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THE EFFECT OF ORGANIZATIONAL FACTORS ON TURNOVER INTENT, JOB SATISFACTION, AND RETENTION FOR HOME HEALTH AIDES

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ABSTRACT

Given the rise in the proportion of the elder population in the next decade, it has become increasingly imperative to contain costs while maintaining a high standard of care. One portion of the workforce that will be affected by the influx of elders is home health aide (HHAs). HHAs are a type of direct care worker who assist in providing medical care in elders who are homebound. Unfortunately, the annual turnover rate for HHAs ranges from 50-75% depending on the state, which is very inefficient and costly to the already-expensive healthcare industry (Institute of Medicine, 2008).

The research question of this study is: what are the organizational factors that significantly influence turnover intent, job satisfaction, and retention for home health aides?

The researcher hypothesizes that there will be significant relationships between Turnover Intent and Job Satisfaction with the list of following variables: Supervisor Support, Job Aspect Satisfaction, Training, Supervisor Respect, Workplace Discrimination, and Workplace Valued. The researcher hypothesizes that Turnover Intent and Job Satisfaction will have significant relationships among the subgroups under Retention Reason. This research article utilizes data from the 2007 National Home Health Aide Survey (NHHAS), the first multi-stage, nationally-representative survey of home health aides, which was conducted by the Centers for Disease Control. To test the hypothesis, an ordinary least squares regression model, a one-way ANOVA, and a post-hoc analysis test was used. All analysis was conducted with the IBM SPSS 22.

The results showed that most of the independent variables had significant associations with Turnover Intent and Job Satisfaction at either the .05 or .01 level according to p-values generated from the ANOVA analysis. For Turnover Intent, the variables, Job Aspect Satisfaction, Supervisor Support, Workplace Valued, and Workplace Discrimination were significant (β=-.251, β=-.081, β=-.133, β=.033, respectively) to account for 15% of the variation in Turnover Intent (R^2=0.150). For Job Satisfaction, Job Aspect Satisfaction, Supervisor Support, Workplace Valued, Workplace Discrimination, and Supervisor

Respect were significant (β=.375, β=-.076, β=.196, β=-.038, β=.119, respectively) to account for 39% of the variation in Job Satisfaction (R^2=0.391). As for Retention Reason, the Team that HHAs work in. which is comprised of co-workers and supervisor, is the most influential for both Turnover Intent and Job Satisfaction.

The results support prior evidence of determining that there were statistically-significant relationships between Turnover Intent Job and all other independent variables with the exception HHA Training. The results also demonstrate that Job Satisfaction also had statistically-significant relationships with all the independent variables except for Training.

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Chapter 1

Introduction

As the number of citizens who qualify for Medicare increases, the demand for home health aides also increases. In fact, the demand for personal care services is expected to double in the first half of this century, from 13 million in 2000 to 27 million by 2050 (Butler et al., 2014). One cause of this phenomenon is due to the decrease in informal home care. With the increasing demand for home healthcare services, the issue of home health aide retention is rising in prominence because poor retention affects cost, quality of care, and overall performance of the organizations employing home health aides (Butler et al., 2010). Therefore, it is becoming increasingly important for home health aide agencies and other organizations employing home health aides to find ways to decrease retention.

For home healthcare organizations, a practical step to mitigating the effects of low home health aide retention is to target organizational factors influence job satisfaction (Ashley et al., 2010). Therefore, the central questions of this study are:

1. How do organizational behaviors influence turnover intent and job satisfaction?
2. What retention reasons affect turnover intent and job satisfaction most significantly?

Background

The direct care workforce is comprised of those who are directly responsible for helping the disabled and elders who need assistance (Stone & Bryant, 2011). They perform a variety of tasks such as helping the client with bathing to changing a catheter, depending the type of worker that they are. Job titles that would fall under the category of "direct care" include home health aides, home care aides, certified nursing assistants (CNAs), and nurses. Each occupation has a different level of training and certification required, which also differs among their states of residence.

Prior research regarding healthcare management for direct care workers were primarily about nurses, nursing assistants, or a mix of direct care workers in the sample that may not have included all types of direct care workers. So far, there has been a dearth of research regarding home health aides alone. Since the 2007 National Home Health Aide Survey (NHHAS) was conducted by the Centers for Disease Control (CDC) through the U.S. Department of Health, the data could be analyzed to provide further insight into home health aides as an occupation.

While there has been some research regarding the association between workplace injuries and job satisfaction for home health aides, there is a lack of studies done regarding the human resource aspect of managing home health aides.

Home Health Aides

Home health aides (HHAs), often mistaken with home care aides and other direct care workers, are direct care workers who must undergo at least 75 hours of training, with 16 hours of supervised practical or clinical training and 12 hours of continuing education per 12 month period according to federal regulations (Paraprofessional Healthcare Institute, 2015). State regulations may require more training depending on the state. Home health care covers

treatments at home that would otherwise be done in a skilled nursing facility or hospital. Some examples of home health services include wound care for pressure sores or a surgical wound, intravenous or nutrition therapy, injections, and monitoring serious illness and unstable health status (Centers for Medicare and Medicaid Services, 2015).

The work that HHAs grueling with little pay and sometimes dangerous situations, since HHAs are often entering a home alone. Some homes may have pets that may react defensively or HHAs might injure themselves transferring a client or lifting certain objects (McCaughey et al., 2012). They may also deal with the client's emotions, which may be negative, since the clients are often suffering from multiple comorbidities (Jablonski et al., 2012). Also, the nature of the work itself exposes HHAs to pathogens and bodily fluids as well as illnesses that clients and/or those around the clients may have, given that they may change catheters and feeding tubes for certain clients (McCaughey et al., 2012). Moreover, as HHAs must drive from client to client in their homes, the travel exacerbates the stress from the job (McCaughey et al., 2012).

Home health aides are often utilized by Medicare recipients, which are often clients who are older than 65. However, citizens of any age with disabilities and/or end-stage renal disease might also utilize home health care (Centers for Medicare and Medicaid Services, 2015). Medicare reimburses home health care for as long as the doctor orders home health services medically necessary and reorders them every 60 days. Although 16% of the total U.S. population is eligible for Medicare, that percentage will rise in the near future as more people of the Baby Boomer generation become Medicare-eligible (Kaiser Family Foundation, 2015).

As the estimated annual turnover rate for home health aides is 50-75% (Institute of Medicine, 2008), the high turnover rate contributes to organizational inefficiency, which in turn is very costly for the home health agency. As the primary payor for home health care, Medicare

is also indirectly paying for the expenses that are incurred by organizations due to the churn rates of home health agencies. Moreover, the quality of care is not optimal and may be compromised with new home health aides cycling through the client's home (Dill & Cagle, 2010). Therefore, it is imperative to develop a better understanding of the issue and how it can be mitigated.

Literature Review

Because there was not a large amount of data prior to the 2007 NHHAS, not many studies have been done regarding HHAs specifically. There have been some studies done regarding direct care workers in general or regarding home care aides or nursing assistants, which are more commonly studied in terms of human resources management. The studies in this literature review are about direct care workers in general, home care aides (which are similar to HHAs in terms of serving homebound clients), and one regarding HHA job satisfaction specifically. These articles are selected because their samples are related to the characteristics of HHAs since they are all types of direct care workers generally working with similar clients. Also, these articles focus on turnover intent, job satisfaction, and retention.

In a review of literature of other direct care workers and the variables in this study, wage competitiveness was found to be significant in relating to retention, specifically, which stood out among the other articles due to the fact that many other articles cited low pay as an attribute to decreased job satisfaction in home care agencies (Faul et al., 2014). This was a quantitative study and a non-experimental cross-sectional survey was given to 116 respondents in three Area Agencies in Aging (AAAs) in Kentucky. The results of the survey were analyzed in the Faul et

al. article and it was found that training effectiveness, education, and opportunities for advancement improved worker retention.

In a study in Maine, surveys were mailed and the study was conducted with 131 home health aides, similar to the size of the Faul et al. study (Ashely, Butler, & Fishwick, 2010). It was a qualitative study based on a survey conducted by the Maine Department of Human Services called the "Home Care Worker Retention Study (HCWRS) (Ashely, Butler, & Fishwick, 2010). This study stated that low wages, unreimbursed mileage, unpredictable schedules, job insecurity, lack of benefits, little training, and lack of respect from the organization contributed to low job satisfaction and low retention.

