EMPLOYEE PERCEPTIONS OF A PRECEPTOR PROGRAM:
EFFECTIVENESS IN A LONG-TERM CARE FACILITY
AS A STAFF RETENTION STRATEGY

by

F. Jay Shetler

A Master’s Research Project submitted in partial fulfillment
of the requirement for the degree

Master of Arts

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has been approved

July, 2001

APPROVED:

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ACCEPTED:

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Associate Dean
The number of potential nurse aides to provide direct care for the elderly in skilled nursing facilities is decreasing at a time when demand for such workers is increasing. The shortage of frontline paraprofessional workers combined with historical high levels of employee turnover in skilled nursing facilities has created a growing national crisis. Long-term care providers have been forced to make staff retention a high priority corporate objective. A large not-for-profit faith-based skilled nursing facility in the Southwest that was the focus of this study, implemented a nurse aide preceptor program as a staff retention strategy. The preceptor program was designed to match experienced competent nurse aides with new hires to provide a thorough orientation to the nursing unit, to assist in teaching the necessary skills to be successful, and to offer encouragement and develop a personal relationship with the new hire.

A year after the implementation of the preceptor program, questionnaires were distributed to each nurse aide to evaluate whether or not the program encouraged staff retention and how satisfied the nurse aides were with their interactions with the preceptors.

The results indicated that the preceptor program did encourage staff retention. The response was particularly favorable by the newer hires who worked closely with the preceptors. In addition, the respondents indicated that the interactions between the preceptors and nurse aides for the most part were quite positive, and suggestions were made where there were opportunities to strengthen the program.

While a nurse aide preceptor program will not resolve the workforce shortage issue, it has great potential for addressing many of the job satisfaction factors which have led to high employee turnover in the past and thus partially alleviate some of the duress long-term care providers are presently under.
DEDICATIONS

This study is dedicated to my wife, Marilyn. Without her support and encouragement this project would not have been possible. There were many evenings I was absent from home to attend classes or stay at the office to finish a writing assignment. Weekends were often spent at the office or library researching and reading articles in journals and trade publications. Marilyn seldom complained and helped me keep a reasonably healthy balance between family, work, studies, church involvements, community involvements, and self-care throughout. She let me know what family events, church events, children's programs and other important dates on our social calendar were approaching so I could plan accordingly. Her competent management of the household duties and responsibilities allowed me the freedom to pursue my dream of completing graduate studies at Ottawa University. I was half way through an MBA program when I was called to move to Arizona to take on a new leadership challenge. It took four years to be able to stabilize the operation of the new organization before I felt I could again pursue graduate studies. By this time the MBA degree no longer seemed relevant to the work challenges I was facing. I know it was difficult for Marilyn to see me embark yet again in a new graduate degree program. I would also like to dedicate this project to my parents, Leslie and Frances Shetler, who always stressed to me the importance of continually learning and to lead with your heart. I thank you for your continued encouragement and support. I love you all.
I would like to take this opportunity to acknowledge a few people who helped me complete this project:

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CHAPTER 1
THE PROBLEM

Introduction

This project addressed the problem of nurse aide retention in skilled nursing facilities. Nurse aide shortages and employee turnover have reached crisis proportions across the nation. Some skilled nursing facilities have been forced to restrict client admissions, or have reported that they expect to restrict admissions, due to their inability to hire sufficient employees. Nurse aide turnover rates in skilled nursing facilities are running 70 to 100 percent annually in many areas of the country (The Massachusetts Health Policy Forum, June, 2000). At the same time that skilled nursing facilities are experiencing high nurse aide turnover, the demand for similar frontline paraprofessional healthcare workers is accelerating.

Long term care is a growth industry in the United States and particularly, Maricopa County, Arizona has demonstrated even stronger growth demand driven by the large number of retirees who have migrated to the Valley because of the attractiveness of the winter climate and reasonable cost of living. Competition between skilled nursing facilities, assisted living facilities, nursing registries, group homes, adult day care centers, special transit services, and home healthcare agencies for frontline workers is fierce.

The competition for frontline paraprofessional employees has caused every long term care provider to consider strategies to retain existing staff. A few providers have implemented mentor or preceptor programs as a staff retention intervention. The theory is that newly licensed nurse aides need far more support than simply learning the required classroom material and passing a competency test. Entering a nursing unit and accepting the care responsibility for eight to ten frail elderly residents with complex medical needs can be a frightening and overwhelming experience. Even if the new nurse aide has
experience in other skilled nursing facilities, there are differences in acuity levels from unit to unit and differences in job requirements and expectations from facility to facility. Preceptors are typically nurse aides from the nursing unit selected on the basis of longevity on the job, care giving skills and good work habits, and who have demonstrated a willingness to share their knowledge of the residents and care giving techniques with others.

This research project has been developed to evaluate the effectiveness of a nurse aide preceptor program in a large not-for-profit skilled nursing facility on nurse aide retention. Nurse aides will be surveyed using a combination profiling questionnaire and Likert instrument to measure staff perceptions regarding various components and aspects of the preceptor program. It is anticipated that the findings from this research will lead to an understanding of which components of the preceptor program are most effective and considered to be positively impacting employee retention as well as gaining insight as to how the program might be further enhanced to meet the needs of the frontline staff.

Development of the Problem

According to one author, three separate and unprecedented demographic phenomena are converging to produce what he terms the coming “Age Wave.”

*The senior boom.* Americans are living longer than ever before, and older Americans are healthier, more active, more vigorous, and more influential than any other older generation in history. *The birth dearth.* A decade ago, fertility in the United States plummeted to its lowest point ever. It has been hovering there ever since, and it's not likely to change. The great population of elders is not being offset by an explosion of children. *The aging of the baby boom.* The leading edge of the boomer generation has now passed 40. As the boomers approach 50 and pass it, their numbers will combine with the other two great demographic changes to produce a historic shift in the concerns, structure, and style of America. (Dychtwald and Flower, 1990, p. 4)

The over-85 age group is the fastest-growing segment of the United
States population. Through technological advances in medicine, average life expectancies have been extended significantly. It is this over-85 age group which makes up nearly 100 percent of the skilled nursing facility population. Unlike skilled nursing home residents of the past, these patients are living longer with far more complicated chronic health conditions requiring extensive assistance with activities of daily living (ADLs) and medical interventions which are far more complex and labor intensive than previous generations of skilled nursing facility residents. Skilled nursing facilities today are more accurately described as long term care hospitals. According to Dychtwald there were approximately 3.3 million Americans over age 85 in 1990, and it is estimated that this age group will explode to close to 20 million by 2050. The resulting increased demand for frontline healthcare workers has already come at a time when the labor market is shrinking. Even under moderate growth assumptions, skilled nursing facilities and assisted living facilities will account for an expansion rate in the long term care labor force of 49 percent by the year 2005 (Franklin, 1994). Crown, Ahlburg and MacAdam (1995) referred to numerous examples of states that have issued alerts to local agencies concerning shortages of paraprofessional frontline workers in long term care.

It is well documented in the literature that skilled nursing facilities have suffered from chronic high employee turnover ratios for at least the past two decades. Only in the past several years has the shortage in the labor pool combined with chronically high turnover ratios created a new sense of urgency to more thoroughly explore every organizational intervention which holds some promise to retain staff. Nearly one out of ten skilled nursing facilities in the country filed for bankruptcy protection in 1999. In Arizona, that figure was closer to one out of three facilities in the for-profit sector. While financial difficulties cannot all be directly attributed to staff shortages and high employee turnover, it certainly is a major contributing factor. When facilities are unable to staff shifts with their own employees, they must rely on costly outside nursing registry
agencies to provide temporary fill-in help. High use of nursing registries can disrupt normal operations and patient care regimens, cause morale problems, and substantially increase operating expenses often exceeding reimbursement levels (Rublee 1986).

While many researchers and industry experts have recommended improvements to the way in which facilities conduct new employee orientation and have identified preceptor programs or more commonly referred to as “buddy” programs for new hires as a staff retention strategy, there has been a lack of research on the effectiveness of such mentor programs on staff retention.

When Glencroft Care Center’s Nursing Administration team decided to launch a preceptor program in December of 1999, they had no blueprint to follow. The administrative team had a vague sense that a preceptor program could cut down on staff turnover. There was no literature review or extensive design planning involved in the implementation of the program. A simple list of criteria was developed for the selection of candidate nurse aides which consisted of three factors: length of employment, attendance record and attitude. Eventually a small group of preceptors was appointed. Subsequently, they have attended monthly in-services taught by the Director of Staff Development. The in-services have focused mainly on improving the preceptors’ clinical knowledge and enhancing caregiving skills. The preceptors also have attended regular bi-monthly preceptor meetings to problem solve various issues affecting nurse aide staff morale and to assist nursing management in revising certain facility policies and procedures. Since the implementation of the preceptor program, the facility has experienced an improvement in the staff turnover ratio. The question this study seeks to answer is whether or not from the perspective of the nurse aides, the preceptor program contributes to staff retention.
The Need for the Study

The future demand for, and supply of, certified nurse aides should be of major concern to policy makers, providers, and potential consumers. Nurse aides provide 80 percent of the direct care in skilled nursing facilities (Atchley, 1996). It is intended that this project will provide new insights into the design and implementation of a preceptor program which long term care providers will be able to replicate or adapt in their own setting.

A successful preceptor program, designed for nurse aide retention, ought to be designed and critiqued by nurse aides. Glencroft’s preceptor program was implemented in December, 1999 with no revision or assessment of its effectiveness as a staff retention strategy since that time. Glencroft considers the preceptor program to have been successful as evidenced by a slight decrease in employee turnover as compared to turnover statistics prior to the implementation of the program. However, there may be an opportunity to make the preceptor program even more effective. By obtaining the employees’ input on the design and implementation of the program, the organization will be better able to revise, if necessary, the preceptor program to meet the needs of their frontline workers.

