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Recruiting and retaining frontline
workers in long-term care : usual
organizational practices in Ohio

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Ohio Long-Term Care Research Project

**RECRUITING AND
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ORGANIZATIONAL
PRACTICES IN OHIO**

**Jane Karnes Straker
Robert C. Atchley**

June 1999



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**Recruiting and Retaining Frontline
Workers in Long-Term Care:
Organizational Practices in Ohio**

**Jane Karnes Straker
Robert C. Atchley**

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Executive Summary

The majority of care provided by Ohio's nursing homes and home health agencies is delivered by the occupational group we call "frontline workers"; home health and personal care aides, homemakers, dietary aides, and certified nursing aides or assistants. These workers on the frontline deliver about 80% of the formal care provided to persons with disabilities who receive assistance at home or in nursing facilities. The demand for workers in these occupations is expected to increase dramatically over the next few years, but current long-term care providers are already experiencing problems recruiting enough workers to fill job vacancies, and retaining those workers once they are hired.

Much of the research on recruitment and retention of frontline workers has relied on demonstration projects or special interventions that provide additional funds for service providers to undertake special initiatives and projects. Little is known about the everyday practices of average service providers operating under their usual economic constraints.

To understand more about long-term care employers' recruitment and retention practices in Ohio, we conducted telephone interviews with administrators of 112 nursing homes and 100 home health agencies. Our sample included organizations from across the state providing a representative look at a variety of providers.

Our findings show that there are differences within the long-term care industry; home health agencies face different problems and use different solutions than do nursing homes. Our results also show that there are differences in organizations with low and high frontline worker turnover rates beyond such factors as local labor markets, pay, and benefits packages. While factors such as employee benefits are important in distinguishing organizations with low turnover rates from those with high turnover, other everyday practices that might be expected to have a negative impact on employee morale also differentiate low and high turnover organizations. Organizations with high turnover are more likely to report that employees have little initiative or a poor work ethic; to more frequently fire employees; and to hire questionable employees more frequently. Significantly lower staff: resident ratios are also found in nursing homes with high turnover rates. Organizations that have an urban location or are part of a chain have particularly large problems.

Although this report is not a prescription for resolving the problem of frontline worker turnover, our findings suggest areas where organizations can begin the process of self-examination and movement toward reducing turnover and making cost-effective decisions to recruit and retain frontline long-term care workers.

Acknowledgments

As with most applied research, this work could not have been accomplished without a debt of gratitude to “the kindness of strangers”—those individuals who agreed to help us by responding to our telephone survey. Next, enough cannot be said about the excellent research assistance provided by Rebecca Utz and Kate Bridges who made significant contributions to the development of the interview schedule, conducted all of our telephone interviews, and managed all of our data. Marc Molea at the Ohio Department of Aging and Marisa Scala from the Scripps Gerontology Center provided valuable assistance in our communications with the Ohio Paraprofessional Shortage Task Force, and members of the task force provided helpful comments and guidance. Clerical staff Cheryl Johnson, Betty Williamson, and Jerrolyn Butterfield provided their usual expert assistance with manuscript preparation. Finally, Marc Molea, Kathryn Watson, Robert Applebaum, and Marisa Scala provided helpful comments on earlier versions of this report.

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Introduction and Background

Adequate staffing of frontline positions in long-term care is one of the most serious challenges facing both institutional and home-based long-term care service providers. Frontline jobs such as nurse aides or assistants, dietary aides, home health aides, and personal care assistants account for about 80 percent of the direct services provided to nursing home residents and about 90 percent of service to clients of home care programs (Hughes, 1996). Despite the fact that frontline positions are crucial to the effective delivery of long-term care and are among the fastest-growing job categories throughout the nation (U.S. Bureau of the Census, 1998), many long-term care providers are plagued by persistent difficulty attracting desirable applicants, problems retaining frontline staff, and high turnover rates. In Ohio alone, the demand for personal care aides is expected to increase 85% between 1994 and 2005, and the demand for home health aides is expected to increase a similarly dramatic 75% during the same time period (Ohio Bureau of Employment Services, 1996).

Nationally, data on turnover rates shows wide variation. One national data source suggests turnover rates average about 45 percent for nursing homes and about 10 percent for home health care programs (Hoechst Marion Roussel, 1996). Other data from the Institute of Medicine place average annual nursing home turnover at 105% (Wilner and Wyatt, 1999). Some regions of

the country report average turnover of 50-75% in home health agencies (Communication Concepts, 1997) and other data suggest home care turnover rates are about 40% annually (Surpin 1994, cited in Wilner & Wyatt, 1999). The range of turnover rates is very broad, with some providers experiencing very little turnover and some experiencing more than 400 percent turnover annually (Harrington, 1991). Because the long-term care population is growing faster than the population as a whole, staffing will become an even more serious problem in the future if long-term care providers do not find more effective ways to recruit and retain frontline staff (Even, Ghosal, and Kunkel, 1998).

High staff turnover leads to impaired continuity of care, lower quality, and increases the overhead costs of programs by increasing recruitment and training costs.

Problems recruiting and retaining staff are a major cause of waiting lists in home care programs (Glock, 1995), and many nursing homes are exposing themselves to significant regulatory and liability risks because of chronic short staffing. In addition, high staff turnover leads to impaired continuity of care, lower quality, and increases the overhead costs of programs by increasing recruitment and training costs. Costs of replacing nursing assistants, for example, have been estimated at around \$4,000 per replacement (Pillemer, 1996).

A previous survey of the literature (Atchley, 1996) found that turnover problems were attributed to low unemployment in local labor markets, the extent of competition for

trained workers in local long-term care labor markets, and substandard pay and benefits for frontline work in long-term care. Other factors linked to high turnover included the negative public image of nursing homes and the people who work in them, inadequate training and ongoing supervision, and job design that excludes input from frontline workers. However, most of the information on turnover was anecdotal and not based on systematic research. In addition, the literature on strategies for coping with turnover came mainly from demonstration projects funded by grants, which tended to have financial resources to try innovations that may be beyond the capability of most programs under everyday financial constraints.

The present study was conducted to gather data on typical management practices in the areas of recruitment, retention, and turnover from representative samples of nursing facilities and certified home health programs. Our goal was to identify conditions and management practices that differentiated organizations reporting minimal problems in recruiting and retaining staff in frontline positions from those that reported serious problems.

Methods

Research Instrument

A structured telephone interview schedule was developed based on a review of the literature and other instruments. A preliminary version was reviewed by members of the Ohio Department on Aging sponsored Ohio Long-Term Care Paraprofessional

Shortage Task Force and their comments and suggestions were incorporated into a revised instrument. This instrument was pre-tested by three home health agency administrators and two nursing home administrators suggested by members of the above Task Force. We informed them that the instrument was being pre-tested and gathered their comments about the instrument for its final revision. Slightly different versions were developed for nursing homes and home health agencies; for example, we asked home health agencies to report information about homemakers and asked nursing homes to report information about housekeepers. The interviews covered a wide variety of topics pertaining to program and staff characteristics, as well as recruitment, selection, training and retention practices. We also asked the respondents to tell us the extent to which they experienced problems with recruitment, retention, and turnover as well as their method(s) if any, for computing turnover rates. We also collected information we could use to compute uniform turnover rates that could be used to make comparisons across programs. Finally, respondents were asked to estimate the effects of staff shortages on the quality of care and what strategies they used to cope with short staffing. A copy of the completed nursing home instrument is included in Appendix A; the home care instrument is only slightly different as described above.

Sampling

A list of certified PASSPORT (Ohio's 2176 Medicaid waiver home and community-based service program) home health providers was obtained from the Ohio Department of Aging, and a list of licensed nursing homes was obtained from the Ohio Department of Health. Because low Medicaid reimbursement is often blamed for turnover problems in long-

term care, we concentrated our efforts on those organizations participating in the Medicaid program. The lists were stratified by the county where the organization was located. Counties that were part of a Primary Metropolitan Statistical Area were deemed urban, all others were rural. A random sample of 404 organizations was drawn, with 101 rural and 101 urban organizations each drawn from both home health and nursing home providers.

Data Collection

Contact letters and a support letter from the Ohio Paraprofessional Shortage Task Force were sent to each organization in the sample approximately a week before they were contacted by telephone. The letters introduced the study and encouraged participation. We also provided a list of topics that would be covered in the interview so the administrator or director could determine the most appropriate staff member to complete the interview. (A copy of the contact letter is included in Appendix A.) Two trained interviewers contacted each organization in an attempt to complete the interview or to schedule a convenient later time for the interview. This process was difficult because administrators and directors were frequently unavailable. We established a limit of five attempts to reach the administrator to schedule an interview before considering the organization “not reached.”

Of the original 404 organizations in the sample, 42 had closed, merged, or were not appropriate for the study. For example, one was a temporary agency rather than a direct service provider. Of the remaining 362 organizations, 212 completed the interview for a response rate of 58.6%. About one quarter (24.3%) could not be reached after five

telephone calls, and 17% refused to participate.

Findings

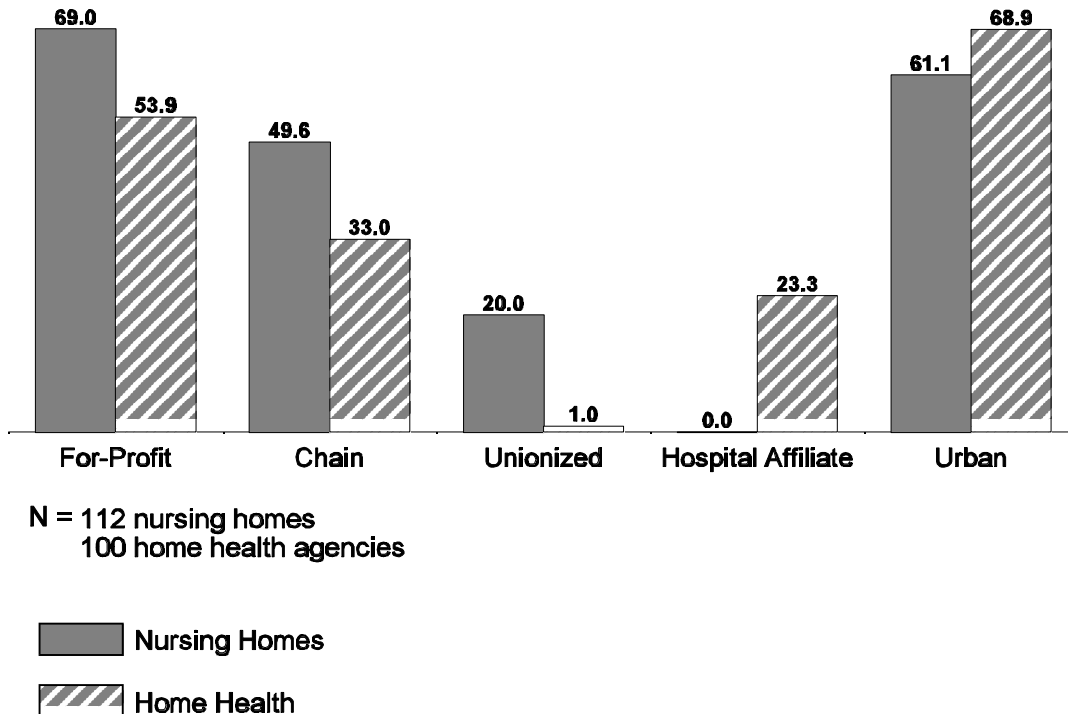
As shown in Figure 1, our respondents were mostly urban, for-profit organizations, reflecting the makeup of the long-term care industry as a whole. About half of the nursing homes were part of a chain, and about one-quarter of the home health organizations were affiliated with a hospital. No home health organizations were unionized, and no nursing homes were affiliated with hospitals.

Recruitment

The first area of inquiry concerned each organization’s problems with recruitment. We asked respondents, “On a scale of 1 to 10, with 10 being a very serious problem, and 1 being no problem, how serious a problem is recruitment of frontline workers?” Recruitment was rated as a serious problem by 43% of nursing facilities and 47% of home health agencies. For analytical purposes we divided organizations into those with serious problems (answering seven and above) and those with minimal problems (answering three or below). The figures that follow show these comparisons across groups and by type of organization.

Figure 2 compares the characteristics of home health agencies and nursing homes with and without recruitment problems. Nursing homes with serious problems were significantly more likely to be part of a chain than those without problems ($p=.02$). (Significance simply reassures us that our

Figure 1. Who Responded?



results are not due to chance.) Home health agencies with problems are significantly more likely to be urban ($p=.04$) than rural. No other characteristics were significant in differentiating organizations with and without problems.

