Objective: This secondary data analysis explored factors influencing job satisfaction in a sample of nursing assistants employed in Maryland skilled nursing facilities.

Background: Multiple factors have been shown to affect job satisfaction and turnover in nursing assistants (NAs), but the problem of turnover persists in skilled nursing facility environments affecting quality of care.

Methods: An existing data set of 556 nursing assistants from 12 Maryland skilled nursing facilities was used. To explore factors found to influence job satisfaction from other studies, a multiple regression analysis was performed.

Results: Nine dependent variables previously shown to affect job satisfaction were used. Of these variables, only years of experience (β = .230) and performance of restorative care (β = .095) were found to be positively associated with job satisfaction. Self-esteem (β = -.094) was found to be negatively associated with job satisfaction.

Conclusion: Only length of experience and exemplary care as evidenced by the performance of restorative care were associated with job satisfaction. These results mirror results found in other studies. Self-esteem was negatively associated with job satisfaction in this population, a finding needing further study.

The number of Americans in need of long-term care (LTC) is expected to double by 2050. Because nursing assistants (NAs) are members of the LTC healthcare team who provide most of the direct assistance for the personal care needs of the patients, recruitment and especially retention of NAs are a priority for LTC providers. High turnover of NAs results in a poor quality of care and decreased quality of life among skilled nursing facility residents. The issue of client and family satisfaction is becoming a crucial component in determining quality in the skilled nursing environment. In skilled nursing facilities, lower job satisfaction has been associated with reduced quality of life in residents. Better relationships and improved quality of life on units provided by NAs satisfied with their jobs could positively influence reports of client and family satisfaction and patient care outcomes. Researchers studying client satisfaction both in and outside healthcare report correlations between client satisfaction and employee satisfaction.

Job satisfaction is a complex phenomenon with multiple causative factors, including work environment, training, supervision, and management. Demographic factors such as age and length of employment have been studied and are related to satisfaction. Younger NAs are reported to be more dissatisfied with their jobs. NAs with fewer years of experience as a NA were also dissatisfied. Those with more education, especially if young, were also more likely to be dissatisfied with the NA role and likely to leave their jobs. Greater job satisfaction was identified among NAs who were not planning to increase their education to become licensed nurses.

Some factors are reported to positively impact the feelings of NAs about their job. Especially important in motivating positive feelings is the relationship between NAs and residents. Employed NAs described a spiritual nature with regard to their motivation to care for residents in both religious and secular facilities. They reported being “called to work” with older residents and expressed feelings of...
altruism and selflessness, which supported thoughts of satisfaction. Other NAs considered their work satisfying because of confidence in their skills and abilities in dealing with challenging clients such as those with dementia.

Also important to NAs is the perception of being valued by nurses and supervisors and being considered an important part of the care team. Where respect and recognition were a focus of administration, NAs were satisfied with their job and less likely to leave their employment. The program of all-inclusive care for the elderly (PACE) is a community-based program focused on assisting elderly participants in remaining in their home, avoiding institutional placement. It is supported by capitated monthly fees from Medicare and Medicaid. Nursing assistants in PACE are included in interdisciplinary team decision making about patients as a component of a strong interdisciplinary model. Because of the design of the PACE teams, NAs felt that their suggestions were respected and they were given the opportunity to use their judgment. Nursing assistants in PACE report a lower turnover rate than NAs in skilled nursing facilities (SNFs; 30.0-58.4%) and higher job satisfaction scores (3.53-3.29 with \( P = .001 \)).

Personal growth and advanced training can improve job satisfaction. Although advanced training is not mentioned by NAs as a factor in job satisfaction, advanced training programs report increases in job satisfaction after program conclusion. Involving direct care workers in designing orientation and continuing education programs has also been reported to improve satisfaction.

### About the Project

#### Design

This study explored the relationship between job satisfaction in NAs employed in SNFs and multiple factors known to affect job satisfaction from previous studies. An existing data set of 556 NAs from 12 Maryland SNFs was used. The NAs were participants in a 12-month study of restorative care in Maryland. The NAs completed a survey at the beginning of the study and then at 4 and 12 months after intervention. The 2-tiered intervention included NA skills associated with restorative care and motivating the NAs to use those skills in patient care. Within the postintervention survey was an evaluation of job satisfaction using the job attitude scale.

#### Sample

NAs were recruited for the parent study from 12 SNFs in the greater Baltimore, Maryland area. The facilities employing the participants all housed at least 100 residents; 2 were independently owned SNFs, with the remaining 10 facilities belonging to 3 different facility companies. Eight of the facilities were for profit. Facilities were matched based on ownership as appropriate and randomly assigned to intervention or placebo control. NAs were eligible to participate if they had worked day or evening shifts in the facility for at least 6 months and if they could read and write English. Across all sites, a total of 1006 NAs were approached, of which 645 were eligible. Among those approached and eligible, 556 NAs consented to participate, 283 from treatment sites and 273 from control sites. The parent study was approved by the Institutional Review Board of the University of Maryland School of Medicine. Of the 556 study participants in the parent study, there were complete data on 434 participants, and it is this group that was used in for this analysis.

