

“Intent to Stay” Among Paid Home Care Workers in California

Ruth E. Matthias, PhD

A.E. Benjamin, PhD

Ruth E. Matthias is Senior Researcher, Lewis Center for Regional Policy Studies, School of Public Affairs, University of California-Los Angeles, 3250 Public Policy Building, Los Angeles, CA 90095-1656 (E-mail: matthias@ucla.edu).

A. E. Benjamin is Professor, Department of Social Welfare, School of Public Affairs, University of California-Los Angeles, 3250 Public Policy Building, Los Angeles, CA 90095-1656 (E-mail: tedbenj@ucla.edu).

The authors thank Pamela Doty, Robyn Stone, Todd Franke, Ellen Park, and a superb technical advisory group for their assistance with this study. This research was supported by a research contract from the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation (94- 0022).

ABSTRACT. The continuing shortage of entry-level healthcare workers highlights the need to understand worker retention and turnover. This study focuses on intent to stay among 618 paid home care workers in California, half from agencies, and half employed under a consumer-directed model that includes both relatives and non-relatives of the client. Most workers (63.3%) report that they will very likely be working as a caregiver in 12 months, but more family than non-family caregivers say so. Being related to the client, and having fewer clients, more training, more job satisfaction, and hopes for a raise, all predict intent to stay. However, when we analyze family caregivers separately, there are *no* significant predictors of intent to stay.

KEYWORDS. Home care, family caregiver, retention, service model

INTRODUCTION

The entry-level health care worker shortage in the United States is a widely acknowledged problem. The number of Americans needing long-term care will increase dramatically over the next several decades. Within the long term care workforce, the home care workforce, with relatively low incentives and high turnover, is particularly at risk (Stone, 2004). At the same time, the supply of unpaid care, including that from family members, is diminishing. The potential of families as *paid* caregivers, however, has been overlooked, even though paying family caregivers could increase the eligible worker pool and improve worker retention rates. Recognizing this, growing numbers of states, like California, now reimburse family members for home care services provided under Medicaid public assistance benefits and waiver programs.

Home Care Worker Shortages

The elderly population is growing, and health care delivery is changing in a way that increases the demand for entry-level health care workers, especially in home care. It is estimated that the numbers of those 65 and older, and the numbers of those needing long term care, will more than double by the year 2050 (U.S. Department of Health and Human Services, and Department of Labor, 2003). Besides population changes, other factors that affect demand in the home care market include consumer health and functional status, level of need, availability of informal care, and service costs (Burbridge, 1993; Dawson & Surpin, 2000). Hospital and nursing home payment constraints mean that people recovering at home are sicker and need more care (Stone & Wiener, 2001).

While demand increases, the supply is not keeping up. Family members today work more outside the home, so that the pool of unpaid caregivers is shrinking (Spillman & Pezzin, 2000). Low worker wages and benefits add to the problem. Home care aides are the hardest hit, with

low wage rates, minimal benefits, irregular hours of work, part-time work, and limited opportunities for advancement (Crown, Ahlburg & MacAdam, 1995; Dawson, Kempinski, & Tyler, 2001). Working conditions are poor, with high rates of illness and injury (Gregory, 2001; U. S. Department of Labor, 2001). Moreover, the public places little value on low-wage occupations in long term care, and media reports emphasize negative images (Stone & Weiner, 2001).

The home care aide shortages are exacerbated by high turnover rates. Nationally, nurse aide turnover rates range from 38 percent to 143 percent (Decker, Dollard & Krador, 2001), with rates varying by place of work (higher for nursing homes and lower for home health care) and by state (Stone & Weiner, 2001). For California's publicly-funded home care workers, about 40% quit during the first year, and after three years, about 70% have quit (Ong, Rickles, Matthias, & Benjamin, 2002). Unfortunately, high turnover rates are costly, not only financially, but also in terms of compromised care (Stone, 2004).

This study proposes to explore issues pertaining to turnover among paid family and non-family caregivers in California. Before describing the study's design we will first provide background on the two models of home care in the state and on paid family caregiving issues.

Models of Home Care in California

California's In-Home Supportive Services (IHSS) is a publicly funded home care program for about 300,000 low-income residents who are living in their own homes but at risk of institutionalization. About two-thirds are over age 65. Covered services include personal care, household and related chores, paramedical services, protective supervision, and transportation to medical appointments. There are two models for service delivery, consumer-direction, and agency. Uniquely, about 95% of the clients in this program are served under a

consumer directed (C-D) model. Here, the client acts as the employer and is responsible for locating, hiring, training and supervising, and firing the worker (Polivka & Salmon, 2001; Tilly & Wiener, 2001). Under the C-D model, IHSS pays an hourly rate (typically minimum wage) to anyone, including a family member, selected by the client as a worker. The flexible funding policy of IHSS allows family members, including children or spouses, to be paid workers, and about half of the C-D caregivers are relatives of the clients (Ong et al., 2002).

