JOURNAL of AGING and LONG-TERM CARE

SYSTEMATIC REVIEWS AND META ANALYSIS

ISSN 2619-9017 | E-ISSN 2618-6535

www.agingandlongtermcare.com • www.jaltc.net

Nurse Aide Turnover in Home Health Care: A Scoping Review

LAUREN MAZIARZ[1], VIVIAN MILLER[1], JENNIFER WAGNER[1], KALEY PERRY[2], JULIA BELL[3], MELISSA BUREK[1]

1. Bowling Green State University, 2. Mercy Health, 3. Northeastern University

2024, 7(1), 23-43 | **DOI**: 10.51819/jaltc.2024.1535635

Received: August 22, 2024 | Accepted: November 26, 2024 | Publish Online: November 26, 2024

Correspondence: Lauren MAZIARZ

Department of Public and Allied Health, Health and Human Services Building 120, Bowling Green State University, Bowling Green, OH 43403, USA / lmaziar@bgsu.edu

ABSTRACT

Nurse Aides (NAs) delivering in-home care has increased in recent years in the United States and is expected to increase further by 2032. Understanding factors that affect turnover and retention of NAs in-home care is imperative to providing high-quality care for older adults. Eight scholarly databases were used to search for relevant peer-reviewed articles. Using a three-stage process, twenty-four articles published between 2003-2023 were included in this scoping review. Factors affecting turnover were categorized based on the Jobs Demands-Resource (JD-R) and Socioecological Model (SEM). Factors affecting turnover can be conceptualized by job demands and resources. Furthermore, intrapersonal, interpersonal, institutional, and community-level factors all influence nurse aide turnover and retention. Supervisor support, colleague or co-worker support, and performance feedback may augment home health NA's retention and well-being. Many unique factors affect NA turnover. The problematic nature of the work, coupled with often low pay and low autonomy, means identifying job resources is imperative. Evidence supports that emphasis on support systems from the organization, co-workers, and supervisors coupled with constructive and frequent performance discussions where home health NA's input is welcomed should substantially reduce turnover and significantly improve workplace experiences and patient care.

KEYWORDS: Home Health; Home Health Aids; Nursing Assistants; Certified Nursing Assistants; Turnover.

KEY PRACTITIONER MESSAGE

1. Nurse Aids (NAs) in home health are an important part of long-term care, yet turnover rates continue to be a concern.
2. Conceptualizing the job demands as well as the resources available can shed light on why turnover remains high among NAs.
3. NA work is challenging, and pay and autonomy are often low; thus, identifying organizational, interpersonal, and intrapersonal support systems could help mitigate turnover.

INTRODUCTION

In the United States, almost two million older adults are deemed to be homebound, meaning they rarely or never leave their houses (Ornstein et al., 2015). To receive care for daily living and medical assistance, many homebound individuals depend on care aides or family members to provide home assistance (Reckrey et al., 2020). As such, nurse aides (NAs) working in institutionalized settings such as nursing homes and those working in home health are integral professionals within the healthcare system in the United States. NAs work directly with patients, assisting with direct care tasks and activities of daily living, such as bathing, feeding, and making meals (U.S. Bureau of Labor Statistics, 2024). Additionally, NAs provide companionship and social engagement, which can be especially true for older adults aging at home or persons with disabilities living at home in the community. In the United States, NAs who provide skilled care, i.e., activities of daily living (ADLs) in skilled nursing facilities or home health care, are typically referred to as Certified Nursing Assistants (CNAs). This may vary by state. A CNA is certified to practice as a nursing assistant after completing a state-based training program and passing an exam and skills test. Home health aide (HHA) is often used interchangeably to denote a CNA working in the home or another uncertified NA who may provide companionship and light housekeeping duties. This review focused on nurse aides working in home health, whether certified or not.

History of Nursing Assistants Working In-Home

Home health care and working in-home has a longstanding, complex history in the United States (U.S.). In the nineteenth century, receiving health care services from doctors, nurses, and nurse aides at home in the community was standard practice (Buhler-Wilkerson, 1985). Towards the early 1900s, there were increases in mortality from chronic and communicable diseases (e.g., pertussis), where the U.S. pushed the use of institutions for care for people with acute illness, including hospitals and nursing homes, especially for wealthy individuals (Buhler-Wilkerson, 1985; Institute of Medicine, 1988). As care of the less wealthy individuals continued in community-based settings and visiting nurses became more common in the lower-income neighborhoods, an effort to shift care back into the home lead the way for increased support and funding of visiting nurse services (Buhler-Wilkerson, 1985). The visiting nurses provided education on proper hygiene, illness prevention, newborn care, and disease treatment (Buhler-Wilkerson, 1985).

