

Descriptive Results from the Short Turnover Survey Conducted for the Office of Long-Term Care of the NC Department of Health and Human Services, 2003

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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 2003 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 for analyses of DCW total staff size, quits, fires, and administrators' assessments of how much of a problem DCW turnover was for their organizations over the past year. Estimates of turnover from surveys are likely to be accurate since samples are large and high survey response rates were obtained: (1) nursing homes: 90.6%, N=348; (2) adult care homes: 82.1%, N=515; and (3) home health, home care and hospice agencies: 83.7%, N=1022. 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 were excluded from the survey.

² Overall, 279 cases were omitted from the analysis because the survey reported that the organization did not hire any DCWs: (1) nursing homes=8; (2) adult care homes=20, (3) home care agencies=251. In addition, some cases were unusable due to missing data on one or more of the variables required for the estimation of turnover rates.

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 (i.e. separation) rates show some modest changes from 2002 to 2003 (See Table 1). Estimates of total separation rates appear to have modestly declined from 2002 to 2003 for adult care homes. However, turnover rates for nursing homes have increased after a decline in 2002, and are now higher than the 2001 level. Turnover rates for home health, home care and hospice agencies have increased to near 2001 levels after a modest reduction in rates for 2002.

The DCW turnover crisis has persisted in long-term care over the last few years in NC. Most of the turnover in all types of organizations is voluntary and residential care facilities (i.e., nursing homes and adult care homes) experience significantly more turnover than do home health, home care or hospice agencies.

All types of long-term care organizations are affected by DCW turnover. As indicated by the 2003 data, nursing home administrators are the most concerned about their turnover problems: 68% report that they have a DCW turnover problem (see Table 2). Turnover remains a concern for other facility types as well: 53% of adult care home administrators and 40% of home care, home health, and hospice agency administrators also report that they have a DCW turnover problem.

For nursing homes and adult care homes, the percentage of administrators acknowledging turnover problems is actually declining from previous years, while for home care, home health, and hospice agencies the percentage remains relatively stable.

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 service provision. Administrators' perception of the severity of turnover of DCWs is likely to be a critical factor in initiating any type of strategic initiative aimed at decreasing turnover of these workers. These data suggest that the focus of intervention activities and stakeholder interest in NC on improving retention of DCWs across LTC organizations is well-placed.

The observed trends in actual and perceived turnover among DCWs in 2001 versus 2002-2003 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. Following relatively low average annual employment for the years 1997 to 2000 (average annual unemployment ranging from 3.2% to 3.6%), the average unemployment rate for the year of 2001 was 5.5% (monthly range between 4.6% and 6.5%). This was the beginning of a high unemployment period in NC that only worsened in 2002, when the rate increased to an annual average of 6.7% (monthly range between 6.1% and 7.6%).³ By 2003, the annual unemployment rate had decreased slightly but remained high at 6.5% (monthly range between 5.9% and 6.9%). As unemployment reached its height in 2002 and more workers were vying for jobs, DCWs may have stayed

³ Source: Employment Security Commission of North Carolina, Labor Market Information

in their current jobs for security. As the economy improves slightly, other workers may have returned to different sectors, allowing career DCWs the freedom to move between jobs again. Economic factors, however, are only part of the explanation. Despite the relatively high unemployment rates in 2001 and 2002, turnover rates remain high. 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 persistent despite modest shifts in economic prosperity indicators.

Tracking changes in DCW turnover and DCW wages in the LTC sector in North Carolina remains a priority. Surveys of facilities are underway to both monitor ongoing trends in turnover by type and location of facilities. Further evaluative research by both the Office of Long-Term Care and the Institute on Aging assessing the impact of a variety of interventions in NC on DCW turnover will also be conducted in the near future. These studies are necessary in order to eventually reach the overall statewide goal of systematically improving the situation of DCWs working in LTC and the quality of care that they provide.

Table 1: Total, Voluntary, and Involuntary Separation Rates of Direct Care Workers, by Type Long-term Care Organization (2000-2003)

Type of Organization	Total Mean (Std Dev)			Voluntary Mean (Std Dev)			Involuntary Mean (Std Dev)		
	2001	2002*	2003**	2001	2002*	2003**	2001	2002*	2003**
Nursing Homes N (2000) = 192 N (2001) = 271 N (2002) = 222 N (2003) = 293	102.6% (60)	94.8% (63)	105.3% (83)	68.2% (48)	60.6% (47)	66.9% (61)	35.7% (36)	34.8% (34)	38.8% (40)
Adult Care Homes N (2000) = 120 N (2001) = 233 N (2002) = 151 N (2003) = 388	112.7% (98)	115.1% (109)	109.3% (109)	80.1% (79)	80.3% (80)	76.1% (81)	35.5% (51)	32.5% (43)	31.5% (44)
Home Care, Home Health, Hospice Agencies N (2000) = 161 N (2001) = 638 N (2002) = 380 N (2003) = 532	50.4% (59)	37.2% (49)	48.7% (98)	38.8% (50)	28.7% (41)	36.2% (83)	12.2% (23)	9.6% (23)	13.6% (50)

* 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.

* 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.

Table 2: Percentage of Organizational Informants Who Perceive a Direct Care Worker Turnover Problem by Type Long-term Care Organization (2000-2003)

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