

High Stress, Poor Communication and Lack of Involvement in Care Planning Causes Turnover of Aides and Caregiver Burnout

An annotated bibliography
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Although this review focuses on the turnover of aides, it is reasonable to assume that the same factors cause burnout among caregivers.

Thus, multiple benefits can be expected from a program, such as *Caring Teams*, that helps aides, caregivers and others (see illustration) to reduce stress, communicate better and collaborate on creating “learning plans” (see 4 and 15 in [Less Stress, Better Health and More Love](#))



Caudill, M. E. and M. Patrick (1991). “Turnover among nursing assistants: why they leave and why they stay.” *J Long Term Care Adm* 19(4): 29-32.

In *Caring Teams*, aides, caregivers, patients, volunteers and professionals use the same “Less Stress...” skills to improve communication and reduce stress plus collaborate to create and improve “learning plans.”

Overall, the data from the study show that nursing assistants who were planning to leave their present employment within the next three months were younger, had been in their positions less time, were paid less, and were better educated than those who were planning to stay in their present jobs. Also, the assistants who were planning to leave were not planning to stay in nursing as a life's career. **They were planning to leave their present jobs because they had less input into the planning of care and conferences on care, attended fewer in-service programs, and ranked their own nursing skills lower than their peers. Changing patient assignments on a daily basis was more often associated with plans to leave than was changing patient assignments weekly or never. Finally, nursing assistants who were planning to leave cared for more patients per shift than those who were planning to stay.** Nursing assistants who were planning to leave their jobs imminently had been employed for 12 or fewer months more frequently than nursing assistants who were planning to stay. The leavers were also in their first nursing job more frequently than the latter group and seemed to be a more critical group as well: 27% of those who were leaving reported that they criticized the policy or procedure of their facility sometimes or even frequently, a higher percentage than almost any other variable tested in the study. Another variable that was different between the two groups was what they considered most important to them.(ABSTRACT TRUNCATED AT 250 WORDS)

Cohen-Mansfield, J. (1997). “Turnover among nursing home staff. A review.” *Nurs Manage* 28(5): 59-62, 64.

Turnover is especially critical in nursing homes: **continuity of care and personal relationships between care-givers and residents are important determinants of quality of care.** Additionally, for the cognitively impaired nursing home resident, constant change of staff is bound to aggravate disorientation. Research demonstrates links between turnover and employment/employee characteristics and employment availability.

Davidson, H., P. H. Folcarelli, et al. (1997). "The effects of health care reforms on job satisfaction and voluntary turnover among hospital-based nurses." Med Care **35**(6): 634-45.

OBJECTIVES: Among the consequences of downsizing and cost containment in hospitals are major changes in the work life of nurses. As hospitals become smaller, patient acuity rises, and the job of nursing becomes more technical and difficult. This article examines the effects of changes in the hospital environment on nurses' job satisfaction and voluntary turnover between 1993 and 1994. **METHODS:** Data were collected in a longitudinal survey of 736 hospital nurses in one hospital to examine correlates of change in aspects of job satisfaction and predictors of leaving among nurses who terminated in that period. **RESULTS:** Unadjusted results showed decline in most aspects of satisfaction as measured by Hinshaw and Atwood's and Price and Mueller's scales. **Multivariate analysis indicated that the most important determinants of low satisfaction were poor instrumental communication within the organization and too great a workload. Intent to leave was predicted by the perception of little promotional opportunity, high routinization, low decision latitude, and poor communication. Predictors of turnover were fewer years on the job, expressed intent to leave, and not enough time to do the job well.** **CONCLUSIONS:** The authors conclude that although many aspects of job satisfaction are diminished, some factors predicting low satisfaction and turnover may be amenable to change by hospital administrators.

Gaddy, T. and G. A. Bechtel (1995). "Nonlicensed employee turnover in a long-term care facility." Health Care Superv **13**(4): 54-60.

The purpose of this study was to analyze nonlicensed employee turnover in a long-term care facility using Maslow's hierarchy of needs as a framework. During exit interviews, a convenience sample of 34 employees completed an attitudes and beliefs survey regarding their work environment. Findings were mixed; **39.6 percent of the employees stated positive personal relationships were a strength of the organization, although 24.3 percent resigned because of personal/staff conflicts. Financial concerns were not a major factor in their resignations. The study suggests that decreasing nonlicensed employee stress and increasing their personal satisfaction with patient care may decrease employee turnover.**

Helmer, F. T., S. F. Olson, et al. (1993). "Strategies for nurse aide job satisfaction." J Long Term Care Adm **21**(2): 10-4.