The Purpose of the Study

The purpose of this study was to determine if a preceptor program contributes to employee retention.
Research Questions

1. Is a preceptor program for nurse aides in a skilled nursing facility an effective staff retention strategy? If so, which components of the program are perceived to be working well and which components leave room for improvement?

2. If a preceptor program for nurse aides in a skilled nursing facility is not viewed by staff as an effective staff retention strategy, why not? How could the program be restructured to be more effective?

Definition of Terms

Activities of Daily Living (ADLs) - Arizona Administrative Code defines as bathing, dressing, grooming, eating, mobility, transfer, and toileting.

Adult Day Services - Arizona Administrative Code defines as planned programs that provide health, social, nutrition, recreational, and/or medical services to persons in a protective congregate setting during the day.

Assisted Living Facility - Arizona Administrative Code defines as a residential care institution, including adult foster care, that provides or contracts to provide supervisory care services, personal care services or directed care services on a continuing basis.

Career Paths - Lines of advancement in an occupational field within an organization.

Nurse Aides - Frontline unlicensed workers who provide most of the hands on care in a skilled nursing facility who have received the federal mandated minimum hours of training, passed a competency test, and meet state and federal criteria for certification. Certified Nurse Aide (CNA) and nurse aide have the same meaning for the purposes of this paper.

Home Healthcare Agency - Programs provide a variety of health and supportive services to individuals in their home. Services may include skilled nursing and rehabilitation therapy services; personal assistance with activities of daily living and instrumental activities of daily living; homemaker services, home
repair and other services.

**Long Term Care** - Programs and providers who serve the health, social, and physical needs of the elderly.

**Nursing Home or Nursing Facility (NF)** - A residential provider licensed by the state to provide a planned program of observation, medical care and related services to residents who require medical, nursing or rehabilitation under the direction of a physician and provides continuous 24-hour nursing care under the supervision of a registered nurse.

**Nursing Unit** - A defined group of patient rooms within a skilled nursing facility. By federal regulation, must be supervised by a licensed nurse.

**Nursing Registry** - Private employers who provide temporary help, nurse aides, licensed practical nurses and registered nurses to skilled nursing facilities and hospitals when those organizations are unable to fill a shift with their own employees. Wages charged by nursing registry organizations are significantly higher than those paid to in-house staff.

**Preceptor Program** - A mentor program in which new hires are paired up with experienced workers for a period of time in order to better orient the new hires to their new job responsibilities.

**Skilled Nursing Facility (SNF)** - Same as NF: a residential provider licensed by the state to provide a planned program of observation, medical care and related services to residents who require medical, nursing or rehabilitation under the direction of a physician and provides continuous 24-hour nursing care under the supervision of a registered nurse.
CHAPTER 2
LITERATURE REVIEW

Introduction

A thorough literature review was conducted on nurse aide turnover and retention studies. The literature that was reviewed provides a foundation for the research being conducted.

The problem of nurse aide turnover in skilled nursing facilities has been well chronicled for over two decades. Now, and throughout the next 30 years, demand for frontline paraprofessional healthcare workers will outpace the overall supply of workers (Frank & Dawson, 2000). A strong economy, competition for entry level employees, inadequate government and third-party payment policies, the over-regulation of the long-term care industry, and increased consumer demands for high quality care has contributed to a crisis in filling staff positions in skilled nursing facilities. Technological advances in medicine have contributed to the growth in numbers of older, frailer and sicker older adults living in skilled nursing facilities with more diverse and complex medical, physical and emotional needs (Feldman, 1994). This literature review will highlight the main themes for various organizational interventions designed to decrease employee turnover and enhance staff retention.

Recruitment and Selection Process

One of the earliest staff retention strategies put forward was the idea of improving the new hire selection process itself (Stryker 1980; Wagnild and Manning 1986). In a study of eleven skilled nursing facilities in Texas, Wagnild and Manning concluded facilities were at risk to experience high nurse aide turnover if they hired individuals with the following characteristics: individual is less than 28 years of age, single, had received formal training or education
beyond the job's requirements and had previous employment histories of leaving their former jobs within one year. They recommended that managers should focus on hiring older workers who had longevity at their previous jobs and did not have prior experience in caring for the elderly. Their research demonstrated that nurse aides who had previous experience in caring for an older adult tended to become short tenured employees. The researchers explained this phenomenon by pointing out that if an individual had a very positive experience caring for an aging parent or grandparent, they usually found the nursing home setting very unsatisfactory due to the fact that with the responsibility to care for a greater number of patients they were unable to spend the amount of time on them individually to provide care and relate to them as they would prefer and had found personally rewarding in their former relationships. Wagnild and Manning's recommendations assumed that there would be an adequate supply of ready, willing applicants to allow managers to screen according to the above criteria. Unfortunately, due to changing demographics, most nursing facilities today do not receive enough applications to fully staff each shift. Secondly, with the increased frailty and medically complex patient, older workers find the job tasks extremely physically taxing and work related injuries are quite common (Urman and Uman, 2000).

Rublee (1986) attempted to correlate nurse aides' intentions of leaving employment with age and tenure as well as other variables. Rublee's findings supported Wagnild and Manning's analysis by finding a statistically significant negative correlation between tenure and age and attrition. The younger and lower tenure nurse aides were most likely to terminate (p. 7). Reagan (1986) also recommended that managers consider actively recruiting the older worker with a stable work history citing studies in which older workers were proven to be more reliable resulting in lower absenteeism rates and reduced turnover. Reagan also stressed the importance of attitude in addition to age and length of employment from Hogstel's 1983 study of the needs of aides. Hogstel found
when asked which factors related to job satisfaction, nurse aides responded, “enjoy older people” and “like to care for the sick” most frequently (p. 10). Robertson and Cummings (1991) attempted to identify the key factors which attracted nurses to a career in skilled nursing facilities. The top five factors listed were: employment experience caring for older adults, personal experience caring for older adults, having a role model in long-term care, geriatrics clinical rotation in nursing school, and an interest in older adults. Over 1,200 nurses working in nursing facilities returned the survey. These findings seem to contradict Wagnild and Manning’s recommendations regarding screening out nurse aides with prior experience of caring for older adults. However, Robertson and Cummings’ findings support Reagan’s conclusion that at least some employees enter long-term care because they do enjoy working with older adults, feel they understand their needs, and are performing a significant and satisfying task. Yee (1994) agrees that the key recruitment criteria for nurse aides is reliability (no distinction between young and old), honesty, commitment as caregivers, compassion for the elderly, and a willingness to be trained or learn on the job (p. 60).

According to Karl Pillemer, if administrators and directors of nursing would gain a better understanding of what motivates nurse aides, they will be much more likely to succeed at recruiting and retaining committed, career-oriented workers (Pillemer, 1996). Pillemer identified the myths that “nursing assistants are all the same” and “nursing assistants are in it for the money” as impediments to recruitment. Pillemer noted that there is a great deal of diversity among nurse aides: there is a fairly wide range of ages with half under the age of 35 and with 10 percent 55 or older; about 30 percent of nurse aides are black, Hispanic or Asian; nurse aides are likely to have family responsibilities with half currently married and another quarter are widowed, divorced, or separated; and most nursing assistants have at least a high school education with 16 percent having some kind of education beyond high school (p. 55). Pillemer states that
administrators need to recognize this diversity and explore multiple ways to attract staff. In one study of 600 surveys, nurse aides gave as their main reasons for selecting nursing home work the same reasons that motivate many professionals: it gives me an opportunity to help others (96 percent); it makes me feel meaningful (93 percent); and it is useful to society (84 percent) (p. 58). Therefore, concludes Pillemer, administrators and directors of nursing need to ask themselves if they focus enough on the interpersonal aspects of care in their recruitment efforts.

While this researcher is mostly interested in the effectiveness of a preceptor program as a staff retention strategy, certainly any such program will benefit from any improvement in the new hire screening and recruitment process. Providers must pay attention to appropriate and thoughtful screening techniques for new hires in the recruitment process in order to increase the chances of other staff retention efforts to be successful.

**New Employee Orientation and Preservice Training**

One nursing facility was able to significantly reduce employee turnover through the development of a formal new employee orientation program (Tynan & Witherell 1984). The facility decided to test the effectiveness of a three-part orientation program which included sections on the history and culture of the organization; a sensoriperceptual experience; and basic nursing skills. They wanted to test the hypothesis that employee retention could be enhanced if new hires were provided adequate educational and psychological preparation. The new program was proven to be successful. When asked which component of the program was most beneficial, employees mentioned that the simulated experience exercises were most helpful. They also appreciated the informational portion and felt that it set a very positive tone to start their employment. However, there were a couple of areas not addressed by the
orientation program that employees identified. Some commented that it was
difficult to break into the nurse unit and be accepted by the longer tenured
employees. Spending more time in orientation on the actual nurse unit would
also have been beneficial as well as help in organizing their time and tasks for
greatest efficiency. These last several comments suggest precisely the types of
issues most properly addressed by a formal preceptor program. While the new
orientation program did seem to show promise in improving staff retention, it
seems apparent from employee responses that the orientation could have been
greatly enhanced by the implementation of a preceptor program.

Wagnild (1988) found that nurse aides reported that they had received
inadequate orientation to do the required work (p. 22). In a study of 11 skilled
nursing facilities in Texas, only one facility was found to have a consistent
orientation program which included classroom sessions and used the “buddy
system” to teach new hires how to care for residents by pairing them with
experienced nurse aides in order to learn by example.

