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Abstract: What factors attract and retain nurses in aged and dementia care: A systematic literature review.

Aim: To present evidence-based factors for the recruitment and retention of licensed nurses caring for older people and persons with dementia

Background: The international nurse shortage crisis is intensified in the aged and dementia care sector. Strategies to address this crisis rely on qualitative, quasi-experimental, anecdotal and unsubstantiated literature.

Design: Systematic Literature Review

Method: Search terms ‘nurse’ ‘nurses’ ‘nursing’ ‘clinical supervision’ ‘staff’ ‘staffing’ ‘staff mix’ ‘staff levels’ ‘recruitment’ ‘retention’ ‘aged care’ ‘gerontology’ ‘gerontological’ ‘dementia care’ ‘residential’ ‘nursing home,’ were used in all possible combinations, and applied in a wide range of relevant academic databases, with secondary hand searches of selected bibliographies.

Results: 226 papers were retrieved and scanned, with 105 chosen for closer examination that were relevant to recruitment and retention strategies for dementia and aged care nursing. 25 of the papers chosen for review were rated at level 2++ to 3, according to the guidelines of the National Institute for Health and Clinical Excellence (NICE, 2006). The 25 critically reviewed papers are organised as promising strategies for 1) nurse recruitment and 2) nurse retention.

Conclusions: The intrinsic rewards of the caring role attract nurses to dementia and aged care. Essential strategies linking recruitment with retention are: careful selection of student nurse clinical placements and their ongoing supervision and education, training for skills, leadership and teamwork for new and existing nurses, increased staffing levels, pay parity across different health settings and family friendly policies.

Relevance to Clinical Practice: A family-friendly, learning environment that values and nurtures its nursing staff, in the same way as nurses are expected to value and care for their patients and residents, is critical in ensuring their retention in dementia and aged care.

Keywords: nurse workforce, recruitment, retention, aged care, dementia care

What factors attract and retain nurses in aged and dementia care: A systematic literature review.

Introduction

Dementia and aged care represent the ‘greatest crises’ in current and future Registered and Enrolled (licensed) Nurse workforce demand within the Australian health care system (Productivity Commission, 2005). Older Australians are the largest consumers of surgical services, for example, and given their predicted increase in demand for surgical procedures of 13-18% by 2011 (Birrell *et al.*, 2003), between 500 and 2000 additional licensed nurses will be required annually to meet this demand (Australian Health Workforce Advisory Committee, 2004). Similarly, with the increasing growth of aged and dementia care services in the Australian community sector, more licensed nurses are required to plan, coordinate and supervise a range of care services for this health population.

In the Australian residential care sector unlicensed care staff provide the bulk of care under the direct supervision of the licensed nurse and their retention is also an issue (Yeatts & Cready, 2002; Brannon *et al.*, 2007; Castle *et al.*, 2007; Hayes, 2006; La Trobe University School of Nursing, 2002; Productivity Commission, 2005).. However, the strength of the health organization’s support for unlicensed staff rests with the licensed nurses who are responsible for both workforce and care quality. In order to achieve these outcomes in the residential care sector a suitable complement of skilled licensed nurses is needed to attract and retain staff and novice nurse graduates (Pearson *et al.*, 2006 a, b; Lea and Cruikshank, 2005).

Aim

The aim of the literature review was to identify the best available evidence of factors that support recruitment and retention of licensed nurses working in aged and dementia care in all health care settings.

Acronyms and terms

The term ‘nurse’ is used in a number of ways in the literature and the status of the position is denoted through the common use of acronyms within this literature review. A licensed nurse is one who has successfully achieved an approved program of tertiary level study that is recognised by the Nurse Register authority of the country or state/territory in which the award was granted. An unlicensed nurse may have achieved an industry-approved program of study which is offered at a different level and for a much shorter period. See Table 1 for details.

INSERT TABLE 1 HERE

Objectives and Methods

Search strategy

Step 1: The literature review initially sought to gain a broad picture of international nurse staffing recruitment and retention research from 1990 to 2008. It began with an extensive search of electronic databases and print that revealed gaps in data collection systems. Selection focused on studies relevant to aged and dementia care, including search terms ‘nurse’ ‘nurses’ ‘nursing’ ‘clinical supervision’ ‘staff’ ‘staffing’ ‘staff mix’ ‘staff levels’ ‘recruitment’ ‘retention’ ‘gerontology’ ‘gerontological’ ‘aged care’ ‘dementia care’ ‘residential’, and ‘nursing home’. All possible combinations of the search terms were applied in the databases CINAHL, Cochrane Systematic Reviews, ERIC, Medline, PsychInfo, APAIS Health, PubMed, Community of Scholars, Australian Digital Thesis and Google. A total of 226 suitable papers was retrieved and scanned for relevance to all health specialties, with hand searching of reference pages. Bibliographic software was used to manage a large volume of references.

