neutral point of 30, indicating that the participants collectively expressed more satisfactory than neutral or negative views of the motivation they experienced at work within their organizations. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 6

*Employee Motivation*

Computation	Value
Mean	34.28
Variance	37.92
Standard deviation	6.15
Range	31
Median	34
Skewness	-.10

**Employee Work Environment**

The 157 respondents answered 10 questions pertaining to their work environment. Table 7 is a summary of the results from all of the answers to the questions pertaining to the views of employees about their work environments. The mean ( $M = 32.28$ ,  $SD = 5.13$ ) was higher than the midpoint or neutral point of 30, indicating that the participants collectively expressed more satisfactory than neutral or negative views of the elements involved with the work environments of their organizations. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 7

*Employee Work Environment*

Computation	Value
Mean	32.28
Variance	26.40
Standard deviation	5.13
Range	32
Median	32
Skewness	.10

**Employee Turnover Intention**

The 157 respondents answered three questions that reflected turnover intention. Table 8 is a summary of the results that stemmed from all of the answers to the questions pertaining to the turnover intention of the employees who participated in the study. The mean ( $M = 9.67$ ,  $SD = 2.95$ ) was higher than the midpoint or neutral point of 9, indicating that the participants collectively expressed more turnover intention than neutral views of the elements of the survey that reflected turnover intention. A test for assumptions occurred, using the Anderson-Darling normality test and skewness, which was within the range (1.0 to -1.0), to consider the data representative of a normal distribution.

Table 8

*Employee Turnover Intention*

Computation	Value
Mean	9.67
Variance	8.72
Standard deviation	2.95
Range	13
Median	10
Skewness	-.24

Figure 2 is the Q-Q plot for the residuals for the data. This plot shows that the actual data values at the lower end of the distribution do not increase as much as one could expect for a normal distribution. The Q-Q plot also shows that the higher values in the data are lower than one could expect for the highest values obtained from this sample for a normal distribution. However, the distribution does not deviate greatly from normality.



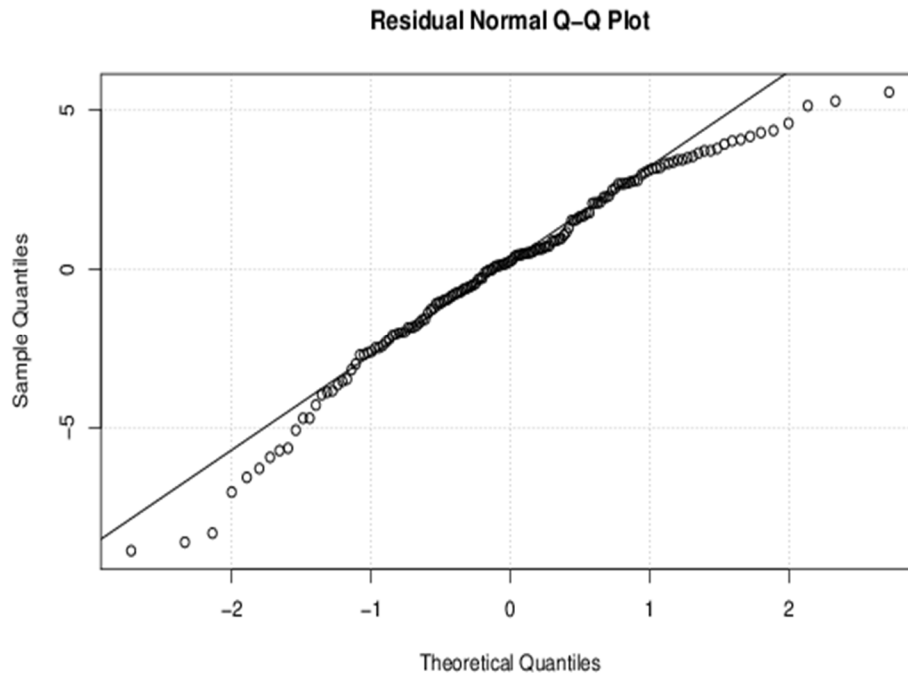


Figure 2. Residual Q-Q plot.

### Inferential Statistics

Table 9 includes a summary of the tests for correlation performed between the variables in the study. Spearman's correlation tests applied to each of the variables in relation to turnover intention ( $N = 157$ ,  $df = 155$ ), which is ideal for Likert type data and data that may otherwise be suitable for non-parametric tests. Correlation tests of the compensation with turnover intention for the entire sample showed that there is a statistically significant negative correlation between compensation and turnover intention,  $r(155) = -.42$ ,  $p < .01$ . There is a statistically significant negative correlation between work engagement and turnover intention,  $r(155) = -.29$ ,  $p < .01$ . A statistically significant negative correlation exists between job satisfaction and turnover intention,  $r(155) = -.35$ ,  $p < .01$ . There is also a statistically significant negative correlation between

work environment and turnover intention,  $r(155) = -.25, p < .01$ . Based on these tests, the conclusion is that the strengths of the negative correlations, in order from the strongest to the weakest, are compensation, job satisfaction, engagement, and work environment, with all these variables inversely related to turnover intention. The weak positive correlation between motivation and turnover intention was not statistically significant.

Table 9

*Correlations with Employee Turnover Intention*

Variable	Correlation Coefficient	P
Compensation	-.42	< .01
Engagement	-.29	< .01
Job Satisfaction	-.35	< .01
Motivation	.10	.21
Work Environment	-.25	< .01

Table 10 includes the results of the multiple regression tests. Focusing on the p-value of each predictor variable, each of the variables, with the exception of motivation, contributes to the model. As shown in Table 9, compensation, job satisfaction, engagement, and work environment had significant negative regression weights, indicating that employees with lower scores on these scales were expected to have higher turnover intention, after controlling for the other variables in the model. Employee motivation did not contribute any significant regression weight to the multiple regression model. Because  $R^2$  is greater than zero, the model helps explain variability around the

mean. In this study, the model helps explain approximately 34% of the variability, with all of the variables except for motivator contributing significantly to the model.

