

Factors Related to Turnover and Intention to Leave the Care Working Profession in Japan: A Review

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ABSTRACT

Globally, the elderly population is growing rapidly. The number of elderly people requiring nursing care is expected to increase along with the elderly population. However, the high turnover rate of care workers has caused a labor shortage, which in turn has encouraged further turnover, creating a vicious cycle. Preventing turnover is an important issue not only for the physical and mental health of care workers but also for the quality of nursing care. In particular, Japan has emerged as the world's first super-aged society, experiencing an increase in the number of elderly people requiring nursing care and a shortage of care workers. This review summarizes the research on factors influencing care worker turnover and intent to leave the profession in Japan. Additionally, workplace interpersonal problems have been shown to be consistently associated with care worker turnover or intention to leave in previous studies that were reviewed.

Key words care workers; turnover; intention to leave; workplace interpersonal problems

Globally, the elderly population is rapidly growing. The percentage of the total population aged 65 years and older rose from 5.1% in 1950 to 9.3% in 2020. However, the medium estimate is projected to be 17.8% by 2060.¹ This trend is similar in both developed and developing regions. In particular, Japan has become the world's first super-aged society with an elderly population of 36.21 million and an aging rate of 28.9% in 2021.² Therefore, the role of care workers involved in elderly care will be more important than ever. However, the high turnover rate of care workers involved in elderly care is a serious problem in Japan, and the number of care workers is predicted to be increasingly scarce. Since the high turnover rate of care workers is also a global problem,^{3,4} securing care workers is an important issue in a global phase of

increasing elderly populations. Therefore, examining the turnover of care workers involved in elderly care in Japan may deliver valuable insights into preventing care worker turnover, which is a global concern. This article provides an overview of the previous research on factors associated with care worker turnover and intention to leave in Japan. Additionally, workplace interpersonal problems have been shown to be consistently associated with care worker turnover or intention to leave in previous studies that were reviewed. To facilitate understanding of this review, the next section first outlines the attributes of care workers in Japan.

ATTRIBUTES OF JAPANESE CARE WORKERS EMPLOYED BY ELDER CARE FACILITIES

A large Japanese survey of care workers conducted by Care Work Foundation (CWF)⁵ reported the attributes of care workers as of 2021 as follows. The majority of care workers were females, where 85.3% and 12.5% of home care workers and 74.8% and 23.8% of nursing care workers were females and males, respectively. Among home care workers, 3.8%, 9.9%, 18.5%, 24.4%, 25.4%, and 12.2% are < 30, in their 30s, 40s, 50s, 60s, and ≤ 70 years old, respectively, making the average age higher at 54.4 years. Conversely, 10.4%, 18.4%, 24.2%, 21.8%, 15.9%, and 4.5% of nursing care workers are < 30, in their 30s, 40s, 50s, 60s, and ≤ 70 years old, respectively, making the average age at 47.3 years old, which is younger than that of home care workers. As of 2021, wages were approximately \$1,720 and \$1,710 monthly and \$10 and \$8 on an hourly basis (converted at 130 yen per dollar) for home and nursing care workers, respectively. Incidentally, the average monthly wage for general Japanese workers during the same period was approximately \$2,365, and the minimum wage was approximately \$7.2 per hour.⁶

Working in elder care facilities without qualification is possible in Japan. Therefore, as of 2021, 0.6% and 14.0% of home and nursing care workers are working without qualifications, respectively.⁵ However, a certification is required to provide physical care that touches the body of a person in need of care, such as eating, bathing, and elimination. Among these, the training program for new care workers provides the knowledge and skills required to work as care workers. The training

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Abbreviations: CWF, Care Work Foundation; MHLW, Ministry of Health, Labour, and Welfare

program for beginner care workers consists of 130 h of training in nine subjects at training schools designated by each prefecture following the guidelines of the Ministry of Health, Labour, and Welfare (MHLW), and a certification is granted upon passing the final examination. In 2021, 49.2% and 26.2% of home and nursing care workers held this qualification, respectively. The practical training program for care workers is a higher level qualification than the training program for beginner care workers. This certification is based on approximately 450 h of training in 20 subjects and passing a final examination. In 2021, 8.5% and 7.8% of home and nursing care workers held this certification, respectively, allowing them to engage in professional duties, such as preparing and managing the content of care services, as a service provider manager. Conversely, being a certified care worker is the only national qualification in the nursing care domain. In 2021, the qualification holding rate was 44.1% and 51.8% for home and nursing care workers, respectively. One must pass a national examination to become a certified care worker. Qualification to take the national examination is obtained by meeting one of the following three requirements: to graduate from a training facility designated by the MHLW; to graduate from a welfare-related high school after obtaining the required courses and credits; to gain at least 3 years of work experience and complete a practical training program. Upon obtaining a care worker certificate, they can work as an administrator of a facility as well as in practice.

