

State Tested Nursing Assistants' Workplace Experiences That Threaten or Support Intent to Stay

Megan Benner Senecal¹, PhD, MPH, Kimberly McBride¹, PhD, Victoria Steiner¹, PhD, Linda Pierce¹, PhD, RN, MSN, CRRN, FAHA, FAAN & Barbara Saltzman¹, PhD, MPH

Abstract

Purpose: Over 1 million Americans utilize skilled nursing facilities (SNFs) annually. Within SNFs, State Tested Nursing Assistants (STNAs) are primary caregivers; however, low retention rates are notable and threaten patient care.

Design: A phenomenological, qualitative study was conducted to explore intrinsic factors that influence STNAs' intent to stay in their positions.

Methods: Ten STNAs employed at for-profit SNFs participated in semistructured face-to-face interviews. Data were analyzed to identify broad concepts and recurrent themes.

Findings: Findings suggest that intrinsic factors supporting and threatening intent to stay included the fulfillment of basic psychological needs. Supporting themes included self-confidence, appreciation, positive relationships, and a willingness to go beyond required duties. Threatening themes included frustration, lack of support, and career advancement opportunities.

Conclusions: Findings provide an understanding of factors that influence STNAs' intent to stay.

Clinical Relevance: The results may help guide the development of responsive strategies that improve quality and continuity of care in SNFs.

Keywords: Caring relationship; intent to stay; nursing assistants; personnel turnover; skilled nursing facilities.

Introduction

By 2060, estimates suggest that approximately 98 million Americans will be 65 years of age or older (Administration on Aging, 2018; Bureau of Labor Statistics, U.S. Department of Labor, 2018). The percentage of older adults needing assistance is also expected to increase with nearly 22% of individuals 85 years and older needing help with personal care (Administration on Aging, 2018). Nationally, nearly 40% of all nursing assistants are employed by skilled nursing facilities (SNFs; Bureau of Labor Statistics, U.S. Department of Labor, 2018; Tak, Alterman, Baron, & Calvert, 2010). The projected demographic shift in the U.S. population is anticipated to increase the need for nursing assistants by approximately 11% before the year

2026 (Bureau of Labor Statistics, U.S. Department of Labor, 2018).

Nursing assistants in SNFs are primarily responsible for the majority of direct patient care by assisting with bathing, dressing, and toileting. The nursing assistants in SNFs have highly physically demanding positions with high workload and direct patient contact (Bureau of Labor Statistics, U.S. Department of Labor, 2018). Nursing assistants are state trained and certified with an average annual salary below 25,000 dollars per year (Bureau of Labor Statistics, U.S. Department of Labor, 2018). Depending on the state in which you live, nursing assistants are also commonly referred to as Certified Nursing Assistants or State Tested Nursing Assistants (STNAs).

The need for STNAs in SNFs and the continual issues with staff retention threaten facilities' ability to adequately meet the care needs of their residents. Inability to retain direct care staff amounts to nearly \$4 billion in direct and indirect costs annually, which translates to roughly \$500–\$1000 per individual incurred by the facility (Brown, Redfern, Bressler, Swicegood, & Molnar, 2013; Rubin, Balaji, & Barcikowski, 2009). For-profit SNFs have shown higher turnover and lower retention rates when compared to not-for-profit organizations. The differences may be partially due to identified unsupportive workplace cultures

Correspondence: Megan Benner Senecal, PhD, MPH, University of Toledo, Toledo, OH. E-mail: meganebenner@yahoo.com

¹ The University of Toledo, Toledo, OH, USA

Copyright © 2019 Association of Rehabilitation Nurses.

Cite this article as:

Senecal, M. B., McBride, K., Steiner, V., Pierce, L., & Saltzman, B. (2020). State tested nursing assistants' workplace experiences that threaten or support intent to stay. *Rehabilitation Nursing, 45*(6), 323–331. doi: 10.1097/rnj.0000000000000232

and poor wage and benefit offerings within for-profit SNFs (Decker, Harris-Kojetin, & Bercovitz, 2009; Ejaz, Noelker, Menne, & Bagaka's, 2008; Mittal, Rosen, & Leana, 2009; Rosen et al., 2011).