Table 10

*Multiple Regression Model Weights*

	Unstandardized Regression Weights (b)	Standardized Regression Weights (B)	T-STAT	P
Compensation	-.25	-.33	4.14	< .10
Job Satisfaction	-.06	-.14	6.46	< .10
Engagement	-.04	-.17	-1.48	< .10
Motivation	.13	.28	.610	0.27
Environment	-.12	-.21	-1.35	< .10
				Multiple R <sup>2</sup> = 0.34
				Adjusted Multiple R <sup>2</sup> = 0.32

The multiple regression equation is of the general form,  $Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5$ , where  $a$  is a starting-point constant analogous to the intercept in a simple two-variable regression, and  $b_1, b_2, b_3, b_4,$  and  $b_5$  are the unstandardized regression weights for  $X_1, X_2, X_3, X_4,$  and  $X_5$ , each analogous to the slope in a simple two-variable regression. In the present analysis,  $TI = 17.28 + (-.25)(C) + (-.06)(JS) + (-.04)(ENG) + (.13)(M) + (-.12)(ENV)$ , where  $TI$  is turnover intention,  $C$  is compensation,  $JS$  is job satisfaction,  $ENG$  is engagement,  $M$  is motivation, and  $ENV$  is environment.

Multiple regression allows for the control of the other possible predictor variables in the model intended to help explain turnover intention of the long-term care employees in this study. The multiple regression model with all five predictors (compensation, job satisfaction, engagement, work environment, and motivation) produced  $R^2 = .34, F(5,$

151) = 15.22,  $p < .0001$ . The model accounts for significantly more variance in turnover intention scores for the participants in the study than would be expected by chance. Table 11 includes a summary of the multiple regression results, based on the regression equation.

Table 11

*Multiple Regression Summary*

Source	SS	df	MS	F	P
Regression	455.44	5	91.08	15.22	<.0001
Residual	879.85	147	5.98		
Total	1335.30	152			

### **Hypothesis 1**

The first null hypothesis was that there is no relationship between employee compensation and employee turnover intention in the long-term care industry. The alternative hypothesis is that there is a relationship between employee compensation and employee turnover intention in the long-term care industry. The results of the correlations tests between employee compensation and employee turnover intention, performed on the data collected from the 157 employees of the long-term care industry, indicated that a statistically significant relationship exists between the two variables. The value of Spearman's correlation coefficient ( $r$ ) is  $-.42$  and the two-tailed value of  $p$  is  $0$ . By normal standards, the association between the two variables would be considered statistically significant. The negative correlation coefficient indicates that there is a negative relationship between employee compensation and employee turnover intention. A less satisfactory view of the participants' compensation correlated to greater turnover

intention. Based on the results of the correlation test performed, there is justification to reject the null hypothesis. There is a statistically significant inverse relationship between employee compensation and employee turnover intention in the long-term care industry.

### **Hypothesis 2**

The second null hypothesis was that there is no relationship between employee engagement and employee turnover intention in the long-term care industry. The alternative hypothesis is that there is a relationship between employee engagement and employee turnover intention in the long-term care industry. The results of the correlations tests between employee engagement and employee turnover intention, performed on the data collected from the 157 employees of the long-term care industry, indicated that a statistically significant relationship exists between the two variables. Spearman's correlation coefficient ( $r$ ) is  $-.29$  and the two-tailed value of  $p$  is  $0.00025$ . By normal standards, the association between the two variables would be considered statistically significant. The negative correlation coefficient indicates that there is a negative relationship between employee engagement and employee turnover intention. A less satisfactory view of the participants' engagement at work correlated to greater turnover intention. Based on the results of the correlation test performed, there is justification to reject the null hypothesis. There is a statistically significant inverse relationship between employee engagement and employee turnover intention in the long-term care industry.

### **Hypothesis 3**

The third null hypothesis was that there is no relationship between employee job satisfaction and employee turnover intention in the long-term care industry. The

alternative hypothesis is that there is a relationship between employee job satisfaction and employee turnover intention in the long-term care industry. The results of the correlations tests between employee job satisfaction and employee turnover intention, performed on the data collected from the 157 employees of the long-term care industry, indicated that a statistically significant relationship exists between the two variables. The value of Spearman's correlation coefficient ( $r$ ) is  $-.35$  and the two-tailed value of  $p$  is  $0.00005$ . By normal standards, the association between the two variables would be considered statistically significant. The negative correlation coefficient indicates that there is a negative relationship between employee job satisfaction and employee turnover intention. A lower job satisfaction score reported by participants in the study correlated with greater turnover intention. Based on the results of the correlation test performed, there is justification to reject the null hypothesis. There is a statistically significant inverse relationship between employee job satisfaction and employee turnover intention in the long-term care industry.

#### **Hypothesis 4**

The fourth null hypothesis was that there is no relationship between employee motivation and employee turnover intention in the long-term care industry. The alternative hypothesis is that there is a relationship between employee motivation and employee turnover intention in the long-term care industry. The results of the correlations tests between employee motivation and employee turnover intention, performed on the data collected from the 157 employees of the long-term care industry, indicated that there was not a statistically significant relationship between the two variables. The Spearman's

correlation coefficient ( $r$ ) is .10 and the two-tailed value of  $p$  is .21. By normal standards, the association between the two variables would not be considered statistically significant. Based on the results of the correlation test performed, there is no justification to reject the null hypothesis. There is not a statistically significant relationship between employee motivation and employee turnover intention among the long-term care industry employees represented in the study.

### **Hypothesis 5**

The fifth null hypothesis was that there is no relationship between employee work environment and employee turnover intention in the long-term care industry. The alternative hypothesis is that there is a relationship between employee work environment and employee turnover intention in the long-term care industry. The results of the correlations tests between employee work environment and employee turnover intention, performed on the data collected from the 157 employees of the long-term care industry, indicated that a statistically significant relationship exists between the two variables. The value of Spearman's correlation coefficient ( $r$ ) is -.25 and the two-tailed value of  $p$  is 0.00132. By normal standards, the association between the two variables would be considered statistically significant. The negative correlation coefficient indicates that there is a negative relationship between employee job work environment and employee turnover intention. A less positive view of the work environment correlated with greater turnover intention. Based on the results of the correlation test performed, there is justification to reject the null hypothesis. There is a statistically significant inverse

relationship between employee work environment and employee turnover intention in the long-term care industry.

