

**UNDERSTANDING THE INTENTION TO LEAVE THE JOB  
AMONG U. S. HOME HEALTH AIDES**

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## ABSTRACT

The U.S. has experienced a tremendous increase in the amount of in-home care provided. A critical element of this home and community-based care is the home health aide, who provides the majority of the direct care delivered. The shift to home care and the importance of home health aides means that efforts to decrease the turnover rate among home health aides has become a critical policy and practice issue in the U.S.. This study is designed to better understand determinants of the intention to leave the job of home health aides. This quantitative study is a secondary data analysis. The data are a subset of the National Home and Hospice Care Survey, 2007. 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. Logistic regression was used for multivariate analysis. The comparison of intention to leave among home health aides working in home settings and those working in other than residential environments, such as assisted living, was done.

Analysis showed that the determinants of intention to leave the job among home health aides working in a person's home includes worker characteristics such as age, race, education, and responsibility for child care, and job conditions such as overtime payment, pension benefit, adequacy of worker time for activities other than ADLs, respect from agency and job satisfaction

The intentions to leave job can be reduced by providing proper benefits, respect, and training to the home health aides working in patient's home.

**KEY WORDS:** INTENTION/ HOME HEALTH AIDE/ TURNOVER/ BENEFITS



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## LIST OF ABBREVIATIONS

<b>ADLs</b>	Activities of Daily Living
<b>IADLs</b>	Instrumental Activities of Daily Living
<b>DCW</b>	Direct Care Giver
<b>CNA</b>	Certified Nursing Assistant
<b>CAPI</b>	Computer Assisted Personal Interview
<b>NHHAS</b>	National Home and Hospice Agency Survey
<b>HHA</b>	Home Health Aides

## **CHAPTER I**

### **INTRODUCTION**

#### **1.1 Long-term Care in USA: Overview**

Long-term care refers to the assistance provided to people with disability or chronic diseases. The care ranges from skilled nursing care i.e. medical care to help with daily activities such as bathing, cooking, using the toilet, and other ADL (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living). In the United States long-term care is mainly provided by family and friends, institutions, such as nursing homes, and home based care and home health care agencies (History of Long Term Care, n.d, Wysocki et al., 2012). Long-term care is usually thought of as institutional care, but it increasingly encompasses home and community based care services (HBCS) (Wysocki et al., 2012).

The provision of care for older adults in the community by family members is common in the U.S. as it is in most countries. Although the first home health care agencies were established in the US in the 1880's, the dramatic expansion of home and community-based services began in the 1980's (Hamilton, 2002).

Long-term care in the U.S. is financed by Medicare, Medicaid, private insurance, and individual out-of-pocket spending. Medicare is an insurance system that is federally financed. It provides for skilled home health and nursing home care for individuals with a skilled care condition (Feder, Komisar, & Niefeld, 2000). Medicaid is a government funded social welfare program but the difference is that the financing is shared between the state and federal government. Medicaid finances long-term care for individuals who meet an income and disability threshold (Feder, Komisar, & Niefeld, 2000).

As earlier mentioned home health care is a component of long-term care along with skilled institutional care and community care. According to Bercovitz et al. (2011), 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." 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) (Stone & Dawson, 2008). Some examples of DCW are nursing assistants, home health aides, home care aides, personal care workers, and personal service attendants (Stone, 2001). 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 (Stone & Harahan, 2010).

It is estimated that by 2050 the number of people requiring long term care will increase to 27 million (Bercovitz et al., 2011). 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.

As seen in other caring professions, such as nursing, high turnover and job satisfaction are linked (Parsons, Simmons, Penn, & Furlough, 2003). Many studies have observed a direct relationship between staff turnover and other factors such as job satisfaction and organizational commitments (Brewer & Nauenberg, 2003; Kiyak, Namazi, & Kahana, 1997; William H. Mobley, Stanley O. Horner, & A. T. Hollingsworth, 1978).

## **1.2 Home Health Aides and Intention to Leave**

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 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 (Mobley, Horner, & Hollingsworth, 1978). The negative

incidents of the job can cause a person to quit the job directly or to have an intention to quit (Karantzas et al., 2012). The main policy concern is actual turnover rate, but intention to leave is a reliable predictor of turnover rate.

### **1.3 Problem Statement**

According to Stone (2001), the need for home health care workers will increase by 75% by 2006. 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% (Barry, Kemper, & Brannon, 2008; Howes, 2008). 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 (Brannon et al., 2007; Rosen et al., 2011).

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 (2000), for numerous reasons, such as the desire to remain independent the high cost of nursing homes people are trying to avoid institutional placement. Wysocki et al. (2012) 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 (Rawlinson, 1972; Wysocki et al., 2012). 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 (2004) 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 (Brannon et al., 2007; Kemper et al., 2008).

#### **1.4 Significance of Study**

The study of intention to leave among home health aides is important, as intention to leave is highly related to future behavior of home health aides. This study will determine the predictors of intention to quit the job. Understanding predictors of intention to leave will help to decrease turnover by identifying possible solutions to reducing turnover rates. The comparison between home health aides working in a person's home only and other settings, such as assisted living will help to differentiate the conditions that may impact a workers intention to leave.

The indirect cost related to staff turnover can be seen both in the care providing agency and receiving clients. The discontinuity of care is a consequence that affects both parties. Consumer satisfaction may be decreased and the recipient may try to find an alternative agency. This will ultimately increase the cost on both sides. Understanding the determinants of intention to leave the job will help us to reduce the cost of discontinuity by diagnosing the problem before actual turnover. Also, this study of turnover will help to provide more information in an effort to reduce costs for the agency and health care system by cutting the costs on new recruitment of home health aides. The evidenced based policy recommendation regarding decreasing intentions to leave the job will be provided. As the dataset used in this study is representative sample of home health aides, it can be generalized in a broader population.

In addition the study will help in providing literature for researcher as well as policy makers working in home health sector.

## **1.5 Research Questions**

1.5.1 What are the determinants of intention to leave the job of home health aides?

## **1.6 Research Objectives**

1.6.1 Analyze association between different predictors of intention to leave of home health aides

1.6.2 Compare determinants of intention to leave among home health aides working in an individual's home only and other settings

## **1.7 Operational Definition**

**Intention to leave:** In this study the intention of home health aides to leave the job is within 1 year. As data regarding turnover are not available, intention to leave is used as the measure to estimate turnover rate.

**Home Health Aides:** Refer to aides working for providers that offer home health care and are directly employed by the agency; and provide assistance in activities of daily living. The dataset for this study uses the term home health aides as a universal term for representing home health aides, home care aides or personal care attendant, hospice aide or certified hospice and palliative nursing assistant, CNA (Certified Nursing Assistant), others. Also, this study has excluded hospice care attendant or certified hospice and palliative nursing assistants. Therefore, in this study home health aides (i.e. home health aides, home care aides or personal care attendant, Certified Nursing Assistant, and others) refers to aides working for providers that offer home



health care directly employed by the agency; and providing assistance with ADLs, IADLs and other activities.

Individual or family home only: This is the setting for caring for the client. This refers only to the individual or family home.

Other settings: This term refers to settings where home health aides are providing care that is other than patient home only. This includes non-institutional residential settings, such as assisted living and combination of two or more non-institutional residential settings or non-institutional residential settings and home.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1 Theoretical Framework**

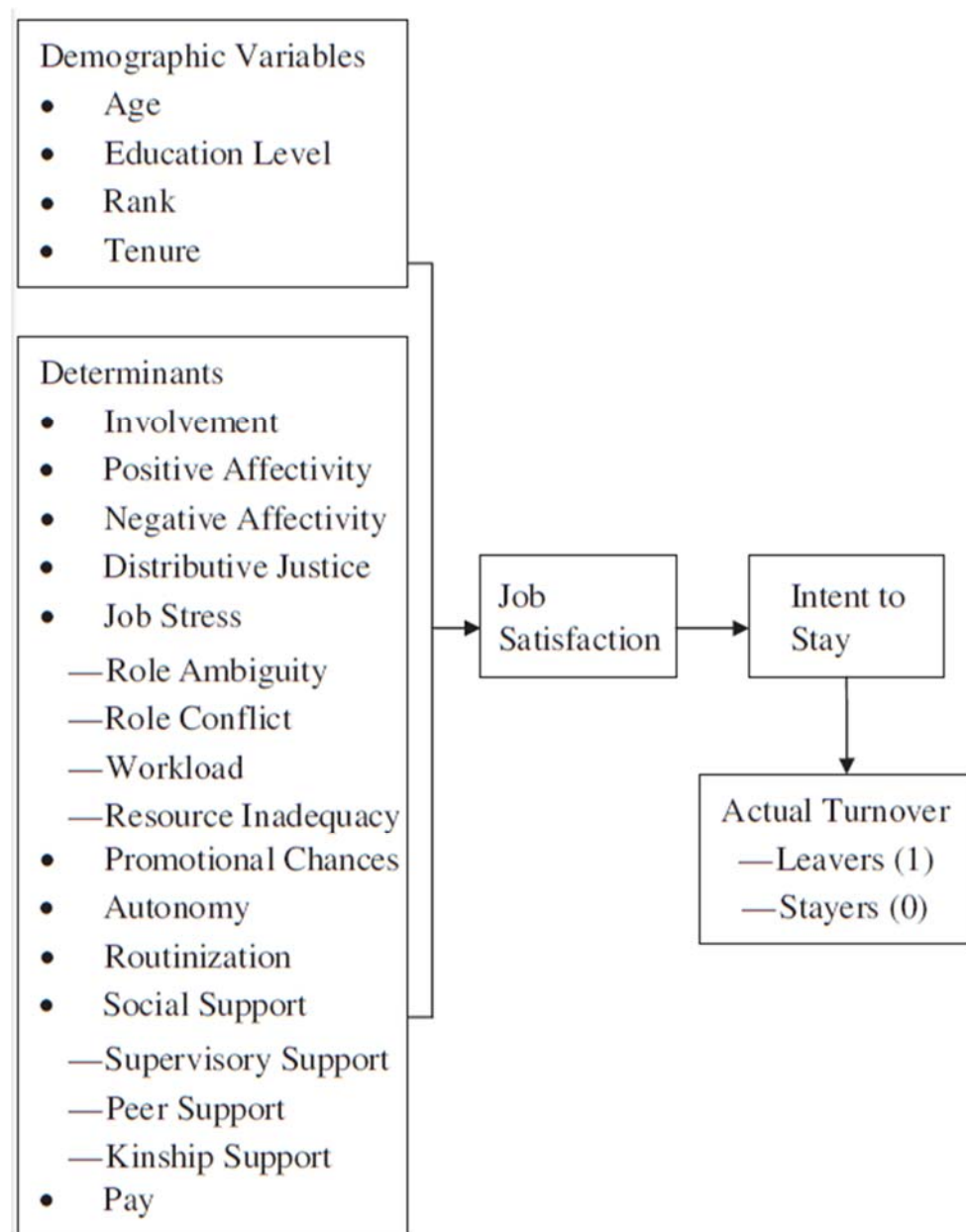
This study is influenced by **“The Tested Model of Nursing Turnover”**. This model is taken from the study “Turnover factors revisited: A longitudinal study of Taiwan-based staff nurses” (Chen, et.al, 2008). The model has ten distinct determinants of turnover behavior among staff nurses. The model was based on a longitudinal study. An association was observed between turnover behavior and intentions regarding turnover. Again, intention to stay is associated with the job satisfaction of home care workers.

