

**Evaluation of Quality & Workforce
Workgroup Strategies
Final Report**

Submitted to
Care for Elders

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Executive Summary

The purpose of this report is to summarize and discuss the evaluation of four interventions implemented in October 2005 by Care for Elders to address the Quality and Workforce work group goals of improving direct care service quality and establishing a trained, stable workforce of direct care workers. The interventions implemented were:

- an enhanced screening program for new hires;
- a 16-hour orientation program for new employees, including a cultural sensitivity module;
- an 8 module continuing education series that reinforced knowledge and skills introduced during orientation; and
- a recognition program that rewarded direct care workers who demonstrate exceptional job performance.

The conclusions we can draw about the impact of these interventions are:

- The databases that are used for background checks are incomplete and out-dated making it difficult to know if hiring agencies have a true picture of applicants' backgrounds.
- Agencies will hire applicants with identified felonies that are not prohibited by the Chapter 250 of the Health & Safety Code making the additional cost of enhanced screening of limited value.
- Two hundred thirty-four direct care workers received 16-hours of orientation training.
- Direct care workers who attended orientation remained employed an average of 6.32 months compared with 3.35 months for those that did not attend orientation; this represents a statistically significant difference in length of service.
- Agency representatives in focus groups and exit interviews reported that the orientation and continuing education programs had a positive impact on the participants' job knowledge as well as feeling of professional pride.
- There was no significant change in employee satisfaction between October 2005 and December 2007 within or across agencies. Overall, financial rewards remained the area where employees are least satisfied of all job satisfaction components.
- Comparing satisfaction for employees that participated in orientation with those who did not participate in orientation showed no significant differences. Since employee satisfaction is influenced by a myriad of factors so it is not unexpected that there was no significant change in employee satisfaction.

There clearly were positive results for some of the Quality and Workforce interventions. However, it should also be noted that because of some of the approaches used as well as the data collection methods, there are limits to the generalizations that can be drawn from these results.

The Care for Elders' Quality and Workforce work group focus arose in response to a concern about the access to quality care for older adults being threatened due to shortages of direct care workers and high turnover rates in home health at a time when the demand for these workers is expected to continue to grow in order to meet the care needs of the increasing aging population. The Quality and Workforce work group's goals included improving direct care service quality and establishing a trained, stable workforce of direct care workers. To achieve its goals, the work group worked with the five providers of home care, known as network partners, beginning in October 2005 to determine the impact of the following interventions:

- an enhanced screening program for new hires;
- a 16-hour orientation program for new employees, including a cultural sensitivity module;
- an 8 module continuing education series that reinforced knowledge and skills introduced during orientation; and
- a recognition program that rewarded direct care workers who demonstrate exceptional job performance.

The five network partners all provide services in Harris County but represent providers of different sizes, service portfolios, payor mix and service areas. The diversity of agencies was representative of the providers of direct care in Harris County. The human resources practices and the quality of the data submitted by the agencies also varied making it difficult to get reliable hiring cost data as well as turnover rates.

In order to assess progress towards the Quality and Workforce goals, several contributing factors were tracked, including impact of enhanced employee screening, employee turnover, employee job knowledge and employee and client satisfaction. This report summarizes the results of each of the interventions and suggests conclusions that can be drawn about the impact of the interventions on direct care service quality and workforce stability.

Enhanced Employee Screening

As an intervention to improve clients' comfort with individuals working in their homes as well as the quality of the direct care workforce, Care for Elders proposed an enhanced screening program where applicants' backgrounds were more extensively screened than is currently required by law. Studies done in nursing homes have shown that hiring more carefully screened direct care workers results in better retention. Beginning in October 2005, one-half of the network partners' applicants underwent enhanced background checks to determine impact of hiring better screened direct care workers on reliability and trustworthiness. Liberty Screening enhanced screened 136 of 373 applicants or 36 percent. General DPS screening disqualified 14 applicants with violations and enhanced Liberty Screening indicated that 19 additional applicants had a felony or a Class A or Class B conviction. However, the network partners hired 16 of the 19 applicants whose screening indicated some criminal conviction because they were not prohibited from hiring these applicants by Chapter 250 of the Texas Health and Safety Code.