Step 2: The inclusion and exclusion criteria, listed in Table 2, were applied to the 226 papers to identify 105 articles reporting evidence of strategies aimed at improving recruitment and retention of aged and dementia care nurses were located. The other 121 articles were excluded because they were opinion papers, or editorials about nurse recruitment and retention.

Nine systematic and/or comprehensive literature reviews related to nurse recruitment and retention were located, and these reported a dearth of well-designed studies on these issues. The majority of studies reported in these systematic literature reviews focused on residential aged care and the rest were related to nursing in general. The six most recent reviews included: Wong *et al.* (2007) on nurse leadership and staff satisfaction; Abbey *et al.* (2006) on student nurse recruitment to residential aged care following graduation; Pearson *et al.* (2006a) on characteristics of a nursing team that fosters a healthy work environment and staff retention; Bostick *et al.* (2006) on staffing levels and quality residential aged care; Reinhard and Reinhard (2006) on current and future nursing workforce issues; and Butler and Hardin-Pierce (2005) on student nurse transition to the workplace. Less recent systematic literature reviews included: La Trobe University School of Nursing (2002) on nurse attrition and recruitment in residential aged care; Jackson *et al.* (2002) on effects of violence in the workplace on nurse retention; and Spilsbury *et al.*'s. (2001) review of expert nurses experiences of the factors associated with nurse recruitment and retention

INSERT TABLE 2 HERE

Step 3: The National Institute for Health and Clinical Excellence (NICE) Guidelines (2006) were employed to rate the quality of evidence reported in the 105 papers selected for review (see Table 3). Each paper was allocated a level of evidence rating through independent review by two of the authors, achieving inter-rater reliability of .96. Only 25 papers reporting successful recruitment and retention strategies for dementia and aged care nursing were considered suitable for further review and these were rated by two of the authors at between Level 2++ to 3 (NICE, 2006). These 25 papers were then critically reviewed by all three authors.

INSERT TABLE 3 HERE

Results

The 25 studies selected for in-depth review are grouped as factors or strategies found to be associated with a) nurse recruitment, and b) nurse retention. Less successful recruitment and retention strategies are also briefly discussed.

Factors and strategies associated with nurse recruitment

Table 4 lists selected studies that identify the more effective factors and strategies in nurse recruitment, largely from the perspective of nurses, their managers and health organisations.

INSERT TABLE 4 HERE

Cleary and Happell (2005) surveyed two cohorts of a 1-year, mental health nurse graduate transition program developed by the Central Sydney Area Mental Health Service, Australia. This well-supported graduate program was a key factor in attracting new nurse graduates to dementia care. Participants were provided with a course handbook, theory/training classes and two 3-month clinical placements with rotating specialties, clinical facilitation and unit-based preceptors. Graduate evaluation surveys conducted following the first clinical placement and repeated at program conclusion, identified satisfaction rankings for successful recruitment and intention to stay in this health setting. Program satisfaction and recruitment success were highest for clinical supervision and facilitation (96%), followed by the induction package (92%), the course handbook (87%) and orientation program (82%).

Robinson *et al.* (2006) presented recommendations for improving new nurse graduate recruitment based on findings from a large student nurse clinical experience study in residential aged care.

Undergraduates' experiences of teachers, staff and aged care residents revealed a ramshackle field of wasted learning opportunities. Clinical learning placements were underfinanced and poorly planned and researched, with insufficient preparation for students, and eliciting heightened student anxiety. Key recommendations to improve new graduate recruitment were: 1) employing the Evidence-Based-Best Practice Medicine (EB-BPM) framework for guiding the direction of clinical placement resources; 2) employing the EB-BPM toolkit to facilitate health sector/ educator implementation – including pre-placement preparatory sessions, mentor/ preceptor preparation template, and a range of validated evaluation instruments, 3) funding to aid implementation of the key strategies, such as an interactive EB-BPM website, newsletter and hotline, 4) facilitating uptake of EB-BPM with programs focusing on long term care that encourage sector-university partnerships with supportive climate for reform initiatives, ongoing evidence-based research, quality assurance in the clinical education culture, inter-sector/peak body accountability mechanisms, and 5) assessing support for recognition of teaching standards in conjunction with the Australian Aged Care Accreditation Agency. The EB-BPM is currently being tested in an Australian-wide study, thus evidence for its success is still limited.