The model included a measure of engagement of the employee in their job. The model states that higher job involvement will decrease the chances of turnover. The feeling of employees regarding their job is referred to as “positive affectivity” and “negative affectivity”. The model contains a third factor for turnover, the concept of distributive justice, which refers to how the rewards and punishments are provided.

Job stress is another factor included in the model. The factor has four dimensions of job stress. They are role ambiguity, role conflict, workload, and resource inadequacy. Stress has a negative effect on job satisfaction and can negatively affect intention to stay, consequently increasing turnover. The opportunity career advancement is also a determinant that can affect the intention of an employee to leave a job. The model also describes the impact of routinization and repetition of the tasks during working hours. For nurses the model has hypothesized that routinization has a negative impact on one’s intention to quit the job.

The other two determinants that are included in the model are social support and pay. It includes support from one’s supervisor, colleagues and kinship support. Good social support will increase job satisfaction and will decrease the turnover rate. Similarly, pay is a factor that can decrease the turnover rate for employees.

The socio-demographic variables are taken as control variables in the model.



**Figure 2.1: The Tested Model of Nursing Turnover**

*Source: Chen, Chu, Wang, & Lin, 2008*

## 2.2 Socio demographic Variables

**Age:** Age plays an important role in determining a person's intention to leave a job as a home health aide. The study done among home health aides working in home health agencies (Sherman et al., 2008), has shown that age is a predictor for both job satisfaction and retention of staffs. As age increases, there is a higher chance the person will be more satisfied with the job and they will have a lower chance of leaving the job. Another direct care workers study found that the younger workers were more inclined to quit the job (Brannon et.al, 2007). The literature related to nursing staffs shows that higher feelings of job accomplishment in the older age group was found to decrease their intention to quit the job. The same study stated that the lack of a pension was one of the main reasons for turnover in the higher age group (Currie & Carr Hill 2012).

**Sex:** Studies examining the impact of gender on the intention to leave are very rare. This may be due to the dominance of females as direct care workers. The study regarding turnover rate among home health aides shows no difference between genders (Benjamin et.al, 2008).

Nurses working in long-term psychiatric settings was compared. The study was done in a Veterans Hospital and found that males had higher turnover rates. The study included registered nurse, licensed practitioner and nurses' aides (Alexander et.al., 1998).

**Educational level:** The ambiguousness regarding the role of educational attainment and turnover behavior and intentions among health aides and assistants can be seen. The study of direct care giver with higher education and working in skilled nursing facilities were more likely to report an intention to leave the jobs than their counterparts (Brannon, Barry, Kemper, Schreiner, & Vasey, 2007). The same study has shown education as predictor for intention to leave the job in all the direct care givers working in skilled nursing facilities, home care agencies and assisted living facilities but not particularly in case of home health aides working in home care agencies.

Conversely, the study carried out among the registered nurses concluded that the intention to quit the job decreases with higher levels of education among registered nurses (Rambur, Palumbo, McIntosh, & Mongeon, 2003). This study population is different than that of home health aides. The reason behind lower intention

to leave may be related to higher pay and benefits among the registered nurses for higher level of educational attainment.

**Marital status:** The intention to leave the job among home care worker working in home care agencies is not influenced by marital status (Morris, 2009). Most of the studies done on intention to leave are not able to show any relationship among marital status of nursing staffs (Shields & Ward, 2001; Tzeng, 2002; Yıldız, Ayhan, & Erdoğan, 2009).

**Race:** The ethnic diversity among the direct care givers is prominent. More than half are white and one in four are black or born in other countries (Stone & Dawson, 2008). This may have created tension among the staffs working in home health agencies. Home health aides intentions regarding leaving a particular job depends on the racial differences (Brannon et al., 2007; Feldman & Sapienza, 1988). The non- white home health aides are more likely to have intentions to leave the job than their white counterparts. The same differences can be seen among the direct caregivers. It was reported that direct care givers who are members of a minority group may have higher intent to leave the job than their counterparts (Ejaz, Noelker, & Menne, 2008).

**Personal Life:** The personal life of a care giver may also be a factor in job turnover. Worries about family members and family stressors can have an impact on home health aides. Morris (2009) explained the effect of personal life of home health aides on the intention to leave, as well as actual turnover by comparing six models. The personal factor was presence of preschooler in the home. The findings suggests that the personal factor does not have a significant impact on intentions but on actual turnover.

In a study conducted with inactive nurses, researchers found that the primary reason for inactivity was the need to care for dependent children (Fottler et.al., 1995). Family commitments are one of the factors that have predicted intentions to leave among the caregivers (Flinkman et. al., 2008; Bentham & Haynes, 1990).

## **2.3 Work Conditions**

**Pay and benefits:** The engagement of direct care givers including home health aides in long-term care is compromise for family members as well as home health aide's life. The compensation is a prerequisite to overcome the necessity of home health

aides. The compensation can be provided as family sustaining wages, insurance and other benefits such as paid sick leave (Stone & Dawson, 2008). Stone & Dawson (2008) has explained compensations as essential elements to maintain quality job for direct care givers resulting in decreased intentions to quit the job. The association between benefits and intentions to leave are found in many studies (Bentham & Haynes, 1990; Castle & Engberg, 2006; Coomber & Louise Barriball, 2007; Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salanterä, 2008).

Dual drivers of direct care giver model has enlisted salary and benefit packages as a main factor of the decision to stay or leave among direct care workers (Mittal, Rosen, & Leana, 2009). A study carried out with hospital nurses concluded that salary and other fringe benefits play a significant role in decreasing the turnover of registered nurses (Yin & Yang, 2002). The benefit package attached to a job not only keeps employees working for the same employer, but also increases continuity in the same position for a longer period of time (Brewer & Nauenberg, 2003).

Supervisor's Attitude: The work environment is highly influenced by the supervisor's attitude toward employees. One study found that supportive behavior towards employees resulted in them reporting to be more loyal toward the organization and can reduce the intention to leave the job (Cho, Johanson, & Guchait, 2009). Supervisor's behavior towards home health workers has also been a significant predictor of turnover (Decker, Harris-Kojetin, & Bercovitz, 2009). The supervisor's support for caregivers working in home settings decreases the anxiety caused due to job stressors and decrease the intention to quit the job (Karantzas et al., 2012). Therefore, among home health aides the support of a supervisor significantly decreases turnover behavior and intention to quit the job. (Feldman & Sapienza, 1988).

Adequacy of time for ADLs and Other Activities or Workload: An important aspect of the work of the home health aide is having an adequate amount of time to complete their tasks. Also home care workers feel more autonomous when they have some control over their work schedule. This provides them freedom and adequate time to perform all ADLs and non- ADLs tasks (Stacey, 2005). The limited time allocation for work stresses the home health aides and increases intentions to quit the job (Morris, 2009). Many studies among nurses, home health aides and nursing assistants working in institutional settings as well as home care agencies have found

overload during work as a significant predictor of intention to quit (Brannon et al., 2007; Chen, Chu, Wang, & Lin, 2008; Yin & Yang, 2002).

**Feeling of Respect:** The sound working environment for home health aides needs appreciation and respect towards their work as a health care team. Kemper et al. (2008) cited in his article regarding direct care worker that home health workers decision to leave the job depends on the value, respect and appreciation of the work. According to Feldman & Sapienza (1988), 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 (Brannon et al., 2007; Chen et al., 2008). The older cohorts respond better to recognition than the younger ones. Therefore, higher recognition will help in retention of employees.

**Job Satisfaction:** Job satisfaction is the fulfillment of a workers personal needs or perceived needs that can be attained by the particular job (Kuhlen, 1963). According to Wanous & Lawler (1972), job satisfaction is the sum of satisfaction in each facet of the job, plus job dissatisfaction. Similarly, the need gratification theory by Wolf (1970) has stated that motivation for one's job can be achieved both by fulfillment of any needs and by achieving needs that are previously unattainable. Different authors have defined job satisfaction in different manners. Job satisfaction is considered as the appraisal of one's cognitive domain. (Alarcon & Lyons, 2011). Hence, job satisfaction is a topic of interest for almost every organization.

Care staffs of older adults residing either in their own house or residential settings and low job satisfaction are in higher risk to have intentions regarding leaving the job (Karantzas et al., 2012). It is believed that the efficiency of work depends on the satisfaction of employees. As a result of poor satisfaction and motivation workers usually choose to leave the job or have ideas to leave.

