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Direct Care Staff Experiences in Oregon Assisted Living, Residential Care and Memory Care Communities, 2022

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Direct Care Staff Experiences in Oregon Assisted Living, Residential Care and Memory Care Communities, 2022



February 2023

Direct Care Staff Experiences in Oregon Assisted Living, Residential Care and Memory Care Communities, 2022

A study completed by the Institute on Aging at Portland State University in partnership with Oregon Department of Human Services

About the Institute on Aging at Portland State University

IOA/PSU strives to enhance understanding of aging and facilitates opportunities for elders, families, and communities to thrive.

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Oregon Department of Human Services

ODHS is Oregon's principal agency for helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who are least able to help themselves.

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Report Summary

Resident care assistants (e.g., direct care workers, caregivers, personal care aides) provide the majority of services to assisted living, residential care and memory care-endorsed (ALF/RCF) residents. They faced significant burdens during the COVID-19 pandemic, which amplified existing challenges in some ALF/RCF communities, yet little is known about their work experiences. This qualitative study collected data through focus group and individual interviews with 21 resident care assistants and 12 external colleagues who have experience hiring, training or managing resident care assistants and other ALF/RCF staff, including registered nurse consultants, staffing agency operators, state policy staff, ALF/RCF community operations managers, and advocates. For more information about the study methods, see [Appendix A](#).

Key findings

The Institute on Aging study team identified nine primary themes based on the 32 interviews. Themes provide a way of summarizing interview data into manageable and meaningful statements. We use themes to summarize what we learned across interviews with resident care assistants and external colleagues. The research team read each interview transcript and compared answers to questions based on question type and across participant types to develop key themes:

- Being a resident care assistant is meaningful work.
- ALF/RCF communities vary in the level of organizational support provided to staff, including resources, training and leadership.
- The daily reality of infection prevention and control guidelines creates challenges for staff and residents.
- Resident care assistants have strategies to support their own and their coworkers' well-being.
- Resident care assistants are diverse.
- Staffing challenges include burn-out, shortages and an inadequate supply of willing workers.
- ALF/RCF professionals identify regulatory barriers to hiring employees.
- ALF/RCF communities have developed promising innovative practices.
- Employing creative solutions can improve the ALF/RCF workplace.

These themes are described in more detail in [Table 1](#). The following report details examples and participant quotes that provide context for these themes and the sub-topics raised throughout interviews.

Direct Care Staff Experiences in Assisted Living, Residential Care and Memory Care Communities, 2022

Introduction

Resident care assistants (e.g., caregivers, personal care aides, direct care staff, paraprofessional workers) provide the majority of services to assisted living (ALF), residential care (RCF) and memory care-endorsed (MC) community residents. Oregon Administrative Rules (OAR) requires these communities to employ resident care assistants who must complete training described in ALF/RCF¹ and MC² rules. These staff are not required to be licensed or certified.

Much attention has been paid to bolstering the licensed and certified healthcare workforce, including registered nurses (RN), licensed practical nurses (LPN) and certified nursing assistants (CNA). Less focus was directed toward the resident care assistants who function as the backbone of the ALF/RCF sector. They faced significant burdens during the COVID-19 pandemic, which amplified existing challenges in ALF/RCF communities, yet little is known about their experiences.

What is known about resident care assistants in ALF/RCF communities

Resident care assistants help older adults and people living with disabilities with personal tasks and health-related care. During an average 8-hour shift, resident care assistants in an ALF/RCF community might help residents with the following intimate care needs: remove pajamas and put on clothing, brush hair, apply face cream, insert hearing aids and dentures, change incontinence briefs, shower or bathe, use a toilet, take medication, and get into or out of bed. In addition to these tasks, resident care assistants provide friendship and social-emotional support to residents.

The “direct care workforce” includes people who work for a variety of organizations, including home health agencies, group homes, adult foster homes, adult day health centers, and various residential settings, including ALF/RCF communities. The Bureau of Labor Statistics Standard Occupational Classification system defines direct care workers broadly, including individuals who have and have not completed training to be certified nursing assistants. There are an estimated 47,850 direct care workers in Oregon; most are women, one-third are people of color, 15 percent are immigrants and

¹ Residential Care and Assisted Living Facilities, Ore. Administrative Rule § 411-054 (eff. 2022). <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SPPD/APDRules/411-054.pdf>

² Endorsed Memory Care Communities, Ore. Administrative Rule § 411-057 (eff. 2020). <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SPPD/APDRules/411-057.pdf>

nearly 20 percent are age 55 or older.³ ALF/RCF communities are not required to employ CNAs (or certified medication aides, CMA). Of all care-related staff employed by ALF/RCF, 82 percent are resident care staff and only 3 percent are CNA/CMAs.⁴ In contrast, over one-third of nursing home staff in the U.S. are CNAs.⁵