The Governing Council approved discontinuing the enhanced screening program in June 2006 because of gaps in databases where backgrounds are checked and lack of incentive for agencies not to hire those with various criminal convictions. The quality of applicant screening through basic DPS or an enhanced screening service is limited by the current status of databases that are checked. While Texas law requires that all counties report all crimes to the state every 30 days, many counties in Texas have

incomplete records. For example, in 2001, Dallas County reported only 19 percent and Galveston County reported only 50 percent of the criminal convictions that occurred in those counties. On average there is a 40 percent chance that existing felony level convictions will be not have been reported. So even with screening, applicants with felony convictions may be hired because local or state-wide databases do not reflect all current convictions. Enhanced screening at a national level is cost prohibitive and still suffers from incomplete records. Even with conviction information, agencies are likely to hire applicants with criminal convictions that are not prohibited by the current health and safety code. Without changes in the precluded offenses, this practice is unlikely to change as agencies face a shortage of direct care workers. Continuing the enhanced screening program would not allow us to assure consumers that individuals working their homes are more trustworthy or give agencies a more comprehensive picture of individuals' backgrounds to improve selection decisions. Care for Elders further addressed the need for improved worker screening through its advocacy efforts.

New Hire Orientation

As an intervention to improve direct care worker knowledge, retention and employee and client satisfaction, Care for Elders developed a 16-hour orientation course taught on two consecutive Saturdays. Individuals hired by the network partner agencies within 90 days of October 2005 through February 2007 were invited to attend the orientation. Ideally, participants attended orientation within 90 days of their hire date. Participants were paid for attending both days at the completion of the second day.

These training sessions covered eight topics with four topics typically covered each Saturday. The topics were cultural sensitivity; dementia; ethics; personal care, medication and nutrition; professionalism; physical problems with older adults; proper movement techniques; and recognizing depression. This curriculum was developed as a collaborative effort of professionals working with the Quality & Workforce work group. A training manual was developed with learning objectives and assessment questions for each module and with PowerPoint presentations for most modules. Some modules of the curriculum were piloted with home care attendants to ensure job relevance and appropriateness for educational level of the participants. Typically, the sessions were interactive with participants being encouraged to share specific examples of situations that they encountered.

Care for Elders held nine orientation trainings between October 2005 and February 2007 at Sheltering Arms Senior Services. Two hundred thirty-four direct care workers completed the two-day orientation; 226 were individuals hired between October 2005 and June 2007. Those 226 represent 20 percent of the 1,106 individuals the network partners hired between October 2005 and June 2007 with participation by agency in ranging from 11 to 52 percent of new hires. Table 1 shows data on new hires by network partners, participation in orientation, number of new hires still employed in December 2007 that were hired between October 2005 and June 2007 and the average months of service those individuals who are left provided.

Table 1 New Hire Data

	Home Care Agency "A"	Home Care Agency "B"	Home Care Agency "C"	Home Care Agency "D"	Home Care Agency "E"
Total Number of New Hires	334	131	64	368	209
Number of New Hires Attending Orientation	68 (20%)	14 (11%)	33 (52%)	59 (16%)	52 (25%)
Total Number of New Hires Still Employed	183 (55%)	81 (62%)	20 (31%)	102 (28%)	79 (38%)
Number of New Hires Still Employed Who Attended Orientation	38 (56%)	10 (71%)	7 (21%)	14 (28%)	25 (48%)
Average Length of Service With Orientation	4.75	2.25	8.04	5.93	7.69
Average Length of Service Without Orientation	4.61	2.42	5.61	2.76	3.08