Wages differ among providers, with organizations with recruiting problems paying higher full-time starting wages than those without problems.

We also examined employee benefits and wages among organizations with and without recruiting problems. As shown in Figure 3, nursing homes and home health agencies without recruiting problems have a

higher percentage of employees who participate in the health insurance plan than organizations with problems. The percentage of employees receiving full benefits is similar among all organizations. Wages differ among providers, with organizations with recruiting problems paying higher full-time starting wages than those without problems, although the differences are not significant. Contrary to conventional wisdom, employee benefit participation and starting full-time salaries are not significantly related to organizational recruiting problems.

Organizations often have very good insights about the causes of problems, even when they are unable to resolve them. We asked employers to identify up to four reasons for recruiting problems in long-term care. In general, those with fewer problems also reported fewer reasons for recruiting problems.

Figure 2. Characteristics of Nursing Homes and Home Health Agencies by Perceived Extent of Recruiting Problem

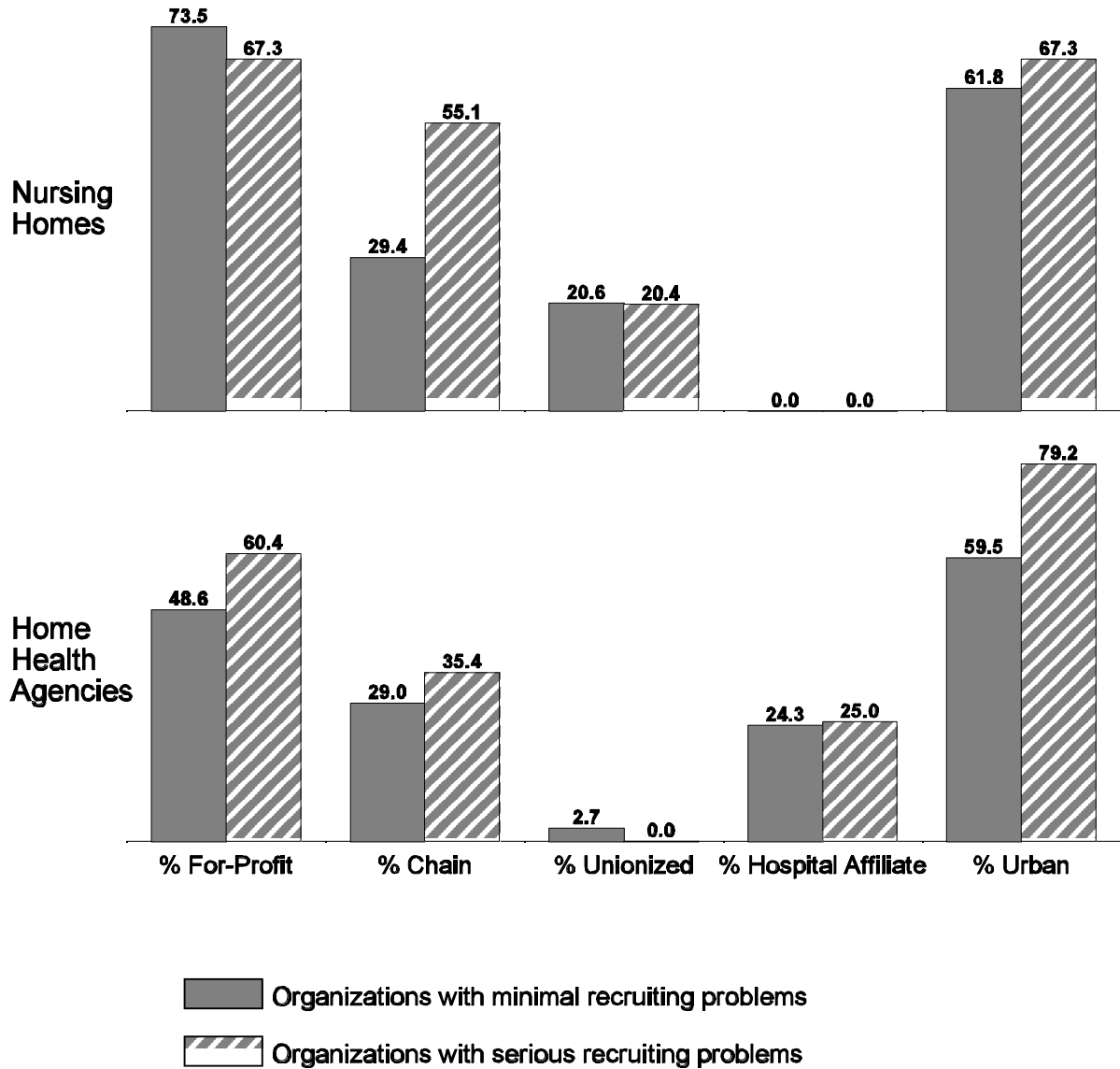
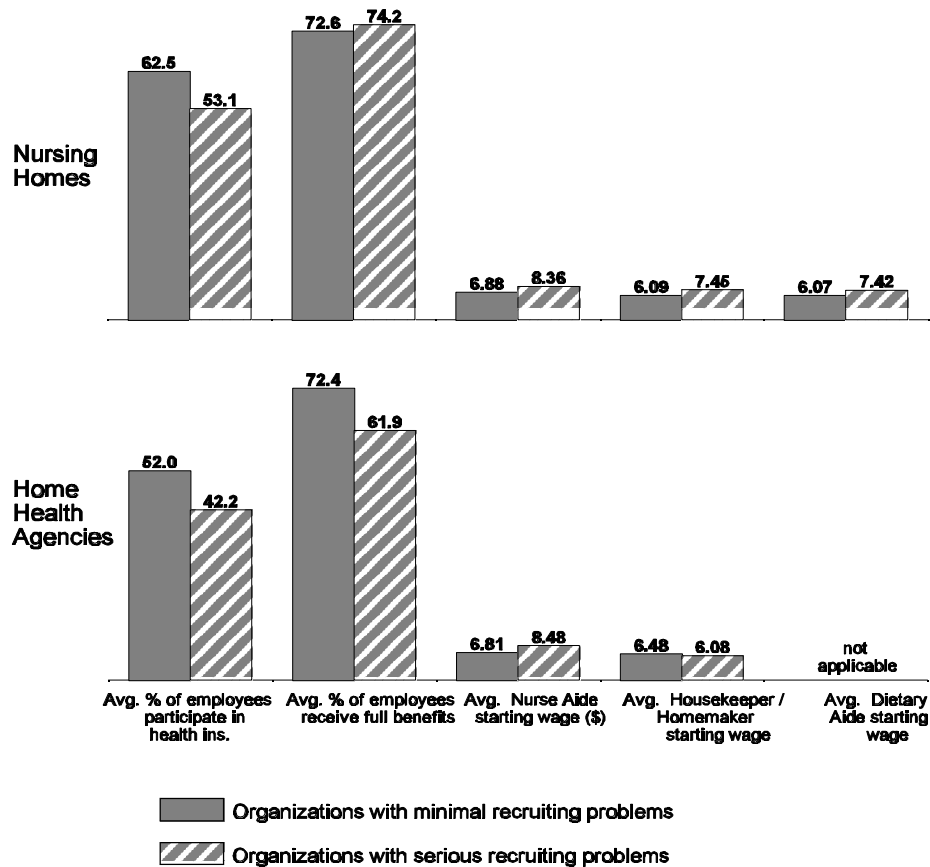


Figure 3. Employee Benefits and Wages by Perceived Extent of Recruiting Problem

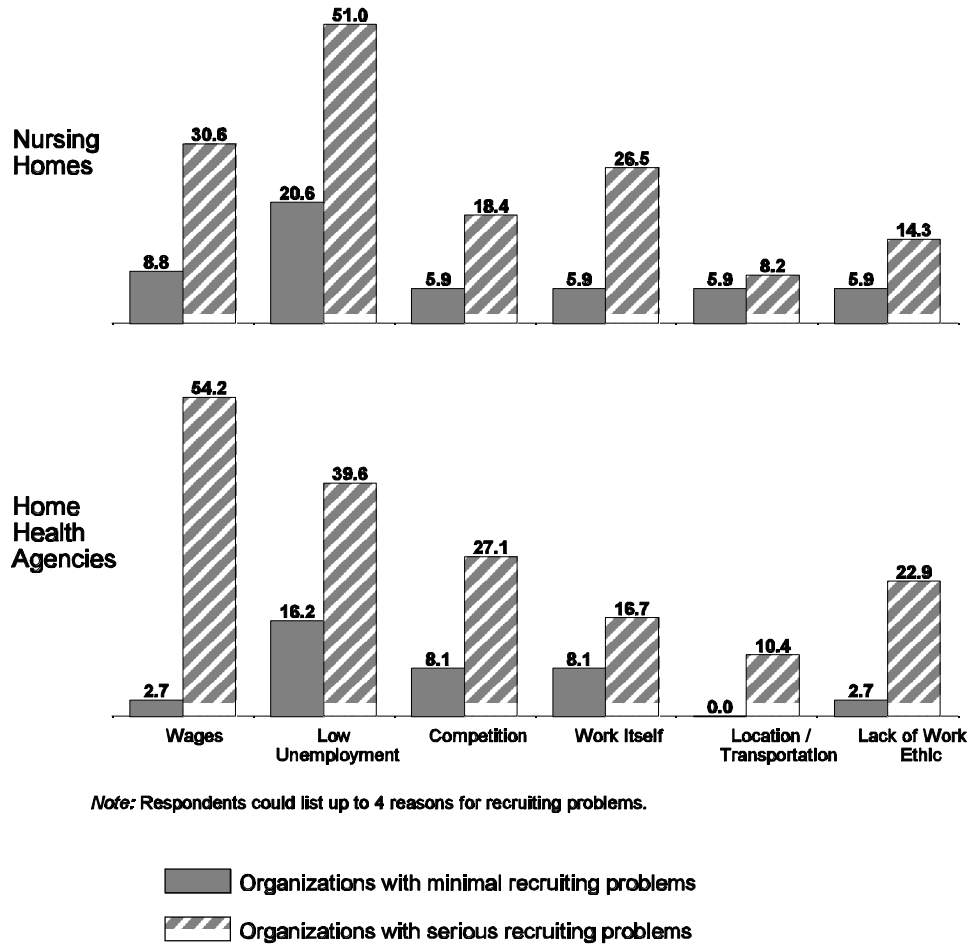


Those with greater recruiting problems also were able to name more reasons for those problems. As shown in Figure 4, employers' perceived reasons for problems differ among organizations. Nursing homes with and without recruiting problems were most likely to attribute long-term care recruiting problems to current low unemployment rates and a general lack of workers. Home health agencies with problems were most likely to see low wages as the cause, while home health agencies with few problems were most likely to see low unemployment rates as the cause for recruitment problems. A large percentage

of the organizations with problems attribute those problems to causes such as competition, the type or nature of the work, or a lack of a work ethic among employees. Competition and the nature of the work are factors that employers can do little to change. On the other hand, the perceived lack of a work ethic among employees suggests some differences in managerial attitudes that may affect job satisfaction for workers, and consequently, turnover problems.

