

Long-Term Care Workforce Recruitment and Retention in Rural Alaska: A Report on Personal Care Attendant Focus Groups

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By Amanda Marie Johnson, Graduate Intern

Kay Branch, Coordinator, Rural Long-Term Care Development, State of Alaska, Division of Senior Services, Alaska Commission on Aging

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EXECUTIVE SUMMARY

Recruiting and sustaining a long-term care workforce is a growing problem in our country. Issues relating to lack of respect, low wages, and no fringe benefits are common for paraprofessionals working in the long-term care industry. In rural Alaska these problems are compounded by distance, isolation from other workers, and a smaller pool of applicants. Personal Care Attendants (PCAs) are part of the long-term care workforce in Alaska, they provide clients assistance with activities of daily living, such as bathing, dressing, and preparing meals.

The Division of Senior Services (DSS) conducted three focus groups in January 2001 with the goal of looking for ways to enhance the PCA program in rural Alaska. The experiences and perceptions of the PCAs themselves are central to the evaluation of the program. This report reviews the background information, methodology, and data gathered during those focus groups. This report also contains recommendations for more efficient means of increasing workforce recruitment and retention of PCAs in rural Alaska.

The key reporting points include the following aspects: the importance of keeping elders in their homes; agency provided benefits versus no benefits; respect issues and the respect that PCAs deserve; the benefits and barriers of PCA work; the supervisor/employee relationship; ongoing support and conferences; and the recommended employment incentives. All of these issues have an impact on workforce recruitment and retention of PCAs in rural Alaska.

Recommendations

- Public information campaign to increase the respect and value of PCAs
- Increase funding allocations so that PCAs can receive better pay and benefits
- Incorporate requirements for continuing education in the program
- Continue work with state health care education groups to develop a career ladder
- Require further training on grief, death, and dying
- Allocate funding for statewide conferences and regional teleconferences
- Require agencies to collaborate to pool workers between agencies
- Address community subsistence activities and the needs of elders for year round care
- Implement workforce recruitment and retention strategies

BACKGROUND INFORMATION

Recruiting and sustaining a long-term care workforce is a growing problem in our country. State, federal, and private agencies are looking for solutions to the workforce shortage in all sectors of the long-term care industry, including nursing homes, in-home care, and assisted living. Issues relating to a lack of respect, low wages, and no fringe benefits are common for paraprofessionals working in the long-term care industry.

Throughout Alaska older people say that they would rather remain in their own homes and communities for the duration of their lives. A wide array of in-home services in the long-term care field assists elders and their families with increasing care needs. These include personal care services, respite care, delivered meals, and chore services. However, high turnover and the inability to recruit adequate staff limit the availability of these services in our rural areas.

Elders are important to rural Alaskan communities. In this ever-changing world, the ability of families to care for their elders has decreased. Traditionally, Alaska Native elders were supported by their families. Today, many families don't have the resources, time, nor abilities to care for their elders. Many elders were sent to urban areas to live in nursing homes before in-home care was available to rural Alaskans. Although some elders did not need 24-hour nursing care, the nursing home was their only option. Personal Care Attendant (PCA) services are an efficient and economical way of keeping elders in their traditional villages.

In May 2000, the Division of Senior Services (DSS) and the Alaska Commission on Aging (ACoA) contracted with the Alaska Center for Rural Health to conduct a one-day symposium to address long-term care workforce development in rural Alaska Native communities. Agency providers from all rural areas of Alaska attended. The symposium provided DSS and ACoA with recommendations for work to be conducted during FY01. DSS and ACoA also decided on employee focus groups as a way to capture the experiences of the direct care workers. Funding for these projects is through a grant from the Alaska Mental Health Trust Authority. DSS acknowledges their continued support to develop services for Trust beneficiaries in rural Alaska.

The projects funded for FY01 aim to:

- Convene several focus groups of employees in the long-term care workforce to look at issues from their perspective (includes both current and past employees of agency programs)
- Develop and provide an education campaign about the long-term care workforce statewide, utilizing the Alaska Rural Communications System (ARCS), and convene a panel of esteemed elders to appear on ARCS
- Contract with a provider to conduct a pilot project in one region that targets the workforce retention and training recommendations generated during the FY00 workshop.

