

Needs Assessment of Long Term Care, North Dakota: 2002

Initial Report and Policy Recommendations

Issued November 2002



North Dakota State Data Center at North Dakota State University, Fargo, ND

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Forward

This report is part of the 2002 North Dakota Needs Assessment of Long Term Care. The Long Term Care project was funded by a grant through the North Dakota Department of Human Services. The purpose of the project was to assess the current and future long term care needs of residents in North Dakota. This particular report is a summary of the activities contributed by North Dakota State University and the University of North Dakota.

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This project was a joint effort based on the sharing of various databases, expertise, and staff time/resources. In particular, we would like to recognize three individuals who graciously devoted their time, energies, and resources to advance this project. The first is Shelly Peterson, President of the North Dakota Long Term Care Association, who provided her assistance and financial support to ensure the completion of the Long Term Care surveys. Her efforts demonstrate that, through partnerships, the state can accomplish much despite tight budgets. Another example of the value and success of partnerships is the support and leadership provided by James Hirsch, Director of the North Dakota Department of Commerce, and Nelse Grundvig of North Dakota Job Services. These two individuals were key in allowing us to utilize a labor market survey conducted as a joint effort by the North Dakota Department of Commerce and various county economic development entities. We were able to dovetail our survey efforts with theirs in order to complete the statewide labor survey while leveraging tight budgets. We express our deep gratitude to these two individuals and to the various counties who jointly sponsored the labor survey. We appreciate their willingness to allow us to use the data, exhibiting their trust in us not to abuse that privilege. We are convinced that partnerships like these are the future of North Dakota.

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**RECRUITMENT AND RETENTION
PERCEPTIONS OF LONG TERM CARE STAFF**



A report based on collaboration including

**Center for Rural Health
UND School of Medicine and Health Sciences**

The North Dakota Long Term Care Association

November 2002

Forward

This report is part of the 2002 North Dakota Needs Assessment for Long-Term Care. This part of the Long-Term Care project was supported by the North Dakota Long Term Care Association with professional assistance from the North Dakota Department of Human Services and the Center for Rural Health. This particular report addresses the perceptions of long-term care staff with respect to job satisfaction, and recruitment and retention issues. Analysis and writing were a collaborative effort.

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RECRUITMENT AND RETENTION
PERCEPTIONS OF LONG TERM CARE STAFF

INTRODUCTION

A survey of long term care staff was undertaken by the North Dakota Long Term Care Association with the collaborative assistance of the Center for Rural Health at the UND School of Medicine and Health Sciences and the North Dakota Department of Human Services. The purpose of this survey was to assess staff perceptions of aspects of their employment that may relate to difficulties for recruitment and retention. These data may help identify strategies that may be effective for recruiting and retaining staff and that may lend to a healthy workplace and improved quality of care.

The data were collected by and belong to the North Dakota Long Term Care Association. The collaborative relationship was crafted in response to budget reductions in the statewide long term care study that were required to accommodate the costs of financial analyses. In this project, the Long Term Care Association solicited responses to a survey from the employees in all of their member facilities across the state. Data were collected using a both Internet based survey responses and paper copies of the same instrument for those unable to respond using the internet. The vast majority received paper copies and submitted their responses on paper. Although all staff were given an opportunity to complete the survey, the primary concern of the report will be on the different levels of nursing care. The survey instrument is attached.

Participation rates for the facilities were excellent with slightly more facilities participating in the staff survey than in the administrator survey. While the response rates for each institution varied somewhat, the overall response rate appears to have been quite high as the

number of completed surveys is very large. Efforts to track local response rates were not uniformly successful, as many facilities did not report the numbers distributed and returned. Given the large number of respondents, however, one can accept the survey as representative. The data, once collected by the Long Term Care Association, were entered into computer readable format at UND. The data files, once created, were shared with the research staff at the Department of Human Services and the North Dakota Long Term Care Association. The analysis was conducted as a joint activity of the Department of Human Services and UND.

RESULTS

The survey was initially intended to examine the direct care personnel, but for ease of administration and to avoid slighting any category of employees, the instrument was broadly administered to all. The resulting distribution of responses is in Table 1. Those with direct care tasks are clearly the largest group, but numerous others responded as well. This should be acknowledged, as summaries for the total sample reflect this broader pool. Part of the analysis will select only the RNs, LPNs, CNAs and Orderlies.

Table 1. Profile of Respondent's Positions.

Position	Number	Percent
RNs, LPNs, CNAs , Orderlies	2661	55.2
Social Work	94	2.0
PT/OT	76	1.6
Activity/Restorative Aids	329	6.8
Dietary staff	679	14.1
Housekeeping/maintenance	497	10.3
Office/administration	281	5.8
Other	200	4.2

The duties associated with each respondent are likely to encompass more than a single position title as many appear to have responsibilities in multiple areas. Table 2 presents a multiple response profile for the duties typically carried out by the respondents. In this table, the percentages are computed as a percent of all responses and as a percent of all cases. The percentage associated with all cases reflects the multiple tasks. The total number of duties reported clearly reflects an atmosphere in which people are required to perform multiple functions and to contribute to the basic care of residents. It is also noteworthy that a majority of the duties are centered around the activities of daily living and that these duties are shared quite extensively among staff. The heavy tasks, bathing, toileting and transferring are included in the duties for a majority of the staff.

Table 2. Duties Typically Carried Out.

	Number	Percent of Responses	Percent of Cases
Medical Records	373	2.7	9.9
Medical Examinations	340	2.4	9.1
Administering Medication	932	6.7	24.8
Administering Medical Treatments	711	5.1	18.9
Dietary Functions	1039	7.4	27.7
Bathing	1438	10.3	38.3
Toileting	2017	14.4	53.7
Dressing	1837	13.1	48.9
Feeding	1980	14.2	52.8
Transferring	2108	15.1	56.2
Physical Therapy	336	2.4	9.0
Occupational Therapy	129	.9	3.4
Activity Functions	741	5.3	19.7
Total	13981	100	372.5

Length of Employment

The respondents characterized their jobs in long term care in terms of how long they had been in their current job and in the industry. Overall, the staff had a mean of 8 years in their current jobs and a mean of 10.9 years in the long term care industry. While this varies by whether the job is ones primary occupation, it is representative of a reasonably stable workforce. Those for whom the job was not a primary occupation had an average length of current job and time in the industry that was much lower, (4.9 years in present job and 6.8 in the industry). Ninety-three percent of the respondents reported that this job was their primary occupation.

Pay and Benefits

Wage rates were computed as an hourly rate, converting reports of monthly salaries to hourly rates for comparability. The average wage over all categories was reported at \$10.95 per hour. Those for whom the job represented their primary occupation earned slightly more, \$11.08

per hour, while those for whom this was not a primary occupation earned \$9.45 per hour on average.