### **Summary of Findings**

This research revolved around five hypotheses tested through multiple regression and correlation statistics. Table 12 includes a summary of the results of the statistical tests for relationships among the variables. Based on those statistical tests, I rejected four of the five null hypotheses and did not reject one null hypothesis. Based on the data collected from the long-term employees in this study ( $N = 157$ ), there was a statistically significant relationship between employee compensation and employee turnover intention. There was a statistically significant inverse relationship between employee engagement and employee turnover intention in the long-term care industry. There was a statistically significant inverse relationship between employee job satisfaction and employee turnover intention in the long-term care industry. There was a statistically significant inverse relationship between work environment and employee turnover intention in the long-term care industry. There was no statistically significant relationship between employee motivation and employee turnover intention in the long-term care industry. Multiple regression tests indicated that employee compensation, engagement, job satisfaction, and work environment had significant negative regression weights, indicating employees with higher scores on these scales would be expected to have lower turnover intention scores. Motivation did not contribute to the multiple regression model. The multiple regression model with all five predictors helped explain more variance in turnover intention than would be explained by chance.



Table 12

*Summary of Findings*

Hypothesis	Decision, Null Hypothesis	Alternative Hypothesis
Hypothesis 1	Reject the null hypothesis	There is a relationship between employee compensation and employee turnover intention in the long-term care industry.
Hypothesis 2	Reject the null hypothesis	There is a relationship between employee engagement and employee turnover intention in the long-term care industry.
Hypothesis 3	Reject the null hypothesis	There is a relationship between employee job satisfaction and employee turnover intention in the long-term care industry.
Hypothesis 4	Failure to reject the null hypothesis that there is no relationship between employee motivation and employee turnover intention in the long-term care industry.	
Hypothesis 5	Reject the null hypothesis	There is a relationship between work environment and employee turnover intention in the long-term care industry.

### **Relationship to Existing Literature**

The following subsections contain discussions of the findings from this study. The discussions of the findings occur in light of the previously published findings in the peer-reviewed literature and the theoretical framework for this research study, the motivation-hygiene theory. The subsections are in the same order as the hypotheses and report of the results of the data analysis. Discussions in these subsections include the ways that the

findings from this study are consistent with or divergent from previously published related peer-reviewed research and Herzberg's motivation-hygiene theory that guided this research.

### **Employee Compensation**

The results of the correlations tests between employee compensation and employee turnover intention indicated that, based on the views expressed by participants in this study, a statistically significant relationship exists which represents a negative relationship between employee compensation and employee turnover intention in the long-term care industry. This finding is consistent with previous research indicating that wages have an impact on a CNA's intentions to leave; according to Al-Hussami et al. (2014), many long-term care employees leave within the first three to six months due to this prevailing factor. Misra et al. (2013) also emphasized that employee salary can affect retention and overall employee turnover intentions, supported by the findings in this study that compensation has a significant negative relationship to CNA turnover intention.

Compensation is essential for retaining valuable employees in the different industries studied, but consistent with the findings in this study, compensation does not single-handedly guarantee an employee will stay with an organization (Hong et al., 2012). Some of these employees remain in these positions to support their families due to there being no additional sources of income. However, the research identified there was a high level of organization constraints hindering the retaining of these employees due to the inability to offer higher pay incentives. Also consistent with the findings in this study,

prior research revealed that budgetary constraint is not the only issue in employee recruitment and retention, but researchers cannot ignore budgetary impacts (Lerman et al., 2014; Skirbekk & Nortvedt, 2014). The findings from the tests of this first hypothesis is consistent with the Herzberg (1959) motivation-hygiene theory, which indicates that compensation is a determining factor of employee job satisfaction; perceptions of low compensation could ultimately lead to high employment turnover.

According to Ellenbecker and Cushman (2012), CNAs may be viewed as inferior to most colleagues, earning relatively lower pay based on education that is more limited and training experiences, which could be another factor linked with the finding that lower compensation related to higher turnover intention. A pay-for-knowledge compensation system operates on the premise that employees get pay increases as they reach certain, preordained levels of knowledge or skills within the company (Curran & Walsworth, 2014); however, the study of pay-for-knowledge systems was beyond the scope of this study.

### **Employee Engagement**

The results of the correlations tests between employee engagement and employee turnover intention indicated a statistically significant negative relationship between employee engagement and employee turnover intention in the long-term care industry among the employees who made up the sample for this study. This finding is consistent with previous research by Zhang et al. (2013) who identified that engagement has a strong relationship to or impact on turnover intentions. The results pertaining to the negative relationship between engagement and turnover intention were consistent with

the previously published reports that employees who lack sufficient training and who feel unsupported by their leaders are more likely to decide to leave their organizations (Mapelu & Jumah, 2013). The findings in this study were also consistent with the position established by Frey et al. (2013) that when workers feel alienated or disengaged, organizations experience declining customer satisfaction, poor productivity, and limited financial performance (Frey et al., 2013) which could ultimately lead to high employee turnover.

The findings of this study expand the understanding that employees who feel that their workplace supports interpersonal relationships, provides their employees with respect, and allows them to make decisions have fewer intentions to leave. These findings showed that involving employees in strategic plans or employer operational plans provides them with a sense of importance, consistent with the previously published report by Biswas and Bhatnagr (2013) that employee engagement acts as a mediating variable between organizational support and employees' commitment and satisfaction. The finding from the tests of the related hypothesis is consistent with what Herzberg (1959) advanced in his motivation-hygiene theory, because employees should feel engaged or involved, which leads to a better overall performance and higher levels of job satisfaction.

### **Job Satisfaction**

The results of the correlations tests between employee job satisfaction and employee turnover intention indicated that a statistically significant negative or inverse relationship exists between the measurements of the two variables, based on self-reported

views of employees in the long-term care industry who participated in this study. This finding is consistent with previous research by Choi and Johantgen (2012) who showed that supportive managers tend to have more employees satisfied with their jobs. If there is a lack of job satisfaction among the CNAs working in the long-term care industry, the outcomes could lead to voluntary employee turnover.