The 2022 Oregon Community-Based Care study reported that participating ALF/RCF communities had 1,100 job openings, corresponding to about 12 percent of all current employees in these settings.⁴ These settings do not have minimum staffing ratios, but are required to “have qualified direct care staff, sufficient in number to meet the 24-hour scheduled and unscheduled needs of each resident” (OAR 411-54-0070). Starting in 2022, state regulations required ALF/RCF to use an acuity-based staffing tool to, in part, assess their staffing needs and determine whether they have a sufficient number of qualified awake caregivers to meet the 24-hour scheduled and unscheduled needs of each resident (OAR 411-054-110-8).

Some ALF/RCF communities use third-party staffing agencies to fill gaps in staffing to meet this requirement if they are not able to hire a sufficient number of staff to meet resident needs. Just over one in four ALF/RCF reported hiring a contract or agency staff to cover staff absences in the prior week, and of these, more were for planned rather than unplanned staff absences.⁴ The high cost of staffing agencies has been identified as a policy concern in Oregon, and Senate Bill 1549 was introduced in 2022 to assess the impact on ALF/RCF and other settings.⁶

Study goals

This study prioritized the resident care assistant experience, focusing on how they describe their experience working in ALF/RCF communities. The dual goals of this study included:

1. Understanding how working in ALF/RCF affects their personal well-being and
2. Documenting promising organizational and policy strategies to enhance the direct care workforce.

³ Scales, K. (2022, September 29). *Strengthening and stabilizing the direct care workforce in Oregon* [presentation]. ODHS Long-Term Care Workforce Work Group, Salem, OR.

<https://www.oregon.gov/dhs/SENIORS-DISABILITIES/Documents/direct-care-workforce-presentation.pdf>

⁴ Tunalilar, O., Carder, P., Winfree, J., Elliott, S., Kim, M., Jacoby, D., & Albalawi, W. (2022). *2022 Community-Based Care: Resident and Community Characteristics Report on Assisted Living, Residential Care, and Memory Care Communities*. Institute on Aging, Portland State University.

<https://archives.pdx.edu/ds/psu/38748>

⁵ PHI National. (2019). *U.S. nursing assistants employed in nursing homes: Key facts*. Bronx, NY: PHI National. <https://www.phinational.org/wp-content/uploads/2019/08/US-Nursing-Assistants-2019-PHI.pdf>

⁶ Senate Bill 1549, 81st Oregon Legislative Assembly. (2022).

<https://olis.oregonlegislature.gov/liz/2022R1/Measures/Overview/SB1549>

Table 1. Primary themes of direct care staff experiences in assisted living, residential care, and memory care communities.

<p>Being a resident care assistant is meaningful work.</p>	<p>ALF/RCF communities vary in the level of organizational support provided to staff, including resources, training and leadership.</p>	<p>The daily reality of infection prevention and control guidelines creates challenges for staff and residents.</p>
<p>Participants described the joy and meaning they derive from caring for ALF/RCF residents, despite various hardships and challenges.</p>	<p>Some participants described financial, social, cultural and emotional support at work, and others lacked leadership and resources to effectively do their work.</p>	<p>Although medical grade face masks protect people from respiratory infections, wearing them during an 8- or 12- hour shift was a barrier to communicating with residents and to recruiting new staff.</p>
<p>Resident care assistants have strategies to support their own and their coworkers' well-being.</p>	<p>Resident care assistants are diverse.</p>	<p>Staffing challenges include burn-out, shortages and an inadequate supply of trained, willing workers</p>
<p>Staff maintained boundaries between work and home, prayed, took breaks when stress levels increased, were diligent about COVID-19 precautions, saw mental health counselors, and maintained friendships within their workplace community.</p>	<p>Staff are diverse in terms of age, race, ethnicity, birth country, and gender identity. Most described feeling accepted for who they are by other staff and residents. One care assistant left an ALF/RCF community due to racism, and another thought that some older residents might not be “as accepting” of diversity.</p>	<p>Staff were absent due to a variety of reasons: calling out sick, while quarantining, and quitting or retiring during the pandemic. Some vacant positions are filled by staffing agencies, at a much higher hourly cost compared to ALF/RCF employees. Some newly hired staff lacked experience and training.</p>

Table 1 (con't). Primary themes of direct care staff experiences in assisted living, residential care, and memory care communities.

