

Episode 112 - Dr. Sandra Butler: Should I Stay or Should I Go?: Home Care Workers and Factors Affecting Turnover and Retention

[00:00:08] Welcome to in social work the podcast series of the University of Buffalo School of Social Work at www.insocialwork.org. We're glad you could join us today. The purpose of in social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice to research. We're so sure I'm your host Peter Sobota. Thanks for downloading more than 300000 of our podcasts. We'd love it if you took a minute to tell us what you like or don't like about them and what you'd like to see us do next. If you're an educator and you are using our podcasts and your courses please let us know how. I know some of you are as I've seen them on course syllabi out there. So let us know. We'd be thrilled to hear from me. Hi from Buffalo. You've likely heard that it gets pretty cold around here in February but that doesn't really stop folks in the Buffalo area from getting outdoors are diversions here include two ski resorts within an hour's drive and cross-country skiing hiking and ice skating. In our extensive parks system Buffalo boasts the country's first coordinated system of public parks and parkways.

[00:01:31] These were designed by Frederick Law Olmsted whose other creation Central Park in Manhattan you may have heard of it appears to be a cruel paradox that homecare workers commonly referred to as home care aides have been described on one hand as the centerpiece of our long term care system and on the other are persons who are subject to low wages poor or even nonexistent benefits inconsistent hours and physical and emotional stressors that can be frequently overwhelming. In this episode our guest Dr Sandra Butler describes these health care workers by telling us just who they are and the trends affecting the nature of the work they do. Describing her work on the Maine home care retentions study Dr. Butler discusses why social workers should be interested in this population and tells us about the issues related to the significant turnover and difficulties retaining workers in this important population. Dr. Butler discusses her findings as well as what she's learned about why workers stay and why significant numbers of them leave these positions. Sandra Butler Ph.D. is professor and the MSW coordinator at the University of Maine School of Social Work. Her research focus has focused primarily on the issues of financial security for women across the lifespan including studies of homelessness Tanith access to higher education for poor women and health care experiences for older lesbians. The study that Dr. Butler describes in this podcast brings together her interest in gerontology and financial security. Dr. Butler was interviewed by our own Dr. Diane Elze Ph.D. associate professor and director of the MSW program here at the UB School of Social Work. In this podcast you'll hear Dr. Butler refer to the presidential elections of 2012. This podcast was recorded before those elections. Hello my name is Diane Elze and I'm an associate professor and director of the MSW program at the University at Buffalo School of Social Work. I will be talking today with Dr. Sandra Butler from the University of Maine School of Social Work where she is affiliated with the University of Maine Center on Aging.

[00:03:57] We will be talking about her research on home care workers particularly older workers who provide caregiving services. Welcome Dr. Butler. Thank you so much for your willingness to be interviewed. Thank you for your interest in my study. Your research over the past two decades has focused on issues of financial security for women across the lifecycle. How did you become interested in looking at the employment experiences of homecare workers or personal assistant workers. Well health care workers are generally low income women. 90 percent of home care workers are women and it's a low paid job and a relatively low skilled job in terms of necessary training. So this means that it is appealing to people who tend to be low income and I came to this in part through growing interest in aging and gerontology. And so it seemed like a interesting mix of my two areas of focus financial security and aging financial security particularly for women. Can you say something about the major trends that you see affecting the need for paid home care aides

and the availability of paid home care aide. Yes I'd love to. That's a very important topic as people generally know our population is aging as is happening across the world. So you hear numbers all the time about baby boomers reaching 65 and that will have so many more people in that age range. And in fact it's people 85 and older get sector of the population is growing the most quickly and people have a greater need for personal care assistance as they grow older. And in fact in the first half of this century between 20000 and twenty thousand fifty. The need for personal care assistants is expected to double.