During the mid-20th century, the provision of home care and HHAs were included in U.S. federal policies implemented in the 1960s, such as Medicaid, Medicare, and the Older Americans Act (Stevens,

1996). By 1997, Congress enacted the Balanced Budget Act to cut Medicare spending and cut down on costly fee-for-service reimbursement models, including home health reimbursement (Murkofsky et al., 2003). These changes resulted in a significant decrease in home care, with 10% of home health agencies closing by October 1998 (Murkofsky et al., 2003). Since Medicare, which operates at the national level to provide health insurance for people sixty-five and older, does not include long-term care or long-term home health services, many seniors continue to be left without care services in their older years (Medicare, 2024). Due to this, family members and loved ones of persons with high care needs were increasingly called upon to help those in need at home. By the year 2007, there were an estimated $375 billion of unpaid contributions delivered to older adults and persons with disabilities by family caregivers (National Alliance for Caregiving in Collaboration with AARP, 2023). In 2010, the Patient Protection and Affordable Care Act (ACA) was enacted with innovations aimed at expanding home healthcare payments and provider options (Institute of Medicine and National Research Council, 2015). Among other provisions, the ACA increased access to funding for long-term care and home health agencies in states that chose to expand insurance coverage (Van Houtven et al., 2020). Taken together, these changes allowed consumers of health care services to have more choices in the care received and increased transparency and options for health care delivery (Centers for Medicare and Medicaid Services, 2023a).

Home Health Nurse Aides in the Workforce

The number of persons employed as NAs delivering in-home care has increased recently. It is anticipated to continue growing as the older adult population expands. Due to an aging population and increased demand for home health services, there is a projected 22 percent increased need for home health NAs from 2022-2032 compared to the average growth rate of 5 percent for all occupations (U.S. Bureau of Labor Statistics, 2024). Despite this steady growth, the home healthcare sector is overwhelmed by high turnover rates of NAs delivering in-home care. Gleason and Miller (2021) report that an estimated 35 to 65 percent of home health NAs leave their place of employment per year.

Furthermore, almost 15 percent report "being dissatisfied with their job" as an NA in this care setting (Wilhelm et al., 2015; Gleason and Miller, 2021, p. 517). With the rise in demand for home health, there is increasing strain on a system that largely depends on individual private payers, not insurance companies (The New York Times, 2023; U.S. Bureau of Labor Statistics, 2024). With low pay and often stressful working conditions, turnover remains a pressing issue (The New York Times, 2023).

Purpose of Study

Despite the predicted increase in home healthcare utilization in coming years, the focus on NAs in the academic literature appears to target healthcare specializations such as hospitals and nursing homes. Regardless of this, there is an increasing need to understand the role of NAs within the home health care system in addition to factors impacting turnover since NAs play a critical role in providing care to community members aging in-home (Ornstein et al., 2015; Reckrey et al., 2020). As such, the purpose of this study is to systematically (1) identify existing evidence that discusses the role of NAs in home health, (2) analyze articles to identify the range of job roles and duties of NAs working in home health, (3) identify factors that impact turnover among NAs in home health, and (4) present recommendations for future research, policy, and practice.

METHOD

Search Strategy

This scoping review of the literature was guided by the framework developed by Pollock and Berge (2018), Population Interest Context (PICO). Additionally, we used the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) (Page et al., 2020) guidelines to conduct a review of all the included databases (Heyn et al., 2019). The following is a comprehensive list of databases used in this search; all databases were accessed using a university library system: Academic Search Complete, Alt HealthWatch, CINAHL Plus with Full Text, Consumer Health Complete – EBSCOhost, Health Source – Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, and MEDLINE with Full Text. These databases were selected based on their focus on nursing and health.

As outlined in the PICO (Pollock & Barge, 2018), the population in this scoping review are nurse aides, Certified Nursing Assistants (CNAs), or care aides working in home health. To capture this population, search terms included Certified Nursing Assistant, CNA, nursing assistant, nurse aide, or care aide. The interest and context of this study are home health and turnover of NAs. To capture this, search terms included "home health care or home care or home nursing" and "turnover or retention or intention to leave or intention to stay or to quit." These search terms were chosen based on the terms frequently used in the literature to describe nurse aides working in home health.