Studies examining the determinants of staff retention within healthcare settings have found that individual, interpersonal, and organizational factors can influence intentions to stay. The current structure of long-term care makes it difficult for facilities to address extrinsic factors such as low wages and limited benefit offerings as a means to retain staff due to lower reimbursement rates and the demand for profitable nursing facilities (Bishop et al., 2008; Bishop et al., 2009; Dill, Morgan, Marshall, & Pruchno, 2013; Mittal et al., 2009; Trybou, De Pourcq, Paeshuysse, & Gemmel, 2014). As such, addressing personally relevant intrinsic factors (e.g., positive workplace relationships) may be a more readily actionable way to impact STNAs' intent to stay in their positions (Mittal et al., 2009; Trybou et al., 2014).

The self-determination theory (SDT) served as the conceptual foundation for this research. The SDT posits that fulfillment of one's basic psychological needs can be predictive of job satisfaction and commitment to a place of employment (Trepanier, Fernet, & Austin, 2013), whereas a lack of fulfillment of any basic psychological need can be a detriment to an individual's well-being and self-motivation (Deci & Ryan, 2008; Deci et al., 2001). The three basic psychological needs identified are (1) autonomy, which includes "self-rule" actions that are self-initiated and self-regulated in relationship with one's goals; (2) relatedness, a sense of belonging and feeling significant in the eyes of others, not according to position or status, or feeling connected to others; and (3) competence, the experience of mastery, challenge, and engagement in the activities that may serve to broaden one's capacities or one's behavior (Custers, Westerhof, Kuin, Gerritsen, & Riksen-Walraven, 2013; Deci et al., 2001; LaGuardia, 2009; Trepanier et al., 2013).

The aim of the current study was to explore work-related experiences of STNAs employed by for-profit SNFs, with a specific focus on examining the intrinsic factors that influence individual STNAs' intentions to remain in their positions. Furthermore, the research sought to examine the impact of basic psychological need fulfillment among STNAs' intent to stay.

Methods

Participants and Procedures

With institutional review board approval, English-speaking adults who had no restrictions on their STNA certifications due to abuse or neglect and who had been employed as an

STNA for at least 1 year were recruited via flyers distributed at six corporate for-profit SNFs in Ohio. The eligibility criteria related to age (>18 years) and job tenure (>1 year) were selected based on the Centers for Disease Control and Prevention's (2004) National Nursing Assistant Survey demographic data, suggesting the majority of nursing assistants are adults who have been working in the profession for an average of 61 months (approximately 5 years, [Centers for Disease Control and Prevention, 2004]). The recruitment sites were chosen due to their for-profit status, corporate affiliation, and recognition as a leading provider of short-term, post-hospital services and long-term care. The facilities varied in size from 50 to 126 beds, and all sites were Medicare and Medicaid certified. The diversity in bed size, facility location, and patient demographics strengthened the likelihood that diverse experiences would be captured in the interviews. The study investigators had no formal affiliations with the recruitment sites, and potential participants were notified that their participation and responses would not be shared with their employer.

Interested and eligible STNAs were given a brief overview of the nature and purpose of the study and measures that would be taken to protect anonymity. Participants were informed that their responses would not be identifiable and that any identifiers or names used in the interview will be redacted during transcription. Interviews were conducted by the first author at a location of the participant's choosing, either a public library near their work site or in a private office at a university. Interviews lasted 20–30 minutes and were audio-recorded for subsequent verbatim transcription.

Measures

A nine-item demographic questionnaire was used to assess participants' age, gender, race, ethnicity, marital status, highest level of education, training, and job tenure. Questions and response options were derived from the U.S. Census questionnaire, and the selection of items was guided by nationally representative demographic data on the nursing assistant workforce (Bureau of Labor Statistics, U.S. Department of Labor, 2018; U.S. Census Bureau, 2017). Based on the review of the existing literature and SDT constructs, a semistructured interview guide was developed by the research team to explore the relationship between psychological need fulfillment (intrinsic factors) and intent to stay. The guide covered three broad domains: (1) psychosocial stressors that influence intent to stay in a position, (2) the influence of health and well-being on intention to stay, and (3) recommendations to improve the work environment. The SDT guided the inquiry with

targeted questions based on the tenets of the SDT with each basic psychological need of autonomy, competence, and relatedness addressed through interview questions. The semistructured interview guide was designed to investigate the experiences of basic psychological need fulfillment through workplace interactions and experiences in the three aforementioned domains.