Impact of Orientation on Retention

Worker retention has an impact on the quality of care delivered. There was no statistically significant relationship between attending orientation and employees staying employed in this sample. However, it is possible that because only 20 percent of those hired in two years attended the orientation, the effect of orientation would not be detectable. However, there was a significant difference in the length of service ($r=.281$, $p<.01$) for those that are no longer employed with those attending orientation staying 6.32 months on average compared to 3.35 months for those that did not attend orientation. Assuming that market conditions were the same for those that did and did not participate in orientation, we can suggest that there was an impact of the orientation program. From an agency's perspective, the investment in training that helps to retain direct care workers could reduce its investment in screening, TB testing and advertising for applicants. It should be noted that within agencies there was a significant difference in terms of length of service as well ($r=-.214$, $p<.01$) suggesting that management practices might also impact retention.

Impact of Orientation on Knowledge

We evaluated knowledge gained from the training using a pretest/posttest design. Item analysis was conducted on the test to ensure quality and accuracy of the responses on the multiple-choice items. Before orientation began, participants completed a 16-item pre-test with multiple choice and true/false questions covering all topic areas. The post test, identical to the pre-test, was given at the end of the second day of orientation. The tests were scored for number of correct answers, with possible scores ranging from zero to sixteen. Table 2 displays the number of tests scored and mean scores on the pre-tests and post tests as well as the obtained value for the t-test analysis, which indicates that the test scores increased significantly between pre-test and post-test. The results indicate that there was an increase in knowledge as measured by a written test of content.

Table 2 Mean Test Scores

Mean Pretest Score	Mean Posttest Score	<i>T</i> test
10.93	11.58	<i>P</i> < .05

Participant Satisfaction with Orientation

The participants’ evaluations of individual speakers and module content were overwhelmingly positive. On a 1 to 5 scale with 5 being excellent, those rating the items as 5 were as follows: 92 percent reported that the trainer was clear in providing information needed; 89 percent that the trainer was knowledgeable about the information provided and 87 percent that the written materials were adequate and understandable. While only 85 percent of participants rated the length of training as excellent. The comments suggested that often times the participants would have liked the sessions to be longer rather than shorter.

The value of the training is probably best captured in the open-ended feedback from participants that consistently stated that the training was relevant to their jobs. Comments reflected the relevance as well as how much the participants appreciated the information. Some of the participants’ comments on orientation sessions were:

The training was very relevant enabling me to understand why people are often depressed in their home environment.

The training helped me to understand more about how to do my job better – to understand my clients and their needs. It will help me to be better at what I do.

The information that I received today will help me better serve my clients. Also today, I got information that I can also use at home with my daughters.

The training was relevant to my job because I have a patient whose mobility is almost nonexistent and [he/she] needs my assistance in getting in and out of bed.

We encounter ethical problems in our jobs. We got answers to them in the training.

Impact of Orientation on Client Satisfaction

A focus group with representatives from participating agencies was conducted in November 2006 to glean specific information about the impact of the interventions on the agencies’ direct care workers satisfaction and job performance. The focus group was taped and then transcribed. The results provided anecdotal evidence for the positive impact of the orientation program on new hire skills and job satisfaction as well as client satisfaction. One representative said, “The feedback was wonderful, that they really liked to learn, and soaked up this information. We take so much for granted that they are happy in the place that they are at, and they’re not, they want to learn more.” An indication of the value of the training to the direct care worker is “one person (said) because of the training they felt they were able to do the job better and that they were more comfortable doing it and they felt they had

an extra advantage over those who have not have the opportunity.” Agencies have specifically noted comments on improvement in direct care workers’ ability transfer and position clients. For example,

One caregiver has been transferring her child for a long time but no one really told her the correct way. She said that was so much relief off her back because she learned to do it the right way. She has done this since her child was born, so now she is able to move the child to the bed to the chair to the tub without straining her back.

Agencies reported that they have had more inquiries about Certified Nurses Aides programs since their employees started attending Care for Elders programs. “When our employees succeed beyond something, just a simple certificate even, it says hey I have gone one step further then I had. It gives [them] a sense of accomplishment and it makes them feel better about themselves and when they feel better, they do better.”