Benefit levels were assessed by asking respondents to check the benefits they received from this job. Their results are presented in Table 3 as a multiple response table. Again, the frequencies for the “cases” column allows respondents numerous responses and totals reflect these multiple responses.

Table 3. Benefits Received from LTC Position.

	Number	Percent of Responses	Percent of Cases
Life Insurance	1986	11.3	46.2
Health/Medical Insurance	2665	15.2	61.9
Dental Insurance	1713	9.8	38.8
Disability Insurance	668	3.8	15.5
Pension Contribution	2173	12.4	50.5
Uniforms	319	1.8	7.4
Vacation	3701	21.1	86.0
Sick Leave	3089	17.6	71.8
Continuing Education	1096	6.3	2.6
Child Care	110	.6	2.6
Total	17520	100	407.2

Vacation and sick leave time are the most common benefits, followed by health insurance and supplemental pension contributions. Benefits may well represent an area that can be examined for its potential in further stabilizing the workforce in long-term care.

Feelings About Hours

Most (87.8%) of the employees reported that they worked about the right number of hours in their long term care jobs. Among those who felt their hourly work schedule could be improved, nearly twice as many (8%) reported not getting enough hours as felt they had too many hours (4%).

What do Workers Give as their Reasons for Deciding to Work in Long Term Care?

When asked to rate a series of possible reasons on a scale of one to five with a score of five representing a major factor and a one being not a factor, earning a living was the top factor followed closely by satisfaction in helping others. The results are in Table 4. Both economic needs and altruistic motives appear well represented. Indeed, these two factors emerged in a factor analysis, with intrinsic aspects of LTC containing community need, satisfaction with helping others, interest in long term care and challenge in providing long term care. Economic concerns contained earn a living and few job opportunities in the area.

Table 4. Reasons for Decision to Work in Long Term Care.

	Mean Score (Scale of 1-5)
Community Need	2.90
Interest in Long Term Care	3.72
Satisfaction in Helping Others	4.19
Urged by family/friends	2.28
Challenge of Providing LTC	3.17
Earn a Living	4.21
Few job opportunities in area	3.22

Respondents also volunteered reasons not part of the list. These were not large in volume relative to the size of the population, but did contain some interesting statements. A number of respondents indicated that this industry was open to hiring deaf workers and more suggested that the flexibility offered by the industry made working in long term care compatible with other aspects of their lives, such as school or family responsibilities. Many others also gave altruistic replies with language different than in the list.

Expectation for Future in One's Job

A question central to the interests of this survey reflects the respondent's expectation for remaining in their current job. In response to this direct question reflecting the prospects for

retention, a large majority (67.8%) reported an intention to remain in the job for the long term (see Table 5). Statewide all vocations in long term care combined appear to be quite stable with only 3.7% expecting to remain less than a year.

Table 5. Expectation for Remaining in Current Job.

	Number	Percent
Less than a year	173	3.7
1 to 2 years	580	12.6
3 to 4 years	731	15.8
5 years or more	3130	67.8

Push Factors for Those Not Expecting to Remain 5 or More Years

Reasons for remaining less than 5 years were solicited in question 10 of the survey instrument. Fifteen potential reasons were provided in order to assess the role of “push factors” or negative perceptions of one’s work environment. The questions were scored on a scale of 1 to 5 with 5 representing a “major factor” and 1 “not a factor”. This question was only applicable to the 1,328 respondents who indicated plans for leaving in less than 5 years. The results reflecting entire mix of staff positions is in Table 6. All of the responses were on the low end of the scale, indicating that over all, push factors lack importance when it comes to plans for departing from one’s job in the short term. Pay, benefits psychological stress and overwork as a result of short staffing were the highest scored responses, but none of these were above the midpoint. Two themes emerged from a factor analysis of these items. The were Job Strain – reflecting the psychological and physical burden of the work and Job Structure – reflecting formal characteristics of the job such as scheduling, pay, benefits, training requirements, undesirable work hours and working conditions. These dimensions will be used in later analysis. Additional written responses included categories not part of the quantified scale, but of interest. The largest response volunteered in writing was returning to school. Apparently LTC work for some is a

short term job held while advancing one’s education. This was especially the case for students pursuing nursing credentials. Others would leave for marriage, having children and some listed “getting too old” as independent of retirement.

Table 6. Reasons for Remaining in Current Job Less than 5 Years.

	Mean Score (scale of 1 to 5)
Undesirable number work hours	1.83
Shift work	1.92
Training requirements	1.59
Pay	2.94
Benefits	2.64
Working conditions	2.27
Psychological stress of LTC work	2.77
Physical stress of LTC work	2.60
Poor management/supervision	2.45
Overwork as result of short staffing	2.69
Health hazards	1.90
Medical liability concerns	1.82
Loss of interest in providing LTC	1.80
Personality conflict with LTC personnel	1.92
Retirement	2.37

Pull Factors Among Those Planning to Stay 5 Years or More

Those who plan to remain 5 years or more were given a similar set of items designed to reflect the pull factors that would serve to entice people into remaining in their current jobs. Eight items found in question 11, with a similar scoring method were used. The results are in Table 7. Interestingly, 3/4ths of these scored above the midpoint and the ratings were substantially higher than the push factors. Positive elements of the job appear more influential than the negative. While the need for a job and income ranked highest, the were nearly equaled by the score on satisfaction with helping others. Three themes were detected using factor analysis for these items. First, intrinsic rewards – community need, interest in LTC, satisfaction with helping others and providing LTC. Second, a “sense of obligation” – containing the

influence of family and friends and the shortage of replacement staff. This dimension reflects a sense that one should remain in his/her job out of a sense of social responsibility. The need for income was the third theme and stood alone. In the narrative replies listed for this question, the majority could be classified as altruistic in content. Love for older people in general and the residents specifically lead the list of volunteered extra answers. Flexible hours and willingness to employ people with some handicaps were also mentioned.

Table 7. Reasons for Expectation of Remaining in Current Job 5 Years or More.

	Mean Score (scale of 1 to 5)
Community need	3.19
Interest in providing LTC	3.99
Satisfaction in helping others	4.33
Influence from family/friends	2.26
Challenge of providing LTC	3.48
Shortage of LTC staff to take my place	2.76
I need the work/income	4.34
Good working conditions	3.94

Perception of Difficulty in Recruitment and Retention

The staff were asked a question rating the extent their LTC facilities had problems in hiring people to perform their jobs. The mean score on this item was 3.28, a very moderate score. The administrator’s score on a comparable item in a separate survey of administrators was very close (3.18).

