

Paraprofessionals on the Front Lines: Improving their Jobs Improving the Quality of Long-term Care

Executive Summary

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Executive Summary

Perhaps the most neglected topic in policy discussions about long-term care reform is the critical role of health care paraprofessionals. Yet these workers provide between 75 and 90 percent of all paid care to older as well as younger consumers. Health care paraprofessionals, as Genevieve Gipson has so keenly observed, are “the point where the system touches the [client].” The quality of the services they deliver is intricately linked to the quality of interaction between the paid caregiver and the individual needing assistance.

This background paper explores the role of the paraprofessional and highlights the relationship between the paid caregiver and the consumer. What makes this relationship the touchstone of quality in long-term care? How do workers and consumers define high-quality care? What factors and circumstances facilitate the delivery of high-quality care and which ones impede it? What is the relationship between the quality of paraprofessionals’

jobs and the quality of the services they deliver? These are the questions this paper seeks to answer.

These questions are important for several reasons. First, the demand for long-term care services for both older and younger consumers with disabilities has been rising dramatically in recent decades and is expected to increase multifold in the first half of the new century. Second, these questions are relevant in all long-term care settings. Medically, there is no clearly defined point at which consumers need services in one setting versus another, so the relationship between functional disability, family and social circumstances, and resource availability determines the care setting for most people. Third, paraprofessionals are too often treated as temporary service workers and not given the salaries, benefits, and other job supports that would secure their long-term retention. Continuity of caregiver matters to long-term care consumers. When paraprofessionals leave their jobs, connections with disabled, frail, or cognitively impaired consumers are disrupted and the quality of care often declines.

To identify factors that enhance the quality of the relationship between paid caregivers and consumers, this paper is organized in the following sequence:

Introduction

This section describes long-term care and the various settings where long-term care is delivered. These settings include people's own homes, as well as nursing homes, adult day centers, assisted living, board and care facilities, and hospice programs. This paper focuses primarily on nursing homes and home care settings because most paraprofessionals are located in these settings and most of the literature describes paraprofessionals in these locations.

Demographics

An understanding of the demographics of health care consumers as well as their paraprofessional caregivers is essential to any discussion of the relationship between the two and the quality of care that results.

Approximately 1.5 million people live in the nation's 16,700 nursing homes, and about 600,000 paraprofessionals work there. The number of home care consumers is more difficult to quantify since some purchase care privately and others rely on various state and federal programs. Home care workers are even more difficult to count since an unknown number work as independent providers.

The overwhelming majority of nursing home and home care workers are women, and in major cities they are primarily minority and immigrant women. Although nursing home workers are likely to have more schooling and higher salaries than home care workers, both groups are working, but poor. Most are ineligible for government-subsidized programs such as Medicaid. Home care workers, especially, but some nursing home workers as well, do not have employee-sponsored health insurance, pensions, or other benefits that would enhance their financial security. Home care workers have the added burdens of shorter work weeks with less scheduled work, uncompensated travel time between clients, and significant vulnerability to cutbacks in state and federal funding programs.

Quality: What matters to consumers and caregivers? The quality of the relationship with their paid caregivers determines how most consumers assess the quality of care they receive. In several landmark studies, nursing home residents and their families voiced a desire for staff to treat residents as people rather than objects of care and for staff to be trained in human relations and psychological skills. Home care consumers want aides who are reliable, compatible, trustworthy, patient, caring, well trained, able to speak

in the consumer's language, and willing to do what the client would like within reason.

Clients who participate in *consumer-directed* programs want to hire, train, supervise, and dismiss their own home care aides. They feel that personal assistants whom they hire directly deliver a higher quality of service that better matches their needs and that these workers therefore have higher retention rates (World Institute on Disability, 1997).

Few studies have looked at how caregivers define job satisfaction and what factors they think contribute to their ability to deliver high-quality care. In most studies, aides reported dissatisfaction with pay, benefits, and opportunities for advancement. Nevertheless, workers in institutions as well as home care describe the considerable satisfaction they derive from taking care of people who need them. Aides in nursing homes spoke of problems such as working on a unit with too few staff, having too much work to do in too short a time, and feeling undervalued by supervisors; they also expressed concern about inadequate supplies and their exclusion from decisions on patient care planning and management. Home care aides wanted good relationships with clients, more hours of work, more predictable schedules, more recognition and support, and safe, clean working conditions.

Even fewer studies have focused on the connection between the quality of the paraprofessionals' jobs and the quality of care they deliver. When aides are satisfied with their jobs, they stay at their jobs, and when possible, remain with the same consumer. This retention leads to continuity of caregiver, an important indicator of quality to consumers.

Barriers to Good Jobs and High-Quality Care

From either the consumer's or the caregiver's perspective, the impediments to achieving quality care are numerous, and although documented repeatedly

over the years, have changed surprisingly little in either nursing homes or home care settings. Much good care is available, but unfortunately, evidence of poor care remains significant. What factors perpetuate these conditions that prevent front-line workers from assisting consumers in a dignified and competent fashion? This paper describes barriers that affect workers similarly in both nursing homes and home care settings and then delineates those barriers that may impact each setting differently.

