

1-30-2014

Stemming the Tide of Leadership Instability in Long Term Care: How Worklife Factors and Burnout Contribute to Nursing Home Administrators' Intention to Leave Their Job and Career

Christina Daley
Indiana University of Pennsylvania

Follow this and additional works at: <http://knowledge.library.iup.edu/etd>

Recommended Citation

Daley, Christina, "Stemming the Tide of Leadership Instability in Long Term Care: How Worklife Factors and Burnout Contribute to Nursing Home Administrators' Intention to Leave Their Job and Career" (2014). *Theses and Dissertations (All)*. 119.
<http://knowledge.library.iup.edu/etd/119>

This Dissertation is brought to you for free and open access by Knowledge Repository @ IUP. It has been accepted for inclusion in Theses and Dissertations (All) by an authorized administrator of Knowledge Repository @ IUP. For more information, please contact cclouser@iup.edu, sara.parme@iup.edu.

STEMMING THE TIDE OF LEADERSHIP INSTABILITY IN LONG TERM CARE:
HOW WORKLIFE FACTORS AND BURNOUT CONTRIBUTE TO
NURSING HOME ADMINISTRATORS'
INTENTION TO LEAVE THEIR JOB AND CAREER

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

Christina Daley

Indiana University of Pennsylvania

December 2013

© 2013 Christina Daley

All Rights Reserved

Indiana University of Pennsylvania
School of Graduate Studies and Research
Department of Sociology

We hereby approve the dissertation of

Christina Daley

Candidate for the degree of Doctor of Philosophy

J. Beth Mabry, Ph.D.
Associate Professor of Sociology, Chair

Kathryn Bonach, Ph.D.
Professor of Sociology

Diane Shinberg, Ph.D.
Assistant Professor of Sociology

ACCEPTED

Timothy P. Mack, Ph.D.
Dean
School of Graduate Studies and Research

Title: Stemming the Tide of Leadership Instability in Long Term Care: How Worklife Factors and Burnout Contribute to Nursing Home Administrators' Intention to Leave Their Job and Career

Author: Christina Daley

Dissertation Chair: Dr. J. Beth Mabry

Dissertation Committee Members: Dr. Kathryn Bonach
Dr. Diane Shinberg

The primary purpose of this research study is to explore the relationships among the areas of worklife (Leiter & Maslach, 2004), burnout, and intentions to leave the job and the profession among NHAs. Specifically, the study seeks to determine the extent to which the areas of worklife (workload, control, reward, community, fairness, and values) (Leiter & Maslach, 2004) and burnout predict intention to leave (a) current NHA position and (b) the NHA profession, controlling for sociodemographic characteristics of NHAs and organizational characteristics of the skilled nursing facilities (SNFs) in which they work.

A cross-sectional survey online survey developed using Qualtrics™ of all current Pennsylvania NHAs was administered to explore the relationships among areas of worklife, job burnout, and turnover intentions among nursing home administrators. An invitation to participate in the study was distributed via email from LeadingAgePA (the professional organization for NHAs in nonprofit SNFs), the Pennsylvania Health Care Association (the professional organization for NHAs in private/for-profit SNFs), and the Pennsylvania Association of County Affiliated Homes (the professional organization for state/county operated SNFs). The survey questionnaire included established measures of the Areas of Worklife Survey (Leiter & Maslach, 2000), Maslach's Burnout Inventory –General Survey(MBI-GI) (Schaufeli, Leiter, Maslach, & Jackson, 1996), and the Anticipated Turnover Scale (Hinshaw & Atwood, 1982), along with

questions measuring intentions to leave the NHA profession. The questionnaire also includes items pertaining to NHA sociodemographic characteristics such as gender, age, education, ethnicity, social support, years of experience as an NHA, and organizational characteristics of the SNF (size; occupancy, ownership, chain membership, Medicaid census, deficiency citations, and geographic location). Regression analyses were used to examine the relationships among the independent and dependent variables while controlling for NHA sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities where they work.

ACKNOWLEDGEMENTS

This journey would not have been possible without the support and guidance of several individuals. First, I would like to thank Dr. Anderson for the opportunity to pursue and realize my dream. It has changed my life. To Dr. Beth Mabry, my Dissertation Chair, I am most grateful for your support, friendship and mentorship throughout each step of the dissertation process. Regardless of the challenge, you were always there to lend support and guidance. Your commitment to scholarship and my professional growth exceeded all expectations. I feel very fortunate to have worked with such a talented, dedicated scholar.

I would also like to recognize Dr. Kathryn Bonach and Dr. Diane Shinberg for their unwavering commitment to this project. Your dedication to scholarship throughout the process was evident by your rigorous, thoughtful feedback. I am thankful for your input and collaboration on the project.

I would also like to express my gratitude to my family for their many sacrifices so I may pursue my dream. At the heart of my journey, are my parents, Arthur D. Herritt and Merryann Herritt and my brother, Arthur A. Herritt. I am thankful for my father, for instilling upon me my work ethic and the meaning of commitment and loyalty. I would like to thank my mother, for her inspiration that it is never too late to follow your dreams. Also instrumental in my success is my brother, who through his words of encouragement gave me the confidence to believe in myself at a time when I needed it most.

My deepest gratitude extends to my husband, Robert G. Daley and my three sons, Alexander, Collin and Brendon, who have all made numerous sacrifices over the years. Rob, I am the person I am today because of you. Your encouragement, love and support throughout the years have enabled me to realize my dreams. I am thankful everyday for having you by my side.

To my three wonderful, loving boys, Alexander, Collin and Brendon, you inspire me everyday. My hope is that you will never stop challenging yourself. As you pursue your own dreams, do not let yourself be discouraged by others. Find your passion in life and pursue it with rigor. Along the way, *always, always*, treat others with kindness and compassion as these are the hallmarks of true leadership.

TABLE OF CONTENTS

Chapter		Page
One	INTRODUCTION.....	1
	Background of the Study	3
	Problem Statement	13
	Statement of Purpose.....	14
	Research Questions	15
	Significance of the Study.....	16
	Research Design.....	17
	Limitations and Delimitations.....	17
Two	REVIEW OF THE LITERATURE	20
	Introduction.....	20
	Intention to Turnover.....	20
	Observing Turnover Intentions	28
	Job Burnout.....	34
	Consequences of Burnout for Turnover	57
	Sociodemographic Characteristics: Who Experiences Job Turnover? Burnout?...58	
	Organizational Characteristics: Where Is Burnout Experienced?.....	64
	Research Questions and Hypotheses	68
	Summary.....	69
Three	METHODS	73
	Research Design.....	73
	Sample	74
	Data Collection Procedures	78
	Variables and Measures.....	79
	Data Analysis Plan	87
	Research Questions and Hypotheses	91
	Summary.....	94
Four	DESCRIPTIVE STATISTICS AND CONSTRUCTION OF VARIABLES.....	96
	Introduction.....	96
	Descriptive Statistics	96
	Factor Analysis of Scaled Variables	99
Five	MULTIVARIATE REGRESSION RESULTS	111
	Introduction.....	111
	Tests of Hypotheses Using Regressions	111
	Research Question One	112
	Research Question Two.....	133
Six	DISCUSSION AND CONCLUSIONS	146
	Introduction.....	146
	Key Findings.....	146
	How are the Areas of Worklilfe Related to Dimensions of Burnout Among	

NHAs.....	156
Limitations	160
Practice Implications	162
Policy Implications.....	170
Directions for Future Research	171
Conclusions.....	171
REFERENCES	174
APPENDICES.....	221
Appendix A-Email to LeadingAge Members.....	222
Appendix B-Email to PHCA members.....	223
Appendix C-Email to PACAH members	224
Appendix D-Permission for ATS scale.....	225
Appendix E-Permission for Areas of Worklife Survey	226
Appendix F-Permission for Maslach Burnout Inventory General Survey	227
Appendix G-LeadingAge Agreement to Distribute Survey.....	228
Appendix H-PHCA Agreement to Distribute Survey.....	229
Appendix I-PACAH Agreement to Distribute Survey	230
Appendix J-Initial Welcome Window of the Survey.....	231
Appendix K-Acronyms	232
Appendix L-Pearson Correlations of Variables.....	234
Appendix M-Means, Standard Deviations, Cronbach's Alpha, Correlations of Areas Worklife and Burnout	238

LIST OF TABLES

Table		Page
1	Descriptive Statistics of Individual and Organizational Control Variables	98
2	Exploratory Factor Analysis Results of Intention to Turnover in Current Position Item	100
3	Factor Analysis of Intentions to Turnover in the Profession Items	101
4	Summary of Exploratory Factor Analysis Results Areas of Worklife Scale	103
5	Factor Analysis of Fairness Items	105
6	Revised Exploratory Factor Analysis Results of Areas of Worklife Scale.....	106
7	Exploratory Factor Analysis Results Burnout Dimensions Scales.....	108
8	Exploratory Factor Analysis of Social Support Items	109
9	Descriptive Statistics of Scaled Variables	109
10	Regressions of Intention to Turnover Current Position on Significant Controls, Areas of Worklife and Dimensions of Burnout.....	114
11	Regressions of Intention to Turnover Profession on significant controls Areas of Worklife, and Dimensions of Burnout.....	122
12	Regressions of Turnover Intentions in Current Position and Turnover Intentions in Profession on Significant Study Variables	128
13	Regressions of Emotional Exhaustion on Significant Control Variables and Areas of Worklife	135
14	Regressions of Cynicism on Significant Control Variables and Areas of Worklife.....	138
15	Regressions of Professional Efficacy on Significant Control Variables and Areas of Worklife	141
16	Pearson Correlations of Variables	234
17	Means, Standard Deviations, Cronbach's Alpha Values, Correlations of Areas of Worklife and Burnout.....	238

LIST OF FIGURES

Figure		Page
1	Conceptual model of study of worklife, burnout, and intention to turnover among nursing home administrators	90
2	Conceptual model of significant predictors of intentions to turnover in the current job.....	119
3	Conceptual model of significant predictors of intention to turnover in the profession	127
4	Conceptual model of significant predictors of intention to turnover current position, final regressions.....	129
5	Conceptual model of significant predictors of intention to turnover profession, final regressions.....	130
6	Conceptual model of significant predictors of emotional exhaustion.....	136
7	Conceptual model of significant predictors of cynicism.....	139
8	Conceptual model of statistically significant predictors of professional Efficacy.....	142

CHAPTER ONE

INTRODUCTION

Nursing home administrators (NHAs) play a critical role in the long-term care system (Langeleier & Wing, 2004). NHAs are responsible for the overall operations of Skilled Nursing Facilities (SNFs), including the medical care of the residents, housing, nutrition, social services, therapeutic recreation, environmental services, and overall safety and security (Langeleier & Wing, 2004). NHAs operate within the confines of a highly regulated environment. In fact, the nursing home field is considered the most regulated field in the health care industry (Langeleier & Wing, 2004). Although licensure requirements vary from state to state, all states continue to require a nursing home administrator be licensed according to state regulations (Langeleier & Wing, 2004). The literature, however, predicts the nursing home field is on the verge of a crisis as it faces a critical shortage of licensed nursing home administrators (Hutlock, 2003; McCarthy, 2005; Murphy, 2004; Peck, 2000; Pratt, 2002; Riter 1995; Singh & Schwab, 1998; Stoil, 2002; Tellis-Nayak, 2007; Wilson, 2009). NHAs operate in a complex and increasingly demanding environment (Gold, 2005; McCarthy, 2005; Murphy, 2004; Pratt, 2002; Singh & Schwab, 1998; Stoil, 2002; Zinn, 2001). Despite documented turnover rates of 40 percent (Castle, 2001), "no one has collected information on the career pattern of NHAs and on the factors that cause those careers to be extended or aborted" (Stoil, 2002, p. 6). According to Maslach, Schaufeli, & Leiter (2001), job burnout is a key factor contributing to professional turnover.

The issue of turnover specific to NHAs is important as several studies suggest management turnover adversely impacts the quality of care provided to residents (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986; Singh & Schwab, 1998). Examining the relationship according to Donabedian (1980) model, healthcare

quality is based on three closely linked domains: (a) structure, (b) process and (c) outcome. The domains are hierarchical with structure providing the foundation for good process resulting in positive outcomes. In healthcare, structure entails "the relatively stable characteristics of the providers of care, of the tools and resources they have at their disposal and of the physical and organizational settings in which they work" (Donabedian, 1980, p. 81). Specific to the nursing home sector, "stable characteristics of the providers of care" include the stability and consistency of providers of care, including both key management positions and front line caregivers. Process involves the manner in which the healthcare is provided. For example, in a nursing home, process may include drug administration and clinical practice guidelines. The final domain outcome is the result or effects of structure and process. Outcome examples in the nursing home include various indicators of quality care such as resident satisfaction, resident falls, and infection rates. Based on Donabedian's healthcare quality model, NHA turnover disrupts the stability of the healthcare structure. By disrupting the structure, the processes are adversely impacted including both the technical and interpersonal aspects of care delivery ultimately resulting in poor resident outcomes (Shi & Singh, 2013).

This study investigates the antecedents of job burnout among nursing home administrators. Specifically, the study examines the relationship among worklife factors (e.g. workload manageability, control, rewards, sense of community, fairness, and values alignment) (Maslach, Schaufeli, & Leiter, 2001) and job burnout among nursing home administrators, and intention to leave the field.

Background of the Study

Nursing Home Industry

Among the many factors that may contribute to burnout among NHAs are the changes in the nursing home industry including a stringent regulatory environment (Andrucci-Armstrong, 2001; McCarthy, 2005; Mullen, 1985; Murphy, 2004; Pratt, 2002; Stoil, 2005), complex resident's needs (Hyatt, 2001), and funding shortages (Gold, 2005; Hyatt, 2001; Pratt, 2002; Stoil, 2005). Over the last 40 years the industry has continued to evolve and change to meet the demands of a changing population.

The initial impetus for change in the nursing home industry was the release of the Institute of Medicine (1986) findings of a study titled *Improving the Quality of Care in Nursing Homes* (1986). The report substantiated the need to establish higher quality of life and standards of care in nursing homes (IOM, 1986). The report provided the basis for creation by the U.S. Congress of the Omnibus Reconciliation Act of 1987 (OBRA), which included the Nursing Home Reform Act (Social Security Administration, 1987). OBRA established minimum quality standards for nursing homes through state survey and certification processes with the intent of upholding resident rights and enhancing quality of life (Pioneer Network, 2012; Social Security Administration, 1987).

OBRA mandated that the Health Care Financing Administration (HCFA) (now the Centers for Medicare & Medicaid Service (CMS) develop and issue regulatory standards. These standards were mandated by law in 1990 in 42 Code of Federal Regulations (CFR) Part 483 (CMS, 2001; Pioneer Network, 2012). Specifically, based on 42 CFR Part 483.25, nursing homes were mandated to ensure each resident "attain and maintain his/her highest practicable physical, mental, and psychosocial well-being" (CMS, 2001, subpart B 483.25). Although the

standards include various aspects related to nursing home operations such as staffing, physical environment, administration; quality of care is at its core (Gittler, 2008).

Under the Nursing Home Reform Act (1987), CMS established a standard survey process for auditing nursing homes at least once every fifteen months to ensure compliance with regulatory standards (Klauber & Wright, 2001). CMS is responsible for establishment of the procedures and standards; however, the actual survey is completed by the states (Harrington, Mullen, & Carillo, 2004). In Pennsylvania, the survey process is completed by the Pennsylvania Department of Health. The survey process was revised in 1995 (Klauber & Wright, 2001) and again in 1998 (Harrington et al., 2004). The revisions included unannounced inspections that may be performed outside of standard operating hours (Harrington et al., 2004). Failure by the nursing home to comply with established standards may result in sanctions including civil monetary penalties, denial of payment from Medicare and Medicaid, ban on admissions of Medicaid and Medicare patients, temporary management of facility, and termination of provider agreement (Klauber & Wright, 2001). The NHA is responsible for implementing the established procedures and standards within the nursing home level. The challenge presented in the nursing home industry is how to operationalize the standards and regulations while still providing individualized care in a home-like environment (Wolf, 2011).

The nursing home industry must respond to rapid changes in the regulatory environment. In addition, nursing home facilities must adapt to serve a more clinically complex resident population with increased functional impairments (Alecxi, 2006; Alliance for Quality Nursing Home Care, 2009; Shi & Singh, 2001). Several studies have documented the increased acuity level of nursing home residents (Decker 2005; Feng, Grabowski, Intrator, & Mor, 2006; Grabowski, 2002; IOM, 2001). The changes in the population are attributed to both policy

changes and market changes (Alliance for Quality Nursing Home Care, 2009; Bishop, 1999). Perhaps the most significant policy change occurred in 1983 when HCFA introduced the prospective payment system (PPS) for hospitals. The implementation of Medicare PPS translated to shorter hospital stays and conversely longer Medicare post-acute care (Morrisey, Sloan & Valvona, 1998). In 1998, PPS in the nursing homes resulted in higher payments for those more clinically complex patients (Alexih, 2006). Additional regulations imposed by HCFA on post-acute providers, such as inpatient rehabilitation facilities, resulted in increased utilization of nursing homes rehabilitation services (Medicare Payment Advisory Commission, 2008). Residents with less complex medical needs sought the services available through the growing number of Medicaid home and community-based service programs. The growth of assisted living facilities, fueled by market demand, offered another alternative to the traditional nursing home setting (Medicare Payment Advisory Commission, 2008). In spite of the changes in the population served, nursing homes are expected to perform at higher levels with increasing financial and regulatory pressures (McCarthy, 2005).

The regulatory standards designed to enhance quality care and quality of life, are essentially hallmarks of total institutions. As described by Goffman (1961) total institutions are characterized as establishments that separate individuals from the outside world in terms of both physically and social barriers. A dominant feature of total institutions is the merging of boundaries which typically separate different aspects of one's life (i.e., sleeping, eating, recreation) where individuals are subject to the rules and rituals of the institution in the name of efficiency and order. Although SNFs continue to exhibit the characteristics of total institutions, recent regulatory pressures challenge the NHA to do so while accommodating individual needs and preferences.

To that end, industry leaders recently formed the Pioneer Network in an effort to support a change in the philosophy of care from an institutional orientation to care to an individualized or person centered care philosophy of care (Koren, 2010). The focus on person centered care is commonly referred to as culture change. The culture change movement does not mandate a particular model of care, but instead focuses on resident directed care practices. Based on culture change recommended practices, it is resident choice that drives the care model. In addition, the care is provided in a homelike environment (Koren, 2010). Although many nursing homes recognize the value in the culture change movement, operationalizing the changes has proven difficult in regard to staffing challenges and outdated facilities which were constructed based on an institutional model. The shifting focus to person-centered care is supported via OBRA's focus on resident rights, by CMS, and has now extended to the state level (in Pennsylvania, the Pennsylvania Department of Health) (Pennsylvania State Board of Examiners, 2007). As recognition in the value of adopting culture change practices increases, NHAs are charged with the responsibility of driving culture change.

Despite the challenges associated with providing care to residents with increased medical complexity and increased financial and regulatory pressures, the need for these facilities is supported by demographic trends and occupancy rates. As of June 2012, there are 1,667,021 certified nursing facility beds in 15,657 facilities in the United States (American Healthcare Association, 2012). There are 1,384,572 patients in certified nursing facility beds equating to an occupancy rate 83.1% nationally or a median facility occupancy rate of 86.5% (American Healthcare Association, 2012). Although the current availability of nursing homes beds may be adequate, there are concerns over projected demographic shifts which include an increase in the age 85 and older population from 5.3 million today to 21 million by 2050. It is this segment of

the population, those ages 85 and older that is most likely to require the services of long term care facility (Robnett & Chop, 2010).

Nursing Home Industry in Pennsylvania

This study focuses on NHAs in Pennsylvania, which ranks fourth in the U.S. by percentage of the population over age 85 (U.S. Census, 2010), the segment of the older population most likely to require a long term care stay (Pennsylvania Healthcare Association-PHCA, 2010). By 2020, the Pennsylvania population over 60 will include more than three million people, approximately 25 percent of Pennsylvania's total population (U.S. Census Bureau, 2007). The age 85 and older population is projected to increase by 10 percent, to approximately 360,000 older adults (Pennsylvania General Assembly, 2005). As life expectancy increases, the lifetime probability of needing long term care services increases (Kemper, Komisar, & Alecxih, 2006). Estimates suggest that "nearly 70 percent of those turning 65 this year will need long-term care (LTC) in their lifetimes; 20 percent will need it for five years or longer" (Clemmitt, 2006, para. 1).

Pennsylvania currently has 88,726 certified nursing facility beds in 714 nursing homes (American Healthcare Association, 2012). There are 79,995 patients in certified nursing home facility beds in Pennsylvania, equating to a 92.7 percent median occupancy rate (American Healthcare Association, 2012). The graying of the state's population has resulted in increased demands for skilled nursing facility services (PHCA, 2010), evident by increased nursing home occupancy rates in Pennsylvania since 2001 (PHCA, 2010).

Nursing Home Administrator Licensure

Although licensure requirements vary across states, all 50 states and the District of Columbia require that a NHA be licensed according to their regulations (National Association of

Long Term Care Administrator Board, 2013). In Pennsylvania, nursing home administrator licensure requirements are established by the Pennsylvania State Board of Examiners Of Nursing Home Administrators. An applicant for licensure may claim eligibility based on five different combinations of formal education and experience (State Board of Examiners of Nursing Home Administrators, 2010). For example, according to Section 39.5(B)(ii) an applicant may claim eligibility based on completion of the following educational requirements: approved 120 clock hours of study and have a current Pennsylvania Registered Nurse license. The applicant must also meet the experience requirement which includes options related to direct experience as a Director of Nursing and assistant administrator within allotted time frames (State Board of Examiners of Nursing Home Administrators, 2010). All work experience must be performed under the supervision of a licensed nursing home administrator (State Board of Examiners of Nursing Home Administrators, 2010). Upon successful completion of the application for licensure, the candidate is eligible to take the required computer-based Nursing Home Administrator examination. There is a federal and state component of the examination. The federal component requires knowledge of resident-centered care and quality of life, human resources, environment aspects, finance, leadership and management. The state component covers knowledge of state specific laws and regulations pertinent to nursing home operations (National Association of Long Term Care Administrator Boards, 2011). Each state board establishes an acceptable "passing score" which leads to NHA licensure (National Association of Long Term Care Administrator Boards, 2013). To maintain one's license, 48 hours of approved continuing education are required every two years. The continuing education requirement is designed to keep the NHA abreast of changes in the field in response to the rapidly changing environment.

Responsibilities of Nursing Home Administrators

The Commonwealth of Pennsylvania (2013) defines a nursing home administrator as a licensed individual who is responsible for the general administration of the nursing home. This entails "planning, organizing, directing and control of the operation of a nursing home" (Commonwealth of Pennsylvania, 2013, Definitions). The NHA is responsible for the management of the facility and associated care delivered to the residents, 24-hours a day, 365 days a year. Typically this involves the oversight of the following departments: nursing, dietary, housekeeping, rehabilitation therapy, recreation therapy, admissions, business office, social service and maintenance. Regional support from corporate members may be available for some NHAs, however this varies based on the organizational structure. The responsibility of the NHA extends to several stakeholders including family/responsible parties, regulatory agencies, residents, staff members and the organization. The NHA must balance the demands of the various stakeholders while ensuring quality care is delivered to the residents in compliance with state, federal and local regulations.

Over the past 40 years, the demands placed on nursing home administrators have increased significantly (Pratt, 2010). NHAs are expected to comply with numerous state and federal regulations, as well as with health and safety regulations (Wolf, 2010). The regulatory environment has become increasingly stringent (Andrucci-Armstrong, 2001; McCarthy, 2005; Murphy, 2004; Pratt, 2002; Stoil, 2005; Zinn, 2001). Failure to comply with the regulations can result in a variety of consequences for the nursing home including fines, denial of payments, assigning a temporary administrator, or the State sending a monitor on the site (CMS, 2011).

NHAs are faced with several challenges. NHAs work long hours (Pratt, 2002). Their responsibility extends beyond normal business hours because the NHA is responsible for the

facility operations 24 hours a day, seven days a week. The NHA receives poor compensation commensurate with this responsibility (Murphy, 2005; Pratt, 2002). NHAs also are faced with the threats associated with working in a highly litigious environment (Peck, 2000). For example, since introduction of OBRA 1987, the field has seen a steady increase in litigation related to the development of pressure ulcers in residents (Hrehocik, 2009). This environment became more challenging to navigate with introduction of the Federal Elder Justice Act (EJA) in 2009. The EJA (2009) "requires all reports of suspected crimes committed against a resident of the facility to be submitted to at least one local law enforcement agency or jurisdiction and the Department of Public Health Licensing and Certification Program" (p. 2). As a result of the law, local law enforcement agencies received an increase in referrals from SNFs. According to Bowman (2013):

the outcome of this renewed focus on mandatory reporting of alleged abuse at SNFs is that criminal prosecutions are being brought not only based on the physical abuse of elders or dependent adults, (which is much easier to prove), but also on the failure to supervise or act of neglect by those in positions of authority or supervision. (p. 2)

Although these cases may be a challenge to prove intent in terms of state and federal abuse statutes, it "has not deterred prosecutors from bringing these prosecutions" (Brown, 2013, p. 2). Brown (2013) provides an example of a case in California which demonstrates the litigious threats associated with nursing home administration:

[An]administrator was held criminally liable for failing to adequately supervise the director of nursing who was found to have administered psychotropic medications to elderly residents so that they could be restrained for staff convenience. The administrator was convicted in June 2012 of a single felony count of conspiracy to

commit an act injuries to the public health, a violation of California Penal Code Section 182(a)(5)[6]. (p. 2)

The example illustrates the enormous responsibility of the NHA and the associated potential threats. Despite these looming threats, NHAs must continue to provide care to residents with increasingly complex needs (Hyatt, 2001) despite staffing shortages and concerns over diminished staff competency levels and decreased funding (Gold, 2005; Pratt, 2002; Stoil, 2005; Zinn, 2001).

The persistent challenges force NHAs to operate in a crisis management mode with little time for daily reflection on operations (Wolf, 2011). The effects of working in this kind of stressful environment may be reflected in the high turnover rate of NHAs. Based on the tremendous challenges and demands placed on the NHA, burnout may be a contributing factor to turnover. Despite the high NHA turnover rates and the negative consequences associated with NHA turnover, there is little published research on the antecedents of turnover in NHAs (Castle, Engberg, & Anderson, 2007; Singh & Schwab, 2000).

The Experience of Burnout

Burnout can affect professionals of all levels, including those high achievers who are constantly subjected to high stress levels associated with professional demands (Freudenberger, 1974). Although previous research treats job burnout as an individual phenomenon, recent research has connected job burnout with systematic features of the work environment (Angerer, 2003; Hansen, Sverke, & Naswall, 2009; Jourdain & Chenevert, 2009; Kanste, Kynga, & Nikkila, 2007; Knudsen, Ducharme, & Roman, 2009). According to Maslach et al. (2001), job burnout is a contributing factor to professional turnover. Maslach (1982) suggests there are three

dimensions to burnout: (a) emotional exhaustion, (b) cynicism, and (c) reduced professional efficacy.

Maslach and Leiter (1997) developed a comprehensive theoretical framework focusing on the integration of person and situational factors. The model focuses on what they characterize as the level of match or mismatch between a person and six domains of his or her work position (Maslach, Schaufeli, & Leiter, 2001). Individuals with greater gaps or mismatches are more susceptible to burnout (Maslach et al., 2001). According to the Maslach et al. (2001), mismatch occurs when employee issues are left unresolved or the worker encounters circumstances he or she views as unacceptable. Chronic mismatches between an individual and their work environment results in burnout. The model examines mismatches in six areas of worklife which include: (a) workload, (b) control, (c) reward, (d) community, (e) fairness and (f) values alignment (Maslach et al., 2001). Briefly, workload examines the individual's perceived manageability of workload. Control addresses the individual's perceived level of autonomy and control over decision making. Reward examines the level by which both intrinsic and extrinsic rewards are consistent with one's expectations. Community adopts a broad perspective examining the quality of social interactions in the workplace including social support, team work and conflict. Fairness entails the individual's perceived level of fairness in the workplace. Finally, values alignment examines one's perceived level of compatible values (Leiter & Maslach, 2004). Mismatches or incongruences in these six areas, say Maslach et al. (2001) lead to the increased emotional exhaustion, cynicism, and reduced professional efficacy of burnout. Employees experiencing job burnout will often take actions to change the work environment and, if unsuccessful, they may seek employment elsewhere (Bandura, 1989).

The impact of job burnout as related to job turnover among NHAs is not well documented. Wilson (2009) examined the relationship between job burnout and the six areas of worklife, as defined by Maslach et al. (2001), in a sample of NHAs in Georgia. Wilson (2009) concluded that NHAs exhibit moderate levels of emotional exhaustion, low levels of cynicism, and high levels of professional efficacy.

As studies indicate, NHA turnover has a negative impact on the quality of care delivered to residents in nursing homes (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986; Singh & Schwab, 1998), the importance of identification of antecedents to NHA turnover becomes increasingly important.

Problem Statement

The long term care field has witnessed a decline in licensed NHAs (Stoil, 2002). According to Randy L. Linder, executive director of the National Association of Boards of Examiners of Long Term Care Administrators, the "number of applicants for state examinations dropped by more than one-third during the late 1990s" (as cited in Stoil, 2002, para 4). The Pennsylvania State Board of Examiners of Nursing Home Administrators data reflect a similar trend. Specifically, between 2001 and 2005 the number of new licensees fluctuated, ranging from a high of 115 to a low of 87. However, after peaking at 105 in 2006, the number of new licensees has steadily declined to 85 in 2011. Statistics for 2012 indicate a decline with only 83 new licensees (C. Stuckey, personal communication, January 28, 2013). The declining number of newly licensed NHAs is a concern in light of the growing number of anticipated retirements. Of the NHAs who remain in the field, approximately 40 percent of active licensed NHAs are over 50 years old (Wing & Salsberg, 2001). The large proportion of NHAs over 50 years old leads to

a raft of expected retirements at the same time that there is a declining pool of candidates seeking licensure (Stoil, 2002).

Aside from retirements, turnover of NHAs leaving their current jobs or the field is a concern. For instance, Wing and Salsberg (2001) found that almost one-third of the active NHAs in the state of New York intend to leave the long term care field within the next five years. More recently, Tellis-Nayak (2007b) reported that three out of four nursing home administrators nationally have considered leaving the field, with nearly half expecting to leave in the next five years.

Other studies indicate similar results, reflecting an annual turnover rate of nursing home administrators to be 40 percent and higher (Singh & Schwab, 1998; Castle, 2001). Among inactive licensed nursing home administrators in New York State, 20 percent cited burnout and lack of enjoyment as reasons for leaving the field (Wing & Salsberg, 2001). With increasing demand for skilled care as the population ages, there is a growing concern over who will fill the many NHA positions (Hutlock, 2003; McCarthy, 2005; Murphy, 2004; Peck, 2000; Pratt, 2002; Riter, 1995; Singh & Schwab, 1998; Stoil, 2002; Tellis-Nayak, 2007; Wilson, 2009). NHA turnover is an important issue as studies demonstrate that management discontinuity adversely impacts the quality of care delivered in a nursing home (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986, Singh & Schwab, 1998).

Statement of Purpose

The primary purpose of this research study is to investigate the relationships among worklife factors, job burnout, and intention to leave a current position and the NHA profession among NHAs in Pennsylvania.

Research Questions

The impact of worklife factors and job burnout on the intention of NHAs to leave their job or the profession is not well documented. As demand for long term care services are expected to increase, understanding job burnout among NHAs is important so that potential interventions may be developed to prevent job burnout and increase retention among NHAs. As indicated by Langelier and Wing (2004) of the Center for Health Workforce Studies at the University at Albany:

Resources are almost certain to continue to be limited in long term care, even as demand for services increases. The importance of the administrator to the provision of quality services in such an environment will increase as effective management of limited resources becomes increasingly more important. (p. 3)

The following research questions therefore are considered:

1. To what extent do the areas of worklife (workload, control over work conditions, reward, sense of community, fairness, and value alignment) (Leiter & Maslach, 2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional inefficacy) predict NHAs' intent to leave (a) a current NHA position and (b) the NHA profession, controlling for NHA sociodemographic characteristics and organizational characteristics of the SNFs in which they work?
2. What are the relationships among the areas of worklife (workload, control over work conditions, reward, sense of community, fairness, and value alignment) (Leiter & Maslach, 2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional inefficacy) among NHAs, controlling for NHA sociodemographic

characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work?

Significance of the Study

Responsibility for the care, safety, and well-being of SNF residents lies with the licensed nursing home administrator (NHA). NHAs are faced with increasing pressures as they attempt to balance the demands of the residents, the families, staff, regulatory agencies, and owners. In a time when demographic trends indicate that there will be an increasing need for the services of long term care administrators, the field is experiencing high rates of turnover, exceeding 40 percent (Castle, 2001). According to Maslach et al (2001), job burnout is a contributing factor to professional turnover. NHA turnover often has a domino effect resulting in high staff turnover (Castle, 2007). The negative resident outcomes associated with high NHA turnover are well documented (Angelelli et al., 2001; Castle, 2001; Christensen & Beaver, 1996; Riter, 1995; Rubin & Shuttlesworth, 1986; Singh & Schwab, 1998, 2000).

The research proposed here focuses on NHAs and the factors that may lead to their experiencing job burnout and the intention to leave a facility and, possibly, the profession. The study may provide insight into the antecedents of job burnout for NHAs, and consequently provide leadership teams and administrators with insight into the impact of worklife stressors as they consider interventions. This knowledge may be helpful in the development of less stressful and more supportive work environments for NHAs. Exploring areas of work life and job burnout among NHAs is essential to ensuring the retention of qualified NHAs in the field and, ultimately, to ensuring quality of care is delivered to nursing home residents.

Research Design

A cross-sectional survey of Pennsylvania nursing home administrators (NHAs) was conducted to explore the relationships among areas of worklife, job burnout, and turnover intentions (regarding both current position and the NHA profession) among nursing home administrators. Several studies report turnover intentions as a significant predictor of actual turnover (Arnold & Feldman, 1982; Bluedorn, 1982; Griffeth & Hom, 1988; Hom, Caranikis-Walker, Prussia, & Griffeth, 1992; Mobley, Griffeth, Hand, & Meglino, 1979; Steers & Rhodes, 1978; Steel & Ovalle, 1984; Tett & Meyer, 1993; van Breukelen, van der Vlist, & Steensma, 2004). The independent variables are the worklife factors and burnout. The dependent variables are intentions to leave (turnover) the current job and intentions to leave (turnover) the NHA profession. The study also takes into account NHA sociodemographic characteristics (gender, age, education, social support, ethnic background, and years of experience as an NHA, years in current job) and organizational characteristics of the SNF (numbers of beds; occupancy, ownership, chain membership, Medicaid census, deficiency citations, and rural versus non-rural location). Current NHAs in Pennsylvania were surveyed using an online questionnaire that included measures of the areas of worklife (Leiter & Maslach, 2004), Maslach's Burnout Inventory-General Survey (MBI-GS) (Schaufeli, Leiter, Maslach, & Jackson, 1996) and NHAs' intentions to turnover by leaving (a) their current position and (b) the NHA profession.

Limitations and Delimitations

The study is constrained by the limits of cross-sectional research. Specifically, causality cannot be presumed or established between work life factors, burnout, and intent to leave (turnover). Cross-sectional studies are limited in their ability to determine causality or establish direction of relationships (Crosby, DiClemente, & Salazar, 2006). Cross-sectional studies,

however, provide "the necessary foundation for more elaborate studies that improve upon the limitations of the cross sectional design" (Crosby, DiClemente & Salazar, 2006, p. 83).

However, an examination of the literature provides insight into a logically inferred causal order. Specific to this study, the literature suggests, intention to leave one's job is a strong predictor of actual turnover (Arnold & Feldman, 1982; Bluedorn, 1982; Griffeth & Hom, 1988; Hom, Caranikis-Walker, Prussia, & Griffeth, 1992; Mobley, Griffeth, Hand, & Meglino, 1979; Steers & Rhodes, 1978; Steel & Ovalle, 1984; Tett & Meyer, 1993; van Breukelen, van der Vlist, & Steensma, 2004), and burnout is a strong predictor of intention to turnover (Ducharme, Knudsen, & Roman, 2008; Jung, Yoon, & Kim, 2012; Lee & Ashford, 1996; Leiter & Maslach, 2009).

Another potential limitation is that responses may be based on attempts to portray a positive image (Cook & Campbell, 1979). Cook and Campbell (1979) suggest that subjects may respond based on the perceived expectations of the researcher. The threat of response bias is also a concern related to the limitations imposed by accuracy and, subsequently, reliability of the human memory (Schacter, 1999). However, subjective states such as attitudes and perceptions of worklife conditions, emotional exhaustion, cynicism and professional inefficacy are well suited for self-report as they are subjective states that are difficult to measure otherwise.

The survey is delimited to NHAs in Pennsylvania. This permits examination of the research questions under a single set of regulatory conditions. Differences in regulations exist from state to state because, although CMS oversees the Medicare and Medicaid programs which fund the majority of care provided in nursing homes, state governments oversee the licensing of the facilities (CMS, 2012). For example, States regulations vary on the minimum per patient day staffing requirements (PPD). Delimiting to NHAs in Pennsylvania also enables the examination

of the research questions in a region that may serve as a bellwether for the future, in light of its already graying population (Hiller & Barrow, 2011).

The study also is delimited to licensed NHAs in Pennsylvania who are members of one of the following professional associations: LeadingAge, Pennsylvania Health Care Association (PHCA), or Pennsylvania Association of County Affiliated Health Care Facilities (PACHA). These associations represent the various sectors of the industry including nonprofit, for profit, and county or state affiliated nursing homes, respectively. The associations were selected as endorsements from reputable organizations such as PACHA, PHCA, and LeadingAge PA are instrumental in increasing affecting results (Cartwright, 1983; Shi, 2008). The associations were selected because they represent professional nursing home administrators and are one of the few channels available for accessing NHAs via email.

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

The primary purpose of this research study is to investigate the relationships among worklife factors, job burnout, and intention to turnover (a) job and (b) career among nursing home administrators (NHAs). This chapter begins with a review of the key job turnover models in the turnover intention literature. This literature identifies job burnout as a key predictor of turnover intention, therefore the turnover intention literature is followed by an examination of literature specific to three dimensions of job burnout (emotional exhaustion, cynicism, professional inefficacy), including the areas of worklife factors (workload, control, reward, sense of community, fairness, and values alignment). The final section concludes with an examination of the literature exploring the specific relationships between dimensions of job burnout and turnover intentions.

Intention to Turnover

The terms "intent to turnover," "turnover intentions," "intent to leave," and "anticipated turnover" are often used interchangeably (Berry, 2010; De Milt, Fitzpatrick, & McNulty, 2009). Johnson (1995) defines intent to turnover as a person's desire to leave an organization, despite remaining in a position. Price (2001) explains intent to leave in terms of commitment to an organization described as the extent to which the employee continues to remain a part of the organization. Hilshaw, Smeltzer, and Altwood (1987) state anticipated turnover in terms of the employee's awareness of voluntarily terminating employment. Meyers and Allen (1984) defined turnover intent as an employee's intention to terminate employment with his or her employer. Mowday, Porter, and Steers (1982) defined turnover intent as an employee's intention of leaving

his or her employer. Turnover intent is "the (subjective) probability that an individual will change his or her job within a certain time period" (Sousa-Poza & Henneberger, 2002, p. 1). For the purposes of this study, turnover intentions are defined based on Hilshaw and Altwood's (1984) definition as of an employee's awareness of voluntarily terminating employment.

Identifying and understanding turnover intention is important for a variety of reasons, not the least of which is the potential for developing interventions to avoid actual job turnover. As noted by Karsh, Booske, and Sainfort (2005), nursing homes experience the typical costs associated with turnover including recruitment and training costs, however, the turnover also adversely impacts the quality of care delivered. Direct costs include recruitment costs, and associated replacement and training costs of the new hire (Mor Barak et al., 2001). There are also direct and indirect costs associated with the loss of productivity during the transition (Mor Barak et al., 2001). There are indirect costs associated with management's time spent on facilitating the search and assuming the responsibilities of the vacated position (Kiyak et al., 1997; Mor Barak et al., 2001) including reduced staff morale, possibly related to the increased workload from the vacated position.

Perhaps the most important reason for avoiding NHA turnover is that management turnover adversely impacts the quality of care provided to the resident (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986, Singh & Schwab, 1998). For example, Angelelli (2001) examined turnover of NHAs in New York State's 832 skilled nursing facilities between the years of 1970 and 1997. Examining data collected from HCFA on the tenure of the NHAs and facility data obtained from the On-line Survey and Certification of Automated Records (OSCAR), Angelelli (2001) found an inverse relationship between NHA turnover and quality of care measured by number of deficiencies. Similarly, Christensen and

Beaver's (1996) study of 147 NHAs found that lower NHA turnover was associated with fewer deficiencies. Likewise, Singh, Amidon, Shi, and Samuels (1996) study of 84 NHAs in South Carolina reported similar results with greater NHA job tenure associated with fewer deficiency citations.

Castle (2001) examined the relationship between NHA turnover and five specific quality of care performance indicators. Castle (2001) used multivariate analysis to examine the effect of NHA turnover on five quality of care performance outcomes including "proportion of residents who are physically restrained, proportion of residents who are catheterized, proportion of residents who have pressure ulcers, proportion of residents who are given psychoactive drug, and the number of quality of care code violations" (p. 758). The study consisted of data from 420 skilled nursing facilities and the 1999 OSCAR report. Castle (2001) further examined the results based on chain affiliated nursing homes and nursing homes not affiliated with a chain. The results indicated that NHA turnover in chain affiliated facilities was associated with higher proportion of residents with catheters, pressure ulcers, and a higher proportion of residents receiving psychoactive drugs. NHA turnover in chain facilities was also associated with a "higher than average number of quality of care deficiencies" (Castle, 2001, p. 757). Examining the turnover of NHAs in facilities not associated with chains, turnover was associated a higher proportion of residents with restraints, pressure ulcers, catheters and a higher proportion of residents receiving psychoactive drugs.

Castle (2005) also examined the association between top management turnover and caregiver turnover. Using survey data from 419 nursing facilities and associated Online Survey, Certification, and Reporting (OSCAR) data, Castle (2005) examined the association between top management turnover (Director of Nursing and NHA) and caregiver turnover (CNA, LPN, RN).

The results indicated a positive association. Specifically, a 10 percent increase in "top management turnover is associated with a 21% increase in the odds that a facility will have a high turnover rate of nurse aides and is associated with an 8% decrease in the odds that a facility will have a low turnover rate of nurse aides (Castle, 2005, p. 186). Examining the turnover rate of Registered and licensed practical nurses, Castle (2005) reported "a 10 percent increase in top management turnover is associated with a 30 percent increase in the odds that a facility will have a high turnover rate for registered and licensed practical nurses" (p. 186). Since studies (e.g., Castle & Engberg, 2005; Phillips, 1987; Staker & Atchley, 1999) consistently report caregiver turnover adversely impacts quality, the importance of identifying and preventing NHA turnover is paramount in improving quality of care in our residents.

Studies have reported intention to quit a job is an immediate precursor to turnover (Mobley, Griffeth, Hand & Meglino, 1979), making turnover intention the strongest predictor of turnover (Steele & Ovalle, 1984). In this study of NHAs, I examine turnover in two respects: (a) intent to turnover from the person's current job and (b) intent to leave the profession. Thus, I distinguish turnover intentions to another nursing home or to leave the profession of long term care administration altogether.

Theoretical Models of Turnover Intentions and Turnover

Price (1977) defines turnover as "the degree of individual movement across the membership boundary of a social system" (p. 4). Turnover is typically defined as either voluntary or involuntary (Price, 1977; Price & Mueller, 1986). Involuntary turnover is a result of action or movement not initiated by the individual-examples of which are "dismissals, layoffs, retirements and death" (Price, 1977, p. 9). Voluntary job turnover is initiated by the employee where the employee "quits" or "resigns" (Price, 1977). The majority of turnover literature

focuses on voluntary turnover (Holtem, Ritchell, Lee & Eberly, 2008; Price, 1977; Price & Mueller, 1986). Price (1977) suggests three reasons for the concentration on voluntary turnover: (a) the majority of turnover is voluntary; (b) theory development is easier when a phenomenon is homogeneous; and (c) there are more opportunities for managers to "control" or impact voluntary turnover in terms of interventions designed to retain employees. More recently, Holtem, Ritchell, Lee, and Eberly (2008) suggest the study of voluntary turnover is essential to understanding the link between organizational macro strategies and associated individual behavior in organizations. By conceptualizing voluntary turnover organizations are able to connect individual experiences within organizational measures of success (Holtem, Ritchell, Lee & Eberly, 2008). Research on voluntary turnover has evolved to include several turnover models and associated proposed antecedents of turnover (Griffeth, Hom & Gaertner, 2000; Maertz & Campion, 1998).