We next asked long-term care employers about the strategies they used to

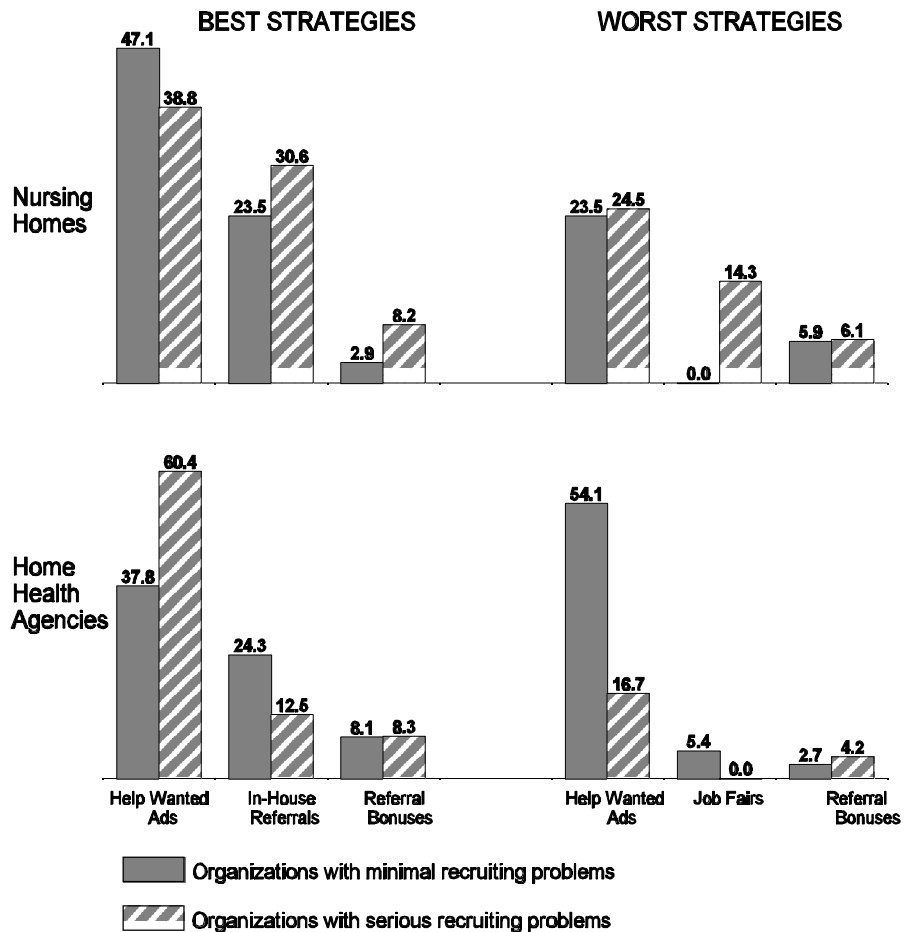
Figure 4. Percentage of Respondents Reporting Top Reasons for Recruiting Problems by Perceived Extent of Recruiting Problem



recruit employees, their recruitment costs, and then asked them to indicate which of their recruiting strategies was most effective and which was the least effective. Those with greater recruitment problems used, on average, two more recruiting strategies than their counterparts without problems. Home health agencies used the fewest, with those without problems using 4.1 recruitment strategies and those with problems using 6.3. Nursing homes without problems used 5.1 strategies, while those with problems used 7.2 strategies. There were no consistent differ-

ences as to particular strategies used by those with and without problems. Recruiting costs showed significant differences across organizations. Nursing homes without recruiting problems spent, on average \$549.72 to recruit an employee, while nursing homes with recruitment problems spent \$518.81. Home health agencies without problems spent an average of \$105, while those with problems spent twice as much--\$229.34. Interestingly, recruitment spending and recruitment problems show opposite relationships in home health agencies and nursing homes. Also,

Figure 5. Percentage of Respondents Reporting Top Three Best and Worst Recruiting Strategies by Perceived Extent of Recruiting Problem



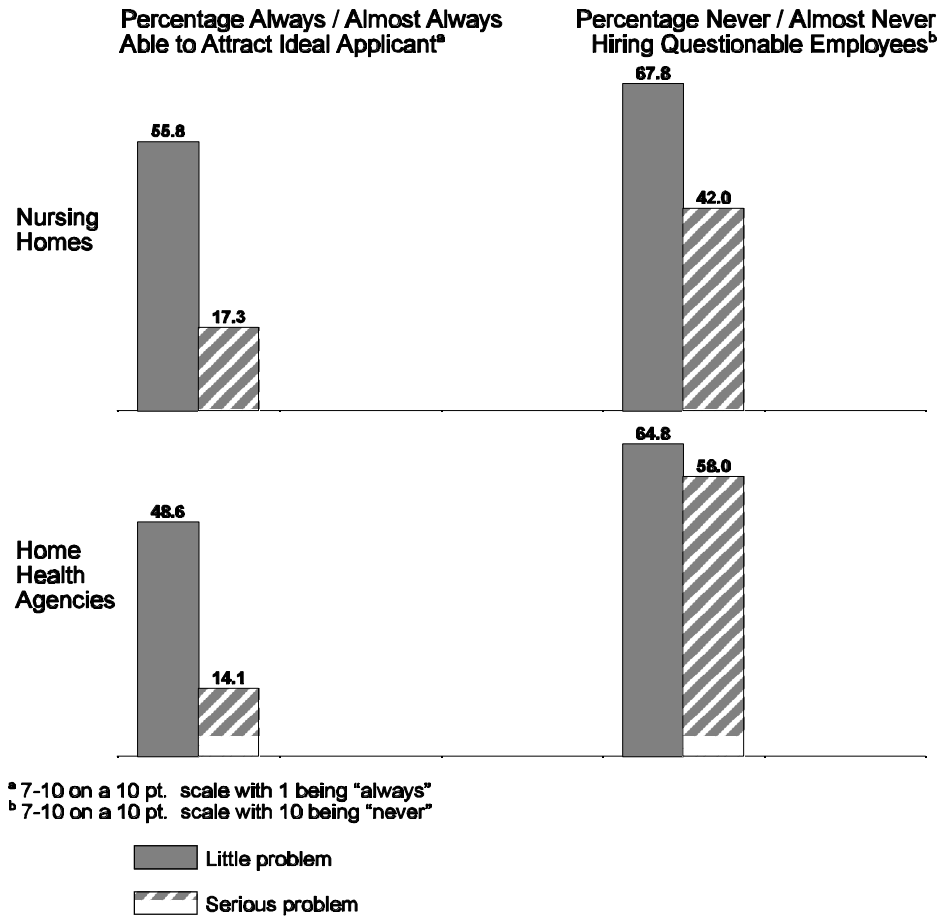
there was not a significant relationship between the number of strategies used and an organization's ability to attract ideal job candidates.

As shown in Figure 5, nursing facilities and home health agencies used similar strategies for dealing with issues of recruitment. The strategies for recruiting new personnel that were most often cited as effective were newspaper advertising and in-house referrals. However, about a third of

those who used newspaper ads said they were among the least effective strategies. This finding suggests that the effectiveness of newspaper ads may vary by locality and type of program. Open houses, job fairs, and community outreach are examples of methods reported in the literature to be effective that are rarely if ever used by the random sample of programs in the present study.

Recruitment problems may ultimately affect the quality of the care provided. On a

Figure 6. Percentage of Respondents Always Able to Attract Ideal Candidate or Never Hire Questionable Employees by Perceived Extent of Recruiting Problem



scale of 1 to 10, with one being never and 10 being always, we asked organizations how frequently they were able to attract ideal candidates and how frequently they hired questionable employees. As shown in Figure 6, about half of all employers with few recruitment problems were always or almost always (seven or above on a 10-point scale) able to attract ideal job candidates. Less than a fifth of organizations with problems were regularly able to attract ideal candidates. To their credit, however, the majority of organizations never or almost never (7 and above on a 10-point scale) hired questionable

employees, regardless of the extent of their recruiting problems. When we asked the third of these employers who had hired questionable employees for their reasons, they most often reported hiring to fill the schedule. As previously mentioned, one of the major causes for waiting lists in home care is not having staff to provide the services. Nursing homes face sanctions and safety issues when they are short-staffed. On the other hand, hiring questionable employees today is likely to contribute to future retention and turnover problems.

Employee Selection

If employers have trouble bringing prospective employees to the door, they may not be as discriminating as employers who can choose from a large pool of applicants. Because careful employee selection can eliminate later problems with retention, selection and training are integral parts of the recruitment and retention problem. Part of a good selection strategy is choosing workers who will be satisfied in their jobs and will stay.

We asked organizations to describe the ideal job candidate that they were trying to attract. Over one-third of home health organizations said their ideal candidate was certified and/or had prior health care experience. Less than 20% of nursing homes put these criteria first; nursing homes were more likely to mention dependability as an ideal applicant characteristic. Several nursing home administrators mentioned that employees new to the field begin work at nursing homes where they receive their certification training at no cost. Once they receive certification, they move to home health agencies. Because home health agencies are more likely to look for certified employees, this strategy is probably an effective one for employees, but quite problematic for the nursing homes providing training.

As shown in Figure 7, the majority of all organizations felt that the in-person interview was the best selection strategy. Checking previous work references was most often mentioned as the worst strategy, although a small proportion felt that work references were often the best strategy for selecting employees. Ohio's recently required criminal background check was also viewed as a poor selection strategy by a number of employers. Comments about the criminal

background check suggest that it does not work as a selection strategy because there is a time lag of up to six months between hiring and receiving the results of the background check. Several administrators suggested that workers with criminal records know when the background report is likely to come back and terminate their employment before they are actually discharged. Employers cannot divulge the results of the check to subsequent employers, thus these workers can move on to the next organization and work for several months. Others questioned whether offenses such as writing bad checks or drug possession truly indicate a worker's likelihood to mistreat those in their care.

Very few employers used aptitude tests (10.1%) or skill tests (26.8%) as part of their selection strategy. Home health agencies were about twice as likely as nursing homes to employ formal testing as part of their selection process. This is particularly interesting, given that Figure 8 shows that home health agencies have much lower selection costs than nursing homes.

Turnover Rates

The following sections compare organizations based on their turnover rates, rather than their perceived recruitment problems. We first asked them about their perceptions of the seriousness of their turnover problem. We also asked them to report their turnover rate and we computed a uniform turnover rate for each organization using information about the total number of employees, number of vacancies, and number of employees that were hired in the last year. For these comparisons, 41 nursing homes and 44 home health agencies had low turnover rates (50% or below) and 48 nursing homes and 33 home health agencies had high

Figure 7. Percentage of Respondents Reporting Top Three Best and Worst Selection Strategies by Perceived Extent of Recruiting Problem

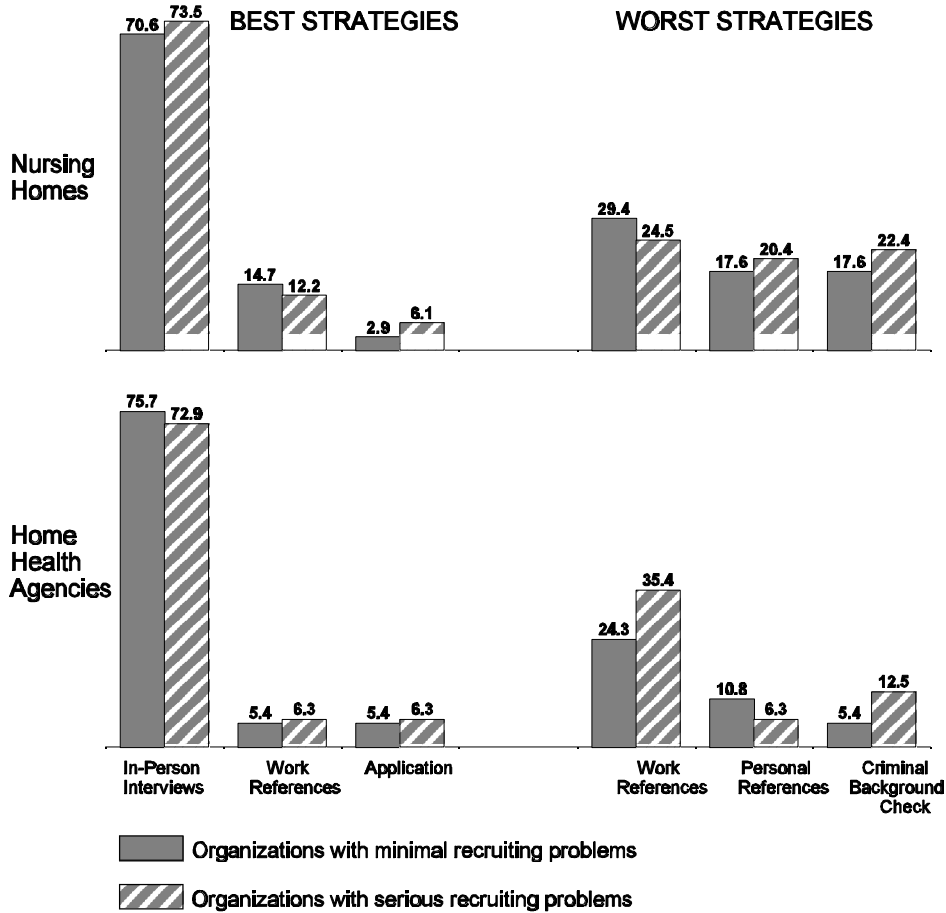
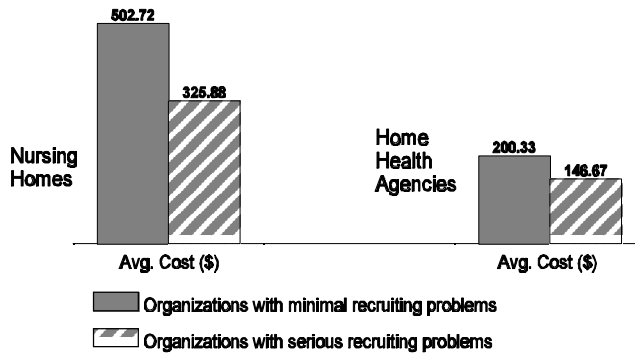


Figure 8. Average Cost for Selecting an Employee by Perceived Extent of Recruiting Problem



turnover rates (96% and above). Fifty programs had intermediate turnover rates and were excluded from the analysis in order to emphasize contrasts between organizations with low and high turnover.