This report concentrates on the focus groups. The data from these will be used in preparing for two television segments to be broadcast on ARCS featuring both PCAs and elders. DSS chose this approach to the workforce development issue to ensure sensitivity

to the cultural and traditional practices of Alaska Native people. This will lay the groundwork for developing a well-established and respected long-term care workforce.

The focus groups specifically address worker recruitment and retention for the Personal Care Attendant program available through agencies around the state. Personal Care Attendants (PCAs) provide long-term care for elders in rural Alaska. DSS limited the study to PCAs in order to control the variables and obtain a study sample of people with comparable job duties. Administered through the State of Alaska, Division of Senior Services, the PCA program provides in-home care for elders and disabled adults. PCA services are:

...typically provided in the consumer's home by trained health care paraprofessionals and include assistance with activities of daily living such as eating, bathing, dressing, personal hygiene and medication needs. Ideally, these services are part of a continuous and coordinated system of social and medical support... Personal care attendants are the cornerstone of home and community-based programs that allow Alaskans to receive health care support services in their home communities (State of Alaska, 1999:8).

The main questions addressed in this project are:

- 1) Why is it hard to recruit and retain PCAs in rural Alaska? and,
- 2) What can agencies do differently to succeed at recruiting and retaining PCAs in rural Alaska?

PURPOSES AND PROCEDURES

The purpose of this project was to gather ideas about workforce recruitment and retention in the PCA Program in rural Alaska. The purpose of this report is to share those ideas with state agencies and organizations providing in-home long-term care services including PCA agency providers and PCA workers. DSS thanks the agencies that made it possible for their workers to attend these meetings. Most importantly, thanks go to the PCAs themselves who were so open with their comments and ideas for improving the retention of in-home workers.

This investigation considers multiple cross-cultural aspects. Rural Alaskan communities have less infrastructure (household amenities such as plumbing etc.) than communities in urban regions. This makes both lifestyle and employment opportunities different from those experienced in urban areas. Rural Alaska is a rapidly changing environment with whole communities becoming more dependent on a cash economy, while still practicing their traditional subsistence activities. Rural Alaska Natives also have different family values and work ethics than do Caucasians. In order to overcome the barriers to long-term care services in rural areas, all of these matters must be taken into account.

The goal of enhancing the PCA program in rural Alaska includes hearing the voices of the PCAs. Qualitative problem-solving research in the format of focus group methodology was used to gain the PCAs perspective. Focus groups are an appropriate means for gathering information because they provide an atmosphere that facilitates discussion and interaction among the participants (Krueger, 2000). The purpose of a focus group is to

listen and gather qualitative data. Focus groups must remain small to be an efficient means of research (no more than 8 people).

DSS hosted three focus groups to gather data. A facilitator and co-facilitator were present; one facilitated and mediated discussions while the other took extensive notes. All sessions were audio-recorded. This report presents the information gathered through these groups, which will then be used to analyze and evaluate ideas for recruitment and retention of PCAs in rural Alaska.

Facilitators asked agency providers for the names and phone numbers of both current and former PCAs. The co-facilitator then made random calls from these lists until enough participants were found for the focus groups. She utilized a telephone questionnaire to determine if individuals were eligible and able to participate in the focus groups¹. We were able to identify participants in Northwest, Southwest, Interior Alaska and on the Kenai Peninsula. Due to circumstances beyond the facilitator's control, the study sample does not include PCA workers from the Matanuska-Susitna Valley and Southeast Alaska. By design, the study does not include urban PCA workers.

Initially the facilitators planned on holding two focus groups; one for current PCAs and one for former PCAs. They decided on holding three focus groups when it became clear that there might be different issues discussed depending on geographical location (on-road rural vs. off-road rural). On-road rural is defined as the Kenai Peninsula and the Matanuska-Susitna Valley. Off-road rural is defined as village locations that can only be reached by air. Incidentally, all of the on-road rural participants were Caucasian and all of the off-road rural participants were Alaska Native.