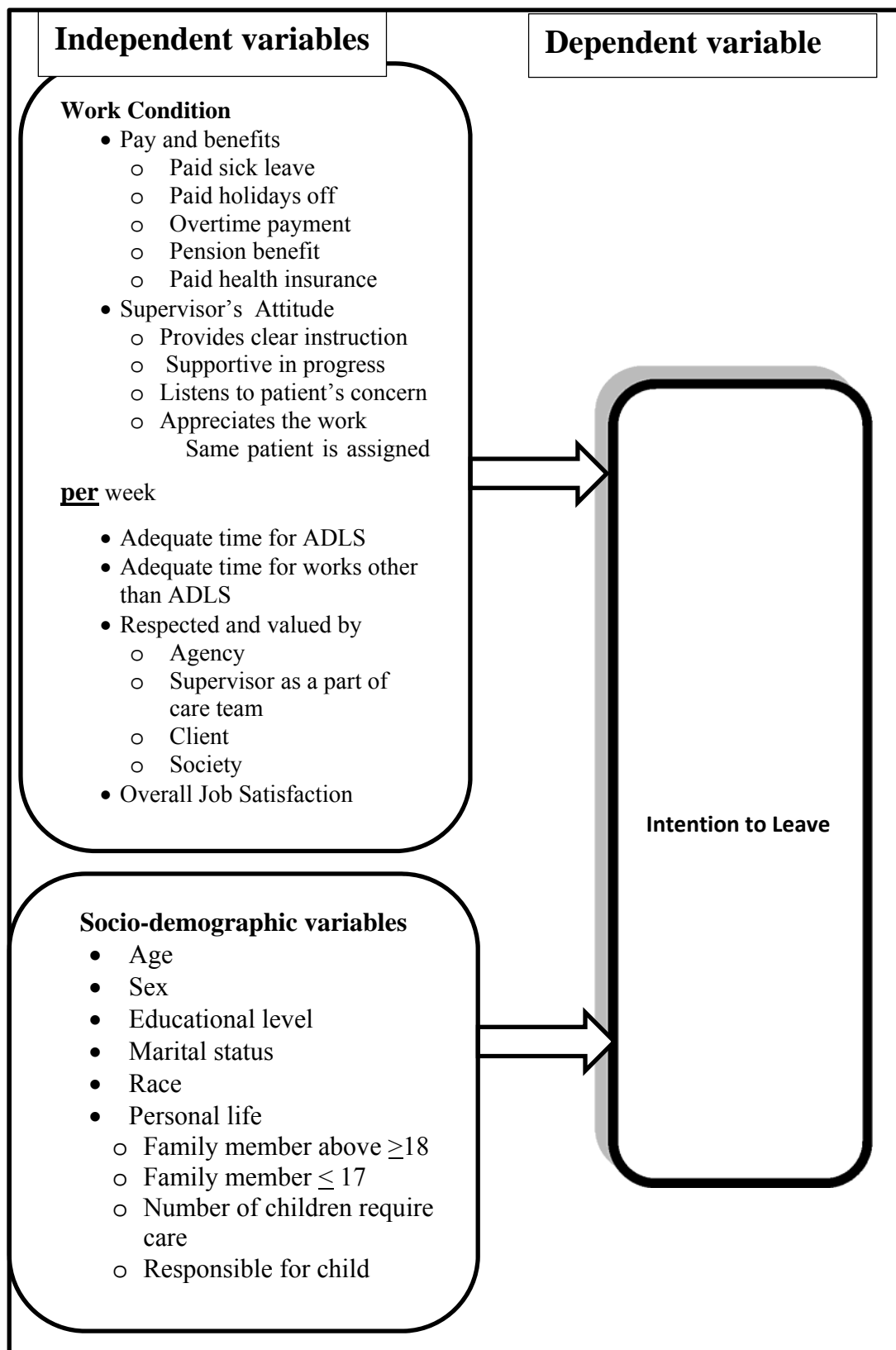
The high turnover rate of caregivers has forced researchers and policy makers to study the determinants of staff retention. Most of the studies about nursing

assistants working in nursing homes find that job satisfaction significantly affects the turnover rate (Karsh, Booske, & Sainfort, 2005; Larrabee et al., 2003).

## 2.4 Conceptual framework

This study has adopted concepts from the **“The Tested Model of Nursing Turnover”** and the conceptual model provided by Chen, Chu, Wang, & Lin, (2008). The independent variables are pay and benefits from sick leave, paid holidays off, overtime payment, pension benefit, paid health insurance, supervisor’s attitude regarding the home health aide, patient assignment in a week, adequacy of time, and respect from agency, supervisor, client, client’s family, and society. These are taken as predictors of a workers intention to leave job. Control variables such as socio-demographic status will also be included in the analysis.





**Figure 2.2 Conceptual Framework of Intention to Leave**



## **2.5 Research Hypotheses**

1. Home health aides who have adequate pay and benefits are less likely to report an intent to leave the job.
2. Home health aides who agree that the supervisor provides clear instructions, supports progress, listens to patients' concern and appreciates the work are less likely to have intent to leave the job.
3. Home health aides who are assigned to the same patients are less likely to report an intent to leave the job.
4. Home health aides who have adequate time for ADLs are less likely to report an intent to leave the job.
5. Home health aides who have adequate time for activities other than ADLs are less likely to report an intent to leave the job.
6. Home health aides who feel respected from the agency, supervisors, clients and society are less likely to report an intent to leave the job.

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **3.1 Source of Data and Sample Design**

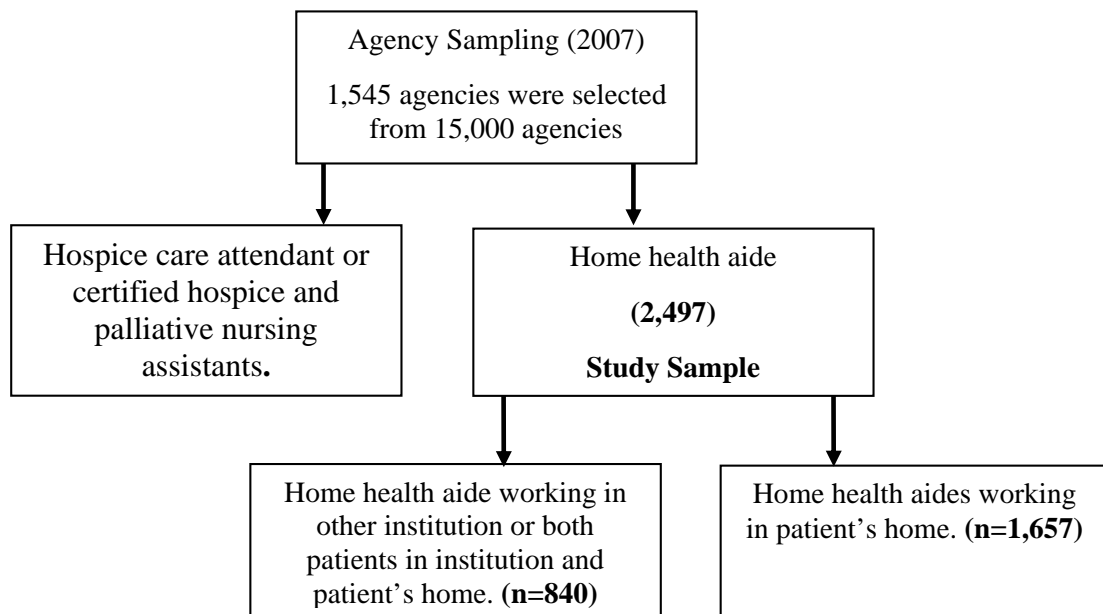
The data used for the analysis are from National Home and Hospice Care Survey 2007. The dataset is considered as first national probability survey of home health aides. The sampling design for the survey was stratified two stage probability. The sample frame contained over 15,000 home and hospice care agencies that represents universe of agencies providing home health care and hospice services. The primary sampling or the first stage was stratification of area according to Metropolitan Statistical Area (MSA) in reference to census region, ownership, certification status, state, county, ZIP code, and size (number of employees). The sampling of 1,545 agencies was systematically and randomly drawn with probability proportion to size.

The second stage of sampling was selected from the list of Home health aides from the agencies in stage one. Random selection of 6 home health aides was done from the eligible agencies by the use of CAPI. The sample of 4,416 aides were drawn among them 4,279 were eligible but only 3,377 aides completed NHHAS telephone interview. There was two eligibility criteria for a home health aide to participate in the study.

- 1) Directly employed by the sampled agency
- 2) Provide assistance to ADLs activities.

The sample for the study are home health aides working in home health agencies directly employed by the sampled agencies and provide assistance to ADL activities. This study will particularly exclude hospice care attendant or certified hospice and palliative nursing assistants.

### 3.2 Sampling Methods



**Figure3.1 Sampling method**

### 3.3 Study Population

The sampling frame for National Home and Hospice Aide Survey (NHHAS) consists of unduplicated list of home health aide provided from 1) The centers for Medicare and Medicaid Services Provider of Services file of U.S. nursing homes, and 2) State licensing lists compiled by private organization and 3) The National Hospice and Palliative Care Organization. The list thus found were matched for duplication of organizations and resulting frame was 15,488 home and hospice care agencies. The study has excluded hospice care attendant or certified hospice and palliative nursing assistants. Hence, the study population will be home health aides working in home health agencies excluding hospice care attendant or certified hospice and palliative nursing assistants in the US.

### **3.4 Operational Definition and Scale of Measurement**

#### **3.4.1 Operational definition of dependent variable**

##### **Intention to leave**

The intention of leaving is the dependent variable for this study. The variable represents approximation for future turnover of the home health aides. The intent to leave is measured by one variable. The variable has 3 responses that are very likely, somewhat likely and not at all likely. The responses was categorized into two category for analysis as very likely/ somewhat likely and not at all likely.

#### **3.4.2 Operational definition of independent variable**

The characteristics of job are taken as independent variables in this study

##### **Payment and benefits**

Paid sick leave: This is one of the variables that represents the benefits provided by the agency to the home health aide during his/her illness. The responses are 'yes' or 'no'.

Paid holiday off: This variable represents benefit to the home health aide during her holidays. The responses of this variables are 'yes' or 'no'.

Overtime Payment: This variable refers to extra payment received while working overtime. The responses are 'yes' or 'no'.

Pension benefit: The variable is regarding enrollment of home health aide to a retirement or pension plan. The responses are 'yes' or 'no'.