With average turnover costs equaling four times an employee's salary, administrators cannot afford to lose nurse aides. This study explored why aides leave and ways to improve your facility's work environment.

Mathews, J. J. and C. Nunley (1992). "Rejuvenating orientation to increase nurse satisfaction and retention." J Nurs Staff Dev **8**(4): 159-64.

The current nursing shortage has forced nursing managers to examine the reasons for nurse turnover and to evaluate institutional programs and policies that may strengthen staff nurse retention. For the past two decades, the nursing profession has concluded that nurse retention is linked to job satisfaction. Accordingly, **employers have attempted to improve job satisfaction by permitting self-scheduling, nurse selection of unit assignment, and bonus pay for less desirable shifts. In spite of these and other efforts designed to retain nurses, the turnover rate generally has remained high.**

Mesirow, K. M., A. Klopp, et al. (1998). "Improving certified nurse aide retention. A long-term care management challenge." J Nurs Adm **28**(3): 56-61.

In the long-term care industry, the **turnover rate among nurse aides is extremely high. This adversely affects resident satisfaction, resident care, morale, and finances.** It presents a challenge to long-term care administration. Refusing to accept high turnover as an impossible situation allows changes to be made. The authors describe how the staff at one intermediate care facility identified its problems, assessed the causes, and implemented corrective action.

Prevosto, P. (2001). "The effect of "mentored" relationships on satisfaction and intent to stay of company-grade U.S. Army Reserve nurses." Mil Med **166**(1): 21-6.

This study examined the strategic implications of mentoring relationships perceived by company-grade U.S. Army Reserve nurses. The effects of mentorship on professional socialization, job satisfaction, and intent to stay were examined using the adapted framework of Hunt and Michael. The study population consisted of U.S. Army Reserve nurses from all three components of the ready reserve. One hundred nurses from each category were randomly selected and provided a questionnaire. The questionnaire combined Dreher's Mentoring Scale, Price's Intent-to-Stay Scale, and Hoppock's Job Satisfaction Scale. The overall response rate was 57%. Seventy-two of the 171 respondents reported at least one mentored experience. **Findings indicate that mentored nurses report more satisfaction and have a higher intent to stay than nonmentored nurses.** Continued research and encouragement of mentoring are recommended.

Proenca, E. J. and R. M. Shewchuk (1997). "Organizational tenure and the perceived importance of retention factors in nursing homes." Health Care Manage Rev **22**(2): 65-73.

Health care organizations can avoid substantial turnover costs through retention strategies geared to the varying needs of employees. The study on which this article is based examined retention needs of registered nurses in nursing homes and found that they varied by tenure. **Low tenure nurses preferred learning opportunities and advancement potential while high tenure nurses favored work flexibility.** Implications for retention policy in nursing homes are discussed.

Shader, K., M. E. Broome, et al. (2001). "Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center." J Nurs Adm **31**(4): 210-6.

OBJECTIVES: The purpose of this study was to examine the relationships between work satisfaction, stress, age, cohesion, work schedule, and anticipated turnover in an academic medical center. **BACKGROUND DATA:** Nurse turnover is a costly problem that will continue as healthcare faces the impending nursing shortage, a new generation of nurses enter the workforce, and incentives provided to nurses to work for institutions increase. A variety of factors influence the retention of nurses in adult care settings, including work satisfaction, group cohesion, job stress, and work schedule. In general, previous research has documented positive relationships between work satisfaction, group cohesion, strong leadership, and retention rates and a negative relationship between stress, work schedule, and retention. In addition, age and experience in nursing are related to job satisfaction. **METHODS:** This study used a cross-sectional survey design in which nurses from 12 units in a 908-bed university hospital in the Southeast completed questionnaires on one occasion. The following factors were measured using self-report questionnaires: nurse perception of job stress, work satisfaction, group cohesion, and anticipated turnover. **RESULTS: The more job stress, the lower group cohesion, the lower work satisfaction, and the higher the anticipated turnover. The higher the work satisfaction, the higher group cohesion and the lower anticipated turnover. The more stable the work schedule, the less work-related stress, the lower anticipated turnover, the higher group cohesion, and the higher work satisfaction. Job Stress, work satisfaction, group cohesion, and weekend overtime were all predictors of anticipated turnover.** There are differences in the factors predicting anticipated turnover for different age groups. **CONCLUSIONS:** As healthcare institutions face a nursing shortage and a new generation of nurses enter the workforce, consideration of the factors that influence turnover is essential to creating a working environment that retains the nurse.

