



LTSS CHOICES

Nursing Home Workforce Issues and Inequities

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About this Series

This Spotlight is part of the AARP Public Policy Institute's LTSS Choices initiative. This initiative includes a series of reports, blogs, videos, podcasts, and virtual convenings that seeks to spark ideas for immediate, intermediate, and long-term options for transforming long-term services and supports (LTSS). We will explore a growing list of innovative models and evidence-based solutions—at both the national and international levels—to achieve system-wide LTSS reform.

We recognize the importance of collaborating and partnering with others across the array of sectors, disciplines, and diverse populations to truly transform and modernize the LTSS system. We invite new ideas and look forward to opportunities for collaboration.

For all questions and inquiries, please contact Susan at LTSSChoices@aarp.org.

Introduction

The health and well-being of 1.2 million older adults residing in nursing homes depend on the workforce supporting them. This workforce includes individuals who care for older adults, such as physical, recreational, occupational, and speech-language therapists; aides; dietitians; registered nurses (RNs); licensed practical/vocational nurses (LPNs/LVNs); certified nursing assistants (CNAs); housekeeping staff; social workers; physicians, advanced practice registered nurses [APRNs], physician assistants [PAs]; administrators; directors; and environmental service workers. Direct care staff (RNs, LPNs/LVNs, CNAs) make up the largest category of nursing home workers, and among this group, the most common occupation is the certified nursing assistant. Together with other nursing home staff, direct care workers play a critical role in caring for residents and, as a result, enhancing the health and well-being of older adults living in nursing homes.

Despite the critical role of nursing home workers in the care of residents, this workforce is plagued by a multitude of longstanding challenges amid increased demand for nursing home care, coupled with the increased complexity of residents' care over the years.¹ This *Spotlight* examines nursing home

¹ Centers for Disease Control and Prevention. Fast Stats Alzheimer's Disease. Accessed October 26, 2022. <https://www.cdc.gov/nchs/fastats/alzheimers.htm>.

worker issues, including low wages and benefits and lack of career advancement opportunities. It highlights the importance of addressing these issues and inequities to ensure residents receive the quality care they need and deserve. Addressing these challenges will require a multifaceted approach outlined in this *Spotlight*, including improving compensation and benefits and strengthening training and education programs to attract and retain skilled workers.

Staffing challenges and inequities

Several challenges are inherent to the nursing home workforce and mostly affect the direct care workforce, many of which are rooted in structural inequities—systematic disadvantages of one social group in comparison to other groups with whom they coexist. These disadvantages are embedded in the fabric of society and result in differential allocation of societal resources and opportunities.² In the direct care workforce, these inequities include staffing shortages, inadequate pay and benefits, lack of advancement opportunities, poor working conditions, shift differences, and staff substitution. Although these inequities exist across the direct care workforce and beyond, CNAs bear the brunt of these inequities, and research has pointed to the demographic makeup of this workforce as a possible explanation. The CNA workforce is made up disproportionately of women and people of color from traditionally underserved backgrounds because many parts of society hold their job positions in low esteem. Fifty-nine percent of the CNA workforce are people of color, and 20 percent are immigrants.³

Insufficient staffing

When asked about the biggest crisis or challenge affecting the day-to-day operations of the nursing home,⁴ staff most often mention insufficient staffing. Staffing shortages have long plagued nursing homes, with nursing homes rarely meeting federal staffing levels.⁵ In a 2001 study assessing appropriate minimum nurse staffing ratios published by the Centers for Medicare & Medicaid Services, minimum thresholds were proposed: 4.1 total nursing hours per resident day (HPRD); 0.75 RN HPRD; 0.54 LPN HPRD; and 2.81 CNA HPRD.⁶ A recent study found that only 25 percent of nursing homes meet the total HPRD, 31 percent meet the RN hours, 84.5 percent meet the LPN hours, and 10.7 percent meet the CNA hours.⁷ Insufficient staffing can result from nursing homes' inability to recruit and retain workers and failure to schedule enough staff to reduce costs.

²National Academies of Sciences, Engineering, and Medicine. Communities in action: Pathways to health equity. Washington DC: National Academies Press; 2017.

³PHI Quality Care Through Quality Jobs. U.S. nursing assistants employed in nursing homes: Key facts. Accessed November 14, 2022. <https://www.phinational.org/wp-content/uploads/legacy/phi-nursing-assistants-key-facts.pdf>.

⁴Reiland J. Nursing home staffing shortage is a 'Crisis on Top of a Crisis'. Skilled Nursing News. <https://skillednursingnews.com/2022/03/nursing-home-staffing-shortage-is-a-crisis-on-top-of-a-crisis/>.

⁵Travers JL. U.S. House of Representatives Select Subcommittee on the Coronavirus Crisis Examining Long-Term Care in America: The Impact of the Coronavirus in Nursing Homes. Published September 21, 2022. Accessed February 19, 2023. <https://docs.house.gov/meetings/VC/VC00/20220921/115148/HHRG-117-VC00-Wstate-TraversMHSRNJ-20220921.pdf>.

⁶Centers for Medicare & Medicaid Services (CMS). Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report. Baltimore, MD: CMS; 2001. Accessed March 18, 2023. <https://theconsumervoice.org/uploads/files/issues/CMS-Staffing-Study-Phase-II.pdf>.

⁷Hawk T, White EM, Bishnoi C, Schwartz LB, Baier RR, Gifford DR. Facility characteristics and costs associated with meeting proposed minimum staffing levels in skilled nursing facilities. *Journal of the American Geriatrics Society*. 2022;70(4):1198–1207.

Fewer staff hours in nursing homes with higher proportions of Black residents. Higher percentages of Black residents within a nursing home (e.g., 50 percent or more) have been associated with fewer staffing hours when compared with nursing homes with lower percentages of Black residents.⁸ This is typical because Black residents are more likely to have their nursing home care funded by Medicaid—the joint federal and state health insurance program for people with low incomes.⁹ Although there is variation across states, Medicaid tends to provide lower payment rates to nursing homes than what is charged to other payers. This leads to Medicaid reimbursement not covering the full cost of care.

Neighborhood deprivation. One measurement of neighborhood deprivation is the Area Deprivation Index.^{10,11} This measure documents the extent of social, health, and mortality disparities and desirability aspects in a specific neighborhood. The Area Deprivation Index is 85 or higher in neighborhoods identified as severely deprived. Staffing hours are lower in nursing homes in severely deprived neighborhoods compared with nursing homes that are not.¹²

Additional factors most strongly associated with nursing homes' failure to meet minimum staffing thresholds are higher Medicaid census and higher number of beds; for-profit ownership; location in counties with more nursing home competition and rural settings; and higher community poverty and lower Medicare census.¹³

Impact of staffing shortages. Sufficient staffing is critical to resident care and safety.¹⁴ Staffing shortages have severe consequences for job satisfaction, resident safety, and quality of care. CNAs have reported being responsible for more than 16 residents at a time, creating heavy workloads and unhealthy working conditions. Moreover, CNAs have reported frustration and demoralization, distressing and disturbing work environments, and troubling quality of care.¹⁵ The pandemic has heightened these feelings and may have been a significant factor in CNAs' departing nursing homes throughout the pandemic.¹⁶

⁸ Travers JL, Castle N, Weaver SH, Perera UG, Wu B, Dick AW. Environmental and structural factors driving poor quality of care in the most vulnerable nursing homes. *Journal of American Geriatrics Society* (under review). 2022.

⁹ Travers JL, Agarwal M, Estrada LV, et al. Assessment of Coronavirus Disease 2019 infection and mortality rates among nursing homes with different proportions of Black residents. *Journal of the American Medical Directors Association*. Apr 2021;22(4):893–898.e2. doi:10.1016/j.jamda.2021.02.014.