Paid health insurance: The home health response regarding health insurance participation are taken as 'yes' or 'no'.

##### **Supervisor's attitude**

Provides clear instruction: This variable measures whether the supervisor provides clear instructions regarding tasks of the home health aides. The responses are strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

Supportive in progress: This variable assess the support of supervisor in progress of the home health aides. The responses are strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

Listens to patient's concern: This variable refers to the supervisor's attitude regarding the concerns of patients care. The responses are strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

Appreciates the work: This variable represents proper appreciation of home health aides by the supervisor regarding their work. The responses are strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

### **Adequacy of time**

Adequate time for ADLS: The time adequacy of home health aides for supporting in ADL activities of patients is measured by this variable. The variable has 3 categories 1) more than enough time, 2) enough time, and 3) not enough time

Adequate time for works other than ADLS: The time adequacy of home health aides for supporting in activities of patients other than ADLs is measured by this variable. The variable has 3 categories 1) more than enough time, 2) enough time, and 3) not enough time

### **Respect and valued**

Agency: This variable refers to the respect from agency towards the work of home health aide. There are four responses in this variable that are strongly agree, somewhat agree, somewhat disagree, and strongly disagree.

Supervisor as a part of care team: This variable represents the respect given by the supervisor as a part of health care team. The variable has three responses a great deal, somewhat, or not at all.

Client: The variable respect from the client refers to how much home health aide is respected by client as part of care team. This variable also has three responses a great deal, somewhat, or not at all.

Society: This variable represents the respect by the society to the home health aide for their work. This variable also has three responses a very much, somewhat, or not at all.

**Socio-demographic variables**

Age group: Age is defined as age of the respondent when the survey was conducted in 2007. The dataset had age in ratio scale but the age is categorized into five categories for analysis purpose.

Sex: In this study sex is one of the variables. There are two groups male and female.

Educational level: Educational level refers to the highest number of years of formal school completion. It is divided into two categories 1)  $\leq 12$  years and 2)  $> 12$  years of education.

Race: Race is divided into two groups 1) whites 2) non-whites.

Marital status: Marital status refers to the status home health aide during the collection of data. The recoding of marital status was done to make it into two category. 1) Married/ living with partner and 2) Separated/ Divorced/ widowed/Never married.

**Personal life**

Personal life includes the variables regarding number of family members present in home health aide's household and the responsibility of the family.

Family members 18 years or above: Home health aides are asked about the number of family members in their household above 18 years of age. The response was in ratio scale but the variable is recoded as 1) present and 2) not present

Family members 17 years or below: Home health aides are asked about the number of family members in their household below or 17 years of age. The response was in ratio scale but recoding was done to make it as 1) present and 2) not present

Children requiring care: This variable refers to the number of children requiring care in home health aide's family. The response was recoded into 1) present 2) not present.

Responsible for the child: Home health aides were asked if they are responsible for care of children in their household. There are two categories in this variable 1) yes and 2) no.



### **Overall job satisfaction**

Overall job satisfaction refers to total satisfaction perceived by the home health worker. It is categorized into 4 responses that are extremely satisfied, somewhat satisfied, somewhat dissatisfied, and extremely dissatisfied. In this study, the recoding of the responses was done for analytical purpose into two categories of extremely satisfied/ somewhat satisfied and somewhat dissatisfied/ extremely dissatisfied.

## **3.5 Method of Data Analysis**

### **3.5.1 Univariate Analysis**

This study will compare home health aides working in patient's home only and other than patient home only setting. The variables included the study are recoded to categorical variables. Therefore, percentage distribution of variables for home health aides working in patient's home and other settings are shown in table and bar diagram. The other settings implies institution only, two or more than two institution and institution and patient's home only.

### **3.5.2 Bivariate Analysis**

Bivariate analysis is shown to observe the relationship between intention to leave and other variables for both the settings. The results are shown in table. The table shows association and percentage distribution of not likely to have intention to leave the job with different variables. The significance of the results is assessed by chi-square test. The confidence level for the analysis is 95%.

### **3.5.3 Multivariate Analysis:**

Binary logistic regression is used to identify the determinants of intention to leave the job among home health aides. The two models are composed from odds ratio of intention to leave the job among HHA working in patient's home only and other settings.

### **3.6 Limitation**

The data used in the study is cross sectional data. Hence, causality for the job satisfaction and intention to leave cannot be established. The limitation of this study is that it has used intent to leave as proximate variable for turnover rate.

### **3.7 Ethical Consideration**

The data was extracted from Interuniversity Consortium for Political and Social Research (ICPSR) website. This website provides data to the students of different university. During the process of extraction of data, there is need for following some steps that contains the non-disclosure of data and use of data for human benefit. All the process was followed during data extraction. The study proposal was send to IPSR-IRB for review.

## **CHAPTER IV**

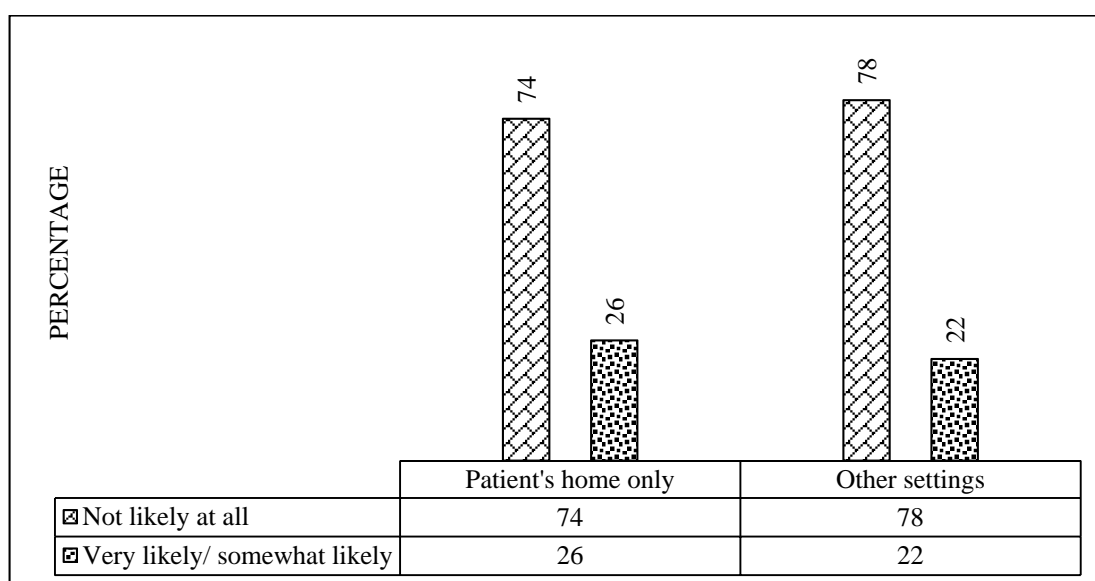
### **RESULTS**

The chapter is divided into three parts. The first part is descriptive statistics analysis that shows characteristics of the variables included in the study for home health aides working in patient's home only and home health aides working in settings other than patient's home only. The variables included in the study are categorical and the percentage distribution of characteristics is shown for univariate analysis. The variables included in the study are dependent variable (Intention to leave the job in one year), socio-demographic and personal life information (age, sex, race, marital status, race, education, adults over 18 in household, adults 17 and younger, children requiring care, and responsibility of child on HHA), work condition (pay and benefits, supervisor's attitude, patient assignment and work load, and perceived respect), and overall job satisfaction. The second part of the chapter includes bivariate analysis that determines the association among different independent variables with intention to leave the facility among home health aides working in patient's home only and home health aides working in settings other than patient's home only. The chi-square test is used for bivariate analysis. The final part includes logistic regression for identifying determinants of intention to leave the job by controlling effects of other variables. This logistic regression table have odds ratio of different independent variables for home health aides working in patients home only and home health aides working in settings other than patients home only.

## 4.1 Univariate Analysis (General Characteristics of Home Health Aides)

### 4.1.1 Intention to leave facility in one year

Figure 4.1 shows the distribution of intention to leave the job among the home health aides working in patients home only and settings other than patient's home only ( patient home and institution & institution only). Majority of the HHA does not intend to leave the job in one year. The percentage of home health aides that are not likely at all to leave the job are 74% among home health aides working in patient's home only. Similarly, approximately 8 out of 10 home health aides responded not at all likely to leave the facility within 1 year.



**Figure 4.1** Distribution of intent to leave the facility in one year

### 4.1.2 Socio-demographic variables

Table 4.1 clearly illustrates the percentage distribution of socio-demographic information among home health aides working in patient's home and home health aides other than working in patient's home only. The table shows home health aides working in patient's home only has mean age of  $46 \pm 11$  and 30% of them were from age group of 40-49 and other 30% is in age group 50-59. Similarly, home health aides working in working in settings other than patients home only had mean age

of  $45 \pm 12$  years and 28% were from age group 40-49. The percentage distribution for gender among both the setting were similar consisting of 97% of home health aides as females. Almost seven in ten home health aides are whites in both settings. The home health aides are mostly married constituting 63% in patients home only whereas 61% other settings. The proportion of home health aides working in patient's home only with highest degree grade or year completed in school were 66% whereas 61% in other settings.

Most of the respondent's households have family members aged 18 and above. Eight in ten home health aides stated that their household has members aged 18 and older for both settings whereas the home health aides having members 17 years and younger are equally divided into present and not present and approximately for both settings. Home health aides that did not have any children requiring care is 90% in case of HHA in patient's home only and slightly less for HHA working in other settings. Three out of four HHA did not have children or children they are responsible for caring in both settings.