Continuing Education

An additional intervention to impact worker knowledge and retention was a continuing education series offered to direct care workers who completed the orientation. In May 2006, Care for Elders began offering a continuing education series that expanded upon the content covered during orientation. Table 3 shows the continuing education modules. The classes are taught in the evening at Sheltering Arms Senior Services and each evening two topics are being offered to ensure that direct care workers could complete the series in a year. Direct care workers who attended all eight modules received a certificate of completion along with a \$300 stipend.

Table 3 Continuing Education Modules

APS: Elder Abuse	End of Life: Ethical Decisions
Assessment and Management of Pain	Managing Depression: A Self-Management Guide for Direct Care Workers
Assessing Signs and Symptoms of Infection in the Elderly	Substance Abuse Among Older Adults
Cultural Awareness: The Asian Community	Professionalism
Cultural Awareness: The Hispanic Community	Transitional Movements with Caregivers and Clients
Communication with Older Adults with Dementia	

Participant Satisfaction with Continuing Education

The participants’ evaluations of individual speakers and module content are overwhelmingly positive. On a 1 to 5 scale with 5 being excellent, those rating the items as 5 were as follows: 95 percent reported that the trainer was clear in providing information needed; 95 percent that the trainer was knowledgeable about the information provided; 90 percent that the training was the right length and 94 percent that the written materials were adequate and understandable.

The value of the continuing education being offered Care for Elders is probably best captured in the open-ended feedback from participants that consistently states that the training was relevant to their

jobs. Comments reflected the relevance as well as how much the participants appreciated the information. Some of the participants' comments on continuing education orientation sessions were:

- It was a lot of help for me because some of things I learned had never even entered my mind.
- It explained all movement techniques to not only help the client but also yourself.
- It was a lot of help for some of the things I learned had never entered my mind.
- This training is helping me deal with my current client and be more patient with clients who have dementia.
- I know now what to do and say and tell the client about end of life decisions.
- I have clients that are in pain and I have a better understanding of pain.
- My patient has poor circulation, says she does not have diabetes but I want to cook properly.
- My client suffers from depression but won't admit it and know I have an understanding of how to help her.
- The tools will help me learn to cope with difficult situations.
- The training was relevant to my job because I have come in contact with a lot of elders with alcoholism and I now know better how to handle it

Impact of Continuing Education on Knowledge

Thirty-five direct care workers completed the continuing education modules; 21 scored 70 percent or higher on the post test. The average score on the post test is 72.2 percent. This indicates that there was an impact on worker knowledge.

Employee Recognition

Each agency developed its own guidelines for recognition and timeframes for recognizing their employees. Employees were recognized with gift cards for demonstrating such things as receiving a written or verbal compliment from a client, taking additional or difficult assignments, completing paperwork consistently and having perfect attendance for six months including being on time. Network partners recognized employees serving clients in Harris County, which was unlike the other interventions that were restricted to employees hired since October 2005. The network partners distributed 220 gift cards to recognize the performance of direct care workers; 58 of those were hired since October 2005.

Impact of Recognition on Employee Satisfaction

While the impact of recognition was not distinguishable from the employee satisfaction survey, anecdotal evidence from agency representatives suggests that the program has had a positive impact on those recognized. During the network partner focus group, one agency representative stated:

You see some of them as small but they made such a difference in the employees. [This is] a group of employees who were unrecognized too often. Ours were so thrilled and so happy. It was just wonderful to see the response. One employee when we gave her the gas card was so excited because she said that she had just driven to the office on E and because she got the gas card, she could go back home. And that's when I saw something so small as being so meaningful. I think it is so good to recognize and [we] need do it more. They do a hard job and the pay is low as you know, so whatever we can do to recognize them is important.