¹⁰ Knighton AJ, Savitz L, Belnap T, Stephenson B, VanDerslice J. Introduction of an area deprivation index measuring patient socioeconomic status in an integrated health system: Implications for population health. *The Journal for Electronic Health Data and Methods*. 2016;4(3).

¹¹ Kind AJ, Buckingham WR. Making neighborhood-disadvantage metrics accessible—the neighborhood atlas. *The New England Journal of Medicine*. 2018;378(26):2456.

¹² Falvey JR, Hade EM, Friedman S, Deng R, Jabbour J, Stone RI, Travers JL (2023). Severe neighborhood deprivation and nursing home staffing in the United States. *Journal of the American Geriatrics Society*, 71(3), 711–719.

¹³ Hawk T, White EM, Bishnoi C, Schwartz LB, Baier RR, Gifford DR. Facility characteristics and costs associated with meeting proposed minimum staffing levels in skilled nursing facilities. *Journal of the American Geriatrics Society*. 2022;70(4):1198–1207.

¹⁴ Hutt E, Radcliff TA, Liebrecht D, Fish R, McNulty M, Kramer AM. Associations among nurse and certified nursing assistant hours per resident per day and adherence to guidelines for treating nursing home-acquired pneumonia. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*. 2008;63(10):1105–1111.

¹⁵ Graham M. Perceptions of nursing assistants on safety, quality, and job satisfaction: A qualitative exploratory case study. University of Phoenix; 2021.

¹⁶ White EM, Wetle TF, Reddy A, Baier RR. Front-line nursing home staff experiences during the COVID-19 pandemic. *Journal of the American Medical Directors Association*. 2021;22(1):199–203.

Recruitment

Recruiting staff to the nursing home workforce has many challenges.¹⁷ Such challenges center on stigma and pitfalls around the nursing home work environment, such as the type of work, pay, and workload.¹⁸ In many cases, nursing home workers receive lower pay than peers in other health care settings, such as hospitals or ambulatory care, or even in industries where the work is less demanding.¹⁹ In rural settings, population density is lower, and many people move to more urban settings.²⁰ With comparatively poor wages, especially in rural settings, nursing homes need help to compete with the incentives offered by jobs outside of health care. This adds to existing staffing challenges as a result of a smaller pool to recruit staff.²¹ Finally, workforce investment boards that focus on recruiting and getting individuals employed tend not to prioritize CNA positions. These boards assess getting individuals into employment that makes workers economically self-sufficient and does not keep workers on state programs. The role of a CNA doesn't, nor is it perceived to, deliver self-sufficiency since many CNAs aren't making a living wage. Therefore, investment boards refrain from driving potential workers to these roles.

Low wages. Although those who work in nursing homes often receive a lower wage than they would in other settings (e.g., acute care, primary care) or if employed by an agency within the nursing home setting, some workers make a wage that is not even livable. For example, CNAs earn a mean hourly wage of \$15.43.²² That equates to approximately \$2,469 per month before taxes, insufficient to cover everyday needs, such as mortgage or rent, utilities, transportation, and childcare. Moreover, state initiatives meant to ensure minimum and/or livable wages for workers often do not apply to CNAs because they are not deemed a qualified workforce.^{23,24} Consequences to resident care and safety can be severe when CNAs and other frontline staff (e.g., RNs and LPNs) must resort to attempting to fill gaps in wages by working multiple jobs, working overtime, and/or switching to working for an agency.²⁵ CNAs who work for agencies move from facility to facility and, therefore, do not know residents well and thus

¹⁷ Zuccari J. The challenges of recruiting and retaining employees. McKnights Senior Living. Published November 10, 2022. Accessed March 18, 2023. <https://www.mcknightsseniorliving.com/home/columns/marketplace-columns/the-challenges-of-recruiting-and-retaining-employees/>.

¹⁸ Travers JL. U.S. House of Representatives Select Subcommittee on the Coronavirus Crisis Examining Long-Term Care in America: The Impact of the Coronavirus in Nursing Homes. Published September 21, 2022. Accessed February 19, 2023. <https://docs.house.gov/meetings/VC/VC00/20220921/115148/HHRG-117-VC00-Wstate-TraversMHSRNJ-20220921.pdf>.

¹⁹ Competitive Disadvantage: Direct Care Wages Are Lagging Behind. PHI. Published October 13, 2020. Accessed February 19, 2023. <https://www.phinational.org/resource/competitive-disadvantage-direct-care-wages-are-lagging-behind/>.

²⁰ Henning-Smith C, Cross D, Rahman A. Challenges to Admitting Residents: Perspectives from Rural Nursing Home Administrators and Staff. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2021;58. doi:10.1177/00469580211005191.

²¹ Henning-Smith C, Cross D, Rahman A. Challenges to Admitting Residents: Perspectives from Rural Nursing Home Administrators and Staff. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*. 2021;58. doi:10.1177/00469580211005191.

²² Nursing Assistants and Orderlies. U.S. Bureau of Labor Statistics. Published May 2021. Accessed February 19, 2023. <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm>.

²³ Fact Sheet #25: Home Health Care and the Companionship Services Exemption Under the Fair Labor Standards Act (FLSA). U.S. Department of Labor. Published September 2013. Accessed March 18, 2023. <https://www.dol.gov/agencies/whd/fact-sheets/25-flsa-home-healthcare>.

²⁴ Addressing Wages of The Direct Care Workforce Through Medicaid Policies. National Governors Association. Published November 1, 2022. Accessed February 19, 2023. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>.

²⁵ Dill J, Frogner B, Travers J. Taking the Long View: Understanding the rate of second job holding among long-term care workers. *Medical Care Research and Review*. 2022;79(6):844–850. doi:10.1177/10775587221089414.

have the potential to compromise care.²⁶ Additionally, we see increased stress, burnout, and fatigue among CNAs who work increased hours.²⁷

Inadequate benefits. Few facilities offer employee benefits, and many workers need help to afford to pay for the benefits offered. Twenty percent of CNAs lack health insurance; this number is likely similar among housekeepers and service workers.²⁸ Evidence shows that facility characteristics such as not-for-profit ownership (chain or nonchain), higher occupancy level, higher nurse staffing level, union involvement, and education of the nursing home administrator are positively associated with benefits for CNAs, whereas for-profit or nonchain ownership and higher Medicaid occupancy are negatively associated with CNA benefits.^{29,30}

Lack of advancement opportunities. An important aspect of work life is the opportunity for professional growth. CNAs have cited a lack of advancement opportunities for leaving their position.³¹ Few opportunities exist for CNAs to advance to other roles in the nursing home setting, either within or across roles. This is true about other roles, such as housekeepers, environmental services workers, and dietary staff.

Lack of respect and value. CNAs have reported feeling a lack of respect from residents, families, and supervisors.³² Consistent with previous studies, job satisfaction is greater when CNAs feel respected and valued by their employers and have good relationships with supervisors.³³ Moreover, CNAs are more satisfied when they have enough time to complete their work, the work is fulfilling and appropriately challenging, they are not subject to mandatory overtime nor are they delivering food to residents on trays.³⁴

²⁶ Reinhardt JP, Franzosa E, Mak W, Burack O. In Their Own Words: The Challenges Experienced by Certified Nursing Assistants and Administrators During the COVID-19 Pandemic. *J Appl Gerontol.* 2022;41(6):1539–1546. doi:10.1177/07334648221081124.

²⁷ Dos Santos MA, Pereira FH, DE Souza Caliri J, Oliveira HC, Ceolim MF, Andrechuk CRS. Sleep and Professional Burnout in Nurses, Nursing Technicians, and Nursing Assistants During the COVID-19 Pandemic. *J Nurs Res.* 2022;30(4):e218. Published 2022 Aug 1. doi:10.1097/jnr.0000000000000501.

