III Long-term Care Workforce Supply-demand Structure and Related Challenges

I General Considerations

Part 1 Issues Addressed in This Study

1. Background and Perception of Issues

As the population of Japan ages, demand for long-term care services is expected to continue growing with an increasing number of elderly people requiring long-term care for longer periods. In particular, from 2025 onward as the postwar baby boom generation exceeds 75 years of age and becomes part of what is known in Japan as the "latter-stage elderly" demographic, demand for long-term care services is likely to hit a peak, as people in their late 70s are more likely to require long-term care than those in their late 60s or early 70s. This will drive up demand for long-term care workforce, and the required number will hit an estimated 2.37 to 2.49 million people, up from an estimated 1.49 in fiscal 2012 (see Figure III-2).

The postwar baby boom generation turning into the 75-plus demographic means that the "junior baby boom" generation, the children of the baby boomers, will be faced with the challenge of caring for their parents. To ensure they can continue working until at least the age of 65 even if parents require long-term care will require not only the support of their employers but also broader social support for people simultaneously working and providing care.

Provision of long-term care services through the long-term care insurance system is a crucial element of social support. Insufficient quantity and quality of long-term care services available, due to an insufficient number of care workers, can exacerbate the mental and physical strain on those caring for parents, interfere with their work performance, and make it difficult for them to continue working (Sato, Takeishi, ed. 2014, Ikeda 2013). This will exert a negative impact on attempts to meet targets for boosting elderly employment, set under current labor policy. The administration of a sustainable long-term care insurance system, establishment of an effective framework for providing services, and securing long-term care workforce, are all matters of the utmost urgency.

In this context, much attention has been paid to the leveling-off of the increase in number of professional long-term care providers, especially over the period from fiscal 2006 through 2011; a rise in the ratio of job offers to seekers; and the turnover rate among care workers, and a wide range of policy initiatives has been implemented, beginning with a fundamental overhaul of the Basic Policy on Measures to Secure Workforce Engaged in Social Welfare (2007).[1]

Recently, the Social Security Council Working Group on Long-term Care Insurance released an Opinion on Revision of the Long-term Care Insurance System (December 20, 2013) calling for:

1) Initiatives to improve public perceptions of nursing care including boosting the image of the long-term care industry, addressing long-term care in an academic context from childhood onward, and raising public awareness of care workers' degree of professionalism, as well as efforts to encourage participation in the industry by broadening the workforce recruitment demographic and diversifying the long-term care workforce
2) Establishment of career paths that encourage career advancement, such as support for people receiving training and promotion of human resources exchange that transcends corporate

1 Refer to Kitaura (2013), Hotta (2010), et al. for the current status of the elderly long-term care labor market and an overview of recent policy developments. A full outline of the most recent related policies can be seen in the proceedings of the 47th Social Security Council Long-term Care Insurance Subcommittee (September 4, 2013).

structures

3) Organization and improvement of work environments through promotion of development of long-term care robots that lighten the workload of care workers, utilization of care equipment, promotion of tech-based information sharing, and boosting efficiency, etc.
4) Improvement of treatment of care workers

The statement calls for the central government and prefectural and municipal governments to partner with long-term care providers, etc., and for all parties to take proactive steps to address these four areas.[2] Within the Ministry of Health, Labour, and Welfare (MHLW), the Council for Promotion of Measures to Secure and Cultivate Human Resources in Understaffed Sectors was established in February 2014, aimed at promoting close cooperation among relevant agencies and comprehensive efforts to address understaffed sectors of the economy (construction, long-term care, childcare, nursing, etc.).

2. Objectives of This Study

With securing long-term care workforce shaping up to be a crucial policy challenge, it is necessary to set forth the relevant issues in an organized fashion, so as to discuss measures that will be effective not only in the short term but also in the mid- to long-term.

This is a preliminary study for an empirical examination of what measures should be taken to secure long-term workforce for the future, incorporating estimates of the number of long-term care workforce that will be required (based on demand for insured long-term care services) in 2025, in other words the quantity of demand, versus the current (fiscal 2012) quantity of supply.

In fact, estimates of demand for insured long-term care services, and estimates of workforce demand based on these, are greatly affected by various factors. For example, if there is progress with initiatives that seek to maintain good health, boost participation in family and local community activities, and offer various opportunities so as to create a more livable society,[3] it may help to curb demand for long-term care services and workforce. Also, reforms aimed at realizing an effective and efficient framework for delivery of services, such as those proposed by the National Social Security Council and the National Council on Social Security System Reform (2013) [4] could have an impact on the quality and quantity of workforce required.

This report does not directly address the factors that may impact long-term care workforce demand. Rather, it aims to clarify issues to be examined in preparation for securing long-term workforce, based on estimates that a certain numbers of such workforce will be required (in this case, the numbers in Figure III-2).

3. Classification of Measures to Secure Long-term Care Workforce, and Issues Addressed in This Report

Measures to secure long-term care workforce can be divided into two main categories (Figure III-1). The first consists of steps aimed at increasing the number of new care workers, and the second of steps aimed at keeping existing care workers at their current jobs or encouraging them to stay in the long-term care field even if they change employers.

2 The Japan Research Institute, Limited (2014) has issued a proposal that sets forth various perspectives required for future reinforcement of measures, and calls for specific steps to be taken by the various parties (2014).

3 See the WHO definition of Active Aging (WHO, 2002) advocated as part of the United Nations International Year of Older Persons (2002), etc.

4 A discussion of frameworks for delivery of efficient, high-quality care can be found in "Regional Comprehensive Care in the Netherlands: Reinforcing Care Provision and Securing Care Providers" (JILPT Research Report No. 167, May 2014) .

Figure III-1 Classifications of Measures to Secure Long-term Care Workforce

1. Increase the number of newly recruited care workers
   a) Expand the number of workforce entering the field immediately after graduation
      a-1) Increase the number of students seeking to enroll at educational institutions dedicated to cultivating long-term care workforce
      a-2) Of graduates of the above institutions, increase the number seeking to enter the long-term care profession
      a-3) Increase the number of students at educational institutions not dedicated to cultivating long-term care workforce who decide to enter the long-term care profession
   b) Expand the number of workforce entering the field from other fields or from a state of unemployment
2. Efforts to keep existing long-term care workforce working in the long-term care field
   c) Encourage workforce to stay at their current jobs
   d) Encourage workforce to continue working in the long-term care field even if they leave their current employers

Source: Prepared by the author.

The first set of measures seeks to expand the number of (a) workforce entering the field immediately after graduation and (b) workforce entering the field from other fields or from a state of unemployment.

There are three key initiatives in (a) "expanding the number of workforce entering the field immediately after graduation". Educational institutions (high schools, vocational or technical colleges, junior colleges, universities) that seek to cultivate long-term care workforce are seeking to (a-1) boost the number of students enrolling at the schools, (a-2) raise the percentage of graduates who go on to work as care workers, and (a-3) encourage more students at educational institutions not dedicated to cultivating care workers to decide on careers in long-term care. In (a-2), an essential factor is a curriculum that fosters and helps to sustain students' ambition to become care workers. Meanwhile, (b) "Expanding the number of workforce entering the field from other fields or from a state of unemployment" means initiatives to encourage people in other fields or who are unemployed to select the long-term care profession.

The second set of measures consists of (c) efforts to keep existing care workers at their current jobs, and (d) efforts to encourage them to continue working in the long-term care field even if they leave their current employers. In specific terms, (c) means increasing the attractiveness of long-term care as an employment opportunity. Doing so not only raises the retention rate of care workers and encourages them to continue working at their current jobs, but also encourages those who change employers to find other jobs as care workers, and thus contributes to the (d) efforts as well. To increase the attractiveness of long-term care as an employment opportunity requires not only efforts by long-term care service providers, but also comprehensive society-wide efforts to focus attention on the social role and admirability of care workers. Meanwhile, for (d), initiatives aimed at heightening care workers' sense of professionalism so as to strengthen their commitment to the profession are thought to be effective.

This report does not cover all the issues discussed above. The contents of each section will be outlined later, but on the whole this report covers the following topics:

First, there is an analysis of the long-term care workforce supply-demand structure. The scale of demand for long-term care services is largely defined by the percentage of the population that is elderly, but as this percentage varies from prefecture to prefecture, long-term care workforce demand must be analyzed on a prefecture-by-prefecture basis. If this is the case, then long-term care workforce supply must also be analyzed prefecture by prefecture. Based on these concerns, Chapters 1 and 2 examine long-term care workforce demand and supply on a prefecture-by-prefecture basis.

Chapters 3 and 4 focus on training programs for the unemployed, which relate to the first set of measures categorized as (b) and encourage people even without long-term care experience to go to work

as care workers, and analyze their role and effectiveness.

It is noted above that among the second set of measures categorized as (d), those that heighten care workers' sense of professionalism can encourage those that quit their jobs to decide to find new jobs as care workers. Chapter 5 contains an empirical analysis of this process.

Chapters 6 and 7 relate to the second set of measures classified as (c) and (d), and examine efforts by providers, such as employment management aimed at raising the retention rate of care workers, or encouraging people to continue working in long-term care even if they change employers.

Efforts classified as (c) efforts to keep existing care workers at their current jobs include realization of pleasant working environments, which also contributes to the first set of measures aimed at boosting the number of new care workers entering the workforce. Chapter 8 examines the nature of providers that focus on hiring (which has thus far received insufficient attention in discussions on securing human resources) as an approach to securing human resources.