Data Analysis

Data were analyzed using a primary framework for qualitative analysis derived from Morgan (1997). The validity of the data was assessed by adhering to the standards of credibility, authenticity, criticality, and integrity (Polit & Beck, 2012). In terms of credibility, findings were not verified with the participants after the interviews. However, during data collection, the interviewer verbally checked with participants when additional explanation or clarification was needed in an effort to ensure that responses were understood. Because the study was descriptive and phenomenological in nature, the investigators had no preconceived notions regarding what the data would yield. In an effort to minimize bias during the analytic phase, two investigators (the PI and a researcher with expertise in qualitative data analysis) independently reviewed transcripts and coded data. They met afterwards to compare and discuss themes until 100% agreement was reached. With consensus from all authors, themes were then organized into broader categories to refine the coding scheme. The final coding scheme consisted of broad categories and subcategories that were applied to the data through annotation of the transcripts with numeric codes to index the categories (Morgan, 1997; Polit & Beck, 2012). Although there is no definitive sample size for reaching saturation, research suggests a range of between 10 and 40 participants. This study followed the guidelines of phenomenological qualitative research, which posit that when no new information emerges, data collection will end (Creswell & Miller, 2000; Denzin & Lincoln, 1994; Mason, 2010; Morse, 1994).

Findings

Nine female and one male ($n = 10$) STNAs completed a one-time, semistructured, face-to-face interview. Participants' ages ranged from 20 to 57 years (mean = 38). A complete demographic profile of the participants can be found in Table 1.

Several distinct themes that support and threaten STNAs' intentions to stay in their current position emerged from the data. Supportive factors included themes related to (1) having work-related self-confidence, (2) feeling workplace appreciation, (3) experiencing positive caring

Table 1 Demographics table

Characteristic	Subcharacteristic	<i>n</i> (%)
Gender	Male	1 (10)
	Female	9 (90)
Race	White	5 (50)
	Black	3 (30)
	Other	2 (20)
Ethnicity	Hispanic or Latino	2 (20)
	Non-Hispanic or Non-Latino	8 (80)
Marital status	Now married	3 (30)
	Divorced	2 (20)
Time as state tested nursing assistant	Never married	5 (50)
	At least 1 year	1 (10)
Worked at current facility	2–5 years	3 (30)
	6–10 years	5 (50)
	11–20 years	1 (10)
Level of education	Less than 6 months	3 (30)
	Less than 1 year	2 (20)
	At least 1 year	3 (30)
Age (years)	2–5 years	1 (10)
	6–10 years	1 (10)
Level of education	Some college	6 (60)
	Associate degree	2 (20)
	Bachelor's (or greater)	2 (20)
Age (years)	Average age	38
	Min age	20
	Max age	57

workplace relationships, and (4) being willing to go above and beyond. Intent to stay was threatened by (1) seeking career advancement, (2) experiencing difficulty providing person-centered care, (3) feeling unsupported by supervisors, and (4) feeling frustrated by limited teamwork. The findings presented below are organized by theme, and illustrative quotes are provided in Table 2.

Themes for Supportive Factors

Intrinsic factors that supported STNAs' intentions to stay in their positions provided evidence of competence and relatedness fulfillment. Themes most closely related to competence were feeling work-related self-confidence and appreciation, whereas those most closely aligned with relatedness were experiencing positive caring relationships and their own willingness to go "above and beyond" their assigned duties.

Having Work-Related Self-Confidence

All 10 participants reported that feeling confident about their clinical skills influenced their overall feelings of workplace competence and facilitated their commitment to their position. Commonly, participants described feeling uncertain about their ability to meet the job demands upon entering the profession but suggested that self-confidence increased as they gained clinical experience.

Table 2 Selected quotations by theme and their relationship to Self-determination Theory constructs