The shortage of care workers is a global problem.^{7,8} Hence, care workers for the elderly are more easily found, and immigrants from abroad often take on caregiving positions in developed countries.⁹ Japan began accepting care worker candidates from certain countries under an Economic Partnership Agreement signed in 2008 to compensate for the care worker shortage. However, the retention rate is by no means high, with approximately 40% of these candidates and qualified care workers returning to their home countries after their employment contracts end.¹⁰ Thus, in Japan, natives born in the country are generally responsible for elderly care. The number of care workers in Japan in FY 2019 was approximately 2.11 million, but approximately 2.8 million care workers were expected to be needed in FY 2040,¹¹ thereby securing care workers is a major challenge.

FACTORS ASSOCIATED WITH TURNOVER AND INTENTION TO LEAVE AMONG CARE WORKERS IN JAPAN

As of 2020, the care worker shortage as reported by care facility managers is as high as 60.8%.¹² The difficulty

in recruiting care workers was mostly because working conditions, etc., are not as good as in other industries (53.7%) and the competition for human resources with other companies in the same industry is tough (53.1%). The turnover rate for home and nursing care workers was 14.9%, which remained the same from 2012 to 2016, but has been on a gradual downward trend since 2017. Conversely, those who leave after < 1 year account for approximately 40% of the total, and those who leave after < 3 years account for approximately 60%. Thus, care workers with short tenure are a factor in Japan's high turnover rate among care workers.

Then, what factors are associated with turnover among care workers in Japan? Since "intention to leave the profession" seems to be the strongest turnover behavior predictor,¹³ I reviewed studies on turnover and intention to leave among care workers in Japan (Table 1).

CWF and the Social Welfare Promotion and National Examination Center have detailed data on reasons for care worker turnover in Japan. A survey by the CWF¹² revealed "interpersonal problems at the workplace" as the most common reason for turnover among the nursing care workforce, regardless of gender. Conversely, Social Welfare Promotion and National Examination Center¹⁴ revealed that the most common reason for turnover among the nursing care workforce was interpersonal problems at the workplace," followed by "work-related physical or mental illness" and "dissatisfaction with salary and wage levels." Suzumura et al.¹⁵ conducted a longitudinal study of care workers in group homes for elderly individuals with dementia and revealed that less provision of social support by supervisors, colleagues, family, or friends and habitual smoking were significantly associated with an increased risk of turnover, while the longer working duration for frail elderly care was significantly associated with a lower risk of turnover.

Oowa¹⁶ reported that care workers' intention to stay at the workplace is enhanced by job satisfaction rather than satisfaction with working conditions such as wages, working hours, and holidays. Okubo¹⁷ revealed that care workers whose motivation for entering the job is based on intrinsic motivation have a smaller positive effect of job satisfaction on their intention to continue employment. Conversely, Matsumoto¹⁸ reported that job satisfaction is not necessarily related to turnover, and identified job content, wages, and interpersonal relations are factors related to the intention to leave. Kuroda and Cho¹⁹ revealed that wage levels and availability of training opportunities are related to turnover rate among care workers. Hanaoka²⁰ revealed no effect on the number of workers who left after > 1 year of service but < 3 years,

Table 1. Previous reports on turnover and intention to leave among care workers in Japan

