

# Shortages of Care Workers and their Training and Retaining in Japan

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# Outline of Presentation

Policy Context

Background — High Turnover albeit High Motives

Some Implications from Preliminary Interviews

Design of Surveys

Results

Implications & Limitation

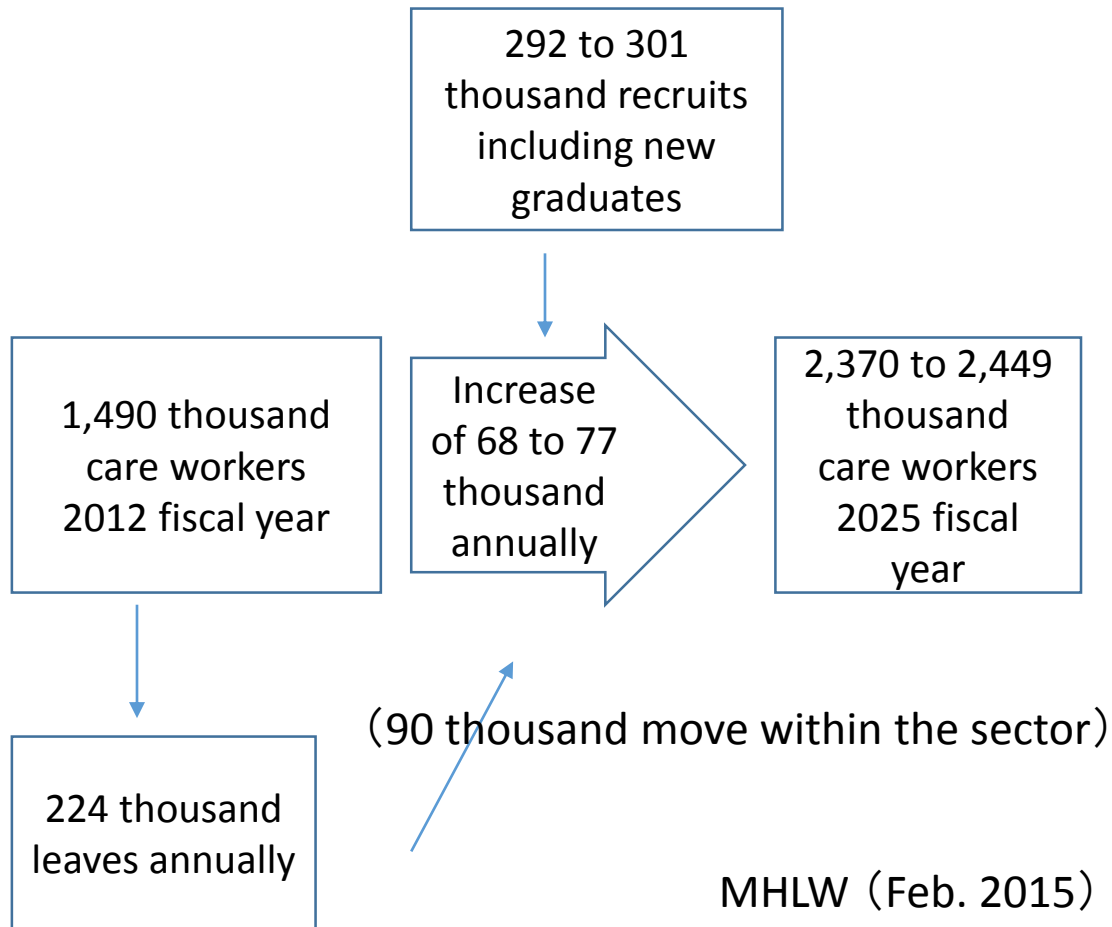
Focusing on care workers' education & training at care homes

