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PERCEPTIONS OF SUPERVISORY SUPPORT AND STATUS OF HOME CARE WORKERS IN THE HOME CARE INDUSTRY

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Abstract

A phenomenological qualitative research approach was used to study the problem of recruitment and retention challenges within the home care industry. This research was guided by a primary research question: How home care workers (HCWs) perceive the training and support that they receive in the home care industry? A literature review revealed that home care is not only challenging work but is undervalued throughout society in the United States and is often underpaid based on the complex tasks completed. Women are the primary providers of home care work in the private sector, within agencies, and for relatives. HCWs face many challenges and barriers to maintaining employment. The sample size for this study was ten HCWs at a mid-sized nonprofit, Caring Homes Inc., in San Francisco, CA. Criterion sampling was used to identify ten to fifteen currently employed HCWs who have experienced the phenomenon of facing challenges to maintaining employment. The methods of data collection were in-depth semi-structured interviews with each research participant for approximately 90 minutes. Bracketing through the use of reflective journal was used to reduce personal bias. A composite description of the formulated meanings of the participants lived experiences was provided to support each of the themes identified. Three themes were discovered; home care is challenging work, all of the participants were drawn to helping vocations, and generally HCWs did not feel supported from supervisors or other systems at Caring Homes. Two evidence based solutions are proposed: creation of a small care team care approach to HCW supportive supervision and client care and development of home care career lattices. If the proposed solution is implemented and successful it could be a replicable model for other home care agencies across California and the United States.

Acknowledgments

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CHAPTER ONE: INTRODUCTION

Introduction and Background

Home care workers (HCWs) are key contributors to the United States health care system by providing critical care to help dependent adults and elders live safely at home. It is estimated there are over 3.5 million HCWs in the United States working today ("Home Care Workers", 2016). By 2024, the need for HCWs is expected to exceed 5.2 million ("Home Care Workers", 2016). A typical HCW has a high school diploma or no formal high school education, is living below the poverty line, has never worked before, and may not be able to communicate in English either verbally or in writing (Howes, 2008; Naslund, Sims-Gould, & Martin-Matthews, 2011). Home care work in the public sector is typically a minimum wage job funded by state and federal dollars. In California, independent contractors and agencies provide home care work for low-income seniors and disabled adults; workers are offered minimum wage for these services regardless of working independently or within an agency (San Francisco 2015 Minimum Wage Increase, 2015). Retention of existing HCWs and recruitment of new, qualified HCWs will be critical for both the public and private sector to meet the needs of a growing elderly population. In this phenomenological study, the aim is to understand the lived experiences of HCWs and the effect of worker perceptions of supervisory support and status on retention of the home care workforce.

Statement of the Problem

Prior literature has looked at who provides home care work and some of the challenges faced by those engaged in this work. Research has been conducted on recruitment and retention challenges in home care but there is a gap in looking at the

value of home care work and the overall lack of career advancement opportunities on home care recruitment and retention. Prior research has focused on four primary issues within the home care workforce in the United States the colorization and feminization of the labor market, the low rate of pay and benefits, lack of training and low skills needed to enter the field and competing caregiving roles of HCWs. The colorization and feminization of labor in the United States has devalued the profession of providing personal home care. Home care work is commonly considered women's work and is not culturally valued nor financially incentivized in the United States (Butler, Wardamasky, & Brennan-Ing, 2012). Many HCWs face challenges of competing caregiving roles between their paid work and their caregiving roles within their personal lives (Cannuscio, Colditz, Rimm, Berkman, Jones, & Kawachi, 2004). Finally, HCWs are low skilled, undertrained, and serving complex and challenging populations.

Challenges faced by HCWs once employed include low wages, lack of paid time off, poor or no health insurance, behaviorally challenging clients, and lack of ongoing training and support from supervisors and management in general (Butler et al., 2012). HCWs also face health risks and injuries due to the nature of home care work and the lack of support they receive and general oversight of these activities (Butler et al., 2012). As our society continues aging it will be essential for this profession to be better valued for the critical work done by HCWs to ensure elderly and disabled adults are able to age with dignity in their homes (Porter et al., 2004). HCWs are not empowered to pursue additional training or career advancement tracks and many perceive this work as a *dead end* job. There is a gap in the research regarding the impact of supervision and training of home care agencies to be able to retain and engage quality HCWs. It is critical to gain an

understanding of HCWs perceptions and lived experiences regarding training, supervision, and career advancement opportunities.

Minimal research has been focused on worker autonomy and empowerment, specifically female workers who make up the majority of the home care workforce (Delp et al., 2010). It is believed worker autonomy is tied directly to the type and amount of support workers receive from supervisors and managers of home care agencies. Home care is an essential component of the larger health care service network throughout the United States but no professional qualifications, degrees, or certifications are offered for this workforce (Delp et al., 2010). In nursing homes and hospitals, health care workers are provided supervision, observation, and personal development opportunities (Tullar, Amick, Brewer, Diamond, Kelder, & Mikhail, 2016). Similar professional management activities could be beneficial in the home care workforce.

Many of the studies of home care work have been quantitative and show the size and impact of this workforce on the American health care system. A qualitative investigation of individual HCWs provided more details about the workers perceptions of their work, the challenges and barriers they face every day, and the successes they have found while working in this field. Using a qualitative research approach involving HCWs, this study highlighted possible solutions that agencies face in dealing with the challenges of HCW retention.

Purpose of the Study

The purpose of this phenomenological dissertation in practice study was to describe the meaning of worker perceptions of supervisory support and status at Caring Homes Inc. in San Francisco, CA (a pseudonym is used throughout this paper in place of

the actual organizations name to protect confidentiality of the research participants). The study explored the beliefs, attitudes, and needs of HCWs regarding supervision, support, and empowerment in their own personal development as home care professionals.

Research Question(s) and Hypotheses

In order to address the problem of the devaluation of home care work and understanding HCWs perceptions of their own work a central research question was identified along with several sub questions. The following research question guided this qualitative study:

Research question: How HCWs perceive the training and support that they receive in the home care industry?"

Sub questions:

Why do HCWs choose home care as a profession?

Why do HCWs leave the home care field?

What is most challenging about home care work?

How do HCWs perceive the professional status of their work?

How do HCWs want to be supported in their work?

What career goals do HCWs have?

Aim of the Study

The aim of this study was to create an agency support structure that will empower home care workers and improve retention.

Methodology Overview

A qualitative approach, specifically a phenomenological study, was conducted to gain an understanding of the lived experiences of HCWs at a mid-sized nonprofit agency

in California. Understanding the lived experience of research participants is an effective method to learn about the barriers and challenges to job retention faced by HCWs along with their perceptions of autonomy in their jobs (Creswell, 2014). A small group of ten HCWs were interviewed for this study.

Definition of Relevant Terms

Several terms are specific to the home care industry and to supervision of HCWs. The following terms are defined and will be used within this study.

Autonomy: self-directing freedom; self-governing (Merriam-Webster, 2017)

Empowerment: access to resources, support, information, opportunity, and formal power (Johnson & Noel, 2007)

Home Care Worker (HCW): An individual providing home care work including domestic, personal, and paramedical services to elderly and disabled clients within their homes.

Management: Any direct supervisor or supportive staff member providing feedback, evaluations, or observations of HCWs.

Limitations, Delimitations, and Personal Biases

In developing this research study some limitations were discovered. This study was conducted in 2017 at a mid-sized nonprofit organization in an urban environment. One of the primary limitations of the research include using a phenomenological approach to the research design to clearly focus on how each HCW experienced barriers to retention and career advancement. As the director programs at the agency being studied, exploring my personal bias was critical throughout the research. The use of

bracketing to further validate the data and bring awareness to researcher preconceptions was implemented in this study (Chan, Fung & Chien, 2013).

Delimiting factors included the small sample size, the focus on one community in the United States, and accessing ten HCWs who were able to commit their time to participating in the study. The data collected in this study may not be easily generalized to other HCWs in similar roles across the United States. Understanding others' experiences can influence organizational approaches to leadership development. The HCWs participating in this study may face different challenges and barriers to work compared with HCWs in other states, regions, and settings. The client population maybe significantly different in this study compared to other areas of the country and the results may not be generalizable to the larger elder and disabled population across the United States.

Some methods to mitigate these delimiting factors are to review related studies that use the same phenomenon of worker retention, career advancement/autonomy, and supportive management principles in the United States to validate the generalizability of the phenomenon across the country. Another focus was limiting the time commitment for participants by scheduling only one interview and one follow up phone call.

Leader's Role and Responsibility in Relation to the Problem

In this study, a servant leadership lens was utilized when evaluating the management structures and practices overseeing the HCWs. Specifically investigating the servant leadership characteristics of altruistic calling and organizational stewardship in regard to supervision and support of HCWs was a focus. Altruistic calling is focused on a leader's desire to help and serve others whereas organizational stewardship is focused on

how an organization can contribute to the well-being of the larger community and in turn, society (Melchar & Bosco, 2010). Another key component of organizational stewardship is the encouragement of every member of the organization to be a participatory contributor to the solutions and action of the larger organization.

Melchar and Bosco (2010) noted "servant leadership… seems especially well suited to providing employees with the empowerment and participatory job characteristics that are related to both employee and customer satisfaction" (p.75). Utilizing a servant leadership lens in this study will help to focus on collaborative communication and evidence-based solutions that incorporate the HCW opinions and needs. Although not all leaders within an organization are likely to show servant leadership characteristics, some evidence of altruistic calling and organizational stewardship should be evident in a nonprofit organization with a service focus. Understanding the various leadership styles and approaches and how they impact the workforce was critical throughout the study.

Significance of the Dissertation in Practice Study

This study provides insight into the best management practices of HCWs engaged in independent, field-based work. A clear problem with the HCW workforce in California and nationally is recruitment and retention. The home care workforce in California is 90% female, of which 60% are women of color (womensfoundationofcalifornia.org, 2016). HCWs are considered some of the most vulnerable workers in the state and many are in constant crisis managing their personal lives (womensfoundationofcalifornia.org, 2016). HCWs do not currently receive adequate training and support to do complex work

with challenging clients (Butler et al., 2012). This lack of training and support directly links to turnover and low levels of job satisfaction (Butler et al., 2012).

This study aimed to develop evidence-based solutions for the management, training, and support of the HCW contributing to the larger field of home care practice. As this industry continues to grow in tandem with the aging of the baby boomer population it will be critical to evaluate the career advancement opportunities of HCWs and address this retention and recruitment challenge facing the larger home care industry. Ultimately this study aimed to address the larger societal challenge of allowing everyone to age with dignity within his or her own home. How our society responds to this growing demand is a critical leadership challenge affecting us all.

Summary

Home care is a needed resource in American society but an often overlooked labor challenge by the average citizen. HCWs are low income laborers providing critical care to some of the most vulnerable citizens in our society. There are four critical issues facing this workforce: the colorization and feminization of the labor market, the low rate of pay and benefits, lack of training and low skills needed to enter the field, and competing caregiving roles of HCWs (Butler et al., 2012; Cannuscio, et al., 2004). A phenomenological qualitative study was conducted to gain an understanding of the lived experience of HCWs within a mid-sized nonprofit organization. This study provides a significant contribution to the larger field of study as it will explore specific management and leadership attributes which contribute to the support and retention of the HCW.

CHAPTER TWO: LITERATURE REVIEW

Introduction

HCWs are key contributors to the United States health care system by providing critical care to help dependent adults and elders live safely at home. It is estimated there are over 3.5 million HCWs in the United States working today ("Home Care Workers", 2016). A typical HCW has a high school diploma or no formal high school education, is living below the poverty line, has never worked before, and may not be able to communicate in English either verbally or in writing (Howes, 2008; Naslund, Sims-Gould, & Martin-Matthews, 2011). Furthermore, home care work is typically a minimum wage job funded by the public sector in most states. For example, in California, independent contractors and agencies provide home care work and workers are offered minimum wage for these services regardless of working independently or within an agency (San Francisco 2015 Minimum Wage Increase, 2015). Retention of existing HCWs and recruitment of new, qualified HCWs will be critical for both the public and private sector to meet the needs of a growing elderly population.