[00:06:01] So in 2000 there were about 13 million people who needed personal assistance. And that is expected to rise to 27 million in 2050. So that's a huge increase and most personal care in the home is provided by what's called informal caregivers and those are family members generally spouses daughters siblings sometimes neighbors. So most care is provided by those unpaid people. But right now unpaid family caregivers are increasingly unavailable because of various trends for example for decades now women have been entering the workforce which means it's harder for them to be available on an ongoing basis to provide care to a spouse for example. Also with increasing divorce rates not everybody has a spouse to care for them. Family sizes is decreasing and many people don't have children at all. So all of these things contribute to the fact that not all of us will have a ready family member to take care of us when we need it. So there is a greater need for these paid care providers such as health care workers. OK thank you. Earlier you mentioned that most of the paid home care aides are women. They are low income women. The jobs are low paid. Could you say more about who the home care workers are and what do they do. Sure. As I said about 90 percent are women. And nationally about a quarter are immigrant women they were not born in the United States and over half are women of color. In Maine where I live that's not true. We are a state that is predominantly white and have a very low percentage of people who are immigrants.

[00:07:58] So it's a little bit unusual. But nationally that other statistics hold true. And then it's also an older workforce. About a third of homecare workers are 55 and older. And I think the average age is about 46 which is older than the general female workforce. Then in terms of what these personal care providers do is they help people stay at home and they generally are helping with more chronic care needs as opposed to acute care the acute care that people might need when they leave a hospital might be more likely provide by a home health nurse which is a little bit different from a home care aide home care aides help with things like assistance with daily living which is something called ADL as an instrumental assistance with daily living ideals and those are things like helping people bathe dress move out of their beds use the toilet or shop eat keep their homes clean. So public health workers do all of those things and basically help people to stay at home as long as possible as opposed to being institutionalized and generally in the country. We are trying to move away from institutionalizing elders and nursing facilities and trying to let people age in place as long as possible both because that's what people really want to do and it is somewhat cheaper as well. So before we talk about your study the main home care worker retention study that you conducted could you say something about wise social workers and society in general should be interested in the job experiences of home care workers. Yes. I would be happy to.

[00:09:44] Their job is generally a low status job and is fairly invisible which is not unlike other care both informal like the family caregivers or even child care. So these are jobs that it's expected that women will do and they do do them and they are homecare workers direct care workers are considered like the backbone of the long term care system. And so these people have the most direct hands on contact with frail elders and of course they do also with younger people with disabilities and even children with disabilities. But my focus has been on elders so they really know what's going on in these people's lives. They are the eyes and the ears of how their health is changing what they might need in a way that other health care providers that have much less contact wouldn't have access to. But because it's such a low status job and they have minimal training compared to other

professionals they're often not consulted in health care meetings and interdisciplinary meetings. And they have a lot to offer. They would have a lot to offer to social workers who need to know what is going on for the individual what's going on for the individual with their family what's going on for them in terms of isolation Cetra and also social workers as advocates have a role in advocating for better work conditions for this sector of the job force of long term care job workforce. I think in our role as advocating for people who are less visible for those who are vulnerable and for people who are poor that we have a role in helping to improve the job conditions. Dr. Butler can you describe your main home care worker retention.

[00:11:32] What your research questions were and a little bit about your methodology. Yes I would be happy to do that. This study I was very fortunate to receive funding from the National Institute on Aging in 2008. It was a three year project that was funded through a mechanism called the Academic Research Enhancement award which goes to universities or to researchers that are at institutions that do not receive a lot of National Institute on Aging funding often because there's no medical school. So I was part of the purpose of this particular funding mechanism is to train undergraduate students in health care research. So I did work with both undergraduate nursing students and graduate social work students on this project as research assistants and they worked with me for three years. And so my primary research question was to understand the factors that lead to turnover for home care workers. There's a very high rate of turnover among direct care workers in general. And when I said direct care workers including those that work in nursing facilities and hospitals and such as well but for home care workers and so some nursing facilities have like 100 percent turnover each year it's because the work is just so hard for direct care workers in homecare it's a little bit lower but it's still there. It approximates between 40 and 65 percent annual turnover and this is a problem because every time somebody turns over it affects the care that clients are receiving. It's expensive for the agencies because they have to recruit and train and it's hard for their workers because they've had the bad job conditions that have led them to leave.