Mary Lescoe-Long, Assistant Professor, Wichita State University
Department of Public Health Services, also recommends improving and having
ongoing orientation and the use of preceptors (Lescoe-Long, 2000). Lescoe-
Long points out that a high number of nurse aides leave within the first 90 days
of employment. High employee turnover in the first 90 days (54 of 70 new hires)
was also found by Kiel (1998). Lescoe-Long argues that,

These tend to be people who have encountered one of two
problems: One, they were unprepared for the job; the job was
different than they had expected it to be, for whatever reason --
perhaps it was made to seem more glamorous than it truly is.
Second, they weren't well prepared for the types of situations they
would encounter. They didn't feel that their skill level was high
enough, or they encountered behavioral problems with the elderly
and didn't know what to do. They also could have felt somewhat
abandoned after the first few days of work. (p. 72)

Lescoe-Long’s perception of the lack of proper orientation is supported by
Bowers and Becker’s study (1992). Bowers’ study found that nurse aides with longevity have found ways to organize their work and how to take time-saving shortcuts to survive the job task requirements. While some shortcuts negatively impact the quality of patient care, Bowers maintained that a more open and honest discussion and training on how to organize the work could dramatically cut down on the number of employees who leave in the first 90 days. Certainly a well designed preceptor program could go a long way toward reducing employee turnover in the first three months if this need for organizing the job tasks could be better demonstrated and taught by peer-to-peer.

**Job Satisfaction Factors**

Understanding factors which contribute to or subtract from job satisfaction for nurse aides is critical to any discussion of staff retention. In general, discussions on nurse aide job satisfaction (Nowlin, 1986; Carter, et. al., 1988; Mullins et. al., 1988; Caudill, 1989; Helmer et. al., 1993; Acampora, 1993; Henry, 1993; Breedlove, 1993; Close et. al., 1994; Maas et. al., 1994; Brannon and Smyer, 1994; Martinez, 1995; Schur et. al., 1998; Will, 1999) have reflected -- explicitly or implicitly -- the following assumptions:

1. Job satisfaction is a multidimensional concept.
2. Multiple sources of information must be brought to bear on assessments of job satisfaction.
3. Job satisfaction consists of how nurse aides perceive their work environment as well as the work itself.
4. Work environment includes outside factors beyond the control of the facility such as competition, inadequate reimbursement for services by the federal Medicare and Medicaid programs, over regulation by state and federal authorities and society’s attitude
toward the elderly.

5. Internal work environment factors which do directly impact nurse aide job satisfaction include opportunities for continuing education, the development of promotion or career ladder opportunities, participation in decision making, better supervision, and rewards and recognition.

6. Job satisfaction surveys are the primary means of assessing nurse aide perceptions of these factors.

Although nurse aide positions are characterized as low-pay entry level positions, pay did not rate high on the list of factors leading to turnover. While nurse aides are generally dissatisfied with their level of pay, other issues and concerns were found to correlate more directly with turnover. Rublee (1986) attempted to correlate employee’s intentions of quitting with age, tenure, leadership and workplace satisfaction in terms of the nature of the work, pay, supervision, promotion opportunities and relationships with co-workers. Rublee found considerable dissatisfaction with pay; however, other factors such as dissatisfaction with the work itself, lack of promotion opportunities, and poor supervision were better predictors of employee turnover.

In stand-alone skilled nursing facilities the administrator wears the human resource director’s hat in addition to many other job responsibilities (Reagan 1986). Reagan observed that administrators pay very little attention to human resource tasks except the unpleasant task of dealing with problem employees. As a result, turnover is chronic because employees’ need for professional training and personal development go unfulfilled. While Reagan claims that orientation programs are inadequate, she does not identify what components should be included in an orientation program to improve staff retention. Reagan also suggested that administrators invest more time and effort in creating a formal performance appraisal system including the development and
communication of job expectations. Reagan’s research hints at which components of a preceptor program might be most beneficial as an organizational intervention, yet does not offer a preceptor program as a possible staff retention strategy.

Mullins, Nelson, Busciglio and Weiner (1988) attempted to examine the influence of perceived organizational structure and managerial power on the job satisfaction of skilled nursing facility employees. Mullins, et. al., identified decision-making styles of the organization and the extent to which the organization motivates its employees as two key elements of organizational structure (p. 13). They hypothesized that nursing home employees would prefer to not be burdened by unnecessary decisions, but would prefer to have a voice in decisions that they deem essential to their welfare. They also hypothesized that greater motivation is related to higher job satisfaction.

Forty-six nursing facilities in a three-county area in west-central Florida participated in the study. The researchers found that motivation was generally the strongest correlate of job satisfaction. The relationship between decision-making necessity and job satisfaction received only weak support. Decision-making necessity was defined as the degree to which processes are standardized (rules), formalized (work is specified in advance) and coordinated. The researchers believed that organizations which scored high on all three measurements would minimize the necessity of much day-to-day decision-making at all levels, thereby increasing job satisfaction. However, there was a stronger correlation found between participation and job satisfaction which indicated that employees still prefer to have a voice in decisions that they deem impact them directly.

The second structural influence on worker’s behavior studied by Mullins et. al., was motivation. The researchers defined motivation as the extent to which employees perceive that organizational rewards are related to effort and good performance (p. 13-14). Their study was designed to test Vroom’s (1964)
theories of expectancy and instrumentality. The findings indicated a strong positive correlation between motivation and job satisfaction. Employees were found to be most satisfied where individual efforts were rewarded. Mullins et. al., recommend implementation of such organizational strategies as merit pay and bonuses for exceptional efforts and results or simply teaching supervisors to recognize and praise unusually good performance. While this study was useful in breaking new ground in correlating job satisfaction with organizational structures, it did not specifically address whether a well defined preceptor program could contribute to job satisfaction. It would, however, seem that if nurse aides are more concerned about decisions relating to the completion of their job tasks and duties than broader policy decisions, as these researchers suggest, then a preceptor program designed with the involvement of the nurse aides ought to be a viable way of empowering them to address day-to-day operational issues and concerns and thereby improving job satisfaction and enhancing retention. This study also seems to support the premise that because of the additional rewards and recognition nurse aide preceptors would receive by virtue of their higher job status and higher pay, they would be more highly motivated to remain as long-term employees.

A 1988 study found that inaccurate perceptions of nurse aides by nursing home administrators may increase employee turnover and have other negative organizational consequences (Carter, Kooperman & Claire 1988). The study was conducted in 12 nursing homes in southeastern Florida. Nursing aides and administrators were each given the same alphabetical list of nine values to rank in order of their importance. Administrators were asked to rank the nine values from the point of view of their understanding of how the average nursing home aide might rank them. The researchers assumed that the nursing home administrator plays a key role in establishing the facility’s management style. Their hypothesis was that if the administrator “misperceives the motivational orientation of a major group of employees, such as nursing home aides, then
decisions and actions relevant to that group may contribute to job dissatisfaction and turnover (p. 12). The results of the study indicated that administrators lacked an accurate understanding of nurse aide values. Most interesting was the fact that nurse aides ranked “ambition” first while administrators ranked this value fourth. They concluded that the misperception of nurse aides as lacking ambition leads to negative organizational outcomes and that continuing education should be made more available to aides. Without some type of career ladder opportunities for nurse aides to pursue, their ambition will be thwarted and they will lack the motivation to stay. Again, from this researcher’s perspective, promoting high functioning nurse aides to preceptor positions could help fulfill the self-actualization sought by nurse aides while at the same time offering encouragement to other nurse aides to continue their learning in a mentor relationship.

Caudill (1989) took a different route in exploring the issue of nurse aide turnover in nursing homes. Caudill set out to test the findings of an earlier study by Waxman (1984) which concluded that nurse aides wanted input into patient care planning and more decision-making responsibility. A total of 4,110 questionnaires were distributed to 77 skilled nursing facilities in Washington State. Variables in the study included input into care planning, input into policy and procedure development, and the degree of freedom and frequency of decision making. The dependent variable was the length of tenure of nurse aides in the present nursing home setting. Caudill found that there was a dramatic difference in length of tenure between those aides who never attended a care plan conference with the nurses and those who attended often. This finding would tend to confirm the findings of Carter et. al., in terms of how nurse aides view themselves as ambitious. As nurse aides are allowed to take on more responsibility and given more opportunity to participate in decision-making (in this case, care planning for the patient) their commitment to the organization increases as evidenced by a longer average length of tenure.
Helmer, Olson and Heim (1993) performed a study to analyze the factors which create high turnover among nurse aides as well as strategies to enhance retention. They performed a Likert-type questionnaire including topics such as pay factors, interaction/organizational factors, task requirements, job status and autonomy. They mailed 600 surveys to 40 nursing homes from across the country. They received a response rate of 41 percent. The results indicated that nurse aides were satisfied with all components of job satisfaction except pay. While nurse aides felt they were needed and were doing important work, they felt underappreciated, and that there was a lack of opportunity for advancement. Those who expressed satisfaction with organizational structures which afforded more autonomy and involvement in decision-making also had longer job tenure. Helmer et. al., noted that while the physical and educational profile of the nurse aides were very similar to the profile found in Wagnild and other studies, nurse aides in this study were characterized as more demanding and bringing quite different expectations of their job to the work environment. The researchers stressed the influence of the nursing home administrator in setting the tone and culture of the facility. Respect, recognition, decision-making involvement, and healthy relationships with co-workers and supervisors were all seen as necessary to job satisfaction. Helmer’s el. al., conclusions confirm earlier studies conducted by Stryker (1982), Carter et. al., (1988), Caudill (1989), Mullins et. al., (1988), Reagan (1986) and Rublee (1986). Nurse aides leave employment because of the frustration they experience with the work environment rather than for pay.

