

**THE IMPACT OF EMPLOYEE TURNOVER — HEALTHCARE
ASSISTANTS IN DUBLIN, IRELAND.**

BY

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DECLARATION

I declare that this academic work has been carried out by myself. All referenced materials from secondary sources have been properly cited. *I declare that no material contained in the dissertation has been used in any other submission for an academic award.

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LIST OF ABBREVIATIONS

CNAs.....	Certified nursing assistants
HCAs.....	Health care assistants
RNs.....	Registered nurses
HSE.....	Health Service Executive
GWB.....	General well – being
CIPD.....	Chartered Institute of Personnel and Development
NCI.....	National College of Ireland
HRM.....	Human Resource Management
NHS.....	National Health Service
DoHC.....	Department of Health and Children
WRQoL.....	Work-related quality of life
COVID-19.....	Corona Virus Disease 2019
PMMH.....	Patient Movement Manual Handling
CSO.....	Central Statistics Office
HR.....	Human resources
SPSS.....	Statistics Package for the Social Sciences
RQ.....	Research question

ABSTRACT

This study aims to assess the impact of employee turnover among healthcare assistants in Dublin, Ireland. The path taken to the task at hand was to approach the topic by discussing the subject matter itself, while noting the nature of their job task. The care facility at which these Healthcare assistants work for are equally discussed specifically.

This study will look deeper into the critical impacts of staff shortages which in this case is the high turnover. The high turnover in the sector is the underlying problem which needs addressed. Additionally, the study will investigate possible efforts of retention strategies in order to curb the increased turnover rates within the private nursing homes. The study will investigate possible efforts of retention strategies in order to curb the increased turnover rates within the private nursing homes.

To explore turnover and retention of nursing assistants, the research study was conducted within the quantitative method, using a cross-sectional survey design. The objectives of this study were to establish if there are any notable differences in turnover rate levels between age groups, gender and nationality, suggest most effective measures for implementation by management to improve the turnover amongst.

It is found that majority found their job be very stressful and noted that their workloads has gotten even more stressful amidst the COVID-19 global pandemic. More than two-thirds (a total of 80%) agreed or strongly agreed that their job had more advantages than disadvantages. Deeper in the study reveals that majority of the respondents were not satisfied with their job. In the same vein, they responses shows that stress management, Talent management and development, work-life balance and employee engagement serve as the vital indicators for retention.

CHAPTER ONE

MAIN INTRODUCTION

In recent times, academic research works have been carried out which is aimed at addressing certain possible Human Resource related problems affecting the healthcare sector. It is not breaking news that the sector has been challenged with absenteeism and reoccurring high turnover among the entire healthcare workers. The Healthcare sector is vital in any given country; this therefore, is the driving force behind finding out the strongest predictors of turnover and establishing the push factor of turnover undermining Healthcare Assistants (HCAs) in particular.

1.1 PURPOSE OF STUDY

The purpose of the study is to assess issues of employee turnover for healthcare assistants working in the care industry in Dublin, and how the impact of this issue on Irish healthcare sector. Allutis *et al* (2014) admitted that there is a rise in the level of job turnover among care professionals in Europe due to several unfavorable working conditions and other personal grievances, and so it is therefore important to retain their existing staff and attract new workforce in the sector. This study will add body of knowledge to existing research studies.

1.2 RESEARCH OBJECTIVES

The following are the research objectives to be addressed:

- i. To examine if there is any evidence that African nationals make up a larger proportion of HCA temporary staff working in Dublin
- ii. To examine the differences in perceptions towards COVID-19 pandemic between male and female healthcare assistants in Dublin
- iii. To examine the degree at which staff motivation influence job satisfaction among HCAs

- iv. To weigh the degree at which a decline in job productivity is correlated with work-related stress among the HCAs
- v. To determine whether staff turnover leave any detrimental effect on existing staff and the workplace
- vi. To weigh the relationship amongst payments and benefits, work-life balance and favorable workload on job satisfaction between male and female HCAs working in Dublin

1.3 RESEARCH PROBLEM

Even though the problem of high employee turnover rates among HCAs in the Irish nursing homes have been extensively explored, in the wake of the current global COVID-19 pandemic, very little is known about how this and other factors may be contributing to high HCA turnover in Dublin, Ireland.

Also, the fact that there is a growing life expectancy rate in Ireland which has caused a spike in the demand for health care assistants has made the issue of “HCA staff high turnover” an important issue to be talked about (Spilsbury, 2013). Moreover, the constant changes to the personnel, a response often facilitated by management to fill the void left by HCAs who have quit, can negatively impact the residents of these care homes or nursing homes; some found it difficult to adapt to these changes; for others their neurological and mobile ailments often meant that they tended to prefer to be cared for by one HCA over another (Care of the elderly, 2020, Drennan *et al*, 2018).

Healthcare services in general need to be very updated in order to achieve the optimum goal of a healthier nation. To retain the existing and attract the future generations into the healthcare industry, job satisfaction is very vital to attain this; it impacts on the productivity of healthcare workers and also serves as a measure for healthcare quality improvement programs. Low job satisfaction, on the other hand, may result to increased and reoccurring turnover, reduction in efficiency and productivity, thus poor delivery of healthcare duties to the vulnerable residents. (Lonnie Golden, 2011).

Among the factors noted by previous research is stress. The health care staff are considered to provide the quality care in a stressful working environment; job satisfaction is therefore necessary (Pembroke, 2017). The National Institute for Occupational Safety and Health (NIOSH, 2008) defines occupational stress as “the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.”

The European Union has noted how significantly important is the standard quality for service-delivery and quality aspects of work as several companies regularly conduct their own job satisfaction surveys e.g., Denmark. Moreover, some European countries came up with employee satisfaction index which indicates the real importance of satisfaction at work and improving job quality to promote employment and social inclusion (European Commission, 2002).

As the primary purpose of this study is to comprehensively assess all possible factors that are affecting HCAs in nursing home and care home companies today in Dublin, the study will therefore look at how satisfied HCAs feel about their work; it will also assess the conditions they work under.

As several factors abound, the issue of high turnover is key and would be looked into firstly. While carrying out this research, insights would be derived from healthcare assistants in three nursing homes in Dublin, Ireland. Emphasis will be on determining whether lack of motivation could be attributed as being a major cause of dissatisfaction on the part of HCAs.

As retention rate is one of the yardsticks to measure the success of any workplace, it is only right to expect care companies to be doing enough to drive those numbers up, while comprehensively looking into all possible factors that may be affecting the working conditions in their organization (Daft, 2014; *Hitt et al*, 2016). The hope for this research therefore is that by recruiting HCAs currently deployed in these care homes or nursing homes, tremendous insights could be derived which would help explain what needs to be facilitated to improve the rate of employee retention.

This chapter therefore provides the overall context to the study. It sets out the motivation for the study, its’ objectives, the significance and scope of the present investigation. A couple of other titles

would be used interchangeably in this thesis to describe health care assistants (HCAs); titles like: care professionals, nursing assistants, care support workers, carers, etc. The findings in this study could contribute to positive social change by reducing turnover intention while improving the quality of care and reducing costs of care that affect the lives of the long-term care residents, concerned family members, and significant others.

1.4 CONTEXT TO THE STUDY

The Irish health care sector has suffered a setback in recent times as a good number of healthcare workers had quit; some relocated to countries they felt offered them more favorable terms. Nurses and health care workers overwhelmed by the sheer number of tasks they need to complete are quitting their roles. Management and human resource managers have a key role to play to reduce high staff turnover. More so the human resource team are tasked with looking after the entire workforce, ensuring the organization is suitably staffed, and that staff are well-treated.

Indeed, employees are an important asset to every company, business and organization as they are the nucleus and engine of the workplace (Price, 2004; Kew and Stredwick, 2013). It has often been regarded that having the right employees is integral to and constitute the most important part of any organization; employees are in fact the foundation of any business; therefore, they constitute the most valuable asset of the business (Taylor, 2014). As such, having good employee services, and good employee well-being and people management policies and practices is critical, without which, there would be an increased level of dissatisfaction among employees (Armstrong and Taylor, 2017). Similarly, a healthy culture of training programs, and employees perks and incentives like: performance cash bonuses, gift certificates, company cars to workers and many more, have all been identified as possible ways to boost employee retention, and reduce staff turnover more specifically (Samuel and Chipunza, 2009; Milcovich *et al* (2001).

A wide range of factors impacts on the working condition of healthcare assistants working for care companies in Dublin. These factors could be internal or external:

a) Socio-cultural factor:

Statistics show an aging population of Irish nationals; this is a social factor that needs to be addressed. The rise in this demographic continues to drive the demand for provision of quality care homes for the elderly population. Likewise, as the aging population grows the demand for care professionals to work in these care homes invariably increases. Social factors like income, stress levels, work hours, and work environment could well affect the working conditions as well as a HCA's commitment towards work in general (Cavendish, 2013, Spilsbury *et al.*, 2013, Estabrooks *et al.*, 2015, UNISON, 2016).

There are many factors (job stressors) that can lead to stress and dissatisfaction among health care workers such as, Job or task demands (work overload, lack of task control, role ambiguity), Organizational factors (poor interpersonal relations, unfair management practices), Financial and economic factors, Conflict between work and family roles and responsibilities, Training and career development issues (lack of opportunity for growth or promotion), Poor organizational climate, or lack of management commitment to core values and conflicting communication styles, among others (Pembroke, 2017) There have been suggestions that the social factors when not managed appropriately, could contribute to about 40 percent of an individual's attitude towards work.

b) Technological Factor:

It is a generally accepted opinion that technology would influence the way health care services are rendered (Thimbleby, 2013). However, outdated technologies and processes create challenges across an overburdened health care system. If appropriate technological interventions are not introduced, chances are the exasperated situation might result in high stress levels on care professionals, and inferior outcomes (ibid). For instance, increasingly seen as outdated equipment, *hoist systems* used for transporting patients still presents a better option — as opposed to the Patient Movement Manual Handling (PMMH); hoists

reduce unnecessary strain on carers and it may help save them from damaging their vertebra columns when taking their patients with severe mobility condition in and out of bed.

c) Economic Factor:

Health care assistants are listed among low-skilled professions (CSO, 2018). Governments promotes wellbeing of workers and aid organizations by stimulating economic development through subsidizing selected sectors, giving tax advantages in certain situations and even supporting research and development. The level of government budget and expenditure on health, and the financial resources it pushes into this sector may impact on the working conditions of HCAs (Kessler, 2015; Cooke and Bartram, 2015). A low government budget on health might cause a decline in the quality of care provided for patients; this could in turn create unfavorable working conditions for care professionals (Cooke and Bartram, 2015).

d) Environment Factors:

Just as the environmental safety and quality of care for the patients and care home residents are considered to be important, the same should be extended to care workers. Care workers are constantly being exposed to possible communicable diseases in their work environment, especially during outbreaks of influenzas, bugs and other major epidemics. A case in point is the ongoing Corona Virus (covid-19) pandemic that has claimed the lives of many healthcare workers in Ireland and globally (Murphy, 2020). Care professionals risk exposures to possible communicable diseases from the constant travels they make from one patient home to the next while using public transportation (ibid). A well-reasoned argument can thus be made to say that environment factors too can impact on the work and working conditions of HCAs.

e) Political/Legal Factors:

A greater percentage of care professionals in Ireland are foreign nationals (CSO, 2018), majority of whom are international students. From a legal standpoint, many of these foreign students may be required

to leave the country immediately they complete their study programs or when their student visas expire, notwithstanding the relevant care experience they have gained working for care homes in Ireland.

Barring any changes, with the current trajectory, a higher turnover among “temporary” care professionals in Ireland is projected (Smith et al, 2019). One might even envisage the possibility of a further drop on the availability of these temporary care professionals especially in circumstances where there is a drop in the number of international students enrolling to study in Ireland. However, a more lenient immigration policy for temporary care professionals might help to halt the decline in the availability of HCAs.

1.5 HEALTH CARE ASSISTANTS

The HCA profession is similar to the nursing profession (Braeseke *et al.*, 2013). Health care assistants offer in-person face-to-face care of a personal nature to patients in clinical or therapeutic settings, community facilities or domiciliary settings (Saks *et al.*, 2000; International Labor Organization); they may not even hold a professional license or relevant qualifications from regulatory or accredited bodies (*ibid*). Typically working under the direction and supervision of registered healthcare professionals, HCAs often possess the skills of addressing the basic care needs of individual patients (NHS Scotland, 2010).

