The Impact of Implementing Managed Competition on Home Care Workers' Turnover Decisions

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Abstract

This paper addresses the question, did the implementation of managed competition in Ontario increase turnover in home care agencies? This question is addressed through a case study analysis of the impacts of tendering on the exiting home care labour force from three non-profit home care agencies during the period 1997 to 2001 in a mid-sized city in Ontario. These agencies provided 85% of the market share in 1996. Additional support is provided through an analysis of a questionnaire sent to nurses and personal support workers who had left their agency during this period. Analysis of the turnover data showed a temporal association between the implementation of managed competition and turnover. Fifty-two percent had left their agency over the five-year period. Respondents indicated dissatisfaction with their pay, hours of work, benefits, heavy workload and lack of support from their supervisors/managers (all factors impacted by the marketization of the home care sector) as reasons for leaving. Findings show that 36% of the employed PSWs and 15% of the nurses were no longer working in the health-care field. About one-quarter of the nurses and PSWs remained in home care, with nurses finding employment in the hospital and other health-care sectors and the PSWs finding employment in nursing homes or other health care.

Key words: marketization of home care, restructuring, turnover, retention, nurses, visiting home makers

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The retention of home care workers has been identified as a major challenge for home care provider agencies (Caplan 2005; Stone 2001; Cushman et al 2001a; Cushman et al. 2001b). The Ontario Community Support Association (2000) estimates that the average turnover rate for home care workers is double to triple the rate of other health care workers across Canada. The National level study of Canadian home care human resources shows that workers are leaving home care and taking better paying jobs in the institutional and acute care sectors. (Human Resource Development Canada 2003a). Additionally, many trained personal support workers (PSWs) may be leaving the home care sector altogether (Caplan 2005).

In Canada, home care is under provincial jurisdiction and so the way in which home care is organized and delivered varies from province to province (Dumont-Lemassen et al. 1999). In 1997, the Ontario Government shifted from a system largely organized and run by the non-profit sector to a market based system whereby service provider organizations (SPOs) compete for contracts to provide home care services (Baranek et al. 2004; Cutler and Waine 2000). This system is known locally as managed competition. Research on the impact of restructuring of the home care system has been identified as high priority (Armstrong 2001 and 2002; Lowry 2002; Koehoorn et al. 2002; Aronson 1999), however there is a paucity of research in Canada on this topic (but see Abelson et al. 2004). Our study attempts to begin to fill that void.

This paper examines the impact of the implementation of managed competition on nurses and home support workers decision to leave their agency. We conduct the analysis through a case study of the impacts of tendering on an exiting home care labour force. We also examine the reasons home care workers provide for leaving their agencies and the type and location of their current job. To gather in-depth information on the topic, we surveyed home care nurses and personal support workers in a medium sized city in Ontario at two time periods, in 1996, prior to managed competition and, in 2001, when managed competition had been established. In 1996, the agencies surveyed provided home care services to 85% of home care clients recipients in that city.

The Marketization of Home Care in Ontario

There are many different models used for the procurement of home care services. In Canada there area four models currently used: public provider (all providers are public employees); public professional and private home support (public employees provide professional care and home support care is contracted to private agencies); mixed public and private (public employees provide case management and services are provided by either private or public employees) and contractual (publicly funded services are delivered by a mix of for-profit and not-for-profit agencies who are chosen to deliver service through a quasi-market model such as through the managed competition process as it is called in Ontario (Caplan 2004; Dumont-Lemassen et al. 1999).

In Ontario, successive provincial governments have been attempting to create a "one-stop shopping" approach to long-term care resulting in the implementation of a plan in 1997 that involved the replacement of 74 Home Care and Placement Co-ordination

Programs in the province with 43 Community Care Access Centres (CCACs) (Baranek et al. 2005). Under this new system, the home health care system has changed from a 'cooperative model' to a 'managed competition model'. In the earlier cooperative model, not-for-profit organizations worked together to provide home health care in a shared market-funding agreement. In the managed competition model these organizations and the new entrants (who are primarily for-profit health care organizations) compete in a bidding process for multi-year contracts. In principal, under managed competition the agencies that can provide quality care at the lowest cost win the contracts (Sutherland and Marshall 2001). The rationale is that the introduction of market principles will provide greater cost efficiencies in the system (Armstrong and Armstrong 2003).