The remaining 5% of IHSS clients receive services under the second model, the agency model. In this more traditional professional model, the agency as employer assigns workers to clients and monitors the delivery of services.

Paying Family Caregivers

Whereas most family members provide care without pay, some family caregivers, such as those in California's IHSS program, receive payment for their services. Paying family members has long been controversial. From a recent national survey about informal caregiver support, only 31% of respondents agreed with the idea of paying caregivers (Silverstein & Parrott, 2001). One explanation for this controversy is that such a policy violates the norms of family responsibility (Doty, 1986). Some policy makers also fear the *woodwork effect*, a hypothesized scenario in which a policy reform like paying family members leads many such people, who have formerly provided family care for free, to seek public reimbursement, thus sharply driving up costs. Although there is little or no evidence that this occurs in states adopting family payment (Arno, Levine, & Memott, 1999; Keigher & Linsk, 1997), critics continue to invoke the specter of hoards of family caregivers coming out of the woodwork to receive public payment.

One advantage of paying family caregivers is that the pool of eligible workers increases. Based on Polivka and Salmon's (2001) overview of consumer-directed care, the most cost-

effective means of strengthening the informal care system is to pay informal caregivers. Another advantage is that paying family caregivers may reduce turnover. Past research indicates that paid family caregivers experience more satisfaction in their work (Doty, Benjamin, Matthias, & Franke, 1999) which could contribute to lower turnover rates. The same paid family caregivers also experience higher levels of stress, however, which could have the opposite effect.

Intent to Stay and Retention/Turnover

Discussions of home care worker shortages triggered our interest in determining the level of dedication that paid family caregivers have to their jobs. To date, there are no published findings on retention, or intent to stay, for paid caregivers who are family members. One good construct for measuring such dedication is worker “intent to stay” in home care. Research has shown that intent to stay and its converse “intent to leave” are useful predictors of retention and turnover (Vandenberg & Barnes, 1999; Wells, Roberts, & Medlin, 2002), although predictive ability varies across studies. Studies use turnover intent as an important antecedent of actual turnover (Lambert, Hogan, & Barton, 2001) or as an outcome in and of itself (Lum, Kervin, Clark, Reid, & Sirola, 1998; Feldman, Sapienza, & Kane, 1990).

Nor have there been studies that analyze factors related to retention or intent to stay for sub-groups of home care workers (e.g., agency, or consumer-directed family workers). The dynamics of retention have been more thoroughly studied for other groups like nurse aides, where, for example, satisfaction is strongly linked with retention (U.S. General Accounting Office, 2001). Studies of home health aides show that intent to stay is associated with being older, being white, having better training, more task variety and stronger supervisor support (Feldman et al., 1990), and with having past home care experience and serving less severely-disabled clients (Stelmach, Postma, Goldstein, & Shepard, 1981).

There is little research that examines paid caregivers who are family members compared with paid non-family caregivers, and that tries to understand factors that affect retention in these caregiver sub-groups.

A key question is whether paid family-member caregivers have greater intent to stay in caregiving than other caregivers. If so, hiring and paying family members could help alleviate the worker shortage by increasing the pool of available workers, and by enhancing retention, thus increasing length of time worked.

Our study addresses three questions pertaining to paid caregivers: (1) How do personal and job factors of paid family workers compare with those of paid non family workers? (2) To what extent is intent to stay in home care associated with being an agency worker or with being a paid family worker? and (3) Do factors that predict intent to stay in home care differ between paid family and non-family caregivers?

To address these questions, we use findings from a federally-funded study conducted in 1996-97 of clients and workers in California's In-Home Supportive Services (IHSS) program. We surveyed 618 randomly-selected home care workers providing paid care under two models—agency, and consumer-directed. Within the consumer-directed model, there are both paid non-family workers and paid family workers. We use the organizing framework of Cotton and Tuttle (1986) who identified three broad categories of factors that may influence turnover. These include *personal factors* such as age, education, and marital status; *job and organizational factors* such as pay, job stress, and leadership effectiveness; and *environmental factors*, including unemployment rates and general economic conditions, that influence turnover through job satisfaction. Here we will focus on personal, and job and organizational factors known to affect turnover. Since economic conditions or unemployment rates are not part of our dataset, we do

not include environmental factors, although we will include several satisfaction measures in our analysis.