Articles had to meet the following criteria to be eligible for inclusion in this study: (1) be original research published in an academic journal; (2) be published in English in the past 20 years (2003-2023); (3) explicitly include NAs, Certified Nursing Assistants, and/or care aides; and (4) focus on turnover or intention to leave home health care. Since access to home health has

changed over time based on policy provisions from the ACA and an aging population, these inclusion criteria were chosen to understand better the broad context of NAs working in home health in the United States over the last two decades. This review utilized a three-stage review process to screen academic articles for eligibility.

The initial article search yielded 1,061 articles. Once all exact duplicates and missing data entries were removed, 393 articles remained. In stage one of the review process, all article titles were screened for eligibility by the research team. Articles were discarded if they did not meet the required criteria, such as focusing on nursing homes rather than home health or discussing home health outside North America. A total of fifty articles remained after stage one. At stage two, multiple research team members screened each article abstract for eligibility. Articles that did not meet inclusion criteria at this stage of the review process were discarded, with fifteen articles not meeting inclusion criteria during abstract review. Thirty-five full-text articles remained and were reviewed by all research team members. Eleven articles did not meet the eligibility criteria at stage three, full-text review. For instance, one article did not focus on home health care, and four did not focus on turnover or intention to leave. They were not empirical research articles. After each stage of this review process, a final sample of twenty-four articles is included in this scoping literature review (Table-1). The eligibility criteria and exclusion process for this review are illustrated in Figure-1.

Theoretical Frameworks

Two frameworks were used to conceptualize factors affecting home health NA retention and turnover. First, turnover-related factors were explored using the Jobs Demand-Resource (JD-R) model (Demerouti et al., 2001). The JD-R model can be used to understand how the demands of one's job and the engagement in one's work can affect overall work-related stress, health, motivation, and employee well-being. In this model, job demands are overtly stressful factors that require sustained physical or mental effort, such as workload, conflicts with co-workers or employers, or concerns about job insecurity. This is contrasted with job resources, which can be described as aspects of a job that reduce job demands, stimulate personal growth, or help achieve work goals and can include support from others, autonomy or feelings of job control, and performance feedback (Schaufeli, 2017). These two psychological processes interact to impact both an individual's stress and motivation. Higher job demands and fewer resources can lead to feeling "burned out" or drained. On the other hand, the more job resources someone has, the higher the work engagement, including overall motivation and commitment

Table-1. Article Descriptions and Study Details

Author(s)	Year	Type of Study	Study Characteristics
Ashley et al.	2010	Qualitative	Survey with home care workers (n=131)
Banijamali et al.	2014	Qualitative	Phone interviews with home care workers (n=402)
Brouillette et al.	2023	Qualitative	Two focus groups (n = 10), two in-person interviews with home care agency managers, and phone interviews with aides, managers, and clients (n=37)
Butler et al.	2014	Mixed-method	Surveys and interviews with home health aides (n=216)
Butler	2018	Qualitative	Interviews with home care aides (n=252)
Czuba et al.	2012	Mixed-method	Four-phase study: Workers' compensation data for one home health company in Ohio in addition to in-home observations of nurse aides and patients (n=611 observations), followed by nurse aide workshops to discuss interventions and a pilot study (n=21 nurse aides).
Ejaz et al.	2015	Quantitative	Surveys with home health agency managers (n=117)
Faul et al.	2010	Quantitative	Surveys with home health aides (n=116)
Gleason and Miller	2021	Quantitative	Surveys with home health aides (n=512)
Jang et al.	2017	Quantitative	Secondary dataset
Kusmaul et al.	2020	Qualitative	Interviews with home care workers (n=12)
Lee and Jang	2016	Quantitative	Surveys with home care workers (n=150)
Liu et al.	2022	Quantitative	Surveys with home care workers (n=380)
Luo et al.	2012	Quantitative	Secondary dataset
Luz and Hanson	2015	Mixed-method	Evaluation of program effectiveness (pre/post knowledge surveys, focus groups, field notes)
Markkanen et al.	2021	Qualitative	Phone interviews with home care clients (n=9), aides (n=16), and agency managers (n=12)
Mathias and Benjamin	2005	Quantitative	Surveys with home care workers (n=618)
Morris	2009	Quantitative	Surveys with home care workers (n=819)
Muench et al.	2021	Quantitative	Secondary dataset
Sherman et al.	2008	Quantitative	Surveys of home health aides (n=823)
Shotwell et al.	2019	Qualitative	Interviews with home health aides (n=13)
Stone et al.	2013	Quantitative	Secondary dataset
Stone et al.	2017	Quantitative	Secondary dataset
Weng and Landes	2017	Quantitative	Secondary dataset

to stay at an organization and overall work engagement (Schaufeli, 2017).

