

"THEY USE YOU FOR YOUR LICENSE":

An Analysis of Nursing Home Administrator Turnover and Retention

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BACKGROUND

Turnover among nursing home staff has been a persistent issue for decades, and findings from the 2023 Ohio Biennial Survey of Long-Term Care Facilities indicate that turnover among nursing home administrators (NHAs) in Ohio has increased since the COVID-19 pandemic.¹ Turnover among administrators has been importantly linked to the quality of care provided by nursing homes, nursing homes' financial performance, and turnover among other staff in nursing homes.^{2,3,4} Therefore, reducing administrator turnover is one important step in improving nursing home performance and outcomes. While research on NHA turnover remains limited, there is a notable lack of research specifically focusing on administrators within the state of Ohio. Examining the issues contributing to administrator turnover in Ohio is important due to some unique contextual factors in the Ohio long-term care market, including having more than 900 nursing homes in the state and the statewide rollout of MyCare Ohio, which is the integrated healthcare plan for people who qualify for Medicare and Medicaid.⁵

STUDY APPROACH

In this qualitative exploratory study, we conducted interviews with Ohio NHAs with longer tenure (LT) and shorter tenure (ST) in their current facility. LT and ST NHAs were identified using data from the 2023 Biennial Survey indicating the number of NHAs a nursing home had in the previous three years. NHAs were selected at random from nursing homes that varied by region of the state, size, and ownership type. NHAs were recruited by email or telephone and were compensated \$50 for their time. NHAs were asked about the reasons they stayed in their positions, reasons they had turned over in the past, and reasons for turnover and retention among their peers in the state. Interviews were audio-recorded and transcribed, and data were qualitatively analyzed to identify key themes.

RESULTS

Sixteen NHAs participated in this study ($n = 8$ LT; $n = 8$ ST). LT NHAs reported an average of 6.8 years in their current positions, while ST NHAs reported an average of 1.3 years in their current positions. As shown in Table 1, LT and ST NHAs reported working as an NHA for a similar number of years and at a similar number of nursing homes.

TABLE 1. PARTICIPANT DESCRIPTORS

DESCRIPTORS	LONGER-TENURED ($N = 8$) MEAN	LONGER-TENURED ($N = 8$) RANGE	SHORTER-TENURED ($N = 8$) MEAN	SHORTER-TENURED ($N = 8$) RANGE
Years in Current Position	6.8	5–10	1.3	.4–4
Years as an NHA	13.1	5–30	11.8	4–34
Number of NHs as NHA	3.6	1–10	4.8	1–10

*NHA = Nursing Home Administrator; NH = Nursing Home

Qualitative analyses did not reveal any differences between LT and ST NHAs regarding the reasons reported for NHA turnover or retention. All NHAs regardless of tenure, cited stress and burnout as major contributors to NHA turnover. Given the around-the-clock demands of NHAs, it is easy to understand a growing list of issues that erode their willingness to remain in their roles. Analysis revealed three levels of factors: (a) organizational (e.g., corporate culture, staffing, ownership), (b) environmental (e.g., annual survey process, regulations, reimbursement, managed care), and (c) personal (e.g., mission alignment, growth opportunities, relationships, proximity to work).

ORGANIZATIONAL LEVEL FACTORS

NHAs reported turnover and retention are primarily driven by alignment with company culture, supervisor relationships, and staffing stability. NHAs stay in their roles when their personal values match their employer's philosophy; however, cultures prioritizing revenue over resident care or limiting NHA autonomy—especially regarding finances, admissions, and staffing—reportedly increase turnover. NHAs expressed concern that corporate decisions can introduce liability for them and this lack of control unfairly jeopardizes their professional license. Poor relationships with corporate supervisors, characterized by

micromanagement and a parsimonious approach to blocking company resources, further exacerbate NHA desire to leave a company. Additionally, severe staffing shortages create inconsistencies in care, resulting in shifting responsibilities and poor work-life balance that ripples out to NHAs who are on-call 24/7. Many companies end up relying on costly, unreliable agency staff who are disconnected from residents as well as other staff. NHAs noted tension with and turnover of Directors of Nursing (DON) as an important source of staffing stress. Conversely, supportive corporate leadership improves retention by allowing NHAs to have autonomy in managing their own communities, with a focus on providing high-quality resident care. These organizational-level issues become ever more important when new ownership takes over the operations of the community, and changes reverberate throughout staff, often causing widespread turnover.