METHODOLOGY

Sampling

There were two stages of sampling. First, we sampled clients in the program as part of a related IHSS client study. This client sample was stratified to insure roughly equal numbers of those receiving services under the two service models (agency and consumer-directed model, or C-D), those over and under age 65, and those considered severely-limited on program measures of disability (functional status). Second, workers were sampled from the pool of workers serving sampled clients. Randomness was achieved first through the client sampling procedure, then through random selection of workers from the client list. Contact information for C-D workers came from the IHSS statewide data system, while information on agency workers was supplied by the participating home care agencies. Agencies operate in 12 of California's 58 counties, while the C-D model is mandated in all counties. The final sample included 365 agency, and 251 C-D workers (122 family and 129 non-family caregivers).

Questionnaire Construction and Interviewing

The questionnaire developed for the IHSS worker telephone survey addressed worker demographics, working conditions, relationship with client, worker safety, and two outcome areas, stress and satisfaction. The instrument drew upon familiar scales such as the National Home Care Survey and the National Long Term Care Survey, but many questions were developed specifically for this study (Benjamin & Matthias, 1995). Professional interviewers

conducted telephone interviews in English and Spanish between September 1996 and March 1997. The overall response rate, including those impossible to contact, was 62.7 percent.

Measures

The dependent variable, intent to stay, was operationalized by asking respondents “How likely is it you will still be working as an IHSS worker 12 months from now?” The five-scaled responses range from “very likely” to “very unlikely.”

The independent variables include *personal factors* as well as variables pertaining to client service arrangement, specifically, whether the worker worked under a client-directed or an agency model, and whether or not the worker was a relative. Earlier studies (Doty et al., 1999) indicate that different arrangements result in different worker outcomes, so it is important to include these here. We also include *job and organizational factors* such as wages and benefits, number of clients, formal training, degree of physical strain, and job satisfaction. Examples of the latter are having the chance to learn new things, having physically difficult and/or unpleasant tasks, and being satisfied with IHSS work as a whole. Other questions included asking if the respondent would recommend IHSS home care work to a friend, and if a raise was anticipated in the next 12 months.

Limitations

This study has some limitations. First, this is a study of one program in one state, so generalization of findings and implications to federal and other state policies merits some caution. California, however, is a large and diverse state, and the IHSS program includes a sizable client population receiving services through well-established but varied service arrangements. Thus it is reasonable to assume that in spite of the one-state sample, our findings will have meaningful implications elsewhere.

Second, we do not know the specific fit between a caregiver's intent to stay and actual retention or turnover rates. Prior research indicates that there is a strong correlation between intent to stay and turnover (Lambert, Hogan, & Barton, 2001; Vandenberg & Barnes, 1999; Wells, Roberts, & Medlin, 2002). Consequently, we can extrapolate in general from one to the other, but we cannot be specific about actual rates.

FINDINGS

The first research question asks how personal and job factors differ between paid family workers and paid non-family workers.

Personal Factors

Table 1 presents data for the groups of paid workers—agency, family, and non-family. Most of these workers are over age 45, female, non-white, currently unmarried, and have a high school education or less. Agency workers are more likely than the other two groups of C-D workers to be older, female, Hispanic, and married or widowed.

There are few differences between family and non-family workers. Around half of both agency and C-D workers were employed elsewhere either full- or part-time when they began working in the IHSS program. Those who were employed just before they became IHSS workers were asked how their work situation changed at that point. Most of the agency workers who were previously employed (77.1%) quit their former jobs, while fewer C-D workers (about 40%) did so. As shown in Table 1, many more C-D workers currently hold other jobs in addition to their IHSS duties, compared to agency workers. Family workers are somewhat more likely than non-family workers to retain more than one job.

TABLE 1. Personal Factors by Agency, Family, and Non-Family Worker

	<u>Agency</u> (N = 365)	<u>C-D</u> <u>Family</u> <u>Worker</u> (N = 122)	<u>C-D</u> <u>Non-Family</u> <u>Worker</u> (N = 129)
Age (%)			
18-44	33.5	44.2	44.0
45-64	52.8	46.7	48.8
65 +	13.7	9.2	7.2
Mean Age	46.8	46.9	46.4
Gender (% female)	96.4	81.1	82.9
Ethnicity (%)			
White	31.7	41.3	40.5
Hispanic	44.9	32.2	27.8
Black	14.6	16.5	23.8
Other	8.7	9.9	7.9
Education (%)			
Less than HS	39.8	33.6	27.6
HS diploma/GED	31.9	26.2	32.3
Some college or more	28.2	40.2	40.2
Marital status (%)			
Married	44.6	39.3	38.1
Widowed	12.2	9.0	5.6
Divorced	18.8	21.3	19.0
Separated	7.5	8.2	8.7
Never Married	16.9	22.1	28.6
Prior employment status (%)			
Employed full-time	33.8	45.0	32.6
Employed part-time	17.9	12.5	19.4
Unemployed, seeking employment	18.7	18.3	19.4
Other (Retired, student, other)	29.7	24.2	28.7
Quit job after becoming worker (%)	77.1	41.5	40.0
Has another job (%)	9.9	31.1	23.4

Job and Organizational Factors

Wages and benefits. Working conditions are often cited as reasons for high worker turnover. Table 2 shows data on work-related factors, including pay and benefits, work time, amount of training, and satisfaction.

