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A Correlational Study of the Relationship between Human Caring and Nursing Home Administrator Turnover

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A Correlational Study of the Relationship between Human Caring

and Nursing Home Administrator Turnover

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Dedication

To my heavenly father, mother, daughter, and my brother Lawone whom I truly love, respect, and

cherish as being part of my life.

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A Correlational Study of the Relationship between Human Caring

and Nursing Home Administrator Turnover

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University of Texas Medical Branch, 2014

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Many nursing homes in the United States are experiencing a significant state of fluctuation in nursing home staff which is believed to have contributed to a "dysfunctional" crisis. There are reports of substantial nursing staff and administrator turnover rates in numerous nursing homes around the country. This is of significant concern as it is predicted that the U.S. will soon experience an explosion in its' Baby Boomer population. This projected growth of the older population is expected to substantially impact American healthcare providers, especially those providing services for the elderly residing in nursing homes. Many nursing homes are in need of strong, reliable, and caring administrators to lead and deliver high quality healthcare services. There is a significant amount of nursing literature addressing how important human caring is to the development of transpersonal relationships, which is essential to the development of caring and healing environments. However, the nursing home administrator is not specially addressed. The purpose of this study was to develop an understanding of the relationship between human caring and nursing home administrator turnover.

A correlational research design using a purposive sample of 144 licensed nursing facility administrators (LNFAs) in the state of Texas was used in this study. The data were collected from Caring Dimension Inventory (CDI) questionnaires mailed to subjects. The resulting dataset from the CDIs was analyzed by use of Pearson's correlation and other statistical tests to examine associations, relationships, and differences between LNFA's caring scores, turnover rates, and selected LNFA demographics. Additional analyses were conducted to determine caring scores and turnover rates of LNFAs who participated in this study.

Findings revealed no significant association between human caring levels and turnover rates of LNFAs in this study. There was also no evidence indicating that higher level of human

caring increases LNFA retention. However, all LNFAs in this study exhibited high levels of human caring. The overall mean caring level of LNFA's was 4.39 and average LNFA turnover rate was 28%. Additionally, none of the statistical analyses detected any significant associations, relationships, or differences between LNFA's caring levels, turnover rates, and selected demographics.

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Chapter One: Introduction

The alarming state of fluctuation in nursing home staff is alleged to have contributed to a

major dysfunctional "crisis". The crisis is composed of astronomical turnover rates of nursing

home administrators and nursing staff, significant deficiencies in quality of care and nursing

home resident abuse. Nursing home administrators have turnover rates of 43%, 57%, 120%, and

administrator job changes of every 31 months (Castle 2001, Castle, 2006, Murphy, 2004). High

nursing staff turnover rates are reported to be 48%, 87%, 89%, 119% (Castle, 2006). The

number of deficiencies has increased in American nursing homes since 1998, especially those

involving quality of care (Department of Health and Human Services Office of Inspector General

[HHS OIG], 2003, Kaiser Family Foundation, 2014). Forty-four percent of nursing home

residents reported being abused and 95% of residents reported witnessing other residents being

abused (National Center on Elder Abuse, n.d.). These are major concerns jeopardizing care of

thousands of elderly citizens and exemplify the major "dysfunctional" crisis occurring in

numerous American nursing homes.

Nursing home administrators are responsible for the supervision and protection of all

residents under their care. Despite the importance of their roles, there is a significant gap in the

literature pertaining to nursing home administrator turnover. Therefore, it is important that this

major deficiency in knowledge be addressed to gain an understanding of the contributory factors

causing many nursing home administrators to abandon the field. Also, since nursing home

administrators serve as leaders of nursing home care, more research is necessary to explore the

effects that various factors such as, caring levels of nursing home administrators, have on nursing

home operations. Research is additionally needed to determine if the application of a caring-

focused conceptual framework could be utilized to help create an alternative environment of love, compassion, and high quality care. This strategy may also prove an effective intervention to help diffuse, stabilize, and dismantle the major "crisis" occurring in many nursing homes across the U.S.

Significance

American nursing homes are currently experiencing an extended period of change (Allen, 1997). Many nursing homes around the country are in critical need of caring healthcare providers to deliver compassionate care and services to our rapidly growing population of elderly citizens, and, especially to serve as nursing home leaders. According to the US Census Bureau (2010) one way to analyze the effects of the changes occurring in the age structure of the population of the United States is to look at dependency ratios. These ratios are designed to determine the potential burden on people in the working-age population. The total dependency ratio (population under age 20 + population aged 65 years and over/ population aged 20 to 64 years X 100) is anticipated to surge from 67 to 85 between 2010 and 2050 due to the enormous increase in the old age dependency ratio (population aged 65 years and over/ population aged 20 to 64 years X 100) (US Census Bureau, 2010). The old-age dependency ratio is predicted to experience a swift growth between 2010 and 2030 as a result of the baby boomers moving into the 65 years and above category (US Census Bureau, 2010).

The aging of the U.S. population will have widespread implications, as the elderly often require significant amounts of care and support, especially with health care. According to the Center for Disease Control and Prevention (2013), there are 1.5 million citizens receiving healthcare services in American nursing homes. This projected growth of the older population will not only present many challenges to policy makers and programs such as Medicare and

Social Security, but will substantially impact American families, businesses, and healthcare providers, especially those providing services for the elderly residing in nursing homes (US Census Bureau, 2010). Nursing homes are in need of good, strong, caring, and stable administrators to lead and deliver high quality healthcare services. More research is needed to examine the negative impact of nursing home administrator turnover on healthcare services and to develop effective strategies to resolve the multitude of issues occurring in this complex healthcare delivery system.

Turnover

Castle (2006) found that there were "astonishing" one year rates of turnover for Certified Nursing Assistants (CNAs) (119%), Licensed Practical Nurses (LPNs) (89%), Registered Nurses (RNs) (87%), administrators (57%), and directors of nursing (48%) working in nursing homes. Castle (2004) also examined the association between turnover of caregivers (RN's, LPN's, and CNA's) and turnover of nursing home top management. Findings revealed a 10% increase in top management turnover was affiliated with resident caregiver turnover, consisting of a 21% increase in CNA turnover and a 30% increase in RN and LPN turnover. The results of these studies serve as manifestations of the pervasive staffing crisis plaguing high numbers of nursing homes throughout the United States (Castle 2004, 2006). As aforementioned, the "Baby Boomers" constitute a significant proportion of the U.S. population. As a result, it is projected that there will be a tremendous shift in growth in meeting the needs for these individuals' health care services, providers, and other resources. If this unrelenting turmoil and staffing crisis continues to proliferate in nursing homes across the U.S., it could generate devastating negative healthcare implications for the future and the current estimated 1.5 million American nursing

home residents. This could lead to a significant increase in neglect, abuse, and poor quality health and environmental conditions.

Castle (2006) noted an extremely high nursing home administrator turnover rate of 57%. This is disturbing because administrators are the individuals who are responsible for directing, managing, developing, organizing, monitoring, and sustaining adequate levels of care for every department in a nursing home. The nursing home industry is known for being inundated and affected by copious numbers of laws and regulations mandated by the Centers for Medicare and Medicaid Services (CMS), state, and local laws. Administrators of nursing homes have one of the most challenging roles in healthcare, as more than a million disabled and elderly American citizen's quality of life is dependent upon their leadership (Allen, 1997). "Successful operation of a nursing home requires strong management ability integrated with a deeply felt commitment to human care. The role of administrator is complex, heavily affected by law and regulation and demands a high level of interpersonal skill as well as technical administrative competence" (Minnesota State University, 2013, para. 1). The high turnover rates of nursing home administrators exemplify how imperative it is for research to be conducted to address the exigent need to eliminate the crisis occurring in organizational management of many U.S. nursing homes.

Human Caring

There is a pervasive emphasis in nursing literature regarding the importance of human caring is to the development of transpersonal relationships, which is quintessential to the conception and sustainment of a caring and healing environment. However, the nursing home administrator is not specifically addressed in these relationships. Thus, it is important to investigate the following research question: "What is the association between human caring and

nursing home administrator turnover? Data discovered through this study will assist with addressing the gap in literature regarding this critical focus area. Secondly, research in this area could revolutionize the way health care is being delivered in contemporary nursing homes today. It is hypothesized that having nursing home administrators who manifest high caring levels, as evidenced by scoring high levels on the Caring Dimension Inventory (Watson and Lea, 1997), will contribute to improved patient satisfaction, decreased staff and nursing home administrator turnover, reduction in quality of care deficiencies (falls, pressure ulcers, dehydration, significant weight loss), and decreased incidents of abuse and neglect of nursing home residents. Additionally, the proliferation of the nursing shortage in nursing homes makes this focus on caring more crucial than ever, as it could have negative implications on quality of care.

Furthermore, since administrators are accountable for every component of nursing home operations and care, it is important to investigate if there is a correlation between caring and administrator turnover.   If research indicates that nursing home administrators with higher levels of human caring have lower turnover rates, leaders of nursing home organizations could begin to use this information in the screening and hiring process of administrators; provide training for administrators on caring; develop, implement, and apply programs focused on "caring practice"; and utilize these programs as an innovative standardized level of practice for nursing home care. Future research could also benefit from the application of a caring conceptual framework, such as Jean Watson's Human Caring Theory, that focuses on opportunities for offering compassionate care to elderly individuals residing in nursing homes. The application of a "caring practice" framework may prove to help in the diffusion, stabilization, and creation of an atmosphere integrated with love, caring, kindness, and support for both staff and residents; and ultimately a "healing environment".

Purpose

  The purpose of this correlational study is to develop an understanding of the relationship between human caring and nursing home administrator turnover. By determining if a significant relationship exists, the results of this study could serve as a major innovative step in the pursuit to discovering effective strategies to reduce administrator turnover and resolve the major crisis occurring in nursing home operations.

Research Question, Aims, and Objectives

  While the literature addresses nursing staff turnover and retention in the acute care setting in abundance, and some in nursing homes, there is a deficiency of literature pertaining to nursing home administrator turnover. To address the identified gap in scientific knowledge, this correlational study was designed to answer the following research question: what is the association between human caring and nursing home administrator turnover? Gaining knowledge in this area may prove to become a vital contributory factor in the reduction of nursing home administrator turnover; thereby leading to an increase in employee satisfaction and staff retention, and improved quality of care for the elderly residents whom they care for.

  The specific aims of the study were to:

1. Explore the relationship between human caring, as measured by the Caring Dimension Inventory, and nursing home administrator turnover;

2. Determine if higher levels of human caring, as measured by the Caring Dimension Inventory, increases nursing home administrator retention; and,

3. Determine how selected demographic differences among nursing home administrators affect their turnover.

The objective of this study was to gain an understanding of the relationship between these individuals' levels of caring and turnover rates to help reduce administrator turnover in nursing homes and improve the quality of care and services for our elderly residing in this environment.

Historical and Regulatory Overview

For over a century, many nursing homes in America have been plagued with perpetual chaos, volatility, and dissonance (PBS News Hour Health Unit, 2011). This constant state of turmoil may be contributing to feelings of despondency, vulnerability, and dismay for countless American elderly and disabled citizens residing in this healthcare setting. In the early 1900s, America did not offer any federal financial assistance to help pay for healthcare expenditures for the elderly or disabled; most states sent their disadvantaged citizens to facilities called "poor farms" or "almshouses". These homes were known for their dilapidated facilities and substandard care, and many states initially appeared to encourage this stigma as a motivating factor to keep people from becoming dependent on them. As a result, some immigrant communities developed organizations to assist newcomers and the elderly instead of using public services (PBS News Hour Health Unit, 2011).

During the Great Depression in the 1930s, a series of economic programs called the New Deal were created to help support the idea of America's elderly citizens needing to receive federal benefits based on need. On August 14, 1935, President Franklin D. Roosevelt signed the Social Security Act, which offered grants to every state for Old Age Assistance (OAA) of retired workers. This program was developed partly to discourage almshouse living, and people living in these types of public institutions did not qualify to receive payments. As a result, there was a growth in privately owned old-age homes so that people could afford to live in care facilities and receive OAA payments (PBS News Hour Health Unit, 2011).

In 1961 Thomas Eliot, General Counsel for the Social Security Administration's Office, presented a speech at the Social Security Administration Headquarters in Maryland. During this speech he indicated that it was not until the Great Depression did states develop OAA laws (Social Security Administration, n.d.). He stated "then several passed them because the need was so great and the political pressure building up as a result of poverty among the aged was so effective that the legislatures had to respond" (Social Security Administration, n.d., para. 3). The states that previously passed laws to pay low payments of $12 to $14 per month of Old Age Assistance to the elderly found it impossible to pay (Social Security Administration, n.d.). "So we had by 1934 an average of around $7 a month in old-age assistance for aged people. Several States which had passed laws had never been able to appropriate any money at all to make those laws effective, and some States still operating their old-age assistance systems were paying elderly people sums such as $1.29 or $.71 a month to live on. It's perfectly natural that under these circumstances the cry for better support for people who were suffering simply because they were old, not because they were at fault, should increase and become a real political factor as soon as the change in administration took place in 1933" (Social Security Administration, n.d., para. 3). He further indicated that by that time the need became more obvious and urgent than before.

Significant amendments to the Social Security Act in the 1950's encompassed a state requirement for nursing homes to develop some form of licensing standards. Additionally, the ban was lifted on providing benefits to residents living in public facilities and federal dollars were channeled to the providers of these long term care services. Then in 1954, federal grants were provided for the construction of nursing homes to be built in conjunction with hospitals in an effort to enhance care. This change required that nursing homes be physically constructed to

model after hospitals, in addition to transitioning from part of the welfare system to becoming part of the health care system (PBS News Hour Health Unit, 2011).

In 1968 Congress passed legislation to raise institutional standards in nursing homes. Then in April 1969 the Department of Health and Human Services distributed Intermediary Letter 371 which stamped out a substantial amount of nursing home care coverage that programs initially allowed. This policy change left thousands of elderly citizens and their families with bills they were not able to pay (PBS News Hour Health Unit, 2011).