Being valued was crucial in the recruitment strategy of Sheffield University's 5-week, post-diploma aged care clinical placement program for nursing graduates (Davies *et al.*, 2002). This 'whole of facility' approach worked closely with managers to guarantee preparation of new graduates who were supernumerary to allocated staff. University "Link Lecturers" supported each new graduate with trained nurse mentors, offered free and fully catered study days and enabled program participation for all site staff. Strong support was evidenced by consistently high study day attendances and positive survey responses from 95% of staff who expressed appreciation for being valued. While new graduates gained a positive perspective of aged care with a stated intention to seek employment in the sector, no empirical evidence for recruitment success was reported.

Another recruitment 'whole-of-institution' strategy claiming success was the culture-change project of the John A Hartford Institute for Geriatric Nursing (Jeffers and Campbell, 2005). The Institute liaised with local nursing homes to attract new nurse graduates through facility culture change, and Institute staff inculcated an aged care focus across Mennonite College of Nursing faculties. An interdisciplinary team then worked with newly recruited geriatric nursing faculty to develop online modules offered as a certificate course or elective, and increased learning resources and community participation events. Cross-institution and institution-wide educational culture changes were achieved to attract new graduate staff and to retain existing staff. The level of success compared with previous recruitment and retention rates was not reported.

Further evidence of positive clinical placements in attracting new graduates was provided by Andrews *et al.* (2005) who examined the learning experiences of undergraduate nursing students. They surveyed 592 nursing student's from two UK University Schools of Nursing to identify the relationship between perceived quality of learning experiences and attractiveness of the clinical setting as an employment choice. Rating on placement quality and a supportive and facilitative clinical experience significantly predicted the attractiveness of the setting as a first destination for employment.

Saarikoski and Leino-Kilpi (2002) used the Clinical Learning Experience Instrument to survey the learning experience dimensions and employment choice of 416 Finish nursing students from four Colleges of nursing. The following areas were assessed: a) ward atmosphere, b) ward manager style, c) ward care premises, and d) supervisory relationship. When ward culture was assessed as favourable to quality care provision, the students' professional identification was supported. In turn, positive professional identification influenced the students' decision to seek employment in health facilities where this occurred. Ward managers and supervisory relationships were identified as important for these successful recruitment features.

Barriball *et al.* (2007) reported findings of a focus group/questionnaire/phone interview with participants of an 8-week, return to practice (RTP) program run by the Florence Nightingale School of Nursing & Midwifery, Kings College, London. Seventy-seven percent of return-to-practice group nurses were successfully recruited to permanent staff status, but no comparison data are provided for previous recruitment strategies. Recruited nurses responded positively to facilities offering family-friendly conditions, flexible shifts, education and career progression opportunities. They favoured well-organised employers who gave clear information and guidelines, supported a strong team ethos and provided supervision and mentoring. First impressions of the service, the manager's initial explanation of real-world conditions in the service and discussion about achieving realistic work and personal life balance, were identified as critical to the nurses' recruitment intentions.

Winstanley and White (2006) examined nurse recruitment in relation to best-practice clinical supervision models. Clinical supervision was found to be most successful when the supervisor-nurse relationship worked well, especially during initial clinical placements for student nurses. Although measurable outcomes of success were not defined, success required constant evaluation with three factors as guide: **1) normative-managerial** – compliance with policies, procedures,

standards, contribution to clinical audit, **2) formative-educative** – development of skills and evidence-based nursing practice, and **3) restorative-pastoral** – emotional/personal support. However, the evidence for the relative strength of these factors as recruitment factors is limited (Hallberg and Norberg, 1993; Hyrkas *et al.*, 2005).

While the level of evidence is limited by the small sample size, successful recruitment occurred with 46 University of Maryland undergraduate and 11 postgraduate nursing students who participated in an ‘action learning for leadership skills’ at one magnet-status health centre (Heller *et al.*, 2004).

La Trobe University School of Nursing’s (2002) multi-state Australian study explored residential aged care nurse recruitment and retention. An exited nurse survey revealed that, while many had left for personal reasons, lower wages and professional status, inadequate staffing, training and resources and high workloads had contributed significantly to the decision to leave. Most exiting nurses said that major improvements were needed in all conditions before they might consider returning to work in this sector. The respondents’ recommendations for improving nurse recruitment and retention in aged care services included: a national research program to increase evidence-based care practice; positive sector profile; flexible staff roster systems; funded retraining leave; computerising clinical documentation; career pathways with appropriate training; and professional respect for aged care nurses through collaborative procedures, supportive supervision, equity and acknowledgement. No evidence was found in the available literature reporting the success of projects implementing these recommendations.