In response to the Ashley, Butler, & Fishwick study, another study conducted by sought to further understand the job challenges of home care aides (Butler et al., 2013). This was qualitative, 18-month longitudinal study utilizing phone interviews; this differs from the medium of surveys in Ashely et al., which were mailed. There were 171 home care aides surveyed and the findings cited similar causes of low job satisfaction and retention compared to the Ashley, Butler, & Fishwick study. Essentially, it confirmed the Ashley, Butler, & Fishwick study, which demonstrates that the research may be heading in the right direction. Later in the 2014, Butler, Brennan-Ing, Wardamasky, and Ashley updates and delves more into causes and determinants of retention from the earlier 2013 article, but essentially confirms those results.

The Dill & Cagle study was a quantitative one that focused on turnover rather than job satisfaction and retention directly. However, it has been shown that high turnover is inversely related to high retention, so by reviewing articles focusing on home health aide turnover, one could understand causes of low retention better (Luo, Lin, & Castle, 2010). This was a much larger study with 1036 home health agencies, but its findings were unique to the previous

qualitative articles. Agency size, ownership (feeling of belonging) in the agency, and communication between the administration and staff were shown to contribute towards high turnover.

Unlike the other articles, the article by Flannery focused on one organization's success with a coaching training program. Due to the fact that this study was limited to one organization, the results cannot be generalized. However, its perspective with a focus on communication and training was different and it concluded that the improved communication contributed to improving job satisfaction.

The team lead by Delp was very similar to the article by authored by Ashely, Butler, and Fishwick in terms of its findings, but this was done through a mixed methods analysis using multivariate regression. Also, the sample size was much larger, at 1614 home care aides. This study details benefits and scheduling as causes for low retention, but essentially, it confirms the Ashely article in a quantitative way.

Compared the other studies, the studies by Luo, Lin & Castle and Lee were much larger in scale, yet they differed in terms of results and focus. Lee focused on "transformative leadership" for HHAs and how that contributes to job satisfaction and occupational performance while Luo, Lin & Castle took a more organizational approach. Lee defined "transformative leadership" as advocating "mutual respect and praise among leaders and followers in an effort to increase morale and motivation" (Lee, 2012). This can be related to the variables Supervisor Support and Supervisor Respect utilized in this study.

Because there is no existing research for HHAs specifically regarding the predictors of turnover intent and of job satisfaction while comparing these two factors, this study examines those relationships. Moreover, the reasons for retention were not analyzed in terms of their

relationships to the level of turnover intent and job satisfaction. This study addresses these areas and is an addition to the small body of literature about HHAs by providing insight into the relationships among these variables.

Variables

This study examines the relationship among the independent variables of Supervisor Support, Job Aspect Satisfaction, Training, Supervisor Respect, Workplace Discrimination, and Workplace Valued with the dependent variables of Turnover Intent, Job Satisfaction, and Retention Reason (See Figure 1).

Supervisor Support

In a study of CNAs, Choi and Johangten, found that supportive supervision was significantly associated with job satisfaction and the intent to leave (Choi & Johangten, 2012). This relates to the variables from the current study, which are Job Satisfaction and Turnover Intent. In the Choi and Johanten article, "supportive supervision" was combined from other questions in the 2004 National Nursing Home Survey (NHHS) that included "treats all CNAs equally," "deals with CNAs' complaints and concerns," and "is open to new ideas," among other qualities. This study emphasized the importance of supportive supervision influencing quality of care due to the interpersonal work environment created by the supervisor.

Job Aspect Satisfaction

Job Aspect Satisfaction can comprise of different factors depending on the person and the organization. In this study, the survey asked home health aides their level of satisfaction regarding whether their job allows them opportunities to do challenging work, salaries and

wages, benefits, and learning new skills. Other studies may have different definitions of "Job Aspect Satisfaction." One example is a study done by Bhatnagar and Srivastava who compiled a variegated list of definitions for "job satisfaction," which was broken down into facets. Some of the aspect of job satisfaction included the work itself, quality of supervision, relationships with co-workers, opportunities for promotion, and pay and benefits (Bhatnagar & Srivastava, 2012). This relates to the reasoning behind the creation of the scale based on the questions presented in the NHHAS. In healthcare settings, job satisfaction has been found to be linked to better patient outcomes and improved quality of care (Bhatnagar & Srivastava, 2012). Therefore, the importance of studying and understanding the aspects of job satisfaction is great for organizational success.

Training

For any occupation, training is vital to the success of the employee in performing his/her duties. In a healthcare setting, proper training is paramount to success of the worker, the client, and ultimately, the organization (Caie-Lawrence, Peploski, & Russell, 1995). One study found a significant relationship between job training satisfaction and job satisfaction with customer service and technical service workers (Schmidt, 2007). These results led to the notion including training as an independent variable in terms of how it affects job satisfaction and turnover intent in home health aides.

Workplace Valued

Employees are usually motivated by two types of factors: intrinsic and extrinsic. Intrinsic motivators include doing meaningful work and feeling valued by the organization while extrinsic motivators include pay and promotions. Feeling valued by the organization is an intrinsic motivator, which can play a significant role employees' sense of self-worth (Spears, 2012).

Feeling valued can also reinforce and invigorate employee efforts, leading to greater motivation and engagement (Stumpf, Tymon, Walter, Favorito, & Smith, 2013). When people experience meaningfulness, choice, progress, and competence in their work, they report that work is intrinsically-motivating, are more job satisfied, and are less likely to leave (Stumpf, Tymon, Walter, Favorito, & Smith, 2013). Although the evidence is present for employees' feelings of value from the organization, not much research has been done with Home Health Aides, specifically. Therefore, this variable, "Workplace Valued" is included in this study to see if this research supports prior evidence.

Workplace Discrimination

Workplace discrimination has been shown to negatively affect organizations, especially in terms of employee interactions. One study found that discrimination was a direct correlate to job satisfaction as well as psychological wellbeing albeit indirectly (Taylor, P., McLoughlin, C., Meyer, D., & Brooke, 2013). Moreover, perceived racial discrimination reduced employer loyalty and increased job search intentions, which can be related to turnover intent (Stainback & Irvin, 2012). Therefore, Workplace Discrimination is an important issue to research and address in organizations because of its potential negative effects on not only employees, but organizational productivity.

Supervisor Respect

Similar to Supervisor Support, Supervisor Respect is also crucial to the well-being of an employee (Kelloway, Weigand, McKee & Das, 2013). However, feeling respected by a supervisor and feeling supported by a supervisor can be two different types of management, not mutually exclusive. Feeling respected could mean that the supervisor gives the worker autonomy and perhaps respects them as a person and an employee. However, when the employee needs

support perhaps outside of work or in general, a supervisor may not necessarily be supportive, but still respect the employee. This also works vice versa with feeling supported by the supervisor in terms of doing work, but not always respected. For example, the employee gets all the resources he/she needs from the supervisor. The supervisor answers all inquiries and ensures that the employee has enough support to do the job. However, if the employee makes a mistake the supervisor may belittle or criticize the employee harshly, which leaves the employee feeling disrespected. Given the complexity of human psychology and interactions, the ways that these scenarios play out are numerous, but these are just two examples that highlight the differences between Supervisor Respect and Supervisor Support.

Turnover Intent

Turnover intent is the intention to leave an organization, causing the organization to need to replace the workers who have left. One of factors that has caused lower job satisfaction and higher turnover intent was injuries (McCaughey et al., 2012). However, no other study has been done regarding home health aide turnover intent and which factors are predictors of home health aide turnover intent. In general management literature, turnover intent has been widely studied mainly because of how costly it is to replace employees (Flint, Haley, & McNally, 2013). Moreover, it is also inefficient to have to train new hires, which causes an aggregate loss in productivity.

Job Satisfaction

Job satisfaction has been defined as a pleasurable state of feeling resulting from the appraisal of one's job and an overall positive attitude towards one's job (Mishra, 2013). High job satisfaction can lead to increased employee loyalty and decreased intention of leaving (Wang &

Lee, 2009). The reasons that contribute to satisfaction may differ from profession to profession, so this study addresses how the selected factors affect job satisfaction.

Retention Reason

Each individual has a unique reason why he or she would stay in an organization. However, those reasons can be categorized, which is what has been done in the 2007 NHHAS. Logically, retention would be the opposite of turnover, but there is existing evidence that nursing turnover and retention demonstrated that the drivers are different for those two factors. The drivers of retention were teamwork, empowerment, career growth, and supportive management (Dasgupta, 2014). On the other hand, the predictive factors of turnover intent were heavy workload, erratic scheduling, pay disparity, unaccommodating supervisor, lack of promotional avenues, and work-family conflict (Dasgupta, 2014). While there are some factors of turnover that are directly opposite of retention, some factors are distinctly for retention or turnover. As part of the direct care workforce, nurses have some similarity to home health aides, providing a comparable group to compare results with.