Many of the models are an extension of March and Simon's (1958) process model of turnover (Mobley, 1977). March and Simon's (1958) process model of turnover is based on Barnard-Simon's (1938) theory of "organizational equilibrium" which suggests an organization's survival is contingent on its ability to motivate employees to participate (Mahoney, 2005). An organization "offers inducements (i.e. pay) to encourage employees to participate, and contribute (i.e., work)" (Morrell et al., 2001, p. 32). According to March and Simon (1958) this decision to participate is impacted by "desirability and ease of movement in and out of an organization" (Bowen & Siehl, 1997, p. 57). The perceived "desirability of movement" is related to the individual "wanting" or "desiring" to leave. Typically this "want" or "desire" is measured in terms of job satisfaction (Morrell et al., 2001; Nei, 2011). The "ease of movement" is specific to available alternatives and opportunities (Hom & Griffeth, 1995, pp. 51-53). There is a perceived inverse relationship between inducements and turnover. An increase in inducements decreases

an employee's propensity to leave (Morrell et al., 2001). Conversely, a decrease in inducements increases an employee's propensity to leave (Morrell et al., 2001). Although March and Simon's (1958) process model of turnover provides insight into an employee's turnover decision, the model is limited in its ability to explain contributing factors or potential mediating variables that may contribute to turnover (Nei, 2011; Morrell et al., 2001).

Porter and Steers's (1973) met expectations model builds on the concept of job satisfaction by explaining turnover in terms of alignment of an individual's expectations and experiences. The met expectations model conceptualizes job satisfaction as "the sum total of an individual's met expectations on the job"(Porter & Steers, p. 169). Consequently, meeting an individual's expectations increases job satisfaction and subsequently decreases turnover (Porter & Steers, 1973). The model focuses on the importance of viewing an employee's withdrawal in relation to expectations. Porter and Steers (1973) suggest four categories associated with the organization and employee that impact the withdrawal: "(a) organization-wide factors, (b) immediate work environment factors, (c) job-related factors, and (d) personal factors" (p. 151).

Revisiting the work of March and Simon (1958), Mobley (1977) presents a heuristic model of the withdrawal process. Mobley (1977) suggests a process whereby the employee evaluates their individual level of either satisfaction or dissatisfaction. A series of steps starting from a determination of job dissatisfaction leads to "thoughts of quitting, leading to an evaluation of the expected utility of search, intention to search, search, evaluation of alternatives, intention to quit and finally the withdrawal decision and behavior" (Mobley, Horner, & Hollingsworth, 1978, p. 408).

Mobley's (1977) model was later expanded to include the influence of an employee's perceived value, job perceptions, and labor market perceptions in the decision process (Mobley,

Griffeth, Hand & Meglino, 1979). The model recognizes individual differences in perceptions, expectations, and values (Mobley et al., 1979). Specifically, the model identified four primary determinants of turnover intentions and, subsequently, turnover: job satisfaction, expected utility of alternate roles, expected utility of alternate roles outside the organization, and non-work values and roles (Mobley et al., 1979, p. 493). The model suggests "intention to quit is considered to be the immediate precursor of turnover, with impulsive behavior and the time between measurement of intentions and behavior attenuating this relationship" (Mobley et al., 1979, p. 516). An employee's movement through the steps is contingent on the employee's evaluation of perceived value in terms of his or her work aspirations. An employee may progress through the steps to turnover if a more attractive alternative is available where one's aspirations can be realized. Mobley et al. (1979) recognize the potential influence of other moderating variables suggesting "nonwork values and interests and nonwork consequences of turnover behavior, call attention to the need to look beyond the work setting for a complete understanding of the psychology of the turnover process" (p. 520).

Price and Mueller (1981) proposed a causal model of turnover which provides a more inclusive explanation of turnover. The causal model of turnover was the result of a comprehensive literature review of the identified determinants of turnover, contact with expert researchers on turnover, and repeated estimations (Price, 2004). The model includes eleven determinants: "opportunity, routinization, participation, instrumental communication, integration, pay, distributive justice, promotional opportunity, professionalism, general training, and kinship responsibility" (Price & Mueller, 1981, p. 544). Job satisfaction and intent to stay were proposed as intervening variables between the determinants and turnover.

Sheridan and Abelson (1983) elaborated on turnover from a unique perspective integrating a mathematical catastrophe theory. Sheridan and Abelson (1983) introduced the cusp-catastrophe model based on the perspective that turnover is a "dynamic withdrawal process withdrawal process that occurs over time and is posited to result in a discontinuous transition from retention to termination" (Sheridan & Abelson, 1983, p. 420). According to the cusp-catastrophe model, there are three distinguishing characteristics of the turnover. First, withdrawal behavior or turnover is viewed as a discontinuous variable consisting of the "delay rule" and an abrupt change (Sheridan & Abelson, 1983). The "delay rule" suggests an employee attempts to stay as long possible (delay rule) until he or she deems no longer feasible where the employee initiates the turnover (abrupt change) (Sheridan & Abelson, 1983). The second characteristic is the presence of the hysteresis zone. The hysteresis zone represents the employees who are in the process of changing from retention to termination. The change process is reflected as a "fold in the behavior surface" (Sheridan & Abelson, 1983, p. 420). The model reflects "the trace of this fold is projected as the bifurcation plane on the control surface" (Sheridan & Abelson, 1983, p. 420). On either side of the bifurcation plan is the existence of a more stable behavior in the form of retention or termination (Sheridan & Abelson, 1983). The third characteristic suggests the "divergence of behavior that occurs on opposite sides of the bifurcation plane" (Sheridan & Abelson, 1983, p. 420). Sheridan and Abelson (1983) suggest as employees approach the bifurcation plane fold, very "small changes in the control variables can result in discontinuous changes from retention to termination" (p. 420). The model therefore views turnover as a dynamic withdrawal process with a period consistent with turnover intentions, where changes can result in termination or retention.

There are numerous turnover models that have resulted from extensive research in the field on turnover in organizations. The models selected for review form the foundation of the turnover literature. Although there is no one universally accepted model (Lee & Mitchell, 1999), as a whole, the models generally represent turnover behavior as a multistage process that involves attitudinal, behavioral, and decision-making processes (Barak, Nissly, & Levin, 2001). As indicated by Porter and Steers (1973), "the major roots of turnover appear to be fairly widespread throughout the various facets of organizational structure, as they interact with particular types of individuals" (p. 169). Subsequently, each model brings light to another facet of the phenomenon.

Observing Turnover Intentions

Researchers face several methodological challenges when attempting to quantify turnover measures in the health care industry (Tai, Bame, & Robinson, 1998). The variations in turnover definitions and associated recordkeeping limit the ability to compare data or generalize (Tai et al., 1998). An additional challenge presented with turnover research is the lack of longitudinal data which is needed to establish associations between work related variables and turnover (Steel, 2002). Subsequently, many cross-sectional research designs focus on turnover intentions in lieu of actual turnover (Knudsen, 2009; Steel, 2002). According to Castle (2007) "intent to turnover is often used as a proxy for turnover when actual turnover information is not available" (p. 197).

Several turnover models (e.g. Bluedorn, 1982; Mobley, 1977; Mobley, Griffeth, Hand & Meglino, 1978; Mobley et al., 1979; Muchinsky & Morrow, 1980; Price & Mueller, 1986) are based on the notion that turnover intentions precede actual turnover (Steele & Ovalle, 1984). The notion that intention precedes behavior is Fishbein and Ajzen's (1975) basic premise of their

theory of reasoned action which provides a framework for understanding turnover intentions.

The theory asserts that intention mediates the relationships between attitudes and behavior.

Therefore, attitudes about one's job, the environment, management, the organization, alternatives may influence one's behavior to voluntarily turnover.

The idea that "intention precedes behavior" is supported in many studies which have identified turnover intentions as an important predictor of turnover (Arnold & Feldman, 1982; Bluedorn, 1982; Griffeth & Hom, 1988; Hom, Caranikis-Walker, Prussia, & Griffeth, 1992; Mobley, Griffeth, Hand, & Meglino, 1979; Steel & Ovalle, 1984; Steers & Rhodes, 1978; Tett & Meyer, 1993; van Breukelen, Van Der Vlist & Steensma, 2004). Steel and Ovalle (1984) completed a meta-analysis of research on the relationship between turnover intentions and employee turnover that identified four correlates of employee attrition or turnover: 1. turnover intentions, 2. job satisfaction, 3. satisfaction with work itself and 4. organizational commitment (Steele & Ovalle, 1984). Of the four identified correlates, turnover intention was the strongest predictor of turnover (Steele & Ovalle, 1984).

Specific to healthcare, in a study of nurses in hospitals in Midwestern United States, Price and Mueller (1981) concluded that intent to stay, the inverse of intent to turnover, was the most significant predictor of turnover versus retention. Mobley, Horner, and Hollingsworth (1978) found similar results in a study of hospital employee turnover where intention to quit was the only significant coefficient of actual turnover (Mobley, Horner, & Hollingsworth, 1978). The study provides evidence of one's intentions predicting turnover in the healthcare environment, however it is important to note, differences may exist based on position (i.e. management versus staff). More recently, Griffeth, Hom, and Gaertner (2000) completed a meta-analytic study of turnover antecedents. The following variables were identified as predictors of turnover: "Job

satisfaction, organizational commitment, job search, comparison of alternatives, withdrawal cognitions, and quit intentions" (Griffeth, Hom, & Gaertner, 2000, p. 483).

The study of turnover has resulted in an emergence of turnover models and proposed antecedents to turnover (Griffeth, Hom, & Gaertner, 2000; Maertz & Campion, 1998; Maertz, 2004). Many of the models and proposed antecedents are based on March and Simons (1958) perceived desirability and ease of movement (e.g., Hom & Kinicki, 2001; Lee & Mitchell, 1994; Maertz, 2004). From a research perspective, this translates into a focus on work related attitudes or on availability of job alternatives (Maertz, 2004). Studies (Allen & Griffeth, 2001, Trevor, 2001) have established these constructs as key antecedents to turnover and as interactive effects. These constructs are explored to a limited extent among NHA professionals (Castle, 2008; Murphy, 2004) with the vast majority of studies on turnover completed in the nursing home industry examining the antecedents of turnover in direct-care (non-administrative) employees (Banaszak-holl & Hines, 1996; Brannon, Zinn, Mor, & Davis, 2001; Castle & Engberg, 2006; Cohen-Mansfield, 1997; Donoghue & Castle, 2009; Harrington & Swan, 2003; Parsons, Simmons, Penn, & Furlough, 2003; Wiener, Squillace, Anderson, & Khatutsky, 2009). Few studies examine the antecedents of turnover in leadership positions within skilled care facilities (Herrbach, Mignonac, & Gatignon, 2004; Knudsen, 2009; Hambrick, Finkelstein, & Mooney, 2005; Murphy, 2004; Rosin & Korabik, 1995).

The few studies conducted on turnover intentions among NHAs indicate the presence of several key constructs consistent with turnover. For example, Singh and Schwab (2000) examined the association among "perceptual job dimensions" and tenure, in terms of length of time in position, in 290 NHAs. The perceptual job dimensions consisted of realized expectations, commitment, skill compatibility, career opportunities, personal time, performance outcomes,

community attachment, market competitiveness, job stress, job effort, and involvement in community organizations (Singh & Schwab, 2000). Variables associated with greater than three years tenure included performance outcome, community attachment, and commitment (Singh & Schwab, 2000). Commitment was correlated with two other dimensions: realized expectations ($r = .61$) and career opportunities/rewards ($r = .52$). Realized expectations examine NHAs' perception of alignment of ethical values and management philosophies with the organization. The variable also examines NHAs' perceptions of autonomy in decision making and the leadership style of NHA supervisors as well as the perceived reasonableness of expectations (Singh & Schwab, 2000). The results suggest the need for upper management to establish an avenue for professional growth and rewards in a supportive work environment which fosters fulfillment of NHA expectations. Singh and Schwab (2000) concluded that failure to meet NHA expectations and provide opportunities for growth and rewards subsequently results in turnover.

Castle, Engberg, and Anderson (2007) also examined turnover and job satisfaction in a survey sample of 673 NHAs in New Jersey and 749 NHAs in Pennsylvania. Job satisfaction was measured using the Nursing Home Administrator Job Satisfaction Questionnaire (NHA-JSQ) which includes measures related to coworkers, work demands, work content, workload, work skills, and rewards (Castle, 2005). Personal variables (gender, age, race, marital status, highest level of education) and organizational variables (yearly turnover rates of RNs, licensed practical nurses, and nurse assistants, staffing levels) were included in the analyses. Additional facility information was obtained from the OSCAR report including ownership, chain membership, occupancy, private-pay occupancy, and case mix (Castle, Engberg, & Anderson, 2007). Intent to turnover was measured using a scale developed by Mobley, Horner, and Hollingsworth (1978).

Turnover was measured one year post survey, simply by calling the facility and soliciting the current administrator's name (Castle, Engberg, & Anderson, 2007).

The overall results of Castle et al.'s (2007) research suggest the job satisfaction subscales related to work demands, work skills, and rewards are significant predictors of job turnover. Upon examining turnover of NHAs to another nursing home, Castle et al. (2007) found that work demands, coworkers, and rewards were significant predictors. Examining turnover of NHAs to another long term care setting, the job satisfaction subscales of workload, work demands, work content, work skills, and rewards were significant predictors of turnover (Castle, Engberg & Anderson, 2007). In NHAs who left the field completely, the satisfaction subscales of work demands, work skills, and rewards were significant (Castle, Engberg, & Anderson, 2007). Age was also significant, with younger NHAs more likely to turnover. Castle, Engberg and Anderson (2007) also reported "NHAs in facilities with higher numbers of deficiency citations were more likely to turnover" (p. 202). In addition, NHAs intent to turnover score was a predictor of turnover (Castle, Engberg, & Anderson, 2007). The study provides valuable insight into the factors that impact job satisfaction, turnover intentions, and turnover.

The high turnover rate of NHAs also is the subject of Tellis-Nayak (2007) research. Tellis-Nayak (2007) conducted a web based survey of 685 active NHAs across the nation to try to determine the root of the high NHA turnover. The survey included both structured and open ended questions designed to measure the NHAs' level of satisfaction in relation to turnover. The results indicated approximately two out of three NHAs were satisfied with their position with 58.4 percent strongly agreed that residents are the main source of satisfaction; 13.4% indicated staff provided satisfaction and 13% indicated families were a source of satisfaction. One in three (37.3 percent) reported they found making a difference in someone's life rewarding, providing a

sense of satisfaction. Specific to turnover, respondents were asked to provide information related to colleagues who have left LTC. Seventy-two percent of the respondents reported knowing an average of three NHAs who left the profession with job stress listed as the top reason for leaving. When respondents were asked to provide information particular to their own thoughts on quitting the profession, 32.3% responded with a definite "yes" that they had seriously considered quitting. The respondents identified salary and recognition as sources of frustration that prompted thoughts of quitting (Tellis-Nayak, 2007). Analysis of the contextual comments provided additional support for the structured items. NHA comments indicated satisfaction with the position; however, they also reflected a sense of frustration over the lack of control in the environment in which they operate. The issues surrounding their sources of frustration include the state survey process; the regulatory environment; corporate, regional, and community board members' lack of loyalty to and respect for the NHA; and fears associated with legal liabilities related to the responsibilities of the position (Tellis-Nayak, 2007).

Although the value of these studies cannot be underestimated, there are many variables that are neglected in turnover studies (Maertz, 2001; Mitchell, Holtom, Lee, Sablinski, & Erez, 2001). Considering the high stress environment associated with the NHA position, burnout may be a contributing factor to turnover intentions and warrants further exploration. As noted by Castle, Engberg and Anderson (2007), the majority of studies examining turnover do not examine turnover beyond the actual event, meaning they do not explore alternative employment opportunities. Campion (1991) and Castle et al. (2007) suggest by merely examining turnover as simple objective criteria, one risks the loss of valuable details. Consistent with this approach, this study explores intention to leave the long term care industry as well as intention to turnover in the current position. As studies demonstrate, administrator turnover has a negative impact on

quality of care delivered to nursing home residents (Castle, 2001; Christensen & Beaver, 1996; Singh, Amidon, & Samuels, 1996), understanding the antecedents of turnover, specifically intentions to turnover, becomes increasingly more important as a mechanism to improve retention, prevent actual turnover and, ultimately, to increase the quality of resident care.

Job Burnout

Intention to leave one's job is a strong predictor of actual turnover (Arnold & Feldman, 1982; Bluedorn, 1982; Griffeth & Hom, 1988; Hom, Caranikis-Walker, Prussia, & Griffeth, 1992; Mobley, Griffeth, Hand, & Meglino, 1979; Steers & Rhodes, 1978; Steel & Ovalle, 1984; Tett & Meyer, 1993; Van Breukelen, Van Der Vlist, & Steensma, 2004) and burnout is a strong predictor of intention to turnover (Ducharme, Knudsen & Roman, 2008; Jung, Yoon, & Kim, 2012; Lee & Ashford, 1996; Leiter & Maslach, 2009). Burnout is a problem present in all occupations (Fischer, 1983; Golembiewski, Muzenrider, & Stevenson, 1986; Meier, 1983), however, there is a great deal of interest in job burnout specific to the healthcare field (Breaux, Meurs, Zellars, & Perrewe, 2008). Research on burnout continues to evolve, though generally the "conceptualization of job burnout [is] as a psychological syndrome in response to chronic interpersonal stressors on the job" (Maslach, Schaufeli, & Leiter, 2001, p. 399).

Interest in job burnout is not a new phenomenon. Research on job burnout began as early as the 1970s when Herbert Freudenberger coined the term "burnout." Freudenberger (1974) defined burnout as a process where excessive involvement in one's work results in depletion of one's energy and social resources. Since Freudenberger's (1974) initial conceptualization of the term burnout, the field has witnessed an emergence of alternative definitions of burnout. For example, Cherniss (1980) defined burnout as a process that starts with intense, chronic tension at the workplace. It is this constant exposure to tension that leaves the individual with feelings of

irritability, tension and fatigue. Cherniss (1980) suggests the process ends with the individual developing coping mechanisms in the form of detachment and becoming "apathetic, cynical and rigid" (p. 40). Pines and Aronson (1988) define burnout as a process of long term exposure to emotional demanding events that result in physical, emotional and mental exhaustion. The commonality among researcher definitions is the view that burnout is a process. The stages by which one experiences the process vary based on theoretical orientation as reviewed in the next section. However, the most commonly cited definition of burnout is Maslach and Jackson's (1986) definition which suggests "burnout is a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind" (p. 1). For the purposes of this study, this is the definition used as it continues to be the most prevalent in the field (Angerer, 2003; Cordes & Dougherty, 1993; Dyrbye, West, & Shanafelt, 2009; Halbesleben & Demerouti, 2005; Knudsen, Dukharm, & Roman, 2009; Kristensen, Borritz, Villadsen, & Christensen, 2005; Maslach & Lieter, 1997; Maslach et al., 2001; Melamed, Shirom, Toker, Berliner, & Shapira, 2006; Pines & Maslach, 1980)

Theoretical Framework of Burnout

The conceptualization of burnout includes several theoretical models and associated definitions inherent in the models. Prior to the development of a theoretical paradigm, general psychological concepts provided the foundation of burnout research (Halbesleben & Buckley, 2004). Early burnout literature was largely non-empirical in nature, often focusing on possible causes and solutions to burnout. Beginning in the 1980s, researchers contributed to the body of knowledge with empirical evidence. Building on general psychological themes, studies initially focused on concepts characteristic of the field of psychology (Halbesleben & Buckley, 2004).

For example, researchers such as Pines (1993) adopted an existential perspective to burnout suggesting that burnout is the end result of a gradual process of disillusionment. Likewise, Cherniss (1993) focuses on the issue of competence and self-efficacy in the development of burnout. Subsequent research has continued to build on these concepts while still establishing burnout as a "distinct construct" (Halbesleben & Buckley, 2004, p. 861).

Conservation of resources (COR). The conservation of resources model (COR; Hobfoll, 1988, 1989, 1998, 2001; Hobfoll & Freedy, 1993) is a general theory of stress applied to burnout (Hobfoll & Freedy, 1993). The COR suggests stress and burnout are a result of a perceived threat to valued resources. Threats may take a variety of forms. For example, a threat may be inherent in a change in work related demands or insufficient resources necessary to meet demands. A perceived lack of return on an investment may also be perceived as a threat (Halbesleben & Buckley, 2004). For example, if an employee assists another staff member with a challenging resident and that same level of assistance is not reciprocated at a future date when needed. The perceived threat is initially viewed as a stressor however it is the continued presence of the threat that results in burnout (Hobfoll, 2001). This model suggests burnout results from extended exposure to stressors.

At the foundation of the COR model is the belief that "job demands and job resources" result in different outcomes in terms of the burnout dimensions (Leiter, 1993). The COR model is based on the belief that individuals respond differently to "psychological experiences of loss and gain" (Halbesleben & Buckley, 2004, p. 862). Since people generally are more focused on "avoiding loss than achieving gains," excessive job demands tend to result in burnout, whereas resources generally protect against burnout (Hobfoll & Freedy, 1993). The premise of the COR model is consistent with Lee and Ashforth's (1996) meta-analysis of burnout which found

variables deemed job demands (e.g. work overload) exhibited a stronger relation with the exhaustion component of burnout than the variables associated with resources (e.g. social support) (Halbesleben & Buckley, 2004). Halbesleben's (2006) meta-analysis of the social support and burnout literature challenged this assumption finding that social support (as a resource) did not alter the relationship among the three burnout dimensions. Halbesleben (2006) noted differences were found in terms of the type of social support (work vs. non-work). Specifically, a closer association was found between work related support and exhaustion than the depersonalization component. Conversely, non-work related social support was more closely associated with depersonalization than exhaustion. The COR model continues to gain empirical support in a variety of research studies (Brotheridge & Lee, 2002; Halbesleben, 2006; Halbesleben & Bowler, 2007). However, additional empirical work is needed to further validate the processes in the context of job burnout (Halbesleben & Buckley, 2004).

Job demands-resources model. Building on the COR model, Demerouti, Bakker, Nachreiner and Schaufeli (2001) developed the job demands-resource model of burnout (JD-R). The JD-R categorizes work into two categories: job demands and job resources. Job demands are defined as "physical, social or organizational aspects of the job that require sustained physical or mental effort and are therefore associated with certain physiological and psychological costs (e.g. exhaustion)" (Demerouti et al., 2001, p. 501). Job resources are defined as those "physical, psychological, social or organizational aspects of the job that do the following (a) be functional in achieving work goals; (b) reduce job demands at the associated physiological and psychological costs; (c) stimulate personal growth and development" (Demerouti et al., 2001, p. 501).

The JD-R model views burnouts as a two-dimensional process, which is in an adaption from Maslach and Jackson's (1986) three-dimensional model of burnout. The JD-R model suggests burnout occurs as a two stage process. In the first process, demanding aspects of work and the associate strains associated with job demands leads to exhaustion. In the second process, a lack of resources to meet the job demands further challenges the person ultimately resulting in withdrawal (Demerouti et al., 2001). Over time, this produces disengagement from work (Demerouti et al., 2001). The JD-R model suggests job demands predict exhaustion while job resources predict disengagement (depersonalization or reduced efficacy). Job demands as a predictor of the exhaustion component is consistent with the COR model and supported by other meta-analyses (Lee & Ashforth, 1996; Podsakoff, LePine, & LePine, 2007).

Although the JD-R model is relatively new in its inception (2001), it has received initial empirical support (Bakker, Demerouti & Verbeke, 2004; Jourdain & Chenevert, 2009; Schaufeli & Baker, 2004). However, although studies, such as the one by Schaufeli and Bakker (2004), find support for the relationship between disengagement and resources, they also conclude that demands and resources were related to exhaustion. Schaufeli and Bakker (2004) further note that it is difficult to consider demands independent of resources. Halbesleben and Buckley (2004) reiterate this point, suggesting that demands typically utilize resources and, conversely, resources are the tools used to meet demands. Therefore, as suggested by Halbesleben and Buckley (2004), decreasing job demands is a practical intervention in terms of preventing burnout.

Multidimensional model of burnout (the three dimensional model). The three dimensional model of burnout is the most prominent in the field (Angerer, 2003; Cordes & Dougherty, 1993; Dyrbye, West, & Shanafelt, 2009; Halbesleben & Demerouti, 2005; Knudsen,

Dukharm, & Roman, 2009; Kristensen, Borritz, Villadsen, & Christensen, 2005; Maslach & Leiter, 1997; Maslach et al., 2001; Melamed, Shirom, Toker, Berliner, & Shapira, 2006; Pines & Maslach, 1980). The model is based on the three dimensions of exhaustion, cynicism, and a reduced sense of professional efficacy (Maslach & Jackson, 1986; Maslach et al., 2001; Schaufeli, Leiter, & Maslach, 2009). The three dimensional structure of burnout is confirmed in the Maslach Burnout Inventory-General Survey through confirmatory factor analysis (Maslach, Jackson, & Leiter, 2010).

Some researchers, however, have challenged the three dimensional model (Kalliath et al., 2000; Demerouti et al., 2001). In lieu of the three dimensions, researchers suggest emotional exhaustion and cynicism are the core dimensions of burnout, excluding the third dimension of (diminished) professional efficacy (Green, Walkey, & Taylor, 1991). This view is supported by empirical evidence where studies report a stronger correlation between emotional exhaustion and depersonalization (cynicism) than with the third dimension, diminished personal accomplishment or professional efficacy (see Lee & Ashforth's 1996 meta-analysis).

According to the three dimensional model, burnout is viewed on a continuum (Maslach & Leiter, 1997). Burnout is on one end where the employee experiences exhaustion, cynicism, and reduced professional efficacy. Engagement is on the opposing side of the continuum where the employee is energetic, involved, and effective (Maslach, Leiter, & Jackson, 2011). As stated by Maslach, Leiter, and Jackson (2011), the relevance of this framework is clear:

The practical significance of this burnout-engagement continuum is that engagement represents a desired goal for any burnout interventions. Such a framework leads people to consider what factors in the workplace are likely to enhance employees' energy, vigor, and resilience; to promote

their involvement and absorption with the work tasks; and to ensure their dedication and sense of efficacy and success on the job. (p. 297)

Emotional exhaustion. The emotional exhaustion component is specific to an individual's feelings of being overwhelmed, and depleting one's mental and physical resources (Maslach et al., 2001). Individuals experiencing exhaustion tend to distance emotionally in an effort to deal to cope with workload (Maslach et al., 2001). Research indicates several contributing factors to emotional exhaustion, which include work overload (Aiken, Clarke, Sloane, Solchaski, & Silber, 2002; Murray-Gibbons & Gibbons, 2007), role conflict (Kuruuzum et al., 2008; Seth et al, 1999), role stress (Jourdian, 2010), role ambiguity (Cordes & Dougherty, 1993; Igbaria & Greenhaus, 1992; Moore, 2000) work interference with families (Jourdian, 2010), hostile patients and physicians (Jourdian, 2010), work-time pressures (Bhaktair, 2004, LeBlanc & Schaufeli, 2003) unrealistic personal expectations (Stevens & O'Neill, 1983), excessive interpersonal interactions (Cordes & Dougherty, 1993) and ineffective stress coping mechanisms (Erera-Weatherley, 1996). The emotional exhaustion dimension is perceived as a core dimension of burnout governing the majority of burnout literature (Halbesleben & Demerouti, 2005; Knudsen, Ducharme, Roman, 2009; Kristensen, Borritz, Villadsen, & Christensen, 2005; Melamed, Shirom, Toker, Berliner, & Shapira, 2006).

Cynicism. Cynicism, also known as disengagement or depersonalization, refers to the interpersonal component of job burnout. The individual is disengaged, often responding to work in a negative, callous, or detached manner (Maslach et al., 2001). In human services fields, the individual professional depersonalizes the client by failing to recognize their unique characteristics, ultimately viewing the client as an "impersonal object" (Maslach et al., 2001). This act of distancing oneself from the client is reported consistently in the literature as a coping

response to emotional exhaustion (Maslach et al., 2001). Research indicates several factors contribute to a state of cynicism: work stress (Perrewe et al., 1993), excessive interpersonal interaction (Maslach, 1982), excessive workload (Burke, 1989), lack of recognition (Jourdian, 2010), and the nature of job responsibilities (Patton & Goddard, 2003).

Professional (in)efficacy. Although in burnout the relationship between emotional exhaustion and cynicism dimensions appears to be sequential, the relationship of those dimensions with a third, reduced professional efficacy, is more complex (Maslach et al., 2001). Reduced professional efficacy is the self-evaluation component of job burnout wherein the individual experiences feelings of incompetence and low productivity (Maslach et al., 2001). Research indicates professional inefficacy may be a function of differing levels of emotional exhaustion or cynicism, or a combination of exhaustion and cynicism (Byrne, 1994; Lee & Ashforth, 1996). Individuals who are subjected to chronic, demanding work environments may find it difficult to feel effective when struggling with emotional exhaustion and cynicism (Maslach et al., 2001). As indicated by Maslach et al. (2001), emotional exhaustion and cynicism may interfere with inefficacy as "it is difficult to gain a sense of accomplishment when feeling exhausted or when helping people toward whom one is indifferent" (p. 403).

Contributing factors to reduced professional efficacy include a lack of recognition and/or positive feedback (Jackson & Shular, 1983), a feeling of inadequacy and/or incompetence (Janeseen et al., 1999), unrealistic expectations (Gill, Flaschner, & Shachar, 2006), poor management (Gill, Flaschner, & Shachar, 2006), and the provision of pseudo-authority (Zopiatis & Constanti, 2005). Miller et al. (1989) suggest that inefficacy is the result of an individual being excluded from decision making, and Murray-Gibbons and Gibbons (2007) highlight that imbalances between organizational rewards and employee contributions result in employees

feeling "undervalued." Gill, Flaschner, and Shachar (2006) suggests reduced personal efficacy is a result of unrealistic expectations with poor management.

Maslach (1982, 1993) views the three dimensions (emotional exhaustion, cynicism, and reduced professional efficacy) of job burnout as sequential. Employees who experience emotional exhaustion tend to distance themselves from their work resulting in cynicism. With cynicism, employees become cognizant of the differences in their contributions to their employer versus their expectations. These differences can result in a reduction in professional efficacy (Singh, Suar & Leiter, 2011). Cynicism is positively correlated with the exhaustion component of burnout. Cynicism is negatively correlated with professional efficacy (Singh, Suar, & Leiter, 2011). Subsequently, job burnout is characterized by high scores on emotional exhaustion and cynicism, and low scores on professional efficacy (Schaufeli et al., 1996).

There is however, some disagreement regarding whether or not the development of involves a sequential cascade of three dimensions: emotional exhaustion first, followed by cynicism, eventually leading to professional inefficacy (Cordes & Dougherty, 1993; Burisch, 2006; Tanner, Kalimo, & Mutanen, 2002). Several studies (e.g. Leiter & Maslach, 2009; Leiter & Shaughnessy, 2006; Maslach, 1993, Tanner, Kalimo, & Mutanen, 2002) support Maslach's (1982, 1993) view of burnout as sequential and provide evidence that emotional exhaustion leads to cynicism which then results in reduced professional efficacy. Other studies indicate that the dimensions of burnout are not necessarily sequential (Leiter, 1993; McManus, Winder, & Gordon, 2000; Taris, Le Blanc, Schaufeli, & Schreurs, 2005; Schwab & Iwanicki, 1982). For example, McManus, Winder, and Gordon's (2000) study of 331 medical doctors found that a person may exhibit emotional exhaustion, cynicism, and reduced professional efficacy

simultaneously; not necessarily progressing through a sequence of exhaustion to cynicism resulting in reduced professional efficacy.

Expansion of the multidimensional model-areas of worklife. Leiter and Maslach (2009) expanded the theoretical framework of job burnout to include an integration of personal and situational factors. They focus on the perceived level of congruence between the person and worklife in six areas: workload manageability, control over work conditions, reward, sense of community, perceived fairness, and values alignment between the individual and those of the organization. In this framework, an increase likelihood of burnout occurs when employee issues are left unresolved or the worker encounters circumstances that he or she views as unacceptable (Maslach et al, 2001).

The worklife areas of workload manageability and control over working conditions are examples of the integration of stress theory into burnout theory as these worklife areas reflect the demand-control model of job stress (Karasek & Theorell, 1990). The demand-control model suggests job stress is the result of organizational aspects within the work environment including the effects of demands of the work environment and the associated degree of control the employee has within the environment (Karasek & Theorell, 1990). Consistent with the demand control model, control over working conditions assumes a central role in the model as an individual's level of control influences the ability of an employee to "match" or align with the other areas of worklife (Leiter & Maslach, 2004). Control over working conditions accounts for an employee's perception of their ability to influence decisions that may impact their ability to perform their job effectively. For example, among NHAs control over working conditions may translate into the ability to influence resources such as staff or new equipment. Workload manageability speaks to an employee's perception of work demands in relation to perceived

limits. The reward area of worklife addresses the power of intrinsic and extrinsic reinforcements to shape behavior. Sense of community as an area of worklife reflects the role of social support, conflict, and teamwork in the workplace. The fairness area of worklife reflects the importance of perceived equity and justice in the workplace. Finally, the values alignment (in contrast with values conflict) area of worklife encompasses the extent to which the employee's perceived ideals and motivations are congruent with those of the organization and demands of the position (Leiter & Maslach, 2009). Values alignment is considered central to all of the other areas of worklife (Leiter & Maslach, 2004). The areas of values alignment therefore is represented in this framework as mediating "the relationship of the other areas [of worklife] with the psychological experience of burnout or engagement" (Leiter & Maslach, 2004, p. 117). The areas of worklife are reviewed in detail following the review of Leiter and Maslach's (2009) mediation model.

Leiter and Maslach (2009) examined the mediation model of burnout in healthcare by examining the mediating role of burnout in nurses' intentions to turnover. A survey of 667 Canadian nurses explored areas of work life, burnout dimensions, and turnover intentions. Areas of worklife included workload manageability, reward, control over working conditions, sense of community, fairness and values alignment, and these were measured using the areas of worklife survey (Leiter & Maslach, 2004). The dimensions of burnout (exhaustion, cynicism, and reduced professional efficacy) were measured using the Maslach Burnout Inventory-General Scale (Schaufeli, Leiter, Maslach, & Jackson, 1996). Turnover intentions were measured using three questions from Kelloway, Gottlieb, and Barham's (1999) turnover intention scale. The items included "I plan on leaving my job within the next year," "I have been actively looking for other jobs," and "I want to remain on my job" (cited in Leiter & Maslach, 2009, p. 334). The results supported the sequence of burnout with emotional exhaustion predicting cynicism, which in turn

predicted reduced professional efficacy (Leiter & Maslach, 2009). The results indicated several of the areas of worklife were directly related to burnout. Specifically, values alignment or values conflict predicted emotional exhaustion, cynicism, and reduced professional efficacy, suggesting that incongruences between organizational values and an individual's values may lead to burnout. In Leiter and Maslach's (2009) study, a more unmanageable workload was directly associated with emotional exhaustion. Control over work conditions predicted perceptions of fairness, sense of community, and reward, with fairness subsequently predicting values alignment. Leiter and Maslach (2009) concluded that "burnout was indeed predictive of turnover intention, and it clearly mediated the effect of workplace factors on this outcome" (p. 337). Leiter and Maslach (2009), however, note that, among the three dimensions of burnout, cynicism was clearly the most important predictor of turnover intentions.

Leiter and Shaughnessy (2006) also examined the mediation model specific to the mediating role of burnout in 673 nurses' evaluation of change in the workplace. They used the Areas of Worklife Survey (Leiter & Maslach, 2004) to measure areas of worklife (workload manageability, reward, control over work conditions, sense of community, fairness, and values alignment). The dimensions of burnout (emotional exhaustion, cynicism, and professional inefficacy) were measured using the Maslach Burnout Inventory-General Scale (Schaufeli, Leiter, Maslach, & Jackson, 1996). Change was measured in terms of participant evaluation of three items of change: hours of work, workplace health, and workload. The analysis of the data supported the sequential dimensions of burnout. In terms of areas of worklife, only fairness was significantly related to values alignment.

The mediation model provides a framework for examining the organizational antecedents that may contribute to burnout. The model suggests that burnout is more likely to occur when

individuals have more negative than positive perceptions of any of the six areas worklife (Maslach et al., 2001).

Control over work conditions and job burnout. The importance of control over work conditions in job turnover was initially identified in the demand–control theory of job stress (Karasek & Theorell, 1990). Borrowing from demand-control theory, Maslach and Leiter (2008) suggest control over work conditions is a central point influencing the other work life factors (reward, fairness, community, workload, values). For example, with control, an NHA may make decisions regarding the timing of projects (workload) or may select colleagues to work on projects (community). Control issues surface when individuals experience role conflict in the workplace (Maslach & Leiter, 2008). Role conflict is a result of conflicting expectations of different people or groups (Brewer & Clippard, 2002; Rizzo, House, & Lirtzman, 1970). According to Rizzo, House, & Lirtzman (1970) role conflict is defined "in terms of the dimensions of congruency-incongruency or compatibility-incompatibility in the requirements of the role, where congruency or compatibility is judged relative to a set of standards or conditions which impinge upon role performance" (p. 155). Role conflict is an important consideration in control as several studies suggest role conflict is directly associated with the exhaustion component of burnout (Cordes & Dougherty, 1993; Maslach et al., 1996).

A diminished sense of control over work conditions may also occur when an individual feels he or she lacks control over the resources or authority to perform their job as he or she believes appropriate (Maslach et al, 2001). In fields such as social work and human resources, professional control and autonomy is limited resulting in high burnout and stress levels and low job satisfaction (Barak, Nissly, & Levin, 2001; Balloch, Pahl, & McLean, 1998; McLean & Andrew, 2000). Although NHAs are responsible for all aspects of nursing home operations,

their authority and control is limited and may even conflict with those of various entities such as regulatory bodies (CMS, DOH, JCAHO), and corporate authorities (CEOs, Board Members, Regional Teams). A dichotomy exists where the NHA is responsible for the residents and staff, yet many of the factors influencing the delivery of care are beyond the NHA's control.

The relevance of control over work condition is demonstrated in Tellis-Nyak's (2007) survey of 685 active nursing home administrators, where NHAs identified state surveys, regulations, liability concerns, and corporate management as the major sources of frustration. Further analysis of the textual comments of the survey indicate the increasing demands placed by these sources and NHAs' associated lack of control over the impact of these demands is not what NHAs bargained for in choosing their career. The continued demands of these entities result in heightened stress for NHAs.

According to Angerer (2003), employees who face high demands with low control over task completion exhibit signs of stress that lead to job burnout. While complete control may not be entirely feasible, lack of control over important aspects of one's position leaves a person vulnerable to job burnout (Angerer, 2003). Efforts to combat emotional exhaustion and increase efficacy are achieved through employee involvement in decision making (Lee & Ashforth, 1993; Leiter, 1992). As indicated by Maslach, Schaufeli and Leiter (2001), a "mismatch in control is generally related to the inefficacy or reduced personal accomplishment aspect of burnout" (p. 414).

As an increasing number of nursing homes are affiliated with chain membership, there is an assumed loss of control that is replaced with standardization and oversight (Banasak-Holl, Berta, Bowman, Baum, & Mitchell, 2001). For example, in several chain affiliated nursing homes, NHAs may lose control over admission decisions because the criteria are established by

the corporate office. As authority to make these decisions is taken away, NHAs may experience a decreased sense of professional efficacy; they continue to have full responsibility for the facility with insufficient authority to choose how to operate it.

Workload manageability and job burnout. Increased workload is consistently related to job burnout (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Cordes & Dougherty, 1993; Florian, 1988; Greenglass, Burke, & Moore, 2003; Maslach et al., 2001; Maslach, 2008; Schaufeli & Enzmann, 1998). Workload contributes to burnout when an individual encounters "excessive overload" where recovery is not possible (Maslach et al., 2001). Workload overload may occur due to individuals performing work outside of his or her skill level. Individuals performing emotional work are particularly susceptible to workload overload (Maslach et al., 2001). Workload typically is associated with the emotional exhaustion component of burnout (Cordes & Dougherty, 1993; Maslach et al., 2001; Schaufeli & Enzmann, 1998).

A few studies (Castle, Engberg, & Anderson, 2007; Leiter, 2009) have examined the issue of workload in NHAs from various perspectives. For example, Castle, Engberg, and Anderson (2007) examined turnover of NHAs to another long term care setting, concluding that workload, as a job satisfaction subscale, is significant in terms of predicting turnover. Similarly, Wilson (2009) specifically examined the relationship between areas of worklife and job burnout in NHAs in Georgia. All areas of worklife, except values alignment, were correlated with job burnout; however, workload was the strongest predictor of burnout (Wilson, 2009). Leister (2009) conducted a cross-sectional survey examining job stress and intent to leave the job among NHAs in Maryland. The study was grounded in Seyle's Model of Stress (1973, 1974) which includes stages of alarm, resistance, and exhaustion. Leister (2009), however, focused on the resistance stage. The survey consisted of items adapted from the Occupational Stress

Questionnaire (Andrucci-Armstrong, 2001), job stress survey (Spielberger & Vagg, 1999), and intent to leave the job measures (Blau, 1994). The results suggest job satisfaction and workload directly impacted NHAs' intent to leave (Leister, 2009). Although the studies are grounded in different perspectives, the one consistent variable is the significance of workload.

The findings of the significance of workload as a predictor of burnout in NHAs is not surprising as the demands of NHAs have continued to increase over the past 40 years (Pratt, 2010). NHAs are spending increasingly more time to comply with stringent regulatory standards. The demands are further augmented by time constraints imposed by the regulatory bodies. For example, in the event of a suspected abuse, neglect, or misappropriation of funds, an initial report of the alleged incident must be filed within 24 hours to the Department of Health (PA Department of Health, n.d.). The NHA is on call and responsible for all emergencies such as fires, interruptions of operations (e.g., electric outages, water outages), and resident elopements. These events require immediate action on behalf of the NHA, often including a series of time sensitive reports to numerous agencies. In addition to emergency responses, many organizations require the NHA be available (i.e. within driving distance to facility) during the period deemed the "survey window." The survey window is the period time for which the Department of Health may conduct the annual facility inspection. The survey inspection window is typically 9 to 15 months from the last survey. Similarly, time frames are imposed for plans of corrections in response to any identified deficiencies by the Department of Health. In addition, many NHAs feel a personal sense of responsibility and accountability and elect to be available during the time period. The responsibilities and associated expectations of the NHAs speak to the 24/7 accountability of NHAs.

Pressures on NHAs continue to increase while they are asked to do more with less and held accountable to numerous stakeholders including residents, families, regulatory bodies, staff members, and the community. NHAs also are providing care to residents with higher acuity (Hyatt, 2001) despite funding shortages (Gold, 2005; Hyatt, 2001; Pratt, 2002; Stoil, 2005), all while operating in a highly regulated, litigious environment.

Since NHAs have around the clock accountability, there is little time for reflection and relief from the constant demands. An isolated emergency or crisis, often resulting in acute fatigue, does not necessarily result in burnout (Shinn, Rosario, Morch, & Chestnut, 1984). It is this chronic, heavy workload for extended periods of time without opportunity for recovery that leads to burnout, subsequently making the NHA a prime candidate for burnout and job turnover.

Reward and job burnout. Studies indicate that inadequate rewards (intrinsic or extrinsic) increase an individual's vulnerability to job burnout (Chappell & Novak, 1992; Siefert, Jayaratne, & Chess, 1991). Templeton and Satcher (2007) suggest positive reinforcement protects employees from exhibiting signs of burnout. A study among a sample of 204 nurses indicated that high job demands and low extrinsic rewards are positively associated with emotional exhaustion and depersonalization (Bakker, Killmer, Siegrist, & Schaufeli, 2000). In terms of extrinsic rewards, rewards may be financial in nature or take the form of an act of appreciation. Intrinsic rewards may include personal awareness of doing a job well, resulting in a high level of personal pride. A lack of intrinsic rewards can result in a sense of inadequate reward and is a key contributor to professional inefficacy (Maslach et al., 2001).

Specific to nursing home administrators, research shows that there is a perceived misfit between the rewarded financial compensation and the level of responsibility they face (Murphy, 2004; Pratt, 2002). According to the Bureau of Labor and Statistics (2013), the average annual

salary of a medical and health care manager (which includes the nursing home administrator position) is \$84,270. The "Nursing Home Salary & Benefits Report" (Hospital and Healthcare Compensation Report, 2012) reports a higher average nursing home administrator salary at (\$96,946). As NHAs face additional challenges, the level of compensation related to the 24 hours a day, seven days a week responsibility may be perceived as inadequate.

It also is important to recognize the impact of intrinsic rewards. Intrinsic rewards not only include recognition by others, but also a sense of personal satisfaction (Leiter & Shaughnessy, 2006). As indicated in Tellis-Nayak's (2007) study of NHAs, salary and lack of recognition were identified as sources of dissatisfaction and frustration. It is these same feelings of dissatisfaction and frustration that may lead to reduced professional efficacy.