# Policy Context

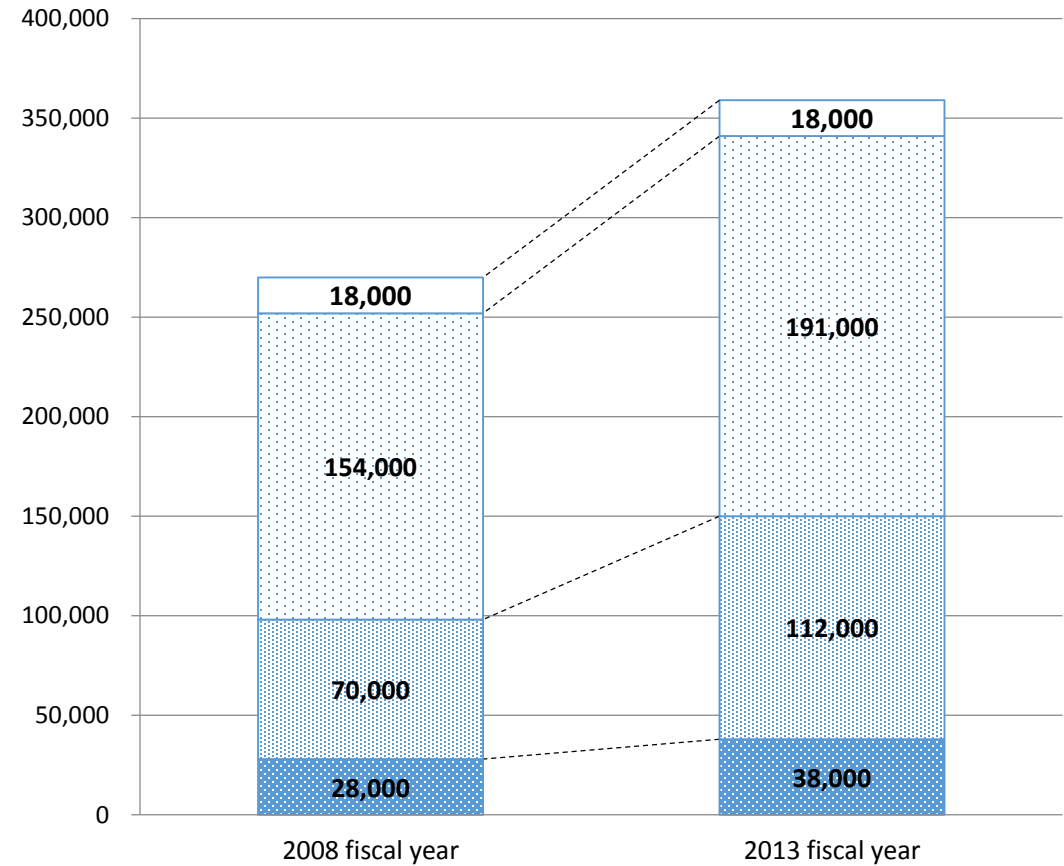
- Japan needs to secure a sufficient number of skilled care workers in order to meet high and varied needs of the aging population.
  - MHLW (June, 2015) estimates a shortage of 377 thousand care workers in 2025
    - 2,530 thousand workers in demand
    - 2,152 thousand in supply
- Turnover rate of care workers is chronically high, but strict budget control of LTC expenditure is making it difficult for care providers to improve working conditions.
- Care providers expect new recruits from various sources, but many of them have not necessarily had sufficient education or training for care jobs.

# Supply of Care Workforce

## Future Supply of Care Workers toward 2025



## Supplied Care Workers through Four Routes



The estimates based on Care Worker Support Center Foundation surveys

- school graduates
- recruits within the sector
- recruits from other sectors
- not previously employed

# Varieties of Training and Qualifications of Care Workers

- Training and qualifications are not required for care workers except home helpers, who must have finished common induction training.
- A national certificate for care workers introduced in 1987 and two training programmes, 130 hour common induction training and 450 hour common practitioner training, are in operation.
- Care workforce thus consists of three different types of care workers in terms of training and qualifications.
  - unqualified and untrained workers
  - skilled workers with various training programmes
  - certified care workers (CCWs)

# Background—High Turnover albeit High Motives

- Most care staff chose care work, feeling it worth working and helping contribute to society.
- Turnover rate is chronically high compared with other sectors, most recently at 16.5% in 2015 fiscal year. Three out four leavers departed within three years of work.
- Reasons of leaving care work
  - Working care staff who have quitted care jobs (Care Worker Support Center Foundation,2016)
    - ①human relations in workplaces, ②complaints against employers,③attracted to other jobs, ④low wages, ⑤uncertain about future prospects
  - Non-working CCWs who have quitted social care or health care jobs (Social Welfare Promotion and National Examination Center,2012)
    - ①marriage, giving birth, child rearing, ②complaints against employers, ③human relations in workplaces, ④ attracted to other jobs, ⑤low wages

