

Older Home Care Workers: The Joys and Stresses of Their Work Session 84a - Paper

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The paraprofessional long-term care (LTC) workforce constitutes the centerpiece of our formal LTC system (Stone & Wiener, 2001). These frontline workers—certified nursing assistants (CNAs), personal care attendants (PCAs), etc.—provide hands-on care and emotional support to millions of elders each year (Stone, 2001). This work is both physically and emotionally challenging. Moreover, low wages, lack of benefits, heavy work loads and a job that is not highly valued in our society make worker recruitment and retention difficult (Leon, Marainen & Marcotte, 2001). It has been well documented that we will face a critical point in the LTC workforce in the coming years. Several national demographic trends contribute to this potential public health crisis: a dramatic increase in the number of elders and people with chronic health conditions, fewer women of working age available to provide formal care, and a decrease in the availability of adult children to provide “informal” care (Harris-Kojetin, Lipson, Fielding, Kiefer, & Stone, 2004).

While there has been a growing literature on turnover and retention of direct care workers in nursing homes and hospitals, less is known about paraprofessionals providing home and community based care (MacAdam, 1993). Home care workers tend to be older, have less education, receive lower wages and fewer benefits, and have less job stability than their counterparts in nursing homes and hospitals (Yamanda, 2002). Home care workers have been identified as the least skilled and most marginally employed among the LTC paraprofessional workforce (Crown, Ahlburg, & MacAdam, 1995). And yet, with the increased health care policy emphasis on keeping people at home and the overwhelming preference of elders to remain in their homes as long as possible, having a reliable, skilled and healthy home care workforce is crucial.

In looking for solutions to the recruitment and retention problems which result from this difficult work, it has been suggested that a focus on older workers (defined by the Department of Labor as 55 years of age and older) may be one direction to pursue (Rix, 2001). Earlier research has documented older age as a factor related to retention among direct care workers in both home care (Feldman, 1990) and nursing homes (Parsons, Simmons, Penn, & Furlough, 2003). Some clients have indicated a preference for older workers (Ball & Whittington, 1995) whom they see as more reliable and with whom they have more in common. Furthermore, there is substantial evidence that active engagement positively impacts the health of older workers (Rowe & Kahn, 1998); employment allows older adults to maintain meaningful roles in society which can enhance well-being and health in their later years (Adelman, 1994).

This paper reports on an exploratory study of the experiences of older home care workers. It serves as a pilot study for a future larger study regarding predictors of turnover among home care workers, and how those predictors vary by the age of the worker. The purpose of this pilot study, and the future research it informs, is to better understand how we can support home care workers in their important work. As low-wage workers, the vast majority of whom are single women, older home care workers represent a vulnerable population deserving the attention of gerontological social workers. As older home care workers' needs are better served and their work more highly valued by society, the consumers for whom they provide care will also benefit.

This pilot study involved in-depth interviews with seven female home care workers ranging in age from 57 to 74 ($m=63.6$). They had worked in the field from 6 to 20 years ($m=12$ years); three participants were trained as CNAs and four as PCAs, though all seven were doing PCA work at the time of the interviews. Their household incomes ranged from less than \$10,000 to \$40,000 per year with an average of just over \$20,000 per year. Two were without health insurance and one received Medicaid. Two women were married, one was widowed, and four were divorced.

Interviews were tape recorded, transcribed word for word, and analyzed for recurring themes. For most of the respondents home care work provided interesting work, needed income, close relationships with clients, autonomy, adequate flexibility and control over hours and work conditions, and a vehicle for remaining actively engaged with society. Stresses included low wages, the emotional strain of watching loved clients suffer and/or die, and feeling that their work was inadequately valued by society. Themes from the data will be reported through respondent quotes and implications for geriatric social work, policy advocacy, and future research will be discussed.

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