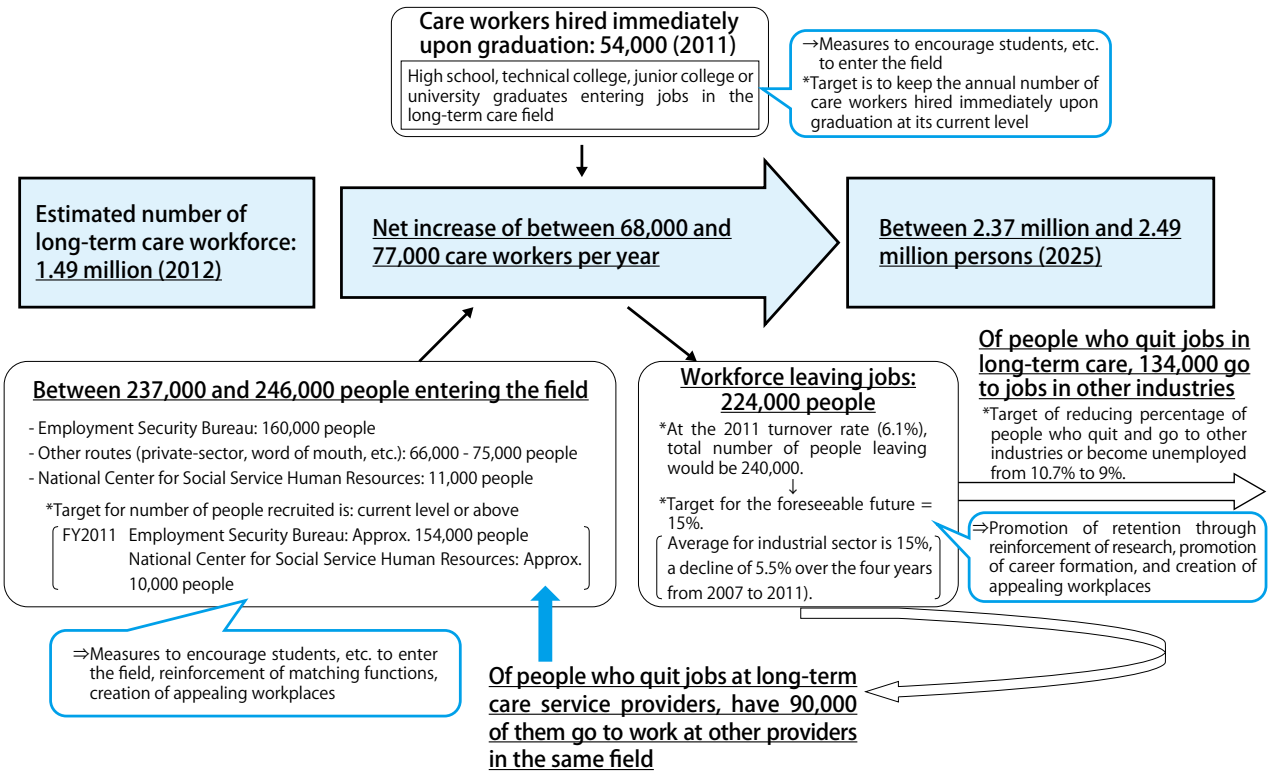
Part 2 Long-term Care Workforce Supply Flow Chart Concepts, and Implications Derived from Preliminary Study

1. Long-term Care Workforce Supply Flow Chart and Its Concepts

Figure III-2 shows strategies for securing sufficient long-term care workforce to meet demand for long-term care services in 2025, based on the MHLW's existing-data-based modeling of the supply structure of care workers engaged at businesses related to insured long-term care. The content of this flow chart, which serves as a point of departure for this report, is as follows.

Based on projected demand for long-term care services in 2025, when the baby-boom generation starts joining the over-75 demographic, the projected number of care workers that will be required that year

Figure III-2 Outlook for Securing Long-term Care Workforce



Source: Social Security Council Working Group on Long-term Care Insurance materials (No. 45, June 2013)

is between 2.37 million and 2.49 million. The estimated number of care workers in 2012 was 1.49 million, meaning that a net increase of between 68,000 and 77,000 care workers per year through 2025 will be required to meet demand in 2025.

Proposed measures to secure this net increase are: (1) keep the annual number of care workers hired immediately upon graduation at its current level, 54,000 people, (2) boost the number of care workers transferring from other jobs or from a state of unemployment to between 237,000 and 246,000, (3) among this number, have 90,000 of them be people who quit jobs at long-term care service providers and go to work at other providers in the same field, and assuming that these care workers can be secured, reduce the number of percentage of people who go to work in other fields or become unemployed (rather than changing employers within the long-term care field) from 10.9% to 9%, and (4) reduce the turnover rate from 16.1% to 15% so as to raise the retention rate at providers and boost the number of people who continue working as care workers.

2. Implications Derived from the Preliminary Study

There are several issues with the method of estimation shown above, but first of all a closer examination of the figures on which the estimate is based is required. To start with, it is possible that the figure of 54,000 employees hired immediately after graduation is exaggerated. This is because 54,000 is the number of employees of "social welfare, social insurance, and long-term care service providers," and is not limited to providers related to insured long-term care. With regard to occupation, as well, this number includes clerical workers, etc. and is not limited to actual care workers. Second, of the numbers of care workers hired other than immediately following graduation, the approximately 154,000 via the Employment Security Bureau and the approximately 10,000 people via the National Center for Social Service Human Resources are likely to be exaggerated as well. The reason for this is similar, namely that the figures on which the estimate is founded are not limited either to employees of providers related to insured long-term care, or to those actually working as care workers. In addition, the figures may also be padded with people counted multiple times because they change jobs repeatedly within a single year. For valid implementation of strategies for securing long-term care workforce, it is crucial to gain an accurate picture of the supply flow, primarily by thoroughly investigating the figures for hiring of new-graduate and mid-career care workers.

In light of the possibly exaggerated hiring figures, there is an even greater need for measures of the kind described below, so as to achieve an annual net increase of 68,000 to 77,000 care workers per year until 2025:

First, with regard to care workers hired immediately after graduation, considering the declining youth population, efforts must be made to boost the number of students seeking to enter educational institutions that can prepare them for careers in long-term care, and to provide education that strengthens their commitment to the field so they remain determined to become care workers throughout their student years. The outcomes of an analysis of the effects of training for the unemployed, outlined below, should serve as a reference on this point.

Second, with regard to people changing jobs to become care workers and hiring of unemployed people as care workers, there is a particular need to reinforce efforts to boost the number of people electing to take new jobs as care workers again after quitting earlier jobs in the same field. Doing so will require public relations efforts on a society-wide basis to highlight the appeal of long-term care as an employment opportunity and the crucial importance of care workers to society. One initiative that could potentially contribute to an increase in care workers hired mid-career is training for the unemployed aimed at fostering long-term care workforce. The role and effects of these training programs are discussed in Chapters 3 and 4.

Chapter 3 discusses transfer of workforce from other fields and hiring of new workforce without work experience, seen as a critical source of long-term care workforce, and focuses on training programs for the unemployed as an opportunity for care workers to receive training before going to work,

clarifying the current status and challenges of these programs. The trainees in the two-year program vary widely in terms of attributes and work experience, including for example middle-aged and elderly men, a high percentage of trainees go to work as care workers after completing it, and the work continuation rate thereafter is high as well. Factors contributing to this are a high degree of satisfaction with the training contents and a positive attitude toward the work of long-term care. Based on the analysis contained in Chapters 3 and 4, the key is to raise the level of satisfaction with training, especially on-the-job training; eradicate the negative image (nerve-wracking, etc.) that some have of long-term care work; and convey the rewarding nature of the work to trainees during training. With regard to the appropriate scale of training, there is room for further examination.

In terms of initiatives to increase the number of people who work again as care workers after leaving jobs in the field, it has been noted that boosting care workers' sense of being specialized professionals, and strengthening their commitment to long-term care, may be an effective approach. This point is analyzed in Section 5. According to classifications of care workers' professional careers with a focus on the process of acquiring specialization and analysis of the resulting differences in attitude toward work continuation, there is relatively little relationship between experience with undergoing specialized training at school, or experience in other occupations, and the strength of will to continue working in the long-term care field. At this stage, receiving specialized education, accruing experience in the workplace, and studying in order to earn qualifications appear to have the effect of exacerbating dissatisfaction with actual workplace conditions, and it seems possible that promoting practical, hands-on acquisition of specialized skills is the more effective strategy.

Third, to heighten the appeal of long-term care as an employment opportunity, it is essential to implement initiatives that strengthen the ability of providers to secure human resources and raise the retention rate of those resources. This entails not only improving working conditions such as wages, but also ensuring that the providers' business philosophy and policies are clear and shared with all employees, opportunities for improvement of abilities, including career formation opportunities, are offered, and channels for smooth communication with co-workers and supervisors are open. Chapters 6 through 8 deal with the nature of employment management at providers and its relation to providers' securing and retention of human resources.

Chapter 6 presents an analysis of employees' career and job development at the corporations that currently employ them, and its impact on their perceptions of their working status. This analysis examines the formation of careers within a single enterprise, or at major corporations, encompassing multiple branches, and focuses on the relationship between career development initiatives and care workers' work attitudes. However, it was unable to verify any significant correlation between career initiatives offering the opportunity to work at various branches within a single corporate entity, and care workers' levels of job satisfaction or will to continue working. On the other hand, positive assessments of the quality of long-term care services provided by current employer was correlated with higher levels of satisfaction, will to continue working for the same employer or in the same field. It is evident that rather than making the development of a career path the objective, it is important to elevate the quality of services and heighten care workers' subjective perceptions of this quality.