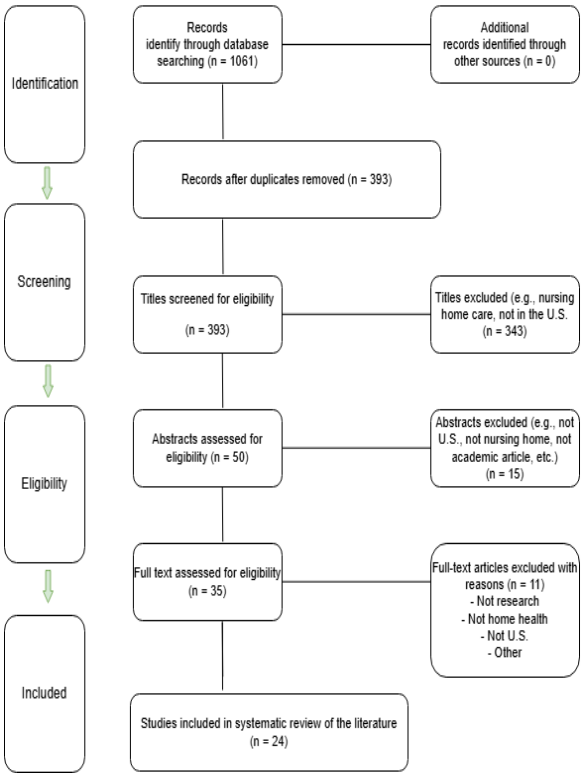

Figure-1. Article Flowchart

We further explored the phenomenon of turnover among home health NAs using the Socioecological Model (SEM). This model was used to explore levels of influence, which examine ways in which individuals, relationships, communities, and society interact to influence behavior and perceptions. The SEM has been used in previous research to understand better how broad policy factors impact individuals as well as how individuals impact the broader environment (BLINDED). As is common with this model, the factors were conceptualized using the following five levels of influence: intrapersonal, interpersonal, institutional, community, and policy/ society levels (Bronfenbrenner, 1977; McLeroy et al., 1988). Intrapersonal factors may include attitudes, beliefs, self-regulation, self-esteem, and/or personal decision-making an employee is experiencing at their workplace. Interpersonal factors include work and social support systems and leader/employee relations. Institutional factors include formal and informal organizational rules, regulations, and organizational characteristics such as profit status (i.e., non-profit, for-profit) or wages. Community factors include local and national unemployment rates and access to higher wages at competing institutions. Finally, policy factors include Medicare/Medicaid funding and coverage, insurance regulations, and reimbursement models.

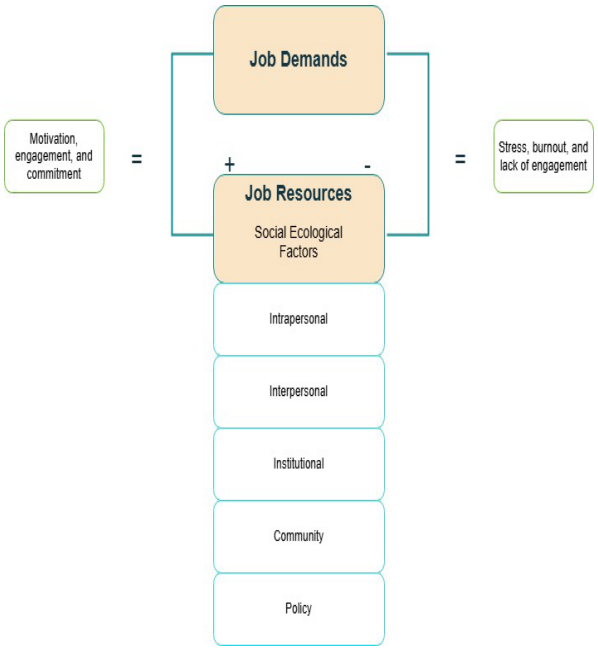

Figure-2. Job-Demands Resource Model and Socioecological Framework

Utilizing both frameworks allows for a more holistic understanding of the factors influencing home health NA turnover. The integration of these two models can be seen in Figure-2, the Job-Demands Resource Model and Socioecological Model.

