CONVERSATIONS ABOUT THE FUTURE OF DIRECT-CARE WORKFORCE RESEARCH

Vera Salter PhD   Mary Ann Wilner PhD

Executive Summary

This paper is based on conversations with leading researchers who have conducted research on the long-term care direct-care workforce. The intent was to learn what kinds of research would be most valuable in facilitating changes in policy and practice to support and stabilize that workforce by improving direct-care jobs.

These interviews confirmed the growth, in recent years, of research interest in this topic. The researchers also identified the need for increased depth, and rigor in research methods used, if quality of jobs and care is to be effectively improved. Based on their ideas we recommend the following:

1. A future research agenda should include:

   ➢ An in-depth national and regional description of the size, diversity and geographic variation of the workforce;
   ➢ Investigation that goes beyond single intervention studies to examine the inter-relationship and relative impact of pay, benefits, training, leadership, and socio-demographic variables on job satisfaction and retention;
   ➢ More research that links specific workforce initiatives to quality outcomes; and
   ➢ A focus on the effect of "re-balanced" delivery systems, such as consumer-direction and assisted living models, on the workforce.

2. Future research should supplement what is already known about direct-care workforce issues through a foundation of theory and expertise from many social science and other disciplines (labor economics, organizational change, education, management, the sociology of women's work, and others).

3. Research should be designed with a view to its potential translation into state and federal policy and provider practice. In order to accomplish this researchers should:

   ➢ Ask wide scope questions framed to meet the needs of policy-makers and practitioners;
   ➢ Use solid, replicable methods that can validate which interventions are the most effective;
   ➢ Consider well-designed intervention studies that make the case for change; and
   ➢ Articulate and disseminate findings in a way that is likely to reach policy makers, practitioners and funders.

Introduction and Purpose

In late 2004 and early 2005, we interviewed 20 leading researchers with an interest in the direct-care workforce. Our intent was to learn what kinds of research they thought would be most valuable in facilitating changes in policy and practice to support and stabilize that workforce by improving direct-care jobs.

We asked the experts to think "outside the box" about what a research agenda could look like. What current or past research about the direct-care workforce did they consider to be the most valuable? Where are the gaps in the existing research? Are there methods and knowledge from outside the fields of long-term care and health care that can be applied to this work? Finally, what suggestions did they have for more effectively translating research findings into policy and practice?

The conversations were both far-reaching and specific. We learned a lot about important topics to pursue, effective methods for gathering information, paths that have lost their relevance, and new ways to collaborate in order to create lasting outcomes.

Our interviews yielded a rich and broad set of ideas, which are summarized below in three sections. The first is on recommended research topics. The second includes thoughts about theory and methods. The final section summarizes elements of a future research agenda.

  -- Vera Salter and Mary Ann Wilner

Recommended Research Topics

Provide detailed descriptions of the direct-care workforce.

Many experts see a need for more research about how to overcome the difficulty in attracting and retaining an adequate and growing supply of well supported direct-care workers. As a first step, they want to know more about who is in the labor pool now.

Several of our interview subjects expressed enthusiasm for the forthcoming, national sample survey of nursing home workers, conducted by Mathematica Policy Research and sponsored by Office of the Assistant Secretary for Planning and Evaluation (ASPE). They expect that the initial report will provide important new information, which will be available for further analysis as a public data set.

According to a recent communication from ASPE, these results are expected to be available by the end of 2006.

Informants anticipate that a similar study of agency home care workers, now in the design stage, will also provide useful information when it is published. This survey is expected to be fielded by the fall of 2007.

Several researchers expect that further analysis of public data sets, such as the linking of registry and employment data in North Carolina and the in-depth analysis of In-Home Supportive Services in California, will be valuable in describing the direct-care workforce.

At present, however, we don't know much about the size, diversity, or geographic variation of the labor pool, nor are we very good at predicting whether or how those characteristics are likely to change. Several researchers expressed a need to know about employees' race, class, gender, ethnicity, and religion. We would benefit from an in-depth national longitudinal study that incorporated these factors, along with union status and locale.

Sharon Keigher discussed the benefits of conducting in-depth studies of whole communities to better understand this market in different locales - e.g. those with new immigrants, minority populations, or other worker subgroups. Robyn Stone noted the value of understanding the impact of immigration and foreign workers on the host country and the United States.

Identify levels of pay and benefits that will guarantee an adequate supply of workers.