Supportive Theme (Self-Determination Theory Construct)	
Having work-related confidence (Competence)	<p>"I've learned a lot on the job, just about different diseases they have and what they're feeling. [I'm] Pretty confident. I trust myself." (Participant 2)</p> <p>"At first I was a little nervous with the different lists and stuff. I think I had good training on that, but then... I was ready to go hands-on. I was asking her 'can I do it?', 'let me do it,' and then I can get used to what it's going to be like when you're not here." (Participant 6)</p> <p>"I feel better now that I have experience. It was kind of stressful at first when you had the hall to yourself the first time. But yeah, definitely [feel] better now that I have more experience." (Participant 5)</p>
Experiencing positive caring relationships (Relatedness)	<p>"When the patients are happy...that's a big part of what makes me happy at work." (Participant 1)</p> <p>"I like working with people. I like helping them and it makes me feel good. There's so many people out there that don't have anyone. Seeing them smile and just making their quality of life better." (Participant 2)</p> <p>"I wanted to do something [work] to help people. And I like helping older people who don't have family, a lot of them don't, and we become their family." (Participant 10)</p>
Feeling workplace appreciation (Competence)	<p>"There was a particular resident's sister that was very disgruntled and unhappy with his care and she actually gave me a compliment that she was very happy that I had him because he was always shaved and clean and she knew that he was getting good care. That made me feel good..." (Participant 4)</p> <p>"Almost every day to be honest with you because I have people that, either my co-workers compliment me or the people that I work for. Just saying that, 'Thank you for helping me with this and thank you for being there.'" (Participant 5)</p> <p>"Probably my proudest moments have been the people who ask for me personally." (Participant 4)</p>
Willing to go above and beyond (Relatedness)	<p>"I listen to a radio station and it says, 'One tool sharpens another.' That's going to be my philosophy for it. ... I don't care if this is my hall or your hall, we're a team. We all work together to accomplish one goal and that would be to answer all those call lights." (Participant 4)</p> <p>"I take time to help them with extra things. It could be transporting the patient down to physical therapy myself instead of therapy coming to get them." (Participant 2)</p> <p>"...They asked me to come in at two in the morning. So, I'll work two to two, which is fine..." (Participant 1)</p>
Threatening Themes (Self-Determination Theory Construct)	
Seeking career advancement (Competence)	<p>"Hopefully I'll be graduated from school and not at the place that I'm at right now." (Participant 5)</p> <p>"I'm going to be attending classes. May 1st is my first day of class for LPN and that's 18 months and then they have a bridge LPN to RN and then I'm going to try to get my BSN." (Participant 10)</p> <p>"I been thinking about other fields, but I just don't. ... It's hard for me, too, because of the educational background I had in high school that put me in a lot of fear of a lot of things, you know? I'm curious on what else is out there..." (Participant 7)</p>
Experiencing difficulty providing person-centered care (Relatedness)	<p>"I don't like it when we're short of help. That is hard because you have 20–25 residents and that just doesn't give enough time." (Participant 10)</p> <p>"You don't get to treat them as a person or take time to actually interact with them and engage them and I think that adds to their quality of life. People probably would stay well longer or live longer if they were happier." (Participant 5)</p> <p>"The more aides we have...makes everything easier and if you need help you can grab help; you can really attend to the patients instead of having to quickly go to all of them." (Participant 2)</p>
Feeling unsupported by supervisors (Relatedness/Competence)	<p>"They usually are training and educating us to fit their standards and that's usually when I'm talking to them. Or if something's not getting done, which is very annoying, because I only see them when there's a problem." (Participant 7)</p> <p>"The nurses, sometimes you get that feeling of you're low on the totem pole or you're not as important, so they don't really talk to you unless they need something." (Participant 4)</p> <p>"We don't speak to the supervisors all that much." (Participant 8)</p>
Being frustrated with limited teamwork (Relatedness)	<p>"In a facility setting, what makes it hard is when you don't have team players." (Participant 3)</p> <p>"I don't like when other people don't work as hard as I do...it just seems like some really poor performers keep their jobs, and that was frustrating." (Participant 10)</p> <p>"It's very frustrating, people who want a paycheck come, people will sign up for shifts, pick it up and then not show up, not call, nothing, and then not get written up for it." (Participant 3)</p>

The general consensus across interviews was that opportunities for training and on-the-job practice were critical components of building confidence, and participants described requesting practice opportunities so that they could prepare for situations when there would be no direct supervision. Furthermore, although most participants described having limited decision-making opportunities in regard to provision of care, they indicated that they were willing to accept additional responsibilities if they received appropriate training. Participants also discussed the importance of the hierarchy of care and emphasized the importance of facilities providing structured on-the-job training opportunities that allowed them to build confidence in their skills. Participants also indicated that nursing assistants should not accept extra duties delegated to them if they are not adequately trained because doing so could compromise patient outcomes.

Feeling Workplace Appreciation

Experiencing appreciation in the workplace was consistently described as contributing to intrinsic feelings of competence and was a salient factor influencing intent to stay. Participants described feeling proud when they received praise or recognition from residents, resident families, and coworkers concerning their job performance. Most often, participants indicated that appreciation came in the form of verbal acknowledgements or praise regarding their performance. Among the participants who had received a tangible reward (e.g., gift, plaque, certificate of recognition) in addition to verbal recognition, the reward was often described as being less important than the underlying meaning (i.e., recognition of competence/performance).

Experiencing Positive Caring Relationships

All participants indicated that experiencing feelings of relatedness in the workplace was a primary source of job satisfaction and a reason for continuing to work in the profession. Furthermore, participants described that their overarching professional purpose was to ensure residents' happiness and well-being, and all participants indicated that they personally felt most satisfied with their position when they were providing quality, person-centered care.