“Your license is on the line on a given day, and you need to have some say and the owner just can’t do what they want. Because the owners a lot of times just, they use you for your license and that’s it”.
—LT06

“They let me be very involved with my budget. That has, like, crucial impact on everything we do here. So, I can make sure that my residents are taken care of, so I can make sure that I keep my high star quality rating.”
—LT01

“Right now, we still are working with agency [staff], which I would believe was the demise of our industry, agency nursing, agency CNAs. They just thought that all they needed to do was show up and do nothing and get paid.”
—ST06

ENVIRONMENTAL LEVEL FACTORS

Environmental factors were reported to contribute to NHA stress and burnout, which contributed to NHA turnover. Common stressors raised were the annual survey process and the associated regulations, Medicaid payment rates, and the complexity of managed care. NHAs perceived the annual survey process to be more adversarial and punitive in recent years and that surveyors seemed intent on finding issues. Centers for Medicare & Medicaid Services (CMS) regulations were described as ever-changing and impossible to keep up with, including a perceived disconnect between issued mandates and reality. NHAs reported that the CMS 5-Star quality rating system served only as a “snapshot” in time that did not reflect the quality of care provided. NHAs described decreases in quality measures leading to abrupt reductions in payment rates and a shift to a “do more with

less” approach for finances, infrastructure, facility maintenance, and staffing. The growth and complexity of managed care—particularly Medicare Advantage—vastly increased administrative burden. NHAs face frequent coverage denials, unsafe patient discharges, and the need to navigate exhausting appeals processes, while simultaneously managing conflicts with families who blame the nursing home, rather than the insurance company, for cuts to resident care.

“With the Ohio Department of Health [survey], they come in with guns blaring ... they’re kind of just nasty to staff. There’s no reason to be that way. So, it’s kind of a sad state of affairs actually, which only seems to be getting worse after COVID.”
—LT06

“The managed care sucks. I always tell people not to do managed care.”
—ST08

“CMS probably turns over administrators ... they have very, very archaic ways of dictating to nursing homes...they have not been in nursing homes operating and seeing the day-to-day and how difficult it is to navigate the day-to-day.”
—LT08

PERSONAL-LEVEL FACTORS

Personal factors also influence both NHA turnover and retention, with the former largely driven by stress and burnout. NHAs reported that turnover stems from a desire to work elsewhere with more opportunities for autonomy, growth, and promotion. Others described turnover as a result of simply reducing daily stressors like commute time (i.e., the distance between their home and their building). Conversely, personal-level contributors to NHA retention were rooted in cultivating meaningful relationships with residents and staff. Retention was supported through their personal commitment to their profession and to connections with residents, with some describing residents as family and emphasizing the need to advocate on their behalf when necessary.

“If I was to leave, it would probably solely be based on opportunities to grow in my career.”
—LT02

“But working close to home has a lot of advantages, since I have to come after hours to check on stuff, since I have to come for all emergencies. So, that is very important, to live close.”
—LT01

“You get to build bonds with people that you work with, your staff, long-term residents.”
—ST01

RECOMMENDATIONS

To address turnover and retention concerns, NHAs offered several recommendations; however, no single action will resolve these challenges. Drivers of turnover and retention are multifaceted and may require effort at multiple levels and by numerous stakeholders. To help retain NHAs as vital elements of the long-term care workforce, corporate owners and policymakers are urged to adopt a comprehensive approach that relieves systemic and operational stressors. For example, NHAs suggested that at the regulatory (environmental) level, it would require transforming the survey process from an adversarial, “fault-finding” approach into a collaborative partnership focused on resident-centered quality of care, while replacing the punitive “star system” with more meaningful quality measures. Additionally, NHAs advocated for increased government reimbursement rates that would ripple out to fund staffing and building improvements.

Regarding company culture/philosophy (organizational level), corporate owners must foster an environment of worker appreciation for NHAs, as well as all other staff roles. This includes supporting growth in the nursing workforce and incentivizing entry into the field to reduce NHA stress. This is particularly relevant to stabilizing the DON role, as it may help balance out the 24/7 demands of the NHA role. Finally, for long-term organizational longevity, NHAs described raising the industry’s entry standards by requiring more comprehensive, hands-on experience prior to taking on the official NHA role.

"It's so adversarial. It doesn't need to be that way. We should all be on the same page to provide quality care, not trying to find fault."

—LT06

"I think the first way to fix that [turnover] would be to rebuild nursing and incentivize people to go into nursing. ... I think someone's more prone to stay in their position as an administrator if they don't have high DON turnover."

—LT03

"I would have to say that probably reimbursement would be the number one thing because that ... could affect your staffing if you have more money to put into it."

—LT02

CONCLUSION

This study of NHA turnover and retention in Ohio found that NHAs experience multiple stressors on several levels, specifically organizational, environmental, and personal. Regardless of tenure at the current nursing home, NHAs reported that no one factor led to turnover, but that turnover was caused by burnout resulting from these myriad stressors. At the organizational level, key drivers of turnover include poor relationships with staff and corporate supervisors, as well as a misalignment regarding professional autonomy, where NHAs face either frustrating micromanagement or a lack of corporate support. Additionally, the 24/7, on-call demands are detrimental to retention, which further compounds with the staffing shortage. At the environmental level, complicated state and federal regulatory survey processes and heavy administrative burdens from managed care organizations further diminish job satisfaction. This research focused exclusively on NHAs currently working in Ohio but highlights the need for future research to explore these dynamics nationally and among those who have left the field entirely.

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