Table 4 Employee Recognition

	Home Care Agency “A”	Home Care Agency “B”	Home Care Agency “C”	Home Care Agency “D”	Home Care Agency “E”	All Agencies
# of Recognition Awards Given	111	6	34	34	35	220
# of Recognition Awards Given to Hires Since October 2005	15	5	8	11	20	58
# of Recognition Awards Given to Orientation Attendees	6	2	7	3	15	33

Employee Satisfaction

In October 2005, an employee job satisfaction was distributed to network partners’ employees serving clients in Harris County. The analyses of the 353 returned surveys (35% response rate) provided baseline employee satisfaction data prior to Care for Elders offering orientation, continuing education or recognition awards. The 51-question survey used in this study examined employee demographics, job experience, and a number of components of job satisfaction, including intention to quit, comfort, challenge, financial rewards, relations to co-workers, resource adequacy, supervisor, and organization. The job satisfaction questions were rated on a 5-point agree-disagree response scale. The instrument was available in Spanish as well as English. Stamped return envelopes addressed to Care for Elders were provided for the surveys’ return in order to increase employee confidence in the anonymity of responses.

In October 2006, June 2007 and December 2007, the same 51-question survey with some additional questions about Care for Elders’ interventions was again distributed to employees serving clients in Harris County. Response rates for the additional administrations were 29% for October 2006, 30% for June 2007 and 25% for December 2007 with agency response rates for December 2007 ranging from 11 to 40 percent. The low response rate in December 2007 was probably a function of the time of year as well conducting two surveys in 2007.

Survey Results

Respondent Demographics

The data for December 2007 included responses of 245 employees of whom 102 worked for agency one, 11 worked for agency two, 25 worked for agency three, 69 worked for agency four, and 38 worked for agency five. Workers’ reported ages ranging from 19 to 94, with an overall mean age of 49.71. Female workers represented 92 percent of the respondents. Racial/ethnic distributions of the sample were 65 percent for African American, 12 percent for White, 16 percent for Hispanic/Latino, 3 percent for Asian/Pacific Islander, and 4 percent for other or unreported. Highest reported educational levels varied among employees, with 46 (18.2%) completing some high school, 97 (40%) holding a high school diploma or GED, 68 (27.8%) attending some college classes, 21 (9%) possessing a college degree, and 13 (5.0%) not reporting their educational level. These demographics are comparable to the prior respondents’ demographics.

Respondents' Work Experience

Respondents reported their level of general experience as a direct care provider/personal care assistant/home health aide. Many workers were quite experienced; 62 percent had been working in this field for two years or more. Twenty-one (8.6%) had worked in this type of position for less than six months, 46 (18.8%) for six months to one year, 38 (15.5%) for two to three years, 28 (11.4%) for four to five years, and 85 (34.7%) for more than five years. Twenty-seven (11%) did not indicate their general work experience.

Respondents also reported how long they had worked at their current organization. Forty-one (16.7%) had worked in their organization for less than six months, 58 (23.7%) for six months to one year, 36 (14.7%) for two to three years, 24 (9.8%) for four to five years, and 53 (21.6%) for more than five years. Thirty-three (13.5%) did not indicate their organizational work experience.

The level of work experience as well as the length of time the respondents had been employed by their current agency was not significantly different from previous survey administrations.

Job Satisfaction Scores

Employees responded to 51 questions concerning their job satisfaction. Overall mean satisfaction scores were computed for each employee. These individual mean scores ranged from 1.00 to 5.00, with one indicating lowest job satisfaction, and five indicating highest job satisfaction. The overall mean satisfaction score was 3.96. These results do not reflect a statistically significant change in overall employee satisfaction or job component satisfaction.

There have also been few changes in job component satisfaction scores for individual partners probably because only six months elapsed between survey administrations.

