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Turnover Intention among Staff Who Support Older Adults Living Alone in Japan: A Cross-Sectional Study

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Abstract: Older adults in Japan traditionally rely on family members for care. However, the growing number of older people living alone has increased staff burden in community general support centers (CGSCs), which provide care for older people in Japan. This study aimed to identify factors linked to turnover intention among CGSC staff. Of 1002 staff invited to participate, 283 completed a survey (response rate: 28.2%). Logistic regression analysis of 183 valid questionnaires examined demographic, job-related, and attitudinal factors associated with turnover intention. The results showed that the perceived difficulty of supporting older adults living alone was the main predictor of turnover intention. Staff reporting high perceived difficulty levels were more likely to consider leaving. Negative attitudes toward supporting this population also increased turnover risk. These findings highlight a pressing need for targeted interventions to strengthen the ability of CGSC staff to manage the challenges of caring for isolated older individuals. Addressing staff perceptions and providing essential training and resources could reduce turnover rates and increase the quality of care for this vulnerable group.

Keywords: community general support center; turnover intention; older adults living alone; supporting decision making

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1. Introduction

The rapidity of population aging presents a substantial global challenge. According to World Health Organization estimates, the global population aged 60 years or older is expected to reach one sixth of the total population by 2030. This figure is estimated to double to 2.1 billion by 2050 (World Health Organization 2022).

Japan is experiencing an unprecedented rate of population aging, with the number of older adults aged 65 years or over estimated to reach approximately 39 million by 2042 (Cabinet Office 2022; Ministry of Health, Labour and Welfare 2016a). This remarkable aging trend is accompanied by an increase in the number of single-dwelling older adults, including those with dementia. The proportion of single-dwelling older adults in Japan increased from 5.2% for men and 14.7% for women in 1990 to 15.0% for men and 22.1% for women in 2020, with further increases predicted (Cabinet Office 2022). Moreover, the prevalence of dementia among older adults was 15.0% in 2012 and is estimated to increase to 20.6% by 2025, with a further rise predicted (Cabinet Office 2016).

In recognition of the growing number of older individuals and the associated increase in long-term care needs, Japan established a long-term care insurance system in 2000. The primary objectives of this system were to: (1) relieve the financial and emotional burdens on families providing care; (2) implement a social insurance scheme funded by premiums to ensure the sustainability of long-term care services; and (3) integrate medical and welfare services to provide comprehensive care for older people (Yamada and Arai 2020). Community general support centers (CGSCs) have been established in

all municipalities to achieve these goals (Ministry of Health, Labour and Welfare 2023). CGSCs offer consultation services on various issues, including health, finances, and social welfare. In Japan's rapidly aging society, CGSCs play an essential role in supporting older adults, especially those facing challenges such as chronic illness, cognitive decline, and social isolation. CGSC staff include public health nurses, nurses, and care manager supervisors. As of April 2023, there were 7397 CGSC facilities in Japan (Ministry of Health, Labour and Welfare 2023). One of the roles of CGSCs is to provide decision-making support for older adults living alone, including those with dementia (Hiko 2022; Ministry of Health, Labour and Welfare 2016a). The number of single-dwelling older adults in Japan has increased, highlighting the importance of decision-making support for those receiving end of life home care. The Japanese Ministry of Health, Labour and Welfare has issued guidelines for decision-making support for single-dwelling older adults with dementia or no family members, and has provided a booklet outlining methods to support individuals in expressing their own wishes and making informed decisions through regular interactions (Jayes et al. 2022; Ministry of Health, Labour and Welfare 2018; Nishina 2020; Yamagata and Ministry of Health, Labour and Welfare 2019). The involvement of family members in surrogate decision making has long been recognized as being varied and complex (Petriwskyj et al. 2014). Furthermore, arranging surrogate decision making for older adults with dementia is more difficult because of their decline in cognitive function (Bernat 2008).

