



Minnesota State University, Mankato
Cornerstone: A Collection of Scholarly
and Creative Works for Minnesota
State University, Mankato

All Theses, Dissertations, and Other Capstone
Projects

Theses, Dissertations, and Other Capstone
Projects

2019

Certified Nursing Assistant Turnover & Impacts on Rural Skilled Nursing Facilities A Qualitative Study & Recommendations for Practitioners

Marisa E. Hansen
Minnesota State University, Mankato

Follow this and additional works at: <https://cornerstone.lib.mnsu.edu/etds>



Part of the [Gerontology Commons](#), and the [Health and Medical Administration Commons](#)

Recommended Citation

Hansen, M.E. (2019). Certified nursing assistant turnover & impacts on rural skilled nursing facilities: A qualitative study & recommendations for practitioners [Master's thesis, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/961/>

This Thesis is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.

Certified Nursing Assistant Turnover & Impacts on Rural Skilled Nursing Facilities

A Qualitative Study & Recommendations for Practitioners

By

Marisa E. Hansen

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

In

Aging Studies

Minnesota State University, Mankato

Mankato, Minnesota

November 2019

November 14, 2019

Certified Nursing Assistant Turnover & Impacts on Rural Skilled Nursing Facilities

A Qualitative Study & Recommendations for Practitioners

Marisa E. Hansen

This thesis has been examined and approved by the following members of the student's committee.

Advisor
Saiful Islam, PhD

Committee Member
Donald Ebel, PhD

Committee Member
Aaron Hoy, PhD

Abstract

The cumulative growth in the aging population in the U.S. calls for a high demand for long-term care (LTC) facilities. Furthermore, the LTC (e.g., nursing homes and assisted living facilities, etc.) consumers have become widely diverse (i.e., not just limited to older groups but now included children and adults with disabilities); demand for wide range of needs and support services. In coping with this changing environment, the LTCs, especially operating in rural settings, are faced with multifaceted challenges related to direct care staffing and turnover. In response to this outlook, the present study explores a research question to understand, how do rural skilled nursing facilities (SNF) Administrators perceive their challenges of CNA retention? In 2018, Dr. Donald Ebel from Minnesota State University, Mankato Aging Studies Program conducted 11 qualitative in-depth interviews with rural SNF administrators to identify factors of how the role of this position in rural areas was affected. The interviews conducted by Dr. Ebel included a semi-structured questionnaire with objectives to identify factors related to CNA turnover at rural SNF facilities, as well as, to identify the challenges and barriers to CNA retention. A qualitative content analysis of the interview transcripts clustered around the factors, such as minimum wage, determinates from socioeconomics and organizational structures and the changes of LTC services and competition as the main barriers. The study findings, especially, the challenges and barriers among LTC and SNFs would help in planning for effective strategies for evolving CNA needs, e.g., what resources are available and how to retain them for the rural SNFs.

Keywords: Long-term care, staffing, retention, minimum wage, aging population.

Table of Contents

Abstract	ii
Table of Contents	iii
1. Introduction	1
2. Literature Review	4
2.1. Aging Population of the United States.....	4
2.2. Long-Term Care Facilities.....	7
2.3. Rural Long-Term Care Facilities.....	8
2.4. Certified Nursing Assistants.....	10
3. Methods	17
4. Study Findings	22
4.1. Table 1 Participant CNA Turnover Rates.....	24
4.2. Economic Issues.....	26
4.3. Environmental Related Factors.....	34
4.4. Organization Related Factors.....	38
4.5. Personal Objectives.....	42
5. Discussion and Conclusion	48
5.1. Summary of Finding.....	48
5.2. Implications of Study.....	59
5.3. Limitations of Study.....	60
5.4. Future Research	62
6. References	65
7. Appendix	71

1. Introduction

The employment of certified nursing assistants (CNA) is projected to grow 9 percent from 2018 to 2028, faster than the average for all occupations. Additionally, skilled nursing facilities (SNF) were the largest employers with 38% of all CNAs in the United States (The Bureau of Labor Statistics, 2019). Older adults are currently the fastest-growing percentage of the American population. By 2034 older adults ages 65 and over are projected to outnumber children for the first time in history (US Census Bureau, 2018). With the growth of the aging population, it is estimated the need for LTC services and employees will increase demands significantly and with this LTC is changing to meet a wide range of clientele in ages, needs, and financial support services, etc., (Congressional Budget Office, 2013).

The aging of the baby boomer generation is estimated to grow more than a 50 percent increase in the number of Americans ages 65 and older requiring nursing home care, to about 1.9 million in 2030 from 1.2 million in 2017 (PRB, 2019). Nursing home care is also known as skilled nursing facilities (SNFs) provide, “short-term skilled nursing care and rehabilitation services such as physical and occupational therapy and speech–language pathology services” (Caregiver, 2019). Further, SNFs are residential accommodations that provide these services with trained medical skilled care staff 24 hours a day. Examples of SNF clientele include, “recovering from medical conditions such as stroke and pneumonia or from surgical procedures such as hip and knee replacements” (MedPac, p.196, 2019).

Long-term care (LTC) facilities in this research are an umbrella term that provides residential living arrangements and less than 24-hour care services for people who are

unable to live independently at home such as assisted livings, group homes, or in-home services. Clients that need direct care accommodations range in ages and require care support are from a variety of medical disabilities to short-term rehab. The rise of the aging population outnumbering the younger generation predisposes a disproportionate workforce to support the demand for services needed to attain enough medically trained direct care staff.

CNAs provide the majority of basic care to individuals of any age that need help with, “activities of daily living from eating, bathing, recording vitals, transfer, and providing social support” as stated from Family Caregiver Alliance on selected long-term care statistics (2015). In addition, the Bureau of Labor Statistics (2018) reported SNFs were the largest employers with 38% of CNAs. Other places of CNA employment include hospitals 27%, assisted living 11%, home health services 5%, and government positions at 4% (US Dept. of Labor, 2019). Further, there has been a significant rise in the cost of living for clients commensurate with high staff and facilities expenses for the LTCs situated in rural cities. These rising statistics and costs increases the disparity among providing enough services to meet this need.

This study explores a research question to understand, how do rural SNF Administrators perceive their challenges of CNA retention? Through this question, some of my objectives were to understanding rural SNF Administrators’ perspectives and bring in their voices. In addition, SNF organizational issues and barriers in relation to rural to urban differentials in terms of socioeconomics and environmental factors were explored to answer this question.

To further understand how the role of this position in rural areas is affected, a qualitative analysis was conducted from gathering data from semi-structured in-depth interviews with 11 rural skilled nursing facility (SNF) administrators from Minnesota and Oregon. These states were selected to compare and analyze the administrative responses of different rural geographical regions of SNF CNA challenges and strategies.

The study findings presented were gathered from quotations from the responses that were analyzed using the data analysis computer software NVivo and Microsoft Word to identify the responses and grouping related words or phrases extracted. The word extractions are also known as codes and described by Saldaña (2013) as, “a short word or phrase drawn from the text to form a summary and or attribute to the general interpretation mentioned by the interviewees” (p.3). Additionally, this analytic process included an inductive approach in which I analyzed the generated codes that allowed themes and concepts to emerge from participants’ responses and to further establish links between these themes and the research findings. An inductive approach is a qualitative analysis approach to summarize and identify outcomes from the data to produce findings as described by Thomas, D. R., (2006).

The outcomes and findings from this approach respondents identified CNA retention as the number one challenge to rural SNFs. Citing, issues of economic, personal, organizational and environmental-related factors along with the competition of LTC services and staff as the main barriers to rural SNFs, CNA retention. With CNAs predominately being employed at SNFs, this study provided a greater insight into the factors correlated to retention rates on this percentage of the direct population in this study.

2. Literature Review

This literature reviews further in-depth research on the previously cited increasing aging population to identify the demographics, socioeconomic characteristics, and the LTC facilities that serve this segment of the population. Furthermore, it includes factors on rural LTC facilities and their unique challenges responding to these impacts and growing trend. The variables of the research helped further understand the responses from rural SNFs administrators to further analyze and identify the main challenges and risks.

2.1. Aging Population of the United States

According to the U.S. Population Reference Bureau (PRB) (2018), the number of Americans is projected to nearly double from 52 million in 2018 to 95 million in 2060, making the 65 and older rise from 16 to 23 percent. This population growth is expected to have various impacts over the years as it rises with demographic shifts, health and economic disparities that are among a few of the areas reviewed further to understand the challenges with this aging population. The National Research Council (2001), addressed the growing aging issues as, “multi-faceted and dependent on several support systems; families and communities, as well as modern social, political, economic, and health service delivery systems, to provide optimal support”.

Research also suggests, “The driving force behind this growth is longer life spans, decreased fertility rates, and the baby boomer generation which makes up a large percentage of this aging population” (US Census, 2018). While research also shows that lifespans are increasing, the aging population faces a rising number of health disparities and chronic health-related illnesses. According to the National Council on Aging

(NCOA), (2019) “approximately 80% of older adults have at least one chronic disease and 77% have at least two; with the four chronic diseases, heart disease, cancer, stroke, and diabetes, these cause almost two-thirds of all deaths each year”.

Additionally, challenging to the aging American population, the US Population Reference Bureau (2019) identifies adults 60 and over obesity rates have been increasing, standing at about 41 percent in 2015-2016. Further, Mckee and Morley (2018) reveal, “That increased longevity does not necessarily translate to extra years spent in healthy living but may result in more years spent in chronic poor health”. The research shows the growing segment of the aging population will be faced with multiple health ailments that will require some sort of LTC assistance and therefore increase the demands of these services and workforce.

Among elders, research indicates, “mental conditions are often associated with important medical illnesses but receive lower priority in clinical diagnosis and treatment. Additionally, many mental problems are mistakenly considered to be part of normal aging and not given appropriate attention, particularly in the primary care setting” (National Research Council, 2001). Depression further exemplifies the problems of determining the care burden of mental illness among older persons. From the indicating the significant risks of having multiple ailments that furtheracerbate physical health and the increasing need for mental and behavioral health, will need to be addressed and a part of the growing and changing LTC services.

Further indicated from PRB (2019) among the research older adults are becoming more racially and ethnically diverse; between 2018 and 2060 the portion of the older population that is non-Hispanic/white is projected to drop from 77 percent to 55

percent. This also highlights a growing diversity gap of the younger generation, which could increase barriers to providing effective support and communication within the workforce and services. National Research Council (2001) further supports these reviews as, “wide multicultural disparities are evident across different population subgroups among adults ages 65 and older, 17 percent of Latinos and 19 percent of African Americans lived in poverty in 2017—more than twice the rate among older non-Hispanic whites 7 percent.

Furthermore, growing evidence from *The Journal of Gerontology and Geriatric Medicine* (2015) suggests, “that like other chronic diseases, cognitive illnesses disproportionately affect minority ethnic and racial groups in the US for instance, estimated the prevalence of Alzheimer’s Disease (AD) and other dementias among African Americans 65 years of age and older to be about twice the proportion among older adult Whites”. Similarly, the prevalence was identified in another study among Hispanic older adults is estimated to be 1.5 times greater than in White older adults (Chin et al., 2011). Adding to the disparities between ethnic and racial groups, research indicates differences in knowledge, awareness, and beliefs about cognitive health and associated health outcomes.

Overall, this information indicates the importance of improved understanding regarding the attitudes and perceptions of the various aging population subgroups. Further by comparing and contrasting cultural differences is also critically important given the increasingly diverse U.S. population (Roberts, et al., 2015). These are currently growing statistics with the aging populations’ socioeconomic trends and disadvantages that highlight the need for these to be addressed on large scale social and political support

systems to further understand how LTC healthcare services will adequately serve this population.