Factors and strategies associated with nurse retention

Table 5 provides a list of promising nurse retention strategies.

INSERT TABLE 5 HERE

As reported by Winstanley and White (2006) there is some evidence that clinical supervision can lead to successful nurse retention. Hallberg and Norberg (1993) demonstrated in a controlled trial of 12 months clinical supervision with 38 Swedish nurses working in acute dementia wards that this intervention significantly and positively changed nurses’ perceptions towards a more positive view of their role, feeling more in control and feeling valued by their managers. This positive experience was important in deciding to remain employed in dementia care wards. Hyrkas *et al.* (2005) also reported a positive retention result from a one-year program of monthly peer clinical supervision

sessions for 34 first-line Canadian nurse managers. In-depth discussions with the managers throughout and following the program revealed perceived improved situational control and coping skills, with better critical thinking and broader perspectives that developed more future-directed competence. This new found sense of perceived competence was a key factor in intention to remain employed in nursing management.

The University of Maryland recruitment and retention program for undergraduate and postgraduate nursing students (Heller *et al.*, 2004) succeeded in retaining new graduates in linked health facilities. The ‘action-learning for leadership skills’ course, provided as a student nurse elective and continuing education for centre nursing staff, was a useful retention strategy. A one-year, post-baccalaureate “novice to expert” residency program run by six university hospitals (Altier and Krsek, 2006) achieved 87% retention of the 316,111 acute care nurse participants for 12 months or more, compared with previously low attrition rates in new graduates. These findings reveal that new graduates will stay in a system that supports practice excellence and invests in their future. The authors note that the first year of practice is a crucial retention period, and providing attention at this stage of a nurse’s career prevents later attrition.

Boettcher *et al.*'s. (2004) large American culture-change Project “RELATE” (Research and Education for Living with Alzheimer’s disease and other dementias: Therapeutic Eldercare), which introduced a Person Centred Care (PCC)-based curriculum in one aged care facility, successfully retained over 90% of the 46 aged and dementia care nurse participants. While pre-RELATE staff retention rates are not reported, the program shows promise and highlights the importance of the nurse-mentor role in sustaining a positive work culture-change aimed at staff retention. Coogle *et al.* (2006) also reported on a promising 1-year, PCC training project in Virginia with 53 nursing home staff and selected peer educators. Overall, participant responses on the Minnesota Satisfaction Questionnaire (University of Minnesota, 1997) identified improvements in all job satisfaction and attitude to work dimensions following the peer-support program, with both factors linked directly to staff retention. The Career Commitment Measure (Carson and Bedeian, 1994) revealed high levels of intention to stay among participants at 9-12 months follow-up.

Retention of all aged care nurses employed in one Canadian aged care facility occurred for the 12 months following a three-month, dementia aggression assessment and management training program (Hagen and Sayers, 1995). While pre-intervention nurse retention data were not reported, this positive outcome was unprecedented for the facility. The 3-session intervention was strongly supported by management and subsequently adopted as a regular in-service program. An

anonymous staff survey revealed staff's relief and satisfaction that their concerns regarding resident aggression were taken seriously by managers, they felt validated by the training, were better equipped to manage resident behaviour, and were committed to further employment in the facility.

Supportive management also featured in O'Brien-Pallas *et al's.* (2006) comparison of a sample of 582 Canadian and Australian nurses. Reasons for staying and leaving the field were elicited by surveying 432 nurse executives and 150 exited nurses. For nurse executives the most important factors in nurse retention were external values, beliefs about nursing, including professional team opinions and social depiction of nursing careers. By contrast, departing nurses ranked internal values as most important to retention, including professional practice, work-life balance and contract requirements. Survey responses showed that managers profoundly affect what matters most to nurses, and that nurses who are most likely to stay feel supported by their managers in a number of ways, such as flexible work rosters and staff education opportunities.

Rambur *et al.* (2005) compared American nurses' intentions to stay by qualification levels, finding that the higher the education, the more stable the nurse. The 499 baccalaureate level nurses surveyed were significantly more satisfied than the 379 nurses with associate diplomas. Conclusions drawn are that rapid-entry strategies to attract qualified nurses are flawed, because better educated nurses respond to a broad array of health settings and roles, with greater career path opportunities. These nurses viewed nursing as an investment in a profession, rather than as a short-term income source. Gould's and Fontenla's (2006) in-depth discussions with 27 nurses from two aged care services, also found nurses with higher qualifications were employed in more innovative posts, were more committed to the service and more likely to remain. Nevertheless, over 65% also found the pressure of constant up-skilling stressful and a factor that was considered in their decision to stay or leave. Factors such as flexibility and family-friendly policies, social hours and professional autonomy were, consequently, significant considerations in retention decisions for better-educated nurses.