In 1972, one of the largest pieces of legislation passed, Public Law 92-603, constituted a number of reforms for nursing homes, including a policy developed to ensure that nursing homes receive financial reimbursement on a reasonable cost-related basis. This was done in an effort to encourage nursing homes to improve their standards of care. There followed a rapid growth in Medicare's nursing home expenditures. Later, in 1997, the Balanced Budget Act decreased Medicare funds for nursing home care, which instigated turmoil, instability, and triggered bankruptcy in several large nursing home chains (PBS News Hour Health Unit, 2011). Implications from some of these major historical events is believed to have negatively impacted countless nursing homes across the country, and served as a chief catalyst to the major crisis occurring in nursing and nursing home administrator staff turnover today.

Thus, findings in the literature indicate that nursing home care in America has historically been unsupported and underfunded. A caring healthcare environment was not initially offered to many elderly and disabled citizens. Many decades later effects from the initial discord remains. Insidious manifestations of this are evidenced by the emerging nursing staff, administrator, and operational crisis occurring across the country in U.S. nursing homes (Castle, 2004, 2006). To cope with these changes and challenges, nursing home organizations must discover strategies to

identify and cope with this uncertain and shifting environment. To work within this crisis, it is imperative that leaders of nursing home organizations explore new ways of developing strategies for building commitment, and reducing staff burnout and turnover in long term care (Moyle et al., 2003). Nursing homes that survive these changes will be those with the ability to provide high quality care in a supportive and caring environment, not only for their consumers (residents), but also for the staff delivering the care (Riggs & Rantz, 2001).

Roles of Nursing Home Administrators

"Under the Omnibus Budget Reconciliation Act of 1987, the nursing home administrator is responsible for management of the skilled nursing facility" [42 CFR 483.75 (d) (i) (ii)] (American College of Health Care Administrators (ACHCA) (2007, p.2). In Texas, these individuals must have a minimum of a Bachelor's degree in any subject from an accredited college, complete a minimum of 15 credit hours in long term care (LTC) administration or its' equivalent, and complete one thousand internship hours with a preceptor in a licensed nursing facility (Texas Department of Aging and Disability, 2013). Administrators of nursing homes and other LTC settings are responsible for critical roles involving the quality of care and life for the residents they care for. Despite this fact, the importance of the administrator's leadership is seldom discussed or studied as a component of quality and culture transformation initiatives.

In 2007 the ACHCA, the professional membership association for long term care administrators (LNFA), commissioned a leadership paper to document the conceptual underpinnings for competent long term care leadership (ACHCA, 2007). The organization's position is that the presence of effective leadership is critical for the successful development, implementation, evaluation, and maintenance of quality and safety practices in nursing homes. This leadership concept paper, *Effective leadership in long term care: The need and the*

opportunity, is the result of a strategy emanating from ACHCA's 2007 Strategic Plan to explore

ways to stimulate the changes necessary to move the LTC profession forward towards its quest

for performance excellence (ACHCA, 2007).

A critical point emphasized in this leadership concept paper was that since the 1960's, the

demands on long term care administration have significantly evolved. This has instigated a

hectic and unrelenting work environment consisting of frequent and unplanned interactions.   A

"crisis" form of management began to be encouraged and rewarded, making it difficult for

administrators to give priority to leadership processes (ACHCA, 2007). In addition, long term

care management is extremely complex and driven by stringent state licensure requirements and

an intense federal regulatory structure. As a result, many LTC leaders view quality of care and

performance narrowly rather than meeting and exceeding the needs and expectations of their

residents. Many LTC administrators spend a lot of time focusing on meeting the minimum

federal and state regulatory standards instead of on patient and family satisfaction (ACHCA,

2007).

Another critical point emphasized in the leadership concept paper by ACHCA*,* is that

when "crisis management" becomes the predominate approach, decision making becomes

exemplified more by confusion, disorder, and emotionality rather than rationality (Yukl , 2006).

In this reactive environment, managers tend to focus their attention on the most urgent rather

than significant issues. This immense pressure contributes to decisions being made based on

assumptions rather than facts. Sometimes it's very difficult for long term care managers in this

crisis management culture to find extended or uninterrupted time to dedicate to leadership

processes such as visionary planning, team building, researching best practices, and developing

subordinates.   Instead, the administrator is often recognized and praised for his or her ability to resolve crises rather than prevent them (ACHCA, 2007).

Human Caring in Nursing and Healthcare

Dewar (2013) indicated that compassion is currently at the frontline of national and international policy, practice and educational debates in healthcare. The emphasis on compassionate care is set in a progressively complex healthcare context, often dominated by concerns regarding outcomes, efficiency, productivity, and competence. However, there is consensus that care and compassion remain essential to health and social care. Although increasing value and focus is being emphasized on compassion and caring in some healthcare settings, there remains little understanding regarding how it can be promoted in others (Dewar, 2013), especially nursing homes. Nursing homes could benefit from research studies examining the effects of human caring on nursing home administrator turnover.

Nursing has a distinguished history of caring for individuals who are sick, disabled, and vulnerable. Caring has been historically viewed by nursing as the core foundation of it's existence. The delivery of nursing care requires an interpersonal process between the nurse as "caregiver" and the patient as the "care recipient" (Carter et al., 2008). This interpersonal process necessitates that the nurse both cares for and about the patient.   However, the rapid expansion in technology and specialization has contributed to the negative perception that the healthcare delivery system has become depersonalized, especially in nursing (Carter et al., 2008). "Getting the work done remains a predominate underpinning of work culture in many settings and this may or not include the work of caring about the patient" (Carter et al., 2008, p. 1). Although the literature has much information on the concept of human caring and its relationship to nursing practice, there is a dearth of information regarding human caring practice in the

nursing home setting. A study conducted to examine the effects of human caring and nursing home administrator turnover will assist with correcting this gap in scientific knowledge.

Overview of Theoretical Framework

This study's theoretical foundation is supported by Jean Watson's Theory of Human Caring (1979). The use of her published works on the philosophy and theory of human caring and the art and science of caring in nursing is utilized by many clinical nursing and academic programs throughout the world. There were originally ten explicitly stated concepts, or carative factors, that were identified as the framework for providing a format and focus for nursing phenomena (Watson, 2006). These concepts were later expanded and are now identified as clinical caritas processes which are consistent with a more contemporary movement (Watson, 2008). Caritas is defined as "Christian love of humankind; charity" (Oxford University Press, 2014, para. 1). Dr. Watson's caring philosophy is used to guide new models of caring and healing practices in diverse settings worldwide (Watson, 2006). This section serves as a basic overview of the theoretical foundation for this study. A more comprehensive examination of Jean Watson's Theory of Caring will follow in Chapter Two.

Overview of Design

Correlational research is a descriptive approach that explores the relationship among two or more variables. It is one type of quantitative research that usually has two or more continuous variables for one group of subjects, which are related or associated. The independent variable is assumed to be continuous (Gliner, Morgan, & Leech, 2009). A correlational approach was utilized to answer the study's research question: what is the association between human caring and nursing home administrator turnover? This study did not utilize random sampling, a control

group, nor was there any manipulation of the independent variable by the researcher; therefore a non-experimental design was utilized.

Summary

There are major changes occurring in regulation and reimbursement structures of nursing homes. This problem is intensified by the worldwide shortage of nurses, which has led to the emerging staffing crisis in nursing homes (National League of Nursing [NLN], 2006). The alterations in regulation and reimbursement structures, coupled with the nursing shortage in nursing homes, may contribute to high turnover rates, increased burnout, and decreased job satisfaction of nursing home administrators; thereby, leading to a reduction in quality of care, patient and employee satisfaction, and nursing staff retention (NLN, 2006). This correlational study was designed to answer the following research question: what is the association between human caring and nursing home administrator turnover? The expected outcomes of the study are that the results will be utilized by leaders of long term care organizations to help reduce nursing home administrator turnover, improve staff satisfaction, build more effective relationships, and promote a better work environment for all employees of nursing homes. Additionally, the rebirth of American nursing homes into a nurturing, caring, and harmonious environment could lead to enhanced quality of care and a healing environment for the 1.5 million vulnerable elderly relying on its healthcare services. The development of a caring conceptual framework, such as Jean Watson's Human Caring Theory, may prove to be one effective strategy.

Chapter Two: Review of the Literature

Introduction

A major change in the United States' demographics has affected health care priorities, as well as the practice of nursing. Significant innovations in public health and clinical care have contributed to a rapid increase in the average life span of Americans (NLN, 2006). "By 2020, more than 20 percent of the population will be 65 and older, with those over 85 constituting the fastest growing age group" (NLN, 2006, para. 1). Many of these individuals have chronic and acute conditions that will task the health care system's ability to deliver quality care, especially for those providing geriatric care in nursing homes (NLN, 2006).

Because of the expected explosion of the "Baby Boomers", it is predicted that there will be major implications for the health care delivery system, such as significant changes in regulation and reimbursement structures for delivery of nursing home care. This problem is intensified by the worldwide shortage of nurses, which has led to the emerging staffing crisis in nursing homes. Recruitment of nursing staff to work in nursing home settings is becoming daunting and increasingly challenging. An addendum to this problem is the propensity for staff to become enticed back into working in the acute care setting, where flexible hours and other employee incentives are being offered (NLN, 2006). This rapid state of change in nursing homes may contribute to significant administrator and nursing staff turnover rates, increased burnout, and decreased job satisfaction; thereby, leading to a reduction in patient satisfaction and poor quality of care. To meet the aggressive demands and swift changes occurring in nursing homes across the U.S., there's no greater time than now, to activate a process for major restructuring of our nursing home care delivery system.

Purpose

The completion of a literature review utilizing CINAHL and PubMed databases from the years of 1940 to 2013 revealed 462 studies conducted on nursing staff turnover in acute care, however, there were fewer articles (47) retrieved addressing the long term care population. There was a significant gap identified in the literature regarding nursing home administrator turnover, only 9 located. It is imperative that this major deficiency in scientific knowledge be addressed to help reduce administrator turnover in nursing homes and improve quality of care for the elderly residents they serve. One possible solution that could prove to be very beneficial in the reorganization of this healthcare environment would be to employ nursing home administrators with high levels of caring. It is sometimes assumed that those who are primarily motivated by the power, prestige, monetary, fringe, and other benefits that this position offers may not perceive high quality of care and services as a priority. It is hypothesized that having nursing home administrators who are driven more by care and compassion may contribute to reduced nursing home administrator turnover and ultimately high quality healthcare service.

The purpose of this correlational study is to gain an understanding of the relationship between nursing home administrators' level of caring and turnover. Literature was deficient in studies pertaining to this area of focus, therefore a study devoted to exploring this deficit in knowledge lent itself to the investigation of the following research question: what is the association between human caring and nursing home administrator turnover? A study conducted to address the major crisis occurring in numerous nursing homes could prove to be a vital component in the process of developing effective strategies to rectify the astronomical administrator and nursing turnover rates and other quality of care issues. The remainder of this

chapter will provide a comprehensive discussion of key domain categories identified in the literature to heighten scientific knowledge regarding this area of focus. The discussion is organized into sections that address: Nursing Home Administrator and Nursing Staff Turnover; Burnout; Job Satisfaction; Caring Science; Watson's Theoretical/Conceptual Underpinnings; Depression in Elderly, Caring Research; Benefits of Watson's conceptual framework; followed by a Summary.

Turnover

The literature pertaining to staff turnover is copious in many settings, with the exception of nursing homes. Although there have been major advances in research in this healthcare setting, there are still many gaps in the literature that warrant addressing. For example, according to Castle (2004) there have been insufficient numbers of studies examining turnover rates of top management in nursing homes. This may be a substantial oversight in the literature because top management turnover may affect caregiver turnover in detrimental ways. To address this gap, the association between turnover of caregivers (RN's, LPN's, and CNA's) and turnover of nursing home top management was examined. A survey was sent to 419 nursing facilities in five states during this quantitative study. As discussed in Chapter One, findings illuminated the important negative influence that top management turnover could have on caregiver turnover. A 10% increase in top management turnover had a direct negative impact on nursing staff turnover. Future research may offer significant benefits by determining if there is an association between caring levels of top management staff and turnover rates of caregivers. It is proposed that having top management staff who demonstrates high caring levels will reduce the amount of caregiver turnover (Castle, 2004).

Five hundred and thirty-six nursing home administrators in the four states of Missouri, Texas, Connecticut, and New Jersey were asked to complete surveys mailed to them regarding turnover rates for CNA's, LPN's, RN's, administrators, and directors of nursing. Results revealed one year turnover rates in these facilities as follows: CNA's (119%), LPN's (89%), RN's (87%), administrators (57%), and directors of nursing (48%) (Castle, 2006). These statistics suggest that there is indeed some form of "staffing crisis" occurring in nursing homes across the country.

The association between turnover of nursing home administrators and the quality of care outcomes of restraint use, catheterization, pressure ulcers, psychotropic drug use, and number of quality of care deficiencies were examined in a study of 420 chain and non-chain nursing homes (Castle, 2001). It was noted that chain nursing home administrator turnover rates were associated with higher than average percentages of residents catheterized, with pressure ulcers, psychotropic drugs usage, as well as number of quality of care deficiencies. The results revealed the average annual administrator turnover rate as 43%. Similar results were revealed among non-chain nursing homes. Their administrator turnover rates were associated with a higher than average percentage of residents restrained, catheterized, with pressure ulcers, and on psychotropic drugs. However, they did not have higher than average number of quality of care deficiencies as did chain nursing homes.

