

DOES PERCEIVED RESPECT INFLUENCE THE INTENTION TO QUIT THE JOB AMONG HOME HEALTH AIDES WORKING IN PATIENTS' HOMES IN THE U.S.?

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ABSTRACT:

Introduction: The changing concept of institutional care giving in the home environment in long-term care is getting more popular. On the other hand, the high turnover rate of caregivers is challenging in long-term care facilities. This research explored the effect of perceived respect from agency, patient, supervisor and society on intention to quit the job among home health aides.

Methods: This quantitative study is a secondary data analysis. The data is subset of National Home and Hospice Care Survey. The home health aides working in patient's homes were taken as a sample with size 1657 people. Descriptive statistics were used. Chi-square tests were used for bivariate analysis and logistic regression was used for multivariable analysis.

Results: Approximately one in four home health aides have intention to quit the job. The model for logistic regression approximately explains 10% of variability in intention to leave among home health aides working in patient's home. The model depicts age, race and education as significant predictors for intention to leave the job in socio-demographic variables. The odds ratio for respect from agency and appreciation from supervisor was found significant and infers that less perceived respect from agency and appreciation from supervisor leads to higher intentions to leave the job among home health aides.

Conclusion: The turnover of home health aides can be reduced by planning and implementing programs to increase respect and appreciation for their work, and to help assure a conducive working environment.

Keywords: Home health aides, Intention to leave, Long-term care

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INTRODUCTION

Home health care is a component of long-term care along with skilled institutional care and community care. According to Bercovitz et al., home health care is "a range of medical and therapeutic services as well as other services delivered at a patient's home or in a residential setting for promoting, maintaining, or restoring health, or maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness [1]." Home health care refers not only taking care of the patients in their home but also in other residential settings, such as assisted living and includes helping individuals

with their ADLs, IADLs, and other therapeutic requirements.

The caregivers providing the hands-on care to individuals with disability in long-term care settings are called direct care workers (DCW) [2]. Some examples of DCW are nursing assistants, home health aides, home care aides, personal care workers, and personal service attendants [3]. Home health aides are DCW that have passed the competency exams for reimbursement by Medicare and Medicaid. The other DCW working in home agencies such as personal care aides, home care aides typically have fewer training requirements [4]. Home care aides are primarily involved in assisting clients in ADLs (Activities of Daily Livings) and other personnel care. The difference between home health aides and home care aides is that home health

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are more skilled caregivers than home care aides but both DCW are involved in assisting patient's in ADLs and IADLs.

Intention to leave the job is considered as the third stage in the withdrawal decision of an employee [5]. The negative incidents of the job can cause a person to quit the job directly or to have an intention to quit [6]. The main policy concern is actual turnover rate, but intention to leave is a reliable predictor of turnover rate.

It is estimated that by 2050 the number of people requiring long term care will increase to 27 million [1]. This increase will be accompanied by an ever increasing demand for direct care givers. The required number of direct care givers will increase for both institutional and home care settings. According to Stone, the need for home health care workers will increase by 75% by 2006 [3]. The rapid increase in the aging population is one of the reasons behind the increase. In contrast, the turnover rate of home health workers is increasing. Different studies have reported turnover rates of home health care aides that range from 12% to 76% [7, 8]. The increase in demand and high turnover rate can result in lower quality care. The studies of direct care givers working in different care settings such as nursing homes and hospitals have shown that a higher intention to leave among staffs leads to higher turnover in the facility [9, 10].

The desire of individuals to live independently in their own home has increased the demand for home care. The concept of aging-in-place, especially for frail elders, has attracted increased attention to home care. According to Mynatt, Essa, & Rogers, for numerous reasons, such as the desire to remain independent and the high cost of nursing homes, people are trying to avoid institutional placement [11]. Wysocki et al. [12] analyzed previous studies that compared nursing homes, assisted livings and residing at home and found that the physical and cognitive health was higher for individuals in home and community based settings. Studies have also shown that individuals would rather remain in the community and home health care services can increase client satisfaction and can also decrease the cost of health care [12]. In some instances the long stay nursing resident can get assistance at home. The early discharge of individuals from the hospital is another way that the home health care can reduce the cost of care.