Barriers to high-quality care common to all settings: Both informal and paid caregiving have always been regarded as women's work. Women are more likely to work in service sector jobs that are often part-time, poorly paid, and have high rates of turnover. Many rely on public transportation, have difficulty accessing medical care for themselves and their families, and may hold more than one job. Furthermore, they struggle to avoid being treated as a "girl" or "maid." "To the degree that home care [and nursing home care] is perceived as an extension of domestic work in which poor women of color serve poor women of advanced age, it will prove impossible to significantly upgrade..." (Surpin, Haslanger, & Dawson, 1994).

The size of the pool of individuals likely to become health care paraprofessionals is shrinking while the number of older individuals who need care is expanding. Areas with low unemployment are finding it difficult to attract and recruit workers to long-term care jobs. Where labor supplies are short, quality of care may be negatively affected as agencies, forced to rely on inadequate numbers of workers, are reluctant to dismiss marginal workers. This precarious situation puts clients and workers at risk of injury.

Barriers to high-quality care in nursing homes: For nursing assistants, the essential dilemma of their job is the pull between taking time to provide individualized service to residents and meeting the institution's requirements for efficiency and volume of work. The Institute of Medicine study, *Improving the Quality of Care in Nursing Homes* (1986), and the subsequent 1987

Nursing Home Reform Law identify individualized care as an essential component of quality care. In addition, nursing assistants feel the effects of inadequate staffing and support. Staff workloads have increased as patients admitted are older and more physically ill. These conditions lead to higher rates of staff injuries and fewer opportunities for dignified care. Studies show that the potential for abuse and neglect is directly related to the stress that staff are experiencing.

As providers of 90 percent of direct care to residents, nursing assistants feel frustrated that they are excluded from decision-making. Several studies focused on the incompatibility between the largely social and personal care needs of long-term care consumers and the traditional medical model of care which disempowers front-line workers. Finally, like home care workers, nursing home workers suffer from the indisputable need for higher wages and benefits.

Although nursing homes have some flexibility in setting wages and benefits, there is no guarantee that salary and wages are increased when providers receive rate increases.

Barriers to high-quality care in home care: Unlike the nursing assistant, the home care worker cares for the client alone in the client's home with minimal supervision. Home care aides often travel to unsafe neighborhoods to care for several clients in one day. They are responsible for responding to clients' health problems as well as providing warm and caring companionship. And, they receive minimum training and supervision in the management of cases that can be psychologically as well as physically demanding. Increasingly, home care aides are asked to perform a wider range of roles for which they have not been adequately prepared.

To address rapidly increasing Medicare home health costs and evidence of widespread fraud and abuse in the home health industry, Congress included

provisions in the 1997 Balanced Budget Act that called for a new payment system. The Interim Payment System has precipitated enormous changes in federal reimbursement to home health care providers. As a result, many agencies have reduced the number of client visits and hours per visit. This situation has meant fewer hours of work and lower earnings for some home health aides.

Home care workers generally earn less than nursing home workers and have fewer benefits. They work fewer consistent hours per week and their total salaries often fall below poverty levels. The combination of poor salaries and benefits; poor working conditions; lack of adequate training, support, and supervision; and lack of opportunities for advancement has led to high turnover rates in certain segments of the industry. This is particularly true among those providers that treat their employees as temporary service workers. Some of these larger companies engage in "low-ball" bidding that keeps wages low and turnover high. Neither industry leaders nor accrediting bodies have set standards for wage and benefit levels or for percentages of government reimbursed rates that should be passed directly to labor costs. This situation perpetuates the low wage and high turnover problems so pervasive in the industry.

Because of different funding streams and programs, clients may be cared for by one caregiver at one stage of their illness and then by another when their condition turns from acute to chronic. This disruption of caregivers is often traumatic to the consumer.

Where Do We Go from Here?

Home care providers, nursing homes, advocates for consumers and workers, and researchers across the nation are designing, implementing, and evaluating different models and approaches that can strengthen the link between quality jobs for paraprofessionals and quality long-term care. In

Seattle, for example, Mount St. Vincent Nursing Home sought to provide more individualized care and, in the process, redesigned a host of positions — not only the jobs of aides, but those of other staff as well.

Cooperative Home Care Associates (CHCA) in the Bronx was built on the assumption that the quality of service delivery was directly linked to the quality of the paraprofessional's job. To that end the founders created a licensed home health care company that is a worker-owned cooperative. CHCA pays higher wages than its local competitors; offers health insurance and paid sick leave, vacations, and holidays; provides at least twice the federally mandated amount of training; and offers extensive support and in-service training to its workforce. CHCA's more than 400 home health aides have a turnover rate of 18 percent, which is less than half the industry average.

In Minnesota and Michigan advocates worked to pass legislation that funneled funds to nursing home workers for higher wages and benefits. This background paper provides numerous examples of innovative approaches designed to strengthen the link between higher quality jobs and higher quality care.

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