Department of Health and Human Services Office of Inspector General [HHS OIG] (2013) reported that during a 2007 OIG review it was discovered that 35% of hospitalizations during a skilled nursing facility (SNF) stay were attributed to poor quality of care and/or fragmentation of services. In 2014 another OIG report revealed that 22% of Medicare patients experienced adverse events while residing in SNFs. According to HHS OIG (2014) "An adverse

event indicates harm to the patient as a result of medical care, including the failure to provide needed care. Adverse events include medical errors but they may also include more general substandard care that results in patient or resident harm, such as infections caused by the use of contaminated equipment" (p. 2). OIG physician reviewers discovered that 59% of these adverse events were clearly or likely avoidable, due mostly to substandard care, insufficient resident monitoring, and staff's delay and/or failure to deliver necessary care (HHS OIG, 2014).

The percentage of quality of care deficiencies in nursing homes across the U.S. are alarming: District of Columbia (73.7%), Nevada (76.5%), Delaware (71.7%), Virginia (60.5%), Wyoming (60.5%), Idaho (55.7%), Colorado (59%), Pennsylvania (54%), Oregon (53.5%), Washington (51.5%), Arkansas (49.6%), Michigan (49%), Connecticut (45.2%), and California (40%) (Kaiser Family Foundation, 2014). There were also numerous U.S. nursing homes that received high percentages of deficiencies for actual harm or jeopardy of nursing home residents such as District of Columbia (57.9%), Michigan (57.9%), Oregon (46.5%), Idaho (45.6%), Colorado (40.4%), West Virginia (40.7%), Washington (39.8%), Connecticut (39.2%), and Delaware (39.1%) (Kaiser Family Foundation, 2014). The study by Castle (2001) revealed important findings regarding the association between nursing home administrator turnover rates and quality of care outcomes. Future research may offer benefits from a study that examines the association between nursing home administrators' level of caring, turnover, and quality of care outcomes.

A significant finding discovered in the literature review was from an article written by Castle (2006) when the author asserted that there was no standardized definition identified for turnover in long term care studies. This assertion was validated in one study conducted by Anderson (2008) when CNA's desire to leave the job was measured instead of the "actual"

turnover rate. As a result, Anderson alerted readers to take caution in the interpretation of the study findings, as CNA's desire to leave could totally differ from the actual motives that prompt them to leave. This finding is very interesting as it is important to delineate how the reason for leaving is different from the desire to leave the workplace. Castle (2006) postulated that this seemingly high degree of variability in turnover measurement could result in significant policy implications in nursing homes. For the purpose of this study, LNFA turnover rates for the subjects were determined by asking each subject to indicate the number of nursing home administrator jobs they resigned, quit, or terminated from in the last 5 years. This number was divided by 5 then multiplied by 100 to determine each subject's turnover (administrator) rate. These rates were utilized to calculate an estimate of the average five year turnover rate for the study's sample.

Burnout

Burnout is a crucial factor identified throughout the literature as having potentially negative effects on staff turnover in nursing homes. According to Anderson (2008) "burnout is a stress related syndrome in which individuals experience emotional exhaustion, depersonalization, and a reduction in feelings of personal accomplishment" (p. 43). Burnout is a significant phenomenon of inquiry, especially in healthcare. The symptoms can be detrimental to the physical and emotional well-being of all levels of nursing home staff; resulting in adverse effects on performance and quality of care. The cumulative effects of burnout and turnover can instigate catastrophic organizational disturbances such as financial instability, disruption in quality of services, and decreased customer satisfaction (Anderson, 2008).

Nursing home administrators are responsible for observing, monitoring, and evaluating outcomes for all facilities' departments to ensure effectiveness and compliance (Long Term Care

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Leadership Council, n.d.). Some of their fiscal responsibilities include development and

implementation of financial policies, procedures, and systems; management of annual operating

and capital budgets; and protection of facilities' assets. Therefore, high burnout and turnover

rates of nursing home administrators could potentially have devastating results on operations, as

they are responsible for the comprehensive management of the entire facility.

Empathy

Astrom et al. (1990) assert that they could locate no articles in the literature that

examined correlations between empathy, burnout, and attitudes of nursing staff working with

dementia patients in nursing homes. Therefore, they conducted a study in Sweden to compare

nursing staff's levels of empathy, feelings of burnout, and attitudes towards caring for elderly

demented patients residing in three different settings: nursing homes, somatic long term care

clinics, and psychogeriatric clinics. Also, connections between empathy, burnout, and attitudes

in the three different levels of nursing staff (RN's, LPN's, and CNA's) were examined. Non-

anonymous questionnaires containing three scales measuring empathy, experience of burnout,

and nursing staff's attitudes towards demented patients were completed by a sample of 358

subjects in Northern Sweden.

Study findings revealed that among all nursing staff in the three health care settings, there

was a moderate level of empathy expressed for their demented patients. Registered nurses

experienced the highest level of empathy and CNA's the least, with nursing home CNA's

showing the least level of empathy among all three settings. Additionally, it was revealed that

nursing staff from all three settings had an overall low percentage of risk for developing burnout,

only 27.4%. Registered nurses scored the lowest, and those working in nursing homes scored the

highest. Among attitudes, the nursing staff from the somatic long term care clinic and

psychogeriatric clinic had significantly higher positive attitudes towards caring for their

demented patients than the nursing home staff (Astrom et al., 1990).

A comparison was also conducted to see if a correlation existed between empathy,

burnout, and attitudes among the different categories of nursing staff; however, no linear

correlation was detected. There was a weak negative correlation between burnout and empathy,

and a slightly higher one between empathy and attitudes. There was a positive correlation

between burnout and attitudes (*r=30*), an indication that high levels of burnout do have a

negative effect on the attitudes of nursing staff caring for demented patients. One identified

limitation of the study is that non-anonymous questionnaires were sent to subjects to complete.

This not only presents a risk for a breach in confidentiality, but could also pose a threat in the

accuracy of subject responses for fear of reprisal for answering questions honestly (Astrom et al.,

1990).

Kuremyr et al. (1997) examined the differences in emotional experiences, feelings of

empathy, and burnout between staff caring for elderly demented patients residing in a collective

living unit compared to a nursing home. The sample consisted of only five patients from each

setting, thereby reducing generalizability of study results. Findings revealed that both staff from

the collective living unit and nursing home expressed signs of great concern and empathy for

their demented patients. The staff at the collective living unit reported feelings of "emotional"

exhaustion and overutilization, as compared to the staff at the nursing home who reported

feelings of "physical" exhaustion and partial utilization. Interestingly, neither staff at the nursing

home nor collective living unit scored high enough on the scale as having a risk for burnout. An

additional significant finding that should not go unnoticed is that the exhaustion that was

discovered in staff at the collective unit was related to overwhelming feelings of connectedness

to their demented patients; contrary to the nursing home staff feelings of guilt for not being closely related enough. Staff at the nursing home reported that their feelings of burnout and physical exhaustion were a result of working with too many physically dependent patients, staffing shortages, and lack of supervisory support. Staff lacking this support reported deliberately reducing their commitment to their patients to decrease burnout. Lack of support from supervisors and demanding duties were reported to be contributing factors of job dissatisfaction. Therefore, hiring administrators with high levels of caring is predicted to cultivate an environment that is nurturing and supportive of residents and employees alike.

Grief

Anderson (2008) identified another gap in the literature. The author illuminated the importance of more studies being conducted to determine the effects grief has on burnout and turnover of staff working in nursing homes, two critical problems that can affect quality of care. Anderson (2008) investigated the effects of work-related grief on burnout and turnover rates of CNAs working in twelve nursing homes in Kentucky. Study findings revealed that negative reactions from grief were related to higher levels of burnout. Inversely, positive reactions from grief such as emotional and professional growth increased CNA's job satisfaction and provided a shield against burnout. Additionally, grief was not identified as a predictor of turnover. However, grief was determined to lead to greater levels of depersonalization, with higher rates in Caucasians than minorities. "Depersonalization is an emotional hardening that results in the objectification of nursing home residents. Although CNA's may view the nursing residents under their care as family, CNAs who have difficulty emotionally processing death may begin to view residents as room numbers rather than people" (Anderson, 2008, p.46). Complications from grief may accentuate the impersonalized care many residents and family report as being of

primary concern in nursing homes (Edwards et al., 2003, cited as, Anderson, 2008). Findings from this study revealed the negative impact that grief may have on CNAs, future research may benefit from investigation of whether work-related grief also contributes to burnout and turnover rates of nursing home administrators.

A case-controlled study was conducted in Northern Sweden to explore the relationships between perceived exposure to violence, demographic factors, parental rearing, personality traits, and burnout among caregivers working in nursing homes (Isaksson et al., 2007). These factors were further evaluated to determine if they were influential on communications between caregivers and residents, thereby instigating more violence. The first part of the study asked 196 caregivers (RN's, assistant nurses, and nurse aides) to complete a questionnaire addressing demographic data and current exposure to violence as caregivers while currently working in a nursing home and during the previous year. In the second part of the study, researchers compared caregivers who were exposed to violence and those who weren't.

Results revealed that a large proportion (68%) of caregivers working in nursing homes had been exposed to violence during the previous year, 51.5% once per month, and 22.4% several times per week. Caregivers who were 50 years of age or younger and employed in geriatric care for more than three years were the group most frequently exposed to violence. There were no major differences between exposed and non-exposed caregivers with regards to personality traits, defense mechanisms, or coping abilities. However, further analyzes revealed the exposed group to have statistically significant higher burnout scores (p=0.028) than the non-exposed group. A limitation of the study was that the sample was small, only having 20 subjects in each group. Thus, the study results have limited generalization (Isaksson et al., 2007).

It was concluded that burnout among caregivers exposed to violence may negatively influence communication between nursing caregivers and nursing home residents, thereby rendering more violence (Isaksson et al., 2007). This could possibly increase caregiver's risk of engaging in acts of verbal abuse against residents. It is imperative for nursing home leaders to begin seeking effective approaches to decrease staff burnout and provide a more supportive and caring environment for their employees. Application of Watson's Human Caring conceptual framework may offer effective solutions to reduce violence towards residents and result in the evolution of a "healing environment".

There are ten core principles Watson identified as part of her Theory of Human Caring entitled clinical caritas processes. Some of these processes applied by nursing home staff who have been exposed to violence may prove as beneficial. For instance, clinical caritas process number three is entitled "cultivating one's own spiritual practices and transpersonal self, going beyond ego self" (Watson's Caring Science Institute, 2010, p. 7). This clinical caritas process emphasizes the importance of the nurse engaging in self-reflection activities such as journaling, prayer and meditation, in addition to being willing to explore his or her beliefs and values for self-growth (Watson's Caring Science Institute, 2010). Nursing home caregivers exposed to violence may find engaging in this clinical caritas process to be an effective therapeutic coping strategy. This practice could also contribute to development of meaningful rituals for practicing gratitude, forgiveness, surrender, and compassion; thereby, leading to enhanced communication and relationships among administrators, nursing staff, and residents (Watson's Caring Science Institute, 2010).

Job Satisfaction

Qualitative and quantitative performance is significantly influenced by employees' evaluative perceptions of the work environment. Specifically, negative perceptions may induce stress, diminish performance, and produce burnout in employees. Contrarily, positive perceptions can inspire effort, commitment, support, and feelings of accomplishment (Deckard et al., 1988). There are many studies that validate the important role of environmental factors on staff behavior, productivity, and performance. Deckard et al. (1988) posit that the major means in which nurse managers can influence productivity and performance is through the manipulation of these factors. Nurse managers inspired to heighten qualitative and quantitative production are urged to begin by constructing a positive organizational environment for their employees. Some strategies to accomplish this are to provide support groups, performance appraisals, and feedback sessions regarding management decisions. Carter et al. (2008) conducted a study that focused on the utilization of Watson's Theory of Human Caring as a framework to explore the state of patient-centered nursing care on a medical unit. Findings from this investigation revealed that both nurses and patients perceived the unit as having a high level of caring from the implementation of Watson's conceptual framework, and caring for each other was essential to keeping staff energized and providing more affectionate care for their patients.

Deckard et al. (1988) conducted a path analysis to investigate how experience of work and the organizational environment influenced qualitative and quantitative nursing productivity. This was done by testing a seminal model of causal pathways among worksite stressors, burnout, and positive and negative affective states in long term care nursing staff. Study findings revealed that increased negative and decreased positive effect, along with burnout, emerges from negative perceptions employees have about their job and work environment. Additionally, stressors at

work can result in diminished qualitative performance and productivity. In nursing home settings this could have detrimental effects on quality of care and services. Both Deckard et al. (1988) and Carter et al. (2008) demonstrate how important it may be for nursing home organizations to hire nursing home administrators who manifest high levels of caring. For it is theorized that these individuals would have greater potential to provide a nurturing and supportive environment for their employees, which may lead to increased job satisfaction and retention.

Two hundred and fifty-three nursing staff described their attitudes towards working with residents with dementia, work strain, and job satisfaction in 12 nursing homes across Sydney during a study (Brodaty, 2003). Findings revealed the staff's perceptions of residents with dementia as primarily negative. Five resident characteristics staff identified as being most difficult to deal with were aggressive, stubborn, deliberately difficult, unpredictable, and lack of self-control behaviors. However, despite the many negative perceptions staff felt about the residents, 91% of them reported that they were satisfied with their jobs. It was also noted that 25% of them indicated that residents did not contribute to their feeling of contentment.

Additionally, there were significant differences in employees' perceived level of job strain based on the nursing homes where they were employed. It was postulated that this was related to organizational culture differences among nursing homes; as related to acceptance of resident's challenging behaviors and leadership styles of directors. Many staff members reported that their level of job satisfaction was based on the organization where they worked. Others reported being worried that their jobs would be affected by significant organizational changes such as turnover in administrators (Brodaty, 2003). The three studies by Brodaty (2003), Deckard et al. (1988), and Carter et al. (2008) exemplify the importance of hiring nursing home

administrators with high caring levels because there is an increased chance that they will cultivate a more supportive and stabilized work environment.