Reports	<i>n</i>	Design	Objective variable	Explanatory variable
Care Work Foundation(2021) ¹²	5773	Cross-sectional survey	Turnover	Workplace interpersonal relations
Social Welfare Promotion and National Examination Center (2022) ¹⁴	242944	Cross-sectional survey		Workplace interpersonal relations, physical or mental illness, and salary and wage levels
Kuroda and Cho (2011) ¹⁹	1185	Cross-sectional survey		wage levels and availability of training opportunities
Suzumura et al. (2013) ¹⁵	438	Longitudinal survey		Social support, duration of working and habitual smoking
Hanaoka (2011) ²⁰	4783	Secondary analysis of data from cross-sectional survey		Years of employment and wages
Oowa (2010) ¹⁶	1292	Cross-sectional survey	Intention to leave	Job satisfaction
Matsumoto (2011) ¹⁸	95	Cross-sectional survey		Job content, wages, and interpersonal relations
Kachi et al. (2010) ²²	10107	Secondary analysis of data from cross-sectional survey		Employment status
Nakanishi and Imai (2012) ²³	6428	Cross-sectional survey		Job role quality
Kishida (2022) ²⁴	7311	Secondary analysis of data from cross-sectional survey		Wages and training
Tei-Tominaga and Nakanishi (2020) ²⁵	949	Cross-sectional survey		Motivation and supervisor leadership
Shiraishi et al. (2011) ²⁶	2520	Cross-sectional survey		Organizational climate and career commitment
Uchida et al. (2021) ²⁷	285	Cross-sectional survey		Quality of care and top-down management system
Takeda and Fukuzaki (2023) ³¹	406	Cross-sectional survey		Workplace Interpersonal relations
Kishida and Tanigaki (2013) ²¹	690	Cross-sectional survey		Wages
Okubo (2016) ¹⁷	18187	Secondary analysis of data from cross-sectional survey	Intention to continue employment	Job satisfaction and motivations
Onouchi (2019) ²⁸	284	Cross-sectional survey		Work engagement and supervisor leadership
Tanaka (2022) ²⁹	60	Cross-sectional survey		Supervisor leadership and facility type
Wang and Sugihara (2021) ³⁰	2948	Secondary analysis of data from cross-sectional survey		Supervisors support, evaluate, wages, role expectations, and years of employment

while higher relative wages lowered the number of workers who left the job < 1 year of service for regular care workers. However, Kishida and Tanigaki²¹ reported that relative wages of care workers had no significant effect on their intention to continue employment. Kachi et al.²² revealed that full-time care workers are more likely to have the intent to leave than part-time care workers. Wages and job satisfaction, as previously mentioned, have no consistent impact on care worker turnover or intention to leave in previous studies.

Nakanishi and Imai²³ examined the intention of

care workers to leave their jobs by separating the reasons for leaving the current facility from leaving the profession of direct care workers. This revealed that reasons for wanting to quit the current facility were associated with job role quality: poor skill discretion, high job demand, and poor relationship with a supervisor. Conversely, the intention to leave the profession was primarily associated with poor skill discretion. Kishida²⁴ examined the intention of care workers to leave from a perspective similar to that of Nakanishi and Imai. Kishida considers quitting the current facility as switching and quitting

the profession of direct care workers as turnover. Additionally, the increase in hourly wage and training to increase care ability may reduce both switching and turnover intentions. Increased wages and training to increase care ability have a greater impact on intent to switch than intent to leave.

Tei-Tominaga and Nakanishi²⁵ revealed that intrinsic motivation for work and ethical leadership was negatively associated with organizational turnover intentions. Shiraishi et al.²⁶ noted that an organizational climate, in which individuality is not respected, may increase the care workers' intention to leave with high career commitment. Uchida et al.²⁷ revealed that efforts to improve the quality of care reduced turnover intentions, while a top-down management system increased turnover intentions. Onouchi²⁸ reported that workplaces with high work engagement of care workers are work environments where care workers have high intentions to continue employment and that work engagement is significantly influenced by supervisor leadership. Tanaka²⁹ revealed that the impacts of supervisor leadership on care workers' intention to continue employment differ by facility type.

Wang and Sugihara³⁰ revealed that "opportunities to receive guidance and advice from supervisors and senior staff," "a preceptor system," "a system to appropriately evaluate caregiving skills," and "pay raises based on ability and qualifications" were more strongly related to the intention to continue employment among care workers working for < 3 years than those working for ≥ 3 years. Conversely, "clear role expectations" was more strongly related to the intention to continue working for care workers who had worked for ≥ 3 years. Therefore, factors influencing job retention intention differ depending on the number of years of service.

As discussed above, various factors are associated with care workers turnover or intention to leave. One factor that has consistently been associated with reasons for turnover or intention to leave in previous studies is workplace interpersonal problems. Our study also revealed approximately twice as high turnover intention among care workers with workplace interpersonal problems as care workers without workplace relationship problems.³¹ The next section will review the nature of the interpersonal problems of care workers in the workplace.

WORKPLACE INTERPERSONAL PROBLEMS FACED BY CARE WORKERS IN JAPAN

Fujiwara et al.³² examined the relationship between interpersonal relationships in work settings and burnout among home care workers and revealed the significant

association between conflict with supervisors and emotional exhaustion and between conflict with coworkers and depersonalization. This psychological distress is a factor that increases turnover intentions. Our study revealed approximately five times higher turnover intentions in care workers in psychological distress than those without.³¹ These results suggest that suffering from workplace interpersonal problems intensifies psychological distress among care workers and increases their turnover intention.