Song, R., B. J. Daly, et al. (1997). "Nurses' job satisfaction, absenteeism, and turnover after implementing a special care unit practice model." Res Nurs Health **20**(5): 443-52.

The purpose of the study was to compare job satisfaction, absenteeism, and turnover between nurses working in a nurse-managed special care unit (SCU) and those working in traditional intensive care units (ICU). A case management practice model with a shared governance management model and

minimal technology was implemented in the SCU while contrasting features of a primary nursing practice model with a bureaucratic management model and high technology already in place in the traditional ICU. Individual nurses' perceptions of and their preferences for the SCU practice model also were examined related to job satisfaction. **Using analysis of covariance, greater satisfaction with a lower absenteeism rate was found in nurses working in the SCU. Nurses' perceptions and preferences for the SCU practice model were closely related to their job satisfaction and growth satisfaction.** The findings suggest that individual perception and preference should be taken into account before implementing autonomy, authority, and responsibility at the organizational level to lead to the desired nurse outcomes in a given working environment.

van Wijk, C. (1997). "Factors influencing burnout and job stress among military nurses." Mil Med **162**(10): 707-10.

Burnout among military nurses has been found to lead to job absenteeism, staff conflicts, and a high turnover of personnel. Factors influencing nurses working in smaller and often isolated military installations of the South African National Defence Force were investigated using a job-stress and burnout questionnaire and a semi-structured interview. Investigation focused on registration categories, geographic location, and age. It was found that the senior registration categories experienced more burnout, and nurses in isolated areas reported almost double the number of cases of burnout than nurses in larger centers. Age played a role in the very young (19-25 years) and older (40-50 years) nurses. **The lack of support from supervisors, high responsibility, long working hours, and task overload were the four most common stressors reported.** Some suggestions are forwarded to manage the risk of burnout among military nurses in similar situations.

HOME HEALTH AIDES

Buelow, J. R., K. Winburn, et al. (1999). "Job satisfaction of home care assistants related to managerial practices." Home Health Care Serv Q **17**(4): 59-71.

This article addresses the question. "How do specific managerial practices support home care assistants' job satisfaction?" Staff from three home care agencies were surveyed regarding their perceptions of specific managerial practices and intrinsic job satisfaction. Results of a hierarchical regression model indicate that **supportive leadership practices, client-centered in-service training style, and mission implementation together explained 52% of the variance in intrinsic job satisfaction. Supportive leadership was described as the extent to which a supervisor communicates effectively, shows personal concern or caring, and maintains high professional standards. Mission implementation was defined as how strongly the staff felt the mission influenced the hiring process, orientation, in-services, and**

everyday management. Effective in-services included discussions of types of clients and how to effectively handle common challenges.

Dutcher, L. A. and C. E. Adams (1994). "Work environment perceptions of staff nurses and aides in home health agencies." J Nurs Adm **24**(10): 24-30.

Nurse executives are responsible for ensuring a therapeutic work environment in their organizations. Understanding how staff members perceive their environment is the first step in creating such an environment. In this study, perceptions of the work environment between staff nurses and home health aides in home health agencies were compared. **The results suggest that nurse executives need to foster home health aides' job commitment and support for one another and increase opportunities for staff nurses to be innovative and autonomous in their practice.**

Guariglia, W. (1996). "Sensitizing home care aides to the needs of the elderly." Home Healthc Nurse **14**(8): 618-23.

Creative teaching strategies can be used to teach all home care providers how to empathize with their elderly patients. This article describes a simulation exercise used successfully by one educator to allow home care aide students to experience the limitations of aging and to better understand the situations of their patients.

Najera, L. K. and B. A. Heavey (1997). "Nursing strategies for preventing home health aide abuse." Home Healthc Nurse **15**(11): 758-67; quiz 769-70.

One of home care's most important resources is the home health aide. Home care nurses play a critical role in preventing abuse of home health aides and identifying violence-prone environments. **A prevention strategy that nurses can use to identify and prevent abuse of both patients and aides is presented using an Assessment, Communication, Education, and Supervision model.**

Richman, F. (1997). "Home care aides and the business of people." Caring **16**(4): 62-3.

A home care aide (HCA) needs both patient care skills and people skills to do the job well. Recruiting HCAs with those skills can assist in HCA retention while improving customer service.