The restructuring of both the health and home care sectors may be impacting the retention of workers in home care agencies (Abelson et al. 2004). It is difficult to disentangle the effects as both may be contributing to turnover in direct and indirect ways. It is not the intent of this paper to discuss the restructuring of the hospital sector, but it is worth noting that the Ontario Government has shifted care that was once done in the hospital to the community. Patients are discharge from the hospital into home care services 'quicker and sicker' with home care budgets not keeping pace with the increase of clients coming into care. The Caplan review of the competitive bidding process used by Ontario's CCACs shows that in 2004/2005 acute care clients account for the largest proportion of clients receiving home care and there is concern that there is a trend towards serving more acute care clients at the expense of maintenance clients (2005:3). At the same time there has been funding constraints imposed on the home care system

resulting in the decrease in nursing visits and homemaking hours over the past four years (Caplan 2005).

Under managed competition both for-profit and not-for-profit home care agencies respond to a request for proposal and compete on a fee-for-service basis every three to four years, although the initial contracts were shorter as managed competition was rolled out. Request for Proposals (RFPs) for nursing services were introduced in 1997 and in 1999. For PSWs the first RFP was introduced in 1998 and the second in 2000. Results of the competitive bidding process could mean the loss of jobs for home care workers, or the hiring of additional home care workers if a new contract area was won. The move to a competitive environment led to increased casualization of work (i.e. many more part-time and temporary jobs and a shift to elect-to-work care), an increase in job insecurity and a decrease in the pay and benefits to home care workers (Caplan 2005; Abelson et al. 2004; Canadian Human Resources Development Canada 2003). This casualization of the home care sector allows employers a flexible labour supply, whereby employers can adjust the supply to correspond to changing needs. It permits employers to keep costs down by eliminating the employer's obligations to provide benefits such as vacation, sick leave, extended medical coverage and pensions (Human Resources Development Canada 2003). The Canadian Home Care Human Resources Study has shown that the wages of home care workers varied by union status and type of employer for RNs, LPNs and HSWs. Across all three groups, persons working for government or regional health authorities received the highest rates of pay and home care workers working in a non-unionized private-for-profit agency received the lowest hourly wages (2003:25).

There has been an intensification of work in the home care sector. Intensification of work means heavier workloads for workers due to a reduction in the time for visits, home care workers are expected to finish tasks in a shorter period of time and to visit more clients per day (Francis and Netten 2004; Aronson and Sammon 2000). This intensification is due to many factors including the shift to more acute care, the advance of medical technology, the shortage of funding as well as the shift to the marketization of care (Zeytinoglu et al. 2003; Human Resources Development Canada 2003).

Focusing on our case study region and the three not-for-profit provider agencies, the paper first calculates the proportion of nurses and PSWs who left during a five year period, 1996-2001. To answer the question, 'did the implementation of managed competition impact the turnover in these home care agencies', we consider the temporal association between the tendering process and the proportion of home care workers who left their agencies each year. This analysis is supported by a consideration of the reasons provided by those who left their agencies and the qualitative comments provided by respondents at the end of the survey of former employees. We further consider the current jobs held by those who left their 1996 employer.

Methods

Design

This study employs a case-study design. This design is useful for understanding the development of public policies and to gather in-depth information about a subject matter (Johnson and Joslyn 1995). It is characterized as a guided empirical enquiry in which a contemporary phenomenon is investigated within its real-life context. The design is

particularly useful when it is not easy to separate the boundaries between phenomena and the context and when there are multiple sources of evidence used (Yin 1989). The case study is used in research when the researcher is unable to assign subjects, manipulate variables, or control the context of the study. Typically, in case studies a number of data sources are used.

