

Descriptive Results from the Annual Short Turnover Surveys Conducted for the Office of Long-Term Care of the NC Department of Health and Human Services

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May 15, 2003

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 (both registered¹ and non-registered) who work in long-term care organizations. DCWs 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 homes² (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 2002 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, or hospice agencies and compares the current years results to previous years.

Results

The short turnover survey requested information on DCW total staff size, quits, fires, and administrators' assessments of how much of a problem DCW turnover was for their facilities. Estimates of turnover based on the data from these surveys are likely to be accurate since samples are large and relatively high survey response rates were obtained from long-term care organizations: (1) nursing homes: 92.7%, N=358; (2) adult care homes: 69.5%, N=443; and (3) home health, home care and hospice agencies: 87.4%, N=933. 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.³

¹ Skilled nursing facilities and home health agencies require that certain tasks be performed by nursing assistants who are registered; these workers are listed on the Nurse Aide Registry maintained by the NC Department of Health and Human Services.

² Family care homes serving 6 or fewer residents were excluded from the survey.

³ Overall, 291 cases were excluded from the analysis because their survey reported that the organization did not hire any DCWs: (1) nursing homes=19; (2) home health/home care and hospices=194; (3) adult care homes=78. In addition, some cases were unusable due to missing data on one or more of the variables required for the estimation of turnover rates.

Table 1: Total, Voluntary, and Involuntary Separation Rates of Direct Care Workers, by Type Long-term Care Organization (2000-2002)

Type of Organization	<u>Total Separation Rate</u> Mean (Std. Dev.)			<u>Voluntary Separation Rate</u> Mean (Std. Dev.)			<u>Involuntary Separation Rate</u> Mean (Std Dev)		
	2000*	2001	2002**	2000*	2001	2002**	2000*	2001	2002**
Nursing Homes N (2000) = 192 N (2001) = 271 N (2002) = 222	100.3% (117)	102.6% (60)	94.8% (63)	70.8% (103)	68.2% (48)	60.6% (47)	31.4% (41)	35.7% (36)	34.8% (34)
Adult Care Homes N (2000) = 120 N (2001) = 233 N (2002) = 151	119.1% (141)	112.7% (98)	115.1% (109)	87.6% (117)	80.1% (79)	80.3% (80)	35.5% (52)	35.5% (51)	32.5% (43)
Home Care, Home Health, Hospice Agencies N (2000) = 161 N (2001) = 638 N (2002) = 380	50.4% (92)	50.4% (59)	37.2% (49)	33.6% (45)	38.8% (50)	28.7% (41)	18.1% (12)	12.2% (23)	9.6% (23)

* Data were collected by North Carolina Division of Facility Services from organizational informants at 602 long-term care facilities/agencies in North Carolina by the WIN A STEP UP project. Tabulations were commissioned by The Office of Long-Term Care of the NC Department of Health and Human Services and conducted by the NC institute on Aging. The three samples are stratified probability samples of these three types of organizations in North Carolina. The response rates were as follows: nursing homes (57%), adult care homes (44%), home health/home care agencies (44%), and hospice agencies (66%).

** For 2002, there is an overall significant difference in all the total separation rates among organizations ($F=88.3, p<.0001$). Post-hoc tests confirm that adult care homes have significantly higher total separation rates than do nursing homes; nursing homes in turn have significantly higher total separation rates than home health, home care and hospice agencies.

Turnover estimates of three types are reported in Table 1. In the first column, the total separation rate represents the rate at which these workers are leaving a given organization (both quits and fires). The remaining two columns report the rates at which direct care workers are leaving voluntarily (e.g., quits) and involuntarily (e.g., fires). Organizational informants were also asked to assess whether or not they felt their organization had a DCW turnover problem. These data are displayed in Table 2.

Because these data have been collected for three years, some observations about possible trends seem useful. Average turnover (i.e. separation) rates show some changes from the long-term care turnover rates reported earlier by WIN A STEP UP for the years 2000 and 2001 (See Table 1). Estimates of total separation rates appear to have modestly declined from 2001 to 2002 for home health, home care and hospice agencies and nursing homes. Turnover rates for adult care homes, however, remained fairly stable. Average turnover rates continue to be similar across NC regions (i.e. West, Piedmont, and East) for 2002. Finally, the average number of DCW staff by type of LTC facility remains virtually unchanged from the 2001 survey. On average, among facilities that have any DCWs on their staffs, nursing homes employ 51 DCWs, home health, home care and hospice agencies employ 38 DCWs, and adult care homes employ 15 DCWs.

These objective turnover measures suggest that the DCW turnover crisis has remained relatively unchanged over the last few years in NC. Most of the turnover in all types of organizations is voluntary with residential care facilities (i.e., nursing homes and adult care homes) experiencing significantly more turnover than do home health, home care or hospice agencies. However, even within residential care facilities, adult care homes experience the largest staff turnover rates. All types of long-term care organizations are affected by DCW turnover: 74% of nursing home informants, 59% of adult care home informants and 37% of home health/home care and hospice informants report that turnover of DCW staff is a problem for their organization.

Table 2: Percentage of Organizational Informants Who Perceive a Direct Care Worker Turnover Problem by Type Long-term Care Organization (2000-2002)			
Type of Organization	2000	2001	2002
Nursing Homes N (2000) = 192 N (2001) = 271 N (2002) =338	90.7%	78.5%	74.3%
Adult Care Homes N (2000) = 120 N (2001) = 233 N (2002) =363	81.1%	60.0%	59.2%
Home Care, Home Health, Hospice Agencies N (2000) = 161 N (2001) = 638 N (2002) =739	54.3%	43.0%	36.6%

Both objective indicators and subjective reports confirm that turnover levels continue to be high among direct care workers in all sectors of North Carolina's long term care organizations. Subjective perception of DCW turnover as a problem, in addition to more objective rates, is likely to be a critical factor. The success of strategic initiatives aimed at reducing DCW turnover depend upon the priorities set by managers of LTC organizations.

The observed trends in actual and perceived turnover among DCWs in 2000 versus 2001-2002 may also be related to larger employment trends. The fluctuation in overall unemployment rates in the state of North Carolina may explain some of the trend in turnover rates. During the year 2000, the unemployment rate hovered between 3.0% and 3.9%. However, during 2001, the rate increased to between 5.0% and 5.9 % and was in excess of 6.0% during 2002⁴. With more workers vying for the available jobs in 2001 and 2002, some DCWs may have opted to stay with their current employers. Economic factors, however, are likely only part of the explanation. Despite the relatively high unemployment rates in 2001 and 2002, turnover rates remain high especially in residential care settings. This suggests that while the economic situation of the state is likely to have had an impact on the extent of the DCW turnover crisis, the problem is more persistent than short-lived economic cycling.

Tracking changes in DCW turnover and DCW wages in the LTC sector in North Carolina remains a priority. Surveys are again underway to monitor ongoing trends in DCW turnover by type and location of LTC organizations.

⁴ Source: Bureau of Labor Statistics