Following a survey of 30,000 Registered Nurses by the New South Wales (NSW) Nurses Association, Australia, a series of interstate focus groups with nursing union representatives, and a random selection of 40 current and 47 exited nurses, identified the importance of salary to nurses (Buchanan and Considine, 2002). Although an important nurse retention factor for aged care, there was a strongly-held view that wider, systemic management failure concomitant with the shift to 'cost control', was the main factor in the intention to leave. Conversely, management support in addressing work-related concerns were reported to increase the intrinsic rewards of nursing and

intention to stay. In the aged care sector, participating nurses suggested a significant salary increase comparable to their public health service peers would indicate improvements in the profession's quality, status and recognition: factors associated with retention. Whilst lower pay for qualified nurses is an issue for the dementia and aged care sector, it is more the way this reflects their lower status compared with their acute and community nurse counterparts that concerns these nurses (Buchanan and Considine, 2002; Marquis *et al.*, 2004).

By contrast, intensive one-on-one ethnographic interviews with 16 female and two male nurses in one Australian aged care facility recognised for its consistent staff retention, identified pay as a low priority compared with a positive working culture (Marquis *et al.*, 2004). Essential factors in the participants' decision to remain employed was a model of work-life balance, aligned staff and organisation values and a system-wide philosophy that promoted caring relationships, with 'care' being the highest priority. The main retention factor was strong moral organisational leadership which valued all members of the aged care community and encouraged mutual liking and expression of reciprocal affection. Having all non-care tasks outsourced was important, so that nurses could concentrate on care activity (Marquis *et al.*, 2004).

Moyle *et al.* (2003) held focus group discussions with nine Registered Nurses and five Enrolled Nurses in two Australian nursing homes to identify the factors associated with job satisfaction and retention. These revealed that poor management communication and documentation conflicted with the care ethos and incited dissatisfaction, expected unpaid overtime caused frustration, and the system's inefficiency and exploitation caused staff resentment. Study participants believed that these systematic features of the aged care system were directly linked to staff loss (Moyle *et al.* 2003).

Schirm *et al.* (2000) conducted role-oriented focus groups with 11 Licensed Practical Nurses and 25 Registered Nurses from seven Ohio nursing homes to identify factors associated with satisfaction in aged care nursing and intention to stay in the field. Participants viewed their colleague's suitability to the caring role, an essential inner quality of sensitivity and an affectionate nature, as central to successful teamwork, job satisfaction and reasons for staying. Cooperation and effective supervision between roles was also considered important in retention decisions.

Less successful nurse recruitment and retention strategies

While each of the recruitment and retention factors and/or strategies described in this review was perceived to be important from the point of view of nurses and/or their managers, success was

limited even when combined. No single factor or intervention provided strong evidence of success. For example, targeted student nurse education and supervision in aged and dementia care settings did not attract more new graduates into this field of work if they perceived there were no differences between the skills and responsibilities of the Registered and Enrolled Nurses (Happell, 2002). Similarly, novice nurses only chose to work in settings where nurse managers and supervisors were committed to securing their employment and demonstrated a professional and empathetic attitude towards patients and staff, despite new graduate/staff preparation programs and education opportunities (Nolan *et al.*, 2002; McGilton *et al.*, 2003; Lea and Cruikshank, 2005). While workplace culture is reported to be important in nurse retention (Ellis and Pompili, 2002), there is scant evidence to support the direct influence of work environment aesthetics (Schnelle, 2004). Interestingly, there is also no high quality evidence linking nurse retention with staff skill-mix (Spilsbury and Meyer, 2001), or nurse workload, although high workload has been identified as a direct factor in nurse burnout and absenteeism (Ellis and Pompili, 2002; Pearson *et al.*, 2006 b; Bostick *at al*, 2006). Importantly, poorly designed and under-resourced rapid-entry recruitment strategies are counterproductive to retaining both novice and experienced nurses (Rambur *et al*, 2003)

However, Unruh's (2004) in-depth examination of nurse recruitment and retention trends in the USA from the 1990s identified labour demand responds directly to tighter labour markets, whereby less competitive wages and less attractive work conditions are disincentives for nurses to exit their jobs in a time of greater employment opportunity. Apart from the importance of kinship responsibilities for some nurses, the majority are less likely to remain in the same job for longer than two to four years in times of job growth (Jasper, 2007) and wage increase opportunities (Cohen, 2006).

