



Descriptive Results from the State Turnover Survey Conducted for the Office of Long Term Care of the NC Department of Health and Human Services, 2006

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Background

An important part of North Carolina's development strategy in the long-term care sector is the acquisition and dissemination of accurate and comprehensive data reflecting the turnover in the workforce--both at the executive level and among frontline direct care workers. For the purposes of this report, long-term care (LTC) organizations are facilities and agencies that provide care on a continuing basis to frail older adults and people with disabilities. Organizations profiled in this report are organized by the three Division of Health Service Regulation licensure categories: 1) nursing homes (skilled nursing facilities, excluding those that are part of a hospital) 2) adult care homes¹ (sometimes labeled as domiciliary care, rest home, and assisted living facilities), and 3) home care agencies (which include organizations providing personal care, health care, or hospice services in clients' homes). In this report, the generic term 'direct care worker' (DCW) is used to describe the entire class of unlicensed assistive personnel (both registered and unregistered workers) employed in these various residential or non-residential long term care settings. These workers usually provide the largest amount of direct care services.

In order to collect appropriate information on the long-term care workforce, a staffing and turnover survey has been included as an insert with the licensure renewal applications for each of the three types of licensed facilities/agencies. For the past 6 years, this turnover survey has ascertained information from long term care employers about DCW total staff size, quits, fires, hires and administrators' assessment of whether they have had a DCW turnover problem over the last year. In the last two years, data were also collected on the tenure of administrators and clinical supervisors in long-term care organizations. 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 Services and Supports of the NC Department of Health and Human Services commissioned the NC Institute on Aging to design the survey form, 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 agencies, and where possible examines trends over the last six 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 100% for nursing homes (N=392) and 89.5% for adult care homes (N=569). Only home care agencies that reported that they hire DCWs were included in the analysis (N=1033).² 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. Some cases were unusable for the analysis of the data due to missing data on one or more of the 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, 2005, and September 30, 2006. Overall separation rates for each employer were calculated and also broken down by involuntary (e.g., fires) and voluntary (e.g., quits) components. In addition, the percentage of administrators who identified DCW turnover as a “mild” or “severe” problem is also tabulated.

Results from the analysis of 2006 are displayed in Table 1, which also reports similar data from the previous five years. Average separation rates for DCWs in 2006 decreased in nursing homes but increased in adult care homes and home care agencies. 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. After rising consistently between 2002 and 2005, the average DCW turnover rate for nursing homes dropped slightly in 2006 to 111%, down from a high of 117% in 2005. Similar patterns can be noted for involuntary and voluntary separations. However, the percentage of nursing home administrators that consider DCW turnover to be a problem increased this year to 85%, the highest percentage noted since surveys began in 2001.

Adult Care Homes. DCW separation rates for adult care homes continued to rise in 2006, with the average DCW turnover rate at 117%. Involuntary turnover in adult care homes consistently is about 34% while voluntary turnover is around 80%. Seventy-one percent of administrators in these facilities believe that turnover is a problem, a record high for this setting.

Home Care Agencies. As has been the case in past years, separation rates in home agencies remain significantly lower than in nursing homes and adult care homes. However, the average total separation rate for home care agencies also rose this year to 50%. The percentage of administrators of these agencies that report that DCW turnover is a problem for their organization also rose to 52% in 2006.

Turnover in Leadership Positions

Table 2 displays information about the tenure of two types of executives in long-term care organizations in 2005 and 2006: administrators and clinical supervisors.³ Management positions were categorized as having “low” turnover if the position had only one incumbent during the past year. Those positions that had two incumbents in the previous year were considered as exhibiting “medium” levels of turnover. Management positions that had three or more incumbents during the last year were considered to have “high” turnover.

² A response rate was not calculated for home health and home care agencies because of the difficulty of determining how many agencies in the state hire DCWs.

³ Administrators or executive directors 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 of what we are calling a *clinical management* position varies by types 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 and home care agencies, the title is usually *Clinical Manager* or *Nurse Supervisor*.

Administrators. The average tenure of administrators across long-term care settings has generally held steady between 2005 and 2006. In 2006, adult care homes continue to have administrators with the longest average tenure (7.5 yrs), followed by home care agencies (5.1 years), and nursing homes (4.7 years). Although most organizations had a single administrator over the entire year, the percentage of nursing homes with high turnover dropped from 10% to 7% while the percentage of adult care homes with high turnover increased from 3% to 6%. The percentage of home care agencies with high turnover held steady at 1% while the percentage of these agencies with low turnover increased from 81% to 87%.

Clinical Managers. The average tenure of clinical managers tends to be lower than administrators in all long-term care settings. The average tenure of clinical managers in 2006 was 5.0 years in adult care homes, 3.6 years in nursing homes, and 3.3 years in home care agencies. More nursing homes (15%) had high turnover among directors of nursing as compared to resident care directors in adult care homes (9%) and nurse supervisors of home care agencies (8%). High turnover among these various types of clinical managers appears to have slightly increased in 2006 as compared to their counterparts in 2005 across all long-term care settings.