Charlene Harrington suggested research to answer the question: What level of pay, benefits, and reimbursement will be needed to guarantee a good supply of workers? Since states currently do not track pay rates of direct-care workers and do not focus on workforce needs, she asserted, it is not surprising that they cannot assure a sufficient supply of workers.

Find ways to better match workers and consumers.

Harrington also expressed concern that we lack adequate systems to allow consumers to easily find workers. Laurie Powers noted the value of finding ways to use the internet to assist workers and consumers.

Gain a better understanding of what motivates people to stay in this work.

Ted Benjamin thinks there is much to learn from understanding what motivates workers to stay over time. What preferences and values are associated with entering and remaining in the direct-care workforce? Benjamin and Rhoda Meador noted the value in identifying what other job opportunities are available and what choices people make when they seek and accept other jobs. Other

experts noted that it would be helpful to follow the careers of direct-care workers over a period of time, comparing those who stay to those who drop out.

Document economic and social disadvantages faced by direct-care workers.

We need to identify and better understand the overlapping disadvantages that direct-care workers face and how these affect their availability and tenure as workers. Sharon Keigher views this problem as one of human capital. For instance, many of the workers suffer from obesity and multiple health problems. Many live in urban areas while the better paying jobs are in the suburbs, requiring hours of travel on public transportation. Workers in rural areas, where there is no public transportation at all, face an even greater challenge.

In addition, many direct-care workers lack adequate literacy and job readiness skills and are unable to access effective training, which is often offered only in suburban nursing homes and training centers.

Pay attention to the problem of high injury rates among direct-care workers.

Catherine Hawes discussed the existence of research, which documents the heavy toll taken by on-the-job injuries. Researchers need to translate that information so it can be used by advocates to achieve safer work environments and prevent high injury rates.

Bob Konrad wondered if the places that put workers' health at risk are the same places that put residents at risk. We could prioritize service delivery settings and help identify places that need assistance.

Charlene Harrington referenced the 2004 Institute of Medicine report, *Keeping Patients Safe*, which linked lack of safety to excessive workloads and found that patient safety is endangered when nurses work more than 60 hours a week. She suggested the importance of focusing on "the hours problem" in nursing homes, where direct-care staff must often work sixteen-hour shifts due to compulsory overtime.

Clarify the link between workforce interventions and quality outcomes.

Many of our colleagues see the link between minimum staffing levels and clinical quality indicators in nursing homes as firmly established but note that the relationship between other variables and quality is not as well established. Catherine Hawes observed that good research linking staff levels and staff mix with nursing home quality has been presented at recent Gerontological Society meetings, but that we are still unable to answer more complex questions about which worker interventions affect which aspects of worker performance and how these affect quality of care delivered to consumers.

Studies ought to be designed to create a clearer link between specific interventions and quality outcomes. For example, Hawes mentioned the need to identify the inter-relationship between staffing levels and abuse and neglect of consumers.

Additionally, there are few studies of quality in other settings. For example, Hawes remarked that many consumers have an unqualified enthusiasm for assisted living and board and care facilities, despite the fact that these share many of the same problems as nursing homes. Therefore, more needs to be known about life in these settings.

Sustain and replicate successful interventions and lessons from research.

Most informants saw little value in funding more studies that look at a single variable change in a single organization, although they acknowledged that we have gained valuable lessons from such research over the past two decades. Instead, they want to know, as Stone put it: "How can we sustain and replicate what we have learned? How do we take the findings to the next step in existing organizations, or introduce them into other organizations? What are the barriers to implementation? What resources are needed to replicate the robust studies?"

Identify the characteristics of a good work environment.

What is a good work environment? Can its components be identified and standardized? What constitutes organizational readiness to create and sustain good working conditions??

In organizations where "culture change" has been self-reported as effective, Stone suggested conducting a more rigorous demonstration of the effects of its various components. For example, select elements related to quality care and quality of life, evaluate what really makes a difference and what does not, and assess what it costs to implement them (and who pays the price).

What is going on in those organizations that have no turnover? Barbara Bowers sees the value of conducting an in-depth study in four or five of those organizations, including both nursing homes and home care settings.

Use research to introduce better leadership into long-term care organizations.

The long-term care industry suffers from a paucity of effective management, which affects the quality of work life for staff and the quality of life for consumers. We could conduct research that defines the factors that are barriers to effective management and design interventions to overcome these problems. Successful interventions could then be introduced as models for other organizations.