²⁸ Campbell S. US nursing assistants employed in nursing homes: Key facts. PHI (Paraprofessional Healthcare Institute). 2017.

²⁹ Kennedy KA, Applebaum R, Bowlis JR. Facility-level factors associated with CNA turnover and retention: Lessons for the long-term services industry. *The Gerontologist.* 2020;60(8):1436–1444.

³⁰ Berridge C, Lima J, Schwartz M, Bishop C, Miller SC. Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings From a Survey of U.S. Nursing Homes. *J Am Med Dir Assoc.* 2020;21(9):1254–1259.e2. doi:10.1016/j.jamda.2020.01.109.

³¹ Parsons SK, Simmons WP, Penn K, Furlough M. Determinants of satisfaction and turnover among nursing assistants: The results of a statewide survey. Slack Incorporated Thorofare, NJ; 2003. p. 51–58.

³² Holmberg MD, Flum M, West C, Zhang Y, Qamili S, Punnett L. Nursing assistants' dilemma: caregiver versus caretaker. *Hosp Top.* 2013;91(1):1–8. doi:10.1080/00185868.2013.757953.

³³ Bryant NS, Cimarolli VR, Falzarano F, Stone R. Organizational Factors Associated with Certified Nursing Assistants' Job Satisfaction during COVID-19 [published online ahead of print, 2023 Feb 7]. *J Appl Gerontol.* 2023;7334648231155017. doi:10.1177/07334648231155017.

³⁴ Bishop CE, Squillace MR, Meagher J, Anderson WL, Wiener JM. Nursing home work practices and nursing assistants' job satisfaction. *The Gerontologist.* 2009;49(5):611–622.

Stress and burnout. Little attention has been paid to stress and burnout in nursing homes,³⁵ which can be prevalent among staff in this setting.³⁶ Several factors affect stress among staff, including institutional policies, resident disabilities, and personal stressors. Low-wage workers like CNAs often have fewer resources to rely on when caring for family, such as conflicts with workplace needs.^{37,38} Workers may need to call in sick because of an ill family member but not have sick leave. Additionally, Black and Latino staff also experience microaggressions and face racism, which adds to burnout.^{39,40} Stress and burnout, in turn, cause work dissatisfaction, followed by staff intent to leave, resulting in increased turnover.⁴¹

Unfavorable work environment. The nursing home environment is physically, emotionally, and mentally demanding. In a study investigating the relationships among the nursing home work environment, emotional strain, and depression in CNAs, 58 percent of respondents reported workplace injuries over the past year, mostly caused by resident aggression.⁴² CNAs in nursing homes with Alzheimer's disease care units were likelier to experience such injuries, including being bitten by residents. Mandatory overtime was also strongly associated with experiencing injuries from assaults.⁴³

Impact of recruitment challenges. Since the start of the pandemic, nursing homes have lost approximately 220,000 jobs in an already strained staffing climate.^{44,45} Thus, the ability to recruit an empowered, trained, and well-compensated staff is critical to resident care. Without investment in changing the work environments for the nursing home workforce to make nursing homes a better place to work—if not one of the best places to work—challenges related to recruitment will persist. People will opt for jobs that are better paid, provide better treatment, and where they have more opportunities, further decreasing the available and willing pool to work in the nursing home setting.

³⁵ Molero Jurado MDM, Pérez-Fuentes MDC, Gázquez Linares JJG, Simón Márquez MDM, Martos Martínez Á. Burnout Risk and Protection Factors in Certified Nursing Aides. *Int J Environ Res Public Health*. 2018;15(6):1116. Published 2018 May 30. doi:10.3390/ijerph15061116.

³⁶ Prasad K, McLoughlin C, Stillman M, et al. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. *EClinicalMedicine*. 2021;35:100879. Published 2021 May 16. doi:10.1016/j.eclinm.2021.100879.

³⁷ Bishop CE, Squillace MR, Meagher J, Anderson WL, Wiener JM. Nursing home work practices and nursing assistants' job satisfaction. *The Gerontologist*. 2009;49(5):611–622.

³⁸ Pfefferle SG, Weinberg DB. Certified nurse assistants making meaning of direct care. *Qual Health Res*. 2008;18(7):952–961. doi:10.1177/1049732308318031.

³⁹ Travers JL, Teitelman AM, Jenkins KA, Castle NG. Exploring social-based discrimination among nursing home certified nursing assistants. *Nursing Inquiry*. 2020;27(1):e12315.

⁴⁰ Thomas-Hawkins C, Zha P, Flynn L, Ando S. Effects of race, workplace racism, and COVID worry on the emotional well-being of hospital-based nurses: a dual pandemic. *Behavioral Medicine*. 2022;48(2):95–108.

⁴¹ Cohen-Mansfield J. Stress in nursing home staff: A review and a theoretical model. *Journal of Applied Gerontology*. 1995;14(4):444–466.

⁴² Muntaner C, Van Dussen DJ, Li Y, Zimmerman S, Chung H, Benach J. Work organization, economic inequality, and depression among nursing assistants: A multilevel modeling approach. *Psychological Reports*. 2006;98(2):585–601.

⁴³ Muntaner C, Van Dussen DJ, Li Y, Zimmerman S, Chung H, Benach J. Work organization, economic inequality, and depression among nursing assistants: A multilevel modeling approach. *Psychological Reports*. 2006;98(2):585–601.

⁴⁴ BLS October Jobs Report: Health Care Industry. American Health Care Association National Center for Assisted Living. Published October, 2021. Accessed April 10, 2023. <https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/BLS-Report-LTC-Job-Losses.pdf>.

⁴⁵ The Employment Situation—October 2021. U.S. Bureau of Labor Statistics. Published November 5, 2020. Accessed April 10, 2023. https://www.bls.gov/news.release/archives/empst_11052021.pdf.

Retention and turnover

Staffing turnover among RNs, LPNs, and CNAs amplifies staffing shortages in nursing homes. The mean and median annual turnover rates for total nursing staff are 128 percent and 94 percent, respectively.⁴⁶ The median rate of 94 percent turnover means that more workers leave in one year than those who worked there to begin the year. Turnover rates are associated with nursing home location, for-profit status, high Medicaid resident census, and low star ratings.⁴⁷ High rates of turnover, especially among CNAs, had significant negative effects on both direct costs (e.g., recruiting and training replacement staff) and indirect costs (e.g., resident or family dissatisfaction, decreased staff morale).^{48,49} Nursing homes with high CNA turnover rates have significantly higher odds of poor quality of care for residents, such as pressure ulcers, pain, and urinary tract infections, even after controlling for staffing, skill mix, bed size, and ownership. Evidence suggests turnover may be more important than staffing and skill mix in explaining nursing home outcomes and should therefore be emphasized more.⁵⁰ Turnover also occurs among administration and is very problematic.⁵¹ Tenure of directors of nursing and other administrators is associated with turnover among direct care staff.⁵²

Importantly, retention of CNAs and RNs is associated with better overall quality.⁵³ In a study assessing intention to leave, staff retention, and turnover, the authors found that nurses who switched jobs reported higher turnover intentions and fewer benefits than those who stayed or left for new opportunities.⁵⁴ Those who left had lower job satisfaction and emotional well-being and were more likely to leave for health reasons.⁵⁵ In another study assessing immigration status and intention to leave, demographic factors, length of time on the job, and noncitizen status were independently associated with plans to leave within a year.⁵⁶

⁴⁶ Gandhi A, Yu H, Grabowski DC. High nursing staff turnover in nursing homes offers important quality information. *Health Affairs* (Millwood). Mar 2021;40(3):384–391. doi:10.1377/hlthaff.2020.00957.