The job satisfaction questions are divided into several areas of concern including intention to quit, comfort, challenge, financial rewards, relations to co-workers, resource adequacy, supervisor, and organization. Table 5 displays overall mean and eight job component mean

Table 5 Satisfaction Component and Overall Satisfaction Means

Area of Satisfaction	Network Partners																							
	Home Care Agency "A"				Home Care Agency "B"				Home Care Agency "C"				Home Care Agency "D"				Home Care Agency "E"				All Network Partners			
	Oct 05	Oct 06	June 07	Dec 07	Oct 05	Oct 06	June 07	Dec 07	Oct 05	Oct 06	June 07	Dec 07	Oct 05	Oct 06	June 07	Dec 07	Oct 05	Oct 06	June 07	Dec 07	Oct 05	Oct 06	June 07	Dec 07
Intention to quit	4.12	4.03	4.00	4.10	3.92	3.75	4.11 (+)	4.33 (+)	4.07	4.10	3.88 (-)	4.00	4.06	3.87	4.05	4.07	3.62	3.79	4.01 (+)	4.05	4.04	3.98	4.01	4.09
Comfort	3.94	4.07	3.89	4.01	3.62	3.75	3.77	4.00 (+)	3.91	4.19 (+)	4.22	4.08	4.26	4.07	4.15	4.30	3.44	3.69	3.83	4.00	3.92	4.05	3.97	4.11
Challenge	4.07	4.13	4.00	4.25 (+)	3.50	3.80 (+)	3.96	4.18	4.22	4.02	4.17	4.13	4.10	4.16	4.28	4.20	3.78	4.00	4.06	4.15	4.03	4.12	4.09	4.21
Financial Rewards	2.73	2.88	2.71 (-)	2.75	2.92	2.27 (-)	2.75 (+)	2.42 (-)	2.89	2.56 (-)	2.91 (+)	2.85	3.14	2.82 (-)	3.15 (+)	3.10	2.62	2.89	2.91	3.04	2.79	2.84	2.86	2.90
Relations w/ Coworkers	3.97	4.06	3.91	4.00	3.67	3.17 (+)	4.04 (+)	3.87	4.30	4.07	4.02	3.86	4.10	4.12	3.99	4.00	3.73	3.75	4.00 (+)	3.85	3.96	4.04	3.95	3.96
Resource Adequacy	4.12	4.14	4.07	4.16	3.60	3.67	3.97 (+)	4.06	4.27	4.16	4.19	4.18	4.25	4.13	4.14	4.18	3.82	3.85	3.96	3.92	4.09	4.11	4.08	4.13
Supervisor	4.28	4.28	4.29	4.31	3.85	3.75	3.96 (+)	4.08	4.24	4.18	4.33	4.25	4.08	4.15	4.07	4.07	3.51	3.90	4.09	3.89	4.14	4.20	4.19	4.15
Organization	3.88	3.95	3.91	4.04	3.82	3.07 (-)	4.10 (+)	4.00	3.89	3.65	3.84 (+)	3.83	4.12	3.93	3.93	3.96	3.71	3.81	4.00 (+)	3.82	3.90	3.91	3.93	3.96
Overall Satisfaction	3.89	3.90	3.83	3.96	3.71	3.20 (-)	3.89 (+)	4.01	4.21	3.75	3.77	3.89	3.97	3.94	3.88	3.99	3.68	3.82	3.93	3.89	3.89	3.89	3.86	3.96

Bold type indicates a 5 % or more change

Satisfaction levels for each network partner as well as across all network partners. Bold indicates a satisfaction measure that has changed by five percent or more since previous survey administration. Studies have shown that positive changes in employee satisfaction have a positive effect on customer satisfaction and increase in profit/sales. Furthermore, employee satisfaction has repeatedly been found to reduce absenteeism and turnover intentions. Since measuring baseline employee satisfaction in October 2005, it is worth noting that Home Care Agency "B" employee satisfaction across all job components has improved. Overall, financial rewards remain where employees are least satisfied of all job satisfaction components but three network partners had a positive increase in employee satisfaction with financial rewards since 2005.

Increasing Employee Satisfaction

An open-ended question "What is one thing that your employer could do that would make you more satisfied?" was included in the December 2007 employee satisfaction survey. Of the 245 survey respondents, 110 answered this question. By far the largest number of respondents commented on the need for more pay. Sixty-seven commented on the need for more pay or a pay increase while 17 commented on the need for more hours, which would result in greater take-home pay. Other comments related to wanting employers to offer benefits

(5), pay for vacation and holiday time (4), pay for mileage (1), provide gloves (1), ensure workers are paid on time (3) and require more frequent interactions with supervisors (12).