Interestingly, perceiving turnover as a serious problem was very modestly correlated with having a high computed turnover rate (the average correlation for different categories of frontline workers was .20). Undoubtedly, this is related to the fact that most organizations had no objective data on their turnover rates with which to assess the extent of the problem. Even for organizations that computed a turnover rate (65.7% of those surveyed), the correlation between their reported turnover rates and our calculations was very modest. For example, the correlation between the organizations' computed turnover rate for nurse aides and our computed turnover rate was only .33. This is largely due to the small proportion of organizations that used a sound formula for computing turnover. The formula that we used to compute turnover rates (the number of employees who left during the year divided by the total number of employees x 100) was the most often-used among programs that computed turnover, but it was by no means the only formula. Among those who stated they knew their organization's turnover rate, over one-quarter (29.6%) of organizations either didn't know how their turnover rate was calculated or based it on a personal estimate. Another 16.9% based their turnover rate on the number of employees that left in a year, divided by either the number who stayed or the number who were hired. Both of these formulas produce results that do not accurately reflect actual turnover rates. In order to make accurate comparisons among organizations we computed "uniform" turnover rates for all organizations using the same formula (as

described above) rather than relying on their reported turnover rates that were computed in very different ways.

Figure 9 shows the average reported turnover rates and uniform computed turnover rates for organizations that saw turnover as a serious problem and those that did not. In all cases, uniform computed turnover rates were higher than reported turnover rates. Nursing facilities were very likely to underestimate their turnover rate, and the nursing facilities that saw turnover as a serious problem were even more likely to underestimate turnover--the average underestimate was 103.8 percent! When they reported turnover rates, home health agencies underestimated their turnover rates by a smaller percentage, but a much smaller proportion of home health agencies reported turnover rates (48%) compared with nursing facilities (66%).

Our first comparison based on computed turnover examines the characteristics of organizations with high and low turnover rates. As shown in Figure 10, those with turnover problems are more likely to be for-profit and urban. Both of these differences approach significance for nursing homes ($p=.09$) and the difference between profit/non-profit home health agencies is significant ($p=.02$). Nursing homes with high turnover are more likely to be part of a chain, and less likely to be unionized, although these differences are not significant. Combined with the factors related to perceived recruitment problems, being part of a chain and having an urban location are particularly problematic.

As we did with recruitment problems, we asked organizations to report up to four reasons for their retention problems. Figure 11 compares reasons for retention problems for nursing facilities and home health agencies

Recruiting and Retaining Frontline Workers in Long-Term Care: Usual Organizational Practices in Ohio

Figure 9. Average Computed and Reported Turnover Rates by Perceived Seriousness of Turnover Problem

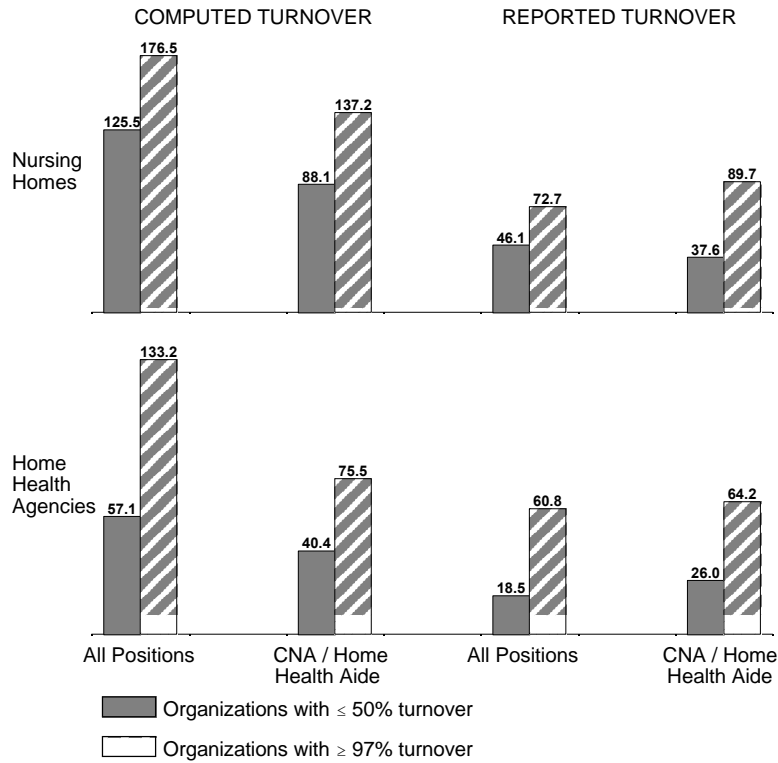


Figure 10. Characteristics of Nursing Homes and Home Health Agencies by Low and High Computed Turnover Rates

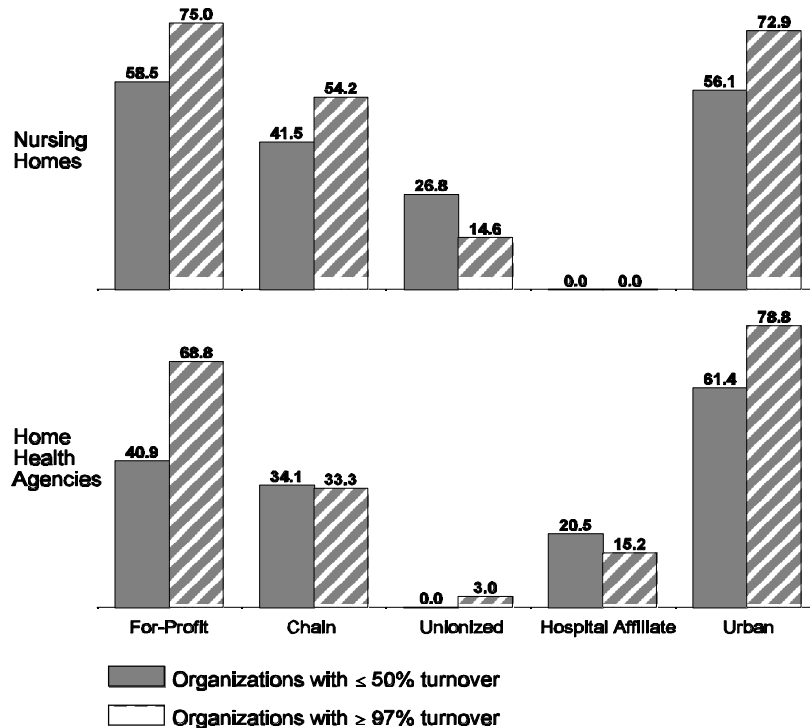
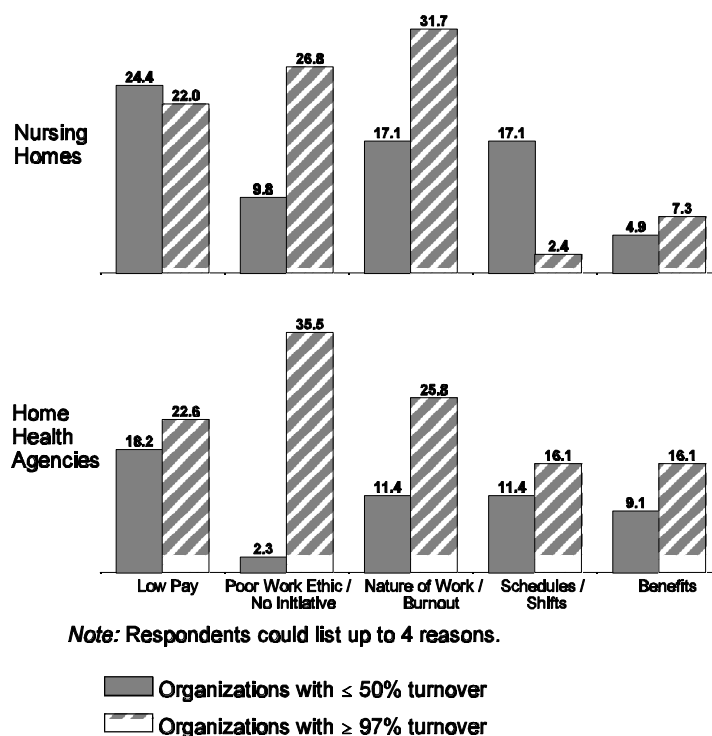


Figure 11. Percentage of Respondents Reporting Top Reasons for Retention Problems by Computed Turnover Rate



with high and low computed turnover rates. Perceived poor employee work ethics, perceived lack of initiative, difficult nature of the work, and burnout were most often cited as the primary reasons for turnover by organizations with high turnover rates, but not by organizations with low turnover rates. Thus, organizations with high turnover rates were typified by an unfortunate combination of unmotivated employees and a difficult work situation prone to burnout. On the other hand, low pay was seen as a cause of turnover for all types of organizations regardless of turnover rate.

In an effort to understand how organizations treated their employees once they were on the job, we asked about employee satisfaction information, strategies for improving turnover problems, employee benefits, and training. The next sections

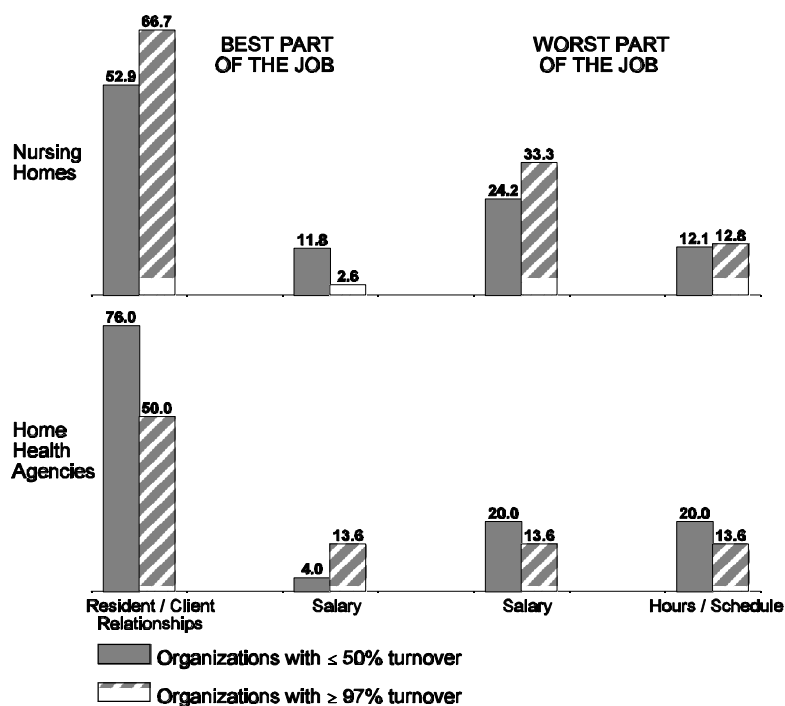
discuss our findings in these areas, again using comparisons between organizations with low and high uniform computed turnover.

Employee Satisfaction

More than three-quarters (80.5%) of nursing homes and two-thirds (66.0%) of home health agencies have conducted at least one employee satisfaction survey. The proportion of organizations that survey their employees does not vary significantly according to an organization's turnover rate.

