

**A REPORT TO THE  
PENNSYLVANIA INTRA-GOVERNMENTAL  
COUNCIL ON LONG TERM CARE**

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**IN THEIR OWN WORDS**

**PENNSYLVANIA'S  
FRONTLINE**

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**WORKERS IN LONG TERM CARE**

**FEBRUARY 2001**

# Preface

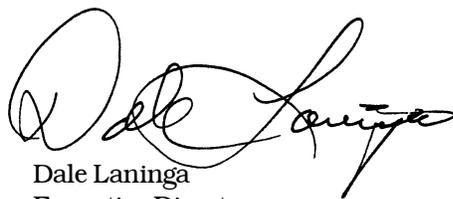
Pennsylvania and the nation are experiencing a severe shortage of frontline workers in long-term care. In response, the Pennsylvania Intra-Governmental Council on Long Term Care has undertaken a broad initiative to understand the extent of the problem of recruitment and retention and to gather information that can lead to strategies to improve the situation. The initiative involved the commissioning of two parallel efforts: one seeking information directly from the workers; the other seeking the experience of the provider organization. Reports of both efforts will be submitted to the Council for consideration.

The following report, as the title implies, is an accounting of the workers' concerns, thoughts, and opinions. The Council's intent was to have the direct care workers speak for themselves—to be heard.

The Council is sincerely appreciative of the time given by the many direct care workers and their employees. The Council wishes to express its thanks to the trade associations representing all aspects of Pennsylvania's long-term care industry for their extensive and conscientious efforts to encourage their members to participate. We would also like to thank Dostalick ET AL Management Consultants for facilitating the focus groups and bringing back to us the words of the direct care workers. Finally, thanks to the Work Force Issues Work Group, which provided the impetus and guided the efforts to completion.

To fully understand the dimensions of the workforce issues, readers are encouraged to examine the results from the companion effort, which has been compiled into a report entitled, "Pennsylvania's Frontline Workers in Long-Term Care — The Provider Organization Perspective." Copies of that report are available from the Council.

Speaking for the Council, I hope you will find both reports of great value. Should you have any questions about either report, please do not hesitate to contact me.



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# Executive Summary

Pennsylvania, like most states across the nation, is in a situation of serious proportion with regard to a direct care workforce shortage in long-term care. Many organizations representing the industry have made this issue a top priority. However, the precise nature of the issue is unclear. To what extent is there a shortage, what is contributing to it, and what can be done?

The Pennsylvania Intra-Governmental Council on Long Term Care (the Council) recently undertook an initiative to garner feedback and input from direct care workers across the Commonwealth through a series of focus groups. The Council conducted these focus groups as a complement to the study of provider organizations conducted by the Polisher Research Institute at the Philadelphia Geriatric Center, under the oversight of the Council's Work Force Issues Work Group. The Work Group was charged with identifying the issues affecting the long-term care workforce, delineating their nature and scope, and proposing recommendations. These focus groups were one of several ways the Work Group accomplished their charge. The focus groups are critical because they allowed us to hear from the direct care workers themselves.

For the purposes of this report, the term "direct care worker" is used to describe home health aides, nurse aides, personal care aides, and attendants. Focus groups were conducted with these individuals to identify, from their perspectives, issues affecting recruitment and retention with the ultimate goal being to ensure there will be adequate staff to provide long-term care and services to those in need.

It should also be noted that throughout this report the direct care worker is referred to as a professional. It is hoped that this will become the norm when referring to individuals requiring the characteristics, qualifications, and abilities of these individuals. In this sense "professional" does not denote an academic degree or other registration. It means skills; it means commitment to a career of caring; it means dedication of purpose.

The Council contracted with a facilitator to conduct 15 focus groups across the state. They wanted to listen to what direct care workers had to say about the issues associated with recruitment and retention. They have done that and believe this report is an accurate portrayal of what a cross-section of direct

## Who Is the Direct Care Worker?

*For the purposes of this report, the generic term "direct care worker" is used to describe home health aides, nurse aides, personal care aides, and attendants.*

## What Is "Professional?"

*"Professional" does not denote a scholastic degree or other registration. It means skills, it means commitment to a career of caring, it means dedication of purpose.*

*74% of the focus group participants said that their organizations are experiencing a significant staffing shortage.*

### **What Keeps It from Being a Profession?**

- We don't need a degree
- We don't get paid much
- The work is seen as menial versus skilled
- People think anyone can do it

care workers across Pennsylvania believe.

The purpose of this Executive Summary is to synopsise the findings of the focus groups, with additional detail and context provided in the remainder of the report.

## **The Issues**

While certainly the numbers related to unemployment statistics and a growing population in need are not something the Commonwealth has control over, the way these numbers are viewed, responded to, and managed is something that a proactive stance can impact. And more importantly, it must be understood that the numbers are just one piece of the puzzle. Just as critical are issues related to the workplace environment, training, compensation, society's perceptions, and respect, just to name a few.

These issues have tremendous impact on recruitment and retention according to the focus group participants. Even more critical, they have great impact on the quality of care received by Pennsylvania's consumers.

The direct care workers who participated in the focus groups provided great insight and clear direction regarding these issues. It would behoove the Commonwealth, service providers, and the community at large to listen.

### **It's a Profession and Demands Respect**

Much is riding on the skills, expertise, and talents of the direct care worker. These are the individuals who are seeing first-hand how an individual requiring long-term care and services is feeling and responding. They are very often the "eyes and ears" for the consumers' needs. And yet they feel little or no respect from their organizations, as well as society in general, and clearly do not feel they are viewed as professionals.

To attract and retain good people in this field, there must be a sense of respect and a sense of profession. A sense of real commitment to the career must be created; this cannot be a profession for someone who "just needs a job."

## Recruitment Requires a Broad Approach

All too often, organizations and even industries overall, attempt to find the one way to solve a recruiting problem. There is no one way. Successful recruiting strategies necessarily employ a variety of methods, systematically applied.

A marketing approach must be taken to recruit direct care workers—an approach that focuses on the needs of the worker and what *the worker*, not the organization, is looking for. One way these needs can be identified and “tailored” is by different age groups, as identified by the focus group participants. Once those needs are identified, there must be a widely cast web of techniques used, while remaining incredibly focused on recruiting and hiring the very best caregivers.

Based on the focus groups, it appears that a more mature worker, in outlook not necessarily age, is best suited to the profession of direct care worker, something to be kept in mind with regard to recruiting.

## Fair Compensation

If Pennsylvania and its citizens are serious about the quality of care that consumers receive, we must find a way to fairly compensate our direct care workers. “Fairly” doesn’t mean what people will accept or tolerate, but what they have earned based on their skills, abilities, and an importance to the consumer. Obviously, one critical way of indicating value is through payment for services rendered. When an individual can make as much money stamping parts in a factory as caring in the most personal ways for a human being, there is something wrong with the system. And we all have a responsibility in that.

Interestingly, to the majority of focus group participants, “fairly” meant a dollar or two more an hour. Compensation was looked at as an integral component but not the sole driver of effective recruitment and retention.

## Benefits

The focus group participants described a wide array of benefit structures, depending on status and setting of care (home-based versus facility-based). For the most part, compensation was viewed by the participants as more important than ben-

*Most caregivers are aged 35 to 49.*

National Alliance for Caregiving and AARP, 1997

*“I’m not doing that for that kind of money.”*

Response of 20-year-old job candidate according to CNA in Erie, Erie County.

efits. However, there was also a sense of resignation in that prioritization. It was as though the expectations of the participants were such that they really didn't expect much, so what they had in terms of benefits was "O.K." Child care was brought up many times as a benefit that would have great impact on the recruitment and retention of direct care workers.

## Orientation and Training

Orientation and training was the issue identified as having the greatest impact on employee retention. A lack of a "good start" for new employees was cited as a reason for many direct care givers to leave the field within days (or hours) of starting their first job. Furthermore, the training was described as being unrealistic, particularly given the time constraints within which the direct care workers have to get the work done. A revamped and redesigned orientation and training system, with input from the direct care workers and consumers, is critical to retention efforts.