In Ireland, The Department of Health and Children (DoHC., 2001), have defined the role of the HCA as: to assist nursing/midwifery staff in the delivery of patient care under the direction and supervision of either the Clinical Nurse Manager, Staff Nurses, Midwives, Public Health Nurses or even community Registered General Nurse as appropriate.

1.6 ROLES AND WORKING CONDITIONS OF HCAs

Research shows that the elderly who are committed to nursing care homes are looked after there by two categories of nurses: a registered nurse (RN), or a certified nursing assistant (CNA) / HCA. Tasks undertaken by HCAs/CNAs are multifaceted; a HCA's role is continually expanding.

In describing their roles, Pélissier et al (2018) explains that a registered nurse offers mainly *technical care*; an assistant nurse bears the greater burden of the direct care for patients/residents. Kessler et al. (2010) highlighted the evolving role of the HCA; according to them, as the *bedside technician*, a HCA is often tasked with delivering fundamental care to patients. In their view, the role of HCAs has increasingly expanded into more technical tasks that were previously under the remit of RNs.

Cavendish (2013) prefers the categorization of HCA roles into: *routine tasks* (e.g. making beds, helping patients with nutrition, cleansing and dressing, blood glucose monitoring, vital sign observations, simple wound dressings and transporting patients) and *advanced tasks* which were traditionally under the remit of RNs (e.g. female catheterization, intravenous cannulation, complex wound care, infusion feeding, preparation, ECG recordings, phlebotomy and care planning).

Typically, health care assistants (HCAs) are further categorized into formal (involuntary) workers, and informal (voluntary) workers; these are based entirely on whether or not a HCA staff is paid for their services. A *formal HCA* type-work refers to care services done in return for a wage or remuneration; an *informal HCA* type-work is care work performed for non-profit making purposes. The present study is wholly aligned with the *formal HCA* definition; the scope of the present study will cover HCAs working at care homes and nursing homes.

1.7 TURNOVER AND ABSENTEEISM AMONG HEALTH CARE ASSISTANTS

The impact of the current COVID-19 global pandemic caused many health care assistants to quit their jobs over safety fears. Employee turnover more generally, concerns the rate of workers who quit a company for another within a particular period of time (Taylor, 2019). Reoccurring turnover would mean

that nursing homes companies are continually faced with the prospect of hiring and training of new staff to replace the ones that have left. These staff replacement exercises have significant cost implications (ibid).

As Pilbeam and Corbridge (2010) succinctly put, turnover has to do with “the percentage of employees of an organization who left in a particular period of time”. *Retention* on the other hand is the calculated effort by an employer to keep desirable workers in order to meet the target of the business, by ensuring the right people are positioned with the right jobs tasks (ibid). Successful companies often have high employee retention rate.

employee turnover can be viewed from two broad categories (Lee et al., 2017) . With regards to this definition, employee turnover is termination of work relationship or leaving your profession altogether whence bringing us to the realization that this termination can be voluntary or involuntary. Research has turned out that voluntary employee turnover generally refers to the state of an employee leaving an organization by their own volition (Rubenstein, Eberly, Lee, & Mitchell, 2018) while involuntary employee turnover is when an employee’s job contract is terminated or instituted by the employer (Lee et al., 2017). This form of turnover is also referred to as firing or discharge (Kammeyer-Mueller, Wang, and Thundiyil, 2019). It’s involuntary because it is not the employee’s decision to leave the company. The termination can be caused by for reasons such as undesirable job performance, absenteeism or non-obedience of workplace policies (Rubenstein et al., 2018).

Swarnalatha and Sureshkrishna (2013) define absenteeism simply as the "failure to report to work" and noted that employees who regularly or habitually absent from their workplace are a threat to the workplace. Senel and Senel (2012) take a more measured approach, defining absenteeism as the "lack of presence of an employee for planned work".

On the issue of absenteeism, lower levels of quality care have also been attributed to the rise in absenteeism among HCAs. A large-scale study by Castle and Ferguson-Rome (2015) found there to be an average of 9.2% absenteeism amongst HCAs in the nursing sector in the USA. Also, compared to all

other occupations, HCAs working in the US were found to have the highest absenteeism rates due to work related injuries (Baughman and Smith, 2012).

And of those in the US who left an HCA employment, only a third stayed within the sector (ibid). Amongst CNAs working in the nursing home sector in the US, ‘supportive supervision was a significant factor for job satisfaction (Choi and Johantgen, 2012). With increase in supportive supervision, CNAs are said to be: “4.09 times more likely to be satisfied with their jobs and 47% less likely to intend to leave their jobs” (Gruss *et al*, 2004).

1.8 THE SIGNIFICANCE OF THE STUDY

This research is of great significance as it will identify the various reasons why there are high employee turnover rates in care homes and nursing homes across Ireland. In particular, this research output would benefit management and human resource (HR) managers of nursing homes, and other healthcare facilities like hospitals, blood banks, mental health and addiction treatment centers, hospice homes etc. in Ireland. The hope is that this research output will help these organizations identify ways to substantially reduce employee high turnover rate thus boosting their cost-saving gains from not constantly having to replace and train new employees.

Naturally, this situation would benefit HCAs too, as organizations will be forced to focus more on developing their retention strategy through incentives like motivation, empowerment, bonus programs, training and development and so on, all of which may help encourage HCAs to stay in the company.

The findings in this study may contribute to positive social changes by reducing turnover intention while improving the quality of care and reducing costs of care that affect the lives of the long-term residents, concerned family members, and significant others.

1.9 STRUCTURE OF THE RESEARCH THESIS

Chapter one sets out very early on the initial motivations for this work, its significance and currency, and provides the reader with some contexts to the study. In chapter two, the focus shifts to a review of existing literature in the study domain. More generally, the chapter delves into a critical evaluation of prior knowledge on employee's job satisfaction, turnover and retention in care home companies and nursing homes in Ireland. More specifically, there the research examines in great detail the factors that contribute to high employee's turnover in a couple of healthcare facilities in Ireland and retention strategy that can be adopted.

A discussion of the research approach and data collection and analysis techniques deployed in this work is presented in chapter three; justification is given for why the quantitative research method and close-ended survey questionnaire technique was chosen for the present work.

Analysis of the collected data, the results and findings of this research investigation are all detailed in Chapter four. Chapter five is the discussion and summary chapter; implications of the overall research are considered here along with recommendations and suggestions for future studies.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter both explores and articulates relevant gaps in existing knowledge in the problem domain along with the specific contributions this work makes to fill those voids and advance knowledge.

More generally, academic literature on employee turnover among health care assistants globally and in Ireland care sector is evaluated. More specifically, the work presented will evaluate main indicators like: job dissatisfaction, employee compensation, employee engagement, staff-motivation, working conditions and environment, and so on etc.

2.1 DEFINING THE NURSING HOME CARE

A nursing care home is an institution licensed to provide health assistance to aging and invalid adults or those members of the society who are terminally ill (Pratt, 2010, Sanford et al, 2015). Senior citizens with a minimum age of 65 and older are generally covered by this definition.

For a care home often perceived as domiciliary care, this describes a supportive care provided in the home rather than in a nursing home facility. Like a nursing home, a care home is licensed to provide health assistance needs by professional caregivers (Drennan, 2018).

Residential care establishments mostly care for individuals who suffer from multiple health issues (Pélissier et al, 2018). These patients typically require assistance with mobility, supporting nutrition, personal hygiene and other daily needs. Some of these patients have disabilities, chronic diseases, and terminal ailments (Freedman and Spillman, 2014). And according to Estabrooks et al (2015), the majority of persons committed to nursing care home services are often wholly dependent on other people for their day-to-day lives.

2.2 JOB SATISFACTION

The issue of job satisfaction and Employee turnover among healthcare assistants globally is an important problem to talk about. Some of the reasons cited for high turnover includes low compensation, inadequate benefits, poor working conditions, work life conflict and employee stress (Pouslston 2009, O'Neill and Davis 2011 and Hinkin and Tracey 2000).

The general health care sector is characterized by high mobility and abnormal working hours as well as frequent interactions with residents, which require high level care skills from the employees. These industry characteristics have been cited as part of the reason the industry posts a relatively high rate of turnover compared to other industries (Mohanty and Mohanty, 2014; Shani, Uriely, Reichel, and Ginsburg, 2014). The high turnover, low retention and acute shortage of competent employees in the hospitality sector have significantly impacted the sector (Silva 2006).

The decision of an employee to terminate his/her own contract is usually not a sudden decision (Rubenstein et al, 2018). Across the globe, the issue of job dissatisfaction and eventual exits among health care assistants has continued to be a serious issue. In the United Kingdom, HCAs have expressed dissatisfaction with their jobs; reasons commonly cited are: their pay is not at par with less strenuous work/workload they have to contend with, limited opportunities for role progression and promotion, and uncertainties about career growth and development (Spilsbury *et al*, 2013). A similar study among care professionals in the UK, pointed to high level of job burnout amongst HCAs working in nursing home, as reason why so many HCAs eventually become dissatisfied with their jobs (Estabrooks *et al.*, 2015).

Trust is an important construct even in a care home organization. Good communication and openness positively impact on the development of trust (ibid). Nurses and health care assistants tended to have a very strong commitment/attachment to their profession. Even so, their commitment and interest may be rocked by increasing feeling of marginalization by management; if left unchecked, this can adversely undermine the mutual trust between health care assistants and managers. Not altogether

surprising, McCabe and Sambroke (2018) found breakdown-in-trust between the nursing assistants and health care providers to be an important factor contributing to job dissatisfaction.

Friedman and Netze (2020) found that decreased employee engagement negatively affects HCAs; they also cite and violent actions on CNAs by residents and patients of care homes has led to some HCAs feeling very dissatisfied with their jobs and in some instances even forced some of them to leave their posts. Most of the time, the working culture in these care homes often mean that employees are left feeling like they are unable to freely report/discuss these incidents with management.

Aluttis *et al* (2014) found that the level of job turnover among CNA's in Europe is quite high. In an earlier research, Rosen *et al* (2011) found that the turnover among nursing assistants in US had more to do with employee preferences to leverage new opportunities to progress their career outside of a particular care home establishment rather than on job dissatisfaction per se, or any seeming flaws at their workplaces. Contrastingly, Chang *et al* (2017) found that health care workers in the USA were fairly satisfied with their jobs. Essentially, the overall satisfaction will be from both intrinsic and extrinsic factors that contributes the wellbeing of employees. However, Bryant (2018) found that when there is little motivation for care professionals. According to him, demotivation is often a leading contributor to high staff turnover; they cost the care industry billions of dollars in lost revenues every year.

In Europe, there is a growing elderly population; the projection is that these numbers will gradually rise from 16% in 2010 to 27% in 2050 (European Commission and Lanzieri, 2011; Leichsenring, 2013). With this growth in population of the elderly, the demand for care homes will likewise increase. The challenge therefore is to ensure to that care home companies are recruiting and retaining talented HCAs to provide quality care to patients (Eenoo *et al*, 2016)

2.3 EMPLOYEE TURNOVER

The intimate relationships some patients have with their carers foster an atmosphere for emotionally-oriented care. For patients and residents of care homes, high turnover rates of CNAs are a problem not

least because of the personal relationships and bond some of these patients have with their caregivers (McQueen, 2012).

Several scholars have made meaningful contributions to the concept of employee turnover. Employee turnover describes the proportion of employees who leave an organization over a set period (CIPD, 2014). Armstrong (2012) describes this as a disruptive and costly scenario where staff of an organization quit working for an organization.

Griffeth and Hom (2001) describe the phenomenon using three lenses: *voluntary turnover*, *involuntary turnover* and *dysfunction* turnover. According to them, voluntary turnover is initiated by employees. Involuntary is arranged by the organization as a result of incompetency and inefficiency of an employee. Dysfunction turnover is detrimental to the organization, as the best employees decide to leave the organization.

According to Rubenstein et al., (2019), job turnover is a complex occurrence created by multiple causative factors. Castle and Anderson (2011) link the higher turnover rates of RNs and HCAs in nursing homes to lower quality of care. Anxiety and work-related stress are other factors contributing to high employee turnover among HCAs (Kramer & Son, 2016, Perreira et al, 2018, Atkins et al, 2011). Another contributing factor could be long periods of exhaustion (both physically and psychologically) (Amponsah-Tawiah, 2014).

A turnover rate of 14% is reported for HCAs working in the health sector, and 19.8% for those working in the social care sector; reasons cited for why HCAs leave their jobs included inadequate pay and a lack of appreciation by employers (Cavendish, 2013).