Previous research on decision-making support for older adults has identified an age-related decline in the ability to make decisions and manage finances (Moye and Marson 2007). The ability to make decisions is important in enabling older adults to manage their social lives, healthcare, and financial matters; therefore, a prominent trend in gerontology research is a focus on supporting decision making for older adults with cognitive impairments. One UK study identified several difficulties experienced by care home staff in supporting decision making for individuals with communication challenges, such as those with dementia, acquired brain injury, and Parkinson's disease (Finucane and Gullion 2010). Studies in Sweden have highlighted the challenges of providing decision-making support to individuals with dementia, who tend to deny problems and refuse assistance from social services (Moye and Marson 2007). This difficulty in supporting decision making is frequently observed in both in-home care settings and healthcare institutions. Particularly in clinical settings, healthcare professionals often face challenges and dilemmas when making decisions about honoring treatment refusals from individuals with dementia, because of the assumption that the patient has the ability to make a well-considered decision (Poppe et al. 2020). Effective decision-making support for older adults requires both improvement in the health literacy of this population and good communication skills of support providers (Amaral et al. 2022). Several tools have been developed to assess the decision-making ability of older adults (Bruine de Bruin et al. 2007; Finucane and Gullion 2010) to address the problems of supporting decision making in this population. These tools could potentially identify both the strengths and weaknesses in an individual's decision-making process. However, the practical application of these tools in clinical settings is complex owing to the many external factors that affect older adults and the simultaneous demands placed on their cognitive abilities during real-world decision making.

A cross-sectional study conducted across three Canadian provinces (Quebec, Ontario, and Alberta) of interprofessional home care providers in a large home care organization showed that one of the most challenging decisions for older adults is whether to remain at home or relocate. Previous research in Canada has shown that personal support workers are less involved in shared decision making than nurses and rehabilitation professionals (Lai et al. 2022). As personal support workers often spend more time with older adults because of their daily involvement in personal care, their lower level of participation in shared decision making highlights the complexity of supporting older adults in making decisions.

Decision-making support for older adults is therefore complex and diverse owing to differences in individual health conditions, social and living environments, and the knowledge and experience of the staff involved. Consequently, CGSC staff struggle to provide appropriate support for single-dwelling older adults. One study of CGSC staff in Japan found that accumulated occupational stress and low job satisfaction are potential predictors of reduced intention to stay in the current job (Mochizuki 2011). Workload increase owing to an effort–reward imbalance has been identified as a reason for turnover among CGSC staff (Kurioka et al. 2017). Previous research on healthcare providers has shown that occupational stress is associated with turnover intention (Lu et al. 2017; Mosadeghrad 2013).

Research conducted on home healthcare providers in China has shown that job satisfaction, assessed in terms of work environment, medical practice conditions, and organizational management, is an important predictor of turnover intentions among primary care professionals in rural areas (Wang et al. 2020). One study found that turnover intention in home healthcare support staff was strongly and negatively affected by work engagement and job satisfaction (Hsu and Yang 2022).

Concomitant with the global increase in the number of older adults with chronic conditions who wish to age in place is a worldwide shortage of primary medical staff. Factors associated with turnover intention among primary medical staff have been investigated in various settings. For instance, a study in China, which has a large aging population, suggested that perceived social support and burnout were potential predictors of turnover intention (Chen et al. 2021). Previous research on hospital nurses in Lebanon also indicated that burnout may mediate the relationship between various factors and turnover intention (Chami-Malaeb 2021). Turnover among care workers in long-term care facilities is an important concern. The demanding and time-consuming nature of care work, together with low wages, can lead to substantial psychological and physical burdens. A study of care workers in Nordic countries (Denmark, Finland, Norway, and Sweden) suggested that psychophysical burden, lack of support, and younger age were predictive of turnover intention (Van Aerschot et al. 2022). Similarly, a study of professional caregivers in Japan found that low wages that did not reflect the demanding nature of the work were an important predictor of turnover intention (Tei-tominaga and Nakanishi 2020). However, in Japan, no studies have examined the factors associated with turnover intention among CGSC staff by focusing on decision-making support for single-dwelling older adults.