⁴⁷ Gandhi A, Yu H, Grabowski DC. High nursing staff turnover in nursing homes offers important quality information. *Health Affairs* (Millwood). Mar 2021;40(3):384–391. doi:10.1377/hlthaff.2020.00957.

⁴⁸ Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern. Published May 17, 2023. Accessed February 19, 2023. <https://www.govinfo.gov/content/pkg/GAOREPORTS-GAO-01-750T/html/GAOREPORTS-GAO-01-750T.htm>.

⁴⁹ Rosen J, Stiehl EM, Mittal V, Leana CR. Stayers, leavers, and switchers among certified nursing assistants in nursing homes: a longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist*. 2011;51(5):597–609. doi:10.1093/geront/gnr025.

⁵⁰ Trinkoff AM, Han K, Storr CL, Lerner N, Johantgen M, Gartrell K. Turnover, staffing, skill mix, and resident outcomes in a national sample of US nursing homes. *The Journal of Nursing Administration*. 2013;43(12):630–636.

⁵¹ Lerner NB, Johantgen M, Trinkoff AM, Storr CL, Han K. Are nursing home survey deficiencies higher in facilities with greater staff turnover. *Journal of the American Medical Directors Association*. 2014;15(2):102–107.

⁵² Donoghue C. Nursing home staff turnover and retention: An analysis of national level data. *Journal of Applied Gerontology*. 2010;29(1):89–106.

⁵³ Lerner NB, Johantgen M, Trinkoff AM, Storr CL, Han K. Are nursing home survey deficiencies higher in facilities with greater staff turnover. *Journal of the American Medical Directors Association*. 2014;15(2):102–107.

⁵⁴ Rosen J, Stiehl EM, Mittal V, Leana CR. Stayers, leavers, and switchers among certified nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist*. 2011;51(5):597–609.

⁵⁵ Rosen J, Stiehl EM, Mittal V, Leana CR. Stayers, leavers, and switchers among certified nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *The Gerontologist*. 2011;51(5):597–609.

⁵⁶ Sloane PD, Williams CS, Zimmerman S. Immigrant status and intention to leave of nursing assistants in U.S. nursing homes. *J Am Geriatr Soc*. 2010;58(4):731–737. doi:10.1111/j.1532-5415.2010.02781.x.

Supervisor support. One of the most common reasons CNAs cite for job dissatisfaction and leaving their job is a lack of appreciation, support, and respect from supervisors.⁵⁷ This may stem from racism, biases, and discrimination exhibited by supervisory staff.⁵⁸ In one study, good basic supervision was the most important supervision factor affecting CNAs' intent to stay in their jobs.⁵⁹ Supportive supervision is a significant predictor of both job satisfaction and intent to leave.⁶⁰

Shift differences. Evidence shows inequities among RN, LPN, and CNA staff based on their work shift. In the case of COVID-19, staffing shortages were worse on the night shift, and staff working the night shift had differences in access to available testing and vaccination sites.⁶¹ Staff working overnight shifts tend to be Black and have less access to education and support compared with staff working day or evening shifts because those in education and support roles tend not to work the off shift (i.e., overnight).^{62,63}

Staff substitution. Despite federal requirements for an RN to be on-site for eight hours per day and recommendations for an even greater presence of RNs beyond requirements (i.e., 24 hours per day), staff often do not meet these requirements. Instead, some nursing homes use LPNs in place of RNs; this is seen most frequently among nursing homes that serve greater proportions of Black residents or are in severely socioeconomically disadvantaged areas.^{64,65} While LPNs do not meet the federal RN presence requirement, LPNs are cheaper and easier to recruit than RNs; therefore, some facilities use LPNs as a substitute for RNs in practice.⁶⁶ However, LPNs are not universally trained to take on independent roles and therefore may not be qualified to fulfill responsibilities specific to the RN role (e.g., performing assessments).⁶⁷ Consequences of staff substitution include increased hospitalizations and emergency department visits.^{68,69}

⁵⁷ Kusmaul N, Bunting M. Perspectives on caregiving: A qualitative evaluation of certified nursing assistants. *Geriatric Nursing*. 2017;38(2):146–151.

⁵⁸ Travers JL, Teitelman AM, Jenkins KA, Castle NG. Exploring social-based discrimination among nursing home certified nursing assistants. *Nursing Inquiry*. 2020;27(1):e12315.

⁵⁹ Bishop CE, Weinberg DB, Leutz W, Dossa A, Pfefferle SG, M. Zincavage R. Nursing assistants' job commitment: Effect of nursing home organizational factors and impact on resident well-being. *The Gerontologist*. 2008;48(suppl_1):36–45.

⁶⁰ Choi J, Johantgen M. The importance of supervision in retention of CNAs. *Research in Nursing & Health*. 2012;35(2):187–199.

⁶¹ White EM, Travers JL, Gouskova N, Oh G, Syme M, Yang X, Montoya A, Feifer RA, Grabowski DC, Mor V, Berry SD. Differences In Nursing Home Staff COVID-19 Testing Rates And Odds Of Vaccination Across Work Shifts. *Health Affairs (Project Hope)*. 42. 217–226. doi:10.1377/hlthaff.2022.01011.

⁶² Hurtado DA, Sabbath EL, Ertel KA, Buxton OM, Berkman LF. Racial disparities in job strain among American and immigrant long-term care workers. *Int Nurs Rev*. 2012;59(2):237–244. doi:10.1111/j.1466-7657.2011.00948.x.

⁶³ White EM, Travers JL, Gouskova N, Oh G, Syme M, Yang X, Montoya A, Feifer RA, Grabowski DC, Mor V, Berry SD. Differences in Nursing Home Staff COVID-19 Testing Rates And Odds Of Vaccination Across Work Shifts. *Health Affairs (Project Hope)*. 42. 217–226. doi:10.1377/hlthaff.2022.01011.

⁶⁴ Travers JL, Castle N, Weaver SH, Perera UG, Wu B, Dick AW. Environmental and structural factors driving poor quality of care in the most vulnerable nursing homes. *Journal of American Geriatrics Society* (under review). 2022.

⁶⁵ Weaver SH, de Cordova PB, Ravichandran A, Cadmus E. Nursing activities and job satisfaction of the licensed practical nurse workforce in New Jersey. *Journal of Nursing Regulation*. 2022;13(1):13–21.

⁶⁶ Weaver SH, de Cordova PB, Leger A, Cadmus E. Licensed Practical Nurse Workforce in New Jersey as Described by LPNs and Employers. *Journal of Nursing Regulation*. 2021;12(1):60–70.

⁶⁷ Corazzini KN, Anderson RA, Mueller C, Thorpe JM, McConnell ES. Licensed practical nurse scope of practice and quality of nursing home care. *Nursing Research*. 2013;62(5):315–324.

⁶⁸ Travers JL, Castle N, Weaver SH, Perera UG, Wu B, Dick AW. Environmental and structural factors driving poor quality of care in the most vulnerable nursing homes. *Journal of American Geriatrics Society* (under review). 2022.

⁶⁹ Yang BK, Carter MW, Trinkoff AM, Nelson HW. Nurse staffing and skill mix patterns in relation to resident care outcomes in US nursing homes. *Journal of the American Medical Directors Association*. 2021;22(5):1081–1087. e1.

Impact of retention and turnover challenges. Just as important to recruiting workers to nursing homes is the retention of these workers. Turnover is costly to the nursing home when considering the cost of bringing a staff member on board (promotion, training, etc.), replacing that employee, and paying for agency staff in the interim. Additionally, increased turnover creates instability in the resident care and the culture of the nursing home resulting in poor resident outcomes, poor quality of care, and decreased staff morale. Indeed, turnover was cited as a significant problem during the COVID-19 pandemic, in which turnover among administrative staff was highly associated with turnover among direct care staff.