2.4 CAUSATIVE FACTORS OF EMPLOYEE TURNOVER

Employee turnover can be problematic and, in some cases, devastating for organizations. However, the onus is on the human resources team and management to develop and implement effective evidence-base guidelines to both mitigate and manage turnover (Allen, Bryant and Vardaman 2010).

Understanding why turnover is a problem in the health care industry is the first step toward being able to solve it. There are several reasons why employees quit working. According to Branham (2005), employees tended to leave their employment if: the job no longer matches their ambitions and expectations, if there are limited or no feedback/coaching tracks within the firm, if there are very few growth and advancement opportunities, if staff feels unappreciated or unvalued, if staff feels overlabored, if there is a breakdown- in -trust and confidence between management and staff, and so on. Bryant (2018) found the following common issue to be poor or a lack of employee-engagement.

To a large extent whether or not an HCA staff derives satisfaction and happiness from his or job may be determined by the level of the relationship between them and their employers, and the quality of their day-to-day experiences in the workplace. Perreira *et al* (2018) found the sort of *superior-subordinate* relationship an HCA has in a workplace to be important determinant; from an employee's perspective, this is the most important relationship in an organization.

Social opinions about care assistant jobs make the profession appear less attractive; many even regards it as a low-profile job (Pembroke, 2017). This may be contributing to high turnover among HCAs.

The same study found the lack of *work-life* balance to be another factor. Due to the nature of their jobs, HCAs are often made to work irregular shift patterns and nights sometimes for periods up to 12 hours. HCAs who work for care home companies typically have to be rotated between different care homes — going from one client's home to the other; this can be really stressful and has been heavily cited as reasons why HCAs quit their roles (Cavendish, 2013, Spilsbury et al., 2013, Estabrooks et al., 2015a, UNISON, 2016). Moreover, nursing care assistants often have to make long and expensive commute to the various residential care homes (O'Brien, 2015, Pembroke, 2017).

2.5 IMPLICATIONS OF EMPLOYEE TURNOVER

Masum *et al* (2016) noted that turnover and staffing gaps come with a huge cost. While making efforts for continuity of care, healthcare companies are bedeviled by costs of training potential replacements as well as overtime payout for agency and travel nurses.

Turnover rates are compounded by job positions that stay unoccupied for a certain period, hence having an impact on the workplace's bottom line. Organizations lose valuable knowledge when it suffers high turnover levels; workloads for the remaining staff may increase in the short-term; staff remaining in their employment may lose motivation (Taylor, 2019). Reputationally, reoccurring higher levels of staff turnover may be damaging for care home companies and all stakeholders.

HCA shortages can seriously challenge the efficiency and effectiveness of any health-care delivery system (Perreira, 2018). Further, an Irish Independent newspaper also revealed that nursing homes warned they were in a danger of having to close beds due to staffing shortages. The paper cites that if these staff shortages escalate any further, Accidents and Emergency (A&E) may be in danger of being overcrowded. This evidence and the high turnover of HCAs reported in literature may be further proof that the care home and nursing home sector could be facing crises.

2.6 EMPLOYEE ENGAGEMENT

Staff health and wellbeing is a crucially important concern for employers. Leading a healthy life, both physically and mentally, is a good principle in and of itself, which engaged employers could support. Healthy employees also benefit the workplace and productivity in many other ways.

As the labor gaps grow, it's important to identify the areas within the health care industry that are particularly susceptible to turnover and learn what we can do to slow the rate of turnover. The success of an organization may be dependent upon its ability to positively engage and retain key employees.

Most would agree that employee turnover has huge cost ramifications (Pilbeam and Corbridge, 2010; Zhang et al, 2014). So essentially, efforts need to be made to curtail these unwanted costs; a crucial

step towards this is having a good employee engagement and retention strategies. Perreira (2018) makes the suggestion for employers to do more in terms of their retention strategies to encourage employees to remain in the organization.

Friedman and Neutze (2020) points to improvement in workplace engagement as key to solving employee turnover. Discussing some of the many advantage employers stood to gain if they implement good engagement policies, the authors claim that improved employee engagement may help minimize a worker's consideration of other job opportunities, it will help organizations attract top talent in a competitive employment landscape, and keep current employees happy.

Bryant (2018)'s views are: where employees perceive that their workplaces foster interpersonal relationships, respect their employees, and empower their employees to be part of the decision-making processes, they felt less inclined to leave.

Zhang *et al.* (2014) employed a quantitative design to look at the relationships between employees' *working conditions* and *intention-to-leave* among 1,589 HCAs working across 18 for-profit nursing homes. Their results indicated that employees' *intentions-to-leave* was affected by employees' perceptions of the workplace. Other studies have found that if HCAs are given regular opportunities to take part in care planning, they may feel disinclined to leave (Drennan *et al.*, 2018); this gesture may be seen by them as a sign that they are valued within the organization (ibid).

2.7 EMPLOYEE MOTIVATION

It is difficult to clearly articulate the effects of motivation. However, in the current context, motivation describes what inspires an employee to perform. A correlation exists between employee's motivation, performance, and job satisfaction (Choi and Johantgen, 2012).

It is a generally accepted notion that employees perform better when offered certain privileges; these employment perks may boost their level of satisfaction with the employment. The phrase: *job satisfaction* is defined loosely in this study as “the overall pleasant and positive feeling about one’s job”.

According to Kreitner *et al* (2002), how well workers respond to their roles at the workplace, the type of management, and the working conditions and environment, can all affect how satisfied an employee feels about their job. In Bryant (2018)’s view, trust is as much a strong factor in the healthcare organization as all the others considered above. Research has also found distrust of management as a leading cause of high CNA turnover. Mutuality of trust is crucial for motivation (*ibid*); there needs to be a healthy trust relationship between health workers and their patients, and between health workers and management.

Cheloni and tinker (2019) looked at health care professionals working with older people with dementia (PwD) in the United Kingdom, and found motivation to be an important element for their professional development, and performance. Using a semi-structured interview technique, their study found that employees are generally motivated by their previous personal experiences, and what fulfillment they derived from caregiver-patient relationships. The same study found that employees are demotivated by organizational factors, working conditions, and environmental factors; it cited poor leaderships, inadequate staffing levels, lack of development opportunities and many more (*ibid*).

2.8 WORKING CONDITIONS

Several organizational factors have been linked to high turnover rates. Several studies have indicated that unfavorable working conditions is a trigger for why employees leave their posts (Kramer, Halfer, Maguire, & Schmalenberg, 2012; KutneyLee *et al.*, 2013).

HCAAs constantly having to work in very stressful working environments are more likely to quit their roles (Estabrooks *et al*, 2015a). Separately, Bryant (2018) argues that job-focused stressors are more likely to lead to higher intentions to leave. In comparing empowered and non-empowered work

environments, another study found that caregivers who felt empowered by their working conditions in dementia care units experienced more patient-focused stressors (e.g. stress caused by deaths of their patients), while those working in non-empowered dementia care units experienced more job-focused stressors (e.g. salaries, workloads, and interpersonal conflicts) (Cheloni and Tinker, 2019).

A number of studies have attributed the higher turnover rates by profit nursing homes to their organizational policies (McGilton *et al.*, 2014; Woodhead *et al.*, 2014). For instance, the feelings among CNAs were that these nursing companies prioritized economic gain for their services, rather than the patients' clinical outcomes and the care they must receive (*ibid*). Some nursing homes have more patients and not enough number of nursing staff to care for them; this can increase the risk for burnout of the CNAs (*ibid*).

Micromanagement and excessive workplace surveillance are seen by most employees as counterproductive. How leaders interact with staff is critical (Jang *et al.*, 2015). If CNAs are made to feel like they are at the bottom of the tier this can impact on their job satisfaction levels (*ibid*). According to Hayes *et al.* (2012), turnover rates may decrease through effective management, organizational communication and support processes.

Zhang *et al* (2013) successfully showed that working conditions could significantly affect the mental health of CNAs and their intentions to leave. Data from 1,589 employees across 18 for-profit nursing homes analyzed using Poisson regression modeling indicated that employees who cited at least four positive features in their workplace were less likely to leave their place of work (*ibid*). In congruence with the above, Perreira *et al* (2018) lists the following features they claim would make nursing assistances less likely to leave their posts: good interpersonal relationships, respectful environments, and empowering conditions where employees can contribute to decision-making processes.

2.9 TWO-FACTOR THEORY

Previous studies have shown the relevance of motivation and job satisfaction to employee retention in other industries. The motivation-hygiene theory, also called the two-factor theory, initially advanced by the work of Herzberg, Mausner, and Snyderman (1959), represents the theoretical framework for understanding the underlying issues that may relate to employee turnover intention among CNAs.

In principle, Herzberg's two-factor theory articulates constructs that can be manipulated to explain employees' perceptions of work environments that could potentially affect motivations addressed in the theory. The theory addresses motivational constructs that affect job satisfaction; it lists these as: achievement, recognition, employees' perception, responsibility, advancement, and possibility of growth (ibid). Additionally, the theory also speaks to the issue of job dissatisfaction; it cites the following factors: job security, organization commitment, work environment or conditions, working relationships, supervision, and incentive (ibid).

Most people regard the two-factor theory as useful scaffolding for explaining specific factors that related to changes in employee turnover (Hitt *et al*, 2013). It is an important framework for investigating how factors like: employee compensation, employee engagement, staff-motivation, job satisfaction, working conditions and environment, and so on, and how these impact on employee turnover (ibid).

2.10 RESEARCH QUESTIONS

Although a host of issues relating to the provision of care for vulnerable elderly groups have been reported throughout Ireland in both public and private sectors, there is actually very little research-led information in the problem domain to work with. For some of those studies, emphasis had been on addressing the issue of staff-motivation, and strategies for reducing *burn-out* for care workers.

The huge cost of turnover on companies cannot be over emphasized. Employee turnover costs businesses, including long-term care facilities, over \$25 billion on an annual basis (James & Matthew, 2012). Records have it that between 2001 and 2011, turnover rates within the United States increased by

120% per month (Bureau of Labor Statistics, 2012). Records also shows that the turnover rate among nursing assistants in the long- term care industry was 31% higher compared to other nursing staff in 2012, resulting in added operational expenses between \$22,000 and \$63,000 per individual (American Health Care Association, 2012). The general business problem is that some long-term care facilities have high turnover rates among its employees that result in costly business expenses and decreases profitability and productivity. Specific, the business problem noted is that some long-term care facility leaders have limited information about the relationship between compensation, engagement, job satisfaction, motivation, and work environment that leads to high CNA turnover (ibid).

That gap in literature is mainly on the Environmental factors that affect care workers. The COVID-19 global pandemic is grouped under these environmental factors in this research. Furthermore, the legal factors that contribute to a high employee turnover aren't addressed emphatically. Another point which has not been clearly addressed (with suitable remedies) is the assessment of the percentage of HCAs who work casually, their nationality as well as how strict immigration policies indirectly affect retention of trained care workers. This research will fill those voids stated above. Primary issues of particular concern here are those relating to: carer and career satisfaction, general carer well-being, carer skill-set, employee retention and workplace conditions.

Overall, it could be said that the outbreak of COVID-19 global pandemic has caused panic globally. The Healthcare assistants and nurses are among the frontline workers who are constantly exposed to patients with the communicable disease on daily basis (Maben and Bridges, 2020). Psychological stress could be expected to compound as a result of these healthcare challenges (ibid). In some cases, turnover equally sets in, especially when these healthcare workers feel their wages do not worth the risk. As turnover reoccurs, job productivity and delivery of quality care could be expected suffer a setback (Perreira, 2018).

This research is guided by the following research questions:

1. Is there any evidence that African nationals make up a larger proportion of HCA temporary staff working in Dublin?
2. What are the differences in perceptions towards COVID-19 pandemic between male and female Healthcare assistants in Ireland?
3. To what extent does staff-motivation overall influence job satisfaction among HCAs?
4. To what extent is decline in HCAs' job productivity correlated with work-related stress?
5. Does high staff turnover leave any detrimental effect on existing staff and the workplace?
6. What is the relationship amongst salary and benefits, work-life balance and favorable workload on job satisfaction between male and female HCAs working in Ireland?

To address these questions, the quantitative approach would be the most effective and therefore be adopted to gain insight appropriately. Data will be collected from a selected population of a group of healthcare assistants, on the assessment of job satisfaction and employee turnover among healthcare assistants in Dublin at large, using questionnaires. Before the survey proceeds, contact to relay the intent to undertake research will be made physically to the care-home companies and nursing homes.

