

**PENNSYLVANIA INTRA-GOVERNMENTAL  
COUNCIL ON LONG TERM CARE**

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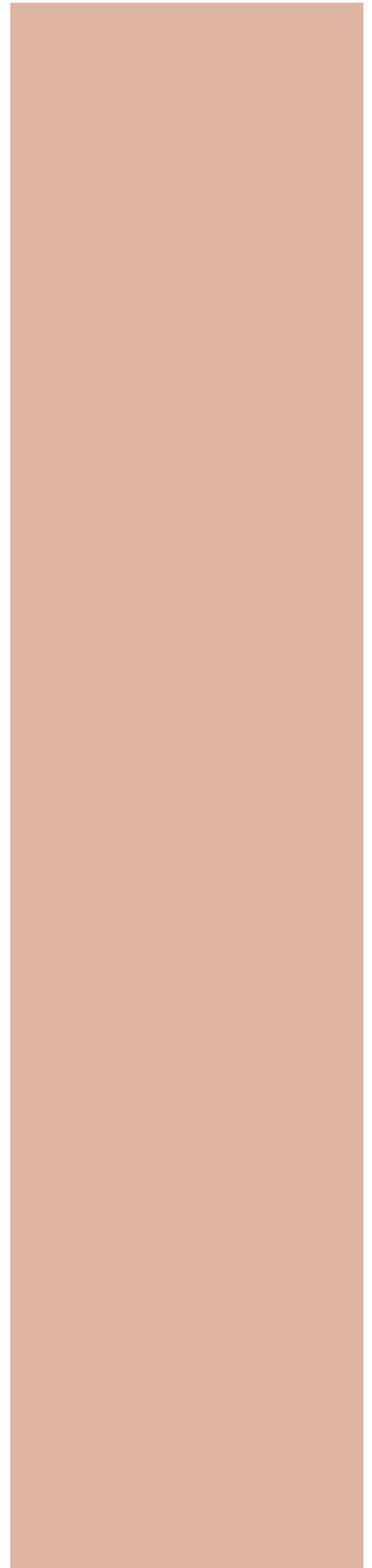
**IN THEIR OWN WORDS  
PART II**

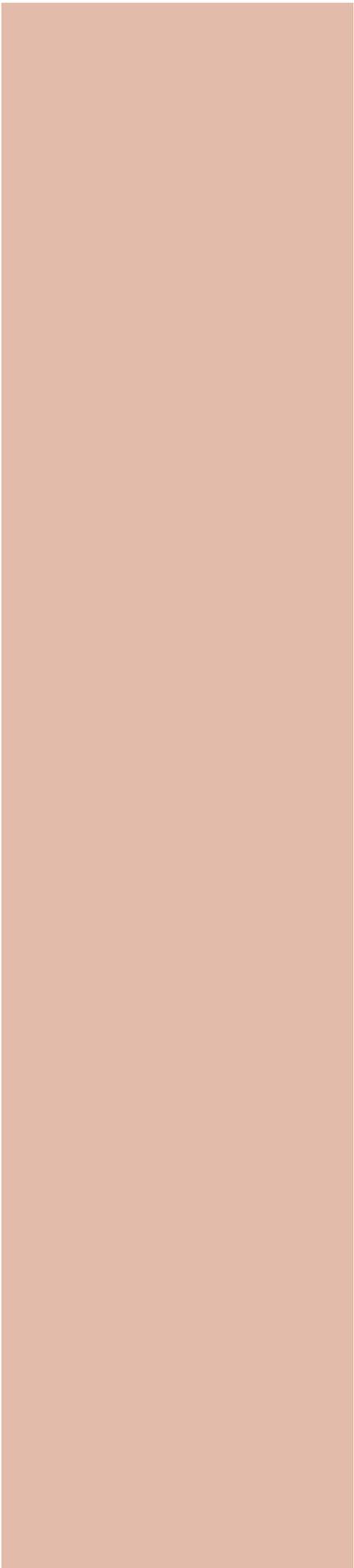
**PENNSYLVANIA'S  
FRONTLINE**

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**WORKERS IN LONG TERM CARE**

**OCTOBER 2002**





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## **INTRODUCTION AND BACKGROUND**

### **Focus Group Locations and Representation**

#### **Central PA**

Altoona  
Sunbury  
York

#### **Eastern PA**

Allentown  
Philadelphia  
Pottsville  
Shillington

#### **Northwestern PA**

Brookville  
Mercer

#### **Northeastern PA**

Wilkes-Barre

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### **Ages Represented**

29–29	16%
39–39	24%
49–49	32%
59–59	11%
69–69	6%
70+	3%
Unknown	8%

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### **Direct Care Worker Experience**

1–2 years	40%
3–5 years	40%
5+ years	1%
Not provided	19%

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### **Gender**

Female	95%
Male	5%

In February 2001, the Pennsylvania Intra-Governmental Council on Long Term Care (the Council) published two reports regarding the shortages of direct care workers (DCW) in long term care. *“Pennsylvania’s Frontline Workers in Long Term Care – The Provider Organization Perspective”* was the result of a study conducted by the Polisher Research Institute at the Philadelphia Geriatric Center. It provided empirical and quantifiable data. The companion report, *“In Their Own Words - Pennsylvania’s Frontline Workers in Long Term Care”* was the result of a series of focus groups conducted by E4 Exchange, Inc. (formerly Dostalick ET AL Management Consultants). It conveyed direct care workers’ perceptions about issues, behaviors, and practices impacting them and contributing to the shortage of qualified, professional caregivers.