Everyone called was extremely interested in the project and wanted to participate, although some had other commitments and couldn't come to Anchorage. Those that could not attend wanted to give their input over the phone (this information is not included in the focus group findings). Everyone felt honored that they were being asked to represent PCAs. They wanted to participate in order to have their voice heard; not because of the paid trip to Anchorage or the \$50.00 participation fee. Some participants didn't even want the travel refund or incentive. They just wanted to be heard.

The focus groups took place on January 19th, 2001, January 23rd, 2001, and January 26th, 2001. They were held at a neutral location (a hotel in downtown Anchorage). Each participant was offered paid travel, one night hotel stay, and \$50.00 for their participation in the group. The participants also received a light snack and lunch. Strickland (1999) discusses the importance of food sharing among participants as an important component of conducting cross-cultural focus groups. This practice was extremely valuable as facilitators continued gathering data during the lunches; a time to listen to informal interaction between the participants.

The first focus group consisted of off-road rural individuals currently working as PCAs. Participants met at the designated location between 8:00 a.m. and 9:00 a.m. Coffee, tea, fruit, and light pastries were available for breakfast. The co-facilitator concentrated on

¹ The telephone questionnaire can be found in Appendix A.

getting the participant's signatures on various documents. The focus group officially began at 9:05 a.m. Final point review and wrap-up occurred at 12:40 p.m. The participants ate lunch and left. The sample of the first group included one male and three females; all Alaska Natives. Their ages ranged from 31 to 58 years old. This group rarely mentioned wages. They talked more about different motivations for doing this type of work; for example, they emphasized caring for elders and keeping them in their homes. They were strong advocates for training young people who had graduated from high school to become PCAs. They wanted to get the word out and educate people about their job. They expressed willingness to help with program development and to work on committees related to worker retention.

The second focus group was made up of on-road rural current and former PCAs. Participants arrived between 11:00 a.m. and 11:30 a.m. They ate lunch first and then the focus group began at 12:15 p.m. Key points and final comments were made at 3:15 p.m. The sample of the second group included one male and four females; all Caucasian. Their ages ranged from 42 to 62 years old. Wages were the main concern of this group. They all expressed that the pay was too low for the work they perform. All the PCAs in this group were required by their agencies to be licensed Certified Nursing Assistants (CNAs). They hadn't realized that according to the State of Alaska regulations one does not have to be a CNA to work as a PCA. Therefore, some were upset about the cost of the CNA re-licensing that they must pay for themselves.

The third and last focus group consisted of off-road rural former PCAs. The participants gathered at the hotel around 12:00 noon and ate lunch first. The focus group officially began at 1:00 p.m. and ended at approximately 3:45 p.m. Weather and family emergencies prevented some people from attending. There were two participants in the third group, both females ages 36 and 48; both Alaska Natives. As former PCAs, their major concerns were the lack of benefits and the criticism that comes from the families of their clients. One of them said she no longer worked as a PCA because she didn't receive benefits. Since no benefits were provided through her agency, she only worked when she needed money. She stated that if the agency offered a benefit package she would still be working as a PCA.

The same questions were asked at each of the three focus groups². The questions consisted of both positive and negative inquiries. The findings as reported herein are broken down into five themes: issues or problems of PCA work; the value of elders; common misunderstandings of PCA work; positive things about being a PCA; and reactions to possible employment incentives. The PCAs discussed various sub-themes within these categories.

Facilitators decided to conduct a one-on-one telephone interview with an individual who could not attend the focus group but was considered to be a good key informant. She was a candidate for the off-road rural former PCA focus group. Facilitators felt it was important to interview her because she is a good representative of the study population. She had discussed some workforce retention issues prior to the study and the comments she made inspired DSS to conduct this study. This occurred on February 2nd 2001 and lasted for 37 minutes. The individual is a female, age 28; Alaska Native.

² The questions asked at the focus groups can be found in Appendix B.