Sense of community and job burnout. The sense of community area of worklife focuses on the quality of social interactions in the workplace, encompassing the literature on social support and interpersonal conflict (Leiter & Maslach, 2009). Individuals flourish in communities where individuals support and respect one another (Leiter & Maslach, 2004). A lack of sense of community at work occurs when a person loses his or her connection to the workplace (Maslach et al., 2001). Feelings of social support and community are replaced with feelings of conflict and hostility (Maslach et al., 2001). Establishing connections with co-workers enables individuals to feel a sense of belonging, reaffirming a sense of membership and shared values (Maslach et al., 2001).

Several studies have examined the impact of sense of community on burnout. For example, Pretty, McCarthy, and Catano (1992) provide evidence that a greater sense of community in the workplace is associated with reduced feelings of burnout among employees. Their study of both management and non-management employees of a telecommunications

company found that a lower sense of community was significantly associated with higher levels of exhaustion and depersonalization (Pretty, McCarthy, & Catano, 1992).

In examining sense of community in worklife, it is important to recognize the link between community and social support. Based on Leiter and Maslach (2004), a component of the sense of community specifically addresses social support in the workplace. Furthermore, consistent with similar studies (e.g. Leiter & Maslach, 1998; Schnorpfeil et al., 2002), Leiter and Maslach (2004) do not consider the source of social support (i.e. co-worker or supervisor) as relevant. Simply stated, any source of social support leads to greater engagement and subsequently lower levels of burnout. Leiter and Maslach's (2004) broad conceptualization of social support is consistent with Cohen and Syme's (1985) broad conceptualization of social support as resources provided by other people. According to Cohen and Syme (1985), adopting a broad view of social support in terms of resources allows one to examine both the positive and adverse effects of social support. Several studies, however, do distinguish between the various sources of social support and have established its association with burnout (Baruch-Feldman, Brondolo, Ben-Dayana & Schwarz, 2002; Carlson & Perrewe, 1999; Schaufeli & Greenglass, 2001). To that end, in this study, social support is examined separately from sense of community, as a control variable.

Another important aspect of sense of community is job security. Job security refers to the bonds employees develop at work which further create a sense of loyalty to the organization (Angerer, 2003). The job market can be a destructive force to communities if it promotes frequent job changes, thereby decreasing loyalty and community (Angerer, 2003). Loyalty has decreased as individuals frequently change positions in search of higher pay, benefits and position (Angerer, 2003). Management plays an increasingly major role in creating supportive

organizational climate (Grau, Chandler, Burton, & Kolditz, 1991; Karasek, Triantis, & Chaudhry, 1982; Trice & Sonnenstuhl, 1988), thereby fostering community. In the nursing home, the creation of a supportive organizational environment by administration is associated with decreasing nursing turnover, which ultimately impacts (positively) quality of care delivered to the resident (Grau, Chandler, Burton, & Kolditz, 1991; Castle, 2006; Castle, Ferguson, & Hughes, 2009).

As NHAs are tasked with creation of a supportive environment for employees, it is equally important to consider the impact of a supportive community for the NHA. As reported in Tellis-Nayak's (2007) study, NHAs find satisfaction in the relationships they build within the nursing home community, including those with residents, staff, resident families, and generally making a difference in these lives. It is within this community that NHAs find the strength to continue to move forward and meet the challenges of the job. If NHA do not have a supportive community, it may, as noted by Wilson (2009) "breed contempt for the job and lead to burnout" (p. 101).

Fairness and job burnout. Maslach and Leiter (1997) relate fairness to sense of community, stating, "when an organization achieves community, people trust one another to fulfill their roles in shared projects, to communicate openly about their intentions, and to show mutual respect" (Maslach & Leiter, 1997, p. 52). Truchot and Deregard (2001) suggest that a sense of community established by an organization actually serves to foster a sense of equality. The key elements of fairness are "trust, respect and openness" (Angerer, 2003, p. 104). A perceived lack of fairness reflects a person's sense of the work environment as unjust. Acts of unfairness include inequity of workload or pay, inappropriate promotion procedures, cheating, and unfair dispute resolution (Angerer, 2001; Maslach et al., 2001).

Fairness extends to the allocation of resources. Duke (2010) suggests fairness relates to the consistency and equality of allocation of resources. According to Duke (2010), when an organization acts fairly, it is communicating respect to the employees, conversely, when an organization is perceived as acting unfairly, it leads to confusion in the organization regarding values and associated relationships with employees.

From a leadership perspective, fairness is a critical component identified in the leadership literature (e.g., Laschinger & Leiter, 2006; White, 1987). Managers who are perceived as fair and supportive help to protect employees from burnout (Leiter & Harvie, 1998). Unfair treatment can be emotionally exhausting and lead to feelings of cynicism (Maslach et al., 2001). A similar phenomenon is expected with NHAs who, although in a management role, are responsible to a board, regional director, or other higher level supervisor. As suggested by Tellis-Nayak (2007), NHAs report feelings of perceived unfairness of allocation of resources, a lack of respect, and lack of loyalty.

Values alignment and job burnout. According to Leiter and Maslach (2011) values encompass what is perceived as important to both the individual and the organization. Individual values are essentially "enduring beliefs" often formed based on some early experience or form indoctrination (Ledlow & Coppola, 2011). Values are considered a vital component of organizational culture and leadership (Schein, 2004). Often, individual values form the basis for decision making in healthcare (Ledlow & Coppola, 2011).

Organizational values provide the moral foundation for the organization and are often articulated in the organization's mission and vision statements. Organizational values, as defined by Singh (2010), "constitute principles and ideologies 'held sacred' by an organization"(p. 408). NHAs are often charged with establishing values specific to the delivery of LTC services in a

facility (Singh, 2010). It is when there is a disconnect between the stated organizational values and the actions of the organization that conflict arises for NHAs, producing dissatisfaction and, ultimately, turnover (Singh & Schwab, 1998).

The importance of values in relation to burnout and turnover becomes prevalent in an organization under two conditions: 1) actual organizational practices differ from the stated mission or 2) conflict in values (e.g. delivering quality healthcare and profit) (Maslach et al., 2001). Both individual and organizational performances are affected when value conflicts exist (Schein, 2004).

According to Leiter, Jackson, and Shaughnessy (2009), value alignment is an important component in the healthcare industry as "health care providers have a professional responsibility to consider values in their work" (p. 102). Professional or values-based conflicts are often, the source of ethical dilemmas (Ledlow & Coppola, 2011). As defined by Pozgar (2013) ethics "deals with values relating to human conduct with respect to the rightness and wrongness of actions and the goodness and badness of motive and ends" (p. 2). Regardless of the specific health care sector, all health leaders are faced with ethical challenges at some point in their career (Pozgar, 2013). In 2006, in an effort to guide NHA ethical decision making and practice, the National Association Board of Long Term Care Administrator (NAB) adopted the American College of HealthCare Administrators Code of Ethics. Shortly thereafter, the Pennsylvania State Board of Examiners of Nursing Home Administrators released a statement supporting the NAB Code of Ethics (Bering, 2009). The ACHCA Code of Ethics (n.d.) is based on four fundamental expectations of the long term care administrator:

1. Individuals shall hold paramount the welfare of persons for whom care is provided
2. Individuals shall maintain high standards of professional competence

3. Individuals shall strive, in all matters relating to their professional functions, to maintain a professional posture that places paramount the interests of the facility and its residents
4. Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of related professions. (para. 1)

The ACHCA reinforces the individual responsibility to apply the standards and ethics as outlined. As stated in the Code of Ethics, "it shall be the obligation of members to seek to avoid not only conduct specifically proscribed by the code, but also conduct that is inconsistent with its spirit and purpose." It is within this realm of conduct that NHAs may find experiences that conflict with personal and/or professional values. For example, NHAs entrusted to provide the highest quality of care to the resident, however as NHAs are faced with increasing healthcare costs and declining reimbursements, the NHA may find it difficult to meet to provide high quality care while still meeting his or her fiduciary responsibilities. In this example, the NHA may experience personal and professional conflict as he or she is not meeting the standards as outlined in the ACHCA Code of Ethics (n.d).

All employees accept positions with preconceived expectations of the organization. The extent to which the organization work experience meets these expectations subsequently influences retention. In a survey of 290 NHAs, Singh and Schwab (2000) found commitment to an organization was correlated with realized expectations, which includes a level of autonomy within the organization and a degree of congruence between individual and organizational values. Singh and Schwab (2000) concluded that a "high degree of trust in the organization, enthusiasm and loyalty toward the company, willingness to make one's best contribution to the organization, and personal feelings of a good fit with the organization" were significant items in terms of predicting tenure.

In today's workplace, employees are skeptical of organizational visions and values (Hemingway & Maclagan, 2004). In many organizations, employees have different value sets than their employers often resulting in conflict (Schaufeli, Leiter, & Maslach, 2009). In the twenty-first century workforce, employees are less willing than in the past to compromise their values "for the good of the company" (Schaufeli, Leiter, & Maslach, 2009, p. 209).

As NHAs are confronted with decreasing reimbursements for care provided to residents, and residents with more intensive care needs; they are faced with making difficult decisions that may present a conflict of values. They are faced with an ethical dilemma: how to provide highly skilled, quality care while operating at a level of efficiency and profitability (Abrahamson, Sutor, & Pillemer, 2009; Dupuise & Norris, 1997; Pillemer et al., 2003)? While many NHAs are able to successfully strike a balance, it is becoming increasingly challenging. Together, the six areas of worklife (workload manageability, reward, control over work conditions, fairness, sense of community, and values alignment) provide a framework which incorporates the main organizational antecedents of burnout (Maslach et al., 2001).

Consequences of Burnout for Turnover

Numerous studies demonstrate the detrimental effects of job burnout on individual professionals and on organizations (Cordes & Dougherty, 1993; Leiter & Maslach, 2001; Maslach, 2001; Mirvis, Graney, & Kilpatrick, 1999; Toppinen-Tanner, Kalimo, & Mutanen, 2002). From an organizational perspective, research studies link job burnout to reduced job satisfaction, low morale, reduced organizational commitment, increased absenteeism, reduced job performance, turnover intentions, and job turnover (Baker et al., 2003; Brouwers & Tomic, 2000; Cordes & Dougherty, 1993; Cropanzano et al., 2003; Evers, Brouwers, & Tomic, 2002; Leiter & Maslach, 2009; Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001; Taris,

2006; Wright & Cropanzano, 1998). Studies also suggest the potential for "contagion" of job burnout from a single burned out employee to the burn out of many people throughout the organization (Bakker, Schaufeli, Sixma, & Bosveld, 2001; Halbesleben & Buckley, 2004).

Individual consequences of burnout are well documented in the literature. Burnout is associated with various mental and physical health problems (Burke & Deszca, 1986; Cherniss, 1980; Maslach & Pines, 1977; Melamed et al., 2006). For example, mental health issues associated with burnout include depression, psychosomatic complaints, feelings of helplessness, and anxiety (Jackson & Maslach, 1982; Schaufeli, 2003). Physical health problems include chronic fatigue, increased risks of cardiovascular disease and cardiovascular related events, insomnia, headaches, high blood pressure, muscle tension, and gastrointestinal illness (Maslach & Leiter, 1997; Melamed et al., 2006).

Sociodemographic Characteristics: Who Experiences Job Turnover? Burnout?

Gender

Few studies exist that examine the effect of gender on turnover in managers. One study examined 128 women and 488 men who were managers in Fortune 500 companies and found that women had higher turnover than men within a two year period (Stroh et al., 1996). More recently, a study of 26,359 financial managers reported that women exhibited slightly lower turnover rates than men (Lyness & Judiesch, 2001).

In terms of burnout and gender, although studies suggest that, on average, men and women score differently on the dimensions of burnout, the literature provides mixed evidence regarding the relationship between gender and burnout (Maslach & Jackson, 1981, 1985; Pretty et al., 1992; Purvanova & Muros, 2010; Schwab & Iwanicki, 1982b). For example, when considering the dimensions of burnout, studies find men are higher in depersonalization/cynicism

(Cahoon & Rowney, 1984; Greenglass & Burke, 1988) while women score higher on the emotional exhaustion dimension of burnout (Bakker et al., 2002; Fitzgerald & Stark-Adamac, 1990; Schaufeli & Enzmann, 1998). Maslach et al's. (2001) qualitative review of the burnout literature is consistent with these studies, also finding that women scored higher in emotional exhaustion than male counterparts. Men however, scored higher in depersonalization/cynicism than women. Conversely, Bekker, Croon, and Bressler's (2005) study of burnout in nurses finds that men had higher levels of emotional exhaustion than women.

The inconsistencies in the literature noted above were the impetus for a meta-analysis conducted exploring the relationship between gender and burnout. Purvanova and Muros (2010) used 409 effect sizes from 183 studies to analyze the relationship between gender and burnout. Their results support the commonly held assumption that women are more likely to experience burnout than men (Purvanova & Muros, 2010). Further examination however, indicates the differences are indeed dimension specific with women scoring higher on emotional exhaustion than men and men scoring higher on depersonalization/cynicism than women (Purvanova & Muros, 2010).

These findings are consistent with gender role theory (Eagly, 1987; Eagly & Wood, 1982) which suggests that women are more likely to express their feelings of emotional exhaustion based on socially prescribed, learned behavior, whereas men are more likely to withdraw from or depersonalize the situation (Eagly, 1987; Eagly & Wood, 1982). In light of gender role theory, Maslach et al's (2001) qualitative review, and Purvanaova and Muros (2010) meta-analysis, gender as a control variable is included in this study and it is anticipated that there may be some differences in both burnout and turnover intentions based on gender.

Social Support

Social support may directly or indirectly, though its relationship to burnout, affect turnover intentions. Numerous studies (Baruch-Feldman, Brondolo, Ben-Dayana, & Schwarz, 2002; Carlson & Perrewe, 1999; Greenglass, Burke, & Konarski, 1997; Jennings, 2008; Lloyd, King, & Chenowith, 2002; Sargent & Terry, 2000; Tamara & Ishikuma, 2001; Winnubst, 1993; Winnubst, Marcelissen, & Kleber, 1982) suggest social support, regardless of the source (friends, family, co-workers, supervisor) mitigates stress and burnout. Conversely, studies exist that suggest that the source of support does matter (Galek, Flanneley, Greene, & Kudler, 2011, Russell, Altmaier, & Velzen, 1987). Sources of social support may include friends, family, co-workers or supervisors (Cohen & Syme, 1985; Gloria & Ho, 2003; Himle & Jayaratne, 1991). For example, the importance of co-worker support is evident in study of 1,800 substance abuse counselors in which co-worker support was found to protect workers from emotional exhaustion.

In addition to examining social support in terms of source, several studies (Baruch-Feldman, Brondolo, Ben-Dayana, & Schwarz, 2002; Carlson & Perrewe, 1999; Schaufeli & Greenglass, 2001) examine social support based on "form." According to Taylor (2007) social support is commonly classified into three forms: (a) informational, (b) instrumental, and (c) emotional. Informational social support is often associated with assisting an individual to understand, and ultimately cope with a stressful event. Instrumental support entails direct, tangible assistance with various goods or services. For example, an individual providing meals to a family that recently lost a family member is described as instrumental support. Emotional support involves providing comfort and reassurance to an individual reinforcing one is cared for and belongs (Taylor, 2007). Several studies (Brouwers, Evers, & Tomic, 2001; Pines & Aronson, 1981) suggest emotional support is viewed as the most important form of social support. Whereas instrumental or tangible support is often viewed as less important than the

psychologically based supports (Cohen & McKay, 1984). For example, it seems rather obvious that the loss of income from an individual who has a supportive wealthy family is less likely to experience stress than someone who does not have this level of support (Cohen & McKay, 1984).

Social support is often measured as either structural support or functional support. Structural support focuses on the number of social relationships an individual establishes and the associated interconnections of these relationships. It is commonly referred to as social integration. Functional support focuses on the function of the support in terms of form (informational, instrumental, emotional) and is often examined in the context of a particular stressor (Taylor, 2007). The functional approach is consistent with the buffering hypothesis which suggests that the mental and physical health benefits associated with social support are only realized during stressful events (Taylor, 2007). Since job stress is related to intentions to turnover, it is likely that availability of adequate social support may reduce turnover intentions.

For the purposes of examining social support in NHAs, this study adopts a functional approach, specifically examining informational and emotional components of social support. Consistent with Beehr's (1985) perspective, the research on social support does not suggest we can establish causality, but only that a relationship does or does not exist between social support and burnout, and, ultimately, turnover intentions. Generally, the relationship reported suggests an inverse relationship is where increased levels of social support are associated with lower levels of burnout (Baruch-Feldman, Brondolo, Ben-Dayana & Schwarz, 2002; Carlson & Perrewe, 1999; Schaufeli & Greenglass, 2001).

Age and Experience

In terms of turnover intentions, a significant negative association between tenure as a control variable and turnover intentions was reported (Knudsen, Ducharme, & Roman, 2009). Since "age is confounded with work experience," (Maslach, Schaufeli, & Leiter, 2001, p. 409) it appears that individuals early in their career may be more susceptible to burnout (Akroyd & Adams, 2000; Maslach, Schaufeli, & Leiter, 2001, p. 409) and, consequently, turnover. In their study of job satisfaction and NHA turnover, Castle, Engberg, and Anderson (2007) concluded that younger NHAs are more likely to turnover. Singh and Schwab's (2000) survey of 290 active NHAs in Michigan and Indiana supports this assertion; they find a 37 percent probability that newly hired NHAs will separate their position (voluntarily or involuntarily) within the first three years. Specific to the voluntary turnover aspect, Singh and Schwab (2000) concluded that the majority (81%) voluntarily separate from their position and despite an average tenure of 1.3 years, and successfully find promotional opportunities within the field. The results are further evidence of high instability during the first three years of an NHA's tenure (Singh & Schwab, 2000).

Studies consistently find that younger individuals (under 30 years old) score higher on all three burnout dimensions than people who age 30 or older (Anderson & Iwanicki, 1984; Akroyd & Adams, 2000; Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001; Schwab & Iwanicki, 1982b; Stevens & O'Neill, 1983). Anderson and Iwanicki (1984) examined experience in relation to age, finding more experienced employees score lower on both the emotional exhaustion and depersonalization/cynicism dimensions of burnout. More recently, a study examining emotional exhaustion and turnover intentions of a 410 leaders of addiction treatment centers concluded that age was the only control variable associated (negatively) with emotional exhaustion (Knudsen, Ducharme, & Roman, 2009). Consistent with the previous studies noted,

younger individuals scored higher on the emotional exhaustion dimension of burnout, with older individuals reporting significantly lower emotional exhaustion scores. Some authors suggest this young, early career burnout is related to the "reality shock" experienced by the professional (Kunzel & Schulete, 1986) while others view the early career burnout as a result of failed occupational socialization (Cherniss, 1980).

Education

In terms of turnover intentions, Knudsen, Ducharme and Roman's (2009) study of leaders of addiction treatment organizations report that leaders with a master's degrees or higher report significantly greater turnover intentions than leaders with less than a master's degree. Again, the findings are difficult to interpret as the higher turnover rate may be attributed to other factors such as an increase of available employment opportunities.

Studies show that individuals with higher levels of education typically score higher on burnout than less educated colleagues (Maslach, Schaufeli, & Leiter, 2001). It is, however, difficult to interpret these findings since education may be confounded with other variables including status and occupation (Maslach, Schaufeli, & Leiter, 2001). Maslach, Schaufeli, and Leiter (2001) suggest this may be related to individuals with higher education attaining higher level positions that are associated with higher stress levels and subsequently being more prone to burnout.

Ethnicity

There is little empirical evidence exploring ethnicity, turnover, and burnout (Maslach, Schaufeli, & Leiter, 2001). In Wilson's (2009) study of areas of worklife among NHAs in Georgia, a significant difference in burnout was found between Whites and African Americans, with African American NHAs experiencing lower levels of emotional exhaustion than their

White counterparts. However, Wilson (2009) did not discuss these particular results. In a study of childcare professionals examining burnout, coping strategies, and interventions, African Americans reported higher levels of emotional exhaustion and depersonalization/cynicism than Whites (Evans, Bryant, Owens, & Koukos, 2004). Because there is little research specific to ethnicity and burnout, with the current literature reporting no consistent pattern, ethnicity is was intended as a control variable in this study. However, after collecting data on ethnicity, the variable was ultimately dropped as only one non-white respondent was identified in the survey sample.

Organizational Characteristics: Where Is Burnout Experienced?

As noted by Castle (2008) very few studies explore staff turnover in nursing homes specific to organizational characteristic. Banasak-Holl and Hines (1996) found that for-profit ownership and resident case mix (an indicator of how high or low functioning a resident population is) are associated with certified nursing assistant (CNA) turnover. Brannon (2000) found that for-profit ownership and chain memberships are associated with higher CNA turnover. However, when considering organizational characteristics associated with burnout, specific to NHAs, Wilson (2009) reported no significant differences in burnout levels in NHAs of chain affiliated nursing homes versus nursing homes not affiliated with a chain. Additionally, burnout levels did not vary significantly among the settings of publicly-held profit, private for profit, and private nonprofit nursing homes (Wilson, 2009). Ownership is included as a control variable in this study to explore its potential role in burnout and turnover in this sample.

Chain membership is often assumed to benefit from "economies of scale," suggesting abundance of supplies related to bulk discounts (Castle & Engberg, 2006). In the nursing home industry, chain membership can translate into advantages related to "risk sharing, access to wider

pool of resources, centralizing functions such as purchasing, and sharing management support and skilled personnel" (Castle & Engberg, 2006, p. 8). Another advantage of chain membership is the ability to transfer residents, based on resident needs and/or preferences. Finally, chain membership is associated with lower operating costs. However, a degree of standardization of services and practices is expected with chain membership, often resulting in extensive oversight and associated increased documentation demands (Banasak-Holl, Berta, Bowman, Baum, & Mitchell, 2001).

The standardization of chain membership of nursing homes can be a limiting factor when attempting to meet the needs of a local population (Mitchell et al., 2004). For example, a large chain affiliated organization may distribute standard dietary menus. While the standardization of the menus is an efficient method to meet the regulatory guidelines, it may not take into account regional specific dietary preferences of the population served. Subsequently, the NHA is placed in a position where he or she must follow the standardize menus, at the cost of resident preferences. Additional demands may also be placed on NHAs in terms of accountability as each individual facility is expected to maintain the established standards. Failure to provide quality care in one facility often reflects the chain's reputation as a whole (Baum, 1999; Ingram, 1996). Considering the variety of reasons that chain membership may affect an NHA's experience of her job, chain membership is included as a control variable in this study.

Aside from chain membership, another variable to consider in NHA turnover is the size of facility in terms of number of beds. Although smaller nursing homes tend to have access to fewer resources, they are less bureaucratic in nature and tend to have less oversight and subsequently more autonomy (Eaton, 2000). Eaton's (2000) suggests smaller nursing homes compensate by frequently offering rewards to employees. Castle and Engberg (2006) study of

organizational characteristics associated with nursing (nursing assistants, licensed practical nurses, registered nurses) turnover reported facilities with higher bed capacity reported higher turnover. The data were collected in 2004 from nursing homes in six states (Missouri, Texas, Connecticut, New York, New Jersey and Pennsylvania). In addition to the findings regarding bed capacity, the results across all levels of nursing staff indicated high turnover is consistently associated with lower staffing levels, high resident case mix, lower quality, and for profit ownership (Castle & Engberg, 2006). Thus, in addition to ownership, size (as reflected by numbers of beds) as a control variable is included in this study.

In terms of facility deficiency citations and impact on NHA intent to turnover, Singh, Amidon, and Samuels (1996) reported a relationship between the facility deficiency citations and NHA turnover. Castle & Engberg (2006) reported similar findings with NHAs of "facilities with a higher number of deficiency citations (AOR = 1.771; $p = .003$) were more likely to turnover" (p. 202). It is, however, important to note, deficiency citations vary in terms of scope and severity. Nonetheless, the number of recent deficiencies is included as a control variable in this study.

Staffing levels also are associated with administrative turnover. Castle (2008) examined nursing home turnover specific to state and organizational differences. Data were collected from 8,023 nursing homes. The sources of data included "three surveys of nursing home administrators (NHAs) conducted during 2005 and 2006; the 2005 Online Survey, Certification, and Recording (OSCAR) data; and the 2005 Area Resource File (ARF)" (p.609). High Registered Nurse (RN) turnover (greater than 60 percent) was also associated with a higher number of facility deficiency citations. Low RN turnover, defined as less than 30 percent, is associated with high RN staffing levels, conversely, high RN turnover, defined as over 30

percent, are associated with low staffing levels (Castle, 2008). Turnover of upper management positions of Director of Nursing and Administrator is associated with high staff turnover as turnover of key management positions triggers a domino effect (Castle, 2008). The findings therefore reiterate the importance of maintaining high staffing levels, as failure to do so may result in higher turnover rate, subsequently resulting in poor quality care. Given the importance of staffing levels and the relationship with turnover, the numbers of staffing hours per patient day (PPD) are controlled in this study.

Beyond sheer size of facilities, the proportion of residents whose care is paid by Medicaid (known as Medicaid occupancy) matters when it comes to turnover of NHAs. Facilities with larger bed capacity and higher average Medicaid occupancy experience higher rates of turnover (Castle, 2008). The Medicaid system often is scrutinized for not providing adequate reimbursements to permit facilities to provide the expected high quality care (Grabowski, 2001). Castle and Engberg (2006) suggest facilities with high Medicaid census typically struggle to combat poor reputations. It may be the poor reputation that impacts the facilities' ability to retain and attract employees who take pride in their work (Castle & Engberg, 2006).

A final consideration in regard to organizational characteristics and NHA turnover is geographic location in terms of rural versus other settings, and the research is sparse and primarily focused on burnout. Geographic location may limit turnover intentions as employees may have fewer employment alternatives in rural areas (Decker et al., 2003). A study (Blood, Cohen, & Blood, 2007) of 332 educational audiologists examined burnout using the Maslach Burnout Inventory and found significant mean differences among the participants based on geographic location of their practice (i.e., rural, suburban, and urban). Specifically, significantly higher mean scores on emotional exhaustion were reported by participants in rural areas (Blood,

Cohen, & Blood, 2007). Additionally, these participants in rural areas also reported significantly lower mean scores on personal accomplishment (Blood, Cohen, & Blood, 2007). Although the importance of the organizational characteristics cannot be ignored, it is equally important to note that the facility characteristics (organizational size, for-profit ownership, chain membership, Medicaid occupancy, census) are "relatively fixed" and, in most circumstances, difficult to change (Castle & Engleberg, 2006, p. 163).

Research Questions and Hypotheses

Based on the review of the literature, the following research questions and general hypotheses are considered in this study:

Research Question One

To what extent do the areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) (Leiter & Maslach, 2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) predict NHAs' intention to leave (a) a current NHA position and (b) the NHA profession, controlling for NHA sociodemographic characteristics and the organizational characteristics of the SNFs in which they work?

Hypothesis One. The more favorable the worklife conditions, the lower the intention to turnover in the current job and the NHA profession.

Hypotheses Two. The lower the level of burnout, the lower the intention to turnover (i) current position and (ii) in the profession.

Research Question Two

What are the relationships among the areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) (Leiter &

Maslach, 2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) among NHAs, controlling NHAs' sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work?

Hypothesis Three. The less favorable the working conditions (as reflected by the areas of worklife), the higher the level of burnout.

Summary

As the U.S. population ages, projections suggest an increased demand for the services of skilled care facilities (PHCA, 2010). However, there is a growing concern over who will fill the NHA positions (Hutlock, 2003; McCarthy, 2005; Peck, 2000; Pratt, 2002; Riter, 1995; Singh & Schwab, 1998; Stoil, 2002; Tellis-Nayak, 2007; Wilson, 2009) as the long term care field has witnessed a decline in licensed nursing home administrators (Stoil, 2002). Contributing factors to this decline include pending retirements and a steady decline in the number of individuals seeking licensure. However, a gap exists in the research examining one of the primary contributing factors, the high turnover rate. Studies consistently report turnover rates as high as 40 percent. NHA turnover is important because, as the literature demonstrates, leadership instability and management discontinuity adversely impacts the quality of care delivered to residents in nursing homes (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986; Singh & Schwab, 1998).

Despite the NHA high turnover rate and subsequent negative impact on resident care, there is little research exploring the antecedents to turnover. Perhaps the lack of studies on turnover among NHAs is related to the reported methodological challenges associated with researching turnover. Recognizing these challenges, several studies suggest the use of turnover intentions as a viable alternative to actual turnover. The premise that intention precedes behavior

is supported in several studies that identify turnover intentions as an important predictor of turnover (Arnold & Feldman, 1982; Bluedorn, 1982; Breukelen, Van Der Vlist & Steensma, 2004; Griffeth & Hom, 1988; Hom, Caranikis-Walker, Prussia, & Griffeth, 1992; Mobley, Griffeth, Hand, & Meglino, 1979; Steers & Rhodes, 1978; Steel & Ovalle, 1984; Tett & Meyer, 1993).

A review of the literature indicates, however, that there are relatively few studies conducted on turnover intentions among NHAs. The studies reviewed above indicate the presence of several key constructs that predict turnover, primarily job satisfaction. The studies provide valuable insight into the factors that impact job satisfaction, turnover intentions, and turnover. However, there are many variables that are neglected in both the turnover models and associated literature (Maertz, 2004; Mitchell, Holtom, Lee, Sablinski, & Erez, 2001).

Considering the high stress environment associated with the NHA position, burnout may be a contributing factor to turnover intentions and warrants further exploration as evidence suggests NHA turnover reduces the quality of care provided to residents of skilled care facilities.

Maslach and Leiter (1997) provide a comprehensive theoretical framework to examine the impact of the work environment that is adopted in this study to examine worklife among NHAs. The framework focuses on an individual's perceptions of six domains of his or her worklife: (a) workload, (b) control over work conditions, (c) reward, (d) sense of community, (e) fairness, and (f) values alignment (Maslach, Schaufeli, & Leiter, 2001). Burnout is more likely to occur when there is a misfit or misalignment between the areas of worklife and the person, when employee issues are left unresolved, or when the worker encounters circumstances he or she views as unacceptable (Maslach et al, 2001). It is the presence of chronic unresolved problems or issues for a person within his or her work environment that results in burnout. Problems in any

one of the six areas of worklife may lead to increased emotional exhaustion, cynicism, and professional inefficacy, the three components of burnout. The model, used in this study, provides a framework to examine major antecedents of burnout in NHAs and their impact on NHAs' turnover intentions.

As noted previously, understanding the antecedents of turnover, specifically intentions to turnover, becomes increasingly more important as a mechanism to improve retention, prevent actual turnover, and ultimately increase the quality of resident care. By examining the areas of worklife in the context of burnout, we may be able to isolate specific factors contributing to burnout and, subsequently, to turnover intentions. Policy makers and organizations may develop interventions designed to prevent burnout and ultimately retain NHAs. On the organizational level, this may involve training programs or recognition programs, different ways of allocating resources or control over procedures. Specific to informing policy, the results of this study may inform the reevaluation of NHA licensure requirements, including a reexamination of the required domains of knowledge to practice as a licensed nursing home administrator. Perhaps, as suggested by Andrucci-Armstrong (2001), a component on stress management is necessary. As the LTC industry continues to be faced with decreases in funding, yet consumers demand and residents deserve quality care, it is essential to explore all areas that potential impact the quality of care. To do so, requires to looking beyond normal quality indicators to other contributing factors, such as stability in the leadership of skilled care facilities. As studies have reported, NHA turnover has a direct, deleterious impact on the quality of care delivered in SNFs; the areas of worklife and burnout are potential contributing factors to NHA turnover and warrant further investigation.

The next chapter details the methods employed in the study. Specifically, the research design is detailed including the sample selection, data collection procedures, variables and measures, and plan for analyses. The chapter is subsequently followed by the results and associated analyses.

CHAPTER THREE

METHODS

Introduction

The purpose of this research study was to explore the relationships among areas of worklife, burnout, and turnover intentions among nursing home administrators (NHAs). Specifically, the study explored the relationship between areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) and burnout (Leiter & Maslach, 2004) among NHAs, and their intention to (a) leave their current position and (b) leave the long term care administration profession, controlling for the sociodemographic characteristics of the NHAs and the organizational characteristics of the facilities in which they work. This chapter addresses the following areas (a) research design and rationale, (b) variables and measures, (c) data sources, (d) data collection procedures, and (e) the data analysis plan.

Research Design

This study used a cross-sectional quantitative survey to explore the relationships among areas of worklife, job burnout, and turnover intentions among nursing home administrators. The main dependent variable was turnover intentions. The independent variables were worklife factors and job burnout. The control variables were NHA sociodemographic characteristics (gender, education, social support, years of experience as an NHA, and years in current position), as well as organizational characteristics (facility size in terms of number of beds, occupancy, type of ownership, chain membership, Medicaid census, numbers of recent deficiency citations, and geographic location in terms of rural or non-rural setting).

A cross-sectional, quantitative survey design was appropriate to the research questions because it provides a snapshot of a phenomenon and is descriptive in nature. This study sought to explore relationships among a set of related constructs that have not previously been studied together in this particular population. In addition, survey research is recognized as a valid approach in examining attitudes, trends, or opinions of a sample of a population (Babbie, 1990). The survey was administered via the internet; electronic surveys, with a rapid distribution and turn-around time, are efficient and cost-effective alternatives to mailed surveys (Fricker & Schonlau, 2002; Schonlau, et al., 2004; Monette, Sullivan & De Jong, 2011). Participants were anonymous in this study; in anonymous survey studies respondents are more likely to admit to undesirable activities and attitudes (Monette, Sullivan & De Jong, 2011), such as intending to quit their jobs. Intent to leave one's current job position might be viewed as undesirable in terms of commitment to an organization and may be detrimental to a person's career within the organization. Finally, surveys are also useful for collecting information efficiently from a large sample (Babbie, 1990), and this study sought to include potentially hundreds of respondents. Therefore, the study employed an anonymous online survey as a practical means to facilitate the participation of several hundred Pennsylvania NHAs who are dispersed over a wide geographic area.

Sample

The target population for this study was all licensed nursing home administrators in Pennsylvania. The unit of analysis was the individual licensed nursing home administrator. There are 714 licensed nursing homes in Pennsylvania. Based on response, the sample consisted of 107 NHAs. The analytic sample for the study was comprised of responses from 98 NHAs, or 13.73 percent of the population. A stratified, saturation sample was drawn from members of

three professional associations of NHAs in Pennsylvania in an effort to obtain a reasonably representative population of NHAs who are *currently* working in the capacity of administrator. Although many more individuals are licensed NHAs in Pennsylvania, this study was interested in NHAs currently working in the field.¹ In Pennsylvania, there are three professional associations that represent nursing home administrators: (a) LeadingAge PA, (b) the Pennsylvania Health Care Association (PHCA), and (c) the PA Association of County Affiliated Homes (PACAH). Each organization is profiled below.

LeadingAge PA

LeadingAge PA, formerly Pennsylvania Association of Nonprofit Nursing Homes (PANHPA), is the Pennsylvania chapter of the national LeadingAge organization that represents the nonprofit nursing homes. All members represent a nonprofit organization. LeadingAge's reach extends beyond nursing homes to services associated with the continuum of care including home health, hospice, community services, independent senior housing, assisted living, and continuing care retirement communities. LeadingAge PA provides its members with the information and education necessary to provide services in a constantly changing industry. The organization advocates public policy initiatives aimed at improving senior's rights, access to quality care, and associated reimbursements. It distinguishes itself on the "not-for-profit difference" focusing on the individual senior's needs above all else in accordance with a philosophy of nonprofitism (LeadingAge PA, 2011). The LeadingAge PA chapter currently

¹ According to the Pennsylvania State Bureau of Professional and Occupational Affairs Bureau (2012), there are currently 1778 active licensed administrators in Pennsylvania which serves as the sampling frame. The Pennsylvania State Bureau of Professional and Occupational Affairs (2012) is required to maintain the active listing of licensed nursing home administrators for verification purposes. The list of registered addresses of active licensed nursing home administrators is available for purchase from the Bureau. However, nursing home administrators who are *inactive* are included on the list and such individuals are not included in this study. Additionally, the Bureau does not maintain an electronic mailing list of the NHAs. Instead of using the Bureau's listing of active and inactive NHAs, this study draws its sample from the three prominent professional associations of primarily *active* NHAs in Pennsylvania; each association maintains an electronic mailing list of members, making it efficient to contact them.

consists of approximately 210 member NHAs who are active administrators of skilled nursing facilities in Pennsylvania (B. Greenberg, personal communication, March 25, 2013).

LeadingAge PA distributed the introductory email to all 210 members containing the survey link to NHA LeadingAge PA members who are currently serving as NHA of a skilled nursing facility (see Appendix A).

Pennsylvania Health Care Association (PHCA)

The Pennsylvania Health Care Association (PHCA) is the Pennsylvania affiliate of the American Health Care Association (AHCA)/National Center for Assisted Living (NCAL). Also associated with PHCA is the Center for Assisted Living Management (CALM), which represents and advocates for members' assisted living facilities. Membership is open to all long term care providers and businesses serving the providers. Although membership is open to all long term care providers, the majority of the members are for-profit NHAs (R. Delevan, personal communication, May 23, 2013). PHCA consists of approximately 450 members, who "advocate for compassionate, quality long-term care for Pennsylvania's elderly and disabled residents" (PHCA, 2012, para. 1). Of the 450 members, approximately 280 are NHAs (R. Delavan, personal communication, January, 29, 2013). PHCA serves as a source of information and education for its members, advocating for quality care for the residents receiving services in their facilities (PHCA, 2012). PHCA contacted facility representatives to inquire which skilled nursing facilities were interested in participating in the survey. PHCA received approval to distribute the introductory letter containing the survey link to a total of 200 of the 280 NHAs (71.4%) (see Appendix B).

Pennsylvania Association of County Affiliated Homes (PACAH)

In Pennsylvania, the county NHA is represented by the PA Association of County Affiliated Homes (PACAH). Full voting membership is limited to "long term care health care facilities owned by or affiliated with a county government located within the Commonwealth of PA that are approved or licensed by the Commonwealth of PA" (PACAH, Membership Information, 2009, para. 1). The association supports and assists its members in providing comprehensive quality care and services to their residents. The association also provides educational opportunities and activities to its members and advocates on behalf of its members (PACAH, 2009).

PACAH consists of approximately 80 members of whom the majority are county and state affiliated nursing home administrators (M. Wilt, personal communication, January, 28, 2013). PACAH, however, does open membership to both nonprofit and for-profit associations; therefore some of their membership does include NHAs of non-publicly owned organizations. PACAH distributed the introductory email containing the survey link, directly to members who are currently actively serving as NHAs of a skilled nursing facility (see Appendix C).

In sum, the sampling frame for this study was comprised of 570 members of professional associations, 490 of whom were invited by their associations to participate in the study (the specific procedures are addressed in more detail below). Considering there are 714 skilled nursing facilities in Pennsylvania, the sampling frame of 570 members represents approximately 80% of the population. This suggests that not all NHAs belong to a professional association. The final sample for the study, described below, was 98 Pennsylvania NHAs representing a 20% response rate. Because this study employed a convenience sample and achieved a relatively low

response rate, results should be interpreted with care as they may not be representative of Pennsylvania NHAs or NHAs more generally.

Data Collection Procedures

After receiving approval from the university's Institutional Review Board for the Protection of Human Subjects, a cross-sectional online survey using Qualtrics software was administered to NHAs to explore the relationships among areas of worklife, job burnout, and turnover intentions among active nursing home administrators in Pennsylvania. An invitation to participate in the study was distributed via email to NHAs who are members of LeadingAgePA (the professional organization for NHAs in nonprofit SNFs), the Pennsylvania Health Care Association (PHCA) (the professional organization for NHAs in private/for-profit SNFs), and the Pennsylvania Association of County Affiliated Homes (PACAH) (the professional organization for state/county operated SNFs). An individual link was established for each association to assist in tracking the response rate from each *type* of facility represented by the associations (nonprofit, for profit, and county owned) so as to ascertain a measure of how representative the sample might be of each associations' membership. LeadingAge PA and PACAH sent the invitation to participate with the survey link directly to members via email. PHCA first sent an email to members soliciting interest in the study and requesting permission to send members an invitation

to participate with the survey link.² The invitation to participate with the survey link was then emailed to those PHCA members who agreed to participate. Contact with the NHAs was mediated by the membership organizations who retained control of their members' contact information; no follow up requests for participation were sent to individuals who did not respond to the initial request. A total of 107 survey responses were received. However, nine responses were incomplete, missing responses to more than 50% of the survey items, and therefore removed from the sample, leaving a total of 98 useable cases. The resulting response rate of 20% was lower than desired. However, given that the sample represents over 13% of the entire population of the state's nursing home administrators, as a convenience sample it may have strong value. The resulting response rate of 20% is lower than desired. However, given that the sample represents over 13% of the entire population of the state's nursing home administrators, as a convenience sample it may have strong value

Variables and Measures

The survey consisted of five sections: (a) Areas of Worklife, (b) Turnover Intentions, (c) the Maslach Burnout Inventory-General Survey Instrument, (d) SNF organizational characteristics, and (e) NHA sociodemographic characteristics. Each section included items that served as measure of the variables in the study, described below. The items included in the

² Each professional association distributed the introductory email containing an internet link to the survey questionnaire. The organizations agreed to distribute the link (please see permissions from LeadingAge-Appendix G; PHCA-Appendix H; PACAH-Appendix I). Prospective participants could click on a link to the survey in Qualtrics which first displays a welcome screen (Appendix J) that includes the Informed Consent information. Participants were advised that responding to and submitting the completed survey served as their consent to participate in the study. Prospective participants could choose to move forward and begin to respond to the questionnaire items, or simply to close their browser to opt out. Participants who agreed to participate were able to access the online survey (Appendix J). Because this was an anonymous survey, the Qualtrics software was set up to enter responses into a database without including any identifying information, specifically omitting the respondent's email address. No identifying information was attached to the data. In accordance with federal regulations, all data will be maintained for three years from the date of project completion.

survey questionnaire are addressed first, followed by explanations of the procedures and results for establishing the validity and reliability of scaled measures, and the handling of missing data.

Dependent Variables

Intention to turnover in current position. Current job turnover intentions were measured using items adapted from the Anticipated Turnover Scale (ATS) developed by Hinshaw and Atwood (1982). Hinshaw and Atwood (1984) define anticipated turnover as a “staff member's perception or opinion of the possibility of voluntarily terminating his or her current agency position” (Definition section, para. 3). Intention to leave a job was identified by Hinshaw et al. (1987) as the variable representing anticipated turnover. According to Barlow and Zangaro (2010), the ATS operationalizes “the concept of anticipated turnover and measures the variable, intent to leave” (p. 864). The ATS consists of 12 self-report items in a Likert-type scale with seven responses ranging from strongly disagree (1) to strongly agree (7). The higher the score on the scale, the greater the intention to turnover. For example, intent to turnover in one’s current job items include, “I have no intentions of leaving my present position” (reverse coded) and “I am quite sure I will leave my position in the foreseeable future” (Hinshaw & Atwood, 1984, items section). I obtained permission (Atwood, personal communication, January, 17, 2013) to use of the Anticipated Turnover Scale (see Appendix D).

Reliability of the ATS measuring intention to turnover in one’s current position was established in a sample of 1,597 nursing staff (63% RNs; 37% LPNs and NAs) from 15 urban and rural hospitals in Arizona (Hinshaw & Atwood, 1984). A 95% response rate was achieved. Internal consistency reliability is reflected in a Cronbach’s alpha of .84. (Hinshaw & Atwood, 1982). Principal components factor analysis and predictive modeling techniques were used to establish construct validity (Hinshaw & Atwood, 1982). Results from a meta-analysis of 12

studies of nurses by Barlow and Zangaro (2010) estimated the reliability and validity of the ATS and produced a reported a mean weighted effect size (MWES) of reliability of 0.89.

In addition to using the ATS in this study, if participants indicated they were intending to leave their current position, they were prompted to select from a series of choices that best describes the reason for their decision to leave the current job (i.e. relocating, promotion, changing professions, continuing education, taking care of children or other dependents, retiring, or "other, please specify").

Intention to leave the NHA profession. Intent to leave the profession was measured using seven items adapted from instruments developed by Mobley, Horner, and Holingsworth (1978). Participants rated the extent to which they agreed or disagreed with seven items related to their intention to leave the NHA profession. The self-reported items, in Likert-type scale, offer seven responses ranging from 7 (strongly disagree) to a 1 (strongly agree). For example, "All things considered, I would like to find a different job in a different field" and "I intend to quit the nursing home profession" (adapted from Mobley, Horner, & Holingsworth, 1978). In an effort to provide additional insight into the participants' intentions to leave the profession three additional questions were added that were adapted from instruments developed by Jardali, Dimassi, Dumit, Jamal, and Mouro (2009). Consistent with the format of the intentions to leave their current position, if participants indicated they were intending to leave the profession, they were prompted to select from a series of choices that best describes the reason for their decision to leave the profession (i.e. relocating, promotion, changing professions, continuing education, taking care of children or other dependents, retiring, or "other, please specify").