## The Profile

It is critical that there be an understanding of our current direct care workforce. Time and time again the participants spoke of the fact that it takes a special person to do the work of the direct care worker. As obvious as this may sound, and while it may be recognized in a superficial way, the participants clearly pointed out that they are not treated that way, nor are they truly looked at that way. This must change. When asked to describe the attributes of a person who excels in the profession, the participants consistently listed traits such as empathy, compassion, positive attitude, and patience.

Also important to note is that only 43 percent said most or the vast majority of their co-workers exhibited these characteristics. This would indicate the Commonwealth is relying on a small number of these "special people" and must figure out how to attract and retain more of them.

## A Precarious Situation, a Slippery Slope

At this point in time, Pennsylvania is currently relying on the "good graces" of direct care workers. The people who do the job

well and are willing to “hang in there” and “tough it out” exhibit unparalleled dedication. While this is to be admired, it also creates a precarious situation that is only going to worsen. The impact of a disillusioned or dissatisfied worker, as well as an overall shortage, in the long-term care and services arena is much greater than in other industries and in fact is measured in the well being and safety of consumers. The focus groups clearly pointed to the fact that there are primarily two mindsets when it comes to the direct care worker in Pennsylvania: that of great dedication to helping people, and that of being in this profession simply because they need a job—any job. As a population in need continues to grow, one can’t help but hope that “helping people” is the major mindset of the direct care worker, rather than “needing a job.”

The participants of the focus groups were individuals who have clearly learned to survive and cope and in many cases accept the hand they have been dealt. However, just as clearly, the long-term care industry is not going to be able to rely on a steady acceptance of the current situation by caregivers much longer.

The fact of the matter is the mindset and expectations of the direct care worker are changing just as we’ve seen the expectations of the consumer rise over the last decade. The direct care worker is becoming more sophisticated in how he or she looks at things. Changes in society have resulted in a growing sophistication, a growing exposure, and the development of greater options. While this is a social commentary and not specific to the direct care worker alone, it is relevant.

Quite honestly, when working with a less sophisticated group, a system can actually take advantage of the dedicated and good performers to the extent that a poor situation becomes the norm. At the same time, the individuals who are just in the profession to have a job, are allowed to be less than solid performers because the industry to some extent feels “held hostage” by the workforce shortage. This is the current situation, and resentment is building.

As direct care workers are exposed to more options and in general develop a greater overall sophistication, they are becoming more aware than ever that there are a significant number of problems with the current system. And in no uncertain terms, they want to see change.

## A Call to Action

- ❑ Make it a profession
- ❑ Respect the position
- ❑ Develop a multi-pronged recruitment strategy
- ❑ Focus on recruiting a more mature worker
- ❑ Increase compensation
- ❑ Consider performance-based compensation
- ❑ Provide childcare assistance
- ❑ Redesign orientation and training
- ❑ Provide emotional support
- ❑ Develop the supervisors
- ❑ Use technology
- ❑ Form a government/industry partnership

## Where to from Here?

The issue of recruiting and retaining direct care workers is a comprehensive and critical one. Comprehensive because there is no one answer, but rather there are a number of areas that must be addressed. And critical, because it has a profound impact on the quality of care received by Pennsylvania's consumers. The issue is too large, too complex, and too systemic for a singular entity to solve. To have the necessary impact, there must be a partnership of government and industry, using their combined resources to ensure the situation is adequately and comprehensively addressed for the long term.

Further detail and the context of these summarized findings is provided in the following pages of this report.

# Introduction

Dostalík ET AL Management Consultants, an independent consultant, was retained to conduct 15 focus groups on behalf of the Council. The purpose of the focus groups was to hear firsthand from direct care workers what the key issues are relating to both the recruitment and retention of this critical workforce.

Throughout its existence the Council has worked to gain feedback and input from various constituencies in order to make better decisions and recommendations. Much of the information they have gleaned in past efforts was considered during this effort as well. In particular, key consumer values that were identified during focus groups in 1997 and validated in late 1998 were kept in mind. Specifically, these values are the three things that consumers most wanted the Council and others to keep in mind as they set about making recommendations and policy for the Commonwealth's long-term care and services system.

The three values are:

- ❑ Remain as independent and live at home as long as possible
- ❑ Respect and dignity for the individual

## ❑ Consumer choice

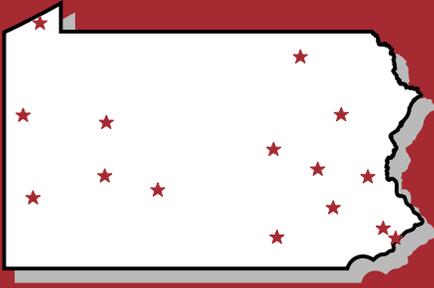
These were considered in the context of “if this is what the consumer wants, and these are the challenges and concerns the direct care worker faces, how can the Commonwealth, providers, and others work to bridge the gaps?”

Interestingly, as this report was crafted, it was initially planned for organization around the topics of recruitment and retention. However, when reviewing the findings of the focus groups, it very quickly became evident that the key issues are so similar for both recruitment and retention that they have really become intertwined, resulting in an overall workforce shortage dilemma. It was then thought the report would be organized around the issues affecting home and community-based direct care workers as opposed to those providing care in a facility-based setting. Again, with the exception of a few differences detailed in the report, the similarity among challenges was so marked it made no sense to create a sharply drawn distinction.

The issue of geographic difference was then considered; are rural challenges or issues significantly different from those in the city? Again, from the perspective of the direct care worker, the answer was no.

*“It’s so unfair ... we’re stressed out and not feeling good about how we have to get the job done, the consumer is paying all this money, and they’re not getting what they deserve.”*

**Home Health Aide  
providing attendant care,  
Sunbury, Northumberland  
County**



## Focus Group Locations

- Allentown, Lehigh County
- Altoona, Blair County
- Brookville, Jefferson County
- Carnegie, Allegheny County
- Erie, Erie County
- Etters, York County
- Indiana, Indiana County
- Mercer, Mercer County
- Norristown, Montgomery County
- Philadelphia, Philadelphia County
- Pottsville, Schuylkill County
- Shillington, Berks County
- Sunbury, Northumberland County
- Wilkes-Barre, Luzerne County
- Wysox, Bradford County

This entanglement of issues across many divides may be construed as both good news and bad news. Certainly, it allows for the “killing of two birds with one stone” when making improvements and changes. But by the same token, such a weave also indicates that the workforce shortage is a systemic problem, one with effects and causes that are literally woven throughout the long-term care system. While identifying root causes and their impacts in this situation may make the “fix” more

challenging, if the time, resources, and necessary attention are given, the “fix” should be a lasting one.

This report is, therefore, focused on the comprehensive issues ... the key messages heard ... the underlying problems of the workforce shortage. It is focused on the workers ... the people that we are relying on ... the people that have such a critical responsibility caring for and assisting with the long-term care needs of the Commonwealth’s citizens.

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## Representation and Demographics

In selecting individuals for the focus groups, the Council asked a variety of long-term care organizations and agencies to assist in soliciting nominations for submission to the consultant. The nominees were to be diverse, consisting of direct care workers from nursing facilities, personal care homes, attendant care agencies, home health agencies, home care agencies, adult day care, temporary agencies, and hospitals, as well as those who were consumer-directed (see *Methodology* for more detail regarding the selection process.)

The 15 focus group sites provided a geographic cross-section that included urban, suburban, and rural locations. The various locations provided an opportunity to determine if geographic setting (e.g., urban versus rural) would influence points of view. Additionally, from a practical standpoint, the multiple locations provided easier access for those who attended. Each site was fully accessible to those persons with disabilities.