While prior literature has looked at who provides home care work and some of the challenges faced by this work little research has been focused on the retention challenges faced by both the public sector and private agencies in regard to this workforce. Additionally, home care work is commonly considered women's work and is not culturally valued in the United States (Butler et al., 2012). To compound this issue Cannuscio et al., (2004) found that many HCWs face challenges of competing caregiving roles between their paid work and their caregiving roles within their personal lives. Finally, HCWs are often low skilled, undertrained, workers serving complex and

challenging populations in unsafe environments (Stacey, 2005). The following literature review will present findings about the makeup of the home care workforce in the United States followed by a review of the literature about the challenges and marginalization of women working in home care impacting retention and recruitment, and finally provide an analysis of the barriers low income women and women of color face in maintaining employment as home care workers. The literature review ends with a brief review of the leadership theories and practices in the health care industry to glean any lessons learned which could be applicable to home care.

Feminization and Devaluation of Labor

Women are the past, present and probable future of home care work in the United States (Butler et. al., 2012). It is predicted over 60% of women will provide care to an elderly relative at some point in their lives (Cannuscio et al., 2004). Home care is almost universally considered women's work with approximately 90% of paid HCWs identified as women (Butler et. al., 2012). "Direct-care work is not highly valued in society at large; the public views these occupations as involving maid services and caring for *incontinent, cognitively unaware old people*" (Butler et al., 2012, p. 198). With the general population aging, there is a crucial need for home care in society, but the work itself is undervalued and underpaid.

Home care is essentially home based, nonmedical care with a focus on allowing elders and disabled adults to remain living safely at home (Kelly, Morgan & Jason, 2011). Home care can be consumer driven and hired independently from anyone the consumer chooses. Or home care can be provided by an agency privately or through public funding (Hirdes, Fries, Morris, Ikegami, Zimmerman, Dalby, Aliaga, Hammer, &

Jones, 2004). HCWs main role is to assist consumers with activities of daily living (ADLs). Typical activities include personal care but can include running errands, cooking, cleaning, etc. (Hirdes et al., 2004). Private agencies are growing exponentially to meet the need of the aging population in the United States (Kelly et al., 2011). Since there is no requirement for training or certification to become a HCW, agencies are left to make decisions about training and support on their own (Kelly et al., 2011). Home care agencies lack standards of care to evaluate their workforce, hire responsibly, and appropriately pair skilled HCWs with consumers (Kelly et al., 2011).

As noted above, women between the ages of 18-65 make up over 90% of the workers that provide direct care to the elderly and disabled adults (Potter, Churilla, & Smith, 2006). The majority of women in this workforce are minorities, are unlikely to be married, and to have children under the age of five (Dill, Morgan, & Conrad, 2010). Approximately one-third of women working in home care are living well below the national poverty line (Dill, Morgan, & Conrad, 2010). More than 10% of the national home care workforce is over the age of 65 (Kelly et al., 2011). When comparing the home care workforce to other types of work in the United States it is evident that the home care workforce over represents unmarried, impoverished, women of color with limited education (Potter et al., 2006). Research has found there is a connection between the demographics of HCWs and the health and quality of life outcomes of the clients and overall job satisfaction of the HCW making this a critical policy issue in coming decades (Potter et al., 2006).

Empowerment and Discrimination of Women in the Workforce

Historically, women have been marginalized in regard to their ability to do challenging, complex work (Mehta & Sharma, 2014). Lack of empowerment of women has led to many women remaining in unpaid caretaking roles and struggling to find means to support themselves (Mehta & Sharma, 2014). Women face impediments from social and family connections as well as media influence in the roles they pursue throughout their careers (Nadler & Stockdale, 2012). Women of color face even greater challenges in their pursuit of self-sustainability and experience higher levels of discrimination and stereotyping compared with Caucasian, female peers (Sanchez-Hucles, 2010). Intersectionality, or coming to terms with multiple identities of race and gender, is a challenge faced by women of color when considering career and educational goals (Sanchez-Hucles, 2010).

Societal perceptions and norms push women, and especially women of color, to undervalue their skills and pursue work where they are often low paid or not paid at all (Sanchez-Hucles, 2010). This struggle to understand one's role in society continually pushes women, and particularly women of color, to believe they are not leaders and should not pursue leadership roles (Sanchez-Hucles, 2010). In home care work, women are both under paid and the work is undervalued leading women to be caught on the *sticky floor* of the employment field rather than pushing through the glass ceiling (Butler et. al., 2012; Potter et al., 2006). This could be due to the nature of the work itself or because society perceives the work to be women's work, so it is not valued and priced appropriately.

Cultural Value of Home Care

Historically health care professionals have considered home care a frill-based service rather than a necessary service for elders and people with disabilities (Rockwell, 2010). What many medical professionals do not consider is how a patient is going to care for their basic needs once they return home (Rockwell, 2010). Elder and disabled patients' hospitalization recidivism rates are high amongst patients who do not have informal supports, insurance, or social services to provide needed home care service (Naylor, Kurtzman, & Pauly, 2009). Elders who have been hospitalized or have ongoing health issues and do not have home care are placed at greater risk for medical, physical, and social problems (Potter et al., 2006). Due to a lack of priority for home care by medical professionals many home care aides are not well informed on the medical and personal care needs of their clients (Naylor et al., 2009). The burden of home care falls on family and friends, often women, who provide this service unpaid and uninformed of the client's needs (Rockwell, 2010).

Perceptions of the value of home care are shifting. During the economic downturn of the past decade in tandem with the impact of the Affordable Care Act the cost savings of home health care began to be more attractive to health care professionals (Aumann, Galinsky, Sakai, Brown, & Bond, 2010).

> A hospice industry report on the status of home health care and the Affordable Care Act (ACA) by Amedisys reports that early use of home health care services following a hospital stay by patients with at least one chronic disease, saved $1.71 billion in 2005- 2006 largely due to a reduction in preventable complications and re-hospitalizations (Bringing home, 2010).

The economic necessity and the job market contributed to an increase in family caretakers taking on the role of caring for the growing aging population in the United States (Aumann, et al., 2010).

Passage of the Tax Relief Act of 2010 was designed to provide additional resources to the aging adults and adults with disabilities (Chernof & Warshawsky, 2014). Following passage of the tax relief act a commission on long term care was formed and made several recommendations about the workforce needs to serve the growing aging population (Chernof & Warshawsky, 2014). The commission highlighted the number of individuals in the United States that will need some type of long term care will double by 2050 (Chernof & Warshawsky, 2014). In regard to the home care workforce the commission reflected the challenges of recruiting, training, supporting, and broadening the scope of the large, diverse home care workforce (Chernof & Warshawsky, 2014). Increasing perceived value of home care will not only improve quality of consumer care; it could also increase the number of people attracted to this line of work (Stone & Harahan, 2010).

Challenges, Barriers, and Job Satisfaction of Home Care Work

The burden of care taking for older adults often falls on immediate family members (Aumann, et al., 2010). Family caregivers often work unpaid or partially paid with over $450 billion of work going unpaid in 2009 (Chen, 2016). Many caregivers do not qualify for employment benefits many Americans take for granted. Family caregivers do not qualify for paid time off, sick leave, and are not protected under the Family and Medical Leave Act (Chen, 2016). HCWs working with home care agencies are often not provided adequate training or on-site supervision, making the quality of work and the

level of support received by HCWs to be lacking (Kelly et al., 2011). Often oversight of HCWs is completed by the client's case manager and the focus is more on the client then the support of the HCW (Kelly et al., 2011).

Women face many challenges in completing home care work in part due to the struggle they face to find balance between their caretaking roles at home and their role as caretaker at work (Cannuscio et al., 2004). To be more specific, many women work informally as caretakers not only in a parental role but also for extended family or neighbors. Often women receive no additional pay for the informal support they provide and this further devalues their efforts and expertise as caretakers (Porter, Ganong, Drew, & Lanes, 2004). Women who provide home care frequently work on a bartering system such as exchanging home care for childcare or gifts (Porter et al., 2004). When women find formal employment as HCWs, their family responsibilities do not dissipate but rather, "employed women sacrifice their own leisure activities in order to meet work and family demands" (Cannuscio et al., 2004, p. 1248). This supports the argument that care taking in a paid or unpaid role, or at home for children or elders, is not valued or considered work. Women have fought this perception for decades and continue to do more household work then men (Cannuscio et al., 2004).

Barriers to Maintaining Employment:

Challenges faced by women once employed include low wages, lack of paid time off, poor or no health insurance, behaviorally challenging clients, and lack of ongoing training and support (Butler et al., 2012). Basic employment benefits experienced by women in other fields include paid sick and vacation time, paid overtime, and health insurance (Potter et al., 2006). HCWs report working overtime hours, without pay,

because they are unable to get tasks done in the time allotted or because they observe a client's need and would not leave it unmet (Dill et al., 2010). HCWs face inconsistent schedules and work at the whim of the clients making their paychecks inconsistent further perpetuating financial struggles (Potter et al., 2006). As our society continues aging it will be essential for this profession to be better categorized (informal versus formal support) and better valued for the critical work done by HCWs to ensure elderly and disabled adults are able to age with dignity in their homes (Porter et al., 2004).

Challenging components of home care work are not just financial but also physical and emotional. Home care work involves engagement with behaviorally challenging clientele, which leads to inconsistent schedules further exacerbated by frequent hospitalizations or death of clients (Butler et al., 2012). Women also face health risks and injuries due to the nature of home care work and the lack of support they receive and general oversight of these activities (Butler et al., 2012). HCWs receive poor, if any, training from either the public sector or at private agencies (Butler et al., 2012). Working with difficult clients when the HCW does not receive adequate information, training, or support leads to stress and fear of making mistakes (Denton, Zeytinoğlu, & Davies, 2002). All of these factors contribute to lower levels of satisfaction and high turnover within the profession.

Workplace Safety

In consumer driven home care models, HCWs can often be placed in vulnerable positions where they are at risk of injury or harm (Hanson, Perrin, Moss, Lahrnat, & Glass, 2015). HCWs face safety challenges in the physical nature of their work along with threats of workplace violence from the vulnerable populations they are serving.

Relatively unique to home care is the employment of the HCW within an employer's home. The employer may often be a friend or relative of the consumer, and workplace rules cannot be managed in the way they are in a nursing home or hospital because the majority of work is conducted in the employer's home (Hanson et al., 2015).

Workplace aggression, violence (e.g., throwing, hitting, kicking, biting), and sexual harassment are all risks faced by HCWs when working within a consumer's home. It is estimated over 2 million employees face some type of workplace aggression or violence each year in the United States (U.S. Department of Labor Occupational Safety and Health Administration, 2017). The U.S. Department of Labor Occupation and Safety Health Administration (2017) has identified several risk factors contributing to workplace violence: exchanging money, unstable population, working alone in an isolated area, working near alcohol or other substances, and working in areas with high crime rates. HCWs face all of these risk factors in their work and are at increased risk of harm (U.S. Department of Labor Occupational Safety and Health Administration, 2017). Exposure to violence or the threat of violence can lead to recruitment and retention challenges due to low employee job satisfaction and high rates of turnover (Canton, Sherman, Magda, Westra, Pearson, Raveis, & Gershon, 2009). The threat of violence leads to home care service shifts ending early and consumers receiving less care and HCWs receiving less paid hours of work (Kendra, Weiker, Simon, Grant, & Shullick, 1996). Violence at work leads to lower job satisfaction and lower quality of care for clients.

Changing Aging Population

The number of adults managing a chronic health condition has increased in the past decade (Aumann, et al., 2010). The term elder care has widened to include ages 50

and older due to the increase in chronic conditions partnered with increased life expectancy of Americans (Aumann, et al., 2010). In the Older Adult Caregiving Study it was found that 77% of caregivers reported the individual they care for suffered from two or more chronic health conditions (Aumann, et al., 2010). Caregiving is increasingly needed for younger adults who appear to have more complex health problems than in prior decades (Aumann, et al., 2010). AARP reports "more than 70 million Americans ages 50 and older- four out of five older adults-suffer from at least one chronic condition" (Chronic conditions among older Americans, 2014, p. 10). The growing, aging, and chronically ill population provides training and capacity challenges across the United States to ensure these aging adults receive the care they need to remain safely at home (Aumann, et al., 2010).