In addition to the oral group participation, each individual was asked to fill out an activity sheet³. The activity sheets provided a wonderful means for participants to write down what they think, say, and feel about being a PCA. Since some people are more verbal than others, it gave those that think better “on paper” a chance to contribute. The co-facilitator handed out the activity sheets after the initial introductions were made. Facilitators wanted people to write down their impressions before the group discussion began. Participants were told that the written sheets would be turned in, and that they could either share their information with the group or keep it private.

All participants handed in the activity sheets. The comments made by PCAs on the activity sheets provided tangible data and support the findings of the focus groups. Many of the quotes herein were taken straight from the activity sheets. There were no comments made on the activity sheets that were strikingly different than spoken comments. This supports that the verbal data we received is accurate. This also demonstrates that individuals were not persuaded to say things they didn’t mean in the group discussion. The activity sheets also provided a chance for participants to get their thoughts together before the main group discussion took place.

Facilitators used the long-table approach to analyze the written notes and audio-taped data from the focus groups. The long-table approach is a low-technology, low-cost option that allows the analyst to identify themes and categorize results. The findings were categorized by major theme and sub-theme. Themes and quotations were chosen for frequency, specificity, emotion, and extensiveness as suggested by Krueger (2000).

FINDINGS ORDERED BY THEME AND SUB-THEME

Issues or Problems of PCA Work

Pay: Most participants felt that the PCA wage rate is too low. One commented that “you must be on welfare or have additional financial support to be a PCA” (i.e., spousal support, etc.). They believe that it is the wage scale that really hurts the PCA program. The raises they had received (if any) were insulting (i.e., \$0.19 per hour). Participants agreed that pay raises should be based on longevity instead of performance ratings. One thought that if the pay rate was higher then more young people would become PCAs. Those participants that receive paid time off (PTO) usually had to use it for lost time rather than vacation or leave time.

Most PCAs have no replacement workers in their communities. Some PCAs mentioned not having a vacation since becoming a PCA. A PCA’s work hours are very unsteady and are never guaranteed. Work schedules are based on the client’s plan of care. Yet, when a client is hospitalized or dies the PCA’s work hours are cut. Some PCAs then use PTO to make up the difference in their paychecks. All participants agreed that a stable workforce cannot be attained until the pay rate is increased.

Benefits: Participants expressed a great need for benefit packages from the agencies. Participants requested benefits including annual leave, sick leave, overtime, and health insurance. Some agencies offer benefits while others do not. The PCAs that worked for

³ The activity sheet can be found in Appendix C.

agencies that provided benefits seemed to be more satisfied than those who did not receive benefits. Even those participants that may be beneficiaries of the Indian Health Service (IHS) stated that they need health insurance benefits because IHS can limit their healthcare options. Former PCAs stated that if they had been receiving benefits then they wouldn't have quit the job. One commented that if benefit packages were included then more people would work as PCAs. Currently they "work only when they need money because there are no benefits." This leads to a very unstable workforce.

A lack of benefits can lead to dangerous circumstances. Those that had sick leave stated that it doesn't kick in until the fourth day (even with a doctor's note). Until the fourth day, the PCA had to use up PTO or go into the field sick. This situation is hazardous when an already disabled and/or elderly client is served by an ill PCA.

Time for task and paperwork: Personal Care Agencies use a "time for task" form to correlate the assessed needs of the clients with the amount of time billed to Medicaid for the services. The form has a list of personal care tasks, such as bathing, dressing, and preparing meals and lists the estimated amount of time for completing this task.

Focus group participants disagreed with the time allotments on the time for task sheets. Sometimes tasks take a shorter amount of time than stated, sometimes longer. The time a PCA actually spends on a task often depends on the season of the year. One participant commented that "hauling water is so much faster in the winter than in the summer because in the winter I can use a snow machine and in the summer I have to use a wheel-barrow."

PCAs do use the time for task sheets as a means for setting boundaries between themselves and the client/client's family. When PCAs are asked to do things that are not reimbursable, they can show the client the time for task sheet and remind them what tasks they can perform. Although participants complained about having to do paperwork, some stating that it was the worst part of the job, they did indicate that there are benefits to having the time for task sheets.