Staff were asked why individuals would not be interested in working in a long term care facility. Twelve items similar to those used for assessing why one would plan on leaving his/her job in less than 5 years were employed. Table 8 contains the results. These responses reflect some of the image issues confronted when recruiting staff for long term care. The demanding character of the work, both physically and psychologically lead the list with the highest scores, followed by overwork and then pay. It is important to acknowledge these as potential barriers

and find ways of mitigating their influence, both in terms of actual work conditions and in terms of image.

Table 8. Reasons Staff Think Individuals Aren't Interested in LTC Employment.

	Mean Score (scale of 1 to 5)
Undesirable work hours	2.66
Shift work	3.23
Training requirements	2.54
Pay	3.63
Benefits	3.13
Working conditions	3.27
Psychological stress of work	3.83
Physical demands of the work	3.91
Poor management/supervision	2.70
Overwork as result of short staffing	3.75
Health hazards	2.39
Medical liability concerns	2.31

In a similar vein, a question was asked of the staff that rated their perception of the difficulty their facility had in keeping employees. The combined staff scored 3.35 for this item, again a very moderate score indicating no great difficulty or ease with respect to retention.

An item asked the staff to reflect on their peers who had quit their jobs in long term care and to give their opinion as to what issues played a role in the decision to quit. These reflect essentially the same image considerations of the previous item. Again, the demanding nature of the work rated most highly followed by pay concerns.

Table 9. Staff Opinions Regarding Reasons Others Have Left Their Jobs in LTC.

Staff Opinions	Mean Score (scale of 1 to 5)
Undesirable number of work hours	2.75
Shift work	2.96
Training requirements	2.17
Pay	3.63
Benefits	3.01
Working conditions	3.32
Psychological stress of LTC work	3.73
Physical demands of the work	3.79
Poor management/supervision	2.87
Overwork as result of short staffing	3.72
Health hazards	2.19
Medical liability concerns	2.14
Loss of interest in providing LTC	2.91
Personality conflict with LTC personnel	3.17
Retirement	2.30

Satisfaction with Job

Satisfaction with job and community are the final two areas of substance in the survey questions. These items presented items for rating on a 5 point scale from a score of 1 representing not satisfied to 5 representing very satisfied. Tables 10 and 11 contain the average responses for each item. The scores on satisfaction with job ranged from a low of 3.05 for LTC related level of stress to a high of 3.72 for the quality of care provided by LTC workers. Essentially, the scores were all on the positive side of the scale and the variation was slight among the categories. This may be interpreted as a weak positive statement about work. A score of 3 is essentially neutral. Employees may also see themselves as more resilient than others as the satisfaction scores are more favorable than those reflecting what they think others believe about work in the long term care industry. It may also be that the intangible rewards gained from helping people are not reflected in the stereotypes of long-term care jobs.

Table 10. Satisfaction with Aspects of Job.

	Mean Score (scale of 1 to 5)
Total size of your facilities staff	3.37
Number of others doing the same work as you	3.34
Quality of care provided by LTC workers	3.72
Availability of physician support	3.56
Degree of responsibility/autonomy	3.60
Access to LTC continuing education	3.50
Quality of available LTC continuing education	3.46
Time for coworker interaction	3.34
Quantity of LTC equipment/supplies	3.49
Quality of LTC equipment/supplies	3.53
Close relationships with coworkers	3.62
Emotional support from coworkers	3.62
Supervisor's level of competence	3.70
Supervisor's leadership ability	3.62
Supervisor's availability for questions/problems	3.62
LTC-related level of stress	3.05
Amount of time off from LTC duties	3.43
Professional respect from physicians	3.49
Professional respect from nurses	3.49

Community satisfaction is slightly higher than job satisfaction with the range of scores from 3.16 for social/recreational opportunities to 4.00 on the degree of safety. Overall community satisfaction appears to be on the positive side and this bodes well for North Dakota communities. Community satisfaction sets the stage for satisfaction with other aspects of life, including satisfaction with work.

Table 11. Satisfaction with Community.

	Mean Score (scale of 1 to 5)
Size of community	3.85
Social/recreation opportunities	3.16
Overall environment for children	3.74
Quality of schools	3.79
Degree of safety	4.00
Health care system	3.53
Your overall community satisfaction	3.80
Spouses overall community satisfaction (married respondents)	3.70

The satisfaction items were also clustered using factor analysis to represent key dimensions of satisfaction. The dimensions in the satisfaction items included satisfaction with supervision, community, physician support, equipment and supplies, continuing education and depth of staff. These will be examined in subsequent analysis.

Respondent Characteristics

The demographic characteristics of the sample also provide a context for some of the interpretation of these data. The average age of the staff was 43.4 years of age. The median was 44. This is neither youthful nor old. The LTC industry is characterized by a staff of mainly women. Women dominated the staff in this survey with 89.5% of the respondents being women. Their household size averaged 2.7 and contained on average .73 children. The respondents lived an average of 23.6 years in their communities. The educational distribution presented in Table 12 indicates a large percentage with high school education or less, and a significant number of persons with associate degrees.

Table 12. Educational Levels of Respondents.

	Percent
Some grade/high school	14.5
HS diploma	48.3
Associate degree	22.8
Bachelor’s degree	13.2
Master’s degree	1.2
Doctoral degree	Less than 1

The racial and ethnic composition of the long term care workforce as reflected in this survey is in Table 13. It is clear that North Dakota’s workforce is predominantly white and that the largest minority in the long term care workforce is American Indian. Blacks, Asian or Pacific Islander and Hispanic account for 2.1 percent. This is slightly higher than one would expect given the overall characteristics of the state’s population.

Table 13. Respondent’s Racial/ethnic Background.

	Percent
White, not of Hispanic origin	94.6
Black, not of Hispanic origin	.4
Asian or Pacific Islander	.9
American Indian/Alaskan Native	3.4
Hispanic	.8

Marital status reported by the respondents placed the majority in the married category. Only 18 percent reported that they were never married. The average age of the never married was 28.5, suggesting that college students do not dominate the singles in this workforce.

Table 14. Marital Status.

	Percent
Married	63.1
Never married	18.0
Divorced/separated	13.7
Widowed	5.2

Spouses were largely employed with 84.5 reported to be working full or part time. Retirement characterized 11.2 percent of the spouses with the remaining 4.3 percent unemployed. The income levels for this group were relatively low with a substantial majority falling in household income categories below \$30,000. This observation may be important when looking at rewards such potential benefits as an alternative to direct salaries. In households with relatively small incomes, the meaning of a raise in base pay may be interpreted as far more valuable than an equal amount in insurance coverage or some other benefit.

Table 15. Household Income.