The Council brought the focus groups back together in 2001 to determine what direct care workers discovered in the past year, what was working, and what else needed to be done.

E4 Exchange, Inc. was retained by the Council to conduct these 11 focus groups that were held throughout the state.

The purpose of the focus groups were to ...

- Identify changes and improvements to recruitment and retention since the focus groups of 2000.
- Determine where to best focus attention and limited resources.
- Validate and reprioritize recruitment and retention issues.
- Determine what has been done to address recruitment and retention issues.
- Determine how important networking is to DCWs and the best way(s) to bring DCWs together.

The focus group participants consisted of employees of nursing facilities (45%), home care (22%), personal care homes (16%), attendant care (14%), and adult day care (3%). The sessions were facilitated as informal conversations, providing a relaxed environment to encourage participation. Confidentiality was promised with regard to specific comments being used in the report.

When answering questions and offering their opinions, individuals were asked to consider the direct care worker profession, rather than focusing on their or other’s individual circumstances.

As you read this report and contemplate the content, consider the leading motivator of the direct care workers who participated in the focus groups: *To ensure the highest quality of care for their patients, residents, and clients — with*

*pride, professionalism and compassion.* It was with this ultimate goal in mind that they shared their feelings and thoughts.

The Council continues its efforts to understand recruitment and retention challenges and to identify and develop strategies to address these challenges.

# **COMPARISON OF 2000 AND 2001 FOCUS GROUPS**

## **DIRECT CARE WORKER ISSUES**

The 2001 focus groups began with a brief review of the top recruitment and retention issues from 2000. The Council wanted to learn if the overall issues had changed and identify what had been done to impact recruitment and retention of direct care workers.

The overall recruitment and retention issues identified in 2001 are basically the same as 2000. There was a shift in terms of importance of various issues.

<b>2000</b> <b><i>Top Recruitment Issues</i></b>	<b>2001</b> <b><i>Top Recruitment Issues</i></b>
1. Don't make much money. 2. Work is too personal. 3. Work is too hard.	1. Don't make much money. 2. No benefits. 3. Not enough workers
<b>2000</b> <b><i>Top Retention Issues</i></b>	<b>2001</b> <b><i>Top Retention Issues</i></b>
1. Never enough workers to help out. 2. Work is too hard. 3. Don't feel appreciated by company.	1. Never enough workers to help out. 2. Don't make much money. 3. Training isn't good.

## **KEY MESSAGES**

The direct care workers expressed that there is no single way to address all of the issues and solve the problem with recruitment and retention. Rather, numerous approaches are required — some broad and far-reaching; some tailored based on geography, economy, and demographics. While fair compensation is certainly a considerable piece of the puzzle, just as critical are issues of respect, education, opportunity, professionalism, and a change in public perception.

Overall, the focus groups discussed seven key messages that were of primary importance to direct care workers.

- 1. Provide fair and equitable pay.**
- 2. Offer benefits for direct care workers.**
- 3. Reduce or eliminate the use of agency personnel.**
- 4. Treat direct care workers as professionals.**
- 5. Provide better — not more — training.**
- 6. Stop exploiting part-time employees.**
- 7. Improve the perception of the direct care worker.**
- 8. Create an association to represent the interests and improve the image of direct care workers.**

The list includes basic needs and desires, not extraordinary requests.

The underlying message from participants is that a little change does go a long way. There is more work to do before recruitment and retention of direct care workers is adequately addressed.

The key messages are discussed in more detail on the following pages.

### **1. PROVIDE FAIR AND EQUITABLE PAY**

The direct care workers consider wage increases to be a step in the right direction. However, very few think that the issue of equitable pay has been resolved.

Pay emerged as one of the top three issues for both recruitment and retention. Compensation holds a prevailing position in the minds of the focus group participants.

Several of the 2001 participants' employers had increased pay rates by \$.50 to \$2/hour, most of the participants still said it was not enough compensation for the work they do. It isn't that participants were not appreciative of the increases, but many characterized them as "long overdue." Several participants said that the raises just get them closer to what they *should* have been making all along.

A number of participants indicated their employers increased wages for new hires only. Participants found this frustrating

"I got a check with extra dollars in it. I had no idea what it was for, but I didn't ask for fear they'd take it away."

*DCW, Brookville*

“Our LPN gets paid \$27/hour. When I fill in, they increase my hourly rate, but only to \$14 for doing the same work she does.”

*DCW, Wysox*

“You can’t make a career out of something where you don’t have benefits.”