The off-road rural participants, all Alaska Natives, stated a need for culturally relevant time for task sheets. They felt that items such as chopping wood and shoveling snow should be reimbursable. The PCAs acknowledge that there are different needs in different cultural areas. "Sometimes there are too many regs [regulations] and not enough time."

In general, the PCAs reported that a reduction in the amount of paperwork required would simplify things. Consistency in the whole process is also important. Almost every one of the PCAs had experienced changes in the staff of their agencies. These changes, whether at the management or administration level, are difficult on PCAs. Such changes often mean new forms and paperwork procedures, which are adapted to the individual tastes of new office staff.

A supervisor's personality and actions definitely play a role in employee satisfaction. The participants that had compassionate supervisors who listened and helped solve problems were more content than participants that had uninvolved or unsupportive supervisors.

Unstable work hours: PCAs that quit their jobs often quit because there are not enough clients to serve and there are no benefits offered by their agency. Most PCAs want full-time work, but the opportunity for full-time work is rare. The more clients there are, the more hours there are to be worked.

The on-road rural participants had problems with mileage and scheduling. The homes of the on-road rural clients are often geographically far apart. PCAs are not reimbursed for mileage when there is more than one hour between each scheduled client. PCAs felt that supervisors could be more sensitive to this issue when doing the scheduling.

Most participants commented that their paycheck amount is very unstable. They believed one of the reasons it is so hard to recruit PCAs is because the work hours cannot be guaranteed. If a client gets sick and is hospitalized or dies, the hours of work available for the PCA are automatically decreased. One participant stated that "once clients started dying off there weren't enough clients for a PCA to make a living." This involves two major issues that affect PCAs emotionally: money and death. They are sad to lose a client, but also distressed by the loss of income.

Welfare: There was an interesting split in the comments that participants made about welfare. The off-road rural participants expressed the need to get their people off of welfare, and thought that welfare recipients should pursue employment as a PCA. The PCA program was viewed as an excellent way to get people back into the workforce, especially since welfare recipients can receive training funds in order to return to work. On-road rural participants felt that people coming off of welfare would not make good PCAs. They "wouldn't be fitted for the job personality wise." This ties into a comment made by an off-road rural participants who stated "PCAs must be people-people," in other words, people that are oriented to working with other people one-on-one. Participants defined PCAs as "self-starters and trustworthy." On-road rural participants felt that people coming off of welfare would do better in residential long-term care setting where there is more supervision and direct oversight.

No jobs in rural areas: Most participants chose PCA work because of the lack of other employment opportunities in rural Alaska. Various individuals, both on-road and off-road, said that there were no other jobs available to them, even if they had other skills. One participant said, "I like my job, if they didn't have this around I would not be employed." Some became PCAs because their agencies did provide benefits such as health insurance.

Need time off for subsistence: A question that needs further investigation is how to accommodate subsistence needs of PCAs and still provide year round care for rural elders. Some participants reported getting time off for subsistence, but said it must be planned ahead of time. This is unrealistic because subsistence activities cannot be planned ahead of time. When the fish are in, the fish are in. These folks need time off for hunting, fishing, and picking berries. One participant stated that "after fish camp and you've picked all your berries, then you are ready to work." They feel that once they have provided for their own family and prepared for winter than they can successfully concentrate on PCA work. The challenge, then, is how to let PCAs have this important time off and still provide needed services to clients.

The Value of Elders

Importance of keeping elders in their homes: The impression is that when elders are sent away to nursing homes they don't live very long. A participant stated "if an elder is away from their family, they will feel useless and die. That is the culture." The main goal of the PCA program is to keep the elders in their homes and traditional environments. PCAs don't want to tell elders that their job is to keep them in their home, but "when a client doesn't want you to do what you are supposed to do, you want to say 'I am here so that you can stay in your home. That is my job.'" PCAs feel very strongly about keeping elders at home and feel that is the main purpose of their job.

Having a PCA is less expensive and also emotionally and psychologically better for all involved. The PCAs reported that their clients receive personal care services at an average rate of 10 – 15 hours a week. Providing these services is much less expensive than the cost of nursing homes in Alaska, which runs at an average of \$7,000 to \$8,000 per month. Reflecting on the positive aspects of PCA work, one person stated "My job helps keep families together at home."