[00:13:17] I was wanting to know more about factors that lead to turnover there was more research on direct care workers and nursing facilities and home care and my method was a mixed method meaning I had both quantitative data and qualitative. I wanted to be sure that the workers themselves had a chance to express their own thoughts not just to have them answer standardized scales to learn from them sort of what it was that kept them in the jobs or caused them to leave. And so what I did mean is fairly sparsely populated state. It's quite rural. There are only one point two million people in the state and I was able to access a sample that of in Maine called Personal Support specialists but they're basically home care aides. And I was able to access a sample that covered the whole state. We have 16 counties and I had study participants from all the counties and the way I access these workers was through 11 home care agencies. They were both private and for profit and they agreed to help me out with this study. And they sent our first quite lengthy survey actually to all of their personal support specialists and I had over 50 percent response rate in part probably because I offered a ten dollar grocery gift card which to low income people was important but also because I think this was a group of people that wanted their voices to be heard and we're glad that people are taking an interest in their experiences. So ultimately I had a sample of 261 homecare workers and they gave their consent for me to stay in contact with their homecare agencies over a year and a half to see if they stayed or left their jobs.

[00:15:09] So I contacted the agency every month or so and learned who had left. And throughout a year and a half 90 of the 261 home care workers left so about a third of the sample. And when a worker terminated I sent them a second survey and also did a telephone interview. And when I said I did it I had a research team with the students. As I mentioned they were involved in this as well. So that was the methodology. And then at the end of the 18 months we did telephone interviews with all of the workers who had not terminated during the data collection period. So ultimately we had two surveys and one telephone interviews for all the study participants and we're looking at the

same factors that led to turnover. So what did you find to be the primary predictors of turnover and of retention among the home care in the quantitative data. He had several scales that measure things like job satisfaction and burnout and empowerment and using those measures as well as demographics and their sort of job factors like their wages and how many hours they work. Turnover was predicted by age meaning that older workers were less likely to leave health insurance and that those who did not have health insurance were more likely to leave mental health which was a scale that was a part of the medical outcomes study survey.

[00:16:49] Those with lower scores meaning more compromised mental health were more likely to leave and then we had this sort of odd finding which was that one of the scales for burnout which is called personal accomplishment that it turned out that workers that scored high on personal accomplishment were more likely to leave which seemed counter-intuitive. But as we thought about it more we sort of could see that feelings of personal accomplishment tended to decrease as people were on the job longer. It was people who were new to the jobs that had the higher scores and they were also the ones that were more likely to leave. Of those four predictors that I just listed probably other than the personal accomplishment which is sort of interesting but perhaps less helpful the fact that older workers stayed longer. I think it's particularly interesting I think the fact that those that don't have health insurance have a harder time staying on the job. It's very interesting particularly in these times with so much political debate about the Affordable Care Act and then the fact that if your mental health is less stable then it's difficult to provide care to someone. Makes sense. And it's an interesting finding in addition to those quantitative findings. We also did a qualitative analysis of the telephone interviews. We had very lengthy transcripts and in terms of the reason for the 90 who left their jobs we asked them particularly why did you leave. There were sort of three themes that came out of that. One was that the job just wasn't worthwhile and that mostly came down to the fact that the pay was so low they had to drive so far with an reimbursed mileage and the hours were so inconsistent that they ended up almost losing money by doing that job. So that was primary. And interestingly wages did not come up in the quantitative analysis.

[00:18:51] We think that's just because there wasn't that much variation in the wages they were all the mean wage was like nine dollars an hour in telephone interviews. Another reason that was given or theme of reasons was personal reasons and sometimes that was due to illness. A few retired sometimes they moved in those kinds of things and then a small number were burned out and sometimes they were burned out often because they didn't get along with their agency. There was some sort of communication problems. Occasionally it was they were burned out from working with difficult clients but that was fairly rare and sometimes just providing care and watching people die got to be too much and people needed to take a break. But the predominant one was the fact that the jobs just didn't seem worthwhile in terms of not being able to make enough money to survive. Did you find any difference between those who worked for for profit agencies and those who worked for not for profit agencies. Did any differences emerge. There was a small difference yes in people from the not for profit tended to stay longer they had longer job tenure they weren't paid more. So that was not the reason they were staying longer. We only had two not for profit in the 11 agencies and they were both affiliated with Area Agencies on Aging. So it could be that the workers were also getting other benefits from the Area Agencies on Aging. And one of them was in one of the most rural parts of the state. And another hypothesis is they had longer tenure in part because there were fewer job opportunities. So they were less likely to leave because of that.