Other factors such as belongingness, work environment, and self-efficacy all are previously reported determining factors of job satisfaction (Choi & Johantgen, 2012). The findings show that negative perceptions of job satisfaction had a significant relationship to higher employee turnover intentions, which is consistent with the findings of the Herzberg (1959) two-factor theory, which linked satisfaction with other positive outcomes in the workplace. The results of this research also aligned with previous reports by Mobley (1982), Kristof (1996) and Wheeler, Gallagher, Brouer, and Sablynski (2007), who found that as job satisfaction increased, the intent to voluntarily quit a job decreased.

### **Motivation**

The fourth finding was that of no statistically significant relationship between employee motivation and employee turnover intention in the long-term care industry, as measured by the self-reported views of the employees who participated in this study. The results of the correlations tests and multiple regression involving employee motivation and employee turnover intention indicated that motivation, as measured in this study, did not contribute to the multiple regression model to help explain employee turnover intention. Dill et al. (2013) previously reported that contingency factors, such as being the primary breadwinner in one's household, as well as other individual motivators were

reliable predictors of CNA retention. Dill et al. reported that a lack of motivation by management could result in increased turnover rates. In addition, intrinsic and extrinsic motivation related to job satisfaction and reduced intention to quit; while intrinsic motivators may be more difficult to measure than extrinsic motivators, they may not be any less important or valuable (Aggarwal, 2014; Mishra & Mishra, 2014). However, the finding in this study is not consistent with a substantial amount of research indicates that motivation has a significant relationship to employee turnover. It is possible that the survey did not adequately capture the intrinsic and extrinsic motivators that could lead to reduced turnover intention.

In addition to the previously published researchers who focused on intrinsic motivators and rewards (Aggarwal, 2014; Mishra & Mishra, 2014), findings from the tests of this hypothesis are also not consistent with the Herzberg (1959) motivation-hygiene theory because this theory advances the idea that motivation affects job satisfaction, which could influence an employee to remain or quit a job. A possible explanation for this divergent finding includes the lack of understanding of the survey questions as they related to the CNA's current position. Another reason could be that the participants answered the questions in terms of reasons they work a job in general, rather than applying those ideas to their current workplaces. A search for explanations of these findings is worthwhile in light of the recent studies that collectively indicated motivation is essential in job satisfaction and a lack of motivation is a leading factor causing high employee turnover. In digging deeper into the results, the significant difference could be that due to extrinsic motivators like the pay. If the CNAs wages are considerably lower,

then they lack motivation to do their best in these positions. These employees tend to do the minimum because there is nothing that motivates them to continue to stay. There also may be unique motivating factors to CNAs not reflected in the questions pertaining to this factor.

### **Work Environment**

The results of the correlations tests between employee work environment and employee turnover intention indicated that a statistically significant relationship exists and there is a negative relationship between employee work environment and employee turnover intention in the long-term care industry. This finding is consistent with previous research by Zhang et al. (2013) that showed that the working conditions significantly affect both the mental health of CNAs and their intentions to leave. Results are also consistent with the previously published research by Gruss et al. (2004) who discussed how non-empowered work environments lead to high stress and the increased desire to leave their jobs. The finding from the tests of this hypothesis is consistent with the Herzberg (1959) motivation-hygiene theory, because it indicates that positions within satisfying environments such as those that allow for a respectful environment and empowering conditions are those that make nursing assistants more willing to stay.

### **Applications to Professional Practice**

There are several important ways the findings from this study apply to professional practice. The findings of this study provide management with ways of assessing and analyzing each factor based on the magnitude of the relationship. Through analysis, managers can provide their recommendations to improve the situations within

that particular organization. With the appropriate plans, managers may reduce or prevent employee turnover from occurring resulting in financial sustainability. The following subsections include detailed discussions about the applicability of the findings of this study with respect to the professional practice of the long-term care industry. The major sub-sections provided below include academic arguments in support of why and how the findings are relevant to improved business practice. The subsections are in the same order as the hypotheses, report of the results of the data analysis, and discussions that occurred in preceding sections.

### **Employee Compensation**

A statistically significant negative relationship appears to exist between employee compensation and employee turnover intention among the employees of the long-term care industry who participated in this study. Compensation was measured based on both intrinsic and extrinsic rewards or pay and benefits. A number of studies indicated that compensation plays an important part in employee retention (Mensah, 2013). Compensation does not guarantee retention, but it is essential in developing strategies to attract and retain this talent pool. The finding of a negative correlation between compensation and turnover intention is applicable to professional practices of the long-term care industry because it indicates that pay and benefits provide healthcare leaders with an understanding of why CNAs may leave the industry. The revelation of the relationship between employee compensation and turnover intention can lead to improved business practice by employing different methods to retain these employees by offering benefits that assist and support their needs. Whether the employee receives



sufficient healthcare benefits or pay, healthcare leaders must understand that this factor warrants attention, and a discussion with administrators and HR specialists may lead to solutions for related problems.

### **Employee Engagement**

A statistically significant negative relationship appears to exist between employee engagement and employee turnover intention among the employees of the long-term care industry who participated in this study. According to Mensah (2013), engagement not only affects employee retention, productivity, and loyalty, it is a key link to a company's reputation, customer satisfaction, and stakeholder value. The finding of a negative correlation between engagement and turnover intention is applicable to professional practices of the long-term care industry because healthcare managers can implement plans to address engaging these employees. The revelation of the relationship between employee engagement and turnover intention can lead to improved business practice by employing policies and procedures to engage these employees by involving them in operational or business procedures. As CNAs become more engaged in their positions, they will care more about the organization, the families, and the care given to the patients.

### **Job Satisfaction**

A statistically significant negative relationship appears to exist between the expressed levels of employees' job satisfaction and employee turnover intention among the employees of the long-term care industry who participated in this study. The finding of a negative correlation between job satisfaction and turnover intention is applicable to

professional practices of the long-term care industry because if employees are satisfied with their positions, they are more inclined to stay with that organization. According to Hall et al. (2009), reported that if CNAs are unsatisfied, it could result in mistreatment of the residents or incurring absences that will ultimately affect the facility. The relationship between employees' job satisfaction levels and turnover intentions can lead to improved business practice by maintaining a positive reputation of the facility and the quality of care given to the patients from the CNAs who are satisfied with their employment. A positive reputation and quality of care can lead to increases profits and sustainability from attraction to potential consumers, reduced costs from lower risk and reputation management, and improved evaluations and assessments that may be considerations in ongoing licensing processes and consumer decisions.