In conclusion, the questionnaire will evaluate the factors that affect care-workers intentions to either stay or to leave their current workplace; with possible recommendations. Further details of the research approach will be explained more in the methodology section.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

This chapter discusses the methodological framework to be used for this research study. The research approach and study design are articulated. The researcher introduces the population of interest here including what the sample size for this study will be and the sampling techniques it will utilize. A discussion on the data collection techniques to be used is presented. Additionally, this chapter gives a brief mention of what data analysis approaches and tools this work will adopt.

3.1 METHODOLOGICAL APPROACH

Methodological approach according to Hopkins (2008), concerns the courses of action used by the researcher to carry out investigations on research problems, and in most cases determine the relationship between two factors in order to satisfy the main objectives of the study.

There are mainly three approaches to be taken when carrying out a research methodology these are: qualitative, quantitative and the mixed method (Saunders, Lewis and Thornhill, 2009; Norris *et al*, 2015). All three data collection approaches differ significantly. For instance, Horn (2009) stresses that as a research procedure, utilizing statistical data and manipulations, quantitative research approach can be applied to explain a social phenomenon. Saunders *et al* (2012) also contribute that quantitative is normally used as a synonym for any data collection technique that involves the use of survey-type questionnaires. Choy (2014) explains that the qualitative research approach is best suited for explaining social phenomenon; it relies on in-depth information about human behavior often collected through non-numerical data such as interviews, analysis of images, video clips (ibid).

Furthermore, Cooper *et al*, (2014) posits that qualitative research methodology aims mainly at addressing questions about why and how people behave in a certain way; they say this form of research is useful if the aim is to gain an understanding of underlying opinions, motivations and reasons for those behaviors. To a large degree, qualitative research is used by researchers when their target is to uncover new or further insights on a phenomenon (ibid). Lastly, Schindler and Cooper (2014) explain that quantitative and qualitative techniques could both be used in research design as mixed research approach. To make clear, to gain a deeper insight into the problem of high employee turnover among formal caregivers (carers), the present study proposes to adopt the quantitative research approach with survey-type questionnaires as its primary data collection technique.

3.2 RESEARCH APPROACH

A cross-sectional survey using self-administered questionnaire was conducted to assess the factors influencing job satisfaction among health care Assistants. The questionnaire is most widely used procedure for data collection as they are standardized, consent is required and anonymity is provided, reliving the respondent to leave the research at any point of time (Saunders *et al.*, 2009). As the delivery and collection method is through a direct contact with potential respondents, it will enhance the probability of getting back the responses in larger proportions and reducing the time lapse and effort involved in collection and distribution of questionnaires; as documented by Gray (2009) that it is time. According to Denscombe (2014), it is a simple direct technique to extract opinions from varied numbers of people and the forte of using questionnaire is generation of worthwhile ideas and results if they are administered properly.

3.3 MEASURING INSTRUMENT

Data on the assessment of employee turnover among healthcare assistants (HCAs) in Dublin, Ireland will be collected using primary data (survey questionnaire) and secondary data (existing literature).

According to Winter (2000), survey questionnaires can take two forms; these are: close-ended questions or open-ended questions. The type of information a researcher wishes to solicit from respondents can generally help determine which one of these two forms of questions is deployed as data collection technique.

Close-ended questions may be used to gather determinable and objective data, and are used in quantitative research. By design, a close-ended question asks a respondent to select an answer from a list of alternatives. Also referred to as free-response question, with an open-ended question the respondent is not offered a choice of answers; instead it lets respondents verbalize the answer in their own terms. Open-ended questions are in fact subjective in nature; they do not involve numbers necessarily; they may be used to gather data about behaviors, preferences and facts. Additionally, compared to close-ended questions, results from open-ended questions are also more difficult to analyze. A huge benefit of the close-ended questions in survey is that the scope to limit a participant's input into the phrasing of responses is significantly enhanced. Traditionally, for respondents' multiple-choice questions are also easier to answer. Compared to open-ended survey questions, a generally accepted opinion is that questions in multiple-choice survey are substantially better structured towards the goals of a research.

For the present work, close-ended survey questions will be used; the questionnaire will be measured on a five-point Likert scale, consisting of options: strongly disagree, neutral, agree, and strongly agree. To measure the respondents' opinion regarding employee turnover of CNAs in Dublin; except where a positively worded question had to be reversed coded, most of questions in the survey instruments are coded such that strongly disagree = 1 and strongly agree = 5. To a large extent, it usually gives helps to gain deeper insight from the respondents.

3.4 VALIDITY AND RELIABILITY OF THE MEASURING INSTRUMENT

Saunders *et al* (2009), has explained that validity and reliability tests of a questionnaire ensures it measures exactly what the researcher sets it out to do; these tests can help determine that the instrument is

able to produce stable, consistent results and findings if used in a different kind of setup (ibid). With validity tests more specifically, the focus is on whether or not the findings are really about what they appear to be about (ibid). To measure the reliability and validity of the questionnaire on staff turnover, a pilot test will be used. It was developed based on (Das and Baruah 2013) findings of similar research.

3.5 STUDY SITE

This study is performed across five care home companies and three private nursing homes. The study sites are situated in the north of Dublin city, between 8 -12 kilometers of Dublin city Centre and around the areas of Drumcondra, Santry, Phibsborough, Beumont, Swords, Malahide and Finglas.

For research ethics reasons, the names of these care and nursing homes, and the identities of their staff will remain anonymous.

3.6 POPULATION

For this study, the targeted population will be drawn from healthcare assistants (HCAs) working full time or part time for care home companies; the other requirement is that participants would have also been deployed there for a minimum duration of one year.

3.7 SAMPLE SIZE

Across Dublin, there's evidence to suggest that on the average, most care home companies have 35 or more HCAs working for them. These care homes have full time, part-time, and agency staff working for them, most of whom are student nurses. For this research project, the study group as already noted are healthcare assistants (HCAs) working on permanent or contractual basis in north Dublin; the sample size is drawn from three private nursing homes and care home companies.

All the chosen companies are run as a group of companies owning at least 3–5 homes in different parts of Ireland and each having a capacity of 201–300 employees. Data would be collected from several

nursing and care homes. To be exact, one care home company in fact has 47 HCAs; the other two have 53 and 41 HCAs respectively. The projected sample size for this study was about 75 HCAs drawn from care companies in Dublin, Ireland.

3.8 DATA COLLECTION

Initial contact to relay the intent to undertake research will be made physically to the care home companies and nursing homes. Once initial permission has been agreed and approved by their management, participant consent forms will be hand-delivered to care worker staff in those companies to complete. The researcher may even consider visiting the proposed participants to explain the parameters of the research.

All the responses recorded for the survey will be anonymous; this will give an added level of privacy and confidence in the data collected. Participants will be required to complete the questionnaire online administered via the google forms tool. It is cost effective, and can cover a wider population in a short time. Once signed up on the program, participants will have up to 7 days to complete the questionnaire. The questionnaire will assess the factors that affect care-workers' decision to stay or leave an employment; it will assess what possible recommendations that could be made to an employer to increase staff retention. The questionnaire has 6 biographical data questions, and 18 questions around HCA employee job satisfaction, staff turnover and retention.

3.9 DATA ANALYSIS

For quantitative data analysis, Horn (2009) proposes the use of software products like Survey Monkey, SPSS, SNAP, Excel, Access, Google Forms, etc. To this end, this work will utilize the Google forms for Data collection. The Google Forms software allows one to both create and administer questionnaires online. The tool has been chosen for convenience; it is also cheaper to administer and it environmentally friendly as this would mean that no paper copies of this questionnaire would be

administered to study participants. A quantitative data analysis using SPSS software would be performed on data collected from the close-ended (multiple-choice) questionnaire.

3.10 CONCLUSION

This chapter looked at the different research methodologies and methods, and reviewed the suitability of each one for the present study. A few nursing homes and a few care companies would be consulted to carry out the survey. The use of an online questionnaire-type survey has been chosen as the main data collection technique for this research investigation considering how suitable it is to gain deeper insights from the direct target population for this research.

Here the researcher has set out the study sites, the study population and the sample size for this work. An explanation is given for how the researcher seeks to lobby both management and HCAs in select care companies in Dublin, Ireland to participate in this research program. All of the scales involved Likert-type answer formats. The points along a rating scale may not represent equal intervals; however, rating scale data are closer to interval than ordinal scale data, and researchers may use rating scale data as interval data in statistical analyses (Meyers, Gamst, & Guarino, 2013).

CHAPTER FOUR

RESULTS AND ANALYSIS

4.0 INTRODUCTION

Starting with a brief description about how data for the study was collected and prepared for analysis, this chapter presents the results of the descriptive statistics (univariate and bivariate analysis), and the inferential statistics used as a basis in the study to make predictions about whether or not the results produced by his research are significant. This chapter concludes with a summary of the findings of this research project.

4.1 RESEARCH QUESTION

To recap, this research is guided by the following questions:

1. Is there any evidence that African nationals make up a larger proportion of HCA temporary staff working in Dublin?
2. What are the differences in perceptions towards COVID-19 pandemic between male and female Healthcare assistants in Dublin?
3. To what extent does staff-motivation overall influence job satisfaction among HCAs?
4. To what extent is decline in HCAs' job productivity correlated with work-related stress?
5. Does high staff turnover leave any detrimental effect on existing staff and the workplace?
6. What is the relationship amongst salary and benefits, work-life balance and favorable workload on job satisfaction between male and female HCAs working in Ireland?

4.2 DATA PREPARATION AND ANALYSIS

A discussion of how the questionnaire data for this research was collected, collated, and analyzed is next presented. As previously discussed in the methodology chapter, primary data was collected via questionnaire survey method which was administered online via google forms. A total of 66 HCA respondents completed the survey out of the projected 75 participants. Using google forms automatically exports the responses in an excel spreadsheet. For this analysis, the first step was to color-code questions that were investigating same variable.

The questions were independently coded (E.g. the gender question, 1 = Male, 2 = Female). Next, the coded data was transferred to the SPSS statistical package – this is the software tool that was used for the entire analysis. Here each variable being measured and corresponding to a specific questionnaire item was given a specific variable and a label. Each respondent was given a unique ID (201, 202, 203... to 266). Once all of the data have been entered into SPSS, where necessary, all of the positively worded questions (which by the way are fewer in number) were reversed coded so that they aligned with the other negatively worded questions.

4.3 RESULTS | BIO-DATA

		N	%
Employment length	0 – 11 months	21	31.8
	1 – 2 years	24	36.4
	2 – 3 years	10	15.2
	3 years or more	11	16.7
Care company type	HomeCare	41	62.1
	Nursing Home	25	37.9

Table 1: Other socio-demographic bio-data

Presented in Table 1 is the descriptive statistics to two specific socio-demographic information (bio-data) captured by the bio-data. Q4 asks participants to indicate the type of care company they are currently working for, while Q6 asks respondents to indicate how long they have been in that employment. The result shows that there are almost twice as many respondents working for HomeCare (62%) and there are for Nursing Home (37%). The results on employment length indicate that the majority of the respondents have been in the job for just under 2 years (approximately 31% for 0 – 11 months, and 36% for 1 – 2 years). Only 16.7% have been in the job for 3 years or more. Visual representations of both of these datasets are shown in Figures 1A and 1B.