Current Study

This study examines the relationship among the independent variables of Supervisor Support, Job Aspect Satisfaction, Training, Supervisor Respect, Workplace Discrimination, and Workplace Valued with the dependent variables of Turnover Intent, Job Satisfaction, and Retention Reason (See Figure 1). The dependent variables Turnover Intent and Job Satisfaction were each analyzed with all of the independent variables as a group (See Figures 2 and 3). Retention Reason was analyzed further with Turnover and Job Satisfaction to see which reasons of retention are significantly correlated with Turnover and Job Satisfaction (See Figure 4).

The researcher hypothesizes that there will be significant relationships between Turnover Intent and the list of following variables: Supervisor Support, Job Aspect Satisfaction, Training, Supervisor Respect, Workplace Discrimination, and Workplace Valued; these variables will be significant predictors of Turnover Intent (See Figure 2). The researcher also hypothesizes that there will be significant relationships between Job Satisfaction and the list of following variables: Supervisor Support, Job Aspect Satisfaction, Training, Supervisor Respect, Workplace Discrimination, and Workplace Valued; these variables will be significant predictors of Job Satisfaction (See Figure 3). Lastly, the researcher hypothesizes that Turnover Intent and Job Satisfaction will have significant relationships among the subgroups under Retention Reason (See Table 2).