Summary

While there has been much written over the past two decades on research regarding retention of nurse aides, none of the research projects has specifically looked at the effectiveness of a preceptor program as a staff
retention strategy. Many of the studies seem to support the development of a preceptor program. Tynan and Witherell (1984) found that nurse aides found breaking into a nurse unit as a new employee was difficult socially and that they desired more orientation on the nursing unit itself. In Wagnild's 1988 study, nurse aides felt they had received inadequate orientation to do the required work. Lescoe-Long (2000) points out that a majority of nurse aides in the facilities she studied left employment within the first 90 days of employment. This finding was also observed by Kiel (1998). Studies on job satisfaction highlight that factors other than pay are critical to employee retention. Factors such as career advancement opportunities, continued education, participation in decision-making, rewards and recognition could all be designed into a preceptor program to improve employee morale and motivation. This researcher will attempt to verify whether some of these job satisfaction measures have been addressed in the design and implementation of a preceptor program in one skilled nursing facility.
CHAPTER 3
METHODOLOGY

Introduction

Glencroft Care Center, a 225-bed, faith-based, not-for-profit skilled nursing facility implemented a nurse aide preceptor program in December, 1999 as a strategy to reduce employee turnover. The purpose of this study is to measure nurse aides’ perceptions of the effectiveness of the preceptor program and what impact, if any, it has had on employee’s decision to remain working at the facility. Respondents were also given an opportunity to provide suggestions as to how the program could be enhanced to make it more effective.

Nurse aides are responsible for a large portion of the direct patient care provided in any skilled nursing facility. Nurse aides augment the care nurses provide by performing routine duties of care under the direction of an RN or LPN. They provide assistance with activities of daily living such as dressing, feeding and bathing. Nurse aides make up the largest group of health care workers in the skilled nursing facility, and, historically, as a group represent the highest employee turnover problem within a facility. Significant nurse aide turnover combined with heavy use of outside registry help can and does lead to a lower quality of direct care to skilled nursing facility residents.

The fact that nurse aides represent the largest percentage of the nursing department in terms size of workforce, the impact that nurse aide turnover has on quality of resident care, and the increased cost of using outside registry help, pushed Glencroft into developing the Preceptor Program as an intervention strategy for staff retention. If this strategy proves to be successful in contributing to a higher retention ratio than industry averages, it is hoped that this program could be duplicated in other facilities with equal success.
Methodology

The descriptive research method was used in this study. Factors such as age, gender, race, length of employment, level of employment, level of formal education obtained and shift worked was collected in a questionnaire. Additionally, a series of questions were developed on a Likert-type scale to measure the perceptions of staff regarding the preceptor program. Respondents were asked to mark one of the following categories, “strongly agree,” “agree,” “disagree,” or “strongly disagree.” Respondents were also asked one open ended question: “What are the three most important improvements you would recommend to make the Preceptor Program more effective in retaining CNAs at Glencroft Care Center?”

Sample and Population

The source of research data for this project was all nurse aides employed by Glencroft Care Center. Since not all shifts in the care center had an assigned preceptor, the survey instrument was developed to be completed in sections which permitted all nurse aides to respond to questions regarding factors such as age, gender, race, length of employment, level of employment, level of formal education obtained and shift. Additionally, all nurse aides were asked to respond to questions regarding to what degree the original purposes of the Preceptor Program had been achieved, what suggestions they might have to strengthen the program and what criteria should be used in the selection process for the position of preceptor. Those nurse aides who had experience working with a preceptor were asked to complete an additional section of questions regarding their interactions and perceptions of that preceptor’s skills and behaviors.

In order to fully staff all six nursing units in Glencroft Care Center, twenty-
four hours a day, seven days a week, approximately 80 nurse aides are required. During any given pay period there may be open positions and employees on vacation or leave.

**Instrumentation**

The instrument that was used to collect the data was a questionnaire developed by the researcher based on a reading of the literature and conversations and discussions with many other employees from within the organization.

The researcher presented the first draft of the questionnaire to the Preceptor Team, the Director of Staff Development, the Staffing Coordinator and the Vice President of Human Resources. Several recommendations were made to sharpen the instrument. The preceptors were very supportive of the research project demonstrating a desire to receive feedback from their peers on their performance. They understood and supported the goal of the questionnaire to measure the program’s effectiveness as a staff retention strategy. There seemed to be a genuine sense of appreciation for the interest in the program shown by the organization’s top executive leader.

**Procedures**

The questionnaire was distributed to each nurse aide as outlined above on the current payroll with their paycheck (April 20, 2001), and with a cover letter explaining the purpose of the questionnaire and instructions. On that particular payday, it was decided to provide popcorn to all staff as they came to pick up their checks from the Staffing Coordinator. Each nurse aide on the payroll at the time who came to pick up their paycheck was given popcorn and a convenient location to complete the questionnaire. They could also take the survey home
with them. The Staffing Coordinator took care not to give any preceptor a survey
to complete, consistent with the researcher’s directions and previous
discussions with the preceptors. A large wooden box with a padlocked lid was
provided in which the nurse aides could place their completed survey
instrument. On the Monday following the Friday deadline, the locked box was
retrieved from the Staffing Coordinator’s office and the completed questionnaires
removed.
CHAPTER 4
PRESENTATION AND ANALYSIS OF DATA

Findings

As shown in Table 1, the survey responses were tabulated by employee classification and a response percentage was computed. The percentages track very closely with the payroll records by CNA classification. Since the purpose of the research was to determine the perception of the CNAs of the CNA Preceptor Program as a staff retention strategy, none of the CNA preceptors were given a questionnaire to complete. All current CNA preceptors are classified as CNA III's. Surveys were distributed to each CNA on the payroll as of April 20, 2001, as mentioned earlier. A total of 79 surveys were distributed and 57 were returned for a response rate of 72 percent. Of the 57 respondents, 8 were male and 48 were female.

<table>
<thead>
<tr>
<th>TOTAL RESPONDENTS</th>
<th>n= 57</th>
<th>100.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not know</td>
<td>n= 4</td>
<td>7.0%</td>
</tr>
<tr>
<td>CNA I</td>
<td>n= 27</td>
<td>47.0%</td>
</tr>
<tr>
<td>CNA II</td>
<td>n= 6</td>
<td>10.0%</td>
</tr>
<tr>
<td>CNA III</td>
<td>n= 20</td>
<td>36.0%</td>
</tr>
</tbody>
</table>
As indicated in Table 1, 47 percent of the respondents were classified as CNA I’s, 10 percent at CNA II’s and 36 percent as CNA III’s. Four of the respondents either did not respond to the question or indicated that they did not know their CNA classification.

Tables 2, 3 and 4 on pages 27, 28 and 29, tabulate the length of employment, level of educational attainment and race/ethnicity of the respondents. As one would anticipate, there was a strong relationship between length of employment and job classification as a CNA I, II or III. Those CNAs with a shorter length of employment tended to be classified as CNA I’s and those with the longest length of employment had typically attained the higher classification and therefore, higher paying positions of CNA III.

A surprisingly high percentage of the CNAs had completed some college work beyond their high school diploma (45.6 percent), while only a relatively small percentage of CNAs had not completed high school (10.5 percent). The racial/ethnicity mix also seemed to be consistent with the organization’s overall racial mix as reported annually by the Human Resources Department to the Equal Employment Opportunity Commission.

Glencroft Care Center has six distinct and separate nursing units or “floors.” Specific admissions criteria has been established for each floor and therefore the resident profile and population of each unit is unique. This allows for greater ease of specialization of care giving skills on the part of the nursing staff, including the nurse aides. For example, the nursing floor known as RCU and 1 North contains the wandering dementia unit. Staff who work this unit have been extensively trained to perform care giving tasks, behavior interventions, and therapeutic activity and dining programing appropriate to this resident population. 2 North, on the other hand, admits residents suffering from late stage dementia who are non-ambulatory and have greater difficulty and need greater assistance with activities of daily living. 4 North is the rehabilitation unit and receives patients directly from numerous area hospitals. This floor admits
and discharges hundreds of patients annually which requires a different type of program focus and emphasis. Patients admitted to this unit typically have very short length of stays of 7 to 8 days, receive intensive rehabilitation therapy services and are normally discharged to home. The staff on this unit are trained to capture costs for billing purposes, interact with attending physicians and nurse practitioners, therapists and case managers. Work is faster paced and the nursing staff must deal with very complex care patients.

Along with the specialization of individual nursing units comes specific staffing patterns for each with the higher acuity floors having a higher nursing care giver to patient ratio than nursing units with less acute residents. The number of surveys returned from each of the six nursing units is consistent with the staffing ratios maintained on those units with the exception of 1 South. Since this nursing unit has the lowest acuity patients, one would expect the lowest number of respondents from this floor. Yet, only three respondents from all three shifts was a low response rate as shown in Table 5 on page 29.

At the time the survey was administered, there was not a CNA preceptor on every floor, each shift. Due to budget constraints, the number of preceptor positions has been capped. Therefore, this researcher designed the survey instrument to segregate the responses of those CNAs who worked directly with preceptors from those respondents who did not have a preceptor on their shift. Of the total of 57 respondents, 37 indicated that there was a preceptor on their unit and on their scheduled work shift. The other 20 respondents answered the questions on the survey regarding employee demographics, their perception of whether or not the preceptor program was achieving the original goals, what criteria should be used to qualify and select preceptor candidates and what recommendations they might have to improve the preceptor program as a staff retention strategy. If the respondent had not worked with a preceptor they were directed not to answer any of the questions pertaining to the interactions between preceptors and CNAs on the nursing unit.
TABLE 2.