## Previous Studies in Japan about Factors affecting Recruitment & Retention

- An interim report by the MHLW's study committee on Care Worker Recruitment and Retention pointed out that while the relative wage of care workers is an important factor for recruitment, others factors may play their part for retention. (MHLW,2008)
- Hanaoka (2009) pointed out that training opportunities and work environment may influence turnover rates more than wages.
- Kuroda & Jang (2011) found burnout the most significant factor for turnover intention among care home staff and detected wage levels and opportunity for job training as related factors to turnover rates.
- Ohwa & Tatefuku (2013) examined the associations between wages, education/training and turnover rates in care homes and suggested that raising wages is not enough for better retention ; education/training as a part of human resources development may be more effective.

# Some Implications from Preliminary Interviews

- Semi-structured interviews in Kyoto City at six residential care homes.
  - All the fifteen interviewees are presently direct care workers or worked as a care worker.
  - While most of them are CCWs, they have various academic and vocational backgrounds.
- Findings from the interviews
  - New recruits have different levels of care work competency according to their backgrounds and they need certain periods of individual education/training.
  - Care workers in need of longer periods of education/training may affect workload of assigned mentors.
  - Some care workers unsure about care practices, differences of opinions among staff and dealings with user requests may feel frustrated.
  - At such care homes where providers do not assign mentors, inexperienced care workers may feel apprehensive and demotivated at work.



sex	age	years in care work	years in present employment	employment status	qualifications	previous care work experiences	social care education
F	20 - 24	less than one	less than one	full timer	CSW	none	university with
F	25 - 29	over five	one to three	full timer	CCW	yes	vocational school with
F	20 - 24	over five	over five	full timer	CCW	none	college with
F	20 - 24	three to five	three to five	full timer	none	none	college without
M	35 - 39	three to five	three to five	full timer	CCW	yes	university without
F	25 - 29	over five	over five	full timer	CCW	none	high school with
F	25 - 29	over five	over five	full timer	CCW	none	college with
M	25 - 29	over five	less than one	full timer	CCW	yes	vocational school with
M	30 - 34	over five	over five	full timer	CCW	yes	university without
M	35 - 39	over five	over five	full timer	CCW	yes	university without
F	20 - 24	one to three	one to three	full timer	none	yes	university with
M	30 - 34	over five	one to three	full timer	CCW	yes	university without
F	25 - 29	one to three	one to three	full timer	CCW	yes	vocational school with
M	35 - 39	over five	three to five	full timer	CCW	yes	university without
F	25 - 29	one to three	one to three	part timer	none	yes	university without <sup>9</sup>

# Design of Surveys

- Objectives
  - To examine correlations between self-assessed competency of care workers and their academic & vocational experiences
  - To explore factors affecting their intent to continue care work
- Anonymous self-report surveys in Kyoto Prefecture
  - A questionnaire booklet was sent to all 86 care home providers in Kyoto Prefecture and their employees. Each provider was requested to select ten care workers, two each in teens & 20's, 30's, 40's and 50's & over 60's, for the care worker survey.
- Care workers surveys
  - demographics, social care education/qualifications, previous job experiences, years in care work, participation in training, self-assessment of care work competency, intention to continue care work, stress and satisfaction of care work

- Care work competency scale consists of 27 direct care items and 15 working with others items on a five-point Likert scale from 1 (not at all competent) to 5 (absolutely competent). The scale was developed by Hotta (2006), but we omitted four irrelevant subcategory items like bed making, cooking, cleaning & shopping.
- We used the Japanese version of Nursing Stress Scale developed by Fukuda & Ida (2005) and changed some words to adapt to care homes. The questionnaires comprise 22 items consisting of five clusters; frictions with superiors & peers, heavy responsibilities, reduced confidence in care, interpersonal conflict at care work and overwork & heavy duties on a five-point Likert scale from 1 (never) to 5 (always).
- Satisfaction of work was measured on five-point Likert scales from 1 (no) to 5 (yes) with the overall job satisfaction scale developed by Japan Institute for Labor Policy and Training (2012), consisting of six items.
- Care home providers surveys included measures for recruitment & retention, training & development, assignment of mentors.