The purpose of this study was to examine the current state of support for older adults living alone by surveying CGSC staff, who play a key role in Japan's long-term care insurance system, and to identify factors that affect turnover intention. In light of the rapidly aging society in Japan, retaining qualified CGSC personnel is essential to meet the growing demand for geriatric care services. The findings of this study could provide valuable insights to inform CGSC administrators to develop effective strategies for retaining qualified staff. Identifying the key factors associated with turnover intention could help administrators to implement targeted interventions, such as improving working conditions, providing additional training, or offering more flexible work arrangements.

2. Materials and Methods

2.1. Data Collection

We invited 1022 social workers; care manager supervisors; nurses; public health nurses; and other healthcare, welfare, and long-term care staff working at CGSCs across Japan to participate in this survey. To select participants, the 2020 National Census was used to determine the population composition ratio for each prefecture. To obtain a sample that was representative of the population of interest, we used a stratified random sampling technique. The population was stratified by prefecture based on population composition ratios, ensuring that each stratum was adequately represented in the sample. A sampling frame of all eligible facilities within each stratum was compiled. A random sample of

facilities was then selected from each stratum using Microsoft Excel's random number generator function. We sent emails to CGSC administrators requesting their cooperation in distributing invitations to CGSC staff to participate in a web-based cross-sectional survey. The questionnaire was developed based on the Ministry of Health, Labour and Welfare's report on comprehensive regional care and care management (Ministry of Health, Labour and Welfare 2016b, 2021). Informed consent letters were distributed to participants via email. CGSC staff who agreed to participate accessed the survey using a provided QR code. The web-based survey was generated using SurveyMonkey, a cloud-based survey development application from Momentive Global Inc. (San Mateo, CA, USA), and data were extracted in SPSS (IBM Corp., Armonk, NY, USA) format. The survey was conducted from 11 July 2022 to 31 August 2022.

2.2. Questionnaire Development

To ensure the validity and reliability of the questionnaire, we used a multistage questionnaire development process.

2.2.1. Step 1. Literature Review and Item Pool Creation

A comprehensive literature review was conducted to identify relevant studies on care for older adults living alone, the burdens and motivations of healthcare providers supporting these individuals, and factors influencing turnover intentions among such providers. Based on this review, an initial pool of items was compiled to assess these factors.

2.2.2. Step 2. Expert Committee Review

A panel of 5 experts, comprising researchers in public health nursing, home health nursing, and geriatric nursing, was convened to rigorously review the questionnaire. The experts evaluated the items for content validity, relevance, clarity, cultural sensitivity, and alignment with the study objectives. The questionnaire was then revised in accordance with the expert feedback.

2.2.3. Step 3. Pilot Testing

A pilot test was conducted with staff from three representative CGSCs in Japan: two from Akashi and one from Kobe. This small-scale pilot test aimed to assess the questionnaire's comprehensiveness, clarity, and ease of administration. The pilot data were analyzed to identify any ambiguities or inconsistencies in the items or response options. The findings of the pilot test were used to revise the questionnaire as necessary to optimize data collection. The final version of the questionnaire comprised items on the following six areas.

2.2.4. Participant Characteristics and Experience

The following participant characteristics were assessed: sex, age, years of work experience, and healthcare and social care qualifications.

2.2.5. Thoughts on Supporting Older Adults Living Alone

Participants were asked to respond to several questions that assessed their willingness to support older adults living alone, whether they thought that supporting older adults living alone involved a workload increase, and whether they thought that the older adults they were responsible for had the ability and motivation to live independently. Response options were "strongly disagree", "disagree", "agree", and "strongly agree".

2.2.6. Difficulties in Supporting Decision Making for Older Adults Living Alone

Participants were asked to rate the extent to which they had experienced difficulties in the following areas: communicating with older adults and understanding their thoughts, feelings, and intentions; providing support for older adults who were apathetic; responding when the wishes of family members took precedence over the wishes of older adults; coping with declining cognitive function and personality changes in older adults, and responding

to their refusal to use care services and neighborhood watch support; and supporting older adults who were financially vulnerable or had no home doctor available. Response options were "strongly disagree", "disagree", "agree", and "strongly agree".