Pijl-Zieber et al. (2008) conducted a literature review on the concept of moral distress on nurses employed in nursing homes. Findings revealed that the factors contributing to moral distress in nurses were resource constraints, lack of nurse-physician collaboration, and lack of managerial and administrative support. The results suggested that the negative effects of moral distress could possibly be driving talented nurses out of the nursing home setting; thereby, threatening the quality of care for residents and work life for nursing staff employed in these facilities. Lack of supervisory support was identified in the literature as a problem for various levels of staff. This study may determine if LFNA subjects have similar complaints.

Perceived lack of supervisory support by staff as a contributing factor to job dissatisfaction appeared to be a recurring theme throughout the literature. Deckard et al. (1988) asserts that nurse managers desiring to enhance qualitative production should begin by constructing a positive organizational environment for their employees. Brodaty (2003) echoed a similar statement in his study. He indicated that even though the participant's perception of working with demented patients was mostly negative, the majority of them were satisfied with their jobs. This satisfaction was a derivative of the contentment staff felt from the organization where they were employed.

There was only one study identified in the literature regarding job satisfaction of nursing home administrators. To provide data on the level of job satisfaction of nursing home administrators, their intent to remain in the field, and their loyalty to their organizations, questionnaires were mailed to administrators of 413 licensed skilled nursing homes in Iowa (Murphy, 2004). A comparison was then made between administrators working in other

industries. Data received from 149 nursing home administrators who completed the questionnaires revealed that nursing home administrators have a lower rate of job satisfaction than administrators working in other fields. It was found that most of their dissatisfaction is with their coworkers and salary. They also expressed dissatisfaction with changing their positions on an average of every 31 months. This study helps to support the notion that there are nursing home administrators experiencing dissatisfaction with their jobs in the U.S. Research conducted to determine if there is an association between human caring, job satisfaction, and nursing home administrator turnover may help to determine if nursing home administrators with high caring levels contribute to increased job satisfaction and retention.

This sector of the literature illuminated the important effects grief, empathy, burnout, and other factors have on job satisfaction and turnover; in addition to the critical impact it has on the current staffing crisis occurring in countless nursing homes today. Although many studies have been conducted regarding staff turnover in various settings, nursing homes may benefit from continued research to address the gaps in literature that still exist. Studies focusing on nursing home administrators are desperately needed.

Caring Science

"Caring science encompasses a humanitarian, human science orientation to human caring processes, phenomena, and experiences.   A caring science perspective is grounded in a relational ontology of being-in-relation, and a world view of unity and connectedness of All" (Watson's Caring Science Institute, 2013, para. 1). The nurse generates space for human connections to occur naturally. A transpersonal caring relationship is developed that embraces "unity of life and connections that transit in concentric circles of caring – from individual, to others, to community, to world, to planet earth, to the universe" (Watson's Caring Science

Institute, 2013, para. 1). The formation of a "healing environment" is created that attends to: nurse as environment, other as unique individual, light, air, water, noise, cleanliness, comfort measures, nutrition, and safety (Watson's Caring Science Institute, 2010). Caring science investigates inquiries that are reflective, subjective, interpretative, and empirical. It also encompasses multiple epistemological approaches to inquiry including clinical and empirical, but is open to moving into new areas of inquiry that explore other ways of knowing such as aesthetic, poetic, narrative, personal, intuitive, kinesthetic, evolving consciousness, intentionality, metaphysical-spiritual, and moral-ethical knowing (Watson's Caring Science Institute, 2013).

Caring science is a contemporary field of study grounded in the discipline of nursing. However, it is more recently involving other fields and disciplines academics such as women/feminist studies, education, ecology, peace studies, philosophy, ethics, arts and humanities, and mind-body-spirit medicine (Watson's Caring Science Institute, 2013). Caring science is also increasingly becoming an interdisciplinary or transdisciplinary field of study. Currently, caring science relevance has transcended into all health, education, human service fields and professions (Watson's Caring Science Institute, 2013). Unfortunately, the literature is deficient in studies involving the application of caring science in nursing homes. The development of programs supported by this state-of-the-art scientific knowledge could be utilized by nursing homes to assist in dismantling the dysfunctional "crisis" occurring in American nursing homes.

Caring Moment

A caring moment is an occasion when two people, each with their own phenomenal fields and backgrounds, come together in a human-to-human transaction that is meaningful, authentic,

and intentional.   A human sharing phenomenon that expands each other's worldview and spirit;

leading to new discovery of self and other and new life possibilities (Watson's Caring Science

Institute, 2010). "Caring is inclusive, circular, and expansive, which involves "caring for self,

caring for each other, caring for patients/clients/families, caring for the environment/nature and

the universe" (Watson's Caring Science Institute, 2010, p. 1). Based on findings from this

literature review, this critical element is deficient in many U.S. nursing homes. Research

focused on the implementation of a human caring conceptual framework into nursing home

settings may prove to be an effective strategy that revolutionizes the way geriatric health care

services are being delivered to millions of elderly.

In early 1990 the Eden Alternative Program was developed by Dr. Bill Thomas as an

effort to change the culture of care in nursing homes (Eden Alternative, 2014). He indicated that

American nursing homes should be put on a critical list, as they will not survive because of

"being relic" (PBS, 2002, para. 3). He further stated "In America there are almost 300 million

horror stories that people can tell about nursing homes. Everyone's got a story to tell. And the

reason there are all these stories to be told is because the nursing home is a relic. The nursing

home is supposedly a place for care, but it really becomes a factory of service, where people are

provided with services and the gentle art of caring is set aside" (PBS, 2002, para. 3). Dr.

Thomas was also determined to revolutionize nursing home care with his Eden Alternative

Program (PBS, 2002). The Program assists nursing homes with creating an elder-centered

atmosphere and a human habitat environment that focuses on close and continual contact with

plants, animals, and children (Eden Alternative, 2014). The Program has been focused on

changing the culture of nursing home care since the early 1990's and has since expanded into all

care settings, including home care and residential care facilities throughout the U.S. and

internationally. Additionally, one of the Eden Alternative core principles, "medical treatment should be the servant of genuine human caring, never its master" (Eden Alternative, 2014, para. 4) is also supportive of Watson's theoretical framework.

Transpersonal Caring

Transpersonal caring relationships are foundational to caring science and practice. Transpersonal caring demonstrates concern for the inner life world and subjective meaning of another person who is fully embodied, and transcends beyond the ego and given moment; attaining deeper spiritual connections (Watson's Caring Science Institute, 2013). It travels beyond ego-self and radiates to spiritual and cosmic concerns and connections, creating opportunities for healing. Transpersonal caring seeks unity with the spirit or soul of another through caring processes, healing, and being authentically present at the moment. This type of relationship is influenced by the caring consciousness of the nurse entering into the life space or phenomenal field of another, tapping into the other person's condition of spiritual being (Watson's Caring Science Institute, 2013). It requires the individual to be authentic, and the ability to be present to self and another in a reflective frame. A nurse engaging in transpersonal caring has the ability to focus his or her consciousness and intentionality on caring, healing, and wholeness; rather than sickness, disease, or pathology (Watson's Caring Science Institute, 2013).

The Transpersonal Model of Caring requires the nurse to engage in clinical caritas consciousness as a foundational entry into the framework. He or she endeavors to enter into and remain within another's frame of reference for connecting with the inner life world and spirit of the individual. They participate together in a mutual search for meaning and wholeness to potentiate well-being, comfort, pain control, and/or spiritual transcendence of suffering. The individual is perceived as whole and complete, irrespective of his or her health condition

(Watson's Caring Science Institute, 2013). Educational training offered to nursing home administrators focusing on the application of transpersonal caring may prove to be an effective strategy to help them cope with the many stressors of their rigorous roles, and ultimately retain them in the profession.

Jean Watson's Theory of Human Caring

Jean Watson's Theory of Human Caring theoretical underpinnings are grounded on the relational act of caring for self and others based on moral, ethical, and philosophical premise of love and value (Watson's Caring Science Institute, 2010). Watson posits that the fundamental act of "caring" is central to the processes that build the nurse-patient relationship. The nucleus of the nursing discipline is "caring" (Melesis, 2007). Caring makes a difference to the patient's sense of well-being; and it may occur without curing, but curing cannot occur without caring (Watson, 2003). Essential principles encompassing Watson's theory are: "practice of loving kindness and equanimity; being authentically present; cultivation of one's own spiritual practice toward wholeness of mind-body-spirit, beyond ego; "being" the healing caring environment; and allowing miracles to happen by being open to unexpected and inexplicable life events" (Watson's Caring Science Institute, 2013, p. 1).

The primary focus of Watson's theory is helping patients gain a higher degree of harmony within the mind, body, and soul. This is accomplished through specific caring transactions. Watson's theory is grounded on ten core processes entitled "caritas processes"; also commonly referred to as interventions of theory (McCance, McKenna, & Boore, 1999). The nurse enters the world of the patient in order to come to know the patient as a caring person; it is from this "epistemology" that the caring of nursing unfolds (Schoenhofer, 2002). Although the Caring Dimensions Inventory (CDI) was not grounded by Watson's Caritas Processes

framework, many questions are in close relation to these ten caritas processes. Examples of

some questions from the CDI that are in relation to Watson's Caritas Processes framework are

exhibited in Table 2.1.

Table 2.1   Watson's Caritas Processes-Caring Dimensions Inventory Table (Watson's Caring
Science Institute, 2013, para. 2)

Watson's Caritas Processes	Caring Dimensions Inventory (CDI)	Watson's Caritas Literacy (Competencies)
Practicing loving-kindness and equanimity within context of caring consciousness	-Providing privacy for a patient -Being cheerful with a patient	-Honors human dignity of self and others -Demonstrates respect for self and others -Treats self and others with loving kindness.
Being authentically present and maintaining a deep belief system of self and one being cared for	-Sitting with a patient -Exploring a patient's lifestyle	-Creates opportunity for silence/reflection/pause -Incorporates other's values, beliefs, and what is meaningful and important to them into care plan.
Cultivating one's own spiritual belief system and transpersonal self, transcending beyond ego (working from a more full consciousness of heart-centeredness	-Getting to know the patient as a person -Feeling sorry for a patient	-Demonstrates genuine interest in others -Practices from heart-center
Developing and sustaining a helping- trusting authentic caring relationship	Being honest with a patient	Practices authentic presence (brings full honest, genuine self to relationship)
Being supportive of positive and negative expression of feelings to connect with deeper spirit of self and the one-being-cared for	Exploring a patient's lifestyle	Encourages reflection of feelings and experiences
Participating in genuine teaching-learning experiences that attend to unity of being, and focuses on staying within another's frame of reference	-Exploring a patient's lifestyle -Listening to a patient	Actively listens with one's whole being to others telling their life experiences

Creating healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness), whereby wholeness, beauty, comfort, dignity, and peace are potentiated	-Supervising the work of others for a patient -Consulting with the doctor about a patient	Participates in collegial/collaborative co-creation.
Reverently helping with basic needs, with an intentional caring consciousness, administering "human care essentials," potentiating alignment of mind-body-spirit and unity of being	-Making sure that a patient receives assistance from staff with an activity of daily living -Keeping relatives informed about a patient	Involves family/significant others

Contemporary research utilizing Watson's Caritas Processes framework is becoming more prevalent in the U.S. and worldwide. Berry et al. (2013) conducted a cross-sectional study to examine the relationship between patients' perceptions of caring and nurses' perceptions of their work environment and job satisfaction. Twenty nurses and 10 patients who received care from each of the nurses completed surveys on a medical-surgical unit in a 400 bed hospital in Midwestern United States. The nurses completed the Health Care Environment (HES) instrument to obtain staff members' assessment of the work environment. The patients completed the Caring Factors Survey (CFS), an instrument developed to determine if nurses are effectively practicing within Watson's Caritas' framework. Study findings revealed that nurses who performed most effectively within Watson's Caritas framework, operationalized by the CFS, were most satisfied in their jobs. Additionally, as nurses' positive perception of the work environment increased, so did patients' perception of caring. This study elucidates the positive effects of implementing Watson's Caritas' framework into practice, as it could improve patient's perception of caring and nurse job satisfaction.

Depression in the Elderly and Watson's Caritas Framework

Watson's Caritas Processes framework is not only hypothesized to be an effective strategy to reduce nursing home administrator and staff turnover, but may also be a therapeutic intervention to reduce the high incident rates of depression in nursing homes. Depression is a serious condition that is associated with substantially high mortality rates (Verkaik, et al, 2009). The incidence of depression in the elderly residing in nursing home settings range from 10%–25%. Individuals with depression, particularly the elderly, are at increased risk of suicide (Verkaik, et al, 2009). Although there is no evidence in the literature that nursing home residents are at greater suicidal risk, suicide rates among the elderly are noteworthy. They are among the highest, accounting for approximately 17% of all reported suicides. The number of suicides in the elderly is projected to increase significantly with the aging Baby Boomer generation (Verkaik, et al, 2009).

Preventing suffering from depression and detecting depressive symptoms earlier in the elderly has become a critical issue for health care systems worldwide (Barder, LeSage, and Slimmer, 1994). Depression in the elderly is a significant public health problem that deserves attention from a research and clinical standpoint. According to the HHS OIG (2003) 41% of SNF patients do not receive the appropriate psychological care they require. The application of Watson's Caritas Processes framework may demonstrate to be an effective intervention for the treatment of depression in the institutionalized elderly. Specific caritas processes that could prove to be therapeutic for these individuals are outlined in Table 2.2. These processes focus on acts of kindness; connectedness with spiritual soul; listening with genuine concern; being authentically present; instilling faith, hope, and honor; acknowledges healing as an inner journey; and offer blessings, prayers, and spiritual expression (Watson's Caring Science Institute, 2013, para. 2).

Table 2.2   Caritas Process Interventions for Depression

Caritas Factor 1	Embrace altruistic values and practice loving kindness with self and others.
Caritas Factor 2	Instill faith and hope and honor others.
Caritas Factor 4	Develop helping – trusting- caring relationships; assist with basic physical, emotional, and spiritual human needs.
Caritas Factor 5	Promote and accept positive and negative feelings as you authentically listen to another's story.
Caritas Factor 8	Create a healing environment for the physical and spiritual self which respects human dignity.