Dale Yeats sees the value of designing interventions that can begin to dismantle the authoritative structures of nursing homes. Existing post-graduate long-term care management training programs, our informants noted, do little to prepare future leaders to become creative change agents in their organizations. Several emphasized that long-term care organizations can benefit from the experience and knowledge base of other industries that have created "high performance organizations." These are work places that are less hierarchical and more lateral, with leaders who grant employees more authority in developing innovations, decision making, and working as team members. The challenge is to design models that can be introduced into long-term care settings.

Barbara Bowers firmly believes that long-term care is ready for longer-term, comprehensive intervention studies that include researchers from a variety of disciplines. Her suggestion: first develop several models; then evaluate them systematically with a team of researchers. Look at economic and educational outcomes as well as quality of care, quality of life, and many of the outcome variables typically included in more time-limited studies.

Explore the various types of relationships between workers and consumers.

Both workers and consumers have important quality of life concerns, but what are they exactly and how do they interrelate? How do we tease out concerns of power, control, and autonomy in settings such as assisted living and board and care? What are the mutual benefits of autonomy for staff and consumers?

Hawes thinks there is a lot to learn from workers about what contributes to good training and management practices and how these factors, in turn, affect staff retention. Since we know from previous work that many direct-care staff enjoy the work because they like to feel that they are helping others, understanding what enhances those feelings for workers would be useful.

Linda Noelker mentioned the value of better grasping the relationship between the quality of workers' lives and quality of the lives of the consumers they assist. What outcomes are important to workers? To employers and consumers? What is the relationships between the two sets of outcomes?

Another similarity between workers and consumers is that both suffer from various types of disabilities and chronic health problems. Marsha Saxton suggested looking at those issues from a disabilities studies perspective.

Describe the independent provider workforce and identify the benefits and limitations of alternate work environments.

A number of our informants thought it would be useful to conduct a survey of independent providers, identifying how many there are and comparing them

with agency workers on variables such as retention, consumer complaints, and abuse.

Interest was also expressed in exploring how independent providers who work in service delivery models, such as cash and counseling projects or county and state programs, can gain access to certification.

Laurie Powers noted the need to explore what it is like for workers in these new independent provider relationships. How can we make these environments supportive for the workers? How effective would electronic mentoring be as a tool for providing worker support? What support and training do both workers and consumers need to succeed in these new relationships?

What are the benefits for employees who work for an agency or privately? These can include, among others, insurance, wages, training, and overtime pay. What are the advantages of network hiring versus agency hiring, and who controls the hiring, supervision, and firing in which settings?

Explore training and education.

We don't really know who pays for all the training costs of CNAs. Although federal nursing home regulations stipulate that nursing homes are to be reimbursed through their Medicaid rate, CNAs themselves often pay at least part of the training costs for certification. Research into who pays how much might be useful in helping to define the problem.

Bowers and Stone mentioned that we know too little about what long-term care workers know. Training is often measured by the number of hours staff attend in-house or off-site programs. Scant attention is paid to whether knowledge is gained, or whether new learning is integrated into the organization's practice. They wonder how we can design studies to look at long-term competency development and knowledge retention among all levels of staff. How do short-term and long-term knowledge gains lead to practice changes? What are the characteristics of fertile organizational environments that support real education?

Bowers also wonders how CNAs figure things out when no one is there to help them. What is the impact on job skills, worker satisfaction, and supervision?

Investigate the impact of policy initiatives

The researchers recommended a number of research initiatives exploring public policy. These include:

- Identify policy initiatives that either diminish or enhance the potential labor pool. For example, asks Robyn Stone, what are the costs and benefits when criminal background checks are required for hiring CNAs?

- Investigate how long-term care financing can become more supportive of initiatives to better support the workforce.

- Find out what levels of pay and benefits are necessary to guarantee a good supply of workers, and what and reimbursement rates are needed to attain them.

- Look into how we can prevent the exploitation of workers who are caught in a trade-off between wages and job satisfaction.

- Identify a clearer link between quality and retention rates – and between quality and reimbursement rates.

- Identify the role that local, state or federal government could take in supporting workers and consumers, since both groups often have significant health concerns.

- Compile the lessons gained from states' test interventions. To address this gap, Andreas Frank and Ruth Katz recommend conducting a macro analysis of all interventions across state sites, using a multivariate analysis to identify what works. This will help identify the most effective ways for government and providers to move forward in policy and practice decisions. The study would have to include a cost benefit analysis and various impact analyses with costs associated.