<p>ALF/RCF professionals identify regulatory barriers to hiring employees</p>	<p>ALF/RCF communities have developed promising innovative practices</p>	<p>Employing creative solutions can improve the ALF/RCF workplace</p>
<p>Regulatory barriers included immigration laws, English language rules, background checks, an Executive Order to post positive Covid cases, pay equity, and limits on who may work in ALF/RCF communities.</p>	<p>Innovations include technology to support staff communication and teamwork; flexible staff schedules; mental health supports; increased fringe benefits; staff recognition programs; Spanish language facilitator for training; team building activities.</p>	<p>Solutions exist at the individual, interpersonal, organizational, community and policy levels. Ideas include: a caregiver registry for ALF/RCF communities; an established role for the resident care assistant position; a campaign to promote the direct care workforce in community-based care; a forum for care workers; consistent training for resident care assistants; best practices for stress relief and well-being at work; and behavioral health supports for ALF/RCF employees.</p>

Study Findings

Some interview questions were asked of both resident care assistants and external colleagues, and others were specific to the participant type. In the following, we provide a summary of participant responses to these interview topics:

- ⇒ What were some of the most challenging aspects of resident care assistants' work during the COVID-19 pandemic?
- ⇒ How can ALF/RCF operators support resident care assistants in the workplace?
- ⇒ What kinds of emotions and feelings do resident care assistants experience at work?
- ⇒ What are examples of policies and practices that promote resident care assistants' well-being?

Tables present topics, examples, and participant quotes related to each overarching question. In addition, discussions within interviews highlighted implications of working with third party staffing agencies to meet staffing requirements during a time of workforce shortages and innovative practices to sustain the direct care workforce.

The resident care assistant focus group interview guide can be found in [Appendix B](#) and the external colleagues interview guide can be found in [Appendix C](#).

COVID-19 challenges and resident care assistant work

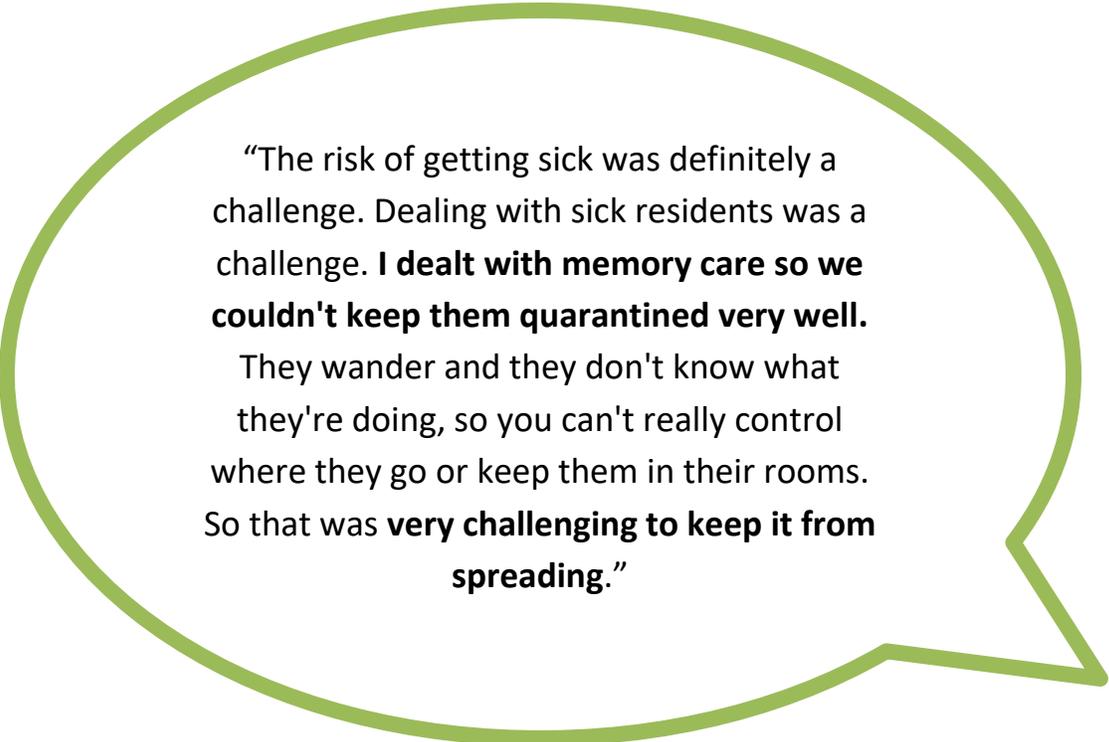
What were some of the most challenging aspects of resident care assistants' work during the COVID-19 pandemic?

[Table 2](#) shows resident care assistants and external colleagues' descriptions of how the COVID-19 pandemic posed additional challenges to care provision. Resident care staff described how COVID-19 challenged them as individuals, as well as how it affected the residents in their care. They worried about getting sick and exposing their family members, described the difficulty of wearing a mask and face shield during an 8- or 12-hour shift ("frustrating and hot wearing PPE"), and worked extra hours when their coworkers quit, called out sick or had to quarantine due to exposure to the coronavirus.