Chapter 7 focuses on care workers with less than one year of experience, who make up approximately 40% of workers who quit, and analyzes the route by which they entered the profession, reasons for choosing it, and attitudes toward continuing work at the same employer or in the same profession, etc. With regard to regular employees, factors positively affecting willingness to continue working at the same job include choosing to be a care worker for reason related to the job itself, having a supervisor providing guidance in the workplace, having a healthy work-life balance, deriving a sense of fulfilment from the job, and having a firm sense of commitment to the organization. Among these, choosing to be a care worker for reason related to the job itself, having a

healthy work-life balance, and deriving a sense of fulfilment from the job positively impacted willingness to continue with the current job, regardless of the specific employer. Employment management characterized by individualized human-resources handling of each worker had a positive influence across the board. It is clear that the attributes of workers in their first year on the job differ greatly depending on the category of service they are engaged in, and it is important to implement hiring and matching that takes diverse attributes and attitudes into account, and improve perceptions of the long-term care profession prior to hiring, as well as designating a supervisor in charge after hiring and handling human resources individually so as to strengthen commitment to job and workplace in a sustained manner.

A look at the turnover rate by provider (branch) reveals that approximately 50 to 70 percent have a turnover rate of 10% or less for home care workers and care workers employed at facilities. In other words, not all providers have high rates of turnover, and in fact a large number of them have a relatively low rate of turnover. This suggests that broadening the hiring and treatment practices of these providers to other providers could be an effective measure to decrease the rate of turnover. Also, when understaffed providers were asked the reason for this situation, only around 20% cited a high rate of turnover, while approximately 70% cited difficulty in recruiting sufficient workforce. In other words, while initiatives to boost retention rates are important, measures to secure workforce are extremely important as well.

Chapter 8 examines initiatives aimed at securing workforce on a provider level, with a focus on hiring. Efforts that entail employee participation and encourage stable interpersonal relationships and improvements to work procedures and working environment in the workplace, as well as boosting team and workplace solidarity and seeking to alleviate feelings of anxiety and isolation among home care workers by encouraging them to stop by their employers' offices, are effective not only as a means of preventing unnecessary hiring by encouraging current home care workers to stay at their jobs, but also as a means of recruiting, as home care workers who find their jobs rewarding will spread the word to others. The most important route to hiring of workforce at providers dispatching home care workers is "introduction by friends and acquaintances". Creating appealing workplaces is an effective means of boosting recruitment ability.

For long-term care service providers to contribute their human resources and know-how to the community, and conduct their services in a manner that is open to the community, is an effective means of promoting community understanding of the long-term care services and the role of long-term care providers. In particular, "mutual support among community residents and support for formation of organizations", which has been shown to exert a positive impact on securing human resources in terms of both quality and quantity, is also widely seen by long-term care providers as a contributor to the building of a community-based integrated care system over time (Study Group on Community-based Integrated Care, 2014).

Also, the flow chart in Figure III-2 covers the entirety of Japan, but in the future there is a need to draw up similar, more detailed flow charts broken down to at least the prefectural level. The analysis of long-term care workforce supply and demand by prefecture in Chapter 1 makes it clear that there are drastic differences among prefectures not only in terms of demand for long-term care services, correlated with demographic trends such as the percentage of the population aged 75 and over, but also in the long-term care service supply framework. In other words, prefectural discrepancies in the long-term care service supply-demand structure mean that there will also be different sets of priorities for each prefecture in terms of initiatives aimed at filling the supply-demand gap.

Chapter 2 provides a region-by-region analysis of the status of educational resources, which are a source of long-term care human resources. A comparison of the ratios of population to capacity of long-term care workforce education programs in each prefecture shows that capacity is insufficient in many areas including urban areas where growth in the 75-and-over population is expected to lead to higher demand for long-term care services. There is a need for

prefectures to periodically assess the state of educational resources and take measures to promote the planned development of these resources as part of efforts to secure sufficient human resources based on supply-demand estimates.

Part 3 Policy Implications and Future Challenges

Based on the preliminary study conducted for this report, the policy implications for strategies for securing workforce and the challenges facing the mid- to long-term task of securing this workforce are as follows:

1. Currently, the MHLW provides a projection of the outlook for securing long-term care workforce for the foreseeable future, but there is a need for more detailed examination of models of the long-term care workforce supply structure. This is particularly true with regard to the basis of figures for care workers hired immediately after graduation, and for those taking jobs as care workers after doing other jobs or being unemployed. This is an also an important prerequisite when setting priorities in strategies for securing long-term care workforce.
2. There is a need for prefecture-by-prefecture estimates of long-term care workforce supply and demand, assessment of the supply structure and the status of educational resources, and quantitative evaluation of the supply-demand gap and examination of appropriate strategies. Municipalities should also be strongly concerned with long-term care workforce supply and demand and strategies for securing care workers.
3. There is a particularly strong need for prefectural governments to take the lead with initiatives. Prefectures' examination and implementations of strategies for securing workforce, monitoring of their progress, and re-examination based on the findings is thought to be an effective management process.
4. With regard to care workers hired immediately after graduation, in light of the declining youth population, there is a need for educational institutions training care workers to make efforts to attract more students to these courses, as well as for curricula that heighten students' commitment to the job to ensure they will sustain their will to work as care workers, and examination of the size (capacity) of courses, etc. with the goal of maximizing the effectiveness of education.
5. It is important to clarify what manner of employment management contributes to the securing and retention of workforce at long-term providers, and to examine the factors that heighten a sense of professional identity that encourages care workers who change jobs to find new jobs in the same field. Not only the process of acquiring professional specialization, but also by the management of providers and workplaces are likely to be decisive factors in this regard.
6. Examination of the above issues requires not only surveys at a fixed point in time, but also panel surveys that follows individuals over time. These ought to consist of (1) with regard to students at educational institutions that cultivate long-term workforce, surveys that track students' reason for enrolling, career decisions, and contents of curricula, and then follow their careers after they have begun working, and (2) similar surveys not only for care workers hired immediately after graduation but also those hired mid-career. Surveys of type (1) can clarify the correlations between reasons for enrolling in long-term care programs and the contents of schools' curricula, and their selection of first job and career path after being hired, while surveys of type (2) can be used to analyze correlations between care workers' route to employment, motivation for becoming a care worker, and long-term care providers' employment and workplace management, and care workers' decisions to stay at or leave their jobs, as well as tracking the paths of people who change jobs, thereby clarifying important factors contributing to the decision to work again as a care worker after changing jobs.
7. Efforts are underway to promote career development in the long-term care field. Under the current circumstances, however, specialized education, acquisition of qualifications, and career development in the workplace do not necessarily lead to increased job satisfaction. It is important to

utilize career grade systems, etc. for long-term care professionals and coordinate these with efforts to boost the quality of long-term care services on an enterprise-wide basis, while at the same time examining the state of career development based on dialogues with individual care workers.

8. There is room for further advancement of initiatives aimed at getting people, not only new graduates but also people changing jobs or currently unemployed, to consider long-term care as a career option. Care workers vary widely in terms of age of first hiring and professional experience, as well as in terms of professional attitudes and perceptions, and there is a need for dissemination of more detailed information on the contents and significance of jobs in long-term care.
9. There are expectations that long-term care providers will play a role in promoting mutual support among community residents and organizational support in the effort to build community-based integrated care programs. In this regard, effective approaches include sharing the insight that business administration that is open to the local community can help to secure workforce, as well as accumulation of case studies and further examination.

II: Particular Considerations: Insufficient Numbers of Long-term Care Workforce

This part contains a summary of the contents of Section 8.

Part 1 Introduction

1. Background and Objectives

According to the fiscal 2012 long-term care labor force survey (Care Work Foundation 2013a), of almost 60% of providers related to insured long-term care feel they are understaffed (the total for providers responding that they were "very understaffed", "understaffed", or "somewhat understaffed"). By occupation, home care workers (as opposed to care workers employed at facilities) were in particularly short supply, with 67.9% of providers considering themselves understaffed.

What is the background behind this shortage of long-term workforce? Overall, when asked for the reasons for understaffing (multiple answers possible), the most common answer was difficulty in recruiting workforce, given by over 70% of respondents. This was followed by "Want to expand business, but cannot secure workforce" (27.9%) and "High turnover rate" (21.8%).

Promotion of workforce retention is viewed as a central challenge in securing a stable long-term care labor force. In the Long-term Care Employment Management Improvement Plan (fiscal 2009, MHLW Announcement No. 400), the turnover rate is one employment management indicator for which targets are set. There is also research in progress on the turnover rate as an objective indicator for analysis of organizations in their entirety, and on retention factors, analyzing on a person-by-person basis using intention to continue working or desire to quit as subjective indicators for analysis.

Efforts to promote workforce retention are of unquestionable importance and are highly significant to organizations as a means of avoiding costs related to hiring of new workforce, redeployment, training, and declining productivity, and to workers as a means of advancing their careers and stabilizing their livelihoods through training within organizations (Yamamoto 2009), as well as in terms of heightening quality and ensuring the continuation of long-term care services.

However, the survey at the beginning of this report found that promotion of workforce retention was only directly effective as a means of alleviating perceived workforce shortages at about 20% of providers related to insured long-term care. Obviously, preventing workforce from quitting reduces the need for new hiring, and promoting retention helps providers meet their staffing needs. At the same time, there seems to be significant value in focusing instead on hiring, which has received little attention in discussions of how to overcome workforce shortages.