Job Satisfaction in the Home Care Field

Although home care work presents many challenges for women who pursue work as caretakers there are several reasons individuals stay in the home care field for many years. Building positive, long-term relationships with clients brings higher levels of satisfaction with the work regardless of pay and benefits (Denton et al., 2002). HCWs identified flexible scheduling and choice of clientele as two other contributors to overall job satisfaction (Denton et al., 2002). "HCWs describe the positive aspects of their jobs as feeling needed, helping others, caring for others and enhancing the independence of clients" (Denton et al., 2002, p. 4). Since there is an overall lack of supervision and support for HCWs it can be challenging to assess job satisfaction and overall quality of work (Kelly et al., 2011). Nearly fifteen states have moved to a supervision and licensing requirement for home care; which could lead to increased value placed on home care as a

profession (Kelly et al., 2011). Overall, home care has the potential to be an enriching, positive, work experience provided HCWs receive the training, support, and reimbursement needed to make this a sustainable profession.

Training in Home Care

Training in home care is largely unregulated due to the lack of Federal requirements for these services because they are not reimbursed by Medicare (Kelly et al., 2011). Individual states are left with the responsibility to determine if requirements are necessary and the scope of training needed to ensure quality home care delivery (Stone & Harahan, 2010). As of 2011, a little over half of states in the United States require training for new HCWs; California was not one of these states (Kelly et al., 2011). Standard of training were not consistent amongst the states that did require some type of training and orientation to home care (Kelly et al., 2011). Training and evaluation of skill competencies could prove to improve perceptions about home care as a valued vocational choice (Kelly et al., 2011).

New models and philosophies of care may have an impact on the home care workforce. Person centered care has taken hold in other parts of the long-term health care systems and may impact home care by involving the consumer and the HCW in more decision making and care planning (Kane, Lum, Cutler, Degenholtz, & Yu, 2007). Consumers often may have complex needs and have in home nursing care along with home care. Due to the nursing shortage across the United States many states have enacted changes in the law and standards of nursing care to allow nurses to delegate some lower skilled nursing activities to HCWs (Stone & Harahan, 2010). Providing sufficient

training, ongoing supervision, and quality assurance of these activities will be critical for the growing workforce and consumer population (Stone & Harahan, 2010). Stone and Harahan (2010) go on to discuss the need to develop clear and consistent competencies for HCW, standardizing the scope of practice and care across the industry. The issue is not just recruitment and retention of the workforce, it is building an attractive home care profession that will attract individuals looking for longer term careers in helping others (Stone & Harahan, 2010).

Leadership Literature

Some research has been conducted on leadership and the impact on turnover of HCWs. Most research has been done in the neighboring field of nursing home administration, an industry with similar low skilled, low paid employees with high turnover rates. Donoghue and Castle (2009) found that nursing home administrators and managers who were consensus building leaders, demonstrated lower rates of turnover amongst all levels of staff. Consensus management involves soliciting input from employees and acting on the suggestions provided by employees (Donoghue & Castle, 2009). In consensus management the decision-making authority is more evenly distributed and helps to empower team members (Donoghue & Castle, 2009). Overall, employee engagement has shown up throughout the literature as a method to improve retention. Tullar et al., (2016) found employee engagement activities led to a 13% decrease in turnover for hospital administrators who engaged nursing aides and technicians in groups and activities that added meaning to the work conducted by these groups. Lessons can be learned from hospitals and nursing homes regarding how to

engage low skilled, highly stressed employees in their work to build greater job satisfaction and lower turnover rates.

Summary

Home care work is challenging, undervalued, and under paid. Women are the primary providers of home care work in the private sector, within agencies, and for relatives. Low income, women of color are the backbone of this national workforce (Potter et al., 2006). These women are often disregarded within society and are not encouraged to pursue more complex work or careers; further undervaluing this profession and the contribution women can make to the health care workforce. Women face numerous barriers to staying employed and the benefits of the work often do not outweigh the negatives. As the population continues to age within the United States employers in the public and private sector will need to find methods to retain this workforce and bring value to the profession of home care.

CHAPTER THREE: METHODOLOGY

Introduction

The purpose of this phenomenological dissertation in practice study was to describe the meaning of worker perceptions of supervisory support and status at Caring Homes Inc. in San Francisco, CA. The study explored the beliefs, attitudes, and needs of HCWs regarding supervision, support, and empowerment in their own personal development as home care professionals.

Research Questions

To address the problem of the devaluation of home care work and understanding HCWs perceptions of their own work a central research question has been identified along with several sub questions. The following research question guided this qualitative study:

Research question: How HCWs perceive the training and support that they receive in the home care industry?

Sub questions:

Why do HCWs choose home care as a profession?

Why do HCWs leave the home care field?

What is most challenging about home care work?

How do HCWs perceive the professional status of their work?

How do HCWs want to be supported in their work?

What career goals do HCWs have?

Research Design

A qualitative approach, specifically a phenomenological study, was applied to gain an understanding of the lived experiences of HCWs at a mid-sized nonprofit agency in California. Phenomenology allows the researcher to let go of predetermined notions and approach the research with openness to understanding the meaning of the phenomena studied (Moustakas, 1994). The primary phenomenon studied was HCWs perceptions of supervisory support and status within the home care industry. This industry is 90% female which made the focus of the study primarily on women (Potter et al., 2006). Understanding the lived experience of research participants is an effective method to learn about the barriers and challenges to job retention faced by HCWs (Creswell, 2014).

This approach was selected to better understand individual perspectives of HCWs on the challenges they face to maintain employment, the methods they use to overcome these challenges, and the perceptions HCWs have regarding supervisory support and status. A feminist perspective to provide insight into the power dynamics inherent because of gender inequality influencing women's work opportunities framed this research. When utilizing a feminist perspective, the goal of the researcher is to engage in collaborative relationships with the research participants without causing further objectification to participants because of their gender (Creswell, 2014). A feminist perspective allowed this researcher to focus on women's issues from women's perspectives about gender roles as part of the social construct and conversation around gender (Creswell, 2014). A transformative worldview provided structure and research value to the design by keeping the focus on the social issue of ongoing gender inequality in the United States. A transformative worldview implies research should serve the

purpose of changing the status quo or provide a better outcome for the individuals involved in the research (Creswell, 2014).

Participants/Data Sources

The targeted sample size was ten to fifteen HCWs in the home care industry in a mid-sized nonprofit, Caring Homes Inc., in San Francisco, CA. Criterion sampling was used to identify ten to fifteen currently employed HCWs. The criteria to be involved in the study was as follows:

- participant was currently employed at Caring Homes
- employed for at least sixty days prior to the interview
- participant reported they are in *good standing* regarding employment (e.g., employee is not currently involved in finals stages of disciplinary action with the employer)
- expressed interest in participating in a study about workforce retention, barriers to employment, and career advancement

This researcher collaborated with the Workforce Development Department at Caring Homes to identify participants during the 60-day new hire *check-in* meetings and the ongoing check-in meetings in which all HCWs regularly participated. At these meetings, a flyer describing the study along with an opportunity to talk with the researcher were provided. The flyer and researcher highlighted the voluntary nature of the study along with information about confidentiality for participants. Flyers were also posted around the building with tear off options and a phone number to reach the researcher. All participants in the study called the researcher to express interest in the study. Many of the participants reported they learned about the study from other study

participants. Sixteen interviews were scheduled with interested participants; with a total of ten completing the study.

Figure 1. highlights the ethnicity and gender distribution amongst HCWs working at Caring Homes in July 2017, just prior to the beginning of the study.

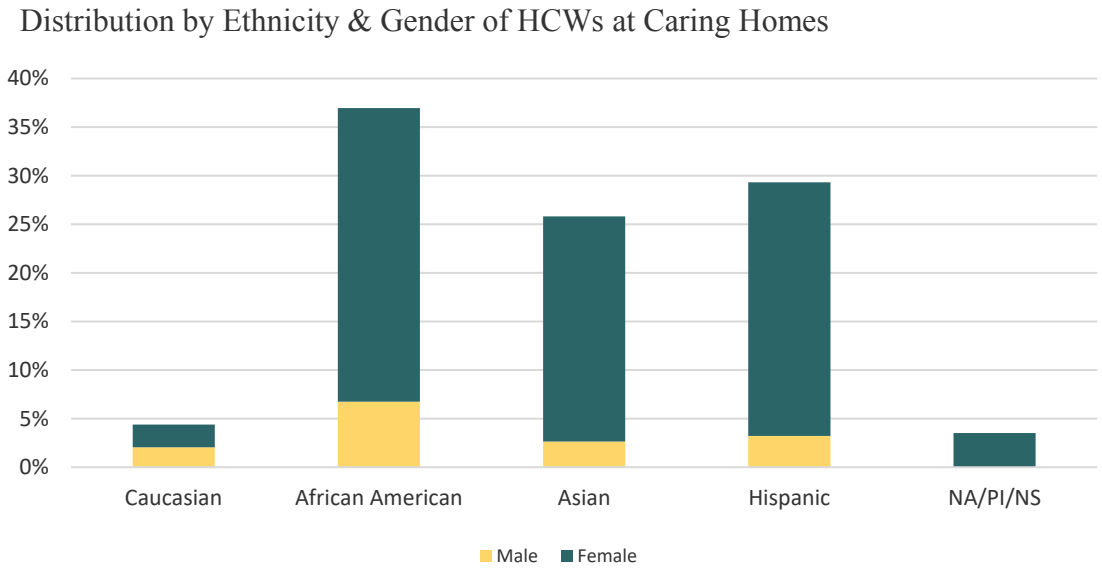

Figure 1. Ethnicity and gender of HCWs at Caring Homes in July 2017 (C. Birks, personal communication, September 15, 2017).

As noted previously, all HCWs were made aware of the study through flyers and informational sessions during regular HCW check in meetings at Caring Homes. This study was not offered in other languages preventing this researcher from recruiting from the monolingual Cantonese and Spanish speaking HCWs at Caring Homes. This led to the primary participant group consisting of female, African American study participants. Figure 1 highlights that the largest demographic group at Caring Homes identifies as female and African American, making up 30% of the total workforce. This researcher believed the sample size was sufficient and met saturation requirements based on the

workforce demographics, interest and participation from the workforce, and the quality of data and experiences collected during interviews.

Data Collection Tools

The methods of data collection were in-depth semi-structured interviews with each research participant. This researcher scheduled one interview with each participant for approximately 90 minutes. The interviews focused on the research questions identified; a small sample of questions is listed below with a full list available in Appendix A:

Interview Questions:

How would you describe what it was like to apply for a home care job?

Why did you pursue home care as an occupation?

Why do you think your peers have left the home care field?

How would you describe any challenges you have faced in maintaining employment?

How would you describe your perception of the professional status of your work?

Do you feel supported in your work?

Semi-structured interviews were utilized because it is an effective method to gather the descriptions of others' experiences of a phenomenon. The phenomenon of HCWs perceptions of supervisory support and status within the home care industry was explored through the lived experiences of HCWs. Creswell (2014) stated qualitative reliability and validity are very different than quantitative validity and reliability. Creswell (2014) identified several strategies to assist a researcher to ensure validity. In this study, several methods were employed to increase validity and reliability. Member

checking through follow up phone calls with study participants were conducted following the completion of the interviews. This researcher kept a journal, clarifying personal bias through use of bracketing throughout the study. In data analysis this researcher used thick, rich descriptions of the data and included negative or discrepant information relayed by participants.

Data Collection Procedures

As previously noted this researcher recruited study participants by distributing flyers (see Appendix B) at regularly scheduled meetings informing participants of the study. This researcher was available at meetings to answer questions, discuss confidentiality, anonymity, and any other ethical concerns with possible participants. Incentives for participation in the study were offered to compensate participants for their time involved in the study. A grant from the Women's Foundation of California was available to this researcher to study workforce retention challenges and career advancement opportunities for women. These grant funds were designated to provide financial assistance to support research related specifically to workforce retention. This researcher provided $50 grocery gift cards, approved by the Internal Review Board at Creighton University, to research participants following completion of the interview.

An outline of the data collection procedure of the semi-structured interviews is provided below.

1. Semi-structured in-depth interviews of the study participants was the source of data collection
2. Interviews were conducted in-person, individually, and privately with participants.

3. Interviews ranged in length from 45-120 minutes
4. The interview structure was as follows:
    a. Purpose of study and confidentiality and purpose of recording the interviews was explained to each participant
    b. Consent from each participant was gathered prior to starting the interviews
    c. A simple numbering system was used for the interview/participants to ensure confidentiality
    d. All interviews were recorded using a Caring Homes secured iPhone
    e. The participants were asked the interview questions (see Appendix A)
5. Interviews were uploaded to a Caring Homes secured Google Drive and transcribed
6. Transcribed interviews were saved on a secure Google Drive folder and labeled with pseudonyms to ensure confidentiality
7. Transcribed interviews were analyzed and coded.