# Study Samples of Kyoto Prefecture Surveys

## ▪ Response

- 317 out of 950 care workers (33.4%)
- 28 out of 86 care home providers ( 32.6%)

## ▪ Care workers

- Woman (64%), Full-timers (83.0% )
- Age group : Under 20 (0.4%), 20's (28.8%), 30's (28.1%), 40's (20.1%), 50's (15.2%), Over 60 (7.6%)
- Years in present job : less than one (0.3%), one to three (15.1%), three to five (13.1%), over five (69.0% )
- Previous job experiences : service sectors other than care work (35.2%) , non-service sectors (20.5%), straight into care sector after graduation (36.0%)

## ▪ Care home providers

- 28 care home providers, all non-profit. Many of them operate day and home care services.
- Number of employees : less than 49 (7), 50 to 99 (14), 100 to 299 (6), 300 to 499 (1)

# Profiles of Surveyed Care Workers

- Education/training background

- graduation of social care education

- university/college/training school/high school graduates with social care education (39.0%)

- qualifications/certificates

- CCWs (75%), certified social workers (6%), common induction training certificates (8%),

- care managers (19%) common practitioner training certificates (8%), home helper grade one

- certificate (3%), home helper grade two certificate (41%), none (5%)

- Education/training by providers

- had induction training for new recruits (63.6%) (full-timers: 67.7%/part-timers: 46.7%)

- participated in training sessions/courses (76.5%) (full-timers: 82.0%/part-timers: 53.3%)

- Intent to continue working

- yes as a care worker (58.3%), yes for the present provider (45.1%)

# Results : Care Work Competency by Years in Care Work

- Total competency gradually grows as care workers work longer, especially during the first few years.
- Care Work Competency by Years in Care Work & Previous Care Education
  - Care workers with care education :  
Only a few direct care items are significant. Most working with others items are significant.
  - Care workers without prior care education :  
Both direct care and working with others items are significant.

	less than 1 year	1 to 3 years	3 to 5 years	over 5 years
Assistance for eating	2.62	3.29	3.69	3.74
Helping toilet	2.90	3.51	3.88	3.87
Changing clothes	2.95	3.51	3.75	3.86
Bathing	2.86	3.57	3.75	3.80
Bed bath	2.43	3.15	3.63	3.69
Changing body position	2.57	3.29	3.70	3.69
Assistance for transferring	2.76	3.59	3.96	3.82
Assistance for outings	2.05	2.67	3.46	3.50
Health checks	2.71	3.34	3.57	3.63
Emergency response	1.95	2.51	3.24	3.30
Explanation	2.00	2.66	3.18	3.47
Building positive relationships	2.19	3.19	3.38	3.54
Information & judgment	1.95	2.77	3.31	3.33
Collaborations	2.95	3.34	3.46	3.54
Total (average)	2.48	3.17	3.55	3.62