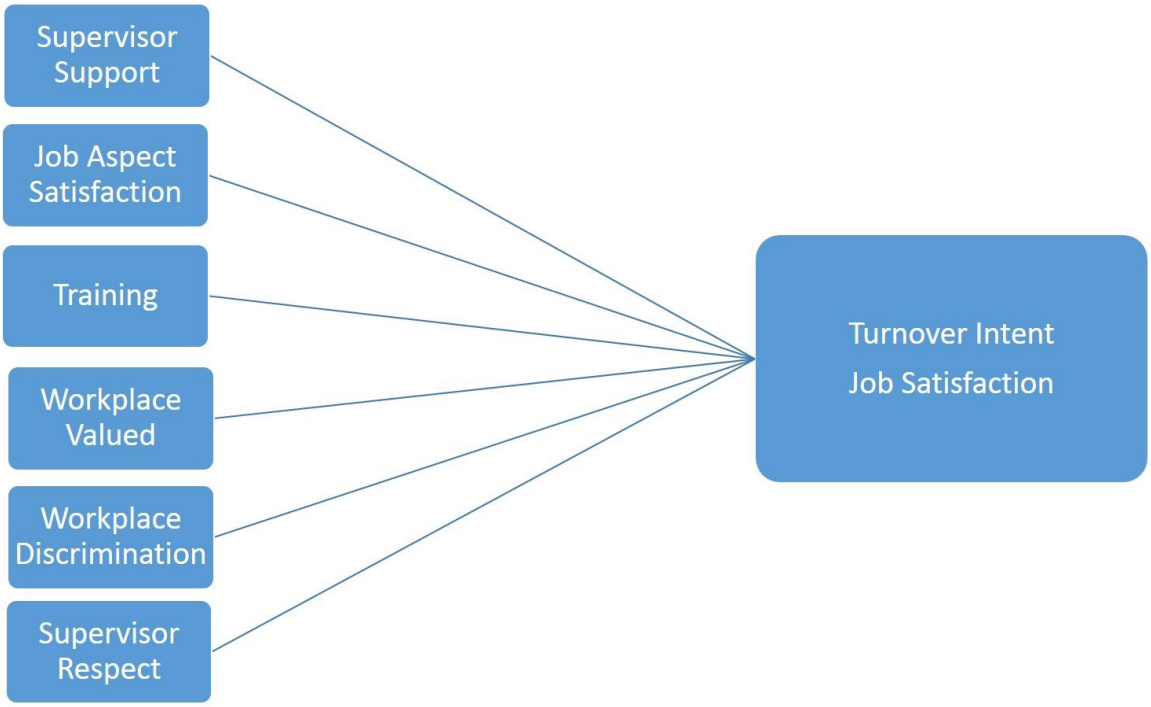

Figure 1. Conceptual Model

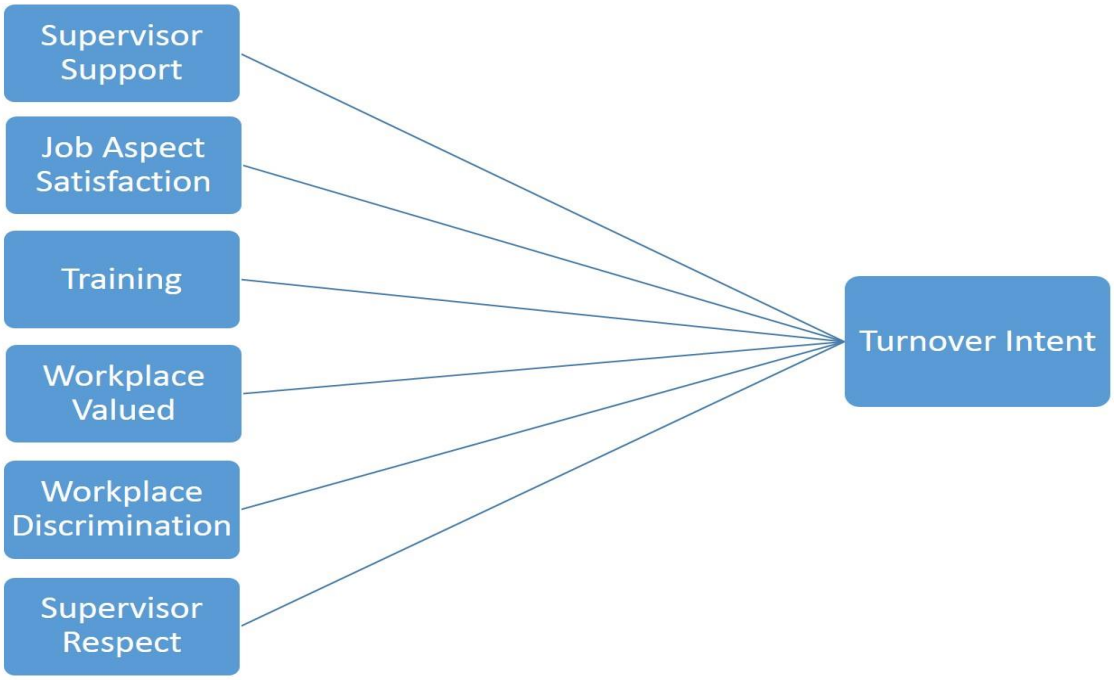

Figure 2. Conceptual Model for Turnover Intent

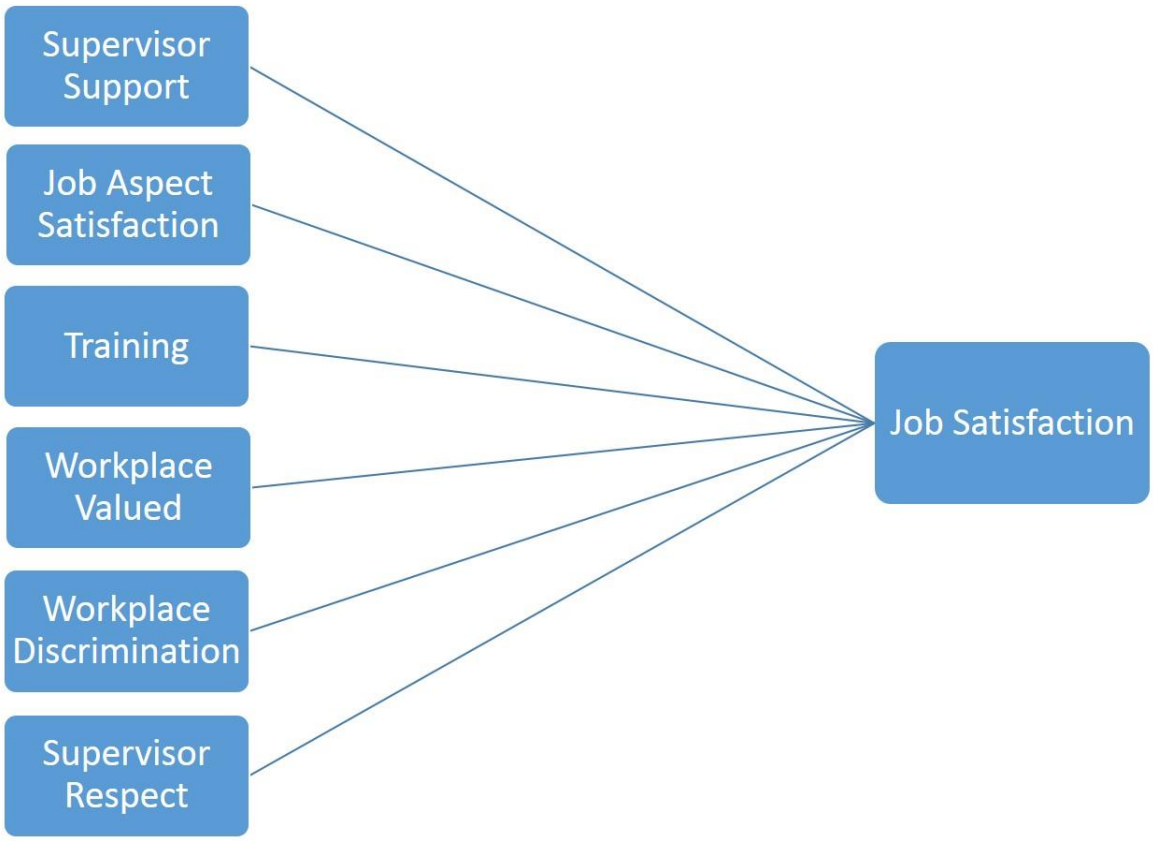

Figure 3. Conceptual Model for Job Satisfaction

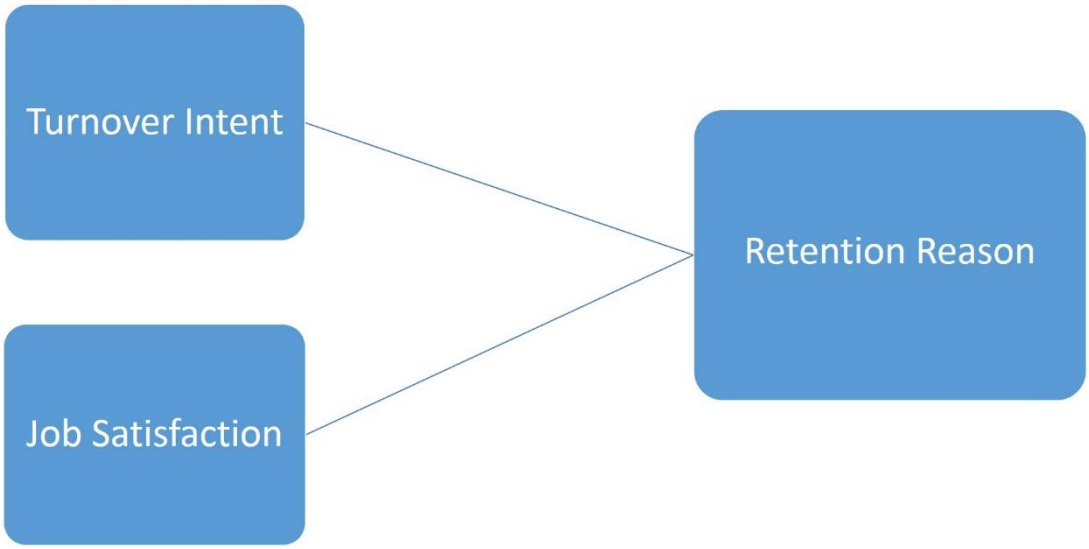

Figure 4. Conceptual Model for Post-Hoc Analysis

Chapter 2

Methods

The data utilized in this study was from the 2007 National Home Health Aide Survey (NHHAS), a Centers for Disease Control study sponsored by Office of the Assistant Secretary for Planning and Evaluation (ASPE). The NHHAS was conducted in multiple stages as a supplement to the National Home and Hospice Care Survey (NHHCS). The variables used in this study were based on the questions from the NHHAS and the responses collected from this data set. To conduct the survey, agencies whose service lines include home health and/or hospice care were sampled and up to six home health aides from each of the sampled agencies were selected to take the survey.

Participants

As part of the CDC's 2007 National Home Health Aide Survey, a 3,377 home health aides were surveyed during off-work hours after several sampling stages. The home health aides were given a survey that included information regarding recruitment, training, job history, family life, management and supervision, client relations, organizational commitment and job satisfaction, workplace environment, work-related injuries, and demographics. In this survey, 955 agencies across the nation were included, with home health aides selected from each agency as eligible to complete the survey. Out of the 4,416 home health aides selected, 3,377 completed

the survey. The response rates for all the variables in this survey are based on the 3,377 participants who completed the survey; the overall response rate is approximately 88%.

As part of the 2007 NHHAS, all participants were asked demographic questions (See Table 1 below). Out of the sample surveyed, 96.9% of the HHAs were female, which strongly suggests that it is a female-dominated field.

In terms of age, most of the HHAs were middle-aged, with a few who could be considered elders themselves. The majority are in the 41-50 years age range at 28.9%, with the next largest group in the 51-60 years age range at 27.5%. This also fits the demographics of most caregivers described by the Family Caregiver Alliance, which states that the average caregiver is 49 years old and female; that caregiver is most likely caring for a mother who is at least 60 that does not live with her. As most of the HHAs are middle-aged females to borderline elder females, it is likely that they will become informal caregivers themselves since 66% of informal caregivers are female (Mutschler, 2015). This may be a confounding factor for Turnover Intent, as it can influence some HHAs to want quit their professions and become full-time informal caregivers because of the time and energy needed.

While the majority of the HHAs were White, almost 30% are of a racial and/or ethnic minority. There could be some cases of discrimination in the workplace because those in the minority are still fewer than the majority. According to the U.S. Census Bureau, minorities will make up 57% of the U.S. population in 2060; moreover, the population of elders 65 and older will double from 43.1 million to 92.0 million by 2060 (U.S. Department of Health and Human Services, 2015). Therefore, discrimination should definitely be researched in light of the changing population composition. If Workplace Discrimination was a significant predictor in the

model, then, it may imply that minority HHAs are experiencing less job satisfaction than those who are Caucasian.

The majority of HHAs are married, at 55% of the sample. The next largest percentage of the sample is divorced at 16.8%, and the third largest percentage never married. HHAs are somewhat educated, with most of them completing high school. However, the next largest majority only completed some college, with very few finishing bachelor's degrees. This suggests that most HHAs are not highly educated, which makes sense given that HHAs are not required to have a college degree or even a high school diploma. However, they do need to obtain certification and meet at minimum, the federal training requirements for HHAs. Since HHAs are not skilled workers or educated people, this suggests that becoming an HHA is a job that they that they chose willingly. This is because an HHA could have chosen another job with similar wages in the retail or hospitality industry, which may not require certification or as extensive training. However, they went through the process of certification and training to become an HHA, which implies agency in the matter.

Since 42% of HHAs have a household income level from $10,000-$29,999, HHAs are quite poor, which can make them below the federal poverty threshold, depending on the number of people in their household. At 31.7%, the next largest majority are in the $30,000-$49,999 category. Since 73.7% make less than $50,000 per household, the data clearly demonstrates the meager level of wealth of HHAs. Since their average salary is about $10 an hour, the yearly income of HHAs would be in sync with the data (U.S. Department of Labor, 2015). Because HHAs are not well-paid and are in fact rather poor, this suggests that HHAs are motivated by factors other than money.

In looking at the types of workplaces that HHAs are employed by, the majority, at 68.9%, of HHAs work at not-for-profit agencies, which are designated as "Others" by the 2007 NHHAS, while 31.7% of other HHAs work at for-profit agencies. Also, 76.9% of the HHAs surveyed work at non-chain-affiliated home health agencies while 23.1% work in chain-affiliated agencies. Based on these demographic results, HHAs tend to be working in not-for-profit agencies that are also non-chain-affiliated. This suggests a degree of altruism exhibited by the organization (since the home health agency is not-for-profit) and that the home health agency may be more client-focused because it is smaller and not expanding into a chain of home health agencies.