Agency workers report an average hourly wage of \$6.22, compared to C-D wages that averaged \$4.79 per hour (increased to \$6.85 per hour in 2001). Although wage levels are low across the

board, agency wages are higher by about 30%. Only four in ten agency workers report receiving health insurance. This may be skewed because fewer part-time workers receive health benefits, because some workers may face a probationary period before becoming eligible for health insurance, and because some may choose to forego the added costs of insurance. Among the C-D workers, family and non-family worker differences are negligible; virtually none report receiving benefits.

Training. Regarding training, more family (28%) and non-family (29%) workers than agency workers (5%) report receiving no formal training. Nearly twice as many agency workers compared with the C-D workers say they received “quite a bit” or “a lot” of training. In spite of these stark differences, the three groups are relatively similar in terms of how well-prepared they consider themselves to be when first working with their current client. Most (60%-70%) feel adequately prepared for home care.

Work experience. The average agency worker provided services to over four clients during the study period, many more than a consumer directed worker. Agency work typically means providing a relatively modest number of hours to multiple clients, while the C-D model typically involves giving more hours to a single client. As expected, nonfamily workers serve more clients, on average, than family workers (1.6 vs.1.2). When workers were asked about physical strain experienced in the past six months, family workers fared worst. Fewer than one-third of the agency workers report some physical strain, compared with 48% of non-family workers and 62% of family workers.

TABLE 2. Job and Organizational Factors

	Agency (N = 365)	C-D Family Worker (N = 122)	C-D Non-Family Worker (N = 129)
Wages and Benefits			
Hourly wage (mean \$/hour)(SD)	\$6.22 (0.85)	\$4.74 (0.30)	\$4.83 (0.83)
Have health insurance (%)	39.4	1.7	3.1
Training			
No formal training (%)	5.0	27.9	29.1
Quite a bit, a lot of formal training (%)	56.1	27.1	37.0
Preparation for home care –% excellent/very good	59.3	65.3	70.6
Workload			
Number of clients (mean) (SD)	4.3 (2.8)	1.2 (0.4)	1.6 (1.0)
Physical strain (% stating "none")	69.2	38.3	52.0
Work Experience			
% providing care to client prior to IHSS	3.8	82.0	24.8
Hours worked/week for IHSS–mean (SD)	30.2 (13.2)	30.9 (25.4)	33.9 (23.5)
% providing unpaid hours of care last week	12.4	78.7	21.3
Unpaid hours working for client last week–mean (SD) (only for those providing unpaid hours)	17.3 (44.3)	40.1 (49.9)	17.8 (30.5)
Total years worked as IHSS worker–mean (SD)*	7.5 (6.4)	4.3 (4.3)	5.8 (5.7)
Years since first began IHSS work with client– mean (SD)*	3.5 (3.6)	4.7 (4.1)	3.1 (2.6)
Satisfaction			
Satisfied with job as a whole (% very satisfied)	68.5	62.3	66.4
Feels isolated from other workers (% strongly agree)	5.8	10.7	7.0
Work routine is boring (% agree)	13.1	14.9	12.5
Thinks s/he will get a raise (% yes)	67.1	69.9	70.4
Intent to Stay			
Will "very likely" be working as an IHSS worker 12 mos. from now	61.1	74.6	61.2

*The fact that "years working with client" for family workers was greater than "years worked as an IHSS worker" needs explanation. The questions were worded differently; the question about length of IHSS work was asked for total numbers of years worked, discounting time taken off between home care jobs, whereas the question for working with the client asked for the year when the worker first worked for the client. The calculation to "years" was made assuming no break in service. Also, some family workers could have inadvertently included non-pay time because most were working with the client prior to receiving IHSS pay.

There is little difference among the three worker groups in the total number of paid IHSS hours per week. When we asked workers about unpaid work hours, however, we found substantial differences. Most family members (78.7%) provided unpaid care in addition to the paid IHSS care, while only a handful (12.4%) of agency workers did. Among those who provided unpaid care, family members worked without pay for an average of 40.1 hours per week, many more than non-family or agency workers.