Other difficulties participants discussed included the agency requirement that PCAs must report the family problems of a client. A specific participant stated that they felt uncomfortable reporting things because they did not want elders to be removed from their homes. This is a result of misconceptions about Adult Protective Services and what agencies can and can't do in situations involving suspected abuse and neglect of an elder.

Many of the participants talked about the client's dignity. "You can't strip them of their decency. It is their dignity and quality of life to stay at home." Another participant stated that "you can't rule them around like a kindergartner. You need to respect them. Ordering them around would be disrespectful." When families stay together, they get closer. An important bond mentioned by the participants is that between a grandchild and grandparent. It is important to keep the elders in their homes to foster this, and other, relationships. "I think the job is very important as it allows folks to stay in their homes longer."

PCAs learn traditions and stories from elders: The off-road participants commented on the stories and traditions that elder clients had shared with them. They liked the elders stories and learned from elders, hearing about their life stories and even mistakes. One stated: "You get knowledge from the elders as they speak about traditional lifestyles and morals." Some participants commented on learning how to weave baskets and sew skins from the elders. The elders enjoy playing games and often ask PCAs to play with them.

Grief, death, and dying: Most participants agreed that the hardest part of their job is losing an elder. PCAs need to be trained not only in the grief process, but also on death and dying and how to help clients who wish to talk about death. There is definitely an emotional aspect to the job. Employers tell PCAs not to get emotionally involved or attached. That is unrealistic. The agencies should accept that PCAs will have some emotional attachment to their clients. "You can't help but get personally involved with the clients."

One participant shared that he had been taken off of a client with no explanation provided. The individual stated that when they asked for an explanation they were told

"not to take it personally." The individual stated: "The agencies move PCAs around so that they don't get too close to their clients. The client doesn't want you replaced but the employer sees you as totally replaceable."

Some PCAs won't return to work after a client dies, but one said "it gets easier every time." It is difficult when the PCA is assigned to work with a client who is terminally ill. When that client dies, there is both pain and relief; pain of the loss but also relief that it is over. It is hard for a PCA to take time off for mourning, one said "I might get two or three days off for the mourning process." PCAs that work in villages where there is only one PCA and no substitute available to work might not get any time off for grief.

The "yucky" stuff: Participants were very candid about the realities of the job. Dealing with bed ridden clients and bed transfers can be hard, especially when elders have beds that are very low to the ground (as is often the case in Alaska Native homes). Those clients who have dementia can get confused. One said "What was really hard for me was watching an old lady who had dementia. She didn't know what she was doing. She ate her own feces. After that I didn't like it [the job]." Fecal pick-up, care of the opposite gender, and cleaning up are all a part of PCA work. "When a client makes a mess all over it gets smelly. They can't help it. I get nauseated and gag, but it's OK. I have to clean it up."

Common Misunderstandings of PCA Duties

Community respect issues: It is not uncommon for PCAs to be criticized by the client's family. The family may not like the fact that a PCA gets paid to care for their relative while they get nothing. Since PCAs are paraprofessionals, they are sometimes also treated with disrespect from the medical community. Although the participants thought of themselves as extensions of the doctors, apparently there have been instances where the doctors treated the PCAs as if they didn't know anything. Many PCAs knew others who had quit because of this disrespect. One said that "part of the turnover rate in [their community] is the hardship put on PCAs from the community itself. It's a pressure and they can't take it." Another said "I've learned that the community health aides take criticism too and people often gossip about them." This is particularly difficult in a small village where everyone knows each other. The participants want help in building esteem within the communities about the importance of PCA work. They felt that they deserve respect from the doctors, nurses, communities, client's families, and clients "for their own self-worth."

Getting the word out: The PCA program needs to be advertised more fully in order to recruit workers, gain respect from the community, and let potential clients know what services are available. Whether it be a radio advertisement, or radio call-in shows, all agreed that we need to hear people talk about the importance of PCAs.