The topics included in the employee satisfaction surveys were similar among organizations. Over half the nursing homes surveyed their employee's satisfaction with salaries, benefits, hours/scheduling, employee input, work environment, pace of work/staff ratios, and their relationships with super-

Figure 12. Percentage of Respondents Reporting Employee Perceptions Regarding Best and Worst Aspects of their Job by Computed Turnover Rate



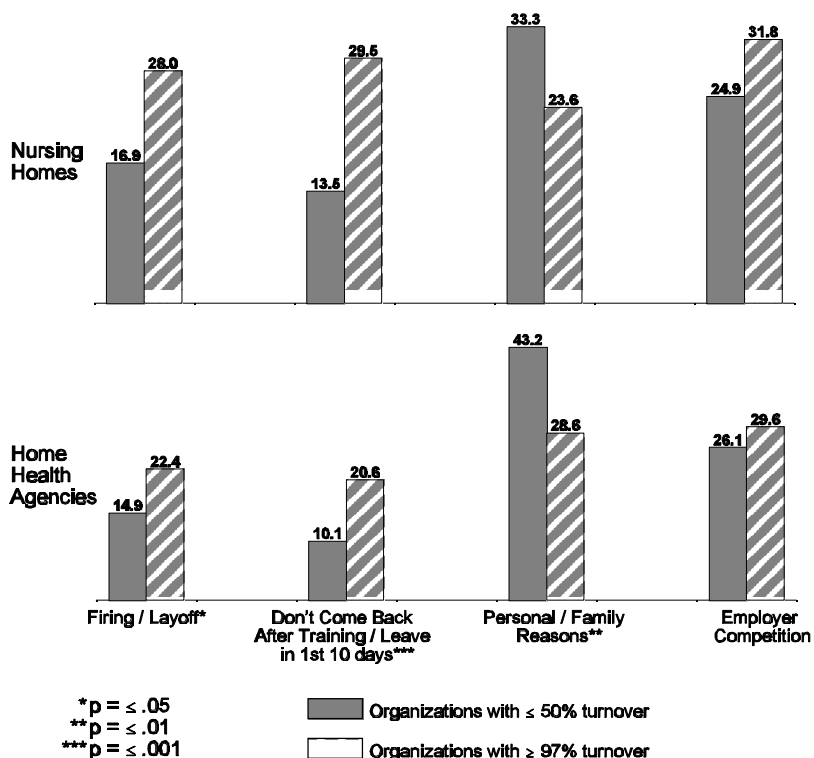
visors, colleagues, and residents/clients. Significantly, almost two-thirds (64.7%) of the nursing homes with low turnover rates asked their employees about their satisfaction with the work environment. On the other hand, less than half (44.7%) of the nursing homes with high turnover covered the same topic. Over half of the home health organizations that conducted employee satisfaction surveys included the same areas as nursing homes, with the addition of employee policies, and the exclusion of relationships with colleagues and the pace of the work. Despite what the literature suggests about the importance of job design, organizational climate, and job image and status, fewer than half of all those who surveyed their employees included these topics in their surveys.

Literature on consumer satisfaction suggests that consumers should be surveyed

on those areas that are most relevant to them. Long-term care employees should be considered as consumers of their organization's practices. Organizations might benefit from rethinking their employee satisfaction instruments to include items that most affect employee satisfaction. This might move them one step closer to obtaining satisfaction information that could be used to influence employee turnover. Interestingly, only about six out of every ten (58.3%) organizations that had conducted surveys used the survey information—the most frequent use (87.3%) was to develop employee policies and benefits.

In addition to asking employers about the areas covered by their surveys, we asked them which aspects of the job employees perceived most and least favorably. As shown in Figure 12, the best parts of the job were

Figure 13. Average Percentage of Employees Leaving for Different Reasons by Computed Turnover Rate



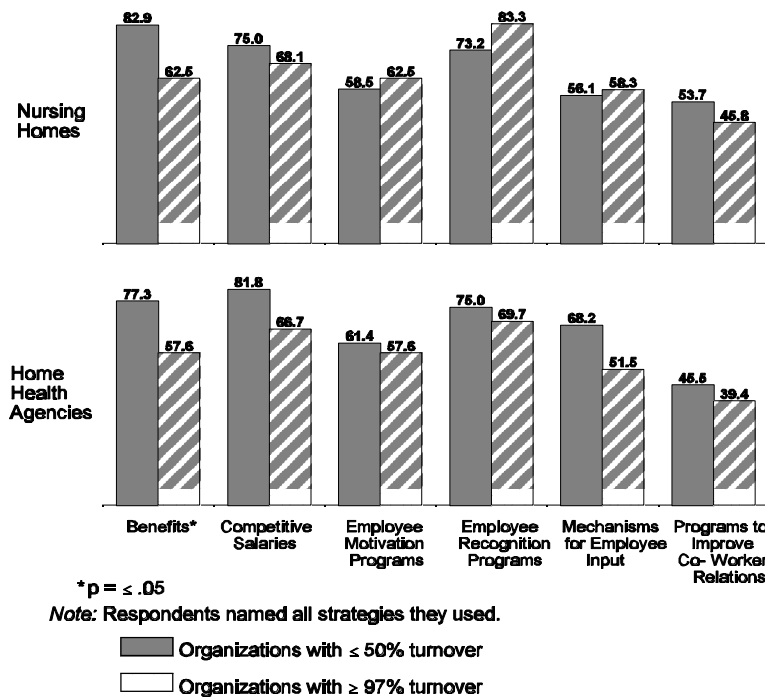
Note: Significance was examined for differences among the four groups shown.

resident/client relationships, and salaries. Salaries were also mentioned most frequently as the worst part of the job with hours and schedules close behind. About 10% of the organizations with starting nurse aide salaries of \$7.00 and over reported that salaries were the best part of the job. Interestingly, 7.6% of the organizations with starting nurse aide salaries of \$6.37 and below (the lowest third of the pay range) also reported that salaries were the best part of the job. On the other hand, a third of the organizations in the low salary group reported salaries were the worst part of the job. Salaries may be viewed as the worst part of the job when other factors also contribute to work satisfaction. In other cases, employees may feel that their only motivation

for work is the money, therefore it is the best part of the job.

We asked employers to indicate the reasons that their employees left once they were on the job. Employers reported reasons for firings; other information was based on employer recollections of exit interviews, or other available information about employee resignations. Those employees who leave without notification are not included since their reasons for resignation were unknown. Figure 13 shows the average percentage of employees leaving for different reasons by level of turnover. Organizations with high turnover rates were more likely to let employees go for poor attendance or other

Figure 14. Percentage of Respondents Using Selected Employee Retention Strategies by Computed Turnover Rates



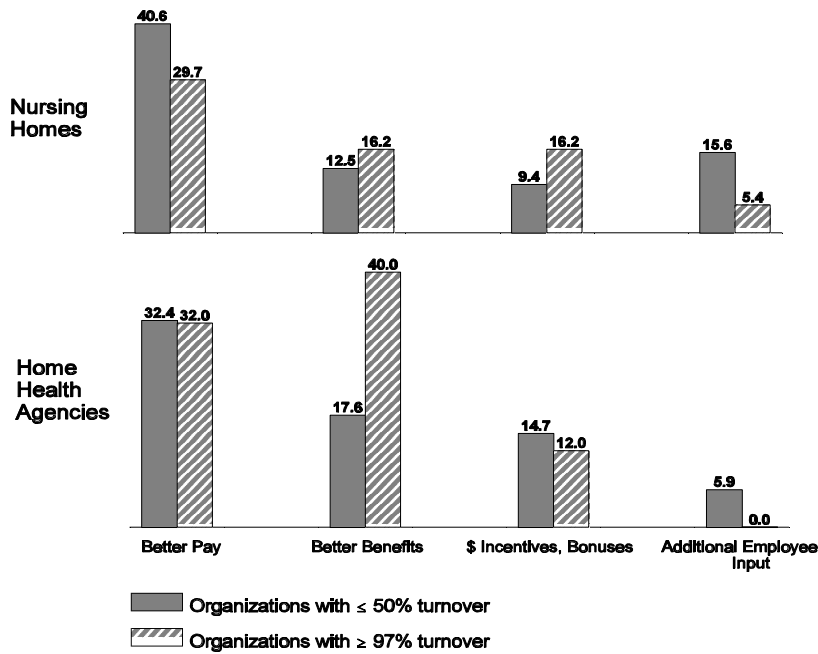
poor performance and also more likely to have employees quit right after the completion of training or within the first 10 days of employment; often without notification. These findings suggest that organizations with high turnover rates attract a less viable pool of job candidates that are eventually terminated or select employees whose expectations are not met once they are on the job. On the other hand, competition from other employers is about equally prevalent as a cause of turnover across all types of organizations. Thus, it is probably something in the management or working conditions in a particular organization rather than in the overall nature of frontline work that causes high turnover rates. The finding that organizations with low turnover rates are much more likely to have people leave for family reasons—an external circumstance, reinforces this.

Across all types of organizations, the most frequently mentioned retention strategies were improved employee benefits, competitive salaries, and employee recognition programs.

Retention Strategies

We asked long-term care employers to report the strategies that they believed help them retain employees. Figure 14 shows a comparison of the most frequently mentioned strategies by organization type and turnover. Across all types of organizations, the most frequently mentioned retention strategies were improved employee benefits, competitive salaries, and employee recognition programs. Nursing homes with low turnover mentioned

Figure 15. Percentage of Respondents Suggesting “Fantasy” Strategies for Improving Turnover Rates by Computed Turnover Rate



benefits most often, while home health organizations with low turnover mentioned competitive salaries most often. Both nursing homes and home health agencies with high turnover mentioned competitive salaries most often. Clearly, paying well, providing benefits, and recognizing employees represent the conventional wisdom for retaining good employees in long-term care, but differences are also shown among some of the lesser mentioned strategies. For example, both nursing homes and home health agencies with low turnover were more likely to mention programs to improve co-worker relationships than their high turnover counterparts. Interestingly, both types of organizations with high turnover were more likely to use an open-door management style. We also counted the total number of retention strategies mentioned. On average, organizations with lower turnover used one additional retention strategy

compared to their high turnover counterparts. (Low turnover nursing homes used 8.6; high turnover facilities used 7.5. Low turnover home health agencies used 7.6, high turnover agencies used 6.6.) The answer to actually reducing turnover in long-term care appears to require multiple strategies that address diverse aspects of the frontline worker’s job.

Employers were also asked to discuss any additional strategies they would like to use, even if they were not currently using them. Figure 15 shows these “fantasy” strategies for improving turnover rates by organization type and turnover rate. Better pay and better benefits are still the predominant strategies, regardless of organizational type or turnover. Home health agencies with high turnover were significantly more interested in providing employee benefits; this reflects the fact that they offer fewer benefits than their

Table 1. Benefits Offered by Computed Turnover Rate

Benefit	Nursing Homes		Home Health	
	Lowest Rates	Highest Rates	Lowest Rates	Highest Rates
Employer Paid Health Ins.	7.3	11.1	23.5	13.6**
Employee Paid Health Ins.	2.4	2.2	2.9	22.7**
Shared Cost Health Ins.	90.2	84.4	73.5	63.6**
Dental Insurance	85.4	74.5	61.4	40.6***
Paid Holidays	97.6	87.5	77.3	62.5***
Tuition Reimbursement	48.8	22.7	41.7	12.5**
Attendance Bonus	39.0	43.8	15.9	28.1*
Pension or 401K/403B	80.5	72.9	47.7	40.6***
Other Bonuses	43.9	52.1	27.3	37.5
Day Care	7.3	----	----	3.1
Paid Sick Leave	95.1	81.3	72.7	50.0***
Paid Vacation	100.0	89.6	81.8	75.0**
Transportation	2.4	----	77.3	78.1***
Life Insurance	65.9	53.2	40.9	18.8***
Flexible Schedules	14.6	4.3	38.6	37.5***
Uniform Allowance	19.5	10.6	13.6	12.5
Meals	29.3	27.7	4.5	3.1***
Profit Sharing	9.8	8.5	4.5	3.2
Counseling Services	12.2	10.6	15.9	9.4
Vision Coverage	46.3	44.7	47.7	21.9
Avg. # of Benefits	8.9	7.9	7.3	6.0***

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

Note: Significance was examined for differences among the four groups shown.

competition. Only low turnover nursing homes were interested in offering additional opportunities for employee input, although at least one study has shown that the only factor that had a significant impact on nursing home turnover was the degree to which aides were able to contribute their own opinions about resident care. Where aides participated in care planning meetings, turnover was even lower (Wilner & Wyatt, 1999). Clearly, employee input could be given more importance by the employers in our study.