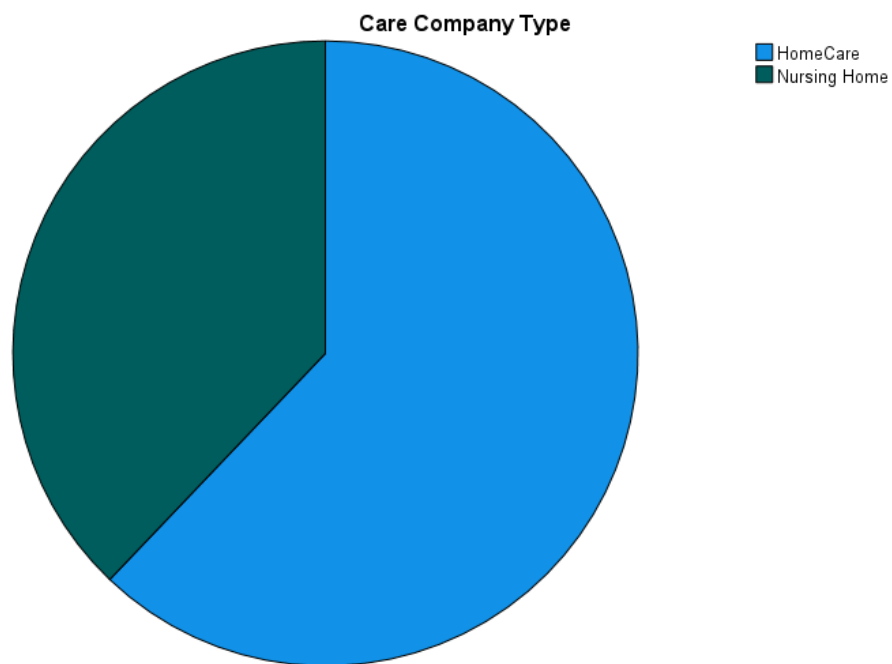


Figure 1A showing care company type

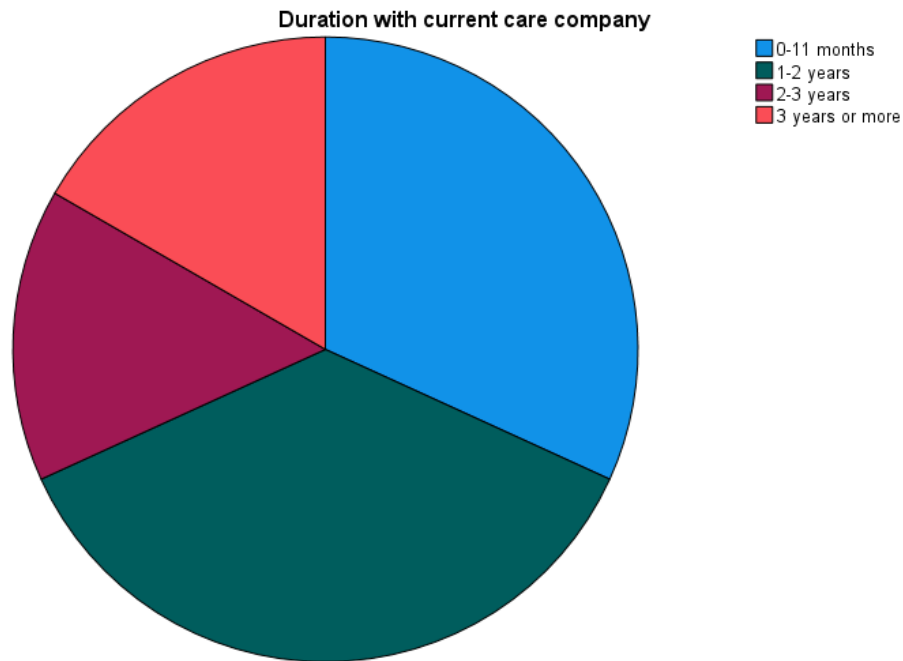


Figure 1B showing employment length

An ordinal question type (Q1) in the survey instrument asked respondents to indicate their age range. The results are presented in Table 2 and Figure 2. Another questionnaire item (Q2) of a nominal type, asks respondents to indicate their gender; the results is presented in Table 3; correspondingly a visual charting of this result is shown using bar chart in Figure 3. A crosstabulation of age range and gender is presented in Table 4 and charted in Figure 4.

Age Range					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-26	28	42.4	42.4	42.4
	27-35	29	43.9	43.9	86.4
	36-44	5	7.6	7.6	93.9
	45-53	2	3.0	3.0	97.0
	54-62	2	3.0	3.0	100.0
	Total	66	100.0	100.0	

Table 2: Frequency distribution of respondents' age range

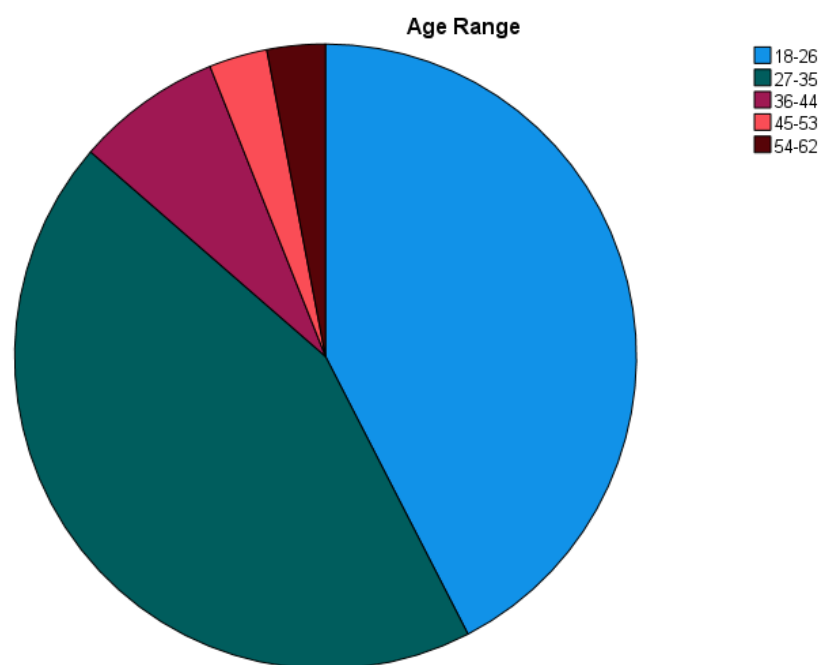


Figure 2: A pie chart of respondents' age

		Gender Group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	40	60.6	60.6	60.6
	Female	26	39.4	39.4	100.0
	Total	66	100.0	100.0	

Table 3: Frequency distribution of respondents' gender group

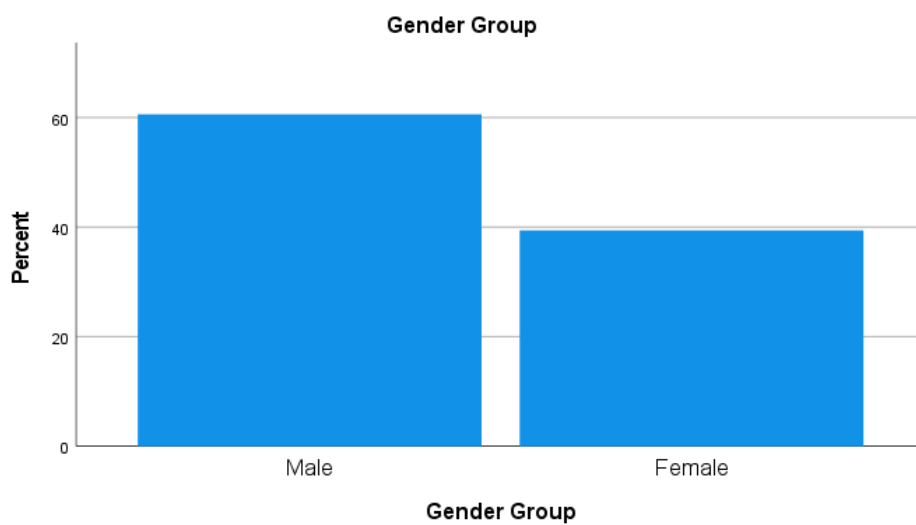


Figure 3: A bar chart representation of respondents' gender group

Age Range * Gender Group Crosstabulation

Count

		Gender Group		Total
		Male	Female	
	18-26	18	10	28
	27-35	18	11	29
	36-44	2	3	5
	45-53	1	1	2
	54-62	1	1	2
Total		40	26	66

Table 4: Crosstabulation of age range and gender

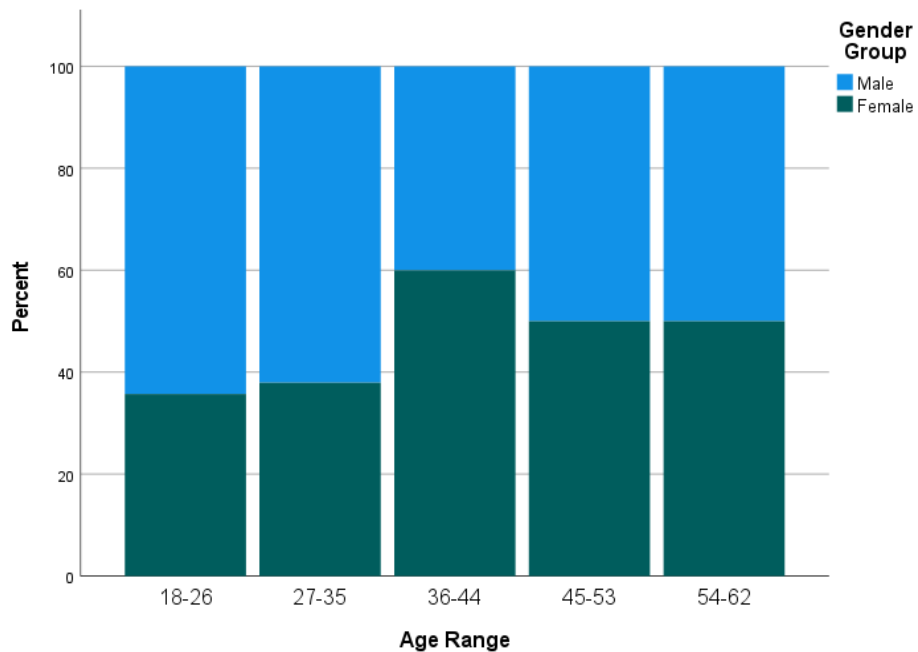


Figure 4: A stacked bar chart of age range and gender

Research question (**RQ1**) is answered by analysing questionnaire item 3 and questionnaire item 6; the two are category type questions; they ask respondents to indicate their nationality and the nature of their job respectively. For Q6, respondents can choose from a permanent or casual job type. And for Q3 respondents can make their selection from either African, Irish, Other EU, and Other (see full questionnaire in the appendix section of this dissertation). A crosstabulation matrix mapping the nationality type against the nature of job is presented in Table 5. This result is represented using a cluster bar chart shown in Figure 5.

To analyse the differences or relationships between Nationality type and Job type, a two-way chi-square test was performed on both of these nominal datasets (see results in Table 6). A Pearson chi-square test showed there was no statistical significant association between nationality type and job type, $X(3) = 3.198, p = .362$.

Crosstabulation

Count

		Nature of job		Total
		Permanent	Casual	
Nationality Type	African	9	19	28
	Irish	6	5	11
	Other EU	6	4	10
	Other	8	9	17
Total		29	37	66

Table 5: Crosstabulation of nationality and job type

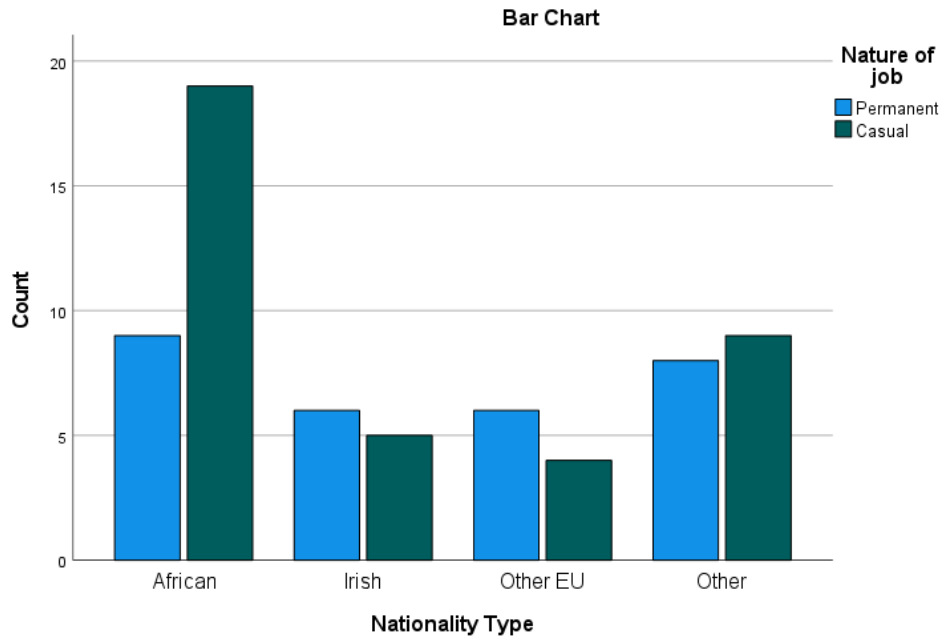


Figure 5: Job type mapped against nationality

Chi-Square Tests

	Value	Df	Asymptotic Significance (2- sided)
Pearson Chi-Square	3.1983 ^a	3	.362
Likelihood Ratio	3.232	3	.357
Linear-by-Linear Association	1.395	1	.238
N of Valid Cases	66		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 4.39.