These staff expressed heartfelt concerns about residents' safety and well-being, and how wearing personal protective equipment (PPE) created challenges for residents who had difficulty hearing or had memory loss and confusion associated with dementia.

They worried that the enforced social isolation and the lack of group activities, such as contact with family and friends, negatively affected residents.

External colleagues described how the pandemic worsened an already existing workforce shortage. Workers leaving for jobs in other industries compounded fear of contracting coronavirus and either getting sick or infecting family members and friends. The constant updating and implementation of regulatory requirements related to PPE, testing, and staffing posed additional burdens.



“The risk of getting sick was definitely a challenge. Dealing with sick residents was a challenge. **I dealt with memory care so we couldn't keep them quarantined very well.**

They wander and they don't know what they're doing, so you can't really control where they go or keep them in their rooms. So that was **very challenging to keep it from spreading.**”

Table 2. Challenges related to the COVID-19 pandemic as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>COVID-19 risks to residents</p>	<p>"I'm worried about the residents. I'm thinking, how can they manage it? I'm praying that nothing happened to them."</p> <p>"One of my fears was getting the residents sick."</p>	<p>"Constant testing, screening, isolation for the residents, emotional distress and anxiety for both the residents and staff." [ALF/RCF Professional]</p>
<p>COVID-19 risks to staff</p>	<p>"I had a lot of fear, I had to get a lot of rapid tests. I worried about exposing it to others because I was exposed every day."</p> <p>"I didn't want to bring it home to my family."</p>	<p>"Women are a large majority of our workforce" with many of 'typical childbearing age, your children at home' group. And I think there was a lot of fear in the beginning of COVID, about spreading COVID to their family members, their children, their spouses." [ALF/RCF Professional]</p> <p>"Exodus of workers' including those who retired because of concerns about personal health, risks, family health risks, not wanting to be exposed to COVID, and DCWs and CNAs quit because they could make more money working for Uber eats or Amazon or similar." [Staffing Agency Professional]</p>

Table 2 (con't). Challenges related to the COVID-19 pandemic as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>Wearing personal protective equipment (PPE)</p>	<p>"[Wearing masks] made communication so difficult with these residents, especially folks, with hearing impairments. And still to this day I have to step back behind my desk to pull my mask down, so that some of our hearing-impaired residents, I can actually clearly enunciate words with my mouth, so they can understand what I'm saying, because they cannot hear you with the mask on."</p> <p>"Some challenges were residents not being able to see my face, can't see your expression which could be triggering for them. Was hard to express your smile to them. Wearing PPE was frustrating and hot."</p> <p>"I had to get used to wearing a mask all the time. It's already hard for me to breathe, because I have asthma."</p>	<p>"Staff do not want to work under COVID precautions. ALF/RCF are still required to mask, harder to attract people who can work anywhere else and not mask 8 hours a day. And the unemployment rate is low." [RN and ALF/RCF Professional]</p>
<p>Social isolation among residents</p>	<p>Residents "were stuck in their rooms, getting really depressed, and a lot of them just stopped eating altogether. I think it significantly shortened their lifespan."</p> <p>"I say COVID killed them without getting COVID. No one died of COVID but we saw them die without getting COVID."</p> <p>"It was so difficult in memory care. They had difficulty remembering, there was so much anxiety. I saw a lot of loneliness. Folks had to stay in their rooms."</p> <p>"They were sad, they couldn't visit their friends, and activities were canceled."</p>	<p>"The staff that are in these communities don't just show up to work for a job, these people are very passionate about providing quality services. And when they see residents deteriorate, because they don't have the socialization that they used to have. They have strong communication barriers from wearing masks." [ALF/RCF Professional]</p>