2.2.7. Support Activities not Included in Regular Duties but Provided as Needed

Participants were asked to rate the extent to which they had performed the following for older adults: disposal of household waste and unwanted items; checking for fire hazards and expired food in the home; delivering daily necessities and caring for pets of hospitalized patients; providing support regarding financial wastefulness and financial hardship; assisting with public procedures, application documents, and the purchase and repair of household appliances; and providing after-hours support for anxiety-related calls. Response options were "strongly disagree", "disagree", "agree", and "strongly agree".

2.2.8. Confirming the Wishes and Intentions of Older Adults Living Alone to Support Decision Making

Participants were asked to rate the extent to which they asked older adults about their desired lifestyle, life concerns and values, and intentions of living alone if it became more difficult. Response options were "strongly disagree", "disagree", "agree", and "strongly agree".

2.2.9. CGSC Staff Turnover Intention

Participants were asked to what extent they agreed with the statement, "I want to quit my job at the CGSC". Response options were "strongly disagree", "disagree", "agree", and "strongly agree".

2.3. Data Analysis

Participants who completed all questions on demographics, years of work experience, and occupation were selected for analysis. Participants were categorized into two groups according to age and years of experience consistent with the categories used in a previous survey of CGSC staff by the Japanese Ministry of Health, Labour and Welfare (Ministry of Health, Labour and Welfare 2018, 2019). Age was categorized as <45 years or ≥45 years; years of work experience were categorized as <7 years or ≥7 years. Healthcare and social care qualifications were categorized as those with nursing qualifications (including nurses and public health nurses) or those with social care qualifications (including social workers, care manager supervisors, and others). Scores on the following subscales were also analyzed: thoughts on supporting older adults living alone, difficulties in supporting decision making for older adults living alone, support activities not included in regular duties but provided as needed, and confirming the wishes and intentions of older adults living alone to support decision making. For analysis, subscale responses of "strongly disagree" and "disagree" were categorized as "no", and responses of "agree" and "strongly agree" were categorized as "yes".

To investigate the associations between turnover intention and all other variables, we used chi-square tests and Fisher's exact probability tests. The aim of the analysis was to identify potential factors that influence turnover intentions among CGSC staff.

To control the potential effect of confounding variables on the relationship between turnover intention and other factors, a logistic regression analysis was conducted. Covariates included demographic characteristics such as age and sex, as well as professional experience, represented by years of experience and educational background in healthcare and social care. Preliminary univariate analyses showed that unwillingness to support older adults living alone and difficulty coping with the cognitive decline of older patients were significantly associated with turnover intention ($p < 0.05$). Therefore, these variables were forcibly entered into the final logistic regression model. To assess possible multicollinearity among the

independent variables, the variance inflation factor was calculated. All statistical analyses were performed using SPSS Version 29 (IBM Corp., Armonk, NY, USA).

2.4. Ethical Considerations

This study adhered to the ethical principles outlined in the Declaration of Helsinki (1995, revised in Seoul, 2008) and received prior approval from the institutional review boards at the authors' affiliated institutions (approval number: 22005). Participants provided written informed consent after being fully informed about the study purpose and methods, the voluntary nature of participation, and the anonymity of their data. Data collection was conducted through a self-administered online questionnaire, with completion of the questionnaire implying consent to participate.

3. Results

3.1. Participant Characteristics

Of the 1002 staff sampled, 283 completed the survey (28.2% response rate). Of these, data from 183 participants were included in the final analysis (64.7%). The mean (standard deviation) age of participants was 46.1 (8.4) years, and the mean (standard deviation) years of work experience was 6.5 (4.4) years. A total of 76 (41.5%) participants were men and 107 (58.5%) were women. Regarding healthcare and social care qualifications, 14 participants (7.7%) were nurses, 31 (16.9%) were public health nurses, 70 (38.3%) were social workers, 63 (34.4%) were care manager supervisors, and 5 (2.7%) held other qualifications (Table 1).

Table 1. Demographic characteristics of participants (N = 183).