	years in care work	graduates with care education					graduates without care education				
		N	Ave	SD	df	t	N	Ave	SD	df	t
Assistance for eating	less than 3 years	18	3.33	0.832	100	-1.878 n.s.	26	3.08	0.855	141	-4.127 ***
	over 3 years	84	3.71	0.760			117	3.75	0.727		
Helping toilet	less than 3 years	18	3.61	0.743	100	-1.152 n.s.	26	3.28	0.747	140	-3.840 ***
	over 3 years	84	3.83	0.710			116	3.90	0.740		
Changing clothes	less than 3 years	18	3.54	0.801	100	-1.686 n.s.	26	3.35	0.656	141	-3.183 **
	over 3 years	84	3.86	0.716			117	3.83	0.719		
Bathing	less than 3 years	18	3.52	0.857	100	-1.601 n.s.	26	3.41	0.669	138	-2.033 *
	over 3 years	84	3.85	0.794			114	3.75	0.785		
Bed bath	less than 3 years	18	3.33	0.758	100	-1.923 n.s.	26	2.83	1.068	141	-4.076 ***
	over 3 years	84	3.76	0.868			117	3.63	0.857		
Changing body position	less than 3 years	18	3.41	0.904	99	-1.432 n.s.	26	3.01	0.808	139	-3.652 ***
	over 3 years	83	3.70	0.769			115	3.68	0.846		
Assistance for transferring	less than 3 years	18	3.52	0.965	100	-1.501 n.s.	26	3.41	0.726	141	-2.777 **
	over 3 years	84	3.85	0.822			117	3.84	0.712		
Assistance for outings	less than 3 years	18	2.91	1.225	99	-2.805 **	26	2.33	1.151	32.34	-4.052 ***
	over 3 years	83	3.58	0.850			117	3.42	0.914		
Health checks	less than 3 years	18	3.26	0.960	100	-2.270 *	25	3.23	0.917	139	-2.052 *
	over 3 years	84	3.71	0.718			116	3.55	0.678		
Emergency response	less than 3 years	18	2.43	0.823	100	-4.906 ***	26	2.42	1.176	30.93	-3.225 **
	over 3 years	84	3.40	0.749			117	3.21	0.842		
Explanation	less than 3 years	18	2.80	0.857	100	-3.454 **	26	2.38	1.027	31.60	-4.465 ***
	over 3 years	84	3.54	0.823			115	3.34	0.767		
Building positive relationships	less than 3 years	18	3.17	0.865	100	-2.178 *	26	2.94	0.879	140	-3.145 **
	over 3 years	84	3.62	0.777			116	3.44	0.698		
Information & judgement	less than 3 years	18	2.89	0.800	100	-2.809 **	26	2.46	1.042	31.49	-3.486 **
	over 3 years	84	3.49	0.825			117	3.22	0.778		
Collaborations	less than 3 years	18	3.43	0.906	20.07	-1.081 n.s.	26	3.18	0.756	141	-1.768 n.s.
	over 3 years	83	3.67	0.575			117	3.43	0.630		
Total (average)	less than 3 years	18	3.20	0.737	98	-2.695 **	25	2.96	0.753	130	-4.158 ***
	over 3 years	82	3.67	0.654			107	3.56	0.634		

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001

# Factors Affecting Care Work Competency Scores

(Stepwise Regression Analysis)

- Dependent variables are total care work competency, direct care work competency and working with others competency scores (average).
- 20 candidate variables included age, qualifications, years in care work, employment status, participation in training, job experiences.
- In addition to years in care work, employment status was found to be a significant factor.
  - Part-timers are likely to be left behind in gaining competency.
- Other factors, such as participation in training, job experiences and qualifications, emerged significant, when analysed in competency subscales and years in care work.
  - Participation in training, especially during the first three years, showed positive associations with all competencies.



Dependent variable	Total Care Work Competency									Direct Care Work Competency									Working with Others Competency								
	all care workers			less than 3 years			over 3 years			all care workers			less than 3 years			over 3 years			all care workers a			less than 3 years			over 3 years		
	β	p	r	β	p	r	β	p	r	β	p	r	β	p	r	β	p	r	β	p	r	β	p	r	β	p	r
years in care work	0.311***		0.323							0.252***	0.257	0.498**	0.534						0.336***	0.359							
employment status	0.262***		0.277				0.288***	0.292		0.191**	0.197				0.224**	0.224			0.296***	0.317					0.353***	0.358	
participation in training				0.468**	0.491							0.296*	0.349						0.141*	0.157	0.519***	0.544					
service/other sectors				0.323*	0.362			0.162													0.324*	0.375					
qualifications							0.155* b					0.307* c	0.354												0.158* b	0.169	
Nagelkerke R <sup>2</sup>	0.179			0.310			0.115			0.107			0.407			0.050			0.248			0.325			0.159		
F	20.892***			8.105**			9.935***			11.781***			8.004**			8.334**			21.68***			10.136***			15.056***		
*p<0.05,**p<0.01,***p<0.001																											
Weighting : sex																											
a. There was a correlation between employment status and participation in training (r = 0.175).																								17			
b. qualifications of CSWs									c. qualifications of CCWs																		