In this context, this section will focus on "difficulty in recruiting workforce", which approximately 70% of providers perceiving themselves as understaffed cited as a reason for

understaffing. There has thus far been little or no empirical research on hiring capabilities in the long-term care field. Many providers are facing urgent shortages against a backdrop of chronic difficulty in hiring enough workforce, and in this context it seems appropriate to examine the characteristics of the providers that do manage to hire sufficient workforce in terms of both quality and quantity. The objective of this section is to obtain, through analysis of individual data with a focus on hiring, a basic data set pointing to the sorts of enterprise-level efforts required to secure workforce.

Specifically, the section organizes data on home care workers' and care workers' quitting of jobs and overstaffing or understaffing as seen in turnover rate by occupation and employment format, by individual enterprise unit, and providers' perceptions of reasons for workforce shortages (Part 2). Then, focusing on home care workers, which are in particularly short supply, the characteristics of providers that have been able to secure sufficient workforce in terms of both quantity and quality are examined from several vantage points (Part 3). In Part 4, there is a multivariate analysis of factors determining whether or not an adequate quantity and quality of home care workers can be secured. Part 5 outlines indications derived from this analysis.

In analyses of the hiring and employment of home care workers from Part 3 onward, a primary focus is whether workplace and employment management is carried out in a manner that currently employed home care workers find their jobs rewarding. The most common route to employment at providers employing these workers is "introduced by friend or acquaintance", in other words word of mouth. When home care workers are able to feel rewarded by work, it contributes to workforce retention and thereby to prevention of unnecessary hiring.

Another key are of focus is whether or not providers are managed in a manner that is open to the local community. Prior case studies of workforce hiring and retention management (Care Work Foundation 2014) indicate the importance of participation in local communities and partnerships such as cooperation with other providers. Moving toward the building of community-based integrated care programs that enable people to live fulfilling lives in the areas they are used to as Japanese society becomes increasingly super-aged, there are expectations that long-term care providers will not only implement cooperation among people of different occupations but also more extensive engagement with regional society based on the ideals of autonomy and dignity, including by acting as bases for sharing of human resources and expertise with the community (Community-Based Integrated Care Study Group 2014, Minkaikyo 2014). If it can be empirically clarified that a diverse range of community-engaged initiatives enables providers to secure workforce, it will also contribute to the promotion of community-based integrated care.

2. Data Used

The data employed in this section is individual data from the Fiscal 2011 Care Work Foundation Long-term Care Labor Force Survey (Provider Survey : hereinafter, "the Provider Survey").[5]

The Provider Survey covered 17,151 providers throughout Japan that provide insured long-term care services, extracted randomly from a list of all designated providers of long-term care services. The survey was conducted in November 2011 (responses are as of October 1, 2011), and there were valid responses from 7,070 providers (valid response rate of 41.2%).

The Provider Survey data set is large and highly representative, being randomly extracted and covering the entire country, and while it does not focus on employment management specifically, it contains an abundance of information about companies' and providers' general status, hiring and termination of employees, overstaffing or understaffing, employment management initiatives and so forth.

The reason for using the survey data from fiscal 2011 (rather than the most recent data available when

5 For the survey form, details of survey implementation, and survey results, refer to the Care Work Foundation (2012).

this section was being written) is that in addition to the nationwide survey items included every year, there are also questions on the survey about regional initiatives, making these results optimally suited to examination of cooperative efforts with the community, one of this section's areas of focus.

Part 2 Providers' Turnover Rate, Overstaffing and Understaffing, and Reasons for Workforce Shortages [6]

This section examines the current status of employee resignation or termination, overstaffing and understaffing, etc. from various perspectives, using data on the turnover rate for different occupations and employment formats, by enterprise unit.

The turnover rate by enterprise unit is broken down into four categories: (1) home care workers who are regular employees, (2) home care workers who are non-regular employees (with both full-time and shortened-hours schedules), (3) care workers (in this case meaning those employed at facilities rather than visiting care recipients' homes) who are regular employees, and (4) care workers who are non-regular employees (with both full-time and shortened-hours schedules). The survey covered only providers that gave complete responses about their number of employees as of October 1, 2011 and the number of employees hired and terminated or resigned over the October 1, 2010 to September 30, 2011 period. Calculations were performed as follows: Number of people terminated or resigned over the October 1, 2010 to September 30, 2011 period/ (number of employees as of October 1, 2011– number of employees hired over the October 1, 2010 to September 30, 2011 period + number of people terminated or resigned over the October 1, 2010 to September 30, 2011 period).

1. Annual Turnover Rate for Each Occupation and Employment Format, by Enterprise Unit

Examination of the annual turnover rate for each occupation and employment format, by enterprise unit (Table III-3), reveals that for all four categories a considerable percentage of providers had a 0% turnover rate, and between 50% to 70% or so of them had either 0% or below 10% turnover. On the other hand, around 20% to 30% of them had a turnover rate of 30% or more. In other words, there is a stark dichotomy between high and low rates of turnover.

Table III-3 Annual Turnover Rate for Each Occupation and Employment Format, by Enterprise Unit

	Number of providers	Annual turnover rate by enterprise unit					
		Average turnover rate (%)	Turnover rate distribution (%)				
			0%	Above 0% - under 10%	10% - under 20%	20% - under 30%	30% or above
Home care workers (regular employees)	1,440	18.7	70.8	0.8	3.3	4.5	20.6
Home care workers (non-regular employees)	1,532	18.7	42.6	12.4	18.0	10.7	16.4
Care workers (regular employees)	3,734	17.5	49.0	9.5	13.4	9.2	18.8
Care workers (non-regular employees)	3,295	24.4	46.1	3.8	11.5	10.7	27.8

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".

6 This section consists of material from Hotta (2012) with additions, deletions and revisions.

With regard to home care workers who are regular employees, over 70% of providers had a turnover rate of 0%. At the same time, 20.6% of providers had a turnover rate 30% or more. As for home care workers who are non-regular employees, 42.6% of providers had a turnover rate of 0%, and the next most common response was "between 10% and 20%" with 18.0%, and 30% or more with 16.4%. For care workers who are regular employees, approximately half of providers had a turnover rate of 0%, and around 20% had a rate of 30% or higher. For care workers who are non-regular employees, the most common turnover rate was 0% at 46.1% of providers, but on the other hand nearly 30% of them had a turnover rate of 30% or more.

2. Perceptions of Employee Retention and Turnover Rate by Enterprise Unit

In the Provider survey, respondents were given three choices with regard to their perceptions of the employee retention rate at the time of the survey: "Low retention rate is a source of problems", "Retention rate is low, but does not cause problems", and "Retention rate is not low". In response, 70% of providers said that the "retention rate is not low", a result that is consistent with the findings of 1. above that a majority of providers had a turnover rate of less than 10%. Only 14.5% felt that a low retention rate was a source of problems. Meanwhile, 9.1% of providers perceived the retention rate as low but did not view it as causing problems.

Examination of the correlations between perceptions of employee retention and turnover rate by enterprise unit (Table III-4) reveals that for all categories (home care workers who are regular employees, home care workers who are non-regular employees, care workers who are regular employees, and care workers who are non-regular employees), providers responding that "Low retention rate is a source of problems" were more likely to have a turnover rate of 30% or higher than providers giving other responses, and conversely, those responding that the "retention rate is not low" were more likely than other providers to have a turnover rate of 0%.

At the same time, it must be noted that among providers responding that "low retention rate is a

Table III-4 Perceived Understaffing at Providers as a Whole, and Turnover Rate for Each Occupation/ Employment Format, by Enterprise Unit

	Turnover rate by enterprise unit (home care workers / regular employees)					Turnover rate by enterprise unit (home care workers / non-regular employees)				
	No. of enterprises	Turnover rate distribution (%)				No. of enterprises	Turnover rate distribution (%)			
<All enterprises>		0%	Above 0% - under 10%	10% - under 30%	30% or above		0%	Above 0% - under 10%	10% - under 30%	30% or above
Low retention rate is a source of problems	243	55.1	0.4	9.1	35.4	252	31.0	6.7	32.9	29.4
Retention rate is low, but does not cause problems	118	59.3	0.0	9.3	31.4	103	42.7	9.7	21.4	26.2
Retention rate is not low	1,012	76.8	1	6.5	15.7	1,133	44.4	14.1	28.7	12.8

	Turnover rate by enterprise unit (caregivers / regular employees)					Turnover rate by enterprise unit (caregivers / non-regular employees)				
	No. of enterprises	Turnover rate distribution (%)				No. of enterprises	Turnover rate distribution (%)			
<All enterprises>		0%	Above 0% - under 10%	10% - under 30%	30% or above		0%	Above 0% - under 10%	10% - under 30%	30% or above
Low retention rate is a source of problems	581	32.7	4.8	26.2	36.3	528	28.6	2.8	20.5	48.1
Retention rate is low, but does not cause problems	391	35.3	6.6	29.7	28.4	329	35.3	1.8	21.9	41.0
Retention rate is not low	2,586	54.4	10.8	21.3	13.5	2,285	51.3	4.2	23.1	21.4

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".

source of problems", approximately 30- 50% had a home care worker and care worker turnover rate of 0%, while on the other hand among providers stating that the retention rate is not low, 10- 20% had a home care worker and care worker turnover rate of 30% or higher. It is evident that providers' perceptions of retention were shaped not only by the turnover rate for employees in the four occupation/ employment format categories listed above, but also by a variety of other factors including employee retention throughout the entire enterprise and human resource strategies (perceived optimum retention rate, etc.) .