Policies and strategies for strengthening the nursing home workforce

Many state and federal policies, along with programs and recommendations, can inform efforts to improve the state of the nursing home workforce.

White House action plan to improve the safety and quality of care in the nation’s nursing homes

Nursing home workforce-related reforms proposed under the current administration include the following:

WHITE HOUSE ACTION PLAN TO IMPROVE THE SAFETY AND QUALITY OF CARE IN THE NATION’S NURSING HOMES

Summary	Description
Establish a minimum nursing home staffing requirement.	CMS will conduct a new research study to determine the level and type of staffing needed to ensure safe and quality care and will issue proposed rules in 2023.
Ensure nurse aide training is affordable.	Lowering financial barriers to nurse aide training and certification will strengthen and diversify the nursing home workforce. CMS will establish new requirements to notify nurse aide trainees about their potential entitlement to training reimbursement upon employment. CMS will further work with states to ensure that reimbursement is being distributed and that free training opportunities are widely publicized.
Support state efforts to improve staffing and workforce sustainability.	CMS will develop a template to assist and encourage states requesting to tie Medicaid payments to clinical staff wages and benefits, including additional pay for experience and specialization.
Launch national nursing career pathways campaign.	CMS, in collaboration with the Department of Labor, will work with external entities—including training intermediaries, registered apprenticeship programs, labor-management training programs, and labor unions—to conduct a robust nationwide campaign to recruit, train, retain, and transition workers into long-term care careers, with pathways into health care careers like registered nurses and licensed practical nurses.

National Academies of Science, Engineering, and Medicine recommendations

The National Academies of Science, Engineering, and Medicine (NASEM) released a 2022 report emphasizing building and strengthening the nursing home workforce and eliminating inequities experienced by nursing home staff.⁷⁰ The NASEM report specifically called for research on minimum

⁷⁰ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on the Quality of Care in Nursing Homes. The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. Washington (DC): National Academies Press (US); April 6, 2022.

staffing standards and requirements for nursing homes, competitive wages and benefits, advancement of the CNA role, empowerment of CNAs, minimum education and competency requirements, and enhanced training among all staff, including training focused on diversity and inclusion.

CMS minimum staffing requirements and staff appropriations

After conducting a comprehensive study on staffing levels, in September 2023 CMS published a proposed rule for the first ever Federal minimum staffing requirements for long-term care facilities.^{71,72} These proposed requirements consists of a total of 3.0 RN and aide hours per resident per day and a 24-hour RN presence.⁷³ Comments were collected over a 60-day period to inform finalized federal minimum staffing standards which are forthcoming.

Several states, including New Jersey, New York, California, Florida, and Rhode Island, have already implemented minimum standards for direct care staff-to-resident ratios.^{74,75} New Jersey's legislation was introduced in June 2020 and requires one CNA for every eight residents for the day shift; one direct care staff member (RN, LPN, or CNA) for every 10 residents for the evening shift; and one direct care staff member (RN, LPN, or CNA) for every 14 residents for the night shift.⁷⁶ Additionally, the legislation will establish a Special Task Force on Direct Care Workforce Retention and Recruitment, which will evaluate job support and incentives, training opportunities, wages and benefits, educational initiatives, and certification reciprocity rules. New York's legislation was introduced in 2021 and requires that every facility maintain daily staffing hours equal to 3.5 hours of care per resident per day by a CNA, LPN, or RN.⁷⁷

The federal government and all but a few states do not require nursing homes to spend a certain threshold of (Medicaid and Medicare/public/federal) reimbursement on staffing. New York requires nursing homes to spend at least 70 percent of revenue on direct resident care and at least 40 percent of revenue on resident-facing staffing. Massachusetts requires nursing homes to reinvest at least 75 percent

⁷¹ Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities to Establish Mandatory Minimum Staffing Levels. *Federal Register The daily Journal of the United States Government*. Published April 15, 2023. Accessed February 19, 2023. <https://www.federalregister.gov/documents/2022/04/15/2022-07906/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>.

⁷² Centers for Medicare & Medicaid Services Staffing Study to Inform Minimum Staffing Requirements for Nursing Homes. Centers for Medicare & Medicaid Services. Published August 22, 2022. Accessed February 19, 2023. <https://www.cms.gov/blog/centers-medicare-medicare-services-staffing-study-inform-minimum-staffing-requirements-nursing-homes#:~:text=Federal%20law%20currently%20requires%20Medicare,day%2C%20seven%20days%20a%20week>.

⁷³ Fiscal Year (FY) 2024 Skilled Nursing Facility Prospective Payment System Proposed Rule (CMS 1779-P). Centers for Medicare and Medicaid Services. Published April 04, 2023. Accessed August 07, 2023. <https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2024-skilled-nursing-facility-prospective-payment-system-proposed-rule-cms-1779-p>.

⁷⁴ Harrington C, Choiniere J, Goldmann M, et al. Nursing home staffing standards and staffing levels in six countries. *Journal of Nursing Scholarship*. 2012;44(1):88–98.

⁷⁵ Harrington C, Dellefield ME, Halifax E, Fleming ML, Bakerjian D. Appropriate nurse staffing levels for US nursing homes. *Health Services Insights*. 2020;13:1178632920934785.

⁷⁶ Governor Murphy Signs Legislation Requiring Reforms to Long-Term Care Industry. State of New Jersey. Published October 23, 2023. Accessed February 19, 2023. <https://www.nj.gov/governor/news/news/562020/20201023a.shtml>.

⁷⁷ Minimum Staffing Requirements for Nursing Homes. New York State. Accessed February 19, 2023. <https://regs.health.ny.gov/sites/default/files/proposed-regulations/Minimum%20Staffing%20Requirements%20for%20Nursing%20Homes.pdf>.

of revenue in direct care staffing costs or face a reduction in their Medicaid reimbursement rate.^{78,79} Providers in Connecticut and Kansas must direct a specific percentage or dollar amount of their base payment rate to direct care worker wages.⁸⁰ A recent study found that funding in the presence of a minimum nursing staff expenditure regulation (60 percent to 75 percent toward staffing) supports increased staffing levels (i.e., LPNs and CNAs) within weeks.⁸¹

Wage increases

Many nursing home organizations and states have tried to increase direct care workers' wages. This includes establishing minimum wages or wage floors for all direct-care workers or implementing state wage pass-through provisions (to provide additional state and federal dollars to long-term care providers to fund increased direct-care worker wages). Most commonly, states have proposed a minimum wage of \$15/hour (e.g., Colorado, North Carolina, and Florida).^{82,83} New Jersey has proposed a specific percentage or dollar amount above the state's minimum wage, and California and Oregon have proposed some of the highest wages among all states, \$25/hour and \$18-\$23.49/hour, respectively.^{84,85}

CMS is pushing states to use their Medicaid funding to improve nursing home funding and to tie increases to accountability efforts, such as quality measures and higher staff wages, which California, Illinois, and Connecticut have done.⁸⁶

The Moving Forward Nursing Home Quality Coalition is an initiative created to ensure that several recommendations from the 2022 NASEM nursing home report move forward into action.⁸⁷ Committee 2 on Staffing & Well-Trained Workforce will focus on recommendations 2A and 2E, which is related to

⁷⁸ Addressing Wages of The Direct Care Workforce Through Medicaid Policies. National Governors Association. Published November 1, 2022. Accessed February 19, 2023. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>.

⁷⁹ Nursing Home Minimum Direct Resident Care Spending. New York State. Accessed February 19, 2023. <https://regs.health.ny.gov/sites/default/files/proposed-regulations/Nursing%20Home%20Minimum%20Direct%20Resident%20Care%20Spending.pdf>.

