



Inter-institutional Program of the University of North Carolina

**Descriptive Results from the State Turnover Survey
Conducted for the Office of Long Term Care of the NC Department of Health and Human
Services, 2005**

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Background

An important part of North Carolina's development strategy for the long-term direct care workforce is the acquisition of accurate and comprehensive turnover data. In this report, the generic term 'direct care worker' (DCW) is used to describe the entire class of unlicensed assistive personnel working in healthcare (both registered and unregistered workers). These frontline workers usually provide the largest amount of the direct care to older adults and to individuals with disabilities in a variety of residential and home settings. For the purposes of this report, long-term care (LTC) organizations are facilities and agencies that provide residential or non-residential care on a continuing basis to older adults and people with disabilities. Organizations profiled in this report are organized by the three Division of Facility Services licensure categories: 1) skilled nursing facilities (nursing homes), 2) adult care homes¹ (sometimes labeled as domiciliary care, rest home, and assisted living facilities), and 3) home health, home care, or hospice agencies.

In order to collect appropriate information on the direct care workforce, a short staffing and turnover survey has been included as an insert with all licensure renewal applications for all long term care facilities and agencies for the past 5 years. This survey ascertained information from long term care employers about direct care workers, including total staff size and number of DCWs that quit, were fired, and hired. It also requests administrators' assessments of whether or not they have had a DCW turnover problem over the last year. For the first time this year, data were also collected on the tenure of administrators and clinical supervisors in long-term care organizations in 2005. Estimates of turnover from these surveys are likely to be accurate because data are fairly complete, samples are large and survey response rates are high. The Office of Long-Term Care of the NC Department of Health and Human Services commissioned the NC Institute on Aging to compile, examine, analyze these data and report the results of these analyses. This report summarizes and compares DCW staffing and turnover for nursing homes, adult care homes, and home care, home health, and hospice agencies, and where possible examines trends over the last five years.

¹ Family care homes serving 6 or fewer residents were excluded from the survey

Results

Direct Care Worker Separation Rates

This year the response rates were: (1) nursing homes: 99.0%, N=388; (2) adult care homes: 85.1%, N=545; and (3) home health, home care and hospice agencies: 61.3%, N=958. These rates reflect the number of surveys received from each type of facility divided by the total number of facilities of each type in the state. Overall, 252 cases were omitted from the analysis because the survey reported that the organization did not hire any DCWs: (1) nursing homes=18; (2) adult care homes=57, (3) home health, home care and hospice agencies=177. In addition, some cases were unusable for certain measures due to missing data on one or more of the key variables required for the estimation of turnover rates.

In this report turnover estimates are represented by separation rates, the rates at which DCWs are leaving the organizations where they were employed sometime between October 1, 2004, and September 30, 2005. Overall separation rates are presented and are also broken down by involuntary (e.g., fires) and voluntary components (e.g., quits). In addition, the percentage of administrators who identified DCW turnover as a “mild” or “severe” problem is also tabulated.

Results from the analysis of 2005 and the previous six years are displayed in Table 1. Average separation rates for DCWs in 2005 increased for all types of care settings. In addition, in all types of settings there was a sizeable increase in the percentage of administrators who identified direct care worker turnover as a problem. The situation in each type of long-term care setting is discussed below.

Nursing Homes. Although total separation rates in nursing homes declined from 2001 to 2002, the rates have risen consistently since 2002, with the average separation rate in nursing homes reaching 117% in 2005. Similar patterns can be noted for involuntary and voluntary separations. Further, 81% of nursing home administrators identified DCW turnover as a problem, the highest percentage reported since surveys began in 2001.

Adult Care Homes. DCW separation rates for adult care homes continue to be lower than rates in 2001 and 2002, but the average separation rate remains high at 111%. Involuntary turnover in adult care homes consistently is about 34% while voluntary turnover is near 80%. Similarly, 69% administrators in these facilities believe that turnover is a problem, a record high for these settings.

Home Care and Hospice Agencies. As has been the case in past years, separation rates in home health, home care and hospice agencies remain significantly lower than in nursing homes and adult care homes. However, the average total separation rate for these agencies also rose this year to 46%. Further, 46% of administrators of these agencies report that DCW turnover is a problem for their organization.

Turnover in Executive Positions

Table 2 displays information about the tenure of two types of executives in long-term care organizations in 2005: administrators and clinical supervisors.² This information is presented in two different ways. The first row of table 2 presents the average time in years that current incumbents have occupied their leadership positions. The next three rows display the percentages of organizations having three different levels of turnover. Examination of the first row of table 2 reveals that administrators in adult care homes have longer average tenure (7.5 years) than do administrators of home health, home care, and hospice agencies (5.8 years), and that the shortest tenure (4.8 years) is found among nursing home administrators. All of these differences are statistically significant. A similar pattern of executive tenure was found with the clinical supervisors in the three types of organizations. Resident Care Directors in adult care homes typically have been in their current job for 4.7 years. This average tenure was longer than that observed for their counterparts in other types of settings, i.e., Directors of Nursing in nursing homes (3.9 years) and Nurse Supervisors in home health/home care agencies (4.0 years). In general, across all settings the chief administrators typically have been in their positions for a longer time than the chief clinical managers in the same types of organization.