High school kids: One individual suggested that every high school should have a medical field spokesperson. This person could get the kids interested in PCA work. PCA work should be explained as a "way they can help their families and communities." They considered positively the idea of using high school graduates as field PCA relief workers, since they might more easily fly to different villages to substitute or provide respite for other PCAs.

Housework & chore services: The client and the client's family sometimes misunderstand the tasks that are to be performed by a PCA. They often expect a PCA to clean the whole house or do chore work only, when a PCA is actually there to provide personal care for the client. PCAs can provide light housework, but only in the client's area. Participants stated that one client's family was always asking them questions and they had to explain their duties repeatedly. This sometimes leads to confrontation.

Family of the client: It is important to educate the family members of an individual that receives PCA services about what the program can and can't provide. Families must be as involved as possible because they are the most important factor in the client's life. If the plan of care doesn't rely on family, the PCA will be "at the client's beck-and-call." Sometimes clients stop calling their family members for help and call the PCA, even "after hours." Therefore, it is also important that the PCAs learn to set boundaries between their client's and themselves. Ongoing family participation in the client's plan of care is essential to alleviate misunderstandings about their job.

One of the off-road participants stated that "it is our culture to take care of your family and relatives." Some of the participants thought that some clients needed PCAs because they were mean to their children and now their children won't take care of them. Some client's children may feel that it is not their responsibility to care for their parents because they feel that they were not cared for as children. "It all breaks down to family values."

Benefits of PCA Work

Positive feelings: Both workers and clients enjoy the personal aspect of PCA work. With the exception of one, all participants said this emotional factor was so fulfilling that it became the reason for doing the work. "It lifts your heart, they enjoy your company, that is what the elders need. And they hate to see you leave!" Only one replied that they worked as a PCA primarily for money and because it was one of the only cash-paid jobs available in the village.

The PCAs like the work because it is hands-on with a lot of one-on-one contact. A participant stated "I get my self-worth from the clients, not my employer. The clients don't want you replaced but the employers see you as totally replaceable." This relates back to the fact that agencies can't expect the PCAs not to get emotionally involved with clients. The emotional human factor makes PCA work worthwhile. "It is a special thing in my life to help others."

What makes a good employer: An employer should bring a comfort level to the employee. PCAs want supervisors who "don't make us feel like less of a person and doesn't talk down to you." As stated earlier, it is hard for the PCAs when management and office staff change around constantly. Employers should be caring, compassionate, and have good listening skills. Participants felt that these are the most important values in management.

Reactions to Possible Incentives

At the May 2000 symposium there were incentive ideas suggested to increase workforce recruitment and retention. Some of these incentives are already being practiced by

agencies. Each of the following incentive ideas were discussed and participants were asked for their opinions on them.

Recruitment bonus: Some agreed and some disagreed on the recruitment bonus incentive. The main problem with the recruitment bonus is that the participants didn't feel that they could recommend the job to their friends. One said "I would never ask my friends to do a job like this." On the other hand, some of the participants had previously found people to work as PCAs, so they thought that the recruitment bonus was a great idea.

Performance bonus for consistently submitting the required documents complete and on time: Everyone agreed that the performance bonus would be advantageous as long as there was no deduction for turning in paperwork late.

Annual bonus: Most participants agreed that an annual bonus (if awarded) should be based on longevity, not evaluations. One participant stated that an annual progressive bonus would make an excellent workforce retention tool. This participant stated that the annual bonus would help retain workers because the workers would stay long enough to get their bonus. If employees knew that the annual bonus would increase each year, it would make a great incentive for them to stay longer. "An annual bonus, once every year, would be a wonderful boost; something to look forward to and an incentive to stay longer, at least long enough to get that bonus."

Training and continuing training: There were individuals that had worked caring for elders before being formally trained as PCAs. These participants stated that they found the work much easier after they received the formal training.

Provider agencies determine their own methods of continuing training. Some agencies utilize training booklets for PCAs to complete, some agencies have guest speakers, and offer Continuing Education Units. Continuing training is very important to the PCAs. A topic that needs to be addressed in training is death and dying and being able to talk to the client about it. One participant read a book entitled On Death and Dying by Kubler-Ross on her own time. The individual found the book very helpful and found the topic easier to deal with after reading the book.