**Table 4.1 Distribution of HHA by Socio-demographic and personal life variable**

	Percentage	
<b>Socio-demographic Variable</b>	<b>Patient home Only (n=1657)</b>	<b>Other settings (n=840)</b>
<b>Age group</b>		
20-29	9	13
30-39	19	20
40-49	30	28
50-59	30	26
60 and over	13	12
	Mean=46±11	Mean= 45 ±12
<b>Gender</b>		
Male	3	3
Female	97	97
<b>Race</b>		
White	73	70
Non-white	27	30
<b>Marital status</b>		
Separated/ Divorced/ widowed/Never married	37	39
Married/ living with partner	63	61
<b>Highest grade or year completed in school</b>		
12 years and less than 12 years	66	61
More than 12 years	34	39
<b>Personal life</b>	<b>Patient home Only (n=1657)</b>	<b>Other settings (n=840)</b>
<b>How many people in your household are adults, age 18 or older?</b>		
Not present	21	23
Present	79	77
<b>How many people in your household are adults, age 17 or younger?</b>		
Not present	55	50
Present	45	50
<b>Number of children requiring care</b>		
Not present	90	88
Present	10	12
<b>The child requiring care yours or one you are responsible for</b>		
Not present	77	75
Present	23	25

#### **4.1.3 Work conditions of HHA**

Table 4.2 depicts work condition of the HHA working in patient's home only and settings other than patient's home only. The work condition includes pay and benefits, supervisor's attitude, workload and patient assignment, perceived respect and overall satisfaction. This study has included paid sick leave, paid holidays off, overtime payment, health insurance, and pension benefit in pay and benefit group.

Home health aides having facility providing paid sick leave working in patient's home only and other settings are 74% and 85% respectively. Almost seven out of ten health assistants in working patient's home only were in facility that provides paid holidays off but four out of five home health aides working in other facilities are provided with paid holidays off. More than 80% of home health aides working in patient's home only gets overtime payment while 90% of home health aides working in settings other than patient's home only gets paid overtime benefit. Almost 90% of home health aides working in both settings are covered by health insurance from the facility. The percentage of home health aides working in in patient's home only and other settings that are covered by pension facilities are 80% and 84%, respectively.

Supervisor's attitude consists of providing clear instruction, supportive in progress of home health aide, listens to patient's concern, and appreciates the work. Almost equal percentage of home health aides strongly agrees that the supervisor provides clear instructions. The percentage distribution is 73% and 75% for home health aides working in patient's home only and other settings, respectively. Almost eight out of 10 home health aides strongly agrees that the supervisor is supportive in progress of home health aides in both the settings. Mostly home health aides strongly agrees supervisor listens to patients concern in both setting (74% and 76% for HHA working in patient's home only and settings other than patient's home only). More than four out of five home health aides strongly agrees that their supervisor appreciates the work of the HHA in both settings.

Almost six out of ten home health aides have enough time to assists in patient's ADL activities, whereas half of the home health aides working in settings other than patient's home only have enough time for ADL activities. Home health aides that responded having enough time to complete duties that do not directly involve the

patients are 60% and 56% for patient's home only and other settings of work respectively.

The perceived respect are respect from agency for their work, society appreciates or values their work, feels respect from patient, and feels appreciation from supervisor. For respect from agency for work home health aides feels very much respected and about 70% and 75% feels they are very much respected by the agency. Approximately three out of five HHA thinks the society values and appreciates their work as home health aides in both settings. On the other hand HHA that feels a great deal of respect from patients constitute of 92% of home health aides in both settings. HHA that feels they are valued and appreciated by their supervisor are 80% and 83% in patient home only settings and other settings respectively.

Home health aides overall job satisfaction level is also shown in table 4.2. The home health aides that are satisfied with their job are 93% in context of HHA working in patient's home only. Similarly, in other settings such as institution and home and institution only the percentage of home health aides extremely or somewhat satisfied are 95%.



**Table 4.2 Distribution of work condition among HHA**

Work Condition	Percentage	
	Patient home Only	Other settings
<b>Pay Benefits</b>	(n=1657)	(n=840)
<b>Paid sick leave</b>		
No	26	15
Yes	74	85
<b>Paid holidays off</b>		
No	28	18
Yes	72	82
<b>Does agency pay overtime?</b>		
No	19	10
Yes	81	90
<b>Paid health insurance</b>		
No	13	7
Yes	87	93
<b>Pension benefits provided</b>		
No	20	16
Yes	80	84
<b>Supervisor's Attitude</b>		
<b>Provides clear instruction</b>		
Strongly agree	73	75
Somewhat agree	20	19
Somewhat disagree	3	3
Strongly disagree	4	4
<b>Supportive in Progress of HHA</b>		
Strongly agree	81	80
Somewhat agree	14	16
Somewhat disagree	3	2
Strongly disagree	2	1
<b>Listen's to patients concerns</b>		
Strongly agree	74	76
Somewhat agree	19	18
Somewhat disagree	4	4
Strongly disagree	4	2
<b>Appreciates the work</b>		
Strongly agree	83	83
Somewhat agree	14	14
Somewhat disagree	2	2
Strongly disagree	2	2

**Table 4.2 Distribution of work condition among HHA (Cont.)**

Workload	Percentage	
	Patient home Only (n=1657)	Other settings (n=840)
<b>How much time do you have to assist patients with ADLs?</b>		
More than enough time	36	40
Enough time	59	55
Not enough time	4	4
<b>How much time do you have complete duties that don't directly involve the patients?</b>		
More than enough time	20	22
Enough time	60	56
Not enough time	11	11
Doesn't do these types of tasks	10	11
<b>Perceived respect</b>		
<b>Respect and values from Agency for the work.</b>		
Somewhat / Not at All	30	25
Very Much	70	75
<b>How much do you think society values or appreciates your work as a home health aide?</b>		
Somewhat / Not at All	39	37
Very Much	61	63
<b>To what degree do you feel patients respect you, as part of their health care team?</b>		
Somewhat/ not at all	8	8
A great deal	92	92
<b>How much do you think your supervisor values or appreciates the work you do</b>		
Somewhat / Not at All	20	17
Very Much	80	83
<b>Overall job satisfaction</b>		
<b>How satisfied are you with current job?</b>		
Extremely dissatisfied / somewhat dissatisfied	7	5
Extremely satisfied / somewhat satisfied	93	95

## **4.2 Bivariate Analysis (Association between Intention to Leave the Job and Different Independent Variables among HHA Working in Patient's Home only and Other Settings)**

### **4.2.1 Cross-tabulation and chi-square test of intention to leave by all independent variables among home health aide working in patient's home only and Other Settings**

Table 4.3 shows percentage distribution of intention to leave by socio-demographic and personal variables and other settings. It is clearly depicted in table that age, race, marital status, education is significantly associated with intention to leave among HHA working in patient's home but in case of home health aides working in other settings age has no significant relationship. Home health aides working in patient's home only aged 50-59 years age group have highest proportion that are not likely to have intention to leave the job. This age group is 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 is significant at the level of  $<0.01$ .

The racial difference for intention to leave the facility can be clearly observed among both groups. The percentage of home health aides that do not have intention to leave the job and white are 77% and 83% among HHA working in patient's home and other settings respectively ( $p\text{-value} < 0.001$ ). The table clearly depicts that separated/ widowed/ divorced/never married women working in settings other than patient's home only are less likely to have intention to leave the job than in home health aides working in patient's home only. Almost the difference is 11 percent points.

Educational status is significantly associated with the intention to leave the job among home health aides working in both settings ( $p < 0.001$  and  $p < 0.01$ ). Almost 73% of home health aides that attended 12 years of school or less are not likely to have intention to leave the job in settings other than patient's home only, whereas in patient's home only almost 77% of home health aides do not have intention to leave the job.

Eight out of ten home health aides that have people 17 years and younger are not likely to have intention to leave the job but only approximately three out of four

home health aides are not likely to have intention to leave the job among home health aides working in settings other than patient's home only.

**Table 4.3 Percentage distribution of intention to leave the job by socio-demographic and personal variables**

Independent variables	Patient's home Only (n=1657)		Other settings (n=840)	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>Socio-demographic Variable</b>				
<b>Age group</b>				
20-29	64( <b>154</b> )	<b>18.64**</b>	73( <b>111</b> )	8.17
30-39	73( <b>310</b> )		74( <b>171</b> )	
40-49	77( <b>491</b> )		79( <b>238</b> )	
50-59	78( <b>489</b> )		84( <b>221</b> )	
60 and over	69( <b>213</b> )		77( <b>99</b> )	
<b>Gender</b>				
Male	74( <b>47</b> )	0.001	74( <b>23</b> )	0.27
Female	74( <b>1,610</b> )		78( <b>817</b> )	
<b>Race</b>				
White	77( <b>1,213</b> )	<b>22.72***</b>	83( <b>585</b> )	<b>23.74***</b>
Non-white	66( <b>444</b> )		68( <b>255</b> )	
<b>Marital status</b>				
Married/ living with partner	77( <b>1,045</b> )	<b>7.99**</b>	74( <b>515</b> )	<b>4.68*</b>
Separated/ Divorced/ widowed/Never married	70( <b>612</b> )		81( <b>325</b> )	
<b>Highest grade or year completed in school</b>				
12 years and less than 12 years	77( <b>1,091</b> )	<b>17.33***</b>	73( <b>509</b> )	<b>10.92**</b>
More than 12 years	68( <b>566</b> )		82( <b>331</b> )	
<b>Personal Life</b>				
<b>How many people in your household are adults, age 18 or older?</b>				
Not present	72( <b>341</b> )	0.72	74( <b>190</b> )	3.13
Present	75( <b>1,316</b> )		80( <b>650</b> )	
<b>How many people in your household are adults, age 17 or younger?</b>				
Not present	75( <b>911</b> )	0.29	82( <b>422</b> )	<b>8.53**</b>
Present	74( <b>746</b> )		74( <b>418</b> )	
<b>Number of children requiring care</b>				
Not present	74( <b>1,486</b> )	0.0001	79( <b>741</b> )	0.44
Present	74( <b>171</b> )		76( <b>99</b> )	
<b>Is the child requiring care yours or one you are responsible for?</b>	Patient's Home Only (n=1657)		Other settings (n=840)	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
No	73( <b>1,282</b> )	1.67	79( <b>631</b> )	0.52
Yes	77( <b>375</b> )		77( <b>209</b> )	

\*p< 0.05 ; \*\*p<0.01 ; \*\*\*p<0.001

It can be clearly inferred from table 4.4 all the aspects in the pay and benefits are significantly associated with the intention to leave among home health aides for both settings. Home health aides working in patient's home only who have paid sick leave benefits are significantly ( $p < 0.001$ ) not likely to have intention to leave the job where as 63% of home health aides that are not getting paid sick leave benefits are not likely to have intention to leave the job. Similarly, most of the home health aides (83%) having benefit of paid leave off are not likely to have intention to leave the job ( $p < 0.001$ ). Almost eight out of 10 home health aides that are provided with overtime payment have no intention to leave the job. The association is significant at the level of  $p < 0.001$ . Home health aides having paid health insurance (77%) are less likely to have intention to leave the job in comparison to their counterparts (57%). The difference is significance at  $p < 0.001$ . A significantly ( $p < 0.001$ ) higher proportion of home health aides having pension benefits (79%) are not likely to have intention to leave the job. In case of home health aides working in other settings, eight out of ten that do not have paid sick leave benefits are not likely to leave the job. Most of the health aides (80%) that have paid holidays off and paid overtime not likely to have intentions to leave the job. Similarly, approximately four out of five health aides that have paid health insurance and pension benefits are not likely to have intentions to leave the job. The significance level for association in between paid holidays benefit, overtime payment, health insurance benefit and pension benefits are  $p < 0.05$ , 0.001, 0.05, and 0.001, respectively.