Data Collection

In an earlier research project we worked in partnership with three not-for-profit community and social service agencies in a mid-sized city in Ontario to study the relationship between work and health of home care workers (Denton et al. 2002a; Denton et al. 2002b; Zeytinoglu et al. 2002). Under a service agreement these agencies worked with the local home care program to provide care to clients in their homes. The first agency provided nursing services, and administered the home care program, the second provided nursing services and some visiting home support services and the third agency provided the majority of the visiting home support workers. While other agencies had overflow contracts with home care, these three non-profit agencies provided about 80-85% of home health care in this mid-sized city in 1996.

In 1996, the three participating agencies provided the researchers with a list of their current employees and we mailed a questionnaire to 1,346 employees of the three home care organizations, excluding the Chief Executive Officers. In total 891 respondents returned their questionnaire, for a response rate of 66%. Of these, 620 respondents identified themselves as either visiting nurses (N=214) or personal support workers (PSWs) (N=406). The remaining respondents included case managers, therapists,

supervisors, managers and support staff. This paper focuses on the visiting nurses and PSWs.

In the spring of 2001 we approached the original three agencies with our list of their 1996 employees and asked them to identify those currently employed by their agency. We then cross-checked this list to our data base records and identified those employees that responded to the 1996 survey but had left the agency between 1996 and 2001. We then verified their current address against telephone directories and attempted to locate those who had moved within the six-year period. As shown in Figure 1, of the 620 nurses and PSWs , we were able to identify 320 former employees (115 nurses and 205 PSWs). In the fall of 2001, a self- completion questionnaire–the *Survey of Former Employees*-- was mailed to these former employees. In total, 169 questionnaires were returned for our sample of turnover respondents. This represents a response rate of 53%. The *Survey of Former Employees* asked why they had left and asked them to list all the jobs held since leaving the 1996 agency and for each job listed, we asked type of job. Lastly, we asked respondents for any additional comments.

Analysis

To provide an answer to the turnover question, the five year turnover rate for nurses and personal support workers was calculated by dividing the number of employees that had left the agencies between 1996 and 2001 by the total number employed in 1996 multiplied by 100.

Second, descriptive data from the Survey of Former Employees was used to answer the questions: Why did they leave their 1996 employer? What types of job are

they currently working at? Further, in a qualitative analysis, we used the open-ended comments made by respondents at the end of the questionnaire to inform our analysis.

Results

Of the 620 visiting home care workers employed for the three non-profit agencies in 1996, 320 or 52% had left the agency between the Spring1996 to the Spring 2001 – a five-year period. The turnover rate for nurses was 54% and for PSWs 50% (See Table 1). Table 2 shows the year they left the agency. In the last six months of 1996, prior to the implementation of managed competition, 5% of the nurses and 10% of the PSWs in our study left their agencies. Following managed competition, the proportion of home care workers who left their agency increased, peaking at 28% for nurses in 1999 and at 30% for PSWs in 1998.

Did the implementation of managed competition impact turnover in home care agencies? To answer this question, we rely on three sources of information. First, we interpret turnover, measured in Table 2 as the proportion that left their agency each year, through the lens of the implementation of managed competition in this city. Second, we examine the reasons provided on why respondents left their agency on *the Survey of Former Employees*. Third, we analyze the verbatim responses provided in the final section of the survey.

We begin by focusing on visiting nurse services. In 1997, the first RFP cycle for 25% of the CCAC nursing care volume was issued. Agency 1 competed and lost a major area and that volume of nursing care was transferred to Agency 2 and to a new not-for-profit agency. The proportion of nurses leaving their agencies in 1997 and 1998 rose to 18% and 17% respectively as nurses switched agencies or left for other health care jobs.

