The Impact of Home Care Nurse Staffing, Work Environment & Collaboration on Patient Outcomes

**AHRQ Question**

*Are there intrinsic factors that are stronger than others that predict nurses’ intention to stay in an organization (other sectors and home care)?*

**Why is this question important?**

Retention of nurses across sectors has been identified as an issue among Canadian nursing employers. Health care organizations, including home care agencies, are challenged to recruit and retain adequate numbers of nurses. High nurse turnover represents a significant financial cost to nursing employers and the health care system. Furthermore, high nurse turnover negatively affects patient outcomes and contributes to adverse events, including otherwise preventable deaths (Tourangeau et al., 2009). Understanding factors that influence nurse intention to remain (ITR) employed across health care sectors is critical to addressing nurse turnover and associated negative outcomes.

**What does the research say?**

Current research indicates that some factors are stronger than others in predicting nurse intention to remain employed (ITR) in an organization, with the significance of certain factors varying across health care sectors. Existing research predominantly focuses on nurse ITR in the acute hospital care sector (Tourangeau et al., 2013). However, researchers are beginning to examine nurse turnover and retention in long-term care and home care settings.

Factors that positively influence ITR in the acute hospital care sector include higher job satisfaction, higher perceived manager support, lower burnout, higher work group cohesion (Tourangeau & Cranley, 2006), positive and satisfying relationships with co-workers, positive connections with patients and families, safe work environments with adequate human and material resources, adequate salary and other work rewards, greater organizational support (Tourangeau et al., 2009), and greater organizational commitment (Allen & Meyer, 1990). Physical and psychological responses to work, external factors and personal characteristics of nurses such as age, experience and education have also been found to be predictors of ITR, however, these predictors are not modifiable by organizations and governments (Tourangeau et al., 2009; Tourangeau & Cranley, 2006). Evidence suggests the most significant factors...
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affecting ITR among acute hospital care nurses are manageable workloads and adequate staffing (Tourangeau et al, 2013).

Research on ITR in the long-term care (LTC) environment yielded similar results. For example research findings indicate factors positively influencing ITR in LTC settings include higher levels of job satisfaction (Cowin, 2002), lower levels of burnout (Tourangeau et al., 2010), stronger managerial support (Karantzaz et al., 2012) and positive relationships with patients (McGilton, et al., 2013). Research findings suggest that positive relationships with residents may be a more significant predictor of ITR than other predictors for nurses in LTC. McGilton and Boscart (2007) reported that nurses in this sector identified ‘relationships’ as the primary reason for continuing to work in a nursing home.

More research is needed to examine these issues within the home care sector. Preliminary findings show that many of the same predictors influencing ITR in acute hospital care and LTC also influence ITR in the home care sector. These include fair and manageable workloads, flexible schedules and adequate pay (Tourangeau et al., 2014). However, additional predictors of ITR for home care nurses have been found including: providing greater continuity of care, maintaining autonomy and independence, and working with a variety of clients.

In one Ontario based study, six categories of work-related factors that influence home care nurse ITR were identified. These categories include job characteristics, work structures, relationships and communication, work environments, nurse responses to work, and conditions of employment (Tourangeau et al., 2014). Previous research conducted both locally and internationally resulted in similar findings, supporting these categories of factors as important to understanding home care nurse ITR.

**Job Characteristics:**

- Opportunities to use a greater range of nursing knowledge and skill positively influence home care nurse ITR (Anthony & Milone-Nuzzo, 2005; Tourangeau et al., 2014; Tourangeau et al., 2015).

- Greater autonomy positively influences home care nurse ITR (Anthony & Milone-Nuzzo, 2005; Ellenbecker & Byleckie, 2005; Ellenbecker et al., 2006; Mensik, 2007; Tourangeau et al., 2014).

- Authority to make client-related decisions positively influences home care nurse ITR (Armstrong-Stassen & Cameron, 2005; Ellenbecker & Cushman, 2011; Flynn, 2003; Tourangeau et al., 2014).

**Work Structures:**

- Greater continuity of care by nursing care providers positively influences home care nurse ITR (Ellenbecker et al., 2006; Tourangeau et al., 2014; Tourangeau et al., 2015).

- Flexible scheduling contributes to home care ITR (Anthony & Milone-Nuzzo, 2005; Armstrong-Stassen & Cameron, 2005; Ellenbecker & Byleckie, 2005; Tourangeau et al., 2014a; Val Palumbo et al., 2009).
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- Unmanageable workloads negatively influence home care nurse ITR (Anthony & Milone-Nuzzo, 2005; Armstrong-Stassen & Cameron, 2005; Ellenbecker & Byleckie, 2005; Ellenbecker et al., 2006; Tourangeau et al., 2014).
- Ineffective use of technology negatively influences home care nurse ITR (Tourangeau et al., 2014).

Relationships and Communication:
- More support from colleagues positively influences job satisfaction (Ellenbecker & Byleckie, 2005) and home care nurse ITR (Armstrong-Stassen & Cameron, 2005; Tourangeau et al., 2014).
- Positive relationships with physicians contribute to home care nurse ITR (Tourangeau et al., 2014) and job satisfaction (Ellenbecker & Byleckie, 2005; Ellenbecker et al., 2006).
- Competent, supportive and accessible supervisors positively influence home care nurse ITR (Ellenbecker et al., 2006; Flynn & Deatrick, 2003; Tourangeau et al., 2014; Tourangeau et al., 2015).