Another aspect the National Research Council (2001) indicated, “how long people continue working, paying taxes, and save, will feature prominently in the ultimate consequences and outcome of the aging population. Many people already work less than half a lifetime because of extended periods of schooling and training in early life, earlier retirement, and enhanced longevity, posing a challenge to the sustainability of systems designed to support older persons”. If the trend toward increased longevity continues without equal support in the workforce, the research indicates the stress on these systems could be even greater and produce further implications.

2.2. Long-Term Care Facilities

This research further identifies the variety of LTC facilities and services that are growing and adjusting with the rising aging population trend and healthcare needs. The Family Caregiver Alliances (2019) identifies LTC facilities that provide residential living arrangements and less than 24-hour care services for people who are unable to live independently at home such as assisted livings, group homes, or in-home services. Further, clients that need direct care accommodations range in ages that require care support from a variety of medical disabilities. An estimated 12 million Americans needed long-term care in 2007 with approximately 63% of persons aged 65 and older at 6.3 million, with the remaining 37% were 64 years of age and younger at 3.7 million (Caregiver, 2019).

The LTC industry and preferences are changing to meet a wide range of clientele in ages, needs, and financial support services, etc. One main indicator within research

that identified, “this is the shift of this industry as it is increasing more age in place caregiver support providers and smaller residential community homes versus the rising costs of facilities to address these issues” (MedPac, p.221, 2017). The significant rise in the cost of living for clients, commensurate with high staff and facilities, expenses further increased the disparity among the aging and providing enough services to meet this need thus changing the overall LTC industry and preferences.

SNFs also known more commonly as nursing homes, they are residential accommodations that provide 24-hour skilled nursing care (RIH, 2019). In 2017, there were 15,483 certified nursing facilities in the United States, (Kaiser Family Foundation, 2019). Preference for SNF to other LTC facilities will depend on these medical, financial needs and support provided. Further preferences will depend on the location of the desired accommodation between urban and rural LTC settings and services.

The Western Journal of Medicine (2001) indicated, “Changes in federal and state policies, consumer preferences and other factors are transforming the landscape of our long-term care system” (Coburn and Bolda, 2001). In 2012, Family Caregiver Alliance (2019) identified the total spending of public, out-of-pocket and other private spending for long-term care was \$219.9 billion, or 9.3% of all U.S. personal health care spending and is projected to increase to \$346 billion in 2040 (Caregiver, 2019). LTC facilities and services are increasing to meet this demand, by Medicaid’s response to supporting more community-based services as indicated by MedPac research above, however, the costs and services continue to be a challenge for society in affordability and availability.

2.3. Rural Long-Term Care Facilities

The National Research Council's (2001) findings addressed some services may be less sophisticated in rural or frontier areas or other geographical locations. Within rural communities it becomes an even bigger challenge with smaller availability of appropriate healthcare and LTC services, creating regional competition between employment and healthcare services. Also, research from the Rural Health Information Hub (RIH) (2019) indicates, "scarcity of LTC and health services in rural communities can cause hardships on individuals and families if these services are not available it further disrupts the rural economy".

Another challenge to rural regions emphasized and indicated by the Journal of Western Medicine (2001) with legislation and funding as, "states are allowed considerable flexibility in allocating Medicaid funds and those with higher concentrations of urban residents may emphasize services to this population, rather than to their rural counterparts" (Coburn and Bolda, 2001). To identify rural regions further they classified by the US Census of populations under 50,000 and urbanized metro cities identified as anything above (US Census, 2019). Further, Coburn and Bolda (2001) identified, "elderly residents of these rural regions and counties have lower incomes and are more likely to be classified as poor than older persons residing in urban areas. Additionally, rural elders receive lower average monthly social security benefits than those living in urban locations".

This research shows the increased disadvantages of rural elders and is largely disproportionate to their urban counterparts from the larger legislative policy structure. Rural Health Information Hub (2019) states, "some of these areas affecting rural LTC staffing retention are due to less pay, heavy workload, less personal and professional

opportunities available, decreased lifestyle amenities, career opportunities as well as fewer healthcare options and services”. This research highlights the impacts due to the decreased healthcare services and the unstable economy of rural regions, it is even more challenging to attract and retain staffing in these communities.

Research was reviewed to further understand the SNF availability within the comparative regions within this study. A recent Department of Health and Safety (2016) Aging Study data from Oregon, showed, “the number of licensed beds per 1,000 population 75 years and older steadily declined since 2000 with a 29% decrease over the past 17 years reflects the overall reduction in licensed capacity and the growth in the state’s older population during this same time period”. The Kaiser Family Foundation 2017 study provided that Oregon had 136 SNFs and Minnesota had 375 SNFs (2019). Also, the Centers for Medicaid and Medicare Services (CMS) Oregon ranks as the 2nd lowest for SNF providers and MN is 3rd. In comparison to the rest of the country, these rural areas are facing further barriers to having limited LTC services even more. Therefore, this research highlights SNFs situated in rural cities are at an increased overall disadvantage as the available SNFs are becoming less available.

2.4. Certified Nursing Assistants

Certified Nursing Assistants (CNAs) provide the majority of the direct care as previously cited and the challenges faced by long-term care facilities in recruiting and retaining these workers have been increasing in recent years, resulting in reduced services for many Americans (HRSA, 2004). With the growth of the aging population, the needs of direct care services increases demand for CNA trained service workers. The research on CNAs explores the challenges of the national shortage of CNAs in the nation as well

as identifying the importance of how rural areas are at an increased disadvantage for the availability of trained CNAs.

CNAs again make up the largest portion of direct care staff that provide a range of direct care services to individuals that need help with “activities of daily living from eating, bathing, recording vitals, transfer, and providing social support” as stated from Family Caregiver Alliance (Caregiver, 2015). The Family Caregiver Alliance (2015) further identifies the steps to become a CNA require completion of a state-approved training program, these programs are usually found at local community colleges, high school, LTC facilities, Red Cross or local hospitals. Applicants must complete a 4-8 week program, pass a background test, pass a math and reading or have a high school diploma or GED, as well as passing a physical the hours of training vary by state, from a minimum of 75 hours to 120 hours (Caregiver, 2015). Some variations in the required hours are being renegotiated with legislation to help increase the amount of CNAs in the workforce. In 2018, Wisconsin adjusted its legislation to reduce the required hours from 120 to 75 because a resolution to increase pay was not met (WIORH, 2019).

The US Census (2018) reports, “as the population ages, the ratio of older adults to working-age adults, also known as the old-age dependency ratio, is projected to rise by 2020, there will be about three-and-a-half working-age adults for every retirement-age person. By 2060, that ratio will fall to just two-and-a-half working-age adults for every retirement-age person”. This raises an additional challenge with the increased aging population that will have a disproportionate younger and limited workforce to support the demand for services needed to attain enough medically trained direct care staff.

The US Bureau of Labor Statistics (2018) reported SNFs were the largest employers with 38% of CNAs. Other places of CNA employment include hospitals 27%, assisted living 11%, home health services 5%, and government positions at 4% (US Dept. of Labor, 2019). This identifies CNAs have plenty of employment opportunities within all of these healthcare services as LTC and SNFs branch out within economic markets from private to public owned creating a competitive workforce for an already limited pool. Additionally, another vital aspect of this position is that CNA jobs are physically and emotionally demanding as cited from Health Resources and Services Administration (HRSA) (2010) “many job-related injuries consist of back problems resulting from lifting or transferring residents, a high rate of injury increasing job-related stress”.

A US Department of Health and Human Services study (HHS) (2011) identified that most direct care workers have limited education, low household income, and having additional family caregiving obligations. Further, HHS identifies, “females make up over 90% with an average age of 39 and 38% of household income is less than \$20,000, additionally, immigrants continue to represent a growing proportion of this workforce, among CNAs, 51% of immigrants and 41% of non-immigrants report communication problems” (2011). This research may reflect additional barriers of communication, education, and access to additional support resources.

The most recent statistics from the US Department of Labor (2019) identifies the low to median wage for nursing assistants is \$10.24 to \$13.72 with an annual salary as low as \$21,290 to as high as \$39,560. This review of the national minimum wage requirements are cited to the regional demographics from the participants in this study from Minnesota and Oregon to analyze and compare the research specifically further.

The minimum wage requirements listed as of 2019 with Minnesota at \$9.65 an hour and Oregon is \$11.25 (US Dept. of Labor, 2019). Additionally, HHS (2011) identified a substantial barrier to recruitment and retention of direct care workers is the low pay and limited fringe benefits that employees receive and further stated, “While workers are motivated by the desire to help others, they must be concerned with the financial well-being of themselves and their families”.

This research indicating thus far that increased wages are one of the most significant barriers to retaining these employees. Especially adding to the challenges as the majority of CNA workers are already disproportionately disadvantaged in other areas of the economy as cited previously a stagnant wage can have even further disadvantages that lead them to seek other positions or places of employment. Much of the resistance to wage increases from LTC organizations was cited because of the heavy dependence of long-term care providers on Medicare and Medicaid, increasing worker wages and fringe benefits would increase public costs (Health and Human Services, 2011).

Impacts from these associated retention challenges have further complications than costs, as found in published study from US National Center for Biotechnology Information (NCBI) (2010), “turnover may also be associated with higher costs because it may lead to lower quality of care, an inexperienced staff may not be able to care for the residents in ways that would maintain their health as much as a more experienced staff would” (Mukamel, 2010). Further indicated, “rural regions are even more at risk of attracting CNAs due to the less pay, heavy workload, less personal and professional opportunities available” (RIH, 2019). These challenges are largely associated with the demanding position that does not outweigh the benefits offered increasing the risk of high

turnover as well as disbursing these CNA position opportunities elsewhere in the economy.

Despite the greater barriers and disadvantages potential CNAs face, there is still a significant growth opportunity for these positions as the LTC industry continues to expand with the aging population. US Department of Labor (2019) predicted the “employment of nursing assistants is projected to grow 9 percent from 2018 to 2028, faster than the average for all occupations”. With this prediction, LTC facilities have the opportunity to identify their retention strategies to capture more CNA positions from these statistics.

Rural Health Information Hub (2019) further offers areas, “To increase qualified workers by actively having a recruitment committee to plan, train, hire, and retain this also includes having an assessment of the community demographics and resources as well as the facilities budget and resources”. Further supported NCBI (2010) research highlights the importance of an organizational climate, “that fosters communications, teamwork, and offered incentives to employees was also associated with lower turnover in some studies, but also indicated not in others as well as the importance of good supervision or the hiring of a trained retention specialist” (Mukamel, 2010).

This research again highlights the competitive nature rural SNFs will face with other LTC facilities as well as emphasizing the importance of implementing strategic retention plans. The survey from the US Human and Health Services additionally identified (2011), CNAs report that, “the three most important sources of information about potential employment in nursing homes are family, friends, schools, and job training programs, additional resources included newspaper advertisements, work

agencies, job fairs, and found internet employment services were not as important sources of information”. Highlighting the importance that rural LTC organizations and SNFs will have to do their own unique analyses to find what attracts, as well as motivates their employees and fosters their own culture with some of these strategies.

A Nursing Home Quality journal article (2013) compared the quality of rural and non-rural nursing facilities, using the Centers for Medicare and Medicaid Services Nursing Home Compare data; of the 15,177 nursing homes sampled, 69.2% were located in non-rural areas and 30.8% in rural. The study tested the overall, health inspection, staffing, and quality measure ratings, and found that rural nursing homes performed better in overall ratings and health inspections. These quality rating outcomes highlight the importance of rural SNFs to strive for overall fostering a quality community that staff and clients want to be at.