Table 6: Two-way Pearson chi-square test

Research question (**RQ5**) (*Does high staff turnover leave any detrimental effect on existing staff and the workplace?*) is answered by Q7, Q8 and Q9 in the questionnaire survey instrument.

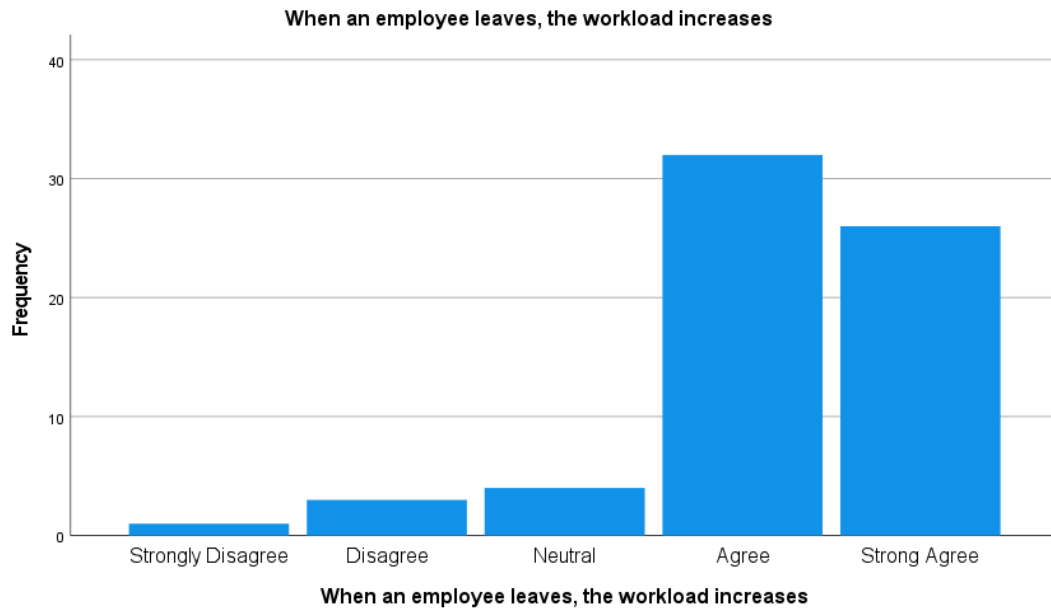


Figure 6: Questionnaire Item 7 (Q7)

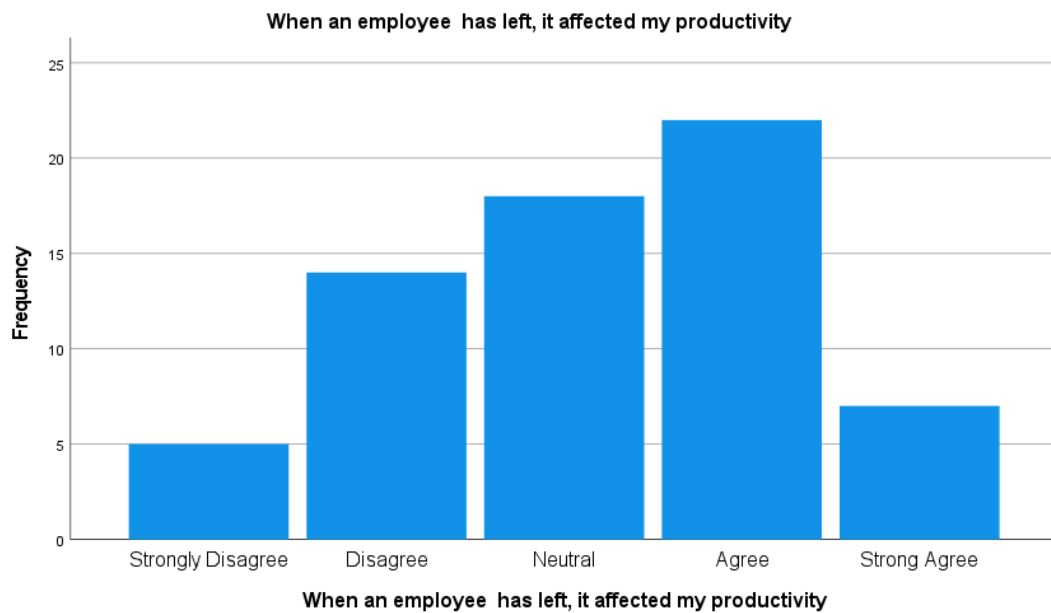


Figure 7: Questionnaire Item 8 (Q8)

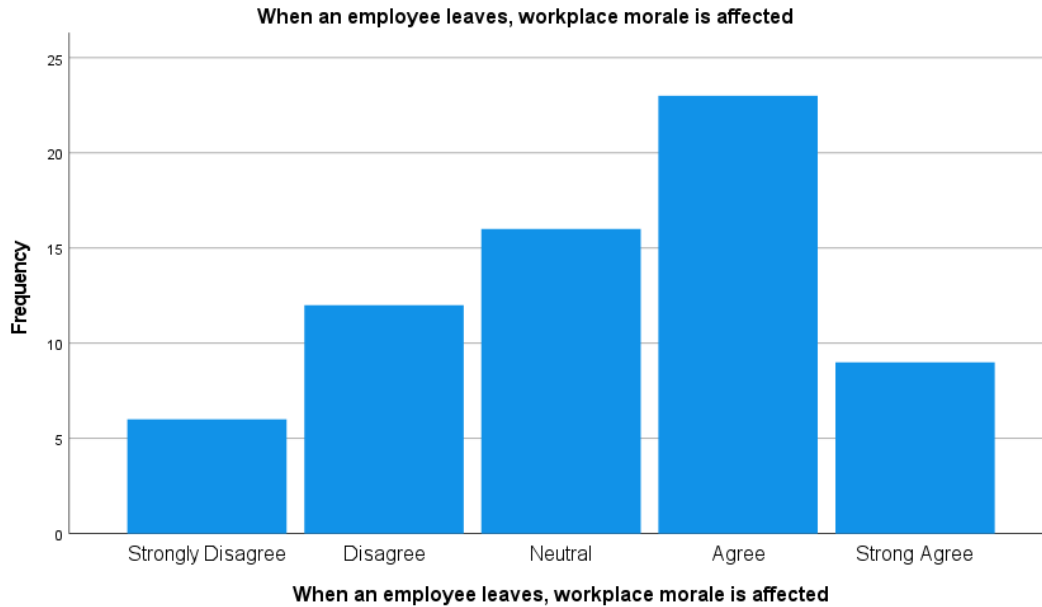


Figure 8: Questionnaire Item 9 (Q9)

To determine the relationships between the variables measured in Q7, Q8 and Q9, for the analysis, all three questions are measured at the ordinal level. A Kendall's tau_b was conducted to determine the relationships between the variables measured amongst 66 respondents. There was a strong positive correlation between Q6 and Q7, this was not statistically significant ($T_b = .166$, $p = .122$, $n = 66$). There was a strong positive correlation between Q7 and Q8, this was not statistically significant ($T_b = .416$, $p = .000$, $n = 66$). There was a strong positive correlation between Q6 and Q8, this was not statistically significant ($T_b = .236$, $p = .028$, $n = 66$).

Correlations

			When an employee leaves, the workload increases	When an employee has left, it affected my productivity	When an employee leaves, workplace morale is affected
Kendall's tau_b	When an employee leaves, the workload increases	Correlation Coefficient	1.000	.166	.236*
		Sig. (2-tailed)	.	.122	.028
		N	66	66	66
	When an employee has left, it affected my productivity	Correlation Coefficient	.166	1.000	.416**
		Sig. (2-tailed)	.122	.	.000
		N	66	66	66
	When an employee leaves, workplace morale is affected	Correlation Coefficient	.236*	.416**	1.000
		Sig. (2-tailed)	.028	.000	.
		N	66	66	66

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Table 7: Kendall's tau b correlation coefficient for Q7, Q8 and Q9

To answer **RQ3**, the descriptive statistics for questionnaire item Q13 (*My level of job satisfaction is low*) and Q15 (*My level of motivation with this job is high*) is presented below in Table 8 and Table 9. A Spearman's rank-order was run to determine the relationship between Q13 and Q15. There was a strong positive correlation between job satisfaction and job motivation, which was not statistically significant ($r_s(64) = .425, p = .000$).

My level of Job satisfaction is low

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	8	12.1	12.1	12.1
	Disagree	20	30.3	30.3	42.4
	Neutral	17	25.8	25.8	68.2
	Agree	16	24.2	24.2	92.4
	Strong Agree	5	7.6	7.6	100.0
	Total	66	100.0	100.0	

Table 8: Questionnaire item 13 indicating level of job satisfaction

Job_MotivationRC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	12	18.2	18.2	18.2
	Agree	32	48.5	48.5	66.7
	Neutral	10	15.2	15.2	81.8
	Disagree	10	15.2	15.2	97.0
	Strongly Disagree	2	3.0	3.0	100.0
	Total	66	100.0	100.0	

Table 9: Questionnaire item 15 indicating level of job motivation

Correlations

		My level of Job satisfaction is low	Job_MotivationRC
Spearman's rho	My level of Job satisfaction is low	1.000	.425**
		Sig. (2-tailed)	.000
		N	66
	Job_MotivationRC	.425**	1.000
		Sig. (2-tailed)	.000
		N	66

** . Correlation is significant at the 0.01 level (2-tailed).

Table 10: Spearman's rho correlation between job satisfaction and job motivation

Research question (**RQ4**) is answered by analysing questionnaire item 8 (*When an employee has left, it affected my productivity*) and questionnaire item 11 (*I find my job to be very stressful*). The descriptive statistics for both this data is represented using cluster bar in Figure 9. A Kendall Tau_b correlation test was run to determine the relationships between productivity (Q8) and work-related stress (Q11). There

was a strong positive correlation between productivity and work-related stress which is not statistically significant ($T_b = .041$, $p = .690$, $n = 66$).

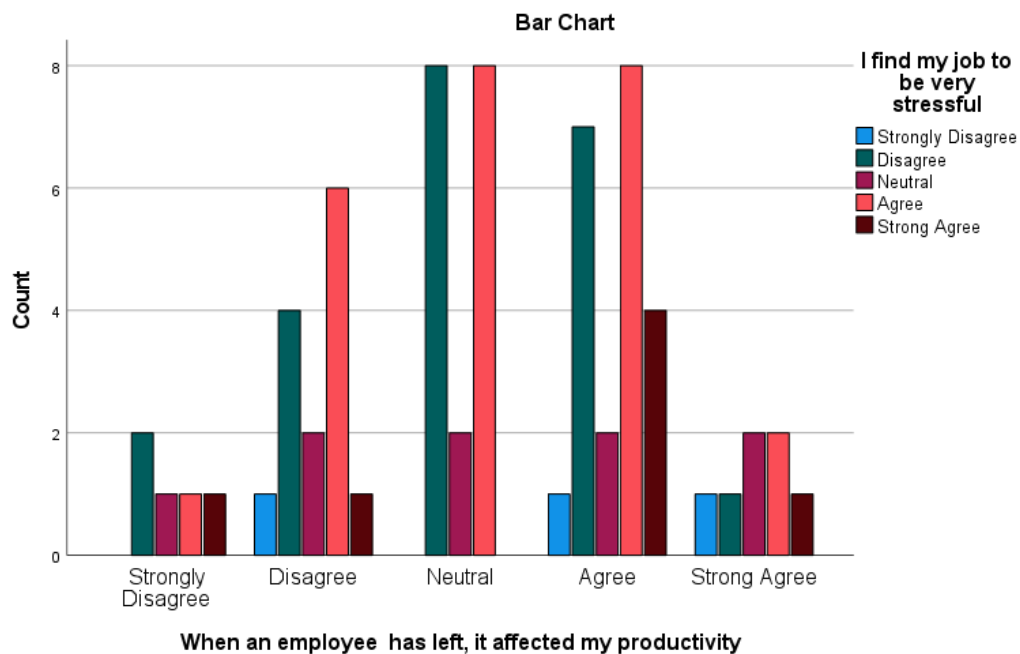


Figure 9: Productivity and work-related stress

Correlations

		When an employee has left, it affected my productivity	
		I find my job to be very stressful	
Kendall's tau_b	I find my job to be very stressful	Correlation Coefficient	1.000
		Sig. (2-tailed)	.
		N	66
	When an employee has left, it affected my productivity	Correlation Coefficient	.041
		Sig. (2-tailed)	.690
		N	66

Table 11: Kendall's correlation between productivity and work-related stress

Research question **RQ2** is answered by analyzing questionnaire item 2 (*Gender*) and questionnaire item 12 (*My job has gotten my job has gotten more stress amidst COVID-19*). There is a significance difference in the two means: gender (1.39) and COVID-19 related stress (4.08) — see Table 12. A rank-biserial correlation was run to determine the relationship between COVID-19 pandemic related stress and gender. There was a negative correlation between COVID-19 pandemic related stress and gender, which was not statistically significant ($r_s = -.127$, $n = 66$, $p = .311$).