In phenomenological research bracketing is the recommended approach for reducing researcher bias. As noted earlier, this researcher utilized a reflective diary throughout the study. Using a diary allowed the researcher to continually analyze perceptions and biases and consider the impact on the overall study (Chan, Fung & Chien, 2013). Bracketing was used when finalizing the interview questions and conducting the interviews; helping the researcher to be conscious of avoiding the use of directive questions of research participants, increasing the validity and accuracy of the data. Bracketing was a focus throughout the entire research process and the constant use of reflective awareness was essential in this researcher's ability to remain objective while engaging in this qualitative

study.

Data Analysis

After the data was transcribed, this researcher conducted a preliminary analysis by reading and reviewing all the transcripts. This was followed by a considerable amount of time coding the data based on themes and statements made during interviews. "Phenomenological research uses the analysis of significant statements, the generation of meaning units, and the development of what Moustakas (1994) called an essence description" (Creswell, 2014, p. 196). This researcher used Dedoose software to assist with identifying codes and themes and to keep the data analyzed organized. Using these codes helped to create a textural and then a structural description of the data to best understand the formulated meanings of the participants statements. These descriptions and meanings allowed this researcher to conclude with a composite description of the essence of the participants' experience. Within these themes, this researcher provided evidence based on specific quotes and perspectives offered from the research participants. Visuals such as tables and figures have been used whenever possible to offer quick visual references of the data.

Ethical Considerations

Ethical concerns and considerations in phenomenological data collection include the researcher being aware of the possible emotional distress of research participants as something important to consider. Other considerations included confidentiality, informed consent (see Appendix C), participant bill of rights (see Appendix D), and it may be beneficial to interview the research participants outside of their place of employment so that they feel secure in the confidential nature of the research.

In-depth interviews require the researcher to not only ensure confidentially but to reduce any researcher bias while conducting the interview. Researchers may touch upon emotionally intense experiences during interviews and need to ensure there is no harm caused to the participant and avoid engaging in a counseling session. This researcher provided assurances to participants by explaining the process for ensuring confidentiality (using pseudonyms, only using transcriptions rather than voice recordings during data analysis, storing documents on a secure cloud-based server, and signing a consent form).

Accuracy of the data shared by participants was very important throughout the study. This researcher engaged in *member checking* as part of ensuring validity of the data. During member checking follow up phone calls were conducted to ensure the researcher's interpretation of the interview themes was reflective of the participants intentions. All raw data collected throughout the research was kept securely within a protected Google drive folder, the researcher maintained continual communication with the dissertation in practice committee during the study, and standard research protocols such as avoiding plagiarizing, limiting any disclosure of harmful information of participants, and communicating in a clear, succinct, and straightforward manner were followed (Creswell, 2014).

Reflections of the Researcher

Phenomenological research provides the researcher a perspective on individual experiences that they themselves had not previously experienced. The idea that research can build empathy and understanding in others is motivating and exciting when considering a research design. This research aimed to provide evidence-based solutions to the Caring Homes management team that will challenge them to engage with each other;

the clients, and the home care providers in new and innovative ways. This research has the possibility to benefit nonprofit organizational leaders, training departments, and women pursuing their first careers in home care. Ultimately this topic was selected because workforce retention is an increasing problem facing nonprofit organizations serving vulnerable, under resourced populations.

This researcher, as a leader within the home care community in San Francisco, faced challenges in limiting personal bias while conducting the study, managing time effectively, and allowing for the study to take its course without jumping into solutions for the participants and the organization. When engaging in intensive interviews with research participants it was an ongoing challenge to remove the personal fears and perceptions of this researcher from the study. Developing good habits of journaling and bracketing experiences were critical to the study success. Finally, this researcher carefully considered all the individual perspectives shared and ensured a broad picture was portrayed of each participant's perceptions and experiences.

Summary

This chapter highlighted the research methods and design for the dissertation in practice addressing the problem of the devaluation of home care work and understanding HCWs perceptions of their own work and the support they receive. This researched conducted a phenomenological study. A feminist perspective and a transformative worldview framed this research with a focus on the social issue of ongoing gender inequality in the United States. This study aimed to collected data from ten participants utilizing semi-structured interviews. Several ethical challenges were identified regarding confidentiality, anonymity, and the power dynamics involved in conducting research

within one's own organization. Finally, a timeline and preliminary reflection about the research were offered.

CHAPTER FOUR: FINDINGS

Introduction

This study explored the perceptions of supervisory support and status for HCWs at a mid-sized nonprofit organization. The study explored the beliefs, attitudes, and needs of HCWs regarding supervision, support, and empowerment in their own personal development as home care professionals. The research and ensuing study focused on the primary research question: How HCWs perceive the training and support that they receive in the home care industry?"

A qualitative approach to research was used to design the study. Specifically, phenomenological research practices were used to throughout the data collection and analysis phase of this research. Data collection procedures involved the researcher engaging with participants, in-depth, semi-structured interviews. Bracketing is the recommended approach for reducing researcher bias in phenomenological research. This researcher utilized a reflective diary throughout the study. Using a diary allowed the researcher to continually analyze perceptions and biases and consider the impact on the overall study (Chan, Fung & Chien, 2013). The use of bracketing provided this researcher opportunities to review interview questions and to be observant of avoiding directive questions throughout the interviewing process.

Data Organization and Analysis Procedures

All the interviews were recorded and then transcribed. The transcriptions were uploaded to Dedoose, a research software utilized to organize codes and themes. This researcher spent considerable time coding the data based on themes and statements made during interviews. The interview process provided ample opportunity to hear the rich

descriptions of the participants lived experiences of supervision practices at Caring Homes. This researcher began by reading and rereading the transcripts numerous times to understand patterns and meaning in the participants lived experiences. A thorough review of the transcripts and language used by the participants allowed this researcher to identify patterns in the comments and thoughts of the participants, eventually contributing to formulated meanings and themes which emerged from the interviews.

Out of the ten verbatim transcripts, 106 significant statements were extracted. Formulated meanings of the significant statements were developed. Themes were then developed based on these formulated meanings. A composite description of the essence of the participants experience was developed from these themes. Evidence from specific quotes of the research participants provided support for these themes. Table 1 provides examples of the significant statements partnered with the formulated meaning.

Study Sample

Participants for the study were all employees of Caring Homes Inc., a mid-sized nonprofit organization based in San Francisco, CA. Participants were selected using criterion sampling. Criteria to be eligible for participation in the study included, current employed at Caring Homes, employed for at least sixty days with Caring Homes, the participant reported they were in *good standing* regarding employment (e.g., employee is not currently involved in finals stages of disciplinary action with the employer), the participant expressed interest in participating in a study about workforce retention, barriers to employment, and career advancement.

Participants in this study consisted of nine women and on man (See Table 2 below). The participants ranged in work experience as HCWs from six months to thirty

years. The sample was well represented by a cross section of the workforce at Caring Homes. The opportunity to hear the perceptions of newer employees compared with tenured employees offered validity to the themes that emerged from the interviews. The experiences of the HCWs demonstrated the similarity of challenges faced by HCWs regardless of age, experience, or gender.

Table 2

Study Sample Demographics

Variable	Total
Age	
21-40	3
41-60	2
61-80	5
Race/Ethnicity	
White	1
Non-White	8
Latino	1
Sex	
Female	9
Male	1
Years of Experience at Caring Homes	
Less than one year	1
1-2.9 years	4
3-4.9 years	0
5 or more years	5

Presentation of the Findings

The findings of this study illustrate the themes identified throughout the interviews with the study participants. Not all participants made comments on all the categories and themes outlined within the findings. However, the themes emerged as a reflection of the variety of voices and thoughts brought forward by the participants during the interviews. Three main themes related to the meaning HCWS perceptions of

supervisory support and status provided them at a mid-sized nonprofit organization emerged during data analysis. The themes are labeled as follows:

1. Challenging Work
2. Helping Vocation
3. Supervision and Support

The themes were organized based on this researcher's analysis of the data and are supported by direct quotes from the research participants. The quotes were selected as a best expression of the participants experience of the theme.

Challenging Work

This section describes participants experiences in serving clients at Caring Homes. Challenges were identified in two main areas: physically taxing work and behavioral health challenges of the clients served. As identified in the literature review HCWs across the country, particularly women, face both physical and mental challenges to maintaining employment in the home care field (Butler et al., 2012). Although all the participants did not identify the mental health challenges of the work they did express statements about the taxing physical nature of the work and the overall low pay of the work.

> And the way my body is breaking down, I don't know if I can make it. But I love my job and sometimes there are challenges.
>
> I use my age as an excuse sometimes, like right now, I keep trying to tell them, I can't, my doctor gave me a letter restricting my walking.
>
> I know it's hard work and especially when you do personal care. When I started I was in my thirties. I told my supervisors about it and I cannot do too hard now,

> and I try to do the most I can like domestic service, shopping and stuff like that, but lifting people and for my back. I can't.

Some participants discussed the challenges they face working with difficult clients and the lack of empathy and support they felt in their role as a home care worker.

> Now this is another thing that I believe Caring Homes loses people, because when you put the provider, it's like you really don't care about the providers and the stuff that they go through at times. We got to go through a lot. A lot of people, you don't know what a person went through before they come here to work, and they put all that to the side, and then deal with clients. Now I have tolerance, but what I will not tolerate, I mean I'll give you some leeway when it comes to certain things, but I'm going to let you know right here, you're not going to disrespect me. That is not acceptable, because I did that at first, when I first got in. Three months, I had a woman call me every name but a child of God, and it got to the point, I came around here crying. I came around here so angry because I was crying and crying. They still kept sending me to her.

Many of the participants shared the experience of working with difficult clients. A common theme was the sense of isolation and lack of support around caring for these difficult clients, consistent with the research that identified HCWs are often under trained to face the behaviorally challenging clients they are expected to serve (Denton, Zeytinoğlu, & Davies, 2002).

> (It is challenging) Just dealing with the clients. Dealing with certain clients that has different mental issues.

> Some people can't handle that environment, they can't handle some of these clients, they have mental issues, and some of them, a lot of ... may have to do with like them going to the bathroom, they can't go by themselves, and they need help showering. Some care providers, they might feel like, "Oh yeah, I can't do this, this isn't the job for me. I can't wipe anybody else's behind." They might think they can't do it, but it's like when you get old, you're gonna want that same help, and you're not gonna be able to do it. There has to be somebody there to help you, or else it's gonna be bad.
>
> The challenging part is sometimes when you get to some clients that you really don't know how their attitudes may change. One minute you guys, one minute, one day, the guy's all good. The next day, the attitude change. That's the challenge right there. I go, wow, I gotta think about how he going to be today, how he going to be tomorrow.
>
> You have to have a lot of patience for a lot of these clients and a lot of them are just not cut out for it. You know what I'm saying, they just can't deal with it.
>
> Basically, sometimes it's the clients that are too hard, you can get really challenging clients from (Caring Homes). You know what I'm saying and it just seems like sometimes when we talk to them (Caring Homes) about it. They don't, it's just like you can tell them and it just goes over their head. You know, tell me. Tell my aspect of what I see. It's not resolved. They don't resolve it.

HCWs identified the trials of working with client's experiencing significant substance and mental health challenges.

> You know what, I'm going to tell you sometimes you can get some really nice clients that are understanding but the clients that we have now, I'm going to tell you, it's a big challenge because we got alcoholics, we got clients that are on drugs and that's a big difference too. I mean, normally we used to have real good clients where we didn't have these kinds of problems, you know what I'm saying. But now we're just like, we're getting all kinds, we've got clients that have mental issues. You know, a lot of times we don't know what we're walking into. They just give it to us.
>
> To me, we used to take on regular clients but now we're taking on nothing but challenging clients. You know, high needs clients, I've got some people on drugs, people on alcohol

Environmental factors also contribute to the challenging nature of the work conducted by HCWs. Clients live in a variety of different environments and the HCWs stated they did not always feel prepared to work in these environments.

> I called Caring Homes and they assigned me to another client, so I go to the other client, and I literally was standing at the door, and the client, I realized the client was blind, okay. The client had the lights off. Now because of where I was at, the room has, the whole place has roaches, so I wasn't going to step in, in a dark room, and I know this place has roaches because I'm squeamish, so when he turns on the light and he sees that I'm still at the door, the first thing that comes out of his mouth is, "You stupid. You stupid. Why are you standing at the door?" I say, "You must not want services if you speaking to me like that." That's exactly what

I said. "Oh you stupid," you know, it's just he went from a zero to a hundred real quick, and I said, "You know what?" I left.