*DCW, Shillington*

One organization pays full-time employees 15% more an hour if they don’t use benefits. Part-time employees receive 8 percent more per hour.

and believed that while it might have helped with recruitment, it had a negative effect on retention.

Compounding the frustration was the fact that some of the participants (those with longer tenure) have reached the top of their pay scale. As a result, they are not eligible for *any* wage increases.

The majority of participants’ organizations offered pay differentials for evening and weekend shifts, some as much as \$2.50/hour more. This provides some direct care workers with a means to manage their schedule and impact their pay. Several organizations also provide a starting wage, (e.g., \$8.00/hour) that is raised (e.g., to \$8.50/hour) upon completion of training and remaining with the organization for three months.

One of the largest pay increases was \$2/hour in a moderately rural location increasing the hourly rate of one direct care worker to \$11.25/hour. This occurred after the organization merged with another organization and employees “lost” two paid holidays.

## **2. OFFER BENEFITS FOR DIRECT CARE WORKERS**

Until direct care workers receive benefits (including modified benefits for part-time professionals), the position will never be seen as a career.

Benefits are a critical component of the recruitment picture. Without them, efforts to find high-quality, professional direct care workers are severely constrained. For younger individuals entering the job market, benefits are often “non negotiable” in whether or not they consider a certain industry or position. According to the focus group participants, good candidates end up working in manufacturing or retail because they can obtain benefits for themselves and their family.

Participants said they are willing to make a contribution toward benefits if that contribution is realistic. Requiring a direct care worker to pay the same bi-weekly contribution, as an RN or administrative staff member is unrealistic considering pay disparity. Participants consider a percentage of salary deduction to be fairer than deducting a set dollar amount that is the same for everyone regardless of pay rates.

Participants also felt that direct care workers who do not use company-provided benefits should receive remuneration. In some cases, if a direct care worker does not need benefits, he or she does not receive any reimbursement, according to participants. From the focus group participants’ perspective, that individual is not being equally compensated when compared to coworkers who receive company-provided or company-subsidized benefits.

Some of the participants' organizations pay a one-time cash "bonus" to direct care workers who do not utilize company-provided benefits; others pay workers a higher hourly rate if they don't use company-provided benefits.

Flexibility in benefits was also important to the direct care workers. The kinds of benefits direct care workers value change over time based on situation and need. For example, younger workers with families want health care and child-care benefits. Workers over age 40 are more interested in life insurance, retirement, assistance with elder care, and short- and long-term disability.

At every focus group, the discussion of benefits eventually turned to the issue of part-time employees and whether or not they should be eligible for the same benefits afforded full-time employees.

Overwhelmingly, participants think part-time employees should be eligible for benefits if they work 25 hours or more a week. They also felt part-time employees should be eligible for holiday pay and paid time off.

According to the participants, some organizations do offer benefits to part-time employees. However, several participants indicated that the contribution part-time employees make toward their benefits is higher than full-time employees' contributions. Participants did not understand why part-time employees, who typically make less money, are required to pay more for their benefits.

### **3. REDUCE OR ELIMINATE AGENCY PERSONNEL**

Being short-staffed was the number one retention issue. It ranked third for recruitment. Several issues are related specifically to staffing.

Overwhelmingly, the focus group participants believe that the dollars spent on hiring agency personnel, who command a higher hourly rate (sometimes significantly higher), should be redirected toward hiring and keeping direct care workers.

Agency personnel was a "hot button" at every focus group.

- Participants did not feel agency personnel were as qualified as direct care workers employed by the facility.
- Agency personnel do not know the residents, patients, and clients and therefore, cannot provide the same quality of care as direct care workers.
- Agency personnel are able to control their schedules, whereas, direct care workers usually cannot.
- Agency personnel are paid more than direct care workers.

Participants gave examples of agency staff being paid several dollars more an hour than full-time direct care workers.

"We are the ones whose hands the residents hold when someone else is drawing blood. Residents feel more comfortable with us."

*DCW, Altoona*

At one facility, agency staff gets paid \$2 more an hour than the facility staff.

One organization pays \$23 an hour for agency staff but won't pay overtime to employees.

“Training makes it a profession.”

*DCW, Allentown*

“Talk about us in a professional manner. Don’t say things like ‘... just the girl who washes you ...’ when referring to direct care workers.”

*DCW, Philadelphia*

“I’d be willing to make a three-year commitment to any organization if my certification or licensure was paid for.”

*DCW, Shillington*

Participants do not understand why the money being used to pay agency staff isn’t being used to hire new direct care workers or retain current ones.

Several participants said their organizations use agency staff to cover day shift and require part-time employees to work nights. Participants believe that is because agency personnel *won’t* work nights, but part-time employees don’t have a choice.

Focus group participants think that agency staff (in general) do not work as hard, aren’t as conscientious as direct care workers on staff, and aren’t as caring toward patients, residents, clients.

Participants recognize that because agency personnel are “filling in,” they don’t have time to develop relationships with the individuals for whom they are providing care. Consumers complain to direct care workers about agency personnel; they don’t know them and are uncomfortable having a stranger take care of their personal needs.