Independent Variables

Areas of worklife. The Areas of Worklife Scale (AWS), developed by Leiter and Maslach (2011), focused on the areas of the following areas of the work environment that may contribute to burnout: workload manageability (job demands in relation to limits), control over work conditions (level of autonomy and ability to influence decisions), reward (intrinsic and extrinsic), sense of community (level of organizational support at work), fairness (perceived level of fairness and respect), and values alignment (extent to which the organizational values align with individual values) (Leiter & Maslach, 2011). Chronic problems or issues in these areas of worklife may result in burnout: decreased energy, involvement, and professional efficacy (Leiter & Maslach, 2011).

The AWS consists of 28 items with Likert-type response categories ranging from 1 (strongly disagree) to a 5 (strongly agree). The 28 items are categorized according to six subscales based on the areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) (Leiter & Maslach, 2004, 2009, 2011). Each subscale contains both positively worded items (e.g., "I have enough time to do what's important in my job" (workload manageability) and negatively worded items (e.g., "Favoritism determines how decisions are made at work" (fairness) (Leiter & Maslach, 2009, p. 9). Permission for use of this copyrighted Areas of Worklife Scale was obtained through MindGarden (see Appendix E).

Leiter and Maslach (2011) examined the Areas of Worklife Scale (AWS) properties using a normative sample ($n = 22,714$) of individuals from a variety of work settings located in the United States, Canada, Italy, Germany, Spain, China, Mexico, Turkey and Finland. A normative sample typically consists of individuals who are believed to be representative of an

population with the intent their performance data will be used as a reference point for evaluation of subsequent individual test scores (Cohen & Swerdlik, 2010). Leiter and Maslach's (2011) normative sample included teachers, post secondary educators, social service workers, medical workers, mental health workers, and a group categorized as "other." The "other" category included "legal aide employees, attorneys, police offers, probation officers, ministers, librarians and agency administrators" (Leiter & Maslach, 2011, p. 6). Reliability testing of the AWS indicated acceptable internal consistency for each of the areas of worklife as assessed by Cronbach's alpha: workload manageability (.66), reward (.78), control over work conditions (.82); sense of community (.80), fairness (.79), and values alignment (.72) (Leiter & Maslach, 2011). The six factor structure of the Areas of Worklife Survey was supported by principal component analysis of responses from the English language samples (n = 11,929) within the larger international normative sample. Reliability was established with test-retest correlations indicating a strong level of consistency with all sub-scales over time. Further validity of the sub-scales was established by comparing the respondents' scores on the scales with the written comments provided by the respondents (Leiter & Maslach, 2003).

Burnout (three dimensions of burnout). Maslach Burnout Inventory-General Survey (MBI-GS) measures three dimensions of burnout: (a) emotional exhaustion, (b) cynicism, and (c) professional (in)efficacy (Maslach, Jackson, & Leiter, 2010). A high degree of burnout is evident with high scores on the emotional exhaustion and cynicism subscales and a low score on the professional efficacy subscale (Maslach, Jackson, & Leiter, 2010). An average level of burnout is evident with average scores on all three subscales (Maslach, Jackson, & Leiter, 2010). A low level of burnout is indicated with low scores on emotional exhaustion and cynicism and a high score on professional efficacy (Maslach, Jackson, & Leiter, 2010). MBI-GS consists of 16

items designed to measure the three dimensions (Schaufeli, Leiter, Maslach & Jackson, 2010). The *emotional exhaustion* subscale consists of five items assessing one's feelings related to "overextended and exhausted by one's work" (Maslach & Leiter, 1997, p. 194). For example, "I feel emotionally drained from my work" (Schaufeli, Leiter, Maslach & Jackson, 2010, MBI-General Survey). The *cynicism* subscale contains five items reflecting feelings of "indifference or a distant attitude toward work" (Maslach, Jackson, & Leiter, 2010, p. 20). For example, "I just want to do my job and not be bothered" (Schaufeli, Leiter, Maslach & Jackson, 2010, MBI-General Survey). The *professional efficacy* subscale consists of 6 items "both social and nonsocial aspects of occupational accomplishments" with a focus on expectations (Maslach, Jackson, & Leiter, 2010, p. 21). For example, "I can effectively solve the problems that arise in my work" (Schaufeli, Leiter, Maslach, & Jackson, 2010, MBI-General Survey).

Reliability of the MBI-GS and factorial validity is confirmed in numerous studies (Jackson, Schwab, & Schuler, 1986; Leiter & Durup, 1996; Richardson & Martinussen, 2004; Schutte, 2000). The focus of the MBI-GS is on an individual's personal experience at work (Maslach & Leiter, 1997). Permission was received from MindGarden for use of the copyrighted Maslach Burnout Inventory General Survey (see Appendix F).

Control Variables

NHA sociodemographic characteristics. Sociodemographic characteristics of the NHAs include age (in years), gender, ethnicity, education, years as a NHA, years in current job, and social support. *Age* is in number of years. *Gender* is as a dichotomous variable as man (coded 1) or woman (0). Participants could identify their ethnicity or ethnicities using the following categories: African American/Black (coded 1 if selected, 0 if not); Asian (1, 0); Caucasian/White (1, 0); Hispanic/Latino (1, 0); Native American (1, 0); Other (please specify),(1, 0). An

additional statement was included to alert participants they may select more than one option related to ethnicity. Although ethnicity information was collected in the survey, only one non-white respondent was identified and the measure was dropped from analysis. The following selections for *education* were available: High School Diploma or GED (1), Associates Degree (2), Bachelor's Degree (3), Master's Degree (4), Professional degree (5) or Doctoral Degree (6). Education was dichotomized and 'dummy' coded as graduate education (Master's Degree or higher) (1) and Bachelors Degree or lower (high school diploma or GED, Associate Degree, Bachelor's Degree, Professional Degree) (0). *Years as an NHA* is an open-ended question where participants are asked, "How many years have you been employed as a licensed nursing home administrator?" *Years in current job* is measured with an open-ended question asking participants, "How many years have you been employed as the nursing home administrator of the current facility where you work?" Participants' *social support* is measured by three items adapted from the Medical Outcomes Study (MOS) social support survey (Sherbourne & Stewart, 1991). Participants were asked how often they had they had the following kinds of social support available to them, if needed: "Someone you can count on to listen to you when you need to talk," 2) "Someone to confide in or talk to about yourself or your problems," and 3) "Someone who understands your problems" (Sherbourne & Stewart, 1991). Responses were based on categories ranging from none of the time (coded 1) to all of the time (coded 6). A higher score on the scale represents more social support. Finally, participants were asked to provide information regarding their *income*. Participants selected salary ranges from a pull down option of salary ranges in \$10,000 increments. The salary ranges were then coded based on the midpoint of the scale selected resulting in the following coding: (8) = \$65,000, (9) = \$75,000, (10) = \$85,000, (11) =

\$95,000, (12) = \$105, 000, and (13) = \$115,000. An option to not answer also was provided as a choice and treated as missing data (explained below).

Organizational characteristics. The respondent reported characteristics of the skilled nursing facilities (SNFs) where the NHAs in the study work which included: *Size* of the facility based on the number of beds, which was an open-ended question where participants were asked, "How many beds does your facility have?" *Census* was an open-ended question where participants were asked, "What is your facility's average daily census?" *Medicaid* census is an open-ended question where participants were asked what percentage of their resident population's primary payor source is Medicaid. Average staffing is considered in terms of *per patient day (PPD)* where the participants are asked to provide their facility's average per patient day (PPD) staffing, which reflects the average hours of care per day a resident gets. Facility *ownership* is categorized as county, state, for-profit, and nonprofit. These categories were coded as a series of dichotomous variables, dummy coded (1, 0), one for each category, except the state category due to the absence of any state responses. The for-profit category was used as the reference group. *Chain membership* is a dichotomous variable inquiring as to if the facility is a member of a chain, coded yes (1) and no (0). *Deficiency citations* is a count of the number of deficiencies the facility received as a result of their last annual Department of Health survey. Deficiency citations are a measure of quality of the care provided at the facility as surveyors identify "departures from federal nursing home standards" (Castle & Engberg, 2006, p. 66). It is important to note that deficiencies range in terms of scope and severity. Participants were also asked how they would categorize the *geographic location* of the facility with the following options available rural (1), suburban (2), or urban (3). Suburban and urban responses were

collapsed to create a rural (1) non-rural (0) dummy variable to permit comparisons between rural and other settings.

Data Analysis Plan

Data analyses included several steps beyond initial data cleaning and exploration, including running frequencies and descriptive statistics; exploratory factor analyses of scaled measures, tests of validity and reliability (further factor analyses and Cronbach's alpha, respectively); and testing hypotheses using OLS linear regressions. The analyses also included an examination of the open-ended qualitative questions of the survey. The results of these procedures are detailed in the two subsequent chapters.

Quantitative Data Analysis

After initially examining the 107 cases and identifying and eliminating nine unusable cases that were missing responses to more than 50% of the survey items, each case was reviewed for missing data. First, a review of the individual and organizational characteristic control variables revealed the following missing data on the following variables: education (1 case) item, gender (2 cases), age (1 case), chain ownership (1 case), and facility staffing level (PPD) (2 cases). A review of cases with similar characteristics was undertaken to see whether imputing a “typical” response was viable by identifying and substituting such a typical response for these cases missing data, however, no identifiable trends were noted to permit valid substitutions in these few cases. Therefore, these nine cases are omitted from analyses using the particular variables on which they were missing data, specifically in regressions listwise deletion was employed and the models run without the cases with the missing data on these specific variables when they were included in the model. There also were three cases missing data for one item on the social support scale that consists of three items; for these cases, social support was calculated

by averaging the two items to which these participants responded, whereas the other cases with responses to all three items were calculated by averaging the three responses. Similarly, three cases were missing data on items in the workload manageability subscale of the Areas of Worklife scale, so scores on the workload manageability subscale were derived for those cases by averaging actual responses. Also, a review of the burnout subscales (emotional exhaustion, cynicism, professional efficacy) revealed four cases missing some data on the cynicism subscale and two cases were missing some data on the professional efficacy subscale. Again, scores were computed for cases with missing data by averaging the responses given. Likewise, for five cases missing data for some items in the measure intention to turnover in current position and the six cases with data missing for some items in the measure of intention to turnover in the profession, I calculated a scale score based on an average of each respondents' actual answers. After analyses and handling of all missing data, the final sample included 98 useable cases. Once the data were prepared, I exported the data set to STATA for further analyses.

I conducted exploratory factor analyses to establish validity of the scales used (Areas of Worklife, Maslach Burnout Inventory-General Survey, Social Support, Anticipated Turnover Scale) and calculated Cronbach's alpha to analyze the reliability of the scales. The factors were interpreted to determine whether they shared similar high loadings representing the same phenomena. In general, a factor loading of $>.40$ is considered acceptable (Hair et al., 1995) therefore, items loading at $>.40$ were retained. Items loading $<.40$ were reviewed and, consistent with Hair and his colleagues (1995) approach, items with weak factor loadings were dropped after they also were evaluated to determine whether they made a unique contribution to the measure.

I next used descriptive statistics and correlations to explore the data. As indicated by Monette, Sullivan, and DeJong (2011), "correlation indicates whether two variables are associated, but regression permits the researcher to estimate how much change in the dependent variable is produced by a given change in an independent variable" (p. 423). Multicollinearity was examined obtaining the correlations and VIF statistics.

Ordinary Least Squares (OLS) multivariate regression analyses were used to examine the relationships among the independent and dependent variables while controlling for demographic and organizational characteristics. For each dependent variable (intent to turnover current job and intent to turnover in the profession) a series of regressions were completed. Specifically, four models were created for each dependent variable (turnover from current job and turnover in the profession).

According to the principle of parsimony, researchers should apply the simplest theories and explanations possible, carefully eliminating assumptions that do not make a change in the explanatory hypothesis (Tobin, 2010). Therefore, in an extensive set of preliminary analyses (not shown), many regression models were fit to determine whether any of my candidate control variables could be dropped from further consideration. Only the individual- and organizational-level control variables were subject to this variable selection procedure. Control variables found to lack statistical significance across all versions of these preliminary regression models (not shown) were eliminated in further analyses reported here. This "parsimony procedure" was implemented separately for each of my two intent to turnover outcomes, so that the list of retained controls differs for each outcome. This process allowed me to winnow the number of variables included in the models, which was important in light of the relatively small number of

cases, the large number of variables, and the correspondingly few degrees of freedom with which to work in the regression equations.

Next, regression analyses were developed as follows: First, in model 1 the dependent variable was regressed on the retained individual control variables. Model 2 builds on Model 1, adding the retained organizational controls. Model 3 adds the six Areas of Worklife subscale variables to the variables included in Model 2. Finally, Model 4 adds the dimensions of burnout to the variables in Model 3. Successive, nested models are statistically compared to determine that the addition of the block of variables from one model to the next improves model fit and prediction of the dependent variable. The expected relationships and their direction, based on the review of the literature, are represented in Figure 1.

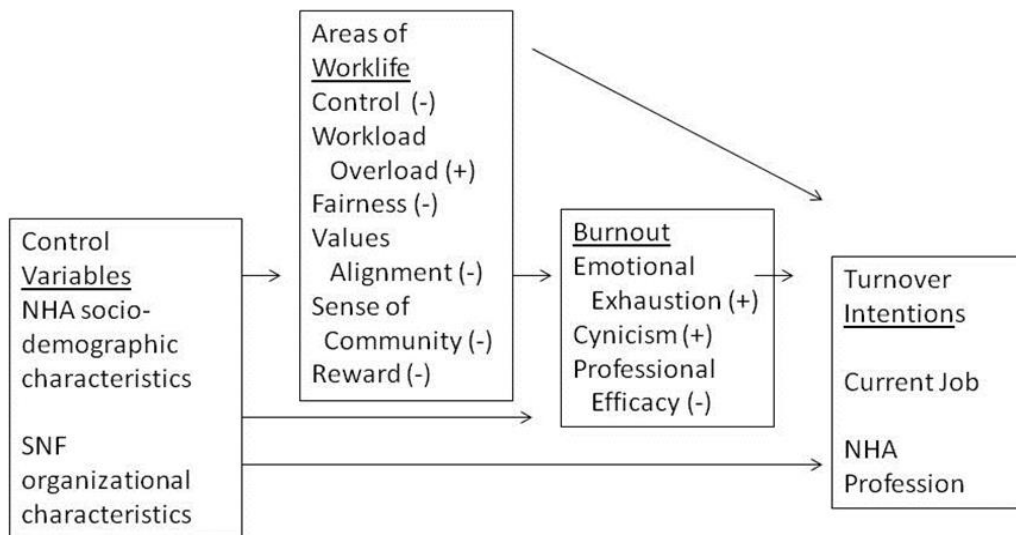


Figure 1. Conceptual model of study of worklife, burnout, and intentions to turnover among nursing home administrators.

Regression diagnostics included using a series of regression diagnostics plots, including examining residuals-versus-fitted plots, leverage-versus-square residuals plot, and adjusted

variable plots. The residuals-versus-fitted plots, leverage-versus-square plots and adjusted variable plots were a useful tool to detect observations exerting an unequal influence on the regression model (Hamilton, 2009).

Qualitative Data Analysis

In addition to the quantitative survey questions, a series of open-ended questions were included in the survey questionnaire. The open-ended questions were designed to gain additional insight into respondents' intentions to turnover. Participants were subsequently offered two open-ended questions asking where they are going and why they intend to leave their current position. Likewise, participants were offered two open-ended questions asking where they are going and why they intend to leave the profession. The survey questionnaire concluded with an open-ended question asking respondents if there was anything else they would like to share about their experiences as an NHA. After extracting the comments from the survey data base, content analysis was used to identify patterns and themes in the data. Content analysis refers to any process used to reduce and make sense of the qualitative data with the goal of identifying core meanings and consistencies (Patton, 2002). Often the terms pattern and themes are used interchangeably, however a pattern is defined by Patton (2002) as the descriptive finding whereas the theme tends to represent the category of the finding.

Research Questions and Hypotheses

Based on the review of the literature, the following research questions and hypotheses are considered in this study:

Research Question One

To what extent do the areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) (Leiter & Maslach,

2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) predict NHAs' intent to leave (a) a current NHA position and (b) the NHA profession, controlling for NHA sociodemographic characteristics and the organizational characteristics of the SNFs in which they work?

Hypothesis One. The more favorable the worklife conditions, the lower the intent to turnover in the current job and in the NHA profession.

H1. a. The greater the control over work conditions, the lower the intent to turnover (i) current position and (ii) in the profession.

H1. b. The greater the workload manageability, the lower the intent to turnover (i) current position and (ii) in the profession.

H1. c. The greater the reward, the lower the intent to turnover (i) current position and (ii) in the profession.

H1. d. The greater the sense of community, the lower the intent to turnover (i) current position and (ii) in the profession.

H1. e. The greater the fairness, the lower the intent to turnover (i) current position and (ii) in the profession.

H1. f. The greater the value alignment, the lower the intent to turnover (i) current position and (ii) in the profession.

Hypotheses Two. The lower the level of burnout, the lower the intent to turnover (i) current position and (ii) in the profession.

H2. a. The lower the level of emotional exhaustion, the lower the intent to turnover.

H2. b. The lower the level of cynicism, the lower the intent to turnover.

H2. c. The greater the professional efficacy, the lower the intent to turnover.

Research Question Two

What are the relationships among the areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) (Leiter & Maslach, 2004) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) among NHAs, controlling for NHAs' sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work?

Hypothesis Three. The less favorable the working conditions, the higher the level of burnout.

H3. a. The lower the control over work conditions, the higher the level of emotional exhaustion.

H3. b. The greater the workload manageability, the lower the level of emotional exhaustion.

H3. c. The lower the reward, the higher the level of emotional exhaustion.

H3. d. The lower the sense of community, the higher the level of emotional exhaustion.

H3. e. The lower the fairness, the higher the level of emotional exhaustion.

H3. f. The lower the values alignment, the higher the level of emotional exhaustion.

H3. g. The lower the control over work conditions, the higher the level of cynicism

H3. h. The lower the workload manageability, the higher the level of cynicism.

H3. i. The lower the reward, the higher the level of cynicism.

H3. j. The lower the sense of community, the higher the level of cynicism.

H3. k. The lower the fairness, the higher the level of cynicism

H3. l. The lower the values alignment, the higher the level of cynicism.

H3. m. The lower the control over work conditions, the lower the professional efficacy.

H3. n. The lower the workload manageability, the lower the level of professional efficacy.

H3. o. The lower the reward, the lower the professional efficacy

H3. p. The lower the sense of community, the lower the professional efficacy

H3. q. The lower the fairness, the lower the professional efficacy.

H3. r. The lower the values alignment, the lower the professional efficacy.

Summary

This chapter provided an overview of the research design. This study used a cross-sectional survey to explore the relationships among areas of work life, job burnout, and turnover intentions among nursing home administrators. The dependent variables were intention to turnover (leave) from the current position and intention to turnover (leave) from the NHA profession. Respondents' intention to leave their current position was measured using the Anticipated Turnover Scale (Hinshaw & Atwood, 1982). Intention to leave the NHA profession was measured using an adaption of Mobley, Horner, and Holingsworth (1978) turnover scale. The two independent variables were the areas of worklife factors and burnout. Areas of worklife was measured using the Areas of Worklife Survey. Burnout was measured using the Maslach Burnout Inventory-General Survey. The study controlled for NHA sociodemographic characteristics of gender, education, social support, years of experience as an NHA, and years in current position, as well as organizational characteristics of size (number of beds), occupancy, type of ownership, chain membership, Medicaid census, number of recent deficiency citations, and geographic location (rural or non-rural). Ordinary least square regressions were employed to analyze the relationships among the independent and dependent variables while controlling for NHA sociodemographic characteristics and organizational characteristics.

The following chapters report on the implementation of the research design and associated results. Chapter Four reports on descriptive statistics and details the construction of the variables using factor analysis. Chapter Five presents the results of the regression analysis and content analysis of the open ended questions. The final chapter considers the results of the analysis in relation to current literature as well as implications for policy and practice. The study concludes with limitations of the study and additional suggestions for future research.

CHAPTER FOUR

DESCRIPTIVE STATISTICS AND CONSTRUCTION OF VARIABLES

Introduction

The purpose of this study was to investigate the relationships among worklife factors, job burnout, and intention to leave one's current job and the nursing home administrator (NHA) profession among NHAs in Pennsylvania. This chapter reports on the descriptive statistics and the construction, using factor analyses, of multi-indicator variables. An initial examination of the sociodemographic characteristics of the sample and their organizations' characteristics is presented followed by a description of factor analyses of scaled variables.

Descriptive Statistics

The survey was distributed to a total of 490 NHAs in Pennsylvania. Of the 490 surveyed, 107 sets of responses were received representing an initial 22% response rate. After data cleaning, nine surveys were omitted due to missing responses on over 50% of the items, yielding a total usable data set of 98 cases reflecting a final response rate of 20%.

As reported in Table 1 below, the average age of the respondent was 51 years old. The majority of the respondents were female, representing 61% of the sample. Over half (56%) of the respondents have a graduate degree. The average salary of the respondents is \$97,660. In terms of social support, the respondents have above average social support scoring a 4.65 on a 6 point Likert type scale with a higher score representing more social support. On average, the respondents had served as an NHA for 13.77 years, with on average 7.06 years in the current position. In terms of ethnicity, 99% of the respondents self-identified as Caucasian, with only 1 percent (1 case) identifying as any other ethnicity. Due to the lack of variation in ethnicity in the sample, ethnicity as a variable is omitted from subsequent analyses. As noted previously, the

following data were missing from the survey responses and therefore not included in the descriptive statistics: education (1 case) item, gender (2 cases), age (1 case), chain ownership (1 case), and facility staffing level (PPD) (2 cases).

Table 1

Descriptive Statistics of Individual and Organizational Control Variables

	n	Mean or Percent	Standard Deviation	Min.	Max.
<u>Individual Control Variables</u>					
Age (years)	96	51%	9.63	31	67
Gender	95				
Men	37	39%			
Women	58	61%			
Education	97				
Graduate degree	54	55%			
No graduate degree	43	44%			
Salary	98	\$97,660	\$12,940	\$65,000	\$115,000
Social Support	98	4.65	1.45	1	6
Years as a Nursing Home Administrator	97	13.77	8.59	1	40
Years at Current Job	98	7.06	5.60	.08	25
<u>Organizational Control Variables</u>					
Chain membership	96				
Chain-owned facility	47	49%			
Non-chain related facility	49	51%			
Medicaid population	98	59%			
Geographic Location	98				
Rural	46	46.9%			
Not rural	52	53.1%			
Ownership	98				
County	21	30%			
For Profit	34	35%			
Non Profit	43	36%			
Number of Beds	98	164.27	134.67	33	725
Deficiencies for Most Recent Inspection/Audit	97	3.56	2.73	0	12
Average staffing hours per patient per 24 hour day (PPD)	95	3.51	.55	2.9	6.85

Of the respondents, 30% are members of the association that represents the county owned SNFs (PACHA); 35% of respondents came from the association representing for-profit (PHCA) and 36% are members of the association representing nonprofit SNFs (LeadingAge). The facilities the NHAs manage on average have 164 beds with a 59% Medicaid population. The average number of staffing hours per patient day (PPD) is 3.51 and the average number of deficiencies as of the last survey is 3.56. The majority of the facilities were identified by NHA respondents as rural (46.9%) and, when suburban and urban facilities are combined, they comprise a relatively equal sized comparison group (53.1%).³

Factor Analysis of Scaled Variables

Exploratory factor analyses of each set of scaled measures helped to establish the validity of the scales, and then Cronbach's alpha for each scale provided a measure its reliability. The dependent variable scales include the Anticipated Turnover Scale (intention to leave current job) and a multi-item measure of the intent to turnover from the profession. The independent variables include the Areas of Worklife Scale and that Maslach Burnout Inventory-General Survey (MBI-GS). Additionally, an adapted social support scale was used among the measures of NHA characteristics as a control variable.

Dependent Variables

Intention to turnover in current position. The Anticipated Turnover Scale (ATS) is used to measure intention to turnover in current position. Exploratory factor analysis of the Anticipated Turnover Scale was conducted using principal factor analysis. Of the twelve items, nine loaded on Factor One, while three items (Anticipated Turnover 4, Anticipated Turnover 7,

³ Given the small sample size, I decided to aggregate suburban and urban respondents to create a rural/non-rural dummy variable to permit comparisons between rural and other settings.

Anticipated Turnover 9) did not load on any one specific factor. I then recalculated the principle factor analysis, limiting the calculation to one factor shown in Table 2 below.

Table 2

Exploratory Factor Analysis Results of Intention to Turnover in Current Position Item

Item	Initial Factor Loadings	Revised Factor Loadings
	Factor 1	Factor 1
ATS 1-I plan to stay in my position a while. (reverse coded)	.78	.78
ATS 2-I am quite sure I will leave my position in the foreseeable future.	.70	.69
ATS 3-Deciding to stay or leave my position is not a critical issue for me...	.43	.43
ATS 4-I know whether or not I'll be leaving this organization within a short time.	-.15	
ATS 5- If I got another job offer tomorrow, I would give it serious consideration.	.55	.54
ATS 6- I have no intentions of leaving my present position. (reverse coded)	.82	.82
ATS 7- I've been in my position as long as I want to.	.07	
ATS 8- I am certain I am staying awhile. (reverse coded)	.86	.86
ATS 9- I don't have any specific idea how much longer I will stay.	-.26	
ATS 10- I plan to hang on to this job awhile. (reverse coded)	.79	.80
ATS 11- There are big doubts in my mind as to whether or not I will stay in this organization.	.74	.73
ATS 12- I plan to leave this position shortly.	.84	.84
Eigenvalue	4.96	4.86
Variance explained	.87	.96
Cronbach's alpha	.83	.90

The same items did not load on the one factor. I proceeded to examine the Cronbach's alpha of the scale with all 12 items included. The Cronbach's alpha was .83. I then proceeded to repeat the factor analysis and recalculate the Cronbach's alpha omitting the three items (ATS 4, ATS 7, ATS 9), which did not previously load on the one significant factor. The results are presented in Table 2, above, and represent an improvement in fit with the data. After omitting the three

turnover items (ATS 4, ATS 7, ATS 9), all remaining items loaded together as one factor. The recalculated Cronbach's alpha increased to .90. A scree plot of principal factors indicated the positive grouping of eigenvalues. After examining the three questions and reviewing the Cronbach's alpha, I decided to omit the three items that were not loading with the others from the final scaled measure of intention to turnover in current position.

Intentions to turnover in the profession. An adapted version of intent to leave profession scale (Mobley, Horner, & Holingsworth, 1978) was used to measure intention to turnover from the NHA profession. Exploratory factor analysis of items comprising the intentions to turnover in the profession scale was conducted using principal factor analysis. The initial analysis indicated all eight items loaded on one factor. The Cronbach's alpha of the items is high at .90. The results are presented in Table 3, below.

Table 3

Factor Analysis of Intentions to Turnover in the Profession Items

Item	Factor loadings
	Factor 1
ILP 1-All things considered, I would like to find a different job in a different field.	.73
ILP 2- I am thinking about quitting the nursing home administration profession.	.75
ILP 3- It is likely that I will actively look for a different field to work in the next year.	.79
ILP 4- The results for my search for a new career are encouraging.	.52
ILP 5- I will probably look for a new career in the near future.	.88
ILP 6- At the present time I am actively searching for a job in a different field.	.79
ILP 7- I intend to quit nursing home profession.	.85
Eigenvalue	4.12
Variance explained	.96
Cronbach's alpha	.90

Areas of worklife. Next, exploratory factor analysis of the Areas of Worklife Scale, using principal factor analysis of all 28 items, revealed the extent to which these indicators factored into the six subscales identified by Leiter and Maslach (2011). After the initial extraction, I proceeded to rotate the data using orthogonal (varimax) rotation. Rotation simplifies the structure, essentially improving interpretability (Hamilton, 1992). Specifically, orthogonal rotation simplifies the structure of the factors under the assumption that they are independent of one another (i.e, not correlated) (Pett, Lackey & Sullivan, 2003). Analyzing the results as if they reflect uncorrelated factors provides insight into the unique contributions of each factor (Tabachnick & Fidell, 2001). The results of the rotated solution are presented in Table 4, below.

Table 4

Summary of Exploratory Factor Analysis Results Areas of Worklife Scale

Item ^a	Factor Loadings					
	Control	Reward	Community	Values alignment	Workload	Fairness
Workload Manageability 1	.02	.12	.00	.05	.85	.13
Workload Manageability 2	.23	-.05	-.27	-.01	.59	-.03
Workload Manageability 3	.21	.24	.19	.09	.68	-.05
Workload Manageability 4	.21	.17	.15	.26	.54	-.16
Workload Manageability 5	.16	.11	.27	-.22	.34	-.06
Control 1	.68	.24	.25	.13	.18	-.12
Control 2	.69	.32	.14	.07	.05	.20
Control 3	.78	.23	.19	.18	.18	.06
Control 4	.78	.29	-.02	.10	.10	-.06
Reward 1	.18	.85	.03	.15	.07	-.02
Reward 2	.33	.77	.07	.12	.09	-.01
Reward 3	.22	.84	.09	.13	.05	.06
Reward 4	.13	.69	.26	.06	.16	.18
Community 1	.31	.10	.51	.20	.19	-.10
Community 2	.24	.08	.75	.20	-.00	-.16
Community 3	.06	.07	.88	.13	.00	.07
Community 4	.07	.16	.82	.01	.05	.16
Community 5	.26	.04	.44	.08	-.18	-.26
Fairness 1	.31	.21	.14	.19	.13	.51
Fairness 2	.04	.22	.25	.29	.16	.40
Fairness 3	.29	.42	.07	.29	.09	-.03
Fairness 4	.29	.26	.09	.55	.11	-.02
Fairness 5	.02	.20	.11	.71	.19	-.02
Fairness 6	.10	.39	.17	.57	.09	-.17
Values alignment 1	.39	.11	.18	.65	.08	.26
Values alignment 2	.28	.13	.26	.42	-.32	.00

(Table 4 Continued)

Table 4

Summary of Exploratory Factor Analysis Results Areas of Worklife Scale

Item ^a	Factor Loadings					
	Control	Reward	Community	Values alignment	Workload	Fairness
Values alignment 3	.48	.09	.28	.56	-.03	.15
Values alignment 4	.55	.21	.06	.47	-.23	.09
Eigenvalues	8.75	2.45	1.93	1.49	1.31	.79
Variance explained	.21	.20	.18	.16	.13	.05
Cronbach's alpha	.89	.89	.83	.85	.74	.60

Note. Factor loadings over .40 appear in bold.

^a Due to copyright restrictions on publishing the text of all items in the scale, items are labeled according to the construct they are intended to measure rather than described with the specific wording of each item.

Factor analysis of the five workload manageability items indicated that one items ("Workload Manageability 5") did not load with the other items for this subscale, nor did it load on any other factor. Dropping the item from the workload manageability subscale increased the Cronbach's alpha from .74 to .78. Thus, the final version of this subscale includes the four workload manageability items that factored together.

Factor analysis of four items in the subscale concerning control over work conditions indicated that all loaded on single factor. Additionally, the Cronbach's alpha of the control items is good at .89.

Factor analysis of the four reward subscale items indicated all were factoring together as a single dimension. They also have good internal consistency with a Cronbach's alpha of .89.

All five items measuring sense of community loaded together as one factor. This subscale has a good Cronbach's alpha of .83.

The six fairness items did not factor unidimensionally. Therefore I conducted further analyses. Fairness 1 and Fairness 2 loaded together, but as a subscale had a questionable

Cronbach's alpha of only .60. Fairness 3 loaded on the Reward subscale. Fairness 4, Fairness 5, and Fairness 6 loaded on the Values Alignment factor and together had an alpha of .77. To further explore the Fairness items, I isolated them and completed another principal factor analysis on them. Table 5, below, indicates that all Fairness items (Fairness 1- Fairness 6) load on one factor. The alpha of all items is .76. Based on the Areas of Worklife literature, specifically, the impact of perceived fairness, the factor loading of the fairness items on one item and the associated acceptable alpha, I made the decision to retain all six items for the the fairness subscale.

Table 5

Factor Analysis of Fairness Items

Item	Factor Loadings		
	Factor 1	Factor 2	Factor 3
Fairness 1	.46	.39	.00
Fairness 2	.47	.31	.18
Fairness 3	.53	.06	-.24
Fairness 4	.70	.03	-.11
Fairness 5	.73	-.25	.13
Fairness 6	.66	-.31	.03
Eigenvalues	2.19	.42	.12
Variance	.73	.32	.19
Cronbach's alpha	.76		

Note. Factor loadings over .40 appear in bold.

^a Due to copyright restrictions on publishing the text of all items in the scale, items are labeled according to the construct they are intended to measure rather than described with the specific wording of each item.

Another factor analysis of the items in the Areas of Worklife subscales items, but without Workload Manageability 5 and the Fairness items (Fairness 1- Fairness 6), was based on five subscales. The results, reported in Table 6, indicated all factors loaded unidimensionally on the

intended subscales. The Cronbach's alpha of each subscale was good or acceptable (per DeVellis, 1991) as follows: workload overload ($\alpha = .78$, acceptable), control ($\alpha = .89$, good), reward ($\alpha = .89$, good), sense of community ($\alpha = .83$, good), and values alignment ($\alpha = .85$, good).

Table 6

Revised Exploratory Factor Analysis Results Areas of Worklife Scale

Item ^a	Factor Loadings				
	Reward	Community	Control	Values	Workload
Workload Manageability 1	.10	-.00	.05	-.03	.85
Workload Manageability 2	.01	-.19	.20	.03	.58
Workload Manageability 3	.22	.18	.21	.07	.66
Workload Manageability 4	.17	.14	.20	.21	.56
Control 1	.21	.24	.66	.22	.20
Control 2	.28	.09	.67	.26	.07
Control 3	.19	.16	.72	.35	.16
Control 4	.25	.01	.79	.15	.08
Reward 1	.83	.03	.14	.20	.08
Reward 2	.77	.08	.28	.16	.09
Reward 3	.86	.15	.16	.14	.07
Reward 4	.70	.28	.15	.00	.13
Community 14	.07	.45	.28	.22	.16
Community 15	.14	.75	.18	.26	-.00
Community 16	.09	.86	.01	.17	.06
Community 17	.17	.81	.08	.03	.03
Community 18	.07	.49	.22	.09	-.19
Values 25	.18	.18	.21	.73	.18
Values 26	.12	.18	.13	.59	-.24
Values 27	.16	.25	.26	.76	.07
Values 28	.25	.06	.32	.69	-.06
Eigenvalues	7.08	2.39	1.71	1.41	.85
Variance explained	.23	.22	.21	.17	.16
Cronbach's alpha	.78	.89	.89	.83	.85

Note. Factor loadings over .40 appear in bold.

^a Due to copyright restrictions on publishing the text of all items in the scale, items are labeled according to the construct they are intended to measure rather than described with the specific wording of each item.

Burnout (three dimensions of burnout). The Maslach Burnout Inventory-General Survey (MBI-GS) (Maslach, Jackson, & Leiter, 2010) is comprised of three dimensions: (a) emotional exhaustion, (b) cynicism, and (c) professional efficacy. I conducted an initial principal factor analysis of each scale using principal factor analysis. After the initial extraction, I completed orthogonal (varimax) rotation. As noted previously, rotation simplifies the structure, essentially improving interpretability (Hamilton, 1992). As shown in Table 7, all five emotional exhaustion items loaded as a single factor. All five cynicism items also loaded together as a separate factor. Of the professional efficacy items, five of the six loaded together as a third unique factor, but Professional Efficacy 1 did not load strongly ($> .40$) on any of the factors. After removing Professional Efficacy 1, the Cronbach's alpha of the professional efficacy subscale decreased slightly from a .74 to a still acceptable .72. I examined the content of the item which pertained specifically to problem solving and perceived professional efficacy, and based on the content validity and Cronbach's alpha, I made the decision to retain the item as part of the professional efficacy subscale. The Cronbach's alpha of the cynicism subscale was good ($\alpha = .85$) and the Cronbach's alpha for the emotional exhaustion subscale was excellent ($\alpha = .91$).

Table 7

Exploratory Factor Analysis Results Burnout Dimensions Scales

Item	Factor Loadings		
	Factor 1	Factor 2	Factor 3
Exhaustion 1	.87	.12	-.04
Exhaustion 2	.83	.11	-.20
Exhaustion 3	.84	.29	-.01
Exhaustion 4	.65	.33	-.01
Exhaustion 5	.79	.35	-.08
Cynicism 1	.25	.70	-.13
Cynicism 2	.37	.78	-.13
Cynicism 3	.28	.40	.23
Cynicism 4	.28	.83	-.06
Cynicism 5	.15	.81	-.18
Professional Efficacy 1	-.06	-.39	.33
Professional Efficacy 2	-.23	-.34	.45
Professional Efficacy 3	-.02	-.17	.51
Professional Efficacy 4	-.04	-.18	.61
Professional Efficacy 5	-.07	-.07	.83
Professional Efficacy 6	-.22	-.21	.58
Eigenvalues	5.39	1.84	1.13
Variance	.62	.22	.13
Cronbach's alpha	.91	.85	.74

Note. Factor loadings over .40 appear in bold.

^a Due to copyright restrictions on publishing the text of all items in the scale, items are labeled according to the construct they are intended to measure rather than described with the specific wording of each item.

Social Support. Social support is a scaled measure and is among the NHA individual characteristic control variables. Exploratory factor analysis of the three items comprising the social support measure (based on adaptations from MOS social support survey Sherbourne & Stewart, 1991) reflected that the three items factored together. As reported in Table 8, this scale had an excellent Cronbach's alpha of .97.

Table 8

Exploratory Factor Analysis of Social Support Items

Item	<u>Factor Loadings</u>
	Factor 1
Social Support 1-Someone you can count on to listen when you need to talk.	.93
Social Support 2- Someone to confide in or talk to about yourself or your problems.	.97
Social Support 3-Someone who understands your problems.	.97
Eigenvalues	2.73
Variance	1.02
Cronbach's alpha	.97

Note. Factor loadings over .40 appear in bold.

After the finalizing measures, I ran correlations (see Appendix D) before proceeding to hypothesis testing. Descriptive statistics for the scaled variables are provided in Table 9.

Table 9

Descriptive Statistics of Scaled Variables

	n	Mean	Standard Deviation	Minimum	Maximum
Intention to Turnover Current Position	98	2.58	1.25	1	6.33
Intention to Turnover from Profession	98	2.19	1.27	1	6.73
Control Over Work Conditions	98	3.76	.88	1	5
Reward	98	3.57	.78	1.75	5
Sense of Community	98	3.84	.59	2.2	5
Fairness	98	3.52	.63	2	5
Values Alignment	98	4.19	.58	2.75	5
Workload Manageability	98	2.75	.85	1	5
Exhaustion	98	3.94	1.47	1	7
Cynicism	98	2.44	1.39	1	6.6
Professional Efficacy	98	6.25	.70	4.5	7
Social Support	98	4.66	1.45	1	6

In conclusion, Chapter Four reported on the descriptive statistics and variable construction of the scaled variables used in this study. The initial analysis provided the foundation for the next step in the process: multivariate regressions for testing the hypotheses associated with the research questions. The results of the multivariate regressions and the content analysis of the open ended questions are presented in Chapter Five.

CHAPTER FIVE

MULTIVARIATE REGRESSION RESULTS

Introduction

This chapter presents the results of the multivariate regression analyses used to test the study hypotheses. The results of the regression analyses are presented by research question and dependent variable. In addition to the quantitative analyses results, this chapter addresses the results of thematic analyses of the qualitative data garnered from the open-ended survey questions.

Tests of Hypotheses Using Regressions

To test the hypotheses, I used Ordinary Least Squares (OLS) multivariate regression analyses to examine the relationships among the independent and dependent variables while controlling sociodemographic and organizational characteristics. As indicated by Monette, Sullivan, and De Jong (2011), "correlation indicates whether two variables are associated, but regression permits the researcher to estimate how much change in the dependent variable is produced by a given change in an independent variable" (p. 423).

For each of the two dependent variables in this study (intention to turnover in current position and intention to turnover in the profession), I completed a series of regressions. . For parsimony, I winnowed the control variables, following the procedure described in the Plan for Analyses presented in Chapter Three, Methods, retaining *only* those individual and organizational control variables that were significant (at $\alpha = 0.05$) in an initial analyses of the variables for each given dependent variable. The subsequent models were based on the preliminary analyses of the control variables. The following four models were created for each dependent variable: Model 1 regresses the dependent variable on the control variables that

pertain to individual sociodemographic characteristics of NHAs, such as gender, age, education, and social support. Model 2 builds on Model 1 by regressing the dependent variable on the control variables that reflect organizational characteristics, as well as those that concern individual characteristics of NHAs. Model 3 adds the six scaled variables representing the areas of worklife to variables in Model 2. Finally, Model 4 adds the three dimensions of burnout to the variables in Model 3. A final regression model for each dependent variable was comprised of only those variables that were significant in any of the first four models. In the tables discussed below, I present the results of running the series of regressions described above retaining only those control variables that were significant in any model for a given dependent variable.

As indicated in the Plan for Analyses in Chapter Three, multicollinearity was examined preliminary through correlations and later using regression diagnostics such as VIF statistics. There was no evidence multicollinearity among predictor variables. Based on the residuals-versus-fitted plots, there was no evidence of outliers, curvilinearity or heteroscedasticity as residuals were symmetrically and randomly distributed around 0. The adjusted variable plots and leverage-versus-square residuals plots yielded similar results with no identified outliers or observations exerting a disproportionate influence on the regression models.

Research Question One

The primary focus of the research is to explore the extent to which areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) and the three dimensions of burnout (exhaustion, cynicism, and professional inefficacy) predict NHAs' intent to leave (a) a current NHA position and (b) the NHA profession, controlling NHAs' sociodemographic characteristics and the organizational characteristics of the SNFs in which they work. Based on this research question, one set of

hypotheses focuses on the areas of worklife with a set of six sub-hypotheses. Another set of hypotheses focuses on the relationship of the three dimensions of burnout and intentions to turnover (a) current NHA position and (b) the NHA profession with a set of three sub-hypotheses. The results are organized by dependent variable (a) intention to leave current position and (b) intention to leave NHA profession.

Intention to Turnover in Current Position

Hypothesis One. The first hypothesis states the less favorable the work conditions, the greater the intent to turnover in the current job. A series of sub-hypotheses are explored to determine overall effects of work conditions on intent to turnover job and the NHA profession. To test this set of hypothesis, a series of regressions were completed on intention to turnover in current position on significant NHA individual and organizational control variables, areas of worklife, and the dimensions of burnout. The results are reported in Table 10.

Table 10

Regression of Intention to Turnover Current Position on Significant Control Variables, Areas of Worklife, and Dimensions of Burnout

	<u>Model 1</u>			<u>Model 2</u>			<u>Model 3</u>			<u>Model 4</u>		
<u>Variable</u>	<u>b</u>	<u>SE b</u>	<u>β</u>	<u>b</u>	<u>SE b</u>	<u>β</u>	<u>B</u>	<u>SE b</u>	<u>B</u>	<u>b</u>	<u>SE b</u>	<u>B</u>
<i>Control Variables^a</i>												
<u>Individual</u>												
Social Support	-.21*	.09	-.23	-.19*	.09	-.22	-.06	.08	-.06	-.03	.07	-.04
Education (Graduate)	.19	.25	.08	.23	.25	.09	.26	.23	.10	.42*	.20	.17
<u>Organization</u>												
Size				.016*	.001	.17	.011*	.0008	.19	.01*	.0007	.22
Rural ^b				.51*	.24	.21	.35	.23	.14	.37*	.19	.15
<i>Intervening Variables</i>												
<u>Areas of Worklife</u>												
Control							-.33*	.18	-.23	-.19	.16	-.13
Workload							-.15	.14	-.10	.22	.14	.15
Reward							-.09	.19	-.06	-.12	.16	-.08
Sense of Community							-.12	.22	-.06	.16	.19	.08
Fairness							-.18	.26	-.09	-.26	.22	-.13
Values Alignment							-.24	.27	-.11	-.05	.24	-.02
<u>Dimensions of Burnout</u>												
Emotional Exhaustion										.37**	.09	.43
Cynicism										.21*	.09	.23
Professional Efficacy										-.07	.16	-.04
Intercept		3.41**			2.88**			6.41**			1.55	
R ²		.05			.12			.32			.53	
F		2.71			3.08*			4.02**			7.32**	
<i>Model Comparison</i>												
				.06			.20			.22		
				F _{2,92} = 3.32*			F _{6,86} = 4.21***			F _{3,83} = 12.81***		

(Table 10 Continued on next page)

(Table 10 Continued)

One-tailed test * $p < .05$; ** $p < .01$; *** $p < .001$

^a In analyses not shown, I completed an initial series of regressions that mirrored those above but included all of the control variables operationalized in the study (NHA individual characteristics and SNF organizational characteristics, as described in Chapter Three, Methods) in the equations. For parsimony, the regressions shown above, of Intentions to Turnover in Current Position, include only those control variables that were statistically significant in any of the models run initially.