NUMBER OF YEARS WITH ORGANIZATION

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL RESPONDENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>3.5%</td>
</tr>
<tr>
<td>Less than 90 days</td>
<td>8</td>
<td>14.0%</td>
</tr>
<tr>
<td>91 days to 6 months</td>
<td>10</td>
<td>17.6%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>10</td>
<td>17.6%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>11</td>
<td>19.2%</td>
</tr>
<tr>
<td>2-4 years</td>
<td>5</td>
<td>8.8%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>5</td>
<td>8.8%</td>
</tr>
<tr>
<td>6-8 years</td>
<td>2</td>
<td>3.5%</td>
</tr>
<tr>
<td>8-10 years</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>10 or more years</td>
<td>4</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CNA I</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>27</td>
<td>100%</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>7.4%</td>
</tr>
<tr>
<td>Less than 90 days</td>
<td>8</td>
<td>29.7%</td>
</tr>
<tr>
<td>91 days to 6 months</td>
<td>6</td>
<td>22.2%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>4</td>
<td>14.8%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>6</td>
<td>22.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CNA II</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Less than 90 days</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>91 days to 6 months</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>2-4 years</td>
<td>3</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CNA III</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Respondents</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Less than 90 days</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>91 days to 6 months</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>5</td>
<td>25.0%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>3</td>
<td>15.0%</td>
</tr>
<tr>
<td>2-4 years</td>
<td>1</td>
<td>5.0%</td>
</tr>
<tr>
<td>4-6 years</td>
<td>5</td>
<td>25.0%</td>
</tr>
<tr>
<td>6-8 years</td>
<td>2</td>
<td>10.0%</td>
</tr>
<tr>
<td>8-10 years</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>10 or more years</td>
<td>4</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

This table shows, by groups, the number and percentage of respondents’ longevity with the organization.
<table>
<thead>
<tr>
<th>Education Level</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL RESPONDENTS</td>
<td>57</td>
<td>100.0%</td>
</tr>
<tr>
<td>Less than High School graduate</td>
<td>6</td>
<td>10.5%</td>
</tr>
<tr>
<td>High School graduate</td>
<td>25</td>
<td>43.9%</td>
</tr>
<tr>
<td>Some college</td>
<td>20</td>
<td>35.1%</td>
</tr>
<tr>
<td>College graduate (B.A., B.S.)</td>
<td>4</td>
<td>7.1%</td>
</tr>
<tr>
<td>Post college graduate work</td>
<td>1</td>
<td>1.7%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>1</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

This table indicates the number and percentage of the respondents according to their highest education level completed.
### TABLE 4.

**RACE/ETHNICITY OF RESPONDENTS**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL RESPONDENTS</strong></td>
<td>57</td>
<td>100.0%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>7</td>
<td>12.3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5</td>
<td>8.8%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>3</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15</td>
<td>26.3%</td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>23</td>
<td>40.3%</td>
</tr>
<tr>
<td>Did not respond</td>
<td>4</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

### TABLE 5.

**NURSING UNIT NORMALLY SCHEDULED TO WORK**

<table>
<thead>
<tr>
<th>Unit</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL RESPONDENTS</strong></td>
<td>57</td>
<td>100.0%</td>
</tr>
<tr>
<td>1 North and RCU</td>
<td>11</td>
<td>19.3%</td>
</tr>
<tr>
<td>2 North</td>
<td>9</td>
<td>15.8%</td>
</tr>
<tr>
<td>3 North</td>
<td>12</td>
<td>21.0%</td>
</tr>
<tr>
<td>4 North</td>
<td>10</td>
<td>17.6%</td>
</tr>
<tr>
<td>1 South</td>
<td>3</td>
<td>5.3%</td>
</tr>
<tr>
<td>2 South</td>
<td>8</td>
<td>14.0%</td>
</tr>
<tr>
<td>Float</td>
<td>4</td>
<td>7.0%</td>
</tr>
</tbody>
</table>
Retention. The participants were asked to evaluate the whether or not the original purposes of the CNA I, CNA II, CNA III and CNA Preceptor classifications at the facility were being achieved. Four purposes were identified and the questionnaire asked the respondents to select one of four possible responses: strongly agree, agree, disagree or strongly disagree. All survey respondents were asked to complete this section whether they worked directly with a preceptor or not. The four original purposes of the nurse aide career ladder program were listed as follows:

1. To provide the CNA staff with an added incentive to stay working at Glencroft Care Center
2. To encourage individual goal-setting for self development
3. To motivate each CNA to aspire to his/her highest level of professional competence
4. To provide quality resident care through advancement in professional CNA practice

These questions were formulated based on previous studies which supported the notion that a career ladder program increases job satisfaction and thus contributes to staff retention efforts (Reagan, 1986; Breedlove, 1993; Helmer et. al., 1993; Henry, 1993; Schur et. al., 1998; Will, 1999). Table 6 presents the data from this section of the questionnaire.

Table 6 on page 32 shows the respondent results pertaining to the first goal. The survey statement was designed to assess whether or not the respondents perceive the preceptor program as an effective tool for staff retention. Almost a third of all respondents (29.8%) indicated that they “strongly agree” with the statement. An additional 30 respondents (52.6%) indicated that they “agree” with the statement. Combining the two responses “strongly agree” and “agree,” a total of 47 out of 57 respondents or 82.4 percent felt that the goal of staff retention was being achieved through the preceptor program.

Upon further analysis by CNA classification, there were differences in the
responses. While 92.6 percent of the CNA I’s strongly agreed or agreed that the staff retention goal was being achieved, only 70 percent of the CNA III’s agreed that this goal was being achieved. A greater appreciation for the program by the employees who were less tenured than those who had the longest tenure with the organization seems logical, since the program was designed to mentor the new hires and those individuals who needed more coaching and training. However, this disparity in perception does raise a red flag as to the effectiveness of the career ladder program and preceptor program as it relates to the longest tenured employees.

Table 7 on page 33 displays the response to the goal achievement of the second original purpose of the preceptor program: to encourage individual goal-setting for self development. The response of 31.6 percent “strongly agree” and 57.9 percent “agree” for a combined percentage of 89.5 percent again demonstrates a high level of goal achievement. There was a higher degree of consistency in the responses from the two largest nurse aide classifications, the CNA I’s and CNA III’s on this question, while a third of the CNA II’s who responded indicated they “disagree” on this particular goal achievement.

Table 8 on page 34 displays the response to the goal achievement of the third stated purpose of the preceptor program: to motivate each CNA to aspire to his/her highest level of professional competence. A combined total of 89.3 percent strongly agreed or agreed that this particular goal was being achieved. Again, the CNA I’s were in slightly higher agreement on this goal achievement than their CNA II and CNA III counterparts.

Table 9 on page 35 displays the response to the goal achievement of the fourth stated purpose of the preceptor program: to provide quality resident care through advancement in professional CNA practice. The responses to this question were fairly consistent across all three nurse aide classifications.
TABLE 6.

ACHIEVEMENT OF PURPOSE: INCENTIVE TO STAY WORKING AT THE FACILITY

<table>
<thead>
<tr>
<th>TOTAL RESPONDENTS:</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>17</td>
<td>29.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>30</td>
<td>52.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>8</td>
<td>14.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CNA I Responses</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>10</td>
<td>37.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>15</td>
<td>55.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CNA II Responses</th>
<th>n</th>
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</tr>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<table>
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<th>CNA III Responses</th>
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<tbody>
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<td>4</td>
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<tr>
<td>Agree</td>
<td>10</td>
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<td>25.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>5.0%</td>
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### TABLE 7.

**ACHIEVEMENT OF PURPOSE: ENCOURAGE INDIVIDUAL GOAL-SETTING FOR SELF-DEVELOPMENT**

<p>| | | |</p>
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<tbody>
<tr>
<td><strong>TOTAL RESPONDENTS:</strong></td>
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</tr>
<tr>
<td>Strongly Agree</td>
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<td>31.6%</td>
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<tr>
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<td>57.9%</td>
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<tr>
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<td>1.8%</td>
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<tbody>
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<tr>
<td>Strongly Agree</td>
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<td>37.0%</td>
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<tr>
<td>Agree</td>
<td>16</td>
<td>59.3%</td>
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<td>3.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
</tr>
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<td></td>
</tr>
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<td>50.0%</td>
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<tr>
<td>Agree</td>
<td>1</td>
<td>16.7%</td>
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<td>Disagree</td>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
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<p>| | | |</p>
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<tbody>
<tr>
<td><strong>CNA III Responses</strong></td>
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<td>100%</td>
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<tr>
<td>Strongly Agree</td>
<td>5</td>
<td>25.0%</td>
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<tr>
<td>Agree</td>
<td>13</td>
<td>65.0%</td>
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<td>Disagree</td>
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<td>10.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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TABLE 8.

ACHIEVEMENT OF PURPOSE: TO MOTIVATE EACH CNA TO ASPIRE TO HIGHEST LEVEL OF PROFESSIONAL COMPETENCE

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<tr>
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<th>TOTAL RESPONDENTS:</th>
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<td>Strongly Agree</td>
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<tr>
<td>Agree</td>
<td>n= 31</td>
<td>55.4%</td>
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<tr>
<td>Disagree</td>
<td>n= 4</td>
<td>7.1%</td>
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<tr>
<td>Strongly Disagree</td>
<td>n= 2</td>
<td>3.6%</td>
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<thead>
<tr>
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<th>CNA I Responses</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n= 27</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>n= 13</td>
<td>48.15%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 13</td>
<td>48.15%</td>
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<td>3.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<thead>
<tr>
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<th>CNA II Responses</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n= 6</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>n= 3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CNA III Responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n= 19</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>n= 3</td>
<td>15.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 13</td>
<td>68.4%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 2</td>
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</tr>
<tr>
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<td>n= 1</td>
<td>5.3%</td>
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TABLE 9.