Work Environment:
- Concerns about personal safety and travel requirements negatively affect home care nurse ITR (Anthony & Milone-Nuzzo, 2005; Armstrong-Stassen & Cameron, 2005; Tourangeau et al., 2014; Val Palumbo et al., 2009).
- Adequate access to physical resources positively influences home care nurse ITR (Armstrong-Stassen & Cameron, 2005; Tourangeau et al., 2014).
- Inadequate staffing, mandatory overtime and the replacement of nurses with less skilled professionals negatively influence home care nurse ITR (Armstrong-Stassen & Cameron, 2005; Flynn, 2003; Denton et al., 2007; Tourangeau et al., 2014).
- Adequate orientation, training and ongoing educational opportunities positively influence home care nurse ITR (Flynn, 2003; Flynn & Deatrick, 2003; Tourangeau, et al., 2014).
- Adequate organizational support positively influences ITR and increases job satisfaction among home care nurses (Denton et al., 2007; Flynn, 2007).
- Excessive paperwork and documentation requirements in home care negatively influence nurse ITR (Armstrong-Stassen & Cameron, 2005).

Responses to Work
- Maintaining a work-life balance and finding more meaning in one’s work positively influence home care nurse ITR (Armstrong-Stassen & Cameron, 2005; Tourangeau et al., 2014; Tourangeau et al., 2015).

Conditions of Employment
- Lack of full-time employment and lack of job stability negatively influence ITR (Armstrong-Stassen & Cameron, 2005; Denton et al., 2007; Tourangeau et al., 2014;
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Tourangeau et al., 2015)

✓ Adequate salary and benefits positively influence home care nurse job satisfaction and ITR (Armstrong-Stassen & Cameron, 2005; Ellenbecker & Byleckie, 2005; Denton et al., 2007; Tourangeau et al., 2014; Tourangeau et al., 2015).

Researchers have identified some predictors of home care nurse ITR to be more important than others. In a recent study conducted among Ontario home care nurses, the strongest predictors of nurse ITR were nurse perceived quality of nursing care and working for a home care organization that fostered continuity of care provider (Tourangeau, et al., 2015). Other significant predictors (in order of importance) included caring for a variety of clients, finding meaning in ones work, having a stable and predictable income, experiencing satisfaction with salary and benefits, longer job tenure, higher age, experiencing higher work-life balance, and having positive relationships with supervisors (Tourangeau et al., 2015).

Other factors that have been identified as important predictors of home care nurse ITR include inadequate staffing (Anthony & Milone-Nuzzo, 2005; Armstrong-Stassen & Cameron, 2005), mandatory overtime and replacement of nurses with unregulated care providers (Anthony & Milone-Nuzzo, 2005; Fagin, 2001). These factors also contribute to home care nurse job dissatisfaction. While Anthony and Milone-Nuzzo (2005) found the leading cause of job dissatisfaction among home care nurses to be excessive paperwork and documentation, mandatory overtime and inadequate salary were also found to negatively affect job satisfaction.

In one Canadian study, the five most important factors influencing home care nurse ITR were (1) the cost of maintaining a car, (2) inadequate staffing, (3) increasing patient complexity, (4) working with vulnerable families, and (5) caring for difficult clients. Home care nurses also reported greater concern over working conditions (e.g., travel time, cost of a car, and isolation) and safety issues (e.g., feeling unsafe in patients’ home, and work-related injuries) than nurses in other sectors (Armstrong-Stassen & Cameron, 2005).

Another Ontario based study found job insecurity to be the most significant predictor of propensity to leave home care employment. Other significant predictors negatively influencing ITR include inadequate staffing, and lack of organizational and peer support (Denton et al., 2007).

While important factors influencing home care nurse retention have been identified through previous research, more research is needed to conclusively identify modifiable factors so that home care specific strategies can be developed to promote nurse retention.

How can you use this research?

This research, from both home care and other health care sectors, offers insight into why home care nurses choose to leave or remain in their jobs. To improve home care nurse retention organizations must plan, implement and evaluate targeted retention promoting strategies based on best evidence.

Home care organizations should consider the following recommendations when developing and implementing strategies aimed at promoting retention of home care nurses.
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- Institute flexible scheduling (McGilton et al., 2013; Tourangeau et al., 2014)
- Support home care nurse autonomy and independent decision-making related to patient care (Tourangeau et al., 2014).
- Ensure adequate orientation, education and training (Flynn, 2003; Flynn & Deatrick, 2003; Tourangeau, et al., 2014).
- Institute scheduling models that foster continuity of care provider (Ellenbecker et al., 2006; Tourangeau et al., 2014) while allowing for patient variety in nurses assignments to facilitate the use of a variety of nursing knowledge and skills (Anthony & Milone-Nuzzo, 2005; Tourangeau et al., 2014).
- Strengthen positive feelings that nurses have about the meaning of their work through organizational awards recognizing nurses who contribute positively to patient care and the organization (Armstrong-Stassen & Cameron, 2005; Tourangeau et al., 2014).
- Create work conditions to promote healthy work-life balance and improve home care nurse workload (Tourangeau et al., 2014).
- Ensure adequate salary, benefits and income stability through opportunities for full-time employment and guaranteed hours (Armstrong-Stassen & Cameron, 2005; Denton et al., 2007; Tourangeau et al., 2014).
- Ensure supervisors are competent, supportive and easily accessible to home care nursing staff (Ellenbecker et al., 2006; Flynn & Deatrick, 2003; Trouangeau et al., 2014).
- Streamline paperwork and documentation to ensure necessary documentation can be completed in an efficient manner (Anthony & Milone-Nuzzo, 2005).
- Develop organized mentoring programs to nurture positive relationships between new and experienced nurses (Anthony & Milone-Nuzzo, 2005).
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Sources cited


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