Discussion

From the perspective of nurses, their managers and health organisations successful nurse recruitment factors include: a positive organisation philosophy and structure that provides a supportive learning culture; supervision for nursing students, new graduates, return-to-work candidates and new staff; and provision of respect, consideration, valuing and empowerment for staff by their managers. The majority of promising nurse retention strategies include positive staff supervision, education, training, support and empowerment procedures. Nurses say they are more likely to stay when there is effective leadership for desired change and a whole of system culture of care that respects both care recipients and staff. Studies reporting success combine these factors and strategies,

rather than relying on a single factor or strategy. It is clear from this review that the factors that make for successful recruitment are generally the same factors that assist in nurse retention.

Limitations

While these findings are instructive, they are limited. An extensive search of the electronic and print literature revealed the inherent gaps in data collection systems. A large amount of grey literature is available on the topic area, for example Government, industry and professional association reports, discussion papers and newsletter articles of mainly anecdotal “stories from the field”. The majority focused on the residential aged care sector and employed surveys, interviews and focus groups with nurses and their managers. A small number focused on nurse recruitment and retention in the acute care sector, but none were located in the community setting. The discovery of rigorous, controlled studies that provide strong evidence of success in addressing issues associated with recruitment and retention in dementia and aged care nursing foundered in their absence. Consequently, while a few large-scale survey studies and four in-depth qualitative studies were reviewed, none was rated at higher than level 2++ according to the NICE Guidelines (2006) (see Tables 4 and 5). Most studies had relatively small sample sizes and mixed research methods.

None of the 25 studies reviewed compared one or more intervention group/s with a control group for either nurse recruitment or retention in any health setting, with only a few studies employing validated outcome measures. The dynamic nature of the health care sector and the concern that this environment is too unstable for experimental research on nurse recruitment and retention, may have limited rigorous research to date. This may explain the lack of level 1 studies on this topic. Nevertheless, the value of well-designed, in-depth qualitative research with representative samples of nurses across the health sector should not be under-estimated, as identified from the results of a few PhD theses that were considered in stage 2 of this review. Well-designed studies aimed at improving nurse recruitment and retention ought to be pursued.

Conclusions

Low recruitment and early exit of nurses are widespread throughout the Australian health care industry, and exacerbated in the aged care sector, through the combination of demanding staffing requirements and lower pay. As the La Trobe study (2002) points out, the best recruitment strategy is possibly the presence of a working environment with excellent staff retention. A positive clinical placement for student nurses, ongoing, supportive clinical supervision and education for new and existing nurses, and a positive organisational ethos, appear to play critical roles in not only recruiting nurses to work in dementia and aged care, but also in retaining them. An international

concern is to retain nurses already employed, thus the organization's commitment to implementing these positive workplace conditions cannot be overemphasised.

Combined, rather than single, factors and strategies seem to be more effective in nurse recruitment and retention. The literature makes clear that dementia and aged care nursing demand a great deal of investment in the nurse's emotional well-being and building up of their professional role. Consequently, these nurses say they need to be supported and nurtured, professionally and personally, to consider entering and remaining in the speciality. As well, a career choice in the speciality is only attractive and successful when that commitment is adequately rewarded in a range of ways.

Poor remuneration for work that requires quite high levels of skill and commitment, particularly parity with other sectors, was a common theme of dissatisfaction in surveys and direct consultations with aged and dementia care nurses. However, licensed nurses value the intrinsic rewards of the work and assert that their concern lies more with the way lower pay diminishes their status and professional respect. Family friendly policy rated highly in nurses' decision to remain employed, particularly in a sector dominated by women, with flexibility in schedules and a healthy work-life balance considered essential. Specialised training, particularly for skills, leadership and teamwork, and adequate staffing levels to redress the sector's ubiquitous overload and unpaid overtime, are the next most important factors and necessary conditions for job satisfaction and retention.

Relevance to clinical practice

What emerges from this review as the most common factor rendering dementia and aged care nursing as a less attractive career option is the inexorable, systemic diminution of the opportunity to engage in the skilled nursing role and thereby, achieve associated intrinsic satisfaction. Senior managers need to recognise that the essential attractions of the nursing role are more sited in intrinsic rewards, those of the caring act and working in an organisation that reflects those caring and professional attributes in the way it manages its staff. Nurses also want to be equitably remunerated for their labour, need to be educated and supported in the clinical setting to sustain desirable levels of skill, competence and a respected professionalism, and want safe, equitable working conditions. Job "embeddedness" is central to retaining licensed nursing staff, evidenced by a culture of openness and respect that facilitates communication and in turn, encourages a flatter hierarchy with staff who have a higher level of discretion in their practice and greater work-life balance. These factors lead to more satisfaction and affective commitment. Lessons can be learnt from some of the organisations noted in this review that recognise this connection. From the point

of view of nurse managers the investment in improving working conditions for nursing staff also improves their opportunity for practicing quality nursing care. These two factors provide the intrinsic rewards that makes nurses happy in their work and so more likely to stay.

