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Assessing the Status of the Direct Care Workforce In the Tri-County Area

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A *Tri-County Office on Aging* Sponsored Report

Based on Surveys of Employers and Direct Care Workers

EXECUTIVE SUMMARY

From the spring of 2004 through January 2005, a series of surveys was administered to long term care direct care workers (DCWs) and their employers in the tri-county area of Clinton, Eaton and Ingham counties of Michigan. The surveys were carried out through the funding and leadership of Tri-County Office on Aging and at the behest of the Tri-County Long Term Care Collaborative, a group of public and private agencies involved in various aspects of providing long term care. Since its formation in 1999, the Collaborative has been interested in the growth and maintenance of a quality direct care workforce. The survey was designed to establish a baseline profile of the area workforce and identify potential areas for advocacy on behalf of the workforce, especially in the areas of recruitment, training and retention.

Modifying a survey format employed by the Mickus, Luz and Hogan study, **Voices from the Front**, the Collaborative mailed surveys to over 200 employers of DCWs. Fifty-eight employer responses covered 68 agencies and settings, employing over 1500 DCWs. Surveys were sent to 1246 DCWs, who returned 435 usable responses. An additional mailing was sent to 1651 Home Help DCWs, of whom 252 responded. There are an estimated 5000 DCWs in the tri-county area. Responses corresponded roughly to the population distribution of the counties in the 2000 Census.

Employer responses came from 27 adult foster care facilities, 5 of which were special mental health homes; 4 nursing homes, 10 private duty or other home care agencies, 3 certified home health agencies, 4 assisted living facilities, 2 homes for the aged and a comprehensive brain injury rehabilitation program. There were 21 facilities that served 10 or fewer persons in a typical year, and 11 employers who served over 50 annually. Twenty-two employers indicated they had 5 or fewer full time employees, while 6 had more than 50. Employers said the average starting salary for a DCW was $8.26, the average salary was $8.97, and the average highest salary was $10.38. Forty –five percent of the employers offered fringe benefits such as health insurance, and 31.4% had retirement plans. None of the employers reported that DCW staff turnover was a big problem, despite state and national studies that show it is a major problem everywhere.

The most successful recruitment strategies used by employers were flexible hours, paid training, newspaper ads, competitive pay rates and pre-employment orientation sessions. The retention strategies reported as most successful were flexible hours, competitive pay rates, paid training, regular pay raises, involvement of DCWs in care planning, and recognition events. Most strategies in both categories are "bread and butter" strategies, although some employers reported using "culture change" strategies that recognize and involve DCWs in the care process.

Employers attribute very positive motivations to DCWs for choosing their jobs. From a list of motivations, where multiple choices were possible, approximately 60% or more of the employers said that DCWs took their jobs because they enjoy working with older people, they want to help people, they enjoy working directly with people, they wanted to work in health care, they have experience caring for a family member, they feel they can do the job well and they like the work schedule.

When asked what they could do to help their DCW employees do a better job, the most frequent responses by employers were increase pay (47%), improve benefits (37.2%) and improve training and support for DCWs (35.3%). When asked why DCWs leave the job, employers listed: pay is too low (68.6%), family obligations (49%), no car or transportation problems (43.1%) and not enough hours (41.2%).

The average age of the Home Help workers who responded to the survey was 49 years, and for other DCWs was 38 years, with the average for all workers being 42 years . Nearly 88% of the DCWs were female, 35% were married, and 57% had no children under age 18 in the home. Nearly 16% were African American, 69% white. Only 9% had less than a high school degree, while over half had some college or a college degree. About half of the DCWs reported total annual family income of less than $20,000.

When asked about their motivations to take a DCW job, the workers' top responses were similar to those given by employers, although less emphasis was given to many of the top reasons and more other reasons were selected. And, while over 21% of the employers assumed that workers took the job because they were not qualified for other work, only 4.4% of the workers checked this reason. Over 25% of employers thought workers were on the job to meet welfare requirements, but less than 2% of workers agreed on this.

While about 33% of the DCWs have two years or less in the field, about 22% of them have 12 years or more experience. Nearly 35% hold down another job besides their DCW work, and about a third of those with a second job work in health care. About 10% reported working over 40 hours per week in their DCW job, while 24% said they worked over 40 hours per week in all jobs combined. The average hourly wage reported by Home Help DCWs was $6.87, while the average for all other DCWs was $9.13; the average for all workers combined was $8.60. Only 16% reported having a retirement plan, and 21% health insurance, through their employers. Nearly 60% of the workers reported stress, when they sometimes, usually or always had too many job demands.

When asked whether they needed training in several areas, about 50% of the workers thought they needed no more training at all, but about 25% expressed a desire for some training to cope with either their job or their family situations. When asked about the major sources of job dissatisfaction, the top reasons were pay, lack of opportunity to advance, lack of benefits, and not enough hours, although nearly 20% said they were not dissatisfied at all. When asked what their employers could do to help them do a better job, at least 20% of the workers listed: increase pay (63%) and benefits (41%), increase opportunities for promotion or advancement, improve communication, staff recognition and feedback, improve training and support of DCWs and offer more hours of work. Workers put more stress on both the wage and benefits areas and the improved workplace environment than did employers.

When asked why they intend to stay on the job, workers stressed the personal relationships with the persons they cared for and the satisfaction of doing a job well, as well as such practical factors as closeness to home and flexible work schedules. Over 87% of the workers expressed satisfaction with their jobs, despite feeling that they were underpaid and without adequate benefits. Their responses indicate that they have chosen their work for positive reasons, not because there were no other options available to them.

ACKNOWLEDGEMENTS

This report is the product of an effort that extended over two years. It is important to recognize many of the people who made it possible. First, I want to thank the members of the Tri-County Long Term Care Collaborative, who have been meeting for five years to wrestle with the issues of bringing LTC services to the citizens of Clinton, Eaton and Ingham counties. Their concerns and ideas about workforce development and retention helped to shape the survey questions. In particular, I want to thank Marion Owen, Executive Director of the Tri-County Office on Aging (TCOA), for her support. Many of the staff at TCOA, including Stacey Ames, Heather Dubbs, Lisa Wieber, Nancy Kapp, Virginia Dymond, and especially, Andria Platte and CIO Charles Wieber, contributed valuable services to the project.

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Kathleen Murphy and Robert Stein of the Michigan Assisted Living Association helped by sending initial and follow-up mailings to their membership in the tri-county area, encouraging cooperation with our project. The generous contribution of Shirley Sliker provided financial support during the early stages of the project. Mike Head and Jackie Tichnell of the Quality Community Care Council project provided financial support, especially for the mailing to Home Help providers. Cynthia Farrell of Central Office FIA (now Department of Human Services) secured the Home Help mailing list so we could get surveys to that important direct care worker population. Hollis Turham of the Paraprofessional Healthcare Institute provided funding for duplication of an earlier version of this report.

LTC Collaborative member Kimberly Keilen of Clinton/Gratiot FIA made timely suggestions that led to the hiring of our software consultants, and she offered the services of her social work intern, Melinda Haus, who did a splendid job of key encoding and offering ideas on reports. Mark Rutledge and Steve Coscarelli of the Cyber-Built Company developed the key encoding and reporting software, and were very patient and helpful as we worked our way through various reporting issues.

Most importantly, I want to thank the people who took time to fill out the surveys. Most of those who responded to the employers' survey also agreed to distribute the worker survey to their employees. The direct care workers, many of whom hold down more than one job while also coping with their own family situations, were especially generous with their time, as they filled out a five-page survey. Without the help of these employers and workers, there would be no information to share.