⁸⁰ Addressing Wages of The Direct Care Workforce Through Medicaid Policies. National Governors Association. Published November 1, 2022. Accessed February 19, 2023. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>.

⁸¹ Travers JL, McGarry BE, Friedman S, Holaday LW, Ross JS, Lopez L, Chen K. (2023). Association of Receipt of Paycheck Protection Program Loans With Staffing Patterns Among US Nursing Homes. *JAMA Network Open*, 6(7), e2326122–e2326122.

⁸² Sexton CJ. Florida Medicaid prepares as new minimum wage approaches for direct-care workers. Florida Politics. Published August 30, 2022. Accessed February 19, 2023. <https://floridapolitics.com/archives/552579-florida-medicaid-prepares-as-new-minimum-wage-approaches-for-direct-care-workers/>.

⁸³ Addressing Wages of The Direct Care Workforce Through Medicaid Policies. National Governors Association. Published November 1, 2022. Accessed February 19, 2023. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>.

⁸⁴ Gaivin KS. Drive to 25' campaign seeks \$25 an hour wage for CNAs in nursing homes. McKnights Senior Living. Published March 3, 2022. Accessed February 19, 2023. <https://www.mcknightsseniorliving.com/home/news/business-daily-news/drive-to-25-campaign-seeks-25-an-hour-wage-for-cn-as-in-nursing-homes/>.

⁸⁵ Addressing Wages of The Direct Care Workforce Through Medicaid Policies. National Governors Association. Published November 1, 2022. Accessed February 19, 2023. <https://www.nga.org/publications/addressing-wages-of-the-direct-care-workforce-through-medicaid-policies/>.

⁸⁶ CMCS Informational Bulletin. Medicaid.gov Keeping America Healthy. Published August 22, 2022. Accessed February 19, 2023. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib08222022.pdf>.

⁸⁷ Moving Forward Nursing Home Quality Coalition. Accessed February 19, 2023. <https://movingforwardcoalition.org/>.

ensuring competitive wages and benefits and empowering the CNA.⁸⁸ Recommendation 2A specifically states, “Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff. Mechanisms that should be considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, and student loan forgiveness.”⁸⁹ Recommendation 2E states, “To advance the role of and empower the certified nursing assistant (CNA): Nursing homes should provide career advancement opportunities and peer mentoring.”

This initiative will last two years, during which committee members, along with subject matter experts, will create and implement action plans for the selected recommendations with an objective to scale up the plans.

CNA training

While the Institute of Medicine recommends that CNAs receive 120 hours of training, which is above CMS’ federal requirement of 75 hours,⁹⁰ only 12 states (Alaska, Arizona, California, Florida, Idaho, Illinois, Maine, Missouri, Oregon, Wisconsin, Virginia, and West Virginia) require this level of training.⁹¹ The training that direct care workers receive is usually limited and varies considerably at the state and local levels. Policy that aims to enhance training for CNAs should focus not only on the content and number of hours of training but also on enhancing how the training is delivered and evaluation of those methods by those receiving the training.

CNA on-the-job training. Providing on-the-job training is important during a CNA’s first few months at a facility to ease the transition from training to work. Providing clinical and didactic training onsite (as opposed to elsewhere) increases the CNA’s proficiency and efficiency.⁹² Most facilities that offer this training do so at no cost to students and, in many cases, students receive a salary stipend to complete the program. The facility-based Nurse Aide Training Competency Evaluation Programs have been instrumental in facilitating onsite training and recruitment of CNAs.⁹³ Another consideration is having CNAs precept new CNAs, along with professional development incentives for precepting that would, in turn, assist with retention.

In addition to clinical skills, softer skills, such as problem solving, communication, and decision-making, must be taught, and those providing the education must be trained and experienced in adult education methods.

⁸⁸ Moving Forward Nursing Home Quality Coalition. Accessed February 19, 2023. <https://movingforwardcoalition.org/>.

⁸⁹ National Academies of Sciences Engineering and Medicine. The national imperative to improve nursing home quality: Honoring our commitment to residents, families, and staff. Washington DC: National Academies Press; 2022.

⁹⁰ Institute of Medicine committee on the future health care workforce for older Americans. Retooling for an aging America: Building the health care workforce. National Academies Press (US) Copyright 2008 by the National Academy of Sciences. All rights reserved; 2008.

⁹¹ PHI. Nursing assistant training requirements by state. <https://www.phinational.org/advocacy/nurse-aide-training-requirements-state-2016/>.

⁹² Mileski M, McIlwain AS, Scott Kruse C, Lieneck C, Soka A. The effectiveness and need for facility based nurse aide training competency evaluation programs. *ABNF Journal*. 2016;27(1).

⁹³ Probst JC, Baek JD, Laditka SB. Characteristics and recruitment paths of certified nursing assistants in rural and urban nursing homes. *The Journal of Rural Health*. 2009;25(3):267–275.

Mentoring program. For new hires, having a peer mentor or belonging to a peer support group appears to be effective in reinforcing learning, addressing specific areas that need improvement, boosting morale, and improving retention.⁹⁴ Such a program enables employees to work together during the same shifts to help train, build, and support new hires. Nursing homes might consider providing incentives for experienced employees to mentor new hires. For example, nursing homes have provided experienced employees \$1 on top of their hourly wage to mentor new employees. Mentoring and shadowing programs reduce the physical and mental stressors experienced by new hires and improve the quality of resident care the new hire provides.

Regulatory modifications for training—depending on what they are—could also improve resident care outcomes in nursing homes.⁹⁵ For example, the combination of increased initial training and annual continuing education hours was significantly associated with nursing homes' reporting lower antidepressant and antipsychotic use and lower average medication use. Use of a registry or licensing board for credentialing was significantly related to lower catheter use, and CNA licensure was significantly associated with lower odds of falls.

Need for integrated teams

Although each member of the nursing home workforce has a distinct role, resident care is optimal when staff work cohesively. Care delivery for residents can become fragmented when this is not the case. In 2016, CMS recognized the need for specific individuals to participate in interdisciplinary care teams. CMS now requires nursing homes that receive Medicare and Medicaid funds to include CNAs and family members on interdisciplinary care teams and CNAs as part of resident care planning.⁹⁶

These findings have implications for policies, regulations, and legislation to improve nursing home workforce training, staffing, pay, and organizational changes to improve overall job satisfaction.⁹⁷

Culture change and better working conditions

A few models and programs exist to support transforming the nursing home environment to improve the working conditions for staff. They include the Holistic Approach to Transformational Change

⁹⁴ Feuerberg M. Appropriateness of minimum nurse staffing ratios in nursing homes. Report to Congress, Phase II Final. 2001. <https://theconsumervoice.org/uploads/files/issues/CMS-Staffing-Study-Phase-II.pdf>.

⁹⁵ Trinkoff AM, Storr CL, Johantgen M, Lerner N, Han K, McElroy K. State regulatory oversight of certified nursing assistants and resident outcomes. *Journal of Nursing Regulation*. 2013;3(4):53–59.

⁹⁶ Centers for Medicare and Medicaid Services. (n.d.). Guidance to surveyors for long term care facilities. Retrieved from https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf.

⁹⁷ Travers JL, Caceres BA, Vlahov D, Zaidi H, Dill JS, Stone RI, Stone PW (2021). Federal requirements for nursing homes to include certified nursing assistants in resident care planning and interdisciplinary teams: A policy analysis. *Nursing Outlook*, 69(4), 617–625.

model,⁹⁸ the Pathway to Excellence in Long-Term Care program,⁹⁹ the Green House® Project,¹⁰⁰ and the IMPROVE Nursing Home Act.¹⁰¹

The *Holistic Approach to Transformational Change (HATCh)* model guides leadership to support quality of life and quality of care. It centers on the resident and has six domains, with special emphasis on work practices, care practices, and environment of care. These three categories have the largest impact on residents and staff.