Some of the organizations represented are working toward reducing or eliminating the use of agency staff. One participant said that her organization increased the base salary for all direct care workers, provided a \$.25/hour raise (upon completing training), and reduced the use of agency personnel. While this individual was not directly impacted, she believes the effect has been positive.

Instead of using agency personnel, the focus group participants want organizations to hire full- and part-time employees. The best way to address staffing shortages, according to participants, is not by using agency staff, but by addressing the key messages outlined in this report.

#### **4. TREAT DIRECT CARE WORKERS AS PROFESSIONALS**

Participants repeatedly spoke about not being perceived or treated as professionals by their organizations, other staff members, and/or the public.

As part of the focus group discussion, participants were asked what makes something a profession. Having personal development opportunities was one of the characteristics. Yet, according to participants few development opportunities are offered by provider organizations.

When direct care workers take initiative, the reaction is, many times, less than encouraging, as the examples below indicate.

- Several participants paid for private CNA training out of their own pocket.
- One organization doesn’t provide CNA training for direct

care workers. If individuals pursue it on their own and ask for reclassification, they must accept a CNA position in skilled care, on a part-time basis — even if they were a full-time direct care worker prior to completing training.

- In one organization, CNAs, who earn their LPN and who want to be promoted, must leave the organization and work somewhere else for six months. The participant’s understanding of the organization’s policy is that LPNs must have six-months’ experience to be hired. They cannot get that experience “on the job.”

Participants were asked if an educational requirement for direct care workers such as a license, certification and/or a two-year degree would contribute to being seen as professionals. The majority felt that some type of ongoing, educational requirement would be beneficial.

Exactly what the educational requirement should be is where there is disparity.

Whether it’s a license, certification, or a degree, direct care workers agreed it should be renewable and include an ongoing education component similar to that required of teachers, CPAs, etc.

Even though the vast majority of focus group participants supported some type of meaningful educational requirement, they recognized that this could create issues that would require further consideration and resolution.

- An educational requirement could discourage potential employees from pursuing the career.
- The cost of the education could be prohibitive, so employers might need to provide financial support.
- For some individuals, time to complete the training could be problematic due to family commitments. Therefore, training may need to be provided on the job and over an extended period of time.
- The administrative aspect of licensing and maintaining records for direct care workers throughout the state could be cumbersome.

## ***5. PROVIDE BETTER (NOT MORE) TRAINING***

The overwhelming message was that most organizations simply added training or extended existing training programs rather than improving the content, type, and design of training.

In some cases, the training period was lengthened. In others, new direct care workers were paired with an experienced worker for a week. These improvements were perceived as positive, but still misdirected. More training is not what participants want. They want better quality training that is

### **Educational Requirement Preferences**

License:	61%
Certification:	18%
Degree:	11%
Unsure:	10%

“If we want to be seen as professionals, we have to be willing to do certain things to get there.”

*DCW, Philadelphia*

“When I asked for training on Parkinson’s/ Alzheimer’s, they told me to just go to the library and get a book.”

*DCW, Shillington*

“We trained 35 people since last year and none are still there.”

*DCW, Shillington*

“We graduated from training and didn’t even know how to do a B.P. (blood pressure).”

*DCW, Pottsville*

relevant, practical, and consistent.

Direct care workers’ perception of the training they receive is that it isn’t given the same priority as training for other professional staff like LPNs and RNs. Direct care workers usually have the most contact with residents, patients, and clients; they tend to most of their daily needs; and are acutely aware of changes to their client’s health and/or emotional demeanor.

Keeping that in mind, although there is more training according to some participants, the training is still woefully inadequate in preparing them for the realities and responsibilities of their job.

When asked to identify what is lacking in training, direct care workers responded by saying:

- Training is unrealistic.
- Training lacks depth and breadth.
- Training doesn’t adequately prepare professionals for the day-to-day realities of the work.

While training — in general — was an issue in 2000, participants in 2001 concentrated more on the impact training has during the first 90 days of employment.

### **Orientation for New Direct Care Workers**

The participants believe their organizations lose many of their workers within the first 90 days of employment. They consider inadequate and unrealistic orientation and a lack of on-going support for new direct care workers as one of the major reasons new employees do not complete their probationary period.

### **Consistency Is Critical**

Many of the direct care workers felt that every facility or organization should have a designated trainer or a team of trainers. It appears to them that training is being provided by whoever is available. The result is inconsistencies in the techniques, policies, and procedures being taught.

Individuals spoke of being able to tell who trained a new employee based on how they performed their job. Rather than learning the *right* way to do things, new employees often learn the *trainer’s* way.

## **6. STOP EXPLOITING PART-TIME EMPLOYEES**

Participants in every focus group brought up the unfairness and inequities facing part-time employees. There were three main areas of concern:

- 1) Part-time employees were required to work full-time hours, but were refused full-time classification (which often is what entitles them to health benefits, holiday pay, paid time off, etc.).
- 2) Part-time employees are not eligible for benefits in most participants' organizations.
- 3) Part-time employees are often taken advantage of in terms of scheduling, pay, and benefits.