Relationships between leadership turnover and DCW Turnover

Within each type of long term care organization statistically significant correlations were found between the 2006 turnover rates in the two types of leadership positions, and also between turnover in both types of management positions and voluntary, involuntary and total separation rates of their direct care workers. Thus those organizations that had higher turnover in their top leadership positions were also likely to have had higher turnover among their frontline workers. Among nursing homes, turnover of administrators was associated with DON turnover levels ($\tau\text{-}b=.31$; $p<.01$). Similar correlations between the two types of management positions were observed among adult care homes ($\tau\text{-}b=.44$; $p<.01$) and home care agencies ($\tau\text{-}b=.24$; $p<.01$). Correlations between each type of executive turnover and DCW turnover were generally more modest in the range of 0.07 to 0.19, but all were statistically significant ($p<.05$).

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 2006⁴ may be related to statewide employment trends. Since 2002, when the average monthly unemployment rate reached 6.7%, unemployment rates have declined, averaging 4.8% in 2006, while turnover rates have generally increased. Looking specifically at nursing homes, we see a substantial negative correlation between unemployment rates and DCW turnover ($r=-.77$), suggesting that as unemployment rates decrease, turnover of DCWs increases. 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. More fine grained analyses of local labor markets supplemented by the uses of additional data is required to better understand what is going on in these areas.

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 and adult home care sectors and lowest in the home health sector. A similar pattern is found in terms of the proportion of managers who rate DCW turnover as a problem. Secondly, turnover among top leadership in long term care organizations appears to be related to turnover among frontline workers in those organizations. Finally, an important factor in turnover at the statewide level appears to be the state unemployment rate.

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.

North Carolina has two ongoing and several planned programs aimed at addressing DCW turnover in long-term care settings. The **WIN A STEP UP** Program (Workforce Improvement for Nursing Assistants, Supporting Training, Education, and Payment for Upgrading Performance) is being implemented by the North Carolina Institute on Aging at the University of North Carolina, Chapel Hill. Developed in partnership with the NC Department of Health and Human Services, WIN A STEP UP is a successful facility-based quality- and retention-enhancing training program for frontline supervisors and direct care workers in nursing homes. Components of the program include: (1) instruction for frontline supervisors in the coaching style of supervision; and (2) instruction of nursing assistants using a 30-hour state-approved curriculum focusing on clinical and interpersonal. Flexible implementation of didactic and experiential learning enables the program to be responsive to the needs of adult learners and sensitive to constraints of incumbent workers. The program currently funds stipends and retention bonuses for direct care workers, and secures a commitment from employers to increase participants' compensation with an hourly wage increase or one-time bonus upon successful program completion if these nursing assistants continue to work in their current facility.

NC New Organizational Vision Award (NOVA), which was initiated as a Better Jobs Better Care demonstration project, seeks 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. In January 2007, the NC NOVA program was established in law by the General Assembly, and NC DHHS began implementation of a voluntary special licensure designation for all three types of long-term care facilities. Over the coming years, successful applicant organizations that meet specified criteria will be eligible to receive an NC NOVA designation.

New job categories for direct care workers have also been developed. Training and competency standards have been developed and implemented for **medication aides** working in nursing homes and a similar process is under way for the development of a **geriatric nurse aide** job category.

As the NC NOVA and WIN A STEP UP programs expand, and as other statewide initiatives are implemented, it is anticipated that turnover rates of DCWs will begin to fall. Tracking turnover levels of direct care workers over time will enable more effective assessment of the statewide impact of NC NOVA and other initiatives. 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.

For more information, visit these websites:

WIN A STEP UP www.aging.unc.edu/research/winastepup/index.html

NC NOVA www.ncnova.org

Medication aides www.ncnar.org/ncma.html

**TABLE 1: TOTAL, VOLUNTARY, AND INVOLUNTARY SEPARATION RATES OF DIRECT CARE WORKERS,
AND MANAGERS' RATINGS OF TURNOVER AS A PROBLEM,
REPORTED BY NORTH CAROLINA LONG TERM CARE EMPLOYERS, 2001-2006**

Year	Nursing Homes					Adult Care Homes					Home Care Agencies				
	Average Separation Rates			Pct. Managers rating turnover as a problem	Average Separation Rates			Pct. Managers rating turnover as a problem	Average Separation Rates			Pct. Managers rating turnover as a problem			
	Total (%)	Invol. (%)	Vol. (%)		Total (%)	Invol. (%)	Vol. (%)		Total (%)	Invol. (%)	Vol. (%)				
													Total (%)	Invol. (%)	Vol. (%)
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	78.6	52.9%	40.7	11.1	30.0	38.0%			
2005	116.5	41.0	75.8	81.1%	110.8	33.5	80.1	69.1%	45.9	14.1	33.4	46.1%			
2006	110.7	36.9	74.8	84.7%	116.8	36.0	80.8	71.1%	49.9	14.5	35.4	52.2%			

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. Organizations profiled include: (1) nursing homes (skilled nursing facilities, excluding those that are part of a hospital); (2) adult care homes (sometimes labeled as domiciliary care, rest home, and assisted living facilities), and 3) home care agencies (which include organizations providing personal care, health care, or hospice services in clients' homes). 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. Average separation rates are constructed by summing individually calculated separation rates for each reporting organization that employs direct care workers and dividing by that number of organizations. Voluntary turnover is calculated from the estimated number of direct care workers who "quit" their jobs; involuntary turnover is calculated from the number of direct care workers who were "fired or terminated."