RESULTS

Application of the Jobs Demands-Resource (JD-R) Model

Six articles (n=6) were coded as focusing on job demands, which describe the qualitative aspects of engaging at work that are taxing, exhausting, or demanding. Emotional demands were described in two articles as experiencing verbal abuse or threats of violence (Sherman et al., 2008) and cultural discordance between clients and aides (Weng & Landes, 2017). Physical demands were discussed in three articles (Butler, 2018; Czuba et al., 2012; Jang et al., 2017) and included tasks such as giving bed baths, patient transfers, a high number of tasks performed during a given shift, heavy lifting, and dealing with back strains or other physical injuries. The work-home conflict was discussed in one article and focused on the disproportionate amount of time HHAs of color spend commuting to work, dealing with the poverty burden due to low wages, and the inability to engage in leisure activities compared to White HHAs (Muench et al., 2021).

The literature discussed social, organizational, and work resources when exploring job resources. Social resources were described in two articles (n=2). Specifically discussed was the amount of supervisor support, where increasing emotional support and positive interactions with the supervisor impacted job satisfaction (Gleason & Miller, 2021), as did feeling valued and recognized at work (Stone et al., 2017). Organizational resources were mentioned in eight articles and described concepts of improving aide-client communication (Brouillette et al., 2023), organizational justice, where policies should support the full scope of practice to improve aide job satisfaction (Shotwell et al., 2019), providing adequate training. Hence, HHAs feel competent and confident (Luz & Hanson, 2015), and issues surrounding extrinsic rewards such as fair and equitable pay and better working conditions (Banijamali et al., 2014; Faul et al., 2010; Liu Liu et al., 2020; Stone et al., 2013). Work resources, specifically the person-job fit (i.e., how well a person feels they align with their job role), were discussed in two articles (Ashley et al., 2010; Mathias & Benjamin, 2005). Additional resources identified in the JD-R included personal resources and concepts of employee well-being. Two articles (n=2) discussed personal resources and mentioned flexible job schedules, work demands, and empowering employees to find meaning in their jobs. Supporting employee well-being was discussed in five articles and included concepts such

as identifying sources of burnout and protecting physical well-being by providing adequate personal protective equipment (PPE) and preventing injury. A table that explains the turnover associated with Job Demands and Job Resources can be found in Table-2.

Application of the Socioecological Model

Interpersonal

One (n=1) article addressed interpersonal factors related to HHA turnover. The three interpersonal factors noted by Gleason and Miller (2021) were increased emotional support from supervisors, quality of interactions among staff, and autonomy. These authors found that "greater control and support on the job were important predictors of positive work outcomes, controlling for job demands and other covariates" (Gleason & Miller, 2021, p. 517).

Institutional

Five (n=5) articles of the total sample discussed institutional factors related to HHA turnover. Compensation benefits, flexible schedules, training, and increased supervision were noted in two articles, as Stone et al. (2013) reported "that the home health workforce is an economically disadvantaged group, with modest compensation and poor benefits" (p. 229). A study in Maine (Morris, 2009) found the need to consider higher wages and more hours versus benefits of the job, as many workers come from low-income households and have health insurance coverage through sources such as MaineCare Maines' Medicaid program. Three articles (n=3) identified fatigue, injuries, safety, and end-of-shift pain due to job-related tasks. Czuba et al. (2012) specifically note that transfers of patients "and other patient care activities that required some patient handling (such as giving a bed bath) accounted for significant proportions of injuries and injury costs and were rated high with regards to perceived levels of exertion by the aides" (p. 352). In a recent publication by Brouillette et al. (2023), findings note that setting job and task boundaries with clients is a particular challenge, more specifically, the number (Czuba et al., 2012) of tasks and the resources available (Brouillette et al., 2023) to assist with task completion. Finally, safety from physical and mental abuse from patients, along with exposure to environmental hazards, were institutional factors that may contribute to turnover (Brouillette et al., 2023; Sherman et al., 2008).