Table 1. Personal Demographic Features of 2007 NHHAS Survey

Gender	Female	Male
Frequency	*96.9%*	*3.1%*

Age	<20 years	21-30	31-40	41-50	51-60	60-65	>65 years
Frequency	*0.9%*	*11.6%*	*20.8%*	*28.9%*	*27.5%*	*6.0%*	*4.2%*

Ethnicity	White	Black	Hispanic/Latino	Missing
Frequency	*70.8*	*21.5*	*7.0*	*0.7%*

Marital Status	Married	Living with partner	Separated	Divorced	Widowed	Never married	Don't know/refused
Frequency	*55.5%*	*6.5%*	*3.5%*	*16.8%*	*5.2%*	*11.6%*	*0.9*

Education	<High school	High School	Some College/Trade School	College/Technical Degree	Post-College
Frequency	*12.6%*	*50.2%*	*32.7%*	*3.1%*	*0.6%*

Total Household Income	<$10,000	$10,000-$29,999	$30,000-$49,999	$50,000-$69,999	>$70,000	Don't know/Refused
Frequency	*3.0%*	*42.0%*	*31.7%*	*12.6%*	*6.9%*	*3.8%*

Ownership	For-profit	Others
Frequency	*31.1%*	*68.9%*

Chain Affiliation	Chain	Non-Chain
Frequency	*23.1%*	*76.9%*

Procedure

The data for the National Home Health Aide Survey was collected through using a computer-assisted telephone interviewing (CATI) system. The interviewees received their questions through telephone after being pre-screened and indicating a willingness to participate in the study. To begin, each home health aide was given an advance package that included contact information for the NHHAS, some NHHAS memorabilia, and a post-card to indicate willingness to participate in the study. The home health aides also received reminders through letters at home and/or at their workplace to identify participation in the study.

Measures

Given the scale of this research project, the NHHAS is a reputable, well-organized data set with a large number of participants that has been validated internally and externally. The questions from this survey are based on another national data set that the CDC created called the "2004 National Nursing Assistant Survey," which was for certified nursing assistants working in nursing homes. The NHHAS data set is very valuable because it is the first comprehensive survey of home health aides from a national level. The independent variables are Supervisor Support, Satisfaction with Job Aspects, Training, Workplace Discrimination, and Supervisor Respect. The dependent variables are Job Satisfaction and Turnover Intent. For the variables that were combined into scales, a Cronbach's alpha scale of reliability test was conducted to determine internal consistency (reported below and see Appendix A).

Independent Variables

Supervisor Support: The variable Supervisor Support was made up of four questions that were combined into a scale (see Appendix A). The response rate of this measure was 98.2% and the Likert scale used ranged from 1-4, with 1=Strongly Disagree, 2=Somewhat Disagree, 3=Somewhat Agree, and 4=Strong Agree. The Cronbach's alpha for this variable is 0.810.

Job Aspect Satisfaction: This variable was made up of four questions with the Likert scale of 1-4 (See Appendix A). The Likert scale indicated that 1=Extremely Dissatisfied, 2=Somewhat Dissatisfied, 3=Somewhat Satisfied, and 4=Extremely Satisfied. The response rate of this measure was 100% and the Cronbach's alpha is 0.734.

Training: The variable contained 11 questions, which were under the umbrella question of "Think about all the home health aide training you have received, including training to become a home health aide and any training you received since you started working in the field. Please rate how well the home health aide training you received prepared you to perform in different areas of your job. Would you say your training was excellent, good, fair, or poor?" The 11 questions included a Likert scale of 1-4, with 1=Poor, 2=Fair, 3=Good, and 4=Excellent for responses (See Appendix A). The response rate for this variable was 99.7%.

Workplace Valued: This variable was created from combining two questions into a scale. The two questions are "How much do you think your supervisor values or appreciates the work you do as a home health aide?" and "How much do you think the organization at {AGENCY} values or appreciates the work you do as a home health aide?" The responses to these questions are made up of a Likert scale of 1-3 with 1=Not at all, 2=Somewhat, and 3=Very much (See Appendix A, Table 1). The response rate for this question is 98.72% and the Cronbach's alpha is 0.659.

Workplace Discrimination: This variable is a single-item variable with the question "In your current job, have you ever been discriminated against because of race/ethnicity?" Since the question was dichotomous, the response were 1=No, 2=Yes (See Appendix A). The response rate for this question is 100%.

Supervisor Respect: This variable is represented by a single item based on the question "To what degree do you feel your supervisor respects you, as part of the health care team?" The responses were made up of a Likert scale of 1-3 with 1=Not at all, 2=Somewhat, 3=A great deal (See Appendix A). The response rate for this question is 100%.

Dependent Variables

The three dependent variables will measure the following outcomes: job satisfaction, turnover intent, and retention reason. Job Satisfaction is different from turnover intent because while someone could be dissatisfied with his or her job, he or she may not leave for other reasons.

Turnover Intent: This variable is represented by a single item generated from the question "How likely is it you will leave this job at {AGENCY} in the next year?" The response rate for this question was 99.0%. The Likert scale for this question ranged from 1-3, with 1=Not at All Likely, 2=Somewhat Likely, 3=Very Likely (See Appendix A).

Job Satisfaction: This outcome variable came from the question "How satisfied are you with current job?" The participants responded using a Likert scale of 1-4 with a response rate of 99.5%. The Likert Scale for Job Satisfaction was from 1-4, with 1=Extremely Dissatisfied, 2=Somewhat Dissatisfied, 3=Somewhat Satisfied, and 4=Extremely Satisfied (See Appendix A).

Retention Reason: This single-item categorical variable was represented by the question "Main reason you continue to work at current job" (See Appendix A). The response rate for this variable was 100%.

Analytic Plan

In order to analyze the relationship between the dependent and independent variables, an ordinary least squares regression model was performed using IBM SPSS Statistic 22. An ordinary least square regression model assumes a linear relationship between the dependent variable and the independent variables. The independent variable functions as a predictor of the relationship between the independent variable and the dependent variable. In this case, the relationships are illustrated in Figure 2 and 3, with Figure 1 showing the entire model.

The one-way ANOVA was used to compare the means of the variables Turnover Intent, Job Satisfaction, and Retention Reason. This test was used because Retention Reason is a categorical variable of various reasons why home health aides stay and the researcher would like to see what kinds of reasons would influence Turnover Intent and Job Satisfaction. The one-way ANOVA is a prerequisite to running a Post-Hoc analysis because a Post-Hoc will not show viable results if there are no significant differences between and within groups. Then, a Post-Hoc analysis was run on the dependent variables (see Table 8) of Turnover Intent and Job Satisfaction compared to Retention Reason. The variable "Retention Reason" was divided into four sub-categories of "Job Personal Feelings," Job Characteristics," "Team," and "Work Benefits." The sub-category division was based on the types of reasons that would significantly impact turnover intent and job satisfaction (see Table 2 below).

Retention Reason Sub-Categories*			
Personal Feelings 1=Caring for others 9=Feel good about the work you do	**Job Characteristics** 2=Flexible schedule 3=Work independently 8=Opportunity for overtime 10=Career advancement	**Team** 6=Co-workers 7=Supervisor	**Work Benefits** 4=Salary 5=Benefits

*Numbers 1-10 based on Likert scale provided by the 2007 NHHAS Survey (see Appendix A, Table 3)

Table 2. Retention Reason Subcategory Division

Chapter 3

Results

Means, Correlations, and Standard Deviations

Means, Correlations, Std. Deviations **Correlation is significant at the 0.01 level (2-tailed).										
	Measures	**M**	**SD**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1	Supervisor Support	3.6887	.53251	1							
2	Supervisor Respect	2.77	.466	0.640**	1						
3	Training	4.2629	.59009	0.285**	0.222**	1					
4	Job Aspects Satisfaction	3.2626	.53750	0.419**	0.320**	0.345**	1				
5	Workplace Discrimination	1.11	.311	-0.131**	-0.111**	0.000	-0.120**	1			
6	Workplace Valued	2.7430	.41180	0.592**	0.600**	0.244**	0.441**	-0.121**	1		
7	Turnover Intent	1.35	.642	-0.267**	-0.225**	-0.126**	-0.341**	0.096**	-0.289**	1	
8	Job Satisfaction	3.51	.654	0.431**	0.412**	0.239**	0.540**	-0.130**	0.485**	-0.419**	1

Table 3. Means, Correlations and Standard Deviations among Variables

Pearson correlations were performed (See Table 3 above) to determine the level of correlation among all of the variables. If none of the variables were significantly correlated, then it would be illogical to continue analyzing the relationships among them with the statistical tests used in this project, as there are not significant ones. This is because these variables have either no relationships with each or there are other confounding factors that may cause the relationship to be insignificant. Since the ordinary least squares regression model assumes a linear relationship between two factors at a time (i.e. Turnover Intent and Supervisor Support), if the

correlation is insignificant, then the variable in the ordinary least squares model will be insignificant, since that also assumes a linear relationship.