**Table 4.4 Percentage distribution of intention to leave the job by pay and benefits**

Independent variables	Patient's home Only (n=1657)		Other settings (n=840)	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>Paid sick leave</b>				
Yes	78(1,230)	39.54***	80(715)	6.60*
No	63(427)		70(125)	
<b>Paid holidays off</b>				
Yes	78(1,189)	32.08***	80(691)	4.54*
No	65(468)		72(149)	
<b>Does agency pay overtime?</b>				
Yes	78(1,335)	46.47***	80(756)	19.46***
No	59(322)		60(84)	
<b>Paid health insurance</b>				
Yes	77(1,446)	38.09***	79(779)	4.79*
No	57(211)		67(61)	
<b>Pension benefits provided</b>				
Yes	79(1,321)	62.11***	81(709)	16.54***
No	57(336)		65(131)	

\*p< 0.05; \*\*p<0.01; \*\*\*p<0.001

Table 4.5 shows the association between supervisor's attitude with intention to leave the job among health aides for HHA working in patient's home only and other settings. The attitudes of supervisor are provides clear instruction to HHA, supports progress of HHA, listens to patient's concern, and appreciates the work are significantly associated with intention to leave. The percentage of HHA working in other institution who strongly agrees that their supervisor provide clear instruction and not likely to have intention to leave the job are 82% whereas in patient's home settings 78% of home health aides only do not have intention to leave the job (p<0.001 & 0.001, respectively). There is three percent point difference in intention to leave the job among home health aides working in patient's home only and other settings and agrees that the supervisors are supportive in the progress of the home health aides The findings are significant at p< 0.001 for both settings. Home health aides who strongly agrees that their supervisors listens to the patient's concern have significant relationship to intention of home health aides working in both settings (p<0.001). The table shows that 79% of home health aides are not likely to have intention to leave the job working in patient's home and 82% in other settings.

**Table 4.5 Percentage distribution of intention to leave the job by supervisor's attitude**

Independent variables	Patient's home Only (n=1657)	Other settings (n=840)		
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>Supervisor's Attitude</b>				
<b>Provides clear instruction</b>				
Strongly agree	78(1,204)	70.79***	82(628)	37.17***
Somewhat agree	69(326)		72(156)	
Somewhat disagree	56(54)		65(26)	
Strongly disagree	40(73)		40(30)	
<b>Supportive in Progress of HHA</b>				
Strongly agree	78(1,345)	79.89***	83(672)	47.15***
Somewhat agree	61(228)		64(138)	
Somewhat disagree	47(45)		44(18)	
Strongly disagree	36(39)		42(12)	
<b>Listen's to patients concerns</b>				
Strongly agree	79(1,222)	66.25***	82(642)	44.47***
Somewhat agree	65(315)		75(147)	
Somewhat disagree	66(58)		48(31)	
Strongly disagree	40(62)		35(20)	
<b>Appreciates the work</b>				
Strongly agree	78(1,367)	67.25***	82(694)	35.69***
Somewhat agree	58(227)		66(116)	
Somewhat disagree	57(28)		57 (14)	
Strongly disagree	40(35)		38(16)	

\*p< 0.05 ; \*\*p<0.01 ; \*\*\*p<0.001

Table 4.6 shows the relationship between intentions to leave the job among the home health aides workload. The association between adequate time to perform ADLs is significant at  $p<0.01$  level among HHA working in patient's home and  $p<0.05$  for other settings. It can be clearly seen from the table that working in other settings and having more than enough time are 6% points likely not to have intentions to leave the job than HHA working in patient's home. The adequacy of time for and intention to leave the job is not associated among the home health aides working in other settings. Among HHA the percentage distribution of intention to leave is approximately similar for home health aides who have more than enough to perform duties that does not involve the patients, enough time or doesn't do these types of activities (74%, 78%, and 72% respectively) are approximately similar than not enough time (56%). The association between intention to leave the job with time to complete the duties that does not directly involve patient is significant at  $p<0.001$ .

**Table 4.6 Percentage distribution of intention to leave the job by workload and patient assignment**

Independent variables	Patient's home Only		Other settings	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>How much time do you have to assist patients with ADLs?</b>				
More than enough time	75(602)	14.35**	81(339)	7.85*
Enough time	75(981)		77(464)	
Not enough time	55(74)		62(37)	
<b>How much time do you have complete duties that don't directly involve the patients?</b>				
More than enough time	74(325)	38.50***	84(184)	7.78
Enough time	78(998)		79(474)	
Not enough time	56(176)		70(91)	
Doesn't do these types of tasks	72(158)		74(91)	

\*p< 0.05 ; \*\*p<0.01 ; \*\*\*p<0.001

Table 4.7 shows percentage distribution of intention to leave the job and association with perceived respect from agency, society, patient, and supervisor among home health care aides working in patient's home only. The association between HHA's perceived respect and intention to leave the facility are significant ( $p<0.001$ ) for home health aides working in patient's home. The table clearly depicts approximately 80% of home health aides who feels that the agency respects their jobs are not likely to have intention to leave the job. Similarly, home health aides who perceives a great deal of respect and appreciation from society are not likely to have intention to quit the job (77%). This finding is significant at  $p<0.01$  level. Home health aides who feel a great deal of patient's respect them as a part of their health care team are not likely to have intentions to leave the job. The percentage of home health aides who feels that they gets respect from patients are 75% and 64% of home health aides feels they are somewhat respected or not at all respected ( $p<0.01$ ). Almost eight out of ten home health aides feels respected from their supervisors for the work they do and are not likely to have intention to leave job than their counterparts. The finding is significant at the level of  $p<0.001$ .

Similarly, intention to leave the facilities among home health aides working in other settings have significant relationship with respect from agency for the work, appreciation of work from society, and appreciation from supervisor for work. The



significant association among respect and value from the society and intention to leave is significant at level of  $p < 0.001$ . Mostly, home health aides that feels they are respected from their agency very much are not likely to have intention to leave the facility (84%). Similarly, HHA that thinks society values or appreciates their work very much are not likely to have intention to leave are 82% ( $p < 0.001$ ). More than eight out of ten home health aides who thinks that their supervisors values their work very much are not likely to leave the job. This finding is significant at the level of  $p < 0.001$ .

**Table 4.7 Percentage distribution of intention to leave the job by perceived respect**

Independent variables	Patient's home Only (n=1657)		Other settings (n=840)	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>Respect and values from Agency for the work.</b>				
Somewhat / Not at All	58(496)	99.14***	61(211)	49.09***
Very Much	81(1,161)		84(629)	
<b>How much do you think society values or appreciates your work as a home health aide?</b>				
Somewhat/ Not at all	70(651)	11.31**	71(307)	13.96***
Very much	77(1,006)		82(533)	
<b>To what degree do you feel patients respect you, as part of their health care team?</b>				
Somewhat/ not at all	64(127)	7.85**	69(65)	3.44
A great deal	75(1,530)		79(775)	
<b>How much do you think your supervisor values or appreciates the work you do</b>				
Somewhat/ Not at all	55(325)	77.54***	55(146)	54.38***
Very much	79(1,332)		83 (694)	

\* $p < 0.05$  ; \*\* $p < 0.01$  ; \*\*\* $p < 0.001$

It can be clearly seen from the table 4.8 that there is significant association between job satisfaction and intention to leave the job among home health aides ( $p < 0.001$ ). The comparison shows 3% point's difference in intention to leave the job among the home health aides working in patient's home and other settings and who are extremely satisfied or somewhat satisfied.

**Table 4.8 Percentage distribution of intention to leave the job by overall satisfaction**

Independent variables	Patient's home Only (n=1657)		Other settings (n=840)	
	Not likely% (n)	Chi-square	Not likely% (n)	Chi-square
<b>How satisfied are you with current job?</b>				
Extremely dissatisfied / somewhat dissatisfied	22(114)	175.06***	23(40)	77.14***
Extremely satisfied / somewhat satisfied	78(1,543)		81(800)	

\*p< 0.05 ; \*\*p<0.01 ; \*\*\*p<0.001

### 4.3 Multivariate Analysis

The results indicate that the model for intention to leave the job among HHA working in patient's home only can explain variability approximately 20%. The predictors/ determinants for intention to leave the job among HHA working in patient's home are age, race, education, HHA responsible for child care, overtime payment, pension benefit, supervisor's supportive attitude towards HHA's progress, supervisor that listens to patient's concerns, enough time for other activities that do not directly involve the patients, respect from agency, and overall job satisfaction.

The model for patient home only 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 is 0.46 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 and 50-59 age group are 64% less likely to have intention to quit job than the reference group when other variables remain constant. Race of home health aides also determines the intention to quit the job and it can be seen from the result that the findings are significant at  $p < 0.001$  level. Non-whites are 73% more likely to have intentions to leave than their counterparts. The educational level showed significant relation with intention to leave ( $p < 0.01$ ). Home health aides who have completed more than 12 years of school are 46% more likely to have intention to leave the job than the reference group. The home health aides with responsibility of the child that requires care are 38% less likely to leave the job than their reference group without responsibility ( $p < 0.05$ ).