Participants said that organizations use part-time positions to unfairly keep salary costs down by using shift differential pay for those working evenings. Specifically, one organization's compensation policy pays part-time employees a shift differential for working nights. That differential elevates their hourly rate above that of some full-time direct care workers. To avoid paying the differential, part-time employees are scheduled for day shift, while full-time employees are scheduled at night.

In every focus group, participants spoke of part-time employees working full-time hours (and beyond) without benefit of full-time compensation rates, health care, or paid time off. According to participants, when part-time employees approach their organizations to request a change to full-time status (to reflect the actual hours worked), the common response is, "This is just temporary."

The participants said that what becomes temporary is the individual's employment with the organization; because they quit.

## **7. IMPROVE THE PERCEPTION OF THE DIRECT CARE WORKER**

One of the leading reasons for the recruitment problem, according to participants, is a poor public perception of direct care workers. The general public views their work as menial, not meaningful.

Direct care workers are entrusted with the emotional and physical well-being of individuals on a daily basis. They are the hand a patient reaches for when frightened, the ear that a client shares life stories with, and a safe haven for the individuals they serve every day. Yet, this image of caring, compassionate professionals is not what the public thinks of when they think of direct care workers.

When participants were asked how they think direct care workers and the position is perceived, they answered:

- Direct care workers are uneducated.
- It is a job anyone can do.
- It isn't challenging or meaningful work.
- The work is menial, unpleasant and personal.

"RNs have more flexibility in scheduling than we do because they have a degree and the power."

*DCW, Altoona*

"We need to put together a road show to go out and talk about our work."

*DCW, York*

"The case manager spends 10 minutes in a home and makes an assessment. They don't ask us. The case manager thinks, 'We are educated and they (direct care workers) aren't.'"

*DCW, Wysox*

- Direct care workers aren't paid well.
- There is no opportunity for advancement.
- Direct care workers have to work long hours, nights, and weekends.
- Direct care workers are thought of as maids or companions — not caregivers.

Many of the participants asked if there was funding available to undertake a statewide public education campaign.

### **8. CREATE A DIRECT CARE WORKER ASSOCIATION**

Direct care workers want a voice to represent them, a means to secure continuing education, an organization to represent their needs, and a mechanism to network with other professionals.

Every time focus groups are conducted, the same comment is always voiced, "I wish we could do more of this. It's nice to be able to talk with other direct care workers."

It was this sentiment that prompted the questions about networking and an association for direct care workers. Many of the participants had never been exposed to an association before, so the concept and workings of an association were explained, including dues. For many of the participants, it was important that an association not be synonymous with a union.

The participants were first asked to rate the value of being able to network and share ideas. They were then asked to rate the value of a direct care worker association using a scale: 1 — Not Valuable, 5 — Valuable, and 10 — Extremely Valuable.

For discussion sake, participants were asked if they would pay \$50 out of their own pocket to belong to an association. The amount used in the example was not without thought. It was important that it be an amount that would indicate commitment and interest on the part of direct care workers, without being an unrealistic and unreasonable financial burden.

- 91 percent said yes
- 7 percent said they'd have to think about it
- 2 percent said no

Individuals were then asked how they would feel if their organization paid their dues for them.

- 37 percent were comfortable with their organization paying their dues
- 63 percent want to pay it themselves

Individuals who did not want their organization to pay their

#### **Association**

95% ranked having an association as an 8 or above.

67% ranked an association as a 10.

#### **Networking**

95% ranked networking as an 8 or above.

63% ranked an networking as a 10.

"I'd pay twice that (\$50 in dues)!"

*DCW, Shillington*

dues said it was because they wanted to retain control; they don't want any strings attached. For example, if the association supported a position to which their organization was opposed, would the organization cancel the membership or pressure the direct care worker to oppose it or express a dissenting opinion?

When participants were told to assume that their organization would promise, "no strings attached," the gap narrowed, but the majority still wanted to pay their own dues.

- 43 percent were comfortable with their organization paying their dues
- 57 percent want to pay it themselves

The direct care workers recognize that to affect real change within their profession, there needs to be grass roots involvement. Many of the participants expressed a strong desire to be involved in promoting their profession. The problem is there is no outlet through which to shepherd this desire into meaningful action. The participants believe an association is the best answer.

#### **Direct Care Workers' Perception of a DCW Association**

1. Independent from other organizations or associations; a new entity.
2. Board made up of direct care workers.
3. Paid staff hired by the Board.
4. Provide ongoing educational and professional development programs.
5. Provide networking opportunities.
6. Be a conduit for information and resources.
7. Conduct research on related field and issues.
8. Represent and speak out on behalf of direct care workers.
9. Improve public's perception of DCWs.
10. Bring legitimacy to the profession.

## **WHAT HAS HAPPENED SINCE 2000**

Interestingly, when asked about initiatives that their employers had undertaken to address recruitment and retention issues, it was the participants representing nursing facilities who shared the most examples. While direct care workers representing home care, attendant care, personal care homes and adult day care organizations provided examples, it was nursing facilities where the most significant changes were implemented.