In analyzing the mean responses, standard deviations, and correlations, many relationships among the variables have been found significant at the 0.01 level. Supervisor Support has been found to be significantly correlated with Supervisor Respect, Training, Job Aspects Satisfaction, Workplace Discrimination, Workplace Valued, Turnover Intent, and Job Satisfaction. All other variables are significantly correlated with each other except for Workplace Discrimination and Training. At 0.000, Workplace Discrimination and Training has demonstrated a statistically insignificant relationship, which means that how well the HHAs perceived his/her training did not influence his/her perception of being discriminated against in the workplace.

Out of all the variables, Workplace Discrimination and Turnover Intent are considered "negative" variables because a higher rating for those variables meant that the HHA experienced more discrimination and a stronger desire to leave the organization, which are considered to be negative effects for the organization. Comparatively, all the other variables are "positive" because a high rating meant that the HHA was feeling good or great about the levels of Supervisor Support, Supervisor Respect, Training, Job Aspect Satisfaction, Workplace Valued, and Job Satisfaction. For an organization, those positive results, primarily because past studies on other samples and groups of employees have demonstrated that more of these or similar variables is a positive effect.

A negative correlation was found between Supervisor Support and Workplace Discrimination. The more supportive the supervisor is, which is shown by a higher rating of Supervisor Support ($r = -0.131$, $P < 0.01$) in the survey, the less the HHAs feel that they are

discriminated against in their workplace. Another negative correlation was found between Supervisor Support and Turnover Intent ($r = -0.267$, $P < 0.01$). Specifically, more Supervisor Support was correlated with less Turnover Intent ($r = -0.267$, $P < 0.01$).

Supervisor Respect was also negatively correlated with Workplace Discrimination and Turnover Intent. Similar to Supervisor Support, the more the HHAs feel that their supervisor respects them through their ratings of Supervisor Respect ($r = -0.111$, $P < 0.01$), the less they perceived Workplace Discrimination. The HHAs also said that they were less likely to leave the organization through their ratings of Turnover Intent if they rate their level of Supervisor Support highly ($r = -0.225$, $P < 0.01$).

Workplace Discrimination was also negatively correlated with Job Aspects Satisfaction. This meant that the more discrimination the HHAs perceived in their workplace ($r = -0.120$, $P < 0.01$), the less satisfied they felt with the various aspects of their job. Workplace Discrimination was also negatively correlated with Workplace Valued ($r = -0.121$, $P < 0.01$), which meant that the more discrimination the HHAs felt, the less valued they felt by their organization.

Turnover Intent was negatively correlated with all variables (r =-0.267, -0.225, -.126, -0.341, -0.289, $P < 0.01$, respectively) except for Workplace Discrimination, where it positively correlated (r =0.096, $P < 0.01$). This shows that HHAs were less likely to have Turnover Intent if they rated the other categories higher. However, they were more likely to have Turnover Intent if they their perception of Workplace Discrimination higher.

Job Satisfaction had a positive relationship with all of the other variables except for Turnover Intent and Workplace Discrimination (r =-0.130, -0.149, $P < 0.01$, respectively), where the correlations were negative. That means that Job Satisfaction is usually rated lower if Turnover Intent and Workplace Discrimination is rated higher.

Ordinary Least Squares Regression Model

Independent Variables	Std. β Coefficients
Training	.031
Job Aspect Satisfaction	-.251**
Supervisor Support	-.081*
Workplace Valued	-.133**
Workplace Discrimination	.033*
Supervisor Respect	-.014
F-Value	93.228
Df	3,186
R^2	0.391

*p-value significant at the .05 level, **p-value significant at the 0.01 level

Table 4. Coefficients of Turnover Intent with all other Independent Variables

The ordinary least squares regression model for Turnover Intent resulted in R^2=0.150. This means that approximately 15% of the turnover intent experienced by HHAs can be explained by these independent variables: Job Aspect Satisfaction (β=-0.251, *P*<0.01), Supervisor Support (β=-0.081, *P*<0.01), Workplace Valued (β=-0.133, *P*<0.01), and Workplace Discrimination (β=-0.033, *P*<0.05). The beta coefficients in Table 4 represent the level of influence each predictor or independent variable on the dependent variable, as they are partial coefficients that reflect the influence of all predictor variables in a regression model (Peterson & Brown, 2005). Therefore, it means that in the higher the numerical beta value is, the more influential the predictor is to the dependent variable. The negative sign or lack thereof represents the type of influence the predictor has; a negative sign demonstrates for every 1 unit positive standard deviation change in the predictor, there is 1 negative unit standard deviation change in

the dependent variable. This implies that the predictor has an opposite effect on the dependent variable.

Of these four variables, the biggest predictor of Turnover Intent was Job Aspect Satisfaction. Although Supervisor Respect was significantly correlated with Turnover Intent, the data suggests that it is not a predictor of Turnover Intent. However, all of the other variables except for Training have a degree of significant association with Turnover Intent.

Independent Variables	**Std. β Coefficients**
Training	0.015
Job Aspect Satisfaction	0.375**
Supervisor Support	0.076**
Workplace Valued	0.196**
Workplace Discrimination	-0.038*
Supervisor Respect	0.119**
F-Value	93.228
Df	3,186

*p-value significant at the .05 level, **p-value significant at the 0.01 level

Table 5. Coefficients of Job Satisfaction with all other Independent Variables

Table 5 shows the relationships between the dependent variable, Job Satisfaction and the other independent variables listed. Table 5 also shows the β coefficients of each of the independent variables as well as the significance of the variables. Compared to Turnover Intent, Supervisor Respect is significantly related to Job Satisfaction (β=0.119, $P<0.01$). All of the other variables are significantly associated with Job Satisfaction. Job Aspect Satisfaction (β=0.375, $P<0.01$), Supervisor Support (β=0.076, $P<0.01$), Workplace Valued (β=0.196, $P<0.01$), Workplace Discrimination (β=0.196, $P<0.05$), and Supervisor Respect (β=0.119, $P<0.01$).

Training did not have a significant relationship with Job Satisfaction, which is logical because it was not significantly correlated through the correlation matrix.

The biggest predictor of these five variables was Job Aspect Satisfaction, which has shown to be related to Job Satisfaction in general. The ordinary least squares regression model resulted in R^2=0.391. This means that about 39% of Job Satisfaction can be influenced by these predictors: Job Aspect Satisfaction (β=0.375, *P*<0.01), Supervisor Support (β=0.076, *P*<0.01), Workplace Valued (β=-0.196, *P*<0.01), Workplace Discrimination (β=-0.038, *P*<0.05), and Supervisor Respect (β=0.119, *P*<0.01).

Of these four variables, the biggest predictor of Job Satisfaction was Job Aspect Satisfaction. This is logical results because HHAs would be more likely to be satisfied with their jobs if they liked the various aspects of their jobs. However, all of the other variables except for Training have a degree of significant association with Job Satisfaction.

One-Way ANOVA with Turnover Intent, Job Satisfaction, and Retention Reason

	df	F	Sig.
Turnover Intent	2696	6.640	.000**
Job Satisfaction	2705	14.736	.000**

****p-value significant at the 0.01 level**

Table 6. Summary of One-Way Analysis of Turnover Intent with All other Independent Variables

A One-Way ANOVA was done to determine whether Turnover Intent and Job Satisfaction were significantly associated with Retention Reason. Since both Turnover Intent and Job Satisfaction had p-values <0.001, this demonstrates that there are significant associations between Retention Reason with Turnover Intent and Job Satisfaction. However, since Retention

Reason was a categorical variable, a Post-Hoc Analysis needed to be performed to further understand which retention reasons are influenced by turnover intent and job satisfaction (See Table 7 below).

Post-Hoc Analysis Results

Dependent Variable	Mean Difference (I-J)

Turnover Intent	Job Personal Feelings	Job Characteristics	-.143*
		Team	.130*
		Work and Benefits	-.050
	Job Characteristics	Job Personal Feelings	.143*
		Team	.273*
		Work and Benefits	.093
	Team	Job Personal Feelings	-.130*
		Job Characteristics	-.273*
		Work and Benefits	-.180*
	Work and Benefits	Job Personal Feelings	.050
		Job Characteristics	-.093
		Team	.180*
Job Satisfaction	Job Personal Feelings	Job Characteristics	.156*
		Team	-.190*
		Work and Benefits	.257*
	Job Characteristics	Job Personal Feelings	-.156*
		Team	-.345*
		Work and Benefits	.101
	Team	Job Personal Feelings	.190*
		Job Characteristics	.345*
		Work and Benefits	.447*
	Work and Benefits	Job Personal Feelings	-.257*
		Job Characteristics	-.101
		Team	-.447*

*. The mean difference is significant at the 0.05 level.