A total of 93 percent of the participants were female; the participants ranged in age

from 18 to 70 years (see sidebar). Additional information of interest was the representation regarding the setting in which care was provided. From an overall perspective, approximately 43 percent of the participants provided care in the home of the consumer, while 57 percent provided care in a facility-based setting (includes adult day care which would be more accurately defined as community based). Greater detail is provided in the sidebar.

The intent was to have individuals who have been in the profession for three years or less so that the recruitment experience and issues associated with retention would be easily recalled and current. While 56 percent of the participants did fall into this experience range, 44 percent did not (see sidebar). While all individuals invited to participate did indicate three years or less on their nomination forms, it was later found that they had interpreted the question as the Council looking for those who had *been with their current employer for three years or less*. Regardless, it was noted that the length of experience did not affect the participants' perceptions to any significant degree.

Clearly, the focus group participants (167 individuals) make up a small percentage of the Commonwealth's direct care worker constituency and certainly do not comprise a statistically valid sample. While some individuals may be reluctant to accept qualitative research because it lacks numerical data, according to Dunn and Bradstreet, when focus groups are done well and findings are consistent, additional research is typically not necessary.

According to the American Management Association, the use of focus groups and placing more of an emphasis on qualitative research in planning processes has dramatically increased—91 percent since 1990. Today's rapidly changing environment calls for quick and agile decision making; calculated risk-taking—based on experience—is leading many planning efforts, with “number crunching” assuming a supporting role. Additionally, focus groups are being used to heighten the awareness of specific entities, helping them to become more, in this case, constituent-driven, meeting the needs of Pennsylvania's citizens.

### Ages Represented

18-29 years .....	23%
30-39 years .....	34%
40-49 years .....	27%
50-59 years .....	12%
60-69 years .....	4%

### Care Represented by Participants

Nursing Facility .....	47%
Home Care .....	21%
Home Health .....	12%
Attendant Care .....	10%
Personal Care Home...	7%
Adult Day Care .....	3%

### Direct Care Experience

Less than 1 year .....	20%
1 to 3 years .....	36%
4 to 10 years .....	24%
Greater than 10 years .....	15%
Unknown .....	5%

## Who Submitted Nominations?

- Area Agencies on Aging
- Associations representing nursing homes, personal care homes, adult day care
- Attendant care agencies
- Direct care workers
- Home care agencies
- Home health agencies

## Employers Represented by Participants

Nursing Facility .....	46%
Home Care .....	23%
Home Health .....	14%
Attendant Care .....	7%
Personal Care Home ...	5%
Adult Day Care .....	3%
Consumer .....	1%
Temp Agency .....	½%
Hospital .....	½%

**Note:** Difference in employer/care percentages indicates the involvement of home health/home care agencies in sending employees to facility-based and other settings.

## Methodology

The 15 focus groups were held between September 18, 2000 and November 21, 2000 and included 167 participants. The first focus group in September was conducted as a pilot to determine whether the process of soliciting participants was effective and also to “test” the focus group questions. Some refinement to the questions was done following the pilot, and the focus groups were also lengthened in time by 30 minutes.

As with past Council focus groups, the participants were chosen based on nominations. These nominations were solicited by a variety of means including through the efforts of long-term care associations serving nursing facilities, personal care homes, and adult day care; home health agencies; home care agencies; Area Agencies on Aging; and attendant care agencies. Efforts were also made to solicit nominations directly from direct care workers although very few participants were obtained through this volunteer process. Attention was paid to include individuals representing the consumer-directed model during the nomination process. Additional individuals, such as trainers, offered to assist as well in soliciting a good sampling of nominations. Specific individuals were selected by the consult-

ant to ensure impartiality. Criteria used for selection were to ensure as good a demographic cross-section as possible as described in the previous section of this report.

A significant amount of time and attention was spent on ensuring that locations and format of the focus groups would be appropriate, effective, and comfortable for the direct care workers. For example, there was concern that if long-term care facilities were used as locations, some workers may be uncomfortable and less willing to be honest and forthright. Therefore, “neutral” locations such as senior centers were used.

There was also some concern over participants’ reading comprehension levels and the need to repeat verbally any written text shared with the participants. As the focus groups commenced and continued, these concerns were determined to be unfounded. The participants were clearly educated, comfortable, and forthright in the discussions and extremely willing to share their opinions.

The focus groups were approximately two hours in length and were conducted at 15 sites around the Commonwealth at various times (morning, afternoon, and

evening) for the convenience of the participants. The sites corresponded with the Pennsylvania Department of Labor and Industry Work Force Investment Districts to promote consistency in efforts. Based on the quality of the feedback and the participants' request for more time, the focus groups could easily have extended an hour over their two-hour limit.

Two representatives from Dostalick ET AL attended each of the focus group sessions, one to facilitate the session and the other to record detailed notes. The Council's Executive Director also attended every session to provide subject matter expertise on technical issues as needed.

While the intent was to have 15 to 20 individuals in each focus group, the average group included 11 participants. At each focus group there were typically five to six "no shows," a direct contrast to the significant participation experienced in past focus groups conducted by the Council. While specific reasons for this are unknown for every individual, at times participants could explain that an individual had been unable to get off work at the last minute or had another scheduling problem. This issue was a prelude to the many challenges of the direct care worker that were discussed as the focus groups commenced.

The focus groups were designed and facilitated to ensure that each individual had numerous opportunities to share thoughts and perceptions. They were conducted as informal conversations, and each participant was assured anonymity with regard to specific comments being used in this report.

To set the stage, each session began with a very short introduction of the purpose of the focus groups and a quick review of the "ground rules" for the discussion (see sidebar). The ground rules were designed to ensure productive discussions, allow for participation by everyone, and reduce any monopolizing of the conversation by one or a few participants.

To facilitate meaningful discussions, the groups were asked a series of questions revolving around the issues of recruitment and retention of direct care workers. Depending on the responses of the participants, additional probing questions were then asked. Some of the questions were answered by the participants from a personal and individual perspective. However, for most of the questions, the participants were asked to come from a more global, "big picture" perspective, thinking of what they've seen happen in their organizations overall.

## Ground Rules

- ❑ We want to hear from everyone.
- ❑ There is no wrong answer.
- ❑ It is OK to disagree.
- ❑ We want your thoughts.
- ❑ Please be brief.
- ❑ Have a good time.

## What We Talked About

- ❑ How did you find out about your current job?
- ❑ What is the main reason you took the job you have right now?
- ❑ Why is it hard to get new workers?
- ❑ Why is it hard to keep workers?
- ❑ Does age make a difference in recruiting and retaining workers? How so?
- ❑ Did you hear about this profession when you were in school?
- ❑ To what extent is pay an issue in recruitment and retention?
- ❑ To what extent are benefits an issue in recruitment and retention?
- ❑ Is the training effective? How could training be improved?
- ❑ Is orientation effective? How could orientation be improved?
- ❑ Do supervisors make a difference in whether workers stay or not?
- ❑ What is the profile of the direct care worker? How many co-workers of yours fit that profile?
- ❑ Do you plan to stay in this profession?
- ❑ Do you plan to stay with your current employer?

*Personal Care and Home Health Aides is the ninth largest growing occupation in thousands of jobs for the time period 1998-2008, representing 433,000 jobs or a change of 58%.*

**Bureau of Labor Statistics, 2000.**

The nature of the questions was comprehensive and far-reaching. It should be noted that the tone of the focus groups was professional and constructive. At no time did the conversation become a

“gripe session” or an opportunity to vent frustrations. The quality of the conversation was excellent, resulting in literally hundreds of thoughts, comments, concerns, and ideas.

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## The Challenge

In the best of situations, recruiting and retaining employees is a challenge. In the current and projected situation surrounding the profession of direct care workers, there are challenges with which other professions don't necessarily have to contend. These can be viewed in the context of the overall employment market and growth projections in long-term care.