Family workers have longer tenures with their client (4.7 years) than do non-family workers (3.1 years) and agency workers (3.5 years), indicating a higher level of job stability for family workers. Although family members report a longer period of time with the client, they also report fewer total years in IHSS as well as more outside jobs. This suggests that their commitment is to the client and not to the “career” of home care.

Satisfaction. The satisfaction items indicate small differences between the groups. Family workers feel somewhat more isolated than the other groups ($p < .05$), but the groups are similar in their feelings of overall satisfaction, “boredom,” and whether they think they will get a raise.

Intent to stay. The second research question we address is to what extent home care workers plan to remain in home care, and is this influenced by whether or not they are agency workers, and by whether or not they are relatives. The last item in Table 2, “Intent to Stay,” addresses this question. About three-quarters of family workers respond that they will very likely be working as an IHSS worker in twelve months, compared with just over 61% for the other two groups, a significant difference (X^2 , $df = 8$, $p < .05$).

To address the third research question about which factors are associated with intent to stay, we conducted a series of multiple regression analyses using intent to stay, scaled one to five, as the dependent variable. Because our data suggest that the three categories

of home care workers are very different, we present four separate multivariate analyses, one for the total sample of workers, and one each for the three subsample groups (Table 3). For the total sample (1st column), we include the three categories using two “contrast,” or orthogonally-coded variables to structure the comparisons: agency versus consumer-directed (family and non-family combined) and C-D family versus C-D non-family. We include key personal factors plus job and organizational factors as predictor variables.

We were interested in the relationship between intent to stay and various satisfaction-related questions. We first computed correlations between the satisfaction items and the dependent variable (intent to stay), and then we conducted comparable correlations within each group (table not shown). Interestingly, in the family worker group, only two items correlate with intent to stay: being able to accomplish something worthwhile, and seeing the work as boring (negative correlation). The agency worker group had the most items correlated with intent to stay. For the next stage of the study using multivariate analyses, satisfaction items as predictor variables were included only if they were significant in any of these correlation matrices; non-correlated items were excluded.

The four separate regression equations produced intriguing results. In the first regression for the total sample, we included the two service model (contrast) variables, and both model comparisons (i.e., agency versus consumer-directed, and family versus non-family) were significant. Workers in the agency model, when controlling for other factors, are less likely than those in the consumer-directed model to say they will be providing care in 12 months. Also, family caregivers are more likely than non-family caregivers to say they will still be providing care in 12 months. Several other variables are related to intent to remain in home care work: having fewer clients; working more years with the client; having more training; being more

TABLE 3. Regression Standardized Coefficients Predicting Worker Stability

DEPENDENT VARIABLE: (1) very likely to (5) very unlikely working as an IHSS worker in 12 months	Total Group (N = 497)	Agency Workers (N = 294)	C-D Family Workers (N = 98)	C-D Non-Family Workers (N = 105)
Agency (vs. consumer-directed)	.281***	--	--	--
Family (vs. consumer-directed non-family)	-.105*	--	--	--
PERSONAL FACTORS				
Age (Range = 18-82)	-.042	-.019	-.094	-.037
Gender (1 = female)	-.008	-.136*	.192	.115
Ethnicity: Hispanic (vs. White)	.004	-.021	-.008	-.022
Asian (vs. White)	-.032	-.048	.135	-.076
Black (vs. White)	.075	.047	.070	.094
Other (vs. White)	.038	-.017	.147	.164
Education: High school or more (vs. < HS)	-.063	-.029	.114	-.188
JOB and ORGANIZATIONAL FACTORS				
Number of clients caring for now	-.148**	-.156**	-.168	-.116
Has another job (1 = yes)	.052	.021	.085	.078
Years working with client (0-25)	-.108*	-.085	-.118	-.053
Years working as IHSS worker (0-33)	.055	.136	-.081	-.106
Hourly wage (4.25-10.00)	-.073	-.097	.103	-.017
Amount of formal training (1 = none to 5 = a lot)	-.155**	-.184**	-.181	-.039
Physical strain in past 6 months (1 = yes)	-.044	-.055	-.033	-.037
<u>Satisfaction Items</u> (1 = strongly agree; 5 = strongly disagree)				
Satisfied with job as a whole (1-5, 1 = very satisfied)	.174**	.237***	-.138	.123
Worker feels isolated from other workers	-.094*	-.085	-.187	-.146
Work routine is boring	-.048	.013	-.297*	-.203
P thinks P will get a raise (1 = yes, 2 = maybe, 3 = no)	.114**	.093	.021	.166
Constant	***	***	ns	ns
ADJUSTED R-SQUARED	.156***	.168***	.126^a	.122^a

*p-value < .05; **p-value < .01; ***p-value < .001; ^ap-value < .10

Note: Some satisfaction variables that were not significant are not shown in this table: keeping the home clean and orderly; doing difficult or unpleasant tasks; accomplishing something worthwhile; learning new things; and recommending the job to a friend.