3. Overstaffing, Understaffing, and Turnover Rate by Enterprise Unit

On the subject of perceived overstaffing and understaffing, the Provider survey asks respondents to select from five options regarding individual occupations and overall: "Overstaffed", "Appropriate level", "Somewhat understaffed", "Understaffed", and "Severely understaffed".[7] For overall staffing levels, 46.1% of providers perceived an "Appropriate level", and 53.2% perceived themselves as understaffed (total of "Severely understaffed" + "Understaffed" + "Somewhat understaffed"). As in the survey results for fiscal 2012 outlined above, when viewed by occupation, the most severe perceived understaffing was for home care workers, with only about 30% perceiving an "Appropriate level" and over 70% considering themselves "Understaffed". For care workers, the corresponding percentages were 52.5% and 44.9%.

Let us examine the correlations between perceived understaffing by occupation and turnover rate for each occupation/employment format, by enterprise unit (Table III-5).

Table III-5 Perceived Understaffing by Occupation and Turnover Rate for Each Occupation/ Employment Format, by Enterprise Unit

	Turnover rate by enterprise unit (home care workers / regular employees)					Turnover rate by enterprise unit (home care workers / non-regular employees)				
		Turnover rate distribution (%)					Turnover rate distribution (%)			
<Overstaffing or understaffing of home care workers>	No. of enterprises	0%	Above 0% - under 10%	10% - under 30%	30% or above	No. of enterprises	0%	Above 0% - under 10%	10% - under 30%	30% or above
Severely understaffed	156	59.0	6.0	9.0	31.4	143	37.8	13.3	28.7	20.3
Understaffed	356	68.8	0.6	7.6	23.0	405	36.3	13.3	36.5	13.8
Somewhat understaffed	448	74.8	0.9	7.1	17.2	511	40.5	14.1	31.5	13.9
Appropriate level	403	75.4	1.2	8.4	14.9	398	54.0	9.5	20.1	16.3
Overstaffed	11	–	–	–	–	12	–	–	–	–

	Turnover rate by enterprise unit (caregivers / regular employees)					Turnover rate by enterprise unit (caregivers / non-regular employees)				
		Turnover rate distribution (%)					Turnover rate distribution (%)			
<Overstaffing or understaffing of caregivers>	No. of enterprises	0%	Above 0% - under 10%	10% - under 30%	30% or above	No. of enterprises	0%	Above 0% - under 10%	10% - under 30%	30% or above
Severely understaffed	100	41.0	20.0	31.0	26.0	91	34.1	4.4	26.4	35.2
Understaffed	460	38.5	10.2	27.0	24.3	406	35.0	4.9	25.1	35.0
Somewhat understaffed	1,010	44.5	10.1	24.8	20.7	938	40.2	4.5	24.2	31.1
Appropriate level	1,790	53.1	10.0	20.7	16.2	1,565	50.6	3.3	21.5	24.6
Overstaffed	90	45.6	11.1	27.8	15.6	79	50.6	3.8	24.1	21.5

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".
Note: The percentage of providers responding that they were "overstaffed" with home care workers was negligible, and is not listed but written as "–".

7 The survey contains a note to the effect that for this question, the response "Understaffed" indicates that there is a need to recruit workforce.

First of all, it is notable that providers with insufficient numbers of home care workers have a lower percentage of 0% home care worker turnover rate, for both regular and non-regular employees, than other providers, and a higher percentage of 30% or higher turnover rate.

With regard to care workers, providers with significant understaffing of care workers were more likely than other providers to have a turnover rate of 30% or higher for regular-employee care workers. A relatively low percentage of these providers had a turnover rate of 0% for non-regular-employee care workers, and a relatively high percentage of them had a turnover rate of 30% or higher.

Even among providers stating that they were "understaffed" in terms of both home care workers and care workers, there were a considerable number of providers with a turnover rate of 0%. Notably, even among providers that reported being "severely understaffed" with home care workers, approximately 60% had a turnover rate of 0% for home care workers who are regular employees, indicating that there are significant reasons for employee shortages other than the turnover rate. As outlined in the next section, there appear to be other factors impacting perceptions of understaffing, such as difficulty in filling positions, even though the turnover rate (employee resignation or termination) is not high, due to workforce reaching retirement age, etc., and inability to expand the scale of providers or the range of services because sufficient workforce cannot be secured.

4. Understaffing Status by Occupation and Reasons for Being Understaffed

Let us examine some of the reasons for understaffing. In the Provider survey, the 2,486 providers responding that they were "Severely understaffed", "Understaffed", or "Somewhat understaffed" were asked for their reasons, with multiple responses possible. The results were consistent with those of the fiscal 2012 survey outlined earlier, with the most common response being "Difficulty in recruiting workforce", given by nearly 70% of respondents (66.0%). This was followed by "Want to expand business, but cannot secure workforce" (26.2%) and "High turnover rate (low retention rate)" (19.8%).

To get a clearer picture of understaffing by occupation, let us examine the status of home care worker and care worker understaffing, and their correlations with reasons for understaffing given by providers that were understaffed (severely understaffed, understaffed, or somewhat understaffed) in terms of home care workers and care workers, as well as being understaffed across the enterprise as a whole.

Overall, among reasons given for understaffing at providers with shortages of home care workers, "Difficulty in recruiting workforce" was the most common, followed by "Want to expand business, but cannot secure workforce" and "High turnover rate". This last reason was given by only between 10% and 20% of providers. As a rule, the percentages of providers giving these reasons rise when the providers strongly perceive themselves as understaffed, with 67.9% of "severely understaffed" providers citing "Difficulty in recruiting workforce", and approximately half citing difficulty in securing workforce to expand their businesses.

Among reasons given for understaffing at providers with shortages of care workers, the most common reason, once again, was "Difficulty in recruiting workforce". Unlike with home care workers, however, the second most common reason was "High turnover rate". Here, again, both of these reasons were given by a relatively high percentage of "severely understaffed" providers. Of these, 81.8% cited "Difficulty in hiring workforce", and 46.5% cited "High turnover rate".

Part 3 Characteristics of Providers That Have Secured Sufficient Home Care Workers, in Terms of Both Number of Workers and Quality of Care

By occupation, home care workers are in the shortest supply, with approximately 70% of providers in both the fiscal 2011 and 2012 surveys perceiving themselves as understaffed. In this section, we will analyze the particularly severe shortage of home care workers.

As described in the preceding section, difficulty in recruiting workforce is consistently cited as the

primary reason for shortages of home care workers. By contrast, turnover rate was low (below 10%) at many providers, and providers viewing the turnover rate as a problem were in the minority.

The Provider survey asked for the respectively number of home care workers and care workers hired over the preceding year (October 1, 2010- September 30, 2011) and the quality of these human resources, and regarding home care workers, obtained responses from 2,172 providers. Of these, fewer than two in ten (18.6%) stated that they were meeting their needs in terms of both number and quality of workers, while over half were only satisfied with either number or quality but not both, with 26.4% saying they "Have a sufficient number of workers, but are not satisfied with their quality", while 27.7% "Are satisfied with quality of workers, but have been unable to secure sufficient numbers". Nearly three in ten (27.3%) were "Have been unable to secure either sufficient number or quality of workers".

In the context of widespread inability to hire workforce, what are the characteristics of the minority of providers that are able to secure sufficient numbers of workforce of sufficient quality? This section examines this question, taking company or enterprise attributes into account (Part1. 1.). Employment management initiatives and efforts in cooperation with local communities will also be examined.

The following is an overview of areas of significant discrepancy marking the characteristics of providers that have secured home care workers of sufficient number and quality, which emerged in a cross tabulation.

1. Company or Enterprise Attributes

With regard to company or enterprise attributes, the following factors will be taken into account: Managing body, date of establishment or start of long-term care service, company or provider size and structure (number of employees, number of business units, business areas other than insured long-term care, etc.), and location.

In terms of managing bodies, private-sector companies were relatively few (48.1% of providers that have secured sufficient numbers and quality of workers, compared to 58.5% of all providers), and social welfare providers other than social welfare councils were relatively high in number (21.7%, as opposed to 14.8% overall). The establishment of providers or launch of long-term care business was on average one year earlier than for all providers.

There was no significant discrepancy with regard to number of employees. In terms of business structure, as well, there was no significant discrepancy regarding number of business units or existence of business areas other than insured long-term care.

With regard to regional classification [8] for purposes of long-term care benefit calculation, there were somewhat fewer special wards (3.7%, as opposed to 6.9% overall) and specially designated cities (14.1%, as opposed to 18.5% overall), and somewhat more of the "other" classifications (55.1% as opposed to 46.9%).

2. Employment Management

On the topic of employment management, the survey asked about approaches used to prevent early employee resignation and promote retention, and obtained wide-ranging information on implementation of these approaches. Let us first of all examine responses to questions relating to the overall status of employment management initiatives. We will also examine the topic of human resources cultivation, which is the subject of several independent questions in addition to being given as an option on the question about employment management. In addition, the presence or absence of periodic hiring, and management of operations, will be considered.