In 1999, the second RFP cycle for the remaining 75% of the original volume was called. Agency 1 won two -thirds of that volume with the remaining going to a new agency. Agency 2 lost an area it had held for over twenty years, but did manage to pick up a new contract area in another city. They did not lay off employees during that period of time, but they did ask some of their nurses to transfer to the new contract region. Some nurses were not happy about the move out of their core areas and voluntarily left the agency. So the dramatic rise in the turnover to 28% in 1999 can largely be explained as a fall out from managed competition and the loss of both volume and area by the two nursing agencies. In 2000, there was a strike at Agency 1 and this resulted in the permanent layoff of several staff as nursing clients had to be permanently transferred to other agencies during the strike, partly explaining the 21% turnover in 2000. By 2001 it does appear that turnover began to stabilize. Although not included in this study period, a major decrease in volume occurred in the fall of 2001 again impacting turnover in the nursing agencies. Agency 3 had no nurses employed and there fore are not discussed here.

Now, turning to PSWs, turnover for PSWs jumped to 30% who left their agencies in 1998 due to a number of factors. In that year while Agency 3 won their contract, Agency 2 lost its contract for PSWs. In addition, all home care agencies were losing employees to the long -term care facilities where wages were higher and benefits were better (Denton 2003). Lastly, there was a change in funding policy. Clients who had been receiving 3-4 hours of care were cut to 1 hour visits for personal care only. This meant that PSWs who made 2-3 visits a day were now making 6 or 7 visits, many by bus traveling across the city. These factors contributed to turnover among PSWs. In 1999,

turnover for PSWs began to decrease due partly to the introduction of a neighbourhood team model by Agency 3 that reduced the time traveled between clients. The second contract was won in April 2000 by Agency 3 and was to be a four-year contract till March 2004. For PSWs, turnover leveled off in 2000 to less than ten percent of study respondents leaving their agency. But in December of 2001 the CCAC, as the issuer of the contract, faced a budget deficit and introduced eligibility cuts. Volumes were reduced from 11,000 persons receiving care to 7000. Agency 3 was unable to provide care under the decrease in volume and the corresponding increase in complexity of care. This agency had to close in August of 2002. (For more on this, see Aronson et al. 2004).

For those who left their agencies, what reasons do nurses and PSWs give for leaving their place of employment? Descriptive data from the *Survey of Former Employees* indicates that most nurses and PSWs left their agency due to concerns with their pay, hours of work, job security, support from supervisors and/or managers, heavy workload, unsatisfactory benefits, and other factors. Some nurses and PSWs retired or left the agency to further their education, or for home or family reasons (see Table 3).

Reasons varied by occupation. A higher proportion of nurses than PSWs indicated unsatisfactory pay, lack of support from supervisors, work-related stress, job insecurity, heavy workload, unsatisfactory benefits, lack of support from co-workers, lack of educational opportunities and simply not liking to work for that agency. PSWs were more likely to mention reasons relating to hours such as unsatisfactory hours of work, no guarantee of hours or client visits, health reasons, being laid off or having a work-related injury.

In the open-ended section of the questionnaire, many respondents told us that they were happy with their jobs prior to the implementation of managed competition but became unhappy with the changes made under the new competitive process. According to respondents, managed competition resulted in higher workloads, more client visits per day , job insecurity, decrease in the continuity of care and decrease in the quality of care to clients, increased stress, and lowered pay and benefits. One nurse describes the change:

"It could be very pleasant and satisfying but as government cutbacks and budget constraints developed, it became a frightful and stressful place to work. Workloads (procedures and patient daily visits) increased greatly which led to impossible time management of daily case loads resulting in daily overtime hours – no coffee or lunch breaks – plus additional hours spent on paper work and preparation for next day's work load."

The marketization of home care created an unstable work environment in home care, especially for agencies in our study. Many home care workers left due to the instability of the home care environment, especially the RFP process. For example one nurse said that she "was seconded to another organization and when that contract ended (*Agency 2)* could not guarantee the same position." Another describes how her clients changed when the contract with the CCAC changed to another part of the city: "My work area changed to the city core – different types of clients – did not enjoy working in this area. We lost the contract with the CCAC [in a more pleasant area of the city]." PSWs also experienced job insecurity during the tendering period. In the verbatim comments, one PSW said that it was "very difficult being an employee during RFP process because of concerns around job security. If we got the RFP, we would have too much work and

they were hesitant to increase staffing, and if we did not get the RFP, we would lose our jobs."