^b Non-rural is the omitted reference category.

Model 1: Individual characteristics of NHAs. The first model regressed intention to turnover in current position on statistically significant individual sociodemographic characteristics. Significant individual characteristics, identified in analyses not shown but that included all control variables in all models, included social support and education. In this model, social support is negatively associated with intention to turnover in current position: all else equal, for every one unit increase in social support, intentions to turnover in current position decreased by .21 units ($p < .05$, $\beta = -.23$). Education however, when regressed with social support is no longer statistically significant. The R^2 value of .05 indicates that only 5 percent of the variation in intentions to turnover in current position are explained by Model 1.

Model 2: Organizational characteristics. Model 2 adds the statistically significant organizational characteristics to the variables in Model 1. In analyses not shown, the control variables reflecting organizational characteristics that emerged as significant in any of the models for this dependent variable included size (number of beds) and rural geographic location (as opposed to non-rural). The results of regressing intention to turnover in current position on the organizational control variables of beds and rural geographic location net of sociodemographic characteristics are presented in Model 2 of Table 10. Rural geographic location is significantly associated with greater turnover intentions. For NHAs in rural areas, their intention to turnover in current position is .51 units ($p < .05$, $\beta = .21$) greater than for NHAs in urban or suburban areas. Social support retains its negative association with intent to turnover in the current position. All else equal, for every unit increase in the social support scale, turnover

intentions decrease by .19 units ($p < .05$, $\beta = -.23$). The size of the facility, represented by number of beds, is positively associated with intention to turnover from the current position; all else equal, for every additional bed, turnover intentions increase by .01 units ($p < .05$, $\beta = .17$). The R-square of this model is .13, indicating that 13 percent of the variation in intentions to turnover in current position is explained by the variables in this model.

Nested successive models were compared statistically to determine whether the addition of blocks of predictors improved model fit. Using the data from model one and model two, comparison tests between the nested models are reported in Table 10. The F statistics for the comparison of Model 2 versus Model 1 is 3.32 ($p\text{-value} = 0.0405$). The addition social support, rural location, and size (number of beds) to the model improves the fit and the R^2 indicates that explained variance increases 6 percentage points.

Model 3: Areas of worklife. Model 3 focuses on addressing hypotheses H1a through H1f which examine the associations between intentions to turnover in current position on significant control variables and the six areas of worklife: control over work conditions, sense of community, fairness, reward, values alignment, and manageability of workload. The less favorable the areas of worklife, the greater the intentions to turnover in current position. The results of the multiple regression analysis are reported in Model 3 of Table 10. This model reflects the regression of intention to turnover in current position on statistically significant control variables and the areas of worklife. The model is overall is statistically significant ($p < .001$) with R^2 value = .32, indicating that 32% of the variation in intention to turnover in current position is explained. Facility size (number of beds) continues to be a significant predictor of intent to turnover current profession, indicating that for additional bed, turnover intentions increase by .01 units ($p < .05$, $\beta = .19$). Analysis of the areas of worklife variables indicate that

only *control* is a significant predictor of intention to turnover in current position. Controlling the other variables in the model, for every unit increase in control over work conditions scale, turnover intentions decrease by .33 units ($p < .05$, $\beta = -.23$). There were no other variables identified as significant in this model. Of note, social support, which was significant in Model 1 and Model 2 is no longer statistically significant once the areas of worklife are included in the model. As indicated by the comparison F and R^2 change statistics (p -value = 0.0009), the addition of the areas of worklife in Model 3 improves the model fit.

Based on the above analyses, there is little support for the hypothesis that areas of worklife, except for control over work conditions, are related to intentions to turnover in current position among the NHAs in this sample. With regard to specific hypotheses concerning the six areas of worklife and intentions to turnover in current position:

H1.a.i. The hypothesis stating that the lower the NHA level of control over working conditions, the greater the intention to turnover in current position is supported as, net of controls, there is a negative relationship between control over working conditions and intention to turnover in current position. A weak negative effect is present as indicated by a $\beta = -.23$

H1.b.i. The hypothesis stating that the greater the workload manageability, the less the intent to turnover is rejected as there is no relationship between workload and intention to turnover in current position net of controls.

H1.c.i. The hypothesis that the greater the reward, the lower the intent to turnover is rejected as, net of controls, there is no relationship between reward and intention to turnover in current position.

H1.d.i. The hypothesis that the greater the sense of community, the lower the intent to turnover is rejected as, net of controls, there is no relationship between sense of community and intention to turnover in current position.

H1.e. The hypothesis that the lower the fairness, the greater the intention to turnover in current position also is rejected as there is no relationship between fairness and intention to turnover in current position in this sample, net of controls.

H1.f.i. The hypothesis stating that the lower the values alignment, the greater the intention to turnover is rejected as, net of controls, there is no relationship between values alignment and intention to turnover in current position.

Hypothesis 2. The second general hypothesis and its subset of hypotheses (H2.a-H2.c) concern the relationships between the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) and intentions to turnover in the current position. The hypotheses are examined through the regression presented in Model 4 in Table 10.

Model 4: Burnout dimensions. In Model 4, the variables representing the three dimensions of burnout are added to the area of worklife variables and controls from Model 3. The results of this regression analyses are presented in Model 4 Table 10. Once the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) are added to the model, we again see changes in the significance of variables compared with previous models. Both emotional exhaustion and cynicism are significant predictors of current job turnover intentions. Controlling all other variables in the model, for every unit increase in emotional exhaustion, intention to turnover in current position increases by .37 units ($p < .01$, $\beta = .43$). Similarly, a moderate positive relationship occurs between cynicism and job turnover; for every unit increase in cynicism, intention to turnover in current position increases by .20 units ($p < .05$,

$\beta = .22$). However, net of other variables, professional efficacy is unrelated to intention to turnover in the current position. Also of interest, once the burnout dimensions are taken into account, control over working conditions is no longer a predictor of current job turnover intentions.

In Model 4, among control variable, education emerges as associated with intention to turnover in current position once the dimensions of burnout are controlled; controlling all other variables, compared to counterparts with lesser education, NHAs with a graduate degree, have an average .45 units higher intention to turnover in current position ($p < .05$, $\beta = .18$). Size of facility (number of beds) also is a predictor of current job turnover once the three dimensions of burnout are taken into account; with all else equal, for every one bed increase in a facility, NHA intentions of turning over in the current position increases by .01 units ($p < .05$, $\beta = .19$) in this sample.

Model 4 is significant ($p < .001$) with an adjusted R-square of .54, indicating that 54 percent of the variation in intention to turnover in current position is explained by the variables in the model. The addition of the dimensions of burnout to the model improves the fit and the R^2 change statistics indicates that explained variance increases nearly 22 percentage points. The F statistic for the comparison of Model 4 versus Model 2 is 12.81 ($p\text{-value} < 0.0001$). Figure 2 provides a representation of the statistically significant relationships that emerged from the series of regressions reported in Table 10.

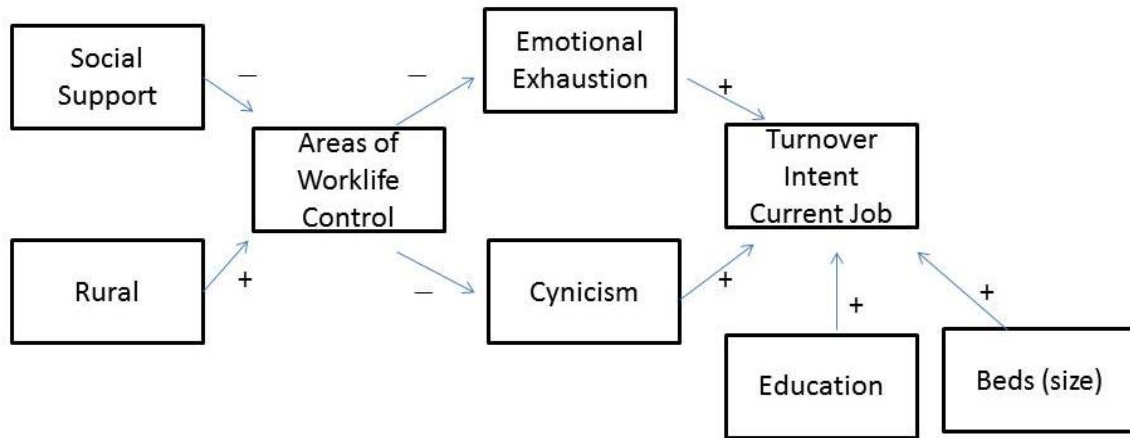


Figure 2. Conceptual model of significant predictors of intentions to turnover in the current job.

Therefore, when considering the second set of hypotheses, the results here provide support for two of them:

H2.a.i. The greater the level of emotional exhaustion, the greater the intention to turnover in current position is supported. Emotional exhaustion has a moderate positive relationship ($\beta = .37$) with intention to turnover current job.

H2.b.i. The greater the level of cynicism, the greater the intention to turnover in current position is supported. Cynicism is positively related ($\beta = .22$) to intention to turnover the current job.

H2.c.i. The lower the professional efficacy, the greater the intention to turnover in current position is rejected as, net of controls and areas of worklife, professional efficacy was not related to intention to turnover in current job.

Intention to Turnover in the Profession

I used the same set of procedures to fit models and test hypotheses concerning the second dependent variable: intention to turnover in the profession.

Hypothesis one. The first general hypothesis states that the less favorable the work conditions, the greater the intention to turnover in the NHA profession. I explored a series of sub-hypotheses related to areas of worklife on intention to turnover in the NHA profession. To test this hypothesis, a series of regressions were completed on intention to turnover in the NHA profession on the significant sociodemographic and organizational control variables, areas of worklife, and the three dimensions of burnout. The results are presented in Table 11.

Table 11

Regression of Intention to Turnover Profession on Significant Controls, Areas of Worklife, and Dimensions of Burnout

Variable	Model 1			Model 2			Model 3			Model 4			
	<i>b</i>	SE <i>b</i>	β	<i>b</i>	SE <i>b</i>	β	<i>b</i>	SE <i>b</i>	B	B	SE <i>b</i>	β	
Control Variables^a													
Individual													
Social Support	.02	.09	.02	.03	.09	.03	.18*	.08	.20	.19**	.07	.22	
Organization													
Size				.001	.0009	.15	.001	.0008	.12	.001*	.0007	.14	
SNF Deficiencies				.11**	.05	.24	.02	.04	.05	.03	.04	.08	
Intervening Variables													
Areas of Worklife													
Control							-.12	.18	-.08	.02	.16	-.01	
Workload							-.41**	.14	-.27	-.16	.15	-.11	
Reward							-.11	.18	-.07	-.11	.16	-.07	
Sense of Community							-.11	.22	-.05	.19	.19	.09	
Fairness							.41	.25	.20	.35	.22	.17	
Values Alignment							-1.00**	.27	-.48	-.73**	.25	-.34	
Dimensions of Burnout													
Cynicism										.34**	.09	.37	
Professional Efficacy										-.20	.16	-.11	
Intercept		2.10**			1.42**				6.43**			2.58*	
R^2		.0005			.08				.35			.53	
F		.05			2.57				5.20**			8.00**	
Model Comparison													
R^2 change					.08				.27			.18	
					F _{2,93} = 3.83*			F _{6,87} = 6.09***			F _{3,84} = 11.03***		

One-tailed test * $p < .05$; ** $p < .01$; *** $p < .001$

^a In analyses not shown (explained in Chapter Three, Methods), I completed a series of initial regressions that mirrored those above but included all of the control variables operationalized in the study (NHA individual characteristics and SNF organizational characteristics, as described in Chapter Three, Methods) in the equations. For parsimony, the regressions of Intentions to Turnover in Current Position were run again including only those control variables that were statistically significant in any of the models run initially. The results are presented in this table.

Model 1: Individual characteristic of NHAs. The first model examined the relationships between significant individual-level NHA characteristics with intention to turnover in the NHA profession. None were significant in this model. However, because it is significant in later models in which this dependent variable is regressed on it and other the study variables, social support is included in Model 1.

Model 2: Organizational characteristics. In Model 2, I proceeded to add the significant organizational characteristics to the variables in Model 1. In analyses not shown that included all control variables in the study, the organizational control variables that emerged as significant in any model pertaining to this dependent variable were facility size (number of beds) and number facility's recent survey deficiencies. The results of regression analysis of intentions to turnover in the NHA profession on the organizational control variables of beds and deficiencies are presented in Model 2 of Table 11 which shows that deficiencies are positively associated with intentions to turnover in the NHA profession: All else being equal, for every additional deficiency, turnover intentions to leave the NHA profession increase by .11 units ($p < .01$, $\beta = .24$). The R^2 value of this model is .08, indicating that 8% of the variation in intentions to turnover in the NHA profession is explained by the variables in the model.

As for the above series of models, here successive nested models are compared statistically to determine whether the addition of blocks of variables improves model fit. Model 2 is an improvement over Model 1, as indicated by the statistically significant comparison F statistic of 3.83 (p -value = 0.0253). The addition of size and deficiencies explains 0.076 higher proportion of variance in intent to turnover the profession.

Model 3: Areas of worklife: Model 3 focuses on addressing hypotheses H1a-1f which examine the association between the six areas of worklife and intentions to turnover in the

profession, controlling for significant NHA and organizational characteristics. The general hypothesis here is that the less favorable (positive) the areas of worklife, the greater the intentions to turnover in the profession. The results of the multiple regression analysis are reported in Model 3 in Table 11. This model reflects the regression of intention to turnover in the NHA profession on areas of worklife and the selected control variables. The model is significant ($p < .001$) with a R^2 value of .35, indicating 35 percent of the variation in intention to turnover the NHA profession is explained by the model. Analysis of the areas of worklife variables indicate that values alignment is negatively related to intention to turnover in the NHA profession: controlling all other variables in the model, for every one unit increase in values alignment, intentions to turnover in the profession decrease by 1.00 units ($p < .01$, $\beta = -.48$). The results also indicate that workload manageability predicts intention to stay in the NHA profession: all else being equal, for every unit increase in the manageability of the workload, intentions to turnover the NHA profession decrease by .41 units ($p < .01$, $\beta = -.27$). Values alignment is a stronger predictor of intention to turnover the profession than workload manageability. In addition, in Model 3, among controls, the social support coefficient becomes statistically significant; so, controlling for areas of worklife, facility size and recent deficiencies (neither of which retains significance in this model), for every unit increase in social support, intention to turnover in the profession increases by .18 units ($p < .05$, $\beta = .20$). Direct comparison of Model 3 versus Model 2 shows that the addition of the areas of worklife variables improves the model fit ($p\text{-value} < 0.0001$). The R^2 change statistic indicates that explained variance increases 27 percentage points. Based on the analyses presented above, two of the six hypotheses are supported:

H1.a.ii. The lower the control over work conditions, the greater the intention to turnover in the NHA profession is rejected as, net of controls, there is no relationship between control over work conditions and intention to turnover in the NHA profession.

H1.b.ii. The greater the perceived workload manageability, the less the intention to turnover in the NHA profession is supported as, net of controls, there is a weak, negative relationship ($\beta = -.27$) between workload manageability and intention to turnover NHA profession.

H1.c.ii. The lower the reward, the greater the intent to turnover the NHA profession is rejected as, net of controls, there is no relationship between reward and intention to turnover in the NHA profession.

H1.d.ii. The lower the sense of community, the greater the intention to turnover in the NHA profession is rejected as, net of controls, there is no relationship between sense of community and intention to turnover in the NHA profession.

H1.e.ii. The lower the fairness, the greater the intention to turnover in the NHA profession is rejected as, net of controls, there is no relationship between fairness and intention to turnover in the NHA profession.

H1.f.ii. The lower the values alignment, the greater the intention to turnover in the NHA profession is supported as, net of controls, there is a moderate negative relationship ($\beta = -.48$) between values alignment and intention to turnover in the NHA profession.

Hypotheses 2. The second set of hypotheses (H2.a - H2.c) test the relationships between the three dimensions of burnout (emotional exhaustion, cynicism, professional efficacy) and intentions to turnover in the NHA profession. The hypotheses are examined through a series of regressions presented in Model 4 of Table 11.

Model 4: Dimensions of Burnout. In Model 4, the variables reflecting the three dimensions of burnout are added to the variables that were included in Model 3. In term of the burnout dimensions, both emotional exhaustion and cynicism are significant predictors of turnover intentions from the NHA profession: all things equal, for every unit increase in emotional exhaustion, intentions to turnover in the NHA profession increase by .17 units ($p < .05$, $\beta = .20$). Similarly, net of controls, for every unit increase in cynicism, intentions to turnover in the NHA profession increase by .34 units ($p < .01$, $\beta = .37$). Also of interest is, once the burnout dimensions are taken into account, workload manageability is no longer related to intention to turnover in the NHA profession. However, values alignment remains a statistically significant predictor of intent to leave the profession, though this negative relationship is slightly weaker ($\beta = -.34$). Among control variables, social support retains its weak, positive association with intent to turnover in the NHA profession: all things considered equal, for every unit increase in social support, intentions of turnover from the NHA profession increases .19 units ($p < .01$, $\beta = .22$). The size of the facility (number of beds) becomes statistically significant suggesting that, net of controls, for every additional bed in a facility, intention to turnover in the profession increases by .001 units ($p < .05$, $\beta = .14$). The model is significant ($p < .001$) with an adjusted R-square of .53 indicating that 53 percent of the variation in intention to turnover in the NHA profession is explained by the variables in this model. Model 4 is a better fit than Model 2 (p -value < 0.0001) and the addition of dimensions of burnout explains 18 percent more variance.

Examining Hypotheses 2, the analyses above provides support for two of the three sub-hypotheses:

H2.a. The greater the level of emotional exhaustion, the greater the intent to turnover in the NHA profession is supported as, net of controls, there is a weak positive relationship ($\beta = .20$) between emotional exhaustion and intention to turnover in the NHA profession.

H2. b. The greater the level of cynicism, the greater the intent to turnover in the NHA profession is supported as, net of controls, there is a moderate positive relationship ($\beta = .37$) between level of cynicism and intention to turnover NHA profession.

H2.c. The lower the professional efficacy, the greater the intent to turnover the NHA profession is rejected; there is no relationship between professional efficacy and intention to turn over in the profession.

A conceptual model of the statistically significant variables identified in Table 14 are presented in Figure 3.

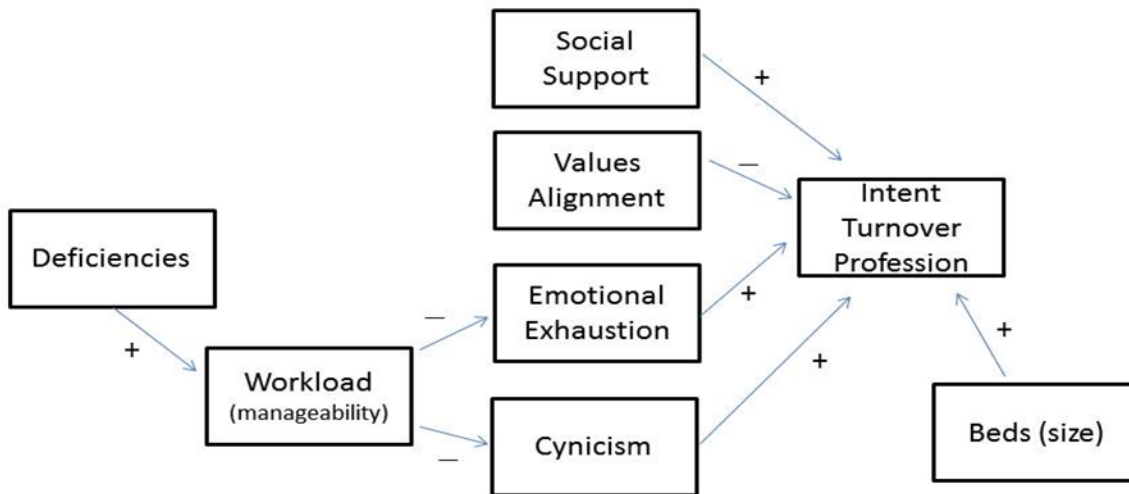


Figure 3. Conceptual model of significant predictors of intention to turnover in the profession.

Final Models

For each of the dependent variable, a fifth model considers the relationships between only the statistically significant coefficients identified in Model 4 on turnover intentions of (a) current

position and (b) in the profession. These even more parsimonious regression results are reported in Table 12.

Table 12

Regressions of Turnover Intentions in Current Position and Turnover Intentions in Profession on Significant Study Variables

Variable	Intention to Turnover Current Position			Intention to Turnover Profession		
	<i>b</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
<i>Control Variables</i>						
<u>Individual</u>						
Social Support				.22**	.07	.25
Education (Graduate)	.40*	.20	.16			
<u>Organizational</u>						
Number of Beds	.001*	.0007	.19	.002*	.0007	.19
<i>Areas of Worklife</i>						
Values Alignment				-.66***	.19	-.30
<i>Dimensions of Burnout</i>						
Emotional Exhaustion	.31***	.08	.36	.24**	.08	.28
Cynicism	.34***	.09	.38	.31***	.09	.33
Intercept		.06			1.94*	
R^2		.44			.49	
<i>F</i>		17.86***			17.77**	

One-tailed test; * $p < .05$; ** $p < .01$; *** $p < .001$

Education, number of beds, emotional exhaustion and cynicism are all significant predictors of *intention to turnover from current position*. First considering the control variables: Education predicts greater intentions to turnover in current position; all else equal, among NHAs with a graduate degree, intentions to turnover current position are .40 higher ($p < .05$, $\beta = .16$) than among NHAs without a graduate degree. Similarly, controlling all other variables in the model, as facility size increases with every additional bed, intention to turnover in current position increases by .001 ($p < .05$, $\beta = .19$). No areas of worklife variables are significant predictors of intentions to turnover in current position when dimensions of burnout are taken into

account; for every unit increase in emotional exhaustion, intention to turnover in current position increases by .31 units ($p < .001$, $\beta = .36$), and for every unit increase in cynicism, intention to turnover in one's current position increases by .34 units ($p < .001$, $\beta = .38$). The model is significant ($p < .001$) with a R^2 of .44, indicating that 44 percent of the variation in intention to turnover from one's current position is explained by the variables in this model. A conceptual model of the statistically significant results is presented in Figure 4.

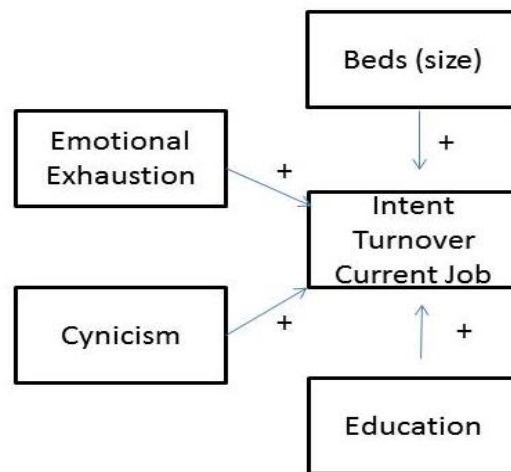


Figure 4. Conceptual model of significant predictors of intention to turnover current position, final regressions.

A fifth model considers the effects of only the significant variables identified in Model 4 on *intention to turnover in the NHA profession*. The results of this regression also are reported in Table 18. Here, social support, facility size (number of beds), values alignment, emotional exhaustion, and cynicism are all statistically significant predictors of intention to turnover in the NHA profession. First, considering the control variables: all else equal, for each unit increase in social support, intention to turnover in the profession increases by .22 units ($p < .01$, $\beta = .25$); and, net of controls, as facility size increases with each additional bed, intentions to turnover in the NHA profession increases by .002 units ($p < .05$, $\beta = .19$). Considering worklife factors, all

else equal, for every unit increase in values alignment, intention to turnover in the NHA profession decreases by .66 units ($p < .001$, $\beta = -.30$). In terms of the dimensions of burnout, all things equal, for every one unit increase in emotional exhaustion, intention to turnover in the profession increases by .28 units ($p < .01$, $\beta = .36$). Similarly, for every unit increase in cynicism, intention to turnover from the NHA profession increases by .31 units ($p < .001$, $\beta = .33$). The model is significant ($p < .001$) with an R^2 value of .49, indicating 49% of the variation in intention to turnover in the NHA profession is explained by the variables in the equation. A conceptual model depicting the relationship is provided in Figure 5.

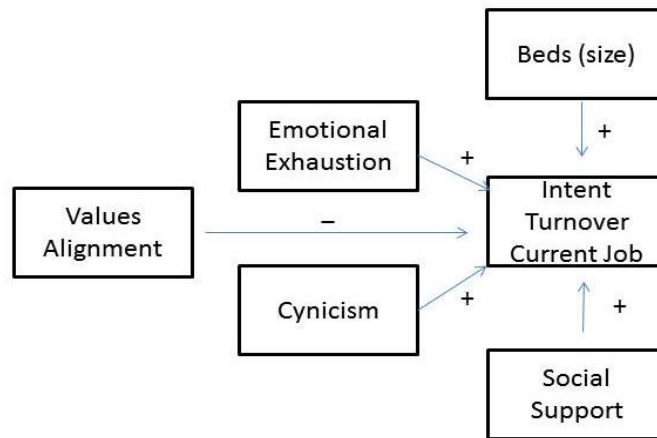


Figure 5. Conceptual model of significant predictors of intent to turnover profession, final regressions.

Respondents' Reasons for Leaving and Future Plans

If respondents were thinking of (a) leaving their current position and/or (b) leaving the profession, they were asked why would they go and where would they most likely go. These opened ended questions were analyzed using of thematic analysis of the responses. These qualitative results are presented by the two main dependent variables on intent to leave.

Intent to turnover current job position

I examined study respondents' responses concerning their plans according to whether they were thinking of leaving their current job. Of the fifty five NHAs who stated their intent to leave their position (56% of the sample), 11 (20%) indicated they were leaving due to a promotion. Another 15 (27%) of respondents indicated there was some "other" reason for leaving their current job, with the majority clarifying the "other" reasons was moving to another nursing home owned by a different company. The largest proportion 17 (31%) indicated that they were retiring. Retirement was a reoccurring theme in responses to open-ended questions about why and where NHAs were considering if they intended on leaving their current position. This is consistent with Wing and Salsberg's (2001) study of NHAs that found approximately 40 percent of active licensed NHAs are over 50 years old, contributing to a raft of expected retirements at the same time that there is a declining pool of candidates seeking licensure (Stoil, 2002). The findings in this study support the trend in the literature that points to the verge of a crisis in the field as it faces a critical shortage of nursing home administrators (Hutlock, 2003; McCarthy, 2005; Murphy, 2004; Peck, 2000; Pratt, 2002; Riter, 1995; Singh & Schwab, 1998; Stoil, 2002; Tellis-Nayak, 2007; Wilson, 2009).

A second theme in responses to open-ended questions about why and where NHAs were considering if they intended on leaving their current position was related to the manageability of workload, specifically the responsibilities and lack of relief from them. One respondent in the study describes this theme aptly: "the drain emotionally, you worry about your workers, the patients and their families which sometimes drains you and the funding for our seniors who cannot go home, leave."

A third theme in responses to open-ended questions about why and where NHAs were considering if they intended on leaving their current position was the lack of management support. Typical comments included, "not having proper support from top management," and "lack of support from management."

A final theme in responses to open-ended questions about why and where NHAs were considering if they intended on leaving their current position was related to lack of rewards, specifically in the form of pay and career opportunity. Specifying where they were intending to go after leaving, other than individuals who reported planning to retire, a reoccurring theme of "unknown" future plans was present.

Intent to Turnover in the Profession

I examined study respondents' responses concerning their plans if they were thinking of leaving the NHA profession. Of the 36 NHAs who stated their intent to leave the NHA profession (37% of the sample), the majority, 16 (44%) indicated they were retiring. The next largest response selected was "other" as identified by nine individuals (25%) in the sample. Of the nine respondents who selected "other," seven provided additional clarification of the response as follows: three respondents indicated moving to a less stressful type of job, one respondent is changing companies, and two people's plans were "unknown."

Analysis of the open-ended questions regarding why and where the respondent would go if leaving the profession revealed themes similar to those related to intentions to turnover in the current position. Again, the predominant reason for leaving the field was retirement. Another major theme was related to workload manageability: Respondents commented on the amount of responsibility, the time commitments of being an NHA, and the constant stress of the job. One respondent characterized it well:

I have no plans of leaving, but if I did it would be because I need a change, a NHA in a skilled nursing facility has an extreme amount of stress that never seems to go away.

Whether it's staffing, regulatory issues, unrealistic patient/family issues, etc., there is no getting away from it. If I left this position that I have held for many, many years, I would not take another NHA position. (Respondent #23)

The themes identified in respondents' qualitative remarks are consistent with both the literature and the analyses of the quantitative data in this study; both are discussed in detail in Chapter Six, Discussion and Conclusion.

Research Question Two

A secondary aim of this study examines the relationships among the areas of worklife (workload overload, control over work conditions, reward, sense of community, fairness, and values alignment) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) (Leiter & Maslach, 2004) among NHAs, controlling NHAs' individual sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work. This research question generated one general hypothesis and seventeen sub-hypotheses focusing on the relationships between the areas of worklife and of burnout.

Hypothesis Three. The less favorable the working conditions, the higher the level of burnout. To test the hypothesis, I conducted a series of regressions of each of the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) on significant control variables and the areas of worklife (control over work conditions, sense of community, fairness, reward, workload manageability, and values alignment). In keeping with the strategy described in Chapter Three, Research Methods, for winnowing the number of control variables,

in analyses not shown, I used an initial series of regressions that included all of the control variables operationalized in the study (NHA individual sociodemographic characteristics and SNF organizational characteristics, as described earlier). For parsimony, the regressions of each burnout dimension (emotional exhaustion, cynicism, professional efficacy) on areas of worklife were run again including *only* those control variables that were statistically significant in any of the models run initially. Below, I present a review of the results of regressions for each burnout dimensions.

Emotional exhaustion. Hypotheses H3a - H3f consider the associations between the areas of worklife and emotional exhaustion. To test these, I first regressed emotional exhaustion on the control variables selected for parsimony: NHAs' years in their current job, social support, and education (none of the control variables reflecting organizational characteristics were significant predictors of emotional exhaustion in this sample). As shown in Model 1 of Table 13, social support predicts emotional exhaustion: all else equal, for every unit increase in social support, emotional exhaustion decreases by .20 units ($p < .05$, $\beta = -.20$). The R-square of the model is .07 suggesting that 7% of the variation in emotional exhaustion is explained by the variable in the model.

Table 13

Regressions of Emotional Exhaustion on Significant Control Variables and Areas of Worklife

Variable	Model 1			Model 2		
	<i>b</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Control Variables						
<u>Individual</u> ^{a,b}						
Years in current job	.03	.03	.11	.03	.02	.10
Social support	-.20*	.10	-.20	-.06	.09	-.06
Education (Graduate)	-.45	.29	-.15	-.29	.25	-.10
Areas of Worklife						
Control Over Work Conditions				-.24	.19	-.14
Workload				-.89**	.15	-.50
Reward				.14	.20	.08
Sense of Community				-.45*	.24	-.18
Values Alignment				-.03	.29	-.01
Intercept		4.88**			8.58**	
<i>R</i> ²		.07			.40	
<i>F</i>		2.56			6.52**	
Model Comparison						
<i>R</i> ² change					.33	
<i>F</i> _{6,87} = 7.93***						

One-tailed test **p* < .05; ** *p* < .01; ****p* < .001

^a In analyses not shown, I completed an initial series of regressions that mirrored those above but included all of the control variables operationalized in the study (NHA individual characteristics and SNF organizational characteristics, as described in Chapter Three, Methods) in the equations. For parsimony, the regressions of Emotional Exhaustion were run again including only those control variables that were statistically significant in any of the models run initially. The results are presented in this table.

^b No organizational characteristics were significant predictors of Emotional Exhaustion in this study.

In Model 2, I proceeded to add the areas of worklife to Model 1. Sense of community is statistically significant: all else equal, for every unit increase in sense of community, emotional exhaustion decreases by .45 units ($p < .05$, $\beta = -18$). Workload manageability also is a significant predictor of emotional exhaustion: all else equal, for every one unit decrease in the manageability of the workload, emotional exhaustion increases by .89 units ($p < .05$, $\beta = -.50$). After adding the areas of worklife to Model 2, social support is no longer significant. The model

is significant ($p < .001$) with a R^2 value of .43 indicating that 43% of the variation in intention to turnover in current position is explained by the variables in this model. Direct comparison of Model 2 versus Model 1 shows that the addition of the areas of worklife variables improves the model fit ($p\text{-value} < 0.0001$). The R^2 change statistic indicates that explained variance increases 33 percentage points.

A conceptual representation of the results is presented in Figure 6.

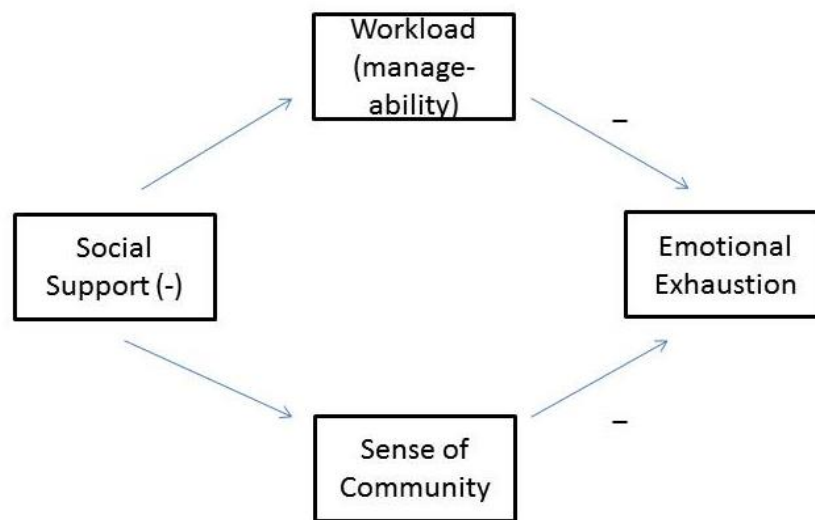


Figure 6. Conceptual model of significant predictors of emotional exhaustion.

Based on the analyses, there is support for two of the six sub-hypotheses focusing on the relationships between areas of worklife and emotional exhaustion:

H3.a. The lower the control over work conditions, the greater the emotional exhaustion is rejected as, net of controls, there is no relationship between control and emotional exhaustion.

H3. b. The less manageable the workload, the higher the level of emotional exhaustion is supported, as net of controls, there is a moderate negative relationship ($\beta = -.50$) between workload manageability and emotional exhaustion.

H3. c. The lower the reward, the greater the level of emotional exhaustion is rejected, as, net of controls, there is no relationship between reward and emotional exhaustion.

H3.d. The greater the sense of community, the lower the level of emotional exhaustion is supported as, net of controls, there is a weak negative relationship ($\beta = -.18$) between sense of community and emotional exhaustion.

H3.e. The lower the fairness, the greater the emotional exhaustion is rejected as, net of controls, there is no relationship between fairness and emotional exhaustion.

H3.f. The lower the values alignment, the greater the level of emotional exhaustion is rejected as, net of controls, there is no relationship between values alignment and emotional exhaustion.

Cynicism. Hypotheses H3.g. - H3.l consider the associations between the areas of worklife and cynicism. To test these, I first regressed cynicism on the significant control variable social support (none of the control variables reflecting organizational characteristics were significant predictor of cynicism in this sample). As shown in Model 1 of Table 14, social support predicts of cynicism: controlling all other variables in the model, for every unit increase in social support, cynicism decreases by .23 units ($p < .01$, $\beta = -.24$). The R^2 value of the model is .06, suggesting six percent of the variation in emotional exhaustion is explained by the variables in the model. A conceptual model depicting the statistically significant results is presented in Figure 7.

Table 14

Regressions of Cynicism on Significant Control Variables and Areas of Worklife

Variable	Model 1			Model 2		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	<i>B</i>
Control Variables ^{a,b}						
Social support	-.23**	-.09	-.24	-.04	.09	-.04
Areas of Worklife						
Control				-.22	.19	-.13
Workload				-.18	.15	-.11
Reward				-.10	.19	-.06
Sense of Community				-.49*	.24	-.21
Fairness				.17	.28	.07
Values Alignment				-.70**	.29	-.29
Intercept		3.52**			8.52**	
<i>R</i> ²		.06			.31	
<i>F</i>		5.96*			5.70**	
Model Comparison						
<i>R</i> ²					.25	
						$F_{6,90} = 5.38^{***}$

One-tailed tests, * $p < .05$; ** $p < .01$; *** $p < .001$

^a In analyses not shown, I completed an initial series of regressions that mirrored those above but included all of the control variables operationalized in the study (NHA individual characteristics and SNF organizational characteristics, as described in Chapter Three Methods) in the equations. For parsimony, the regressions of Cynicism were run again including only those control variables that were statistically significant in any of the models run initially. The results are presented in this table.

^b No organizational characteristics were significant predictors of Cynicism in this study.

In Model 2, the areas of worklife are added to Model 1. Sense of community is negatively related to cynicism: all else equal, for every unit increase in sense of community, cynicism decreases by .49 units ($p < .05$, $\beta = -.49$). Values alignment also predicts cynicism: net of all controls, for every unit decrease in value alignment, cynicism increases by .70 units ($p < .01$, $\beta = -.70$). After adding the areas of worklife to Model 2, social support is no longer significant. The model is significant ($p < .001$) with an R^2 value of .31, indicating that 31% of the variation in intention to turnover in current position is explained by the variables in this model. Direct comparison of Model 2 versus Model 1 shows that the addition of the areas of worklife variables

improves the model fit (p -value < 0.0001). The R^2 change statistic indicates that explained variance increases 25 percentage points.

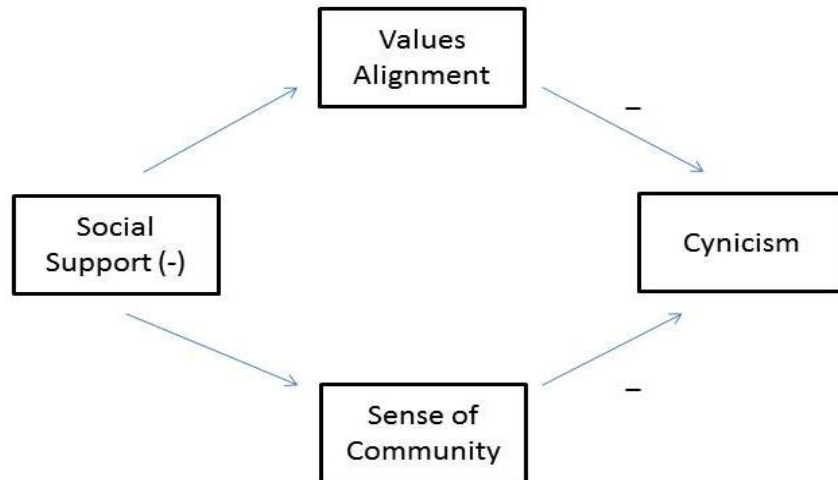


Figure 7. Conceptual model of significant predictors of cynicism.

Based on the analyses, there is support for two of the five hypotheses focusing on the relationships between areas of worklife and cynicism:

H3.g. The lower the control over work conditions, the higher the level of cynicism is rejected as, net of controls, there is no relationship between control and cynicism.

H3.h. The lower the workload manageability, the higher the level of cynicism is rejected as, net of controls, there is no relationship between workload manageability and cynicism.

H3.i. The lower the reward, the higher the level of cynicism is rejected as net of controls, no significant relationship exists between reward and cynicism.

H3.j. The lower the sense of community, the higher the level of cynicism is supported as, net of controls, there is a weak negative relationship ($\beta = -.21$) between sense of community and cynicism.

H3.k. The lower the fairness, the higher the level of cynicism is rejected as, net of controls, there is no relationship between fairness and cynicism.

H3.l. The lower the values alignment, the higher the level of cynicism is supported as net of controls, there is a moderately weak negative relationship ($\beta = -.29$) between values alignment and cynicism.

Professional Efficacy. Hypotheses H3.m. - H3.r consider the associations between the areas of worklife and professional efficacy. To test these, I first regressed professional efficacy on significant control variables: age, salary, and years in the current job (none of the control variables reflecting organizational characteristics were significant predictor of professional efficacy in this sample). As shown in Model 1 of Table 15, none of the control variables are a significant predictor of professional efficacy. The R^2 value of the model is .05 suggesting 5 percent of the variation in professional efficacy is explained in the model.

Table 15

Regressions of Professional Efficacy on Significant Control Variables and Areas of Worklife

	Model 1			Model 2		
	<i>b</i>	<i>SE B</i>	β	<i>b</i>	<i>SE B</i>	<i>B</i>
<i>Control Variables</i> ^{a,b}						
Age	.01	.01	.11	.01	.01	.14
Salary	.01	.01	.17	.01	.01	.10
Years on job	-.02	.01	-.15	-.02*	.01	-.16
<i>Areas of Worklife</i> ^c						
Control				.10	.10	.12
Workload				.05	.08	.06
Reward				.03	.10	.03
Sense of Community				.17	.13	.15
Fairness				.02	.14	.02
Values Alignment				.35**	.15	.29
Intercept		5.07**			1.09**	
<i>R</i> ²		.05			.31	
<i>F</i>		1.62			3.81**	
<i>Model Comparison</i>						
<i>R</i> ²					.26	
<i>F</i> _{6,86} = 5.27***						

One-tailed test * $p < .05$; ** $p < .01$; *** $p < .001$

^a In analyses not shown, I completed an initial series of regressions that mirrored those above but included all of the control variables operationalized in the study (NHA individual characteristics and SNF organizational characteristics, as described in Chapter Three, Methods) in the equations. For parsimony, the regressions of Professional Efficacy were run again including only those control variables that were statistically significant in any of the models run initially. The results are presented in this table.

^b No organizational characteristics were significant predictors of Professional Efficacy in this study.

In Model 2, I proceeded to add the areas of worklife to Model 1 and found years on job is statistically significant: all else equal, for every unit increase in years on job, professional efficacy decreases by -.02 units ($p < .05$, $\beta = -.16$). Value alignment also predicts professional efficacy: all else equal, for every unit increase in value alignment, professional efficacy increases by .35 units ($p < .01$, $\beta = .29$). The model is significant ($p = .0002$) with a R^2 value of .31 indicating that 31 percent of the variation in intention to turnover in current position is explained by the variables in this model. Direct comparison of Model 2 versus Model 1 shows that the

addition of the areas of worklife variables improves the model fit (p -value < 0.0001). The R^2 change statistic indicates that explained variance increases 26 percentage points.

A conceptual model depicted the results is presented in Figure 8.

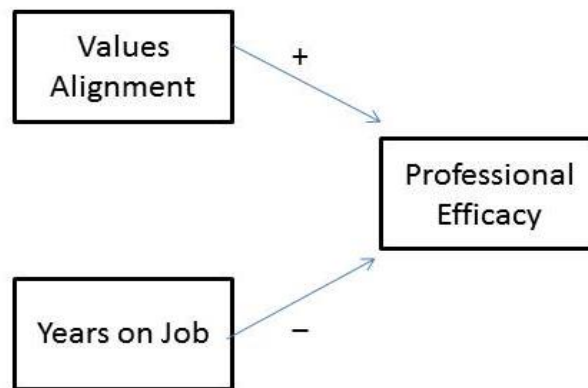


Figure 8. Conceptual model of statistically significant predictors of professional efficacy.

Based on the analyses, there is support for two of the five hypotheses focusing on the relationships between areas of worklife and professional efficacy:

H3. m. The greater the control over work conditions, the higher the professional efficacy is rejected as, net of controls, no relationship exists between control and professional efficacy in this sample.

H3. n. The greater the workload manageability, the higher the professional efficacy is rejected as, net of controls, no significant relationship exists between workload manageability and professional efficacy in this sample.

H3. o. The greater the reward, the higher the professional efficacy is rejected as, net of controls, no relationship exists between reward and professional efficacy in this sample

H2. p. The greater the sense of community, the higher the professional efficacy is rejected as, net of controls, no relationship exists between sense of community and professional efficacy in this sample.

H3. q. The greater the fairness, the higher the professional efficacy is rejected as, net of controls, no significant relationship exists between fairness and professional efficacy in this sample.

H3. r. The greater the values alignment, the higher professional efficacy is supported. A moderately weak, positive relationship exists between values alignment and professional efficacy in this sample indicated by a $\beta = .29$.

In summary, the primary focus of the research was to explore the extent to which areas of worklife (workload manageability, control over work conditions, reward, sense of community, fairness, and values alignment) and the three dimensions of burnout (exhaustion, cynicism, and professional inefficacy) (Leiter & Maslach, 2004) predict NHAs' intent to leave (a) a current NHA position and (b) the NHA profession, controlling for NHAs' sociodemographic characteristics and the organizational characteristics of the SNFs in which they work. Based on this research question, the results indicated support for the negative relationship between control and intentions to turnover current job. In terms of the dimensions of burnout, emotional exhaustion and cynicism have a moderate positive relationship with intention to turnover current job in this sample.