[00:20:40] So it was not clear that the workers loved the non-profit agencies more than the for profit agencies. There was a lot of variety among the study participants about their views about the agencies. Now you're particularly interested in older workers and it sounds like you found that older home care aides were more likely to stay on the job. So what did that finding have you think about or what do you make of that. How does that have you think about older workers. I knew going in and there was plenty of research that homecare workers in general were older than the workforce

and people had written before about how unlike other employment where people experience age discrimination that in home care employers tend to like older workers because they are reliable and they seemingly can relate to older clients more. So there were those advantages. But I decided when I found in my own study that older workers really were less likely to leave and more likely to have longer job tenure to do an additional study to learn more particularly about the experience of the oldest workers in the study. So I invited the 42 workers that were 60 at the time at the start of my original study to do yet another interview last summer and there were 42 that I invited that had been over 60 and 31 agreed to participate. And they ranged in age from 63 to 80. So I interviewed both 31 and all but one were women. There was one man and I asked them because of my interest in financial security and my concern that how were these people making it in their old age.

[00:22:39] I asked them about their jobs history as well as questions about the history of raising children and their financial security throughout their life. I learned not surprisingly that most of them had a history of low wage work not necessarily on direct care in things like farm work and restaurant work and factory work things like that. And that most of them had raised children and some a lot of children. There was lots of divorce and lots of raising children on their own as well as many people who stayed married throughout their lives. So many had periods of financial insecurity using public assistance and many still were in that situation. About half of them said that they were still struggling now in their 60s and 70s and some of them continued to work because they knew that their Social Security was not enough to live on. And some of them continue work because they just wanted to stay active. And sometimes it was a combination of the two. Many still got public assistance whether food stamps or Medicaid. In addition to their Medicare and Social Security overall nationally about 50 percent of homecare workers get public assistance because their wages are so low. But one thing that was interesting and I was curious about is whether this job was particularly suitable to older workers in that the part time nature might work better for older workers and younger workers. And many of the study participants did say that they said they were at a stage in their life where flexibility worked for them and part time was more what they wanted rather than full time and because they got Medicare. It was less essential that they have health care benefits.

[00:24:30] So in a way they saw it as a job for an older person and a few of them said young people just can't do this. And if I were younger I wouldn't be doing it because it's just not a stable enough job and you couldn't live on it. So I have mixed feelings still even after doing this study about whether I would recommend to somebody who is looking for work that they do this. I would need to be real clear that at this point wages are not as high as they should be and that if they're looking for more full time work it would not be good. Do you think we as a country are in a crisis around home care. Or do you see it developing into a crisis. I think it is in a lot of people have called it just that because the care gap crisis not just in-home care but also in institutional care that there just aren't enough people gravitating towards that work again because of the wages and with the great recession it may be lessened a little bit because there was less competition but when people can go to a McDonald's and make more money for doing work that is far less difficult and with much less responsibility when you're doing home care you people's lives in your hands. It's hard to attract enough workers. So yes it is a crisis in your. The one thing I didn't ask you earlier and I should have was did the workers indicate that there were characteristics about their job that brought them satisfaction with talked about some of the negative aspects of the job.

[00:26:10] But did they find that the job was satisfying around some areas. Yes I'm very glad that you asked that Diane because I failed to mention that. Indeed all of them could talk about things that were satisfied even going back to the original study. Even the 90 people who are terminated when asked in their interview what parts of the job did you find satisfying. I had no problem giving answers and even if there had been hard things about the job there was a lot that they found positive and those were things like just the smiles and the appreciation that they got from their clients. The

fact that they knew that they were allowing these people to stay at home longer for themselves sometimes just the interaction with elders brought them joy the feeling of being useful for some of the older ones that got them out of the House and involved in the community. So those kinds of things brought satisfaction. Could we perhaps talk about public policy for a few moments public policy issues related to home care workers. What do you think those are that need our attention. For example how does the companion exemption in the Fair Labor Standards Act impact this sector of the workforce. Great. Yes I would love to talk about that. That is something that's very current and very specific to home care workers.

