CSA Journal

NUMBER 87 / VOL. 2, 2022

LIFTING THEM UP: Building Person-Centered Organizations

Direct care workers who serve older adults in nursing homes, assisted living facilities, community-based care, and hospitals face ongoing pandemic-related stress and low pay. To retain and support their direct care workers, organizations must extend their person-centered philosophies to their staff by listening to, resourcing, and empowering frontline workers.

By Jennifer Craft Morgan, PhD, and Waqar Ahmad

CSA Society of Certified Senior Advisors®

LIFTING THEM UP:
Building Person-Centered Organizations

Direct care workers who serve older adults in nursing homes, assisted living facilities, community-based care, and hospitals face ongoing pandemic-related stress and low pay. To retain and support their direct care workers, organizations must extend their person-centered philosophies to their staff by listening to, resourcing, and empowering frontline workers. BY JENNIFER CRAFT MORGAN, PHD, AND WAQAR AHMAD

Organizations that serve seniors are at a crossroads. Workers are leaving their jobs. Many that remain are on the verge of burnout and exhaustion after the heroic efforts needed to cover for others and serve older adults through the pandemic. An ever-increasing number of older adults needs services and supports in order to age in place and maintain or improve their quality of life. How do organizations move forward during this time and acknowledge and address the needs of their frontline workers? How can organizations deliver person-centered services and supports to clients when recruiting, hiring, retaining, and supporting workers is so challenging? We review relevant literature to provide a brief overview of some of the major challenges facing frontline care workers. We argue that person-centered care is only possible if organizations become worker-centered by seeking to recognize and empower their frontline and direct care workforce. We also provide healthcare organizations with evidence-based solutions and suggestions that might help them empower, professionalize, and retain their frontline workers.

Poverty and Vulnerability Among Direct Care Workers

The noble and difficult work of assisting people to live dignified and independent lives remains overwhelmingly undervalued (Wolfe & Zipperer, 2021). Among other things, the low hourly wages and income make direct care jobs less appealing to potential recruits. In 2007, Forbes magazine listed personal- and home-care aides as one of the top 25 worst-paying jobs in America (Institute of Medicine, 2008; Maidment, 2007). According to PHI (2021), a national research, advocacy, and workforce innovations organization, direct care workers who perform a central role in the lives of countless older adults and people with disabilities "struggled in poverty-level jobs across all long-term care settings."

Low wages or earnings perpetuate poverty among the direct care workforce (Scales, 2020). According to the Bureau of Labor Statistics (2018), the median hourly wages for all direct care workers is $12.27, and because direct care workers' employment is usually part-time, their median annual earnings hardly exceed $20,200. The direct care workforce doubled between 2008 and 2018; however, hourly wages increased, on average, only by three cents (Famakinwa, 2019; Scales, 2020).

While hourly wages and annual income for all direct workers remain low, there is also persistent inequality even among frontline occupational groups. For example, hourly wages and annual income for home care workers, residential care aides, and nursing assistants are $11.52 and $16,200; $12.07 and $20,200; and $13.38 and $22,200, respectively (Espinoza, 2021; Famakinwa, 2019; Holly, 2021; Scales, 2020).

Low wages and earnings are among the major contributors to poverty among direct care workers. A sizeable proportion of home care workers (18%) currently live in poverty, defined as living below 100% of the federal poverty level (FPL) ($12,060 for an individual); furthermore, low-income households, defined as living below 200% of the FPL ($24,600 for a household of four family members), account for approximately half (48%) of both home care workers and residential care aides (Scales, 2020). More than one-quarter of the direct care workforce is eligible for public assistance in various forms. Twenty-six percent of direct care workers are assisted through Medicaid: 24% with food and nutrition assistance, and 2% with cash assistance (PHI, 2011; Scales, 2020). Further, home care workers constitute the occupational group that requires the most assistance (53%) as compared to nursing assistants (36%) and residential care aides (38%) (Scales, 2020).