### **Motivation**

A statistically significant relationship did not appear to exist between employee motivation and employee turnover intention among the employees of the long-term care industry who participated in this study. The lack of significant findings of a relationship between motivation and turnover intention may be applicable to professional practices of the long-term care industry. Although the findings were inconsistent with expectations based on previous research, management may use these results to understand that CNAs have other needs aside from being motivated. These employees may have little expectations for growth at this phase of their careers within the long-term care industry. This position is essentially a midpoint and they know it does not require them to take on large amounts of tasks to achieve the same outcome when caring for the patients. The

revelation of the lack of a statistically significant relationship between motivation and turnover intention, based on the questions asked in this study, can lead to improved business practice by providing leaders with understanding the key reasons why CNAs may not experience motivation in their positions. Managers can include strategies to motivate the employees about their positions, allowing more responsibilities, and other ways they can advance in their career, which in turn could decrease turnover.

### **Work Environment**

A statistically significant negative relationship appears to exist between the employees' perceptions of their work environments and employee turnover intention among the long-term care workers who participated in this study. The responses indicated that the CNAs were somewhat content with the working conditions and the work environment in their facilities. The finding of a negative correlation between work environments and turnover intention is applicable to professional practices of the long-term care industry in that healthcare leaders must understand that the employees must feel comfortable in the environment. The results can assist management by ensuring that they maintain safe working conditions to retain these healthcare workers. Therefore, the revelation of the relationship between employees' work environments and turnover intention can lead to improved business practice.

### **Implications for Social Change**

Retaining valuable employees is necessary for long-term care facilities. CNA retention reduces costs associated with having to recruit, hire, and train new workers. Therefore, understanding the factors that lead to employees leaving their current position

is vital to the industry. The results of this study documented a strong relationship between employee turnover intentions and compensation, engagement, job satisfaction, and work environment. By identifying these principal components as being a primary deterrent to turnover, this study can serve as the basis for the development of a solution.

There are several meaningful ways the findings from this study apply to individuals, communities, organizations, and society. Leaders and healthcare administrators must understand that the loss of these workers could potentially have serious ramifications for the care of the patients, and cause financial distress to the facilities. Without adequate staffing, the facilities cannot operate to their full potential, and this could compromise patient safety and lead to stressful and unsafe work environments (Hilton, 2015). Therefore, it is essential to reduce voluntary turnover, which in turn, may improve the employee's health by reducing work-related stress while providing appropriate care to these patients and comfort to the families (Rafiee, Kazemi, and Alimiri, 2013).

The potential implication of social change contributed to the study's outcome was the knowledge of factors that are affecting the turnover of CNAs in the LTC industry in Florida. The findings from this study can assist leaders and healthcare administrators in gaining a better understanding of the impacts that compensation, engagement, job satisfaction, motivation, and work environment have on the employees' intent to leave. In addition, the results of this study can help towards developing and creating strategies to address the issues in an effort to reduce turnover rates. The optimal use of these results may also lead to increased patient commitment, potentially reducing the costs of care that

affect the lives of the long-term care residents, concerned family members, and significant others while improving the profits for an organization. If organizational business performance is sustainable, then long-term business growth can achieve successfully (Bebe, 2016). In turn, if individuals are employed the crime rates, and poverty levels will decrease, which results in communities that will benefit from a safe, healthy, and friendly environment (Bebe, 2016).

### **Recommendations for Action**

The findings that emerged from this study, coupled with results from related academic studies, offered insight from which appropriate recommendations for action may develop. Turnover among LTC employees adversely affects an organization in a number of ways and threatens the quality of patient care. There are both direct and indirect costs associated with employee turnover in this industry. Therefore, retaining a talented workforce is essential in ensuring a productive organization. In this study, compensation, engagement, job satisfaction, and work environment were the significant predictor variables for turnover intention. The variable that did not have a statistically significant relationship with turnover intention was motivation.

Healthcare managers and organizational leaders could use the findings from this research as a reference for developing effective training and strategies for retaining skilled employees. A recommendation for action could potentially involve the implementation of an educational guidebook that would instruct managers on their responsibilities and expectations in influencing employees' training and strategies aimed at improving employees' engagement and job satisfaction (Ude, 2015). Mapelu and

Jumah (2013) also emphasized that reduced turnover from enhanced engagement and job satisfaction result from job training, skills development, education and knowledge building, and career advancement opportunities based on that training.

### **Recommendations for Further Research**

The gap in literature showed a lack of studies that specifically identified organizational strategies and commitment of healthcare workers such as CNAs. Several studies identified turnover intentions in relation to registered nurses and physicians. The studies that were identified that discussed CNA turnover intentions were dated and did not provide updated information regarding factors that impact job dissatisfaction. Further research can continue to help build an understanding of the significant predictor variables, including compensation, engagement, job satisfaction, and work environment. Addressing these inadequacies require future researchers to incorporate variables such as rewards and incentives, engagement, recognition of individual differences, performance for pay, enhanced communication, and enrichment (Ude, 2015). In addition, as researchers continue to study CNA employee turnover, motivation is a key factor that requires more attention. Motivation is a factor that keeps employees satisfied; therefore, understanding why CNAs lack motivation in their positions can represent another area of valuable future research.

The survey questionnaire was a Likert-type scale where the participants could choose the answer based on the individual's understanding. Therefore, the results are limited, and the participant does not have the ability to express their opinions about the phenomenon. For future studies, a recommendation is to add employee turnover as a

factor to explore via a qualitative case study. Conducting a case study would add personal interaction to provide subjective perceptions and allow for follow-up questions to this survey. In addition, the participants could explain their experiences in detail other than answering questions using an ordinal scale.