Overall unemployment is at an all-time low with both the national and Pennsylvania's average hovering in the area of 4.5 percent. In some areas of the Commonwealth, unemployment is significantly lower than that, with estimates as low as 2.2 percent cited. Projections indicate that unemployment rates of this nature can be expected for the next few years at a minimum. It also bears mentioning that the baby boom generation (those born between 1943 and 1960), which has been a major force in the labor market for the past 20 years, has now reached its prime working

years and makes up about 47 percent of the workforce (Bureau of Labor Statistics, February 2000). These baby boomers will reach retirement age between 2011 and 2029.

Also critical to understanding this issue is the fact that in 2010 there will be just two new employees for every one retiree. While at first glance that doesn't seem to pose a problem, consider that in 1995 the ratio was 10 to 1, and in 1999 that ratio was 7 to 1. In short, the ability to have a choice when needing to fill a position is drastically shrinking. When talking about selecting individuals to care for and assist other human beings, this is critical.

Add to all of this the knowledge that life expectancy continues to rise, and Pennsylvania continues to experience tremendous growth in numbers of older citizens, and the dire situation that the Commonwealth is heading toward becomes evident. It also becomes clear why Personal

Care and Home Health Aides is projected to be the ninth largest growing occupation in thousands of jobs for the time period 1998–2008 (433,000 jobs or a change of 58 percent).

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puzzle. Just as critical are issues related to the workplace environment, training, compensation, society’s perceptions, and respect, just to name a few.

These issues have tremendous impact according to the focus group participants. The direct care workers who participated in the focus groups provided great insight and clear direction regarding these issues. It would behoove the Commonwealth, service providers, and the community at large to listen.

## Key Messages

The focus group participants were attentive and provided great insight into the critical issue of direct care recruitment and retention. It was interesting that, with a few notable exceptions based on care setting (e.g., home care versus facility-based care), the key messages heard did not vary tremendously among the participants of the 15 focus groups. In fact, there was significant agreement among the groups with regard to the core issues related to the direct care workforce shortage. With each group, the following key messages surfaced as being extremely important.

## Recruitment and Retention . . . Why So Difficult?

When directly asking the participants why it is so hard to *attract* or recruit individuals to the direct care giving profession, the answers that consistently rose to the top were “you don’t make much money,” “people don’t want to take care of other people’s personal needs,” “the work is too hard,” “people don’t like to think about long-term care,” and “people can find better jobs.”

Compare that to the top responses of the participants when asked why it is hard to *keep* or retain workers. The

## Why Is It Hard to Recruit Workers?

Don’t make much money .....	131
Work is too personal ...	126
Work is too hard .....	116
Don’t like to think about long-term care .....	74
Can find better jobs .....	66
Can’t pick your own hours .....	55
Hard to find child care ...	46
Not enough workers overall .....	45
Don’t get good benefits ...	41
Have to take part time ...	41
Transportation issues ....	16
Don’t want to do background check .....	5
Don’t want to do drug test .....	4

**Note:**  
Reflects number of votes each response received when participants were asked to pick their “top 5” from the list provided; they were also encouraged to add any new items as appropriate. There were a total of 766 responses.

## Profile of a Caregiver

- Compassionate
- Dedicated
- Empathetic
- Good listener
- Patient
- Positive attitude
- Professional
- Reliable
- Respectful
- Sense of humor
- Team player
- Thick-skinned

## Why Is It Hard to Retain Workers?

Never enough workers to help out .....	95
Work is too hard .....	94
Don't feel appreciated by company .....	84
Pay isn't good .....	80
Can't handle the "reality" of the work.....	59
Have too little say in care of consumers .....	47
Don't get enough training .....	40
Don't get promoted .....	33
Training isn't good .....	28
Don't like coworkers ...	27
Too many unreasonable rules .....	24
Mixed messages .....	23

top five answers, again by a significant margin, to that question were “there aren’t enough workers to help out,” “the work is too hard,” “they don’t feel appreciated,” “the pay isn’t good,” and “they can’t handle the reality of the job.”

The consistency in these responses provides a clear direction as to areas in which significant changes must occur before the worker shortage issue can truly be solved. These areas are addressed throughout this report.

Time and time again the participants spoke of the fact that it takes a special person to do the work of the direct care worker. As obvious as this may sound, and while it may be recognized in a superficial way, the participants clearly pointed out that they are not treated that way, nor are they truly looked at that way. This must change. When asked to describe the attributes of a person who excels in the profession, the participants consistently listed traits such as empathy, compassion, positive attitude, and patience (see sidebar).

Recognizing this is a “tall order” when it comes to personal characteristics, the participants were also asked if they believe there are a lot of individuals exhibiting these characteristics within their own organizations, among their co-workers. Specific results are

provided in the sidebar, but not surprisingly, only 43 percent said most or the vast majority of their co-workers exhibited these characteristics. This would indicate the Commonwealth is relying on a small number of these “special people” and must figure out how to attract and retain more of them.

Clearly, this personality profile does not play to traditional recruitment strategies, as demonstrated by the manner in which the participants themselves were recruited to their current jobs; greater than 45 percent were encouraged by friends or family to get into the job they have now.

The participants indicated that there are two mindsets when it comes to the direct care worker: those that enter the profession because they have great compassion and want to help people, and those who need a job—any job. Based on the comments of the direct care workers, it is clear that these two distinct “camps” can almost be described as those who have a “calling” and those who are in it solely for the paycheck. The attitude of the latter group reportedly affects performance and therefore quality of care, according to the participants. It also puts additional pressure on those who are trying to do a good job as they feel they must try to “cover” for the others. This can cause resentment and

friction in the workplace, and, at times, this resentment results in the loss of good employees.

When asked why they took the job they have now, the majority of focus group participants said it was because they “like to help people” as already discussed. It should be noted that geographic setting did seem to have an effect on the responses to this question. While the number of individuals who are in the profession due to convenience or close proximity of the workplace is small (8 percent), this answer was much more prevalent in the more rural areas, such as Wysox in Bradford County and the outlying areas near Wilkes-Barre in Luzerne County, than in the suburban or urban settings visited.

The nature of the work calls for a level of maturity that came out clearly in the focus groups in a variety of different ways. This profession is not one that is going to be attractive to the typical young person, indicating the need to target older prospective employees. Keeping this in mind, we discussed with the focus groups their opinion on recruiting different age groups.

Overwhelmingly, the participants agreed that there should be different recruiting messages for the different age groups based on specific “hot buttons.” The consistent re-

cruiting messages we heard for the different age groups are provided in the sidebar on the next page and range from emphasizing and providing child-care benefits for those in their 30s, to promoting retirement benefits to those in their 40s, to arranging lighter duty and promoting the virtues of companionship for those in their 50s and 60s.

For many in home health and home care, the comprehensive issue of transportation was one that they believe has affected the retention of employees.

Many of these participants pointed out the expense of wear and tear on their automobiles, the long distances traveled, the time spent on the road that isn’t compensated for, and the like. Furthermore, while the majority were reimbursed for mileage, many felt that the mileage reimbursement was not adequate, particularly given the current high fuel costs.

It should be noted that many home health and home care workers are compensated for their time on the road, but only to a certain extent. For example, with one organization, 35 minutes per visit could be claimed for “road time.” However, they also explained that they are frequently on the road between calls for longer periods of time and then are not compensated.

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No benefits .....	22
Don’t feel appreciated by consumers .....	21
Changing policies/ procedures .....	20
Can’t pick own hours ..	18
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Workers feel alone .....	17
It can be scary in an emergency .....	16
Too much paperwork ..	16
Benefits aren’t good ....	14
Don’t get paid for travel time .....	12
Safety concerns.....	9

**Note:**  
Reflects number of votes each response received when participants were asked to pick their “top 5” from the list provided; they were also encouraged to add any new items as appropriate. There were a total of 816 responses.