#### Data Analysis

Data were analyzed using the SPSS software (SPSS Inc, Chicago, Illinois). Means, proportions, and ranges were used to describe the sample. To explore factors that influence job satisfaction, a multiple regression analysis was done with the dependent variables of SNF site, age, gender, education, years of experience, self-esteem, self-efficacy and outcome expectations for performance of restorative care activities, and observed performance of restorative activities. A stepwise approach was used, and decisions were based on a stepping method with entry set at \( P = .05 \) and removal at \( P = .10 \).

#### Measures

The job attitude scale, a 17-item measure, was used to determine job satisfaction by measuring 5 components believed to influence work satisfaction: pay factors, organizational factors, task requirements, job status, and autonomy. Response options range from 1 (strongly disagree) to 5 (strongly agree). Validity of the scale was demonstrated by the significant relationship between its scores and scores of the Minnesota Satisfaction Scale.

Self-esteem was determined using the Rosenberg Self-esteem Scale (RSES), a 10-item, 4-point Likert scale. The 10 items in the RSES aim to differentiate individuals with high or low self-esteem based on agreement or disagreement with positive or negative statements. Response options range from 4 (strongly agree) to 1 (strongly disagree). The reliability of the RSES is supported by a 10-year review with reported \( \alpha \) scores from .75 to .92. Test/retest reliability correlations for the RSES ranged from 0.85 to 0.88.
Performance of restorative care was measured using the Restorative Care Behavioral Checklist, an observational measure of whether an NA performed a specific restorative care activity (eg, encouraged bed mobility at the highest functional level). To complete this measure, a resident/NA care interaction is observed during a 15-minute period and it is recorded if the activity was performed, not performed, or not applicable (ie, not completed during the time of testing). Previous testing provided evidence of inter-rater reliability with ratings done by 2 nurses (r = 0.88, P < .05) and 8 non-nurse evaluators (r = 0.90, P < .05). Validity was based on contrasted groups and Rasch analysis.22

Self-efficacy was measured using the NAs Self-Efficacy for Restorative Care Activities; a 10-item measure tool focusing on an NAs confidence in performing restorative care activities. In previous testing, α coefficients ranged from .80 to .91 for internal consistency and validity was evidenced based on contrasted groups.23

NAs’ outcome expectations about the benefits of restorative care for patients were measured using the NAs Outcome Expectations for Restorative Care (NAOERC), a 9-item measure focusing on the benefits of restorative care activities for patients. The NAOERC was based on an original 6-item measure with limited evidence for internal consistency with an α coefficient of .61 and some evidence of validity based on contrasted groups. Three items were added to the original measure for the parent study.23

Results
Study participants included 403 (92.9%) women and 31 (7.1%) men (Table 1). Most of the participants were black/African American (387, 89.2%), and the mean (SD) age was 39.7 (11.96) years. Most had at least a high school education (201, 46.3%), and an additional 110 (25.3%) had completed trade school. A surprising 116 (26.7%) had at least some college, and 6 (1.3%) had postcollege education. The participants were experienced NAs with a mean (SD) of 11.43 (8.4) years of experience as NAs. All participants were certified by the Maryland Board of Nursing as geriatric NAs.

The mean score of the NAs on the job attitude scale, which is reflective of job satisfaction, was moderately high at 37.59 (SD = 4.12; range, 20-50; Table 2). The mean score on the RSES was likewise fairly high at 35.33 (SD = 4.08; range, 20-44). Participant scores on the Restorative Care Behavioral Checklist, indicating that NAs provided restorative care during all observed care interactions, were 63% (SD = 0.29; range, 0-1). Self-efficacy in the performance of restorative care and outcome expectations for restorative care were likewise relatively high with a mean of 81.01 (SD = 15.16; range, 13-100) and 36.9 (SD = 6.48; range, 9-45), respectively.

The analysis of variance revealed that the overall model was significant (R = 0.26, F10.57, df [3], P < .001). The stepwise regression showed that years of experience was entered 1st in the initial model with a β of .20 and accounted for 5.3% of the variance. Self-esteem entered the model with a β of −.094 and added 0.9% of the variance in job satisfaction. Performance of restorative care was the last variable to enter the model with a β of .095 accounting for an additional 0.9% of the variance in job satisfaction. All together, these 3 variables accounted for a small proportion (7.1%) of the variance in job satisfaction. Facility, gender, age, educational level, race, self-efficacy, and outcome expectations did not enter the model.