High rates of turnover for home care workers can impact both quality of care and cost. Seavey [13] has compared the turnover cost of direct care givers working in different settings. The direct cost for turnover of one staff member ranges from \$3,000

to \$6,000 per worker. These direct costs include separation and re-recruitment costs. The indirect cost such as the impact of the consumer, productivity concerns, revenues from the client and others losses are also challenging issues associated with high turnover rate but not reflected in the study.

The intention to leave the job is a very good predictor of turnover. Low benefits and wages, inadequate methods of supervision and low professional and societal value attributed to the work are reasons for high a high number of home health aides reporting an intention to leave, as well as high rates of actual turnover among the home health aides [9, 14].

The sound working environment for home health aides needs appreciation and respect towards their work as a health care team. Kemper et al. cited in their article regarding direct care worker that home health workers decision to leave the job depends on the value, respect and appreciation from the work [14]. According to Feldman & Sapienza [15], the intrinsic rewards for home health aides, such as ability to do worthwhile work, has a significant impact on intention to leave. Hence, the recognition of the work of home health aides by society, the agency, client and supervisor influences intention to leave. A study done in Japan had highlighted the relationship among nurses from different cohorts. The study found that nurses getting more recognition from the institution have less intention to quit and this differs by cohort [9, 16]. The older cohorts respond better to recognition than the younger ones. Therefore, higher recognition would help in retention of employees.

This study had helped in finding the impact of respect on intention to leave among home health aides. The reduction in intention to quit the job among home health aides will ultimately reduce the turnover. This will help in maintaining quality of care as well as reducing cost in health care agencies. The research hypothesis of this study is that there is difference in intention to leave the job among home health aides feeling respected by society, client, agency and supervisors.

METHODS

The data used in this study are subset of the National Home and Hospice Care Survey, 2007. The data was collected from August 2007 to February 2008. The sample of this study only includes home health aides working in patient's home at the time of data collection.

This study had analyzed association of respect with intention to leave the particular job at agency of home health aides working in patient's home

Table 1 Distribution of independent variables

Socio-demographic variables	Percentage Patient home only (n=1657)
Age group (years)	
20-29	9
30-39	19
40-49	30
50-59	30
60 and over	13
Mean=46±11	
Gender	
Male	3
Female	97
Race	
White	73
Non-white	27
Marital status	
Separated/ divorced/ widowed/never married	37
Married/ living with partner	63
Highest grade or year completed in school	
12 years and less than 12 years	66
More than 12 years	34
Respect and values from	
Agency for the work	
Somewhat / not at all	30
Very much	70
Society values or appreciates work as a home health aide	
Somewhat / not at all	39
Very Much	61
Patients respect home health aides	
Somewhat/ not at all	8
A great deal	92
Supervisor values or appreciates the work	
Somewhat / not at all	20
Very much	80

only. The question “How likely is it that you will leave this job at agency in the next year?” was taken as dependent variable. There were three responses that were again recoded into two categories for analysis purpose in this study. The study used descriptive as well as inferential statistics to describe the sample characteristics and analyze the association among different socio-demographic characteristics and job characteristics of home health aide intention to leave the job. The percentage distribution was used for univariate analysis whereas chi-square test was used for bivariate analysis of the data. Logistic regression was used for multivariate analysis.

RESULTS

Majority of the home health aides did not intend to leave the job in one year. The percentage of home health aides that were not likely at all to leave the job were 74% among home health aides working in patient’s home only.

Table 1 clearly illustrates the percentage distribution of socio-demographic information among home health aides working in patient’s home. The table shows home health aides has mean age of 46 ± 11 and 30% of them were from age group of 40-49 and other 30% is in age group 50-59. The percentage distribution for gender was similar consisting of 97% of home health aides as females. Almost seven in ten home health aides were whites. The home health aides were mostly married constituting 63%. The proportion of home health aides working in patient’s home only with highest degree grade or year completed in school were 66%.