The *Pathway to Excellence in Long-Term Care (PTE-LTC)* program recognizes long-term care organizations for positive practice environments where nurses excel. The PTE-LTC standards address a range of factors that also improve bottom-line results, including less turnover, higher job satisfaction, improved productivity, enhanced collaboration, and reduced errors.

The *Green House Project (GHP)* strives to provide a real home, a meaningful life, and empowered staff. GHP partners with senior living providers to create nursing homes that demonstrate more powerful, meaningful, and satisfying lives, work, and relationships. GHP implements comprehensive culture change, as well as dementia education and training, to create person-directed, relationship-rich living environments. The GHP consists of an organizational structure (self-managed work teams, consistent universal workers, empowered staff) that is radically different from other settings. Each home includes private rooms and bathrooms for all residents, a living room with a fireplace, and outdoor spaces that are easy to access and navigate. The GHP works toward superior quality of life, greater consumer demand, improved job satisfaction, better staff-to-resident ratios, and higher census rates. CNAs in GHP homes, although responsible for more nonnursing activities, such as laundry and housekeeping, spent 24 more minutes per day in direct care activities than did CNAs in traditional skilled nursing facilities (SNFs).

Of additional importance are workplace mental health services and counseling support for nursing home staff.

Staff satisfaction assessment and nursing homes accountability

*CMS toolkits*¹⁰² help improve staff satisfaction and performance in nursing homes across five topic areas—job satisfaction, team building and communication, scheduling and staffing, training, and management and leadership—in addition to helping improve quality of care and life for residents. Employees can take the Nursing Home Employee Satisfaction Survey, while management and leadership can follow the Guide to Improving Nursing Home Employee Satisfaction.^{103,104} Each are designed to help

⁹⁸ Resident-Centered Care. An introduction to VA community living centers. U.S. Department of Veterans Affairs. Accessed February 19, 2023. https://www.va.gov/covidtraining/docs/HATCh_Orientation_Booklet.pdf.

⁹⁹ Pathway to Excellence in Long Term Care. American Nurses Credentialing Center. Accessed February 19, 2023. <https://www.nursingworld.org/organizational-programs/pathway/overview/pathway-to-excellence-in-long-term-care/>.

¹⁰⁰ The green house project: Revolutionizing project to empower life. Accessed February 19, 2023. <https://thegreenhouseproject.org/our-story/who-we-are/>.

¹⁰¹ Nursing Home Improvement and Accountability Act of 2021. Congress.gov. Published August 10, 2021. Accessed February 19, 2023. <https://www.congress.gov/bill/117th-congress/senate-bill/2694>.

¹⁰² Guide to improving nursing home employee satisfaction. <https://www.cms.gov/files/document/cmprp-toolkit-3-guide-staff-satisfaction.pdf>.

¹⁰³ "Nursing Home Employee Satisfaction Survey." <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/CMRP-Toolkit2-Employee-Satisfaction-Survey.pdf>.

¹⁰⁴ "Guide to Improving Nursing Home Employee Satisfaction." <https://www.cms.gov/files/document/cmprp-toolkit-3-guide-staff-satisfaction.pdf>.

nursing homes understand employee satisfaction and growth areas, plan for change, prioritize their improvement areas, and take action to improve overall employee satisfaction.

Nursing Home Compare. As part of its commitment to improve transparency and help families and family caregivers find the best quality of nursing home care for their loved ones, CMS has begun posting staff turnover rates and weekend staff levels for nursing homes.¹⁰⁵ Having access to this information helps consumers understand more about each nursing home facility’s staffing environment and choose a facility that provides high-quality care and meets the health care needs of their loved ones.

CNA pipeline improvement

There are many ways to increase the job pipeline and advance the careers of CNAs.^{106,107} For example, cross-training staff and providing opportunities for housekeeping staff and recreation therapists to work as CNAs can help locate and train new CNAs.¹⁰⁸ Facilities can also scale up technical programs that train high school students to be CNAs. Career changers (individuals entering the CNA role from another job) also represent a major recruitment target. The prevalence of informal networks in CNA recruitment history suggests that nursing homes seeking to become “employers of choice” will be advantaged when recruiting.¹⁰⁹

CNA career advancement

Pathways can be created for CNAs to transition into LPN and/or RN roles or other roles. To enhance acceptance in RN programs, such programs might consider CNA status for admission.¹¹⁰ Nursing homes can also create advanced roles for CNAs, such as the senior aide role.

For CNAs in nursing homes, *WIN A STEP UP* is a workforce development program involving continuing education by onsite trainers, compensation for education modules, supervisory skills training for front-line supervisors, and short-term retention contracts for bonuses and/or wage increases upon completion.¹¹¹ *WIN A STEP UP* has had some success in retaining qualified and motivated caregivers and

¹⁰⁵ Medicare.gov. “Find & Compare Providers Near You.” <https://www.medicare.gov/care-compare/#search>.

¹⁰⁶ Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn’t, and Research Gaps. Centers for Medicaid and Medicare Services. Published October, 2009. Accessed February 19, 2023. http://www.advancingstates.org/sites/nasuaad/files/hcbs/files/179/8930/Strategies_Improving_Recruitment_Retention.pdf.

¹⁰⁷ Winters A, Block L, Maxey H, Medlock C, Ruane K, Hockenberry S. State Strategies for Sector Growth and Retention for the Direct Care Health Workforce. Washington, DC: National Governors Association Center for Best Practices. National Governors Association. Published September 2021. Accessed March 18, 2023. https://www.nga.org/wp-content/uploads/2021/10/NGA_SectorGrowth-DirectCare_report.pdf.

¹⁰⁸ On-the-job training creates pipeline to certified nursing assistants. Community Medical Centers. Published February 27, 2023. Accessed March 18, 2023. <https://www.communitymedical.org/about-us/news/on-the-job-training-creates-pipeline-to-nursing>.

¹⁰⁹ Probst JC, Baek JD, Laditka SB. Characteristics and recruitment paths of certified nursing assistants in rural and urban nursing homes. *The Journal of Rural Health*. 2009;25(3):267–275.

¹¹⁰ Capponi N, Brown C. Non-academic admission criterion of certified nursing assistant status for undergraduate nursing programs: A comparative case study. *Journal of Professional Nursing*. 2021;37(6):1027–1035.

¹¹¹ STEP UP NOW for Better Jobs and Better Care: The Evaluation of a Workforce Intervention for Direct Care Workers. PHI. Accessed February 19, 2023. <https://www.phinational.org/wp-content/uploads/legacy/clearinghouse/KonradSummaryFinal.pdf>.

increasing their job satisfaction by linking compensation, education, and commitment to the job.¹¹² This effort has resulted in increased job satisfaction and reduced turnover compared with workers in similar settings.

Recruitment strategies

Word of mouth. Word of mouth has been commonly noted as one of the best ways to increase recruitment to the nursing home workforce when current employees are satisfied and want to promote these jobs.

Immigrant status. Because those who are of immigrant status are a large part of the nursing home workforce, targeting recruitment efforts to these individuals and making language accommodations can help with recruitment and retention.

Diversity. It is important to dedicate efforts toward diversifying nursing home leadership. This includes a concerted effort toward recruiting administrators, medical directors, directors of nursing, and other leadership from communities of color and creating opportunities for advancement for nonleadership staff.

Family caregivers. Individuals who have provided care to family members and friends could add significantly to the pool of caregivers, but more outreach and targeted information are needed to recruit them.

Improved vacation time packages. Improving vacation time packages where staff have more opportunities to take time off is helpful in attracting and retaining CNAs.