Household Income	Percent
\$0-9,999	11.9
\$10,000-19,999	26.8
\$20,000-29,999	20.7
\$30,000-39,999	12.6
\$40,000-49,000	12.9
\$50,000-59,999	5.8
\$60,000-69,000	3.2
\$70,000-79,000	2.4
\$80,000-89,000	1.9
\$90,000-99,000	.8
\$100,000 and above	1.1

COMPARISON OF RESPONSES BY JOB TYPE

The scores on selected items are compared according to a categorization of job types. The categorization resulted from a combination of the checked responses on one's primary position and the use of open-ended responses in the "other" category. It appears that titles are numerous and varied. In this categorization, we attempted to place people into the category of primary importance and merged some of the categories into more general groupings. Dietary included all persons reporting dietary functions ranging from dietitians to dietary aids. Housekeeping included housekeeping, laundry maintenance and custodial staff and the category "office" included a small number who reported administrative jobs as well as accounting and secretarial functions. The other category served as a residual and included a wide variety of positions such as transportation, clergy, hairdressers, social workers, PT and OT. The residual category included those with responses that were too small to justify separate categories for analysis.

Table 16 contains a large number of comparisons for occupational groupings and the reader is encouraged to examine these in greater detail. The responses appear quite homogeneous across the various job categories, but one can search for patterns related to rates of turnover and job satisfaction and look for potential ways to mitigate any problems discovered. The following provides comment on each indicator as they appear in Table 16.

Length of Employment

Overall, the length of employee's current jobs in LTC appears quite high. CNAs report the lowest average length of current employment with 6.7 years. LPNs reported the highest length of current job with 9.9 years. The responses to this item suggest that a moderately stable workforce in the industry exists. It is also observed that the vast majority of employees consider

this employment their primary job. Activity personnel were the least likely to consider their LTC job as primary, and they reported it as the primary job in 88.7% of the cases.

Pay and Benefits

Pay was measured in terms of an hourly rate. Reports of wages expressed as weekly or monthly were converted to hourly rates in order to allow comparisons. Table 16 presents the average hourly rates of pay by each category. In the case of the residual other category, this included personnel at both extremes of the scale and one should be cautious in interpreting this. The wage rates follow a pattern of rewarding education and skill as one would expect. RNs receive the highest rate of pay among the direct care providers followed by LPNs. Using data prepared by the Bureau of Labor Statistics on wages for nursing in the largest employers, the North Dakota wage rates appear below the national average, but not dramatically so. RNs nationally were reported to earn \$19.87 per hour according to the BLS Occupational Handbook 2002-03, and LPNs earned \$14.41 per hour. These compare with \$18.71 and \$13.64 respectively. CNAs also compared favorably with national salary averages. The data reported in the BLS Occupational Handbook reflected national averages taken from the year 2000 for CNAs. This national average for those in nursing and personal care was \$8.61, while the North Dakota average from our survey was \$9.32, but reflected the year 2002. Adjusting for inflation, the CNA wage rate is essentially equal to the national rate.

Benefits are also commonly looked to as a measure of adequacy in the workplace. In Table 16, the average number of benefits was used as an indicator. Benefits appear with greater frequency among office personnel (including managers and accountants), RNs and LPNs. Those with less training and lower wage rates also receive fewer benefits. Health insurance, as perhaps the most central benefit follows the pattern with office personnel receiving health benefits at a

rate of 67.5%, RNs at 59.6%, LPNs at 58.3% and CNAs at 49%. Dietary and activity personnel received health insurance at rates of 51.5% and 51.4% respectively, also being at the low end of the continuum for receiving health insurance.

Feelings About Hours

Employees were asked to report on their feelings about the number of hours they worked as to whether they were too many, too few or about right. RNs and LPNs were most likely to report too many hours with 11.3% and 8.5% respectively. This may reflect a vacancy problem along with mandates requiring professional nursing staff to be on duty in long-term care facilities. Interestingly, all other categories reported greater percentages with too few hours. Only RNs and LPNs were more likely to report too many hours. Each of these suggests issues that merit attention. Recruitment and retention in the other categories may benefit from a fresh look at potential ways of increasing people's employment. In some cases, it may be feasible to increase the use of multiple tasks with appropriate training. Recruiting nurses, however, encounters supply issues that may require attention at the state level.

Expectation for Future in One's Job

The anticipation of one's future is a central variable in this survey. Employees were asked if how long they planned to remain in their current jobs. The key indicators in Table 16 include plans for early departure (less than one year) and long term commitment reflected in plans to remain for 5 or more years. The highest proportions planning on leaving in less than a year were found in CNAs and office personnel. Looking at plans to remain 5 or more years as an indicator, the staff appear to be quite stable with only CNAs and Dietary staff having less than 2/3 planning such long term retention. It should be noted that these are the two largest categories of employees.

Factors in the Decision to Work in LTC

Two dimensions were found in the questions related to employees' decisions to work in long term care. The first dimension was the intrinsic aspect including the psychological gratification one receives from providing long term care. The second was economic concern reflecting the need for a job. Higher scores indicate greater importance for the factor. Both factors produced response averages suggesting importance across all categories of employment. That is, significance for both intrinsic and financial rewards is present for all employee categories. Intrinsic rewards are slightly more important to the nursing staff (including CNAs) and Activity personnel. Economic concerns are slightly higher among dietary, housekeeping and office workers, but remain a concern for all. Apparently one cannot appeal strictly to either altruism or finance, but need to embody both in appealing to prospective employees.

Push Factors for Those Not Expecting to Stay 5 Years or More

Two dimensions emerged from the questions asked only of those who planned to remain less than 5 years. The first was labeled "job strain" for items reflecting physical and psychological demands of the work along with risks or hazards and frustration in general. Job structure was the second label reflecting conditions of employment – pay, hours, benefits, training and working conditions. The most interesting aspect of these responses is that they were consistently on the low half of the scale (3 is the midpoint). If one were seeking an answer to the question of whether job strain or push factors in general played a major role in causing people to leave long term care employment, the answer appears negative. While it may be clear that office staff have the lowest strain, none of the employee categories reported high levels of strain. Job structure issues were quite similar, with ratings that on average were slightly lower than the

strain factors and also all on the low half of the scale. The industry does not appear to be pushing employees out with poor treatment or impossible working conditions.

Pull Factors Among Those Planning to Stay 5 Years or More

Questions directed at discerning the reasons people might give for plans to remain in their current jobs for the long term produced three categories – intrinsic rewards, a sense of obligation and the need for income. Intrinsic rewards found in LTC were rated quite high and especially high among those in nursing and activity positions, similar to the pattern found in the reasons given for deciding to work in the LTC industry. All employee categories reported mean scores on the positive side for intrinsic rewards and these scores were slightly higher as pull factors for retention than they were for deciding to enter LTC employment. The intrinsic rewards grow stronger with experience and the strength of these intangible rewards should be recognized. Public recognition of the service aspect of employees should be encouraged.