Discussion
This study demonstrated that years of experience, self-esteem, and performance of exemplary nursing care observed through evidence of performance of restorative care activities were all associated with job satisfaction. These 3 variables explained only a small amount of the variance (7%). The association noted in this study between years of experience as a NA and job satisfaction mirrors other findings.24 NAs with greater total experience as well as increased current job tenure are known to be less likely to leave their current position.25 Those with more years of experience have less stress in their job than less experienced NAs.26 Less experienced NAs also perceive work-related problems differently.26 These could be the nurses who found their job less rewarding and remained in the profession, whereas those who did not find their job rewarding left the profession.24 Those with longer tenure in the

<table>
<thead>
<tr>
<th>Table 1. Description of Sample</th>
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<tbody>
<tr>
<td>Variable</td>
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<tr>
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<tr>
<td>Gender</td>
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<tr>
<td>Female</td>
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<tr>
<td>Male</td>
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<tr>
<td>Race</td>
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<tr>
<td>Black (African American)</td>
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<tr>
<td>White</td>
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<tr>
<td>Other</td>
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<td>College</td>
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profession also seem to have more stable family environments as evidenced by fewer childcare and marital changes, which may have contributed to job instability. NAs in this study had an average of 11.4 years of experience. They have substantially more experience than the national average for NAs. Performance of restorative care defined as interventions to assist SNF clients to function independently is an aspect of quality care and is taught as a component of basic NA education. Restorative care, assisting in maintaining a resident at their highest physical, mental, and psychosocial levels, is mandated by the Federal Nursing Home Reform Act from the Omnibus Budget Reconciliation Act of 1987 for SNFs in the United States. Because NAs take pride in and get satisfaction from providing good care to their patients, it is not surprising that those NAs who are able to provide the kind of care they have been taught are more satisfied than those who do not provide restorative care.

The results of this study are also consistent with research demonstrating a relationship between improved job performance, improved skills development, and job satisfaction for NAs. The association between the positive performance of restorative care and job satisfaction is consistent with the findings of other groups of NAs who have received training in the performance of restorative care. NAs trained in restorative care report being proud of their ability to regain function and more confident in the performance of restorative care. As such, their feelings of achievement and personal growth motivate satisfaction in their job. Advanced training programs such as those in restorative care have been shown to increase job satisfaction in participants and meet NAs needs for personal growth and development. Nursing assistants have few opportunities for career advancement and complain of inadequate orientation and constant training. In this study, the NAs do not plan to continue their education, so advanced training programs or inservice education programs targeted to increase skills are a positive approach to increasing job satisfaction and reducing turnover.

This study identified a negative relationship between self-esteem and job satisfaction in NAs. If an individual believes that others perceive their role and status negatively, their self-esteem will be reduced. In the study, 92% of NAs in this study were women. Self-esteem is considered to be a personality trait that is highly correlated with job satisfaction in employed adults along with the traits of self-efficacy, internal locus of control, and emotional stability. NAs perceive that they are not accepted as equal or important health professionals. They feel disrespected by nurses and seen as indistinguishable from each other. They feel that nurses and administrators see them as stupid, lazy, and unskilled. These perceptions can affect the self-esteem of NAs.

### Study Strengths and Limitations

This descriptive study was limited by the fact that the NAs in the parent study have been working as NAs for many years. The study results may have been biased by parent study not including NAs employed for less than 6 months. The loss or refusal to participate by 30% of eligible NAs invited to participate in the parent study could have also biased results. Restorative experiences, self-esteem, and performance of exemplary nursing care demonstrated through evidence of performance of restorative care activities were all confirmed to be associated with job satisfaction. These variables account for only 7% of the variance. This low variance may render the data difficult to replicate. As a single 1-time survey, the data in this study are descriptive only. The results demonstrate associations but cannot determine causation between factors. Further research, including qualitative interviews, is needed to determine why a negative association between self-esteem and job satisfaction was identified. Further research may also be able to identify those programs and initiatives implemented by nurse executives that can best influence job satisfaction in this population.

Despite the limitations, this secondary data analysis can give direction to nursing administrators in

<table>
<thead>
<tr>
<th>Variable</th>
<th>No. of Respondents</th>
<th>Minimum Score</th>
<th>Maximum Score</th>
<th>Mean Score</th>
<th>SD</th>
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<td>434</td>
<td>20</td>
<td>50</td>
<td>37.59</td>
<td>4.127</td>
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<td>20</td>
<td>44</td>
<td>35.33</td>
<td>4.08</td>
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<td>1</td>
<td>6.311</td>
<td>2.96</td>
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<tr>
<td>Self-efficacy</td>
<td>434</td>
<td>13</td>
<td>100</td>
<td>81.01</td>
<td>15.16</td>
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<tr>
<td>Outcome expectations</td>
<td>434</td>
<td>9</td>
<td>45</td>
<td>36.98</td>
<td>6.48</td>
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LTC and others who daily deal with the issues of NA job satisfaction and turnover. Increased respect and recognition for NAs could be accomplished by focusing on their role in patient care. Highlighting positive behavior publicly, before patients and staff, acknowledges the contributions of NAs toward care. Identifying an NA of the month and reviewing the contributions they made toward patient quality of life at an award ceremony elevate all NAs in a facility. Rewarding longevity with pins and special recognition events encourages job tenure, which increases job satisfaction. Nurse executives can also take the lead in including NAs in interdisciplinary decision making thereby elevating this group and changing organizational culture. NAs are critical components of quality care because of the time they spend with patients and families. Acknowledging their contributions to patient care can improve their attitudes toward their jobs.

References