Other challenges identified by workers involved balancing family responsibilities such as childrearing and their own health with their work obligations. Participants generally felt more support from their supervisor or from Caring Homes as an agency when they experienced challenges with child care and attendance around sick time. The majority of women in the national home care workforce have children under the age of five (Dill, Morgan, & Conrad, 2010).

Yeah it is, it's hard for some people especially if they young and have kids they got to take them to school. They have a time to pick them up and all that. That is kind of hard for them, but then again, if you know you're coming to work you're applying for a job you should get your kids situated first and then start it. Why are you going to start work and then you got to take off and get the kids out of school? You should make that arrangement first.

If the weather changes, I was getting sick quite a lot. I just wasn't used to it, or it would be times where I'd just be too tired, because all the commuting back and forth, or it's times that I had to deal with things with my daughter, you know. Family issues come up. Things just, life happens outside of work, and I do appreciate, that's why I stay here so long, and I appreciate them, because they do work with me. It's not like ... Well when it comes to my absences and tardiness sometimes, you know, I'm still trying to work on that, get a little bit more better about it, but they've been patient. I have a wonderful supervisor.

> Well at the time, I was going through a lot of personal changes, but Caring Homes actually really worked with me. I think as far as my attendance is concerned, they gave me a verbal warning, you know, because I ... I'm not trying to toot my own horn, but I was such a good worker, you know, I cared, so whenever, I mean I never did a no call, no show. I would call and let them know, "Hey, I can't make it." I would get sick, because coming out here, this was something, this was a new transition for me too, coming from Oakland to San Francisco.

The participants were able to highlight when other HCWs were not ready for employment and showed an awareness about the basic support needed to be able to successfully stay employed.

> Well, some people might can't handle it, the job. What it brings, because this job is really important to where it's like you're caring for other people's lives. Some people feel like they can't do it, because some people, they can do it. They can handle it at the same time, but some people can't.
>
> But I have talked with some of these young people and I told you if this is not for you .... You don't have the patience or the time for taking care of these people. This is not your field.
>
> It's more challenging than they expected. When they train them, the atmosphere that they're trained in is not the atmosphere that they're going to work in. I ran into a couple of people that went and got jobs at McDonald's, at Ross ... McDonald's, Ross and up at Macy's ... making minimum wage. Making the same money, and don't gotta clean nobody's butt, don't got to clean nobody's home, don't got to

> wash nobody's dishes. Don't have to help nobody with their medicine, and don't have to deal with the pressures of supervisors calling you about this and that.

Overall, the participants identified several challenges to maintaining employment but also noting that they have managed to overcome these challenges and stay employed.

Helping Vocation

Many participants were able to identify past or current employment and vocational goals that led them to apply at Caring Homes. Not all of these goals aligned with HCW but the need for employment and a steady paycheck with benefits was a draw to Caring Homes. Only a few comments were offered to indicate the participants were pursuing a career beyond Caring Homes.

> Always wanted to be a nurse. Yeah. Pediatrician nurse. With kids.
>
> I want to go back to school for nursing, but I don't know just yet. I got a 14-year-old son; I don't know yet.

The majority of participants identified their own desire to be in a helping profession.

> I could come in to somebody's house, and they can feel better at the end of the say, I've done my job. When I first got here, they said, "If you're here for the money, you'll quit," and I already knew in my heart that I'm not here for the money.
>
> I enjoy helping people. I enjoy, and if I could come in to somebody's house, and they can feel better at the end of the say, I've done my job.
>
> So I'm there to help. I'm there to help. And they love me. I know they do. Because I'm family to them. I'm family and friends, you know what I'm saying? Because

I'm going to help. I gotta say, you have to love the work you're doing. Not everyone can do this type of work.

I'm doing something that really matters.

Denton et al., (2002) stated that HCWs have higher levels of job satisfaction when they feel they are helping others and are able to have long term relationships with clients.

I like really helping people. I really do. I enjoy doing that. Yeah I do. That's why I try and come every day. Because I know my client really need me, especially the blind lady. I went on vacation, I was steady calling checking on her.

And I like my work because I like helping people, and the benefits. I think we have good benefits. Maybe the pay is not too high, but we have high benefits.

I enjoy about my value and my job is just meeting people, even with the crime, even with the people in the office. I just ... That's just me. I'm just a caring person and let the record say, our work make a boring life.

I just like working with old people. They tickle me, they tickle me to death. I don't know I'm just a people person, you know, I wouldn't want no job sitting down in an office because that's just a little bit too boring. I've always been a type of person that just likes to get out there and move around and communicate with people. Not these young kids, not no kids, you know, the older generation that's where I'm at.

I actually love doing this type of work because the people that I take care of is the type of person I used to be, back in my younger days, on the streets, drinking and drugs, and stuff like that, so now I feel like I'm able to give back.

It was clear home care work presented many challenges for participants, however many of the participants were able to share the satisfaction they have from working in a helping profession. A consistent theme throughout the study was the participants desire to help vulnerable populations.

Supervision and Support

In home care, supervision and support of HCWs is not the norm. At Caring Homes supervisors are expected to check in with HCWs and conduct field observations on a routine basis (personal communication T. Davis March 23, 2018). Research participants perceptions of supervision were low. Participants revealed that they could use more support and showed an almost indifference to training.

> Perfect example, I had this one supervisor come to a client's house. I'm in the bathroom. The bathroom was about from that wall to here, to that wall. It's small. There's a bathtub. That made it even smaller. Then the toilet over in the corner. I'm on my hands and knees washing this toilet, and the supervisor comes in and she's standing above me, behind me above me. I turn around, I'm like, excuse me. I don't like anybody standing behind me. Can you please move? Well, I need to observe what you're doing. I'm scrubbing a toilet. What else do you need to observe? I'm cleaning the toilet, I'm cleaning the floor. What do you need to know? Can you please go? That was aggravating. How are you going to tell me to clean the toilet, and I was working here before you got here. How are you going to tell me to do my job? You want me to do my job, and scrub it from right to left? You want me to do it from left to right? Come on. Go away.

> She's seen me, checked in on me a few times, but more I see of my client caseworker than I see my own supervisor.

HCWs also identified a lack of support in working with challenging clients and within difficult environments. There was a sense of loneliness in the work done by HCWs. Many shared they felt they were *going it alone* when working with clients.

> I think every week, we should have a supervisor come out, and do a home visit with their client.
>
> I would call; I would get no return phone call back. I always had to go over that person's head. You know, get out and go over their head. That made me mad.
>
> This is like my third supervisor now, so like I said, I communicate with them all the time.

Participants expressed a feeling of not being valued, their voices not being heard, and their opinions about clients not being validated.

> I call in with concerns for my client and I get talked to dismissively. I went for like a year complaining about something, and then this new case worker came in and made a home visit. I introduced him to everyone, and he was able to write down everything that I was saying to people already that no one took into account, no one paid any attention to. As soon as he came there, oh yeah, this is what we need to do. Then it got done. I'm like, what? I've been telling you this. You think I was doing it to get out of work? I call. I say things. I don't know what they do back there. They're too busy, they don't remember things. So, things get forgotten about. Then I got to call again.

> The only time I've made a decision is when I see my client is starting to look like a bear. When it's time to get a haircut. That's about it.

Independence was identified as both a positive and negative component of participants job satisfaction. For HCWs independence from their supervisor was a large factor in their overall satisfaction with the work.

> I like where I'm at. I like being able to go out into the field and not have supervisors standing over me. I can go out and be with my clients, get to know them and just do the best I can.
>
> We're not locked up, we're not in a building like doing this with clients. We're out getting fresh air when we're on the way to our clients, stuff like that.
>
> I have a lot of independence and freedom because I'm able to be, I'm on my own. I travel the bus. They track me with my phone. They know where I'm at, and I don't take advantage of that. I don't go nowhere that I'm not supposed to be. I don't clock in when I'm not supposed to clock in. I do what it is I'm supposed to do, and I like that because they're trusting me to go out and say that I'm working, to go to this client. I appreciate that, so I appreciate the independence and the freedom, not nobody over me and right beside me, and hounding me. I don't like that.

Overall, the HCWs shared views that the communication was poor between Caring Homes management and the field-based workforce.

> The communication here sucks. It's real bad communication between HR, to the schedulers, to the supervisors, you know that's how much the conversation ... I said you guys' communication is really bad, you know? Then, last week I talked

> to the supervisors and I'm telling her I can't go out to Bayview, she goes, "Oh, if only life was easy." That was being sarcastic, and that's when like kind of my tone raised, and I said you guys are not understanding me.
>
> I would call; I would get no return phone call back.

Training at Caring Homes is required of all newly hired employees (personal communication T. Davis, March 23, 2018). Overall participants felt the initial training was beneficial but did not see value in the additional training offered.

> I ain't did one (training) in over five or six years or seven years.
>
> I'd like to get training to motivate my client lady. I just want her to get up out of the bed. She want to sleep all day. I be wanting her to get up. You know maybe move around. She just lay in that bed all day. All day I can cook her food, she'll eat and lay back down.
>
> Sometimes they want to train us to brush us up but since it turned over to Caring Homes we haven't had no training at all. You know, I'm quite sure they still have it but it hasn't been brought to my attention. I want to you take this training path, no. No, none of that.

HCWs shared a perception of not understanding any ongoing value to participation in training. Training was viewed as an activity preventing HCWs from working with their clients rather than as a tool to enhance their work with clients.

> The only one I consider important is the CPR training. Unless you get something new, don't bother me. Don't tell me I need to take at least two classes. Two classes in what? I know that stuff. Why do I need to? So you can have names and bodies that taken that class. I'm not taking it.

> Here's the thing. You have to leave a client to come to that (Training). You're not getting anything extra. You're getting what you would get if you would be with this client. They don't schedule them during a time that's convenient for me. They're always on times that's convenient for them. That's one of the reasons why I don't take them. Why am I gonna leave this client at 2:30 to come to your class from three to five. When I can just stay with this client from 12 to five.
>
> I haven't had no training in a minute. I used to have, they used to teach me how to do.

HCWs experiences with supervisors influenced their perceptions of support. HCWs struggled to express value in the supervisory relationship and support at Caring Homes.

Analysis and Synthesis of Findings

The findings in this study addressed the research questions identified and highlighted the many challenges HCWs face in maintaining employment in the home care industry. HCWs were able to share why they entered the home care field and why others left the field. The findings revealed an underlying level of dissatisfaction with the level of support, training, and communication HCWs receive at Caring Homes. Although participants were able to articulate their compassion for the clients they served they also highlighted the challenging nature of serving aging, disabled, low income adults. Participants experiences with supervisors were often negative. Specifically, participants addressed the research questions of feeling empowered and the way their work was perceived by expressing shared experiences of feeling undervalued and disrespected by supervisors. Many participants shared the experience of having calls go unreturned and a general feeling that their opinions about clients were not valued. HCWs perceptions of

experiences with their supervisors appeared to correlate closely with their feelings of job satisfaction and autonomy.

Although all the participants shared the experience of working independently in the community, they differed on their perceptions around this independence. Some articulated experiences of isolation and struggle to do their work independently. Others found the autonomy and independence of the work to lead towards higher levels of job satisfaction. A few participants noted they were accountable for their time and attendance at work but did not feel others were held to the same standards as some of their peers. Participants also noted incidences when they were disciplined by supervisors for attendance issues and how they have since improved their work at Caring Homes. The oversight and support received by HCWs did not seem to positively correlate with retention. The fact that the participants were employed and in good standing demonstrated their resiliency as HCWs. HCWs identified the primary reason they remained in the home care industry was the satisfaction they felt in helping others and the ability to work independently in the community.

Summary

This chapter synthesized the findings from the dissertation in practice study of HCWs at Caring Homes Inc. Participant interviews were coded, followed by the review of significant statements, leading to the development of formulated meanings of these statements. A composite description of the formulated meanings of the participants lived experiences was provided to support each of the themes identified. Three themes were discovered; home care is challenging work, all of the participants were drawn to helping vocations, and generally HCWs did not feel supported from supervisors or other systems

at Caring Homes. Evidence from direct quotes were provided to support these themes. HCWs shared their negative perceptions of supervision and support systems at Caring Homes. All participants shared the experience of working independently in the community but differed in their perceptions of autonomy and overall perceived value as a HCW. The findings indicate the primary driving factor in HCW retention is an innate desire to help others partnered with the independent nature of home care work.