The sense of obligation entails a sense that one must continue – it is expected. This is not such a strong factor and in relative terms produces low scores across all categories. Apparently, people are not driven by guilt in deciding their long-term work commitments.

The need for income is a universal. It produced the highest scores of all attitude items on the entire survey and lends to the suggestion that one must keep constant vigilance on matters of wages and benefits. These do indeed drive peoples decisions.

Perceived Accounts for Those Who Quit LTC Jobs

The employees were asked to account for those who left jobs in long-term care. Those who left were their fellow workers and they may be able to shed light on the question about why people leave. Four dimensions were found in their accounts, Condition of job, strain/risks, attitude toward work and economic concerns. Condition of job included working conditions

such as shift work, overwork as a result of short staffing along with physical and psychological stresses. This factor was the strongest for nearly all categories of employees, suggesting that the difficulties associated with LTC jobs do account for those who leave. Economic concerns – pay and benefits appear as the next most important issue and among those in housekeeping is the most important issue. People did not attribute quitting to the strain dimension, which included medical risks and liability for this factor along with training requirements and shift work. This cluster is somewhat of a residual cluster and was labeled primarily for the presence of risks. In any event, the risks involved in LTC do not appear as a significant part of the account given for people leaving LTC jobs. Similarly, attitudes toward work appear neutral, suggesting the components of this measure, a loss of interest in LTC work or conflicts with coworkers do not drive peoples' decisions to quit.

Satisfaction with Job

Job satisfaction is often considered central to both the quality of one's performance and retention. In this survey, factor analysis yielded six dimensions of job satisfaction – supervision, co-workers, physician support, equipment and supplies, continuing education and depth of staff. Satisfaction with community represents a separate measure that ties in with job satisfaction. If one examines the average scores in Table 16, there is remarkable uniformity and all scores are in the positive range. The lowest scores in the matrix are for continuing education among LPNs and depth of staff among CNAs – and both of these are in the positive part of the scale. Community satisfaction is also high and this establishes a foundation on which to build satisfaction with work and other aspects of life. This presents a positive picture of employee satisfaction and clearly does not produce any indictment of the industry from the standpoint of its employees.

Table 16. Comparison of Responses by Job Type.

	RN	LPN	CNA	Dietary	Hskpg	Office	Activity	Other
Length of job (yrs)	8.0	9.8	6.7	8.4	9.0	7.5	8.0	8.9
Primary job	95.0%	96.2%	90.7%	91.4%	93.6%	94.7%	88.7%	92.8%
Pay per hour	\$18.71	\$13.64	\$9.32	\$8.85	\$9.32	\$11.74	\$9.13	\$11.75
# of benefits	4.5	4.1	3.2	3.3	3.7	4.6	3.7	4.1
Feelings about hrs								
Too many hrs	11.3%	8.5%	3.2%	2.8%	1.5%	3.9%	.7%	2.6%
Too few hrs	3.2%	5.8%	6.1%	13.2%	10.8%	11.0%	13.4%	6.5%
Expect to stay in current job								
Less than a year	2.6%	3.3%	4.7%	4.0%	2.2%	4.7%	3.0%	2.9%
5 or more years	73.7%	76.7%	60.3%	63.8%	71.9%	74.9%	74.9%	73.7%
Factors in employees decision to work in LTC								
Intrinsic Aspect	3.64	3.64	3.70	3.24	3.31	3.12	3.73	3.52
Economic concern	3.52	3.65	3.76	3.91	3.90	3.80	3.65	3.54
Push Factors for those not expecting to stay 5 or more years								
Job strain	2.45	2.47	2.40	2.44	2.34	2.18	2.23	2.24
Job structure	2.23	2.41	2.49	2.34	2.16	2.05	2.07	2.11
Pull Factors: Reasons one would expect to stay 5 or more years								
Intrinsic Rewards	3.87	3.86	3.96	3.51	3.50	3.47	3.98	3.74
Sense of obligation	2.60	2.45	2.71	2.54	2.48	2.28	2.34	2.35
Need for income	4.18	4.44	4.34	4.50	4.41	4.46	4.04	4.18
Perceived accounts for those who quit LTC jobs								
Condition of job	3.76	3.79	3.79	3.37	3.38	3.55	3.62	3.62
Strain/risks	2.53	2.34	2.43	2.39	2.37	2.43	2.49	2.44
Attitude toward work	3.02	3.16	3.19	2.91	2.74	3.02	3.13	2.99
Economic concern	3.34	3.40	3.33	3.19	3.42	3.31	3.45	3.41
Satisfaction with job								
Supervision	3.68	3.58	3.51	3.55	3.79	3.86	3.91	3.91
Co-workers	3.68	3.58	3.55	3.56	3.66	3.66	3.86	3.75
Physician support	3.60	3.57	3.47	3.48	3.57	3.66	3.58	3.55
Equipment/supplies	3.40	3.36	3.48	3.47	3.64	3.66	3.77	3.60
Continuing Ed.	3.36	3.20	3.51	3.45	3.50	3.65	3.77	3.62
Depth of Staff	3.39	3.26	3.10	3.36	3.44	3.79	3.59	3.54
Community	3.77	3.69	3.63	3.65	3.79	3.70	3.77	3.77

URBAN, RURAL AND FRONTIER COMPARISONS

The comparisons presented in Table 17 reflect comparisons for facilities located in urban, rural and frontier counties. Urban counties were defined as those containing the four largest cities, Grand Forks, Fargo, Minot and Bismarck. Rural Frontier counties are those containing fewer than 6 people per square mile and are officially designated as frontier counties by the UND Center for Rural Health. Thirty-six of North Dakota's 53 counties have the designation of Frontier. The remaining counties are considered rural. The comparison for these categories was undertaken because of the special difficulties perceived as unique for the smaller, sparsely settled frontier counties.

Table 17 contains the average scores or proportions for Urban, Rural, and Frontier respondents and a column indicating the existence of statistical significance as well as patterns of significant differences. It was our principle concern to discern whether Rural and especially Frontier long-term care might face greater difficulties than their Urban counterparts.

Length of Job

Both rural and frontier employees reported longer length of current jobs as compared to urban staff. These were statistically significant, suggesting that long term care jobs rural communities in general are filled with a more stable work force. The jobs were the primary jobs for employees in all communities with no differences detected among urban, rural and frontier communities.

Pay and Benefits

Hourly rates of pay were significantly higher for urban staff with urban staff receiving just over \$1.00 per hour more than rural and frontier staff. Benefits differentiated all three

demographic levels with urban staff receiving the highest number of benefits and frontier the lowest. Each is significantly different, with the differences ordered by population size.

Feelings About Hours

Employees' expression of concern over having either too many or too few hours of work did differentiate significantly among urban, rural and frontier comparisons. The greatest difference is in the desire for additional work hours in rural and frontier locations.