Employee Benefits

Earlier in this section we reported our findings on starting salaries by turnover rate and organization type. Salary is an important aspect of employee compensation, but employee benefits also play an important role in attracting and retaining employees. Often a benefits package is enough to determine an employee's choice of one organization over another. Table 1 shows the complete list of benefits we asked about, by organizational

type and turnover rate. Paid vacation is the most commonly offered benefit offered by 75% or more of all employer types. Transportation reimbursement is offered by over three-quarters of the home health agencies; a lower number than expected given the extent of employee travel required. Health insurance that is cost-shared between the employer and the employee is the predominant health insurance offering, and 14.5% of long-term care employers offer no health insurance option. Of the organizations without a health option, 83% are home health agencies. Clearly, the package of benefits commonly offered differs greatly between home health organizations and nursing facilities. As previously shown, home health agencies mentioned benefit improvement as a fantasy retention strategy much more often than nursing facilities. A closer examination of the benefits offered suggests that home health agencies will have to work hard to implement benefit packages in proportions similar to their nursing home counterparts. However, benefits are clearly not a simple answer to employee turnover. Nursing homes with higher turnover rates were more likely to offer employer paid health insurance and bonuses than their low turnover counterparts. However, the benefits package commonly offered by three-fourths or more of both low and high-turnover nursing homes includes shared-cost health insurance, dental insurance, paid holidays, a pension or a 401k/403b, paid sick leave, and paid vacation. Two-thirds of those with low turnover also offer life insurance. These findings suggest that although there are small distinctions in benefit coverage related to employee turnover, the greatest distinctions are between the home health and nursing home segments of the industry. In addition, as shown earlier in Figure 3, less than three-quarters of frontline workers actually are eligible for the full benefits package offered by employers.

Employee Training

Adequate employee training is important for quality of care, and provides employees with the skills and tools necessary for success in their jobs. Research also suggests that training should cover ethical and interpersonal aspects of care as well as technical skills development (Feldman, 1994). We asked our respondents to describe the topics covered in their orientation and training programs, as well as their opinions about the adequacy of their training. As shown in Table 2, less than 2% of employers mentioned topics other than technical, procedural, or administrative skills. Yet, overall these employers perceived their training as more than adequate—a strong majority ranked their training 7 or above, with a 10 being "very adequate." However, industrywide, some additional work needs to be done in this area. Frontline workers must deal with difficult or abusive residents or unhappy families at the same time they respectfully change a resident's clothes or give a bath. Diamond (1992) describes the emotional stress of caregiving and notes the wishes of new nursing assistants to, "know how better to perform the tasks that had been so unnerving and how to start conversations with patients" (p. 21). More emphasis on handling the interpersonal aspects of care could help employees maximize what they view as the best part of their job—relationships with residents and clients.

Despite what is known about the desirability of career ladders, job redesign, and employee support groups very few employers use these strategies to reduce turnover.

Table 2. Orientation and Training Topics and Costs by Perceived Extent of Retention Problem

	Nursing Homes		Home Health	
	Little or No Problem	Serious Problem	Little or No Problem	Serious Problem
Topics				
Required (OSHA, fire safety, etc.)	88.5	89.1	68.9	72.5*
Organization Policies	69.2	84.8	82.2	80.0
Tour of Facility/Agency	38.5	28.3	2.2	2.5**
Introduction of Managers	19.2	23.9	15.6	10.0
Benefits/Paperwork	30.8	45.7	60.0	55.0
Documentation of Work	----	2.2	71.1	75.0**
Care Skills	3.8	6.8	37.8	42.5**
CPR	2.5	2.2	----	10.0*
Other	----	2.2	2.2	2.5
Percentage Perceiving Training as Adequate (7 and above with 10 = very adequate)	67.5	64.6	70.4	75.8

* $p = \leq .05$

** $p = \leq .001$

Note: Significance was examined for differences among the four groups shown.

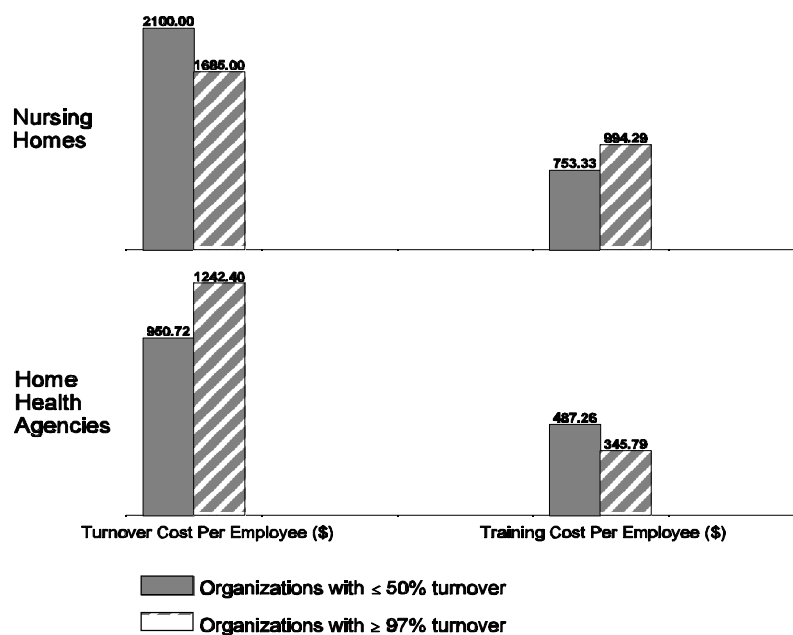
Overall, long-term care employers are fairly attentive to the needs and concerns of their workers once they are on the job. However, the findings reported here suggest that more could be done. Despite what is known about the desirability of career ladders, job redesign, and employee support groups very few employers use these strategies to reduce turnover. Training topics are limited in most organizations, and when employee satisfaction surveys are done, they are often not put to use to implement organizational change. Our findings suggest that strategies that are found successful in demonstrations and special initiatives are not frequently

incorporated into the practices of the majority of long-term care employers.

Turnover Costs

We asked our respondents whether they had ever computed an estimate of their total turnover costs and if so, what turnover cost their organization per employee. Only 17% of these long-term care employers had ever calculated the cost of turnover in their organization. There was little difference in the proportion of home health agencies or nursing

Figure 16. Average Cost of Turnover and Training Per Employee by Computed Turnover Rate



homes that knew turnover costs, however, both nursing homes and home health agencies with turnover problems were more likely to have examined their turnover costs. For example, nearly 20% of the nursing homes with problems had examined their turnover costs compared to only 9% of those without problems. Clearly, a majority of these long-term care employers know little about what turnover is costing their organizations. This lack of knowledge has critical implications for mustering resources to begin to solve turnover issues.

Of those who had examined their turnover costs, most had likely underestimated them. As shown in Figure 16, costs ranged from an average of \$952 for home health agencies with low turnover, to \$2100 in nursing homes with low turnover, whereas Zahrt's (1992) careful cost accounting estimates showed that in 1992 the cost of each nursing facility front-line replacement averaged about \$3200.

Underestimates of the cost of turnover seem to be linked mainly to including too few costs. For example, among organizations that had some awareness of their turnover costs, nursing homes showed the highest costs, while still including only about half of the items that should be considered in total turnover costs (see Table 3). Overall, organizations are much more likely to consider costs related to new hires than costs related to employees leaving. Training and orientation times are the most commonly included items in turnover costs.

Accurate computations of turnover rates and the costs of turnover are essential for making informed managerial decisions.

Accurate computations of turnover rates and the costs of turnover are essential for

**Table 3. Areas Included in Computation of Turnover Costs
by Computed Uniform Turnover Rate**

	Nursing Homes		Home Health	
	Lowest Rates	Highest Rates	Lowest Rates	Highest Rates
Cost/Savings of Employee Leaving				
Exit Interviewer's Time	50.0	9.1	14.3	42.9
Employee Wages During Exit Interview	25.0	9.1	14.3	28.6
Administration/Paperwork	25.0	36.4	42.9	28.6
Separation Pay	50.0	9.1	14.3	14.3
Increase in Unemployment Tax	----	----	----	28.6
Additional Overtime	25.0	36.4	28.6	28.6
Temporary Help	25.0	9.1	----	14.3
Wage Savings	25.0	----	14.3	28.6
Cost of New Hire				
Paperwork/Benefit Sign-up	50.0	72.7	57.1	85.7
Advertising	50.0	90.9	100.0	71.4
Interviewer's Time	50.0	72.7	71.4	71.4
Test Costs (Drug, Skill)	75.0	63.6	71.4	42.9
Medical Exams	75.0	72.7	71.4	28.6
Staff Orientation Time	100.0	72.7	85.7	100.0
Time Checking References	50.0	54.5	71.4	85.7
Background Checks	75.0	63.6	71.4	85.7
Formal Training	100.0	72.7	57.1	85.7
Informal Training	75.0	45.5	57.1	71.4
Reduced Efficiency/Productivity	----	9.1	14.3	14.3
Avg. Number of Items Included in Cost	9.5	7.8	8.6	9.6

making informed managerial decisions. For example, suppose a nursing facility has a uniform computed turnover rate of 200 percent annually and a total of 60 frontline positions. If turnover cost \$4,000 per replacement and 120 replacements were needed annually, the annual cost of turnover would amount to \$480,000, or \$8,000 per position. Given that a 40-hour per week position generally involves payment for 2,112

hours per year, the cost of turnover would be \$3.78 per employee per hour. Armed with these numbers, the employer might well project that an \$1 hourly pay increase or full payment of an employee's health insurance could result in considerable savings. Suppose a \$1 increase in hourly pay reduced turnover to "only" 100%. The annual net savings to the organizations would amount to \$113,280—no small sum. (Net savings=\$240,000 that would

have been paid for 60 replacements at \$4,000 per replacement - \$126,720 for the \$1 per hour pay increase for 60 positions at 2,112 hours per year.) Of course, the organization would want to carefully calculate the results of the pay increase to compute its actual effects on turnover rates and costs of turnover.

Effects of Turnover on Quality of Care

The above example illustrates how turnover costs employers valuable dollars that could be spent elsewhere in the organization. Whether it is apparent or not, eventually turnover has an impact on quality of care for residents and home care clients. At the minimum, turnover affects continuity of care and care recipient relationships. Several studies have shown that the main impact on care recipients' perceptions of quality is the relationship that they have with their paid caregivers (Wilner & Wyatt, 1999).

In addition, staff turnover can often result in staff shortages that require the remaining staff to do too much work in too little time. Turnover breeds more turnover as remaining staff lose morale, feel overworked and undervalued, or even become injured from lifting residents without a helper (Wilner & Wyatt, 1999).

We asked respondents whether they felt that turnover impacted the quality of the care provided, and how they coped with staff shortages. About half (53.7%) of all organizations felt that turnover had not affected the quality of the care provided. Actual computed turnover rates and the type of organization were not significantly related to whether organizations perceived quality problems related to turnover. Among those who admitted to turnover impacts on quality, the most common effect was that care

recipients received less personal time because care was rushed. This has a direct relationship to the most satisfying part of the frontline worker's job—relationships with care recipients. When care is depersonalized and rushed, employees cannot develop or maintain the relationships with care recipients that are so important for both groups.

When we compare how organizations cope with staff shortages, nursing facilities with high turnover are more likely to use temporary staffing from personnel agencies than those with low turnover rates who are more successful at asking employees to increase their scheduled hours (see Table 4). This is yet another indicator that morale is higher in nursing facilities with low turnover rates. There is no difference in the proportions who increase workload on existing staff or who ask volunteers to work extra.

Among home health agencies, those with high turnover rates are much more likely to cope with staff shortages by limiting admissions, increasing the workload for existing staff, and increasing scheduled hours. Agencies with low turnover are much more likely to pay overtime or ask their RNs and LPNs to fill in.

**Table 4. Strategies for Coping with Staff Shortages
by Computed Turnover Rate**

	Nursing Homes		Home Health	
	Lowest Rates	Highest Rates	Lowest Rates	Highest Rates
Strategies				
Limit Admissions	----	4.2	38.6	75.8**
Use Temps	43.9	68.8	15.9	9.1**
Paid Overtime	65.9	64.6	52.3	42.4
Increase Workload	46.3	47.7	39.6	69.7
Cancel Days Off	12.2	4.2	----	----*
Increase Scheduled Hours	61.0	41.7	54.5	63.6
Use RNs, LPNs	46.3	56.3	54.5	39.4
Ask for Volunteers to Work Extra	78.0	77.1	65.9	57.6
Recognition for Those Who Work Extra	17.1	18.8	6.8	6.1
Pay Bonuses	36.6	31.3	11.4	27.1*
Always Overstaff Schedule	9.8	12.5	2.3	7.2
Pay Shift Differentials	24.4	20.5	16.7	33.3
Most Frequently Used				
Ask for Volunteers to Work Extra	41.5	22.7	39.6	24.2
Least Often Used				
Use Temps	36.6	62.5	9.1	3.0

* $p = \leq .05$

** $p = \leq .001$

Note: Significance was examined for differences among the four groups shown.

Most of the factors that have differentiated high turnover organizations from those with low turnover thus far seem to have been related to organizational climate the perceived difficulty of working there and high potential for burnout. The average number of frontline full-time-equivalent staff per 100 residents is 74 in low turnover nursing homes, compared to 53 in nursing homes with high turnover.