CHAPTER FIVE: IMPLICATIONS AND RECOMMENDATIONS FOR ORGANIZATIONAL LEADERSHIP

Introduction

In this chapter recommendations are offered to address the problem of HCW retention at Caring Homes Inc. in San Francisco, CA. The study's purpose and aim focused on the support structure at Caring Homes and how this can improve overall recruitment and retention efforts. Existing literature has focused on the home care shortfall in available and appropriate staffing predicted over the next several years and the devaluation of home care as a desirable profession. Women make up over 90% of the home care workforce and, thus, the study focused primarily on women participants, with one male participant as part of the study sample (C. Birks, personal communication, September 15, 2017). Implications for the practical implementation of these recommendations, the impact on the management team and HCWs at Caring Homes, and the contribution to ongoing research are shared. In conclusion this chapter will summarize the findings and recommendations from this study of HCW retention challenges in the home care industry.

Purpose of the Study

The purpose of this phenomenological dissertation in practice study was to describe the meaning of worker perceptions of supervisory support and status at Caring Homes Inc. in San Francisco, CA. The study explored the beliefs, attitudes, and needs of HCWs regarding supervision, support, and empowerment in their own personal development within the home care field.

Aim of the Study

The aim of this study is to create an agency support structure that will empower HCWs and improve retention.

Proposed Solution

It has become clear, based on the study findings, that HCWs at Caring Homes do not feel supported in their work by Caring Homes management and they do not perceive any value in ongoing training. The majority of HCWs interviewed disclosed no plans for career advancement or any intention of seeking a career outside of home care. HCWs at Caring Homes experiences reflected a sense of isolation and loneliness in their work. HCWs noted they did not frequently interact with their supervisor and found that when they tried to reach their supervisor they felt dismissed. HCWs shared experiences of receiving training they did not feel was valuable, rather they perceived training as a time wasted which could have been spent with clients. This finding represents a missed opportunity for the entire workforce and administration at Caring Homes.

Caring Homes must consider how training and support effect retention at the agency. It will also be critical for Caring Homes to understand how to engage and motivate low income, women of color into career pathways and advanced training. The majority of the Caring Homes workforce identify as women of color. They are the backbone of the agency and have historically not been encouraged to pursue more complex work at Caring Homes or within society (Potter et al., 2006). Participants in this study identified challenges they have faced or observed in maintaining employment. Often, HCWs perceived their own personal resiliency as key to their ability to maintain

employment at Caring Homes. Caring Homes management faces significant challenges in engagement of their workforce. The lack of trust and perceived value of supervision and advanced training will take a monumental effort by the entire agency to shift the tide in perceptions of home care work within the agency.

The following set of recommendations are proposed to solve the workforce retention and support challenges at Caring Homes:

1. Create a *small care team* of four to six HCWs and one *care supervisor* to support a smaller group of clients. The care supervisor would combine the functions of client case management and HCW supervision, streamlining supervisory support systems for HCWs while concurrently empowering HCWs to participate in client care planning.
2. Develop career lattices for HCWs to engage HCWs in advanced skills training and professional growth.

These recommendations are reliant on one another to be successful. Career lattices cannot be implemented without advanced training and better support from care supervisors to motivate HCWs to participate. Empowerment of HCWs cannot occur without more hands on support, training and communication with care supervisors.

Support for the Solution

Findings from this study revealed the lack of trust between HCWs and the management team at Caring Homes. Comments were consistently made about poor communication and the lack of autonomy for HCWs in making decisions about client care. HCWs are the eyes and ears of the organization and have the most insight into client health and ability to engage in activities of daily living. HCWs should be provided

opportunities to provide input into client care plans, schedules, and overall needs assessments. Currently these activities are completed by a case manager who is assigned to the client and only intermittently interacts with the HCW. HCWs are supported by a supervisor who may or may not interact with the case manager assigned to the client. Furthermore, supervisors are frequently assigned forty or more HCWs making it all but impossible for them to focus on anything other than managing emerging crises. Finally, a service delivery scheduler (SDS) creates the work schedules for HCWs and clients. This has created a lack of cross sectional communication at Caring Homes, contributing to the poor communication HCWs have come to expect from the management team.

To support empowerment of HCWs and to improve communication a small care team structure is proposed. Small care teams would combine the function of supervisor, SDS, and case manager into one care supervisor role. The goal would be to reduce the ratio of supervisor to HCWs from one supervisor to 40 or more HCWs to one supervisor to 10 or fewer HCWs. Supervisors in this model would also have to provide case management for clients and conduct all the scheduling for clients and HCWs. The positive effect of supervisors providing case management and supervision to the HCWs serving these clients would be streamlined communication and incorporation of HCWs into day to day client care planning. All members of the small care team would be working together towards a common goal: quality client care. Stone and Harahan (2010) recommended that direct line workers be empowered to make decisions regarding consumers to enhance the value they feel as part of the consumers care team and because they have the most direct contact with the consumer often making them the most knowledgeable about the consumers' needs. Stone (2004) found that HCWs working in

California reported “less stress and greater job satisfaction” (p. 527) when they were provided more autonomy and the ability make decisions about how they do their work.

Findings from this study indicated that HCWs found no value in the training opportunities offered at Caring Homes. Career lattices offer the opportunity for more specialization of home care tasks, and could lead to higher wages (Stone, 2004). Many states are already allowing nurses to assign lower skilled tasks, such a medication management, to HCWs (Stone & Harahan, 2010). Family members who serve as paid HCWs have been managing many medical and paramedical tasks for their loved ones for years. Under the law in California that governs In Home Supportive Services (IHSS), a HCW can provide medication to a consumer if it was ordered by a licensed health care professional and if the consumer would provide the medication to themselves if not for their functional limitations (disabilityrightsca.org, 2014).

At Caring Homes a Nurse Practitioner and Licensed Vocational Nurse are available to provide training on these activities. Providing more advanced skill training to agency-based HCWs is a natural progression in skill development for these workers. Creating advanced training that is also tied to a wage differential may further motivate HCWs to participate in training. Interest from HCWs in advanced training could be raised by building on classroom-based training with *hands on* training, directly with the client, provided by the nursing team. The HCW could then appreciate (or benefit from) immediate value as they will be able to apply the training to the clients they already serve. In order to meet these training requirements, the care supervisor role should also engage in advancing training. Essentially the care supervisor role should be able to train and evaluate all the tasks required of the HCW.

Factors and Stakeholders Related to the Solution

Several factors will contribute to successful implementation of the proposed solution to workforce retention issues at Caring Homes. The primary stakeholders are the HCWs, the management team, the HCW union, the consumers served, and the IHSS agency which funds the home care services. Job descriptions, policies and procedures, training requirements, budgetary limitations, and organizational capacity for change will all need to be evaluated. A review of these factors is offered in the following sections. Caring Homes as an agency has demonstrated an openness to change and the management team recognizes the ongoing workforce crisis faced by the organization. The management team is ready for new strategies and solutions to improve retention and quality of consumer care. Interviews with HCWs at Caring Homes reflected the desire of workers to have better communication and to have a stronger voice in consumer care.

Policies influencing the proposed solution.

Caring Homes has two sets of policies and procedures established for overall program operations. One set of policies is for the management staff and a separate set of policies and procedures exists for the HCWs. Separate policies were developed because the HCWs are a unionized workforce and their policies are entwined with the collective bargaining agreement established with Caring Homes. Engaging in the development of small care teams and career lattices will require Caring Homes management to rethink and rewrite job descriptions for the majority of management staff and to create new, specialized roles for HCWs with updated job descriptions and requirements. Policies around supervision and support of HCWs will also need to change. Furthermore, Caring Homes management will need to develop a robust training program for the management

and HCW roles being developed. New training requirements will require new standards to be established for several roles within the organization.

It will be necessary for Caring Homes to place value on communication within the small care teams to address the concerns of HCWs identified in this study. Policies to support communication should include requirements for regular care team meetings, one on one meetings between care supervisors and HCWs, frequency of care plan reviews and who is involved in these reviews. By establishing good policy with clear expectations of communication between the members of the small care team, Caring Homes can begin to change the culture of communication and empower HCWs to contribute to planning around client care.

Potential barriers and obstacles to proposed solution.

There are many potential barriers to successful implementation of small care teams and career lattices at Caring Homes. The primary challenge will be engaging the management team members in a sweeping cultural change that will impact the functions of their day to day jobs. The secondary challenge will be reorganizing the schedules and client assignments of HCWs to move them into small, regionally based, care teams supported by one care supervisor. Without the buy in and support from the management team the small care team will not be successful.

The career lattice solution partners well with the small care team restructure and provides the HCWs with training that is valuable because it will be offered in both classroom and field based sessions to ensure it relates directly to improved client care. The training should support the small care team model and partner with transitions of

HCW to small care teams. This will require partnership with the Caring Homes training department, human resources, and the workforce development team.

Budget issues related to proposed solution.

Whenever an organization restructures and changes the functions of responsibilities of jobs it is a good practice to conduct a compensation analysis. The primary costs of doing business at Caring Homes are the salaries of the 350 plus workforce and the nearly 70 management staff. Salaries are easily the biggest budget consideration within program operations. Combining the functions of three separate roles: case manager, SDS, and HCW supervisor requires a review of what the changing responsibilities required of the new care supervisor role. Assuming each staff member will take on some additional responsibilities while reducing their overall case load of consumers and supervisees could mean there is no change in compensation required. However, if the compensation needs to change the larger agency budget will need to be reviewed and modified.

The career lattice will be most effective if a wage differential can be offered in tandem with the advanced training. A wage increase for the HCWs is supported unilaterally at Caring Homes. Management staff understand home care work is undervalued while also under paid. Wages are seen as a significant barrier in recruiting quality HCWs. Even a small increase of twenty-five cents an hour could have a positive effect on HCW recruitment and retention. If a wage increase is partnered with advanced skill training and additional field based support, it is believed HCW satisfaction with communication and supervision will improve and effect overall retention.

Legal issues related to proposed solution.

Caring Homes has signed a collective bargaining agreement with the HCW workforce. Engaging in changes to job descriptions, work assignments, and career advancement opportunities will require Caring Homes management to partner with the union in collective bargaining. This will be a key opportunity for Caring Homes management to engage the workforce in creating, developing, and accepting these new career lattices and small care teams. Approximately 50 percent of the participants in this study were over the age of 60 and had many years of home care experience. Working with this team to guide changes in home care will require additional education and collaborative efforts with the union as the collective bargaining team. Another legal issue that must be addressed is the consumer's rights. Although consumers at Caring Homes do not have the right to select their assigned HCW, most consumers have established relationships with a regularly assigned HCW. Nearly all established relationships between consumer and HCWs under Caring Homes management would be affected by this change. Consumers have the right to file grievances if they are unhappy with services. Caring Homes may find themselves challenged to address numerous consumer grievances regardless of how communication occurs with consumers about the programmatic changes.

Other issues or stakeholders related to proposed solution.

Caring Homes is unique in its service offering within home care in California. Caring Homes is the only agency that assigns HCWs rather than a process that is in place with other agencies in which the consumers select their agencies or agents. Caring Homes serves an underserved population of vulnerable adults within the San Francisco

community. All Caring Homes consumers are low income, many of whom are on the brink of eviction or homelessness, and over half of whom are living in supportive-housing single-room occupancy hotels (SROs). These SROs are managed by dedicated housing agencies. It will be critical for the success of the small care team model and the career lattices to have strong partnerships and buy in from the supportive housing consumer management teams. These teams play a critical role in allowing HCWs access to consumers and resources within the SROs. SRO supportive management teams also develop deep connections with their consumers and can be crucial in helping manage changes in consumer services.

Another primary stakeholder is Caring Homes' primary funder, IHSS, a department of the City and County of San Francisco. Engaging all levels of IHSS will be critical in ensuring appropriate consumer referrals are made to Caring Homes and to support consumers as the small care teams are developed. IHSS is also the only agency that can provide a wage increase for HCWs. Caring Homes has long advocated for a wage differential to bring the HCW wage above the city's minimum wage. With a workforce crisis and an inability to take on additional referrals Caring Homes should be able to make an argument to increase wages to improve recruitment and retention to serve some the city's most vulnerable adults.