The next row of Table 2 reveals that most administrators had been in their positions for at least one year. The majority of facilities, across all types of settings, had only one person occupying the chief executive position during the previous year.³ This was true in 71% of nursing homes, 77% of adult care homes, and 81% of home health/home care agencies. A similar pattern was found for the chief clinical supervisor across all three types of organizations: Most nursing homes (61%) had only one Director of Nursing in the previous year. Similarly, most adult care homes (67%) had only one Resident Care Director during the previous year; and most home health care agencies (69%), had only one Nurse Supervisor. At the other end of the spectrum, almost 10% of nursing homes, about 3% of adult care homes, but only 1% home health/home care organizations experienced such high turnover among administrators (three or more administrators in the last year). However, relatively more facilities had high turnover in their chief clinical management position. Among nursing homes, almost 12 percent had 3 or more Directors of Nursing in the last year; among adult care homes, over 8 percent had 3 or more resident care directors; while among home health, home care or hospice agencies, slightly more than 5% had 3 or more nurse supervisors. The remaining 20 to 25 percent of each type of organization had moderate levels of turnover--they had 2 incumbents in leadership positions during the period between October 1, 2004 and September 30, 2005.

² Administrators in NC's long term care organizations are commonly the top executive officer or an owner who has decision making power and responsibility for compliance with government regulations. The formal title chief of what we are calling a clinical management position varies by type of long term care organization. In nursing homes this position is typically called Director of Nursing; in adult care homes, this individual is typically called the Resident Care Director; while in home health, home care or hospice agencies, that person's title is Clinical Manager or Nurse Supervisor.

³ In almost all cases that person held this position for more than the one year observation period (October 1st, 2004 through September 30, 2005). For a very small number of facilities, i.e., those which were newly licensed during the observation period, the single first incumbent of an executive position obviously had not occupied that position for a full year.

Unemployment Rates and DCW Turnover

In all types of long term care organizations about two-thirds of all DCW turnover is voluntary, which may mean that workers are leaving LTC settings for jobs elsewhere. The observed trends in turnover of DCWs from 2001 through 2005⁴ may be related to statewide employment trends. Since 2002, when the average monthly unemployment rate reached 6.7%, unemployment rates have declined, averaging 5.2% in 2005. It is possible that as unemployment rates peaked in 2002, DCWs may have had fewer alternative job options and remained in their current position for job security. As unemployment rates have decreased, DCWs may have had more job options and may be moving between jobs, or leaving long term care settings entirely, resulting in higher turnover rates. Additional analyses of local labor markets supplemented by the use of more detailed data would be required to better understand the relationship between unemployment and DCW turnover.

Conclusions

Three consistent patterns seem to emerge from analyses of these data. First, the level of turnover of DCWs appears to be consistently higher in the nursing home sector and lowest in the home health sector. A similar pattern is found in terms of the proportion of managers who rate turnover as a problem. Second, turnover among top executives in long term care organizations appears to follow the characteristic patterns of turnover among direct care workers in those organizations. Finally, an important factor in turnover at the statewide level appears to be the state unemployment rate.

North Carolina's Better Jobs Better Care demonstration project, NC New Organizational Vision Award (NOVA), is a pilot program seeking to improve the direct care workforce in long term care settings by recognizing employers who actively support and empower frontline staff by providing balanced workloads, training and career development for workers. The NC NOVA program was recently approved by the General Assembly, and NC DHHS has begun implementation of a voluntary special licensure designation for all three types of long-term care facilities. Reviews of pilot sites are slated to be completed this month, and statewide implementation of the program on a voluntary basis will begin in January, 2007. Over the coming years, successful applicant organizations that meet specified criteria will be eligible to receive an NC NOVA designation. As the NC NOVA program expands, it is expected that turnover rates will begin to fall in coming years. Tracking turnover levels of direct care workers over time will enable more effective assessment of the statewide impact of NC NOVA. As a member of the NC NOVA partner team, The North Carolina Institute on Aging and many other long-term care stakeholders will be working together to address the problem of direct care worker turnover in the coming years.

⁴ Unemployment rates were obtained from the NC Employment Security Commission (<http://www.ncesc.com/>). The unemployment rates may vary slightly from previous years' reports as these data are updated continuously.