Regardless of the provider type, however, 50 percent of participants' organizations had made some type of change, mostly in the areas of pay and training. Participants expressed appreciation for the efforts. They also expressed disappointment that some of the efforts, particularly related to training, were missing the mark. For example, a number of provider organizations have offered more training when what participants want is better training.

Participants who received pay increases were pleased saying they were a step in the right direction. Despite raises in hourly rates, however, many participants still do not feel they are paid equitably for the work they do.

Focus group participants were asked to share efforts their employers have undertaken to recruit and retain direct care workers. It is important to note that the information provided is based on the participants' perception and understanding of what their organizations are doing to address the recruitment and retention issues.

The vast majority of initiatives relate to retention efforts. That isn't to say that significant work isn't being done in the area of recruitment. Rather, it is a logical inference that direct care workers are more aware of retention related initiatives because they often are more directly impacted by them. Recruitment initiatives could benefit existing direct care workers by easing staff problems, but participants may not know what is being done to bring new employees on board.

Focus group participants shared the following initiatives.

### *Recruitment initiatives ...*

- One large nursing facility hired a regional recruiter and has been airing commercials featuring two nurse aides to promote the position.
- One organization held an open house for the community. While this is seen as positive, the participant who shared this information thought that involving direct care workers in the event would make it a better recruitment effort.
- Another organization created a Geriatric Nursing Assistant Specialist (GNA) position. Direct care workers

must complete six weeks of classes to obtain this special designation. Upon completion of the training, the direct care workers receive a \$1/hour raise, and they are authorized to train new employees.

- Several organizations are offering bonuses to direct care workers who complete their orientation period. One organization offers a \$150 bonus after three months, another offers \$50 after six months. Many of the participants thought their organizations might have similar programs of which they weren't aware.
- One organization is participating in a hospital-paid nursing program for employees. The program is two nights a week for four years. The organization pays tuition; the student pays for books.

#### *Retention Initiatives ...*

- Several organizations have hired individuals as “environmental aides” or “care assistants” so they can experience the type of work they would do as a direct care worker and the environment in which they would work. Aides hold the position for three to four months and provide no hands-on care to patients. Once they complete the three to four-month period, they are eligible for a direct care worker position.
- Several organizations provide on-site day care for employees or subsidize off-site day care.
- Several organizations subsidize mileage and transportation (e.g., mass transit pass, turnpike tolls, etc.)
- Several organizations pay cash to direct care workers who do not use company-provided benefits.
- A number of organizations represented at the focus groups have extended and revamped their orientation program making it longer and training employees in the area in which they will work.
- Only a few organizations use designated trainers or a training team. Participants felt this was an excellent approach to training and would help to address inconsistencies in training and place proper emphasis and importance on training.
- One organization pairs a new direct care worker with an experienced direct care worker for one full week so they have someone with whom they feel comfortable with and of whom they can ask questions. Participants liked this idea, but thought one week was still not long enough. Some recommended a “mentor” for the entire orientation period.
- Whenever a meeting is held with employees, one participant's organization asks for input on how to best spend money to support recruitment and retention programs.

- One home care organization held a retreat for the entire staff, including direct care workers. Topics relevant to the organization were openly discussed (salaries, teamwork, etc.) and outside speakers were engaged to provide professional development. Input was sought and the President followed up with attendees to see if issues were being addressed. This was perceived very positively by the participant who shared it, as well as by the other focus group participants.
- Another organization has organized committees of employees to solve problems that directly affect or impact direct care workers.
- One organization held a meeting to explain the budget and why raises would not be issued due to a funding cut. Direct care workers appreciated the honesty and, while disappointed, the participant said the majority of people understood the circumstances.
- One organization holds quarterly employee meetings in each unit for employees to voice concerns and have questions answered.
- One organization held an open house and recommended that their local newspaper interview a direct care worker. The direct care worker was one of the focus group participants. She was interviewed and when the story was published, her organization called to find out how many copies of the newspaper she wanted. They purchased six copies for her to share with her family. According to the participant, “It made me feel special.”

## **WHERE DO WE GO FROM HERE**

During the focus groups, a significant amount of time was spent brainstorming ideas to address recruitment and retention issues. The following is a synopsis of the issues and ideas the focus group participants discussed.

### **RECRUITMENT ISSUES**

#### *Recruit Differently*

- Be more selective about where potential employees are sought.
- Create a “road show” (staffed by direct care workers) to recruit individuals.
- Raise the bar in terms of the caliber of individuals being hired; “a warm body isn’t enough. You have to want to do this kind of work.”

#### *Involve Direct Care Workers in Hiring*

- Coach direct care workers on how to talk about and share their profession with others; word of mouth is a great recruitment tool.
- Have a direct care worker who likes the work speak with potential employees. Make sure the direct care worker and the potential employee are close in age so they can relate to one another.