Policy

Shotwell et al. (2019) reported that HHA turnover is related to policy-level factors in the final sample of articles. Specifically, this article described a policy in New York State's struggling Managed Long-Term Care (MLTC) organizations. For example, the "13-h rule" allows companies to mandate 24-hour shifts but only pays employees for 13 hours (Shotwell et al., 2019, p. 1). Beyond the 13-hour rule, the study noted HHAs concerns about working beyond the allotted time due to client's frailty and perceived safety. To this

Table-2. Turnover Associated with JD-R

Job demands (6)

- Qualitative job demands

  - *Emotional demands (2) (Sherman et al., 2008; Weng & Landes, 2017)*

  - *Physical demands (3) (Butler, 2018; Czuba et al., 2012; Jang et al., 2017)*

  - *Work-home conflict (1) (Muench et al., 2021)*

Job resources (12)

- Social resources

  - *Supervisor support (1) (Gleason & Miller, 2021)*

  - *Recognition (1) (Stone et al., 2017)*

- Work resources

  - Person-Job Fit (2) (Ashley et al., 2010; Mathias & Benjamin, 2005)

- Organizational resources

  - *Communication (1) (Brouillette et al., 2023)*

  - *Organizational justice (1) (Shotwell et al., 2019)*

  - *Adequate Training (1) (Luz & Hanson, 2015)*

  - *Extrinsic Rewards (5) (Banijamali et al., 2014; Faul et al., 2010; Liu et al., 2022; Stone et al., 2013).*

Personal resources (3)

- Flexibility (2) (Butler et al., 2014; Morris, 2009)
- Psychological empowerment (1) (Kusmaul et al., 2020)

Employee well-being (5)

- Burnout (2) (Ejaz et al., 2015; Luo et al., 2012)
- Physical well-being (3) (Butler et al., 2018; Lee & Jang, 2016; Markkanen et al., 2021)

end, HHAs noted working beyond the allotted time without compensation (Shotwell et al., 2019, p. 3). While this work for patients is necessary, Shotwell et al. conclude that "community-dwelling patients with chronic disease burden will suffer substantially if the caregiver workforce is further stressed" (Shotwell et al., 2019, p. 5).

Intrapersonal and Institutional

Seven of the final sample of twenty-four articles included intrapersonal and institutional-level factors contributing to turnover. Butler et al. (2014) explained that "longer job tenure included older age, living rurally, lower physical function, higher wages, a greater sense of autonomy on the job, and less frequent feelings of personal accomplish" (p.164). Similarly, Faul et al. (2010) found that wages significantly predict turnover and age. More specifically, younger workers were more likely to leave a low-paying job with fewer opportunities for advancement, and older workers were more likely to prefer working in an environment where they enjoy autonomy (Butler et al., 2014; Faul et al., 2010).

Additionally, two articles (n=2) indicated a need for autonomy (Butler, 2018; Butler et al., 2014). Butler et al. (2014) reported that "there was a welcomed sense of occupational autonomy that came from working alone with little supervision; those participants scoring higher on questions measuring autonomy had longer job tenures" (p. 179). For those who had autonomy, maintaining control over their health and safety of their work conditions, such as refusing demanding clients or denying going into homes or neighborhoods that they felt were unsafe/unsanitary (Butler, 2018, p. 514).

One study addressing interpersonal and institutional factors surveyed 618 home care workers in California and found that "Being related to the client, having fewer clients, more training, more job satisfaction, and hopes for a raise all predict intent to stay" (Matthias & Benjamin, 2005, p. 39). Finally, one study included in the final sample of articles compared hospice and home healthcare turnover. Luo et al. (2012) explained the philosophical differences that "can exist in home health care and hospice care that could influence nursing staff turnover" (p. 388).

Intrapersonal and Interpersonal

Two articles (n=2) were coded as intrapersonal and interpersonal. Many HHAs and their households live in poverty due to low wages (Muench et al., 2021). A theme that emerged between the two articles was a disparity between immigrant workers or those of color and HHAs who were White (Kusmaul et al., 2020; Muench et al., 2021, p. 841). Kusmaul et al. noted in their study that structural gaps could hinder people of color from remaining employed as HHAs. Such structural gaps include opportunity, resources, information, and support (Kusmaul et al., 2020, p. 319). Such structural gaps and racial/ethnic disparities

"may affect the care older adults receive and contribute to widening inequities in this workforce and society" (Muench et al., 2021, p. 838). "Black and Hispanic workers are more likely than White workers to have children in the household and have four or more people living in the household. Thus, greater earnings are required for these workers to keep their households out of poverty" (Muench et al., 2021, p. 844). However, there are barriers to employers increasing wages through Medicare and Medicaid as the reimbursement rates for services provided are constrained (Muench et al., 2021). Both studies indicate the need to address racial/ethnic disparities at an organizational level and provide more support from supervisors (Kusmaul et al., 2020; Muench et al., 2021). These factors also speak to more comprehensive discussions about how systemic racism and broader racial inequalities impact HHAs of color.