Research has also demonstrated disparities in wages among direct care workers based on race, gender, ethnicity, personal characteristics, and work settings (Campbell, 2017; Espinoza, 2021; Kelly et al., 2020; Scales, 2020). For example, people of color and women earn less than white men. The median hourly wages for a woman of color are $11.13, compared to $11.50 for a white woman and $12.38 for a white man (PHI, 2011; Scales, 2020). Similarly, direct care workers in assisted living settings earn less than workers in a hospital setting (Kelly et al., 2020). From an intersectional perspective, women of color within the direct care occupation have higher chances of living in poverty and may, thus, require more public assistance than their white counterparts. Poverty and social context exacerbate a lack of employee protective supports, i.e., health insurance, paid leave, flexible schedules, mental health resources, and, often, supervisory support. All in all, this workforce has experienced the collective trauma of the pandemic when they were ill-equipped to do so.

Layered Collective Traumas

As of February 2022, nursing homes have experienced more than 200,000 resident and staff deaths (Chidambaram, 2022). Across long-term care services and supports, this number is certainly higher: due to federal oversight, nursing homes have the most comprehensive data systems but do not include the many older adult, person with disability, or worker deaths outside of nursing homes. Direct care workers, particularly after experiencing the working conditions of the pandemic, experience multilayered collective trauma. Grief from experiencing numerous deaths, perceived threats to their safety and well-being in the community and at work, stress and burnout from difficult and understaffed working conditions, financial stress, and interpersonal conflict with overwhelmed supervisors, leaders, and clients all contribute to the collective trauma experienced by workers in senior-serving organizations.

Discrimination exacerbates these burdensome working conditions. The United States has historically relied on women and Black, Indigenous, and people of color (BIPOC) for underpaid direct care work (Glenn, 2010). Whites in frontline positions, primarily women, are assigned clean and relatively high-paid work, such as nursing and nurturant healthcare occupations, whereas people of color and immigrants are over-represented in these direct care worker positions (Budig et al., 2019; Dill et al., 2020). In addition to COVID-related traumas, political turmoil and systemic racism and related trigger events have

layered on additional trauma for groups of workers.

For everyone in this occupational group, risks of injury, illness, and even death have risen over the pandemic. Workers and care partners are experiencing burnout, exhaustion, and trauma across senior-serving organizations. Unlike one-time, event-based traumas, this collective trauma of COVID-19 has been experienced over a sustained period of time and has affected all parts of our lives.

Building Person-Centered Organizations

When we think of being person-centered in senior-serving organizations, we aim that person-centeredness, that deep acknowledgement of the individual's personal history and individual preferences, toward the clients we serve. We incorporate this vision of person-centered care by individualizing care plans, encouraging families and clients to share their stories, supporting clients to have choice wherever possible, and building meaningful relationships with our clients that support open communication, trust, and collaboration to help them age in place. What if we shifted our mindset to include our staff? What if we extended person-centeredness to all staff, but particularly those working on the frontlines? What would that look like? How might we do it? How might we meaningfully create person-centered organizations?

Listen

The first step is to acknowledge with staff what is happening at work, at home, and in the community. Getting to know your staff is not unlike getting to know your clients, and it is no less important. For smaller organizations, one-on-one listening sessions can go a long way. What is the reality of someone's life? What are their daily struggles at work or at home? Active listening is so important here: using open body language, asking open-ended questions with curiosity and no judgement, paraphrasing back to the speaker your understanding of what they are telling you. For larger organizations, you may want to organize small group get-togethers, even virtual, that encourage round robin sharing. Examples of open-ended questions include: What was the hardest part of your job this week? How do you cope with the hardest parts of your job? Try to avoid jumping to fix each problem; instead, let your organizational response be framed by what you hear are the collective needs of your workers. If you've never done this before, don't be surprised if it is met with skepticism or fear. This is an exercise in building trust and establishing a coaching mindset (Polemis, n.d.), building relationships with others, and moving toward higher cultural competence with your workers.

Lift up

The second key step to becoming a person-centered organization is to lift up your workers. There is so much good happening in your organization, but we often focus on the problems we have to solve. What are the great things that are happening under your nose? What can you do to recognize the work that staff have been doing? How can your supervisors build in community-wide recognition for all employees? How can you communicate in actions and words how important workers are to the success of your organization and how important they are as citizens to the community you build?