Overall, the literature findings found significant information with the rapid aging population identifying issues as this growth also increases the demographic shifts in American aging population outlook and LTC services. These impacts are significantly identified through this research from various health ailments and economic disparities as main indicators that are shaping the LTC facilities and services to meet this aging population’s needs and demands. LTC facilities and services are increasing to meet this demand, however, the costs and services continue to be a challenge for society in affordability and availability. This research also indicated the increased disadvantages of rural aging population and LTC facilities lack of legislative support and funding. These findings identified the decreasing healthcare services and support, resulting in an unstable

economy which results in further potential challenges to attract and retain CNA staffing in these communities as well.

The research overall indicated the growing aging population and demographic shifts are changing the LTC services and limiting the economy and staff as some of the main emerging challenges. Findings also suggested the impact of quality of care is at risk if CNA staffing is not adequate, indicating an emerging crisis for rural SNFs as these services and CNA staffing become in demand and limited. Research further indicated rural LTC facilities can stay ahead of some of these challenges by proactively implementing strategic plans that address these impacts, assess their community resources and offer incentives to help CNAs accept and keep positions with rural areas. This literature was beneficial in providing further comprehensive research to compare the interview responses and further address the research question on how do rural SNF Administrators perceive their challenges of CNA retention to be.

3. Methods

This study aimed to highlight the primary responses of the rural Skilled Nursing Facility (SNF) Administrators on their turnover issues and overall organizational factors and impacts. This study explored a research question to understand how do rural SNF Administrators perceive their challenges of CNA retention? To find answers to my research questions, I explored further research from the literature context from SNFs in rural settings and methods to apply with the interview responses which added significantly to the outcome of this research.

The findings presented here are drawn from a semi-structured interview format where the respondents had preset open-ended questions. The development of the interview structure and selection of participants originated by Minnesota State University Professor Dr. Don Ebel from 2015 to 2016. All 11 of the interviews were conducted in person and the participants selected were from a sampling of rural cities with a population of less than 50,000 in Minnesota and Oregon.

Each interview participant held a current licensed and active Nursing Home Administrators to practice within the state and oversee their SNF. Administrators were selected as they oversee the total operations of staffing, human resources, budget, and leadership strategies of the SNFs to gain a greater perspective, identify issues, and outcomes. The interviews were conducted onsite within the rural administrators SNF, generally within their office or a closed meeting space. Only Dr. Ebel and the SNF Administrator were involved during the interview questions as it was being conducted. Further, as it was being recorded they were informed of their confidentiality and the

nature behind this research and questions being gathered. In total, interviews lasted between 1 and 2 hours the recording was then transcribed verbatim.

An Institution Review Board (IRB) was conducted and implemented through Minnesota State University, Mankato, (2019) and is defined as, “proper policies and procedures in place to review and protect participants in research”. The IRB process was followed to ensure confidentiality during the initial collection of the audio interviews, so all information accessed is confidential and classifying this as exempt. The audio interviews were stored on an external hard drive and manually transcribed verbatim on Microsoft Word for the analysis of this study. These transcribed transcript word documents are again confidentially transcribed as cited and are currently stored on an external hard drive.

Semi-structured interviews were primarily conducted because, “this method allows researchers to learn about participants’ experiences and how they make sense of them” (Lamont & Swidler, 2014). Gathering data from semi-structured interviewing was utilized and beneficial for this study as it, “is an approach widely employed by different healthcare professionals in their research” (Jamshed, p.87, 2014). In addition, the qualitative methodology used in this research aimed to answer the primary objectives of this study by further exploring the participants’ understanding of the challenges and current phenomenon from rural SNFs.

Qualitative content analysis was applied as this method used in this study is identified by Applications of Social Research Methods to Questions in Library and Science, (2017) “allows for interpretation of the data from the participants words into further categories to themes from a system process of coding” (Zhang and Wildemuth, p.318). This approach

was selected because of its suitability to meet the objectives of this study as it will scientifically support the way to categorize the responses of the interview, research data, and identify impacts. Further, this approach is significant for this study as it is further cited in research as it, “builds a systematic scientific inquiry to build a holistic, narrative description to inform the researchers’ understanding of a social or cultural phenomenon” (Kumar, p.113, 2013). Also, grounded inductive theory will be explored in this study to analyze the content and themes as, “this theory helps explore the relationships and meaning that emerged through this process with continuous examination information to draw inferences from” (Redmond, p.20, 2015).

The first step in data analysis involved reading each transcript completely multiple times to ensure the participants’ responses were understood. The next step involved transferring the transcript Microsoft word document files into a qualitative analysis software called NVivo as the primary process to group related words or phrases from the interview context into classified codes. Saldaña (2013) describes this method of coding as it is, “to help arrange and gather words to find repetitive patterns and consistencies to categorize the information provided”.

The next step included entering each transcript into the NVivo word frequency query function to identify initial codes from the extracted common words. The frequency of words between each interview was then categorized into their hierarchy and grouped the context into codes together to distinguish between the main codes identified. The hierarchy of codes were then further analyzed in another step utilizing the cluster analysis coding function from NVivo. The cluster analysis aligned common coded responses

together from all interview responses for comparison and broader concepts from the context to emerge as further distinguished categories.

The results from these steps and identified categories were then further analyzed by drawing out a connection map between these codes and categories that illustrated this connection from codes to categories to find the emerging theme from all context provided. This final step allowed the codes generated from this software to identify and categorized the development of themes that emerged based on the context from the interviews. The resulting process was used to find concepts between the contexts and identify the themes.

The software coding process steps as identified was further useful for the qualitative inductive interpretation and analysis, as this method is described by Charmaz (2008) “allows themes and concepts to emerge from participants’ responses rather than preexisting categories, concepts, or theories” (p.398). This process was fundamental as it produced coded data sets extracted from the content that created the generation of concepts and themes to emerge that are unique to the responses from the interview participants’ for further analytical review.

Throughout this process, I consistently cross analyzed generated codes and themes to the transcript contents by utilizing word search option in Microsoft Word to find any inconsistent data to the to be sure and strengthen the credibility of my findings. This study content analysis method was useful in the identification and understanding of the research question on how do rural SNF Administrators perceive their challenges of CNA retention. The research along with content analysis and coding processes categorized this study to meet the objectives and to make a comprehensive presentation and report on

these multiple forms and findings, drawing on all possibilities and ensuring indicators were cross analyzed.

4. Study Findings

This chapter presents the findings of CNA turnover factors and impacts that emerged from the rural SNF administrator participant interviews that were analyzed with content qualitative inductive analysis. This method as indicated further revealed these specific rural SNF CNA turnover challenges and barriers to CNA retention and provides further recommendations. This study looked at, how rural SNF Administrators perceive their challenges of CNA retention. Within the findings I anticipated to identify connections between participant responses to the literature review; comparing the anticipated changes from the aging population growth to address the challenges specific to the role of CNA retentions in rural SNFs.

I have organized this chapter under four sections from the themes that emerged from participant responses. A total of 11 participants in this study were Skilled Nursing Home Administrators from rural communities in Minnesota and Oregon. The findings presented here are drawn from a semi-structured interview format where the respondents had preset open-ended questions. The development of the interview structure and selection of participants originated by Minnesota State University Professor Dr. Don Ebel from 2015 to 2016.

Each of the 11 of the interviews were conducted in person and the participants selected were from a sampling of rural cities with a population of less than 50,000 in Minnesota and Oregon. Each interview participant held a current and active Nursing Home Administrators license to practice within the state and oversee their SNF. Administrators were selected as they manage the total operations of the SNF to gain a greater perspective, identify issues and outcomes. Further identifying characteristics and

understanding of the participants were limited in scope due to the policies and confidentiality with an IRB placed.

Within the proceeding study findings it identifies the staffing with CNA turnover was indicated as the primary challenges mentioned, the issues from their statements are multifaceted and evolving from the growth of the aging population. The four main themes that emerged from participant responses covered issues of from economy, environmental and organizational related factors, and even further identified the participants' views on the CNAs personal objectives with addressing these challenges.

With the findings highlighting the anticipated increase of the aging population growth there are further dynamic changes to the health and services needed to support the need and demands. Some of these changes are from were identified from the increasing medically complex issues that are becoming varied across all ages and needs of services. Consequently, LTC are increasingly changing to meet these different aging demographics and health-related issues within these regions.

The rising statistics and costs also indicated the increasing disparity of providing enough adequate services to meet these needs and further increases the demand for more CNAs. Further rural LTC facilities are already limited in size and services limiting the availability for an adequate selection of trained CNAs in these regions. The current availability for trained CNAs is already limited nationwide as this demand continues to grow it has further challenges for rural LTC and SNFs in retaining CNAs.

The following table 1, presents the reported CNA turnover rates from the participants' rural SNF. Turnover rate is the percentage of employees leaving and calculated by the year of employment and employees. The first column is to identify and

separate the 11 individual rural SNF participants' responses. The CNA turnover rate participants reported from each area in the second column. This illustrates that 10 of the 11 participants provided their CNA turnover rate and further identifies the variations between them.

4.1. Table 1.

Participant Responses on CNA Turnover Rate from interviews conducted 2015-16

Rural SNF Participant Response	C.N.A Turnover Rate
Transcript ID #18	24%
Transcript ID #19	89%
Transcript ID #24	70%
Transcript ID #30	10%
Transcript ID #31	24%
Transcript ID #32	68%
Transcript ID #33	75%
Transcript ID #34	89%
Transcript ID #35	47%
Transcript ID #36	28%
Transcript ID #37	NA

High percentages in the CNA turnover rate column identify a high amount of staff leaving with this position and is costly to the employers. The range of the rates between participants is was as low as 10% with the highest reported at 89%. The rates represent a significant difference among staffing turnover rates responses and this can be from many variables between facilities from the size, services, and other emerging challenges that are identified throughout the findings below. Some of the participants utilized their turnover rate to guide how they are doing throughout the year and overtime to further understand the outlook on their staffing retentions and strategies.

Participants are well aware of the anticipated population growth and are already making changes to the health and services needed to support these needs and demands.

The increasing medically complex issues and varied demographics are shifting the already limited services within rural communities. Participants in the findings help identify their unique challenges of changing to meet these different aging demographics and health-related issues specifically in rural SNFs.

Additionally found along with these rising statistics and costs increases the disparity of providing enough adequate services to meet these needs and further increases the demand for more CNAs. Further rural LTC facilities are already limited in size and services limiting the availability for an adequate selection of trained CNAs in these regions. The current availability for trained CNAs is already limited nationwide as this demand continues to grow it has further challenges for rural LTC and SNFs in retaining CNAs. The themes and analysis of the participants' responses are identified and further described below.

The four main themes of economic issues, environmental and organizational related factors, along with participants' views on CNAs personal objectives emerged from the inductive coding process and identified these main categories within the participant responses. The participants emphasized heavily on economic issues and were evidenced by the coded categories identified in the responses of staffing challenges with CNA regulations and limited market services. These further identified their market economy as a prevailing category to creating the theme of greater economic issues. Environmental related factors from infrastructure emerged as a barrier to retaining CNAs to rural areas; the scarcity and accessibility of amenities' mentioned emerged further identifying the rural community as the main category.

The organizational related factors became characterized by the frequent comments about organization and strategies. Finally, the fourth theme personal objectives emerged from frequent responses on what the rural SNF administrators perceived their retention challenges on the competitive personal choices of CNA employees on having more lifestyle options within urban cities. And further the challenges indicated from the generational population workforce within rural communities creating a personal choice category that developed this theme.