A survey of the status of implementation of 18 employment management initiatives targeted at home

8 On the FY2011 Enterprise Survey, there are five regional classifications (Tokubetsuku, Tokko-chi, Ko-chi, Otsu-chi, other). This system was put in place based around compensatory payments to national public employees when the long-term care insurance system was first established, taking into account regional disparities in workforce costs for directly handled employees.

care workers (improvement of labor conditions, evaluations of competence and job performance and reflections of these evaluations in job assignations and treatment, clarification of workers' job duties and required abilities, implementation of wage structure concomitant with career, opportunities for non-regular employees to transition to regular, designation of workforce to provide guidance to new employees, enrichment of competence development resources and opportunities, enrichment of training to enable administrators to cultivate subordinates, surveying workers about desired work hours, surveying workers about job duties, designation of an office where workers can consult about worries or complaints, health promotion measures and health management initiatives to smooth out on-the-job communication, opportunities for management and employees to share information on administrative policies, enrichment of employee benefits, well-organized work environments, and support for workers raising children), of which 10 showed significant discrepancies. The initiatives that were implemented by a higher percentage, even if slightly (3% or a little more), of providers that succeeded in securing sufficient numbers and quality of workforce, were as follows: "Improvement of labor conditions such as wages and working hours (including making it easier for employees to take vacations", implemented by 64.9% of such providers compared to 61.8% overall; "Providing opportunities for management or administrators and employees to share information on administrative and care policies" (39.5%, compared to 36.4% overall); and "Well-organized work environments (providing employees with break rooms, discussion rooms, assigned seats when they arrive at work, etc.) (33.6%, compared to 28.8% overall).

On the subject of human resources cultivation, regular and non-regular employees were asked separately to evaluate their employers in comparison to other providers in the same industry. At providers that succeeded in securing sufficient numbers and quality of workforce, compared to providers in general, a large percentage of both regular and non-regular employees stated that their employers' human resources cultivation programs were ample ("ample" + "somewhat ample").

What sorts of initiatives were actually implemented? Regular and non-regular employees were asked separately about the implementation status of eight different human resources cultivation initiatives, and the results for both regular and non-regular employees of "successful" providers showed a significantly higher rate of implementation of "Cultivation of employees implemented throughout the enterprise (including affiliated companies)", while those for regular employees showed similar higher rates for "Formulation of training plans", "Designation of person in charge of training (including jointly responsible persons) or company division in charge", and "Ample training at time of hiring", while relatively high percentages of non-regular employees cited "Provision of opportunities to provide guidance to junior employees." As for periodic hiring of home care workers, it was implemented by a lower percentage of "successful" providers than by providers overall (13.6%, compared to 24.2%).

Finally, a marked correlation was noted with regard to methods of managing working hours and service delivery status, an area specific to home care workers. Approximately half of "successful" providers "Make sure to have home care workers report to the office at least once every working day", compared to only 32.9% of providers overall, a 15-percentage-point difference. The corresponding percentage was 27.7% for providers unable to secure either sufficient numbers or quality of workers, while a relatively high percentage of these "Make sure to have home care workers report over the phone at least once per working day".

3. Community Cooperation

In addition to questions about insured long-term care services, the Provider survey inquires about other efforts providers are carrying out in cooperation with the local community, perhaps with the goal of providing higher-quality services, asking respondents for the implementation status of 11 different items. The responses showed that a significantly higher percentage of "successful" providers, compared to all providers, were implementing the nine items shown in Table III-6.

Table III-6 Evaluation of Home Care Worker Recruiting and "Enterprise Management That Is Open to the Local Community" (Unit: %)

	Able to secure workforce of sufficient quality and number	Overall
Acceptance of others to observe or experience the workplace or undergo on-the-job training	53.3	47.7
Acceptance of volunteers	41.0	35.7
Participation by enterprise in local events such as festivals	29.6	24.8
Participation in community networks that watch over and ensure the safety of care recipients, along with local welfare commissioners and related organizations, etc.	26.2	21.3
Convening or playing a cooperative role in seminars or classes related to subjects such as long-term care and health, dispatching of care workers to participate	20.7	15.9
Making enterprise facilities, buildings, etc. available to the local public	18.5	14.7
Development of manuals and procedures for "clinical pathway" (support for care recipients provided in partnership with other providers)	18.3	14.5
Convening and providing support for gatherings of care workers	15.8	11.2
Cultivating and organizing volunteers who provide day-to-day assistance and ensure the safety of care recipients	7.2	5.2

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".
Note: Items listed in order of the percentage of "successful" providers significantly engaged in the initiatives in question.

Part 4 Decisive Factors Affecting Whether or Not Providers Secure Home Care Workers of Sufficient Number and Quality

What are the employment management and community cooperation initiatives that impact the ability to secure home care workers of sufficient number and quality, even when other factors are controlled for? As the cross tabulation in Section 3 does not enable assessment of the isolated influence of each individual factor, this section comprehensively examines the decisive factors affecting whether or not providers were able to secure home care workers of sufficient number and quality over the past year through a multivariate analysis (binomial logistical analysis).

1. Variables

1) Employment management

Extensive employment management, including elements like organizational consolidation and compliance (Hotta 2010), individualized treatment of human resources (Section 7 of this article), and individual consultations and guidance (Hotta 2010), is known to help alleviate care workers' stress and boost motivation. It is also thought to contribute to avoidance of unnecessary recruitment by promoting retention of existing home care workers, and to assist with recruitment by generating positive word-of-mouth among home care workers who feel rewarded at work.

As seen in Part 3. 2., Provider survey questions about measures aimed at preventing early employee resignation and promoting retention inquire broadly about the implementation status of employment management initiatives (Tables III-7 through III-9). The findings showed high rates of implementation, above 40%, for initiatives to smooth out on-the-job communication (63.3%), surveying workers about desired work hours (62.0%), improvement of labor conditions such as wages and work hours (56.8%), opportunities for non-regular employees to transition to regular (48.2%) enrichment of competence development resources and opportunities (44.6%), evaluations of competence and job performance and reflections of these evaluations in job assignations and treatment (40.6%), and improvement and streamlining of work tasks, etc. for more worker-friendly work environments (40.2%).

For this study, an exploratory factor analysis was conducted, with the goal of identifying and consolidating potential shared factors from the 18

Table III-7 Factor Scores for Employment Management Initiatives (Measures to Prevent Early Resignation and Promote Retention of Home Care Workers)

	Percentage of enterprises taking measure	Factor 1 Solidarity and participation	Factor 2 Training-oriented workplaces	Factor 3 Career development	Factor 4 Listening to worker opinions
Emphasis on improvement and streamlining of work tasks, etc. for more worker-friendly work environments	40.2	**0.564**	0.124	-0.072	-0.041
Initiatives to smooth out on-the-job communication in the workplace (periodic meetings, discussions where opinions are exchanged, team care, etc.)	63.3	**0.557**	-0.015	-0.07	0.039
Opportunities for management or administrators and employees to share information on administrative and care policies	39.1	**0.530**	0.096	0.018	-0.030
Well-organized work environments (providing employees with break rooms, discussion rooms, assigned seats when they arrive at work, etc.)	27.3	**0.360**	0.065	-0.009	0.095
Enhancement of benefits and activities that strengthen interpersonal ties (including social events such as karaoke and bowling, etc.)	32.2	0.289	0.128	0.088	0.028
Health promotion measures and health management initiatives	31.8	0.280	0.208	-0.013	0.079
Improvement of labor conditions such as wages and working hours (including making it easier for employees to take vacations	56.8	0.258	-0.208	0.242	0.117
Emphasis on administrators' and leaders' cultivation of subordinates and training aimed at boosting motivation and competence	20.3	0.069	**0.616**	-0.032	-0.036
Assignation of personnel to provide guidance and advice to new employees	23.3	0.092	**0.453**	0.003	-0.029
Clarification of the duties enterprises expect of employees and the competences employees need to acquire to complete them	15.7	-0.068	**0.370**	0.214	0.020
Establishment of an office for consultations on employees' troubles, anxiety, and dissatisfaction (mental health care)	29.3	0.005	0.233	0.081	0.228
Support for employees raising children (making childcare available, financial aid for childrearing, etc.)	7.6	0.015	0.175	0.004	0.027
Implementation of wage structure concomitant with career	32.5	-0.132	0.041	**0.573**	0.021
Evaluations of competence and job performance and reflections of these evaluations in job treatment	40.6	0.017	0.043	**0.528**	-0.004
Opportunities for non-regular employees to transition to regular	48.2	0.057	0.056	**0.432**	-0.041
Enrichment of competence development resources and opportunities (in-house training, enabling employees to take advantages of external educational resources and providing support, etc.)	44.6	0.209	0.230	0.241	-0.083
Surveying workers about desired job duties (change of post, etc.)	32.3	-0.084	0.172	-0.047	**0.604**
Surveying workers about desired work hours (time of day, total number of working hours)	62.0	0.194	-0.191	0.030	**0.425**
Eigenvalue		4.243	1.233	1.113	1.002

Correlations between factors	Factor 1	Factor 2	Factor 3	Factor 4
Factor 1	-	0.649	0.621	0.497
Factor 2		-	0.649	0.340
Factor 3			-	0.440
Factor 4				-

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".
Note: Employs the major factor method and promax rotation. Factor loading quantities of 0.35 or higher are in bold type.

employment management initiatives aimed at prevention of early resignation and promotion of retention. The principal factor method was used for extraction of factors, with a promax rotation envisioning the correlations among factors. With a threshold eigenvalue of 1 or higher, four factors were identified.