Examining the second dependent variable, intentions to turnover profession, there is a weak negative relationship between workload manageability and intention to turnover NHA profession. The results also support a moderate negative relationship between values alignment and intention to turnover in the NHA profession in this sample. In terms of the dimensions of

burnout, exhaustion and cynicism have a positive relationship with intention to turnover profession, however the relationship is stronger with cynicism and intention to turnover profession in this sample.

Final regression analyses of all of the statistically significant variables in models regressing intention to turnover in the current job and intentions to turnover in the profession were reported. Based on the final models, NHAs' level of education, size of the facility (number of beds), emotional exhaustion and cynicism are all statistically significant predictors of intention to turnover from current position. However, in terms of intention to turnover in the NHA profession, the predictors here are social support, facility size (number of beds), values alignment, emotional exhaustion, and cynicism.

A secondary aim of this study examined the relationships among the areas of worklife (workload overload, control over work conditions, reward, sense of community, fairness, and values alignment) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional efficacy) (Leiter & Maslach, 2004) among NHAs, controlling NHAs' individual sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work. Based on the results, there was support for several relationships. First, there was a moderate negative relationship between workload manageability and emotional exhaustion. Second, a weak negative relationship between sense of community and emotional exhaustion was reported in this sample. Third, a weak negative relationship was also reported between sense of community and cynicism in this sample. Finally, a weak negative relationship between values alignment and cynicism was reported as well as a weak, positive relationship exists between values alignment and professional efficacy in this sample.

The implications of the results presented in Chapter Five are discussed in Chapter Six, Discussion and Conclusions.

CHAPTER SIX

DISCUSSION AND CONCLUSIONS

Introduction

The primary purpose of this research study was to investigate the relationships among worklife factors, job burnout, and intentions to turnover in the current position and in the profession among Nursing Home Administrators (NHAs) in Pennsylvania. In this chapter I synthesize the findings and put them into context of previous literature, consider the limitations of the study, address a number of implications for policy and practice, offer directions for future research, and draw conclusions from the study.

Key Findings

The focus of this study was to explore factors that contribute to turnover in the field (current jobs and careers) among NHAs. The results of analyses in this study point to clear themes: First burnout is important in turnover intentions, particularly the dimensions of emotional exhaustion and cynicism. Second, NHAs' experiences of sense of community, values alignment, and workload manageability matter as they are related to dimensions of burnout. Third, few sociodemographic characteristics of the NHAs in this study and few characteristics of the facilities in which they work explain much about either turnover intentions or the dimensions of burnout. Finally, although a substantial proportion of the variations in both turnover intentions and burnout are explained by the variables in this study, primarily the areas of worklife, much of these phenomena remain unexplained and require further investigation.

Intentions to Turnover

The importance of identifying and prevention of NHA turnover is established in the literature, as reviewed Chapter 2. Examining the results of the study, there are clear connections

with components of the presented turnover models. First, as suggested by March and Simon (1958), a decision to leave an organization is impacted by "desirability and ease of movement in and out of an organization" (Bowen & Siehl, 1997, p. 57). The perceived "desirability of movement" is related to the individual "wanting" or "desiring" to leave. Generally, this "want" or "desire" is measured in terms of job satisfaction (Morrell et al., 2001; Nei, 2011). Based on the literature, according to Tellis-Nayak (2007) NHAs are generally satisfied with their work, suggesting that the desirability of the job, as defined by March and Simon (1958), is not a factor in NHA turnover intentions. However, other studies, such as Castle, Engberg, and Anderson's (2007) study of NHAs, suggests that dimensions of job satisfaction such as work demands, work skills, and rewards are significant predictors of job turnover. "Ease of movement," as defined by March and Simon (1958) is specific to available alternatives and opportunities (Hom & Griffeth, 1995, pp. 51-53) may also be a factor in NHAs intentions to turnover, particularly in their current position: As the nursing home industry contends with a shrinking pool of NHAs, more organizations are competing for a smaller number of candidates. To that end, NHAs may find increasingly more opportunities now than in the past, thus precipitating a change in employer.

Examining the study results from Porter and Steers' (1973) "met expectations model" provides additional insights into turnover intentions of NHAs. The met expectations model builds on the concept of job satisfaction by explaining turnover in terms of alignment of an individual's expectations and experiences. The met expectations model focuses on the importance of viewing an employee's withdrawal in relation to expectations. The four categories suggested by Porter and Steers' associated with the organization and employee that impact the withdrawal include "(a) organization-wide factors, (b) immediate work environment factors, (c) job-related factors, and (d) personal factors" (p. 151). The categories are analogous to

components of the areas of worklife used in this study. Specifically, organizational wide factors are equivalent to rewards; work environment factors are similar to sense of community; job related factors are similar to control and workload. Consistent with Porter and Steers' model (1973), in this study, control over work conditions and workload manageability were identified as significant predictors of turnover in NHAs, discussed further in detail below. Although sense of community was not identified as a significant predictor of turnover, it was identified as a significant predictor of emotional exhaustion and cynicism. The personal factors identified by Porter and Steers' (1973) as contributors to withdrawal were captured in this study's control variables pertaining to NHAs' individual sociodemographic characteristics, also reviewed below.

Finally, Mobley's (1977) expanded turnover model provides insight into the phenomenon, particularly with its focus on the influence of an employee's perceived value, job perceptions, and labor market perceptions in the decision process (Mobley, Griffeth, Hand, & Meglino, 1979). The model identified four primary determinants of turnover intentions and subsequently turnover: "job satisfaction, expected utility of alternate roles, expected utility of alternate roles outside the organization, and non-work values and roles" (Mobley et al., 1979, p. 493). The model suggests "intention to quit is considered to be the immediate precursor of turnover, with impulsive behavior and the time between measurement of intentions and behavior attenuating this relationship" (Mobley et al., 1979, p. 516). Similar to March and Simon's (1958) model, an employee's intention is based on available attractive alternatives, as well as perceived value in terms of his or her work aspirations. The Mobley et al. (1979) model focuses on the attractiveness of alternative roles in addition to simple availability. Mobley et al. (1979) suggest the attractiveness of the available alternative is relevant. The relevance of an attractive alternative is interesting because, although reward was not a significant predictor of turnover intentions

based on the results of this study, a theme emerged in the open-ended question data pertaining to "reward" in terms of pay and opportunity was a factor in turnover intentions. The identification of reward as a contributor to turnover intentions in this study suggests that the attractiveness of alternative jobs may well be a factor in turnover. Similarly, the importance of non-work values and roles as a contributing factor to turnover is also relevant in terms of the importance of value alignment and social support identified in this study. Again, the areas of worklife are discussed further in detail below.

Burnout. Both emotional exhaustion and cynicism are strong predictors of intentions to turnover in current position and in the NHA profession. However, cynicism is the strongest predictor of the two turnover intentions. Leiter and Maslach (2009) similarly found that cynicism was clearly the most significant predictor of turnover intentions. In this study, emotional exhaustion and cynicism seem to account for virtually all of the effects of worklife factors when it comes to turnover intentions, with the exception that, even beyond burnout, values alignment seems to be an important contributor to thinking about leaving the profession.

Areas of worklife. Only a few areas of worklife were significant predictors of turnover intentions in this study, even in models that did not control for burnout. Half of the six areas of worklife—sense of community, fairness, and reward—were not related to turnover intentions; however, that does not mean that they are unimportant. For example, sense of community is a significant predictor of both emotional exhaustion and cynicism, and both of these are predictors of turnover intentions.

Interestingly, the same areas of worklife were not related to both types of turnover. Control over work conditions was related to job turnover intentions only (not leaving the field), suggesting that some NHAs may perceive control over working conditions as related to the

specific organizational context, and perhaps there is an expectation of encountering different circumstances elsewhere in the field. Perhaps some organizations provide more autonomy than others. Control is an important aspect in achieving a sense of empowerment and ownership in one's position (Wilson, 2009). Numerous studies provide evidence that limited control and autonomy on the job result in high burnout and low job satisfaction (Barak Nissly, & Levin, 2001; Balloch, Pahl & McLean, 1998; McLean & Andrew, 2000), as well as higher turnover (Hunt, 2009; Miller, 2011). Although NHAs are in an upper management position, their level of control is limited and sometimes even in conflict with various entities, such as regulatory bodies (i.e., CMS, DOH, JCAHO) and corporate authorities (i.e., CEOs, Board Members, Regional Teams). NHAs are essentially responsible for overall operations of their facilities, yet many of the factors that influence the provision of care are beyond the NHAs' control. As indicated by Tellis-Nyak (2007) in a larger survey of 685 active nursing home administrators, lack of control was an identifiable source of frustration for NHAs and it was related to thoughts of quitting.

Values alignment was negatively related to intentions to turnover in the profession only (not current job turnover intentions) in this sample. Stated another way, if NHAs perceive that their own values are not in keeping with those of SNF organization, they have greater intentions of leaving the NHA profession. Values alignment suggests that NHAs, whose values may prioritize resident care and quality of life, may find their values ever more at odds with the bottom-line fiscal imperatives that SNFs increasingly face, regardless of ownership, due to resource limitations.

Even controlling for the dimensions of burnout, values alignment remained a predictor of intentions to turnover in the profession. Inconsistencies between organizations' officially stated values and those that are practiced are a problem for NHAs (Schaufeli et al., 2008). Conversely,

as Singh and Schwab's (2009) survey of 290 NHAs revealed, when NHAs experience their SNF employer organization living up to their expectations, it fosters commitment to the organization. Still, NHAs are often confronted with the dilemma of providing quality care while still operating a profitable organization (Abrahamson, Sutor, & Pillemer, 2009; Dupuise & Norris, 1997; Pillemer et al., 2003). When the expectations of organizations do not leave room for realizing the values behind NHAs' commitment to their work, it may increase their intentions to leave the field. For many NHAs some values are "non-negotiable;" those that they will not compromise, such as the first ethical obligation stated in the American College of HealthCare Administrators (ACHCA) Code of Ethics (n.d.): "Individuals shall hold paramount the welfare of persons for whom care is provided." As suggested in McCarthy's (2004) qualitative study of job satisfaction among 30 NHAs in Oregon, value conflicts were a reoccurring theme with NHAs who chose to leave a position when confronted with "uncomfortable ethical situations" (p. 145).

Workload manageability was another of the areas of worklife that predicted intention to turnover in the profession, prior to controlling for dimensions of burnout. Interestingly, it was not related to intentions to turnover in a current position. The findings suggest that NHAs may perceive workload as a function of their role in the industry, not as specific to their work with a particular organization. These findings would stand in contrast to Castle, Engberg and Anderson's (2007) examination of turnover among NHAs from one long term care setting to another; they concluding that workload, as a dimension of job satisfaction, significantly predicted turnover to another job in the same field. As noted in Chapter Five, a pattern related to the lack of a manageable workload was also identified in the responses to open-ended questions in this study. Typical comments from respondents in this sample speak to the lack of a manageable workload as influential in intentions to leave the NHA profession: one respondent

described her reason for a career change as, "to alleviate the amount of stress & responsibility which includes 24 hrs/day, 365 days/year, workload, legal liability." The field itself seems to be changing in ways that make it less appealing and the workload less manageable, as expressed by another respondent: "My profession was challenging in a different way 30 years ago, now the DOH [Department of Health] has become even more punitive and unrealistic. We see the behavioral health residents now which are not appropriate for the long term care I used to work in. It has just stopped being fun and rewarding."

Characteristics of NHAs and the SNF organizations. Very few sociodemographic characteristics of NHAs and the organizational characteristics of the SNF were statistically significant predictors of turnover in this study. In regard to individual level characteristics of NHAs, social support is related differently to each type of turnover intention. Social support is negatively related to intention to turnover in current position, when unadjusted for areas of worklife. However, it is positively associated with intentions to turnover in the profession after controlling for the dimensions of burnout. It seems that social support may serve as a buffer in terms of ameliorating the factors that contribute to intentions to leave a current position. The effect of social support on job turnover intent is mediated by areas of worklife, perhaps especially control over work conditions since that is the only area of worklife that is a significant predictor of intention to turnover in the current position. A theme among responses to the open-ended questions regarding intention to turnover in the current position was lack of support from management; this may correspond with a sense of little autonomy.

For NHAs considering leaving the profession, regardless of their level of burnout, it seems that greater social support serves as a resource, perhaps a source of empowerment or a social safety net to take the risk of make a change in career, increasing intentions to pursue a

different direction outside of the nursing home industry. The salience of social support in this study of turnover is not surprising. Ibarra (2003) suggests that all career reinventions require social support networks as both impetus for change and providing a secure base. Through the frame of naturalistic inquiry, Ebaugh (1988) extensively examined "role exit" by conducting 185 semi-structured interviews of individuals from various vocations. Ebaugh (1988) suggests as individuals seek to role exit a position, they progress through distinct stages "(a) doubting, (b) seeking and weighing alternatives, (c) negotiating turning points, and (d) post-exit adjustment" (p. 34). Ebaugh (1988) examined the impact of social support in this process through the lens of Goffman's (1959) dramaturgical approach. Ebaugh (1988) suggests that individuals often cue others about their self-identity issues and associated intentions, and their course of future action is influenced heavily by the feedback received from others about the prospective change. If the individual receives positive feedback, it can confirm feelings of dissatisfaction in the current role and influencing perceptions of future events. If the individual receives negative feedback, the individual may reassess her position from a more positive perspective. Regardless of the type of feedback, Ebaugh (1988) concluded that social support is instrumental in clarifying the costs of the current situation for an individual considering a significant role change versus the potential rewards of available alternatives. Furthermore, individuals with adequate social support are more likely to make a change than individuals who lack such social support resources (Ebaugh, 1988). In the case of on NHAs who are contemplating leaving the profession, social support may be an instrumental resource for this significant change.

Education was another NHA sociodemographic characteristic that emerged as a predictor of intention to turnover in current position only (not leaving the profession) and only after controlling dimensions of burnout. In this sample, NHAs with a graduate degree have greater

intentions of leaving their current job, regardless of their level of burnout, than NHAs with less than graduate education. The finding is consistent with Knudsen, Ducharme and Roman's (2009) study of leaders of addiction treatment organizations in which they found that leaders who hold a master's degree or higher level of educational attainment have significantly higher turnover intentions. Although the researchers do not offer an explanation, perhaps professionals with graduate degrees and other advanced qualifications have more employment options or view themselves as more marketable for other positions. Consistent with March and Simon's (1958) turnover model, education could be perceived as a mechanism which fosters ease of movement, opening doors in terms of alternatives and opportunities in the field. However, other studies, such as Singh and Schwab's (2000) study of NHAs, did not find a relationship between education and turnover.

Interestingly, many of the individual NHA sociodemographic characteristics were not related to turnover intentions in this study: gender, age, years as an NHA, years at current job, and salary were not predictors of intent to leave the job or the field in this sample. In terms of gender, there are few studies examining turnover intentions at the management level (e.g. Strohl et al., 1996; Lyness & Judiesch, 2001), and those that exist have produced inconsistent findings. Therefore, the findings that gender was not a statistically contributing factor to turnover intentions was not surprising. Although age was not a significant predictor of turnover, the average age of the NHA in this study was 51 years old which likely contributes to the trend toward retirement among the majority of NHAs who intend to leave their current position and intend to leave the profession. This pattern is in keeping with those noted in the literature, pointing to the verge of a crisis in the field as it may soon face a critical shortage of nursing

home administrators (Hutlock, 2003; McCarthy, 2005; Murphy, 2004; Peck, 2000; Pratt, 2002; Riter 1995; Singh & Schwab, 1998; Stoil, 2002; Tellis-Nayak, 2007; Wilson, 2009).

In regard to years as an NHA, the average respondent in this sample had been an NHA for 13.77 years and has served 7 years at the current position. According to Singh and Schwab (2000), it is during the first three years that an NHA is most susceptible to turnover. In this sample, then, the majority of NHAs have successfully surpassed the three year point.

Considering that the average salary among NHAs in this sample was \$97,660, it is not surprising that salary was unrelated to turnover intentions. However, based on themes in the qualitative data from responses to open-ended questions, pay and opportunities are considered by NHAs who are thinking about leaving. It may be that, although the pay reflects the professional status of NHAs, the pay is not commensurate with the unrelenting responsibilities of the work and even decent pay cannot bridge the gap. This is an area worthy of further exploration since the relationship between compensation and turnover are unclear.

Among characteristics of the SNF organizations, only facility size predicted both types of turnover, and only after burnout was controlled. In this study, larger facility size, as indicated by more beds, was associated with greater intentions among NHAs to leave their current job and the profession, regardless of level of burnout. This finding is in keeping with other studies, such as Castle and Engberg's (2006) six-state study of organizational characteristics of nursing homes associated with turnover among nursing staff (nursing assistants, licensed practical nurses, registered nurses) in which they found that larger facilities reported higher turnover. It may be that complexity increases with facility size and impacts turnover intentions in ways not captured by the areas of worklife or dimensions of burnout.

Two other SNF organizational characteristics that emerged as predictors of turnover intentions, before accounting for areas of worklife and burnout, were rural location, for intention to turnover in current position, and deficiencies in most recent inspection/survey for intention to turnover in the profession. In this sample, NHAs in rural facilities had greater intentions of leaving their current job, though not after accounting for worklife factors, especially control over work conditions—the only significant area of worklife for this type of turnover intention. This result is unexpected as one might think that NHAs in rural areas would have fewer opportunities to move to an alternative NHA position than their suburban or urban counterparts, as Decker et al. (2003) found was the case among rural SNF caregivers. The results suggest that, perhaps due to the high demand of NHAs associated with an executive capacity, they are actively recruited and compensated to relocate. Consistent with March and Simon's (1958) turnover model, availability and ease of movement, prompts turnover intentions. Alternatively, it is not uncommon for NHAs within a chain organization to change facilities based on job skills and associated needs of the facility and organizational as a whole (Castle & Shugarman, 2005). Additional exploration in this area is needed in future research.

NHAs at facilities with more deficiency citations at their most recent survey (inspection) also had greater intentions of leaving the profession, though this relationship, too, is accounted for by worklife factors. The literature reflects a consistent pattern concerning the relationship between deficiencies and turnover intentions. Castle's (2008) study of staff turnover of RNs, LPNs and NAs found high RN turnover was associated with high facility deficiency citations; Singh, Amidon, and Samuels (1996) reported a relationship between deficiency citations and NHA turnover. Castle & Engberg (2006) reported NHAs in SNFs with a higher number of deficiencies had a higher likelihood of turnover. Castle and Engberg (2006) suggest the strong

relationship between deficiencies and turnover may be a result of NHAs leaving facilities with poor quality care. Another possible explanation, a poor survey result (indicated by number of deficiencies), NHAs may be held responsible for and may subsequently feel pressured to leave, if not directly asked to leave (Castle & Engberg, 2006). As noted in Chapter Two, Review of the Literature, it is not uncommon for larger chain affiliated organizations to have a "turnaround specialist" who is a leader skilled in addressing the needs of poorer performance facilities (Castle & Shugarman, 2005).

Considering that studies noted above also find that NHA turnover adversely impacts the quality of care, one might reasonably predict that facilities with regulatory issues (evident by deficiency citations), may exhibit high turnover rates, and high turnover rates are associated with poor quality care, thus creating a cycle that perpetuates itself.

Other organizational characteristics such as ownership type (nonprofit, for profit, county), chain membership, and proportion Medicaid population were not significant predictors of turnover intentions. That the differences about organizations did not result in different outcomes may reflect similarities in unmeasured organizational characteristics and dynamics that may reflect institutional isomorphism. According to DiMaggio and Powell (1983), institutional isomorphism is "a constraining process that forces one unit in a population to resemble other units that face the same set of environmental conditions" (p. 149). DiMaggio and Powell (1983) classify three mechanisms of institutional isomorphism: (a) coercive isomorphism focused on political pressures and influence; (b) mimetic isomorphism producing standard responses to environmental uncertainties; and (c) normative isomorphism related to professional practice and professionalism. There are several examples of these principles in practice in the skilled nursing facility. For example, coercive isomorphism is evident in terms of the same rules and regulations

that are applied to nonprofits, for-profits and publicly owned (county and state) organizations. Mimetic isomorphism is apparent in the industry's use of benchmarking where organizations identify other organizations' best practices and strive to achieve similar standards and results. Finally, normative isomorphism is practiced across nonprofits, for profits, and public facilities as the professionals who work within the facilities ostensibly are guided by the same professional standards and/or licenses (Worth, 2009).

How are the Areas of Worklife Related to Dimensions of Burnout Among NHAs?

The second focal area of this study explored the relationships among the areas of worklife (workload overload, control over work conditions, reward, sense of community, fairness, and values alignment) and the three dimensions of burnout (emotional exhaustion, cynicism, and professional inefficacy) (Leiter & Maslach, 2004) among NHAs, controlling NHA sociodemographic characteristics and the organizational characteristics of the skilled nursing facilities (SNFs) in which they work. In this sample, remarkably few areas of worklife were related to the dimensions of burnout when the latter were treated as dependent variables. Sense of community was negatively associated with emotional exhaustion, and workload manageability was positively associated with it. Workload manageability was more strongly related to emotional exhaustion ($\beta = -.50$) than any other area of worklife predictor of burnout. Sense of community and values alignment were negatively related to cynicism. Values alignment was a predictor of professional efficacy.

The finding in this study that sense of community is associated with lower levels of burnout is consistent with the literature. Pretty, McCarthy, and Catano's (1992) study of telecommunication employees found that a greater sense of community in the workplace is associated with reduced feelings of emotional exhaustion and cynicism. Specific to healthcare,

Tellis-Nayak (2007) reported that NHAs find satisfaction in the relationships they build within the nursing home community, including those with staff, residents, their families, and the NHAs generally make a difference in these lives. It is this community of individuals that provides support and strength to NHAs and facilitates their effectiveness as administrators. If NHAs do not have a supportive community, it may, as noted by Wilson (2009), "breed contempt for the job and lead to burnout" (p. 101).

Research suggests that social support and sense of community are closely related. Other studies that show these factors together reduce the impact of stressors (Cowmen, Ferrari, & Liao-Troth, 2004). Halbesleben (2006), however, reported that, when it comes to burnout, different types of social support (work versus non-work) may play different roles. Work-related support was more closely (negatively) related to emotional exhaustion while non-work related social support was more closely (negatively) associated to depersonalization. This study did not specify the type of social support (workplace related or not workplace related), but based on the qualitative analysis of responses to the open-ended questions regarding intentions to leave the current position, respondents expressed lack of support from upper management as an important contributing factor. Examining these comments in the context of burnout, as suggested by Conservation of Resources (COR) model of burnout (Halbesleben, 2006), different sources of social support are differentially effective in reducing burnout. According to Halbesleben (2006), lack of work related support increases emotional exhaustion, therefore, one could assume, the NHAs identification of absence of upper management support is a contributing factor to emotional exhaustion. Additional exploration in terms of the source of support and dimension of burnout are warranted.

Values alignment, like sense of community, was related to two of the dimensions of burnout (negatively to cynicism, positively to professional efficacy) in this sample of NHAs. Similar findings were reported by Leiter, Frank, and Matheson (2009) in a study of 8,100 Canadian physicians that found values alignment was the key predictor of professional efficacy for both men and women. NHAs may identify with their work in such a way that they are internalizing their values in regard to the goodness and associated importance of their work. This phenomenon is described by Kanungo (1982) as job involvement, which suggest an employee's ego involvement with work is essentially a part of one's self image and subsequently impacts job performance.

It seems intuitive that workload manageability would be associated with emotional exhaustion, and this relationship is consistently and extensively documented in the literature (e.g., Maslach & Leiter, 2008; Maslach et al., 2001; Timms et al., 2007, Wilson, 2009). It is important to appreciate that this variable captures not simply the amount of workload, but also the extent to which there is no relief from it.

Limitations

This study employed a convenience sample and achieved a relatively low response rate. As such, results should be interpreted with care as they may not be representative of Pennsylvania NHAs or NHAs more generally.

The study is also limited due to a relatively small sample size. The sample size of 98 may be a contributing factor to the lack of statistically significant relationships. Generally, a larger sample is more likely to produce a representative distribution of the population (Babbie, 1990).

The use of a cross-sectional research design is also a potential limitation. Cross sectional research essentially provides the researcher with a snapshot in time of the phenomena being examined (Monette, Sullivan & De Jong, 2011). Researchers can examine a series of cross sectional studies to provide insight into the development of the phenomena over time. A weakness, however, is the researcher is not actually observing the development of the phenomena and it is difficult to determine what other aspects contributed to the development of the phenomena (Monette, Sullivan, & DeJong, 2011).

The use of self-report measures is also a limitation of the study. The use of self-report measures is highly debated (Kessler, 1987). One concern is response bias. Often, in organizational research respondents will respond in a way that projects a positive image, often "under-reporting" behaviors that may be perceived as inappropriate. Therefore, in this population, NHAs may perceive burnout as a weakness in their leadership capabilities or styles and fail to report or under-report. This source of response bias is deemed the social desirability effect (Monette, Sullivan, & De Jong, 2011). Self-report bias may also be present if employees perceive there is a remote chance that their employer will gain knowledge of their responses (Donaldson & Grant-Vallone, 2002). Although confidentiality and anonymity of responses were ensured, respondents may not have felt fully assured of this because each respondent was invited individually via an email message sent to them individually from a membership association.

Another form of response bias is response bias anxiety. Respondents may experience anxiety related to the repeated responses required and may subsequently change their responses to compensate for the anxiety (Monette, Sullivan, & De Jong, 2011).

Another limitation associated with bias is the concern that NHAs who are experiencing burnout already may not be adequately represented in the sample because they may be

experiencing levels of emotional exhaustion and/or cynicism to the extent that they opt not to complete the survey because to do so is simply one more burden or not seen as worthwhile.

Practice Implications

This research study focused on nursing home administrators and the factors that may lead to their intention to leave a facility and, possibly, their profession. NHA turnover has major implications for quality of care of residents, as explained earlier, and therefore identifying opportunities for interventions to enhance retention mean opportunities to enhance quality of care. In this study, burnout accounts for half of NHAs' intentions to turnover in their job or career, and a substantial proportion of burnout (30 to 40%) is attributable to the disconnect between NHAs' values and those of the organizations for which they work, a lack of a sense of community in the workplace, and feeling overloaded with work. Thus, evidence from this study, which is largely consistent with the findings of previous research, suggests three intervention targets (a) increasing values alignment between NHAs and their employer organizations, (b) building a greater sense of community for NHAs, and (c) finding ways to reduce the overwhelming workload burden that NHAs typically face.

Increasing values alignment

The NHA is the key leader of the facility and representative of the organization. As a representative of the organization, the NHA is expected to support and represent the organizations values. Values are at the keystone of a leaders' effectiveness, meaning a leaders effectiveness begins with and is ultimately sustained by, his or her value system (Dye, 2010). According to Schneider (1987), leaders seek organizations that share similar values, giving life and subsequent meaning to their values. This sentiment, echoed by NHAs in this study, is

captured by a comment typical of those with this theme who are seeking "a company who shares my concerns for quality of care and loyalty to good employees."

Values as, defined by Singh (2010), "constitute principles and ideologies 'held sacred' by an organization" (p. 408). Organizational values provide the moral foundation for the organization and are often operationalized with the organization's mission and vision. Values should be clearly defined and communicated to all stakeholders. Values should be integrated into decision making as they influencing an organization's culture (Singh, 2010). Administrators of SNFs, alongside corporate officers, are often charged with establishing values specific to the delivery of LTC services in an organization (Singh, 2010). It is when there is a disconnect between the stated organization values and the actions of the organization that conflict arises for NHAs, producing dissatisfaction and, ultimately turnover (Singh & Schwab, 1998). Because NHA turnover and the quality of care delivered are linked, interventions should be aimed at aligning organizational and NHAs values.

Fernandez and Hogan (2002) reported "the most effective CEOs were those whose values were most like those of the firm, rather than those who had the greatest knowledge of the firm's industry" (p. 26). As SNF organizations may differ in their values by ownership (nonprofit, for-profit, county/state), it is important that both the organization and the potential applicant seek to determine congruency of values (Singh & Schwab, 2010). This may be explained by person-organization (P-O) fit (Kristof, 1996) which refers to "the compatibility between people and organizations that occur when a) at least one entity provides what the other needs, or b) they share similar fundamental characteristics, or c) both" (p.4-5). A link between P-O, values, and turnover is explained through Schneider's (1987) attraction-selection-attrition (ASA) theory (Nei, 2011). ASA employees whose value set is inconsistent with those of the organization are more

likely to seek employment elsewhere. For example, using the P-O fit model to as a framework Arthur, Bell, Villado, and Doverspike (2006) examination the criterion related validity of the P-O fit model in employment decision making concluding that value-based P-O was the strongest predictor of turnover.

Based on the findings of this study and the literature, two recruitment and retention practices are recommended: First, nursing homes need to evaluate the messages or signals being sent to prospective NHAs. Studies indicate it is as the early recruitment stage that an employee's expectations are formed (Saks & Ashforth, 1997). If, post-hire, these expectations are not realized, employees may become disillusioned. Feelings of frustration can emerge and an employee can become increasingly dissatisfied with the position, leading to stress, burnout and, eventually, turnover (Robinson & Rousseau, 1994). One approach to achieving this goal may be employing the "realistic job preview" (RJP) which research shows is an effective approach to reducing turnover and improving organizational commitment (Masternak, 2004). RJPs encompass a variety of methods, including interaction with all relevant stakeholders, such as front-line staff, supervisors, and consumers, to give a prospective employee an accurate picture of both the positive and negative aspects of the position. Two particular RJP approaches might be especially well suited for prospective NHAs: (a) meeting with current employees, workers, families, consumers, and (b) a "Group RJP" session with a collection of current employees, families, and consumers, to permit the applicant to hear about the expectations of the person in the position as well as the potential obstacles to meeting them. The RJP group sessions invite potential applicants to go through a series of short informative sessions (5-10 minutes each) where various groups of the organization present information regarding the position and associated culture of the organization. After each session, there is a short break where potential

applicants can decide whether or not they would like to proceed with the process (Masternak, 2004). The goal of RJP, regardless of the method selected, would be instituting a practice in recruiting and hiring NHAs in a way that presents them with a realistic view of the position and associated expectations. To be successful in achieving that end, organization must make applicants aware of the purpose of the process (O'Neill, Hewitt, & Sauer, 2001). Studies suggest that applicants who maintain interest in a position after an RJP typically will share similar values, beliefs, and goals as those embraced in the organization (Dineen, Ash, & Noe, 2002). Such a practice might strengthen the values alignment between NHAs and their organizations.

In addition to the recruitment process, studies (i.e., Bauer, Morrison, & Callister, 1998; Buckley, Fedor, Veres, Wiese, & Carrahe, 1998; Cable & Parsons, 2001) suggest that organizations should focus on the socialization process, which typically occurs during the initial 12-18 months of employment. It is during this period that an employee is socialized both formally and informally to the values and meanings of the organization (Bauer, Morrison, & Callister, 1998). Studies further suggest that it is during this period when, if an employee's expectations are not met as assessed pre-hire, that the majority of turnover occurs (Cable & Parsons, 2001). Cable and Parsons (2001) also report that it is during this socialization phase that organizations can increase an employee's fit with the organization by exposing them to techniques such as strong social networking within the organization. Other studies suggest lowering employees' expectations during the socialization phase, by reframing their expectations is an effective approach to reducing turnover (Buckley, Fedor, Veres, Wiese, & Carrahe, 1998). Therefore, establishing a formal socialization program, one that communicates the organization's values and associated expectations of their leadership, is a vital step in aligning values and reducing turnover among NHAs.

Greater sense of community for NHAs

Establishing a greater sense of community for NHAs is essential to reducing burnout and turnover intentions. According to Castle and Shugarman's (2005) survey of the top management team of 406 nursing homes, NHAs average annual turnover rate of 43 percent. The significant predictors of turnover in the study were tenure and professional association of membership suggesting establishing a professional connection reduces turnover. Castle, Engberg, and Anderson (2007) report that 91 percent of the NHAs they surveyed in Pennsylvania and New York are members of a professional association. The high percentage of membership suggest an opportunity exists to further establish a sense of community within this population as high levels of involvement in a professional membership association "may help develop norms and language shared among members" (Castle & Shugarman, 2005, p. 409). Members may participate in various educational workshops, chapter meetings, and webinars. It is through these interactions that they develop shared common languages and associated interpretations (Castle & Shugarman, 2005), and through such shared activities are opportunities to further develop a sense of community. Previous research suggests that organizations might consider NHAs' level of involvement in professional associations, and they should encourage and support NHAs in making connections with peers (Castle & Shugarman, 2005). To that end, organizations could foster these relationships by funding memberships in professional organizations for NHAs in their employ. Equally important is that organizations commit to providing NHAs with time to participate in professional association activities. Further, professional associations might facilitate greater sense of community by building on existing communication modalities, such as listservs, to available social media to establish communities and social groups.

In another direction, organizations outside of healthcare have developed the idea of establishing a sense of community and support through the development of "CEO peer advisory groups" (Durkin, 2012). CEO peer advisory groups are based on the notion that there is never a shortage of people who are interested in providing their opinion to the CEO, nor is a CEO going to be able to please everyone all of the time. CEO peer advisory groups seek to provide objective insight into difficult decisions from other organization leaders. CEO peer advisory groups claim the following benefits, establishing objectivity, trust, a forum to share challenges, reduced isolation and improved work/life balance (Durkin, 2012).

Reduce workload burden

Lowering the burden of the workload may mean changing regulations, either by reducing the unintended burdensome consequences of well-meaning measures to enhance care or protect residents, or increasing mandatory personnel to assist NHAs with their far-ranging responsibilities, or seeking yet other changes in long term care that make it possible for NHAs to carry out their work without burning out and leaving the job. A comment that was typical among qualitative responses concerning the theme of overwhelming workload in the NHA position was that it is "a very difficult job[, it is] unrealistic that we are responsible for every hour and every aspect..." and that when it comes to residents with "[h]igher acuity--PA has not maintained adequate staffing requirements." These sentiments speak to the need for change, perhaps by extending advocacy efforts to include families, local, and state representatives, and most importantly residents.

Breaking the cycle of work overload, emotional exhaustion, turnover, and lower quality of care for residents may require NHAs to take on a new leadership role, that of advocate. For many NHAs, advocate may be an uncomfortable role since it is not one that NHAs prepare for in

terms of education and experience. However, as health care leaders, NHAs have the potential bring their expertise, their commitment, and their concern for the resident to the forefront of public policy. To begin to influence change, McClaughlin and McClaughlin (2008) recommend starting locally. For example, advocacy efforts can take many forms including "voting, writing letters to legislators, meeting with key officials, drafting or helping to pass laws or policies or even (Thompson, Kerr, Dowling, &Wagner, 2011, p. 269). These techniques are often referred to as direct techniques. Other techniques are indirect including "talking with people in the media, issuing press releases, running advertisements and inspiring letter writing/telephone/email campaigns" (Miller & Rudder, 2013, p. 629). The use of multiple lobbying techniques has proven effective focusing on different levels of both local and state government (Nownes & DeAlejandro, 2009; Preister et al., 2006). An example of the impact advocacy groups can have on policy is provided in New York and Minnesota where resident advocates were influential in affecting Medicaid reimbursement policy using multiple techniques (Miller & Rudder, 2013

As noted by McClaughlin and McClaughlin (2008) in regard to involvement in policy and decision making, "health care professionals now need to undertake new leadership roles or else their status will be further undermined by those actively seeking a greater share of the pie" (p. 389). It is by taking action, by having a voice, that we will change our fate.

Burnout interventions

As noted in Chapter Three, there is little agreement among scholars about how burnout develops. Some studies point to sequential processes that leads from emotional exhaustion to cynicism (Maslach et al. 2001; Taris et al., 2005) while other studies suggest the dimensions develop concurrently. Interventions aimed at prevention and alleviation of burnout typically are divided into two categories (a) individual interventions and (b) organizational interventions.

Individual interventions. Individual strategies are grounded in clinical or health psychology (2008). They typically include a variety of strategies aimed at increasing an employee's level of awareness or seek to "reduce the high level of (negative) arousal that characterizes stress in general" (Halbesleben, 2008, p. 202). Awareness generating activities include such techniques as self-assessment of burnout symptoms or self-monitoring of symptoms of stress. Techniques used to reduce negative arousal include relaxation techniques, physical activity programming and cognitive behavioral techniques (ie. stress inoculation training, cognitive restructuring) (Halbesleben, 2008). Schaufeli and Buunk (2003) suggest the cognitive behavioral techniques are particularly effective as burnout is often associated "wrong cognitions" such as unrealistic expectations. Several studies have provided empirical evidence supporting these individual techniques (Corcoran & Bryce, 1983; Freedy & Hobfoll, 1994; Meichenbaum, 1985; West, Horan & Games, 1984).

In connection with the individual approaches, several studies also demonstrate support for "burnout workshops" where several of the above mentioned approaches are blended into a workshop format. Typically at the foundation of these workshops are two primary goals (a) increase employees awareness of work related issues and (b) enhance the employee's coping toolbox (Halbesleben, 2008). Again, significant evidence suggests these programs are effective (Schaufeli, 1995; Enzmann et al., 1992; Van Dierendonck, Schaufeli, & Buunk, 1996). The interventions are effective primarily in reducing emotional exhaustion, which is often considered the core dimension of burnout.

Organizational Interventions. A variety of interventions focuses on the environment and associated development of burnout. There is some evidence that Organizational Development (OD) programs in nursing homes can be effective at reducing burnout. OD

involves a structured intervention designed to improve internal operations of an organization. This concept was applied by Golembiewski and Rountree's (1991) study of five nursing homes where various leadership teams received intensive two and one-half day training on team building skills. A year later, the teams that received the training had significantly lower levels of burnout than teams that did not receive the training.

The available options or interventions aimed at reducing burnout, while effective are difficult to assess as every individual and every organization is unique with their own stressors and triggers. Perhaps as suggested by Halbesleben (2008) the answer is not in the form of a universal pre-stamped solution, but rather in helping individuals and organizations unearth the specific causes of turnover and related solutions. Halbesleben (2008) suggests implementing participatory action research. With an action approach, participants (employees) are the part of the change process, working hand-in-hand with the researcher. Initial findings from a study of oncology care providers utilizing an action research approach to reduce burnout is promising; participants experienced lower levels of emotional exhaustion and cynicism (Halbesleben, 2008).

Policy Implications

There are several suggestions policy makers and organizations may develop to prevent or reduce burnout among NHAs and, ultimately, improve quality of care for residents of the SNFs they lead. Policymakers and professional associations have done an excellent job recognizing the impact of caregiver turnover on quality of care, enacting several initiatives to address the issue. For example, the American Healthcare Association (AHCA) (n.d.) launched the Quality Initiative which includes a goal related to reducing staff turnover by 15% by 2015. The goal targets RNs, LPNS, and CNAs. However, an integral component in the nursing home quality equation is missing in this initiative, reducing NHA turnover. On the organizational level this

may involve training programs and/or recognition programs, different ways of allocating resources or control over procedures. Specific to informing policy, the results of this study may inform the reevaluation of NHA licensure requirements, including a reexamination of the required domains of knowledge to practice as a licensed nursing home administrator to perhaps include a component on coping and preventing burnout. In light of the projected shortage of NHAs and anticipated demand of services, it is essential that there is recognition of NHA turnover as a problem and action to address it. A task force on a national and/or state level might be formed to take on the issue and further explore causes, consequences, and actions necessary to remedy turnover and, ultimately, the quality of care for nursing home residents.

Directions for Future Research

Understanding the antecedents of turnover among NHAs requires additional survey research to explore the impact of social support, sense of community, and values alignment to further clarify the effects of these factors on job leaving. Maslach's multidimensional model of burnout did not distinguish between social support and sense of community, yet studies (e.g., Halbesleben, 2006) suggest differences in type of social support exist. As a lack of social support from management was a theme among respondents in this study who were considering leaving their job or the profession, this type of social support for NHAs appears to be important and should be explored further.

The importance of values also was evident in this study. However, because this research did not explore specific values or value conflicts, it is not clear what values may be key to NHAs sense of congruence with those of their organization, or which organizational and environmental imperatives create a sense of conflict in values for NHAs. A more nuanced understanding of NHA values and how they relate to those of the SNF organizations, and how the degree of

alignment relates to burnout and turnover is needed to better target innovations in policy and practice.

Exploration of burnout and turnover using other research designs may provide additional insight into the issue. For example, a longitudinal study could provide valuable insight into the development of burnout as it unfolds, identifying specific antecedents to each of the dimensions of burnout, and capturing sequences in the temporal order in which they occur. Additionally, a longitudinal study would provide insight into the effectiveness of any implemented interventions intended to prevent or reduce burnout (Maslach et al., 2001).

Due to the complexity of the NHA role, a qualitative study examining emerging themes would provide in depth analysis of the experiences of NHAs. A valuable source of information regarding turnover would be NHAs who intentionally chose to inactivate their license. Currently this information is not available in Pennsylvania as the state only tracks only active licensees. However, a study exploring the factors that contribute to NHAs' decision to inactivate their license, or allow it to lapse, would prove valuable because these individuals could tell more about why they are departing from the profession.

Additional research regarding the preparation of NHAs and associated qualifications also should be considered in the future. Given that qualifications for NHA licensure vary significantly by state, comparing NHAs across states on burnout and turnover in relation to the requirements would provide information as to whether the regulatory environment plays a role in the level of burnout NHAs experience. For example, do NHA in states that require higher levels of education and experience have lower levels of burnout and subsequently lower levels of turnover? Perhaps there are trends that would point to intervention approaches in education and experience that are effective in reducing burnout and turnover.

Conclusions

NHAs operate in a complex and demanding environment with little relief from the daily pressures inherent in the position. Most NHAs bring a genuine passion for caring for the elderly to their work and find their work rewarding and of value. They are conflicted when they are faced with the financial constraints imposed by organizations, which ultimately impacts resident care. To compensate for these constraints, NHAs are often faced with doing more with less, resulting in heavy workloads. The NHAs in this study reported significant levels of emotional exhaustion and cynicism, the impact was clear—greater intention to leave their current position and the profession. NHAs' experiences of sense of community, values alignment, and the manageability of workload are important factors in predicting burnout, which predicts turnover intentions (which predicts turnover). Although the study explains a considerable proportion of antecedents to burnout and turnover intentions, there is a great deal left unexplained requiring further research.

Knowing that NHA turnover adversely impacts the quality of care delivered to our frail elderly population (Angelelli, 2001; Castle, 2001; Christensen & Beaver, 1996; Rubin & Shuttlesworth, 1986, Singh & Schwab, 1998), do we not have an ethical responsibility to intervene, to act to reduce NHA turnover? For corporate leaders, action may take the form of initiating a conversation. For NHAs it may entail advocating for change and for policy reform. For consumers, residents, and families, action may require getting involved in new ways. Working to enhance the retention of leaders in long term care, thereby strengthening quality of care, may require different things of different categories of people but, above all, it is taking action--having a voice, being a force for change.

References

- Abrahamson, K., Sutor, J. J., & Pillemer, K. (2009). Conflict between nursing home staff and residents' families: Does it increase burnout? *Journal of Aging in Health, 21*, 895-912.
doi:10.1177/0898264309240695
- AbuAlRub, R. F. (2004). Job stress, job performance, and social support among hospital nurses. *Journal of Nursing Scholarship, 36*(1),73-8.
- Ahuja, M. K., McKnight, D. H., Cudoba, K. M., & George, J. F. (2007). IT warriors: Balancing work-family conflict, job autonomy, and work overload to mitigate turnover intentions. *MIS Quarterly, 31*, 1-17.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association, 288*(16), 1987–1993.
- Akroyd, D., & Adams, R. (2000). Cost of caring: A national study of burnout in radiation therapists. *Radiation Therapy, 9*, 123-130.
- Alexih, L. (2006). *Nursing home use by the “oldest old” sharply declines*. The Lewin Group.
Retrieved from <http://www.lewin.com/publications/publication/121/>
- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting human behavior*, Englewood, NJ: Prentice Hall.
- Alliance for Quality Nursing Care. (2009). *Long term care-Quality*. Retrieved from http://www.ahcancal.org/research_data/quality/Pages/default.aspx
- Allen, D. G., & Griffeth, R. (2001). Test of a mediated performance-turnover relationship highlighting the moderating roles of visibility and reward contingency. *Journal of Applied Psychology, 86*, 1014-1022.