BACKGROUND: THE TRI-COUNTY LONG TERM CARE COLLABORATIVE

The Tri-County Long Term Care Collaborative began meeting on July 12, 2000. The founding members were agencies involved in different aspects of Long Term Care (LTC), who rely exclusively or primarily on public funds. The impetus for the creation of the Collaborative was the announced intention of the State of Michigan to change the financing of LTC. The first meeting was convened by then TCOA Director Roxanna Peterson, who challenged the attendees to re-examine the way they conduct their business. She indicated that the Ingham-Eaton-Clinton area was fortunate to have strong providers who are willing to cooperate on the basis of mutual respect. She said it was necessary to build from strength, while moving in innovative ways to meet the financial challenges of the future.

TCOA funded the background work that led to the creation of the Collaborative. Beginning in 1999, a consultant conducted interviews with over 30 stakeholders in the LTC service world. Two issue areas that stood out were the housing needs of low-income persons requiring LTC services and the difficulty of finding and keeping enough competent direct care workers (DCWs).

The Collaborative members agreed to a set of goals and principles that would guide the group's operations. Foremost among the principles was that care should be responsive to the expressed choices of the care recipients and their families. Collaborative members also began to explore ways to improve their interaction and information exchange. As a result, each meeting (usually monthly) typically includes updates on agency activities that impact other Collaborative members. Outside the regular meetings, staff members from the various member organizations have met to improve case planning and referral procedures.

The group's membership has evolved and grown over the years. The current members of the Collaborative include: the Eaton County Medical Care Facility, the Ingham County Medical Care Facility, Clinton-Gratiot Department of Human Services, Ingham Department of Human Services, Clinton-Eaton-Ingham Community Mental Health, the Ingham County Health Department, Capital Area Center for Independent Living, the Tri-County Office on Aging, Catholic Social Services of Lansing, the Sparrow Health System, Lansing Community College, Hazel I. Findlay Country Manor, Gentiva Home Healthcare, the Paraprofessional Healthcare Institute and Citizens for Better Care.

Two years ago, the group decided that a survey of DCWs and their employers in the tri-county area would be useful to establish a baseline set of information on the recruitment, training and retention of the local LTC workforce. That was the origin of this report.

WHAT DO WE KNOW ABOUT DIRECT CARE WORKERS?

There is a substantial and growing body of research-based literature that describes the key role played by DCWs in the evolving realities of Long Term Care. (There is a modest list of references at the end of this study). As commonly used, the term DCW refers to persons working under such job titles as “home health aide,” “homemaker,” “personal care attendant or aide,” “home care attendant,” “nurse aide” and “paraprofessional.” These jobs do not require a professional license and there are no fixed training requirements. While DCWs may supplement the care of licensed professionals, they are often the primary, or even the exclusive, paid caregivers for persons receiving LTC services and supports, especially those living in Adult Foster Care, Assisted Living and their own homes.

Those interested in the status of the DCW workforce in Michigan are urged to read the Turnham and Dawson study and the Mickus, Luz and Hogan study (hereafter referred to as MLH study), which together establish a context for discussing trends and regional variations. The literature review by MLH is an excellent overview. The key issues confronting providers, financers and users of LTC services are quite grim. The U.S. population is growing proportionately older, thus expanding the potential demand for LTC services. Michigan’s population is aging a bit faster than the national average. The number of persons with disabilities is also growing, as medical advances have increased survival rates and longevity for those with at-birth or disease/accident-related disabilities.

In the face of growing demand, the potential supply of DCWs is declining. The “typical” DCW is a woman who is unmarried, middle-aged, more likely (than the general public) to be from a minority group, with low income and modest educational attainment. The low pay for the DCW worker is a reflection of the low status of both the worker and the occupation, and is the major practical issue in maintaining the workforce.

There are also several demographic trends that threaten the availability of DCWs to meet demands. Just as is the case with the general workforce, there are fewer younger workers in proportion to the older population. More women are joining the “regular” workforce and are no longer available as “free” help to family members who need LTC services and supports. Also, a national labor market has increased worker mobility to the point that fewer people live near their aging parents, limiting their ability to provide support, thereby increasing demand for paid help. Finally, the increasing preference for community-based alternatives to institutional care has increased the demand for DCWs; one aide per 10 or 20 nursing home residents has been replaced by lower aide to resident ratios in foster care or assisted living, or one-on-one care in the home.

For those employed as DCWs, low pay and increased workplace pressures have led to high turnover rates for DCWs, especially in nursing homes. As the MLH study notes, there is ample documentation of turnover’s impact on the quality and the cost of care.

Despite these problems, many people are still drawn to direct care work for positive reasons, both practical (they have experience caring for relative, able to find jobs near home, want flexible hours, there are minimum requirements for hiring) and altruistic (want to help others, have a caring nature, want to work in health care, want to feel

needed). The challenges lie in building on these positives while reducing the negatives that exist in the current DCW job market.

HOW THE SURVEYS WERE DEVELOPED AND CARRIED OUT

To develop strategies to build a quality direct care workforce in the area, the Tri-County LTC Collaborative was interested in a basic set of questions:

What are employers in the area doing to recruit, train and retain DCWs?
How well do they understand the basic needs and motivations of their workers?
What does the local DCW workforce look like, compared to statewide studies?
What are local DCWs' expressed needs and motivations?
How do the views of employers and workers compare?

To get answers to these questions, two survey tools were developed, one for employers and one for direct care workers (DCWs). The general format of the survey tools, most of the demographic information items and several of the questions were borrowed from the survey tool used by the MLH study.

To reflect the concerns of the Tri-County LTC Collaborative, the MLH tool was modified to explore in depth the areas of recruitment and training. While the MLH study was sent statewide to a sample of active and inactive Certified Nurse Aides (CNAs) and an opportunity sample of Home Health Aides, this project attempted to reach every DCW in the tri-county area (Clinton, Eaton and Ingham counties) who worked in a nursing home, adult foster care home, specialized mental health home, home for the aged, or home care agency. In addition, surveys were sent to all Home Help providers in the area.

We wanted to survey the employers of DCWs to find what they did to recruit and train their workers, and to capture their thoughts about why workers joined and left the field of LTC. From state regulating agencies, we created lists of licensed nursing homes, adult foster care homes, and homes for the aged and certified home health agencies. The Tri-County Office on Aging (TCOA) provided a list of agencies enrolled as MI Choice Home and Community Based Care Waiver providers. CEI-CMH, the area's Community Mental Health agency, identified the AFCs that they managed directly or under contract with other agencies.

Once the list of employers was created, it was divided between those providers who were members of the Michigan Assisted Living Association (MALA) and those who were not. In the spring of 2004 MALA mailed surveys to their members, with a letter encouraging cooperation with the project. They followed this about two months later with a second mailing, as a reminder. The Collaborative sent initial and follow-up mailings to the rest of the employers. All mailings asked the employer to fill out the survey and identify a contact person for the survey process. They were also asked to hand out or mail surveys to their workers. If mailings were selected, the Collaborative supplied the postage. This gave the Collaborative access to the workers without breaching the confidentiality of the employers' DCW rosters. The worker survey package included a stamped envelope,

addressed to TCOA. With this procedure, no employer would see any individual DCW's responses.

Combined (MALA and the Collaborative), the employer mailings totaled 215, which included individual addresses to AFC homes operated by CMH or CMH contractors, as well as another AFC management company. There were 51 usable responses to the survey, covering 68 agencies and settings, for a response rate of nearly 32%.

From the employers' responses, we were allowed to distribute 1246 surveys to DCWs. Usable worker returns numbered 435, for a response rate of nearly 35 %. In addition, we obtained FIA approval to mail to all Home Help providers in the tri-county area. Home Help is the Medicaid personal care service, mainly provided by persons directly hired by the recipients of services, although some Home Help is provided via agencies. A list was generated in September 2004 and the mailing was done in January 2005. No one from the Collaborative saw the mailing list; it was sent from FIA to the Michigan Department of Management and Budget, who did the actual addressing and mailing of survey packages. DMB sent out 1651 surveys. There were 177 returns due to bad addresses, 39 responses with information inadequate for use, or with no answers other than "no longer employed," "not relevant to me," etc., plus 10 responses too late to be considered in this report. From the 1435 remaining surveys, there was a usable response from 252 persons, or a return rate of 17.6 %.