#### *Offer Benefits*

- Allow individuals to opt-out of benefits for more money in their paycheck.
- Provide benefits to part-time employees.
- Offer holiday pay to direct care workers even if they are not scheduled to work that day.

#### *Allow for Flexibility in Scheduling*

- Provide scheduling flexibility for direct care workers (eight, 10-hour days or 10, eight-hour days per pay period).

#### *Devise Internships & Partnerships*

- Bring a student to work for a few days to expose them to the industry.
- Partner with high schools, vo-tech schools, etc. to promote the career.

#### *Create New Positions*

- Create a Unit Assistant job geared toward high school students to expose them to careers in long-term care.
- Create a position for people over 60 years of age to do lighter work. This would enable direct care workers to

take on additional responsibilities and to spend more time with the residents, patients, and clients.

### Redesign the Position

- Redesign the job so direct care workers can provide more assistance and have more say, thereby making the job more meaningful.
- License direct care workers and require renewals and continuing education.
- Implement more rigorous training to bring more credibility to the position; then communicate that to the public to help improve the perception of direct care workers.

### **How Direct Care Workers Would Redesign Their Position**

- Let DCW do more of the work (flush tubes, hand medicine to individuals).
- Give DCWs training so they can understand their patients'/clients' illnesses and needs.
- Include DCWs in meetings where residents/patients/clients are discussed.
- Take DCWs to meetings with the families.
- Involve DCWs in developing care plans.
- Educate RNs, clients, and families about the important role of DCWs.
- Provide more training.

## **RETENTION ISSUES**

### Recognize Direct Care Workers

- Recognize direct care workers for their contributions; a simple thank you goes a long way.
- Hold recognition events such as a Christmas dinner where the bosses cook; have lunch during in-services, etc.
- Keep promises to direct care workers in terms of shift and area in which they will be working.

### Communicate with Direct Care Workers

- Talk with direct care workers and communicate company-related issues.

### Involve Direct Care Workers

- Involve direct care workers in patient care; ask for their input and respect their knowledge of the resident, patient, client.

### Encourage and Provide Professional Development

- Provide education on medical-related topics (geriatrics) and psychology.
- Offer tuition reimbursement and encourage continuing education.

### Offer Hiring Bonuses

- Offer progressive sign-on bonuses (\$100 first month; \$200 second month; \$300 third month) to encourage individuals to remain in the position long enough to really learn the job, feel comfortable, and get over the “shock.”

### Offer Benefits

- Provide a bonus for perfect attendance annually. The bonus should be something worthwhile, not something that might be seen as tokenism.
- Provide uniform allowances.
- Allow individuals to sell back their unused Paid Time Off annually.
- Provide paid time off for birthdays.
- Offer paid time off if work is finished early (with no shortcuts taken) to reward productivity. Put the extra time into a “pool” that the employee can use to take time off in the future.

### Provide Support for Direct Care Workers

- Provide a mentor or a “sounding board” for direct care workers when they are feeling overwhelmed or stressed.
- Allow direct care workers to take an “R & R” or mental health day (with 24-hour advance notice) at half pay.

### Create New Positions

- Hire Care Assistants who can help direct care workers with work that isn’t hands-on. Care Assistants could be volunteers who might receive free meals when they are working or senior companions like those used in activities programs.

### Devise Internships and Partnerships

- Contact high school clubs (e.g., Key Club) to expose student volunteers to the profession.
- Partner with other long term care organizations and set up a regional day care facility for employees of the member organizations. Care should be free or offered at a reduced rate for employees; their children should also have the first option for placement.

### Improve Staffing

- Raise minimum direct care worker-to-resident, patient, or client ratio.

- Hire employees full-time; there are too many part-time employees working full-time hours.

#### *Allow Flexibility in Scheduling*

- Provide flexibility in scheduling (e.g., weekend package that allows individuals to work three, 12-hour days on Friday, Saturday, and Sunday) so that direct care workers can balance home and work obligations.

#### *Allow Flexibility in Care*

- Allow more flexibility in the process of providing care (e.g., “Do Tuesday and Thursday always have to be bath days? What if a resident, patient, or client wants a bath on Monday?”)

#### *Involve Direct Care Workers in Unique Ways*

- Allow employees to volunteer to cover jobs that are currently outsourced as a way of saving money (e.g., lawn care and landscaping, snow plowing and removal; paint picnic tables). Make it a fun event for the staff to volunteer to come out; provide lunch, etc.
- Set aside a pool of the money saved from not outsourcing work. This money could be available to employees to cover things such as paying for unexpected babysitting because an employee has to stay at work.

## **CONCLUSION**

This report, no matter how detailed or well prepared, cannot adequately capture the emotion, the frustration, the conviction, and the commitment of the direct care workers who participated in these focus groups.

The realities of the staffing shortage among direct care workers places the industry and the consumer in a precarious position; one that will be aggravated in the coming years as Pennsylvania's population continues to age.

However, it is important to remember that this report is about the perspective of direct care workers who participated in the focus groups. Are they frustrated? Yes. Are they overwhelmed? Absolutely. Do they feel unappreciated? Often.

