

Vital Yet Undervalued: Recruiting and Retaining Qualified Direct-Care Workers

By Nancy Wilson and Jane Baveineau

In our personal lives as family caregivers as well as in our professional work in aging, we are constantly reminded that older adults' quality of life and care depend on the supply and caliber of frontline direct-care workers (DCWs). DCWs—certified nurse aides, home health aides, and personal-care attendants—provide vital, personal, and urgent hands-on care in multiple settings, such as the home, nursing home, or day care, to name a few. They account for 70% of long-term care staff members, providing 8 of every 10 hours of direct health services to eldercare consumers¹. The current and projected shortages of personnel to meet the growing demand for eldercare and disability services are tied to factors that warrant attention at all levels of social work policy and social work practice.

In 2002, the older adults in our community of Harris County, Texas expressed that their highest-priority concerns were the screening, training, and dependability of home-care and other DCWs. Subsequently, our Care for Elders partnership (www.careforelders.org) focused on understanding the challenges in recruiting and retaining a sufficient and qualified direct-care workforce. Toward that end, we have become consumers of research by Better Jobs Better Care (<http://www.bjbc.org>), practice and policy work led by the Paraprofessional Healthcare Institute (PHI) (<http://phinational.org>), and advocacy through the Direct Care Alliance (<http://www.directcarealliance.org>) What we have learned has implications for current and future social workers.

First, DCWs perform physically and emotionally demanding work for low wages and few, if any, benefits. Nationally, their annual earnings average approximately \$17,000; 41% rely on public benefits, and roughly 33% of in-home DCWs nationally have no health insurance (PHI, 2010). As advocated by the Institute of Medicine (2008), recruiting and retaining this central segment of the elder care workforce requires policy and regulatory change to ensure adequate financial compensation, including benefits, potential for advancement opportunities and improvements in the overall job environment. Social workers can advance wellbeing of elders by joining them to improve the economic security of DCWs, who are typically unmarried women, single mothers, and women of color, many of whom are immigrants.

Secondly, program supervisors and managers can influence job satisfaction, performance, and turnover of DCWs. Helping supervisors learn and use mentoring, coaching, and teamwork skills can produce positive outcomes for DCWs and, ultimately, older adults.

Thirdly, although DCWs are asked to meet increasingly complex needs of older adults and frequently are “on their own” in homecare settings, education and training requirements are inadequate and, in some instances, virtually nonexistent. As

advocates for expanded training requirements and collaborators with employers of DCWs, social workers can advance DCW's knowledge and skills.

In our roles as educators, program administrators, policy advocates and practitioners, we must work to advance the quality of care and wellbeing of DCWs if we are to improve quality of life for elders who depend on these essential caregivers. The changes needed may be slow to come, but come they must.

References

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