4.2. Economic Issues

Economic issues were identified through several related issues of the economy that influenced the responses on CNA staffing challenges; including minimum wages, regulations, and rural market services. Each of these findings are further explained along with reviewing research from LTC services and the clients to understand the angles and differences between them. Participants stated the economic issues with staffing in relation to the legislative regulations and minimum wages with their budget restrictions as a primary challenge.

Various strategies are utilized with staffing challenges, to further understand the responses of these participants within their rural SNFs a question was asked on what strategies they used. This question is important because other strategies used at other facilities nationwide can be very different approaches. To a question of “How did you respond initially or what kind of strategies have you used to try to understand the problem?” a participant’s response was:

We do exit interviews finding out why they're leaving initially; they are leaving for higher dollar amount at the hospital and we tried with wage compressions realistically as we could but obviously our payer systems are a lot different than the hospital.

For this participant SNF's in rural settings do not meet the competitive wage differential. Their response emphasizes how rural hospitals are one of their main challenges in competing for CNA employees. This participant measures turnover with CNAs on why they no longer are working in their SNF in rural areas by doing exit interviews.

Economic issues with wages and competitive employment pool are seen as predominate challenges as stated with this participant and throughout other responses as well. This further implicates rural SNFs retention strategies as rural economies larger competitive healthcare services are limiting the availability of CNAs. Additionally, minimum wage policies create other jobs within rural market economy that pay similar or more for entry level jobs.

These jobs often don't require training or working in healthcare services, as found in the response below furthering limiting to SNF CNA retentions. A question on identifying the greatest challenge revealed these economic disparities as one of their biggest challenges. An interview participant answered the question "what do you consider to be the greatest challenge to operations that you've had to deal with?" With:

I think work force is going to continue to be an issue because especially with minimum wage increases and stuff if we cannot continue to pay above and beyond minimum wage in it if we were to say get a fifteen dollar an hour minimum wage that would be

detrimental to us because that starting wage for CNA and how do you compete than with McDonald's and other places that are less stressful and offer better schedules and hours.

The participant identifies how workforce is continuing to be a problem with minimum wage being the main issues. They state how they can't pay the minimum wage levels that legislation is imposing. Especially is the rate increases to an amount of \$15 dollars an hour it would have a large impact on this participants rural SNF because the CNA staff would be more likely to leave and work at McDonalds where they can receive better pay and work schedules.

These statements revealed other economic issues rural SNF administrators are struggling to keep up with the required legislative wages and incentives offered by the other non-healthcare related jobs within the region. This highlighted the challenging economic market that is already limited in competition and services in rural areas and further deters potential CNA workforce.

Rural facilities generally know who their competitors and population demographics. This question addresses the other LTC services within the participants region to further understand the size and services in comparison to their SNFs within their rural community. An interview participant answered the question,

“Are there competing long-term care services in the area?” With:

Yes and we are finding that too we're getting a lot of drug rehab people that have messed themselves up, they get diabetes and stuff from the drugs when there coming off from meth and some other issues and then they and others are getting earlier dementia some people 50 - 60s years old so you have to watch for it. We don't take any

active drug users because that causes too much problems, but everything else we take because we're the only facility in town and we also have to maintain quality.

The participant addresses how they don't really have any similar services within their region and due to this they are taking in a variety of ages and health issues. They stated the increase of younger adults with increased health related illnesses due to past use of recreational drug use and also increase in this adults ages 50-60s with memory related issues as well.

These changes in LTC services and demographics was reflected in the participants' experiences as the rising number of health disparities and chronic health-related illnesses are changing with their current population and demographics. Because of these increased health-related illnesses and their rural location this facility has been serving a variety ages of medical needs. Which often alters the organizational structure and increases further segmented LTC services ultimately limited even more available CNAs.

The change in healthcare needs also altered legislative payment systems and structure. This further changed how LTC facilities generate revenue and overall operate to provide for these advanced medical needs. An interview participant answered the question "What specific strategies have you employed to try to resolve your staffing issues?" With:

We anticipated with Obama care that there was going to be an influx of drug addicts and people that were before denied or didn't have health insurance. We saw that that that there's going to be an influx looking at our accounts receivable we were having multi-generational in house in the family environment a lot of times the what we saw with the adult children living at home for elderly parents there was somewhat predatory and they

weren't in favor and somewhat resistive to the starting the Medicaid process because then they would lose their home or just not paying and stuff like that so a lot of these things are trying to gear the facility and then also you know just in my time here in the past decade it became very evident that the hips and knees are gone in other day surgeries for the most part and more becoming more of a convalescent hospital in a sense so let's start gearing up and training up the nurses getting people through the wound care and actually be certified wound care and start really moving towards that hospital based model which is a mindset.

This participant addresses their concerns with the healthcare legislation and policies changes will have on their SNF. They are concerned with their budget as the Medicaid payment system processes changes it will have impacts to how they operate. This participant anticipates issues they will have with this change will affect their clientele and services that they provide will have to change to along with this system process to continue to retain the highest revenue from Medicaid. They suggest that their strategy is to change and increase more specialized wound care services. In order to do this they have to offer the training to staff and shift their organizational operations as more of a hospital based model.

These stated economic issues further address legislative healthcare decisions that are changing the services of LTC facilities and requirements of staffing. This increases the need for specialized training, education, overall, adding and reshaping the traditional CNA on the job duties, requirements, and environment. The overall alterations to LTC into more specialized care is shown in these responses to further limit available CNAs and further pose risks of closure to other LTC facilities that are not as able to adapt to these models of change.

SNFs receiving state or federal funding are required to meet certain standards of care. These standards of care focus on clinical outcomes, proper licensing, and adequate staffing. If a facility does not have the necessary staff required to maintain quality of life for residents, they are held accountable, have to drop their census (number of clients), and could ultimately face closure. To further identify strategies, an interview participant answered the question, “So, if staffing gets worse or if it were going to evolve in some way do you have some perceptions on where it would go or what you would do? For instance, some facilities have to reduce their census because of staffing. Is that something you’ve done here?” With:

Yeah, we have there have been times where we could only accept 28 residents but right now, we can accept 34. We are total licensed for 43, in the facility we can only hold a total of 39 residents. Given the ratios the most we can do is 38, with capacity of staffing we are only at 34 right now.

The participant agrees with the question and acknowledges that they are having to reduce their census due to staffing shortages. They stated they are currently running below census because of this staffing issue. The ratios of staffing has an impact on this rural SNF operations and they have to depend on CNA staffing to meet these requirements as well as increase more clientele.

A reduction in census was a common strategy throughout responses predominately from the stated shortages of CNA staffing as well as the shift in LTC services and needs. Running below census is a reduction in revenue for facilities and ultimately doesn’t provide total quality of care if facilities don’t have a well-balanced staff and revenue.

Further addressing these shortages facilities are often struggling to find strategies to keep the proper staffing requirements that are cost effective. Participants address how temporary pool staff was utilized to fill in the times of CNA shortage. An interview participant answered the question “Do you use pool or temporary placement staffing agency staff?” With:

We have done some when we made the decision we realized that there was no way with the way we started out the month of April with like 80 holes in the schedule and I didn't have a choice but to reduce the census immediately so yeah and then we called the agency.

This SNF faced an issue with staffing shortage. With having 80 shifts open within a month. And they had no positions to fill these shifts, so they did not have any choice but to call a temporary employment agency to come in and fill these up so they did not have to reduce their census.

This statement further highlights these impacts together with the reduction of census and having to call pool staff agency and further indicates the limited time to strategize the staffing shortage they faced. The use of agency staff is very costly and does not provide the same level of quality as long-term a CNA; further operating this way increases the risks of rural SNFs to closure and further scarcity of SNF and LTC services within rural communities.

With the naturally small size of rural communities the people and services are generally aware of each other whether they are within competition or not. With the hospitals and other LTC facilities that do remain within rural communities they remain as

the closest resources for medical needs care services. Often the size and the closures silo healthcare providers as with this administrators' response she highlights. An interview participant answered the question "From your perspective you feel that members of the community think it's important to have a skilled nursing facility in the community, why do you think that do you hear that or is that anecdotal evidence or just a perception?"

With:

So I know in my relationship with the hospital I'm speaking to their CEO you know he said we kind of got into a sticky wicket where every physician in Klamath County except for one, is hospital based and that's their hospital employees so they are not individual practitioners in here and all the clinics are owned by the hospital who is an independent hospital they're not corporate it is private. So, it's an interesting system, a closed system here. There's nowhere for these people to go so we do know that I feel like that qualifies that it's important that they have SNF beds. That hospital here used to own this SNF it was owned until I think two companies owned it before us but it was still early 2000 and they just lost so much money running at themselves. No hospital really does well when they run a SNF especially one this size so I think they understand the importance of having a SNF in town.

This participant addresses how their rural community only has one private hospital that owns almost all of the clinics in town. They state that this has predominately limited of individual practitioners' and choice of choosing one in town outside of this hospitals organization creating a closed system as there is nowhere else for people to go. The participant also describes how a SNF used to be a part of this hospital but was then sold to two previous companies before this current participants organization took over.

Now they describe that their SNF is an important because they are not run by this private hospital and also because they are the only one in town it is important that a SNF remains in the community.

The issues stated implications of their regional hospital creating a closed system overall limits choices of providers for the rural community. This also highlights a vital and fragile connection for this participant because they are the only SNF in town and rely on this one referral source they have to maintain a working relationship despite the limitations as well as the competition of CNAs.

As shown from these participant responses the economic theme emerged throughout identifying challenges of the changing of LTC facilities that increase competition and challenges of retaining adequate CNAs. Rural SNFs are left to strategize to avoid staffing and census shortages that are often costly to avoid closure. Overall highlighting the limitations and constraints of the economic market in rural-based communities. The next section will further explore participants' responses within environmental related factors.

4.3. Environmental Related Factors

From the environmental theme, respondents primarily discussed the nature of developments, facility infrastructure costs along with community services and support. One of the most common challenges was requiring of capital improvement funds, receiving the approval from corporate based on the current census of clients and comparing along with other community assets to determine if it is worth the investment. One of the ways to further learn about these investments is by asking about long-term

goals. An interview participant answered the question “How about vision do you feel there is a long-term vision to expect this facility to become have you had the opportunity to spend much time?” With:

We need a whole new building that is going to cost \$20,000,000 and how can you justify that in a small community. But we're the only community and you look around and see all the stuff that we need, so will the company put that much into it? I wouldn't expect it because he wouldn't get that return, now if you had 150 beds maybe but not at our current rate.

This participant identifies their SNFs projected renovations. This was a costly amount that they feel will be largely unsupported because of the way the community looks. They further state this is because of their current operating budget and census rate. They also state how they are the only facility in the rural community and even with this statement they don't feel their company will support their projected needs because they won't get as much return on investment.

To further analyze the above participants' statement, “*look around and see all the stuff that we need, so will the company put that much into? I wouldn't expect it*” this emphasizes the decreased value that is set on this facility and the community. Quality services and environments are essential to attract clients and CNA staff if they are unable to attain improvements within facilities will face overall a degrading facility, citations, and ultimately closure as mentioned in the previous responses.

In addition, the lack of support and investment into existing services and infrastructure affects the communities even further as it reduces employment

opportunities and overall investments into the community. When rural communities become extremely limited it rural SNFs are even further impacted. This participants responses highlights some of these issues as stated next. From an interview question “Ordinarily if there were problems with that one how far do people have to go for equivalent services?” A participant’s response was:

With rural based community we do not have that infrastructure and we don't have the community based care available and so because there are no other alternatives, the ones we do have is full adult family homes were starting to close down or switching their beds over to mental health because the reimbursement was better.