- Look at policy initiatives that some states have taken in recent years regarding recruitment and career ladders, among others. For example, Frank and Katz suggested generating a study that summarizes different approaches to apprenticeships, identifying and tracking what works over time in a controlled manner.

Theory and Methods

Base research on findings and theoretical foundations from many disciplines.

One of the issues that resonated strongly with many of the people with whom we spoke was the need to base direct-care workforce research on findings and analytic frameworks from the behavioral sciences. "As an economist, I am

impatient with research that addresses issues without a strong analytic framework," said Christine Bishop. "There should be some behavioral models underpinning the work."

Others suggested that researchers could achieve rich results by conducting research that draws on differing perspectives from many fields. Researchers with expertise and experience in economics and education could work together, for example, to evaluate changes in an organization, like the team of researchers that conducted an intensive and rigorous evaluation of the Wellspring model in 2002.[1]

a. Leadership and management practices

Referring again to the paucity of good management in long-term care that contributes to so many problems for the direct-care workforce, some informants suggested building on the late Susan Eaton's important groundwork by applying literature and research methods used in organizational change, management and leadership to our field. Rather than looking only through the lens of long-term care, they urge us to look to organizational development and management literature for methods we can test in the long-term care world. We can use these methods to look at organizational change, supervision, communication and teamwork, conflict management, and cultural competence within organizations.

Christine Bishop and Rhoda Meador also mentioned that some of the research studies funded through the Better Jobs Better Care grant process are beginning to do this, but more needs to be done.

b. Economics

A number of economic frameworks were cited as applicable. For example, Peter Kemper and others suggested that the literature on secondary and low-wage labor markets has not been tapped by long-term care researchers. He particularly urges that we look at the influence of wages as compared to other variables in influencing retention and turnover.

Others suggested econometric modeling. Christine Bishop spoke of a promising new literature on the new economics of personnel, introducing the concept of "efficiency wages" whereby increased pay generates increased commitment.

c. Other literatures

Nancy Foner discussed the applicability of the sociological literature on service workers as it relates to ethnic background. She referenced several sociological and political science studies about the undervaluing of "women's work" of

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1 Stone, R.I. et al., *Evaluation of the Wellspring Model for Improving Nursing Home Quality*, The Commonwealth Fund, August 2002.

caregiving, which is regarded as an innate biological trait, not requiring training or decent pay.

Improve research methodologies.

a. Study design

There was concern among researchers about ensuring methods that could produce credible results that policymakers could base decisions on. Some felt the cost of such designs would make many unfeasible.

Most importantly, a number of people argued for methods of identifying which interventions have been effective in what way, and to sort out the effect of each variable (e.g. pay, management practice change, or staffing levels). The researchers suggested that this can be achieved through experimental design and by using researchers who are able to look at multiple aspects of an issue rather than testing just one element.

Other methods suggested include:

> The use of longitudinal research to track workers over time;
> The combination of qualitative and quantitative methods in the same study to ensure statistical validity and in-depth knowledge;
> The use of an experimental design with multiple sites and comparison groups, including matched sites with similar interventions on specific indicators;
> Meta analysis of innovative programs; and
> The use of common measures, so results can be compared across sites and settings.

b. Data consistency

A number of the researchers talked about the problems involved in comparing direct-care workforce data.

An essential first step toward attaining common measures across studies would be a critical evaluation of national data. Bob Konrad spoke of the need for strong Department of Labor collaboration in melding data from different data sets, as he was able to do in North Carolina. Accomplishing this kind of analysis on a national level, he said, would yield very powerful results.

Specific measures must also be carefully — and consistently — defined. For example, measuring the number of full-time equivalent (FTE) employees per resident may not tell the true story about quality, since it does not take into account continuity of care. Similarly, although Eaton developed an effective and

useful formula for collecting turnover data, it is not the only formula in use, which makes it difficult to compare turnover data between organizations or studies. The Institute for the Future of Aging Services' *Measuring Long-Term Care Work* is a useful guide that contains many of the available tools for collecting data, but unless researchers in the field agree on a common set of measurements, data will be difficult to compare.

c. Sampling

A number of researchers spoke of the need for a more accurate use of sampling. What pool of people should we sample to better understand workforce preferences and behavior?

Linda Noelker focused on the difficulty of sampling the independent contractor workforce, since many of these workers are paid under the table or are undocumented immigrants. She said it is difficult -- and ethically challenging -- to get a representative sample of people "who do not want to be found."

d. Collecting qualitative data

In order to be robust, Foner believes, a qualitative study must include a number of in-depth interviews along with some participant observation. At the same time, policymakers are likely to be wary of applying the findings of purely qualitative studies, so such data should be combined with survey findings and analyses of existing data sets. Such inclusive studies, she notes, require three to five year's time and significant funding.