Personal support workers who responded to our survey described how they were forced to take a cut in pay in order to keep their jobs. This was a direct result of the change to a competitive environment. They described the extremely low pay in their jobs. One said: "I was not even taking home $19 000/yr. Yet my responsibilities were increasing and the time to do my job decreased….I quit because the working conditions (time per client and travel time) are terrible and wages are the same as 3 years ago (total 8 years ago.) I can work pumping gas for the same money, with less responsibility and yet I will get yearly increases. Would you stay? The shame of it was I really enjoyed my job. I would have stayed." This PSW makes an important point about the low wages in home care and explains why so many of the respondents to our survey did not find/seek jobs in the home care.

Some survey respondents felt that the implementation of managed competition resulted in a reduction in organizational support to home care workers. One nurse described the result of the loss of support from colleagues and the agency: "When the RFP process stripped resources from community agencies, nurses lost many of their opportunities for face to face support, for example, educational committees, project work, team meetings, office entry. The isolation became unbearable and the work load unsustainable." A PSW described how good supervisory support could contribute to retention: "[I had an] extremely supportive supervisor, who was one of the reasons I stayed as long as I did. Support of [my] supervisor was and is a very important value to me in the workplace."

In competing for contracts with the CCAC, agencies competed on both price and quality. Respondents to our survey told us that the quality of client care decreased dramatically with the onset of managed competition. One home support worker describes it this way: "I was on the first home care case here in Hamilton. Our original purpose was to keep seniors in their homes. We cared about our clients and it was very satisfying both for our clients and workers. Now it's just about money. Always a new worker for one hour. It's just a business now. I guess that is progress."

In summary, the comments written by visiting home care workers on the "Survey of Former Employees" lend support to our conclusion that the implementation of managed competition increased turnover in the three home care agencies studied

We also asked respondents about their current job. Two-thirds of the nurses (68%) and one-half of the PSWs (55%) were currently employed. Table 4 shows that 36% of the employed PSWs and 15% of the nurses were no longer working in the health-care field. About one-quarter of the nurses (27%) and PSWs (23%) remained in home care, with the nurses finding employment in the hospital sector (29%) and other health-care (23%) and the PSWs finding employment in nursing homes (17%) or other health care (15%). Only 26% were currently working as PSWs.

Discussion

High turnover is an important problem in home care because retention of workers promotes continuity of care for clients and families, reduced costs (training for new workers), promotes a stable work environment and allows for long-range planning

(Canadian Home Care Resources Study, 2003c, Appendix B). The findings presented in this paper provide evidence that the implementation of managed competition increased the turnover for home care workers in a mid-sized city in Ontario. First, turnover increased dramatically when agencies lost contracts because their tenders were unsuccessful. Second, the marketization of home care led to an intensification of work, to the causalization of work, to lower pay, poorer benefits and less job security. These changes were reflected in the reasons given by home care workers for leaving their agencies. In 2001, nurses in hospitals made over $4.00 an hour more than home care nurses and had better benefits. No wonder, nurses left to find work in the hospital sector. Although PSWs were also more likely to obtain higher hourly rates in nursing homes, they were more likely to find non-health care jobs than to find employment in nursing homes. Finding another job in the service, retail or manufacturing sectors that may provide better job conditions is an attractive alternative to working in an unstable home care environment for some PSWs. This represents a tremendous loss of skilled and trained staff out of the home and health care sectors.