When the constituent elements of each factor with a factor loading quantity of 0.35 or higher are examined, Factor 1 encompassed improvement and streamlining of work tasks, etc. for more worker-friendly work environments, opportunities for management or administrators and employees to share information on administrative and care policies,

initiatives to smooth out on-the-job communication, and well-organized work environments (providing employees with break rooms, discussion rooms, assigned seats when they arrive at work, etc.), all of which promote employee participation in the process of establishing stable interpersonal relations in the workplace and improvement of work environments, heightening employees' allegiance to the workplace and feelings of solidarity as members of a team. These factors are collectively referred to as "solidarity and participation." Factor 2 encompassed administrators' and leaders' training of subordinates so as to boost motivation and competence, assignation of workforce to provide guidance and advice to new employees, and clarification of the job duties and abilities the enterprise requires of workers, all of which are related to clarification of the duties providers expect of employees and the competences employees need to acquire to complete them, and to supporting workplace administrators by designating workforce in charge of training so that competence can be developed on the job, and are collectively referred to as "training-oriented workplaces". Factor 3 encompassed implementation of wage structure concomitant with career, evaluations of competence and job performance and reflections of these in treatment of employees, opportunities for non-regular employees to transition to regular, which relate to development of career path and treatment of employees that fosters competence development, and are collectively referred to as "career development". Factor 4 consisted of surveying workers about desired work hours and job duties, and is referred to as "listening to worker opinions". The four factor scores for employment management initiatives were introduced as explanatory variables.

The discussion in the preceding section notes that approaches to managing home care workers' work hours, status of service delivery, and so forth showed notable features pertaining to provider's evaluation on home care workers' recruitment. The most common cause of trouble, anxiety, and dissatisfaction among home care workers was "anxiety about whether I am providing recipients with effective care" (41.9%) (Care Work Foundation 2013b). When workers meet their colleagues in person every working day, this anxiety is alleviated and they can receive appropriate advice, as well as perceiving themselves as members of a team and feeling more rewarded by their work. On this basis, "Making sure to have home care workers report to the office at least once every working day" is added as an explanatory variable for management of operations (selected = 1, not selected = 0).

2) Community cooperation

Enterprise management that is open to the local community heightens public understanding of the nature of home-based long-term care and the providers that provide it, and is envisioned as having a positive effect on employment as well. As noted in Part 1. 1., prior research has indicated the important role of partnerships in the community, as shown in case study surveys of hiring and retention. The preceding section, as well, noted the correlation between providers that carry out a wide range of activities in partnership with the community, and success in securing home care workers of sufficient number and quality (Table III-6). With this in mind, this study includes an exploratory factor analysis (major factor method / promax rotation) of community cooperation initiatives, with factor scores as explanatory variables.

With a threshold eigenvalue of 1 or higher, three factors were identified (Table III-8). When the constituent elements of each factor with a factor loading quantity of 0.35 or higher are examined, Factor 1 encompassed acceptance of volunteers and acceptance of others to observe or experience the workplace or undergo on-the-job training, and is referred to as "acceptance of trainees, etc.". Factor 2 encompassed convening and providing support for gatherings of care workers, cultivating and organizing volunteers who provide day-to-day assistance and ensure the safety of care recipients, convening or playing a cooperative role in seminars or classes related to subjects such as long-term care and health, and participation in community networks that watch over and ensure the safety of care recipients, all of which entail supporting and organizing mutual support among members of the community, and are referred to collectively as "supporting and organizing

Table III-8 Factor Scores Related to Enterprise Management That Is Open to the Local Community

	Factor 1 Acceptance of trainees, etc.	Factor 2 Supporting and organizing mutual aid	Factor 3 Membership in the community
Acceptance of volunteers	**0.826**	-0.131	0.017
Acceptance of visitors to observe or experience the workplace or undergo on-the-job training	**0.628**	0.045	-0.059
Convening and providing support for gatherings of caregivers	0.121	**0.482**	-0.064
Cultivating and organizing volunteers who provide day-to-day support to care recipients or watch over them to ensure their safety	0.003	**0.478**	-0.048
Convening or playing a cooperative role in seminars or classes related to subjects such as long-term care and health in the local community or at schools, etc., and dispatching of employees	0.127	**0.449**	0.003
Participation in community networks that watch over and ensure the safety of care recipients, along with local welfare commissioners and related organizations, etc.	-0.05	**0.379**	0.176
Provision of day-to-day living support services not covered by long-term care insurance	-0.217	0.347	-0.038
Development of manuals and procedures for partnering with other bodies to provide support to care recipients (linkage paths, etc.)	-0.08	0.284	0.012
Making enterprise facilities, buildings, etc. available to the local public	0.163	0.255	0.166
Efforts to build day-to-day relationships with the community through membership in neighborhood and residents' associations, etc.	-0.104	-0.03	**0.636**
Participation on an enterprise basis in local events such as festivals	0.13	-0.017	**0.528**
Eigenvalue	2.642	1.373	1.034

Correlations between factors	Factor 1	Factor 2	Factor 3
Factor 1	-	0.413	0.527
Factor 2		-	0.517
Factor 3			-

Source: Prepared by the author on the basis of individual data from the Care Work Foundation "Long-term Care Labor Force Survey (Provider Survey)".
Note: Employs the major factor method and promax rotation. Factor loading quantities of 0.35 or higher are in bold type.

mutual aid". Factor 3 consisted of efforts to build day-to-day relationships with the community through membership in neighborhood and residents' associations, as well as participation in local events such as festivals, all of which relate to providers' participation in the local community and are referred to as "membership in the community".

Here, "community cooperation" also encompasses cooperation with other providers and related organizations in the community. In addition to efforts such as development of manuals and procedures for "clinical pathway" and building of networks to watch over and ensure safety of care recipients, as outlined in Table III-8, it should also be considered to include cooperation in the area of human resource cultivation. On this basis, focusing on the topic of cooperation with other providers in the community, "Making efforts to cooperate with other long-term care providers in the community, share expertise, and cultivate human resources" is added as an explanatory variable (selected = 1, not selected = 0).

3) Control variables

The control variables pertaining to company or enterprise attributes as discussed in part 1 of the preceding section are: managing body (five categories: private-sector corporation, social welfare association or local government, social welfare or medical enterprise other than a social welfare association, NPO, and incorporated association,

incorporated foundation, or cooperative association), number of months elapsed since the launch of long-term care (real number), size of providers (real number of employees engaged in work related to insured long-term care), number of providers under the control of a corporation, etc. (only one enterprise per corporation, etc. = 1, multiple providers per corporation, etc. = 2), and regional classification for purposes of benefit calculation (five categories: Tokubetsuku, Tokko-chi, Ko-chi, Otsu-chi, other).

Future business strategy is certain to influence both quality and numbers of workforce hired. With this in mind, a control variable focused on the business's future direction is added, with selection of "intend to expand enterprise in the future" assigned a value of 1 and non-selection a value of 0.

2. Results

A multivariate analysis (binomial logistical analysis) was performed (Table III-9) to examine decisive factors affecting whether or not providers were able to secure home care workers of sufficient number and quality. The explained variables were, in response to the question "What is your assessment of the number and quality of workers hired over the past year (October 1, 2010- September 30, 2011)?" with "We have been able to secure workers of sufficient number and quality" assigned a value of 1 and other responses assigned a value of 0. The explanatory variables introduced were the various variables related to employment management (listed in 1.(1)) and community cooperation (1.(2)), and the control variables (1.(3)).

In the area of employment management, the factor scores pertaining to employment management initiatives (measures to prevent early resignation and promote retention) show that "solidarity and participation" and "career development" had a significant impact on ability to secure home care workers of sufficient number and quality. "Solidarity and participation", with workplaces improved and sense of solidarity achieved with the participation of employees, contributed to ease of recruitment.

On the other hand, "career development" was observed to have a negative impact, and its influence was the greatest of all variables found to have a significant impact. Appropriate evaluations of competence and concomitant workforce deployment have been found to boost individual sense of accomplishment in some analyses (Hotta 2009), but at the same time treatment of workers on the basis of competency evaluations has been found to elevate stress levels (Hotta 2010), and as noted in Section 6 of this study as well, development of career within a single company, etc. cannot be said to have a positive impact on job satisfaction or desire to continue working. It is not clear from the Provider survey alone what factors might contribute to career development's negative impact on ability to secure home care workers of sufficient number and quality, but possibilities include competence evaluations that do not gain the acceptance of home care workers and the fact that career development is not necessarily linked to improvement of the quality of long-term care services, which is an important element heightening care workers' sense of fulfillment on the job. Meanwhile, "training-oriented workplaces" and "listening to worker opinions" did not have a significant impact.

On the subject of management of home care workers' operations, "making sure to have home care workers report to the office at least once every working day" was found to have a positive impact on recruitment.

As for community cooperation, "supporting and organizing mutual aid" was found to have a positive impact. It appears that home-based long-term care providers' efforts to promote and organize networks of mutual support among community residents may contribute to ability to secure human resources.

"Acceptance of trainees, etc.", "membership in the community", and "cooperation on human resources cultivation with other long-term care providers in the community" were not found to have a significant impact.

