

Descriptive Results from the State Turnover Survey Conducted for the Office of Long Term Care of the NC Department of Health and Human Services, 2004

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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 elderly and to individuals with impairments 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 the elderly 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 was included as an insert with the 2004 licensure renewal applications for each of the three types of licensed facilities/agencies. The Office of Long-Term Care of the NC Department of Health and Human Services commissioned the NC Institute on Aging to compile, examine, and analyze these data. This report summarizes and compares DCW staffing and turnover for nursing homes, adult care homes, and home care, home health, and hospice agencies.

Results

The short turnover survey provided information regarding DCW total staff size, quits, fires, hires and administrators' assessment of whether they have had a DCW turnover problem over the last year. Estimates of turnover from surveys are likely to be accurate because data are fairly complete, samples are large and survey response rates are high. This year response rates were: (1) nursing homes: 94.9%, N=371; (2) adult care homes: 79.2%, N=500; and (3) home health, home care and hospice agencies: 82.2%, N=1174. 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.²

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

² Overall, 340 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=50, (3) home care agencies=272. In addition, some cases were unusable due to missing data on one or more of the variables required for the estimation of turnover rates. Due to the Office of Long Term Care, NC DHHS fielding respondents' questions, fewer cases from home care, home health and hospices agencies were omitted because of incomplete data this year, which increases our confidence in estimates.

Turnover estimates represent the rate at which direct care workers are leaving voluntarily (e.g., quits), involuntarily (e.g., fires), and the overall rate at which these workers are reported to leave a given organization (both quits and fires). Average turnover rates show modest changes from 2003 to 2004 as can be seen in Table 1. Although total separation rates in nursing homes declined from 2001 to 2002, the rates have risen from 2002 to 2004 with rates exceeding the turnover rates in 2001. However, the total separation rates of adult care homes peaked in 2002 and have seen a decrease in 2003 and 2004. Turnover rates in home health, home care and hospice agencies have been rising and falling in the period between 2001 and 2004. Total separation rates declined from 2001 to 2002 and again from 2003 to 2004; while between 2002 and 2003 the rates increased to near 2001 levels. Most of the turnover of all types of long term care organizations is voluntary with skilled nursing facilities (i.e., nursing homes and adult care homes) experiencing significantly more turnover than home health, home care and hospice agencies. Average turnover rates continue to be similar across NC regions (west, central, east).

The DCW turnover crisis has persisted in NC over the last few years. Although DCW turnover affects all types of long term care organizations, nursing home administrators seem to be more concerned about it, with 66% reporting they have a DCW turnover problem (see Table 2). Turnover is perceived as a problem by executives in other types of organizations as well: 53% of adult care homes administrators, and 38% of home health, home care and hospice administrators report a turnover problem. However, from 2001 to 2004 the proportion of nursing home and adult care home administrators who perceive a turnover problem is declining, while the problem perception has remained relatively steady for home health, home care and hospice administrators. Interestingly, while there has been a decline in nursing homes administrators' perceptions of a turnover problem, the total separation rates for nursing homes have actually increased.

Both objective and subjective indicator reports confirm that turnover levels remain high among DCWs in all types of long term care organizations in North Carolina. Tracking objective measures of DCW turnover and the administrators' perception of DCW turnover as a problem are likely to be critical factors in solving the state DCW turnover crisis. Given the competing priorities of an organization, the administrator's recognition of DCW turnover as a problem is essential in initiating successful activities aimed at reducing DCW turnover.