*Direct care workers in rural areas are more likely to take a job due to its convenient location than their peers in suburban and urban settings.*

## Recruiting Hot Buttons

### 18-29 year-olds

- No weekend work
- Child care
- Good starting pay
- Continuing education

### 30-39 year-olds

- Good health benefits
- Child care
- Flexibility in the schedule
- Job security/stability

### 40-49 year-olds

- Short- and long-term disability insurance
- Retirement benefits
- Life insurance
- Flexibility in schedule

### 50-59 year-olds

- Part-time hours
- Benefits
- Lighter work
- Giving back to community

*“You learn how to bathe someone and then you’re told ‘we don’t have time to give them baths, just do face and hands.’ It isn’t right.”*

**CNA in Sunbury,  
Northumberland County**

## Impact on the Consumer

In speaking with the focus group participants, their gravest concern about workforce shortage related to the quality of care that consumers are receiving. This issue was less prevalent in the home and community-based settings and was very closely related to the amount of time that a caregiver has to spend with a resident or client.

Insufficient, and at times frighteningly unacceptable, quality of care ranged from not having adequate time to thoroughly and safely bathe individuals; to having to rush feedings at an uncomfortable pace for consumers; to not being able to respond to emergency situations quickly; to having to be “short” with individuals because there was no time to explain things; to having unqualified individuals mishandling consumers; to not treating consumers respectfully and with dignity; to having a consumer explaining to a direct care worker how to move them or give them a shot.

Then there is the issue of just being able to spend a few minutes to talk or be kind. This is a luxury due to being short-staffed and under-trained.

Those who provide care in the home setting were more com-

fortable in that they felt less pressured and didn’t have to move as quickly. They described taking more time with their clients. In fact, many participants reported they took positions in home care or home health solely for this reason. However, they too had concerns regarding quality of care from the perspective of a lack of good information upfront about the consumer and their specific needs. Many times they told of incomplete Personal Information Forms (PIF) or PIFs that were clearly inaccurate once the caregiver reached the home and saw the situation; there were situations that they hadn’t been exposed to in the past and weren’t always prepared to handle.

Another dramatic impact on the consumer manifests itself when caregivers are re-assigned; this issue was described in both the home and facility-based settings. It is unsettling to a consumer to have a caregiver he or she has grown comfortable with transferred to another floor, wing, hall, or client, typically with no notice.

By the same token, when a new caregiver is assigned, there typically is no “smooth transition.” Caregivers in the home-based setting spoke of taking their own time to go with a new caregiver to introduce him or her to the consumer and help ensure an ef-

fective and comfortable transition for the consumer. But they also said the people who would do this are few and far between. And in the facility-based setting, no one is able to do this.

Many participants were incensed at what are significant impacts on the consumer as a result of the workforce shortage. They, in many cases, were very emotional about the fact that those who are most in need are in fact receiving the least from our system of care and services due to the profession's lack of ability to recruit and retain good workers.

Clearly, the caregivers' loyalty was to the consumer. This was notably demonstrated when 79 percent said they'd be in this profession five years from now, but just 38 percent said they'd be with the same employer. To them, it is the consumer that matters, and they are greatly concerned about the quality of care and services these people are receiving. They also resent the awkward position the caregiver has been placed in under these circumstances—with no end in sight.

## **A Profession or Job . . . The Issue of Respect**

The overwhelming majority of participants said that their profession is not looked at as a profession at all, but as a

job. Many told stories of being asked, "how can you do a job like that" and "why don't you get a *real* job?"

Based on the intensity of their responses, this issue was in many ways as important to them as compensation. Gaining the respect of society in general is critical. They want to be seen as professionals and know they currently are not ... it's a job not a career. What was more surprising was the degree to which they felt they were not respected by their own organizations and co-workers. And this has a tremendous impact on how they feel about what they're doing as well.

In particular, direct care workers spoke of a lack of respect and support from RNs and LPNs; this was specific to facility-based workers. There was an understanding among the participants that everyone is extremely busy. However, there was also the frustration that occasionally, when things were very hectic, it seems that RNs and LPNs are reluctant to step in and help out. At times participants felt these professionals could also be somewhat unrealistic as to what could be accomplished by the direct care workers in a given period of time to properly care for the consumer.

That having been said, the participants did not envy the challenges faced by the RNs

*"They're too busy. I'm lucky if I see them once a day. I don't like to even ask them for a glass of water."*

**CNA in Eppers, York County, describing conversation with a resident about staffing shortage.**

*91% of the participants asked said they "loved" working with the consumers while 87% of the participants asked said they saw the consumers as part of their extended family.*

*"Come on, Mom, get a life, why are you doing this?"*

**A daughter to her mother who works as a CNA, Allentown, Lehigh County**

*"Oh, so you're not a real nurse."*

**An acquaintance upon hearing what a Home Health Aide does, Erie, Erie County**

*“She [supervisor] told me to stay there till she found me another job. I said, ‘I have a better idea; you go out there and I’ll find my own job.’ You don’t treat people like that.”*

**Attendant, Brookville, Jefferson County, who believed she was in a dangerous situation**

*“How can you do what you do?”*

**An acquaintance talking with an Attendant, Philadelphia, Philadelphia County**

*“I’m worth more than this.”*

**CNA, Brookville, Jefferson County**

and LPNs. Particularly mentioned was the significant amount of paperwork they are saddled with due to regulations; this results in the frustration among these professionals that they are doing more administrative work than providing health care. As one participant said, with empathy for the RNs and LPNs at her facility, “I gave up my dreams to go to [nursing] school because of it [the paperwork].”

The overall issue of respect has a very direct connection to the quality of care received by consumers. The participants made it clear that their opinions regarding the consumers’ needs are neither solicited nor respected if they’re given. In their opinion, the direct care workers are seen as individuals performing menial tasks, rather than individuals with skills who are the “eyes and ears” regarding the consumers’ condition. Their knowledge of the consumer is critical and is not being tapped.

When tying the issue of respect to the consumers’ key values related to long-term care and services, one immediately thinks of the value of consumer respect and dignity. Clearly, if one feels they’re being respected, they are more likely to treat others with respect and dignity. For this reason alone, the direct care worker must be looked at with much greater respect.

## So What’s It Worth?

The issue of compensation came up very early in the majority of the focus groups. The vast majority of the participants believe that when it comes to their hourly wage, they are not fairly compensated for the work they perform and the responsibility they have. And, they believe it is a real issue when it comes to the recruitment and retention of direct care workers.

While compensation is definitely an issue, the participants didn’t say that paying direct care workers *significantly* more money was the sole answer to solving the worker shortage issue. In fact, 72 percent said they’d feel they were fairly treated if they made \$1 or \$2 more an hour. For many, it came down to being fairly compensated *and* truly understanding what it takes to perform the job well *and* having a respect for the skills and behaviors that are required.

In comparing their work to other jobs they could get, the participants said, often with disgust, that it is ridiculous that they could go to Burger King and start at a higher wage than they earn now. The low pay ties directly to the issue of respect according to the participants. If the challenges and difficulties of the job were fully understood and truly respected, compensation would

more fairly reflect the responsibility and, in fact, liability assumed by these workers.

When discussing the issue of compensation a number of side issues arose. One in particular had to do with temporary or agency personnel being brought into a facility when that facility is short-staffed. These individuals, according to the participants, are often being paid significantly more than the regular employees and are not required to “go the extra” whether that be putting in mandatory overtime, staying late to finish up a task, or the like. This causes real resentment according to the participants.

The same message was heard regarding frustration over new employees who come in with less experience and yet are compensated at the same rate as those direct care workers who have been on the job for a longer period of time. This issue was raised by the participants at every focus group and was a significant frustration for many. They fully understood the economic reality of the workforce shortage and the need to provide adequate compensation to attract workers; however, they still found this issue extremely frustrating.

Another issue that arose when discussing compensation was that of performance-based pay. Participants spoke of resenting co-workers who shirk

duties, don't work hard, and don't take the job seriously. Yet these individuals make the same wage as someone who does an excellent and caring job. To many, this just doesn't seem right. However, they also spoke of the resentment that such a pay system would cause in the workforce, indicating that some care would have to be taken in implementing performance-based compensation.