While it is difficult to come up with an exact number, we estimate that there are about 5000 DCWs in the tri-county area. The survey respondents represent nearly 13% of that total. The distribution of DCW responses by county was: Clinton, 12.5%, Eaton, 16.3% and Ingham, 71.2%. This corresponds fairly well with the 2000 Census figures, where the total tri-county population is distributed 14.5% in Clinton, 23.2% in Eaton and 62.4% in Ingham. (According to the same census, the population aged 60 and over is distributed 16.1% in Clinton, 26.3% in Eaton and 57.6% in Ingham).

In reporting responses to each question (denoted as R), this study typically calculates percentage of responses using the total number of usable surveys (or N) for each group; for that reason, percentages seldom total 100% on any question.

EMPLOYERS' SURVEY RESPONSES

As noted at the outset, there were 51 responses from employers of DCWs, representing 68 agencies or facilities. The self-identification of employers, by type of setting is as follows (more than one response could be selected):

Types of facilities represented in survey

Adult Foster Care Facility	27
Private Duty Nursing Agency	5
Mental Health Home	5
Assisted Living Facility	4
Nursing Home	4
Certified Home Health Agency	3
Other Home Care Agency	3
Home Help Contract Agency	2
Home for the Aged	2
Retirement Community with Services	1
Comprehensive Brain Injury Rehabilitation Program	1
Supported Independence Apartment Program	1
R=	**58**

The persons filling out the survey were asked to provide their job titles. Of the 51 responses, 19 were "owner" or "owner/operator," 20 were top executives (director, administrator, president, etc) and 12 were other executives or salaried personnel.

To get an idea of the scale of the employers' operations, the survey asked about numbers of persons served by the agency or facility, as well as the numbers of staff employed by the entity.

How many persons are served in a typical year?

Five or less	10
Between 6 and 10	11
Between 11 and 15	2
Between 16 and 20	5
Between 21 and 25	1
Between 26 and 30	2
Between 36 and 40	1
Over 50	11
R=	**43**

The scale of operations ranges from several small AFC facilities to some large nursing homes or assisted living facilities. The larger operations also include management entities that operate several AFC facilities and some larger home care agencies that provide services under the MI Choice Home and Community-Based Services Waiver Program. These differences in size are shown in the numbers of staff employed:

How many staff do you employ?

	Full time	Part time
Five or less	22	19
Between 6 and 25	9	10
Between 26 and 50	5	8
Over 50	6	5
R=	**42**	**42**

Next, there were several questions about the pay and benefits offered to the DCWs.

What salaries do you pay DCWs?

	Starting	Average	Highest
$5.51 TO $6.00	2	0	0
$6.01 TO $6.50	0	1	0
$6.51 TO $7.00	5	1	1
$7.01 TO $7.50	5	1	0
$7.51 TO $8.00	14	4	3
$8.01 TO $8.50	3	10	1
$8.51 TO $9.00	10	17	11
$9.01 TO $9.50	1	1	6
$9.51 TO $10.00	3	4	4
$10.01 TO $10.50	2	1	3
$10.51 TO $11.00	0	0	5
$11.01 TO $11.50	0	2	1
$11.51 TO $12.00	1	0	4
OVER $12.00	0	2	4
R=	**46**	**44**	**43**

It is clear that DCW work is low-income work, with very modest starting salaries as well as modest increases in hourly rates. Moreover, there are very few employers offering more than $12 per hour, even for the highest paid DCW employees. The mean starting salary reported was $8.26, the mean average salary was $8.97 and the mean highest salary was $10.38. In comparison, the 2002 Health Care Association of Michigan Wage and Personnel Study reported that the mean starting and average salary for a CNA in a nursing home was $9.80.

Accompanying low wages are limited fringe benefits, although the survey respondents probably offer more benefits than the typical employer in this field. Twenty-three respondents (45%) offered health insurance and 16 (31.4%) had retirement plans. In comparison, nursing homes responding to the 2002 HCAM survey said they offered health insurance to 94.2% of full time employees and 20.8% of part time ones. Retirement plans were available for 69.5% of full time and 33.8% of part time staff.

Despite this wage and benefit picture, none of the 51 responding employers reported that staff turnover was a big problem. When asked how much of a problem turnover was, 19 reported "some" and 25 said "very little or none." In addition, just four of the responding

employers employed union workers (2 nursing homes and 2 managers of mental health homes).

Employers were asked about strategies they used to recruit and retain workers, as well as which strategies actually worked. In addition to responding to a selected list of strategies, the employers were asked to list any strategies not on the list that they had used; these items are listed in quotes.

Recruitment Strategies	**Tried**	**Worked**
Flexible Hours	40	35
Paid Training	37	29
Newspaper Advertisements	35	26
Competitive Pay Rate	31	26
Pre-employment Orientation	21	16
Websites	15	12
Finder's Bonus	14	6
Transportation Assistance	9	7
Signing Bonus	9	2
Tuition Reimbursement	8	4
Benefits Available to Part Time Staff	7	4
Public Image Campaign	6	3
Collaborative Recruitment and Training	5	3
Career Day in High Schools	5	2
“Michigan Works!”	3	3
Radio	4	1
“Word of Mouth”	2	2
“Direct Mail, Flyers”	2	2
“Holiday Bonus”	1	1
“Open House”	1	1
“Referrals”	1	1
“Postings in Hospital”	1	1
“Television”	1	1
“Listing at Lansing Community College”	1	1
"Ask people I know at church who need work"	1	1
On-site Child or Adult Day Care	2	0
R=	**262**	**190**

Retention Strategies	Tried	Worked
Flexible Hours	33	29
Competitive Pay Rate	29	28
Paid Training	30	27
Regular Pay Raises	25	23
Involvement in Care Planning	22	20
Recognition Events	22	17
Tie: Pre-employment Orientation/ Affordable Health Benefits	17	14
Mentoring	16	13
Cross-training	15	13
Retirement Benefits	9	6
Benefits Available to Part Time Staff	7	5
Employee Assistance Program	6	4
Profit Sharing	4	2
On-site Child or Adult Day Care	4	1
No Pool Workers Policy	2	1
Tie: "Referral fee paid to staff"/"Monthly Attendance Bonus"	1	1
Eden Alternative	1	
R=	**261**	**219**

It is not surprising that the top four retention strategies tried and found successful were related to pay and benefits, but it is also significant that five of the next six could be classified as "culture change" strategies that seek to improve the work situation in ways that make the worker feel more valued and better prepared to carry out the work.

A set of questions on the survey was designed to capture employers' perceptions about their employees. When asked for their estimate of how many of their employees held second paid jobs, only 17 employers responded, and there was a range of estimates from 10% or less (5 employers) to 91 to 100% (one employer), with one or two guessing somewhere along the scale in between. (The number reported by DCWs was 35%).

Employers were asked, "Why do individuals take direct care jobs in the first place?" (Note that more than one response was allowed).

Reason	Count
Tie: They enjoy working with older people/they want to help people	39 (76.4%)
They enjoy working directly with people	34 (66.7%)
They wanted to work in health care	33 (64.7%)
They have experience caring for family member	31 (60.8%)
Tie: They feel that they can do the job well/the schedule	30 (58.8%)
They feel it is their personal calling	20 (39.2%)
Training is available	19 (37.2%)
It is close to home	15 (29.4%)
Tie: The number of hours/to meet welfare requirements	13 (25.5%)
Tie: The pay rate/they are not qualified for other types of work	11 (21.6%)
It is the only job available	8 (15.7%)
The benefits	5 (9.8%)
R=	**273**

The employers demonstrate a very positive view of their workforce, attributing to them quite altruistic motivations for working. The more "practical" reasons for entering the

field (other than “the schedule”) are cited by less than 30% of the employers, although 25% of them think that workers take DCW jobs “to meet welfare requirements.” Next, employers were asked, “What changes could you make to help your employees do their jobs better?” (Again, multiple responses were allowed on this topic).