Willing to Go Above and Beyond

In addition to the caring relationship, participants identified "going the extra mile" as an important factor that influenced intent to stay. Participants described going "above and beyond" their prescribed duties in order to assist coworkers and the facility at large. Common examples of this theme included taking on extra shifts, answering call-lights of patients not assigned to the participant, covering shifts when someone called off, working overtime

if the facility was short-staffed, and being supportive of coworkers who were going through hard times personally. In addition, participants also indicated behavior going "above and beyond" to meet residents' needs. Most often, this included opportunities for socialization and attempts to make the resident feel happy and comfortable beyond specific required care tasks.

Themes for Threatening Factors

Several factors that threatened intent to stay also emerged from the data. Whereas one theme, seeking career advancement, was practical in nature, the remaining threats can be attributed in some way to a lack of intrinsic fulfillment experienced by participants in their work.

Seeking Career Advancement

Nearly all of the participants revealed that they had desires or current plans to seek additional training or schooling for professional advancement. Many indicated that they were working as an STNA to build clinical experience, had a desire to continue on to nursing school, were currently enrolled in a nursing program or other higher education, or were seeking alternate training to completely change careers. When asked where they saw themselves in 5 years, most participants expressed a desire for continued career advancement in a health-related field.

Experiencing Difficulty Providing Person-Centered Care

Participants expressed frustration with the staffing ratios within the for-profit facility structure. The STNAs surveyed identified difficulty in the form of time constraints, number of tasks, and high patient volume. The current ratios were described as making it nearly impossible to cultivate interpersonal relationships with their residents, which participants believed to be essential to their ability to provide quality care.

Feeling Unsupported by Supervisors

Experiencing lack of support from nurses and other supervisors emerged as a salient threat to intent to stay and impacted overall job satisfaction. Examples of lack of support included limited engagement, nonrecognition of the STNA as a valuable team member, indifference and condescension, and interactions based solely on punitive or training purposes. When asked whom they interact with most and least on the job, participants indicated that they had the least interaction with supervisors and administration. All of the participants spoke about supervisors' "indifference" to their work.

Feeling Frustrated by Limited Teamwork

Participants expressed that lack of teamwork was a source of frustration and influenced their job satisfaction as well

as their intentions to stay in their current position. Several participants suggested that colleagues, specifically other STNAs, not acting as team players or being disengaged from their work was one of the most frustrating aspects of their job. Furthermore, although compensation was mentioned by 3 of the 10 participants as a recommendation for improving the work environment, it was not identified as a determining factor in their decisions to continue their employment at their current facility. The general consensus was that compensation cannot make up for a poor work environment where intrinsic fulfillment is lacking.

Discussion

The findings suggest that the basic psychological needs of competence and relatedness were primary influencers of intent to stay, which is consistent with previous research that has examined experiences of STNAs working in long-term care (Brown et al., 2013; Gray et al., 2016; Kusmaul & Bunting, 2017; Mittal et al., 2009; White et al., 2012). In this study, feelings of *competence* were strengthened by self-confidence in skills and being recognized for accomplishments (i.e., a job well done), whereas caring relationships and a commitment to go above and beyond work duties supported experiences of *relatedness*. Autonomy did not reveal itself as a salient contributor to STNAs' intent to stay in this current study. This may be in part to the nature of STNA job duties that allow for few self-directed activities.

An examination of factors that promoted feelings of competence among the current sample suggests that self-confidence in clinical skills was a primary contributor to fulfillment of one's basic psychological need of competence and ultimately intent to stay. Participants emphasized the importance of being provided hands-on opportunities during their shifts to develop and strengthen clinical skills, such as mentorship, guidance, and support by more senior unlicensed and licensed rehabilitation staff using a teach-back method, which, in turn, promoted self-confidence.