ACHIEVEMENT OF PURPOSE: TO PROVIDE QUALITY RESIDENT CARE THROUGH ADVANCEMENT IN PROFESSIONAL CNA PRACTICE

<table>
<thead>
<tr>
<th>TOTAL RESPONDENTS:</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 24</td>
<td>42.1%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 27</td>
<td>47.3%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 3</td>
<td>5.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 3</td>
<td>5.3%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CNA I Responses</th>
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<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 15</td>
<td>55.6%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 10</td>
<td>37.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>3.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 1</td>
<td>3.7%</td>
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<table>
<thead>
<tr>
<th>CNA II Responses</th>
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<th>100%</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 0</td>
<td>0.0%</td>
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<table>
<thead>
<tr>
<th>CNA III Responses</th>
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<th>100%</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 7</td>
<td>35.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 12</td>
<td>60.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 1</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Three additional questions were asked of all 57 respondents which attempted to measure the degree of personal satisfaction they were receiving from their work.

1. I look forward to coming to work each day
2. I see myself working here two years from now
3. My job is interesting and challenging

Tables 10, 11 and 12 on pages 37, 38 and 39, summarize the responses to these three questions. According to Rublee (1986), nurse aides' intention of leaving employment is an excellent predictor of employee turnover. This researcher was particularly interested in the responses to the above questions from the CNA I's who were the least tenured employees and which group historically has the highest turnover ratio.

As the reader can see from Table 11, 88.9 percent of the CNA I respondents indicated that they "strongly agree" or "agree" with the statement that they see themselves working in the facility two years from now. In an industry plagued with turnover ratios of 90 to over 100 percent, this is a significant indicator that there is a high degree of job satisfaction. The fact that the response to this question was quite uniform across all three nurse aide classifications helps validate the CNA I response.

In Rublee's study (1986), there was a consistent and statistically significant negative correlation between tenure and attrition. The lower tenure people were most likely to terminate. Most frequent reasons given for job dissatisfaction in the Rublee study were in order: the work itself, pay, dissatisfaction with supervision, lack of promotion opportunity and dissatisfaction with co-workers.

The responses to the questions regarding looking forward to coming to work and finding the work interesting and challenging were also quite consistent across the board in the 80 to 90 percent in agreement with the statements.
**TABLE 10.**

SURVEY STATEMENT: I LOOK FORWARD TO COMING TO WORK

<table>
<thead>
<tr>
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<tr>
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<td>n= 21</td>
<td>36.8%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 26</td>
<td>45.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 7</td>
<td>12.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 3</td>
<td>5.3%</td>
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</table>

<table>
<thead>
<tr>
<th>CNA I Responses</th>
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<th>100%</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 14</td>
<td>51.9%</td>
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<tr>
<td>Agree</td>
<td>n= 10</td>
<td>37.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 3</td>
<td>11.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<table>
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<tr>
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<th>100%</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 0</td>
<td>0.0%</td>
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<table>
<thead>
<tr>
<th>CNA III Responses</th>
<th>n= 20</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>n= 5</td>
<td>25.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 12</td>
<td>60.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 2</td>
<td>10.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 1</td>
<td>5.0%</td>
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TABLE 11.

SURVEY STATEMENT: I SEE MYSELF WORKING HERE TWO YEARS FROM NOW

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<tr>
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<tbody>
<tr>
<td></td>
<td>57</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>24</td>
<td>42.1%</td>
</tr>
<tr>
<td>Agree</td>
<td>24</td>
<td>42.1%</td>
</tr>
<tr>
<td>Disagree</td>
<td>7</td>
<td>12.3%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>3.5%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CNA I Responses</th>
<th>n=</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>27</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>13</td>
<td>48.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>11</td>
<td>40.7%</td>
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<tr>
<td>Disagree</td>
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<td>11.1%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>2</td>
<td>33.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>3</td>
<td>50.0%</td>
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<tr>
<td>Disagree</td>
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<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<td></td>
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<td>100%</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>9</td>
<td>45.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>8</td>
<td>40.0%</td>
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<td>2</td>
<td>10.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>5.0%</td>
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<tr>
<td>Survey Statement: My Job is Interesting and Challenging</td>
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<tr>
<td>TOTAL RESPONDENTS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>n= 24</td>
<td>42.1%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 25</td>
<td>43.9%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 6</td>
<td>10.5%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 2</td>
<td>3.5%</td>
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<tr>
<td>CNA I Responses</td>
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<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>n= 13</td>
<td>48.2%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 11</td>
<td>40.7%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 2</td>
<td>7.4%</td>
</tr>
<tr>
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<td>3.7%</td>
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<td>Strongly Agree</td>
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<td>33.3%</td>
</tr>
<tr>
<td>Agree</td>
<td>n= 3</td>
<td>50.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
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<td>0.0%</td>
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<td>CNA III Responses</td>
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<tr>
<td>Strongly Agree</td>
<td>n= 8</td>
<td>40.0%</td>
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<tr>
<td>Agree</td>
<td>n= 10</td>
<td>50.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>n= 1</td>
<td>5.0%</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>n= 1</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Other Measurements of Satisfaction with the Preceptor Program. The purpose of this study was to determine if a preceptor program contributes to employee retention, and if so, which components of the program were working well and whether or not there were opportunities to strengthen the program to make it even more effective.

Of the 57 respondents, 37 indicated that they were presently working on nursing units with a preceptor. A number of questions were designed to measure the degree of satisfaction these nurse aides had with their interactions with those preceptors, the degree to which the preceptors set a good example for the nurse aides, the quality of the relationship between the nurse aide and the preceptor and other perceptions of fairness in terms of pay differential and job responsibilities.

The preceptors meet on a regular basis to discuss issues which occur on the nursing units and participate in making decisions which affect the work environment. This researcher was interested in measuring how effectively the preceptors were communicating with their peers the decision outcomes following those meetings. The perception was that the preceptors are not communicating well. Only 51.3 percent of the respondents indicated they “strongly agree” or “agree” while 48.7 percent indicated “disagree” or “strongly disagree” that they were being kept informed in terms of the outcomes of the preceptor team meetings.

When asked if the preceptor shows patience when explaining how to perform a task, 81.1 percent of the respondents indicated “strongly agree” or “agree” while 18.9 percent indicated they “disagree” or “strongly disagree.” Similarly, when asked if the preceptor shows them the proper way to perform a task without scolding or making them feel inferior, 68.6 percent responded that they “strongly agree” or “agree” while 31.4 percent indicated they “disagree” or “strongly disagree.” On a related question, when the respondents were asked if the preceptor had provided them with the right amount of training and orientation
to the nursing unit, 67.7 percent indicated they “strongly agree” or “agree” while 32.3 percent indicated they “disagree” or “strongly disagree.” And when asked if their preceptor was a good teacher and they are constantly learning something new from them, 60 percent indicated they “strongly agree” or “agree” with the statement while 40 percent indicated they “disagree” or “strongly disagree.”

Quality of the relationships between co-workers has been identified by a number of researchers as a key factor in staff retention. This issue was also explored in the questionnaire. For example, respondents were asked to indicate their level of job satisfaction with the amount of help and support they receive from their preceptor. 70.3 percent of the respondents indicated they “strongly agree” or “agree” with the statement while 29.7 percent indicated they “disagree” or “strongly disagree.” “My preceptor is someone I can trust,” was another statement on the questionnaire designed to measure the quality of the relationship between the preceptor and the nurse aide. The response to this question was slightly more positive with 77.2 percent indicating they “strongly agree” or “agree” with the statement while 22.8 percent indicated they “disagree” or “strongly disagree.” A similar questionnaire statement, “My preceptor is always willing to listen to my problems” brought a lower response rate of 68.6 percent who “strongly agree” or “agree” with the statement while 31.4 percent indicated they “disagree” or “strongly disagree.” When asked if the preceptor took the time to get to know them as a person, 63.9 percent responded they “strongly agree” or “agree” with the statement while 36.1 percent responded they “disagree” or “strongly disagree.” And finally, when asked if the preceptor made them feel welcome on their first day at work, 71.5 percent responded they “strongly agree” or “agree” while 28.5 percent responded they “disagree” or “strongly disagree.” While studies have demonstrated that enhancement of personal relationships may lead to better staff retention, apparently there is little time during working hours to do so, or the preceptors have not given this area as much attention or focus.
Since the preceptors were given positions of leadership on the nursing units, it was important to determine if they were behaving like leaders and setting a good example for the rest of the nurse aides in terms of work habits and compliance with organizational work rules. When asked if their preceptor set a good example in terms of resident care and professional behavior, 75.7 percent of the respondents indicated they "strongly agree" or "agree" with the statement and 24.3 percent indicated they "disagree" or "strongly disagree." When asked if their preceptor demonstrates a positive attitude, 63.9 percent responded they "strongly agree" or "agree" while 36.1 percent responded they "disagree" or "strongly disagree." And finally, when asked if their preceptor followed all the rules for length of breaks, time clock punching, wearing name badge, using proper lifting techniques, etc., 66.7 percent indicated they "strongly agree" or "agree" with the statement while 33.3 percent indicated they "disagree" or "strongly disagree."

When the nurse aides were asked whether the pay differential between them and their preceptor was fair and equitable for the difference in responsibilities, only 51.3 percent of the respondents indicated they "strongly agree" or "agree" with the statement while 48.3 percent indicated they "disagree" or "strongly disagree." A very similar response was given when the nurse aides were asked whether the pay differential between them and their preceptor was fair and equitable for the difference in clinical skills and training. Fifty percent of the respondents indicated they "strongly agree" or "agree" with the statement while fifty percent indicated they "disagree" or "strongly disagree" that pay for skill and training was fair and equitable. Obviously, the perception of fairness in terms of compensation and job responsibilities needs to be further examined. Apparently, the nurse aides have fewer issues with the preceptors and their performance than they do with the managers and supervisors who administer the program.
CHAPTER 5
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The nation's skilled nursing care providers are reporting a shortage of nurse aides as well as other nursing personal. The long-term care industry has historically been plagued with high employee turnover rates. The number of potential caregivers for the elderly needing long-term care will decrease by about 40 percent between 2010 and 2030 while the demand for such workers will increase dramatically. While a comprehensive public policy to restructure the way elder health care is financed is called for, long-term care providers cannot wait on the government to solve the pending workforce crisis. Providers must explore every avenue available to them to recruit and retain caregivers.