Increase pay	24 (47%)
Improve benefits (health, retirement)	19 (37.2%)
Improve training and support for DCWs	18 (35.3%)
Tie: Offer more hours of work/Increase opp. for promotions/advancement	16 (31.3%)
Allow staff to participate in work decisions	13 (25.5%)
Tie: Improve recognition and feedback to staff/Add staff/ Improve communications with staff/ Improve training & support for supervisors	11 (21.6%)
Tie: Raise morale of workforce/ Increase opportunities to interact with other DCWs/ No changes	10 (19.6%)
Reduce staff vacancies and turnover	7 (13.7%)
Tie: Clarify & communicate organization’s mission/ train supervisors to be supportive	6 (11.8%)
Offer more flexible work schedule	5 (9.8%)
More time off	3 (5.9%)
R=	**207**

The responses reflect a mix of “hard” incentives such as pay increases and improved benefits and “work culture” incentives such as advancement, participation in decision-making and recognition. Nearly 20% of the employers saw no need for changes. Finally, employers were asked to identify factors that lead workers to leave direct care jobs. Multiple responses were possible here and, again, items in quotations were additions to the list of options by employers.

Why do workers leave DCW jobs?	
Pay is too low	35 (68.6%)
Family obligations	25 (49.0%)
No car/transportation problems	22 (43.1%)
Not enough hours	21 (41.2%)
Tie: Lack of opportunity to advance/ lack of childcare or eldercare	18 (35.3%)
No or inadequate health insurance	17 (33.3%)
Clients require too much care	14 (27.4%)
Health insurance is too expensive	13 (25.5%)
Tie: Dismissed/ Dissatisfied with work schedule	12 (23.5%)
Personal health concerns or physical limits	11 (21.6%)
Not valued by the organization	10 (19.6%)
Tie: Distance from home/ Too many hours/Too many clients/residents	8 (15.7%)
Dissatisfied with supervisor	7 (13.7%)
Not enough contact with or support from peers	6 (11.8%)
Tie: Not enough training to do job well/ unsafe working conditions	3 (5.9%)
"Returned to school"	2 (3.9%)
Tie: Cannot provide quality care/”stress”/”no work ethic”/”found another job”/”moved out of the area”/ “found that the job wasn’t for them”	1 (2.0%)
R=	**279**

DCW RESPONSES TO SURVEYS

The first set of DCW survey questions related to demographic factors. Throughout the responses there are differences, occasionally marked ones, between the DCWs who are paid through the Home Help Program and other DCWs, who are herein grouped as "General DCWs".

	General DCWs		Home Help DCWs		All DCWs	
N	435		252		687	
Age						
Under 20	2	0.5%	0	0	2	0.3%
20 to 25	89	20.5%	10	4.0%	99	14.4%
26 to 30	61	14.0%	14	5.6%	75	10.9%
31 to 35	36	8.3%	13	5.2%	49	7.1%
36 to 40	53	12.2%	27	10.7%	80	11.6%
41 to 45	43	9.9%	18	7.1%	61	8.9%
46 to 50	44	10.1%	40	15.9%	84	12.2%
51 to 55	36	8.3%	37	14.7%	73	10.6%
56 to 60	32	7.4%	41	16.3%	73	10.6%
61 to 65	17	3.9%	15	6.0%	32	4.7%
66 to 70	9	2.1%	9	3.6%	18	2.6%
Over 70	3	0.7%	23	9.1%	26	2.6%
Over 50	97	22.3%	125	49.6%	222	32.3%
Over 60	29	6.7%	47	18.7%	76	11.1%

Gender						
Male	41	9.4%	39	15.5%	80	11.6%
Female	393	90.3%	211	83.7%	604	87.9%

Of the 425 persons who responded from the non-Home Help group, the average age was 38 years, while the average age of the 247 Home Help respondents was a little over 49 years. The Home Help group shifts the average age of all respondents to 42 years. The MLH study, which included only CNAs and employees of certified home health agencies, also found an average age of 42.

As for gender, the percentage of men providing Home Help is higher than in the other DCW category. The two factors most important here are the employment of men as Personal Care Attendants and pay for family members to care for other family members. In comparison, MLH respondents were 95% female.

In contrast to age and gender, it is somewhat surprising to find that measures of marital status and presence of children in the home do not show major differences between Home Help workers and other DCWs. These findings diverge from MLH, which found 51% married, 17% divorced, 4% separated, 6% members of an unmarried couple and 23% widowed/never married. The tri-county study also found a lower percentage of DCWs with children under 18 in the home, although the General category at 46.9% was quite close to the MLH findings of 49%. Similarly, the percentage of homes with children

under the age of 5 was close for the General category (20.4% vs. 21% for MLH), while the Home Help category pushed the numbers for the overall DCW population down to 17%.

	General DCWs		Home Help		All	
Marital Status						
Married	152	34.9%	91	36.1%	243	35.4%
Divorced	77	17.7%	66	26.2%	143	20.8%
Separated	15	3.4%	9	3.6%	24	3.5%
Widowed/Never Mar	135	31.0%	50	19.8%	185	26.9%
Member of unmar. Couple	40	9.2%	11	4.4%	51	7.4%
R=	**419**		**227**		**646**	

 # Of Children Under 18

0	231	53.1%	157	62.3%	388	56.5%
1	92	21.1%	41	16.3%	133	19.4%
2	58	13.3%	29	11.5%	87	12.7%
3	35	8.0%	14	5.6%	49	7.1%
4	12	2.8%	3	1.2%	15	2.2%
5	2	0.5%	2	0.8%	4	0.6%
6	2	0.5%	0	0	2	0.3%
R=	**432**		**246**		**678**	

 # Of Children Under 5

0	106	24.4%	60	23.8%	166	24.2%
1	61	14.0%	17	6.7%	78	11.4%
2	25	5.7%	10	4.0%	35	5.1%
3	2	0.5%	1	0.4%	3	0.4%
4	1	0.2%	0	0.0%	1	0.1%
R=	**195**		**88**		**283**	

When the racial/ethnic and educational profiles are compared, we find that overall the DCW population, as has been shown in other studies, has a higher proportion of minorities and less formal education than the general population. (In the tri-county area, the 2000 Census reports 84.4 % as Caucasian, 8.1 % as African American, 2.6 % as Asian/Pacific Islander, .5 % Native American, 2.4 % multi- or bi-racial and 4.7 % Hispanic/Latino). Again, there are not major differences between the Home Help respondents and other DCWs on these measures. MLH reported a higher percentage of African American DCWs (23%), but the numbers for Caucasian DCWs were quite similar (68%). The profiles of educational attainment in this study and MLH were very similar.

Racial/Ethnic Profile	General DCWs		Home Help		All	
African American/Black	53	12.2%	56	22.2%	109	15.9%
Asian or Pacific Islander	6	1.4%	2	0.8%	8	1.2%
Native American	7	1.6%	9	3.6%	16	2.3%
Caucasian/White	320	73.6%	154	61.1%	474	69.0%
Multi- or bi-racial	11	2.5%	5	2.0%	16	2.3%
Hispanic/Latino	28	6.4%	17	6.7%	45	6.6%
Other	8	1.8%	7	2.8%	15	2.2%
R=	**433**		**250**		**683**	

Educational Attainment						
Less than high school	22	5.1%	38	15.1%	60	8.7%
High school/GED	157	36.1%	86	34.1%	243	35.4%
Some college	186	42.8%	86	34.1%	272	39.6%
College Degree	64	14.7%	36	14.3%	100	14.6%
LPN or RN	8	1.8%	6	2.4%	14	2.0%
R=	**437**		**252**		**689**	

Significant differences between Home Help workers and other DCWs emerge when household incomes are compared. While all DCWs are considerably poorer than the general population, the Home Help workers have higher numbers in the lowest income categories. Moreover, MLH found a range of incomes much higher than this study, with only 10% of the workers reporting family income of less than $10,000, 23% in the $10,000 to $19,999 range, 28% in the $20,000 to $29,999 range and 39% at $30,000 and above, vs. 29.5% for this study.