Statistics

			My job has gotten more stressful amidst the COVID-19 pandemic	
Gender Group				
N	Valid		66	66
	Missing		0	0
Mean			1.39	4.08
Median			1.00	4.00
Skewness			.444	-.961
Std. Error of Skewness			.295	.295
Kurtosis			-1.860	.023
Std. Error of Kurtosis			.582	.582

Table 12: Descriptive statistics for gender and covid-19 work-related stress

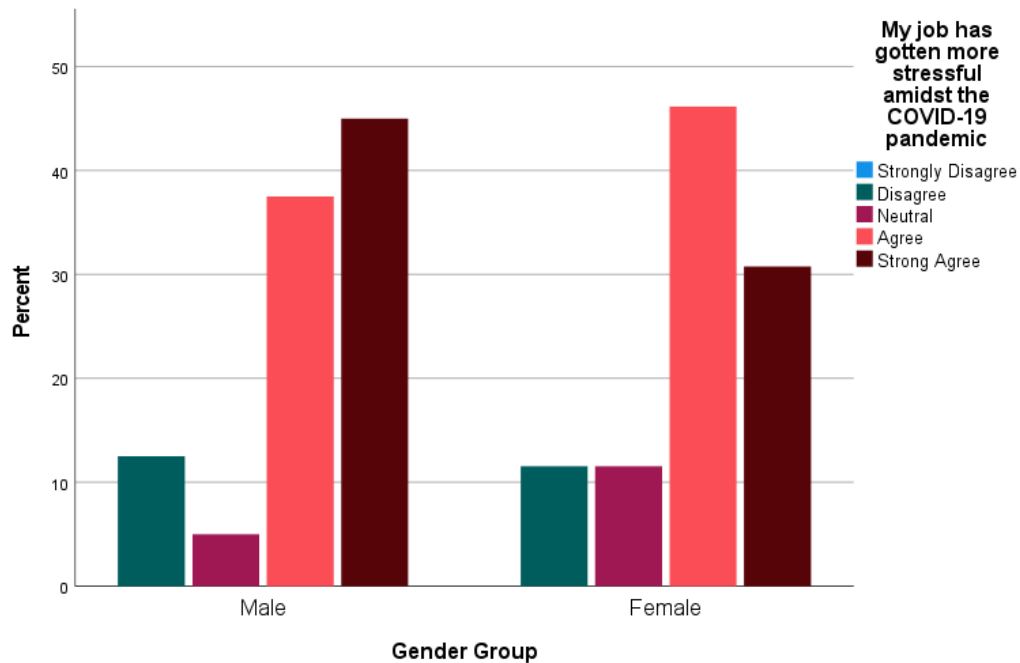


Figure 10: Visual representation for gender and covid-19 work-related stress

Correlations

		My job has gotten more stressful amidst the COVID-19 pandemic			Gender Group
Spearman's rho	My job has gotten more stressful amidst the COVID-19 pandemic	Correlation Coefficient	1.000		-.127
		Sig. (2-tailed)	.		.311
		N	66		66
	Gender Group	Correlation Coefficient	-.127		1.000
		Sig. (2-tailed)	.311		.
		N	66		66

Table 13: Spearman's rho correlation test between gender and COVID-19 work-related stress

Research question **RQ6** is answered by analyzing questionnaire items 20 (*Good pay*), 21 (*Favorable workload*) and 22 (*Work-life balance*) and questionnaire item 2 (*Gender*). As highlighted in the literature review, questionnaire items 20, 21 and 22 are considered to be some of the core factors that would influence the career decision/choice and therefore job satisfaction of a healthcare assistant.

Using gender as the grouping variable (of independent variable) and, good pay, favorable work-load, and work-life balance as the dependent variables, a Kruskal-Wallis H test was run to measure the association between all three dependent variables on gender. Tables 14 and 15 present their descriptive statistics and mean ranks respectively.

A Kruskal-Wallis H test (Table 16) shows that there was no statistically significant difference for good pay, favorable workload and work-life balance between the gender groups. $X^2(1) = 1.371$, $p = .242$, with a mean rank *good pay* of 35.67 for male, and 30.15 for female; $X^2(1) = .178$, $p = .673$, with a mean rank *favorable workload* of 34.28 for male and 32.31 for female; $X^2(1) = .230$, $p = .631$, with a mean rank *work-life balance* of 32.61 for male and 34.87 for female.

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Good pay	66	2.18	1.391	0	5
Favorable workload	66	1.86	1.276	0	5
Good work-life balance	66	1.88	1.365	0	5
Gender Group	66	1.39	.492	1	2

Table 14: Mean and standard deviation for Q20, Q21 and Q22

Ranks

	Gender Group	N	Mean Rank
Good pay	Male	40	35.67
	Female	26	30.15
	Total	66	
Favorable workload	Male	40	34.28
	Female	26	32.31
	Total	66	
Good work-life balance	Male	40	32.61
	Female	26	34.87
	Total	66	

Table 15: Mean ranks of Q20, Q21 and Q22

Test Statistics^{a,b}

	Good pay	Favorable workload	Good work-life balance
Kruskal-Wallis H	1.371	.178	.230
Df	1	1	1
Asymp. Sig.	.242	.673	.631

a. Kruskal Wallis Test

b. Grouping Variable: Gender Group

Table 16: Kruskal-Wallis H test statistics for Q20, Q21 and Q22

4.4 AD-HOC ANALYSIS

The focus in chapter 4 was to present the results of the statistical analysis, that were performed in lieu of the research questions for this dissertation. For research question **RQ1**, initial assumptions both from the literature review and the researcher's personal experience was that non-Irish, specifically people of African descent, most of whom are students, make more than 50% of the work-force for healthcare assistants in Dublin. The researcher was interested in putting these initial theories/assumptions to test. Even though there was no statistically significant association between nationality type and job type in the result posted, a quick look at the descriptive statistics itself reveals that the number of Irish nationals (permanent 6; casual 5) currently working as HCAs were substantially fewer than the number of Africans (permanent 9; casual 19). More so, Africans working as casual (temporary) staff make up the majority of those numbers. More specifically, the results published here show that out of the 66 respondents who completed the survey, African and non-EU nationals represents the largest percentage of the total population of HCAs in Dublin.

For research question **RQ2**, more than assessing the differences in perceptions towards COVID-19 pandemic between male and female Healthcare assistants in Ireland, it is interesting to note that a visual analysis of the clustered bar chart in Figure 10 reveals that more HCA staff rated strongly that their job has become more stressful with the outbreak of the COVID-19 global pandemic.

Research question **RQ3** assesses the extent to which staff-motivation influences job satisfaction among HCAs. Research question **RQ4** assesses the correlation between the decline in HCAs job productivity and work-related stress. According to Bryant (2018), work-related stressors are more likely to lead to higher intentions to leave. With job positions staying unoccupied for long periods of time as a result of increasing turnover rates as documented in the literature review, and with workloads for the remaining staff possibly increasing in the short-term, it stands to reason that this situation would more than likely, increase the stress levels for HCAs. These arguments are supported by the statistical results

posted in this chapter. In fact, for staff remaining in their employment, Taylor (2019) argues they may lose motivation.

A correlation exists between employee's motivation, performance, and job satisfaction (Choi and Johantgen, 2012). Also, in the literature review, improvement in workplace engagement was identified as key to solving employee turnover (Friedman and Neutze, 2020). In a bid to further understand what could motivate healthcare assistants to remain in their roles, research question **RQ6** assessed the relationships amongst favorable wages, favorable work-load, and good work-life balance on job satisfaction. Although not statistically significant, there is evidence as the statistical result published show, a strong positive relationship exists between these variables.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.0 DISCUSSION AND SUMMARY

Basically, existing literature evaluated indicated that the respondents have concerns about their individual workload. When asked about their working conditions of when an employee leaves, 39.4% of the 66 respondents *agreed strongly* that their workload increases when employees leave; 48.5% out of the 66 respondents *agreed* and stressed on the same issue. In essence, the greater percentage agreed that turnover increases their workload with a total percentage of 87.9.

When asked about their *productivity* when an employee leaves, 10.6% *strongly agreed* that their productivity is affected when an employee exits. 33.3% agreed that their productivity is affected when an employee exits. 27.3% were *uncertain*, 21.2% *disagreed*, while 7.6% *strongly disagreed* indicating that their productivity is not affected when an employee exits. Out of the 66 respondents, a total of 43.9% agreed fairly or strongly that turnover affects their productivity, while a total of 28.8% disagreed fairly or strongly, indicating that their productivity is not affected when an employee exits. However, the responses of the majority therefore show that, to some extent, turnover affects the productivity of the remaining employees.

When asked about their *morale* when an employee leaves, 13.6% *strongly agreed* that their morale is affected when an employee exits. 33.3% agreed that their morale is affected when an employee leaves their workplace. 25.8% were *uncertain*, 18.2% *disagreed*, while 9.1% *strongly disagreed* indicating that their morale is not affected when an employee exits. However, out of the 66 respondents, a total of 46.9% agreed fairly or strongly that turnover affects their morale and motivation, while a total of 27.3% disagreed fairly or strongly, indicating that their morale and motivation is not affected when an employee

exits. However, the responses of the majority therefore show that, to some extent, turnover affects the morale of the remaining employees.

When asked about *stress* when an employee leaves, 12.1% of the respondents *strongly agreed* that they find their job to be very stressful. 37.9% of the respondents *agreed* that they find their job to be very stressful. 13.6% of the respondents were *uncertain*, 33.3% of the respondents *disagreed*, while only 3% of the respondents *strongly disagreed* indicating that they do not find their job to be very stressful. However, out of the 66 respondents, a total of 50% agreed either fairly or strongly that turnover affects their morale and motivation, while a total of 36.3% disagreed either fairly or strongly, indicating that they do not find their job to be very stressful. However, the responses of the majority therefore show that, to some extent, stress is an issue for HCAs working in Dublin.

When asked about *COVID-19 workload related stress*, 39.4% of the respondents *strongly agreed* that their workload has increased amidst the outbreak of COVID-19. 40.9% of the respondents *agreed* that their workload has increased amidst the outbreak of COVID-19. 7.6% of the respondents were *uncertain*, 12.1% of the respondents *disagreed*, indicating that their workload has not increased amidst COVID-19, while none of the respondents *strongly disagreed*. However, out of the 66 respondents, a huge total of 80.3% agreed either fairly or strongly that their workload has increased amidst the outbreak of COVID-19, while a total of 12.1% disagreed either fairly or strongly, indicating that the outbreak of COVID-19 has not caused an increase in their workload. However, the responses of the majority therefore show that, to a large extent, their workload has increased amidst the outbreak of COVID-19.

When asked about *workload concerns*, 6.1% of the respondents *strongly agreed* that they are concerned by the sheer size of their workload. 57.6% of the respondents *agreed* that they are concerned by the sheer size of their workload. 13.6% of the respondents were *uncertain*, 21.2% of the respondents *disagreed*, while only 1.5% of the respondents *strongly disagreed* indicating that they are not concerned by the sheer size of their workload. However, out of the 66 respondents, a total of 69.1% agreed either fairly or strongly that they are concerned by the sheer size of their workload, while a total of 22.7%

disagreed either fairly or strongly, indicating that they are not concerned by the sheer size of their workload. However, the responses of the majority therefore show that, to a large extent that HCAs in Dublin are concerned by the sheer size of their workload.