The purpose of this study was to measure Glencroft Care Center nurse aides' perceptions on the effectiveness of the CNA preceptor program as a nurse aide retention strategy.

The research questions addressed through this study were:

1. Is the preceptor program for nurse aides in Glencroft Care Center an effective staff retention strategy? If so, which components of the program are perceived to be working well and which components leave room for improvement?

2. If the preceptor program for nurse aides in Glencroft Care Center is not viewed by staff as an effective staff retention strategy, why not? How could the program be restructured to be more effective?

A review of the literature relating to the problem of nurse aide retention and factors which contribute to historically high employee turnover ratios provided evidence that a preceptor program could be an effective intervention strategy.
Conclusions

This study has demonstrated that a preceptor program is perceived by nurse aides to be an effective program for the retention of employees. When the respondents of the research survey were asked if they agreed with the statement that the preceptor program provided them with an added incentive to stay working for Glencroft Care Center, a combined 82.4 percent indicated "strongly agreed" or "agreed" that the program is effective as a retention strategy. It should be noted, however, that the perception that the preceptor program was an effective staff retention strategy was much higher among the newer nurse aides, while the nurse aides with longevity in the building were less enthused. This disparity could be due to the fact that those nurse aides who participated in this study were passed over for selection as preceptors. Invariably the nurse aides with the greatest longevity work the day shifts. Since, the goal of the preceptor program was to place a limited number of preceptors on each unit for each shift, some nurse aides with years of experience were going to be passed over for a preceptor position unless they were willing to change shifts.

Recommendations

The survey instrument attempted to measure the level of satisfaction of the nurse aides with their interactions with the preceptors, the quality of the relationship with their preceptor, and how they viewed the skill sets and leadership behaviors. The survey also asked an open ended question of all respondents of how the program might be improved.

Glencroft Care Center should consider the following recommendations to enhance the effectiveness of the preceptor program:

1. Develop a written criteria for preceptor selection and job description which should be reviewed and approved by the preceptor group with input from the nurse aides. The program must be perceived as having high integrity and preceptors chosen on merit, not through favoritism.

2. Develop a simple written brochure or handout which describes the
goals and purposes of the preceptor program as well as the nurse aide career ladder program. Such a document would enhance awareness of the facility’s desire and commitment to help nurse aides grow professionally, and help them understand how they might increase their compensation as they move up the career ladder program. The preceptor position should be viewed as a highly coveted position.

3. The professional nursing staff (the RNs and LPNs) need to be educated about the preceptor program and the nurse aide career ladder program. As the supervisors to both the preceptors and the line nurse aides, the nursing staff need to understand and fully support the purposes and goal’s of the preceptor program. A common concern voiced by the nurse aides in the open ended questions was the lack of respect and lack of appreciation shown for their work. While the preceptors should also focus a little more attention on showing respect to their peers and expressing appreciation for a job well done, this is really the responsibility of the supervisory staff.

4. A core curriculum should be developed for the preceptors. Include in the core curriculum advanced clinical training and training of basic supervisory and leadership skills even though technically the preceptors are not supervisors. The development of new supervisory skills will only further enhance the effectiveness of the mentoring activity of the preceptors.

5. Assign someone to take formal minutes of the Preceptor Team meetings. Post the minutes next to the time clock where other employees may read them. Encourage other nurse aides to read the minutes, submit questions and pass along helpful suggestions.

6. Schedule formal nurse aide meetings at end of shift or beginning of shift in which the preceptor would serve as facilitator. Information could be shared regarding special projects or issues the Preceptor Team is addressing and the nurse aides could be solicited for their input or to identify new areas of concern. The charge nurse should attend the meeting to show support and
solidarity with the nurse aides and offer help or suggestions if asked.

7. Regular stand up meetings should be scheduled between the unit charge nurse and the preceptor(s) to discuss the performance of each nurse aide assigned to the unit. Strategies of how to coach, mentor and support each individual nurse aide should be developed so the interventions are specific and personal. Hold both the charge nurse and the preceptor accountable for staff retention efforts.

8. Glencroft should encourage preceptors and nurse aides to meet socially outside of work to build closer personal relationships. This could be accomplished through planned events like company picnics or outings, or maybe money given to the preceptors to take their people out for ice cream or a treat after work. Anything that might enhance the personal relationships ought to lead to higher job satisfaction and thus contribute to staff retention. A proactive approach to extracurricular social activities by the preceptors may help alleviate some of the "fairness" concerns expressed earlier.

9. Preceptors need to be encouraged to follow all the company rules to set a positive example for the other nurse aides. This is something that ought to be monitored by the charge nurse and which could be discussed at those regular scheduled stand up meetings between the charge nurse and preceptor.

10. The Nursing Administration should evaluate the wage structure for the nurse aide classifications with the Human Resource Department on a regular basis. Supervisors need to be given parameters when performing annual evaluations or when hiring new nurse aides so the system for giving pay increases is perceived as fair and the career ladder program is not compromised.

11. The Nursing Administration should explore allowing the nurse aides to do a peer review as part of their annual evaluation. It would be valuable insight for the nurse supervisor to have and if done properly could help enhance respect and trust within the team.
12. The Human Resources Department should help establish a rewards and recognition program for the preceptors to help incentivize those who are preceptors as well as those nurse aides who may aspire to become preceptors. For example, a very simple and inexpensive way to recognize the preceptors would be to do something special with their name badges. A new badge could be designed to give them added recognition.

All of these recommendations will be time consuming to accomplish. However, this organization has many excellent resources available within the system. Staff retention has already been adopted as a key corporate objective. One word of caution: Glencroft will need to be prepared to give the same amount of attention and structure to a career ladder program for the professional nurse staff. It may be asking too much for them to support the nurse aide career ladder program if they perceive that they do not have something similar available to them.

Following the implementation of the above recommendations, a follow-up questionnaire should be administered and the results compared with this study to ascertain whether the preceptor program was indeed enhanced in the view of the nurse aides. The enhanced preceptor program could then be introduced in other skilled nursing facilities and turnover ratios monitored before and after implementation as a means to measure the program’s effectiveness as a staff retention strategy. The facilities should not attempt to introduce other staff retention strategies simultaneously with the preceptor program if they desire to receive the most accurate data on the program’s effectiveness. This may be very difficult to do however, if the provider is in a crisis mode.

Another opportunity for further research may be to combine the preceptor program with two or three other staff retention strategies. One could attempt to find the most time efficient and cost effective combination of staff retention interventions that work well together and compliment each other.


Dychtwald, Ken, & Flower, Joe. (1990). Age wave: how the most important trend of our time will change your future. New York: Batam Books.


Frank, Barbara W. & Dawson, Steven L. (2000). Health care workforce issues in Massachusetts. The Massachusetts Health Policy Forum Issue Brief, (No. 9)


APPENDIX A

COVER LETTER AND SURVEY INSTRUMENT
April 20, 2001

Dear CNA,

You are invited to participate in a survey on Glencroft Care Center’s CNA Preceptor Program. The purpose of the survey is to identify areas of satisfaction with the existing Preceptor Program and the areas needing improvement.

To encourage your feedback, your survey responses will be completely anonymous. The survey should take you about 10 minutes to complete. Please note that if you have never worked with a Glencroft CNA Preceptor, you will only be asked to complete questions 1 through 12 and then your written suggestions on page eight. If you have worked with a Glencroft CNA Preceptor, please take the time to complete the entire instrument.

Please complete and return the survey by Friday, May 1st. You may place the completed survey in the locked wooden box near the time clock in the Staffing Coordinator’s office.

Once the surveys are completed and returned the responses will be summarized and reviewed by the Preceptor Team and nursing administration. A copy of the results will be made available to you if you ask the Staffing Coordinator. Changes to the Glencroft Care Center’s CNA Preceptor Program will be discussed in the Preceptor Team meetings.

I want to thank you in advance for your participation in the survey. Your feedback is highly valued.

Sincerely,

Barbara Jones
Director of Staff Development
GLENCROFT RETIREMENT COMMUNITY
CNA PRECEPTOR PROGRAM SURVEY

Please answer the following questions on this page which will be used for classification purposes only.

1. I am: □ Male □ Female

2. How many years and months have you worked for Glencroft as a CNA?
   ______ years _______ months

3. Highest education level completed: (check only one)
   □ Less than High School graduate
   □ High School graduate
   □ Some college
   □ College graduate (B.A., B.S.)
   □ Post college graduate work
   □ Graduate degree

4. Please indicate your race/ethnicity: (optional)
   □ African American/Black
   □ Asian/Pacific Islander
   □ American Indian/Alaskan Native
   □ Hispanic
   □ Caucasian/White
   □ Other __________________

5. Please indicate the nursing unit you are normally scheduled to work. (Check only one)
   □ 1 North and RCU
   □ 2 North
   □ 3 North
   □ 4 North
   □ 1 South
   □ 2 South
   □ Other (explain) __________________
Please answer all questions on the remainder of the survey as accurately as possible.