Table 2 (con't). Challenges related to the COVID-19 pandemic as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>Staffing shortages</p>	<p>"I would have to cover multiple people, and we were already short staffed, as is. So, if somebody had to take leave due to COVID, it took a toll because it was pretty much like you were there the whole time, because who else was going to cover?"</p> <p>"A lot of, unfortunately, supervisors have to come and do caregiving in the middle of the night because there's nobody, you know."</p> <p>"Just yesterday we were dealing with three caregivers called out. So, we're scrambling to try to help as much as we can."</p> <p>"We had the bus driver doing caregiving during part of the pandemic and the business manager doing caregiving, just anyone in the building even if their position wasn't too specific. They jumped in to help because we were just so short staffed."</p>	<p>"We've lost a ton of staff, kind of initially where people were scared of COVID, scared of bringing it home, even though we had proper PPE, because we didn't know what we didn't know in March of 2020. Fast forward through a couple of years. People are far less concerned about COVID, and now we're at a point where we are, of course, still required to have masks in our facilities, and everywhere else doesn't so for our long-term staff that's not such a big deal, but it's a lot harder to attract people, and to say, 'Oh, and you're gonna wear a mask eight hours a day.' So that's a little bit of a harder sell, that coupled with the unemployment rate right now being so low." [ALF/RCF Professional]</p> <p>"The bigger impact that we've seen has been on more of the caregiver, CNA positions, simply because at the same time the pandemic occurred, it drove online shopping, delivery services, like Uber eats through the roof and those companies were offering similar flexibility, similar hours and higher pay and less exposure and risk. So, we saw a lot of our CNAs and caregivers stop working for us." [Staffing agency professional]</p> <p>"There was a significant need for healthcare staff before the COVID pandemic, during and still after. So, at any time, even five years ago, three years ago, and today we consistently have well over a thousand open positions we're recruiting for just in the Oregon area, in the southwest area. But I think that the COVID situation made it worse." [Staffing agency professional]</p>

Supporting resident care assistants in the workplace

How can ALF/RCF operators support resident care assistants in the workplace?

Resident care assistants can face stressful situations and a challenging work environment each day. Participants shared ways in which their employers and work environments support their emotional well-being, mental health, and ability to bring their full selves to the workplace ([Table 3](#)). These include opportunities for emotional support, team building, recognition, additional benefits, and respecting staff background and culture. Some methods were more interpersonal, such as “mental health groups” and talking things out with coworkers, a Facebook page for staff employed in multiple facilities to share information, group activities (e.g., arts and crafts), and treating temporary staffing agency workers like “their own.”

Other strategies external colleagues described included organizational practices, such as providing training materials and resources in languages other than English and events that honored different cultural backgrounds through food or holidays important to staff who are immigrants.



“I love how a lot of staff came together, and communicated their feelings and their struggles.

That's one of the things that I'm kind of really appreciative of, like, my coworkers right now is how much they communicate what they struggle with and what residents are struggling with, and what works.”

Participants also described some of the ways in which they maintain their mental health and cope with the stress of the job. Some examples of strategies used to remain resilient in their work included maintaining boundaries between work and home, prayer, taking breaks when stress levels increase, being diligent about COVID-19 precautions, mental health counseling, and maintaining friendships within the workplace community.

Table 3 summarizes ways that resident care assistants receive support or support themselves while at work. In addition, participants identified areas where their employers can improve their support (see [Table 4](#)), such as more variety in the types of benefits offered, increased flexibility in scheduling, more opportunities for breaks and rest, respecting diversity among direct care staff, and supporting safety.

Table 3. How ALF/RCF operators support resident care assistants as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>Provide emotional support</p>	<p>“Well, our supervisor with life enrichment, she actually got this series of mental health support things off of Ted Talks and Zoom talks that we got to watch every week or every other week, and they were just short clips, but they were really helpful.”</p> <p>“We had this mental health group where we used to meet those who are at work and also by Zoom. We talk about our daily life, how it’s been during the pandemic, and how we are coping. You share your experiences with your colleagues. Sometimes it’s like a burden has been lifted.”</p> <p>“Kind of trial and error your way through navigating people, navigating emotions, navigating staff. Like it was just, I had to kind of take a very holistic approach. Things like restorative conversations among people have been really helpful, like even among coworkers or other residents.”</p>	<p>“One example an administrator had that I just loved ...had the little dorm refrigerator in his office, had it stocked full of ... water and things like that, and a basket with some snacks, energy bars and nuts and things like that, and some candy. And to access this treasure trove of goodies you had to be able to tell the administrator what was one good thing you saw today in the facility. And then what's one thing that you'd like to see us work on changing, and what I really loved about that is, the Administrator had to stop for a minute and have a face-to-face conversation with that caregiver and it makes them feel like, ‘Hey, someone’s listening to me because they are the face of the facility’.” [Policy Staff]</p> <p>"We utilized a web based, texting based system that basically allowed our employees to check in on short term wavelengths. So basically, like, every Monday, we would send a text out to them with like, five questions to answer that were like: ‘Are we feeling tired? You feel like you have the support that you need in your job? What tools do you need to be successful? How can we help you?’" [ALF/RCF Professional]</p>