satisfied with the job; not feeling isolated; and feeling that a raise is probable. When we analyzed predictors for the agency workers only (2nd column), those more apt to stay are males, and those having fewer clients, more training, and more satisfaction overall. Neither the model for the family workers (3rd column), nor for the non-family workers (4th column) was significant, so it is not useful to look at the individual predictors. Even so, there was only one significant predictor in the family worker model; those who find their work boring are less likely to think they will stay. In other words, whereas for agency workers we can predict who stays, this is not the case for consumer-directed workers. Their reasons for staying are not related to the “traditional” reasons normally associated with job turnover, or intent to stay.

DISCUSSION

This paper attempts to identify and understand the differences among three groups of paid caregivers—agency, family, and non-family—regarding their intent to remain in home care for the coming year, and to consider possible explanations for any differences. When we asked our sample of caregivers if they thought they would be working as an IHSS worker 12 months from now, almost two-thirds (63.6%) thought they very likely would continue working. Conversely, only about 5% thought they would “unlikely” or “very unlikely” be working as a worker in a year. Given the high turnover rates reported elsewhere (Decker, Dollard, & Kraditor, 2001; Stone & Weiner, 2001), these proportions seem quite optimistic. From a recent labor market analysis of healthcare entry-level workers in California (Ong et al., 2002), about one-third of IHSS workers were still with the same employer after three years, and about 45% were still in the caregiving industry. These findings are more in line with the intentions indicated by our

sample, even though we were not able to determine if the workers who indicated they would “very likely” be working in 12 months had in fact continued to do home care work.

We were particularly interested in whether worker intentions to remain in home care are associated with whether or not the paid worker is related to the home care client. Our results show that paid family workers are more apt to say they plan to continue as caregivers, indicating more short-term stability within this group. Data from our companion survey of clients show that clients with family workers report a higher average number of years with the same worker (4.3 versus 3.3 for nonfamily). Indeed less than one-quarter report ever replacing their worker, compared to almost 60% of those with non-family workers (Doty et al., 1999). On a larger scale, a recent labor market analysis of consumer-directed IHSS workers also supports our findings. Among those who provided in-home care between 1998 and 2001, about 54 percent of relatives or friends were currently providing care, compared with only 35 percent of non-related workers (Ong et al., 2002).

We were also interested in identifying factors associated with caregiver intent to remain working. For our sample, *personal factors* like age and race were not related to job stability. Our findings differ from those of Feldman et al. (1990) whose study showed that these personal factors were predictors of job stability. The fact that Feldman and her colleagues controlled for different variables, and that they examined only agency workers may partially explain the differences in findings. There may also be other more substantive reasons for these differences, which we will discuss shortly.

Regarding *job and organizational factors* associated with intent to stay, our study findings again differ from some previous studies. For example, while past home care experience has been associated with retention elsewhere (Stelmach, Postma, Goldstein, & Shepard, 1981), in

our study the number of years worked as an IHSS provider does not predict intention to stay for any worker group.

Past research indicates that the adequacy of formal training is an important element in keeping people on the job (Feldman, Sapienza, & Kane, 1990). In our study, this is true for the agency workers; however, training is *not* a significant predictor of intent to stay for the C-D nonfamily or C-D family worker groups. Findings from Banaszak- Holl and Hines (1996) are more consistent with ours; they found that increased nurse aide training did not decrease turnover.

Finally, while satisfaction measures predict turnover in other studies of direct care workers like nurse aides (U.S. General Accounting Office, 2001), in our study worker satisfaction does not predict intent for either the C-D family or the C-D non-family group (although overall satisfaction is a significant predictor in the agency worker group). Thus, paid caregivers in the consumer-directed model do not seem to be as strongly influenced by factors traditionally related to job stability, such as working conditions and satisfaction-related elements. This is particularly true for those caregivers who are related to the client. These findings could be explained by Tennstedt's (1997) proposition that families are motivated to provide care out of love and kinship ties. By no means do our findings imply that good working conditions are not important to paid family caregivers. They do indicate that paid family caregiver dedication to the job is not based on economic rewards or career ladder ambitions. The implication is that this group of workers, as a whole, is a valuable asset to the workforce, and that clients benefit from having committed family caregivers. This has been shown in previous studies of IHSS clients who receive care from family workers (Benjamin, Matthias, & Franke, 2000). Those with family workers show higher levels of satisfaction with their care.