Watson's Caring Science Institute (2013, para. 2)

In the literature (Burgio, 2006, Chung, 2008, Gould, 1992, Menzel, 2008, Mozley, 2000) the most common contributing factors identified across studies as sources of depression in the elderly living in nursing homes were dissatisfaction with living situation; lack of social and family support; loss of significant others; physical impairment/declining health; perceived health condition; altered cognitive status; change in work and family roles; and social isolation. The most common interventions identified to improve the signs and symptoms of depression in this population were providing a suitable, comfortable, and pleasant living environment; helping them improve their health; ensuring that staff is spending enough interaction with them; providing enough activities; and coordinating lots of "people contact" with volunteers, friends, and family. Additionally, the number one most identified intervention listed in the literature to improve the signs and symptoms of depression was providing a suitable, comfortable, and pleasant living environment. Second was coordination of lots of "people contact". Training nursing home care staff to recognize psychopathology improves their ability to identify depressed residents.

These findings are noteworthy, as they help substantiate the underpinnings of Watson's Theory of Human Caring and conceptual framework. As a strategy to resolve the conflict, turmoil, instability, and high incidence of depression occurring in insurmountable numbers of

nursing homes across the country, instillation of a "caring" focused practice may prove to be an essential ingredient in the reparation of this volatile environment.

Caring Research

To explore the state of patient-centered nursing care on a medical unit, as perceived by the nursing staff and patients, a qualitative study was conducted utilizing Watson's Theory of Human Caring as a framework (Carter et al., 2008). Surveys were completed by 31 nursing staff and 62 patients, and a focus group was conducted with 8 nursing staff. The results revealed that both nurses and patients perceived the unit as having a high level of caring. The overall theme from the focus group was that "caring begets caring", and that caring for each other was essential to keeping staff energized and able to interact lovingly with patients. Although scores on the surveys revealed a high level of caring perceived by both nursing staff and patients, the focus group provided additional insight on what creates and supports a caring working environment. Data analysis revealed that comments and themes reflected Watson's clinical caritas in action. The participants recognized the underlying culture of loving-kindness is what keeps a group sustained through periods of time when the environment of caring is burdened by unrelenting stress, demands, and changes. This study, along with Berry et al (2013), provides theoretical support of the effective use of Watson's conceptual framework in practice. An identified limitation of this study was that it was conducted in a hospital and no other healthcare setting. Future studies utilizing Watson's Theory of Human Caring as a focus for practice in nursing homes could prove to be beneficial for staff and patients residing in this healthcare setting.

To compare the perceptions of 33 nurses and 19 relatives of critically ill patients on the importance of caring behaviors of critical care nurses, a quantitative study was conducted in a critical care unit in Ireland (O'Connell and Landers, 2008). All subjects completed an adapted

version of the Caring Behaviors Assessment Tool. Findings showed congruence between what the nurses and relatives perceived as most and least important caring behaviors. Both groups placed greater value on caring behaviors that demonstrate technical competence (properly starting an IV), altruism, and emotional aspects of caring. This study only addressed critical care nurses and relatives of critically ill patients. Future studies could be conducted to determine what caring behaviors nursing home administrators perceive as important.

The significance of nurse caring behaviors, as perceived by 61 hospital patients and 105 nursing staff was examined using the Swedish version of the CARE-Q instrument (Essen and Sjoden, 1991). The findings revealed significant differences in the patient's perceptions of what they felt as important nurse caring behaviors from that of the staff. While the staff perceived expressive/affective behaviors as being of utmost importance, the patients perceived behaviors demonstrating competent know-how as being foremost. A limitation of the study was that it was done in Sweden, and the results may be different in the U.S. Another limitation was that it only addressed the perceptions of hospital nursing staff and patients. Future studies could also be conducted with nursing home administrators to determine what they perceive as important "caring" behaviors. This information could be utilized to help determine if these identified behaviors effect their decision to remain in or leave their position and/or profession.

Benefits of a human caring conceptual framework

The proposed study seeks to answer the following research question: what is the association between human caring and nursing home administrator turnover? Findings from this research could be utilized by leaders of nursing home organizations to help reduce nursing home administrator turnover, improve staff satisfaction, build more effective relationships, and promote a better work environment for all employees working in nursing homes. It is

hypothesized that this could ultimately lead to enhanced quality of healthcare and services for elderly residents residing in nursing homes. Additionally, by determining if human caring has an effect on turnover rates of nursing home administrators, leaders of nursing homes organizations could also utilize this information to assist in the hiring and screening process of nursing home administrators as possible predictors of success. Finally, future practice could ultimately benefit from the development of a caring conceptual framework, such as one derived from Watson's Human Caring Theory, that focuses on providing compassionate caritas service to the 1.5 million elderly American citizens residing in nursing homes (Center for Disease Control and Prevention, 2013).

Summary

The literature revealed a vast amount of research conducted on staff turnover and retention in the acute care setting; however there were fewer studies involving nursing home staff. Among the literature retrieved pertaining to nursing homes, very few articles addressed nursing home administrators. Upon further review of the literature, a number of studies were identified regarding human caring in various healthcare settings such as medical-surgical units, critical care units, and hospices. However, the literature was deficient in studies involving human caring in nursing home settings. Furthermore, although the literature contained studies involving nurses, nurse aides, patients, and families' perceptions and experiences of human caring, it was devoid of literature pertaining to nursing home administrators' perspectives. None were identified. Lastly, findings from this literature review illuminated the magnitude of the "crisis" occurring in countless nursing homes in the U.S. and other countries afar. Many have turbulent environments with administrators thirsty for intervention. As a result, there is an urgent need for additional scientific exploration into the development of innovative strategies to

bring equilibrium to this precarious environment. This study offers one major innovative pursuit

in this direction.

CHAPTER THREE: METHODOLOGY

PURPOSE

The purpose of this chapter is to inform the reader of the research design and methods utilized in the research entitled *A Correlational Study of the Relationship between Human Caring and Nursing Home Administrator Turnover*. The guiding research question for this research design is: what is the association between human caring and nursing home administrator turnover? The presentation of material covered in this chapter begins with an overview of the research design. This is followed by an explanation of pilot testing procedures; sampling methods; ethical considerations; recruitment procedures; instrument data; data collection process; and is concluded with data analysis procedures.

RESEARCH DESIGN

Correlational research is a descriptive approach that explores the covariation among two or more variables. It is one type of quantitative research approach that usually has two or more continuous variables for one group of subjects, which are related or associated. The independent variable is assumed to be continuous, with many ordered levels/categories, usually consisting of five or more. Comparative and correlational approaches are both similar in that they study attribute independent variables instead of active variables, do not use random assignment, and the investigator does not have control over the independent variable. They are considered non-experimental designs (Gliner, Morgan, and Leech, 2009).

For this study, the correlational approach was chosen instead of comparative because the only group being studied is LNFA's. Correlational was the most appropriate approach to answer the study's research question: what is the association between human caring and nursing home administrator turnover? This study did not utilize random sampling, a control group, nor was

there any manipulation of the independent variable by the researcher; therefore a non-experimental design was utilized.

PILOT TESTING

The questionnaire (appendix A) that all study subjects were required to complete is the Caring Dimension Inventory (CDI). Since the CDI was originally developed to assess nurses' perceptions of caring, the instrument was first administered to five licensed nursing home administrators during a pilot study for item evaluation. The PI contacted four licensed nursing home administrators both by telephone and email, and one by email to inform them of the pilot study and seek out their interest; they all agreed to participate. Each participant was emailed a copy of the CDI, asked to review it, and then provide feedback and/or recommendations regarding the instrument's questions as it pertain to LNFA's roles. After receiving each of the participant's responses via email, the information was then evaluated by the PI to determine if any of the questions needed revising to better address the study population. Only 2 of the 5 participants made minor recommendations. One LNFA recommended that the formatting of the instrument be condensed from 4 pages to 2. The other LNFA recommended that the phrase "activities of living" from item number 16 be rephrased to "activities of daily living", as this is what they call it in nursing home settings. Recommendations from both administrators were accepted and revisions were made to the instrument accordingly. The other 3 LNFA's indicated that they felt the CDI instrument adequately assessed "caring" levels of LNFA's and no revisions were recommended. The recommended changes were minor; therefore no threat was posed to the validity or reliability of the instrument.

SAMPLING METHODS

A purposive sample was chosen for this study. This type of sample is representative of individuals and sites that can purposefully inform an understanding of the phenomenon under study, those apart of the accessible population (Creswell, 2007). After attaining approval from the University of Texas Medical Branch's Institutional Review Board, the PI contacted the Texas Board of Nursing Home Administrators to obtain a list of all Licensed Nursing Home Administrators (LNFA's) in Texas. Inclusion criteria included all LNFA's currently working in nursing homes in Texas, with active licenses, and English speaking. Exclusion criteria consisted of LNFA's with inactive or retired licenses, not working in a nursing home setting, unemployed, and Non-English speaking. A power analysis was performed using Raosoft (2004) power analysis calculator to estimate the sample size required to detect statistical significance. Texas Board of Nursing Home Administrators reports that there are 2203 LNFA's in Texas. Power analyses for survey research based on estimates of contact population (n=2203) conducted with a 95% confidence level, a 5% margin of error, and an estimated response rate of 25% indicated a recommended sample size of 255 (Raosoft, 2004).

RECRUITMENT PROCEDURES

The principal investigator (PI) received labeled addresses of all 2203 currently LNFA's in Texas via mail from Texas Board of Nursing Home Administrators. After receiving the labeled addresses, the PI mailed information regarding the research study to LNFA's home addresses to seek their interest. Research recruitment flyers approved by UTMB IRB, the CDI, and stamped returned envelopes were initially mailed to all LNFA's. The recruitment flyer included the purpose of research, benefits and risks of participation, time involved, and contact information for questions regarding the research study. The recruitment flyer ensured them of

complete anonymity and confidentiality. Subjects were instructed to not place their names on

CDI as this is a de-identified study. Follow up recruitment flyers approved by UTMB IRB were

sent after two weeks of first mailing to maximize response rate.   LNFA's were mailed the

questionnaire at least 2 times during data collection period of one month. The PI collected data

for this timeframe in attempt to reach the estimated sample target of 255 subjects.

ETHICAL CONSIDERATIONS

This study does not present any ethical concerns and none of the subjects represent

members of a vulnerable population. The only identified risk to the subjects of this study is a

potential breach in confidentiality. Before conducting the study, approval was obtained by

University of Texas Medical Branch's Institutional Review Board. A subject's participation in

the study constituted implied consent by the voluntarily answering of questions on the CDI

questionnaire. Subjects were instructed not to place names on CDI's to protect anonymity. All

data sources are kept confidential in a double locked file cabinet inside the researcher's home.

The computer utilized to store subject data requires the researcher's password for entry.

Encryption software and the latest updates to Microsoft Windows have been installed to help

prevent software viruses.

INSTRUMENT DATA

The questionnaire (appendix A) that all study subjects were required to complete is the

Caring Dimension Inventory (CDI). All subjects were asked at the beginning of the CDI to

answer several demographic questions regarding their age, gender, ethnicity, level of education,

type of degree earned, employment status, licensure status, and number of years worked as a

LNFA. To determine nursing home administrator turnover rates, each subject was asked to

indicate the number of nursing home administrator jobs they resigned, quit, or terminated from in

the last 5 years. This number was divided by 5 then multiplied by 100 to determine each

subject's (administrator) turnover rate. These rates were utilized to calculate an estimate of the

average five year turnover rate for the study's sample.

The CDI was designed to assess a large number of nurses and student nurses' perceptions

of caring (Watson and Lea, 1997). The instrument consists of 41 questions. Questions 1-9

assess demographics, 10-13 assess how important nurses feel caring is in nursing and their

awareness of it in the literature, 14-38 are 25 core questions (five-point Likert scale) designed to

assess nurses' perceptions of caring, and 38-41 gathers information on the subject's sources of

caring knowledge. The CDI was originally administered to 1430 nurses and student nurses

during a study in Scotland to assess reliability, content and construct validity, and scalability

(Watson and Lea, 1997).   Content and construct validity were confirmed by the findings of the

study. This was achieved by the researchers conducting a review of the literature that

concentrated on key authors and papers widely cited in the nursing "caring" literature to ensure

that the main concepts in the literature were included on the CDI (Watson and Lea, 1997).

Internal consistency of the 25 core items on the CDI were measured by use of Cronbach alpha,

revealing a high internal consistency of 0.91.

Since the CDI was originally developed to assess nurses' perceptions of caring, the

instrument was first administered to a group of LNFA's during a pilot study for item evaluation.

Additionally, the researcher rephrased questions 12-43 of the CDI to address this study's

population of LNFA's instead of the original population of nurses. These changes were made

and the total number of questions on the final instrument was 43. The changes were not

significant enough to alter the instrument's reliability or validity.

DATA COLLECTION PROCESS

All 2203 LNFA's addresses received from the Texas Board of Nursing Home Administrators were mailed a recruitment flyer, the CDI questionnaire, and self-addressed, stamped envelope in which to return the form. The first section of the CDI contained demographic questions, in addition to, inclusion criteria questions to determine subject's eligibility to participate in the study. Reminder letters were sent after two weeks of first mailing to maximize the response rate. Subjects were informed that this was a de-identified study therefore they were instructed not to place their names on the questionnaire. All data sources were kept confidential in a double locked file cabinet inside the researcher's home. The researcher entered the data received from all completed CDI questionnaires into Microsoft Excel for those individuals meeting the inclusion criteria only. Data were then imported from Microsoft Excel to Statistical Product and Service Solutions (SPSS) Version 22 for analysis. The computer used to store subject data requires the researcher's password for entry. Encryption software and the latest updates to Microsoft Windows were installed to help prevent against software viruses.