The limitation of this study was the geographic boundaries associated with using just employees in the state of Florida. I would recommend that further research occur in different states in the United States. Another recommendation would be incorporating additional demographic characteristics and the level of education the employees have obtained. This will provide additional feedback and views of those employees who work in different facilities across the nation. It would be interesting to know how race, ethnicity, and education would influence the relationship between the variables of this study. Lastly, future research might involve repeating this study using higher-level employees in the long-term care industry to understand their concerns as they compare to CNAs and ways to retain these employees. The higher-level employees such as registered nurses, physical therapist, and licensed practitioner nurses might have direct personal and professional relationships with the CNAs and can share an understanding of their concerns and mutual experiences.

### **Reflections**

My interest in understanding employee turnover in the LTC industry stemmed from curiosity. Several employees were discussing how the everyday problems associated with working in LTC facilities along with the stressful work environment, and other factors caused their co-workers to leave the facilities at great frequencies.

Therefore, I began looking more into this problem and finding ways that could potentially alleviate high employee turnover.

The rigorous DBA study process required a literature search to provide knowledge and understanding about the topic. As I began conducting this research study, there was a preconceived notion that compensation would be statistically significant to employee turnover intentions. This inspired me to understand the problems more; that later led me to believe that it was more than just pay that caused CNAs to leave their jobs. I chose a quantitative research method and an anonymous survey participant pool to mitigate any risk associated with my personal bias. After completing this study, the findings could provide the groundwork for future qualitative research that could delve into understanding the predictor factors of employee turnover.

Conducting this research was a challenge. I was unable to speak with individuals and obtain their thoughts about this problem due to the nature of this study. However, in reviewing the results, I had the opportunity to learn and become more familiar with reasons individuals may choose to leave their jobs. Although this journey was not as easy as I anticipated, I look forward to learning more about employee turnover intentions and understanding the mitigating factors that could help in meeting the needs of long-term care providers.

### **Summary and Study Conclusions**

Employee turnover is a costly expense to organizations in almost every sector. Ramoo, Abdullah, and Piaw (2013) indicated that turnover is an ongoing issue among healthcare professionals. The CNAs are valuable employees that provide daily assistance



to the patients. Therefore, this loss in human capital can cause disruptions in an organization's performance as well as profitability (Hayes, 2015). The purpose of this quantitative correlational study was to examine the relationship of employee compensation, engagement, job satisfaction, motivation, work environment, and employee turnover intentions to answer the given hypotheses. The study utilized Likert-type scales to determine if there was a significance relationship between the predictor variables and the criterion variable.

The results of the 157 surveys for CNAs were the statistical basis for this study. Findings from this study indicate statistically significant relationships among compensation, engagement, job satisfaction, work environment and employee turnover intentions. There was not a statistically significant relationship between motivation and employee turnover intentions. The results of this study were consistent with the previous studies with the exception of motivation. Most researchers found that motivation had a statistically significant relationship to turnover intentions.

Based on the results and the findings from this study, I offer the following conclusions. The Herzberg (1959) motivational-theory served the basis for this study, supported by the rejection of four of the five null hypotheses tested in this study. However, motivation was the only variable that was accepted. The relationships found in this study should serve as a starting point for future research studies. This will allow researchers to explore ways to reduce turnover among CNAs in the long-term care industry, and provide researchers with a broader view of obtaining the personal thoughts of the CNAs as it relates to employee turnover.

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**Appendix A: Request and Permission to use Compensation and JS Instrument**

From: Rebecca Dei Mensah  
Date: Sun, Jul 12, 2015 at 3:04 AM  
Subject: Compensation Scale & Job Satisfaction  
To: Olalya Bryant >

Dear Olalya,

Thank you for your email and sorry for the delay in replying. I accept the terms and conditions of your request and hereby give you the permission to use my instruments. I wish you all the best in your doctoral program and will be looking forward to receiving a copy of your thesis on approval.

Best regards  
Becky

From: Olalya Bryant  
Date: Sat. Jul 4 2015 10:28 AM  
To: Rebecca Dei Mensah  
Subject: Compensation Instrument & Job Satisfaction

Greeting Dr. Rebecca Dei Mensah,

I am doctoral a student at Walden University pursuing a Doctor of Business Administration degree. I am writing my doctoral study project tentatively entitled "The Impact of Employee Turnover among Healthcare Professionals in the Healthcare Industry." I am requesting your permission to use and reproduce in my study some or the entire (or a variation of the instrument from the following study: "Effects of Human Resources Management Practices on Retention of Employees in The Banking Industry in Accra, Ghana".

I am requesting to use and reproduce this instrument under the following conditions: I will use this survey instrument only for my research and I will not sell or use any compensated or curriculum development activities. I will send a copy of my doctoral study that uses this instrument promptly to your attention upon final approval. If these are acceptable terms and conditions, please indicate so by emailing a written approval by replying to this email and give your written consent of the use.

Sincerely,

*Olalya Bryant*  
Doctoral Candidate  
Walden University

### Appendix B: Compensation Instrument

Consider the statements below in relation to your view of compensation within your organization. Use the scale provided and circle the number related to your response. The rating scale begins with 1- strongly disagree all up to 5 strongly agree

1	2	3	4	5
Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)

Place a check mark in the column that matches the extent to which you feel that you perceive each of the following situations:

1. I earn more than others who occupy similar positions in other health care industry.
2. The non-monetary benefits, such as vacation time and medical insurance that I receive here are better than those I could get at other health care facilities.
3. People who are hard- working and results-oriented are rewarded in the industry.
4. The salary and benefits I receive in this organization is commensurate with my responsibilities.
5. Compensation is satisfactorily reviewed from time to time.