The table depicts that overtime payment significantly predicts intention to leave the facility ( $p < 0.01$ ). Home health aides who have overtime payment benefit in their facility is 41% less likely to leave the job than their counterparts. Similarly, home health having pension benefits available are 47% less likely to leave the job than the reference group at  $p < 0.01$ . Home health aides not having enough time for completing tasks that does not involve patient directly are 1.96 times as likely to have intention to leave the job in comparison to home health aides that have more than enough time ( $p < 0.05$ ). The odds ratio of intention to leave for perceived respect from their agency is 0.45 i.e. the home health who feels respect from their agency is 0.45 times as likely to have intention to leave the job as the reference group. Job satisfaction is found

to be a significant predictor of intention to quit the job among home health aides. Home health aides who are extremely satisfied or somewhat satisfied are 97% less likely to leave the job in comparison to their counterparts.

The model for home health aides working in patient home and institution or institution only shows significant relationship with race, education, overtime payment, pension benefit availability, supportive attitude of supervisor in progress of HHA, adequacy of time for doing tasks not directly related to the clients, perceived respect from agency and society and overall job satisfaction. The racial difference is significant in terms of intention to leave the facility ( $p < 0.001$ ). The odds ratio predicts that home health aides who are non-whites in racial origin are 2.29 times as likely to have intention to leave the job in comparison to their counterparts while other variables remain constant. Education significantly predicts intention to leave the job i.e. home health aides who attained highest years of education is 79% more likely to leave the job than that of reference group at the significance level of  $p < 0.01$ . On the other benefits such as overtime payment and pension benefit predicts intention to leave the job and home health aides getting overtime payment and pension benefits are 56% less likely to leave the job in comparison to their counterparts. It can be clearly seen from the table that home health aides who somewhat agree that the supervisor supports in progress of HHA are 2.43 times as likely as to have intention to leave the job in comparison to HHA who strongly agrees ( $p < 0.01$ ). Similarly, the odds ratio for HHA who somewhat disagrees that the supervisors are supportive in their progress is 3.60. The home health aides that are not involved in tasks that does not directly involve patient are 2.33 times more to leave the jobs than that of home health aides having more than enough time. The odds ratio 0.58 for intention to leave the job for home health aides that feels that the agency respects their work very much infers that mentioned home health aides are 42% less likely to leave the job than home health aides who feels somewhat or not at all respect from their agency. Similarly, HHA who thinks the society values or appreciates your work as a home health aides very much are 37% less likely to leave the job than their counterparts. Home health aides that are satisfied are 91% are less likely to leave the job than the HHA who are dissatisfied. This finding is significant at  $p < 0.001$ .

**Table 4.9 Odds ratio predicting intention to leave the job**

<b>Socio-demographic Variable</b>	<b>Patient home Only (n=1657)</b>	<b>Other settings (n=840)</b>
<b>Age group</b>		
20-29(r)	-	-
30-39	<b>0.46**</b>	0.73
40-49	<b>0.36***</b>	0.73
50-59	<b>0.36***</b>	0.52
60 and over	0.98	1.04
<b>Gender</b>		
Male (r)	-	-
Female	0.96	0.66
<b>Race</b>		
White		
Non-white	<b>1.73***</b>	<b>2.29***</b>
<b>Marital status</b>		
Separated/ Divorced/ widowed/Never married (r)	-	-
Married/ living with partner	0.90	0.85
<b>Highest grade or year completed in school</b>		
12 years and less than 12 years (r)	-	-
More than 12 years	<b>1.46**</b>	<b>1.79**</b>
<b>Personal Life</b>		
<b>Adults age 18 or older</b>		
Not present (r)	-	-
Present	1.23	0.84
<b>Adults age 17 or younger</b>		
Not present (r)		
Present	1.11	1.58
<b>Number of children requiring care</b>		
Not present (r)	-	-
Present	1.07	0.58
<b>Child requiring care yours or one you are responsible for</b>		
Not present (r)	-	-
Present	<b>0.62*</b>	0.73
<b>Work conditions</b>		
<b>Pay Benefits</b>		
<b>Paid sick leave</b>		
No (r)	-	-
Yes	1.05	1.00
<b>Paid holidays off</b>		
No (r)	-	-
Yes	0.75	1.07
<b>Does agency pay overtime?</b>		
No (r)	-	-
Yes	<b>0.59**</b>	<b>0.44**</b>
<b>Paid health insurance</b>		
No (r)	-	-
Yes	0.98	0.89
<b>Pension benefits provided</b>		
No (r)	-	-
Yes	<b>0.53**</b>	<b>0.44**</b>

**Table 4.9 Odds ratio predicting intention to leave the job (Cont.)**

<b>Supervisor's Attitude</b>		
<b>Provides clear instruction</b>		
Strongly agree (r)	-	-
Somewhat agree	0.92	0.61
Somewhat disagree	0.97	0.35
Strongly disagree	0.93	0.74
<b>Supportive in Progress of HHA</b>		
Strongly agree (r)	-	-
Somewhat agree	1.45	<b>2.43**</b>
Somewhat disagree	1.62	<b>3.60*</b>
Strongly disagree	1.86	2.24
<b>Listen's to patients concerns</b>		
Strongly agree (r)	-	-
Somewhat agree	1.21	0.83
Somewhat disagree	0.47	2.01
Strongly disagree	1.28	1.62
<b>Appreciates the work</b>		
Strongly agree (r)	-	-
Somewhat agree	1.29	1.42
Somewhat disagree	0.92	0.48
Strongly disagree	0.69	2.03
<b>Time to assist patients with ADLs</b>		
More than enough time (r)	-	-
Enough time	0.91	1.05
Not enough time	0.96	1.07
<b>time to complete duties that don't directly involve the patients</b>		
More than enough time (r)	-	-
Enough time	0.83	1.69
Not enough time	<b>1.96*</b>	1.34
Doesn't do these types of tasks	0.98	<b>2.33*</b>
<b>Respect and values from Agency for the work.</b>		
Somewhat / Not at All (r)	-	-
Very Much	<b>0.45***</b>	<b>0.58*</b>
<b>How much do you think society values or appreciates your work as a home health aide?</b>		
Somewhat / Not at All (r)	-	-
Very Much	0.86	<b>0.63*</b>
<b>To what degree do you feel patients respect you, as part of their health care team?</b>		
Somewhat/ not at all (r)	-	-
A great deal	0.87	1.04
<b>How much do you think your supervisor values or appreciates the work you do</b>		
Somewhat / Not at All (r)	-	-
Very Much	0.78	0.58
<b>How satisfied are you with current job?</b>		
Extremely dissatisfied / somewhat dissatisfied (r)	-	-
Extremely satisfied / somewhat satisfied	<b>0.13***</b>	<b>0.09***</b>

**Table 4.9 Odds ratio predicting intention to leave the job (Cont.)**

<b>Constant</b>	<b>23.10***</b>	<b>21.84**</b>
<b>Number of observation</b>	<b>1657</b>	<b>840</b>
<b>Chi-square</b>	<b>371.61</b>	<b>191.73</b>
<b>Log likelihood</b>	<b>-759.73</b>	<b>-343.17</b>
<b>Pseudo R-square</b>	<b>0.1965</b>	<b>0.2207</b>

\*p< 0.05 ; \*\*p<0.01 ; \*\*\*p<0.001; r=reference group

## **CHAPTER V**

### **DISCUSSION**

The findings show different factors impacting home health aides' intention to leave the job within one year. Because turnover rate is not available in this data set, this study uses intention to leave the job as a proxy for turnover rate.

The study examines different aspects of work done by home health aides and socio-demographic factors that can explain the turnover behavior. Home health aides working in the home of an individual or family member were also compared to home health aides working in residential settings, such as assisted living. The results show that for home health aides working in home and residential settings, the intention to leave the job within the next year was 22% and for HHA working in the home setting only the rate was 26%.. This explains that every one in four home health aides have leaving intention. Hence, the determination of predictors of intention to leave the job is an important step to reduce the turnover rate.

The bivariate analysis found an association between age, marital status, race, education, sick leave benefits, paid holiday benefits, overtime payments, health insurance benefits, pension benefits, supervisor's attitude towards providing clear instruction, support in progress of HHA, listens to patient's concern, appreciates the work, adequacy of time for doing ADLs and other activities, perceived respect from agency, society, patients, supervisor and overall job satisfaction among home health aides working in individual's home only. The association between the intention to leave among home health aides working in other setting was significant for variables such as marital status, race, education, family member in household aged 17 and younger, sick leave benefit, paid holidays benefit, overtime payment, health insurance benefit, pension benefit, supervisor's attitude towards providing clear instruction, supportive in progress of HHA, listens to patient's concern, appreciates the work, adequacy of time for doing ADLs and other activities, perceived respect from agency, society, supervisor and overall job satisfaction.



Bivariate analysis is only able to show the association but controlling influence of other variables is not possible. Hence, logistic regression is necessary. The examination of odds ratio is done in order to better understand the determinants of intention to leave the job among home health aides. The findings of this study suggest that socio-demographic variables such as age, race, and education are significant predictors for HHA working in patient's home only and race and education have effect on home health aides working in other settings.

The findings of this study suggested that socio-demographic variables such as age, race, and education are significant predictors for HHA working in patient's home only and race and education have effect on home health aides working in other settings.

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 those 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 were less likely to leave their job than the aged 40 to 50 age group (Rambur, Palumbo, McIntosh, & Mongeon, 2003). 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 (Brannon, Barry, Kemper, Schreiner, & Vasey, 2007; Rambur, Palumbo, McIntosh, & Mongeon, 2003). According to Brannon, Barry, Kemper, Schreiner, & Vasey, (2007) 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. The odds ratio for intent to leave across the two settings show that the home health aides working only in an individual's home have less intention than other settings. This study clearly shows higher educational attainment as stimulating factor for turnover in

comparison to their counterparts. Again the high odds ratio for HHA working in multiple facilities or institution are found highest.