There is much controversy about whether or not family members, particularly spouses or parents, should be paid to care for their relatives. California is one of the few states where public funds are used to reimburse any relative for home care, although under the new governor, the proposed budget initially included specific cutbacks in paying family caregivers. There are many barriers to expanding this service delivery approach, including fears of the “woodwork effect,” and some sentiment opposed to paying families to do what is their “responsibility” anyway.

But the potential benefits should be considered. The state, family caregivers and clients benefit in different ways. The state benefits from an expanded workforce. In our sample, just under 20% of family workers were not providing care prior to becoming IHSS workers. This would conceivably mean that, in a population of over 200,000 clients and 100,000 paid family workers (Ong et al., 2002), paying family workers added about 20,000 new caregivers to the workforce. The state also benefits from inexpensive labor supplying needed services. All IHSS workers are paid, but they are not paid much, with an average hourly wage around \$6.75 per hour (Ong et al., 2002). Furthermore, family members are much more likely than others to provide additional hours of care for which they receive no compensation (Doty et al., 1999). Clients are more satisfied, and benefit from having workers who are more loyal and stable than others they might employ. And many family caregivers benefit, since having IHSS income means they have the option to provide family care rather than look elsewhere for income.

Based on our findings, we believe that paying family caregivers is one of a wide range of viable support options that should be available to those in need. Future Medicaid limitations may result in excluding low-income caregivers and recipients from needed support. This could have unknown consequences for labor-force participation, quality of life for caregivers and recipients, and quality of care for the recipient (Spillman & Pezzin, 2000). More positively, Cash and

Counseling is a well-known Medicaid demonstration program based on an expanded model of consumer direction (Phillips et al., 2003). It provides various supportive services and includes family caregivers, and current findings indicate high satisfaction and low unmet needs.

SUMMARY

Why are results from this study important? First, the study shows that the worker-client relationship has a major influence on predicting intent to stay on the job. Because factors related to intent to stay are so different for the family-worker group, it is important to determine first whether or not the worker is related to the client. Our findings show that the factors that tend to keep paid family caregivers on the job transcend the usual factors related to intent to stay, such as training or overall job satisfaction.

Second, the study shows how well family members as paid caregivers perform in terms of stability. Because of the shortage of health care workers, policy-makers, and others realize that one important means of addressing the worker shortage is to keep workers on the job longer. They recommend many approaches to increasing retention, but paying family members as caregivers seems to have its own built-in retention features. Family caregiver reimbursement can increase and enhance the worker pool in a time when home care workers are scarce and committed home care workers may be even scarcer.

These findings indicate that continuing to include family members in the paid caregiving workforce is a wise decision. Providing financial reimbursement as well as other supportive services to caregiving families will reduce dependency on an inadequate supply of formal caregivers and on expensive and unpopular institutional care. Evidence increasingly suggests that

public policy should acknowledge the importance of family support and reduce the barriers to paid family caregiving.

REFERENCES

- Arno, P.S., Levine, C., & Memmott, M.M. (1999). *The Economic Value of Informal Caregiving*. New York: United Hospital Fund, Families and Health Care Project.
- Banaszak-Holl, J., & Hines, M.A. (1996). Factors associated with nursing home staff turnover. *The Gerontologist*, 36:512-17.
- Benjamin, A.E., & Matthias, R.E. (1995). *Alternative Models of Personal Assistance Services: Recommended Measures*. Report submitted to the U.S. Department of Health and Human Service, June 1995.
- Benjamin, A.E., Matthias, R.E., & Franke, T. (2000). Comparing consumer-directed and agency models for providing support services at home. *Health Services Research*, 35:351-66.
- Burbridge, L.C. (1993). The labor market for home care workers: Demand, supply, and institutional barriers. *Gerontologist*, 33:41-46.
- Cotton, J., & Tuttle, J. (1986). Employee turnover: A meta-analysis and review with implications for research. *Academy of Management Review*, 11:55-70.
- Crown, W.H., Ahlburg, D.A., & MacAdam, M. (1995). The demographic and employment characteristics of home care aides: A comparison with nursing home aides, hospital aides, and other workers. *Gerontologist*, 35:162-170.
- Dawson, S.L., Kempinski, A., & Tyler, S. (2001). *Cheating Dignity: The Direct Care Wage Crisis in America*. New York: Paraprofessional Health Institute.
- Dawson, S. L., & Surpin, R. (2000). The home health aide: Scarce resource in a competitive marketplace. *Care Management Journals*, 2: 226-31.
- Decker, H., Dollard, J., & Krador, K. (2001). Staffing of nursing services in nursing homes: Present issues and prospects for the future. *Seniors Housing & Care Journal*, 1, 3-26.
- Doty, P. (1986). Family care: The role of public policy. *Milbank Quarterly*, 64:34-75.
Ruth E. Matthias and A. E. Benjamin 55
- Doty, P., Benjamin, A.E., Matthias, R.E., & Franke, T.M. (1999). *In-Home Supportive Services for the Elderly and Disabled: A Comparison of Client-Directed and Professional Management Models of Service Delivery*. Report prepared for the Offices of Disability,

Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Feldman, P., Sapienza, A.M., & Kane, N.M. (1990). *Who Cares for Them? Workers in the Home Care Industry*. New York: Greenwood Press.