# Factors Affecting Intent to Continue Working (regression analysis )

- Dependent variables are intent to continue working as a care worker and for the present employer.
- 8 independent variables
  - care work competency (direct care work competency, working with others competency)
  - stress at care work (five clusters : frictions with superiors & peers, heavy responsibilities, reduced confidence in care, interpersonal conflict at care work, overwork & heavy duties)
  - overall job satisfaction
- Model 1 (direct care competency)
- Model 2 (working with others competency)

	Model 1	Model 2
continue working as a care worker	direct care work competency & overall job satisfaction	overall job satisfaction
continue working for the present employer	some stress factors & overall job satisfaction	working with others competency, some stress factors & overall job satisfaction

Dependent variable	Determining Factor of Continuing Work as a Care Worker								Determining Factor of Continuing Work for the Present Employer							
	model_1				model_2				model_1				model_2			
	$\beta$	odds ratio (95%CI)	SE	p	$\beta$	odds ratio (95%CI)	SE	p	$\beta$	odds ratio (95%CI)	SE	p	$\beta$	odds ratio (95%CI)	SE	p
direct care work competency	-0.568	0.567	0.202	**	-	-	-		0.165	1.180	0.202	n.s.	-	-	-	
working with others competency	-	-	-		-0.101	0.904	0.181	n.s.	-	-	-		0.395	1.484	0.185	*
frictions with superiors & peers	-0.089	0.915	0.048	n.s.	-0.070	0.932	0.047	n.s.	-0.148	0.862	0.049	**	-0.142	0.868	0.050	**
heavy responsibilities	-0.084	0.919	0.192	n.s.	0.043	1.044	0.195	n.s.	0.447	1.564	0.203	*	0.601	1.823	0.210	**
reduced confidence in care	-0.154	0.857	0.289	n.s.	-0.150	0.861	0.284	n.s.	-0.113	0.893	0.301	n.s.	-0.142	0.867	0.302	n.s.
interpersonal conflict at care work	0.049	1.051	0.174	n.s.	-0.053	0.948	0.172	n.s.	-0.058	0.944	0.174	n.s.	-0.078	0.925	0.176	n.s.
overwork & heavy duties	0.023	1.023	0.156	n.s.	0.021	1.022	0.153	n.s.	-0.454	0.635	0.16	**	-0.46	0.631	0.160	**
overall job satisfaction	1.560	4.758	0.203	***	1.527	4.602	0.199	***	1.613	5.019	0.225	***	1.637	5.140	0.226	***
Nagelkerke R <sup>2</sup>	0.389				0.366				0.440				0.448			
$\chi^2$	130.921***				121.489***				151.369***				154.309***			
N	232				232				230				230			
*p<0.05,**p<0.01,***p<0.001																
Weighting : sex																

# Findings of Care Home Providers Surveys

- Measures for staff training and development
  - Training programmes to improve care skills for full-timers (89%)
  - Training programmes to improve care skills for part-timers (61%)
  - Training programmes specifically prepared for newly recruited full-timers (68%)
  - Training programmes specifically prepared for newly recruited part-timers (43%)
  - Support measures for full-timers for their acquisition of CCW or other professional qualifications (79%)
  - Support measures for part-timers for their acquisition of CCW or other professional qualifications (61%)
- Assignment of mentors for new recruits
  - Yes (78.6%)
  - Assigned mentors 3.37 (avg.)
  - Care workers needing mentors 7.07 (avg.)
  - Length of mentor assignment for one new recruit 4.23 months (avg.)
- Reasons of feeling staff shortages (n=27)
  - difficulties of recruiting (54%)
  - insufficient training periods (29%)
  - high turnovers (4%)
- Need further analysis of differences and characteristics among providers

# Implications & Limitation

- Providing training opportunities for new recruits without prior care education is essential, especially to raise direct care competency.
- Mid-level care workers need training for raising working with others competency, which may encourage them to continue working.
- Care providers should address training needs of care workers according to their career stages and employment status.
- Limitation
  - Care work competency was self-assessed.
  - Respondents were not randomly selected. Modest response rates.
  - A single Prefecture surveys.
  - External environmental factors were not considered.