6. How did you learn about Glencroft Care Center's CNA Preceptor Program? *(check as many as apply)*
   - CNA class for licensure held by Glencroft
   - Director of Staff Development discussed with me
   - The CNA Preceptor on my nursing unit introduced themself to me and explained their role
   - Nursing Unit Coordinator discussed with me
   - Program Manager discussed with me
   - CNA coworkers discussed with me
   - Other (Specify) ____________________________

7. How knowledgeable are you on the CNA classification program at Glencroft Care Center and the process for CNA promotions? *check only one*
   - Very knowledgeable
   - Knowledgeable
   - Don't know anything about the program

8. What is your current position? *check only one*
   - CNA I
   - CNA II
   - CNA III
   - I don't know

9. My normal scheduled work shift can be best classified as: *check only one*
   - Day shift
   - Evening shift
   - Night shift
   - Weekend shift
9. The original purposes of the CNA 1, CNA 2, CNA 3 and CNA Preceptor classifications at Glencroft Care Center are listed below. Please indicate the degree to which you agree or disagree that the purposes have been achieved by the current CNA classification program.

"To provide the CNA staff with an added incentive to stay working at Glencroft Care Center." **(check only one)**

- [ ] Strongly agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly disagree

"To encourage individual goal-setting for self-development" **(check only one)**

- [ ] Strongly agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly disagree

"To motivate each CNA to aspire to his/her highest level of professional competence." **(check only one)**

- [ ] Strongly agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly disagree

"To provide quality resident care through advancement in professional CNA practice." **(check only one)**

- [ ] Strongly agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly disagree

10. I look forward to coming to work each day. **(check only one)**

- [ ] Strongly agree
- [ ] Agree
- [ ] Disagree
- [ ] Strongly disagree
11. I see myself working here two years from now. (check only one)
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

12. My job is interesting and challenging. (check only one)
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

If you have not worked with a CNA Preceptor, at this point please skip to page 8 to complete the survey.

If you have worked with a CNA Preceptor, please indicate the degree to which you agree or disagree with the following statements:

13. One of the things I like most about my job is the help and support I receive from my preceptor. (check only one)
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree

14. The pay differential between my preceptor and myself is fair and equitable for the difference in our responsibilities. (check only one)
   - [ ] Strongly agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly disagree
15. The pay differential between my preceptor and myself is fair and equitable for the difference in our clinical skills and training. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

16. My preceptor keeps me informed about what things are being discussed at the bi-weekly Preceptor Team meeting. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

17. My preceptor sets a good example in terms of resident care and professional behavior. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

18. My preceptor is someone I can trust. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

19. My preceptor has the necessary skills to be a good mentor. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
20. My preceptor is always willing to listen to my problems. (check only one)
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree

21. My preceptor shows patience when explaining how to perform a task. (check only one)
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree

22. My preceptor provided me with the right amount of training and orientation to my nursing floor. (check only one)
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree

23. My preceptor took the time to get to know me as a person, not just as a co-worker. (check only one)
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree

24. My preceptor demonstrates a positive attitude. (check only one)
   □ Strongly agree
   □ Agree
   □ Disagree
   □ Strongly disagree
25. My preceptor is a good teacher. I am always learning something new from him/her. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

26. My preceptor made me feel welcome on my first day of work. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

27. My preceptor follows all the rules for length of breaks, time clock punching, wearing name badge, using proper lifting techniques, etc. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree

28. My preceptor shows me the proper way to perform a task without scolding or making me feel inferior. (check only one)
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
CNA PRECEPTOR PROGRAM SURVEY

What are the three most important improvements you would recommend to make the Preceptor Program more effective in retaining CNAs at Glencroft Care Center? (If you need more room to write, use the back of this page)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What do you think the requirements for becoming a preceptor should be? (Check up to five)

☐ Years of experience
☐ Additional training above and beyond the normal scheduled in-services
☐ Has demonstrated excellent resident care skills
☐ Has demonstrated ability to teach other CNAs
☐ Peer review (co-workers support the CNA’s nomination to become a preceptor)
☐ Demonstrates a caring attitude towards co-workers and residents
☐ Willingness to pair up with new hires for a set determined length of time
☐ Follows all the rules
☐ Excellent attendance record
☐ Other, please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX B

CNA PRECEPTOR PROGRAM SURVEY COMMENTS
CNA Preceptor Program Survey Comments

What are the three most important improvements you would recommend to make the Preceptor Program more effective in retaining CNAs at Glencroft Care Center?

- Making me a preceptor and also making "them" listen to my report.
- On my floor, our preceptor does an excellent job. There is no need for improvement. She does a wonderful job. But in general, be beyond helpful—go the extra mile to make that person feel comfortable at their job. Let them know it's okay to be scared but let them know you will be there for help.
- I think the program doesn't need improvement. It's already doing well.
- Give them feedback on current issues which affect CNAs regarding resident care, pay, educational knowhow, and interaction with other CNAs.
- Don't treat them (CNAs) like dirt. Make sure if they do something wrong, to fix it with a positive attitude. Make sure they teach every step when training a CNA.
- To try to help everyone else become a preceptor. No favorites.
- The preceptor should be more the trainer, not the other CNAs.
- More informed about our meetings and their meetings. Accept their responsibilities. Inform us about new residents and problems they have.
- Preceptors need to improve their housekeeping.
- Spend more time on the floor with the preceptor and not just 3-4 days.
- Preceptor program is adequate.
- More information on the preceptor (program). More time for CNA and preceptor to exchange ideas and opinions.
- There is a lot of unfairness. Rules change every month. First, one year at Glencroft is required. Next thing, someone becomes a preceptor
before their 90 days. More than one person upset, a lot of people. If you're friends with the inside, you can get what you want. One person just came out of the CNA class, (was) on the floor two months and became a preceptor same time the others did. Not fair. They give you excuses all the time, but won't hesitate to put more than one student at a time with you. (They) feel that you're good enough to teach them and tell you so, but don't want to make you a preceptor or pay you same as the accu checks. (They) tell you they want you to take the class, that you will make 15 cents an hour more. Afterward, when you ask when you will start to get it, they don't know. One person says "yes," the other says "no," then "yes," then "no." On the 4th floor they're up to 15 accu checks a day. I don't get the extra pay. Other floors get the pay, but don't have to do them. This is not fair. This is where people get discouraged. Also, it's nice when your peers acknowledge you as a person, not just an aide. We never hear "thanks" or "you guys did good today." The only time we hear anything is when there is a problem, we get called in. Nothing positive....you wonder why we can't keep staff? Look deeper. There's a lot you don't know. Ask us.

- More interviewing work ability from other staff members. Required lifting procedure, etc., in-services. Better pay.

- Be more patient and kind. React on the CNAs' words faster.

- Forget the preceptor program. Train all good loyal CNAs that have been here at Glencroft for years. Maybe you will retain more CNAs.

- Can't think of any at this time.

- A good attitude. Be kind to others.

- Preceptor should be knowledgeable and well versed in their area of expertise. Should have an adequate knowledge of relating to other nursing staff and care of residents. Should be willing to motivate and be motivated to achieve the ultimate success for everyone.

- Don't judge the new CNAs.

- Be with an experienced employee longer. Higher pay.

- Be an example to other new CNAs. Teach CNA and what to expect all times that are important. Have a good attitude, respect for everyone.
Be a lot nicer. More supplies are needed on the floors and when they’re ordered, they never seem to arrive. Superiors should be a little more appreciative of the CNA.

Preceptors need to set the example of the best that Glencroft has to offer at all times, not just when training CNAs. They need to have the leadership ability to tell their co-workers when they are doing something the wrong or unsafe way. Their residents and sections should always be neat and clean (emphasizing the best always). Being a preceptor should be a privilege and should be taken seriously. Preceptors are the cream of the crop and they should act like it. Their training should be on everything that involves RNA/CNA duties. Higher level of training will make them the best at Glencroft.

More flexible hours for meeting. More participation on off shifts. Have set goals.

Respect for all fellow CNAs. There should be team work, if any CNA goes off track and does something wrong, that CNA should be corrected in a calm manner making sure both the CNA and preceptor understand the issue concerned.

Be more realistic. I think they need more time before they are “thrown to the wolves” (new hires). They should be well aware of what they are getting into.

For keeping CNAs, you need to pay us better money and (give us) less patients to take care of.
F. Jay Shetler was born in Pigeon, Michigan on March 13, 1952. Mr. Shetler received his elementary education at Pigeon Elementary School. His secondary education was completed in June, 1970 at Laker High School in Pigeon, Michigan.

Mr. Shetler attended Goshen College in Goshen, Indiana, graduating in December, 1974 with a Bachelor of Arts degree in History. While a student at Goshen College, Mr. Shetler spent a semester of study in Costa Rica to fulfill an international studies graduation requirement. In January of 1997 he enrolled in the graduate program at Ottawa University and received a Masters of Arts Degree in Organizational Change Management in August, 2001.

Mr. Shetler is the President and Chief Executive Officer of Friendship Retirement Corporation, d/b/a Glencroft, and has been employed by Glencroft since May 1, 1993. Mr. Shetler came to Glencroft from Greencroft Retirement Community in Goshen, Indiana, where he was employed for the previous seven years. He has broad experience in master planning, development and marketing of new senior housing projects and nursing homes. He is a member of Arizona Association of Homes and Housing for the Aging (AzAHA), and American Association of Homes and Services for the Aging (AAHSA). He has served on AzAHA's Strategic planning Committee, has chaired the Assisted Living Advisory Council, and presently serves as co-chair of the AzAHA Policy and Governmental Affairs Committee. In addition, he was recently (June 2001) elected to represent AzAHA and AzAHA members on the AAHSA House of Delegates. Mr. Shetler is one of the founding board members and presently serves as secretary of Covenant Health Network (CHN), a regional not-for-profit alliance of more than 35 mission-based, long term care facilities located throughout the Southwest. CHN members represent approximately 3,000 nursing beds, about 850 assisted living units, and over 5,700 units of independent living apartments. Mr. Shetler is also a member of the Society for the Advancement of Gerontological Environments (SAGE). He is an officer for the Arizona Chapter of Mennonite Economic Development Associates (MEDA), and is the chair-elect of the Glendale Rotary Club.