Similarly, Decker et al. (2009) found that skill development improved intrinsic motivation among STNAs in their sample. In addition, self-confidence, recognition, or acknowledgment for a job well done was a salient contributor to feelings of competence among our participants. Most of the participants noted that verbal praise and expressions of gratitude from colleagues, patients, and families was more meaningful than receiving a tangible reward and had a stronger impact on their motivation and intent. Team building by rehabilitation nurse directors and/or managers, supervisors, and/or other administrators might include individual quarterly meetings with each STNA to

recognize his or her valuable work, as well as discuss areas for growth. Other recognition ideas for rehabilitation nurse leaders to implement facility-wide include the following: (1) available cards on each nursing unit for residents/families to complete to acknowledge exceptional care by any licensed (e.g., nurse, physician, therapist, dietitian) or unlicensed (e.g., STNA, maintenance, laundry, clerical) staff members; (2) monthly Friday celebrations by the nurse supervisor on each shift to celebrate selected staff for given compassionate and skilled care that includes placing a picture and brief descriptive example of exemplary work, for example, "STNA of the Month," "Nurse or Therapist of the Month," and other staff on a prominently placed facility bulletin board and on the facility's website; (3) quarterly text messages from nurse supervisors and/or managers to nursing personnel and other staff to inform him or her of this exemplary work accomplished over the past 3 months; and (4) summer picnic for staff to applaud their accomplishments.

Intent to stay was threatened by seeking career advancement, lack of support from supervisors, experiencing difficulties providing patient-centered care, and feeling frustrated by limited teamwork. Themes threatening intent to stay among the participants can all be associated with characteristics of certain systemic issues facing facilities such as staffing and work conditions. These threatening themes may be related to personal attributes of participants but are also shaped by the organizational structure of the facilities and the support provided at the corporate and legislative levels. In addition, seeking career advancement among the study participants and descriptions of using their current position as a stepping stone, while not necessarily negative, suggests that it is important for organizations to recognize that employees may have career aspirations that impact retention and the suggestions for celebrations for STNAs might be implemented.

An unexpected finding of this research was the link between workplace experiences, basic psychological need fulfillment, and the concept of organizational citizenship behavior (OCB). Organizational citizenship behavior refers to behaviors undertaken by employees that are outside their specific job duties or expectations (e.g., picking up shifts, taking on extra duties) that promote organizational effectiveness and efficient daily operations. In both the supportive themes and the threatening themes, OCB was either present (supportive) or not present (threatening), which dictated the STNAs' experiences at work.

General Practical Application

When examined as a whole, the evidence from the current study suggests that experiences of relatedness and

competence are a critical component of job satisfaction and intent to stay. Several general recommendations for application of the findings, in addition to the specific suggestions listed above, are provided below.

Facility Role

Facilities can work to retain STNA staff by implementing practices that allow for the fulfillment of relatedness via development of positive interpersonal relationships in the workplace. These relationships would need to include not only peer-to-peer but supervisor supportive relationships. Facilities can also attempt to promote intrinsic feelings of competence by providing structured training opportunities that allow STNAs to build confidence in their clinical skills. Experienced intrinsic competence can be maintained by instituting systems and policies of recognition and acknowledgement for a job well done that are not limited to the provision of tangible rewards. The facility structure should provide support for the development of caring relationships, facilitate communication and teamwork among staff and supervisors, and emphasize a culture of respect.

Despite career advancement goals, it is not recommended that facilities discourage STNAs from seeking advancement. Instead, facility administration and management staff can use this information to implement policies and procedures that support upward movement within the organization. For example, programs that provide financial support for ongoing education, provide flexibility in shifts for those attending school, provide nurse mentorship programs, and/or guarantee employment upon the completion of a degree have the potential to improve retention rates.

Nurse Manager Role

The current findings provide additional evidence that addressing intrinsic determinants of intent to stay may serve as viable approaches to increasing STNA retention. Directors of nursing or nurse managers can begin to influence the feelings of support among STNA staff by developing a positive departmental culture among all clinical care staff. As identified by the current research, a supportive culture among clinical care staff would include a culture of support, mentorship, and teamwork that could foster OCB among clinical staff and possibly decrease the likelihood that STNAs would want to find a reason to leave their position.

Nurse managers within the facility setting should take the time to recognize the importance of the STNA in the continuum of care. As the primary contact point for patients, STNAs facilitate quality care through clinical activities, sharing information with patients and their families,

and relaying intimate patient knowledge to nurses and other staff (Brown et al., 2013; Gray et al., 2016; Kusmaul & Bunting, 2017; Mittal et al., 2009). Consistent STNA staffing results in better quality care, improved clinical outcomes, fewer rehospitalizations among residents, and ultimately lower costs to facilities. As the need increases and budgetary concerns and reimbursements remain stagnant, most organizations will continue to lack the resources to provide enhanced tangible rewards (e.g., increased pay or benefits), and efforts to improve satisfaction and commitment via low-cost approaches will be critical to maintaining a stable direct care workforce.