Household Income	General DCWs		Home Help		All	
Less than $10,000	79	18.2%	79	31.3%	158	23.0%
$10,000 to $19,999	137	31.5%	48	19.0%	185	26.9%
$20,000 to $29,999	92	21.1%	24	9.5%	116	16.9%
$30,000 to $39,999	61	14.0%	29	11.5%	90	13.1%
$40,000 to $59,999	28	6.4%	38	15.1%	66	9.6%
$60,000 or more	27	6.2%	20	7.9%	47	6.8%
R=	**424**		**238**		**662**	

The survey also asked workers to describe their own health condition. The responses show that 80% of the DCWs reported an "excellent" or "good" health status.

Self-described Health Condition						
Excellent	109	25.1%	41	16.3%	150	21.8%
Good	249	57.2%	158	62.7%	407	59.2%
Fair	72	16.6%	48	19.0%	120	17.5%
Poor	5	1.1%	4	1.6%	9	1.3%
R=	**435**		**251**		**686**	

When asked, "Do you have a doctor or other health professional you are able to see when you need to?" nearly 85% of the workers said they did. Perhaps surprising is that a

higher percentage of Home Help workers (86%) than other DCWs (84%) reported having access to a health professional.

The next set of questions asked about the DCWs' work situation, as well as their opinions about the work. First, they were asked, "What was the reason you took a direct care work job in the first place?" (More than one response was allowed). For comparison, the employers' views on DCWs' motivations to enter the field are shown.

Reason for taking DCW job	General DCWs	Home Help	All	Employers
I wanted to help people	72.9%	49.2%	64.2%	76.4%
I felt I could do the job well	65.6%	50.4%	59.4%	58.8%
I enjoy working directly with people	68.7%	40.9%	58.5%	66.7%
I enjoy working with older people	55.2%	36.5%	48.3%	76.4%
I wanted to work in health care	56.8%	23.0%	44.4%	64.7%
I had experience caring for family member	33.8%	47.6%	38.9%	60.8%
The schedule	31.3%	29.0%	30.4%	58.8%
It was close to home	27.1%	29.4%	27.9%	29.4%
I felt it was my personal calling	26.9%	23.0%	25.5%	39.2%
The number of hours	17.5%	15.9%	16.9%	25.5%
Training was available	16.6%	3.6%	11.8%	37.2%
The pay rate	14.7%	5.5%	11.2%	21.6%
"To care for a family member"	1.1%	22.6%	9.0%	
It was the only job available	13.6%	5.5%	8.7%	15.7%
The benefits	10.3%	2.0%	7.3%	9.8%
I was not qualified for other types of work	4.4%	3.6%	4.0%	21.6%
To meet welfare requirements	1.8%	4.4%	2.8%	25.5%
"'Work is related to my course of education"	3.9%		2.5%	
"To care for a friend"		4.0%	1.5%	
"It was suggested by relative/friend"	1.4%		.9%	
"Worked in nursing hme, prefer home care"	1.1%		.7%	
Various other (single) reasons	25.7%	2.8%	4.7%	
R=	**2291**	**1003**	**3294**	**273**

Since many Home Help workers care for family members and do not have an employer who was asked to complete this survey, it is most useful to compare the responses of General DCWs with the employers' responses. Such a comparison shows that the employers have a fairly good understanding of their employees' primary work motivations. There are, however, dramatically lower weights given to "experience caring for family member," "the schedule,' "training was available" and "to meet welfare requirements" by the General DCWs. An interesting sidebar here is that 28% of the General DCWs stated that they are caring for a family member without pay, slightly less than the Home Help DCW level of 30%.

The next questions asked about the work setting and work experience. More than one response was allowed on the first question.

In what setting do you work?

	General	Home Help	All
Home Help (hired by client)	36	212	248
Home Help (as agency employee)	103	32	135
Home for the Aged	108	9	117
Other Home Care Agency	75	11	86
Nursing home	69	10	79
Adult Foster Care	30	9	39
Specialized mental health home	30	2	32
Hospice	20	2	22
Private duty nursing agency	15	1	16
Assisted Living	10	5	15
"TBI Rehabilitation"	5		5
Other	12		12
R=	**513**	**293**	**806**

What stands out from these responses is the total absence of respondents from certified home health agencies and the surprisingly high percentages of General DCWs who reported working as Home Help providers hired directly by clients (8.3%) and working as Home Help providers through agencies (23.7%). Overall, 55.7% of all respondents said they provided Home Help services, while only 11.5% said they worked in nursing homes.

How long have you worked (A) as a DCW and (B) in your current job?

	General DCWs		Home Help DCWs		All DCWs	
	A	B	A	B	A	B
Less than one year	68	110	16	23	84	133
1 to 2 years	82	129	60	71	142	200
3 to 4 years	56	72	41	45	97	117
5 to 7 years	69	63	36	34	105	97
8 to 11 years	48	26	32	23	80	49
12 to 15 years	41	13	15	12	56	25
16 to 19 years	20	10	5	3	25	13
20 to 25 years	26	6	16	9	42	15
Over 25 years	12	2	16	9	28	11
R=	**422**	**431**	**237**	**229**	**659**	**660**

Items to note in the reported experience of workers is that 32.9% of all workers report they have worked less than 3 years as DCWs, while 22% have worked 12 or more years.

Another question probed the DCWs' views on whether they had adequate training for their work, or whether they could use some, or more or better training in various areas.

Rate DCW need for training in the following areas (comparing worker and employer responses on similar questions):