### Appendix C: Job Satisfaction Instrument

Consider the statements below in relation to your view of job satisfaction within your organization. Use the scale provided and check the number related to your response. The rating scale begins with 1- strongly disagree at all up to 5 strongly agree.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

1. The working conditions in my organization are good and safe
2. The organizational structure facilitates teamwork, which enhances effective accomplishments of tasks
3. Management has created an open and comfortable work environment
4. My superiors make themselves easily accessible to discuss issues pertaining to my job and personal needs.
5. I receive recognition or praise for doing good work
6. My performance is appraised and my progress is discussed with me from time to time
7. Management treats me like a professional and allows me to use my discretion in my job.
8. I am fully able to utilize my skills, abilities, and experience in my present position
9. I have a clear understanding of performance standards and expectations to successfully perform my job
10. My work gives me a feeling of personal accomplishment
11. I can work independently on my work assignments

**Appendix D: Request and Permission to use Engagement Instrument**

From: Schaufeli, W.B. (Wilmar)  
Date: Sun, Jul 5, 2015 at 4:04 AM  
Subject: Re: Employee Engagement Instrument  
To: Olalya Bryant >

Dear Olalya,

You may use the UWES for your academic, non-commercial project. See my website for further details.

With kind regards,  
Wilmar Schaufeli

Date: Sat. 4 Jul. 2015, at 17:38 AM Olalya Bryant wrote:

Greeting Dr. Schaufeli,

RE: Employee Engagement Instrument

I am doctoral a student at Walden University pursuing a Doctor of Business Administration degree. I am writing my doctoral study project tentatively entitled "The Impact of Employee Turnover among Healthcare Professionals in the Healthcare Industry." I am requesting your permission to use and reproduce in my study some or the entire (or a variation of the instrument from the following study: "Effects of Human Resources Management Practices on Retention of Employees in The Banking Industry in Accra, Ghana."

I am requesting to use and reproduce this instrument under the following conditions: I will use this survey instrument only for my research and I will not sell or use any compensated or curriculum development activities. I will send a copy of my doctoral study that uses this instrument promptly to your attention upon final approval. If these are acceptable terms and conditions, please indicate so by emailing a written approval by replying to this email and give your written consent of the use.

Sincerely,

*Olalya Bryant*  
Doctoral Candidate  
Walden University



### Appendix E: Utrecht Work Engagement Instrument

Consider the statements below in relation to your view of employee engagement within your organization. Use the scale provided and circle the number related to your response. The rating scale begins with 1- never up to 6 always.

0	1	2	3	4	5	6
Never	Almost	Rarely	Sometimes	Often	Very Often	Always

Place a check mark in the column that matches the extent to which you feel that you perceive each of the following situations:

1. At work, I feel bursting with energy (vigor)
2. I find the work that I do full of meaning and purpose. (dedication)
3. Time flies when I am working. (absorption)
4. At my job, I feel strong and vigorous (vigor)
5. I am enthusiastic about my job. (dedication)
6. When I am working, I forget everything else around me. (dedication)
7. My job inspires me. (dedication)
8. When I get up in the morning, I feel like going to work. (vigor)
9. I feel happy when I am working intensely. (dedication)
10. I am proud of the work that I do. (dedication)
11. I am immersed in my work. (absorption)
12. I can continue working for long periods at a time. (vigor)
13. To me, my job is challenging. (dedication)
14. I get carried away when I am working. (absorption)
15. At my job, I am very resilient, mentally. (vigor)
16. It is difficult to detach myself from my job. (absorption)
17. At my job, I always persevere, even when things do not go well. (vigor)

**Appendix F: Request and Permission to use Employee Motivation Instrument**

From: Luc Pelletier  
Date: Mon, Jul 6, 2015 at 8:29 AM  
Subject: Re: Employee Motivation Instrument  
To: Olalya Bryant

Dear Olalya,  
You have my permission to use the WEIMS in the context of your thesis and I accept your conditions.

Best of luck with your research,

Luc Pelletier, Ph.D.

From: Olalya Bryant  
Date : Sat. Jul 4 2015 11:38 AM  
To: Luc Pelletier  
Subject : Employee Motivation Instrument

Greeting Dr. Luc Pelletier,

RE: Employee Motivation Instrument

I am doctoral a student at Walden University pursuing a Doctor of Business Administration degree. I am writing my doctoral study project tentatively entitled "The Impact of Employee Turnover among Healthcare Professionals in the Healthcare Industry." I am requesting your permission to use and reproduce in my study some or the entire (or a variation of the instrument from the following study: "Work Extrinsic and Intrinsic Motivation Scale: It's Value for Organizational Psychology Research."

I am requesting to use and reproduce this instrument under the following conditions: I will use this survey instrument only for my research and I will not sell or use any compensated or curriculum development activities. I will send a copy of my doctoral study that uses this instrument promptly to your attention upon final approval. If these are acceptable terms and conditions, please indicate so by emailing a written approval by replying to this email and give your written consent of the use.

Sincerely,

*Olalya Bryant*  
Doctoral Candidate  
Walden University

### Appendix G: Work Extrinsic and Intrinsic Motivation Instrument

Consider the statements below in relation to your view of employee motivation within your organization. Use the scale provided and circle the number related to your response. The rating scale begins with 1- does not correspond at all up to 5 correspond exactly

1	2	3	4	5
Does Not Correspond At All	Does Not Correspond	Neutral (N)	Correspond Moderately	Correspond Exactly

Place a check mark in the column that matches the extent to which you feel that you perceive each of the following situations:

1. Because this is the type of work I chose to do to attain a certain lifestyle.
2. For the income it provides me.
3. I ask myself this question, I do not seem to be able to manage the important tasks related to this work.
4. Because I derive much pleasure from learning new things.
5. Because it has become a fundamental part of whom I am.
6. Because I want to succeed at this job, if not, I would be very ashamed of myself.
7. Because I chose this type of work to attain my career goals.
8. For the satisfaction I experience from taking on interesting challenges,
9. Because it allows me to earn money.
10. Because it is part of the way, in which I have chosen to live my life.
11. Because I want to be very good at this work, otherwise I would be very disappointed.
12. I do not know why we are provided with unrealistic working conditions.
13. Because I want to be a “winner” in life.
14. Because it is the type of work I have chosen to attain certain important objectives.

15. For the satisfaction, I experience when I am successful at doing difficult tasks.
16. Because this type of work provides me with security.
17. I do not know, too much is expected of us.
18. Because this job is a part of my life.

**Appendix H: Request and Permission to use Work Environment Instrument**

From: Jan Ivar Rossberg  
Date: Thu, Sept 10, 2015 at 1:55 PM  
Subject: Re: Work Environment Instrument  
To: Olalya Bryant

Dear Olalya

Please just use the WES-10, and good luck with your project.