Interpersonal and Institutional

Four of the 24 articles in the final sample (n=4) had unique findings related to interpersonal and institutional-level factors. For instance, Lee and Jang (2016) found physical injury and organizational support in HHA turnover intention. Similarly, a study by Stone et al. (2017) using the 2007 National Home and Hospice Care Survey/National Home Health Aide Survey and agency-level data demonstrated that injury plays a role in intent to leave and recommends more safety training and training in general. Another interpersonal and institutional level factor that was found to contribute to HHA turnover was cultural conflicts between aides and patients and aides and other staff members (Stone et al., 2017; Weng & Landes, 2017). Finally, ageism directed at HHAs, a factor of diversity, was related to turnover. Liu et al. (2022) found that by "Reducing negative ageist behaviors and increasing positive ones for those with low job satisfaction could be related to higher retention" (p. 322).

Interpersonal and Community

One article (n=1) included interpersonal and community-level factors among the final sample of articles. This article evaluated the turnover of aides working in nursing homes, home health care, and service providers for those living with developmental disabilities in Ohio. While turnover was consistent in each line of service listed above, regional variations were across the state (Ejaz et al., 2015). Social support and negative job interactions were noted, leading to emotional and physical stress and causing higher turnover (Ejaz et al., 2015). Regional variations in urban settings demonstrated more opportunities for workers to seek new low-paying entry-level jobs when dissatisfied with their current employer (Ejaz et al., 2015).

Institutional and Community

Institutional and community-level factors were noted in two articles (n=2). Markkanen et al. (2021) noted

that prior to the COVID-19 pandemic, the demand for HHAs was high. However, post-pandemic, there are numerous alternatives for workers where the pay is better and/or the work is not seen as physically or emotionally demanding (Banijamali et al., 2014).

Intrapersonal, Interpersonal, and Institutional

Intrapersonal, interpersonal, and institutional level factors were found to contribute to turnover in two articles (n=2). One study in Maine found that 41.2% of the respondents enjoyed their jobs, felt rewarded for working with older adults, and felt that their jobs added meaning to their lives (Ashley et al., 2010). However, challenges were also noted when asked about staying in the field as HHAs. Wages, unreimbursed mileage, and lack of benefits such as health insurance were cited.

The lack of benefits affected 50% of the HHAs, and many qualified for Medicaid due to the low wages earned (Ashley et al., 2010, p. 402). Furthermore, a lack of respect and recognition from agency supervisors, ineffective management who did not return calls in a timely manner, inconsistent work hours, and, in some cases, prejudice were noted. For example, "there is an unspoken prejudice that we do not have the brains to learn anything new" (Ashley et al., 2010, p. 402-403).

Jang et al. (2017), in another study, found that HHA "workers with advanced age, lower educational attainment, and non-minority status were found to have favorable employee outcomes (higher levels of job satisfaction and absence of turnover intent)" (p. 66). Turnover intent increased in for-profit and chain-affiliated agencies due to unstable work hours (Jang et al., 2017, p. 66). Lastly, like earlier articles included in these results, on-the-job physical injuries, psychological stress, and exposure to discrimination impacted turnover (Jang et al., 2017, p. 66).

DISCUSSION

This scoping literature review reveals the complexity of turnover among nurse aides working in home health in the United States. Job turnover is costly for an organization, and training new employees is often cited as taking time and resources away from an organization (Qualtrics, 2021). Furthermore, job turnover among home health aides is especially concerning as these individuals provide ongoing, direct care to patients at home (Bergman et al., 2021; Institute of Medicine, 2011; Waldman et al., 2010).