Impact of Interventions on Employee Satisfaction

Based on the results of the survey administered in June 2007, there was no significant change in overall employee satisfaction attributable to any of the three interventions (attending orientation, attending continuing education classes or receiving recognition). Table 6 shows the comparative mean scores for overall mean satisfaction and job component satisfaction scores for those impacted and not impacted by in the various interventions. Of note is that those who have attended orientation are less satisfied with most job components than those who did not attend orientation. One explanation is that during orientation, the participants compare their experiences with others. Dissatisfaction results because of perceived differences to what other organizations do for their employees. Those receiving recognition are more satisfied overall and more satisfied with resource adequacy, supervision, financial rewards and the organization.

The fact that attending orientation or continuing education or receiving recognition did not have a significant impact on employee satisfaction is not unexpected. Numerous factors influence employee satisfaction so a potentially positive impact of orientation, continuing education or recognition may be overshadowed by organizational shortcomings or unmet personal needs. A small positive effect is unlikely to be detected since only three percent of respondents attended orientation and only four percent reported receiving gift cards recognizing their performance.

Table 6 Impact of Interventions on Satisfaction Levels

Area of Satisfaction	Mean Satisfaction Scores					
	Attended Orientation	Did Not Attend Orientation	Attended Continuing Education	Did Not Attend Continuing Education	Received Recognition	Did Not Receive Recognition
Intention to quit	3.75 (30)	4.04 (258)	3.80 (22)	4.03 (266)	3.97 (39)	4.02 (249)
Comfort	3.80 (31)	3.99 (257)	3.84 (23)	3.98 (265)	3.81 (39)	3.99 (249)
Challenge	3.89 (30)	4.08 (245)	3.94 (22)	4.07 (253)	4.02 (38)	4.07 (237)
Financial Rewards	2.76 (29)	2.89 (232)	2.71 (21)	2.89 (240)	2.90 (36)	2.87 (225)
Relations w/ Coworkers	3.85 (31)	3.97 (253)	3.81 (23)	3.97 (261)	3.97 (39)	3.95 (245)
Resource Adequacy	3.90 (32)	4.10 (260)	3.86 (24)	4.10 (268)	4.15 (40)	4.18(252)
Supervisor	3.86 (31)	4.23 (250)	3.82 (23)	4.23 (258)	4.28 (39)	3.90 (245)
Organization	3.90 (30)	3.93 (255)	3.80 (22)	3.94 (263)	4.10 (40)	3.90 (245)
Overall Satisfaction	3.69 (29)	3.82 (254)	3.62 (22)	3.82 (261)	3.84 (38)	3.80 (245)

Supervisor Training

Most supervisors in home health have had little or no training in management or supervision. In order to help supervisors adopt a coaching approach, Care for Elders developed and provided a five-part basic supervisory training for frontline supervisors. The comments from participants in the series were positive.

Overall Impact of Program

Exit interviews were conducted with representatives from network partners. The response to the Care for Elder's interventions was overwhelmingly positive. The agencies believed orientation and continuing education programs influenced the professionalism and self-esteem of their direct care workers who participated. The recognition cards also reinforced the importance and value of the care provided by these individuals. Partners viewed the direct care worker conference as reinforcing the value of dependable, qualified direct care workers. However, network partners did not feel like the interventions impacted their turnover rate.

The agencies felt that being a part of the Quality and Workforce initiatives helped them to focus on recognizing the hard work of their caregivers as well as improving field supervision in response to worker feedback on employee satisfaction surveys. The network partners did feel that the recognition program would have done more for workers' seeing that their employers valued them if the gift cards were presented as from the employer. Agencies are keenly aware of the challenge of low wages especially as gas prices continue to climb and want to do all that they can to promote worker loyalty.