	None				Some				More or Better			
	General	Hm Hlp	All	Employers	General	Hm Hlp	All	Employers	General	Hm Hlp	All	Employers
Working with families	48.5%	56.7%	51.5%	15.7%	25.7%	8.7%	19.5%	39.2%	12.0%	8.3%	10.6%	29.4%
Dealing with inappropriate sexual behavior	45.7%	57.5%	50.0%	31.4%	20.2%	4.8%	14.6%	29.4%	19.3%	9.1%	15.6%	23.4%
Dealing with stress and stressful situations	32.6%	42.1%	36.0%	9.8%	28.3%	19.0%	24.9%	43.1%	26.4%	15.5%	22.4%	33.3%
Speaking up for my clients	52.2%	57.9%	54.3%	39.2%	20.2%	5.2%	14.7%	31.4%	12.4%	11.1%	11.9%	13.7%
Communication on the job	47.1%	56.7%	50.7%	17.6%	20.9%	10.7%	17.2%	29.4%	18.9%	5.9%	14.1%	37.2%
Dealing with DCW's family problems	59.1%	49.2%	55.5%	19.6%	16.3%	16.3%	16.3%	43.1%	10.3%	10.7%	10.5%	19.6%
Caring for younger adults with disabilities	43.4%	44.0%	43.7%	35.3%	24.1%	13.9%	20.4%	23.5%	17.0%	12.3%	15.3%	15.7%
Rehabilitation procedures and techniques	30.1%	39.3%	33.5%	23.5%	27.1%	17.1%	23.4%	31.4%	26.9%	16.7%	23.1%	23.5%
Feeding problems and nutrition	42.8%	52.0%	46.1%	31.3%	25.5%	8.7%	19.4%	37.2%	14.9%	13.5%	14.4%	15.7%
Toileting, incontinence, urinary tract infections	55.4%	53.6%	54.7%	39.2%	17.7%	8.3%	14.3%	33.3%	10.8%	9.5%	10.3%	11.8%
Physical or financial abuse or neglect	49.4%	53.6%	50.9%	33.3%	21.4%	7.9%	16.4%	31.4%	12.6%	9.5%	11.5%	11.8%
Depression in older adults	35.9%	44.0%	38.9%	17.6%	28.0%	13.9%	22.9%	51.0%	20.7%	17.5%	19.5%	23.5%
Dementia, including Alzheimer's	36.1%	44.8%	39.3%	27.5%	25.1%	9.1%	19.2%	31.4%	25.3%	18.7%	22.9%	29.4%
Dealing with challenging behaviors	28.5%	43.7%	34.1%	11.7%	28.0%	11.5%	22.0%	31.4%	30.1%	18.7%	25.9%	45.1%
Death, loss and grief	39.3%	46.4%	41.9%	19.6%	29.4%	12.7%	23.3%	41.2%	15.2%	13.5%	14.6%	23.5%
Problem solving	38.9%	50.8%	43.2%	N.A.	26.7%	9.5%	20.4%	N.A.	18.9%	11.5%	16.2%	N.A.
Mental illness	N.A.	N.A.	N.A.	17.6%	N.A.	N.A.	N.A.	39.2%	N.A.	N.A.	N.A.	27.5%
Dealing with any specific disease or condition	34.0%	34.5%	34.2%	9.8%	9.0%	5.2%	7.6%	9.8%	12.2%	6.3%	10.0%	7.8%
R=	3128	2084	5212	204	1713	460	2173	296	1322	525	1847	200

At first glance, it is a bit disconcerting that between 40% and nearly 60% of all workers believe they need no more training on the array of compex and difficult topics listed, especially when employers have significantly different views on training needs. The workers' views could be seen as a statement of self-confidence, or as resistance to to any possible challenges their perceived competence in care-giving skills and knowledge. A closer look shows that between 20% and 30% of General DCWs do express a desire for some training on nearly all topics except dealing with their own family's problems or the basic care areas of toileting, incontinence and urinary tract infections. Employers, however, see much more need for some training, with the differences most marked on the topics of working with families, dealing with stress, dealing with the DCW's family problems, feeding problems, toileting, incontinence and UTIs, death, loss and grief, and especially, depression. The views of DCWs and employers are more in line on the need for more or better training on several topics, but there are significant differences on the topics of working with families, dealing with inappropriate sexual behavior, dealing with stress, communication on the job, dealing with the DCW's family problems, death, loss and grief, and most markedly, dealing with challenging behaviors. The differences in perception on training issues between DCW's and employers is one of the most disconcerting findings in this study.

When asked about their union status, about 92% of all DCWs said they were not union members. About 7% of General DCWs reported as union members, while 4.8% of Home Help providers were unionized. This data will change, since Home Help providers voted to join a union after the survey was completed.

When asked about other work besides their primary DCW job, workers responded:

Do you have another paid job in addition to your DCW job?

	General	Home Help	All
Yes	126 (29.0%)	111 (44.0%)	237 (34.5%)
No	305 ((70.1%)	139 (55.2%)	444 (64.6%)
R =	**431**	**250**	**681**

If yes, is it in healthcare?

Yes	57 (45.2%)	29 (26.1%)	86 (36.6%)
No	69 (54.8%)	82 (73.9%)	151 (63.7%)
R =	**126**	**111**	**237**

Overall, 34.5% of the workers reported having a second paid job, and 36.3% of those reporting a second job stated that it was in health care. MLH found that 26% of their study group held a second job. About 44% of the Home Help workers said they had a second job, but only 26% of them said it was in health care.

Workers were also asked whether they had any job-related certification. Overall, 31% reported having some type of certification, while nearly 66% said they had no certification. There were significant differences between the General DCWs and Home Help, with over 39% of the General group having certification, vs. less than 17% of the Home Help providers.

Since transportation is often listed as a barrier to work in the DCW field, a question asked about distance driven to and from work.

How many miles driven to and from work on a typical day?

Miles driven	General DCWs	Home Help	All
0 to 5	108 (24.8%)	180 (71.4%)	288 (40.8%)
6 to 10	76 (17.5%)	26 (10.3%)	102 (14.8%)
11 to 15	42 (9.7%)	14 (5.6%)	56 (8.2%)
16 to 20	55 (12.6%)	12 (4.8%)	67 (9.8%)
21 to 25	31 (7.1%)	3 (1.2%)	34 (4.9%)
Over 25	123 (28.3%)	17 (6.7%)	140 (20.4%)
R =	**435**	**252**	**687**

While the high percentage of Home Help DCWs who drive five or less miles is not unexpected, since most of them care for a family member or friend with whom they live, the fact that nearly 30% of General DCWs drive over 25 miles to and from work is quite interesting. Perhaps the MI Choice Waiver program affects this number, but this cannot be the sole factor here. Further analysis is needed.

DCWs were asked how many hours they worked each week, on average, in their primary DCW job and (if they had other work) all their work combined :

	General DCWs		Home Help		All DCWs	
Work hours/week	DCW	All work	DCW	All work	DCW	All work
0 to 5	16	5	23	10	39	15
6 to 10	30	9	43	18	73	27
11 to 15	34	28	23	17	57	45
16 to 20	41	27	31	14	72	41
21 to 25	29	29	20	14	49	43
26 to 30	38	32	11	14	49	46
31 to 35	46	48	10	4	56	52
36 to 40	156	139	15	28	171	167
41 to 45	15	25	6	10	21	35
46 to 50	11	19	3	18	14	37
Over 50	15	35	21	58	36	93
R =	**431**	**396**	**206**	**205**	**637**	**601**

One figure that jumps out here is that 13.5% of the respondents work over 50 hours a week on all jobs combined. In addition to hours worked one of the most central concerns about the DCW employment situation is the wages received for this difficult work.

What is your hourly rate as a DCW?

	General	Home Help	All
Under $5.00	2	2	4
$5.00-$5.50	0	18	18
$5.51-$6.00	1	11	12
$6.01-$6.50	1	54	55
$6.51-$7.00	5	3	8
$7.01-$7.50	6	3	9
$7.51-$8.00	87	7	94
$8.01-$8.50	62	4	66
$8.51-$9.00	92	4	96
$9.01-$9.50	33	6	39
$9.51-$10.00	28	3	31
$10.01-$10.50	12	0	12
$10.51-$11.00	15	0	15
$11.01-$11.50	17	1	18
$11.51-$12.00	12	1	13
$12.01-$12.50	4	0	4
$12.51-$13.00	8	0	8
Over $13.00	10	3	13
R =	**395**	**120**	**515**

The average wage for the General category, which most approximates the MLH study group, was $9.13, while the average Home Help wage was $6.87. The average wage for all workers who responded on the wage level was $8.60. MLH respondents reported an

average wage of $10.35. Given the wage structure for DCW work in hospital settings, as well as the general low-threshold employment sector, these wages are appallingly low.

The next set of questions asked about the benefits available to the DCWs in different settings.

Do you have a retirement plan through your DCW work?

	General	Home Help	All
Yes	76 (17.5%)	35 (13.9%)	111 (16.2%)
No	335 (77.0%)	191 (75.8%)	526 (76.6%)
R =	**411**	**226**	**637**

Do you have health insurance through your DCW employer?

Yes	134 (30.8%)	11 (4.4%)	145 (21.1%)
No	288 (66.2%)	234 (92.9%)	522 (76.0%)
R =	**422**	**245**	**667**

If you do not have health insurance through work, why?