DATA ANALYSIS PROCEDURES

Data analysis began with the use of descriptive statistics to describe the characteristics of the sample population of LNFA's represented in this study. Mean, median, mode, standard deviations, range, percentile rank, and interquartile range were analyzed to assess the sample's central tendency and variability. Descriptive statistics were also utilized for graphical demonstration of demographic data (frequency analyses), assessment of sample's homogeneity, type of distribution, missing data, outliers, and verifying data (debugging).

The CDI was utilized to measure the caring scores of each subject. To determine nursing home administrator turnover rates, each subject was asked to indicate the number of nursing home administrator jobs they resigned, quit, or were terminated from in the last 5 years. This number was divided by 5 then multiplied by 100 to determine each subject's (administrator) turnover rate. These rates were utilized to calculate an estimate of the average five year turnover rate for the study's sample. Chi-square tests were performed to analyze associations between categorical data such as gender, type of degree earned, and whether an administrator ever resigned, quit, or had been terminated. Independent sample t-tests were also conducted to examine differences between genders and mean total caring scores, and gender and total mean turnover rates.

Additionally, to determine if there were correlations between LNFA's caring scores and LNFA's turnover rates, and age and LNFA turnover rates, Pearson's correlation tests were conducted. The values of Pearson's correlation are between -1.00 and +1.00, the higher the magnitude in either direction, the stronger the correlation. Next, Analysis of Variance (ANOVA) test procedures were performed to determine the differences between LNFA's total caring scores and type of degree earned, and LNFA's total mean turnover rates and type of degree earned. Finally, comprehensive analyses of all data were performed by the PI, and detailed findings are explicated in Chapter Four.

CHAPTER FOUR: RESULTS

INTRODUCTION

This chapter presents the results of the Correlational Study of the Relationship between Human Caring and Nursing Home Administrator Turnover. The study was designed to answer the following research question: what is the association between human caring and nursing home administrator turnover? Specific aims of the study were to: 1) explore the relationship between human caring, as measured by the Caring Dimension Inventory, and nursing home administrator turnover; 2) determine if higher levels of human caring as measured by the Caring Dimension Inventory, increased nursing home administrator retention; and, 3) determine how selected demographic differences among nursing home administrators affected their turnover. A discussion of the study's findings is presented in this chapter as follows: narrative description of sample demographics; data analyses conducted; results of research question; followed by a chapter summary.

SAMPLE CHARACTERISTICS

From the 2203 questionnaires mailed, 241 responses were received. Among those who responded, 52 were not currently working or were retired, 18 were not currently licensed, and 27 CDI's contained missing data. The total response rate was 11%. There were a total of 144 completed questionnaires from subjects who met the study's inclusion criteria, thereby resulting in a reduced total 7% response rate of completed questionnaires.

Of the 144 questionnaires analyzed, 93 were female and 51 were male subjects (Table 4.2). This resulted in 64.4% female and 34.4% male subjects, a disproportionate distribution of gender in the sample. The age of the sample ranged from 27 years to 78 years, the mean age was 54; resulting in over half (53%) of the subjects being 55 years of age and older (Table 4.1). This

finding is noteworthy, for, as the "Baby Boomer" population requiring nursing home healthcare continues to increase; they will be relying on many LNFAs in this same aging generation to provide services for them. The vast majority of subjects identified themselves as Non-Hispanic Whites, constituting 84.7% of the sample (Table 4.2). African Americans constituted 9.7% of the sample, followed by 4.9% Hispanics, and other 0.7%.

Table 4.1   LNFAs Age

	N	Range		Mean
Age				
	144	26	76	53.92

Level and Type of Education

The majority of the subject's highest level of education was a bachelor's degree (60.4%), followed by graduate (31.9%) (Table 4.2). According to Texas Department of Aging and Disability (2013), LNFA's must have a minimum of a bachelor's degree in any subject from an accredited college. Those who have less educational preparation were exempt if they were hired prior to the enforcement of this state mandated requirement. This serves as a reasonable explanation of why the remaining sample consists of only 0.7 % with a general education diploma (GED), 1.4% high school diploma, and 4.2% associate's degree. Most subjects' college major was classified as other (41%), followed closely by business (36.8%), nursing (8.1%), sociology (7.6%), education (3.5%), marketing (2.1%), and medicine (0.7%) (Table 4.2).

Table 4.2   LNFAs Demographics

	N	%
Gender		
Male	51	35.4
Female	93	64.6
Ethnicity		
White	122	84.7
African American	14	9.7
Hispanic/Latino	7	4.9
Other	1	0.7
Highest Level of Education		
GED	1	0.7
High School	2	1.4
Associate	6	4.2
Bachelor	87	60.4
Graduate	46	31.9
Doctorate	2	1.4
LNFA Type of Degree		
Nursing	12	8.3
Business	53	36.8
Education	5	3.5
Sociology	11	7.6
Medicine	1	0.7
Marketing	3	2.1
Other	59	41.0
Ever Terminated As LNFA		
Yes	59	41.0
No	85	59.0
Years Worked as LNFA		
0-1	10	6.9
2-3	14	9.7
4-5	11	7.6
6-10	22	15.3
0VER 10	87	60.4
Jobs Resigned/Quit Last 5 Years		
0	62	43.1
20	46	31.9
40	22	15.3
60	7	4.9
80	7	4.9

Terminations In Last 5 Years (LNFA)		
0	98	68.1
1	30	20.8
2	13	9.0
3	3	2.1

LNFA Employment Data

Over half of the sample worked as LNFA's for over 10 years (60.4%), 15.3% between 6-10 years, 4-5 years (7.6%), 2-3 years (9.7%), and 6.9% one year or less (Table 4.2). The majority of the subjects were experienced LNFA's working in the field 6 years or more, representing 75.7% of the total sample. Many LNFA's (42.4%) reported that they had not resigned or quit a job within the last 5 years, 31.9% resigned from at least one job, 15.3% from 2, 4.9% from 3, and 4.9% from 4 jobs (Table 4.2). An interesting statistical finding revealed that 41% had been terminated from their job at some point, while 59% of LNFA's had never been terminated during their career (Table 4.2). Additionally, although 68.1% of LNFA's reported not being terminated from a job within the last 5 years, a substantial amount had been terminated (31.9%). This suggests that many LNFA's are not voluntarily leaving their jobs, but are being terminated (Table 4.2).

Demographic Statistical Analyses

Several statistical tests were used to examine relationships and differences between demographic data. A Chi Square test was performed to determine if there was an association between gender and whether or not LNFAs had ever been terminated (Table 4.3). Chi Square results indicated no significant difference between gender and whether a LNFA ever been

terminated (.001, *p*=.97). An additional Chi Square test was conducted to examine the

association between types of degree earned and whether a LNFA ever been terminated. The

results revealed chi square=1.95, *p*=.92, indicative of no significant difference between types of

degree earned and whether a LNFA ever been terminated (Table 4.4). A noted limitation in this

statistical result is that 8 cells have expected counts less than the minimum 5 required.

Table 4.3 Chi Square Test: Gender and Termination As LNFA

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.001[a]	1	.971		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.001	1	.971		
Fisher's Exact Test				1.000	.554
Linear-by-Linear Association	.001	1	.971		
N of Valid Cases	144				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 20.90.

b. Computed only for a 2x2 table

Table 4.4 Chi Square Test: College Major and Termination (LNFA)

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.951[a]	6	.924
Likelihood Ratio	2.402	6	.879
Linear-by-Linear Association	.000	1	.991
N of Valid Cases	144		

a. 8 cells (57.1%) have expected count less than 5. The minimum

expected count is .41.

Descriptive Statistics of Independent Variable: Human Caring

To examine the study's research question, an assessment of the independent variable's distribution was first analyzed. Descriptive statistical tests performed on the independent variable human caring revealed the distribution mean=4.39, range 1.72 to 5.00, standard deviation=.46, variance=.21, and standard error of mean=.04. This represents a sample of LNFA caring scores with small variability. Summarization of this descriptive data is provided in Table 4.5. The Caring Inventory Index (CDI) was utilized to measure the level of human caring. There were 25 core 5 level Likert questions (16-40) utilized to assess the LNFA's level of human caring. The scores range from 1 to 5, with 1 being the lowest and 5 being the highest level of caring. The majority of subjects, 129 out of 144, received a score of 4, representing a high caring score of 4 out of 5.

Table 4.5 Caring Descriptive Statistics of LNFAs

	N	Minimum Score	Maximum Score	Mean	Std. Error	Std. Deviation	Variance
CARING	144	1.72	5.00	4.3892	.03819	.45825	.210

Descriptive Statistics of Dependent Variable: Turnover Rates

To determine the study's dependent variable measurement, LNFA turnover rates, each subject was asked to indicate the number of nursing home administrator jobs they resigned, quit, or was terminated from in the last 5 years. This number was divided by 5 then multiplied by 100 to determine each subject's turnover rate. An evaluation of the dependent variable's distribution was also analyzed. Descriptive statistical tests performed on the variable turnover rate revealed a normal distribution, mean=28.33, range 0 to 120, standard deviation=30.97, and standard

error=2.6. The overall 5 year turnover rate for the sample was 28%. There were 50 of 144

LNFA's with a turnover rate of zero; however 31 had turnover rates as high as 60%-120% (Table

4.6).

Table 4.6 Turnover Rate Descriptive Statistics of LNFAs

	N	Minimum Score	Maximum Score	Mean	Std. Error	Std. Deviation	Variance
Turnover Rate	144	0	120	28.33	2.581	30.975	959.441

Demographic Comparisons: Gender

Statistical tests were used to determine the relationship and differences between gender and

LNFA's caring levels (Table. 4.7). Since there were only two groupings, males and females, an

independent sample t-test was conducted. Levene's Test for Equality of Variances was used to

determine if the sample's mean variances were the same among gender and level of human

caring. Levene's test result was .15; therefore the assumption of homogeneity was met. Results

of the independent sample t-test were not associated with a statistically significant effect, t (142)

=.331, p=.74. Thus, there is no significant difference between gender and LNFA caring levels.

Table 4.7 Independent Sample T Test: Gender and Caring (LNFAs)

	Levene's Test for Equality of Variances		t-test for Equality of Means						
					Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
	F	Sig.	t	df				Lower	Upper
CARING Equal variances assumed	2.110	.149	.331	142	.741	.02649	.08010	-.13185	.18483
Equal variances not assumed			.370	136.256	.712	.02649	.07161	-.11511	.16809

Additional statistical tests were used to determine the relationship and differences between gender and LNFA turnover rates (Table 4.8). Levene's Test for Equality of Variances was utilized to determine if the sample's mean variances were the same among gender and LNFA's turnover rates. Levene's test of mean variances between gender and LNFA turnover rates was .61, therefore equal variances were assumed. The independent sample t-test was not associated with a statistically significant effect, t (142) =.84, p=.93. Thus, there is no significant difference between gender and LNFA turnover rates, for this sample.

Table 4.8 Independent Sample T Test: Gender and Turnover Rates (LNFAs)

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Turnover Rate	Equal variances assumed	.261	.610	.084	142	.933	.455	5.416	-10.251	11.162
	Equal variances not assumed			.085	106.650	.932	.455	5.352	-10.155	11.065

Analysis of Variance: Type of Degree and Caring

Statistical tests were utilized to analyze the difference between mean total caring scores and type of degree earned. One way analysis of variance (ANOVA) procedures were selected since the independent variable consisted of more than 3 groupings. The Levene's test revealed the mean variances between type of degree earned and LNFA caring levels as .29, therefore the assumption of homogeneity criteria was met (Table 4.9). ANOVA results revealed F (6, 137)

=.99, p=.44; thus, there is no statistically significant difference between type of degree earned

and LNFA caring levels (Table 4.10).

**Table 4.9   Levene's Test: Type of Degree and
Caring (LNFAs)**

Levene Statistic	df1	df2	Sig.
1.257[a]	5	137	.286

Table 4.10   Analysis of Variance: Type of Degree and Caring (LNFAs)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.247	6	.208	.989	.435
Within Groups	28.783	137	.210		
Total	30.029	143			

Analysis of Variance: Type of Degree and Turnover Rates

ANOVA was performed to analyze the difference between mean turnover rate scores

and type of degree earned (Table 4.11). The results of the Levene's test was .76, therefore the

assumption of homogeneity was met. ANOVA results revealed F (6, 137) =.27, p=.95; thus,

there is no statistically significant difference between types of degree earned and LNFA turnover

rates.

Table 4.11   Analysis of Variance: Type of Degree and Turnover Rates (LNFAs)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1622.205	6	270.368	.273	.949
Within Groups	135577.795	137	989.619		
Total	137200.000	143			

Pearson's Correlation: Age and Turnover Rates

A correlational analysis using Pearson's correlation was conducted to determine the relationship between age and turnover rates of LNFAs (Table 4.12). Results revealed r= -.14, p=.10, indicating a very small correlation with no statistical significance.

Table 4.12   Pearson's Correlation: Age and Turnover Rates (LNFAs)

		Turnover Rate	Age
Turnover Rate	Pearson Correlation	1	.137
	Sig. (2-tailed)		.101
	N	144	144
Age	Pearson Correlation	.137	1
	Sig. (2-tailed)	.101	
	N	144	144

Additional Findings

Unsolicited comments were written on the CDI from 28 subjects (Table 4.13). Although subjects were informed of the purpose of this study, to examine the relationship between human caring and turnover rates of LNFAs, many wrote various comments and concerns on the CDI. Some of the written comments included diverse perspectives on caring. There were also requests for a specified area on the CDI to provide comments. In addition, the subjects expressed disappointment that their concerns were not addressed in this study and recommendations for future research to address their concerns as LNFAs were also expressed. Table 4.13 provides a classification of the most common written comments received by LNFA subjects in this study. A further detailed discussion of these findings will be explicated in Chapter 5.