Most of the factors that have differentiated high turnover organizations from those with low turnover thus far seem to have been related to organizational climate—the perceived difficulty of working there and high potential for burnout. To test this assumption we compared the staff/care recipient ratios across low and high turnover organizations. As anticipated, a significant ($p < .001$) difference is shown between low and high turnover nursing homes. The average number of frontline full-time-equivalent staff per 100 residents is 74 in low turnover nursing homes, compared to 53 in nursing homes with high turnover. However, the same relationship does not hold true for home health agencies—those with the highest turnover also have the highest staff ratios. Home health agencies use more part-time staff than do nursing homes; the lower staff ratios among low turnover organizations may result in more scheduled hours and greater eligibility for benefits for frontline workers in home care agencies.

Discussion and Implications

In this study, most nursing homes and home health agencies dramatically underestimated the extent of their turnover problem and did not collect adequate data on the extent and cost of turnover. Consequently, long-term care employers were in a poor position to evaluate the financial trade-off that might be made. This is especially important where competitive wages are an issue and for home health agencies, where lack of benefits is a major factor characterizing high-turnover agencies. Home care workers also do not have the added stress of seeing the clients who are waiting for care.

Interestingly, the findings also suggest that economic factors are not a prime mover in differentiating low and high turnover organizations. Instead, factors related to the organizational climate, such as perceptions of employees having little initiative and a poor work ethic, increased hiring of questionable employees, and firing of employees combine with problematic workloads to present a picture of qualitatively different working conditions in high-turnover organizations compared with those having low turnover. For example, Banaszak-Holl and Hines (1996) reported that nursing homes that included aides in care planning had significantly lower turnover rates. Good management also nurtures friendly relationships, shows a moral commitment to quality of care, and is "supportive, caring, understanding, and helpful" (Wilner & Wyatt 1999, p. 41).

Despite higher expenditures on training and salaries, and the use of more recruitment strategies, organizations with high turnover are more likely to attract a poor candidate pool, fire employees, and lose employees after training or a brief stint of work.

Despite higher expenditures on training and salaries, and the use of more recruitment strategies, organizations with high turnover are more likely to attract a poor candidate pool, fire employees, and lose employees after training or a brief stint of work. In addition, high turnover nursing facilities have a higher proportion of temporary staffing and high-turnover home health agencies are much more likely to arbitrarily increase workloads for existing staff; both strategies could be expected to negatively affect care quality and the continuity of relationships between workers and care recipients.

Organizations with low-turnover were more likely to conduct employee satisfaction surveys, have employees leave for personal or family reasons, and have programs to improve co-worker relationships.

Conversely, organizations with low-turnover were more likely to conduct employee satisfaction surveys, have employees leave for personal or family reasons, and have programs to improve co-worker relationships. Qualitatively, these few

examples suggest a different approach to valuing employees than is characterized by high turnover organizations.

In an economy where unemployment is low and demand for entry-level workers is high, the long-term care industry must be competitive with salaries and benefits to attract workers, and must also maximize the intrinsic rewards that can come from frontline work. In 1996, waitresses and video store clerks made higher average salaries than nurse aides in nursing homes. Short order cooks and childcare workers received comparable pay (U.S. Bureau of Labor Statistics, 1999). Thus, a certain level of reimbursement must be provided in order to attract employees. The long-term care industry has not come forward to suggest standards for wages and benefits for frontline workers, but some would suggest this is a needed move (Wilner & Wyatt, 1999).

Reimbursement from Medicare and Medicaid has an influence on, but does not determine the rates of pay and the kinds of benefits provided to frontline workers. For example, our findings are all from employers receiving public funds for reimbursement but they offer a wide range of salaries and benefits. As stated before, minimum standards would help to level the playing field for the industry, as well as encourage new workers to begin a career in frontline work. Certification requirements now include expected levels of training for frontline workers; other standards could be imposed as well.

Long-term care consumers and their families also have a stake in improving the situation of frontline workers. The lack of individualized care is frustrating for consumers, but worker efficiency and productivity is demanded by employers, particularly when they are short-staffed. These

two competing demands place frontline workers in a difficult position; one that can lead to frustration, burnout, and still more turnover. Frustrated workers are less likely to provide quality care. Overburdened workers are less likely to respond to non-routine requests, respond quickly to routine requests, or to take the time to develop personal relationships with care recipients. All of these things are important to consumers and their families. As consumers gain more practical understanding about long-term care quality, they will learn to observe how employees are treated, and how they go about their jobs. As Wilner & Wyatt state, "...if we permit the majority of caregivers to remain poorly paid, unappreciated, and poorly supported, we will also have made our choice about what we can expect for those in need of care" (1999, p. 55).

To keep employees once they are hired employers must provide adequate training to inspire confidence on the job, adequate staff to prevent overload and burnout, and time to maximize relationships with care recipients.

As our findings show, many aspects of frontline work provide rewards. To keep employees once they are hired employers must provide adequate training to inspire confidence on the job, adequate staff to prevent overload and burnout, and time to maximize relationships with care recipients. A large pool of workers remains loyal to the organizations and the art of frontline work. Increasing the pool of long-stay frontline workers is an important goal for most employers. Strategies used by low turnover

organizations provide ideas of where other organizations can begin.

Data from this study cannot address the issue of which comes first—problems in the work environment or problems with staffing. Nevertheless, low-turnover organizations tend to exert more efforts with their existing employees, while organizations with high turnover put more effort into bringing new employees to the door. An organization's reputation in the community reflects the public perceptions of how it treats its employees and probably has an important influence on the pool of applicants for vacant positions.

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Appendix

Ohio Department of Aging



50 West Broad Street/8th Floor, Columbus, Ohio 43266-0501
(614)466-5500 TDD (614)466-6191 FAX (614)466-5741

George V. Voinovich, Governor

October 27, 1997

Dear Administrator/Agency Director:

A researcher from the Scripps Gerontology Center at Miami University will be calling you next week to conduct an interview about recruitment and retention of long-term care workers. The interview has been developed with input from ODA's Para-Professional Task Force and others in the long-term care industry. We believe the results of these interviews will provide useful information to our task force as well as to individual long-term care providers. We can learn a great deal from each other, and this research project is one way for us to accomplish that.

We realize that the survey does represent a time commitment of 30-40 minutes from you or another member of your staff. However, we believe that the report produced from the study will be worth the effort and hope you will join us in supporting this research study. In addition, Scripps has assured us that all participating organizations will receive a copy of this report when it is completed. Please feel free to contact Sheri Kiser, ODA at 614/644-5455 or the researchers from Scripps if you have questions.

Sincerely,

ODA Long-term Care Para-professional Task Force Provider Representatives

AOPHA, Paulette Luneborg

Ohio Academy of Nursing Homes, Pat Baker

Ohio Council for Home Care, Betsy Houchen

Ohio Health Care Association, Myrna Lee

tms

September 8, 1997

Administrator
Facility
Facility Address
City, OH Zip

Dear Nursing Home Administrator,

As you know, recruiting and retaining frontline workers, such as nurse aides and personal care workers, are leading problems today for most long-term care providers. In order to better understand this issue and to help the industry find solutions, Scripps Gerontology Center at Miami University is conducting a study to determine what organizations do individually to address these problems under normal fiscal and personnel constraints.

For this project, we will be interviewing home care agencies and nursing facilities in both rural and urban settings in Ohio to examine the similarities and differences in the practices used to recruit and retain long term care paraprofessional employees. We are asking for your participation in this effort as we hope it will benefit the long term care industry as a whole and potentially your own facility (agency).

Next week, one of our research assistants, Becky Utz or Kate Bridges, will be calling you to conduct an interview on this topic. Most of the information we are seeking is usually readily available, but to facilitate an efficient interview, we have enclosed a list of areas that we will be inquiring about so you can gather information accordingly. If your facility does not routinely gather this type of information we want to know that too. You may also decide another staff member would be more appropriate for us to interview. The interview itself should take about 30 minutes to complete. Your responses will remain confidential and no information will be reported that will allow identification of you or your facility (agency). Your answers are extremely important since only a limited number of administrators have been chosen for this study. We need responses from many facilities and agencies to enable us to identify patterns and to discover what practices seem most effective in this area. We look forward to working with you and hope that you will be able to assist us. Thank you for your time and consideration.

Sincerely,

Robert C. Atchley
Co-Principal Investigator

Jane Karnes Straker
Co-Principal Investigator

Areas of Survey Inquiry

- ◆ Estimated cost of recruiting paraprofessional employees
- ◆ Characteristics of your frontline workforce (i.e. average age, marital status, transportation methods, etc.)
- ◆ Estimated cost in selecting new employees (testing, reference checks, etc.)
- ◆ Number of new hires in 1996 (nurse aides/orderlies, dietary aides, housekeepers)
- ◆ Percentage of new nurse aides with no prior experience in health care
- ◆ Estimated cost of orienting new employees
- ◆ Current turnover rate for all employees
- ◆ Turnover rates and estimated turnover costs for: nurse aides, dietary aides, and housekeepers
- ◆ Approximate percentages of turnover due to: employee termination, employee personal reasons, employer competition
- ◆ Current number of staff and vacancies in each position: nurse aides, dietary aides, and housekeepers
- ◆ Hourly starting and highest paid salaries for each position: nurse aides, dietary aides, and housekeepers

Recruitment and Retention Practices
for Frontline Workers in Long Term Care

NURSING HOME VERSION

A. RECRUITMENT

In this first group of questions, I'll be asking you about recruiting paraprofessional employees in your facility. When we're talking about paraprofessionals, we're thinking of nurse aides and orderlies, dietary aides, and housekeepers.

1. On a scale of 1 to 10, with 1 being no problem at all, and 10 being a very serious problem, how much of a problem is recruitment of frontline paraprofessional workers?

1	2	3	4	5	6	7	8	9	10	88	99
										DK	Refused

2. IF ANSWER IS 5 OR ABOVE ON PREVIOUS QUESTION:

What do you think is the main cause of your recruitment problems? _____

3. We'd like to know what kinds of things you do to attract qualified employees. Can you tell me all the strategies you use to recruit employees? (CHECK EACH AS MENTIONED).

a. **Advertising**

- Newspaper Help Wanted Classifieds for specific openings
- Newspaper Ads to generally attract applicants (i.e., like older people, job in health care)
- Public Bulletin Boards
- Newsletter or other publications
- Direct Mailings..
- Marketing materials, i.e. career brochures
- Radio, TV
- Other. What? _____

b. **Referrals**

- Bonuses to referring employee. When do they get their bonus? _____
- Internal posting of jobs
- In house referrals, word of mouth
- Other. What? _____

c. **Community Visibility**

- Reputation of Facility
- Career Days
- Job Fairs
- Speeches in educational settings
- Speeches to service organizations, other groups. Who? _____
- Community Open Houses
- Certification training open to the community
- Other. What? _____

d. **Employment Agencies/Job Training Programs**

- OBES (Ohio Bureau of Employment Services)
- JTPA (Job Training Partnership Act Program)
- Employment Agencies
- Ohio Department of Aging programs* Which one(s)? _____
- _____
- Ohio Department of Human Services programs* Which one(s)? _____

*IF ANY PROGRAMS HAVE BEEN TRIED, How would you describe your experience with that program? _____

e. **Educational Institutions**

- Nursing Schools
- Colleges/Universities
- High Schools

4. Of all the strategies you've used, which one is most successful in recruiting candidates for positions? PLACE a "B" for "BEST" NEXT TO THE STRATEGY IN THE LIST ABOVE.

5. Of all the strategies you've used, which one is least successful in recruiting candidates for positions? PLACE a "W" for "WORST" NEXT TO THE STRATEGY IN LIST ABOVE.

6. Different recruiting strategies may have very different results. If you had to make a choice, which result would you consider to be most successful:

_____ many applicants with varying qualifications.

_____ only one or two well qualified applicants.

7. Have you ever estimated your costs for recruiting a frontline employee?

_____ No.

_____ Yes. About how much do you spend on recruiting each paraprofessional employee? _____ IF THEY GIVE A RANGE PROBE Within that range, what is your estimate of what the average would be?

B. EMPLOYEE ANALYSIS

Next, I'd like to ask you some questions about your current workforce.

1. Some employers have suggested that knowing all you can about your current employees helps in recruiting future employees. Do you ever formally examine the characteristics of your current frontline workers?