This participant makes a direct statement that they lack infrastructure in their community. The lack of infrastructure further limits the community based care centers available. The limited centers are having to change services to incorporate mental health as the reimbursement was better in order to maintain operating budget and the risks of closure. These closures again echo throughout these responses from these participants, the statement, “there are no other alternatives” is extremely limiting in providing adequate and accessible services within these communities.

Some communities are adopting different culture change environments to improve their communities. To understand if some of these participants utilized these enhancements an interview participant answered the question “Do you have an Eden or Greenhouse initiative or vision in place in terms of the broader parameter culture change in culture change environment? With: *No we do not have these initiatives in place but we are resident focused in terms of culture changed. And in order to stay connected to our community and overall environmental needs and value we are a part of Leading Age*

Organization and in fact I get to go to New Orleans this year and go through their conference we're really excited about and we have 3 major changes were going to an open dining breakfast and we're going to open medicine passes and develop consistent staffing those are the 3 major areas that were looking at this year.

This participant addresses the question that they do not have the stated initiatives but they have their own that they developed to support culture change with resident focus. This is a part of their initiatives to provide the culture change for their facility that is indicated from the question. They further address that they are staying connected to the community and environmental needs through being a part of an organization called Leading Age. This provides them with an opportunity to go to a conference and learn 3 major changes they can bring back and adopt into their own facility from dining breakfast hours, medicine passes, and further areas on developing consistent staffing.

The question addressed culture based environmental changes from other developed communities have implemented called Eden or Greenhouse initiatives that are suggested to enhance these facilities community. While the participant did not have these stated initiatives they were aware of the benefits and were actively educating themselves to develop and provide similar strategies to enhance their own culture and overall environment.

Overall these responses highlight how limited capital improvements can diminish community services and value that ultimately attract CNAs and clients to work and stay within these communities. Gaining capital improvement and corporate support was the prevailing challenge for these rural SNFs due to the diminished value that existed and perceived. While many responses indicated their diminished value and support has

already reduced their census and potential investment in infrastructure; there are other strategies administrators can implement with culture and environment change to increase the value of their facility and ultimately their rural communities. This theme significantly relates to some of the economic related factors as participants mentioned previously and the responses from these areas indicate how much of a greater impact environmental related factors have on the overall quality of the community.

4.4. Organizational Related Factors

Organizational factors were commonly coded into a theme throughout analysis as responses covering operational processes, leadership, and support to identify participants' challenges and strategies of their CNA turnover. To further identify these factors direct statements from respondents' on these challenges are key pieces of information to further understand the specific risks in rural SNFs. A question asking about the main crisis that affects their facilities was asked to participants. An interview participant answered the question "What would you say would be the number one crisis or challenge that affects the operations would be for this facility and what do you see as the main risks to the organization to the workforce challenge?" With:

Staffing and making sure we have enough. You know we just won't be able to care for the same amount of people as we have in the past and the flip side is there are other services available now so people don't necessarily come to the nursing home for everything that they used to so I don't know how long that's going to last for people to do the home care. Where here you can maybe help 10 people in that same amount of time. I also believe that there will be more people in the community that don't have a place to go and they

will be more dependent on their family because there are just not enough workers to go around.

This participants SNF identifies the main crisis is staffing and having enough to care for the clientele that they have been used to operating with. They further mention that with other services being offered that it is a benefit to those that don't need the full services of their SNF and can remain home. They question the home care services in comparison of their SNF as their SNF can accommodate and care for more people in the same amount of time. They further state the workforce staffing challenge as having an impact on families in general because there is not enough workers to go between these services within this community.

The issues stated reiterate the competitive and limited workforce within the LTC services and in rural communities. With the statement, "there are just not enough workers around" they are often left paying over double the wage for pool staffing, or a reduction in census of clienteles as mentioned previously in the theme of economic issues this risks continues as a primary challenge in organizations. In order to avoid these frequently mentioned costly risks, further understanding other strategies these administrator use is a question that seeks to find and resolve these issues. Finding out further where these participants' draw their plans and support are asked to help identify other options. To a question of, "In terms of developing strategies did you talk to others in the industry, do you have contacts, networks or other data points that you use to try to speak?" A participant's responses was:

So as far as strategic planning my process is in the past is put out an agenda with census, budget, and any recent surveys and then these are your responsibilities, I like to share

leadership with operational strategic planning, I hate having to stand up all day long and handle the different topics. We go out of the building and spend the morning identify the problem and decide how we want to handle the problem and then break out in the afternoon into the committees' and that's just the usually process and that's easy. The hard part is the follow up and follow through.

This participant reviews issues of their SNF and provides strategic planning as a process. They share this process and responsibilities with their leadership team. They do this planning outside of the facility and address how to handle the issues together and going forward as an operating entity working together. They use a team building and assign responsibility as a part of the follow through of these plans.

With this response the participant identifies their organization strategic planning process including administration and leadership to strategize the issues together, deciding how to handle it and deciding the process to resolve it. The incorporation of involving current census of clients, budget, and surveys is also a good assets to effective strategic planning as it guides the process with current issues together.

Further, follow up was mentioned as the hardest part in resolving organizational issues through this manner. Identifying that sometimes additional tools and strategies are needed to ensure plans are executed and addressed. To further understand other strategies utilized by participants further responses are mentioned. To a questions of, "Do you use root cause analysis? Are there process tools?" A participant's response was:

We do process improvement plans which really is just root cause analysis why the 5 y's we just keep asking why until we're out of y's.

This participant utilizes improvement plans within their SNF. These plans are executed through root cause analysis. They also use this with a method of asking the 5 y's, they keep asking these 5 whys until they run out of them. This is the method and analysis that they use to get through issues.

While some participants had a plan of action most commonly the leadership teams would communicate daily and brainstorm guide them through challenges such as this. Daily informal department meetings providing enough support to process challenges as they came. If some kind of set strategies are in place and if leadership teams work effectively together, within these areas of support, communication, and relationships. Further questions on how these strategies prevailed and what was produced are explored. An interview participant answered the question, "With the different strategies that you put into place how has your management team locally been involved in developing?"

With:

We've continued with company policy such as employee of the month generally we do our staff meetings monthly and try to make those really beneficial. So we check with our staffing to make sure that their comfortable and know what they're doing in their work because we don't want them to burnout. And we just focus on education and training. Especially since we train our own CNAs lot of them don't have the experience coming in. So it's that much more important that they are supported getting trained on what they need to do here in regularly, but those can get stressful, so we try to do less formal things as well like barbecuing as well with the staff. We also we do a lot of team building you know, just trying to build our culture.

This participants SNF has company policies that provide employee of the month. They also provide education and training for their CNAs so that they have access and know they are adequately trained. They recognize that the position is stressful and by providing their training and education it can limit burnout and on the job stress. They further offer incentives such as informal social events like their barbeque with the staff for team building and workplace culture.

The strategies offered at providing education and training to emphasize the importance of eliminating stress and being comfortable, thus, improving quality of care. Further their support strategy is offered by the organization and further includes personal incentives such as the team building social events creating a supportive and effective workplace culture.

This highlights how important the education and training support is as well as implementing retention strategies in order for the quality of care to be at within best practices. Many of the participants offered some sort of program or paid for the CNA training and credentials as a part of a process of retention and as well as have continuing education opportunities available as well.

4.5. Personal Objectives

This personal objectives themes emerged from frequent responses on what the rural SNF administrators perceived their retention challenges on the competitive personal choices of CNA employees on having more lifestyle options within urban cities. And further the challenges indicated from generational population workforce within rural communities creating personal choice objectives category that developed this theme.

Personal objectives are can be different among demographics and preferences, as we learned from participants earlier how much the economy and environment factor in personal decisions already. From this interview response it identifies some of the lifestyle trends these participants noticed with their rural community. An interview participant answered the question “In the last 5 years in particular what would you say is the most pressing challenge biggest obstacle that you're having to overcome in the operation of your facility?” With:

Retaining labor especially with regard to certified nursing assistants were starting to see it with licensed nurses as well they generally tend to be a little bit more stable with regard to turn over but a CNA's yeah I've been running about 75% turnover annually seems to be from what I can see national average 64% we rely on this core group about 10 CNAs that have been with us for about 20 years you know between 15 to 20 years obviously their aging in place so I can see that number that's only jumping up and we're seeing a lot of start a couple years ago but seems now more of an urban migration the young high school graduates and family age seem to be moving Eugene and Portland area and its affecting us and the schools in the community.

This participants SNF is facing retaining challenge with their CNAs even a little with their LPNs, however, they state the CNAs is their biggest challenge with their 75% turnover rate. This SNF has a current group of CNAs that are stable as they have been with this SNF for 15-20 years they are aging in place with these positions. They state that there is a urban migration for the recent graduates and families to move to the bigger cities of Eugene and Portland and this loss has an effect on their SNF and schools in the areas as well as the greater the community.

The statements specifically identify the challenge with CNAs and ties it in with the intergenerational workforce differences, mentioning their retention is strong with their older workforce CNAs aging in place within these positions. And the emerging trend of urban migration is moving potential CNAs into urban cities further resulting in impacts on not only retaining CNAs but also the rural community's services that will further implicate economic and environmental related factors. In order to resolve some of these disparities from the lack of services within rural communities. Some participants mentioned further strategies they implemented to help resolve these barriers and increase CNAs. To a question of, "With the changes that you made specific around the workforce issues deciding to go through the approach that you've done, was there resistance to that?"

A participant's response: Now people are excited with the childcare here because there's no center-based childcare options probably in a forty-mile radius there's home day cares, they're not the greatest here you know. So people are really set on having a licensed center.

This participant's SNF childcare center addition onto their facility was stated as important to the employees and community because there are no other center-based daycares within 40 miles. The only other option was home day care in which was commented are not the greatest in their rural community. This participant's organization took a strategy to address this issue of personal and economic issues of childcare that largely affected their workforce by adding a licensed childcare to the building.

This was an extremely good benefit not only to the employees but also to the organization with staffing retention, culture, and intergenerational benefits to the clients

as well. The differences among generations is seen emerging from participant responses both on the workforce with how it affect CNA retention and their desire to want to live and work within rural communities. The generations within the workforce became a prevalent response among the participants. To a question of, “Do you find that this is a source of intergenerational conflict between staff groups and the facility?”

A participant’s response: *My understanding is something that could be attractive to millennials is they really enjoy their personal leisure time for vacation time so if we can improve that package that came out of management meetings from conducting root cause analysis.*

This participant has experienced these perceptions of millennials in their SNF workforce as wanting more leisure time. To identify what this workforce population wants to support them this SNF did a root causes analysis. Their analysis and management team decided that to provide this leisure time they would improve vacation time packages to attract and retain CNAs of this population workforce of millennials.

Many of the above reasons on rural community and environment are enough to deter younger generations from wanting to live within rural communities. Generally from these responses they seek more personal life options for leisure and family support within urban centers have more to choose from. Responses suggests rural communities are further at risks of retaining employees.

With these further intergenerational differences, questions aim to understand the strategies used by these rural SNF administrators. An interview participant answered the

question, “Do you find that this is a source of intergenerational conflict between staff groups and the facility? And how do you overcome that?” A participant’s response:

Absolutely. I talk using them as mentors we have a really great mentor program where we even pay our staff at dollar an hour more while they're mentoring someone in the program for a month. If they work the same schedule any question they have asked someone to go to we were hoping that would help our longevity of our staff they would have someone to go to but I was making mistake in choosing the wrong generations with each other and they just clash now I'm trying to match their philosophy. The heart of what you seeing is that I'm facing generationally lifestyles are different as they don't feel appreciated and I'm at a loss for that I'll be quite honest it's interesting we constantly have staff incentives and appreciation events. At the end of the day I've had to ask what appreciation and thanks means and looks to them.