				Turnover Intention				
Item	**Category**	**Total**		**No**		**Yes**		
		N	**%**	***n***	**%**	***n***	**%**	***p* Value**
Participant characteristics and experience								
Age	<45	78	42.6	26	33.3	52	66.7	0.155
	≥45	105	57.4	25	23.8	80	76.2	
Years of experience	<7	108	59.0	32	29.6	76	70.4	0.524
	≥7	75	41.0	19	25.3	56	74.7	
Sex	Male	76	41.5	21	27.6	55	72.4	0.952
	Female	107	58.5	30	28.0	77	72.0	
Healthcare and social care qualifications	Nurse, Public health nurse	45	24.6	14	31.1	31	68.9	0.571
	Nurse	14	7.7	5	35.7	9	64.3	
	Public health nurse	31	16.9	9	29.0	22	71.0	
	Social worker, Care manager supervisor, Other	138	75.4	37	26.8	101	73.2	
	Social worker	70	38.3	24	34.3	46	65.7	
	Care manager supervisor	63	34.4	13	20.6	50	79.4	
	Other	5	2.7	0	0	5	100.0	

Chi-square test was used for analysis.

3.2. Relationship between Turnover Intention, Basic Attributes, and Support for Older Adults Living Alone

Tables 2 and 3 show the results of the univariate analysis of the associations between turnover intention and each variable. Of CGSC staff, 132 (72.1%) expressed an intention to leave and 51 (27.9%) did not. The following variables were significantly associated with turnover intention: unwillingness to support older adults living alone ("yes" responses from n = 99, 78.0%) (p = 0.008) and difficulty coping with older adults' declining cognitive function ("yes" responses from n = 126, 74.6%) (p = 0.025) (Table 2).

Table 2. Relationship between turnover intention, basic attributes, and support for older adults living alone (N = 183).

				Turnover Intention				
Item	**Category**	**Total**		**No**		**Yes**		
		N	**%**	***n***	**%**	***n***	**%**	***p* Value**
Thoughts on Supporting Older Adults Living Alone								
Do you feel unwilling to support older adults living alone?	No	56	30.6	23	41.1	33	58.9	0.008
	Yes	127	69.4	28	22.0	99	78.0	
Do you think that taking on cases involving older adults living alone will increase your workload outside of your regular duties?	No	43	23.5	16	37.2	27	62.8	0.118
	Yes	140	76.5	35	25.0	105	75.0	
Do you think that the older adults living alone you are responsible for have the ability and motivation to live independently?	No	8	4.4	0	0.0	8	100.0	0.108 *
	Yes	175	95.6	51	29.1	124	70.9	
Do you think you are able to fully respect the wishes of the older adults living alone you are responsible for?	No	7	3.8	1	14.3	6	85.7	0.414 *
	Yes	176	96.2	50	28.4	126	71.6	
Difficulties in Supporting Decision Making for Older Adults Living Alone								
Difficulty communicating with older adults living alone	No	30	16.4	6	20.0	24	80.0	0.293
	Yes	153	83.6	45	29.4	108	70.6	
Difficulty understanding older adults' thoughts and feelings about living alone	No	16	8.7	3	18.8	13	81.3	0.394
	Yes	167	91.3	48	28.7	119	71.3	
Difficulty discerning older adults' true intentions	No	28	15.3	5	17.9	23	82.1	0.199
	Yes	155	84.7	46	29.7	419	270.3	
Difficulty providing support for older adults who are apathetic	No	56	30.6	15	26.8	41	73.2	0.828
	Yes	127	69.4	36	28.3	91	71.7	
Difficulty responding to situations in which the wishes of family members take precedence over the wishes of the older adult	No	27	14.8	4	14.8	23	85.2	0.101
	Yes	156	85.2	47	30.1	109	69.9	
Difficulty coping with older adults' declining cognitive function	No	14	7.7	8	57.1	6	42.9	0.025 *
	Yes	169	92.3	43	25.4	126	74.6	
Difficulty coping with older adults' personality changes	No	69	37.7	20	29.0	49	71.0	0.793
	Yes	114	62.3	31	27.2	83	72.8	
Difficulty responding to older adults' refusal to use care services	No	40	21.9	11	27.5	29	72.5	0.953
	Yes	143	78.1	40	28.0	103	72.0	
Difficulty responding to older adults' refusal of neighborhood watch support	No	50	27.3	17	34.0	33	66.0	0.257
	Yes	133	72.7	34	25.6	99	74.4	
Difficulty addressing older adults' financial vulnerability	No	20	10.9	5	25.0	15	75.0	0.762
	Yes	163	89.1	16	9.8	117	71.8	
Difficulty providing support in cases where there is no home doctor available for older adults living alone	No	76	41.5	27	35.5	49	64.5	0.052
	Yes	107	58.5	24	22.4	83	77.6	

Chi-square test, * Fisher's exact probability test.