## What About Benefits?

The benefits discussed by the participants were varied in nature. Those individuals who worked part time did not, for the most part, receive benefits. Those who were full-time workers had differing levels of benefits when it came to insurance, vacation, and other benefits like tuition reimbursement. In short, there was not consistency in benefits received by the participants.

Surprisingly benefits were not the “make or break” issue that one might think. There was an overall sense that the benefits most direct care workers got (if they got them) were “O.K.” It should be noted that part of this may be related to expectations. There were issues that at times seemed to fall into this category ... where the direct care workers almost seemed to feel “what else can we expect?” Benefits were one of those issues.

*“My choice was to stand around in a factory and watch a machine make plastic parts or take care of someone on a ventilator and make \$1.50 an hour less. I'm not sure I made the right choice.”*

**CNA, Erie, Erie County who left the factory job to become a CNA**

*“It makes you not want to work as hard.”*

**CNA, Wysox, Bradford County, describing when a “pool” employee comes in**

*“I was happy with what I was making until I found out what the LPNs make to do the same work.”*

**CNA, Carnegie, Allegheny County**

*“This is ridiculous. We're out here working full time and being told we can apply for [low income] medical cards and Access cards.”*

**Home Health Aide, Altoona, Blair County**

*“If I were to cover my family it would take everything I make.”*

CNA, Altoona, Blair County

*The cost associated with transportation was a significant issue for direct care workers providing services in consumers’ homes, and has an impact on retention.*

The one specific area that individuals appeared to be displeased with had to do with family health benefits. According to the majority of the participants, the cost of these is prohibitively high. Very few of the participants could afford family benefits because of the expense.

Approximately 28 percent of the caregivers who participated in the focus groups worked part time; many of these individuals did not have benefits or had “scaled down benefits.” As a matter of information, the trend in business today is toward providing some sort of benefit package to part-time employees.

Some of the home care and home health participants were independent contractors; these individuals did not receive benefits from the organizations they contracted with.

With regard to the remainder of the participants, the majority received standard benefits that included health care, a retirement plan, and vacation time, although as mentioned earlier, specifics among the plans varied. Many were also receiving a retirement plan match from their employer. It should be noted that while many received vacation, a significant number found it difficult to take time off due to mandatory overtime and an overall sense of obligation to

the residents, clients, and/or patients.

When discussing “less standard” additional benefits that may or may not be applicable, approximately 49 percent of the participants indicated that they receive tuition reimbursement from their employers, with various guidelines governing how much was reimbursed, when, and under what conditions. Approximately 60 percent of the participants reported seeing co-workers taking advantage of this benefit by leaving shortly after receiving reimbursed training and/or education. Some also reported that employers are beginning to require a defined length of stay for workers after they receive tuition reimbursement.

With the exception of assistance in getting to work in inclement weather, there were no transportation benefits to assist the direct care workers. It should be noted that this excludes standard mileage reimbursement provided to those working in home care and home health. As an aside, approximately 50 percent of the home health and home care workers were reimbursed for travel time, to varying degrees. Those who were not saw this as extremely unfair. There also was significant conversation among those providing services in the consumers’ homes regarding the high cost of maintaining vehicles. Many

felt there should be some type of benefit or reimbursement for these kinds of expenses.

Very few of the participants had any type of child-care benefit; those who did were employed by large facilities that had an onsite day-care center that employees could use for a fee. When asked what type of benefit would be most important in recruiting and retaining direct care workers, the overwhelming majority believed child-care assistance would be a real plus. When asked what form this would take, suggestions ranged from having onsite day care to providing an allowance to assist with the expense of child care.

## Do They Get a Good Start?

Time and time again during the focus group we heard conversations that the training is not adequate, is outdated, is not “reality-based.” In particular, with home health and home care it seemed that the need is basic: spend time with a new individual out in the field before they go on their own. While it was recognized every client is going to be different, there is an insecurity that goes with entering an unknown home and meeting someone for the first time. Having someone else along is helpful.

Even more of a concern in the home health and home care settings were the descriptions of a woeful lack of information provided to the caregiver about the client. The vast majority of caregivers gave examples of walking into a home with very little idea of what they were going to be met with. This was also true of attendants sent out to consumers’ homes. Particularly poignant was one home care worker who was new to the profession. After listening to conversation in the focus group regarding the shock of handling a deceased consumer, she suddenly asked, “Can someone tell me what you’re talking about when you say ‘bag them?’” Upon further conversation it became clear she had in no way been told what to do if she enters the home and finds a consumer deceased or in distress.

Many of the problems with training in the facility-based settings stem from an absolute lack of time devoted to training once caregivers get on the floor. At that point, in the words of many, “you’re thrown to the wolves.” There was clearly no sense that co-workers were there to help new workers succeed, and in many cases co-workers can make it much more difficult for new employees to succeed. This is primarily because co-workers themselves are hard-pressed for time, and sometimes are resentful of the time it takes a

*“We’ve lost a lot of workers because they don’t have anywhere to keep their kids.”*

**CNA, Shillington, Berks County**

*“The first hands-on training we get is our first client.”*

**Home Care Aide, Carnegie, Allegheny County**

*“I went into a house to find the client had shingles and I’ve never had the chicken pox. No one told me.”*

**Home Health Aide in Wilkes-Barre, Luzerne County**

*“You’d be surprised how many aides I’ve worked with who didn’t know that people were going to die.”*

**CNA, Mercer, Mercer County**

*“I don’t know if I can even remember how to do it the proper way anymore.”*

**CNA in Shillington, Berks County**

*“You should see her, she’s doing it the way they taught her in the class.”*

**Supervisor overheard in Sunbury, Northumberland County**

new direct care worker to get up to speed. Some also hold back their assistance, in effect testing the new direct care worker to see if they’re going to make it. Many said they can tell within a day or two if a new direct care worker is going to last or not.

Additionally, lack of time and shortage of staff makes the training that direct care workers receive extremely unrealistic. This is because they just don’t have the time to do what they are taught in classroom training sessions or even on the floor during hands-on training when going through certification classes.

As far as specific training methods go, everyone believes there needs to be more hands-on training. New caregivers must have more assistance in learning how to handle real-life situations. As one individual said, “Someone is whipping your butt while you’re trying to change them ... the dummy you trained on didn’t do that.” Video training was also literally scoffed at by the majority of participants, facility and home-based alike, for being unrealistic and was referred to as “a snooze session” and “something out of the 1950s.”

Hand in hand with the issue of training was that of orientation. And in the minds of the participants, orientation isn’t just when you first start in

this profession, it’s anytime your situation or work environment changes. For example, if you are working in a nursing facility and you are going to move to another wing or hall, you should have an orientation period to get to know the residents, their needs, specific issues, and so on. Likewise for home-based care, if a new client is taken on, the caregiver should know how to deal with the new issues that may arise. There also should be a transition period for the caregiver and consumer to get to know each other.

When asked how they would design a better orientation and training program, the participants came up with a variety of ideas as shown in the sidebar.

The participants saw training and orientation as a critical retention issue. They agreed the first few weeks are critical on the job and to someone’s willingness to stay. With better, more realistic training, the majority believe new direct care workers would be much more likely to hang in there and try to make the profession work for them. There were too many examples given of new direct care workers giving up because, due to poor training, the reality of the job was not what they had expected. There was comment after comment made like this one: “She left to use the restroom and never

came back.” Again, this was not an exception.

We have to change direct care workers’ training/orientation or change the reality of the situation they are in, or both.

## Why Are We Making It So Tough?

Clearly, direct care workers have chosen a profession that is difficult and stressful in the best of circumstances. When assisting others with personal care, when taking care of and providing services to other human beings, there is a responsibility unlike that with which many others have to deal. While those in the profession have clearly chosen to accept the responsibility, this should not mean “anything goes.” Throughout the 15 focus groups, direct care workers gave example after example of circumstances that, in their minds, simply add insult to injury in an already difficult work environment.