*But*, are they personally proud of what they do? Yes. Do they believe there is value and worth to the role they play? Certainly. Are they hopeful for the future of their profession? Definitely. Have they given up? No.

And, equally important, do they see progress? Yes. Participants recognize that their provider organizations are trying different initiatives and approaches to impact recruitment and retention.

The direct care workers who participated in the focus groups are encouraged by the pay increases their organizations have provided. Considering that compensation was the most critical recruitment and retention issue for participants, seeing attention paid to compensation bolsters participants' hope that real change and improvement is possible.

Participants see the problem as systemic and requiring the commitment and effort of all stakeholders. One or two groundbreaking initiatives within a handful of organizations are noteworthy. Dedicated efforts to make incremental changes to pay, training, etc. are an important step; but they are just one of many steps that must be taken.

For example, participants don't believe the pay increases given since 2000 have solved the compensation issue. Significant dollars have to be invested before direct care workers' pay is seen as appropriate for their responsibilities. According to participants, pay-related policies do and will continue to hamper recruitment and retention of direct care workers.

The participants are anxious for change. Their "staying power" will be greatly determined by how committed they believe their organizations and the state are to reforming recruitment and retention practices. The direct care workers we spoke with *want* and *need* to see a combination of ongoing, incremental changes and new, bold initiatives.

The focus group participants do not expect a cure-all. Participants recognize that long-term results are not without short-term inconvenience. What they desire is an environment in which the shortage of direct care workers is reasonable and managed through targeted recruitment and retention efforts.

To achieve this, stakeholders need to look beyond the long-term care industry for ideas and best practices in recruitment and retention. Listening to participants, it became obvious that many of the changes and solutions attempted so far are similar and conventional. The reality is that very few, new, different and innovative ideas were expressed. And, therein rests the challenge.

There is an axiom, “Where you stand determines what you see.” Even the most innovative long-term care professionals can become ensnared in the web of customary and proven recruitment and retention strategies. There is value in looking to other industries (retail, manufacturing, service industries) to gather best practices that can be modified to dramatically impact the direct care workers shortage.

Unless provider organizations, direct care workers, state government and others, collaborate on solutions to the key messages outlined in the report, many participants don’t believe sustained change is possible.

The direct care workers who participated in the focus group were very clear about their messages.

- Progress has been made, especially in retention. But, more remains to be done.
- Provider organizations are trying; some more than others. But, more needs to be done.
- Direct care workers are not viewed as professionals. That must be addressed.
- Direct care workers need to take responsibility for their situation and how they are perceived. The establishment of an association for direct care workers is a good place to start.

The participants’ overall message is one of critical importance. If we do not make more notable progress at a faster pace, the quality of care provided to residents, patients, and clients will be affected.

It is this message — not inadequate pay, not staffing issues — that keeps the direct care workers, in these focus groups, up at night. It was the case in 2000 and it remains the same in 2001. Their desire for change is driven by their desire to safeguard compassionate, quality care.

Their message is that this problem must be solved. It must be solved for those who depend upon direct care workers day

in and day out. It must be solved for the residents, patients, and clients. Because ultimately, it is these persons whose lives are most impacted when professional, caring direct care workers cannot be recruited or retained.

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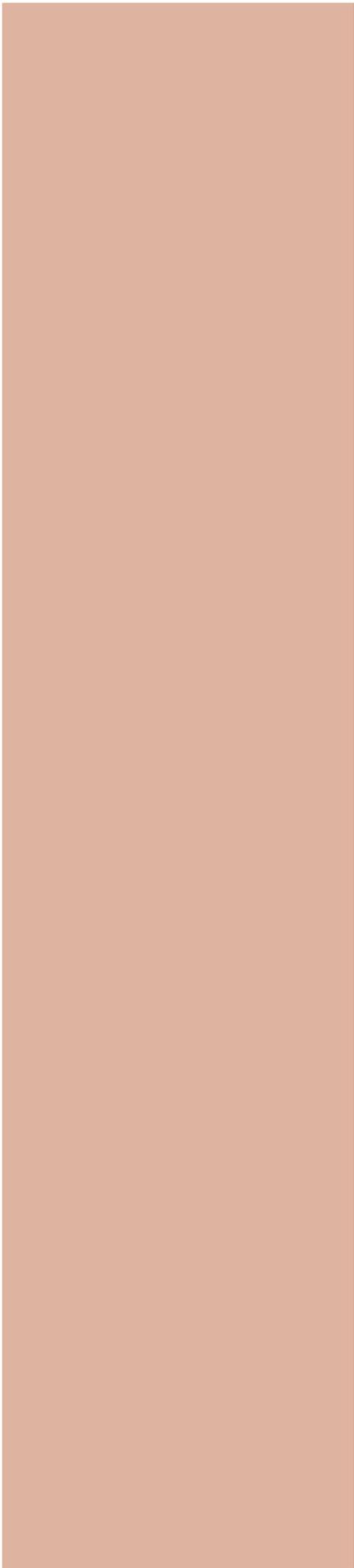
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