Richman, F. (1998). "The entrepreneurial spirit and home care aides." Caring **17**(4): 56-7.

Emphasis in the home care industry is being placed on the development of private services in home care. Traditional management characteristics are necessary for this, but so are entrepreneurial ways of thinking--and those may come from all levels of an organization, even and especially home care aides.

Rosengarten, L., F. Milburn, et al. (1996). "Helping home care aides work with newly dependent elderly in a cluster care setting." Home Healthc Nurse **14**(8): 638-46.

A Cluster Care Aide Model of home care was implemented within a senior apartment complex in New York City. Many unforeseen difficulties arose when traditional home health aides were teamed with newly dependent elderly. Cooperation between the administrators of the two agencies created a specialized orientation and in-service program with positive outcomes.

Royse, D., S. Dhooper, et al. (1988). "Job satisfaction among home health aides." Home Health Care Serv Q **9**(1): 77-84.

This study reports on job satisfaction from a survey of 132 home health aides using Locke's Action Tendency Interview Schedule. **The major findings were that respondents who had been employed in home health care for five years or less were more satisfied than those who had been working in the area for a longer period and that there were no differences in job satisfaction by age.**

Schmidt, K. and E. Kennedy (1998). "Reduce home care aide turnover: give aides real jobs." Caring **17**(8): 56-7.

What do home care aides want even more than a raise? **Consistent, full-time work hours.** That's what one agency found out in its attempt to decrease employee turnover. There are other steps agencies can take, too, to keep their aides coming back.

Surpin, R., K. Haslanger, et al. (1994). "Better jobs, better care: building the home care work force." Pap Ser United Hosp Fund N Y: 1-54.

This paper focuses on providing quality care in the paraprofessional home care industry. Despite government policies that have encouraged home-based care for 20 years, home health care still remains relegated to second-class status by the rest of the health care industry. Home care is unique because it relies primarily on paraprofessional care delivered by a home care aide working alone, essentially as a guest in the client's home. The resulting interpersonal dynamic between patient and caregiver--which develops far from the eyes of the primary physician, regulators, and third-party payers--is one unlike any other patient-caregiver relationship in the health care system. **The quality of care received by the client is linked directly to the quality of the paraprofessional's job:** "good jobs" are prerequisite for "good service." Good jobs, however, are not enough. They must be supported by paraprofessional agencies that add real value to the home care service. Part I We define quality home care as meeting the client's needs. Unfortunately, since home care is provided in dispersed, minimally supervised settings, measuring quality of service is very difficult. For this reason, we suggest that it is the front-line employee--the home care aide who is present for hours every visit--who can best determine if the client's needs are being met, and who is best positioned to respond accordingly. Part II To best

meet client needs, paraprofessional home care must be built around the home care aide. This requires that home care **aides (1) be carefully selected during the hiring process, (2) be well trained, and (3) be empowered with considerable responsibility and capacity to respond to the daily needs of the clients.** This Model, one that emphasizes the front-line employee, is in full keeping with the "total quality management" innovations that are currently reorganizing America's service industries. Unfortunately this model is not typically reflected in current paraprofessional home health care practice. Part III Building the home care service around home care aide requires redesigning the paraprofessional's job in 5 ways: 1. Make work pay, by providing a minimum of \$7.50 per hour and a decent benefits package.(ABSTRACT TRUNCATED AT 400 WORDS)

Walter, B. M. (1996). "Home care aide retention: building team spirit to avoid employee walkouts." Home Healthc Nurse **14**(8): 609-13.

While home care agencies work to increase productivity and decrease costs, it is easy to lose sight of the value of employees. Because home care aides are seldom in the office, their value to the organization may get overlooked. **In this article, one home care agency shares ways to build team spirit among the home care aides and empower them to be better employees. The result has been increased productivity, improved morale, and a more stable workforce.**

Wilner, M. A. (1999). "Recruiting qualified home care aides: new candidate pools." Caring **18**(4): 44-5.

With the demographic surge of baby boomers and the number of women aged 25-45 projected to decline, the coming decades will see a shortage of workers to care for the elderly. Home care aide agencies will only be able to retain their competitive edge if they widen the pool of candidates from which they recruit and create an attractive and decent job. **Creating a decent job with adequate pay, benefits, and support is a business strategy that will attract a wider range of workers,** including those with minimal experience, and have positive ramifications for health care in the future--and now.

Occupational Stress

Blegen, M. A. (1993). "Nurses' job satisfaction: a meta-analysis of related variables." Nurs Res **42**(1): 36-41.