Table 3. Factors associated with turnover intention among community general support center staff (N = 183).

Item	Category	OR	95% CI		*p* Value
			Lower Limit	Upper Limit	
Age	≥45/<45	1.804	0.880	3.697	0.107
Years of experience	≥7/<7	0.943	0.462	1.925	0.873
Sex	Female/Male	1.106	0.498	2.458	0.804
Healthcare and social care qualifications	Social worker, Care manager supervisor, Other/Nurse, Public health nurse	1.024	0.418	2.511	0.958
Do you feel unwilling to support older adults living alone?	Yes/No	2.921	1.411	6.043	0.004
Difficulty coping with older adults' declining cognitive function	Yes/No	5.177	1.573	16.785	0.007

Binary logistic regression analysis. OR, odds ratio; CI, confidence interval.

3.3. Factors Associated with Turnover Intention Among CGSC Staff

The analysis identified two factors that were significantly associated with turnover intention among CGSC staff: unwillingness to support older adults living alone (odds ratio: 2.921; 95% confidence interval: 1.411−6.043) and difficulty coping with cognitive decline in older adults (odds ratio: 5117; 95% confidence interval: 1.573−16.785) (Table 3).

4. Discussion

This study provided valuable insights into the decision-making processes, challenges faced, and turnover intentions of CGSC staff in Japan who support the increasing number of older adults living alone. Notably, 72.1% of staff members expressed an intention to leave CGSCs. Several key findings emerged from this study. First, the remarkably high turnover rate of 72.1% among CGSC staff highlights a crisis within the sector. This high attrition rate poses substantial challenges to the sustainability of care services and could compromise the quality of care provided to older adults living alone. Second, our analysis indicated a strong correlation between staff members' perceptions of their work and their turnover intentions. Specifically, those who expressed resistance or perceived difficulty in supporting older adults living alone were significantly more likely to express higher turnover intentions. These findings highlight the psychological burden and challenges that CGSC staff encounter in their daily work, which may be contributing to the high turnover rates within the sector.

The findings indicated that even after controlling for staff sex, age, years of experience, and qualifications, staff who felt unwilling to support older adults living alone were more likely to report turnover intentions compared with those who did not. These results indicate that negative perceptions toward older adults living alone may influence turnover intentions. Experiencing negative emotions at work can lead to job stress and burden (Feng et al. 2022; ten Hoeve et al. 2020). Given the well-established links between job stress, reduced job satisfaction, and job burden and turnover intentions (Li et al. 2022), CGSC managers should prioritize understanding and addressing staff attitudes toward supporting older adults living alone. The present findings indicate that negative perceptions and associated emotional burdens significantly contribute to turnover intentions, highlighting the need for targeted interventions. Managers could address the problem of high turnover rate by fostering a supportive work environment that values staff well-being and addresses their concerns (Khairunisa and Muafi 2022; Aminihajibashi et al. 2022). In healthcare settings, multi-staff approaches that bring together staff with different levels of expertise and experience are common, particularly during treatment and discharge planning. Given the dynamic nature of healthcare, this model could be usefully applied by CGSC staff in interventions for older adults living alone (Möckli et al. 2023; Alrabie 2020). One effective strategy to