Table 3 (con't). How ALF/RCF operators support resident care assistants as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>Provide additional benefits</p>	<p>“The breaks were much longer than usual, because we needed to unwind. [...] We also got transport incentives for those people who didn't have cars like myself.”</p> <p>“My company, they bring in a chiropractor, like once a month to do adjustments for the care staff.” [This practice stopped due to COVID restrictions]</p>	<p>Benefits mentioned by several participants: Paid time off, sick leave, rental assistance, gas cards for staff who live far from the ALF/RCF community, free meals at work, food to take home, flexible schedules, allow staff to take vacation time as they accrue it, health insurance for staff who work 30+ hours weekly, holiday parties, hazard pay, co-op childcare, bought holiday gifts for employee’s children.</p>
<p>Recognize staff for job well done</p>	<p>“We have a star system so we can give five stars a month to our coworkers when they do something outstanding, or, you know, basically outstanding. And then at the end of the month if you've given multiple stars to people, you get rewarded like a twenty-five- or fifty-dollar gift certificate.”</p> <p>“One thing my company did during the pandemic for staff that was really awesome was they would do ‘hero meals’ so you could actually sign up, and they would box you up a homemade meal to take home for free right from the kitchen.”</p>	<p>“We've done some pretty interesting things over the last couple of years. Raffles in each facility, during Covid we had spa days and different packages like, get your house cleaned, or have a meal delivery service for four weeks. So, we did kind of a lot of thinking outside the box of what would make our staff's lives easier.” [ALF/RCF Professional]</p> <p>“Gratitude and attitude, saying thank you, and letting staff know they are doing a good job.” [Staffing Agency Professional]</p>

Table 3 (con't). How ALF/RCF operators support resident care assistants as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
<p>Support team building</p>	<p>“If we're very busy and we don't have time to take a break. We could call the staffing coordinator or the Resident Care Coordinator, or I say, 'Oh, can somebody come and you know, watch my cart or watch the floor when I take my lunch?' and so we could reach out to them for that.”</p> <p>“Like my past experience, jobs there was always negative around, so definitely was harder then. But I feel like if you're surrounded by positive people, you know. At least here we treat everyone like family. If you need something, you know they'll help you out and vice versa.”</p>	<p>“We had a stress management program at our building, and every month we would do it. Stress relieving. Not necessarily training, but an activity. We found that our staff really like doing arts and crafts types of stuff. It was really amazing, and we would come up with a different one each time, and they just all seem to love it, and it really helped relax them. They all were laughing and talking to each other, which they don't necessarily do while they're working.”</p>
<p>Facilitate acceptance, respect, and belonging</p>	<p>“We have very different cultures from different parts of the world, the others who are coming even outside the United States. And we just live. You can run to anyone you want to when you have a problem.”</p> <p>“Last week the girls at memory care had a potluck and invited, there was food I'd never tasted before it was so delicious. They were all sitting there from different backgrounds, laughing, having a good time. Never been an incident where someone was being racist, saying something bad about White people, Black people. We are very diverse community and I don't remember any incidents.”</p> <p>“I feel accepted as a transgender person.”</p>	<p>“Sometimes we even brought in interpreters. If we were talking about a really serious subject, and we didn't feel like we were able to convey that without a really clear language person there. But a lot of times I hired a lot of people from [another country] and they all knew each other, so they would interpret for each other. Some of them, their English was better than the others, but even though they couldn't communicate that well, they were like the best workers in the world.”</p>

Table 4. What ALF/RCF operators could have done better to support resident care staff as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
Provide more breaks during the workday	<p>“Everybody gets like two 10-minute and one thirty-minute breaks throughout a 12-hour shift. It's just not enough, you know? You could be dealing with a resident. It is just very stressful, but of course we have labor shortages, so I don't see a solution to it.”</p>	<p>“They cared only about getting work done. Sometimes no lunch or breaks.” [Advocate]</p>
Respect staff culture, identities, and backgrounds	<p>“I don't feel like I was respected because I was suspended for attending church.”</p> <p>‘Former employer was racist. I’m African American, did not feel appreciated in prior job.’</p> <p>“My boss doesn't want our residents to know our personal business.”</p>	<p>“They [ODHS] really don't support it very well. Well, you would think that they would, as diverse as it is...by offering things in different languages, you know and have more, provide more things in their language to help them um navigate through the system. Assignments, things like that, they're always in English. Their trainings are in English. So, it would be much more helpful if they could provide those in different languages.” [Advocate]</p> <p>"As far as diversity goes, I don't think that's even on their [ALF/RCF operators] radar right now, because it's survival mode." [Staffing Agency Professional]</p> <p>"I do think that folks that have like transgender, and folks that are LGBTQ. I think, probably struggle a little bit more, but because our older population isn't as accepting of those folks as they should be. But it's a generational time thing, I think." [Staffing Agency Professional]</p>

Table 4 (con't). What ALF/RCF operators could have done better to support resident care staff as described by resident care assistants and external colleagues.