Home care in Ontario is changing from a caring business to a cost-effective, profit-oriented business with cost efficiency as the bottom line. To compete for price, agencies had to keep their fees for service low, and shed extra administrative staff. Managers told us that there was very little room in the budget for education and training of staff (Denton et al. 2003). This had implications for the retention of nursing staff. Our study showed that for some nurse lack of challenging and educational opportunities were reasons for leaving their agencies. Nearly one-fifth of the nurses moved into positions as case managers and others moved into managerial or supervisory positions indicating that

in order to move up, nurses had to switch employers. In providing reasons for choosing their current jobs, many nurses cited better opportunities to make use of their experiences and skills for advancement and for education as important reasons for choosing their current jobs. This points to the need for nursing agencies to provide opportunities for education and advancement in their organizations if they wish to retain nursing staff.

In the region we conducted our study, decisions on how and to whom to give contracts were not based on transparent, consistently used standards; instead they were implicitly led by political views and goals, i.e., to open the market to for-profit agencies. Working conditions for staff and as an extension of that care for clients were not considered as legitimate concerns in issuing contracts. Workers were seen as dispensable factors in the cost structure and the affects of these deteriorating working conditions on staff turnover were not taken into consideration in issuing contracts. To survive agencies had to make cuts to their labour costs, but costs were cut to such a level that workers felt they had no other option but to leave the agency, and in most cases the home care sector. In a labour intensive sector such as health care, these factors are important to consider for the survival of the industry and their affect on quality of care provided to clients. In our case, political goals and aims of the government at that time led the agenda, triggering down to how and which contracts to be awarded. The effects of these on nurses and PSWs were detrimental as our study showed.

If the goal is to keep nurses and PSWs in home care, and we believe it should be, the findings of our study have implication for public policy and practice. Recommendations for retaining and recruiting visiting workers in home care are often targeted at the agency level and make suggestions about organizational arrangements,

working conditions, scheduling, the physical setting, opportunities for training and advancement, pay and benefits (Stone 2001; Feldman et al. 1993). But in a competitive environment, where cost is an important factor in determining how contracts are awarded, agencies are reluctant to inflate their budgets to provide better working conditions and terms of employment for fear of losing the contract. To stop high turnover in the home care sector, governments need to divert sufficient resources to the home care sector so that jobs may be restructured to be full-time employment with good pay and benefits that match those provided by long-term care institutions and hospitals, and continuity in hours, schedules and the place of work. Further, the government should standardize d wages and benefits and set the rates according to the cost of living in each region. If competition based on workers earnings are taken out of the formulae, then the agencies can compete on other factors such as the quality of care. The government should take immediate action on this issue and not allow further deterioration of worker's earnings. As noted by Dawson and Surpin, "treating direct-care workers as not only a scarce, but a valuable, resource –is such a dramatic change from industry norms that an effective response will require fundamental, structural changes in both *industry practice* and *public policy*" (2000:228). This change in the very nature of home care work can only happen with a supportive public policy environment that recognizes t he inherent benefit to both the client and to the health care system of providing health care in the home. Because the public sector is the major source of financing for home health care, the key to improved financing is what the public sector is willing to pay for home health care and the conditions that the public sector sets in its financing arrangements (Caro and Kaffenberger 2001). Managed competition may ensure that home health care is being

provided at the lowest cost, but at what expense to the client, to the home care provider and the home health care industry? It is important for policy makers to rethink which aspects of the profit-based manufacturing or competition model can be applied to health care and where costs can be cut for efficiency.