This participant’s SNF has developed a mentor program that pays an experienced employee a dollar more on top of their hourly wage to be a mentor of a new employee. They have this mentorship match for a month between employees to work together during the same shifts to help train and also build support and better relationships between generations. The biggest issue this participant found is that they don’t feel appreciated and it was difficult to understand but further offered incentives and appreciation events as well as asking what appreciation means to each individual.

This participant identified these differences and then strategized by developing a mentorship program to help bridge the two generations together with incentives to further foster understanding and support between generations. This approach along with appreciation was this respondents’ strategy to reduce the risks of turnover and ultimately

retain CNAs. As LTC facilities and services continue to grow with the aging population the participants highlight the emerging demand on how many of these communities are increasingly taking shape and design to cater to these requests and lifestyles needs of the CNA workforce. The issues emerged from the other themes to identify this theme further, with issues of the economy, along with related factors of organizational leadership, environment, and participant perspectives on CNAs personal choice that stood out from these issues.

5. Discussion and Conclusion

This study has explored how rural SNF Administrators perceive their challenges of CNA retention by following a qualitative method and a thematic framework to identify themes that highlighted CNA satisfaction and retention as well as the challenges to these factors. Ultimately the findings in this study identified factors affecting rural CNA turnover from economic issues, environmental-related factors, organization-related factors, participant views on CNA personal choice perceptions and how they change over time.

This chapter is organized under four sections; a summary of the study findings, implications of these findings, limitations, and future study. The study findings identify the interview responses with the research and connect the themes that are supported or not supported through research. The implications provide potential impacts and connections this research may have within this field of study. The research methodology shortcomings are further outlined in the limitations section. Within the concluding sections and future study, this research highlights the applied value of this project to this field of study that practitioners will find useful in further understanding CNA turnover and impacts within rural SNFs.

5.1 Summary of Findings

Participants stated the economic issues with staffing in relation to the legislative regulations and minimum wages with their budget restrictions as a primary challenge. With the study findings from participants within rural SNFs, it is important to further understand rural to urban differences within the economy. The Environmental Protection

Agency (EPA) (2011) highlights, “some of the challenges rural areas face; resource-based economies that are vulnerable to the impacts of commodity prices, technological changes, land value dynamics, and other market influences. Some communities' economies are experiencing increased unemployment, poverty, population loss, aging of their workforces, and increasing demands for social services with fewer dollars to pay for them. In some rural areas, these are not new trends, but generations-old issues” (p. 7, 2011). Additionally, residents of remote communities have limited access to jobs, services, and transportation options as throughout the responses.

Participant statements also revealed administrators are struggling to keep up with the required wages and incentives offered by the other healthcare services within the region indicated a challenging economic market with competition and limited staff and services. To further address the concerns of the increased minimum wage a report from the Congressional Budget Office (CBO) (2019), cited two main effects that could happen if the minimum wage were to increase up to \$15 an hour; “Increasing the federal minimum wage would have two principal effects on low-wage workers. For most low-wage workers, earnings and family income would increase, which would lift some families out of poverty. But other low-wage workers would become jobless, and their family income would fall in some cases, below the poverty threshold”. Further CBO (2019) identifies the three options minimum wage would be next proposed at \$15, \$12, or \$10; with the \$15 rate indicated as a significant job loss with an estimated median of 1.3 millions of workers displaced, at \$12 proposal only 0.3 million and no estimate of loss at \$10 minimum wage proposal (2019).

Given the participant statements and this study, these indicate where many of the rural SNFs face further loss of CNAs as they state they cannot afford this increase and competition of employment of other healthcare LTC services within their rural market base. A recent study analyzed the minimum wage increase among these current and stated socioeconomic issues further; the American Journal of Public Health (2019) reported an article study titled, *Economic Vulnerability Among US Female Health Care Workers: Potential Impact of a \$15-per-Hour Minimum Wage*. The study identified, “women make up most of the nursing at 85% and home health services positions from 88% further many are women of color, suffer economic privation, lack health information with a total of 1.7 million of them and their children living in poverty”.

The study findings from Himmelstein and Venkataramani (2019) further indicated that “raising the minimum wage to \$15 per hour would reduce poverty rates among female health care workers by 27.1% to 50.3%. However, achieving socioeconomic justice will require significant changes to the compensation structure of health care systems and policies”. With the predominant nursing assistance workforce in LTC having faced these significant disparities these wage increases would be beneficial for this population and position, however, many rural SNFs still report that they could not afford this increase and this issue could be there greatest challenge in retaining staffing with rural communities.

Another indicating issue that emerged from participants’ responses and aligned with the literature was the change in market service delivery and LTC clientele. Services of LTC are changing to meet a different aging demographic and health-related issues within these regions as it was frequently described rural SNF Administrator participants.

These changes in LTC services and demographics were reflected in the literature research and highlights with the participants' experiences as the rising number of health disparities and chronic health-related illnesses. As also found and reflected in the research, "approximately 80% of older adults have at least one chronic disease, and 77% have at least two. Four chronic diseases—heart disease, cancer, stroke, and diabetes—cause almost two-thirds of all deaths each year" (NCOA, 2019).

The stated economic issues further address legislative healthcare decisions that are changing the services of LTC facilities and what clients can afford. SNFs receiving state or federal funding are required to meet certain standards of care. These standards of care focus on clinical outcomes, proper licensing, and adequate staffing. If a facility does not have the necessary staff required to maintain quality of life for residents, they are held accountable, have to drop their census (number of clients) and could ultimately face closure. This was frequently mentioned in the administrators' responses and reflected in the research cited.

To further narrow SNF closures a study from the Urban Institute (2007) was found on why hospital-based (HB) SNFs were closing, "due to many facilities that were faced with a burdensome survey and certification process as leading to closing the SNF unit, as noted by several hospitals. While functioning as a hospital unit, the HB SNFs have to be responsive to a process focused on nursing homes". This paradox presented multiple problems, another main issue as many hospitals indicated financial losses because the costs of operating their SNF units exceeded Medicare payments due to the increasing medically complex clients and high service costs.

Staffing problems that aligned with the participant responses were identified throughout this SNF closure study found further within Urban Institute's (2007) findings, "hospitals noted that nursing shortages forced them to use temporary agency nurses to fully staff their SNFs. Because the costs of agency nurses are higher than those of 15 employed nurses, this need adds to financial problems. Also, hospital nurses had a preference for medical/surgical units, rather than SNF units, because they cared for fewer patients in the former. Given identical salary and benefits for nurses across all of a hospital's units, these hospitals experienced difficulty in retaining nursing staff for the SNF units. One hospital closed its SNF unit simply because it could not staff it and found that it was more convenient to discharge its acute care patients to alternative (PAC) providers".

While these perspectives of closed systems are conflicting, in comparison, another growing aspect to LTC facilities is the addition of services or contracts to in-house services or providers to deliver a variety of care options to further eliminate some of the transportation and access barriers as well as receive further incentives through government reimbursement systems for having providing more comprehensive care. A report to the Congress on Medicare Payment Policy (2017) illustrates this incentive and change, "As payment reforms shift risk from payer to provider, providers seek to lower their costs through consolidation and integration of services across the PAC continuum and to prove their value" (MedPac, p.210, 2017).

The economic theme that emerges from the participant responses found support through literature to align with their challenges as regulations have an impact on the increased risk of affordability for rural SNFs staffing and services. Prompting what

further is deterring or can be offered in rural-based communities. A further analysis of environmental factors that emerge from participants' responses was reviewed with literature to find further support and correlate the emerging barriers that exist within rural communities and SNFs.

Further in the report to Congress on Medicare Payment Policies (2017) it covered some of the further barriers in gaining capital improvement funds stating, "many market analysts report that lenders are becoming cautious for several reasons, such as recent requirements to the Medicare payment system are starting to require better practices and achieve good outcomes on survey reports, other areas include enrollment of clients in Medical Assistance programs and accompany lower SNF days and revenues" (MedPac, p.16, 2017). As previously cited in the literature review, most rural-based SNFs have better ratings of urban counterparts, however, this indicates the increased risks they have in continuing to keep up quality services and attract staff if they are unable to attain improvements within facilities and communities as they need to properly accommodate the growing aging population and the medically complex clients that are cited to be most in need of LTC services.

Environmental quality and design of the community issues were mainly mentioned by the challenge of limited services while the overall barriers from the environment are further understood in the research. RIH (2019) identifies some of these challenges from, "long, expensive commutes to distant employers are costly and families have to live sparsely on the small amount of local work available with the region. People who don't have access to personal vehicles or who do not drive, such as low-income residents which are then again a large portion of the CNA workforce. And senior citizens

the direct clients for these facilities, lack mobility and have even less access to healthcare and other services”.

Further, the EPA (2011) report reviews rural communities, “may lack access to private and public capital, making it difficult for them to obtain funds for economic development and revitalization. For example, philanthropic organizations that exist in larger communities are less present in rural areas, reducing resources that might assist local governments and organizations”. The result can be development that fails to take advantage of the communities’ assets, has limited long-term benefits, and creates long-term costs for the community (EPA, p.4, 2011).

Further a report indicates these challenges, “Analysts noted that good facilities and operations will continue to have adequate access to capital but that lenders have gotten more selective and have increased their underwriting requirements. In covering themselves overall potential borrowers and lenders review the quality of the potential borrower’s management team, cash flow and amount of debt, operating trends even the quality of care, ability to carry out strategic plans to shift payer or service mix, and the specificity of the facility’s plans to meet performance goals. Lenders continue to focus on facilities with high reports to the Congress on Medicare payments. Another point in the industry took advantage of the new policies by quickly shifting its mix of services, payments, from private and Medicare, and with facilities furnishing Post-Acute Care (PAC) as opposed to long-term care, and those with the potential to expand their share of PAC patients” (MedPac, p.211, 2017).

The responses from these areas and the research indicate how much of a greater impact environmental-related factors from having limited capital improvements to

establish a better rural community to attract CNAs and clients to work and stay within these communities. This theme significantly relates to the economic-related factors as cited above, rural communities can identify their specific challenges by further understanding how the economic and environmental-related factors impact the greater community.

Organization factors were commonly coded into a theme throughout analysis as responses covering operational processes, leadership, and support to identify participants' challenges and strategies their CNA turnover. As previously cited, "rural regions are even more at risk of attracting CNAs due to the less pay, heavy workload, less personal and professional opportunities available" (RIH, 2019). The challenges and strategies are expressed by the administrators' responses and explored through research in these findings to further understand the outcomes within the LTC, clientele, and CNA position within these facilities.

The issues stated reiterate the competitive and limited workforce within the LTC services and in rural communities. With just not enough workers around they are often left to reducing the census of clienteles and also paying over double the wage for pool staffing which is costly and further cited on delivering a lower quality of care. Emphasizing the previously cited, "inexperienced staff may not be able to care for the residents in ways that would maintain their health as much as a more experienced staff would (Mukamel, NCBI; 2010). This highlights how important education and training support is as well as implementing retention strategies for the quality of care to be within best practices.

Rural Health Information Hub (2019) further offers areas to increase qualified workers by, “actively plan, train, hire, and retain this includes having an assessment of the community demographics and resources as well as the budget”. Further supported in research, “an organizational climate that fosters communications and teamwork and rewards employees was also associated with lower turnover in some studies, but not in others; other studies have identified the importance of good supervision for improving intent to stay as well as the hiring of a trained retention specialist” (Mukamel, NCBI; 2010). Every participant identified plans with their leadership team, brainstorming various strategies and development of programs for the CNA training and credentials as a part of a process of retention and as well as have continuing education opportunities. Further support is mentioned in participant responses as they emphasize the importance of team building, social events, and workplace culture.