Surveys conducted in Japan revealed that workplace interpersonal problems negatively affect care workers. However, very few studies have identified the type of interpersonal problems that care workers face in the workplace. The nature of workplace interpersonal problems can be identified by two methods: quantitative research using multiple choice and qualitative research using open-ended questions. The following studies have used these research designs to identify workplace interpersonal problems faced by care workers.

One quantitative study was reported by the CWF,³³ where 19,925 long-term care workers were questioned about their workplace interpersonal problems in multiple responses by choice format. The results revealed that 60.6% of the respondents reported facing interpersonal problems in the workplace. The most common response was "supervisors and coworkers who do not agree with me (20.2%)," followed by "difficulty in supervising subordinates (19.2%)," "insufficient exchange of opinions on care methods (18.3%)," "poor management skills of management, managers, etc., and unclear or insufficient work instructions (17.7%)," "difficulty communicating with supervisors and coworkers (14.7%)," "unclear management's basic policy or philosophy on care (12.1%)," "I do not have anyone to talk to about my problems (10.1%)," and "supervisors and coworkers are not competent enough to care for me (9.9%)," in order.

Conversely, we reported a qualitative study of workplace interpersonal problems among care workers.³¹ We surveyed 406 care workers working in elder care facilities, of them 42.9% reported facing workplace interpersonal problems. We procured open-ended responses about workplace interpersonal problems and analyzed the results as follows. First, the written responses from participants were summarized with each person's opinion in one paragraph. Second, the text data were divided into morphemes and subjected to a morphological analysis to distinguish parts of speech. Third, frequently occurring terms were listed, based on which, data pre-processing was conducted, thereby making synonymous terms consistent and extracting and merging compound words. Fourth, the morphological analysis was repeated,

and frequently occurring terms were relisted. Based on this, a co-occurrence network analysis was conducted to examine the relationships among the terms using KH Coder. Hence, six factors were found. First is “insufficient communication,” consisting of statements such as “insufficient communication” and “unable to build sufficient communication in relationships with young staff.” Second is “bullying,” consisting of statements such as “people ignore me and treat me harshly” and “I struggle because some staff arrogantly ignore directions and engage in behavior and attitudes of workplace bullying toward other staff.” Third is the “sense of unfair workload,” consisting of statements such as “there is dissatisfaction due to differences in individual workloads, making it impossible to build cooperation” and “work is very busy and cooperation is impossible, and we do not understand one another’s work, thus individual dissatisfaction occurs.” Fourth is “different attitudes to care work,” consisting of statements such as “attitude to work” and “differences in care directionality.” Fifth is “difficulty in guidance for subordinates/new staff,” consisting of statements such as “difference of opinion with subordinates” and “misaligned values during guidance.” Last is “labeling,” consisting of statements such as “personality problems” and “staff personalities.”

Common workplace interpersonal problems among care workers in both quantitative and qualitative studies were “difficulty in guidance for subordinates,” “inadequate communication,” “difficulty in sharing care plan,” “inequity in workload about care,” and “labeling such as personality mismatch”. Therefore, many care workers in elderly care facilities in Japan may have these interpersonal problems in the workplace. The high turnover rate of care workers who have been employed for < 3 years¹² may have influenced the need to ensure that subordinates do not quit, in addition to the difficulties caused by cultural differences between generations, regarding the difficulty in guiding subordinates. Inadequate communication may be influenced by inadequate communication opportunities due to the busy workload caused by the recent labor shortage in care workers.³⁴ The sharing care plan may be difficult because in Japan, as already mentioned, unqualified people can work in elder care facilities and there are various levels of qualifications. In particular, individual care workers may approach caregiving based on their values because they have not mastered common learning about nursing care, making it difficult to share care plans. Hence, achieving uniformity in the quality of care workers is difficult, possibly leading to an inequity in workload about care by biasing nursing care tasks toward the best care workers. Labeling leads to a narrowing of vision, causing the

person to see the other person in an increasingly negative light, making it difficult to respond in the desired way. Thus, workplace interpersonal relationships among care workers may be likely to deteriorate more and more.

CONCLUSION

The role of care workers is becoming increasingly important in a global phase of increasing elderly populations. The high turnover rate of care workers is a global problem. One factor that has shown consistent results is workplace interpersonal problems while studies of turnover and intention to leave among care workers in Japan have examined a variety of factors. In the future, intervention programs targeting care workers should be urgently established to improve workplace interpersonal problems, and the effects of such programs on reducing psychological distress among care workers, preventing them from leaving their jobs, and improving the quality of nursing care should be investigated.

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