Further research of the issues

Based on the findings of this review the authors have been funded by the Australian Government to obtain answers as to why Registered and Enrolled Nurses working in aged and dementia care in all health settings stay in their jobs. All RNs and ENs employed in public and private health and aged care services within New South Wales (NSW) and the Australian Capital Territory (ACT), Australia, are invited to complete a questionnaire kit, including the Nursing Work Index-Revised survey (Aiken & Patrician, 2000). Following analysis of the survey data, a stratified random sample of 150 nurse respondents will be invited to participate in a series of focus group discussions within urban and rural NSW and ACT to consider and advise on promising retention factors and strategies identified in the survey findings. The results of this study will help to fill the gaps in the existing literature on nurse retention in Australian dementia and aged care health settings, and provide clearer direction for mounting and testing preferred nurse retention strategies in a range of these settings.

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TABLES

Table 1. Acronyms used

Qualified nurses	Unqualified/ limited training nurses	Older persons receiving care/ treatment
RN: Registered Nurse EN: Enrolled Nurse LN: Licensed Nurse referring to both RN and LPN (USA) LPN: Licensed Practical Nurse (USA) DON: Director of Nursing APN: Advanced Practice Nurse	AIN: Assistant in Nursing NA: Nurse Assistant/ Nurse Aid	Patient: Acute care – hospital/doctor/ health professional Resident: Residential (nursing home/ hostel) Client: Community (domestic/primary)

Table 2. Inclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> Articles published 1990 onwards English language publications International studies Research publications including literature reviews, quantitative, qualitative and triangulated reports of multi and single-site studies 	<ul style="list-style-type: none"> Opinion papers from professionals and policy makers Editorial papers Articles rated at 4 and 5 on NICE Guidelines (2006)

Table 3. NICE (2006) Levels of evidence for intervention studies

Levels	Types of evidence
1++	High-quality meta-analyses, systematic reviews, randomised controlled trials (RCTs) with very low risk of bias
1+	Well-documented meta-analyses, systematic reviews of RCTs, RCTs with low risk of bias
1-	Meta-analyses, systematic reviews of RCTs with high risk of bias
2++	High-quality systematic reviews, or conduct of, case-control or cohort studies with very low risk of confounding bias, or chance and a high probability that the relationship is causal
2+	Well-conducted case-control cohort studies with a low risk of confounding bias, or chance, and a moderate probability that the relationship is causal
2-	Case-control or cohort studies with a high risk of confounding bias, or chance and a significant risk that the relationship is not causal
3	Non-analytic studies, e.g. case studies, case series
4	Expert opinion, formal consensus

National Institute for Health and Clinical Excellence (2006) The Guidelines Manual, 7.3.3.1

Table 4. Promising recruitment strategies

Authors	Key points	Rating: Level
Cleary & Happell (2005)	2 cohorts' internships in mental health graduate transition program, high quality clinical supervision, course handbook, and good selection and preparation of mentors.	Rating: 2-
Robinson et al. (2006)	Aged care clinical placements: Model/guidelines establishing therapeutic relationships for student/staff improve preparation/provide ongoing student debriefing; forge new partnerships between industry/educators, bring practice closer to theory with supportive environments, supervision training, ongoing evidence-based research to improve quality of care.	Rating: 2++
Heller et al. (2004)	Action-learning leadership with RN/BSN/MSN students, provided matched mentors, real-time applications, public speaking, messaging/group consultation.	Rating: 2
Davies et al. (2002)	Nursing home clinical placement for all Advanced Diploma adult-branch nursing students. Integrated mentor/staff training, free study days for senior care staff, structured program open to all staff. 'Link Lecturers' support student throughout placement. 'Whole of facility' approach achieved high attendances, encouraged participation, further research partnerships.	Rating: 3
Jeffers & Campbell (2005)	Geriatric nursing institute partnership with nursing home to generate interest in geriatric nursing in college-wide culture change, aged-care focus across faculties with new courses, procedures. Geriatric Certificate, individualised care focus. Social-change activities with community partners. Lasting change with 2 faculty members undertaking postdoctoral fellowships in geriatrics.	Rating:3
Barriball et al (2007)	Nurses undertaking return to practice training well aware of value, expect due reward, will go to facilities actively recruiting with attractive presentation/career options. Important factors: greater work flexibility, family friendly policies, fulfil pay/conditions expectations, opportunities for education & career progression.	Rating: 2
Andrews et al (2005)	Direct correlation between students' positive learning experiences in clinical placements & attractiveness of the setting, ie. supportive, facilitative environment in influencing student's first destination choice.	Rating 3
Saarikoski & Leino-Kilpi (2002)	Importance of ward manager role in clinical placements. Supervisory relationship nursing staff most important pedagogical activity, influences student's professional identification.	Rating: 2+
Winstanley & White (2006)	Positive clinical supervisory relationships, necessity of effective evaluation and essential supervisor characteristics.	Rating: 3
La Trobe University School of Nursing (2002)	Aged care sector: Improved pay and conditions, re-entry courses, with/in addition to acute sector; clear identification of levels/specialist areas, clarified training needs/nurse qualifications, improved psychological empowerment, continuing professional development in service/specialist training and improved work practices that lighten workloads/improve resident's quality of life.	Rating 3
Ellis & Pompili (2002)	Attractive elements of aged care as more professional autonomy, positive relationships with residents/ families/peers, less formal environments, capacity to make a difference. Outweighed by negatives, such as the urgent need for improvements in social status, staffing/skills mix, and lower workloads.	Rating: 3