The Bureau of Labor Statistics (2019) estimates, “employment of nursing assistants is projected to grow 9 percent from 2018 to 2028, faster than the average for all occupations”. With this workforce prediction, these organizations can recognize the importance of strategic planning as well as training and offering educational support paths for recruiting more CNA positions based on their unique workplace culture and incentives. The previous themes through economic, environmental, and organizational already cited many of the main issues and responses that indicated the challenges for rural communities. Personal objectives are identified through the differences among demographics and preferences that ultimately shape the preferences for living and working with rural communities.

Responses revealed the importance of education in the community and personal lives within rural communities and the impact of the economy and services has on them overall. Our previous research emphasizes this importance again, from a US Department of Health and Human Services (HHS) study (2011), identified that “most direct care workers have limited education, low household income, and have additional family caregiving obligations. Further, HHS identifies females make up over 90% with an average age of 39 and 38% of household income is less than \$20,000”.

With a majority of this demographic already having increased caregiving family responsibilities this research shows the significant barrier rural SNF CNAs would further have over their urban CNA workforce. At a rural LTC facility in Minnesota, a similar childcare program was developed some of the benefits were on how the staff testified that the interaction has renewed a sense of community spirit and youthfulness among residents. They have also noticed the intergenerational interaction has helped the children learn how to care for and about other people (RIH, 2019).

Implementing these programs can be hard and costly especially for rural communities, programs such as this were partially supported by community programs as well. Utilizing the demographic and community resources along with organizational assessments and understanding of personal objectives of the community needs such as these can further help implement programs that will benefit and retain the workforce population of CNAs within these rural facilities.

However, further generational differences emerged from this data analysis as shifts between the aging populations between the workforces. As the research from US Census (2018) reports, “as the population ages, the ratio of older adults to working-age

adults, also known as the old-age dependency ratio, is projected to rise by 2020, there will be about three-and-a-half working-age adults for every retirement-age person. By 2060, that ratio will fall to just two-and-a-half working-age adults for every retirement-age person”.

This decline of the working-age population is a part of the demand and growth for direct care staff needed. The generations within the working-age adults will vary, especially as many older adults continue to work well past retirement. Colorado Hospital Association (CHA) (2014), identified and studied these generational differences within the workplace; “with better health, longer life expectancy, economic concerns and financial incentives that are all contributing factors to individuals working well into the later years of age”.

CHA (2014) further states, “For the first time in history there are now four generations in the workplace. With such a diverse and range of ages within the workforce, it brings differences among cultures, values, and traditions that can cause workplace issues as stated by participants”. The generations are from and describe as, Traditionalists 1922-45, practical. Baby Boomers 1946-64, optimistic. Gen X 1965-80, skeptical. Millennials (Gen Y) 1981-2000, hopeful, and millennials in 2020 will be at least 50% of the workforce population (CHA, p.2, 2014).

Many of the above issues on rural communities and the environment along with responses are enough to further understand what deters younger generations from wanting to live within rural communities. As the study found participants responses that CNAs seek more personal life options for leisure and family support that draws them to urban centers that have more increased quality and services to choose from. These

responses suggest rural communities are further at risk of retaining employees, along with another implication found in research identifying, the rural working-age population is lower overall and have a smaller share of young adults within the workforce (Pew Research Center, 2018).

This also indicates a large disparity among urban to rural workforce population; with the millennials making up a majority of the workforce population it is important for these facilities to adopt strategies not only within their organization but also within the community to help mitigate these generational differences and ultimate barriers. CHA (2014) further provides areas too “addressing and improving these differences within three areas that involve generation foundations, practices, and competence. By further customizing management and communication styles, education and inclusive decision making and strategies” (CHA, p.3, 2014).

These themes also aligned with The National Research Council (2001), study, addressing the growing aging issues as, “multifaceted and dependent on several support systems; families and communities, as well as modern social, political, economic, and health service delivery systems, to provide optimal support”. Factors from each theme will continue to evolve and the demand for CNAs will continue and maybe problematic especially for rural regions if communities and facilities do not analyze and prepare for these changes and demands in services, population clientele and workforce. The study findings and supporting research also significantly addresses the importance of community and culture has on almost every theme; this insight rural SNFs can increase satisfaction and ultimately identify better retention strategies.

5.2 Implications Study

The greatest implication with this research is that it was conducted on a microanalysis level. This study has shown the challenges of CNA turnover that emerged from the selected rural SNF administrator participant perspectives. These findings identified how rural SNFs turnovers are impacted in the prevailing terms from issues of increased changes in the aging population, structures of economies and legislative reimbursement systems. The scope and size of this study while small in many perspectives still indicate from the research a growing concern within the wide range of LTC and age-related healthcare service industries.

The impacts with the growth and change of the aging population implicate a shortage of direct care staff of CNAs posing a growing concern in providing care for the American aging population. This affects every American within multiple systems and dynamics further agreeing to the findings from this study highlighting the heavy reliance of the larger economic systems and legislative policies within this field. As CNAs and SNFs are highly regulated and operate heavily around legislation the future of CNAs is affected and directly impacts a variety of stakeholders; practitioners, legislators, clients and the rural communities especially. Given the nature of these implications, this study can pose as an urgent indicator to practitioners within this field as well as any stakeholder to take advantage of furthering research and resources to identify CNA turnovers and retention strategies.

5.3 Limitations of Study

Several limitations of this study are important to discuss especially concerning the complex dynamics like of these findings conducted on a microanalysis level. Including having one primary analyst that conducted the study as this limits the scope of inter-

research confirmability. This study further addresses the primary interviews were pre-selected and conducted by Professor Dr. Don Ebel, in which the primary analyst only had available audio and transcript formats to conduct the study, this eliminates some of the personal interpretations that can both offset the pros and cons of interpersonal perceptions.

Further, the interviews are from a relatively small sample size with only 11 participants from rural SNFs from Minnesota and Oregon. The limited scope of the selected participants has several limitations, the geographical comparisons, the personal statements of the CNAs, and the limitations of these SNF administrators' roles. The small participant sample is a large limitation in having further understanding of these impacts in itself and further due to the unknown characteristics of the participants to understand the role and perspectives of this study's objectives.

The size and scope of the geographical differences between the participants' further limits the findings as climates, population demographics, and legislative policies can be increasingly different between states even among rural to urban cities within the same state and county. It is acknowledged further that an emerging limitation came from this study that the voices and experiences of CNAs themselves were not included in the initial interview and selection of participants. Further, due to the growing and diverse demographics in America, these statistics can evolve and alter the information provided in this study. While it lacks these limitations it further provided current research as indicated in implications that this study can be further useful for future research.

5.4 Future Research

This study was comprehensive in understanding the specific challenges of CNA turnover from these rural SNF administrator perspectives on a microanalysis level. The comparative research and literature review in this study serves to support the study findings and address the challenges identified within the themes that prevailed. The study findings of the themes were identified throughout these preceding sections on how these rural SNFs administrators perceive their challenges of CNA retention from issues of economic, environmental, organization, and their views on CNA personal choice perspectives. The participants' strategies and the research varied but indicated multiple recommendations that could be utilized for other similar rural SNFs to adopt in attempting to retain CNAs as well.

Prevailing challenges of legislative implications are main economical challenges, especially, concerning the minimum wage requirements, often the SNFs are not able to pay the increased rates. Even if rural SNFs cannot pay the wage requirement further understanding of the impending implications from policy structure will help encourage practitioners to find other strategies to reduce the turnover. Some retention strategies were identified further throughout these findings. Environmental strategies are suggested by doing community assessments or adopting culture change initiatives to assess and enhance their rural SNF and overall community.

Further organizations can have effective operations that retain and support CNAs by developing successful strategic planning, processes, and tools that offer education and incentives. Also, there are strategies to address the participants' perspectives on what CNAs perceive as personal choice barriers for living and working with rural SNF

communities. Some SNFs developed and implemented resources onsite as retention methods such as a daycare center. When policy implications prevent rural SNFs from paying the minimum wage, especially to the previously cited predominate population of the CNA workforce as females with increased caregiving responsibility of their own families, such incentives and available resources can offset these challenges.

This study will be further cross analyzed to meet the submission requirements to the Journal of Aging and Health. Further as a requirement of the Janvoy scholarship and to conclude the initial research from the interviews conducted by Dr. Ebel the study findings will be presented to Minnesota State University, Mankato's Chesley Center on Aging committee board.

Additionally, as the implications previously mention the value of these study findings and the role of CNAs have in supporting the growing American aging population is important. Indicating further research and support is needed and can be produced from a variety of prevailing findings. Further research is needed to understand the ultimate challenges and the greater phenomena on CNA satisfaction and desire to work and live in rural SNF facilities.

Future growth trends predict that this aging population group will need a high level of care. To further understand this growing demand outside of this study findings, SNFs must consider methods that will understand what supports the needs of their CNA direct-care workforce. Future studies would benefit from utilizing the same qualitative inductive methodology as well from any of these aspects listed with cross-sectional and longitudinal research to understand these outcomes further over time.

Identifying the questions for future research with the growing statistical predictions could range from a variety of interests and needs; how do in-home caregiver services impact SNF CNA retention? How do closures of rural SNFs impact rural communities? These are a few general questions that could be studied proceeding this study to further understand the greater phenomena on CNA satisfaction and desire to work and live in rural SNF facilities. Challenges to CNA turnover needs to be addressed in several ways beyond the scope of these findings. Multifaceted strategies are needed to address these issues further among geographical and demographics can be included and explored in relation to the research issues indicated.

Overall, this study highlights what is needed in future research to understand CNA turnover further. The study findings were identified throughout these preceding sections on how these rural SNFs administrators perceive their challenges of CNA retention from these issues and suggested strategies from the study findings. While the study was limited it indicated multiple recommendations that could be utilized for practitioners and other similar rural SNFs to adopt in attempting to retain CNAs.