All participants wanted to see the PCA position as a "rung" on the medical career "ladder." They wanted to be able to move up as paraprofessionals. They also agreed that recruitment of workers would be easier if the job was a part of a career ladder.

PCA conferences: All participants liked the idea of a PCA conference. Such a conference would provide time for them to talk with other PCAs about their experiences, as a time to "get things off their chest." One participant stated, "I mostly love my job, it is rewarding; but also, at times, emotionally stressful." Some type of on-going support could help to relieve some of the tension and stress that PCAs experience. Relieving that stress may make it possible to retain workers at a higher rate. Suggestions included talking circles within the agencies, a community meeting where PCAs from each village could get together, and annual statewide conferences. One participant referred to this idea as a "team self-worth symposium." Regardless of the format, all participants agreed that area-wide, regional, or statewide group gatherings would be an incentive.

NEXT STEPS AND RECOMMENDATIONS

The following steps are recommended to PCA agencies and others working to recruit and retain a quality long-term care workforce:

1. It is imperative that workers feel valued and respected. PCAs want respect from their employers, their clients, the client's family, the community, and others within the medical field. They also want others to understand their job and role in the community.

Recommendation: Increase the public information campaign. Work with specific community leaders to improve group understanding of the role of PCAs and the need for community commitment to the program.

2. The low pay and lack of benefits has to be resolved within the PCA program. It is doubtful that PCA workforce recruitment and retention can be further enhanced before this occurs. More funding will build a well-trained and reliable PCA workforce.

Recommendation: Increase funding allocations for the PCA program, including funding for non-Medicaid clients.

3. PCAs both need and want continuing education. They also want to see the PCA position as a step on the career ladder within the medical field.

Recommendation: Incorporate requirements for continuing education into the program.

Recommendation: Continue work with state health care education groups to develop a career ladder.

4. PCAs need help dealing with the emotional aspects of their job. This includes both PCAs getting attached to their clients, being able to set boundaries between themselves and their clients, and issues around death and caring for a dying client.

Recommendation: Require further training on grief, death, and dying within the program.

Recommendation: Understand that clients and PCAs do develop an attachment and teach PCAs how to set boundaries.

5. PCAs expressed the need for both an annual statewide conference as well as regional peer groups. The regional peer groups could consist of scheduled teleconferences just for PCAs. These are strategies to help relieve the tension and stress of their job.

Recommendation: Allocate funding to organize and provide a statewide conference and regional teleconferences.

6. The PCAs expressed a need for back-up workers. Ideally, this would also provide substitutes so that PCAs can take time off.

Recommendation: Require agencies to collaborate to pool workers between agencies to enable people to have more stable work hours, and provide back-up for each other.

7. Further investigation is essential to determine how agencies can accommodate the subsistence needs of PCAs and still provide year round care for rural elders. This is a true challenge.

Recommendation: Work with agencies and Native organizations to address community subsistence activities and the needs of elders for year round care.

8. PCAs reacted positively to several recruitment and retention strategies such as a recruitment bonus, a performance bonus for consistently submitting the required documents complete and on time, an annual bonus, continuing training, and PCA conferences.

Recommendation: Encourage agencies to implement these workforce recruitment and retention strategies.

CONCLUSIONS

Information gleaned from the participants of the focus groups lead to some very important conclusions. The key reporting points above included the following aspects: the importance of keeping elders in their homes; agency provided benefits versus no benefits; respect issues and the respect that PCAs deserve; the benefits and barriers of the job; the supervisor/employee relationship; ongoing support and conferences; and the recommended incentives. All of these issues have an impact on workforce recruitment and retention of PCAs in rural Alaska.

The focus groups hosted by the Rural Long Term Development program emphasized the value of including the workers viewpoints when making decisions. It is only by listening to the workers that effective means of worker recruitment and retention can occur. These are the people performing the work. They best know the benefits and barriers. Problematic issues for PCAs that were not fully understood before the focus groups, such as respect from the community and assistance dealing with the emotional aspects of the job, should now seen as priorities.

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