Support of experienced staff. Enhancing support of nursing home staff—by providing career ladders, encouraging attendance at professional conferences, and providing other professional advancement opportunities that recognize and reward additional learning and experience—appears to improve morale and retention rates.¹¹³

Financial investment. Overall, increases in state Medicaid payment rates to nursing homes are associated with improvements in staffing and reduced staffing disparities across nursing homes.¹¹⁴ Continued funding for programs such as the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Award helps address geriatric nursing faculty shortages. Access to scholarship and student loan forgiveness programs, exposure to nursing homes during clinical rotations (which is being prioritized in the John A. Hartford Revisiting the Teaching Nursing Home initiative), and building gerontological principles into the curriculum of undergraduate and graduate programs may incentivize students to work in long-term care after graduation. Expanding the definition of health professional shortage areas (HPSAS) to include nursing homes would allow providers and nurses to access federal loan repayment programs.

¹¹² Strategies for Improving DSW Recruitment, Retention, and Quality: What We Know about What Works, What Doesn't, and Research Gaps. Centers for Medicaid and Medicare Services. Published October, 2009. Accessed February 19, 2023. http://www.advancingstates.org/sites/nasuad/files/hcbs/files/179/8930/Strategies_Improving_Recruitment_Retention.pdf.

¹¹³ Feuerberg M. Appropriateness of minimum nurse staffing ratios in nursing homes. Report to Congress, Phase II Final. 2001. <https://theconsumervoice.org/uploads/files/issues/CMS-Staffing-Study-Phase-II.pdf>.

¹¹⁴ Li Y, Harrington C, Mukamel DB, Cen X, Cai X, Temkin-Greener H. Nurse staffing hours at nursing homes with high concentrations of minority residents, 2001–11. *Health Affairs*. 2015;34(12):2129–2137.

It is important that Health Profession Opportunity Grants make funds available to organizations to offer CNA education and training for low-income individuals paired with wraparound supports like daycare and transportation for employees. Tax credits, like the Work Opportunity Tax Credit, can address workforce shortages by encouraging employers to hire individuals from targeted groups who may face barriers to employment.¹¹⁵ And when jobs are more proximal to the staff's home, recruitment is facilitated. Thus, investment in the community infrastructure is important.¹¹⁶ Human resources management and leadership should inform CNAs of these opportunities. Beyond formal communication of this information in onboarding, nursing homes can post this information throughout the facility.

Retention strategies

Several strategies can help to improve the retention of nursing home staff.

Retention specialist. Nursing homes can consider creating roles that focus on retention, such as a retention specialist. This person would advocate for and implement programs to improve staff retention and commitment throughout the facility and can also communicate available resources. In a study assessing the role, retention specialists received an intensive three-day training in leadership and evidence-based retention programs. This model has significantly decreased turnover rates and has had positive effects on CNA assessments of the quality of retention efforts and care provided in the facility.¹¹⁷ Importantly, this role does not need to be a separate full-time position. Nursing homes may also consider asking just-hired workers about their expectations and goals in the coming years and try to meet these expectations so that employees stay with the nursing home. Further, providing a trusted person focused on conflict resolution can help avoid turnover due to unresolved issues.

Recognition and rewards programs like Character First (recognition program),¹¹⁸ employee of the month, and other customized rewards programs (e.g., tuition reimbursement) may increase retention among nursing home workers. Staff should also be asked about their views on appreciation and thanks.

Supportive workplace. Current organizational theory and empirical evidence suggest that a supportive workplace promotes satisfaction and retention of workers. A model of staff support in the nursing home is proposed that conceptualizes the nursing home as a supportive social system in which the needs of both staff and residents can be better met.¹¹⁹ Less formal efforts, such as staff events or outings and team building activities, can work to build a supportive culture.¹²⁰

“Workers don’t leave their jobs; they leave their supervisors.”

¹¹⁵ Hawk T, White EM, Bishnoi C, Schwartz LB, Baier RR, Gifford DR. Facility characteristics and costs associated with meeting proposed minimum staffing levels in skilled nursing facilities. *Journal of the American Geriatrics Society*. 2022;70(4):1198–1207.

¹¹⁶ Probst JC, Baek JD, Laditka SB. Characteristics and recruitment paths of certified nursing assistants in rural and urban nursing homes. *The Journal of Rural Health*. 2009;25(3):267–275.

¹¹⁷ Pillemer K, Meador R, Henderson Jr C, et al. A facility specialist model for improving retention of nursing home staff: results from a randomized, controlled study. *The Gerontologist*. 2008;48(suppl_1):80–89.

¹¹⁸ Webb HS. Testing of an intervention to decrease certified nursing assistant (CNA) turnover in a nursing home. University of Rhode Island; 2003.

¹¹⁹ Riggs CJ, Rantz MJ. A model of staff support to improve retention in long-term care. *Nursing Administration Quarterly*. 2001;25(2):43–54.

¹²⁰ Hansen ME. Certified nursing assistant turnover & impacts on rural skilled nursing facilities a qualitative study & recommendations for practitioners. 2019.

Conducting exit interviews can help facilities understand why staff are leaving the nursing home and what their needs are. For example, a nursing home identified that the addition of a childcare center at its facility was important to the employees and community because no other center-based daycares were available within 40 miles.¹²¹ In another example, participants spoke about leaving the nursing home to pursue jobs with higher pay. Although nursing homes may have difficulty increasing its pay immediately, it may be able to offer other benefits or improve the work environment to help offset low pay.

Social exchange theory posits that, socially, people develop greater liking for and commitment to those who praise and approve of them and from whom they receive the greatest reward or reinforcement for their actions. Thus, supervisors who provide positive feedback can help improve satisfaction and commitment.

*The model of staff support*¹²² holds that supervisors have a powerful impact on the lives of workers. A worker's relationship with their supervisor is often the most influential factor in whether the worker feels valued and respected at work. Not surprisingly, feeling valued and respected is one of the biggest factors affecting a worker's decision to stay on the job or quit. As one supervisor in a Massachusetts nursing home recently said, "Workers don't leave their jobs; they leave their supervisors."¹²³

Several other factors that improve recruitment, job satisfaction, retention, empowerment, and commitment are:

- Perceiving the organization as culturally competent;
- Having good frontline supervision, commitment to residents and staff, flexibility, and competitive wages and benefits;
- Creating a culture of retention through a coaching approach;
- Developing a high level of problem-solving ability in workers;
- Decentralizing roles and integrated teams (e.g., intentional rounding with CNAs¹²⁴);
- Providing training and support to mature workers (55 years and older) to overcome barriers, such as the lack of technological knowledge and age-related functional limitations.

Conclusion

The nursing home workforce is critical to the care delivered to residents and subsequent outcomes residents experience. As resident care is more complex than ever before, staffing shortages are at an all-time low. What's more, power differentials and other barriers limit the full use of key staff such as CNAs; therefore, ensuring a well-prepared, empowered, and appropriately compensated workforce is paramount. An important start to achieving this goal is placing a concerted effort toward optimizing the conditions in which nursing home workers are exposed, decreasing the challenges experienced by this workforce, and ensuring equity across the workforce.

¹²¹ Hansen ME. Certified nursing assistant turnover & impacts on rural skilled nursing facilities a qualitative study & recommendations for practitioners. 2019.

¹²² Riggs CJ, Rantz MJ. A model of staff support to improve retention in long-term care. *Nursing Administration Quarterly*. 2001;25(2):43–54.

¹²³ PHI. Nursing assistant training requirements by state. <https://www.phinational.org/advocacy/nurse-aide-training-requirements-state-2016/>.

¹²⁴ Jenko M, Panjwani Y, Buck HG. Intentional rounding with certified nursing assistants in long-term care: a pilot project. *Journal of Gerontological Nursing*. 2019;45(6):15–21.

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