Lifting up is more complicated right now. We need to help lift each other up after experiencing the collective trauma of COVID-19. Many workers face grief, overwhelm, burnout and persistent inequality. Another component to "lifting up" is becoming trauma-informed. According to SAMHSA:

> A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (2014, p. 13)

As outlined above, many of your workers have experienced systemic racism, sexual harassment, and poverty, in addition to the COVID-related traumas in their various roles as care partners, parents, and/or workers. Listening to traumas experienced over the pandemic is the first step. The second is educating yourself on trauma-informed approaches that are grounded in principles of safety, choice, trustworthiness, and collaboration. See the Resources list for an excellent place to start: the "Trauma Talks" podcast from the University of Buffalo, which highlights the voices of frontline workers.

Resource

The third step to becoming a person-centered organization is to resource your workers with what they need to be whole and happy individuals. Right now, that might mean expanding or advertising the availability of your Employee Assistance Programs (EPAs). Regular sharing of mental health resources, their cost, and the ways to access these services reduces barriers for staff to get the therapeutic support they need to recover, engage in self-care, and move forward in their

lives and work. There are other web-based resources as well that offer support during this difficult time. Sharing resources such as COVID Coach, developed with the U.S. Department of Veteran's Affairs (see Resources section), gives workers access to additional free resources to support their mental health and well-being. Looking at the paid leave policies and accommodating the needs of your part-time workers is vital at this point. Many have no access to paid leave, and yet may be forced to stay home for periods of time during the pandemic if their children are learning virtually, or if they need to minimize risk to vulnerable family members.

Resourcing, over the long-term, needs to also deal with persistent issues related to both poverty and inequality experienced by so many frontline workers. This may include looking into ways employers can advocate for affordable housing, affordable day care, and increased employee supports (e.g., small emergency grants, EAPs). One step is doing an inventory on how your organization can become an employer of choice in your community (Morgan & Joshi, 2020). There are many resources available to start this journey; please see the Resources list for several recommendations.

Empower and Professionalize

One of the reoccurring themes in the literature on retention is that workers who are included in decision-making and given choice and autonomy have higher job satisfaction and retention. Inherent in this is the recognition by the employer that frontline workers have important things to contribute to the policies, practices, vision, and culture of an organization and therefore need to be systematically included. This takes various forms but requires inclusion of frontline workers at all levels. Some strategies are to: a) include your frontline workers as part of the hiring process, b) include frontline workers in the development of the client care plan, c) systematically solicit their feedback on quality improvement processes, and d) transparently communicate how their feedback and suggestions are incorporated into new policies, practices, and programs.

Using a coaching mindset and empowering workers to be creative problem-solvers at your organization will open the door for larger scale professionalization of the frontline workforce. Equal status on work groups and supportive inclusion on interprofessional teams will elevate the status of these workers and support improved quality of care and workplace cohesion. These foundational inclusion practices have the potential to lead to larger-scale changes that support community-building and advanced training options tied to improved compensation and revised job descriptions.

Now is the time for senior-serving organizations to systematically improve their approach towards care workers who perform a key role in the lives of millions of older adults. Despite the centrality of their work, the heroic job of care workers has often been unacknowledged and persistently undervalued. Senior-serving organizations have the opportunity to take a lead in advocating for frontline and direct care workers by listening, lifting up, resourcing, empowering, and professionalizing their frontline and direct care workers. •CSA

Acknowledgement

We are grateful to our mentors and colleagues who have collaborated on resourcing organizations and individual staff and influenced our thinking about person-centered organizations, especially Elisabeth Burgess, Joan Carlson, Walter Coffey, Rose Marie Fagan, Candace Kemp, Kim McRae, Leigh-Anne Royster, and David Sprowl.

Dr. Jennifer Craft Morgan is an associate professor in the Gerontology Institute at Georgia State University. Her research focuses on jobs and careers, attempting to understand how policy, population, workplace, and individual-level factors shape how work is experienced and how work is organized across care settings. She is a national expert on recruitment, training, and retention of direct care workers.

Waqar Ahmad is a doctoral student in sociology at Georgia State University. Previously, he worked as an assistant professor of sociology at Malakand University in Pakistan. Mr. Ahmad is interested in what we can do to make the process of aging more optimal, independent, and person-centered, especially in care settings for older adults.