6. References

- Astalin, P. K. (2013). QUALITATIVE RESEARCH DESIGNS: A CONCEPTUAL FRAMEWORK. *International Journal of Social Science & Interdisciplinary Research*, 2(1), 1–7. Retrieved from <https://pdfs.semanticscholar.org/baa7/c8f5577b0b1798b5e9f559f5cbae32bf1a36.pdf>
- Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Nursing Assistants and Orderlies, on the Internet at <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm>
- Brainerd, J., & National Conference of State Legislatures. (2019, January 17). State Minimum Wages: 2019 Minimum Wage by State. Retrieved October 11, 2019, from <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx#Table>.
- Caregiver.org. (2015, January 31). Selected Long-Term Care Statistics. Retrieved October 27, 2019, from <https://www.caregiver.org/selected-long-term-care-statistics>.
- Castle, N. G., & Engberg, J. (2006). ORGANIZATIONAL CHARACTERISTICS ASSOCIATED WITH STAFF TURNOVER IN NURSING HOMES. *The Gerontologist*, 46(1), 62–73. doi: 10.1093/geront/46.1.62
- Certified Nursing Assistant Guide. (n.d.). Retrieved October 11, 2019, from <https://nurse.org/resources/certified-nursing-assistant-cna/>.
- Congressional Business Office. (2013, June). Rising Demand for Long-term Services and Support for Elderly People. Retrieved November 6, 2019, from <https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44363-ltc.pdf>.
- Charmaz, K. (2008). Constructionism and the Grounded Theory. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of Constructionist Research*. New York: The Guilford Press. http://www.sxf.uevora.pt/wp-content/uploads/2013/03/Charmaz_2008-a.pdf
- Chin, A. L., Negash, S., & Hamilton, R. (2011, July 25). Diversity and disparity in dementia: the impact of ethnoracial differences in Alzheimer disease. Retrieved October 27, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/21399486>.
- Coburn, A. F., & Bolda, E. J. (2001). RURAL ELDERLY AND LONG-TERM CARE. *The Western journal of medicine*, 174(3), 209–213. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071321/>

- Dr. Don Ebel, Gerontology Professor and Director of Aging Studies.
Minnesota State University, Mankato. Audio data of primary interviews record in 2015—2016. Accessed: 2018—2019.
- Environmental Protection Agency. (2011). Supporting Sustainable Rural Communities. *Partnership for Sustainable Communities*, 1–52. Retrieved from https://www.epa.gov/sites/production/files/documents/2011_11_supporting-sustainable-rural-communities.pdf
- Explore Data and Maps on HRSA's Health Care Programs. (n.d.). Retrieved April 30, 2019, from <https://data.hrsa.gov/>
- Federal Office of Rural Health Policy. (n.d.). Retrieved April 30, 2019, from <https://www.hrsa.gov/rural-health/index.html>
- Jamshed, S. (2014, September). Qualitative research method-interviewing and observation. Retrieved October 11, 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4194943/>.
- Journal of Aging and Health. (n.d.). Retrieved April 30, 2019, from <https://journals.sagepub.com/home/jah>
- Institutional Review Board Policies and Procedures Manual. (n.d.). Retrieved November 13, 2019, from <https://research.mnsu.edu/institutional-review-board/institutional-review-board-manual/>.
- KAISER FAMILY FOUNDATION. (2019, June 3). Total Number of Certified Nursing Facilities. Retrieved October 14, 2019, from [https://www.kff.org/other/state-indicator/number-of-nursing-facilities/?currentTimeframe=0&selectedRows={"wrapups":{"united-states":{},"states":{"minnesota":{},"oregon":{}}} &sortModel={"colId":"Location","sort":"asc"}](https://www.kff.org/other/state-indicator/number-of-nursing-facilities/?currentTimeframe=0&selectedRows={).
- Lamont, Michèle, and Ann Swidler. 2014. “Methodological Pluralism and the Possibilities and Limits of Interviewing”. *Qualitative Sociology* 37 (2):153-171.
- Long-term Care Hospital Compare. (n.d.). Retrieved April 30, 2019, from <https://www.medicare.gov/longtermcarehospitalcompare/>
- Lutfiyya, M. N., Gessert, C. E., & Lipsky, M. S. (2013, August). Nursing home quality: a comparative analysis using CMS Nursing Home Compare data to examine differences between rural and nonrural facilities. Retrieved October 27, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/23583002>.

- Pew Research Center. (2018). Demographic and economic trends in urban, suburban and rural communities. Retrieved from https://cha.com/wp-content/uploads/2017/03/1_Adapting-to-Generational-Differences-in-the-Workplace-8-21-14.pdf
- Himmelstein, K. E. W., & Venkataramani, A. S. (2019, February). Economic Vulnerability Among US Female Health Care Workers: Potential Impact of a \$15-per-Hour Minimum Wage. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6336060/>.
- HRSA. (n.d.). US Department of Health Resources & Services Administration Data Explorer. Retrieved from <https://data.hrsa.gov/tools/data-explorer?paramServiceId=CMS¶mCMSCat=Skilled Nursing Facility>.
- McKee A, Morley JE. Obesity in the Elderly. 2018 Oct 12. In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDTText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532533/>
- Medicaid Home. (2019, April 25). Retrieved April 30, 2019, from <https://www.medicaid.gov/>
- MedPac. (2017). Skilled Nursing Facility Services. *Report to the Congress: Medicare Payment Policy*, 1–34. Retrieved from http://www.medpac.gov/docs/default-source/reports/mar17_medpac_ch8.pdf2017
- Mukamel, D. B., Spector, W. D., Limcangco, R., Wang, Y., Feng, Z., & Mor, V. (2009, October). THE COSTS OF TURNOVER IN NURSING HOMES. Retrieved October 11, 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2761533/>.
- National Council on Aging. (2018, June 12). Facts About Healthy Aging. Retrieved October 27, 2019, from <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>.
- National Research Council (US) Panel on a Research Agenda and New Data for an Aging World. (2001, January 1). The Health of Aging Populations. Retrieved October 27, 2019, from <https://www.ncbi.nlm.nih.gov/books/NBK98373/>.

- National Rural Health Association. (2012, January). HEALTH CARE WORKFORCE DISTRIBUTION AND SHORTAGE ISSUES IN RURAL AMERICA. Retrieved October 11, 2019, from <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>
- Population Reference Bureau. (2019, July 15). Fact Sheet: Aging in the United States. Retrieved October 27, 2019, from <https://www.prb.org/aging-unitedstates-fact-sheet/>.
- Porcu, M., & Giambona, F. (2016). INTRODUCTION TO LATENT CLASS ANALYSIS WITH APPLICATIONS. *The Journal of Early Adolescence*, 37(1), 129–158. doi: 10.1177/0272431616648452
- Rahman, M., Zinn, J. S., & Mor, V. (2013, April). The impact of hospital-based skilled nursing facility closures on rehospitalizations. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3626348/>
- Redmond, M. V. (2015). SOCIAL EXCHANGE THEORY. *Iowa State University*, 1–36. Retrieved from https://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=1003&context=engl_reports
- Roberts, L. R., Schuh, H., Sherzai, D., Belliard, J. C., & Montgomery, S. B. (2015, January). EXPLORING EXPERIENCES AND PERCEPTIONS OF AGING AND COGNITIVE DECLINE ACROSS DIVERSE RACIAL AND ETHNIC GROUPS. *The Journal of Gerontology and Geriatric Medicine*. Retrieved October 27, 2019, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4766862/#bibr13-2333721415596101>.
- Rural Health Information Hub. (n.d.). Rural Long-term Care Facilities. Retrieved April 30, 2019, from <https://www.ruralhealthinfo.org/topics/long-term-care>
- Saldaña Johnny. (2013). THE CODING MANUAL FOR QUALITATIVE RESEARCHERS. Los Angeles: SAGE. doi: https://www.sagepub.com/sites/default/files/upm-binaries/24614_01_Saldana_Ch_01.pdf
- Steinberg, S., Gallop, R., Syed, I., Shraddha, J., Mohammed, A., Singh, H., & Bogner, H. (2014). TELEPSYCHIATRY FOR GERIATRIC RESIDENTS IN RURAL NURSING HOMES. *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, 10(4), P768–P768. <https://doi.org/10.1016/j.jalz.2014.05.1471>

- Thomas, D. R., & American Journal of Evaluation. (2006, June 1). A General Inductive Approach for Analyzing Qualitative Evaluation Data - David R. Thomas, 2006. Retrieved from <https://journals.sagepub.com/doi/abs/10.1177/1098214005283748?journalCode=ajec#articleCitationDownloadContainer>
- Towsley, G., Beck, S., Dudley, W., Pepper, G., & Towsley, G. (2011). STAFFING LEVELS IN RURAL NURSING HOMES: A MIXED METHODS APPROACH. *Research in Gerontological Nursing*, 4(3), 207–220. <https://doi.org/10.3928/19404921-20100831-01>
- Tyko, K. (2019, May 9). Walmart managers take home an average of \$175,000 a year. How much do their workers make? Retrieved November 2, 2019, from <https://www.usatoday.com/story/money/2019/05/08/walmart-wages-what-do-walmart-managers-and-hourly-workers-make/1147546001/>.
- Urban Institute, & MedPac. (2019, July 8). The Effects on Employment and Family Income of Increasing the Federal Minimum Wage. Retrieved from <https://www.cbo.gov/publication/55410>
- US Census Bureau. (2018, March 13). Older People Projected to Outnumber Children. Retrieved from <https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>
- US Census Bureau. (2017, June 22). The Nation's Older Population Is Still Growing, Census Bureau Reports. Retrieved from <https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>
- US Census Bureau. (2018, March 13). The U.S. Joins Other Countries With Large Aging Populations. Retrieved from <https://www.census.gov/library/stories/2018/03/graying-america.html>
- United States Department of Labor, & Bureau of Labor Statistics. (n.d.). Nursing Assistants and Orderlies: Occupational Outlook Handbook: Retrieved October 11, 2019, from <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm#tab-2>.
- US Dept. Health and Human Services. (2011). Understanding DirectCare Workers, 1–70. Retrieved from https://www.ahcancal.org/quality_improvement/Documents/Understanding_DirectCareWorkers.pdf
- US Dept. of Health and Human Services. (2004, February). Nursing Aides, Home Health Aides, and Related Health Care Occupations -- National and Local Workforce Shortages and Associated Data Needs . Retrieved October 11, 2019, from <https://bhw.hrsa.gov/sites/default/files/bhw/RNandHomeAides.pdf>.

- US Dept. of Labor. (2019, March 29). Occupational Employment Statistics Nursing Assistants. Retrieved October 11, 2019, from <https://www.bls.gov/oes/current/oes311014.htm>.
- Wildemuth, B. M., & Second Edition. (2017). Applications of Social Research Methods to Questions in Information and Library Science, 2nd Edition. Retrieved from [https://books.google.com/books?id=uv98DQAAQBAJ&lpg=PA318&ots=VUQLG6O6dl&dq=content inductive coding analysis&lr&pg=PA318#v=onepage&q&f=false](https://books.google.com/books?id=uv98DQAAQBAJ&lpg=PA318&ots=VUQLG6O6dl&dq=content%20inductive%20coding%20analysis&lr&pg=PA318#v=onepage&q&f=false).
- Wisconsin Office of Rural Health. (2019, May 16). Rural Health Resources, State Bill Would Reduce CNA Training Requirements. Retrieved October 11, 2019, from <http://www.worh.org/rural-reporter/state-bill-would-reduce-cna-training-requirements>.

7. Appendix

Questionnaire:

1. How long have you been the administrator in this building?
2. What do you consider to be the greatest challenge to operations that you've had to deal with?
3. What do you believe or how do you perceive the risks to be to the organization at the staffing issue can be resolved in less likely to happen?
4. How many licensed beds do you have? And how many are temporary swing beds?
5. Have you had your census restricted due to staffing?
6. What specific strategies have you employed to try to resolve your staffing issues?
7. Do you have a formal CNA scholarship program?
8. Are you using agency staff?
9. What did you do to understand the problem of staffing and how did you go about understanding it or studying it?
10. With the different strategies that you put into place how has your management team locally been involved in developing?
11. How about your governing board or in your case with corporate structure have somebody report to directly?
12. Do you engage in any public relations work with the community around staffing issue attempt to the know how it affects you effects the care in the community?
13. In terms of developing strategies did you talk to others in the industry do you have contacts or networks other data points that you use to try to speak?
14. So how have you monitored in the success of your strategies how do you know if it's working or not?
15. Do you know your turnover rate for CNAs and licensed staff?
16. Can you describe for me your perception of how the organization is viewed in the community for instance if it were gone with the community notice and would they care?
17. Are there competing there obviously competing long-term care services in the area?
18. Ordinarily if there were problems with that one how far do people have to go for equivalent services?
19. About leadership style and to be clear again there is no value to any of these styles type of styles equally as effective as the other is there a type of leadership style that you consider yourself to use such a stewardship transformation stewardship service coaching planning strategic particular style?
20. An which of the following statements it was best exemplifies how you go about making decisions I involve only my management staffing in decision making I make all decisions on my own, I include all staff and all residents or I include all staff residents and the community?