Limitations and Strengths

The study's findings are limited by the geographic location of data collection, for-profit chain ownership, small sample size, and social desirability of response. All volunteers were informed that their responses would be kept confidential, reported anonymously in aggregate form, and not shared with their employer. In an effort to minimize bias and ensure credibility of findings, transcripts were independently reviewed and coded. Furthermore, during the interviews, the Principal Investigator (PI) clarified responses and lines of questioning to ensure that the participant's thoughts and insights were accurately conveyed (Polit & Beck, 2012).

This research finds strength in the new approach utilizing the SDT and focusing singularly on intent to stay and the intrinsic fulfillment of STNAs as a means to understand STNA motivation. In addition, the study findings corroborate previous work with STNAs in Long-Term Care (LTC) settings.

Conclusion

Within SNFs, STNAs are often responsible for meeting the day-to-day care needs of residents and play a critical role in the provision of quality care as well as overall facility function. Therefore, mechanisms to ensure the stability of the STNA workforce will be paramount to facilities' abilities to meet the growing demands for skilled nursing and efforts to improve retention are a necessary component. The current findings suggest that experiences of intrinsic satisfaction through fulfillment of the basic psychological needs of competence and relatedness are primary factors influencing intent to stay. These findings support those of previous research and also expand the current understanding of STNA motivation and the underlying factors dictating their decisions to remain in their positions.

The current financial constraints faced by for-profit, long-term SNFs due to the reimbursement structure serve

Key Practice Points

- This work is an exploration of the factors influencing nursing assistants' intent to stay in their positions in for-profit skilled nursing facilities. These findings are important in developing responsive retention strategies at the facility level. The following points will assist rehabilitation nurses in developing positive workplace relationships with nursing assistants as a step to increase overall retention of staff.
- The need for nursing assistants will continue to grow along with the older adult population. Retention of nursing assistants is integral to the rehabilitation nurses' ability to deliver quality care.
- Nursing assistants desire teamwork in care delivery. Team building exercises may strengthen professional relationships between nurses and nursing assistants.
- Nursing assistants discuss not feeling supported by their supervisors. Mentorship and support by more senior rehabilitation nurses to less experienced staff can increase care quality and staff relationships.
- Nursing assistants do not often feel as if they are valued by staff members. Rehabilitation nurses can lead or develop activities that increase recognition of the value of the work done by nursing assistants.

as a practical barrier to improving job satisfaction through the provision of tangible rewards. However, the results of this study and others suggest that implementing activities that increase the likelihood of intrinsic fulfillment provide a low-cost solution to issues of turnover and retention. The systematic implementation of strategies that contribute to intrinsic fulfillment, with a focus on those that facilitate experiences of competence and relatedness, has the potential to strengthen STNAs' commitment to their current position and should be a priority for workforce development efforts.

Conflict of Interest

The authors declare no conflict of interest.

Funding

This research study was (partially) supported by the National Institute for Occupational Safety and Health Pilot Research Project Training Program of the University of Cincinnati Education and Research Center Grant T42/OH008432-10.

References

Administration on Aging (2018). *A profile of older Americans: 2017*. Washington, DC: Administration for Community Living, U.S. Department of Health and Human Services, Washington DC.