Caring Homes' senior management team will need to take the lead in advocating and championing these programmatic changes. Caring Homes' senior leaders will need to conduct community meetings with leadership from supportive housing, IHSS, and the HCW union representatives. Communication and advocacy will also have to occur internally to engage the entire organization in this change. All levels of the organization

will need to be engaged in the programmatic redesign to small care teams and career lattices. Essentially leaders at Caring Homes will need to be expert consensus builders. As noted in Chapter 2, in nursing homes consensus building leadership attributes have contributed to a lower rate of turnover amongst all levels of staff. Taking the time to gather employee input from all levels of the organization provides opportunities for employees to provide suggestions and feel as if they are part of the solution.

Change theory.

When launching a major organizational change it is important to consider how the individual workers will respond to this change (Burke, 2014). Blind resistance and laggards could be a significant challenge in small care team design and the career lattices (Burke, 2014; Rogers, 2003). In my experience at Caring Homes the HCWs can be ardent resistors and show an unwillingness to even learn about the change. Burke (2014) highlighted that resistance can be useful, as it indicates employees are invested in the organization enough to care if it changes. Laggards, or resistors, are often waiting to see if the new idea, or change, is effective (Rogers, 2003). Identifying early resistors and engaging them in the discussion about changes to the program design will be useful in building momentum for the change. Ultimately this will be a revolutionary change for Caring Homes as an organization.

The Caring Homes management team should stage this change to allow time for small wins that could snowball into larger victories for the HCWs and management team. It will be critical for management to be able to identify the early adopters, laggards, and innovators amongst the team (Rogers, 2003). This could involve a series of open staff and management meetings, or forums, to open communication and to allow management to

hear HCW concerns. Management should also gather a small group of HCWs to pilot the small care team approach and the career lattice training. Through these forums and pilots, management can focus on identifying and engaging HCWs seen as innovators and early adopters to help with the diffusion of this change amongst the larger workforce (Rogers, 2003). Rogers (2003) stated that peer to peer sharing of information about innovative change is key in the diffusion of innovative change amongst social systems or organizations. If HCWs in the pilot groups find *relative advantage*, or the benefits (more support, teamwork) outweigh the costs (breaking a former client relationship, new supervisor), then the rate of the adoption will increase rapidly.

All of the Caring Homes management team needs to be consistent in their messaging about the change and well versed in rationales for the change in order for it to succeed (Burke, 2014). Management should focus on building a positive, strengths-based, change narrative rather than a tragic change narrative to engage HCWs in the change (Bess, 2015). Holding the vision of the change will be the primary responsibility of senior leaders, but the management team members will need to be *change champions* when working with clients and HCWs (Burke, 2014). Messaging, re-messaging, listening, resiliency, patience and flexible adapting will all be critical for the entire management team throughout the change process.

Implementation of the Proposed Solution

To successfully implement a redesign of a home care program to a small care team model with a career lattices the management team will need to develop a project plan and identify a project manager to lead the redesign effort. Introducing the process through a pilot of the small care team model and career lattice training prior to a full

rollout to the rest of the workforce and larger organization would be ideal. An introductory pilot process would provide the opportunity to gather evidence to support the proposed solutions efficacy. Lessons learned from the pilot could provide guidance to future rollout plans. Finally a pilot could provide wins for the organization, the HCWs, care supervisors, and the consumers. These wins would be helpful when communicating the redesign plan to the larger workforce and other key stakeholders in the community.

Factors and Stakeholders Related to the Implementation of the Solution

As noted above, several factors and stakeholders will be critical to successful implementation of the small care team and career lattice program redesigns at Caring Homes. Organizational senior leaders will all need to be aligned in the vision and goal of the pilot program. Resources will need to be allocated across departments to support the pilot design, launch, and evaluation. Gaining support from the larger organization and external stakeholders will require an informational campaign about the current challenges and findings from this study. HCWs are unsatisfied with the communication they receive, they feel they have no autonomy in their roles and client care, and have no career aspirations within the home care industry. These problems and findings should drive the need for change and redesign of how home care is approached by Caring Homes.

Leader's role in implementing proposed solution.

As noted in chapter one, in this study a servant leadership lens was utilized when evaluating the current structure of supervision and support at Caring Homes. As servant leaders understanding the lived experiences of the HCWs can drive the implementation of strategies to improve channels of communication, support, training, and career advancement. Senior leadership at Caring Homes needs to employ principles of servant

leadership in order to successfully rollout a redesigned model of support and career lattices. Servant leadership is directly linked to a sense of empowerment amongst employees (Melchar & Bosco, 2010). Leaders at Caring Homes will need to understand the findings of this study to fully incorporate HCWs' opinions and experiences into the proposed solution of a program redesign.

Leaders at Caring Homes will need to focus on servant leadership characteristics of altruistic calling and organizational stewardship as they hold the vision of a program redesign for the workforce and management team. If Caring Homes leaders and managers engage in organizational stewardship every member of the organization, whether in the workforce or management team, will feel as if they are participating in the solution to the workforce retention problem. Keeping the team focused on the altruistic calling of helping and serving others should help to engage management team members in their new, field based roles.

Building support for the proposed solution.

Resistance to change is inevitable. Caring Homes leadership can engage in several strategies to reduce resistance and increase engagement by the management team and the workforce. Simple strategies such as conducting surveys, forming cross sectional working committees focused on the redesign planning, informational meetings for internal and external stakeholders, developing a larger messaging campaign through texts, robocalls, informational flyers, and letters to HCWs would all help in getting the messaging out to the larger employee base. Taking a whole system approach to this organizational change will be necessary to ensure success and engage the organization in

this significant, revolutionary change to the support and empowerment of the HCW workforce (Burke, 2014).

Engagement with the workforce and their union representatives is imperative for success of the program redesign and career lattices. As findings from this study indicated, HCWs see no career pathway or value in training or supervision. Shifting this mentality will engage the workforce in the new program and training design. By piloting the small care team model and the career lattice training Caring Homes can gather real testimonials from HCWs regarding their experiences in the newly designed program. If Caring Homes is able to successfully implement the pilot these testimonials can be used to champion the change initiatives.

External stakeholders are highly engaged in the success of Caring Homes due to the niche service provided within the larger home care service community in San Francisco. Essentially, no other agency is willing to work with the population Caring Homes serves. No other organization has applied or competed with Caring Homes for the triennial request for proposals offered by the city and county of San Francisco in over ten years (M. Burns, personal communication, April 30, 2018). Caring Homes is uniquely positioned in the marketplace to meet the needs of the city's most vulnerable adults. Since stakeholders are invested in Caring Homes' success, senior leaders should proactively communicate the small care team and career lattice training program pilots seeking additional support from these stakeholders as the organization engages in and shares results of the pilots.

Additional considerations for implementation and assessment.

Caring Homes will need to dedicate at least on full time employee to managing this project. A work group of employees from human resources, finance, workforce development, training, and programs will need to be formed. The small care team and career lattice pilot will need to be incorporated into the organizational strategic plan and operational plans. Resource allocation across the organization will need to be approved by the senior leadership team. If the pilot proves successful resource allocation and strategic initiatives across the organization may need to shift to free up needed resources to fully rollout the programmatic redesign across the entire organizational consumer base. Support from the senior leadership team and the board of directors will be necessary in order to allocate this number of resources across organizational departments. Pilot implementation and evaluation will be critical in gaining support from all senior leaders.

External implications for the organization.

Caring Homes cannot currently serve all the consumers the city of San Francisco would like to refer for home care services. If this small care team and career lattice program redesign is effective, retention will improve, home care at Caring Homes will become a more attractive job, in turn, improving recruitment, and leading to more HCWs to serve more consumers. This could lead to new partnerships with supportive housing managed SROs to increase services for the vulnerable populations served in these buildings. A growing workforce with advanced skills training could be an asset to other vulnerable populations such as supporting formerly homeless adults as they transition into stable housing. Caring Homes is already providing a niche service and specializes in serving challenging and vulnerable populations. Caring Homes could not only improve

training and skill development of HCWs to serve an even more diverse population but it could build a replicable small care team model that could be used in other locales across the San Francisco Bay area and greater northern California.

Evaluation and timeline for implementation and assessment.

As previously stated it is recommended that the small care team and career lattice proposals be piloted with a small group of HCWs, consumers, and management staff. This is an important step to evaluate efficacy of the proposed solution. Key performance indicators should be identified to measure success in a pilot project. Indicators of improved performance will be both qualitative and quantitative. Standard data points indicating performance of the home care program at Caring Homes include:

- Average HCW hours served to clients each week
- HCW turnover rates
- HCW travel time between consumers
- Number of hours declined by consumers each week (evidenced by consumer not being home for scheduled services and not allowing HCWs in the home)

Qualitative indicators should include job satisfaction surveys for HCW, client satisfaction surveys, and management job satisfaction survey pre and post pilot implementation. Management involved in the pilot should keep a reflective journal of the challenges and successes each week. Finally, monthly check ins should be conducted with the small care team and training participants. A timeline for implementation is available in Appendix F. It is proposed a pilot should be conducted for six months for the small care team and career lattice training. Data related to the key performance indicators and the qualitative data should be shared on a monthly basis in a presentation to the senior leadership team.

This team should be utilized as a steering committee for the pilot project and provide support and guidance throughout the pilot.

If the small care team pilot is deemed successful after six months it is recommended that a 10-month rollout plan be developed to ensure appropriate time and consideration is paid to the effect on client and HCP relationships as HCWs are moved into small care teams. If the career lattice training pilot is successful it is recommended that the senior leadership team continue their advocacy for a wage differential for these advanced skill roles. Continued assessment of HCW turnover, departure reasons, and exit interviews will be critical to understanding the proposed solutions success. Caring Homes many need several iterations of the career lattice and small care team programs. See Appendix F for further details on the timeline of the rollout.

Implications

Practical Implications

This study provided insights into the lived experience of HCWs and highlighted the challenges they experience in feeling supported by management, maintaining employment, and ongoing communication challenges leading to a lack of autonomy in their jobs. It also revealed how little value the HCWs have garnered from ongoing training and support efforts from Caring Homes management. These findings indicated the traditional model of HCWs working independently in the community, with no required ongoing training, or supportive oversight of quality of work is not effective in generating job satisfaction and, in turn, retention. The lack of training and support is not just a challenge at Caring Homes but across the home care industry (Butler et al., 2012).

This study and subsequent findings offered a proposed evidence-based solution for the management, training, and support of HCWs contributing to the larger field of home care practice. The development of small care teams allows the HCW to be part of care planning, experience consistent support and quality oversight from management, and develop a sense of autonomy and ownership of client care. The career lattice opportunity provides HCWs with options to advance their training and skill development with a goal to improve quality care and increase wages. If the proposed solution is implemented and successful it could be a replicable model for other home care agencies. Understanding and valuing home care is critical across the United States. Many adults will face the task of finding a HCW for a loved one or hiring one for their own needs as the age. Ensuring this work is attractive, offers career and skill advancement, and is valued by society will take a professionalization of the workforce at a level not previously seen. Providing hands on support, training, and communication empowers these workers to take ownership of their roles as care taker and of their careers as critical players within the immense health care industry.

Implications for Future Research

Future research could focus on the effectiveness of the small care team approach, career lattices/ladders, and supportive management of field based workers. This proposed solution focused on increased support and oversight of HCWs in the field along with advanced training and the development of career lattices. Each of these topics could be studied independently to evaluate effect on retention and recruitment of the HCW workforce. This study, findings, and proposed solutions all focused on agency based HCWs. Future studies could focus on independent HCWs who are friends or family

members. Focusing on how these independent HCWs receive advanced training and support would offer significant insights into maintaining the HCW workforce.

Implications for Leadership Theory and Practice

The findings from this study demonstrated the HCWs experiences of feeling undervalued and unsupported by management at Caring Homes. This leads to many questions about how leaders are developed within nonprofit organizations and within the home care industry. Leadership principles related to servant leadership are easily applicable to this industry. Engaging in servant leadership could improve the well-being of the HCW workforce while also effecting burnout. Servant leadership is a participatory approach to leadership which supports the empowerment of not only the employee but also the consumer being served (Melchar & Bosco, 2010). If Caring Homes management is able to successfully engage HCWs in career lattices and small care teams they will be demonstrating principles of participatory decision making, consensus building, and altruistic calling in their collaborative efforts to serve vulnerable clients in the community (Donoghue & Castle, 2009). Engaging in small care team management serves to meet the needs of a very vulnerable population within the San Francisco community.