Not offered	116 (40.2%)	110 (47%)	226 (43.3%)
Too expensive	39 (13.5%)	13 (5.5%)	52 (10.0%)
Don't work enough hours	60 (20.8%)	10 (4.2%)	70 (13.4%)
Have it from other source	77 (26.7%)	82 (35%)	159 (30.5%)
Don't know, haven't asked	3 (1%)		3 (.5%)
Other	5 (1.7%)	6 (2.5%)	11 (2.1%)
R =	**300**	**221**	**521**

Besides being a low-wage earning group, DCWs have few benefits. While nearly 31% of the General DCW group report having health insurance through work (compared to 43.5% in the MLH study), the coverage for all DCWs is about 21%. Of course, "employer" is a problematic term when applied to Home Help, where the person getting services and supports is a Medicaid recipient.

One indicator of job satisfaction is whether a person feels capable of handling the stress of the job. When asked, "On a typical day, how often do you have too many demands on your time in your direct care job?" the responses were:

Too many job demands?

	General	Home Help	All
Never	45 (10.3%)	38 (15.0%)	83 (12.0%)
Rarely	104 (23.9%)	73 (29.0%)	177 (25.8%)
Sometimes	166 (38.2%)	78 (31.0%)	244 (35.5%)
Usually	59 (13.6%)	28 (11.1%)	87 (12.7%)
Always	52 (12.0%)	20 (7.9%)	72 (10.5%)
R =	**426**	**237**	**663**

Here we can see that about 23% of all workers feel they are pressured by too many demands usually or always. The Home Help providers, at 19%, feel less overburdened than the General category, at nearly 27%.

The persons surveyed were also asked to agree or disagree with a series of statements designed to elicit their opinions about various aspects of the job situation. The workers were instructed, “For each statement, check the box that best describes your thoughts about your job.” The responses below are for all DCWs in the survey.

Thoughts about the job

	Strongly Agree	Agree	Disagree	Strongly Disagree
I have a meaningful relationship with person I care for	57.0%	34.6%	2.3%	1.0%
My supervisor cares about me as a person	27.9%	42.5%	7.6%	4.0%
I get the information I need to do a good job	28.0%	45.3%	11.8%	2.1%
There's good communication among staff & supervisors	18.8%	39.4%	15.6%	6.1%
I know what is expected from me at work	47.0%	41.0%	2.5%	0.9%
Workers in my agency/facility are treated fairly	21.3%	37.3%	14.3%	4.9%
At work, my opinion counts for something	26.6%	44.1%	10.9%	3.3%
If I have a problem, I know who to talk to	35.4%	40.3%	7.6%	3.3%
I can have paid time off from work	14.0%	20.5%	16.0%	28.2%
In the last 3 months, someone at work has praised me	29.0%	33.2%	11.2%	8.7%
I am involved in decisions about how care is delivered	28.5%	37.1%	15.0%	5.7%
I can work my way up to better pay or job where I work	10.5%	24.7%	22.4%	21.4%
This is just a job to do until I find a better one	7.7%	14.2%	29.4%	29.7%
If I had it to do over again, I would still take this job	46.7%	36.7%	4.9%	2.8%
R=	**2736**	**3376**	**1178**	**841**

These responses show a strong positive affect toward the job. Combining the “strongly agree” and “agree” responses, we find positive responses ranging from two-thirds to over 90% of the respondents. The responses for General DCWs (not shown) were actually higher in affect (by margins of 2% to 10%) than the overall responses, but perhaps some of the difference can be tied to some difficulties in relating the questions to Home Help DCWs’ work situation (for example, “My supervisor cares about me as a person” or “I can work my way up to better pay or a better job where I work”).

Workers were also asked, “How much contact would you like to have with other direct care workers like yourself?” The responses show that DCWs are generally a category of workers who are reasonably independent, but would like some contact with their peers:

Contact desired with other DCWs	General	Home Help	All
None	57 (13.1%	98 (38.9%)	155 (22.6%)
Some	293 (67.4%)	119 (47.2%)	412 (60.0%)
A lot	73 (16.9%)	21(8.3%)	94 (13.7%)
R =	**423**	**238**	**661**

There were four questions that delved into overall job satisfaction. First, the workers were asked, “What aspects, if any, of your direct care job are you dissatisfied with?” Here, we can compare the workers’ comments with the employers’ estimates of worker dissatisfaction.

Any areas of job dissatisfaction?				
	General	Home Help	All	Employers
Pay is too low	59.8%	57.9%	59.1%	59.2%
Lack of opportunity to advance	37.0%	14.7%	28.8%	31.3%
No or inadequate health insurance offered	28.3%	24.6%	26.9%	27.5%
Not enough hours	27.4%	23.8%	26.0%	43.1%
Health insurance is too expensive	26.0%	7.1%	19.0%	33.3%
Not dissatisfied at all	16.8%	21.4%	18.5%	17.6%
Not valued by the organization	20.5%	4.8%	14.7%	9.8%
Not enough contact with/support from peers	11.0%	5.6%	9.0%	17.6%
Dissatisfaction with the work schedule	13.1%	2.0%	9.0%	19.6%
Dissatisfied with supervisor	11.7%	2.4%	8.3%	9.8%
Not enough training to do the job well	7.4%	5.5%	6.7%	3.9%
Cannot provide quality care	7.8%	1.6%	5.5%	2.0%
Too many patients	7.4%	1.2%	5.0%	11.8%
Patients require too much care	6.0%	.4%	3.9%	21.6%
Unsafe working conditions	3.9%	1.2%	2.9%	3.9%
Too many hours	.5%	2.0%	1.0%	9.8%
"I work for family member"		1.6%	.6%	
"No paid holidays or vacation time"	.7%		.4%	
Other	4.1%	6.0%	4.8%	6.0%
R=	**1258**	**463**	**1721**	**164**

Not surprisingly, the bread and butter issues of pay and benefits are cited as three of the top five factors. One worker stated that home care is "too demanding at times, with little pay. I feel a need and a call to aid others, but I think we need more pay." "Not enough hours" is also linked to pay and access to benefits. For the General DCWs, there were several issues that tie into the "culture change" perspectives of giving employees more opportunities for advancement, recognition and involvement. Since many of the Home Help DCWs are not part of organizations, and do not expect to pursue a career in the field once their obligations to family or friends are fulfilled, they register low levels of dissatisfaction on such topics as "lack of opportunity to advance," "not valued by the organization," "not enough contact with peers" or "dissatisfaction with supervisor." Perhaps unexpected is that 18.5% of the DCWs surveyed said they were not dissatisfied at all, a slightly higher percentage than what employers estimated.

Next, the workers were asked, "What changes could your employer make to help you do your job better?" Again, the most frequent responses were in the "tangibles" areas, but there were also many responses in the "involve and respect the workers" categories. The DCW responses are shown in comparison to employers' responses to a similar set of options (except employers were given the options "train supervisors to be more supportive" and "offer more flexible work schedule").