Figure 1: Sample

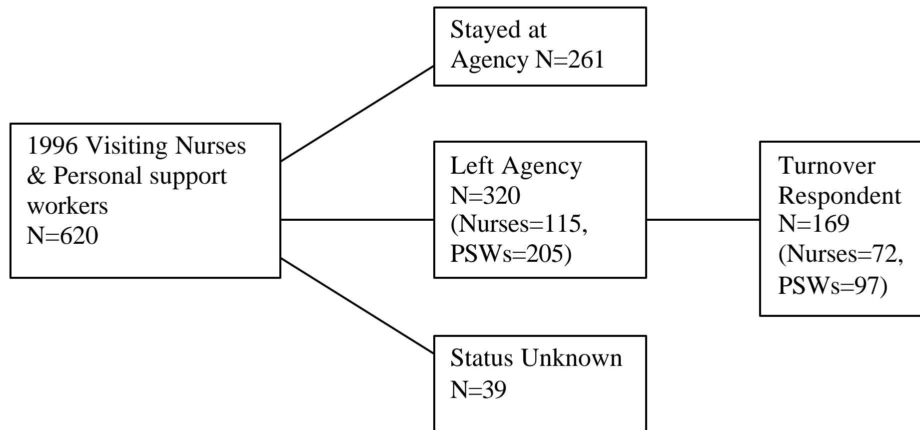

Table 1: Five Year Turnover, Nurses (N=214) and Personal support workers (N=406)

Status	Nurses	PSWs
	Percent (N)	**Percent (N)**
Current Employee	42.5 (91)	41.9 (170)
Left Agency - Non-respondents	20.1 (43)	26.6 (108)
Left Agency - Respondents	33.6 (72)	23.9 (97)
Status Unknown	3.7 (8)	7.6 (31)
Total	100 (214)	100 (406)

Table 2: Year Left Agency

	Nurses (N=72)	PSWs (N=97)
Year Left Agency	**Percent (N)**	**Percent (N)**
1996*	5.% (4)	10.3 %(10)
1997	18.1% (13)	18.6 %(18)
1998	16.7% (12)	29.9 %(29)
1999	27.8% (20)	15.5 %(15)
2000	20.8% (15)	9.3 %(9)
2001	8.3% (6)	6.2 % (6)
Missing Date Left	2.8% (2)	10.3 %(10)

* Data were collected for a six month period and adjusted to a 12 month period

Table 3: Details of Reasons Why Left Agency

	Nurses (N=72)	PSWs (N=97)
Reason Left Agency	**Percent (N)***	**Percent (N)***
Pay not satisfactory	41.7 (30)	23.7 (23)
Hours of work not satisfactory	27.8 (20)	30.9 (30)
No guarantee of hours or client visits	25.0 (18)	30.9 (30)
Lack of support from supervisors/managers	29.2 (21)	18.6 (18)
Health reasons	18.1 (13)	25.8 (25)
Work related stress	25.0 (18)	12.4 (12)
Lack of job security	22.2 (16)	13.4 (13)
Heavy workload	27.8 (20)	5.2 (5)
Retired	15.3 (11)	11.3 (11)
Benefits not satisfactory	16.7 (12)	10.3 (10)
Lack of challenging opportunities at agency	11.1 (8)	13.4 (13)
Lack of support from co-workers	13.9 (10)	7.2 (7)
Laid off	**	10.3 (10)
Lack of educational opportunities	13.9 (10)	6.2 (6)
Home or family responsibilities	9.7 (7)	7.2 (7)
Did not like working at agency	12.5 (9)	5.2 (5)
Work related injury	**	9.3 (9)

* percentages do not add up to 100% because respondents were asked to "check all that apply" **less than 5 cases

Table 4: Current Job

	Nurses (N=48)	PSWs (N=53)
	Percent (N)	**Percent (N)**
Currently employed	66.7 (48)	54.6 (53)
Job Title		
Case Manager	16.7 (8)	0
Clerical	**	9.4 (5)
Manager or Supervisor	**	**
Nurse	56.3 (27)	**
Home Support Worker	0	26.4 (14)
Health Care Aide	0	22.6 (12)
Other	16.7 (8)	32.1 (17)
Missing	0	1.9 (1)
Type of Business		
Non health care	14.6 (7)	35.8 (19)
Hospital	29.2 (14)	**
Nursing home	**	17.0 (9)
Home Care	27.1 (13)	22.6 (12)
Other health care	22.9 (11)	15.1 (8)
Missing	0	1.9 (1)

* percentages do not add up to 100% because respondents were asked to "check all that apply" **less than 5 cases

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