Topic	Resident Care Assistants	External Colleagues
Provide better fringe benefits	<p>"I'm about 9 months pregnant and still working ...not because I want to, or because I have the energy to do it anymore... there's no paid maternity leave"</p>	<p>"For us to be able to offer pay raises during times of need like this, and offer incentives like bonuses and gifts and things like that that was critical for us to keep our staff engaged and continuing to work for us because we know we can't compete sometimes with Amazon who has amazing benefits." [Staffing Agency Professional]</p>
Provide flexible schedules	<p>To attend an appointments or school, or to provide family care.</p>	<p>"There's just not a lot of available employees out there. Our shifts are generally eight-hour shifts. So, we've gotten really creative and flexible about, you know, two people want to work twelve hours, fifty people want to work part time, people to kind of piece together [hours], because people want flexibility." [ALF/RCF Professional]</p> <p>"[Temporary staff] are not mandated to work over time. They're not mandated to work on their kid's birthday, they can choose when they want to work. They can change their schedules." [Staffing Agency Professional]</p>
Support workers' safety	<p>"We do get into challenges where we have, you know, escalated behaviors. We have incidents of altercations. We have instances where caregivers are put at risk."</p>	<p>"Harder, difficult hours, physical strain on your back and on your body from being on your feet and transferring residents, dealing with behaviors. Getting bitten, hit, getting spit on. Very long hours. You work a lot of doubles. We're very short staffed so you're always picking up shifts to fill in. It's always been that way. It just got worse with the pandemic." [Advocate]</p>

Emotions and feelings at work

What kinds of emotions and feelings do resident care assistants experience at work?

There are many facets to providing care within ALF/RCF communities, some positive and some negative. One study goal was to understand how working in these settings affects resident care assistants' personal well-being, including emotional well-being. Focus group participants were asked to describe some of the negative and positive feelings they experience while at work.



"The workers here are amazing, and so it makes it enjoyable. And, like I said, **we're all a team and that's what makes it more important to me**, too, because if we work as a team and we're in it together."

Study participants often described pride, joy and satisfaction in their work ([Table 5](#)). Care staff described how the feelings of ALF/RCF residents affected them personally, such that when residents were happy, so were they. One said, "It makes me happy when they're happy."

In addition, resident care assistants described how they attempted to support each other at work. They described the positive aspects of work: "Interaction with all my coworkers" and "We come every day, we joking around and we always sharing."

At the same time, conflict and challenges among staff members were also described ([Table 6](#)). Participants discussed feeling fear, frustration, helplessness, and stress while at work. Some described limiting their social networks to protect themselves and the residents. One person noted that when other staff socialized, it resulted in problems at work.

Particularly for those staff who remained working in ALF/RCF communities throughout the pandemic, there was an underlying sense of exclusion from events meant to boost morale or incentive programs to recruit new employees which led to feeling underappreciated during a time of increased burden.

Table 5. Examples of positive feelings resident care assistants experience at work.

Feelings	Example quotes
Love	<p>“And you know all of us need to work together and keep these people happy and feeling loved, and not feeling lonely and depressed because it happens so much.”</p> <p>“I love my co-workers and the people that trained me were amazing.”</p> <p>“That's why I love my job, because there's always something to learn every day.”</p>
Happiness	<p>"Seeing them happy at the end of the day, even with everything that is going around them, it makes me so happy. Because if you can make one person happy, then that person is helping make the next person happy and the cycle continues. At the end of the day, even though the work is tough, even though you feel like you've given up you're stressed out, once you see someone smile you also smile because smiles are very contagious. So, when you see someone is happy you know the work you are doing is great work."</p>
Belonging	<p>“For me, it's literally seeing the residents, even if they can't remember me. I just enjoy being around everyone, even coworkers and other people that work here. It's just a good environment, and it makes me want to come to work. It's just good here. It's great. It's fantastic. The residents here are amazing. The workers here are amazing, and so it makes it enjoyable. We're all a team and that's what makes it more important to me, too, because if we work as a team, we're in it together. You'll have bad days and good days. But at the end of the day we all have each other, and we got this as a team kind of thing. So, I would say it's definitely a good environment, and it's an awesome place. It's just a good feeling coming in here and helping someone. And getting the job done as a team.”</p>
Satisfaction	<p>“We came up with the idea of having the entertainers because of how our building is, and they have balconies that we brought um entertainers outside, and actually went around the building and entertained them. And I can remember how happy everyone was. Everyone was for the very first time. In fact, I even still have a picture that one of the residents took me outside, you know, as they're on their balcony...it took a lot of effort. But just seeing their faces, you know, coming up with a solution, and being creative was such an awesome feeling.”</p>
Connection	<p>"Once you spend time with them you become like family. It's rewarding if you like to do it."</p>

Note: This question was asked only of resident care assistants

Table 6. Examples of negative feelings resident care assistants experience at work.