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. (2003), 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 plan to quit their job to pursue further education. The difference in odds among the two settings shows that HHA working in settings other than the individual's home are more prone to think about quitting than HHA's working in person's home.

The benefits and payment packages are main perks in jobs. Proper benefit packages not only attract new workers to join the institution but also help in decreasing turnover rates of staff. A main reason reported by a majority of nurses for choosing a particular job was the benefit packages attached to it (Brewer & Nauenberg, 2003). This study found overtime payment and having a pension as significant determinants for intent to leave of HHA working in both settings. The study showed that if home health aides receive overtime pay then the reported intent to quit the job decreases.

The supportiveness and concern of supervisors towards HHA and clients does have an influence on the decision making of HHA. The logistic regression found that a supportive attitude of the supervisor towards the HHA decreases the intention to leave the job among HHA working in other residential settings. This study had also found that supervisors support in progress negatively effects the intention to quit the job in HHA. This study has found the impact of supervisor on HHA who work in other settings. Also, (Yin & Yang, 2002), has supported the findings that the dissatisfaction with supervisor's attitude leads to turnover behavior and direct supervisor's actions influences intention to leave the job.

We can see that workload is another factor impacting the HHA decision. The odds ratio of intention to leave the facility increases with inadequacy of time for activities that does not directly involves patients. Many studies have shown inadequacy

of time or high workload has given rise to turnover behavior as well as intention to leave among other employees (Brannon et al., 2007; Chen et al., 2008; Coomber & Louise Barriball, 2007; Shields & Ward, 2001). This finding indicates that for home health aides, the time allocation for doing other activities is very important rather than simply assisting clients in their activities of daily livings (ADLs).

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 (Cartledge, 2001, Yin & Yang, 2002). In this study, respect from the agency and society are significant predictors for intent to leave the job among home health aides. The results show that perceived respect from the society only influences intentions of home health aides working in facilities other than homes of patient's.

Job satisfaction is a very strong predictor for intention to leave, with higher job satisfaction the intention to leave the job will be lower. This study has also found these results Overall job satisfaction is taken as intervening variable in many studies and has found that there is significant impact of job satisfaction on turnover behavior as well as intentions (Rambur et al., 2003; Shields & Ward, 2001; Tzeng, 2002; Yıldız, Ayhan, & Erdoğan, 2009). The comparison between the both settings shows that HHA working in patients are more prone to have intentions regarding leaving job than that of their companions in other settings.

## **CHAPTER VI**

### **CONCLUSION AND RECOMMENDATIONS**

This study aims to identify the determinants of intention to leave the job of home health aides in different work settings. Therefore, the main objective of this study was prediction of determinants of turnover among home health aides working in home of the patient only. The intention to leave the job within one year was taken as estimate for turnover. The comparison of odds of intention to leave the job was done among HHA working in patient's home only and other settings. The findings can be divided into two parts.

The first part of findings consists of explanation of characteristics among home health aides. Intention to leave among home health aides working in homes is 4% point higher than that of HHA working in other settings. Almost one out of four home health aides working in home settings have intentions to leave the job whereas for other setting the proportion is approximately one out of five home health. The difference in the descriptive analysis led to second step of the study.

The second step of this study is to identify the reasons of the difference in intentions of home health aides working in different settings. The second objective is fulfilled by application of binomial logistic regression. There were two models for explaining determinants of intention to leave for both settings. The difference in odds ratio has helped to compare the determinants of intention among home health aides working in patient's home and other settings.

The findings shows that the main reasons of the intention to leave among home health aides are overtime payment, pension benefit, support from supervisor in progress of HHA, supervisors that listens to patient's concern, adequacy of time to do other activities directly not related to patients, respect from agency, respect from supervisor, and job satisfaction. The control variables age, race and education are also predictors for determining intention to leave the job.

The comparison of odds ratio among home health aides working in different settings shows that the race and education have higher effect on intention to leave among home health aides working in other settings than homes. Similarly, the payment and benefits will have more positive influence on HHA working in other settings. In contrast, the odds ratio of perceived respect from society explains that influence of respect from agency is higher in home health aides working in homes of patients. Job satisfaction was another determinant among home health aides of both settings. The odds clearly depicts the higher impact on intentions of HHA working other settings.

There are some determinants that only explains intention to leave in home settings only. They are age and responsibility of child care. The determinants for HHA working in other settings only are respect from supervisors support for progress and society for the work.

These results are very helpful to implement the policies to reduce turnover of home health aides. The policy and research recommendations can be extracted from the result easily.

### **Recommendation**

The identification of determinants of intention to quit the job among home health aides among was aimed at finding remedies for decreasing the turnover rate among home health aides working in patient's house. The recommendation is based on the findings from the study and the literature included. Policy and research recommendations are mentioned in this section.

### **Policy Recommendation**

The findings show that pension benefit and overtime payment determines intentions of home health aides regarding turnover decision. The literature regarding benefits and payments has mentioned that home health aides are one of the least paid direct care workers with poorly designed benefit packages and in some cases no benefits at all (Robyn & Dawson, 2008; Howes 2008). The turnover rate of home health aides can be reduced by providing compensatory benefits. This will ensure sustainability of supply of home health aides.

The perceived respect from the agency is important factor to determine intentions of home health aides than home health aides who works in other settings. So, policy should be developed among home health care agencies that can appreciate the work of the home health aides. This can be done by felicitation of home health aides for their work in the homes of patient's. The provision of providing incentives for the hard work will help in increasing satisfaction among the home health aides. Consequently, the intention to quit will be decreased among home health aides.

The stability among the home health aides can be achieved by focusing on training. This study shows that the formal education among home health aides increases intention of turnover among these staffs. Many literatures has suggested that hands-on training and continuing education that increases home health aides performance are required to decrease the turnover rate(Robyn & Dawson, 2008; Robyn & Bryant, 2011).

The reason behind the high intention to quit the job among younger HHA may be due to perception of the home health care as "temporary" job. This may be related to low benefits or lack of professional growth. The policy regarding continuing education as well as support during education may decrease the turnover among younger HHA.

### **Research Recommendation**

The adjusted r-square for the two models show that intention to leave a job depend on more variables. A study should be conducted that can explain more variability among intention to leave among home health care. Literature regarding intention to leave among other direct care givers has shown significant effect of variables such as career advancement, job history, work related injuries, and flexibility in work. The studies including mentioned variables may explain more about the intention of HHA to leave the job.

Another research recommendation is based on literature review. One of the reasons for inadequate attention among the home health aides working in home of the patient's is cost of care. The studies should be conducted about the remedies to have adequate supply of frontline care givers even in crisis situation.

The finding regarding age in this study shows an interesting trait among different age-group. Longitudinal studied can be conducted to find the actual reason and variations among age group.

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## **APPENDIX**

## Description of Variables and Scale of Measurement

### Description of variables and scale of measurement

	Variables	Description	Scale
<b>1.</b>	<b>Dependent variable</b>		
	<b>Intention to leave</b>	<p>The intention of leaving the job is asked to estimate the turnover risk. Home health aides were asked “How likely is it that you will leave this job at {AGENCY} in the next year? Would you say”.</p> <p>The responses were very</p> <p>1. likely/ somewhat likely 2. Not at all likely.</p>	Ordinal
<b>2.</b>	<b>Socio demographic variables</b>	The socio demographic variables were asked	
<b>a.</b>	Age	<p><b>Age group</b></p> <p>1. 20-29 2. 30-39 3. 40-49 4. 50-59 5. 60 and over</p>	Ordinal
<b>b.</b>	Sex	<p>1. Male 2. Female</p>	Nominal
<b>c.</b>	Educational level	<p>1. 12 years and less than 12 years 2. More than 12 years</p>	Interval
<b>d.</b>	Marital status	<p>1. Married/ Living with partner 2. Separated/ Divorced/ Widowed/ Never married</p>	Nominal
<b>e.</b>	Race	<p>1. White 2. Non-white</p>	Nominal
<b>f.</b>	People above 18 or more than 18	<p>1. Present 2. Not present</p>	Nominal
<b>g.</b>	People 17 or younger	<p>1. Present 2. Not present</p>	Nominal
<b>h.</b>	Children require child care	<p>1. Present 2. Not present</p>	Nominal

**Description of variables and scale of measurement (Cont.)**

<b>i.</b>	Responsibility of children	1. Present 2. Not present	Nominal
<b>3.</b>	<b>Job Characteristics</b>		
<b>a.</b>	<b>Pay and benefits</b>		
	Paid sick leave	1. Yes 2. No	Nominal
	Paid holidays off	1. Yes 2. No	Nominal
	Overtime payment	1. Yes 2. No	Nominal
	Pension benefit	1. Yes 2. No	Nominal
	Paid health insurance	1. Yes 2. No	Nominal
<b>b.</b>	<b>Supervisor's Attitude</b>		
	Provides clear instruction	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	Ordinal
	Supportive in progress	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	Ordinal
	Listens to patient's concern	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	Ordinal
	Appreciates the work	1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	Ordinal
<b>c.</b>	<b>Patient Assignment and workload</b>		
	Same patient is assigned per week	1. Same patients, 2. Patients change 3. Combination	Nominal
	Adequate time for ADLS	1. More than enough time, 2. Enough time 3. Not enough time	Ordinal



**Description of variables and scale of measurement (Cont.)**

	Adequate time for works other than ADLS	1. More than enough time 2. Enough time 3. Not enough time 4. Doesn't do these types of tasks	Ordinal
<b>d.</b>	<b>Respected and valued by</b>		
	Agency	1. Somewhat / Not at All 2. Very Much	Ordinal
	Supervisor as a part of care team	1. Somewhat / Not at All 2. Very Much	Ordinal
	Client	1. Somewhat / Not at All 2. A great deal of	Ordinal
	Society	1. Somewhat / Not at All 2. Very Much	Ordinal
<b>e.</b>	<b>How satisfied are you with current job?</b>	1. Extremely satisfied / somewhat satisfied 2. Extremely dissatisfied / somewhat dissatisfied	

## BIOGRAPHY

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