Table 5. Promising Retention Strategies

Authors	Key points	Rating: Level
Winstanley & White (2006)	Positive clinical supervisory relationships, necessity of effective evaluation and essential supervisor characteristics.	Rating: 3
Hallberg & Norberg (1993)	Systematic clinical supervision for dementia nursing staff - nurses feeling in control, supported by leadership and appreciated.	Rating: 2-
Hyrkas et al. (2005)	Peer clinical supervision for management staff encouraged positive, future directed competence, improved situational control, critical thinking and broadened perspectives.	Rating: 3
Heller et al. (2004)	Action-learning leadership with RN/BSN/MSN students, matched mentors, real-time applications, public speaking, messaging/group consultation. Ongoing as elective and adopted for Continuing Education.	Rating: 2
Altier & Krsek (2006)	University hospital-run 1-year post-baccalaureate residency program, system that supports practice excellence, invests in their future	Rating: 2
Boettcher et al (2004)	Multifaceted culture change with person centred care (PCC) focused, Certified Nursing Assistant dementia staff training - staff as change agents, role of nurse-mentor to support culture change.	Rating 2-
Coogle et al. (2004)	PCC education, general and Train the Trainer. Deeper education, connect theory and real-world practice, promote understanding/empathy for patients, increased staff involvement and satisfaction.	Rating: 2+
Hagen & Sayer (1995)	Management supported staff education program addressing dementia patient aggression and manager's support for staff, staff feel validated/taken seriously, develop new knowledge/strategies for handling aggression in persons with dementia	Rating: 2
Testad et al (2005)	A randomised controlled trial - staff training in dementia behaviour management strategies reduced use of chemical/physical restraint by 50+%, staff improved observation & understanding skills, expressed greater job satisfaction.	Rating: 2+
O'Brien-Pallas et al. (2006)	Managers need to address extrinsic workplace factors and nurses to have opportunities to develop intrinsic value in their work	Rating: 2+
Rambur et al (2005)	Higher educational qualifications, career advancement and further education leads to more commitment. Rapid-entry recruitment strategies counterproductive	Rating: 2+
Gould & Fontenla (2006)	Nurses in innovative posts/higher qualifications are more committed, but demands for up-skilling can be stressful. Family-friendly policies, social hours, flexibility and professional autonomy	Rating: 3
Buchanan & Considine (2002)	Move away from 'cost control' produce less-stressful conditions, improved intrinsic rewards. Whilst significant pay rise would help retention, indicate 'new deal,' strategies to improve professional status, quality, and recognition of nursing.	Rating: 2+
Marquis et al (2004)	Work-life model for aged care - positive culture of care, outsource all non-care services enabling care staff focus on recipient, managers not cutting corners, moral leadership, flexible work conditions, family-friendly policies.	Rating::2+
Moyle et al. (2003)	Factors leading to job satisfaction: family-friendly flexibility, effective/positive contact with aged care residents, collegiate team environment with skilled peers, professional respect/status.	Rating: 2+
Schirm et al (2000)	Staff suitability to caring role, on-the-job training; supervisory/cooperative team work skills training; reduce work overload, particularly for Nurse Assistants, adequate staffing levels/mix.	Rating: 2-