Table 2 shows that home health aides working in patient’s home aged 50-59 years age group have highest proportion that was not likely to have intention to leave the job. This age group was followed by 40-49 years, 30-39, more than 60 years and 20-29 with percentage of 77%, 73%, 69%, and 64% respectively. The association between age group and intention to leave was significant at the

Table 2 Percentage distribution of intention to leave the job by socio-demographic and personal variables

Socio-demographic variables	(n=1657)		
	Not likely% (n)	Chi-square	p-value
Age group (years)			
20-29	64(154)	18.64	0.001
30-39	73(310)		
40-49	77(491)		
50-59	78(489)		
60 and over	69(213)		
Gender			
Male	74(47)	0.001	0.970
Female	74(1,610)		
Race			
White	77(1,213)	22.72	<0.001
Non-white	66(444)		
Marital status			
Married/ living with partner	77(1,045)	7.99	0.005
Separated/ divorced/ widowed/ never married	70(612)		
Highest grade or year completed in school			
12 years and less than 12 years	77(1,091)	17.33	<0.001
More than 12 years	68(566)		
Respect and values from			
Agency for the work			
Somewhat / not at all	58(496)	99.14	<0.001
Very much	81(1,161)		
Society values or appreciates work as a home health aide			
Somewhat/ not at all	70(651)	11.31	0.001
Very much	77(1,006)		
Patients respect home health aides			
Somewhat/ not at all	64(127)	7.85	0.005
A great deal	75(1,530)		
Supervisor values or appreciates the work			
Somewhat/ not at all	55(325)	77.54	<0.001
Very much	79(1,332)		

r=reference group

level of <0.01. The percentage of home health aides that do not have intention to leave the job and white was 77% (p-value <0.001). The table clearly depicts that married home health aides have less intention to leave the job. The findings are significant at p-value of <0.01. Educational status is significantly associated with the intention to leave the job (p-value=<0.001). Almost 77% of home health aides that attended 12 years or less than 12 years of school were not likely to have intention to leave the job. The association between HHA's perceived respect and intention to leave the facility were significant (p<0.001). The table clearly depicts that approximately 80% of home health aides who felt that the agency respects their jobs were not likely to have intention to leave the job. Similarly, home health aides who perceived a great deal of respect and appreciation from society were not likely to have intention to quit the job (77%). This finding is significant at p<0.01 level. Home health aides who felt a great deal of patients respect them as a part of

their health care team was not likely to have intentions to leave the job. The percentage of home health aides having intention to leave and felt that they gets respect from patients were 75% and 64% of home health aides felt they were somewhat respected or not at all respected (p<0.01). Almost 8 out of 10 home health aides felt respected from their supervisors for the work they did and were not likely to have intention to leave job than their counterparts. The finding is significant at the level of p<0.001.

The model as shown in Table 3 for intention to leave among home health aides shows that age group 30-39, 40-49 and 50-59 significantly predicts intention to leave at p<0.01, p<0.001 and p<0.001 respectively. The odds ratio for 30-39 years of age group explains that age group 30-39 was 0.53 times as likely to have intention to leave the job in comparison to age group 20-29 years while controlling for other variables. The age group 40-49 years was 56% less likely to have intention to quit job than the reference group when other variables

Table 3 Odds ratio predicting intention to leave the job

Socio-demographic variables	Adjusted odds ratio (95% of CI)	S.E.	p-value
Age group (years)			
20-29 (r)	-	-	-
30-39	0.53 (0.34-0.83)	0.12	0.006
40-49	0.44 (0.29-0.68)	0.10	<0.001
50-59	0.46 (0.30-0.71)	0.10	<0.001
60 and over	0.98 (0.61-1.57)	0.24	0.931
Gender			
Female (r)	-		
Male	1.01 (0.48-2.10)	0.38	0.98
Race			
White	-		
Non-white	1.94 (1.49-2.52)	0.26	<0.001
Marital status			
Separated/ divorced/ widowed/never (r) married	-		
Married/ living with partner	1.21 (0.95-1.55)	0.15	0.12
Highest grade or year completed in school			
12 years and less than 12 years (r)	-		
More than 12 years	1.61 (1.26-2.06)	0.20	<0.001
Respect and values from			
How much do you think the organization at (AGENCY) values or appreciates the work you do as a home health aide?			
Very much (r)	-		
Somewhat / not at all	2.53 (1.92-3.33)	0.36	<0.001
How much do you think society values or appreciates your work as a home health aide?			
Very much (r)	-		
Somewhat / not at all	1.14 (0.89-1.46)	0.14	0.31
To what degree do you feel patients respect you, as part of their health care team?			
A great deal (r)	-		
Somewhat/ not at all	1.23 (0.81-1.86)	0.26	0.33
How much do you think your supervisor values or appreciates the work you do?			
Very much (r)	-		
Somewhat / not at all	1.99 (1.48- 2.69)	0.30	<0.001
Constant		0.66	
Chi-square		187.98	
Pseudo r- square		0.10	
Number of observation		1657	