Helping nearly homeless and formerly homeless adults is a great example of Caring Homes adapting an organizational approach to care to meet community needs. Caring Homes' approach to community engagement and problem solving is reflective of the servant leadership characteristic of organizational stewardship and contributes to ongoing research and application of servant leadership within community serving nonprofit organizations. Engaging in organizational stewardship ensures key members of the organization are encouraged and empowered to make positive contributions to the

larger community (Cook, 2015). If Caring Homes successfully implements the proposed solution it will serve as an example of how an organization can link high level organizational strategies to leadership approaches. When organizational strategy and leadership approaches align, improved quality of client care and job satisfaction of all employees within the organization are affected.

Summary of the Study

The purpose of this qualitative, phenomenological dissertation in practice study was to describe the meaning of worker autonomy for HCWs at Caring Homes Inc. in San Francisco, CA. The study explored the beliefs, attitudes, and needs of HCWs regarding supervision, support, and empowerment in their own personal development as home care professionals. This study was guided by the following research question: How does worker autonomy affect retention for HCWs in nonprofit organizations? The aim of this study was to create an agency support structure that will empower home care workers and improve retention. A servant leadership lens guided the study with a specific focus on the possible impact of the leadership characteristics of altruistic calling and organizational stewardship on HCWs working within an agency based setting.

This study collected data from ten participants utilizing semi-structured interviews. The researcher utilized bracketing through a reflective diary to reduce bias during the study. A composite description of the formulated meanings of the participants lived experiences was evaluated and three themes emerged; home care is challenging work, all of the participants were drawn to helping vocations, and generally HCWs did not feel supported from supervisors or other systems at Caring Homes. A proposed solution included recommendations to develop small care teams within Caring Homes to

better support and communicate with HCWs along with the development of career lattices to further engage HCWs in their work. Finally this study contributed to ongoing research about the retention challenges throughout the home care industry. Implementation of the study recommendations could provide a replicable model of supportive management/leadership strategies and career advancement across the home care industry.

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Appendix A

Interview Questions:

1. How would you describe what it was like to apply for a home care job?
2. Why did you pursue home care as an occupation?
3. Why do you think your peers have left the home care field?
4. How would you describe any challenges you have faced in maintaining employment?
5. How would you describe your perception of the professional status of your work?
6. Do you feel supported in your work?
7. How often do you receive training?
8. How often do you interact with your supervisor?
9. How would you describe the coaching you have received in your work?
10. What career goals you have?
11. What additional training do you believe you need to be successful?\
12. To what extent are you involved in decisions about your clients?
13. To what extend do you feel you have independence or freedom in your position?
14. What do you enjoy or value about your job?
15. What do you find challenging?

Appendix B

Study Flyer Content Sample:

Volunteers Needed!

Home Care Workforce Retention Study

Eligibility Criteria

- Currently employed in good standing with Caring Homes
- Employed for more than 60 days

Principal Investigator: Kate Shadoan

Voluntary participants that complete at least one 90-minute interview will be reimbursed a $50 Safeway gift card.

Appendix C

Informed Consent

CREIGHTON UNIVERSITY RESEARCH INFORMED CONSENT

Protocol Title: The Challenges of Workforce Retention in the Home Care Industry
Protocol Number: 1084771-1
Principal Investigator:
Kathleen Shadoan, M.S., Caring Homes Inc., Creighton University
1035 Market L-1
San Francisco, CA 94130
415.992.xxxx

INTRODUCTION

I invite you to be part of a research study that will explore the beliefs, attitudes, and needs of HCWs regarding supervision and support along with their perceptions of their abilities to remain employed and develop as home care professionals. The study is funded by the Women's Foundation of California and is part of dissertation in practice study conducted by me, the principal investigator. Participation in this study requires one, approximately 90 minute interview, conducted with me. I will be available to answer any questions about the study through the contact information listed above.

Study Purpose and Procedures

The purpose of this study is to describe the meaning of worker empowerment for home care workers at Caring Homes. The study will explore the beliefs, attitudes, and needs of Home Care Workers regarding supervision, support, and empowerment in their own personal development as home care workers. If you agree to be part of the research study,

you will be asked to participate in one approximately 90-minute interview with the researcher. The interviews will be focused on questions about your experiences and perceptions of challenges to maintaining employment and the role of empowerment and supportive management in helping you to stay employed. You will have access to all notes and transcripts regarding the interviews and may opt out of the interview and research process at any time.

Benefits of Participating in the Study

Although you may not directly benefit from being in this study, others may benefit because this research may provide evidence-based solutions to Caring Homes to improve workforce retention and worker empowerment practices within the organization.

Risks of Participating in the Study

There may be some risk or discomfort from your participation in this research as the interview questions are of a personal nature. I believe these risks and/or discomforts to be minimal and there is no more risk than is encountered in everyday life is expected. Questions asked could bring up traumatic or stressful situations in your past and cause distress. All interviews can be ended if they bring about stressful feelings. Resources from the Work Life Success program are available to any Home Care Provider if they experience stress or trauma related to their work or participation in this study.

A possible risk involved in this study involves the potential social and psychological risks associated with accidental disclosure of confidential information from the audio data collected throughout the study. Methods of storing and securing data are designed to

minimize this risk. All data collected in this research will be audio recorded utilizing an iPhone. The audio data will be transcribed and stored on a secure Google drive folder; all audio recordings will be destroyed once the transcriptions have been saved. Pseudonyms will be used for all participants to ensure anonymity. If a data breach occurs you will be informed as soon as possible of the extent of the breach and any impact you may experience. This research study may involve currently unforeseeable risks to you. Your decision to participate in this research is 100% voluntary and will not affect (favorably or unfavorably) performance evaluations, career advancement, or other employment-related decisions made by peers or supervisors at Caring Homes. You will only be contacted by me if you initiate and express interest in participating in the research.

Confidentiality

I will do everything I can to keep your records confidential. However, it cannot be guaranteed. I may need to report certain information to agencies as required by law. Both records that identify you and this consent form signed by you may be looked at by others. The list of people who may look at you research records are:

- The investigator and his or her research staff and students
- The Creighton University Institutional Review Board (IRB) and other internal departments that provide support and oversight at Creighton University

I may present the research findings at professional meetings or publish the results of this research study in relevant journals. However, I will always keep your name, address, or other identifying information private.

I plan to publish the results of this study. I will not include any information that would identify you. Your privacy will be protected and your research records will be confidential.

It is possible that other people may need to see the information you give us as part of the study, such as organizations responsible for making sure the research is done safely and properly like the Creighton University Institutional Review Board and the Women's Foundation of California.

Also, if you tell us something that makes us believe that you or others have been or may be physically harmed we may report that information to the appropriate agencies such as Adult Protective Services.

At no time during this study will your direct supervisor, or any member of the supervisory team, be notified that you are participating in the study. All interviews can be conducted off site to further ensure your privacy and confidentiality. I will not share any data with your supervisor, or the supervisory team, about your interview or comments. The supervisory team will not have access to any of the data collected during this research. Results of this research study are intended to inform supervision and management practices at Caring Homes. Individual, identifiable interview data will not be shared with any Caring Homes employees at any time.

Interviews will be uploaded using the rev.com application and transcribed.

Transcribed interviews will be saved on a secure Google Drive folder and labeled with pseudonyms to ensure confidentiality I will store your recorded data to use for the duration of this study and completion of my dissertation in practice. Once the study is completed all recorded data will be permanently deleted. Your name and any other

identifying information will be secured and stored separately from your research data at Creighton University. Only I will have access to your research files and data.

Compensation for Participation

For your participation in this research project, you will receive a $50 Safeway gift card from the Women's Foundation of California immediately following the completion of the interview. You will not be required to complete the entire study to receive compensation. Creighton University is required by law to report to the IRS payments greater than $600 in a calendar year.

Contact Information

If you have questions about this research, including questions about scheduling or your compensation for participating, you may contact Kate Shadoan at kshadoan@ Caring Homesca.org or 415.992.xxxx or Dr. Bill Raynovich at xxxx@creighton.edu

Termination of Subject's Participation by Investigator

Your participation in the research may be terminated by me without your consent. Your participation may be terminated if I am unable to reach you to schedule an interview.

Additional Costs to the Subject

I do not anticipate any additional costs to you as a participation in this study.

Consequences of Subject's Decision to Withdraw

There will be no consequences if you decide to withdraw from the study. Once participation in the interview has begun you will still be eligible for the $50 gift card provided by the Women's Foundation of California. If you opt to withdraw from the study, I will note this in the study and will treat any information collected in the same manner as active participants

SIGNATURE CLAUSE

You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled, or any effect on your medical care.

My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.

_____
Printed Name of Subject

_____ _____
Signature of Subject Date Signed

The Creighton University Institutional Review Board (IRB) offers you an opportunity (anonymously if you so choose) to discuss problems, concerns, and questions; obtain information; or offer input about this project with an IRB administrator who is not associated with this particular research project. You may call or write to the Institutional Review Board at (402) 280-2126; address the letter to the Institutional Review Board, Creighton University, 2500 California Plaza, Omaha, NE 68178 or by email at irb@creighton.edu.

A copy of this form has been given to me. _____ Subject's Initials

For the Research Investigator—I have discussed with this subject (and, if required, the subject's guardian) the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

_____ _____
Signature of Responsible Investigator Date Signed

Appendix D

Bill of Rights for Research Participants

As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.

2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.

3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.

4. To be told about the reasonably foreseeable risks of being in the study.

5. To be told about the possible benefits of being in the study.

6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.

7. To be told who will have access to information collected about you and how your confidentiality will be protected.

8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research subject.

9. If the study involves treatment or therapy:

    a. To be told about the other non-research treatment choices you have.

    b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment.

Appendix E

Table 1

Examples of Significant Statements and Formulated Meanings

Significant Statement	Formulated Meaning
I've been doing this so long that for me to change would put me down on the bottom rung anywhere else. It would be starting all over again. I like where I'm at. I like being able to go out into the field and not have supervisors standing over me. I can go out and be with my clients, get to know them and just do the best I can.	Home care work is the only work the participant feels qualified to do; making it beyond contemplation to find another line of work.
It's more challenging than they expected. When they train them, the atmosphere that they're trained in is not the atmosphere that they're going to work in. I ran into a couple of people that went and got jobs at McDonald's, at Ross ... McDonald's, Ross and up at Macy's ... making minimum wage. Making the same money, and don't gotta clean nobody's butt, don't got to clean nobody's home, don't got to wash nobody's dishes, don't have to help nobody with their medicine, and don't have to deal with the pressures of supervisors calling you about this and that.	Home care work is very challenging, and the pay is low compared to other jobs at the same pay rate. The work is not valued, and most people are not able to do the work.
At the end of the day, you've got to realize sometimes we're the only people that a person can see throughout their day because they have no family. They have nobody to come by and visit them and what not, and when I come by, I have a bright personality, depending on how you come at me, but I have a bright personality and so it's like, if I could come in and they're happy to see me, that makes me feel really good.	Home care workers who enjoy helping others find greater job satisfaction in the work.

I love doing what I do. I love the fact that I'm not being micromanaged, and somebody is literally out looking over me, and seeing what I'm doing. I love that. I check in, I do what it is I'm supposed to do. Maybe I don't have nobody all ... I couldn't work in an office setting. That would just drive me crazy. I like being out in the field, and I like helping people, so I just see it as my career.	The perceived independence of the home care worker role can lead to higher levels of job satisfaction.
It's like you really don't care about the providers and the stuff that they go through at times. We got to go through a lot. A lot of people, you don't know what a person went through before they come here to work, and they put all that to the side, and then deal with clients.	Home care workers do not feel valued or supported by the agency supervisors. Workers face many personal challenges and are then faced with working with clients with mental and physical health challenges.

Appendix F

Table 3

Small Care Team Timeline

July 2018	Begin small care team pilot
August-December 2018	Evaluate key performance indicators of the small care team pilot
January 2019	Presentation of findings to senior leadership on small care team program Go/no go decision on full rollout
February 2019-November 2019	Full rollout of small care team program across the organization. Target of two small care teams per month

Table 4

Career Lattice Timeline

July 2018	Begin developing core competencies for advanced HCW roles
August 2018	Develop training to support core competencies of advanced HCW role
September – October 2018	Begin recruitment of pilot group of HCWs to participate in advanced training
November – December 2018	Evaluate impact of career lattice training through check in meetings with HCWs and follow up with consumers