Expect to Stay in Current Job

Employees in long-term care in frontier counties are not significantly more likely to express a long term commitment to their jobs. The proportions expecting to stay less than a year do not differ, and differences in those planning to remain 5 years or longer while larger in frontier communities is not of a level that produces statistical significance..

Factors in the Decision to Work in Long-Term Care

The intrinsic rewards expected from providing care to long-term care patients appears to be a positive constant for long-term care workers and no significant differences existed among urban, rural and frontier staff. There was, however, a significant difference in the economic concern that separates all three levels. Urban staff had the lowest scores for this measure, rural were in the middle, higher than urban but lower than frontier. Frontier posted the highest level of economic concern. This measure reflected the respondent's need to earn a living and the lack of alternative job opportunities. It appears that the economic motivators are greatest in the most sparsely populated counties.

Push Factors for Those Not Expecting to Stay 5 Years or More

As was mentioned earlier, the push factors that would serve to discourage employees from planning to remain are not generally strong. They also do not vary significantly among the urban, rural and frontier comparisons.

Push Factors for Those Not Expecting to Stay 5 Years or More

Pull factors represent the positive forces that serve retention. Intrinsic rewards, while high and in need of recognition, do not produce significant differences among the urban, rural and frontier counties. The sense of obligation that reflect a feeling that one must do the job since there is no one else is significantly higher in frontier counties than urban or rural. It should be acknowledged that although this pattern of significant differences exists, the overall scores on sense of obligation are below the midpoint and should be considered relatively low in terms of motivation strength. Lastly, as a motivational factor, the need for income is highest for frontier county LTC employees, but the difference is significant only between urban and frontier counties and all units posted their highest scores for economic motivation.

Perceived Accounts for Those Who Quit LTC Jobs

Out of the four dimensions measured that represent the staff perceptions of reasons their colleagues left employment in LTC, only one produced any significant difference. The strain/risk measure is sensitive to health hazards and liability risks along with overwork, psychological and physical stress. This factor appeared just slightly higher for urban staff when compared with frontier staff and overall, the score levels on this variable tended to be below the midpoint of the scale and hold the lowest rank of the four measures.

Satisfaction with Job

Job satisfaction is an important issue for not only retention, but for the quality of life people experience. Higher scores on these measures suggest a positive work experience and a sense that the work place is a good place to work. All of the scores on the satisfaction scales are in the positive zone, with frontier staff posting the high scores and being at the top of all significant comparisons regarding job satisfaction. The only significant difference for supervision was between rural and frontier counties with frontier counties more satisfied. Similarly, the only significant difference in satisfaction with co-workers was between urban and frontier counties and again frontier counties posted the highest satisfaction. Physician support is in the positive zone for all types, but does have a pattern of significant differences in which the support increases as providers become more rural. Frontier counties reported the highest level of physician support. Frontier counties also reported significantly higher satisfaction with equipment and supplies than urban and rural staff. Similarly, frontier staff rated continuing education higher than urban and rural staff. No significant differences were found for depth of staff. Finally, community satisfaction was measured. While not a component of job satisfaction, community satisfaction sets the stage for satisfaction with life in general. On this variable, the urban staff posted significantly higher scores than the rural and frontier staff. Again, all scores were in the positive zone.

Table 17. Comparison of Responses: Urban, Rural and Frontier.

	Urban	Rural	Frontier	Significant differences*
Length of job (yrs)	7.43	8.12	8.39	UR UF
Primary job	92.5%	92.6%	92.0%	Not significant
Pay per hour	\$11.65	\$10.49	\$10.56	UR UF
# of benefits	3.99	3.65	3.38	UR UF RF
Feelings about hrs				
Too many hrs	3.8%	5.2%	3.4%	Significant P<.05
Too few hrs	7.1%	7.7%	9.3%	
Expect to stay in current job				
Less than a year	3.7%	3.9%	3.7%	Not significant
5 or more years	66.9	66.1	70.4	
Factors in decision to work in LTC				
Intrinsic Aspect	3.56	3.53	3.53	NONE
Economic concern	3.44	3.78	4.02	UR UF RF
Push factors for those not expecting to stay 5 years or more				
Job strain	2.38	2.44	2.31	NONE
Job structure	2.33	2.39	2.34	NONE
Pull factors: Reasons one would expect to stay 5 years or more				
Intrinsic Rewards	3.83	3.73	3.78	NONE
Sense of obligation	2.44	2.51	2.65	UF RF
Need for income	4.30	4.31	4.40	UF
Perceived accounts for those who quit LTC jobs				
Condition of job	3.72	3.64	3.60	NONE
Strain/risks	2.44	2.42	2.38	UF
Attitude toward work	3.03	3.09	3.05	NONE
Economic concern	3.32	3.40	3.31	NONE
Satisfaction with job				
Supervision	3.63	3.58	3.72	RF
Co-workers	3.57	3.61	3.68	UF
Physician support	3.39	3.55	3.63	UF UR RF
Equipment/supplies	3.41	3.50	3.61	UF RF
Continuing Ed.	3.42	3.46	3.55	UF RF
Depth of Staff	3.37	3.34	3.36	NONE
Community	3.78	3.62	3.69	UR UF

* UR = URBAN-RURAL

* UF = URBAN-FRONTIER

* RF = RURAL-FRONTIER

PREDICTING RETENTION

The final task for this analysis is to examine a wide array of variables in order to determine whether they can serve as predictors of retention. In this analysis, the respondent's expectations for remaining in their current job constituted the dependent variable and the remaining variables in the survey including some facility characteristics such as size, vacancy rates and effort levels for recruitment and retention were examined in a 47 variable correlation matrix. Those with bi-variate relationships with the dependent variable were carried forward into a stepwise regression model. The stepwise regression then reduced the number of variables that produced statistically significant relationships with the expectation to remain in one's current job. Ten variables remained after this analysis and accounted for approximately 12.5% of the variance in people's expectation to remain in their jobs. The results are in Table 18. Each variable has been elaborated somewhat to clarify its location in the questions.

Table 18. Stepwise Regression Results for Expecting to Remain in Job.

	Standardized Coefficients	Significance
Number of Benefits	.200	.000
Age of Respondent	.124	.000
Intrinsic Aspects of LTC as Motivator	.084	.000
Marital Status	-.059	.004
Feelings About Hours	.068	.001
# of Direct Care Tasks	-.053	.008
Household Income	.053	.011
Length of Current Job	.057	.008
Attitude Toward Work Seen in Quitters	.055	.005
Supervision	.055	.006

Dependent variable: How long one expects to stay in job.

R Square = .125

If one examines the results of this analysis, the variables can be grouped into categories as either mutable or immutable. The following brief comments on the variables included in the model seek to take mutability into account.