Gregory, S.R. (2001). The nursing home workforce: Certified nurse assistants. Washington, DC: Public Policy Institute, AARP. Available: http://research.aarp.org/health/fs86_cna.html

Keigher, S.M., & Linsk, N.L. (1997). Should family members be paid to provide care to elderly relatives? In *Controversial Issues in Aging*, A.E. Scharlach & L.W. Kaye, (Eds.). Boston: Allyn and Bacon.

Kiyak, H.A., Namazi, K.H., & Kahana, E.F. (1997). Job commitment and turnover among women working in facilities serving older persons. *Research on Aging*, 19: 223-46.

Lambert, E.G., Hogan, N.L., & Barton, S. M. (2001). The impact of job satisfaction on turnover intent: A test of a structural measurement model using a national sample of workers. *Social Science Journal*, 38:233-250.

Lum, L., Kervin, J., Clark, K., Reid, F., & Sirola, W. (1998). Explaining nursing turnover intent: Job satisfaction, pay satisfaction, or organizational commitment? *Journal of Organizational Behavior*, 19:305-320.

Ong, P., Rickles, J., Matthias, R.E., & Benjamin, A.E. (2002). *California Caregivers: Final Labor Market Analysis*. Report prepared for the California Employment Development Department, Sacramento, CA.

Phillips, B., Mahoney, K., Simon-Rusinowitz, L., Schore, J., Barrett, S., Ditto, W., Reimers, T., & Doty, P. (2003). Lessons from the implementation of Cash and Counseling in Arkansas, Florida, and New Jersey. Final Report. Princeton, NJ: Mathematica.

Polivka, L., & Salmon, J.R. (2001). *Consumer-directed care: An ethical, empirical, and practical guide for state policymakers*. Report funded by the Robert Wood Johnson Foundation, Independent Choices Grant #032246. Tampa, FL: Florida Policy Exchange Center on Aging.

Silverstein, M., & Parrott, T.M. (2001). Attitudes toward government policies that assist informal caregivers: The link between personal troubles and public issues. *Research on Aging*, 23: 349-74.

Spillman, B.C., & Pezzin, L.E. (2000). Potential and active family caregivers: Changing networks and the "sandwich generation." *Milbank Quarterly*, 78:347-373.

- Stelmach, M., Postma, J., Goldstein, S., & Shepard, K. (1981). Selected factors influencing job satisfaction of attendants of physically disabled adults. *Rehabilitation Literature*, 2:130-137.
- Stone, R. (2004). The direct care worker: The third rail of home care policy. *Annual Review of Public Health*, 25:521-37.
- Stone, R., & Wiener, J.M. (2001). *Who Will Care for Us? Addressing the Long-Term Care Workforce Crisis*. Washington, DC: The Urban Institute and the American Association of Homes and Services for the Aging. *56 HOME HEALTH CARE SERVICES QUARTERLY*
- Tennstedt, S.L. (1997). Does the provision of formal services lead to familys relinquishing their caregiving for relatives? In A. Scharlach & L.W. Kaye (Eds.), *Controversial Issues in Aging*, (pp. 142-146). Boston: Allyn and Bacon.
- Tilly, J., & Wiener, J. M. (2001). Consumer-directed home and community services programs in eights states: Policy issues for older people and government. *Journal of Aging & Social Policy*, 12:1-26.
- U.S. Department of Health and Human Services and U.S. Department of Labor (2003). *The Future Supply of Long-Term Care Workers in Relation to the Aging Baby Boom Generation*: Report to Congress, May 14.
- U.S. Department of Labor. (2001). Lost-work time injuries and illnesses: Characteristics and resulting time away from work in 1999. Press Release, Bureau of Labor Statistics, March 28, 2001.
- U.S. General Accounting Office. (2001). *Health workforce: Ensuring adequate supply and distribution remains challenging*. Testimony before U.S. House of Representatives, Subcommittee on Health, August 1. Washington, D.C.
- Vandenberg, R.J., & Barnes, J.B. (1999). Disaggregating the motives underlying turnover intentions: When do intentions predict turnover behavior? *Human Relations*, 52:1313-1336.
- Wells, N., Roberts, L., & Medlin, L.C. (2002) Issues related to staff retention and turnover. *Seminars for Nurse Managers*, 10: 171-79.