In 40 percent of the focus groups the subject of welfare-to-work program workers was brought up as an issue over which the participants felt great resentment. This issue was only raised by caregivers in the facility-based setting. They told of program participants taking the necessary training to become employed and then remaining employed

as long as they needed to in order to meet the requirements of the welfare-to-work program. They then, according to the participants, would begin calling in sick until they were fired. Not only did this leave the facility just as short-handed as it was to begin with, but it also ended up wasting the time it took for others to train the individuals, creating even more stress.

It was made clear through discussion that the caregivers’ loyalty is not to their organization or supervisor, but to the consumer. Many admitted they had or knew of others who had “difficult” supervisors who were disrespectful, caused problems, and overall, didn’t supervise. However, while they said those supervisors could impact how they felt when they left at the end of the day, they also aren’t quitting their jobs because of it. When asked why not, they said that they just ignore it because the consumer is more important than the supervisors. Many actually admitted they just ignore their supervisors and stay out of their way. Supervisors have the opportunity to have a real impact on employees, particularly from a loyalty perspective; this is not happening in long-term care. As mentioned earlier, while 79 percent of the participants said they’d be in this profession five years from now, just 38 percent said they’d be with the same employer. And that

*“The video showed he’d roll for me, but he didn’t.”*

CNA, Pottsville, Schuylkill County, describing her first “real life” bed change

## Orientation and Training Improvements

- ❑ Use dedicated trainers who want to train
- ❑ Provide more time for orientation/training
- ❑ Develop more realistic training
- ❑ First watch, understand, then do
- ❑ Employ a “buddy system”
- ❑ Ensure there is a long-term coach
- ❑ Provide consistency both in setting and trainer
- ❑ Provide feedback to new employee
- ❑ Key in on understanding the residents and clients

## A Matter of Loyalty

*79% of the participants will be in this profession 5 years from now; just 38% will be with the same employer.*

## Showing Appreciation

- Just say thank you
- Acknowledge my presence
- Say hello
- Ask me how things are going
- Give me feedback
- Recognize when we work mandatory overtime
- Provide snacks occasionally
- Ask my opinion about the consumer
- Admit if you make a mistake
- Present a certificate of recognition for going “above and beyond”
- Give us small gift certificates
- Help defray transportation costs
- Recognize good performance in newsletters

*“Just thank me for pulling a double shift. Instead, I have to go over my pay-check to make sure I got paid for it.”*

CNA, Wilkes-Barre, Luzerne County

means they aren’t feeling loyal to anyone but the consumer.

The participants of the focus groups gave many examples of how they and/or their co-workers do not feel appreciated for the work that they do. Most of the examples and situations described had to do with common courtesy. They believe “pats on the back” are too few and far between, and in many cases, non-existent. And their

examples rang true. When asked what employers could do to make them feel appreciated, the answers were almost embarrassingly basic. Things such as “just say thank you when I’ve done a good job,” and “pitch in and help when things are going crazy,” and “tell us they couldn’t do it without us,” were most frequently mentioned. Other ideas are listed in the sidebar.

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## A Call to Action

Government, the long-term care industry, and individual providers must form a committed partnership focused on improving the current direct care worker situation as described in this report. The issue of recruiting and retaining direct care workers is a comprehensive and critical one. Comprehensive because there is no one answer; there are a number of areas that must be addressed. And critical because it has a profound impact on the quality of care received by Pennsylvania’s consumers.

The issue is too large, too complex, and too systemic for a singular entity to solve. To have the necessary impact, there must be a partnership of government and industry, using their combined resources to ensure the situation is adequately and comprehensively

addressed, focusing on the following recommendations presented for consideration.

**Develop a strategy to make the job a career and/or profession.** A lot is riding on the skills, expertise, and talents of the direct care worker. These are the individuals that are seeing firsthand how an individual requiring long-term care and services is feeling and responding. They are very often the “eyes and ears” for the consumers’ needs. And yet they feel little or no respect from society in general and clearly do not feel they are viewed as professionals. It should be noted that in this sense the term “professional” does not mean an academic degree or other registration. It means skills, it means commitment to a career, it means dedication of purpose.

To attract and retain good people in this field, there must be a sense of respect and a sense of profession. A sense of real commitment to the career must be created; this cannot be a profession that anyone who needs a job can get into.

This issue can be attacked from a variety of perspectives including:

- ❑ Reevaluate and elevate how the long-term care industry perceives and treats the direct care worker.
- ❑ Develop ways for the current workforce to promote itself as professional.
- ❑ Select and facilitate a statewide group of direct care workers to fully develop a strategy to elevate the direct care worker as a professional.
- ❑ Create community outreach efforts regarding these positions.
- ❑ Create more awareness in the schools that this is a career choice.
- ❑ Develop better training programs and create meaningful certifications and designations in the direct care profession.
- ❑ Ensure there are requirements for all direct care workers, and develop a program to create a system of accountability.
- ❑ Promote a better understanding of the functions and challenges of the job.
- ❑ Promote the skills and in-

tellect required for the job.

- ❑ Provide fair compensation.

**Long-term care administrators and executives must make a significant mindset shift in how the direct care worker is perceived.** It is critical that the concerns of the direct care workforce are clearly understood by the management of this industry and the positions rethought from their perspective. Management itself does not see the direct care worker as a professional. When a position or individual is not respected and valued, they do not feel listened to, they feel ignored. This is the situation with the direct care worker. There must be a significant mindset shift as to how these positions are perceived by management. A shift from perceiving it as a position versus a profession. A shift from perceiving the work they do as completing tasks versus significantly impacting the consumers' quality of life. A shift from perceiving these positions as being easy to replace versus a valued profession that takes special people. If management does not see direct care workers as professionals, who will? A working partnership between the Commonwealth, long-term care associations, and individual providers could help facilitate this process.

**Pennsylvania's long-term care providers must develop a multi-pronged recruitment strategy for the direct care**

## The Plan

- ❑ Make it a profession
- ❑ Respect the position
- ❑ Develop a multi-pronged recruitment strategy
- ❑ Focus on recruiting a more mature worker
- ❑ Increase compensation
- ❑ Consider performance-based compensation
- ❑ Provide child care assistance
- ❑ Redesign orientation and training
- ❑ Provide emotional support
- ❑ Develop the supervisors
- ❑ Use technology
- ❑ Form a government/industry partnership

**worker position.** The workforce shortage is going to continue to grow in severity, and the longer it is not acted upon, the more dangerous the situation becomes for the consumers of Pennsylvania. All too often, organizations and even industries overall, attempt to find the one way to solve a recruiting problem. There is no one way. Successful recruiting strategies necessarily employ a variety of methods, systematically applied.

A marketing approach must be taken to recruit direct care workers—an approach that focuses on the needs of the worker and what *the worker*, not the organization, is looking for. One way these needs can be identified and “tailored” is by different age groups, as identified by the focus group participants. Once those needs are identified, there then must be a widely cast web of techniques used, while remaining incredibly focused on recruiting and hiring the very best caregivers. Examples of those techniques include:

- ❑ Formally assess staffing needs on a regular basis, projecting into the future as much as possible.
- ❑ Develop an employee referral process and conduct ongoing internal publicity.
- ❑ Work with current employees to brainstorm recruiting ideas on a regular ba-

sis by determining what would attract them.

- ❑ Develop partnerships with schools to encourage internships and work-study programs that promote the position of the direct care worker.
- ❑ Track effectiveness of recruiting efforts to target the most effective means.

While these are merely examples, they are cited to illustrate the importance of using a number of techniques on an ongoing basis.

In looking at this from a “big picture” perspective, it is important that government and industry work in partnership in several key areas. This is particularly necessary with regard to developing awareness about the profession of the direct care worker and developing an effective image campaign.