_____ NO (SKIP TO B.2.).

_____ YES. What employee characteristics did you include in your analysis?

READ LIST AND CHECK EACH ONE AGREED WITH

_____ age. What is the average age of your frontline workforce? _____

_____ marital status

_____ neighborhood/location

_____ number of dependents

_____ whether they were primary or secondary earners

_____ which recruiting strategy brought them in

_____ transportation they use to get to work

_____ Anything else we haven't mentioned? _____

2. Have you ever conducted an employee satisfaction survey?

_____ NO (SKIP TO SECTION C ON EMPLOYEE SELECTION)

_____ YES. What aspects of the job did you include in your survey? For example, did you ask about salaries, benefits, supervision, work relationships, or other things?

CHECK EACH AS MENTIONED. PROBE UNCLEAR ANSWERS

- Salaries
- Benefits (Childcare, transportation, vacation, insurance, etc.)
- Reward System (Employee motivation/recognition programs)
- Working hours/Schedules

- Employee policies etc. (performance evaluations, grievance procedures, meetings,)
- Relationships with supervisors and managers
- Relationships with residents/clients
- Relationships with colleagues
- Employee Input (Care planning, reg meetings, two-way comm, suggestion box)
- Job Image/Status

- Organizational climate
- Work environment (physical facility, resources needed to do work)
- Pace of work/staff ratio
- Job Design (Teamwork, mentors, multiple skills training)

- Other. _____
- Other. _____

3. What aspect of the job is most satisfying to your employees?
PLACE a "B" FOR BEST NEXT TO THE BEST ASPECT IN LIST ABOVE.

4. What aspect of the job is least satisfying to your employees?
PLACE A "W" FOR "WORST" NEXT TO THE WORST ASPECT IN LIST ABOVE.

5. Have you used employee survey information in your recruiting and retention strategies?
 No.
 Yes. How have you used it? _____

C. EMPLOYEE SELECTION

The next set of questions deals with your employee selection process.

1. How would you describe the ideal applicant for a paraprofessional position in your facility? _____

2. On a scale of 1 to 10 with 1 being never and 10 being always, how often are you able to

(THIS CAN BE 1996, or IN THE LAST 12 MONTHS)

Nurse Aides/Orderlies

Dietary Aides

Housekeepers

10. What percentage of your new nurse aides had no prior employment experience in a nursing home?

_____ IF THEY GIVE A RANGE, PROBE.

D. RETENTION

The next set of questions are about employee retention.

1. On a scale of 1 to 10 with 1 being no problem and 10 being a very serious problem, how great a problem do you have keeping your employees once you have hired them?

1	2	3	4	5	6	7	8	9	10	88	99
										DK	Refused

2. IF ANSWER IS 5 or ABOVE ASK Why do you think you have a retention problem?

3. On a scale of 1 to 10 with 1 being distant and unfriendly and 10 being helpful and welcoming, how would you say new employees are treated by your long term employees?

1	2	3	4	5	6	7	8	9	10	88	99
										DK	Refused

4. I'd like to know what strategies you use to retain your employees. Can you tell me all the strategies you use that you believe help you retain good employees? CHECK EACH AS MENTIONED. PROBE UNCLEAR ANSWERS. ALSO, NOTE TYPE OF CHANGE

- Orientation _____
- Training _____
- Benefits _____
- Career ladders _____
- Competitive Salaries _____
- Longevity wage increases _____
- Merit wage increases _____
- Increased number of paid days off _____
- Promotion based on seniority _____
- Longevity Recognition program _____
- Hiring bonus after a specific service time. How long? _____
- Employee motivation programs _____
- Employee recognition programs _____
- Job Redesign _____
- Mechanisms for employee input _____
- Methods to enhance worker/resident relationships _____
- Methods to enhance coworker relationships _____
- Mentor/Buddy programs _____
- Maintain an open door approach to management _____
- Formalized grievance procedures _____
- Provide increased resources for doing the work _____
- Monitor employee satisfaction through surveys, etc. _____
- Employee support groups _____
- Other. _____

5. Of the things you've mentioned, which is the most helpful in retaining a good employee?
(MARK "B" FOR BEST IN THE LIST ABOVE.)

6. Of the things you've mentioned, which is the least helpful in retaining a good employee?
(MARK "W" FOR WORST IN THE LIST ABOVE.)

7. Are there other strategies you would like to use or provide to your employees to improve your employee retention?

- No
- Yes

What? _____
Why aren't you currently using that strategy? _____

E. ORIENTATION AND TRAINING

1. Next, we'd like to understand more about orientation and training for new employees. Can you describe your orientation program?

	ORIENTATION	TRAINING
TOPICS COVERED	I	I
CONDUCTED BY	I	I
FOR HOW LONG	I	I

2. With 1 being a very inadequate program and 10 being the ideal program, how adequate is the orientation you provide to your employees?

1	2	3	4	5	6	7	8	9	10	88	99
										DK	Refused

3. IF ANSWER IS 5 OR BELOW: What prevents you from having an ideal orientation and training? _____

4. Do you have an estimate of what it costs to orient and train a new employee?

____ No
____ Yes. How much? _____

5. Do you have an estimate of how long it is from the time an employee starts to the time when they require only the normal amount of supervision and assistance?

____ No.
____ Yes. How long? _____

F. TURNOVER

The next set of questions is about employee turnover.

1. Do you have a calculated turnover rate for your facility as a whole?

____ No.
____ Yes. What is that rate? _____

2. How do you calculate your turnover rate? _____

3. Do you know your turnover rate for frontline workers by type of position?

____ No. SKIP TO NEXT QUESTION

____ Yes. What is it for POSITION TITLE?

_____ Nurse aide/orderly

_____ Housekeeper

_____ Dietary aide

4. What percentage of your POSITION TITLE would you say are long-stay?

_____ Nurse Aides

_____ Dietary Aides

_____ Housekeepers

5. Among your long term paraprofessional staff, why do you think these employees stay on? _____

6. Do you have an estimate of your turnover cost for all employees?

_____ No.

_____ Yes. What is the average turnover cost per employee? _____

7. Do you have an estimate of turnover costs for different types of positions?

_____ No.

_____ Yes. What's the turnover cost for POSITION TITLE?

_____ Nurse aide/orderly

_____ Housekeeping

_____ Dietary aide

8. What items are included in your turnover cost?

PROBE UNCLEAR ANSWERS FOR APPROPRIATE CATEGORIES.

Costs related to person leaving

- Exit Interviewers Time
- Employee's Time During Exit Interview
- Administrative Functions/Paperwork related to termination
- Separation pay (pay for unused sick days/vacation days)
- Increase in unemployment tax
- Cost of additional overtime
- Cost of temporary help
- Savings from wages and benefits that would have been paid to employee

Costs related to selecting a new employee

- Administrative expenses related to hiring new person (tax forms, benefit sign-up, etc.)
- Cost of attracting applicants (printing and advertising costs)
- Cost of entrance interviewers' time
- Testing Costs (Drug, Skill, Aptitude)
- Medical Exams for new employees
- Staff Time (orientation, etc.)
- Telephone Calls to Check References
- Costs for Background Checks
- Formal Training Costs
- Informal Training Costs
- Performance Differential (reduced productivity because of time spent learning/asking questions, etc.)
- Other. _____

9. Approximately what percentage of your turnover is due to your firing or layoff of employees? _____

10. In your estimation, what is the most common cause of firing/layoff of employees? _____

11. Do you formally interview or survey your paraprofessional employees when they leave your facility?

- No.
- Yes.

12. What is the most common reason people tell you they are leaving? _____

13. In your estimation, what percentage of your paraprofessional employees just "don't come back" after training, or leave within the first week to 10 days? _____

14. Approximately what percentage of your paraprofessional turnover is due to changes in an employee's personal life for example, a spouse job transfer, illness in their family, lack of transportation, or other reasons? _____

15. Approximately what percentage of your paraprofessional turnover is due to employer competition, for example, leaving your facility to take a similar position in another facility with higher wages, better hours, more benefits, etc.? _____

G. SHORT-STAFF STRATEGIES

The next set of questions address how you cope with staff shortages when you have them.

1. In what way, if any, has your ability to recruit and retain paraprofessional employees affected the care you provide to your residents? Think in terms of quality, quantity, or any aspects of care that you believe are important. _____

2. Administrators use a variety of methods to cope with a shortage of staff. What strategies do you or would you use to cope with a staff shortage? CHECK EACH AS MENTIONED.

- | | |
|---|---|
| <input type="checkbox"/> Limit /refuse new admissions | <input type="checkbox"/> Volunteer or call-in people |
| <input type="checkbox"/> Use temporaries | <input type="checkbox"/> Recognition |
| <input type="checkbox"/> Assign overtime | <input type="checkbox"/> \$ Reward: call-in pay, work short bon |
| <input type="checkbox"/> Increase caseload of current employees | <input type="checkbox"/> Always overstaff the schedule |
| <input type="checkbox"/> Cancel vacations/days off | <input type="checkbox"/> Shift differentials |
| <input type="checkbox"/> Increase hours of part-timers | <input type="checkbox"/> Skip low priority clients |
| <input type="checkbox"/> Use RNs, LPNs, or management | |

3. Which of these strategies do you use most frequently?

MARK MOST USED STRATEGY WITH "M"

4. Which solution are you least likely to use?

MARK LEAST USED STRATEGY WITH "L"

H. ORGANIZATIONAL CHARACTERISTICS

We want to make some comparisons between your facility and others in terms of organizational characteristics. This last group of questions will help us do that.

1. Is your organization operated for profit or not-for-profit or publicly owned?

PROFIT:	NOT-FOR-PROFIT:	PUBLICLY OWNED:
<input type="checkbox"/> Individual	<input type="checkbox"/> Church-related	<input type="checkbox"/> County
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other Philanthropic	<input type="checkbox"/> City
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other Not-for-Profit	<input type="checkbox"/> Village

2. Is it operated as part of a chain?

Yes.
 No.

3. How many beds do you have? _____

4. Of those beds, how many are:

certified for Medicare only
 Dually certified for Medicare/Medicaid
 certified for Medicaid only
 not certified, but are private pay.

5. How many hours per week must your employees work to be considered full-time? _____

6. How many full-time READ POSITION TITLE do you currently have on your staff?

<input type="checkbox"/> Nurse Aides	How many part-time? _____	How many vacancies? _____
<input type="checkbox"/> Dietary Aides	How many part-time? _____	How many vacancies? _____
<input type="checkbox"/> Housekeepers	How many part-time? _____	How many vacancies? _____

7. How many of your residents are members of a minority racial or ethnic group? _____

8. How many READ POSITION TITLE are members of a minority racial or ethnic group?

Nurse Aides/ Orderlies
 Dietary Aides
 Housekeepers

9. Is there a Union representing the paraprofessional workers in your facility?

No.
 Yes. Which one? _____

10. How many full-time equivalent employees handle human resources or personnel in your facility? _____

11. What benefits are offered to your paraprofessional staff?

LET THEM LIST, THEN PROBE FOR ACCURACY OF CATEGORIES

_____ Health insurance If YES,

Is health insurance:

_____ employer paid

_____ employee paid

_____ shared cost

(What % participate in purchase of health insurance) _____

_____ Dental insurance

_____ Paid holidays

_____ Continuing education benefits

_____ Bonus for good attendance

_____ Retirement plan (401K, pension)

_____ Paid sick leave

_____ Other Cash Bonus

_____ Day Care

_____ Paid sick vacation

_____ Transportation/mileage reimbmsnt.

_____ Life insurance

_____ Flexible scheduling

_____ Uniform allowance

_____ Meal program

_____ Profit sharing/stock option

_____ Counseling services

_____ Vision coverage

_____ Other

12. How long must a nurse assistant be employed before they are eligible for benefits coverage? _____

RECORD TIME AND BENEFITS IF THEY ARE DIFFERENT DEPENDING ON THE BENEFIT.

13. What is the minimum number of hours per week that must be worked in order to be eligible for benefits? _____

RECORD TIME AND BENEFITS IF THEY ARE DIFFERENT DEPENDING ON THE BENEFIT.

14. What percentage of your paraprofessional staff qualify for full benefits coverage? _____

15. What is the hourly starting salary for READ POSITION TITLE?

Nurse aides _____

Is it different for part-time employees? What? _____

Housekeepers _____

Is it different for part-time employees? What? _____

Dietary Aides _____

Is it different for part-time employees? What? _____

16. What is the highest paid salary for READ POSITION TITLE?

Nurse aides _____

Is it different for part-time employees? What? _____

Housekeepers _____

Is it different for part-time employees? What? _____

Dietary Aides _____

Is it different for part-time employees? What? _____

Thank you very much for your time. Your help is very important to the success of our project. Is there anything else we should know about recruitment and retention issues?

We'll mail you a brief summary of results when our project is completed.

END TIME _____