Table 7. Post-Hoc Analysis of Turnover Intent and Job Satisfaction with Retention Reason

This Post-Hoc Analysis was performed better understand which types of Retention Reasons for HHAs are influenced by Turnover Intent and Job Satifaction as well as the significance of these reasons.

Turnover Intent

A Least Significant Difference Test was conducted and the results show that the Team scored 0.273 higher than Job Characteristics, 0.180 higher than Work and Benefits, and 0.130 higher than Job Personal Feeling. This implies that the Team that HHAs are on, which is comprised of co-workers and supervisors, most influence Turnover Intent. This means that HHAs rate interpersional relationships at work as an important aspect of whether their desire to leave is high or low.

The next biggest contributor to Turnover Intent was Job Personal Feelings. Job Personal Feelings is when HHAs cite "caring for others" and "feel good about the work that you do" as primarily why they would stay at an organization. This is essentially a personal satisfaction derived from the work that HHAs do, which suggests that the level of Turnover Intent is based on self-motivation of how an HHA feels about his/her job.

The third largest contributor to Turnover Intent is Work and Benefits, which is regarding salary and benefits provided by the home health agency. This result suggests that while important, Work and Benefits are not the most important factor influencing HHAs' Turnover Intent.

Lastly, the smallest contributor of this model to Turnover Intent is Job Characteristics. This suggests that HHAs are not basing their decision to leave an organization because of perks of opportunity for overtime, job flexibility, working independently, and career advancement.

Job Satisfaction

As with Turnover Intent, a Least Significant Difference Test was conducted and the results show that the Team scored 0.345 higher than Job Characteristics, 0.447 higher than Work and Benefits, and 0.190 higher than Job Personal Feeling. This implies that for this variable as well, the Team contributes the most for HHAs' Job Satisfaction.

The next largest contributor to HHAs' Job Satisfation was Job Personal Feeling. This result shows that Job Satisfaction for HHAs is primarily internal, and that they derive personal satisfaction from giving care to others and that they feel good about their job.

In this case, Job Characteristics was third in terms of influence on Job Satisfaction, which meant that there were some aspects of the job that HHAs may not quite like. Given the nature of the work that HHAs do, Job Characteristics could slightly negatively influence Job Satisfaction as well as positively.

The least influential factor for Job Satisfaction was Work and Benfits. This suggests that HHAs are not most motivated by pay and benefits. Given that most salaries for HHAs are around $10/hour, there is not much difference in terms of pay between one agency to another.

Chapter 4

Discussion

The results of this study supports the three hypotheses made by the researcher. There were significant relationships among all of the relationships hypothesized. The hypothesized relationships are:

- Turnover Intent is significantly associated with all the independent variables (See Figure 2)
- Job Satisfaction is significantly associated with all the independent variables (see Figure 3)
- Retention Reason is significantly correlated with Turnover Intent and Job Satisfaction (see Figure 4)

These findings are consistent with prior research asserting that the interpersonal relationships at work most influence Turnover Intent and Job Satisfaction (Lee, 2012). Turnover intent is not significantly predicted by all of the factors because R^2 value is .150, which means that 15% of the variation of Turnover Intent can be explained by all the independent variables. Comparatively, Job Satisfaction has a R^2 value of .391, which means that approximately 39% of the variation in Job Satisfaction for HHAs can be predicted by the independent variables. Based on the proportion of variability that could by accounted for by the independent variables, the ordinary least squares model demonstrated better results with associations between Job Satisfaction and the independent variables compared to Turnover Intent.

Since the model only explains 15% of the variation, it means that there are either many errors in the model or that the model is not strong enough to determine the variability of these predictors for Turnover Intent. Given that 85% of the variability is unaccounted for with this model, it can be inferred that these variables are not strong predictors for Turnover Intent. Another possible explanation is that the variables in this model may not be reliable enough to

make this model stable enough to account for the variation. According to Kleinbaum, Kupper, and Muller, "shrinkage" values of less than 0.10 indicate a stable model (Kleinbaum, Kupper, and Muller, 1988; Palmer, P. B., & O'Connell, D. G. 2009). The difference or "shrinkage" between the R^2 values for the model for Turnover Intent and Job Satisfaction is 0.19, which indicates that this model is not very stable.

Job Satisfaction had a better R^2 value compared to Turnover Intent at 0.39. This means that the independent variables selected for this model are more able to predict Based on this R^2 result, another hypothesis for this result is that Turnover Intent may not be predicted by the same variables as Job Satisfaction, which can lead one to infer that there are different motivators for wanting to leave an organization and being satisfied with one's job.

Because the data suggests that the predictors for turnover intent differ from the predictors for job satisfaction, the Post-Hoc analysis more specifically illuminates the types of retention reasons the HHAs have for Turnover Intent and Job Satisfaction. This will help clarify which factors that influence HHAs to stay will also influence them to either have want to leave or have job satisfaction. This information is important for home health agencies and managers to know because they can focus their resources on the areas that can cause HHAs to have lower Turnover Intent and higher Job Satisfaction while encouraging them to stay by finding ways to bolster the top reasons for Retention.

One interesting results was that Training was not significantly associated with Turnover Intent or Job Satisfaction. This conflicts with a previous study done by Ashley, Butler, and Fishwick who cited that poor training was a predictor of turnover (Ashely, Butler & Fishwick, 2010). However, that study was about home care aides, which do not have as rigorous of a training process as home health aides, the care that they provide is less advanced.

Another noteworthy result is that based on the Post-Hoc analysis performed, some of the niceties that professionals seek in their jobs were not the most influential factors on turnover intent or job satisfaction. Factors such as flexible scheduling, opportunities for overtime, and career advancement opportunities were least important for Turnover Intent and the second least important factor for Job Satisfaction. Since HHAs are mostly independent going into clients' homes, working independently is most likely guaranteed for them (Bureau of Labor Statistics, 2015). Many companies tout those benefits and love to highlight them as advertising and retention points for their workers, but this data on HHAs did not conform to those stereotypes.

Since the Post-Hoc analysis showed that Team and Job Personal Feelings were both the top two influencers of Turnover Intent and Job Satisfaction, it implies that the Retention Reasons that influences the HHA to have Turnover Intent and Job Satisfaction are the same or similar to each other. The least influential reasons for both Turnover Intent and Job Satisfaction were reversed, but since the top two types of Retention Reasons are the same for both Turnover Intent and Job Satisfaction, the third and fourth types of Retention Reasons are not as comparatively significant. Therefore, based on these results, home health agencies could potentially focus on creating co-worker cohesion and positively management-employee relationships so that the culture of the organization can increase Job Satisfaction and decrease Turnover Intent. The results of this Post-Hoc analysis also imply that helping to stimulate the personal feelings HHAs have about their job may help influence them to stay while keeping them job-satisfied. This also aligns with research on management of direct care workers as well as management of employees in general because those studies have found that organizational and management factors are stronger predictors of turnover or retention than pay or more extrinsically-motivated factors (Dill & Cage, 2010; Luo, Lin & Castle, 2013; Lee, 2012).

One theory of why Job Characteristics were not the most significant factors for Turnover Intent and Job Satisfaction is that these job characteristics are what draws HHAs to the company. Since the HHAs would very likely know what these characteristics of the jobs are (most likely because they are advertised), they understand that whatever level of job perks will remain constant unless if changed. Perhaps if the job characteristics negatively changed during the HHA tenure, they would be more influential in terms of retention, turnover intent, and job satisfaction. However, that will have to be studied and could be the basis for a future research project.

Work and Benefits was also one of the least significant factors for Turnover Intent and Job Satisfaction, which may be explained by the fact that personal feelings about the job and emotions towards the team that HHAs are part of are stronger. Job Personal Feelings are internally-motivated, which suggests a baseline desire to help people and choose the HHA profession. Also, Team is based on feelings towards co-workers and supervisors, which are not external motivators. Since Job Characteristics is also not as significant as Team and Job Personal Feelings, the results suggest that HHAs do not consider Job Characteristics as important as desire to help their clients and have positive relationships with co-workers and supervisors. This is consistent with the findings that were also based on this survey by Lee, who found that most of the respondents are satisfied with their current job (Lee, 2012).

In summary, this study suggests that organizational factors that affect Turnover Intent may differ from the organizational factors that affect Job Satisfaction. Moreover, it implies that internal motivators for Retention Reason affect Turnover Intent the most. While feeling comfortable with their Training was not associated with either Turnover Intent or Retention Reason, all other variables have a small yet statically significant effect on the independent variables.