mitigate staff stress and enhance job satisfaction is the use of a multi-staff approach during initial visits to older adults living alone. The effectiveness of such approaches, which incorporate mentorship, has been highlighted in care provision for patients in both community settings and hospitals (Streeton et al. 2021; Nicholson et al. 2020). By pairing experienced staff with newer colleagues, organizations could provide essential mentorship and support, facilitating knowledge transfer and skill development. This approach could also help to facilitate the establishment of trust with older adults living alone, reducing feelings of isolation and inadequacy among staff members. Once a strong rapport has been established during multi-staff visits, subsequent visits could be conducted by individual staff members. Additionally, regular debriefing sessions following initial visits offer a helpful platform for staff to share experiences, discuss challenges, and receive feedback, fostering a sense of camaraderie and collaborative problem solving. Research has indicated that debriefing sessions within healthcare contexts foster team reflection and introspection, which ultimately improves patient safety (Diaz-Navarro et al. 2021; Decker et al. 2021). This type of collaborative approach could help to ensure that staff members do not feel isolated when dealing with the challenges associated with supporting older adults living alone.

Furthermore, staff who indicated that they found it difficult to cope with the cognitive decline of older adults living alone were more likely to report turnover intentions compared with those who did not express this difficulty. This suggests that negative emotions associated with managing cognitive decline in older adults living alone may contribute to increased turnover intention. Effectively responding to cognitive decline in older adults living alone requires not only medical knowledge of dementia and other conditions but also skills in observing diverse symptoms, understanding the effect of environmental factors on cognitive function, and effective communication (Kay et al. 2023; Parveen et al. 2021). Our findings emphasize the essential role of staff support in mitigating turnover among CGSC personnel engaged in decision-making support for older adults living alone. Identifying the specific challenges associated with managing cognitive decline could help organizations to implement targeted interventions to address staff needs effectively. For instance, providing specialized training in dementia care and communication techniques could equip staff with the necessary skills to support individuals with cognitive impairments (Eggenberger et al. 2013; Collins et al. 2022). Moreover, establishing regular supervision and mentorship programs would offer ongoing support and guidance, and increase the ability of staff to cope with the emotional demands of their roles (Race and Skees 2010; Henry-Noel et al. 2019). Investing in staff development and well-being would foster a supportive work environment within CGSCs, and ultimately help to increase staff retention and improve care for older adults living alone.

These findings could inform strategies for preventing turnover among CGSC support providers who engage in decision-making support for older adults living alone. Additionally, the findings may help in measures to support staff as they navigate the challenges of supporting aging populations (Gu et al. 2021).

This study had several limitations. The sample size was relatively small owing to the small number of target facilities, which may have limited the generalizability of the findings. The low response rate may have introduced non-response bias. Additionally, although stratified random sampling was used, the small number of facilities prevented the implementation of a completely random sampling design. Given these limitations, the results of this study should be interpreted cautiously and may not be generalizable to the larger population. Although we developed the questionnaire items using a multistep process, the use of an original rather than a previously published scale may limit the generalizability of our findings. Additionally, the lack of a comparative benchmark makes it difficult to directly compare our results with those of previous studies. In future studies, it would be useful to administer established scales or conduct more rigorous validity testing to increase the reliability of the measurement tool and the generalizability of the data. Furthermore, the requests for staff participation were sent to CGSC administrators;

it is possible that some staff feared that their responses would not be anonymous. It is also possible that some staff felt coerced by administrators into taking part in the survey. Therefore, depending on the timing of the responses, it is possible that staff were unable to provide accurate responses about their intentions to leave the company. As this was a cross-sectional study, it was not possible to establish causal relationships between the variables studied.

Future research should address these limitations by using more rigorous recruitment strategies, conducting formal sample size calculations, using longitudinal study designs, considering confounding factors, and investigating the effectiveness of interventions aimed at reducing turnover.

5. Conclusions

This study investigated the relationship between decision support for homebound older adults living alone and turnover intentions among CGSC staff across Japan. The findings suggest that CGSC staff who are hesitant about working with older adults living alone and those who find it difficult to respond to the deterioration of cognitive function in older adults living alone may be more likely to have intentions to leave CGSC. Managers of CGSC should be more aware of the presence of staff resistance to working with older adults living alone. Age-related deterioration in cognitive function in older adults living alone is inevitable, but the CGSC sector should consider measures to address such decline. This may contribute to reducing staff turnover intentions.

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