r=reference group

remain constant. Similarly, age group 50-59 years was 54% less likely to have intention to leave the job than 20-29 year age group. Race of home health aides had also determined the intention to quit the job and it was seen from the result that the findings were significant at $p < 0.001$ level. Non-whites were 94% more likely to have intentions to leave than their counterparts. The educational level showed significant relation with intention to leave ($p < 0.001$). Home health aides who had completed more than 12 years of school are 61% more likely to have intention to leave the job than the reference group.

The adjusted odds ratio 2.53 for intention to leave the job for home health aides that felt somewhat or not at all respect from their agency inferred that mentioned home health aides were 2.53 times as likely to have intention to leave the job than home health aides who felt that the agency respects their work very much. Similarly, home health aides who felt that supervisors somewhat or not at all appreciate their work were 99% more likely to have job leaving intention than who felt that they were very much respected.

DISCUSSION

The findings of this study suggested that socio-demographic variables such as age, race, and education are significant predictors for home health aides. The differences in intention to leave the job vary by age group. Younger home health aides are more likely to leave the job than older home health aides. The home health aides who were age 30-39 years were less likely to leave the job than that age 20-29. As age increases the intention to leave also decreases. The home health aides aged 40-49 and 50-59 were less likely to have an intention to leave the job than younger aides. Earlier research found a similar finding for nurses reporting that registered nurses aged 51 and above was less likely to leave their job than the aged 40 to 50 age group [17]. The findings also show that there is no significant difference in intention to quit the job for home health aides aged 60 and over compared to aides age 20-30. This may be explained by the retirement age of the HHA. Home health aides nearing retirement may have a similar level of intention to quit.

The racial differences in intention to leave among direct care givers, registered nurses and other health care workers was found in many previous studies [9, 17]. According to Brannon et al. [9], direct care givers working in home health care agencies who were non-white were more likely to report an intent to quit the job compared to direct care givers of white racial origin. This may be related to perceived racial difference among non-white home health aides.

This study clearly shows increased educational attainment does have an impact on the intent to leave. The intent to leave and level of education, as measured by the highest grade completed, one study found that the direct care givers working in skilled nursing facility with higher educational level are more likely to leave the job. In contrast, Rambur et al. [17] found that job dissatisfaction decreases with educational attainment and suggests that baccalaureate education may stabilize nurses in their position. The intention to leave among home health aides with lower educational levels may be related to having inadequate knowledge. The HHA's may have planned to quit their job to pursue further education.

The appreciation and respect of work highly influences the turnover intentions. Some studies have found that perceived respect from the agency, society, patients and supervisor significantly decreases the chances of turnover [18, 19]. In this study, respect from the society and supervisors are significant predictors for intent to leave the job among home health aides.

The study has clearly shown the effect of respect on decision making of home health aides. The turnover of this frontline care giver can be reduced by providing hands-on training. The reasons for higher intention among the younger age group should be studied more for proper policy recommendation. The home health aides give more importance for recognition and appreciation of their work in society. The respect can be provided by felicitating them during social events. This will encourage them to remain in the same job for longer period. The intentions to leave job can be reduced by respecting of their work by supervisors. The supervisor should make the home health aide's working environment conducive.

This study is a cross sectional study and it is difficult to establish causality in these type of studies. Therefore, longitudinal studies should be done. The study has further limitation that is missing in this study are effect of other factors such as pay, benefits, duration, and history of employment may have effect on intentions to leave the job among home health aides. Also, the interaction among different independent variables may give rise to more insightful answers regarding factors that can influence intentions to leave the job among home health aides. Thus further studies are required to discuss other factors as well as interaction effect of different independent variables.

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