Table 4.13   LNFA Written Comments by Classification

Number of Subjects	Subjects' Perspectives on Caring	Number of Subjects	Concerns
6	Naturally Occurring	9	Corporate
3	Spiritual Teachings	5	Regulatory
4	Requirement of LNFA Role	1	Turnover
4	Caring Related To Residents	3	Financial Compensation
1	Caring Assessment	7	Request to Voice Concerns/Future Studies
2	Caring Effects		

Results for Research Question and Aims

In this section, a summary of the results for the research question and aims will be presented.

Research Question: What is the association between human caring and nursing home administrator turnover? The statistical test utilized to determine if there is a relationship between LNFA's human caring levels and turnover rates was Pearson's correlation. Results revealed r= -.08, p=.33, indicative of a very weak correlation of no significance (Table. 4.14).

Table 4.14   Pearson's Correlation: Caring and Turnover Rates(LNFAs)

		CARING	Turnover Rate
CARING	Pearson Correlation	1	-.083
	Sig. (2-tailed)		.325
	N	144	144
Turnover Rate	Pearson Correlation	-.083	1
	Sig. (2-tailed)	.325	
	N	144	144

Research Aim #1: To explore the relationship between human caring, as measured by the Caring Dimension Inventory, and nursing home administrator turnover. Based on the statistical results of Pearson's correlation, as indicated above, there was no significant correlation between

LNFA's human caring levels and turnover rates (r=-.08, p=.33). Additional statistical analyses revealed that the overall mean caring level of LNFA's was 4.39. LNFA's exhibited high levels of human caring despite demographic effects of age, gender, level of education, type of degree earned, or number of years worked as a LNFA.

Research Aim #2: To determine if higher levels of human caring, measured by the Caring Dimension Inventory, increases nursing home administrator retention. According to the results of Pearson's Correlation, there is no evidence to support that a significant relationship exists between human caring and LNFA's turnover rates. As a result, there is no statistically significant evidence either to support that higher levels of human caring increases LNFA retention.

Research Aim#3: To determine how selected demographic differences among nursing home administrators affect their turnover. Several statistical analyses were conducted to determine relationships and differences between LNFA's age, gender, and type of degree earned. Ethnicity was not included in these analyses since the majority of the sample identified themselves as Non-Hispanic Whites (84.7%). A correlational analysis conducted on the relationship between age and turnover rates of LNFA's did not result in a significant correlation. Results from an independent sample t-test did not provide evidence of a significant difference between gender and LNFA turnover rates. Additionally, an ANOVA test performed resulted in no statistically significant difference between types of degree earned and LNFA turnover rates. None of the analyses conducted revealed significant demographic effects on turnover.

Chapter Summary

Empirical findings from this study revealed there to be no statistically significant correlation between human caring levels and turnover rates of licensed nursing home

administrators. Multiple statistical analyses were used to determine relationships, associations, and differences between selected demographic data, caring levels, and turnover rates of LNFAs. Results from these tests did not reveal significant differences among groups of subjects for any of the demographic data analyzed. None of these factors had an impact on the overall high nursing home administrator's level of human caring discovered from the findings of this study.

CHAPTER FIVE: CONCLUSIONS, DISCUSSION, AND
RECOMMENDATIONS

INTRODUCTION

In this chapter, a summary of results for the study's research question and aims will first be presented followed by a discussion on research findings. Topics of discussion include LNFAs' perspectives on caring, effects of too much caring, and LNFAs perspectives on turnover. An overview of implications for practice will follow. The chapter will conclude with a discussion on the limitations of the study and recommendations for future research.

Research Question

Pearson's correlation statistical analysis was used to answer this study's research question: what is the association between human caring and nursing home administrator turnover? The study's sample consisted of 144 currently employed Licensed Nursing Facility Administrators (LNFAs) from Texas. Findings revealed a very weak correlation (r =-.08, p=.33) between human caring and LNFA turnover rates, revealing no statistically significant association between human caring levels and turnover rates of LNFAs in this study. It was also determined that all LNFAs in this study exhibited high levels of human caring, as evidenced by, scoring an overall average of 4 out of 5 on the CDI. Although the purpose of this study was to examine the relationship between human caring and LNFAs turnover rates, the subjects offered additional unsolicited data as comments written by multiple LNFAs. A detailed discussion of these findings will follow in the remainder of this chapter.

Research Aim 1

To address the first research aim: to explore the relationship between human caring, as measured by the Caring Dimension Inventory, and nursing home administrator turnover; several

statistical analyses were used. Findings from Pearson's correlation, revealed no significant

correlation between LNFA's human caring levels and turnover rates exist (p=.33). Additional

statistical analyses revealed that the overall mean caring level of LNFA's was 4.39 and average

LNFA turnover rate was 28%. No statistical significant correlations were detected between the

two.

Research Aim 2

The next research aim examined was to determine if higher levels of human caring, as

measured by the Caring Dimension Inventory, increased nursing home administrator retention.

Since Pearson's correlation results indicated that there is no significant correlation between

human caring and LNFA's turnover rates, there is no evidence to support that higher level of

human caring increases LNFA retention.

Research Aim 3

The final research aim was to determine how selected demographic differences among

nursing home administrators affect their turnover was also examined. ANOVA, Independent

sample t-test, and Pearson's correlation analyses were selected to address this research aim,

explication of these results follows. Multiple statistical analyses were used to determine

relationships and differences between selected demographic data of age, gender, type of degree

earned and LNFA turnover rates. However, no relationship displayed evidence of statistical

significance. Findings from a Pearson's correlation analysis used to assess the relationship

between age and turnover rates of LNFAs resulted in a correlation of no statistical significance

($p \leq .05$). Additionally, results of an Independent sample t-test analysis revealed no significant

difference between gender and LNFA turnover rates, as evidenced by t (142) =.84, p=.93. Also,

an ANOVA test conducted to determine the differences between types of degree earned and LNFA turnover rates produced results of statistical insignificance.

In summary, none of the statistical analyses conducted in this study detected any associations, relationships, or differences of statistical significance between LNFA's caring levels, turnover rates, and selected demographic factors discussed. These factors did not have a statistically significant effect on the high levels of LNFA caring levels exhibited in this study.

Discussion

Human Caring

Due to high turnover rates, increased burnout, and decreased job satisfaction experienced by nursing home administrators noted in the scant literature located, this study offers enlightening results regarding their inspiring levels of caring. Overall, the sample exhibited high levels of human caring despite the numerous challenges, adversities, and negative forces that some administrators in this study voiced as working against them. This finding is of special importance because many studies, such as the one conducted by Carter et al. (2008), demonstrated that the implementation of a caring-focused conceptual framework on a hospital unit produced much higher levels of patient and staff perceptions of caring. The sample demonstrated significant levels of caring, however, the effect of caring on the environment was not explored in this study. Future studies may validate the hypothesis that nursing homes managed under the leadership of LNFAs who demonstrate high levels of caring will positively impact the environment of the nursing home.

It must be kept in mind that there was a response rate of 7%, much lower than anticipated, despite two reminder mailings. Thus, it may be that LNFAs who responded are only the ones with high caring levels. That would mean there is a possibility that 93% of the LNFA

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population in Texas have lower caring levels, which may explain the high turnover rates, quality of care concerns, the high incidence of abuse of elderly patients and decreased staff satisfaction. Future research needs to find a way to reach this 93% of the Texas LFNA population to determine what their levels of caring actually are. This may be the next step in the planned program of research.

There are various benefits to hiring LNFAs with high levels of caring as leaders of nursing homes. It was hypothesized that these individuals would have greater potential to provide a more nurturing and supportive environment for their employees. According to Deckard et al. (1988), the major means in which managers can influence productivity and performance is by constructing a positive organizational environment for their employees. Negative work environments have an increased risk of reducing qualitative performance and productivity. Pijl-Zieber et al. (2008) expressed a similar notion when stating that one of the key factors contributing to moral distress in nurses is lack of managerial and administrative support. It is essential that nursing home organizations hire LNFAs with high caring levels; for it is postulated that this will contribute to increased employee satisfaction, retention, and, job performance. According to the data in this study, the sample evidenced high levels of caring, however, the study did not examine the turnover rate, retention and satisfaction of their staff. Future studies need to examine how caring interacts with other factors to contribute to employee, as well as LNFA, job dissatisfaction, retention, and turnover.

Unheard Voices

The overall general assumption from the study findings was that many nursing home administrators wanted their "voices" to be heard. This was evidenced by written comments received on the CDI from multiple subjects. Some of the comments included a recommendation

that the CDI contain a specified area for comments. Another LNFA clearly indicated that he did

not feel like the CDI addressed administrator concerns. Others expressed their gratitude for a

study being conducted to focus on LNFA's perspectives and were grateful that someone was

taking the time to listen to their voices. These findings suggest that there is a deficit in research

addressing the concerns of nursing home administrators; in addition, there is a desire felt by 7

LNFAs for additional studies to be conducted focused on listening to their voices.

Nursing Home Administrator's Perspectives on Caring

LNFAs who participated in this study provided feedback regarding their perspectives on

human caring. Several subjects explicitly stated that caring was not the problem contributing to

nursing home administrator turnover. One subject echoed this by commenting that the reason

nursing home administrators continue to do their jobs is because they care. Another subject

stated that LNFAs do care; however, it is the corporations that do not care, which causes LNFAs

to no longer care.

Additional perspectives on caring expressed by other LNFAs subjects included that

caring is something that cannot be taught; it is naturally occurring and comes from teachings in

the Bible. One administrator expressed dissatisfaction that the CDI addressed nursing home

residents as patients. He indicated that they are not patients; they are residents, family, and

friends. Another LNFA supported this notion by stating that all you have to do is treat residents

like they are your own family members and you can't ever go wrong. Lastly, a subject made a

very insightful comment that anyone could answer all 5's on the questionnaire; however the only

way to truly know if that administrator really care is to ask the residents and staff. Some of these

findings support statistical results from the study indicating that LNFAs exhibit high levels of

human caring. While, others illuminate the important need for additional studies to explore other methods of evaluating LNFA caring levels.

Effects of Too Much Caring

Additional unexpected findings were noted pertaining to LNFA's perspectives on what they identified as adversarial effects of too much caring. One LNFA stated "too much caring will kill you"! Although this response was unanticipated, the comment relates to an article written by Bailey (1985). In this article, the author made the profound statement "A government health warning should be imprinted on every health professional's mind: Caring Can Damage Your Health" (Bailey, 1985, p.1).   One subject in this study stated that he was terminated because he cared too much. He further indicated that after he was fired, staff had to bring supplies from home to care for the residents. These findings help substantiate the significant need for additional research to address LNFA's various perspectives on caring and contributory factors of high LNFA turnover.

Turnover

The average five year turnover rate for LNFAs in this study was 28%. However, 31 subjects experienced very high turnover rates ranging between 60%-120%. Among this group, three LNFAs experienced five year turnover rates of 120%, 4 LNFAs of 100%, 11 LNFAs of 80%, and 13 LNFAs of 60%. Additionally, a 39 year old LNFA had been terminated 3 times and resigned once during his 6-10 year career as a nursing home administrator. There have also been other reports of high LNFA turnover rates in the literature. Castle (2006) reported an annual LNFA turnover rate of 57% in a study conducted in four states in the U.S. In a study conducted by Murphy (2004), LNFA participants expressed their dissatisfaction with changing their positions on an average of every 31 months. These findings are indicative of a problem

occurring with LNFA turnover across the country. However, based on findings from this study

there are likely other factors contributing to LNFA turnover rates other than caring that could be

examined in future studies.

Nursing Home Administrator's Perspectives on Turnover

Although the literature provided insight regarding LNFA turnover, LNFAs in this study

revealed their own perspectives regarding what they felt were contributory factors to

administrator turnover. The primary concern voiced was related to various problems with

nursing home corporations. One subject indicated that "corporate" was the problem, asserting

that they are only driven by money and census. Another major concern was regarding too much

state regulatory involvement in nursing homes. Additionally, concerns were expressed regarding

inadequate financial compensation. A similar complaint was noted in a study examining job

satisfaction levels of 413 nursing home administrators in Iowa (Murphy, 2004). It was

determined that one of the major contributors of job dissatisfaction was related to salary. Study

findings presented in this discussion illuminate the critical need for additional scientific

exploration of LNFA's multifaceted perspectives regarding caring, turnover, and operational

concerns in American nursing homes.

Implications for Practice

Caring

Findings from this study could motivate LNFAs to implement routine systems for

evaluating their employees' level of caring, as this wasn't measured in this study. One way this

could be done is to administer the CDI questionnaire or other scientifically validated caring

assessment tools to their staff. Employee screenings could be conducted to measure differences

in caring levels over a specified period of time. This information could be utilized to provide

educational or counseling services to employees that have experienced a negative change in level

of caring. Further assessment could be explored to determine whether these changes contributed

to factors such as burnout, job dissatisfaction, low staff morale, or personal issues. This type of

assessment could also serve as a screening tool for employees that may be at risk for potential

resident abuse. Employees scoring very low caring levels could possibly be at increased risk for

engaging in mental, verbal, or physical abuse. Additionally, it is postulated that LNFAs with

high caring levels would have greater potential to provide a more nurturing and supportive work

environment which may lead to increased staff nurse job satisfaction and retention. Finally,

future practice may benefit from the development of a caring conceptual framework that focuses

on nurses providing compassionate caritas service to the elderly residing in nursing home

settings.

   LNFAs could also utilize the CDI or other caring measurement tool to screen nurses for

potential employment. Furthermore, it is proposed that nursing home organizations that hire

nursing home administrators with high caring levels, such as those who participated in this study,

will contribute to improved patient satisfaction, reduction in quality of care deficiencies, and

decreased incidents of resident abuse and neglect. Therefore, leaders of nursing home

organizations could begin to utilize this information in the screening and hiring process of

administrators. Assessment of employee's caring levels may prove to have multifaceted benefits

in the nursing home setting.