Foner also mentioned specific ways of obtaining clean, in-depth interviews from workers, supervisors, consumers or family members, and stressed the importance of using an external person not identified with the employer for conducting them.

Partner with employers in research design, execution and replication.

To date, the research community has too often failed to find ways to use research intervention as a means to sustain changes that benefit workers, consumers, and employers. Finding solutions to this sustainability concern, respondents say, should be included as part of the initial funding discussion and should remain part of the dialogue between researcher and host organization.

In order for the research process and its results to be useful to a community or an organization, Stone argues, the research team ought to partner with the employer at every stage of the design and execution. This includes developing research questions that will be useful to the organization. It also means looking comprehensively at the organization and including all the constituents involved throughout the study-intervention process.

Of particular concern to organizations being studied is that researchers not collect what they assume to be final outcome data before the intervention or program has had time to mature. It is important to collect process data throughout the development and conduct of a program intervention, but assessing this as final outcome data can produce invalid findings for the full evaluation.

Related to this issue is the question of how to replicate successful interventions. Finding funding to transfer an intervention to a new organization or community is very difficult. Inaccurate data can make that even more difficult.

Publish and disseminate findings.

Negative outcomes are a common part of the research process. While researchers and journals tend to be biased toward positive results, negative outcomes can be quite valuable and should not be lost to the research, practice, or policy worlds. We must figure out how these can be disseminated and learned from, despite the fact that research publications usually prefer to publish positive findings.

Find ways to translate research into policy and practice.

One overarching comment was that too few policy decisions are made based on research. The researchers felt that they and their colleagues must find ways to demonstrate the value of research to policymakers. One helpful suggestion was for researchers to write in ways that help policymakers easily digest the information. Another was that researchers learn how to develop and sustain relationships with policymakers.

To maintain ongoing communication with policymakers, Bowers suggested that researchers work with Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), and technical expert groups brought in for advice. She also suggested that researchers frame their questions differently to incorporate both policy and practice concerns, developing questions that are wider in scope. She encouraged researchers to view their research as a change agent and educate funders as they plan and design the research.

Another researcher cautioned, however, that some funders may pay for research and development while having no intention of doing anything with the results. Finally, several noted, employers of direct-care workers don't often base their management decisions on evidence-based research.

Therefore, the research community needs to become better at disseminating its findings and broadcasting their value, to policymakers and to long-term care practitioners.

Elements of a Future Research Agenda

These conversations confirmed the growth, in recent years, of research interest in the direct-care workforce. However, we also identified the need for increased depth, and rigor in research methods used, if quality of jobs and care is to be effectively improved. Specifically:

1. A future research agenda should include:

   a. An in-depth national and regional description of the size, diversity and geographic variation of the workforce;
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   d. Articulate and disseminate findings in a way that is likely to reach policy makers, practitioners and funders.

Appendix: Researchers Interviewed

Christine Bishop PhD | The Heller School for Social Policy and Management, Brandeis University

Barbara Bowers PhD | University of Wisconsin, Madison School of Nursing

Nancy Foner PhD | Hunter College, The City University of New York

Andreas Frank MSW | Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services (ASPE HHS) —*at time of interview*

Charlene Harrington PhD | School of Nursing, University of California at San Francisco

Lauren Harris-Kojetin PhD | Institute for the Future of Aging Services (IFAS)—*at time of interview*

Catherine Hawes PhD | Department of Health Policy and Management, Texas A & M University

Ruth Katz MA | ASPE HHS

Sharon Keigher PhD | Department of Social Work, University of Wisconsin - Milwaukee

Peter Kemper PhD | Health Policy and Administration and Demography, Penn State University

Thomas R. Konrad PhD | Sheps Center for Health Services Research, University of North Carolina at Chapel Hill

Debra Lipson MHSA | IFAS —*at time of interview*

Rhoda Meador MS | Cornell University

Linda Noelker PhD | Benjamin Rose Institute and Editor of *The Gerontologist*

Laurie Powers PhD | Portland State University

Marsha Saxton PhD | World Institute on Disability and University of California at San Francisco

Robyn Stone Dr. PH | IFAS

Rick Surpin MA | Independence Care Systems

Dale Yeatts PhD | Department of Sociology, University of North Texas