Limitations

One of the limitations to this study is due to the age of the data. While the data is not very old, it was published in 2007, but the actual data collection began in 2006, which makes this data set almost a decade old. Perhaps some factors might be updated since the implementation of the survey. Since the survey participants prescreened for interest in participating in the survey, there may be some selection bias since they may feeling strongly positively or negatively about some issues.

Another limitation is that there were some single-item variables in the model. The independent variables that were combined from several questions might have contributed to a strong model through higher accuracy than single-item questions. Given that the multi-item variables were tested for reliability using the Cronbach's alpha, there is more evidence for their strength, especially since all Cronbach's alphas were above 0.7 except for Workplace Valued.

Because Workplace Valued had a Cronbach's alpha of slightly less than 0.7, it was rather weak and may have contributed to the results of the model. This variable may have been a limitation to the stability model itself because it was rather weak. Moreover, the nature of the data is cross-sectional, one cannot infer causality between the independent and dependent variables. Finally, because this is a survey, many limitations exist since the variables are subjective rather than objective. The numbers to rate these measures are from Likert scales, but those are rather arbitrary, with each person perceiving "Not at all likely," "Somewhat likely," and "Very likely" differently, just as an example.

Future Research

The results of the 2007 NHHAS can be used to do other studies. One example is acquiring more insight into why HHAs are drawn to this profession. Given the forecasted dearth in HHAs in conjunction with the rising elder population, it becomes crucial to recruit more HHAs in order to fulfill the needs of the elder population. Other future research suggestions include improving interpersonal dynamics and supervisor training for HHAs, since those factors were influential to Turnover Intent and Job Satisfaction variability. Even outside of the data set, analyzing ways to improve recruitment and make this job more appealing to fulfill the increasing demand for their services. Lastly, further analysis into improving discrimination in the workplace would be beneficial given that there were so many significant associations between Workplace Discrimination and the independent variables.

Chapter 5

Conclusion

In conclusion, understanding the predictors of turnover intent, job satisfaction, and retention reason are crucial to developing strategies to better improve the management of HHAs. By finding ways to reduce turnover intent and increase job satisfaction, that 50-57% annual turnover rate may decrease, leading to greater organizational efficiency for HHA agencies. Because these agencies are spending less money on recruiting replacements, rehiring, and training of new employees, the cost savings could go towards improving the team cohesiveness of home health agencies as well perhaps recruiting additional HHAs to fulfill the rising demand in the next several decades.

Based on the results of this analysis, it is recommended that home health aide agencies focus on team-building activities and putting efforts into helping foster optimal relationships among co-workers as well as between supervisors and subordinates. Since it seems that HHAs are more internally-motivated than externally, the focus should be more on finding ways to elicit positive emotions and increase the internal motivation of HHAs towards their colleagues and toward the job. Moreover, HHA supervisors should receive management and leadership training as having mutual respect among leaders and followers leads to better occupational performance, which may restrain care costs and improve quality of patient care (Lee, 2012).

It is also is recommended that organizations and managers encourage HHAs to engage personally with clients through conversation (if they have not already done so) rather than just treating the clients without taking time to understand them as individuals. One way that this

could be done through training by providing a list of conversation pieces that will spark some ideas for HHAs to talk about with their clients. This will improve the experience for not only the HHA in terms of feeling good about their work, but also for the client, who may enjoy the social interaction, given that they are homebound. If the HHA feels good about their work, they are more likely to have higher job satisfaction, which leads to a better experience for clients since they will have less complaints (Hurst, 2011).

Another aspect of Job Personal Feelings is caring for others, which HHAs seem to innately enjoy. Since HHAs and other direct care workers often face burnout from their professions, it is important to stave that feeling off, since burnout leads to turnover intent (Lernihan & Sweeney, 2010). In order to continue to motivate HHAs in this respect, it is recommended that the organization should thank HHAs for the caring for others and that their work is impactful. Managers should also remind HHAs that they are making a positive difference in the lives of their clients, and to recognize them for providing good service to their clients. By fostering better relationships among HHAs in a home health agency and improving leadership and management of HHAs, home health agencies may find that their organization will have less turnover and more job-satisfied home health aides.

Since HHAs are an understudied group, policies that encourage more research on this group of direct care worker could be beneficial to reducing healthcare costs and improving quality of care for patients. Perhaps another national survey with less binary results (Yes/No questions) could be conducted to provide updated results and keep abreast of the opinions of the HHAs. This will provide further insight about home health aides, especially as they become a more prominent aspect of healthcare.

Appendix A

Table 8. Scales of Reliability for Dependent Variables

Supervisor Support	
Questions	Cronbach's α
My supervisor provides clear instructions when assigning work.	0.810
My supervisor is supportive of progress in my career, such as further training.	
My supervisor listens to me when I am worried about a patient's care.	
My supervisor tells me when I am doing a good job.	

Job Aspects Satisfaction	
Questions	Cronbach's α
Doing challenging work	0.734
Benefits	
Salaries and wages	
Learning new skills	

Training	
Questions	Cronbach's α
Patient care skills such as helping with eating, bathing, dressing, and walking	0.842
Talking with patients	
Discussing patient care with patients' families	
Organizing your work tasks so that everything gets done on time	
Dementia care	
Working with patients that act out or are abusive	
Preventing personal injuries at work	
Assisting with duties that don't directly involve patients, such as meal planning or care of the home	
End of life issues and coping with grief	
Abuse and neglect issues	
Relating to patients of different cultures of ethnicities, or with different values or beliefs	

Workplace Valued	
Questions	Cronbach's α
Not at all	0.659
Somewhat	
Very much	

Table 9. Single-Item Independent Variable Questions

Workplace Discrimination	
In your current job, have you ever been discriminated against because of race/ethnicity?	
0	No
1	Yes
Supervisor Respect	
To what degree do you feel your supervisor respects you, as part of the healthcare team?	
1	Not at all
2	Somewhat
3	A great deal

Table 10. Dependent Variable Questions

Turnover Intent	
How likely is it you will leave this job at {AGENCY} in the next year?	
1	Not at all likely
2	Somewhat likely
3	Very likely

Job Satisfaction

How satisfied are you with current job?

1	Extremely dissatisfied
2	Somewhat dissatisfied
3	Somewhat satisfied
4	Extremely satisfied

Retention Reason

Main reason you continue to work at current job:

1. Caring for others
2. Flexible schedule
3. Work independently
4. Salary
5. Benefits
6. Co-workers
7. Supervisor
8. Opportunity for overtime
9. Feel good about the work you do
10. Career Advancement

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ACADEMIC VITA

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Education

The Pennsylvania State University, B.S. in Health Policy and Administration (HPA)
The Schreyer Honors College (SHC) University Park, PA

Honors

Third Place Winner of the inaugural Health and Human Development Alumni Society Research Poster Competition, Health and Human Development Honor Society, Mortar Board National College Senior Honor Society-Archousai Chapter, Dean's List

Experience

The Future of Healthcare Think Tank University Park, PA, Nijmegen, Netherlands
Researcher September 2014-May 2015

- Contributed 2 health services research articles to an Interim Report for the Dutch Ministry of Health, Welfare, and Sports (hereafter known as the "Dutch Ministry") with 5 graduate students from Radboud University
- Presented findings from the Interim Report on the potential cost-saving ability of community care and home care to the Dutch Ministry on 1/9/2015 in the Hague
- Presented Final Report to the Dutch Ministry in May 2015 with the Think Tank

Country Meadows Retirement Communities Hershey, PA
Intern under Executive Director Daniel T. Mills May 2014-August 2014

- Developed data-tracking Excel model for resident incidents that was presented to over 40 Executive Directors and Vice Presidents
- Secured buy-in and implementation of data-tracking system company-wide that is currently utilized
- Aided in auditing over 100 I-9 Employment Verification forms of current employees
- Obtained Validation Associate Certificate in techniques to help achieve productive and dignifying interactions for residents with dementia

Leadership

Future Healthcare Executives (FHE) September 2014-May 2015
Treasurer

- Manage all monies and financial matters including budgeting, reimbursements, and cash flow
- Coordinate fundraising with the Fundraising Chairs and transactions with the Association of Student Activities

Women's Leadership Initiative September 2014-April 2015

- Experiential learning in both the classroom and community setting to improve leadership skills
- One of 32 women selected from the College of Health and Human Development and the College of Nursing

GlobeMed
Communications Coordinator September 2014-December 2014
Global Health University Coordinator September 2013-May 2014
External Community Building Chair September 2012-May 2015