- The number of benefits, for example, yields the strongest relationship and is a mutable variable in that benefits can be changed by actions of either the state or facility administration. This suggests that increasing benefits would have a positive impact on retention and that it leads the list in terms of strength.
- Age of employees is not mutable and while it is second in the prioritized list of variables, moving toward retirement is not something we view as mutable, barring a change in retirement age.
- Intrinsic aspects of long-term care are also subject to modification. Given recognition of the importance of this variable, efforts to recognize this and mesh the positive experience of working with frail elderly people with rewards for humane contributions might be considered.
- Marital status exhibits an inverse relationship, with categories reflecting single lives (including widowhood and divorce) having less likelihood of remaining long term. This may suggest that married employees have greater staying power, but beyond selective recruitment, this is not mutable. Perhaps attention to the special needs of single employees could be elevated.
- Feelings about hours may be interpreted as the influence of not receiving enough hours. This may also be mutable and might call for creative responses such as the use of flextime, job sharing, cross training and other possible adaptations.
- The larger the number of direct-care tasks, the less likely one is to anticipate long-term retention. This may be regarded as an indicator of “burden” and while the tasks are a constant, the manner in which staff work as teams may help reduce this perception.

- Household income related in a positive way, perhaps because of the influence of professional staff. They had expectations of longer employment as discussed in the comparisons of different staff types. The degree to which economic concerns emerged in the earlier analysis, one can also anticipate that increases in economic rewards would enhance retention.
- The length of one's current job is a factor with longer histories indicating commitment. This is not, however, a mutable factor.
- Attitude toward work as perceived characteristics of quitters also relates to retention, but again is not readily mutable. That employees see those who leave as having negative qualities in terms of interest in LTC and personality conflicts with peers does not serve to lead employees, but serves as a negative reference point. This perception of quitters leads to better retention.
- The only job satisfaction item present in the resulting regression model was satisfaction with supervision. Positive attitudes about supervision simply lead to better retention. This is mutable and can be responded to at the institutional level.

SUMMARY

- Overall, long term care staff are quite stable. The average length of current employment is 8 years. CNAs report the shortest average length @ 6.7 years. LPNs report the longest @ 9.9 years.
- LTC workers' decisions to work in LTC are motivated by intrinsic rewards as well as financial concerns.
- Over 2/3 projected staying long term (5 years or more), while 3.7% reported plans to leave within 1 year. CNAs reported the highest rate for projected early departure.
- Push factors (negative pressures) did not appear to be strong factors among those planning early departures.
- Retention is encouraged by the same factors that lead to the decision to work in LTC – intrinsic rewards from providing care and economic concerns.
- Job satisfaction among ND LTC workers is generally high.
- Wages for ND LTC workers are slightly lower than the national averages. Each as a proportion of the national average are - RNs 94.1%, LPNs 94.7%, CNAs 100%.
- Benefits are less frequently provided to lower wage employees.
- Satisfaction with hours is different for RNs, LPNs and other workers. RNs and LPNs report excessive hours while others report a need for more work time.

Urban/Rural/Rural Frontier Comparisons

- Rural and Frontier employees had been employed longer on average than urban employees, but did not differ on plans for remaining in their jobs in the future.
- Economic factors are more likely to drive the decision to work in LTC in rural communities. This is strongest in Frontier communities

- Frontier community staff reported a higher sense of obligation to remain in their jobs – evidently social pressures are more likely to be felt in smaller communities.
- Frontier communities, despite what appears to be a more challenging environment, report higher level of job satisfaction on all indicators.

What Predicts Retention?

Based on a regression model that produced moderate predictive ability, the following factors emerge.

- Benefits are the strongest predictor, with higher benefits promoting retention.
- Age of employees ranked second as a predictor and cannot be mitigated directly. As the population ages, a shortfall will occur in the pool of potential replacement workers and methods of retaining older workers may become more important. In this context, flexible scheduling, job sharing and other creative response may be needed.
- Intrinsic rewards were related to retention. People stay in part because they feel good about the work they do. This can be incorporated into public recognition events in order to capitalize on such positive feelings.
- Married employees are more likely to be stable than single, widowed or divorced employees. In a tight market, this is probably not mutable.
- Feelings about hours may be interpreted as the influence of not receiving enough hours. This may also be mutable and might call for creative responses such as the use of flextime, job sharing, cross training and other possible adaptations.
- The larger the number of direct-care tasks, the less likely one is to anticipate long-term retention. This may be regarded as an indicator of “burden” and while the tasks are a constant, the manner in which staff work as teams may help reduce this perception.

- Household income related in a positive way, perhaps because of the influence of professional staff. They had expectations of longer employment as discussed in the comparisons of different staff types. The degree to which economic concerns emerged in the earlier analysis, one can also anticipate that increases in economic rewards would enhance retention.
- The length of one's current job is a factor with longer histories indicating commitment. This is not, however, a mutable factor.
- Attitude toward work as perceived characteristics of quitters also relates to retention, but again is not readily mutable. That employees see those who leave as having negative qualities in terms of interest in LTC and personality conflicts with peers does not serve to lead employees, but serves as a negative reference point. This perception of quitters leads to better retention.
- The only job satisfaction item present in the resulting regression model was satisfaction with supervision. Positive attitudes about supervision simply lead to better retention. This is mutable and can be responded to at the institutional level.

2001 NORTH DAKOTA LONG-TERM CARE STAFF SURVEY

1. Name of Your LTC Facility: (Facility name) _____

2 .Town where primary LTC facility is located: _____

3. What is your primary position/title in LTC: (Check the one that most accurately reflects your position):

- RN
- LPN
- Certified nurse aide (or assistant)
- Orderly
- Social Worker
- Social work assistant
- Physical therapist
- Physical therapy assistant/aide
- Occupational therapist
- Occupational therapy assistant/aide
- Activity staff
- Restorative aid
- Dietary staff
- Other Please list: _____

4. Which of the following duties do you typically carry out? (Check all that apply)

- Medical records
- Medical examinations
- Administering medications
- Administering medical treatments (IV, Catheter, etc.)
- Dietary functions
- Bathing
- Toileting
- Dressing
- Feeding
- Transferring
- Physical therapy
- Occupational therapy
- Activity functions
- Other Please list: _____

5. For your job in Long Term Care:

How long have you worked at your current job? _____ Years

How long have you worked in the LTC industry? _____ Years

Is this job your primary occupation? _____ Yes _____ No

How much are you paid (please give the amount either per hour or month - before taxes)
_____ per hour or _____ per month