- American Healthcare Association. (2012). *Trends and statistics*. Retrieved from http://www.ahcancal.org/research_data/trends_statistics/Pages/default.aspx
- American Health Care Association (AHCA). (2011). *Trends in nursing facilities characteristics*. Retrieved from [http://www.ahcancal.org/research_data/trends_statistics/Documents / trends_nursing_facilities_characteristics_Jun2011.pdf](http://www.ahcancal.org/research_data/trends_statistics/Documents/trends_nursing_facilities_characteristics_Jun2011.pdf)
- American Health Care Association. (AHCA). (n.d). *Quality initiative*. Retrieved from http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx
- Anderson, M. B. G., & Iwanicki, E. F. (1984). Teacher motivation and its relationship to burnout. *Administration Quarterly*, 20, 109-132.
- Andrucci-Armstrong, G. L. (2001). *A longitudinal study examining the stability of occupational stressors identified by nursing home administrators*. (Doctoral dissertation). ProQuest Dissertations and Theses database (UMI No. 3042676).
- Angelelli, J., Gifford, D., Shah, A., & Mor, V. (2001). External threats and nursing home administrator turnover. *Health Care Management Review*, 26(3), 52-62.
- Angerer, J. (2003). Job burnout. *Journal of Employment Counseling*, 40(3), 98-107. Retrieved from <http://www.employmentcounseling.org/Journal-of-Employment-Counseling.aspx>
- American College of Healthcare Executives. (2012). *Hospital CEO turnover rate holds steady*. Retrieved from <http://www.ache.org/Pubs/Releases/2012/hospital-ceo-turnover-rate.cfm>
- Arnold, H. J., & Feldman, D. C. (1982). A multivariate analysis of the determinants of job turnover. *Journal of Applied Psychology*, 67, 350-360.
- Arthur, W., Bell, S., Villado, A., & Doverspike, A. D. (2006). The use of person-organization fit in employment decision making: An assessment of its criterion-related validity. *Journal of Applied Psychology*, 91(4), 786-801.

- Bakker, A. B., Demerouti, E., & Scahufeli, W. B. (2003). The socially induced burnout model. In S. P. Shokov (Ed.), *Advances in psychology research*, (vol. 25, pp. 13-30). New York, NY: Nova Science.
- Bakker, A. B., Demerouti, E., & Verbeke, W. (2004). Using the job demands-resources model to predict burnout and performance. *Human Resource Management*, 43, 83-104.
- Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2002). Validation of the Maslach Burnout Inventory-General Survey: An internet study. *Anxiety, Stress and Coping*, 15(3), 245-260.
- Bakker, A. B., Killmer, C. H., Siegrist, J., & Schaufeli, W. B. (2000). Effort-reward imbalance and burnout among nurses. *Journal of Advanced Nursing*, 31(4), 884-891.
doi:10.1046/j.1365-2648.2000.01361.
- Babbie, E. (1990). *Survey research methods*. Belmont, Ca: Wadsworth/Thompson.
- Bakker, A. B., Schaufeli, W. B., Sixma, H. J., & Bosveld, W. (2001). Burnout contagion among general practitioners. *Journal of Social and Clinical Psychology*, 20, 82-98.
- Balloch, S., Pahl, J., & McLean, J. (1998). Working in the social services: Job satisfaction, stress and violence. *British Journal of Social Work*, 28(3), 329-350.
- Banaszak-Holl, J., Berta, W., Bowman, D., Baum, J. A. C., & Mitchell, W. (2001). Causes and consequences of chain acquisitions: Health performance and operating strategy of U.S. nursing homes, 1991–1997. *Managerial and Decision Economics*, 23, 261-282.
- Banaszak-Holl J, & Hines M. A. (1996). Factors associated with nursing home staff turnover. *Gerontologist*, 36(4), 512-517.
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 44(9), 1175-1184.

- Barak, M., Nissly, J., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and metanalysis. *Social Service Review, 75*, 625-661.
- Baruch-Feldman, C., Brondolo, E., Ben-Dayana, D., & Schwarz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology, 7*, 84-93.
- Barlow, K. M., & Zangaro, G. A. (2010). Meta-analysis of the reliability and validity of the Anticipated Turnover Scale across studies of registered nurses in the United States *Journal of Nursing Management, 18*, 862-873. doi: 10.1111/j.1365-2834.2010.01171.x
- Barnard, C. I. (1938). *The functions of the executive*. Cambridge, MA: Harvard University Press.
- Baruch-Feldman, C., Brondolo, E., Ben-Dayana, D., & Schwartz, J. (2002). Sources of social support and burnout, job satisfaction, and productivity. *Journal of Occupational Health Psychology, 7*(1), 84-93.
- Baum, J. A. C. (1999). The rise of chain nursing homes in Ontario, 1971–1996. *Social Forces, 78*(2), 543-584.
- Bauer, T. N., Morrison, E. W., & Callister, E. R. (1998). Organizational socialization: A review and directions for future research. In G.R. Ferris, *Research in Personnel and Human Resource Management* (vol. 16, pp. 149-214). Greenwich, CT: JAI Press.
- Beehr, T. A. (1985). The role of social support in coping with organizational stress, in Beehr, T.A., & Bhagat, R.S. (Eds), *Human stress and coping in organizations: An integration perspective*. New York: Wiley.

- Bekker, M. H. J., Croon, M. A., & Bressers, B. (2005). Childcare involvement, job characteristics, gender, and work attitude as predictors of emotional exhaustion and sickness absence. *Work & Stress, 19*(3), 221-237.
- Bering, E. (2009). Ethical code for practicing administrators. *Pennsylvania State Board of Examiners of Nursing Home Administrators Newsletter*. Retrieved from <https://dos.state.pa.us>
- Berry, M. L. (2010). *Predicting turnover intent: Examining the effects of employee engagement, compensation fairness, job satisfaction, and age*. (Doctoral dissertation, University of Tennessee). Retrieved from http://trace.tennessee.edu/utk_graddiss/678
- Bhaktair, C. (2004). *Tight deadlines, working in IT: Both are hazardous to your health*. Retrieved from <http://www.ergoweb.com/news/detail.cfm?id=1035/>
- Bilge, F. (2006). Examining the burnout of academics in relation to job satisfaction and other factors. *Social Behaviour and Personality, 34*(9), 1151-1160.
- Bishop, C. (1999). Where are the missing Elders? The decline in nursing home use, 1985 to 1995. *Health Affairs, 18*(4), 146-155.
- Blankertz, L. E., & Robinson, S. E. (1997). Turnover intentions of community mental health workers in psychosocial rehabilitation services. *Community Mental Health Journal, 33*, 517-529.
- Blau, G., Tatum D. S., Ward-Cook, K. (2003). Correlates of work exhaustion for medical technologists. *Journal of Allied Health, 32*, 148-57.
- Blau, G. (1994). Developing and testing a taxonomy of lateness behavior. *Journal of Applied Psychology, 79*(6), 959-970.

- Blood, I. M., Cohen, L. ,& Blood, G.W. (2007). Job burnout, geographic location, and social interaction among educational audiologists. *Perceptual and Motor Skills*, 105(3), 1203-1208.
- Bluedorn, A. C. (1982) A unified model of turnover from organizations. *Human Relations*, 35, 135-153.
- Bowen, D., & Siehl, C. (1997). The future of human resource management: March and Simon (1958). *Human Resource Management*, 36, 57-63.
- Brouwers, A. & Tomic, W. (2000). A longitudinal study of teacher burnout and self-efficacy in classroom management. *Teaching and Teacher Education*, 16, 239-253.
- Brown, S. P., & Peterson, P. A. (1993). Antecedents and consequences of salesperson job satisfaction: Meta-analysis and assessment of causal effects. *Journal of Marketing Research*, 30(1), 63-77.
- Brannon, D., Zinn, J. S., More, V., & Davis, J. (2002). An exploration of job, organizational, and environmental factors associated with high and low direct care worker turnover. *The Gerontologist*, 42, 159-168.
- Breaux, D.M., Meurs, J.A., Zellars, K.L., & Perrewe, P.L. (2008). Burnout in healthcare: When helping hurts. In J. R. B. Halbesleben (Ed.), *The handbook of stress and burnout in health care*. Hauppauge, NY: Nova Science.
- Brewer, E. W., & Clippard, L. F. (2002). Burnout and job satisfaction among student support services personnel. *Human Resource Development Quarterly*, 13(2), 169-186.
- Brief, A. P. (1998). *Attitudes in and around organizations*. Thousand Oaks, CA: Sage.
- Brock, B. L., & Grady, M. L. (2000). *Rekindling the flame: Principals combating teacher burnout*. Thousand Oaks, CA: Corwin Press.

- Brotheridge, C. M., & Lee, R. T. (1998). *On the dimensionality of emotional labour: Development and validation of the emotional labour scale*. Paper presented at the First Conference on Emotions in Organizational Life, San Diego, CA.
- Brouwers, A., Evers, W., & Tomic, W. (2001). Self-efficacy in eliciting social support and burnout among secondary-school teachers. *Journal of Applied Social Psychology, 31*, 7, 1474-1491
- Brown, T. S. (2013). Skilled or unskilled nursing: Feds ramp up investigations, prosecutions. *Long Term Care Magazine*. Retrieved from <http://www.ltlmagazine.com/article/skilled-or-unskilled-nursing-feds-ramp-investigations-prosecutions?page=2>
- Buckley, M. R., Fedor, D. B., Veres, J. G., Wiese, D. S., & Carraher, S. M. (1998). Investigating newcomer expectations and job-related outcomes. *Journal of Applied Psychology, 83*, 452-461.
- Bureau of Labor Statistics. (2012). *Occupational outlook handbook, 2012-13 Edition*, Retrieved from <http://www.bls.gov/ooh/management>
- Burisch, M. (2006). *Das Burnout-Syndrom: Theorie der inneren Erschöpfung* [The Burnout- Syndrome: A Theory of inner Exhaustion]. Heidelberg: Springer Medizin Verlag.
- Burisch, M. (2002). A longitudinal study of burnout: The relative importance of dispositions and experiences. *Work & Stress, 16*, 117.
- Burke, R. J. (1989). Toward a phase model of burnout: Some conceptual and methodological concerns. *Group and Organizational Studies, 14*(1), 23-32.
- Burke, R. J., & Deszca, E. (1986). Correlates of psychological burnout phases among police officers. *Human Relations (HR), 39*, 487-501.

- Burisch, M. (1993). In search of theory: Some ruminations on the nature and etiology of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 75-93). Washington, DC: Taylor & Francis.
- Buunk, B. P., & Schaufeli, W. B. (1993). Burnout: Perspective from social comparison theory. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 53-69). Washington, DC: Taylor & Francis
- Byrne, B. M. (1994). Burnout: Testing for the validity, replication, and invariance of causal structure across elementary, intermediate, and secondary teachers. *American Educational Research Journal, 31*, 645-673.
- Cable, D. M., & Parsons, C. K. (2001). Socialization tactics and person-organization fit. *Personnel Psychology, 54*, 1-23.
- Cahoon, A .R., & Roney, J. I. (1984). Managerial burnout: A comparison by sex and level of responsibility. *Journal of Health and Human Resources Administration, 7*, 249-263.
- Carayon, P. (1993). A longitudinal test of Karasek's job strain model among office workers. *Work & Stress, 7*, 299-314.
- Carlson, D. S., & Perrewe, P. L. (1999). The role of social support in the stressor-strain relationship: An examination of work-family conflict. *Journal of Management, 25*, 513-540.
- Carr, P. L., Gareis, K. C., & Barnett, R. C. (2003). Characteristics and outcomes for women physicians who work reduced hours. *Journal of Women's Health, 12*, 399-405.
- Carsten, J. M., & Spector, P. E. (1987). Unemployment, job satisfaction, and employee turnover: A meta-analytic test of the Muchinsky model. *Journal of Applied Psychology, 72*(3), 374-381.

- Castle, N. (2001). Administrator turnover and quality of care in nursing homes. *Gerontologist*, 41(6), 757-767. Retrieved from <http://gerontologist.oxfordjournals.org/content/by/year>
- Castle, N. (2006a). An instrument to measure job satisfaction of nursing home administrators. *BMC Medical Research Methodology*, 6(47)1-11. doi:10.1186/1471-2288-6-47
- Castle, N. (2006b). Organizational commitment and turnover of nursing home administrators. *Health Care Management Review*, 31(2), 156-165. Retrieved from <http://journals.lww.com/hcmrjournal/pages/default.aspx>
- Castle, N. (2008). State differences and facility differences in nursing home staff turnover. *Journal of Applied Gerontology*, 27(5), 609-630. doi:10.1177/0733464808319711
- Castle, N. G., & Decker, F. H. (2011). Top management leadership style and quality of care in nursing homes. *The Gerontologist*, 51(5), 630-642. doi:10.1093/geront/gnr064
- Castle, N. G., & Engberg, J. (2005a). Staff turnover and quality of care in nursing homes. *Medical Care*, 43(6), 616-626.
- Castle, N.G. & Engberg, J. (2005b). The Influence of staffing characteristics on quality of care in nursing homes. *Health Services Research*, 42(5),1822-1847.
doi:10.1111/j.1475-6773.2007.00704.x
- Castle, N., Engberg, J., & Anderson, R. (2007). Job satisfaction of nursing home administrators and turnover. *Medical Care Research & Review*, 64(2), 191-211. Retrieved from <http://mcr.sagepub.com/>
- Castle, N. G., Ferguson, J., & Hughes, K. (2009). Humanism in nursing homes: The impact of top management. *Journal of Health and Human Services Administration*, 31, 4-19.
- Castle, N., & Shugarman, L. (2005). The effects of top management professional development on administrator turnover. *Journal of Applied Gerontology*, 24(5), 404-418.

doi:10.1177/0733464808321886.

Centers for Disease Control and Prevention. (2004). *National nursing home survey*. Atlanta, Georgia: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/nchs/nnhs/about_nnhs.htm

Centers for Medicare & Medicaid Services, Department of Health and Human Services. (2011). *Title 42 of Federal Regulations, Part 483, requirements for States and long term care facilities (42 CFR Part 483)*. Washington, DC: U. S. Government Printing Office. Retrieved from http://www.access.gpo.gov/nara/cfr/waisidx_01/42cfr483_01.html

Centers for Medicare & Medicaid Services, Department of Health and Human Services. (2012). Nursing homes. Retrieved from <http://www.medicare.gov/nursing/aboutinspections.asp>

Chappell, N. L., & Novak, M. (1992). The role of support in alleviating stress among nursing assistants. *The Gerontologist*, 32, 351-359.

Cherniss, C. (1980). *Professional burnout in the human service organizations*. New York, NY: Praeger.

Cherniss, C. (1993). Role of professional self-efficacy in the etiology and amelioration of burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 135-143). Washington, DC: Taylor & Francis.

Christenson, C. & Beaver, S. (1996). Correlation between administrator turnover and survey results. *Journal of Long-Term Care Administration*, 24(2), 4-7.

Clemmitt, M. (2006). *Caring for the elderly*. Retrieved from <http://library.cqpress.com/cqresearcher/document.php?id=cqresrre2006101300#.Uf-tQ23wqSY>

- Cohen, A., & Golan, R. (2007). Predicting absenteeism and turnover intentions by past absenteeism and work attitudes: An empirical examination of female employees in long term nursing care facilities. *Career Development International*, 12(5), 416-432. doi: 10.1108/13620430710773745
- Cohen, S., & Syme, S. L. (1985). Issues in the study and application of social support. S. Cohen & S. L. Syme S.L. (Eds), In *Social Support and Health*. (pp. 3-22). San Francisco, CA: Academic Press.
- Commonwealth of Pennsylvania. (2013) PA Code. § 39.5 Requirements for admission to licensing examination; examination procedures. *PA Code*. Retrieved from <http://www.pacode.com/secure/data/049/chapter39/s39.1.html>
- Corcoran, K. J., & Bryce, A. K. (1983). Intervention in the experience of burnout: Effects of skill development. *Journal of Social Service Research*, 7, 71-79.
- Cordes, C. L., & Dougherty, T. W. (1993). A review and an integration of research on job burnout. *Academy of Management Review*, 18(4), 621-656.
- Cotton, J. L., & Tuttle, J. M. (1986). Employee turnover: A meta-analysis and review With implications for research. *Academy of Management Review*, 11(1), 55-70.
Retrieved from <http://www.aom.pace.edu/amr/>
- Cohen, R., & Swerdlik, M. (2010). *Psychological testing and assessment*. (7th ed.). New York, NY: McGraw Hill.
- Cohen, S., & Syme, S.L. (1985). *Social support and health*. Orlando, Florida: Academic Press.
- Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design and analysis for field settings*. Chicago: Rand McNally.

- Cordes, C., & Dougherty, T. W. (1993). A review and an integration of research on job burnout. *Academy of Management Review, 18*, 621-656.
- Cox, T., Kuk, G., & Leiter, M. P. (1993). Burnout, health, work stress, and organizational healthiness. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. (pp. 177-193). Washington, DC: Taylor & Francis.
- Crawford, D. B. (2004). *The basis for executive action: A multiple case study of leadership in the highly regulated long-term health care industry* (Doctoral dissertation, Regent University). Proquest Dissertation and Theses database. (UMI No. 3158533).
- Cropanzano, R., Rupp, D. E., & Byrne, Z. S. (2003). The relationship of emotional exhaustion to work attitudes, job performance, and organizational citizenship behaviors. *Journal of Applied Psychology, 88*, 160-169.
- Crosby, R. A., DiClemente, R. J., & Salazar, L. (2006). *Research methods in health promotion*. San Francisco: Jossey Bass.
- Daly, C. J., & Dee, J. R. (2006). Greener pastures: Faculty turnover intent in urban public universities. *The Journal of Higher Education, 77*, 776-803.
- Dana, B., & Olson, D. (2007). *Effective leadership in long-term care: The need and the opportunity* (Position paper). Retrieved from American College of Health Care Administrators website: http://www.achca.org/content/pdf/ACHCA_Leadership_Need_and_Opportunity_Paper_Dana-Olson.pdf.
- Decker, F. H. (2005). *Nursing Homes, 1977-1999: What has changed, what has not?* Hyattsville, MD: National Center for Health Statistics.

- Decker, F. & Castle, N. (2011). Relationship of job tenure of nursing home top management to the prevalence of pressure ulcers, pain, and physical restraint use. *Journal of Applied Gerontology, 30*(5) 539-561. doi: 10.1177/0733464810375801
- Decker, F., Gruhn, P., Matthews-Martin, L., Dollard, K. J., Tucker, A. M., & Bizette, L. (2003). *Results of the 2002 AHCA survey of nursing staff, vacancy, and turnover in nursing homes*. Retrieved from the American Health Care Association website:
http://www.ahcancal.org/research_data/staffing/Documents/Vacancy_Turnover_Survey2002.pdf
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*, 499-512
- De Milt, D. G. , Fitzpatrick, J., & McNulty, R. (2009). Nurse practitioners' job satisfaction and intent to leave current positions, the nursing profession, and the nurse practitioner role as a direct care provider. *Journal of the American Academy of Nurse Practitioners, 1-9*. doi: 10.1111/j.1745-7599.2010.00570.x
- de Rijk, A., Le Blanc, P., Schaufeli, W., & De Jonge, J. (1998). Active coping and need for control as moderators of the job demand-control model: Effects on burnout. *Journal of Occupational & Organizational Psychology, 71*(1), 1-18. Retrieved from <http://www.bpsjournals.co.uk/journals/joop/>
- DiMaggio, P.J., & Powell, W.W. (1983). The iron cage revisited: institutional isomorphism and collective rationality in organizational fields. *American Sociological Review, 48*, 147-160.

- Dineen, B. R., Ash, S. R., & Noe, R. A. (2002). A web of applicant attraction: Person-organization fit in the context of Web based recruitment. *Journal of Applied Psychology, 87*, 723-734.
- Donabedian, A. (1980). *Explorations in quality assessment and monitoring. The definition of quality and approaches to its assessment*. Ann Arbor, MI: Health Administration Press.
- Donaldson, S., & Grant-Vallone, E. (2002). Understanding self-reports bias in organizational behavior research. *Journal of Business and Psychology, 17*(2), 245-260.
- Donoghue, C., & Castle, N.G. (2009). Leadership styles of nursing home administrators and their association with staff turnover. *The Gerontologist, 49*(2), 166-174. doi: 10.193/geront/gnp021
- Ducharme, L. J., Knudsen, H. K., & Roman, P. M. (2008). Emotional exhaustion and turnover intention in human service occupations: The protective role of coworker support. *Sociological Spectrum, 28*(1), 81-104.
- Duke, L. C. (2010). *Six areas in which to improve workplace stress*. Retrieved from hodu.com/workplace-stress
- Dupuis, S. L., & Norris, J.E. (1997). A multidimensional and contextual framework for understanding diverse family members' roles in long-term care facilities. *Journal of Aging Studies, 11*, 297-326.
- Durkin, D. (2012). Why CEO peer advisory groups work. *Business NH Magazine, 29*(4), 14.
- Dye, C. F. (2010). *Leadership in healthcare: Essential values and skills*. (2nd ed.). Chicago: ACHE Management Series.
- Dyrebye, L., West, T. D., & Shanafelt, T. (2009). Defining burnout as a dichotomous variable. *Journal of General Internal Medicine, 24*(3), 440. doi:10.1007/s11606-008-0876-6

- Eagly, A. H. (1987). *Sex differences in social behavior: A social-role interpretation*. Hillsdale, NJ: Lawrence Erlbaum.
- Eagly, A. H., & Wood, W. (1982). Inferred sex differences in status as a determinant of gender stereotypes about social influence. *Journal of Personality and Social Psychology*, 43, 915-928.
- Eaton, S. (2000). Beyond unloving care: Linking human resource management and patient care quality in nursing homes. *International Journal of Human Resource Management*, 11(3), 591-616.
- Ebaugh, H. (1988). *Becoming an Ex: The process of role exit*. Chicago: Chicago Press.
- Enzmann, D., Berief, P., Engelkamp, C., et al. (1992). *Burnout and coping with burnout. Development and evaluation of a burnout workshop*. Berlin: Technische Universitat Berlin.
- Erera-Weatherley, P. I. (1996). Coping with stress: Public welfare supervisors doing their best. *Human Relations*, 49(2), 157-170.
- Evans, G. D., Bryant, N., Owens, J., & Koukos, K. (2004). Ethnic differences in burnout, coping, and intervention acceptability among childcare professionals. *Child & Youth Care Forum*, 33(5), 349-371.
- Evers, W., Brouwers, A., & Tomic, W. (2002). Burnout and self-efficacy. *British Journal of Educational Psychology*, 72(2), 227-244.
- Evers, W., Tomic, W., & Brouwers, A., (2002). Aggressive behaviour and burnout among staff of homes for the elderly. *International Journal of Mental Health Nursing*, 11 (1), 2-9.

- Feng, Z., Grabowski, D., Intrator, O., & Mor, V. (2006). The effect of State Medicaid case-mix payment on nursing home resident acuity. *Health Services, 41*(4), 1317-1336.
- Fernandez, J. E., & Hogan, R. T. (2002) Values based leadership. *Journal of Quality and Participation, 25*(4), 25-27.
- Finegold, D., Mohrman, S. A., & Spreitzer, G. M. (2002). Age effects on the predictors Of technical worker's commitment and willingness to turnover. *Journal of Organizational Behavior, 23*(5), 653-674. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1099-1379](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1099-1379).
- Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention, and behavior. An introduction to theory and research*. Reading, MA: Addison-Wesley
- Fishbein, M. & Ajzen, I. (2010). *Predicting and changing behavior. The reasoned action approach*. New York: Psychology Press.
- Fischer, H. (1983). A psychoanalytic view of burnout. In B. Farber (Ed.), *Stress and burnout in the human service professions* (pp. 40-45). New York, NY: Pergamon.
- Freedly, J.R. & Hobfoll, S.E. (1994). Stress inoculation for reduction of burnout. A conservation of resources approach. *Anxiety, Stress, and Coping, 6*, 311-325.
- Freudenberger, H. (1974). Staff burn-out. *Journal of Social Issues, 30*(1), 159-165.
- Fricke, R. D., & Schonlau, M. (2002). Advantages and disadvantages of internet research surveys: Evidence from the literature, *Field Methods, 14*, 347-367.
- Galek, K., Flanneley, K., Greene, P., & Kudler, T. (2011). Burnout, secondary traumatic stress, and social support. *Pastoral Psychology, 60*(5), 633-649
- Ganster, D. C., Fusilier, M. R. & Mayes, B. T. (1986). Role of social support in the experience of stress at work. *Journal of Applied Psychology, 71*(1), 102-110.

- Garavaglia, B. (2010). *Administrator shortage? Let me tell you why*. Retrieved from <http://long-term-care.advanceweb.com/Columns/Gerotalk/Administrator-Shortage-Let-Me-Tell-You-Why.aspx>.
- Gill, A. S., Flaschner, A. B., & Shachar, M. (2006). Mitigating stress and burnout by implementing transformational-leadership. *International Journal of Contemporary Hospitality Management*, 18(6), 469-81.
- Gittler, J. (2008). Governmental efforts to improve quality of care for nursing home residents and to protect them from mistreatment: A survey of federal and state laws. *Research in Gerontological Nursing*, 1(4), 264-284.
- Glasberg, A. L., Eriksson, S., & Norberg, A. (2007). Burnout and 'stress of conscience' among healthcare personnel. *Journal of Advanced Nursing*, 57(4), 392-403.
doi:10.1111/j.1365-2648.2007.04111.x
- Gloria, A. M., & Ho, T.A. (2003). Environmental, social & psychological experiences of Asian American undergraduates: examining issues of academic persistence. *Journal of Counseling & Development*, 81(1), 93-106.
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor books.
- Goffman, E. (1961). *Asylums: Essays on the social situation on mental patients and other inmates*. Anchor: Doubleday.
- Gold, M. F. (2005). Redefining the long-term care landscape. *Provider*, 31(8), 24-38.
- Golembiewski, R. T., Muzenrider R. F., & Stevenson, J.G. (1986). *Stress in organizations: Toward a phase model of burnout*. New York, NY: Praeger Publishers.

- Golembiewski, R. T., & Rountree, B. H. (1991). Releasing human potential for collaboration. A social intervention targeting supervisory relationship and stress. *Public Administration, Administration Quarterly, 15*, 32-35.
- Grabowski, D. (2002). The economic implications of case-mix Medicaid reimbursement for nursing home care, inquiry. *Inquiry, 39*(3), 258-78
- Grau, L., Chandler, B., Burton, B., & Kolditz, D. (1991). Institutional loyalty and job satisfaction among nurse aides in nursing homes. *Journal of Aging Health, 3*, 47. doi: 10.1177/089826439100300103
- Greenglass, E. R., & Burke, R. J. (1988). Work and family precursors of burnout in teachers: Sex differences. *Sex Roles, 18*, 215.
- Greenglass, E. R., Burke, R. J., & Konarski, R. (1997). The impact of social support on the development of burnout in teachers: Examination of a model. *Work and Stress, 11*, 267-278.
- Griffeth, R. W. & Hom, P. W. (1988). A comparison of different conceptualizations of perceived alternatives in turnover research. *Journal of Organizational Behavior, 9*, 103-111.
- Griffeth, R. W., Hom, P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests, and research implications for the next millennium. *Journal of Management, 26*, 463-488.
- Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C. (1995). *Multivariate data analysis with readings* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Halbesleben, J. R. (2006). Sources of social support and burnout: a meta-analytic test of the conservation of resources model. *Journal of Applied Psychology, 91*(5), 1134-45.

- Halbesleben, J. R. (2010). *Managing stress and preventing burnout in the workplace*. Chicago: Health Administration Press.
- Halbesleben, J. R. (2008). *Handbook of stress and burnout in health care*. New York: Nova Science Publishers.
- Halbesleben, J. R., & Bowler, W. M. (2007). Organizational citizenship behaviors and burnout. In D. L. Turnipseed (Ed.), *A handbook on organizational citizenship behavior: A review of 'good soldier' activity in organizations*. Hauppauge, NY: Nova Science Publishers.
- Halbesleben, J. R. B., & Buckley, M. R. (2004). Attribution and burnout: Explicating the role of individual factors in the outcomes of burnout. In M. Martinko (Ed.), *Attribution theory in the organizational sciences: Theoretical and empirical contributions*. Greenwich, CT: Information Age Publishing
- Halbesleben, J. R. B., & Buckley, M. R. (2004). Burnout in organizational life. *Journal of Management*, 30; 859. doi:10.1016/j.jm.2004.06.004
- Halbesleben, J. R. B., & Demerouti, E. (2005). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work & Stress*, 19, 208-220.
- Hambrick, D. C., Finkelstein, S., & Mooney, A. C. (2005). Executive job demands: New insights for explaining strategic decisions and leader behaviors. *Academy of Management Review*, 30(3), 472-491.
- Hamilton, L.C. (1992). *Regressions with graphics*. Belmont, CA: Wadsworth.
- Hansen, N., Sverke, M., & Näswall, K. (2009). Predicting nurse burnout from demands and resources in three acute care hospitals under different forms of ownership: A cross-sectional questionnaire survey. *International Journal of Nursing Studies*, 46, 95-106.

- Harrington, C., Mullen, J. & Carillo, H. (2004). State nursing home enforcement systems. *Journal of Health Politics, Policy and Law*, 29 (1), 43-73.
- Harrington, C., & Swan, J. H. (2003). Nursing home staffing, turnover, and case mix. *Medical Care Research and Review*, 60(3), 366-392.
- Harrington, C., Woolhandler, S., Mullan, J., Carrillo, H., & Himmelstein, D. (2001). Does investor ownership of nursing homes compromise the quality of care? *American Journal of Public Health*, 91(9), 1452-1455.
- Hemingway, C. A., & Maclagan, P. W. (2004). Managers' personal values as drivers of corporate social responsibility. *Journal of Business Ethics*, 50(1), 33.
- Herrbach, O., Mignonac K., & Gatignon A. L. (2004). Exploring the role of perceived external prestige on managers' turnover intentions. *International Journal of Human Resource Management*, 15, 1390-1407.
- Hillhouse, J. J., & Adler, C. M. (1997). Investigating stress effect patterns in hospital staff nurses: results of a cluster analysis. *Social Science Medicine*. 45(12), 1781-8.
- Himle, D. P., Jayaratne, S., & Thyness, P. (1991). Buffering effects of four social support types on burnout among social workers. *Social Work Research & Abstracts*, 27(1), 22-27.
- Hinshaw, A. S., & Atwood, J. R (1982). Anticipated turnover: A pilot stage instrument. *Communicating Nursing Research*, 13, 56.
- Hinshaw, A. S., & Atwood, J. R. (1983). Nursing staff turnover, stress and satisfaction: Models, measures and management. *Annual Review of Nursing Research*, 1, 133-153.
- Hinshaw, A. S., Smeltzer, C. H., & Atwood, J. R. (1987). Innovative retention strategies for nursing staff. *Journal of Nursing Administration*, 17(6), 8-16.
- Hobfoll, S. E. (1988). *The ecology of stress*. New York: Hemisphere.

- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513-524.
- Hobfoll, S. E. (1998). *Stress, culture, and community*. New York: Plenum.
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review, 50*, 337-370.
- Hobfoll, S. E., & Freedy, J. (1993). Conservation of resources: A general stress theory applied to burnout. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*, Washington, DC: Taylor & Francis.
- Holecek, T., Dellmann-Jenkins, M., & Curry, D. (2010). Exploring the influence of the regulatory survey process on nursing home administrator job satisfaction and job seeking. *Journal of Applied Gerontology, 29*(2), 215-230. doi:10.1177/0733464808321886
- Holtem, B. C., Ritchell, T. R., Lee, T. W. & Eberly, M. B. (2008). Turnover and retention research: A glance at the past, a closer review of the present, and a venture into the future. *The Academy of Management Annals 2*(1), 231-274. doi:10.1080/19416520802211552
- Hom, P., Caranikis-Walker, F., Prussia, G., & Griffeth, R. (1992). A meta-analytical structural equations analysis of a model of employee turnover. *Journal of Applied Psychology, 77*, 890-909.
- Hom, P. W., & Griffeth, R. W. (1995). *Employee turnover*. Cincinnati, OH: South-Western.
- Hom P. W., & Kinicki A. J. (2001). Toward a greater understanding of how dissatisfaction drives employee turnover. *Academy of Management Journal, 44*(5), 975-987.

- Hospital and Healthcare Compensation Report. (2012). *Nursing home and salary reports 2012-2013*. Retrieved from <http://www.hhcsinc.com/hcsreports.htm>
- Hrehocik, M. (2009). Pressure ulcer litigation: Its impact on long-term care. *Long Term care living*. Retrieved from <http://www.ltimagazine.com/article/pressure-ulcer-litigation-its-impact-long-term-care>
- Hutlock, T. (2003). O administrator, DON, where art thou? With turnover rates on the rise, where will tomorrow's administrators and DONs come from? *Nursing Homes: Long Term Care Management*, 52(1), 42-43
- Hyatt, L. H. (2001). Strategic thoughts from an experienced administrator. *Nursing Homes: Long-term Care Management*, 50(9), 12-15.
- Ibarra, H. (2003). *Working identity: Unconventional strategies for reinventing your career*. New York: Harvard Business Press.
- Iglehart, A. (1990). Turnover in the social services: Turning over to the benefits. *Social Service Review*, 64, 649-657.
- Ingram, P. (1996, Summer). Organizational form as a solution to the problem of credible commitment: The evolution of naming strategies among U.S. hotel chains, 1896-1980 [Special issue]. *Strategic Management Journal*, 7, 85-98.
- Institute of Medicine, (1986). Improving the quality of care in nursing homes. *Institute of Medicine. Committee on Nursing Home Regulation*. Washington, D.C.: National Academy Press. Retrieved from http://books.nap.edu/catalog.php?record_id=646
- Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology*, 71, 630-640.
- Jackson, S. E., & Schuler, R. S. (1983). Preventing employee burnout. *Personnel*,

60, 58-68.

- Jamal, M., & Baba, V.V. (2000). Job stress and burnout among Canadian managers and nurses: An empirical examination. *Canadian Journal of Public Health, 91*(6), 454-9.
- Janssen, P. P. M., Schaufelie, W. B., & Houkes, I. (1999). Work-related and individual determinants of the three burnout dimensions. *Work & Stress, 13*(1), 74-86.
- Jardali, F. E., Dimassi, H., Dumit, N., Jamal, D., & Mouro, G. (2009). A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice. *BMC Nursing, 8*(3), 1-13. doi:10.1186/1472-6955-8-3
- Jennings, B. M. (2008). Work stress and burnout among nurses: Role of the work environment and working conditions. In *Patient safety and quality: An evidence-based handbook for nurses*.(Chapter 26). Rockville, MD: Agency for Healthcare Research and Quality.
- Johnson, S. H. (1995). Monitoring professionals' intent-to-leave: Anticipating the effects of restructuring on future retention. *Recruitment, retention, & restructuring report: Strategies for recruiters, managers, R&R committees, and human resource directors, 8*(8), 1-5.
- Johnson, J. V., Hall, E. M., & Ford, D. E., et al. (1995). The psychosocial work environment of physicians. The impact of demands and resources of job dissatisfaction and psychiatric distress in a longitudinal study of Johns Hopkins medical school graduates. *Journal of Occupational Environmental Medicine, 37*, 1151-9.
- Joiner, T. A., & Bartram, T. (2004). How empowerment and social support affect Australian nurses' work stressors. *Australian Health Review, 28*(1), 56-64.

- Jones, F., & Fletcher, B. (1996). Job control and health. In M. J. Schabracq, J. A. M. Winnubst, & C. L. Cooper (Eds.), *Handbook of work and health psychology*, (pp. 33-50).
Chichester, UK: Wiley
- Jonge, J. de, & Kompier, M. A. J. (1997). A critical examination of the demand control support model from a work psychological perspective. *International Journal of Stress Management*, 4, 235-258.
- Jourdain, G., & Chenvert, D. (2009). Job demands-resources, burnout and intention to leave the nursing profession: a questionnaire survey. *International Journal of Nursing Studies*, 47(6), 709-22. doi:10.1016/j.ijnurstu.2009.11.007.
- Joyce, G., & Panis, C. (2003). Forecasting the nursing home population. *Medical Care*, 41, (1).
- Jung, H., Yoon, H., & Kim, Y. (2012). Effects of culinary employees' role stress on burnout and turnover intention in hotel industry: moderating effects on employees' tenure. *The Service Industries Journal*, 32(13), 2145-2165
Retrieved from <http://dx.doi.org/10.1080/02642069.2011.574277>
- Kalliath, T. J., O'Driscoll, M. P., Gillespie, D. F., & Bluedorn, A. (2000). A test of the Maslach burnout inventory in 3 samples of healthcare professionals. *Work and stress*, 14, 35-50
- Kamimura, A., Banaszak-Holl, J., Berta, W., Baum, J., Weigelt, C., & Mitchell, W. (2007). Do corporate chains affect quality of care in nursing homes? The role of corporate standardization. *Health Care Manage Review*, 32(2), 1-11. Retrieved from https://faculty.fuqua.duke.edu/~willm/bio/cv/papers/HCMR2007_Standardization.pdf
- Kanste, O., Kyngas, H., & Nikkila, J. (2007). The relationship between multidimensional leadership and burnout among nursing staff. *Journal of Nursing Management*, 15(7), 731-9.

- Kanungo, R. N. (1982). Measurement of job and work involvement. *Journal of Applied Psychology, 67*, 341 -349.
- Karasek, R. A. (1979). Job demands, job decision latitude and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*, 285-308.
- Karasek, R. A., & Theorell, T. (1990). *Healthy work: stress productivity and the reconstruction of working life*. New York: Basic Books.
- Karatepe, O. M. (2006). The effects of selected antecedents on service recovery performance of frontline employees. *The Service Industry Journal, 26*, 39-57.
- Karsh, B., Booske, B. C., & Sainfort, F. (2005). Job and organizational determinants of nursing home employee commitment, job satisfaction and intent to turnover. *Ergonomics, 48*(10), 1260-81.
- Keane, A., Ducette, J., & Adler, D. C. (1985). Stress in ICU and non-icu nurses. *Nursing Research, 34*(4), 231-236.
- Keays, S., Wister, A., & Gutman, G.M. (2009). Administrators and quality of care in long-term care facilities. *Journal of Housing for the Elderly, 23*(3), 243-260.
doi:10.1080/02763890903035621
- Kelloway, E. K., Gottlieb, B. H., & Barham, L. (1999). The source, nature, and direction of work and family conflict: a longitudinal investigation, *Journal Occupational Health Psychology, 4*(4), 337-46.
- Kemper, P., Komisar, H., & Alecxih, L. (2006). Long-term care over an uncertain future: What can current retirees expect? *Inquiry, 42*, 335-350. Retrieved from <http://www.inquiryjournal.org>
- Kessler, R. C. (1987). The interplay of research design strategies and data analysis

- procedures in evaluating the effects of stress on health. In Kasl, S.V. and Cooper, C.L. (Eds.). *Stress and health: Issues in research methodology*. Chichester: John Wiley & Son.
- Kirtoff, A. (1996). Person-organization fit: An integrative review of its conceptualizations, measurement, and implications. *Personnel Psychology, 49*, 1-15.
- Kiyak, H. A., Namazi, K. H., & Kahana, E. F. (1997). Job commitment and turnover among women working in facilities serving older persons. *Research on Aging, 19*, 223-246.
- Klauber, M., & Wright, B. (2001, February). *The 1987 Nursing Home Reform Act*. Retrieved from http://www.aarp.org/home-garden/livable-communities/info-2001/the_1987_nursing_home_reform_act.html
- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2009). Clinical supervision, emotional exhaustion and turnover intention: A study of substance abuse treatment counselors in the clinical trials network of the national institute on drug abuse. *Journal of Substance Abuse Treatment, 35*(4), 387-395.
- Koren, M. J. (2010). Person-centered care for nursing home residents: The culture-change movement. *Health Affairs, 29*(2), 312-317. doi:10.1377/hlthaff.2009.0966
- Kraft, U. (2006). Burned out. *Scientific American Mind, 17*(3), 28-33. Retrieved from <http://www.scientificamerican.com/sciammind/>
- Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, 19*, 192-207.

- Kuruuzum, A., Anafarta, N. & Irmak, S. (2008). Predictors of burnout among middle managers in the Turkish hospitality industry. *International Journal of Contemporary Hospitality Management*, 20(2), 186-198.
- Langelier, M., & Wing, P. (2004). *A legal practice environment index for nursing home administrators in the fifty states*. Center for Health Workforce Studies. Retrieved from http://www.nabweb.org/nabweb/uploadedfiles/Member_Boards_and_Agencies/NHA%20Index%20Final%20Report%20040723.pdf
- La Rocco, J. M., House, J. S., & French, J. R. P. (1980). Social support, occupational stress and health. *Journal of Health and Social Behavior*, 21, 202-18.
- Laschinger, H. K. S., & Leiter, M. P. (2006). The impact of nursing work environments on patient safety outcomes: the mediating role of burnout/engagement. *Journal of Nursing Administration*. 5, 259-267.
- Leadingage Pa. (n.d). *About us*. Retrieved from <http://www.leadingagepa.org/AboutUs.aspx>
- Le Blanc, P., de Jonge, J., & Schaufeli, W. B. (2008). Job stress and occupational health. In N. Chimiel (ed.). *An introduction to work and organizational psychology: A European perspective* (pp. 119-148). London: Blackwell.
- Ledlow, G. R., & Coppola, M. N. (2011). *Leadership for health professionals*. Sudbury, MA: Jones and Bartlett.
- Lee, R. T., & Ashforth, B. E. (1993). A longitudinal study of burnout among supervisors and managers: Comparisons between the Leiter and Maslach (1988) and Golembiewski et al. (1986) models. *Organizational behavior and human decision processes*, 54(3), 369-398.
- Lee, T. W., Mitchell T. R., Holtom, B. C., McDaniel, L. S., & Hill, J. W. (1999). The unfolding

- model of voluntary turnover: A replication and extension. *Academy of Management Journal*, 42, 450-462.
- Leiter, M. P. (1993). Burnout as a developmental process: Consideration of models. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. Washington, DC: Taylor & Francis.
- Leiter, M. P., & Durup, J. (1994). The discriminant validity of burnout and depression: A confirmatory factor analytic study. *Anxiety, Stress, & Coping*, 7, 357-373.
- Leiter, M. P., Frank, E., & Matheson, T.J. (2009). Demands, values, and burnout: Relevance for physicians. *Canadian Family Physician*, 55(12), 1224-1225, 1225.e1-6.
- Leiter, M. P., & Harvie, P. (1998). Conditions for staff acceptance of organizational change: Burnout as a mediating construct. *Anxiety, Stress, & Coping*, 11, 1-25
- Leiter, M. P., Jackson, N. J., & Shaughnessy, K. (2009). Contrasting burnout, turnover intention, control, value congruence and knowledge sharing between baby boomers and generation X. *Journal Of Nursing Management*, 17(1), 100-109. doi:10.1111/j.1365-2834.2008.00884.x:
- Leiter, M. P., & Maslach, C. (2000). *Areas of worklife survey*. Mind Garden, Inc., California.
- Leiter, M. P., & Maslach, C. (2004). Areas of worklife: A structured approach to organizational predictors of job burnout. *Research in occupational stress and well-being*, 3, 91-134.
- Leiter, M. P., & Maslach, C. (2009). Nurse turnover: the mediating role of burnout. *Journal of Nursing Management*, 17, 331-339. doi:10.1111/j.1365-2834.2009.01004.x
- Leiter, M. P., & Maslach, C. (2011). *Areas of worklife survey Manual (5th ed)*. Mind Garden, Inc., California.

- Leiter, M. P., & Shaughnessy, K. (2006). The areas of worklife model of burnout: Tests of mediation relationships. *Ergonomia: An International Journal*, 28, 327-341.
- Leithwood, K., Menzies, T., Jantzi, D., & Leithwood, J. (1996). School restructuring, transformational leadership and the amelioration of teacher burnout. *Anxiety, Stress, and Coping*, 9, 199-215.
- LeSergent, C. M., & Haney, C. J. (2005). Rural hospital nurse's stressors and coping strategies: a survey. *International Journal Nursing Studies*, 42, 315-24.
- Lloyd, C., King, R., & Chenowith, L. (2002). Social work, stress, and burnout: A review. *Journal of Mental Health*, 11, 255-266.
- Lyness, K., & Judiesch, M. (2001). Are female managers quitters? The relationships of gender, promotion and family leaves of absence to voluntary turnover. *Journal of Applied Psychology*, 86(6), 1116-1178. doi: 0.1037//0021-9010.86.6.1167
- Maertz, C. P. (2004). *Five antecedents neglected in employee turnover models. In Innovative Theory and empirical research on employee turnover*. Greenwich, CT: Information Age Publishing.
- Maertz, C. P. (2001). *Why employees stay with or quit an organization*. Paper presented at the 61st Annual Meeting of the Academy of Management, Washington, DC.
- Maertz, C. P., & Campion, M. A. (2004). Profiles in quitting: Integrating process and content turnover theory. *Academy of Management Journal*, 47(4), 566-582.
- Mahoney, J. (2005). *Economic foundations of strategy*. Thousand Oaks, CA: Sage.
- March, J. G. & Simon, H. A. (1958). *Organizations*. New York: Wiley.
- Marshall, R. E., Zahorodny, W., & Passannante, M. R. (1998). Burnout among neonatologists and pediatricians. *Neonatal Intensive Care*. 11(4),16-18.

- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C. (1983, April). *New directions in burnout research*. Invited address at the meeting of the Western Psychological Association, San Francisco.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour*, 2, 99-113.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (2010). *Maslach burnout inventory manual*. MindGarden.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.
- Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498-512. doi:10.1037/0021-9010.93.3.498
- Maslach, C., Leiter, M.P., & Jackson, S. (2012). Making a significant difference with burnout interventions: Researcher and practitioner collaboration. *Journal of Organizational Behavior*, 33, 296-300. doi:10.1002/job.784
- Maslach, C., & Pines, A. (1977). The burned-out syndrome in the day care setting. *Child Care Quarterly*, 6, 100-113.
- Maslach, C., Schaufeli, W., & Leiter, M. (2001). Job burnout. *Annual Review Of Psychology*, 52, 397-422.
- Masternak, M. (2004). *Realistic job preview: A review of the literature and recommendations for Michigan family independence agency*. Retrieved at http://www.cps.ca.gov/ConsultingServices/HSRC/MIFIAAppendices/Append_G_FIA_CCHP_Realistic_Job_Preview.pdf
- McCarthy, J. (2005). More than surviving: Keys to thriving as an administrator; Why do administrators like their work? *Nursing Homes: Long-term Care Management*, 36-38.

- McCarthy, M. E., Pretty, G. M. H., & Catano, V. M. (1990). Psychological sense of community and student burnout. *Journal of College Student Development, 31*, 211-216.
- McClaughlin, C., & McClaughlin, C. (2008). *Health policy analysis: An interdisciplinary approach*. Sudbury, MA: Jones and Bartlett.
- McGee, G. W., Fottler, M. D., Shewchuk, R. M., & Giardina, C. W. (1992). Corporate structure and administrators' job stress: The case of nursing homes. *Health Services Management Research, 5*(1), 54-65. Retrieved from <http://hsmr.rsmjournals.com/>
- McLean, J., & Andrew, T. (2000). Commitment, satisfaction, stress and control among social services managers and Social Workers in the UK. *Administration in Social Work, 23*, 93-117.
- Medicare Payment Advisory Commission. (2008). *Report to the Congress: Medicare payment policy*.
- Meichenbaum, D.H. (1985). *Stress inoculation training*. New York: Pergamon Press.
- Meier, S. T. (1983). Toward a theory of burnout. *Human Relations, 36*, 899-910.
- Melamed, S., Shirom, A., Toker, S., Berliner, S., & Shapira, I. (2006). Burnout and risk of cardiovascular disease: Evidence, possible causal paths, and promising research directions. *Psychological Bulletin, 132*(3), 327-353.
- Meyer, J. P., & Allen, N. J. (1984). Testing the side-bet theory of organizational commitment: Some methodological considerations. *Journal of Applied Psychology, 69*, 372-378.
- Miller, E., & Rudder, C. (2013). Engaging consumers in medicaid nursing home reimbursement policy: Lessons from New York and Minnesota. *Gerontologist, 53*(4), 627-640.

- Miller, I. K., Zook, G. E. & Ellis, H. B. (1989). Occupational differences in the influence of communication on stress and burnout in the workplace. *Management Communication Quarterly*, 3(2), 166-90.
- Mirvis, D. M., Graney, M. J., & Kilpatrick, A. O. (1999). Factors contributing to burnout among leaders of Department of Veterans Affairs medical centers. *Journal of Health and Human Services Administration*, 21(3), 390-412.
- Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablinski, C. J., & Erez., M. (2001). Why people stay: Using job embedness to predict voluntary turnover. *Academy of Management Journal*, 44, 1102-1121.
- Mitchell, W., Venkatraman, A., Banaszak-Holl, J., Baum, J. & Berta, W. (2004).
The commercialization of nursing home care: Does for-profit cost control mean lower quality or do corporations provide the best of both worlds? Retrieved from http://www.caseatduke.org/documents/FPvNP_NursingHomes_mitchell.pdf
- Mobley, W. H. (1977). Intermediate linkages in the relationship between job satisfaction and employee turnover. *Journal of Applied Psychology*, 62(2), 237-240.
- Mobley, W. H., Griffeth, R. W., Hand, H. H., & Meglino, B. M. (1979). Review and conceptual analysis of the employee turnover process. *Psychological Bulletin*, 86(3), 493-522.
- Mobley, W. J., Horner, S. O., & Hollingsworth, A. T. (1978). An evaluation of precursors of hospital employee turnover. *Journal of Applied Psychology*, 63, 408-414.
- Monette, D. R., Sullivan, T. J., & DeJung, C.R. (2011). *Applied social research: A tool for the human services*. Belmont, CA: Brook/Cole.

- Monnier, J., Stone, B. K., Hobfoll, S. E., & Johnson, R. J. (1998). How antisocial and prosocial Coping influence the support process among men and women in the U.S. Postal Service. *Sex Roles, 39*, 1-20.
- Mor Barak, M., Nissly, J., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from past research? A review and meta-analysis. *Social Service Review, 75*, 625-661.
- Morgan, D. G., Semchuk, K. M., Stewart, N. J., & D'Arcy, C. (2002). Job strain among staff of rural nursing homes. A comparison of nurses, aides, and activity workers. *Journal of Nursing Administration, 32*(3), 152-61.
- Morrell, K., Loan-Clarke, J., & Wilkinson (2004). Organizational change and employee turnover. *Personnel Review, 33*, 161-173.
- Morrell, K., Loan-Clarke, J., & Wilkinson (2001). Unweaving leaving: The use of models in the management of employee turnover. *International Journal of Management Reviews, 3*(3), 219-244.
- Morrisey, M., Sloan, F., & Valvona, J. (1998). Medicare prospective payment and post- hospital transfers. *Medical Care, 26*, 685-698.
- Mowday, R. T., Koberg, C. S., & McArthur, A. W. (1984). The psychology of the withdrawal process: A cross-validation test of Mobley's intermediate linkages model of turnover in two samples. *Academy of Management Journal, 27*(1), 79-94.
- Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). *Organizational linkages: The psychology of commitment, absenteeism and turnover*. San Diego, CA: Academic Press.

- Muchinsky, P. M. & Morrow, P. C. (1980). A multidisciplinary model of voluntary employee turnover. *Journal of Vocational Behavior*, 17, 263-290.
- Mullen, W. E. (1985). Identification of stressors in nursing home administrators. *The Gerontologist*, 25, 370-375.
- Muncer, S., Taylor, S., Green D. W., et al. (2001). Nurses' representations of the perceived causes of work-related stress: a network drawing approach. *Work Stress*, 15(1), 40-52.
- Murphy, B. (2004). Nursing home administrators' level of job satisfaction. *Journal of Healthcare Management*, 49(5), 336-44.
- Murray-Gibbons, R., & Gibbons, C. (2007). Occupational stress in the chef profession. *International Journal of Contemporary Hospitality Management*, 19(1), 32-42.
- National Association of Long Term Care Administrator Boards. (2013). *Nursing home administrators licensing examination-Information for candidates*
Retrieved from <https://www2.proexam.org/NAB/Candidate/Resources/nhahand.pdf>
- Olson, D., Burke, R., & Nau, R. (2010). *National emerging leaders summit for long term care administrators white paper on the next generation of long term care leaders* [White Paper]. Retrieved from <http://www.gwumc.edu/lcsummit/pdf/2010NELSWhitePaperFinal.pdf>.
- O'Neil, S. L, Hewitt, A., & Sauer, J, (2001). *RJP overview*. Minneapolis: University of Minnesota. Institute on Community Integration. Funding was provided by the Partnerships for Success Grant funded by the U.S. Department of Labor (Grant # N-7596-9-00-87-60). Retrieved from <http://rtc.umn.edu/docs/rjp.pdf>
- PA Department of Health. (2008). *Directory of Pennsylvania nursing homes. Bureau of Health Statistics Research*. Retrieved from

<http://www.dsf.health.state.pa.us/health/lib/health/facilities/directories/NHDIRECTORY.pdf>

Park, K., Wilson, M. G., & Lee, M. S. (2004). Effects of social support at work on depression and organizational productivity. *American Journal Health Behavior, 28*(5), 444-55.

Parsons, S. K., Simmons, W. P., Penn, K., & Furlough, M. (2003). Determinants of satisfaction and turnover among nursing assistants. The results of a statewide survey. *Journal of Gerontological Nursing, 29*(3), 51-58.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.

Patton, W., & Goddard, R. (2003). Psychological distress and burnout in Australian employment service workers: two years on. *Journal of Employment Counseling, 40*(1), 2-16.

Peck, R. L. (Ed.). (2000, November). Stress relief. *Nursing Homes: Long-term Care Management, 4*.

Peck, R. L. (2001, July). The administrator: An endangered species. *Nursing Homes: Long-term Care Management, 50*(7), 4.

Pennsylvania Association of County Affiliated Healthcare Facilities. (PACAH) (n.d.). Mission.

<http://www.pacahpa.org/Pages/AboutMission.aspx>

Pennsylvania General Assembly (2005). *Long term care for the elderly in Pennsylvania*.

Legislative Budget and Finance Committee. Retrieved from

https://www.cms.gov/CommunityServices/Downloads/PA_Profile.pdf

- Pennsylvania Healthcare Association. (PHCA). (2010). *PA long-term care statistics*.
- Pennsylvania Healthcare Association. Retrieved from <http://www.phca.org/research/long-term-care-statistics.htm>
- Pennsylvania State Board of Examiners. (2007). Culture change... Here to stay or a passing fad? *Pennsylvania State Board of Examiners Newsletter*.
- Pennsylvania State Bureau of Professional and Occupational Affairs. (2012). *Active license counts*. Retrieved from http://www.dos.state.pa.us/portal/server.pt/community/list_requests/12498
- Perrewe, L. P., Fernandez, R. D., & Morton, S. K. (1993). An experimental examination of implicit stress theory. *Journal of Organizational Behavior, 14*(7), 677-86.
- Pett, M. A., Lackey, N. R., & Sullivan, J. J. (2003). Making sense of factor analysis. Thousand Oaks: Sage.
- Phillips, C. (1987). Staff turnover in nursing homes for the aged: a review and research proposal. *International Journal of Nursing Studies, 24*(1), 45-57.
- Pillemer, K., Sutor, J. J., Henderson, C. R., Meador, R., Schultz, L., Robison, J., et al. (2003). A cooperative communication intervention for nursing home staff and family members of residents. *The Gerontologist, 43*, 96-106.
- Pines, A. (1993). Burnout: An existential perspective. In W. B. Schaufeli, C. Maslach, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research*. Washington, DC: Taylor & Francis.
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. New York, NY: Free Press.
- Pines, A., & Maslach, C. (1980). Combatting staff burnout in a day care center: A case study. *Child Care Quarterly, 9*, 5-16.

- Pioneer Network. (2012). The basics of promising practice. Retrieved from <http://www.pioneernetwork.net/Providers/PromisingPractices/OBRA87/>
- Podsakoff, N. P., LePine, J. A., & LePine, M. A. (2007). Differential challenge stressor hindrance stressor relationships with job attitudes, turnover intentions, turnover, and withdrawal behavior: A meta-analysis. *Journal of Applied Psychology, 92*, 438-454.
- Porter, L., & Steers, R. (1973). Organizational, work, and personal factors in employee turnover and absenteeism. *Psychological Bulletin, 80*, 151-176.
- Pozgar, G. D. (2013). *Legal and ethical issues for health professionals*. Burlington, MA: Jones and Bartlett.
- Pratt, J. (2002). The disappearing administrator: Results of a national survey. *Nursing Homes, 51*(4), 24-27. Retrieved from http://findarticles.com/p/articles/mi_m3830/is_4_51/ai_85242823/?tag=content;coll
- Pratt, J. (2010). *Long-term care: Managing across the continuum*. Sudbury: Mass.: Jones and Bartlett.
- Pretty, G. H., McCarthy, M., & Catano, V. (1992). Psychological environments and burnout: Gender considerations in the corporation. *Journal of Organizational Behaviour, 13*, 701-711.
- Price, J. L. (1977). *Handbook of organizational measurement*. Lexington, Mass.: D. C.
- Price, J. L. (2004). The development of a causal model of turnover. In *Innovative theory and empirical research on employee turnover*. Greenwich, CT: IAP Publishing.
- Price J. L., & Mueller, C. W. (1981). A causal model of turnover for nurses. *Academy of Management Journal, 24*, 543-565.

- Price, J. L., & Mueller, C. (1986). *Absenteeism and turnover of hospital employees*. Connecticut: JAI Press.
- Price, J. L. (2001). Reflections on the determinants of voluntary turnover. *International Journal of Manpower*, 22(7), 600-675.
- Ptacek, J. T., Smith, R. E., & Zanas, J. (1992). Gender, appraisal, and coping: A longitudinal analysis. *Journal of Personality*, 60, 747-770.
- Purdy, R. R., Lemkau, J. P., Rafferty, J. P., & Rudisill, J. R. (1987). Resident physicians in family practice: who's burned out and who knows? *Family Medicine*, 19(3), 203-8.
- Purvanova, R. K., & Muros, J. P. (2010). Gender differences in burnout: A meta-analysis *Journal of Vocational Behavior*, 77, 168-185.
- Richardson, A.M., & Martinussen, M. (2004). The Maslach burnout inventory: Factorial validity and consistency across occupational groups in Norway. *Journal of Occupational and Organizational Psychology*, 77, 377-384.
- Riech, W. A. Wagner-Westbrook, B. J., & Kressel, K. (2007). Actual and ideal conflict styles and job distress in healthcare organization. *The Journal of Psychology*, 141(1), 5-15.
- Riggs, C. J., & Rantz, M. J. (2001). A model of staff support to improve retention in long-term care. *Nursing Administration Quarterly*, 25(2),43-54.
- Riter, R. (1995). The disservice of rapid administrator turnover. *The Journal of Long-term Care Administration*, 23(2), 36-37.
- Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly*, 15(2),150-163.
- Robinson, S. L., & Rousseau, D. M. (1994).Violating the psychological contract: Not the exception but the norm. *Journal of Organizational Behavior*, 15, 245-259.

- Robnette, R. H., & Chop, W. C. (2010). *Gerontology for the health care professional*. Sudbury, MA: Jones and Bartlett.
- Rowe, M. (1997). Hardiness, stress, temperament, coping, and burnout in health professionals. *American Journal of Health Behavior, 21*(3), 163-171. Retrieved from <http://www.ajhb.org/>
- Rubin, A., & Shuttlesworth, G. E. (1986). Job turnover among nursing home administrators: An exploratory study. *Journal of Long Term Care Administration, 14*(2), 25-29.
- Russell, D. W., Altmaier, E., & Van Velzen, D., (1987). Job-related stress, social support and burnout among classroom teachers. *Journal of Applied Psychology, 72*(2), 269-74.
- Saks, A. M., & Ashforth, B. E. (1997). Organizational socialization: Making sense of the past and present as a prologue for the future. *Journal of Vocational Behavior, 51*, 234-279.
- Sargent, L. T., & Terry, D. J. (2000). The moderating role of social support in Karasek's job strain model. *Work & Stress, 14*, 245-261.
- Schacter, D. L. (1999). The seven sins of memory: Insights from psychology and cognitive neuroscience. *American Psychologist, 54*, 182-203.
- Schaufeli, W. B. (1995). The evaluation of burnout workshop for community nurses. *Journal of Health and Human Services Administration, 18*, 11-31.
- Schaufeli, W. B. (2003). Past performance and future perspectives of burnout research. *South African Journal of Industrial Psychology, 29*, 1-15.
- Schaufeli, W. B., & Bakker, A. B. (2004). Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior, 25*, 293-315.

- Schaufeli, W. B., Bakker, A. B., Hoogduin, K., Schaap, C., & Kladler, A. (2001). On the clinical validity of the Maslach burnout inventory and the burnout measure, *Psychology and Health, 16*(5),565-82. doi: 10.1080/08870440108405527
- Schaufeli, W. B., & Greenglass, E. R. (2001). Introduction to special issue on burnout and health. *Psychology & Health, 16*, 501-510.
- Schaufeli, W., Leiter, M. P., & Maslach, C. (2009). Burnout: 35 years of research and Practice. *Career Development International, 14*(3), 204-220.
doi.org/10.1108/13620430910966406
- Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S.E. (1996). The Maslach Burnout Inventory-General Survey. In C. Maslach, S.E. Jackson, & M.P. Leiter (Eds.), *Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Schaufeli, W. B., Leiter, M. P., & Kalimo, R. (1995). *The general burnout questionnaire: Cross-national development and validation*. Paper presented at the APA/NIOSH Congress Work, Stress and Health 1995: Creating Healthier Workplaces. Washington, DC.
- Schaufeli, W. B., & Enzmann, D. (1998). *The burnout companion to study and practice. A critical analysis*. London: Taylor and Francis.
- Schonlau, M. et al(2004). A comparison between responses from a propensity-weighted web survey and an identical RDD survey. *Social Science Computer Review, 22*, 128-138 doi: 10.1177/0894439303256551
- Schnake, M., Williams, R., & Fredenberger, W. (2007). Relationship between frequency of use of career management practices and employee attitudes intention to turnover, and job search behavior. *Journal of Organizational Culture,*

- Communication and Conflict*, 11(1), 53-64. Retrieved from <http://www.alliedacademies.org/public/journals/JournalDetails.aspx?jid=11>.
- Schneider, B. (1987). The people make the place. *Personnel Psychology*, 40, 437-453.
- Schwab, R. L., & Iwanicki, E. F. (1982). Perceived role conflict, role ambiguity and teacher burnout. *Educational Administration Quarterly*, 18, 60-74.
- Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. (2000). The factorial validity of the Maslach Burnout Inventory-General Survey(MBI-GS) across occupational groups and nations. *Journal of Occupational and Organizational Psychology*, 73, 53-67.
- Seltzer, J., Numerof, R. E., & Bass, B.M. (1989). Transformative leadership: Is it a source of more burnout and stress? *Journal of Health and Human Resources Administration*, 13, 174-185.
- Sheridan, J. E. & Abelson, M. A. (1983). Cusp catastrophe model of employee turnover, *Academy of Management Journal*, 26, 418-436.
- Shi, L., & Singh, D.A. (2013). *Essentials of the U.S. health care system*. Burlington, MA: Jones and Bartlett.
- Shinn, M., Rosario, M., Morch, H., & Chestnut, D. E. (1984). Coping with job stress and burnout in the human services. *Journal Personality and Social Psychology*, 46(4), 864-76.
- Siefert, K., Jayaratne, S., & Chess, W. (1991). Job satisfaction, burnout, and turnover in health care social workers. *Health and Social Work*, 16(3), 193-203.
- Singh, D. A. (2010). *Effective management of long term care facilities*. Sudbury, MA: Jones and Bartlett.

- Singh, D. A., & Schwab, R. C. (1998). Retention of administrators in nursing homes: can management do? *Gerontologist*, 38(3), 362-369. Retrieved from <http://gerontologist.oxfordjournals.org/content/by/year>.
- Singh, D. A., & Schwab, R. C. (2000). Predicting turnover and retention in nursing home administrators: Management and policy implications. *Gerontologist*, 40(3), 310-319. Retrieved from <http://gerontologist.oxfordjournals.org/content/by/year>
- Singh, D. A., Amidon, R. L., Shi, L., & Samuels, M. E. (1996). Predictors of quality of care in nursing facilities. *Journal of Long-Term Care Administration*, 24(3), 22-26.
- Singh, P., Suar, D., & Leiter, M. P. (2012). Antecedents, work-related consequences, and buffers of job burnout among Indian software developers. *Journal of Leadership & Organizational Studies*, 19, 83-104. doi:10.1177/1548051811429572
- Social Security Administration. (1987). *The Omnibus Reconciliation Act of 1987*. Retrieved from http://www.socialsecurity.gov/OP_Home/ssact/title18/1819.htm
- Sousa-Poza, A., & Henneberger, F. (2002). An empirical analysis of working-hours constraints in 21 countries. *Review of Social Economy*, 60, 1-14.
- Spielberger, C. D., & Vagg, P. R. (1999). *Job stress survey: Professional manual*. Odessa, FL. Psychological Assessment Resources.
- State Board of Examiners of Nursing Home Administrators. (2010). *Licensure information*. Retrieved from http://www.dos.state.pa.us/portal/server.pt/community/state_board_of_examiners_of_nursing_home_administrators/12514/licensure_information/599708
- Steel, R. P. (2002). Turnover theory at the empirical interface: Problems of fit and function. *Academy of Management Review*, 27, 346-360.

- Steel, R. P., & Ovalle, N. K. (1984). A review and meta-analysis of research on the relationship between behavior intentions and employee turnover. *Journal of Applied Psychology, 69*(4), 673-686.
- Steers, R. M., & Rhodes, S. R. (1978). Major influences on employee attendance: A process model. *Journal of Applied Psychology, 63*, 391-407.
- Stevens, G. B., & O'Neill, P. (1983). Expectations and burnout in the developmental disabilities field. *American Journal of Community Psychology, 11*(6), 615-627.
- Stoil, M. J. (2002). Documenting the disappearing administrator. *Frontlines, View on Washington, 51*(1), 6-7.
- Stordeur, S., D'hoore, W., & Vandenberghe, C. (2001). Leadership, organizational stress, and emotional exhaustion among hospital nursing staff. *Journal of Advanced Nursing, 35*, 533-542.
- Straker, J. K., & Atchley, R. C. (1999). *Recruiting and retaining frontline workers in long-term care: Usual organizational practices in Ohio*. Oxford, OH.
- Stroh, L. K., Brett, R., & Reilly, A. (1996). Family structure, glass ceiling, and traditional explanations for the differential rate of turnover for female and male managers. *Journal of Vocational Behavior, 49*, 99-118.
- Sousa-Poza, A., & Henneberger, F. (2002). Analyzing job mobility with job turnover intentions: An international comparative study. *Research Institute for Labour Economics and Labour Law, 82*, 1-28.
- Sultz, H., & Young, K. (2004). *Healthcare USA*. 4th ed. New York: Aspen Publishing.

- Tabar, P. (2012). *Nursing home employees see slight pay raises in 2012; turnover still a problem*. Retrieved from <http://www.ltlmagazine.com/news-item/nursing-home-employees-see-slight-pay-raises-2012-turnover-still-problem>
- Tabachnick, B., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). Boston: Allyn & Bacon.
- Tai, T. W. C., Bame, S. I., & Robinson, C. D., (1998). Review of nursing turnover research, 1977–1996. *Social Science and Medicine*, 4(12), 1905-1924.
- Tanner, S. T., Kalimo, R., & Mutanene, P. (2002). The process of burnout in white-collar and blue-collar jobs: eight-year prospective study of exhaustion, *Journal of Organizational Behavior*, 23, 555-570. doi:10.1002/job.155
- Taris T.W. (2006). Is there a relationship between burnout and objective performance? A critical review of 16 studies. *Work & Stress*, 20, 316-334.
- Taris, T. W., Le Blanc, P., Schaufeli, W. B., & Schreurs, P. J. G. (2005). Are there relationships between the dimensions of the Maslach Burnout Inventory? A review and two longitudinal tests. *Work and Stress*, 19, 256-262.
- Taylor, S. (1999). *Health Psychology* (fourth edition). McGraw- Hill. Fairfield: PA.
- Taylor, S. (2007). Social Support. In *Foundations of Health Psychology*. New York: Oxford University Press.
- Tellis-Nayak, V. (2007a). Disenchantment among ltc leaders-And its toll on quality. *Long Term Living*. <http://www.ltlmagazine.com/article/disenchantment-among-ltc-leaders-and-its-toll-quality>.
- Tellis-Nayak, V. (2007b). The satisfied but disenchanting leaders in long-term care: The paradox of the nursing home administrator. *Seniors Housing & Care Journal*, 15, 3-18.

- Templeton, M. C., & Satcher, J. (2007). Job burnout among public rehabilitation counselors. *Journal of Applied Rehabilitation Counseling, 38*(1), 39-45.
- Tett, R. P., & Meyer, J. P. (1993). Job satisfaction, organizational commitment, turnover intention, and turnover: Path analyses based on meta-analytic findings. *Personnel Psychology, 46*(2), 259-293. doi:10.1111/j.1744-6570.1993.tb00874.x
- Thompson, A., Kerr, D., Dowling, J., & Wagner, L. (2012). Advocacy 201: Incorporating advocacy training in health education professional preparation programs. *Health Education Journal, 71*-268-271.
- Timms, C., Graham, D., & Cottrell, D. (2007). "I'm just a cog in the wheel": Worker engagement and burnout in relation to workplace justice, management trustworthiness and areas of worklife. In, M. Dollard, T. Winefield, M. Tuckey, & P. Winwood (Eds.), *Better work. Better organizations. Better world*. Conference proceedings, 7th Industrial and Organizational Psychology Conference (IOP)/1st Asia Pacific Congress on Work and Organizational Psychology (APCWOP) (pp.266-271). Adelaide: Australian Psychological Society. Retrieved online from http://carolyntimms.id.au/sitebuildercontent/sitebuilderfiles/timms_2007_thesis_p.p.128-198_part_3.pdf
- Tobin, R. (2010). Rival explanations. In *Encyclopedia of Case Study Research* doi:10.4135/9781412957397
- Tomic, W., & Tomic, E. (2008). Existential fulfillment and burnout among principals and teachers. *Journal of Beliefs and Values, 29*(1), 11-27. doi:10.1080/13617670801928191

- Toppinen Tanner, S., Kalimo, R., & Mutanen, P. (2002). The process of burnout in white collar and blue collar jobs: Eight year prospective study of exhaustion. *Journal of Organizational Behavior, 23*, 555-570.
- Trevor, C. O. (2001). Interactions among actual ease of movement determinants and job satisfaction in the prediction of voluntary turnover. *Academy of Management Journal, 44*, 621-638.
- Trice, H. M., & Sonnenstuhl, W. J. (1988). Drinking behaviors and risk factors related to the workplace. *Journal Applied Behavioral Sciences, 24*, 327-46.
- Truchot, D., & Deregard, M. (2001). Perceived inequity, communal orientation, and burnout: The role of helping models. *Work & Stress, 15*, 347-356.
- U.S Census Bureau. (2010). *U.S. population projections*. United States Census Bureau.
Retrieved from <http://www.census.gov/popest/estimates.html>
- van Breukelen, W., van der Vlist, R., & Steensma, H. (2004). Voluntary employee turnover: Combining variables from the 'traditional' turnover literature with the theory of planned behavior. *Journal of Organizational Behavior, 25*, 893-914.
- Van Dierendonck, D., Schaufeli, W. B., & Buunk, B. P. (1996). The evaluation of an individual burnout intervention program. *International Journal of Stress Management, 83*, 392-407.
- Wang, G., Oh, I. S., Courtright, S. H., & Colbert, A. E. (2011). Transformational leadership and performance across criteria and levels: A meta-analytic review of 25 years of research. *Group & Organization Management, 36*(2), 223-270. doi:10.1177/1059601111401017.
- Webster, L., & Hackett, R. K. (1999). Burnout and leadership in community mental health systems. *Administration and Policy in Mental Health, 26*, 387-399.

- Weckworth, A. C., & Flynn, D. M. (2006). Effect of sex on perceived support and burnout in university students. *College Student Journal, 40*(2), 237-250.
- West, D. J., Horan, J. J. & Games, P. A. (1984). Component analysis of occupational stress inoculation applied to registered nurses in an acute care setting. *Journal of Counseling Psychology, 31*, 208-218.
- Wiener, J., Squillace, M. R., Anderson, W., & Khatutsky, W. (2009). Why do they stay? Job tenure among certified nursing assistants in nursing homes. *The Gerontologist, 49*(2), 198-210. doi:10.1093/geront/gnp027
- Wilson, F. (2009). *Burnout among nursing home administrators: An examination of Georgia's long term care leaders*. (Doctoral Dissertation). Proquest Dissertations and Theses database (UMI No. 3380477).
- Wing, P., & Salberg, E. (2001). *The education and credentialing of nursing home administrators in New York State: Meeting the health care needs of the nursing home residents*. The Center for Health Workforce Studies, School of Public Health, University of Albany. Retrieved from <http://chws.albany.edu>
- Wolf, D. G. (2011). *An examination of the leadership practices of skilled nursing facility administrators and their effect on quality of care*. Eastern University, dissertation. Retrieved from <http://www.leadershipchallenge.com/Research-section-Others-Research-Detail/wolf-abstract-may-12.aspx>
- Wolgemuth, E., & Betz, N. E. (1991). Gender as a moderator of the relationship of stress and social support to physical health in college students. *Journal of Counseling Psychology, 38*(3), 367-374.

Worth, M. J. (2009). *Nonprofit management: Principles and practices*. Washington, DC: Sage Publishing.

Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology*, 83, 486-493.

Zinn, J. S. (2001, Summer). Changing expectations in the provision of long-term care. *Health Care Manager Review*, 26(3), 50-100.

Zopiatis, A., & Constanti, P. (2010). Leadership styles and burnout: is there an association? *International Journal of Contemporary Hospitality Management*, 22(3), 300-320. doi: 10.1108/09596111011035927

Appendix A-Email to LeadingAge Members

Dear LeadingAge PA member,

We are contacting you on behalf of one of our student members, a Nursing Home Administrator (NHA) who is working on her Ph.D. dissertation, and is requesting your participation in the survey that is located at <URL to survey>. The survey is a being conducted by a doctoral student as part of the student's dissertation research. We are assured that answers to the survey will be anonymous and that, when the study has been completed, we will receive a copy of the research on issues important to NHAs in Pennsylvania.

Thank you for your support of this project,

Appendix B-Email to PHCA members

Dear Colleague,

Because you are a leader in long term care, researchers at Indiana University of Pennsylvania (IUP) would like you to participate in a study they are conducting on important issues in your role--a key role in assuring quality of care. The researchers reached out to Pennsylvania Healthcare Association because they are interested in the experiences of nursing home administrators in Pennsylvania and want to ensure that perspectives of leaders of for profit facilities in the Commonwealth are well represented in the study.

The survey is a being conducted by a doctoral student as part of the student's dissertation research. The goal of this research ultimately is to contribute to our understanding of ways we can improve quality of care. It can only be successful with the input and support of professionals like you who are working in the field.

If you think you might be interested in taking part in the study by completing the researchers' brief and anonymous survey then please reply to this email and I will send you the link to the study.

I hope you will consider taking about 10 minutes to participate in this project by sharing your thoughts and opinions on your experiences as a nursing home administrator.

Best wishes,

Appendix C-Email to PACAH members

Dear Colleague,

Because you are a leader in long term care, researchers at Indiana University of Pennsylvania (IUP) would like you to participate in a study they are conducting on important issues in your role--a key role in assuring quality of care. The researchers reached out to the Pennsylvania Association of County Affiliated Homes because they are interested in the experiences of nursing home administrators in Pennsylvania and want to ensure that perspectives of leaders of PACAH member in the Commonwealth are well represented in the study.

The survey is a being conducted by a doctoral student as part of the student's dissertation research. The goal of this research ultimately is to contribute to our understanding of ways we can improve quality of care. It can only be successful with the input and support of professionals like you who are working in the field.

If you think you might be interested in taking part in the study by completing the researchers' brief and anonymous survey then please click on the link below

<URL FOR STUDY>

I hope you will consider taking about 10 minutes to participate in this project by sharing your thoughts and opinions on your experiences as a nursing home administrator.

Best wishes,

Appendix D-Permission for ATS scale

Dear Doctoral Student Daley,

Attached please find the ATS Scale, the scoring key, validity and reliability information from our samples, the theoretical model in which it was tested and the results as reported in Nursing Research, plus the copyright citation. You may want to retest for validity and reliability as our tests were awhile ago. If you need a formal letter of permission to use, on letterhead, for your committee or Institutional Review Board, I will be glad to provide one.

If the file does not transfer successfully, let me know. We wish you well with your work.

Sincerely,

Jan R. Atwood, PhD, RN, FAAN
Professor Emerita, University of Nebraska
College of Nursing, College of Public Health, and
Adjunct Professor, College of Nursing, U.of Az.

Appendix E-Permission for Areas of Worklife Survey

www.mindgarden.com

For use by Christina Daley only. Received from Mind Garden, Inc. on May 7, 2013

www.mindgarden.com

To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument: Areas of Worklife Survey

Authors: Michael P Leiter & Christina Maslach

Copyright: 2000, 2011 by Michael P. Leiter & Christina Maslach.

Three sample items from this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,
Robert Most
Mind Garden, Inc.

Appendix F-Permission for Maslach Burnout Inventory General Survey

For use by Christina Daley only. Received from Mind Garden, Inc. on May 7, 2013

www.mindgarden.com
To whom it may concern,

This letter is to grant permission for the above named person to use the following copyright material for his/her thesis or dissertation research:

Instrument:
Maslach Burnout Inventory, Forms: General Survey, Human Services
Survey & Educators Survey

Copyrights:

MBI-General Survey (MBI-GS): Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Human Services Survey (MBI-HSS): Copyright ©1981 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Educators Survey (MBI-ES): Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

Three sample items from a single form of this instrument may be reproduced for inclusion in a proposal, thesis, or dissertation.

The entire instrument may not be included or reproduced at any time in any published material.

Sincerely,
Robert Most
Mind Garden, Inc.

Appendix G-LeadingAge Agreement to Distribute Survey

Subject: RE: LeadingAge PA introductory letter
From: Beth Greenberg <Beth@leadingagepa.org>
Date: 04/11/13 11:38 AM
To: 'Christina Ms Daley' <c.m.daley@iup.edu>
Attached Files

LeadingAge PA NHA survey letter-BG edits.docx (15 KB)

Sorry Christina, I was out of town. Yes, we will send the e-mail to members on your behalf. I am constitutionally unable to leave something unedited, so I do have a suggestion on the letter - to strengthen the ask a bit. I've attached it with my suggestion....it is fine as is, so it's just a suggestion. I am thinking I'd like to send the e-mail from me, with a very brief introduction to the project and have the letter come from you. Does that make sense to you?

Beth

Celebrating 50 years!

Beth Greenberg, MPA, MA
Vice President, Strategic Knowledge and Research
LeadingAge PA
1100 Bent Creek Boulevard
Mechanicsburg, PA 17050
E-mail: beth@LeadingAgePA.org
Direct Dial: 717-790-3948
Office: 717-763-5724/800-545-2270
Web: www.leadingagepa.org

Appendix H-PHCA Agreement to Distribute Survey

Subject: RE: PHCA introduction to study
From: Rachel Delavan <rdelavan@phca.org>
Date: 04/11/13 11:15 AM
To: Christina Ms Daley <c.m.daley@iup.edu>

Christina-

PHCA is willing to send via email the link to your survey to nursing home Administrators at our member facilities if we get permission from the member company.

We will send each Administrator one email with the link to the survey and with the introduction to the survey that you provide.

If you need anything further for your IRB approval please let me know.

Rachel

Rachel Delavan | Director of Research
Pennsylvania Health Care Association and
Center for Assisted Living Management
315 N. Second Street
Harrisburg, PA 17101
Ph: 717.221.7928
Fax: 717.221.8687

Appendix I-PACAH Agreement to Distribute Survey

Subject: Survey for PACAH
From: Mike Wilt <MWILT@pacounties.org>
Date: 04/11/13 08:58 AM
To: c.m.daley@iup.edu <c.m.daley@iup.edu>

PACAH is pleased to distribute your survey to our membership and look forward to their input and the results.

Thank you for including us in your study.

Michael J. Wilt
Executive Director
PACAH
17 North Front Street
Harrisburg, Pa. 17101-1624
Phone - (717) 232-7554 x 3133
Fax - (717) 232-8390
Cell - (717) 580-6468
mwilt@pacounties.org
www.pacahpa.org

An Affiliate of the County Commissioners Association of Pennsylvania

Appendix J-Initial Welcome Window of the Survey

INITIAL/WELCOME WINDOW OF THE SURVEY

You are invited to participate in a short (about 10 minutes) online study that we are conducting state-wide of Nursing Home Administrators' perceptions about their work. The survey is being conducted by a doctoral student as part of the student's dissertation research.

Your responses to the survey will be anonymous. There are no risks to participating in the study, and your responses will contribute to a better understanding of the experiences of Nursing Home Administrators, a key role in long term care and resident outcomes.

When you submit your responses to the survey, the data base does not connect them with any identifying information, such as your email address or name. If you choose to participate, your responses will be combined with the responses of others for analysis. Your responses cannot be traced back to you individually.

Your participation is completely voluntary and you are free to stop responding at any time by simply closing your browser.

Submitting your completed survey indicates your consent to participate in the study.

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724-357-7730).

If you have any questions regarding this study, please contact me or the faculty sponsor using the information provided below.

Thank you very much for your consideration,

Christina Daley, Doctoral Candidate
Administration and Leadership Studies, Nonprofit and Public Sectors Ph.D. Program
c.m.daley@iup.edu; 717-304-2897
Indiana University of Pennsylvania

Dr. Beth Mabry, Faculty Sponsor
mabry@iup.edu, 724-357-1289
Department of Sociology
Indiana University of Pennsylvania

Appendix K-Acronyms

ARF-Area Resource File

ASA-Attraction Selection Attrition

ATS-Anticipated Turnover Survey

AWS-Area of Worklife Survey

CEO-Chief Executive Officer

CFR-Code of Federal Regulations

CNA-Certified Nursing Assistant

CMS-Center for Medicare and Medicaid Services

COR-Conservation of Resources

DOH-Department of Health

DON-Director of Nursing

EJA-Elder Justice Act

GED-General Education Development

HCBS- Home and community-based service programs

HCFA-Health Care Financing Administration

JD-R-Job Demands Resources

JCAHO-Joint Commission on Accreditation of Healthcare

IOM-Institute of Medicine

LPN-Licensed Practical Nurse

LTC- Long term care

MOS-Medical Outcomes Study

OB-Organizational Behavior

NA-Nursing Assistant

NHA- Nursing home administrator

OBRA-Omnibus Reconciliation Act of 1987

OSCAR- Online Survey, Certification, and Recording

PACAH-Pennsylvania Association of County Affiliated Homes

PHCA- Pennsylvania Health Care Association

PPD-Per Patient Day

PPS-Prospective Payment System

RJP-Realistic Job Preview

RN-Registered Nurse

SNF-Skilled Nursing Facility

Appendix L-Pearson Correlations of Variables

Table 16

Pearson Correlations of Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Male	–											
2. Years as NHA	.27*	–										
3. Years on Job as NHA	-.11	.39*	–									
4. Age	.11	.52*	.25*	–								
5. Social Support	-.13	-.12	.10	-.09	–							
6. Salary	.15	.30*	.23*	.28*	.17	–						
7. Education (Graduate)	.15	.11	.02	-.08	.10	.05	–					
8. Number of Beds	.06	.25*	.06	.12	-.03	.26*	-.00	–				
9. Medicaid population	.11	.18	.16	.06	-.05	.02	-.11	.36*	–			
10. Staffing Hours Per Patient Day	.12	-.03	.12	.01	.03	.20	.03	-.15	-.08	–		
11. Chain membership	.07	-.12	-.23*	-.41*	.08	-.20	.04	-.34*	-.18	-.09	–	
12. Deficiency Citations	.04	.10	.05	-.10	-.02	-.12	.07	-.02	-.04	-.01	.21*	–
13. Geography (rural)	.09	-.03	.00	-.05	.01	-.23*	-.06	-.11	.19	.03	.02	.17
<i>Mean</i>	.39	13.76	7.06	51	4.65	97	.44	164	.59	3.51	.49	3.56
<i>SD</i>	n/a	8.58	5.60	9.63	1.45	12.93	n/a	134.66	.24	.552	.50	2.73
<i>Range</i>	0-1	1-40	.08-25	31-67	1-6	65-115	0-1	33-725	0-.97	2.9-6.9	0-1	0-12

(Table 16 Continues)

(Table 16 Continued)

Variables	1	2	3	4	5	6	7	8	9
14. County Owned	.17	.27*	.24*	.30*	-.17	-.01	.05	.49*	.31*
15. Nonprofit	-.34*	-.29*	-.19	-.16	.11	-.12	.02	-.19	-.48*
16. For profit	.18	.03	-.04	-.12	.06	.13	-.07	-.27*	.19
17. Control	.02	-.05	.02	-.05	.32*	.06	.07	.09	.03
18. Reward	.01	-.03	.02	.11	.24*	.27*	-.07	.06	-.08
19. Community	-.15	-.05	.06	-.04	.36*	.27*	.03	.03	.04
20. Fairness	.00	-.04	.12	.04	.21*	.13	.11	.02	-.00
21. Value Alignment	-.25*	-.12	.03	-.03	.24*	.02	-.01	-.03	-.09
22. Workload	.23*	.04	.03	.14	.16	.02	.09	-.09	.01
23. Exhaustion	-.12	-.03	.07	-.06	-.23*	-.07	-.17	-.01	.01
24. Cynicism	.06	-.02	-.04	.04	-.24*	-.13	-.12	-.09	.05
25. Professional Efficacy	-.14	-.09	-.09	.12	.14	.18	-.09	-.08	-.09
26. Turnover Intent Job	.01	.10	.05	.09	-.23*	-.04	.05	.16	.19
27. Turnover Intent	.03	.07	.04	.00	.02	.04	.08	.16	.05

(Table 16 Continues)

Table 16 Continued

Variables	10	11	12	13	14	15	16	17	18
14. County Owned	-.05	-.51*	-.03	.11	–				
15. Nonprofit	.01	-.09	-.11	-.06	-.48*	–			
16. For profit	.03	.59*	.14	-.04	-.47*	-.54*	–		
17. Control	.18	-.31*	-.31*	-.15	.15	.11	-.26*	–	
18. Reward	.25*	-.23*	-.07	-.07	.05	.09	-.15	.55*	–
19. Community	.07	-.07	-.15	-.08	-.07	.01	.06	.41*	.31*
20. Fairness	.19	-.19	-.15	-.02	.02	.12	-.13	.54*	.56*
21. Value Alignment	.12	-.17	-.28*	-.13	-.01	.26*	-.26*	.58*	.41*
22. Workload	.22*	-.13	-.17	-.00	.17	.06	-.21*	.32*	.29*
23. Exhaustion	-.03	.11	.10	.03	-.09	-.02	.10	-.36*	-.20
24. Cynicism	-.15	.19	.13	.09	-.02	-.14	.16	-.43*	-.31*
25. Professional Efficacy	.14	-.03	-.14	.02	-.11	.11	-.00	.36*	.30*
26. Turnover Intent Job	-.13	.02	.09	.18	.17	-.16	-.00	-.45*	-.35*
27. Turnover Intent Profession	-.14	.09	.23*	-.07	-.06	-.09	.15	-.33*	-.24*
<i>Mean</i>				.47	.30	.35	.35	3.76	3.57
<i>SD</i>				.50	.46	.48	.48	.88	.80
<i>Range</i>				0-1	0-1	0-1	0-1	1-5	1.75-5

(Table 16 Continues)

Table 16 Continued

Variables	19	20	21	22	23	24	25	26	27
19. Community	–								
20. Fairness	.39*	–							
21. Value Alignment	.43*	.60*	–						
22. Workload	.14	.29	.13	–					
23. Exhaustion	-.30*	-.24*	-.20	-.57*	–				
24. Cynicism	-.41*	-.33*	-.46*	-.22*	.56*	–			
25. Professional Efficacy	.38*	.33*	.45*	.16	-.29*	-.38*	–		
26. Turnover Intent Job	-.29*	-.37*	-.40*	-.26*	.55*	.54*	-.36*	–	
27. Turnover Intent Profession	-.21*	-.23*	-.46*	-.32*	.47*	.55*	-.39*	.62*	–
<i>Mean</i>	3.83	3.51	4.19	2.75	3.94	2.44	6.25	2.58	2.20
<i>SD</i>	.59	.63	.58	.85	1.47	1.39	.70	1.25	1.28
<i>Range</i>	2.2-5	2-5	2.75-5	1-5	1-7	1-6.6	4.5-7	1-6.33	1-6.71

Appendix M-Means, Standard Deviations, Cronbach's Alpha, Correlations of Areas Worklife and Burnout

Table 17

Means, Standard Deviations, Cronbach's alpha values and Correlations among areas of worklife variables and burnout dimension variables

Variables	M	SD	α	1	2	3	4	5	6	7	8	9	10	11
1. Control	3.76	.88	.89	–										
2. Reward	3.57	.80	.89	.54*	–									
3. Community	3.8	.59	.83	.41*	.31*	–								
4. Fairness	3.51	.63	.76	.54*	.56*	.39*	–							
5. Values	4.19	.58	.85	.58*	.41*	.43*	.59*	–						
6. Workload	2.74	.85	.78	.32*	.29*	.14	.29*	.13	–					
7. Exhaustion	3.94	1.47	.91	-.36*	-.19	-.30*	-.24*	-.20*	-.57*	–				
8. Cynicism	2.44	1.39	.85	-.43*	-.31*	-.41*	-.33*	-.46*	-.22*	.56*	–			
9. Professional	6.25	.70	.74	-.36*	-.30*	-.38*	-.33*	-.45*	.16	-.29*	.38*	–		
10. Turnover Job													-.36*	–
10. Turnover Job	2.58	1.25	.89	-.45*	-.35*	-.30*	-.37*	-.40*	-.26*	.55*	.54*	-.36*	–	
11. Turnover Pro	2.20	1.28	.89	-.34*	-.24*	-.21*	-.23*	-.46*	-.32*	.47*	.55*	-.39*	.62*	–

Notes. n = 98, * denote p < .05