What could your employer do to help you do your job better?				
	General	Home Help	All	Employers
Increase pay	66.9%	55.2%	62.6%	47.0%
Improve benefits	46.4%	30.2%	40.5%	37.2%
Increase opportunities for promotion/advance	38.2%	11.1%	28.2%	31.3%
Improve recognition and feedback to staff	37.7%	6.7%	26.3%	21.6%
Improve communication with staff	33.8%	7.1%	24.0%	21.6%
Improve training & support for DCWs	27.1%	14.7%	22.6%	35.3%
Offer more hours of work	23.7%	17.5%	21.4%	31.3%
Improve training & support for supervisors	23.9%	7.1%	17.8%	21.6%
Raise morale of workforce	23.4%	3.6%	16.2%	19.6%
No changes	10.3%	22.6%	14.8%	19.6%
Reduce staff vacancies and turnover	18.9%	5.2%	13.8%	13.7%
Allow me to participate in work decisions	16.3%	7.9%	13.2%	25.5%
My supervisor could be more supportive	17.2%	3.2%	12.1%	11.8%
Add staff	16.8%	3.6%	11.9%	21.6%
Increase interaction with other DCWs	12.2%	6.7%	10.2%	19.6%
More time off	7.6%	3.2%	6.0%	5.9%
Clarify & communicate organization mission	6.7%	2.4%	5.1%	11.8%
Pay for holidays, vacation, mileage, training	1.4%		.9%	
NA, "No employer, care for relative, etc"		2.4%	.9%	
Other	5.3%	2.8%	4.4%	9.8%
R=	**1887**	**537**	**2424**	**207**

Let us first focus on the contrast between the employers' thoughts on what they could do and the opinions of the General DCW group, all of whom (unlike the Home Help DCWs) work for an agency or facility. (The Home Help responses, many of which come from workers who are directly hired by the persons receiving care, show low interest in those items that are more clearly linked to facility or agency settings. These low responses bring the "all worker" response totals more into line with the employers' views). The workers' desire to see action in the areas of pay increases and improved benefits is much stronger than the employers' views on these potential actions. This can be explained in part by the low Medicaid and other public rates paid to providers, who may wish to increase pay and benefits, but are unable to. Beyond these pocketbook issues, workers more strongly express a desire for promotions and advancement, recognition and feedback and improved communication than the employers expect them to do.

It is interesting that the employers are more likely than workers to see potential benefits from more interaction among DCWs, participation by DCWs in work decisions, and offering more hours of work. Clearly, employers place a higher value on more training than do workers. Perhaps on the optimistic side are the 20% of employers who think no changes are needed, double the 10% of General workers who think no changes could be made.

A final probing question about job satisfaction was "If you intend to keep working at your direct care job for more than 6 months, why?"

Why stay on the job?	General	Home Help	All
I enjoy the personal relationships with clients	74.3%	57.5%	68.1%
I feel I do the job well	72.0%	58.7%	67.1%
My clients need me	49.9%	61.1%	54.0%
It is close to home	36.8%	44.4%	39.6%
A flexible schedule	41.1%	33.3%	38.3%
I feel valued	38.6%	36.5%	37.8%
I like my supervisor	33.8%	15.5%	27.1%
The number of hours	18.6%	14.7%	17.2%
The pay rate	16.1%	8.3%	13.2%
It is the only job available	11.3%	10.3%	10.9%
The benefits	13.3%	4.4%	10.0%
I am not qualified for other types of work	5.1%	4.4%	4.8%
"Will care for relative/friend as long as needed"	1.1%	10.3%	4.5%
It is a welfare requirement	.9%	4.4%	2.2%
"I love this job/like this work/feel rewarded"	3.0%		1.9%
"Job gives me experience for my education"	1.8%		1.2%
"I am not planning to stay"	1.1%		.7%
"I have to work to make a living"	.7%		.4%
"Cannot afford to hire alternative caregiver"		.8%	.3%
Other	4.4%	3.6%	4.0%
R=	**1844**	**928**	**2772**

Five of the seven highest factors selected are non-materialistic or altruistic, as opposed to materialistic or practical. Only 11% of the workers think that their DCW job is the only job available, and a little over 2% say they will stay working because it is a welfare requirement.

Finally, when DCWs were asked, "Overall, how satisfied are you with your direct care job?" the response was strongly positive. At 87.2%, the respondents were even more satisfied than those in the MLH study, which found that slightly over 73% of the workers were satisfied (combining "very satisfied" and "satisfied" categories), while 5% of the MLH respondents were "very dissatisfied."

Satisfaction with DCW job			
	General	Home Help	All
Very satisfied	29.9%	37.7%	32.8%
Satisfied	57.5%	49.2%	54.4%
Dissatisfied	8.7%	6.0%	7.7%
Very dissatisfied	2.0%	1.6%	1.9%
R =	**427**	**238**	**665**

SOME OBSERVATIONS ABOUT THE DATA

It is important to resist drawing strong conclusions from survey data, especially when it is not a fully representative sample. There are reasons here to suspect that the employers who responded to the survey are more "progressive" and interested in their workers' welfare than those who did not respond. The cover letter with the surveys made it clear that the surveys were being conducted for the purpose of gathering information to

advocate for an improved workforce. Other than Home Help DCWs, only those DCWs who worked with responding employer were able to receive a survey. This could have introduced a second source of bias into the data. For the Home Help DCWs, the less than 20% who responded may have been unrepresentative of the whole.

These cautions aside, the data track fairly well the results of similar studies of DCWs in Michigan and elsewhere. That is why it is important to consider seriously the responses, especially when they show the uniqueness of the tri-county workforce.

Overall, it appears that employers and direct care workers share many similar views on the work situation. In general, employers have quite positive evaluations of the motivations behind their employees' job choices. If anything, they attribute more altruistic motivations to the workers than do the workers themselves. The major divergence of views is that employers see a much greater need for some, more or getter job-related training than the employees do.

As for factors leading to job dissatisfaction, the employers correctly focus on the tangible factors of pay and benefits, but several noted their limited ability to deal with this situation, given reimbursement levels from Medicaid and other publicly funded programs. They were less likely than workers to see the need for changes in promotion patterns, communications with staff, and recognition and feedback to staff. They were twice as likely as their workers to think that no changes were necessary on their part to improve workers' performance. Employers do appear to be open to changes in management style and worker recognition and involvement.

The workers who expressed their thoughts for this study show the ability to hold seemingly contradictory views on their jobs. They are dissatisfied with pay and benefits, but express very high levels of satisfaction regarding the overall job situation. Somewhat disconcertingly, about half of them feel they have little need for training in most areas of long term care service provision. Given the high percentage of respondents who are Home Help providers, some of this perspective is certainly tied into their self-images as caregivers for a parent or child. Any suggestion that they may not have all the skills or knowledge to enable them to do the best job possible with their loved ones is likely to be resisted. This poses a challenge to those who wish to see the skills level of DCWs increased.

On the positive side, it appears that many DCWs consciously choose this work for positive reasons. They are confident in their own abilities and are driven by the love they have for a relative, friend, or anyone for whom they provide services and support. For them, direct care work is truly a labor of love. Given the fragility of their job situations, which in many cases depends on them staying healthy with no insurance, moving towards retirement with no pension or savings, or just surviving the daily struggle to maintain a family on subpoverty income, let us hope it is not love's labor lost.

A LIST OF RESOURCES ON DIRECT CARE WORKERS

One of the best resources for keeping up to date and finding research and policy information is **Quality Jobs/Quality Care,** a twice-monthly e-newsletter issued by the National Clearinghouse on the Direct Care Workforce, a project of the Paraprofessional Healthcare Institute. Find the newsletter at www.directcareclearinghouse.org. Other useful resources include:

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National Governors' Association, "Rescuing the Health Workforce: Options for the States," January 2004. Issue Brief of the NGA Center for Best Practices, Washington, D.C.

National Governors' Association, "State Support for Family Caregivers and Paid Home-Care Workers," June 2004. Issue Brief of the NGA Center for Best Practices, Washington, D.C.

Nursing Home Community Coalition of New York State, "What Makes for a Good Working Condition for Nursing Home Staff: What Do Direct Care Workers Have to Say?" June 2003. New York, NY.

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Paraprofessional Healthcare Institute and the North Carolina Department of Health and Human Services, Office of Long Term Care, "Results of the 2002 National Survey of State Initiatives on the Long-Term Care Direct Care Workers," June 2002.

Polister, B., K.C.Lakin, R.Prouty, "Wages and Direct Support Professionals Serving Persons with Intellectual and Developmental Disabilities: A Survey of State Agencies and Private Residential Provider Trade Organizations," 2003. Policy Research Brief, Institute on Community Integration, University of Minnesota.

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APPENDIX

THE SURVEY TOOLS