RESOURCES

COVID Coach app, from the U.S. Department of Veterans Affairs: https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp

LeadingAge Center for Workforce Solutions: https://leadingage.org/workforce

Pioneer Network: https://www.pioneernetwork.net/resource-categories/workforce/

Culture Change Network of Georgia's micro-learning videos: https://www.youtube.com/channel/UCAZ89fyLxS_VLXS6qxvozQg/playlists

The Pioneer Employer Initiative's in-depth toolkits: https://iwer.mit.edu/wp-content/uploads/2016/11/Toolkit_FINAL-1.pdf

"Trauma Talks" podcast from the University of Buffalo: http://socialwork.buffalo.edu/social-research/institutes-centers/

institute-on-trauma-and-trauma-informed-care/trauma-talks/trauma-talks-covid19.html

REFERENCES

Budig, M. J., Hodges, M. J., & England, P. (2019). Wages of nurturant and reproductive care workers: Individual and job characteristics, occupational closure, and wage-equalizing institutions. *Social Problems*, *66*(2), 294–319. https://doi.org/10.1093/socpro/spy007

Bureau of Labor Statistics. (2018). National industry-specific occupational employment and wage estimates. *PHI*. https://www.bls.gov/oes/current/

Campbell, S. (2017). Racial and gender disparities within the direct care workforce: Five key findings. *PHI.* https://phinational.org/wp-content/uploads/2017/11/Racial-and-Gender-Disparities-in-DCW-PHI-2017.pdf

Chidambaram, P. (2022, February 3). Over 200,000 residents and staff in long-term care facilities have died from COVID-19. *KFF.* https://www.kff.org/policy-watch/over-200000-residents-and-staff-in-long-term-care-facilities-have-died-from-covid-19/

Dill, J., Odichinma, A., Karbeah, J., & Henning-Smith, C. (2020). Addressing systemic racial inequity in the health care workforce. *HealthAffairs.* https://www.healthaffairs.org/do/10.1377/hblog20200908.133196/full/

Espinoza, R. (2021). New research: High demand yet low wages for direct care workers. *PHI*. http://phinational.org/news/new-research-high-demand-yet-low-wages-for-direct-care-workers/

Famakinwa, J. (2019). 18% of home care workers live below the federal poverty line. *Home Health Care News*. https://homehealthcarenews.com/2019/09/13-of-home-care-workers-live-below-the-federal-poverty-line/

Glenn, E. N. (2010). *Forced to care: Coercion and caregiving in America*. Harvard University Press.

Holly, R. (2021). Home care workforce still facing widespread economic instability. *Home Health Care News.* https://homehealthcarenews.com/2021/09/home-care-workforce-still-facing-widespread-economic-instability/

Institute of Medicine (U.S.) Committee on the Future Health Care Workforce for Older Americans. (2008). *Retooling for an aging America: Building the health care workforce*. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK215401/

Kelly, C., Morgan J.C., Kemp, C.L., & Deichert, J. (2020). A profile of the assisted living direct care workforce in the United States. *Journal of Applied Gerontology*, *39*(1), 16–27. https://doi.org/10.1177/0733464818757000

Maidment, P. (2007). America's 25 worst-paying jobs. *Forbes*. http://www.forbes.com/2007/06/04/jobs-careers-compensation-lead-careers-cx_pm_0604worstjobs_slide_14.html?thisSpeed=15000

Morgan, J.C. & Joshi, N. (2020). Becoming an employer of choice. *CSA Journal, 80*(3).

PHI. (2011). Who are direct care workers? *PHI*. https://phinational.org/wp-content/uploads/legacy/clearinghouse/NCDCW%20Fact%20Sheet-1.pdf

Polemis, J. (n.d.). The coaching mindset. *NYU: Coaching for Leadership.* https://wp.nyu.edu/coaching/mindset/

SAMHSA. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. *Substance Abuse and Mental Health Services Administration.* https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Scales, K. (2020). It's time to care: A detailed profile of America's direct care workforce. *PHI*. https://phinational.org/wp-content/uploads/2020/01/Its-Time-to-Care-2020-PHI.pdf

Wolfe, J. & Zipperer, B. (2021). The Raise the Wage Act would support essential care workers. *Economic Policy Institute.* https://www.epi.org/publication/ltss-direct-care-workers-rtwa/