**Focus recruitment efforts toward the more mature age groups.**

The responsibility required by the position of direct care worker necessitates a mature individual. One who in many cases has had experiences in his or her own life that result in the development of character and a personality that is not easily “shocked” by things that are not familiar to them. To generalize, younger individuals do not typically exhibit a high degree of patience, nor have they typically experienced the respon-

sibility of taking care of others such as children and other family members. From a societal standpoint, and again generalizing, younger individuals tend to be more self-absorbed, a trait that is not conducive to high performance in the caregiving field. Additionally, and from a practical standpoint, demographics are clearly pointing to a growing older population, making the availability of more mature individuals greater. This means much thought needs to be given to what type of work and environment will appeal to the more mature worker. For example, efforts must be made to create and then market a work environment of flexibility to allow for time spent with families. Day care should be provided to assist those with families. The philosophy is the more targeted and tailored the effort, the greater the return on the investment.

**Increase the wages paid to direct care workers.** If Pennsylvania and its citizens are serious about the quality of care that consumers receive, we must find a way to fairly compensate our direct care workers. “Fairly” doesn’t mean what people will accept or tolerate, but what they have earned based on their skills, abilities, and an importance to the consumer. Obviously, one critical way of indicating value is through payment for services rendered. When an

individual can make as much money stamping parts in a factory as they can caring in the most personal ways for a human being, there is something wrong with the system. And we all have a responsibility in that. At a minimum, an additional \$1 or \$2 an hour must be found for the direct care worker to help elevate their positions. Government has a role to play in this, as do the providers themselves. By looking closely at reimbursement strategies as well as organizational efficiencies, perhaps the issue of compensation can be addressed. When looking at the job responsibilities, the direct care workforce is requesting an increase that seems appropriate when it comes to fair compensation. If something is not done in this regard, we are going to continue to lose good caregivers and not be able to attract additional workers to care for a growing population in need.

**Consider developing a performance-based pay system for direct care workers.** One of the greatest demotivators for any employee is seeing others doing work that is not up to standard, yet being compensated the same as someone who goes above and beyond. After awhile, the best employees will no longer put up with such a system and will leave. Or they will become so demotivated that their own performance will slip when

they realize “it just doesn’t matter what I do, I’ll still get paid the same.”

Part of creating a respected “profession” for the direct care worker is creating a sense of value, a sense of worth. And that is individualized, not homogenized, and not the same for everyone.

Due to a significant lack of trust that seems to be prevalent in the field, implementing such a system would not be without challenge. Who decides on pay rates for individuals and what criteria do they use? However, the benefit of such a system will outweigh the “growing pains” of implementation, and clearly it is a system for which the time has come.

**Provide child-care assistance to direct care workers.** In looking at the demographics and the need for recruiting a more mature worker (e.g., 30-year-old versus 19-year-old) to this profession, it is likely that the preferred candidates will have children. It is becoming more and more prevalent in the business environment to provide child-care benefits today, and long-term care should be no exception.

Looking at child care from a position of enhancing the lives of consumers should be considered as well. For example, combining long-term care with child care at some level, and

promoting interaction between the generations has proven successful in many cases. This may be something to consider from a state-private sector partnership perspective.

**Assist providers with redesigning their orientation and training efforts.** The first few days and weeks on any job are critical to the success of an employee. The direct care worker needs to have a comprehensive orientation process that prepares him or her for the position just accepted. This process needs to provide the direct care worker with the necessary tools to cope with a stressful environment from a position of certainty and, therefore, greater confidence. If direct care workers continue to feel “thrown to the wolves” when they enter this profession, they are not going to stay.

Additionally, providers must present better, more realistic training to direct care workers. Inadequate, poor, and unrealistic training is a critical contributor to high frustration, high turnover, and concerns regarding quality of care. This means more time must be provided for training, but even more so, the training itself must be revamped to incorporate more hands-on work and much more consistency.

Together the Commonwealth and providers should partner to significantly improve the

training. This could be done through means such as:

- ❑ Sponsor regional conferences for direct care workers to discuss best practices.
- ❑ Develop a partnership through which the state subsidizes state-of-the-art training design in return for a commitment from providers that the time will be allowed for direct care workers to participate in the training.
- ❑ Establish partnerships with educational institutions such as community colleges to design and implement training programs; consumers could also be included on the design team to make the training truly consumer-centered.

It is critical that the training be consumer-centered in nature. By this it is meant the training must focus on not only meeting physical *needs* but also identifying the *preferences* of the consumer. The direct care worker and consumer have a unique relationship, and to be most effective at serving a consumer, the caregiver must be trained effectively on how to develop that relationship.

**Provide direct care workers with emotional support.** Direct care is an extremely stressful job—one that is clearly highly susceptible to

burnout, frustration, and dissatisfaction. Much of this is intrinsic in caring for people, and much of it is a direct result of working under conditions of a tremendous shortage of workers. Many workers just give up and quit. Even worse, many are unable to provide the quality of care consumers deserve (and are paying for).

Creating a supportive network for them would provide immediate stop-gap assistance as well as long-term well being. Ways this could be achieved include having a monthly roundtable where direct care workers could get together, share concerns, ask questions, and in general gain support. There should also be a regular forum with management during which management doesn't talk, but listens, and tries to address legitimate concerns. Such support would help with retention and, most importantly, quality of care issues.

**Organizations should focus attention on developing the skills of their supervisors.**

Long-term care is no different from many other industries when it comes to the way they select supervisors. Typically management promotes their top performers into supervisory positions. This tendency to promote from within is a positive one with a single exception: too often individuals are promoted and then left to

their own devices, with no specific supervisory training. This in effect sets these new supervisors up for a fall, almost ensuring that they will not be effective in supervising others.

This is critical because studies show that an employee's supervisor has the greatest impact on that employee, whether positive or negative. In the case of long-term care, that impact appears to be negative when it comes to the position of direct care workers, who work around, and in many cases literally ignore, their supervisors due to a lack of effectiveness.

This issue is also directly tied to retention as employee loyalty is greatest to the direct supervisor. This is an opportunity long-term care must take advantage of by providing individuals with the skill and behavior training necessary to be effective before promoting them to supervisory positions.

This issue does not appear to be having a tremendous negative impact at this time, again, because direct care workers primarily work around or ignore their supervisors. However, as time goes on, and greater numbers of increas-

ingly savvy direct care workers enter the field, this issue of effective supervision will become more and more critical. And undoubtedly there would be much greater effectiveness with regard to day-to-day operations today were there stronger supervisors in place.

**Develop strategies related to the use of technology in assisting direct care workers.**

In this day and age, any industry that is not maximizing technology as a tool to better serve and/or bring about efficiencies is behind the times and not being as effective as it could. Long-term care should be looking at partnering with those in the field of technology to develop applications specific to the industry. In particular, with regard to the direct care worker, looking at the development of software and/or equipment to elevate communications is critical. That could be communication between shifts in a nursing facility, communication between home health aides providing care to the same consumer, etc. Given the advances and the equipment that is readily available today, this is an area that bears significant exploration.

## In Their Own Words ...

We would like to leave the reader with the words of the many direct care workers we spoke with ... this is their report, this is their story, this is their appeal.

*“I want to feel like a person.”*

Attendant in Wilkes-Barre, Luzerne County

*“Too many responsibilities, and not enough time to do it.”*

CNA, Etters, York County, currently looking to leave the profession

*“It’s just so easy to give up.”*

CNA, Wysox, Bradford County, describing lack of support from co-workers

*“You know the families are paying a fortune, and the people aren’t getting the care.”*

CNA, Pottsville, Schuylkill County

*“I put a bedpan under [the resident] wrong. When I talked to the instructor, she said, ‘Oh, I guess I should go over that.’”*

CNA, Norristown, Montgomery County, describing training

*“What I’d really like them to do is stop giving me 6-foot-tall people when I’m under 5 feet tall. Someone’s going to get hurt.”*

Home Health Aide in Sunbury, Northumberland County.

*“I wish that someday you could look forward to going into a personal care home.”*

Personal Care Assistant, Brookville, Jefferson County

*“You take home more than a paycheck.”*

CNA, Philadelphia, Philadelphia County

*“I feel like I’m a millionaire every time I walk through those doors and it has nothing to do with the money.”*

CNA, Altoona, Blair County

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