TABLE 1: DIRECT CARE WORKER TOTAL, INVOLUNTARY, & VOLUNTARY SEPARATION RATES, MANAGERS' RATINGS OF TURNOVER AS A PROBLEM, REPORTED BY NORTH CAROLINA LONG TERM CARE EMPLOYERS, 2001-2005

Year	Nursing Homes				Adult Care Homes				Home Health Agencies			
	Separation Rates			Pct Managers rating turnover as a problem	Separation Rates			Pct Managers rating turnover as a problem	Separation Rates			Pct Managers rating turnover as a problem
	Total (%)	Invol (%)	Vol (%)		Total (%)	Invol (%)	Vol (%)		Total (%)	Invol (%)	Vol (%)	
2000*	100.3	31.2	70.8	90.7%	119.1	35.5	87.6	81.1%	50.4	18.1	33.6	54.3%
2001	102.6	35.7	68.2	75.8%	112.7	35.7	80.1	60.0%	50.4	12.2	38.8	43.0%
2002	94.8	34.8	60.6	74.3%	115.1	32.5	80.3	59.2%	37.2	9.6	28.7	36.6%
2003	105.3	38.8	66.9	68.0%	109.3	31.5	76.1	52.8%	48.7	13.6	36.2	39.5%
2004	107.1	39.3	71.9	65.7%	106.6	33.9	76.4	52.9%	40.7	11.1	30.0	38.0%
2005**	116.5	41.0	75.8	81.1%	110.8	33.5	78.6	69.1%	45.9	14.1	33.4	46.1%

Source: Data used to construct this table were obtained from a survey inserted with the annual relicensure applications mailed to all licensed long term care employers in North Carolina by the North Carolina Division of Facilities Services, Department of Health and Human Services. Family care homes were excluded from surveys. Annual estimates described in the survey reflect a 12 month period from October 1st of the prior year to September 30th of the identified year. Numbers of cases surveyed each year and standard deviations of estimates for each parameter are posted on the NC-IOA website version of this report at <<<http://www.aging.unc.edu/research/winastepup/reports/index.html>>>. Separation rates were calculated to include both part-time (PT) and full-time (FT) workers as follows:

Total separation = (Total number of PT and FT DCWs fired + Total number of PT and FT DCWs that quit) / (Total number of PT and FT DCWs budgeted)

Involuntary separation = (Total number of PT and FT DCWs fired) / (Total number of PT and FT DCWs budgeted)

Voluntary separation = (Total number of PT and FT DCWs that quit) / (Total number of PT and FT DCWs budgeted)

* Data for 2001 were collected from organizational informants at 602 LTC facilities/agencies in North Carolina by the WIN A STEP UP project. The three samples are stratified probability samples. The response rates were: nursing homes (57%), adult care homes (44%), home health/home care agencies (44%), and hospice (66%).

** For 2005 overall statistically significant differences in total separation rates were found across the three different types of organizations (F=106.4, p<.001). Post-hoc test confirm that home health, home care, and hospice organizations have significantly lower total separation rates than either of the residential settings, i.e., nursing and adult care homes. Post-hoc tests did not confirm that nursing and adult care homes had significantly different total separation rates from each other.

**Table 2. Level of Turnover of Administrative and Clinical Leaders,*
Long Term Care Organizations North Carolina, October 2004 -- September 2005.**

	Nursing Homes		Adult Care Homes		Home Health/Care Agencies	
	(N=369)	(N=366)	(N=473)	(N=409)	(N=774)	(N=766)
Turnover Level in the last year	Administrator	Director of Nursing	Administrator	Resident Care Director	Administrator	Nurse Supervisor
Average Tenure of Administrator in Years**	4.8 yrs.	3.9 yrs.	7.5 yrs.	4.7yr	5.8 yrs.	4.0 yrs
NO TURNOVER: Only one incumbent in position during the last year	71.0%	61.2%	76.5%	66.5%	81.1%	69.1%
MODERATE TURNOVER: Position had 2 incumbents during the last year	19.2%	27.0%	20.5%	25.4%	18.0%	25.7%
HIGH TURNOVER: Position had 3 or more incumbents during the last year	9.8%	11.7%	3.0%	8.1%	0.9%	5.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Data used to construct this table were obtained from a survey inserted with the annual relicensure application forms mailed to all licensed long term care employers in North Carolina by the North Carolina Division of Facilities Services, Department of Health and Human Services. Annual estimates described in the survey reflect a 12 month period from October 1, 2004 to September 30, 2005. Family care homes serving 6 or fewer residents were excluded from the survey. A few facilities reported in this table may have been in operation for less than one year at the time of reporting. Standard deviations of estimates for each parameter are posted on the NC-IOA website version of this report at << <http://www.aging.unc.edu/research/winastepup/reports/index.html> >>.

* Administrators in NC's long term care organizations are commonly the top executive officer or an owner who has decision making power and responsibility for compliance with government regulations. The formal title chief clinical management position varies by type of long term care organization. In nursing homes this position is typically called Director of Nursing; in adult care homes, this individual is typically called the Resident Care Director; in home health, home care or hospice agencies, the title is Nurse Supervisor or Clinical Manager.

** For administrators, there is an overall significant difference in the number of years the administrator has been in their position among organizations (F=14.7, p=.000). Post-hoc tests confirm that administrators in adult care homes have significantly longer tenures than administrators in home health/home care organizations, which in turn have significantly longer tenures than administrators in nursing homes. For clinical supervisors, there is an overall significant difference in the number of years the clinical supervisor has been in their position among organizations (F=3.7, p<.050)