The observed trends in objective and subjective turnover from 2001 through 2004³ could be related to statewide employment trends. The unemployment rates remained low in the period preceding 2001 (from 1997 to 2000 averaged unemployment rates ranged from 3.3% to 3.9%). In 2001, the average unemployment rate increased to 5.6% (monthly ranges between 4.8% and 6.6%). In 2002, the average unemployment rate reached 6.7% (monthly ranging between 5.9% and 7.4%). The 2003 average unemployment rate declined slightly to 6.5% (monthly ranges between 5.9% and 7.1%). From 2003 to 2004, the average unemployment rate declined further to 5.5% (monthly ranges between 4.7% and 6.4%) reaching 2001 levels. As unemployment rates peaked in 2002, workers from other sectors might have been vying for DCW jobs and DCWs may have remained in their current job for job security. As unemployment rates continue to decrease, fewer outside workers will be vying for healthcare jobs, and DCWs may begin to move

³ Unemployment rates were obtained from the NC Employment Security Commission (<http://www.ncesc.com/>). The unemployment rates may vary slightly from previous years' reports due to these data being updated continuously.

between jobs in the healthcare sector again. However, despite the decrease in unemployment rates from 2002 to 2004, DCW turnover remains high.

The DCW turnover crisis has persisted in NC over the last few years. While the statewide economic trends may impact the DCW turnover problem, they are only one potential contributor to the problem. The state initiative of tracking DCW turnover and DCW wages in long term care sectors remains an important endeavor.

**Table 1: Total, Voluntary, and Involuntary Separation Rates of Direct Care Workers,
by Type Long Term Care Organization (2001-2004)**

Type of Organization	Total Mean (Std Dev)				Voluntary Mean (Std Dev)				Involuntary Mean (Std Dev)			
	2001	2002 ¹	2003 ²	2004 ³	2001	2002 ¹	2003 ²	2004 ³	2001	2002 ¹	2003 ²	2004 ³
Nursing Homes N (2001) = 271 N (2002) = 222 N (2003) = 293 N (2004) = 314	102.6% (60)	94.8% (63)	105.3% (83)	107.1% (75)	68.2% (48)	60.6% (47)	66.9% (61)	71.9% (75)	35.7% (36)	34.8% (34)	38.8% (40)	39.3% (44)
Adult Care Homes N (2001) = 233 N (2002) = 151 N (2003) = 388 N (2004) = 350	112.7% (98)	115.1% (109)	109.3% (109)	106.6% (101)	80.1% (79)	80.3% (80)	76.1% (81)	76.4% (83)	35.5% (51)	32.5% (43)	31.5% (44)	33.9% (61)
Home Care, Home Health, Hospice Agencies N (2001) = 271 N (2002) = 222 N (2003) = 293 N (2004) = 585	50.4% (59)	37.2% (49)	48.7% (98)	40.7% (71)	38.8% (50)	28.7% (41)	36.2% (83)	30.0% (62)	12.2% (23)	9.6% (23)	13.6% (50)	11.1% (26)

¹ For 2002, there is an overall significant difference in all the total separation rates among organizations ($F=88.3, p<.001$). Post-hoc tests confirm that adult care homes have significantly higher total separation rates than do nursing homes, which in turn have significantly higher total separation rates than home health, home care and hospice agencies.

² For 2003, there is an overall significant difference in all the total separation rates among organizations ($F=16.0, p<.001$). Post-hoc tests confirm that home health, home care, and hospice organizations have significantly lower total separation rates than nursing and adult care homes. Post-hoc tests did not confirm that nursing and adult care homes had significantly different total separation rates.

³ For 2004, there is an overall significant difference in all the total separation rates among organizations ($F=102.9, p<.001$). Post-hoc tests confirm that home health, home care, and hospice organizations have significantly lower total separation rates than nursing and adult care homes. Post-hoc tests did not confirm that nursing and adult care homes had significantly different total separation rates.

Table 2: Percentage of Organizational Informants Who Perceive a Direct Care Worker Turnover Problem by Type Long-term Care Organization (2001-2004)

Type of Organization	2001	2002	2003	2004
Nursing Homes N (2001) = 271 N (2002) = 338 N (2003) = 284 N (2004) = 353	78.5%	74.3%	68.0%	65.7%
Adult Care Homes N (2001) = 233 N (2002) = 363 N (2003) = 335 N (2004) = 450	60.0%	59.2%	52.8%	52.9%
Home Care, Home Health, Hospice Agencies N (2001) = 638 N (2002) = 739 N (2003) = 653 N (2004) = 902	43.0%	36.6%	39.5%	38.0%