Through the application of the Job-Demands Resource model (Demerouti et al., 2001) and the SEM (Bronfenbrenner, 1977), most articles (Butler, 2018; Butler et al., 2014; Morris, 2009; Sherman et al., 2008; Stone et al., 2013) included in this final sample reveal that job demands occur across nearly all system-levels, including institutional, policy, intrapersonal and interpersonal, interpersonal and institutional, institutional and community,

and intrapersonal, interpersonal, and institutional. These demands, such as poor compensation and benefits (Stone & Sutton, 2013), safety, pain, injuries, and fatigue (Brouillette et al., 2023; Czuba et al., 2012; Sherman et al., 2008), and cultural conflicts within and outside the workplace (Stone et al., 2017; Weng & Landes, 2017) are consistent among nurse aides across the care continuum (BLINDED). This suggests that nurse aide turnover may be part of a more significant industry problem that ultimately compromises patient quality care in the process. At the same time, the U.S. healthcare system works towards deinstitutionalization, saving money, and coordinating systems (Bergman et al., 2021; Consumer Voice, 2022). Of note, issues of high turnover and retention among long-term care staff are not specific to the U.S. An acknowledgment of turnover and a call to action among other Organization for Economic Cooperation and Development (OECD) countries has been discussed by others in the academic literature (Colombo & Muir, 2015), highlighting how these issues are universal within the context of long-term care.

Despite much of the existing literature on HHA focusing on job demands, our review's results suggest that job demands and job resources across system levels are equally important. More specifically, supervisor support, colleague or co-worker support, and performance feedback could augment HHAs retention and well-being. Similarly noted in Yoon et al.'s research findings (2015), "home health aides generally receive less organizational support than other professionals" (p. 67). Furthermore, Yoon et al. (2015) explain that supportive leadership within home health care agencies and identifying positive organizational supervisory behaviors may significantly impact HHA workplace experience. To this end, workplace experiences may be altered, and the rate of HHA turnover may decrease.

These findings are especially timely, as the U.S. Centers for Medicare and Medicaid Services (CMS) is currently requesting comments for their 2024 Home Health Proposed Rule (CMS-1780-P) (Centers for Medicare and Medicaid Services, 2023b). In this proposed ruling, policymakers are gathering information on (Centers for Medicare and Medicaid Services, 2023b)

> *... notable barriers and obstacles to recruiting and retaining home health aides, as well as ways to ensure that home health aides are consistently paid wages equivalent to other care settings and commensurate with their impact on patient care.*

Findings from this quality reporting program are important; however, job resources that are aligned with interpersonal, intrapersonal, and institutional,

as well as intrapersonal, interpersonal, and institutional-level factors should not be set aside. Job resources, a reduction in job demands, achieving workplace goals, and a sense of autonomy, were found to counteract turnover and reduce the intent to leave among HHAs. Interpersonal, intrapersonal, and institutional factors and intrapersonal, interpersonal, and institutional-level factors supported these job resources. For instance, Gleason and Miller (2021) found that autonomy, quality interactions among staff, and emotional support from supervisors reduced HHA turnover. Similarly, Butler et al. (2014) and Butler (2018) reported "a greater sense of autonomy on the job" (p. 164), and maintaining some control over workplace conditions reduced turnover. Finally, Ashley et al. (2010) found that those who were not at risk for turnover were HHAs that enjoyed their job, had workplace satisfaction, and found their job rewarding. These findings align with current research that suggests that "organizations need leaders who can build and maintain efficient and effective processes to help them stay competitive" (Sharp Emerson, 2021).

Limitations

While a wide range of scholarly databases were used to identify articles, all relevant search terms may not have been included in the initial search and thus not included in this review. Also, given that training requirements vary for each state in the U.S., factors affecting turnover may differ depending on geographical location.

CONCLUSION

Using a JD-R and SEM makes conceptualizing the interaction of factors impacting HHA turnover easier. Nurse managers should further recognize that many of these factors are unique to nurse aides, specifically HHAs. The grueling nature of the work, coupled with often low pay and low autonomy, means identifying job resources is imperative. Based on this scoping review, evidence supports that emphasizing support systems from the organization, co-workers, and supervisors coupled with constructive and frequent performance discussions where HHAs' input is welcomed should substantially reduce turnover and improve workplace experiences and patient care. Future research should examine tools, programs, and practices that would be most effective in the home healthcare environment, especially as the need for more HHAs is expected to climb.

Conflict of Interest: There is no conflict of interest.

Funding: This research was funded by a Principle Business Enterprises, Inc. (PBE, Inc.) grant. PBE, Inc. was not involved in the study design, data collection, analysis, and interpretation of the data or in the writing of the manuscript. PBE, Inc. was involved in the decision to submit the final manuscript for publication.

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