- Bishop, C. E., Squillace, M. R., Meagher, J., Anderson, W. L., & Wiener, J. M. (2009). Nursing home work practices and nursing assistants' job satisfaction. *The Gerontologist, 49*(5), 611–622.
- Bishop, C. E., Weinberg, D. B., Leutz, W., Dossa, A., Pfefferle, S. G., & Zincavage, R. M. (2008). Nursing assistants' job commitment: Effect of nursing home organizational factors and impact on resident well-being. *The Gerontologist, 48 Spec No. 1*(Suppl. 1), 36–45.
- Brown, M., Redfern, R. E., Bressler, K., Swicegood, T. M., & Molnar, M. (2013). Effects of an advanced nursing assistant education program on job satisfaction, turnover rate, assistant education program on and clinical outcomes. *Journal of Gerontological Nursing, 39*(10), 34–43.
- Bureau of Labor Statistics, U.S. Department of Labor. (2018). *Occupational outlook handbook: 2018 Edition. Nursing assistants and orderlies*. Retrieved from <http://www.bls.gov/oooh/healthcare/nursing-assistants.htm>
- Centers for Disease Control and Prevention. (2004). *National nursing assistant survey (NNAS)*. Retrieved from <http://www.cdc.gov/nchs/nhhs/nnas.htm>
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124–130.
- Custers, A. F. J., Westerhof, G. J., Kuin, Y., Gerritsen, D. L., & Riksen-Walraven, J. M. (2013). Need fulfillment in the nursing home: Resident and observer perspectives in relation to resident well-being. *Journal of Aging Studies, 10*(3), 201–209.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macro theory of human motivation, development, and health. *Canadian Psychology/Psychologie Canadienne, 49*(3), 182.
- Deci, E. L., Ryan, R. M., Gagné, M., Leone, D. R., Usunov, J., & Kornazheva, B. P. (2001). Need satisfaction, motivation, and well-being in the work organizations of a former Eastern Bloc country. *Personality and Social Psychology Bulletin, 27*, 930–942.
- Decker, F. H., Harris-Kojetin, L. D., & Bercovitz, A. (2009). Intrinsic job satisfaction, overall satisfaction, and intention to leave the job among nursing assistants in nursing homes. *The Gerontologist, 49*(5), 596–610.
- Denzin, N., & Lincoln, Y. (Eds.). (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Dill, J. S., Morgan, J. C., Marshall, V. W., & Pruchno, R. (2013). Contingency, employment intentions, and retention of vulnerable low-wage workers: An examination of nursing assistants in nursing homes. *The Gerontologist, 53*(2), 222–234.
- Ejaz, F. K., Noelker, L. S., Menne, H. L., & Bagaka's, J. G. (2008). The impact of stress and support on direct care workers' job satisfaction. *The Gerontologist, 48*(Spec No 1), 60–70.
- Gray, M., Shadden, B., Henry, J., Di Brezzo, R., Ferguson, A., & Fort, I. (2016). Meaning making in long-term care: What do certified nursing assistants think? *Nursing Inquiry, 23*(3), 244–252. doi:10.1111/nin.12137
- Kusmaul, N., & Bunting, M. (2017). Perspectives on caregiving: A qualitative evaluation of certified nursing assistants. *Geriatric Nursing, 38*(2), 146–151. doi:10.1016/k.gerinurse.2016.09.004
- LaGuardia, J. G. (2009). Developing who I am: A self-determination theory approach to the establishment of healthy identities. *Educational Psychologist, 44*(2), 90–104.
- Mason, M. (2010, August). Sample size and saturation in PhD studies using qualitative interviews. In *Forum qualitative Sozialforschung/ Forum: qualitative social research* (Vol. 11, No. 3).
- Mittal, V., Rosen, J., & Leana, C. (2009). A dual-driver model of retention and turnover in the direct care workforce. *The Gerontologist, 49*(5), 623–634.
- Morgan, D. L. (1997). *Qualitative research methods series, Vol. 16. Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Morse, J. M. (1994). Emerging from the data: The cognitive processes of analysis in qualitative inquiry. *Critical Issues in Qualitative Research Methods, 346*, 350–351.

- Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, PA: Lippincott Williams, & Wilkins.
- Rosen, J., Stiehl, E. M., Mittal, V., & Leana, C. R. (2011). Stayers, leavers, and switchers among certified nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist, 51*(5), 597–609. doi:10.1093/geront/gnr025
- Rubin, G., Balaji, R. V., & Barcikowski, R. (2009). Barriers to nurse/nursing aide communication: The search for collegiality in a southeast Ohio nursing home. *Journal of Nursing Management, 17*(7), 822–832.
- Tak, S., Alterman, T., Baron, S., & Calvert, G. M. (2010). Racial and ethnic disparities in work-related injuries and socio-economic resources among nursing assistants employed in US nursing homes. *American Journal of Industrial Medicine, 53*(10), 951–959.
- Trepanier, S., Fernet, C., & Austin, S. (2013). Workplace bullying and psychological health at work: The mediating role of satisfaction of needs for autonomy, competence and relatedness. *Work & Stress, 27*(2), 123–140.
- Trybou, J., De Pourcq, K., Paeshuyse, M., & Gemmel, P. (2014). The importance of social exchange to nurses and nurse assistants: Impact on retention factors. *Journal of Nursing Management, 22*(5), 563–571. doi:10.1111/jonm.12039
- U.S. Census Bureau (2017). *American community survey questionnaire archive: 2017 American community survey*. Retrieved from <http://www2.census.gov/programssurveys/acs/methodology/questionnaires/2017/quest17.pdf>
- White, H. K., Corazzini, K., Twersky, J., Buhr, G., McConnell, E., Weiner, M., & Colón-Emeric, C. S. (2012). Prioritizing culture change in nursing homes: Perspectives of residents, staff, and family members. *Journal of the American Geriatrics Society, 60*(3), 525–531. doi:10.1111/j.1532-5415.2011.03840.x