The purpose of this study was to describe the magnitude of the relationships between nurses' job satisfaction and the variables most frequently associated with it. A meta-analysis of data from 48 studies with a total of 15,048 subjects revealed that **job satisfaction was most strongly associated with stress (-.609) and organizational commitment (.526). Seven variables had correlations between .20 and .50: communication with supervisor, autonomy, recognition, routinization, communication with peers, fairness, and locus of control.** Four other variables frequently included in these studies

had low correlations (less than .20): age, education, tenure, and professionalization. The influence of employment site, date of study, and measures used on the size and consistency of estimates was described.

Kawakami, N. and T. Haratani (1999). "Epidemiology of job stress and health in Japan: review of current evidence and future direction." *Ind Health* **37**(2): 174-86.

With the increasing concern about job stress, there is a growing body of literature addressing psychosocial job stress and its adverse effects on health in Japan. This paper reviews research findings over the past 15 years concerning the assessment of job stress, the relationship of job stress to mental and physical health, and the effects of worksite stress reduction activities in Japan. Although studies were conducted in the past using ad-hoc job stress questionnaires, well-established job stressor scales have since been translated into Japanese, their psychometric properties tested and these scales extensively used in recent epidemiologic studies. While the impact of overtime and quantitative job overload on mental health seems moderate, **job control, skill use and worksite support, as well as qualitative job demands, had greater effects on psychological distress and drinking problems in cross-sectional and prospective studies. These job stressors also indicated a strong association with psychiatric disorders, including major depression, even with a prospective study design.** Long working hours were associated with a higher risk of myocardial infarction, diabetes mellitus and hypertension. There is evidence that the job demands-control model, as well as the use of new technology at work, is associated with higher levels of blood pressure and serum lipids among Japanese working populations. **Fibrinolytic activity, blood glucose levels, immune functions and medical consultation rates were also affected by job stressors.** It is further suggested that Japanese workers tend to suppress expression of positive feelings, which results in apparently higher psychological distress and lower job satisfaction among Japanese workers compared with workers in the U.S. Future epidemiologic studies in Japan should focus more on a prospective study design, theoretical models of job stress, job stress among women, and cultural difference and well-designed intervention studies of various types of worksite stress reduction.

Smith, M. J., F. T. Conway, et al. (1999). "Occupational stress in human computer interaction." *Ind Health* **37**(2): 157-73.

There have been a variety of research approaches that have examined the stress issues related to human computer interaction including laboratory studies, cross-sectional surveys, longitudinal case studies and intervention studies. A critical review of these studies indicates that there are important physiological, biochemical, somatic and psychological indicators of stress that are related to work activities where human computer interaction occurs. **Many of the stressors of human computer interaction at work are similar to those stressors that have historically been observed in other automated jobs. These include high workload, high work pressure, diminished job control, inadequate employee training to use new technology, monotonous tasks,**

por supervisory relations, and fear for job security. New stressors have emerged that can be tied primarily to human computer interaction. These include technology breakdowns, technology slowdowns, and electronic performance monitoring. **The effects of the stress of human computer interaction in the workplace are increased physiological arousal; somatic complaints, especially of the musculoskeletal system; mood disturbances, particularly anxiety, fear and anger; and diminished quality of working life, such as reduced job satisfaction.** Interventions to reduce the stress of computer technology have included improved technology implementation approaches and increased employee participation in implementation. Recommendations for ways to reduce the stress of human computer interaction at work are presented. These include proper ergonomic conditions, increased organizational support, improved job content, proper workload to decrease work pressure, and enhanced opportunities for social support. A model approach to the design of human computer interaction at work that focuses on the system "balance" is proposed.

Melchior, M. E., G. J. Bours, et al. (1997). "Burnout in psychiatric nursing: a meta-analysis of related variables." J Psychiatr Ment Health Nurs 4(3): 193-201.

The purpose of this study was to describe the relative strengths of a number of variables on burnout among psychiatric nurses. A meta-analysis of correlations revealed that **burnout was negatively associated with job satisfaction, staff support and involvement with the organization and positively associated with role conflict.** The results of the meta-analysis were in line with results of other studies in which different populations were investigated. Therefore, the findings as such are not specific to psychiatric nurses. Based on the literature, three typical risk factors of burnout among psychiatric nurses were found: the patient group the nurse works with, such as patients who are aggressive and suicidal; the inequity in the exchange process between nurses and patients; and the unrealistic expectations of nurses of the patients' potential for rehabilitation.