Of the control variables, with regard to "managing body," an earlier start to provision of long-term care services, and a single company, etc. operating only a single enterprise, were found to have a more significant positive impact for "social welfare or medical providers other than social welfare associations" than for private-sector corporations. On

Table III-9 Binomial Logistical Analysis of Decisive Factors Affecting Whether or Not Providers Are Able to Secure Home Care Workers of Sufficient Number and Quality

		B	Standard deviation
Managing body <Private-sector corporation>	Social welfare association / Local government	-0.347	0.371
	Social welfare or medical enterprise other than a social welfare association	0.607	0.237 **
	NPO	0.229	0.339
	Incorporated association, incorporated foundation, or cooperative association	-0.740	0.646
Number of months elapsed since the launch of long-term care		0.002	0.001 *
Size of enterprise	Number of employees engaged in work related to insured long-term care	-0.009	0.004 **
Number of providers under the control of a corporation, etc. <multiple providers>	Only one enterprise per corporation	0.573	0.180 ***
Business's future direction	Intend to expand enterprise in the future	-0.417	0.178 **
Regional classification for purposes of benefit calculation <Other>	Special ward (23 wards of Tokyo)	-0.233	0.378
	Tokko-chi	-0.432	0.247 *
	Ko-chi	-0.041	0.316
	Otsu-chi	-0.141	0.226
Employment management initiatives <measures to prevent early resignation and promote retention>	Solidarity and participation	0.496	0.206 **
	Training-oriented workplaces	0.093	0.217
	Career development	-0.591	0.207 ***
	Listening to worker opinions	-0.165	0.157
Management of home care workers' operations	Home care workers report to the office at least once every working day	0.531	0.172 ***
Community cooperation	Acceptance of trainees, etc.	-0.035	0.158
	Supporting and organizing mutual aid	0.257	0.154 *
	Membership in the community	0.115	0.174
Cooperating and sharing know-how on human resources cultivation with other long-term care providers in the community		0.135	0.268
Constant		-1.704	0.251 ***
N		1,116	
-2 log-likelihood		993.252	
chi-square		86.057***	
Nagelkerke R2 square		0.120	

Notes :1) Reference group is enclosed in < >.
2) *** indicates significance at the 1% level, ** at the 5% level, and * at the 10% level.

the other hand, large providersize, intent to expand the enterprise in the future, and being located in a Tokko-chi had a significant negative impact relative to other options.

Part 5 Conclusion

This chapter has focused on "difficulty in recruiting workforce", cited by approximately 70% of providers as a reason for being understaffed, and aimed to elucidate the types of recruitment-related initiatives that can be implemented on an enterprise level to secure workforce. We begin with an overview of the distribution of turnover rate by enterprise unit and perceptions of workforce retention among home care workers and care workers, as well as the status of over- or understaffing and providers' perceived reasons for understaffing. This is followed by a discussion of home care workers, perceived as being

in the shortest supply among occupations, and the characteristics of providers that are able to secure home care workers of sufficient quality and number, focusing on employment management initiatives and enterprise management that is open to the local community.

To summarize the points that have been clarified in this chapter:

1. Distribution of turnover rate by enterprise unit: Examination of the annual turnover rate for four categories (home care workers who are regular employees, home care workers who are non-regular employees, care workers who are regular employees, and care workers who are non-regular employees) reveals that many providers have a turnover rate of 0%, and those with 0% or less than 10% make up approximately 50% to 70% of the total. At the same time, around 20% to 30% of providers have turnover rates of 30% or higher.
2. Providers' perceptions of workforce retention: The majority of providers had turnover rates of less than 10%, and this is consistent with the perception of 70% of providers, that "The retention rate is not low". Only 14.5% of providers responded that the "low retention rate is a source of problems". Meanwhile, around 10% of providers stated that the retention rate was low, but did not perceive this as a source of problems. These findings indicate that providers' perceptions of workforce retention are shaped not by the turnover rate alone, but also by other factors such as human resources strategy.
3. Overstaffing and understaffing: Overall, responses regarding staffing were divided roughly half and half between "Appropriate level" (46.1%) and "Understaffed" (53.2%), but with regard to home care workers in particular, over 70% considered themselves understaffed (total of "Severely understaffed", "Understaffed", and "Somewhat understaffed").
4. Reasons for workforce shortages at understaffed providers: The most common response was "Difficulty in recruiting workforce" cited by nearly seven in ten providers (66.0%). Only about two in ten respondents cited other reasons: "Want to expand business, but cannot secure workforce" (26.2%) and "High turnover rate" (19.8%).
5. Alleviation of perceived understaffing and promotion of retention: Efforts to promote workforce retention are consistently viewed as being of great importance, contributing to avoidance of unnecessary recruitment and playing a significant role for providers, their employees, and care recipients. However, it is only a minority of providers where measures to prevent employee resignation or termination are an effective means of alleviating perceived understaffing, as the majority of providers regard their turnover rates as low.
6. Characteristics of providers that are able to secure home care workers of sufficient quality and number: Many providers are understaffed due to difficulties in recruiting workforce, and the situation is particularly severe with regard to home care workers. With this in mind, this study focused on those providers that are successful in securing home care workers of sufficient quality and number. When these are compared with the whole through cross tabulation, in terms of company or enterprise attributes, there are relatively few private-sector corporations, relatively many social welfare providers, average length of time since the enterprise was launched is one year longer, and in terms of regional classification for purposes of long-term care benefit calculation, relatively many of the "other" classification.

   Other characteristics of "successful" providers are as follows:

   1) Employment management initiatives: with regard to both regular and non-regular employees, these providers tend to have extensive human resources cultivation initiatives (self-evaluated in comparison to competitors) compared to the entire survey sample. Specifically, a high percentage implemented company-wide partnerships aimed at cultivating workforce (both regular and non-regular), formulation of training plans, designation of workforce in charge of training, extensive training at time of hiring (the preceding three applying to regular employees), and providing employees with opportunities to cultivate junior workforce. There is also a

significant discrepancy in terms of management of operations, with approximately half of "successful" providers stating that they "Make sure to have home care workers report to the office at least once every working day".

2) Community cooperation: There were a large number of community cooperation initiatives implemented by a significantly higher percentage of "successful" providers, including workplace visits, on-the-job training, acceptance of volunteers, providers' participation in local events such as festivals, making providers' facilities available to the community, development of manuals and procedures for partnering with other bodies to provide support to care recipients, participation in community networks that watch over and ensure the safety of care recipients, convening or playing a cooperative role in seminars or classes related to subjects such as long-term care and health, and cultivating and organizing volunteers who provide day-to-day support to care recipients or watch over them to ensure their safety.

7. Decisive factors affecting whether or not providers secure home care workers of sufficient number and quality: A logistical analysis was performed, with the explanatory variables being various variables related to employment management and community cooperation.

1) Employment management: Initiatives related to solidarity and participation, such as improvement and streamlining of work tasks, etc. for more worker-friendly work environments, initiatives to smooth out on-the-job communication, providing opportunities for management or administrators and employees to share information on administrative and care policies, and organization of work environments, were found to have a positive impact on recruiting ability. Having workers stop by the office at least once per working day also contributes to ease of hiring. Meanwhile, career development initiatives including implementation of wage structure concomitant with career, evaluations of competence and job performance and reflections of these evaluations in job treatment, and opportunities for non-regular employees to transition to regular, had a negative impact.

2) Community cooperation: Providing support for and organizing mutual aid among members of the community, through measures such as convening and providing support for gatherings of care workers, cultivating and organizing volunteers who provide day-to-day assistance and ensure the safety of care recipients, convening or playing a cooperative role in seminars or classes related to subjects such as long-term care and health, and participation in community networks that watch over and ensure the safety of care recipients, was found to have a positive impact.

Providers with an annual turnover rate of less than 10% make up approximately 50% to 70% of the total, while around 20% to 30% of providers have high turnover rates of 30% or above. For the majority of providers, the reason for understaffing is difficulty in recruiting workforce. The types of measures that providers need to implement, particularly pertaining to home care workers who are in particularly short supply, are as follows:

Efforts that entail employee participation and encourage stable interpersonal relationships and improvements to work procedures and working environment in the workplace, as well as boosting team and workplace solidarity and seeking to alleviate feelings of anxiety and isolation among home care workers by encouraging them to stop by their employers' offices, are effective not only as a means of preventing unnecessary hiring by encouraging current home care workers to stay at their jobs, but also as a means of recruiting, as home care workers who find their jobs rewarding will spread the word to others. The most important route to hiring of workforce at providers dispatching home care workers is "introduction by friends and acquaintances". Creating appealing workplaces is an effective means of boosting recruitment ability.

Efforts are underway to promote the development of career advancement mechanisms at long-term care

providers. There is no question that establishment of career paths is important both to providers and to workers. However, the analysis in this chapter found that career development initiatives had a negative impact on ability to secure home care workers of sufficient number and quality, and Chapter 6 notes that career development is not correlated with higher levels of job satisfaction. Treatment of workers on the basis of competency evaluations has been found to elevate stress levels in previous studies, and as noted in Section 6 of this study as well, development of career within a single company, etc. cannot be said to have a positive impact on job satisfaction or desire to continue working. This should especially be noted by providers aiming to expand career advancement mechanisms so as to meet the career path criteria of the Subsidy for Improvement of the Benefits of Care Staff. It is important for providers, while utilizing programs such as career rank programs for long-term care professionals, to examine the nature of career development at each enterprise based on dialogues with employees, in coordination with efforts to make competence evaluations more compatible with workers' expectations and boost the across-the-board quality of long-term care services.

For providers engaged in business related to insured long-term care to contribute human resources and know-how to the community, and conduct their business in a manner that is open to the community, is an effective means of promoting community understanding of the long-term care business and the role of long-term care providers. In particular, "mutual support among community residents and support for formation of organizations", which has been shown to exert a positive impact on securing human resources in terms of both quality and quantity, is also widely seen by long-term care providers as a contributor to the building of a community-based integrated care system over time.

Sharing the discovery that working together with the community may also have the effect of making workforce recruitment easier, and amassing case studies on diverse initiatives implemented in local communities by long-term care providers (a topic which has thus far received scant attention), can both contribute to the effort to secure long-term care workforce.

Acknowledgements

The author is grateful to the Care Work Foundation "Fiscal 2011 Long-Term Care Labor Force Study Review Committee" for providing the opportunity to prepare the studies employed in this chapter, and to the Social Science Japan Data Archive at the University of Tokyo Institute of Social Science, from which individual data was obtained for the analyses herein.

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