[00:27:40] And it's been getting into the news in the past few months as we are approaching the presidential election actually so the history of this is that when the Fair Labor Standards Act was passed back in the Great Depression and when we were first getting in labor protections it brought about the minimum wage and that people needed to be paid for overtime. But at that time in 1938 just the way our country was not all jobs were covered it was mostly male jobs that were covered. So in 1974 the Fair Labor Standards Act was expanded to include domestic workers like maids and cooks to make sure that they too were covered by minimum wage laws and overtime laws. But at that time Congress said in 1974 that who would be exempted from these protections would be those who provided companionship. And the idea was that they weren't talking about babysitters or the neighbor next door who stopped in to provide companionship that they wouldn't be covered by minimum wage laws and overtime. So when the Department of Labor that needed to write regulations to implement this they interpreted that exemption to include homecare workers that worked for home care agencies that had third party paying and that supposedly was not what Congress had in mind. But it was what the Department of Labor holiday interpreted it. So since 1974 there has been this thing called the companionship exemption which has meant that homecare workers can work 24 hour shifts over and over again and not get overtime. And the thought is there sleeping part of that and what all but in fact often if they're doing a 24 hour shift maybe they're having to get up every two hours to do something. It's not like you're getting a good night's sleep. So this has been going on and even President Clinton tried to change this in the late 1990s and it was one of the rules that he put forward just before he left office.

[00:29:47] And I don't know what you remember but in 2001 President Bush came in he changed a lot of rules that Clinton had started putting through and that was one of them. So that was back in 2000 and then there's been the recent interest in this came about through a Supreme Court case that took place in 2007 and this is sort of the spokesperson for this current advocacy effort is a woman named Evelyn Koch who has since died. But she was a Jamaican born homecare worker in New York who is home care for years and years and years as a single mother of five children and she was still doing home care in her 60s when she had a car accident that left her disabled and unable to work. She ended up seeing a lawyer about that. And when the lawyer was looking at her paystubs he noted that she had done all this overtime and never gotten overtime pay and he suggested that she'd be a test case for this companionship exemption. So it ended up going to the Supreme Court and the Supreme Court all nine justices ruled against this health care worker Evelyn Koch and for her employer saying that it was not their role to change the law and that the employer was following the rules and that if the law needed to be changed it was either the Department of Labor or Congress that needed to make that change. So that was very disappointing. And that happened that ruling was in 2007. She died two years later and died without home care because she was too poor. Died with bedsores the sorts of things she took care of as a worker herself.

[00:31:28] So it was really ironic and tragic. She's just this lovely face that you'll see in some of the media about this last year. Secretary Hilda Solis of the Department of Labor finally proposed a new rule supported by President Obama to change this companionship exemption and the way these rules go is they have to be put out for public comment and it received over 20000 comments and two thirds were in favor of changing the rule. But the home care industry which is quite profitable

has said some parts of it have said no no we wouldn't be able to afford to keep doing home care if we don't pay overtime and minimum wage. So the rule has not yet been finalized. And right now there's a fear that should President Obama not be reelected that unless this rule is finalized we would have a repeat of what happened in 2000 and we'd lose ground. So that's the story and that is kind of current and it effects homecare workers and many states already have minimum wage laws that cover them and overtime laws that cover them. But I think there are some 18 or something that do not. And another policy issue having to do with the health care reform this summer when the Supreme Court ruled that it was constitutional in terms of the individual mandate. Also said that states would not need to include the expansion of Medicaid. That was a part of the Affordable Care Act which would bring Medicaid eligibility up to 133 percent of the poverty line. So that expansion would include a lot of home care workers because they are so low income.

[00:33:11] So that is also a concern if states don't follow through on that expansion that will mean home care workers that were looking forward to getting coverage that they hadn't had would still be ineligible. So that's another current policy issue. OK great. Again thank you so much. It was wonderful to hear about your study. My pleasure. You've been listening to Dr. Sandra Butler discuss the factors affecting the turnover of homecare workers in social work. Hi I'm Nancy Smyth professor and dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our programs and what we do we invite you to visit our Web site at www.socialwork.buffalo.edu.