When asked about *level of motivation*, 18.2% of the respondents *strongly agreed* that the level of motivation with their job is high. 48.5% of the respondents *agreed* that the level of motivation with their job is high. 15.2% of the respondents were *uncertain*, 15.2% of the respondents *disagreed*, while only 3% of the respondents *strongly disagreed* indicating that the level of motivation with their job is high. However, out of the 66 respondents, a total of 66.7% agreed either fairly or strongly that the level of motivation with their job is high, while a total of 18.2% disagreed either fairly or strongly, indicating that the level of motivation with their job is high.

When asked about *work-life balance*, 18.2% of the respondents *strongly agreed* that their work-life balance has been quite poor. 39.4% of the respondents *agreed* that their work-life balance has been quite poor. 18.2% of the respondents were *uncertain*, 24.2% of the respondents *disagreed*, indicating that their work-life balance has not been quite poor, while none of the respondents *strongly disagreed*. However, out of the 66 respondents, a huge total of 61.2% agreed either fairly or strongly that their work-life balance is quite poor, while a total of 24.2% disagreed either fairly or strongly, indicating that their work-life balance has not quite poor. However, the responses of the majority therefore show that, to a large extent, their work-life balance has quite poor.

Finally, when asked about *employer-employee engagement*, 6.1% of the respondents *strongly agreed* that there is a very low management engagement with their work. 36.4% of the respondents *agreed* that there is a very low management engagement with their work. 17.6% of the respondents were *uncertain*, 37.9% of the respondents *disagreed*, while only 3% of the respondents *strongly disagreed* indicating that there is a very strong management engagement with their work. However, out of the 66 respondents, a total of 42.5% agreed either fairly or strongly that there is a very little management engagement with their

work, while a total of 40.9% disagreed either fairly or strongly, indicating that there is a strong management engagement with their work.

However, on the question about factors that could promote retention, the entire respondents have varying views, indicating that *good pay* and other factors may not be enough to keep Healthcare assistants who are bent of exiting.

5.1 RECOMMENDATIONS

In this study Healthcare assistants showed a concern for their workload. There is a need for influencing support among healthcare team workers (Eenoo *et al*, 2016; Maben and Bridges, 2020). It recommended that the management other senior and experienced care workers at the helm, has a task of initiating a better team support, and always find a way to make the other junior care workers feel safe, valued and welcomed as quickly as possible (ibid). additionally, a deeper managerial support should be provided, as well as the provision of adequate psychological or other possible support (Perreira, 2018).

Another point noted is that of productivity. A significant percentage of the respondents admitted that employee exit affects their productivity. Therefore, the researcher recommends the need for educating and training of care workers, as well as the adjustments on their work structures which could improve their productivity. There is a strong possibility of an improvement on their productivity and quality of care when these are considered (Shannon and McKenzie-Green, 2016). As Garavan *et al* (2012) suggested, training and development talents represents an important component of the overall management of employees.

Another point stressed is stress and job satisfaction. The researcher also recommend that efforts should be made by the management recruit more but enough staff for the work required as this will reduce overburdened workload. Reducing of workload will mend a lot of surfacing problems such as work stress, work pressure, job dissatisfaction, low morale/boredom to work and burnout (Shannon and McKenzie-Green, 2016; Perreira, 2018). While improving retention, efforts need to be made on retaining trained

employees who have shown enthusiasm towards their job tasks regardless of their nationality. The survey shows that a greater percentage of care workers working in Dublin are neither Irish citizens nor EU citizens (mainly of African descent). The survey further shows that the greater percentage of the care workers work causally. As there is an unending increase in the demand of care-workers, the researcher recommends that immigration policies could be reversed in a way to accommodate the care workers of other nationalities (particularly the ones who need visas to remain in Ireland), who might have shown utmost enthusiasm and intentions of remaining in the care-sector for a longer term.

As employer-employee engagement is noted, the researcher recommends that proper communications through group meetings as well as coming up with team building sessions where employees and their management meet up to discuss about the work matters and bring suggestions on how they could be addressed. The researcher also recommends that every care company should have suggestion boxes or online platforms where employees can state possible grievances which management make follow up on every month end and reassurances the care workers that their grievances or suggestions are taken into consideration.

An idea of coming up with proper exit interviews would count if being carried out appropriately Spain and Groysberg (2016) note that exit interviews would aid in getting to know about the thoughts of the current employers and this would give an insight into where the major problem lies. They further note that in order to take this approach, organizations should aim at following certain steps: Discover relevant HR issues and Figure out the view of employees about the work

Another point of interest is the unfavorable working conditions. Consideration must be given to the workers as regards to working hours. As Pilbeam and Corbridge (2006) immensely contribute, this can be achieved by scheduling flexible working time and sharing jobs appropriately among the part-time and full-time staffs, in order to keep them operating at maximum capacity without wearing them out. The CIPD (2005b) immensely contributes that that flexible working can play a vital role and for health and

safety reasons as well. Taylor (2014) cited in “Irish times” that flexible working aid employees to attain an exceptional Work-Life Balance when blending their job with other responsibilities.

Just as Pace and Kisamore (2017) gave suggestions on how exit interviews can boost employee retention, A right approach to be taken in the conducting of exit interviews is by ensuring that the said employees are given voice to enable them give clear details about their experiences, express their concerns and dish out their suggestions.

5.2 CHALLENGES AND LIMITATIONS OF THE STUDY

There are about 450 nursing home in Ireland and about 13000 private providers operating in Ireland (nursing home Ireland, 2019; Analysis of Irish Home Care Market, (2019)). however as much as there were so many care companies that could have been part of the study only four care companies approved the conduct of the survey, as the researcher had worked there which made it a bit easier. Also, the initial target of the survey was to target about 150 Healthcare assistants and about 10 care companies. However, the lockdown rule, made by the Irish government due to COVID-19 made it very difficult to gain proper access to conduct the survey. Also, that HSE (Health Service Executive) and Nursing home Ireland (NHI) issued guidance to its members and to the public regarding visitors’ restrictions which is necessary to safeguard the well-being of Residents in the nursing home care due to COVID-19. This fact made it very difficult to achieve the initial targeted number of respondents. Even though only four care companies (nursing home facilities and homecare companies) were used for conducting the research, the researcher feels that the data obtained accurately reflected the opinions, situations and mindset as it is in the Ireland nursing home industry.

The researcher was also faced with a challenge of missing important files that could help further in a successful completion of this research. Other technical issues face by the researcher are not excluded.

5.3 SCOPE FOR FURTHER STUDIES

It is worthy of note that this finding of this study should not be generalizable as further investigation into the subject is necessary. It would be interesting to investigate further, factors that could impede productivity and delivery of quality care; factors that would prevent employee exit. Moreover, the researcher found that sampling technique can play a vital role when investigating job satisfaction, motivation and turnover, as findings concluded in this study are subjective perceptions of the respondents based on their self-assessment that may be biased due to lack of knowledge or external pressure. The present study results are supported by literature which is a positive indication and extinguisher for further research in some organizational or contextual settings.

As this study was done only in a few care companies, it would be interesting to do a further research of same, but this time looking into healthcare assistants working in private and public hospitals. It would also look at healthcare assistants in the whole of Ireland rather than focusing only in Dublin.

5.4 ETHICAL CONSIDERATIONS

This study has put in place all measures possible to reduce amount of harm and risk to the participants by promoting ethical behavior throughout the research process and activities. Roberts et al (2019) notes observing ethics is an important procedure meant to protect the participants. First and foremost, the researcher attained the ethical clearance from the college to go ahead with their research and for confidentiality assurances of the participants. Secondly, for further certainty and protection of the respondents, the researcher went to the population sites which is the nursing homes involved to seek for permission from its management and explained what the research entailed as well as all the efforts put in place for ethical practices. Furthermore, after the directors gave permission for the study, the researcher found the need to go in person to meet all the parking persons and explain about the research and to answer questions that they may had. More again, all the questionnaires had an introductory letter attached

explaining and giving assurance of participants anonymity and voluntary partake to the study. In addition, the disclosure of personal identifiable information was not requested for by the researcher. The respondents were made clearly anonymous. It was made solely for the purpose of carrying out an academic research

5.5 CONCLUSION

In conclusion, the research study was able to fulfil its obligation of assessing the impact of turnover on healthcare assistants working across care companies in Dublin. More so, the researcher targeted to weigh the degree at which a decline in job productivity can be linked to work-related stress among the HCAs and most importantly, to determine whether staff turnover usually have any detrimental effect on existing staff and the workplace

However, all the answers to the main objectives and sub research questions were fully attempted. In summary of the main findings; was that workers felt overburdened with their workload and further noted that their workload has gotten even more stressful amidst the COVID-19 pandemic. They felt they did not have a good work-life balance as well as being dissatisfied with their job which were also the main reasons which they quit or resigned from their jobs. They also stressed on employer-employee engagement as well as how reoccurring turnover could possibly affect their productivity, morale and motivation at work. It was further observed that Good pay a couple of other factors might not be enough to avoid reoccurring turnover. Finally, it is hoped that this piece of study has shed some light on the areas of turnover and retention strategies as well as their implications and further hope they could be implemented in private nursing homes as the focus was on them.

5.6 REFLECTION/PERSONAL LEARNING STATEMENT

The research study was about the assessment of employee turnover among healthcare assistants working for care companies – Dublin. This topic was chosen as the researcher works as a healthcare

assistant in a homecare company. The researcher has also worked in nursing homes in Dublin as a part-time staff and also as an agency staff. During the period of experience, the researcher noticed that most of the Healthcare workers not only change work rapidly around the healthcare sector but also quite the jobs frequently and in large numbers. Also, the author realized during his time in the healthcare sector, there are lots of shortages across the industry and endless recruitment which fails to meet the demands of the sector. Hence why the author deemed it necessary, curious and exciting to peruse the research topic at hand. With the experience of working in the sector, the researcher never realized that there were so many factors influencing employees to quit their jobs especially in the health sector. The researcher did a lot research whilst working on the research topic but realized there were more research works done on the nurses rather than the nursing assistants.

At the beginning stage, it seemed like a change to find the theoretical studies pertaining to only the healthcare assistants. However, after doing the research structure to be followed, it then seemed the challenge had been overcome. Throughout the research there were several mistakes encountered but with the supervisor's advice the mistakes were corrected. As the researcher used quantitative research, there was much to learn especially the different tools of analyzing the data. One had to be familiar with different methods and their analysis tools and techniques in order to make the best decision for their analysis. The researcher found this part challenging but rewarding at the same time. Throughout the research study, the author felt that she could have explored the SPSS tool and use it for her analysis but found there wasn't really need for it as the survey software worked best for her, it didn't require much learning and was very easy to use especially with the author's limited research time. Lastly as the research study progressed, the author grew confidence with his writings and researching and referencing skills.

APPENDIX 1

QUESTIONNAIRE SURVEY

Section 1

BIO DATA

1. Indicate your age range

18-26 [] 27-35 [] 36- 44 [] 45-53 [] 54-62 []

2. What is your gender?

FEMALE [] MALE []

3. Indicate your nationality category

Africa [] Irish [] Other EU [] Other []

4. What type of Care Company do you currently work for?

HomeCare [] Nursing home []

5. Indicate how long you have been working for this particular care home

0-11 months [] 1-2 years [] 2-3 years [] 3 years or more []

6. Nature of job

Permanent [] Casual []

Section 2

IMPLICATIONS OF TURNOVER ON STAFF

7. When an employee leaves, the workload increases

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

8. When an employee has left, it affected my productivity

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

9. When an employee leaves, workplace morale is affected

Strongly Agree [] Agree [] Uncertain/ Not Applicable [] Disagree [] Strongly Disagree []

Section 3

CONDITIONS AT WORK

10. I have been feeling increasingly unhappy and depressed about my work

Strongly Agree [] Agree [] Uncertain/ Not Applicable [] Disagree [] Strongly Disagree []

11. I find my job to be very stressful

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

12. My job has gotten more stressful amidst the COVID-19 pandemic

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

13. My level of job satisfaction is low

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

14. I am very concerned by the sheer size of my workload

Strongly agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

15. My level of motivation with this job is high

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

16. My work-life balance has been quite poor

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

17. I have a low level of trust in my employers

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

18. There is a strong organizational culture here

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

19. There is very little management engagement with my work

Strongly Agree [] Agree [] Uncertain/Not Applicable [] Disagree [] Strongly Disagree []

Section 4

REASONS WHY STAFF MIGHT REMAIN IN A HCA EMPLOYMENT

Please rate these factors using a scale of 0= Not at all important to 5= Very important

		Not at all important					Very important
		0	1	2	3	4	5
	Good pay						
	Favorable workload						
	Good work-life balance						
	Good management support						
	High level of job satisfaction						

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