Best

Jan Ivar

From: Olalya Bryant  
Date: Thu. Sept. 10 2015 9:36 AM  
To: Jan Ivar Rossberg

Greetings Dr. Rossberg & Dr. Friss,

I am doctoral a student at Walden University pursuing a Doctor of Business Administration degree. I am writing my doctoral study project tentatively entitled "The Impact of Employee Turnover among Healthcare Professionals in the Healthcare Industry." I am requesting your permission to use and reproduce in my study some or the entire (or a variation of the instrument from the following study: "Work environment and job satisfaction-A psychometric evaluation of the Working Environment Scale-10"

I am requesting to use and reproduce this instrument under the following conditions: I will use this survey instrument only for my research and I will not sell or use any compensated or curriculum development activities. I will send a copy of my doctoral study that uses this instrument promptly to your attention upon final approval. If these are acceptable terms and conditions, please indicate so by emailing a written approval by replying to this email and give your written consent of the use.

Sincerely,

*Olalya Bryant*  
Doctoral Candidate  
Walden University

### Appendix I: Work Environment Instrument

Consider the statements below in relation to your view of the work environment within your organization. Use the scale provided and circle the number related to your response. The rating scale begins with 1- does not correspond at all up to 5 correspond exactly

1            2                            3                            4                            5  
Not at all - To a small extent - To some extent - To a large extent - To a very large extent

1. Does what you do on the job give you a chance to see how good your abilities really are?
2. Does what you do on the job help you to have more confidence in yourself?
3. To what extent do you feel nervous or tense on the job?
4. How often does it happen that you are worried about going to work?
5. To what extent do you feel that you get support you need, when you are faced with difficult job problems?
6. To what extent do you find that you can use yourself, your knowledge and experience in the work here on the job?
7. What do you think about the numbers of tasks imposed on you?
8. To what extent do you find that it can be difficult to reconcile loyalty towards your team with loyalty towards your own profession?
9. How often does it happen that you have a feeling that you should have been at several places at the same time?
10. To what extent do you find that the patient treatment is complicated by conflicts? Among the staff members?

**Appendix J: Request and Permission to use Turnover Instrument**

From: Muhammad Aamir Shafique Khan  
Date: Thu, Jul 9, 2015 at 8:36 AM  
Subject: RE: Turnover Instrument  
To: Olalya Bryant

Dear Bryant,

With reference to your email regarding using and reproducing part of my research, I want to say that given the references appropriately you can use my work and i do allow you for that.

Regards

Aamir

Date: Tue, 7 Jul 2015 09:09:41 -0500  
Subject: Turnover Instrument  
From: Olalya Bryant  
To: Muhammad Aamir Shafique Khan

Greeting Dr. Khan,

I am a doctoral student at Walden University pursuing a Doctor of Business Administration degree. I am writing my doctoral study project tentatively entitled "The Impact of Employee Turnover among Healthcare Professionals in the Healthcare Industry." I am requesting your permission to use and reproduce in my study some or the entire (or a variation of the instrument from the following study: "An Empirical Study of Turnover Intentions in Call Center Industry of Pakistan."

I am requesting to use and reproduce this instrument under the following conditions: I will use this survey instrument only for my research and I will not sell or use any compensated or curriculum development activities. I will send a copy of my doctoral study that uses this instrument promptly to your attention upon final approval. If these are acceptable terms and conditions, please indicate so by emailing a written approval by replying to this email and give your written consent of the use.

Sincerely,

*Olalya Bryant*  
Doctoral Candidate  
Walden University

### Appendix K: Turnover Intention Instrument

Consider the statements below in relation to your view of turnover intentions within your organization. Use the scale provided and circle the number related to your response. The rating scale begins with 1- extremely disagree up to 5 extremely agree.

1	2	3	4	5
Extremely Disagree (ED)	Disagree (D)	Neutral (N)	Agree (A)	Extremely Agree (EA)

Place a check mark in the column that matches the extent to which you feel that you perceive each of the following situations:

1. I often think of leaving the organization.
2. It is very possible that I will look for a new job next year.
3. If I could choose again, I would choose to work for the current organization.



## Appendix L: Invitation to Participate

Walden University  
College of Management and Technology  
100 Washington Avenue South Suite 900  
Minneapolis, MN 55401

### Invitation to Participate in Research

Based on your knowledge and experience of working in the Long-Term Care (LTC) industry, you are invited to participate in a study examining the relationship between employee compensation, engagement, motivation, work environment, and employee turnover. I am conducting research on “Employee Turnover in the Long-Term Care Industry,” to fulfill the requirements of earning a Doctor of Business Administration degree at Walden University. I invite you to take part in this research study because your shared experiences toward aspects of turnover intentions could potentially assist managers in formulating appropriate policies and strategies that could retain experienced employees in this field.

I humbly request that you spare a few minutes of your time to complete the questionnaire at the Survey Monkey link. The questions seek your opinions regarding your organization’s policies and strategies in relations to employee turnover. There is no right or wrong answer, just your honest opinions. Your anonymity is assured, and the information you provide will remain confidential. All data will be stored in a password protected electronic format to ensure your confidentiality. The results of this study will be used solely for scholarly purposes only, and may be shared with Walden University representatives.

Your participation in this study is voluntary and not required. There are minimal risks associated with participating in this survey, and you will not receive any monetary compensation for participation. You may choose not to participate. Additionally, if you decide to take part in this study, you have the opportunity to discontinue participation at any time. Thank you for your consideration in this matter.

Sincerely,  
Olalya Bryant  
DBA Candidate at Walden University

**Appendix M: Eligibility Questionnaire**

Please choose the answer that best represents you.

1. Are you a Certified Nursing Assistant?

(1) Yes

(2) No

2. Do you currently work in the state of Florida?

(1) Yes

(2) No

3. Are you at least 18 years of age?

(1) Yes

(2) No

4. Have you worked in the long-term care industry for at least 2 years?

(1) Yes

(2) No

**Appendix N: The National Institute of Health (NIH) Certification**