

---

### The Retention Specialist Project

---

#### Study Directors

Karl Pillemer, PhD,  
Professor, Human Development  
[Kap6@cornell.edu](mailto:Kap6@cornell.edu), (607) 255-8086

Rhoda Meador, MA  
Associate Director  
[Rhm2@cornell.edu](mailto:Rhm2@cornell.edu), (607) 254-5380

Cornell Institute for Translational Research on Aging  
Cornell University  
Ithaca, New York

#### Overview

---

America's long-term care system is in a state of crisis. A major cause of this crisis is a staffing shortage of unprecedented proportions. The decreasing labor pool and competition from other industries have made staying fully staffed a continual challenge for long-term care providers across the spectrum of services. Long-term care also experiences high rates of job dissatisfaction, burnout and employee turnover. This pattern is occurring at a time when long-term care facilities and agencies are caring for people with increasingly complex and time-consuming medical needs and additional federal and state funding cuts are looming. Thus, creative new employee development and retention programs are needed that truly *work and are cost effective*.

The retention specialist project sheds new light on the problems of retaining frontline long-term care workers. In this project, a research team from Cornell University conducted a randomized, controlled evaluation study of a promising model designed to improve certified nursing assistants (CNAs) retention in nursing homes. Specifically, this evaluation project tested the effects of providing a trained retention specialist who has both the expertise and the ongoing support to systematically address problems of low job satisfaction and resulting turnover in a nursing home. The project provided in-depth training and a portfolio of resources to the retention specialist who was charged with diagnosing and addressing retention problems.

The hallmark of this model was that a staff person from each facility was designated as the retention specialist. This individual received tools and ongoing support to conduct a needs assessment, institute retention programs and evaluate their success. The specialist took a leadership role in developing and sustaining a core of caring, committed staff and acted as a

“retention advocate,” serving as the key internal consultant regarding retention programs. As a condition of participating in the program, the nursing home agreed to allow this individual to devote at least 20 percent or more of his/her time to retention activities over the course of one year. The three major components of the project were:

### **Component I: Specialized retention training**

The retention specialists participating in the study attended an intensive training institute focused on implementing a range of proven strategies aimed at building a stable, high-quality workforce. The training included the introduction of possible intervention strategies such as peer mentoring, career ladders, communication training, recognition and supervision. In addition, training on needs-assessment methodologies was provided, so that each specialist could select the most appropriate retention strategies for their facility.

### **Component II: Ongoing technical assistance**

The project team provided the retention specialists a rich portfolio of tested retention strategies, including career ladders, mentoring, leadership training, work/family issues, management strategies and communication programs. These strategies were evidence-based programs that had been evaluated and found to be effective by researchers at Cornell University and other long-term care research institutions. Throughout the project, retention specialists accessed these and other resources through a Web site, telephone contact and print material provided by the project staff.

### **Component III: Leveraging community resources**

The participating nursing homes also received educational materials to distribute to their staff on topics related to personal issues including financial well-being, healthy lifestyles, parenting, transportation and childcare. The retention specialists received contact information for human services organizations in their regions that could provide support to their certified nursing assistants. These organizations included cooperative extension education centers, health departments and daycare councils.

## **Study Design**

---

The study used a randomized control-group design to test the effectiveness of the retention specialist program, with 16 intervention and 16 control nursing homes, located in New York and Connecticut. The effect of the intervention was measured through interviews conducted with a sample of certified nursing assistants in the nursing homes, using reliable and valid outcome measures that are closely related to the goals of the intervention.

Project staff interviewed 1,137 CNAs three times during the study at the start of the project (baseline), at 6 months and at 12 months. The CNAs were interviewed about job satisfaction; their perceived effectiveness of the facility’s retention efforts; likelihood of their quitting in next 12 months; how frequently they thought of quitting; and how stressful their job is.

Project staff also interviewed 32 nursing home administrators and retention specialists themselves to track any changes in facility indicators (such as turnover rates, absenteeism and temporary agency use) over time and compared the results between the intervention and control groups. Finally, a cost-benefit analysis, which measured the costs of implementing the retention specialist intervention and the economic benefits (i.e., monetary gains) that were attributed to it, was conducted.

## **Major Findings**

---

### **Turnover:**

- **Turnover declined in the treatment versus control group.** The retention specialist intervention appears to have had a statistically significant positive effect on CNA retention, as measured by the 6-month turnover rate. Over the first six months of the program, average turnover in the retention specialist facilities declined from 21 percent to 17 percent, but did not change in the control facilities. In the second six months of the project, the turnover declined further from 17 percent to 11 percent, and again did not change in a statistically significant way in the control facilities. In summary, the retention specialist position is related to a reduction in turnover when compared to facilities that did not receive the intervention.