Turnover

   Findings from this study revealed that 50 of the144 LNFA participants had five year

turnover rates of zero. This study, along with future studies, could assist with identification of

LNFAs with low turnover rates in an effort to explore effective strategies employed by them to

sustain them in their positions for extended periods of time. This information could then be utilized to serve as educational opportunities offered to LNFAs with problematic turnover rates.

Limitations

One major limitation identified in this study was the use of a small sample size; only 241 responses were received from the 2203 LNFAs in Texas who were sent the survey. There was no mail tracking system utilized, thus it is not possible to determine how many LNFAs received the recruitment information. Among those who responded, there were only144 completed questionnaires from subjects who met the study's inclusion criteria, resulting in a low total completed questionnaire response rate of 7%. This has a negative impact on the generalizability of the study's results. This small amount of participation limits representation of the total population. Also, it is unknown if the LNFAs who responded are only the ones with high caring levels.

An additional limitation of the study was that there was no demographic information of Texas LNFAs available to compare with the study's sample demographics. The vast majority of the sample consisted of 84.7% of Non-Hispanic Whites. Other demographics include: 64.4% female and 34.4% male gender distribution; 53% of subjects aged 55 years and older; and the limited dispersion of types of degree earned. This disproportionate distribution in sample demographics led to the inability to offer an accurate discernment of the differences in caring levels and turnover rates among diverse ethnicities, age groups, genders, and college majors. Future studies could benefit from a more diversified sample of LNFAs.

Strengths

A major strength of the study is that this is the first study to investigate caring levels of licensed nursing home administrators. Second, this study illuminated the significant need for

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future research to address the concerns of LNFAs.

Recommendations for Future Research

There are many opportunities for future research from the results of this study. A study may be conducted to assess LNFA's level of human caring and its' effects on facility operations such as, employee satisfaction, staff retention, quality of care outcomes, and incidents of abuse and neglect. It is posited that LNFAs with higher levels of human caring will have more positive outcomes in these areas than administrators with lower levels.

Although this study revealed that LNFAs in this sample have high levels of human caring, another study conducted to evaluate staff's perceptions of their administrator's level of caring could also prove beneficial. In the literature, many studies have shown that negative perceptions of staff regarding their organization's leaders could induce stress, diminish performance, and produce burnout in employees. Contrarily, positive perceptions can inspire effort, commitment, and support (Deckard et al, 1988). Findings from this study could then be utilized by LNFAs to help identify areas of self-improvement.

A future study with LNFAs who experience high turnover rates may be conducted to determine contributory factors responsible for their high frequency of job changes may also be useful. Conversely, another study to determine what LNFAs with low turnover rates identify as contributing factors to their success could offer great educational benefits to those adversely affected by high turnover. Several LNFAs who participated in the correlational study presented in this chapter indicated that they did not feel the CDI addressed their concerns as administrators. A future phenomenological study focused on listening to the "voices" of LNFA's may offer greater insight on the multitude of issues they encounter in their challenging roles.

Finally, future studies need to be conducted with a larger and more diverse sample. This includes more females, ethnicities, and younger LNFAs from different geographical locations. A higher percentage of LNFAs who hold various types of college degrees could also benefit from being included in the sample. Inclusion of higher percentages of subjects in these demographic groups could provide a more accurate examination of the differences between human caring and representatives from these groups. A more diversified sample will not only provide more representation of the LNFA population, but also increase generalization of study results.

Conclusions

Several conclusions may be inferred from this study's findings. First, despite the many negative perceptions often portrayed of nursing home staff, LNFAs in this sample exhibited high levels of human caring. It is postulated that LNFAs who manifest high levels of human caring will be more receptive to implementing a caring-focused conceptual framework into their nursing home facilities. Secondly, although LNFAs do not perform nursing staff duties, they are very concerned about making sure these duties are being provided for their residents. This was evidenced by the sample of LNFAs receiving overall high CDI scores on questions pertaining to the relevance of these duties being carried out by their nursing staff. Additionally, it was determined that many LNFAs are not resigning from their positions, but instead are being terminated. Future investigations could be conducted to determine the contributing factors leading to LNFA terminations. Also, some of the LNFAs wrote comments on their questionnaires regarding concerns they had with nursing home corporations' undesired involvement in operations. These findings suggest that this involvement of the corporation may be serving as a major catalyst to the high rates of administrator turnover occurring in many nursing homes around the country. Finally, based on the numerous unsolicited comments

received from the study's subjects on the CDI there is a pronounced need for additional scientific research focused on listening to the "voices" and concerns of nursing home administrators.

Chapter Summary

This chapter presented a discussion and review of findings for the Correlational Study of the Relationship between Human Caring and Nursing Home Administrator Turnover study. A summary of some LNFA participants' perspectives on caring and turnover was also included in the discussion. The implications for practice, limitations, and recommendations for future practice were then explicated. This chapter was finalized with a presentation of study conclusions.

Appendix A: The Caring Dimension Inventory

1. What is your age in years?

2. What is your race/ethnic group? Please circle one below.

1. Non-Hispanic White   2. Hispanic or Latino   3. African-American or Black   4. Asian American or

Pacific Islander   5. American Indian or Alaskan Native   6. Other (please specify)_____

3. What is your gender? Please circle one. 1. Male   2. Female

4. Are you currently working as a long term administrator in a nursing home?   1. Yes   2. No

5. Do you currently hold an active Licensed Nursing Facility Administrator license?   1.Yes   2. No

6. What is your highest level of education?   Please choose one from the options below.

1. GED   2. High School   3. Associate   4. Bachelor   5. Graduate   6. Doctorate

7. What was your college major? Please choose one from the options below.

1. Nursing   2. Business   3. Education 4. Sociology 5. Medicine 6. Marketing 7. Other

8. How many years have you worked as a long term care administrator? Please circle one option.

  1. 0-1 years   2. 2-3 Years   3. 4-5 Years   4. 6-10 Years   5. Over 10 years

9. How many nursing home administrator jobs did you resign or quit in the last 5 years? Please choose

one from the options below.

    1. 0

    2. 1

    3. 2

    4. 3

    5. 4

    6. 5

    7. 6

    8. 7

    9. 8

    10. More than 8

10. Have you ever been terminated as a nursing home administrator?   1. Yes   2. No

11. If Yes, how many times in the last 5 years? Please choose one from the options below.

    1. 1

    2. 2

    3. 3

    4. 4

    5. 5

    6. 6

    7. 7

    8. 8

    9. More than 8

The following questions relate to your beliefs and opinions about caring in nursing home administration:

12. Are you aware of the literature related to caring? (Circle number) 1. Yes   2. Do Not Know   3. No

13. Do you believe that caring is unique to being a nursing home administrator? (Circle number)

1. Yes   2. Do Not Know   3. No

14. Are you interested in learning more about caring in nursing home administration? (Circle number)

1. Yes   2. Do Not Know   3. No

15. How important do you think caring is to nursing home administration? (Circle number)

1. Very Important   2. Important   3. Not Important

PLEASE TURN OVER TO FINISH ANSWERING "ALL"

QUESTIONS!!!!

For the following questions below, think about your practice as a nursing home administrator and circle the number (1-5) that describes your opinion:

1 = Strongly Disagree

2 = Disagree

3 = Undecided

4 = Agree

5 = Strongly Agree

Do you consider the following aspects of your job as a nursing home administrator to be caring?

16. Making sure that a patient receives assistance from staff with an activity of daily living 1 2 3 4 5

17. Making sure a patient's record is completely documented 1 2 3 4 5

18. Feeling sorry for a patient 1 2 3 4 5

19. Getting to know the patient as a person 1 2 3 4 5

20. Explaining an administrative or clinical procedure or process 1 2 3 4 5

21. Being neatly dressed when working with a patient 1 2 3 4 5

22. Sitting with a patient 1 2 3 4 5

23. Exploring a patient's lifestyle 1 2 3 4 5

24. Reporting a patient's condition to a senior nurse 1 2 3 4 5

25. Making sure that a nurse is with a patient during a clinical procedure 1 2 3 4 5

26. Being honest with a patient 1 2 3 4 5

27. Supervising the work of others for a patient 1 2 3 4 5

28. Listening to a patient 1 2 3 4 5

29. Consulting with the doctor about a patient 1 2 3 4 5

30. Making sure nursing staff educates a patient about an aspect of self-care 1 2 3 4 5

31. Sharing your personal problems with a patient 1 2 3 4 5

32. Keeping relatives informed about a patient 1 2 3 4 5

33. Ensuring that vital signs are being measured for a patient by nursing staff 1 2 3 4 5

34. Putting the needs of a patient before your own 1 2 3 4 5

35. Ensuring that nursing staff are technically competent with a clinical procedure 1 2 3 4 5

36. Ensuring that a patient is involved in his or her care and decisions 1 2 3 4 5

37. Making sure nurses are providing patients with reassurance before they have a clinical procedure

performed 1 2 3 4 5

38. Providing privacy for a patient 1 2 3 4 5

39. Being cheerful with a patient 1 2 3 4 5

40. Making sure nurses are observing effects of medications on patients 1 2 3 4

The following questions are about your sources of caring knowledge:

41. Who Taught You The Most About Caring? (Circle Number of Your Response)

1. Family Member   2. School Teacher   3. Minister or Priest   4. Nurse   5. Doctor

42. Did you learn more about caring in order to practice to become a nursing home administrator? (Circle

one)   1. Yes   2. No

43. If Yes,

Who taught you the most about caring in nursing home administration? (Circle number of your response)

1. Tutor/Lecturer   2. Preceptor   3.Colleague   4. Staff Nurse   5. Auxiliary Worker   6.Doctor

Thank you for completing this questionnaire! Please check that you answered every question

and send the completed questionnaire in the enclosed envelope to the following address below:

Lakeesha Norton
3882 Summer Manor Drive
League City, Texas 77575

Appendix B: Research Recruitment Flyer

ATTENTION ALL LICENSED NURSING HOME ADMINISTRATORS IN TEXAS!!!
YOU ARE BEING RECRUITED TO PARTICIPATE IN A VERY IMPORTANT
RESEARCH STUDY REGARDING NURSING HOME ADMINISTRATOR TURNOVER

As some of you may be aware, there have been reports of astronomically high average turnover rates amongst nursing home administrators around the country. One study revealed annual nursing home administrator turnover rate to be as high as 57%. Administrators of nursing homes are responsible for critical roles involving the quality of care and life for those whom they serve. Despite this fact, the importance of the administrator's leadership is seldom discussed or studied as a component of quality and culture transformation initiatives. More research is needed to listen to the voices, concerns, and feedback of nursing home administrators regarding effective strategies to improve retention and lower turnover. This research study is being conducted in an effort to help develop innovative strategies to help improve nursing home administrator retention, reduce staffing turnover, and ultimately increase quality of care for the residents for whom you care for.

Volunteers are being asked to take part in:
A Correlational Study of the Relationship between Human Caring and Nursing Home Administrator Turnover

As a participant in this study, you would be asked to complete a very short questionnaire that takes an estimate of 3-10 minutes to complete. There will be no need to put your name on the questionnaire as this is a de-indentified study. The questionnaire assesses nursing home administrator turnover and level of caring. This information will be utilize to determine if there is a correlation between the high number of turnover rates being reported of nursing home administrators and levels of caring.

The voluntary answering of the questions on the questionnaire will constitute your implied consent.
For more information about this study please contact:
Lakeesha Norton, RN, MSN, LNFA at 832-226-1733

This study has been reviewed by, and received ethics clearance
through University of Texas Medical Branch Institutional Review Board

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Vita

Lakeesha Patricia Norton

Lakeesha Norton is a registered nurse and licensed nursing home administrator. Lakeesha was born in the state of New York to the parents of Lawrence Norton and Eula Norton. Her professional work experience includes working in the long term care setting for over 15 years and practicing as a Licensed Long Term Care Administrator, also called "nursing home administrator". Lakeesha has also worked on the regulatory side of long term care as a Long Term Care Regulatory Surveyor. Lakeesha Norton currently resides in League City, Texas and is owner of a health care organization.

<u>Education</u>

MSN, December 2008, Texas Tech University, Lubbock, Texas

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Summary of Dissertation

Many nursing homes in the United States are experiencing a significant state of fluctuation in nursing home staff which is believed to have contributed to a "dysfunctional" crisis. There are reports of substantial nursing staff and administrator turnover rates in numerous nursing homes around the country. This is of significant concern as it is predicted that the U.S. will soon experience an explosion in its' Baby Boomer population. This projected growth of the older population is expected to substantially impact American healthcare providers, especially those providing services for the elderly residing in nursing homes. Many nursing homes are in need of strong, reliable, and caring administrators to lead and deliver high quality healthcare services. There is a significant amount of nursing literature addressing how important human caring is to the development of transpersonal relationships, which is essential to the development of caring and healing environments. However, the nursing home administrator is not specially addressed. The purpose of this study was to develop an understanding of the relationship between human caring and nursing home administrator turnover.

A correlational research design using a purposive sample of 144 licensed nursing facility administrators (LNFAs) in the state of Texas was used in this study. The data were collected from Caring Dimension Inventory (CDI) questionnaires mailed to subjects. The resulting dataset from the CDIs was analyzed by use of Pearson's correlation and other statistical tests to examine associations, relationships, and differences between LNFA's caring scores, turnover rates, and selected LNFA demographics. Additional analyses were conducted to determine caring scores and turnover rates of LNFAs who participated in this study.

Findings revealed no significant association between human caring levels and turnover rates of LNFAs in this study. There was also no evidence indicating that higher level of human caring increases LNFA retention.   However, all LNFAs in this study exhibited high levels of human caring. The overall mean caring level of LNFA's was 4.39 and average LNFA turnover rate was 28%. Additionally, none of the statistical analyses detected any significant associations, relationships, or differences between LNFA's caring levels, turnover rates, and selected demographics.