While the value of the orientation and continuing education initiatives was clear, agencies clearly felt like external funding and coordination were critical to being able to offer such a program to their workforce. As previous studies have found, agencies will revert to former practices unless mechanisms to ensure long-term sustainability of interventions are identified. For maximum impact, the network partners believe that the program also needs to be expanded to include workers caring for clients outside of Harris County and trainings need to be offered in Spanish to address the diversity in our community. In addition, they felt that it would be nice if orientation sessions could be offered during the day as well as on weekends to help workers participate who might have babysitting and transportation issues

Conclusions and Lessons Learned

Attracting, selecting and retaining direct care workers to provide high-quality direct care work is a challenging experience and it is expected that these challenges will be exacerbated by the growing demand for direct care workers. While direct care can be a rewarding occupation, it is hard work, offering relatively uncompetitive wages with little to no training. To improve the quality of the workforce as well as to look ahead to attracting more individuals to the field, Care for Elders piloted a number of interventions. At the end of two years, the orientation program appears to have affected both length of service and knowledge increase. This project contributes to the limited research related to workplace interventions and one of its strengths is that it is evaluative rather than simply descriptive. It further points out that the workforce issues in direct care are complicated and complex and that we do need to have successes and failures in different approaches to solving the problem to better understand the magnitude of the long-term problem of developing this workforce. Without this understanding, we will blindly recommend policy interventions with little to no hope of sustaining success over time.

There are some caveats that should be considered as the results of the interventions are discussed. The orientation had an impact on the knowledge level of those who attended the program as well as on the length of time, those individuals remained employed at the agency, there were several potential issues with the impact of the program. First, the program was only available in English so those direct care attendants with limited English skills were unable to participate in the program. Second, using a written test of knowledge for direct care workers may have been impacted by literacy levels. Third, since only 20 percent of all hires attended the program, we need to be careful to not overstate the impact of the program on retention because we have no way of knowing if those who participated in the program were not different than those who did not participate. Fourth, agencies vary in their human resource practices of specifying retained or terminated employees. For example, if a worker follows his or her client when the client moves to another agency, agencies may not list that employee as having quit. It needs to be clearly specified what constitutes continued employment, voluntary termination and involuntary termination to be able to compare records across agencies.

Our evaluation of the impact of the orientation program was dependent on reactions and learning of participants. We were unable to get a direct measure of the impact of training on job performance. While the comments by direct care workers after the training and to their employers were positive, the conclusions we can draw about the quality of the worker because of training are limited. Only on-the-job observation or assessment would allow us to say something about the impact of training on quality of care provided. Even then, there is the potential that being observed or previous knowledge rather than training are influencing the care delivered. It was cost prohibitive to observe and compare individuals who did and did not attend orientation working with their clients.

One measure considered important in measuring the success of the various interventions was improvement in client satisfaction. Given the number of elements that influence client satisfaction as well as reported relatively high satisfaction of clients before the program began, we thought it unlikely that we would see changes in client satisfaction. Our challenges are consistent with other researchers who report three major limitations of client satisfaction measurement. These include the lack of standardization of instruments, the consistently high satisfaction rates likely due to various types of bias, poor response rate, sampling issues, and use of proxies, and the specific challenges in home healthcare, including the less-controlled home environment, clients' fear of losing services, and the problem posed by the wide variety of patients served by home health.

Concerning employee satisfaction, we anticipated that there would be limits to our ability to detect an impact of the interventions on employee satisfaction. Hosts of factors influence employee satisfaction. Changes in satisfaction for those workers receiving orientation and continuing education training may be noticeable but the potential for contamination from a host of other factors is also possible.

A major challenge posed to evaluating the impact of the interventions was the individual cultures and human resource practices of the participating agencies. Variations in implementation had to be made to accommodate the limited computerization of employment records, differences in philosophical approaches to tracking changes in employment status, turnover in agency office personnel and lack of standard procedures. As a result, it is difficult to generalize across agencies when evaluating the results of the interventions.