### **Certified Nursing Assistant Outcomes:**

- **The retention specialist program had a positive effect on general perceptions of the nursing home and specifically on CNAs assessment of efforts in the facility in the areas of training and attempts to retain staff.** The nursing assistants were also asked their global assessment of several quality indicators including the overall quality of care provided by the facility, the overall quality of education/training, the overall quality of administration and the overall quality of effort to keep employees. Their responses were examined for subgroups, by whether they worked in a profit or not-for-profit facility, a small or large (with 150 beds as the cut-point) and the location of their facility (upstate New York and Connecticut vs. the New York City area). Overall findings include:
- **The retention specialist position had a positive effect on the perceived quality of the nursing home administration.**
- **The position had positive effect on CNA perceptions of the degree of effort made by the facility to keep employees.**
- **In the not-for-profit subgroup, the program had a beneficial impact on CNA assessments of the quality of education and training.**
- **On several other outcomes, positive effects were noted over the first six months that were not sustained for the remainder of the study year. This suggests the need for additional activities or “booster” sessions to maintain intervention effects.**

## Process Evaluation:

- These nursing homes introduced or refined a total of 40 interventions or policy changes in the project as a result of the retention specialist program. **These interventions—in descending order of use— were a community resource kiosk, peer mentoring, respect and recognition programs, communication skills programs, management changes, effective communication programs, career ladder programs, expanded orientation and peer interviewing.**
- **The most common challenge in implementing the interventions was turbulence in administrative staffing.** Participating facilities experienced high turnover in top administrative staff and to a lesser degree in the retention specialists selected by the administrators to lead the retention efforts in their facilities. These turnover rates are consistent with national and/or state turnover rates for similar positions, indicating that such turnover is likely to be a similar challenge in other nursing homes planning a similar project.
- Other implementation challenges were lack of time to work on the project and a lack of financial and/or administrative support.

Most notable among the qualitative findings were changes in their own perspective reported by the retention specialists themselves. The following quotes illustrate this change.

- *“I have gained new knowledge in working and communicating with people. This is a ‘person’ business. I now know a lot of things about working with different personalities. People confide in me now.”*
- *“Prior the training, it had never dawned on me that part of my role as a human resource director was to help new staff feel at home, or that an employer should try to make them feel accepted. I was more concerned with finding people who could do the job.”*
- *“We have become more sympathetic to what the CNAs need. We are more flexible in meeting their scheduling needs. Through this program, our eyes have been opened as to how we can use a more humanistic approach to seeing what they need to stay with us.”*

## Implications

---

The overarching importance of this study is that it establishes the importance of the impact that one individual can have on retention efforts, assuming they have appropriate training and ongoing support. This is true for a variety of reasons.

### **First, the diversity and range of potential retention solutions requires specialized expertise.**

The retention specialist position is critical because it is unlikely that a “one size fits all” intervention or program can bring about dramatic, long-term improvements in retention. “Off the shelf” retention programs need to be tailored to the specific facility and employee needs and

preferences. Without the ability to determine specific needs and preferences, retention practices can be unsuccessful.

**Second, the success of the retention specialist suggests that focusing on specific programs is less effective than a continuous, integrated approach within the ongoing operation of the organization.**

This specialist can play the roles of strategist, interventionist and innovator on staffing issues; evaluate training needs and programs; and create strategies to build organizational commitment around retention.

**Third, a specific individual can play a critical role in solving retention problems.**

This study and other similar research projects show that program success is largely dependent on a knowledgeable staff person who takes ownership of the program and has the motivation and expertise to make it successful.

---

*Better Jobs Better Care is a four-year \$15.5 million research and demonstration program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. Its goal is to achieve changes in long-term care policy and practice that help reduce high vacancy and turnover rates among direct care workers in long-term care and contribute to improved workforce quality. Technical assistance is provided in partnership with the Paraprofessional Healthcare Institute (PHI).*

*Better Jobs Better Care is directed and managed by the Institute for the Future of Aging Services (IFAS), American Association of Homes and Services for the Aging (AAHSA). For more information about Better Jobs Better Care, contact Robyn Stone at (202) 508-1206, [rstone@aaahsa.org](mailto:rstone@aaahsa.org) or visit [www.bjbc.org](http://www.bjbc.org).*