Approximately how many hours per week do you work at this facility? _____ Hours

6. What benefits do you receive from this job? (Check all that apply)

- _____ Life Insurance Coverage
- _____ Health/Medical Insurance
- _____ Dental Insurance
- _____ Disability insurance
- _____ Pension/Retirement contributions
- _____ Uniforms
- _____ Vacation If yes, approximately how days per year? _____
- _____ Sick leave If yes, approximately how days per year? _____
- _____ Continuing education
- _____ Child care
- _____ Other(s) Please list them: _____

7. How do you feel about your LTC-related hourly work schedule? (Check ONE)

- _____ Too many hours
- _____ Not enough hours
- _____ About the right number of hours

8. Please rank the degree to which each of the listed factors played a part in your decision to work in LTC:

	Not a Factor				Major Factor
Community need	1	2	3	4	5
Interest in LTC	1	2	3	4	5
Satisfaction in helping others	1	2	3	4	5
Urged by family/friends	1	2	3	4	5
Challenge of providing LTC	1	2	3	4	5
To earn a living	1	2	3	4	5
Relatively few job opportunities in the area	1	2	3	4	5
Others (please list): _____					

9. How long do you expect to stay in your current job (approximate)?

(check ONE) If your answer is less than 5 years answer item 10, if your answer is 5 or more years, answer item 11.

- | | |
|------------------------|-----------------------|
| _____ less than a year | _____ 1-2 years |
| _____ 3-4 years | _____ 5 or more years |

10. If you answer to question 9 was less than 5 years, which of the following would you include as reasons for expecting to leave your job?

<u>Reason</u>	Not a Factor				Major Factor
Undesirable number of work hours	1	2	3	4	5
Shift work	1	2	3	4	5
Training requirements	1	2	3	4	5
Pay	1	2	3	4	5
Benefits	1	2	3	4	5
Working conditions	1	2	3	4	5
Psychological stress of LTC work	1	2	3	4	5
Physical demands of the work	1	2	3	4	5
Poor management/supervision	1	2	3	4	5
Overwork as result of short staffing	1	2	3	4	5
Health hazards	1	2	3	4	5
Medical liability concerns	1	2	3	4	5
Loss of interest in providing LTC	1	2	3	4	5
Personality conflict with LTC personnel	1	2	3	4	5
Retirement	1	2	3	4	5
Others (Please list): _____					

15. Think about the persons that have quit their job in the past 2-3 years. In your opinion, to what extent did the following issues play a role in their decision to quit?

<u>Issue</u>	Not a Factor				Major Factor
Undesirable number of work hours	1	2	3	4	5
Shift work	1	2	3	4	5
Training requirements	1	2	3	4	5
Pay	1	2	3	4	5
Benefits	1	2	3	4	5
Working conditions	1	2	3	4	5
Psychological stress of LTC work	1	2	3	4	5
Physical demands of the work	1	2	3	4	5
Poor management/supervision	1	2	3	4	5
Overwork as result of short staffing	1	2	3	4	5
Health hazards	1	2	3	4	5
Medical liability concerns	1	2	3	4	5
Loss of interest in providing LTC	1	2	3	4	5
Personality conflict with LTC personnel	1	2	3	4	5
Others (Please list): _____					

LTC JOB SATISFACTION

16. Please rate your level of satisfaction regarding the following aspects in your LTC-related job/duties.

	Not Satisfied				Very Satisfied
Total size of your facilities staff	1	2	3	4	5
Number of others doing the same work as you	1	2	3	4	5
<i>Quality</i> of care provided by local LTC workers	1	2	3	4	5
Availability of physician support	1	2	3	4	5
Degree of responsibility/autonomy	1	2	3	4	5
Access to LTC continuing education	1	2	3	4	5
Quality of available LTC continuing education	1	2	3	4	5
Time for coworker interaction	1	2	3	4	5
Quantity of LTC equipment/supplies	1	2	3	4	5
<i>Quality</i> of LTC equipment/supplies	1	2	3	4	5
Close relationships with coworkers	1	2	3	4	5
Emotional support from coworkers	1	2	3	4	5
Supervisor's level of competence	1	2	3	4	5
Supervisor's leadership ability	1	2	3	4	5
Supervisor's availability for questions/problems	1	2	3	4	5
LTC-related level of stress	1	2	3	4	5
Amount of time off from LTC duties	1	2	3	4	5
Professional respect from physicians	1	2	3	4	5
Professional respect from nurses	1	2	3	4	5

COMMUNITY SATISFACTION

17. How satisfied are you with the following factors in your present community? Please rate each item from 1 to 5.

	Not Satisfied				5	Very Satisfied
Size of community	1	2	3	4	5	
Social/recreation opportunities	1	2	3	4	5	
Overall environment for children	1	2	3	4	5	
Quality of schools	1	2	3	4	5	
Degree of safety	1	2	3	4	5	
Health care system	1	2	3	4	5	
Your overall community satisfaction	1	2	3	4	5	
If <i>married</i> , spouse's overall community satisfaction	1	2	3	4	5	

DEMOGRAPHICS

18. List the age and gender of the persons in your *household*:

	Age (circle one)		Age (circle one)		Age (circle one)
Yourself:	_____ M F		_____ M F		_____ M F
	_____ M F		_____ M F		_____ M F
	_____ M F		_____ M F		_____ M F

19. What is your highest level of educational attainment? (check ONE)

<input type="checkbox"/> Some grade/high school	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> HS diploma/GED	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctoral Degree

20. How long have YOU lived in your community? _____ Years

21. What is your current approximate gross (before tax) household income? (check ONE)

<input type="checkbox"/> \$0-9,999	<input type="checkbox"/> \$40,000-49,999	<input type="checkbox"/> \$80,000-89,999
<input type="checkbox"/> \$10,000-19,999	<input type="checkbox"/> \$50,000-59,999	<input type="checkbox"/> \$90,000-99,999
<input type="checkbox"/> \$20,000-29,999	<input type="checkbox"/> \$60,000-69,999	<input type="checkbox"/> \$100,000 +
<input type="checkbox"/> \$30,000-39,999	<input type="checkbox"/> \$70,000-79,000	

22. What is your racial/ethnic background? (check ONE)

<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian or Pacific Islander	

23. What is your marital status? (check only ONE)

<input type="checkbox"/> Married	<input type="checkbox"/> Never married	<input type="checkbox"/> Divorced/Separated
<input type="checkbox"/> Widowed		

24. If married, what is your spouse's occupational status: (check ONE)

Full-time Part-time Retired Unemployed

25. If applicable, how supportive is your spouse/significant other of your role in local LTC care provision?

Very
Unsupportive

Very
Supportive

1

2

3

4

5

26. What, in your opinion, are the most important actions the North Dakota legislature can take to improve your capacity to provide quality long term care in the future? Please list the top two or three actions you would recommend.

THANK YOU FOR YOUR PARTICIPATION