Feelings	Example quotes
Afraid	<p>"I think there was a lot of fear. I think there still is some. We still don't have the numbers of people down in the dining rooms that used to be before the pandemic. But one of the biggest examples I have a fear this just is stuck so clearly in my head. One of our ladies, who was an active person, as far as, normally getting in the pool, or taking walks, or going shopping. During the pandemic, she was so afraid to even go outside for a walk. I said, 'Please go for a walk, get some.' [Resident said] 'Oh, I can't.' And I said, 'Yes, you can, and you don't even have to wear your mask outside if you don't want to.' It just surprised me so much that she didn't even feel like she could go outside the building. Yeah, I felt really bad for her that she was that fearful of what it was, and she wasn't the only one. I remember that happening, and how it made me feel sad for them."</p> <p>"It's been dangerous, especially night shift. I know night shift struggles a lot more than we do."</p>
Stressed/ Anxious	<p>"Sometimes just being extra short staffed at the facility. They keep saying, 'Oh, we're hiring people.' Then, you know, people leave where they have new hires and like we talk and you train the new people, and they keep making mistakes that could be potentially dangerous to the residents. We keep trying to correct them, and then changes aren't being made, it can be really stressful and add much extra stress."</p> <p>"You're here, going to work every single day, and in shifts. But you're also worried that you can also get infected by the COVID-19 virus, and that maybe you're the one who will leave your family instead of the other way around. It was just a lot of, like, fear, because we really never understood what this disease is up until now, cause it also, it continues changing. The mutation of the virus continues so you never know what's going to happen next."</p> <p>"The loss of residents was very traumatic. It was not a nice way to see somebody die."</p>
Excluded	<p>"I feel like we see all these \$500 if you come work for us incentives. But I always feel like, well, what about all the people who stuck it out through the whole time, or most of it, you know?"</p> <p>"What I notice that when there is benefits for the staff, a lot of the administrative staff get to be included while, like, caregivers, aren't able to. So just like desk jobs versus people who are on their feet. So, when there's a function that only lasts an hour or two, most of the people who are at their desks can just take their lunch and go to that function. But folks who are just, you know, like who need to give assistance to residents aren't able to fully get the benefit of those functions."</p>

Table 6 (con't). Examples of negative feelings resident care assistants experience at work.

Feelings	Example quotes
Frustrated	<p>"I get frustrated when people are asking me to constantly repeat myself, because they may be hard of hearing. I try to never show them I'm frustrated, especially in memory care, but I may have to repeat it ten different times, and so that does get frustrating, whereas they might normally have read my lips."</p> <p>"You know a lot of co-workers like to have the Facebook and all these things. Unfortunately, they do post things like, 'Oh, I was partying last night, and I cannot go to work in the morning.'"</p>
Dejected/ Helpless	<p>"I think the biggest negative thing that I have experienced is the staffing shortage that happens with these facilities. It has been really hard to have high turnover because it seems that people are there no longer than a week or no longer than a month, and then you have to start over. Everything is fine in the training period. But then, once they get on the floor and interacting with other coworkers they get discouraged and they decide not to come back. That does take a big toll not only for staff, but also for the residents, because they have to get used to seeing new faces all the time. So, it's hard to know who you can trust in that situation."</p> <p>"The risk of getting sick was definitely a challenge. Dealing with sick residents was a challenge. I dealt with memory care so we couldn't keep them quarantined very well. They wander, and they don't know what they're doing, so you can't really control where they go or keep them in their rooms. So that was very challenging to keep it [COVID] from spreading."</p> <p>"You know you can't just force people [residents] to do things. I encouraged her. I tried very hard to get her to come with me. But if she just doesn't want to, then that's kind of the final answer."</p>

Note: This question was asked only of resident care assistants.

Policies and practices to promote well-being

What policies and practices promote direct care workforce well-being?

The external colleagues were asked to describe policies or organizational practices that promote direct care workforce well-being and/or retention. Organizational-level sources of support are described in detail in [Table 3](#). Other examples related to onboarding and training, increasing wages and benefits available to staff, investing in retention of existing workforce, and honoring cultural diversity within the context of work tasks, are described below.

I. Continuous onboarding and training

Participants discussed ways to better support and provide resources for staff who provide direct care to build a strong foundation and develop a sense of teambuilding and community. As one **ALF/RCF professional** described:

“But sometimes I think it works better to have them work with a partner or a caregiver that's been there for a while and team up, so they feel more comfortable coming in instead of just throwing them in there. Written training doesn't always work that well. I think hands on works better. If they were able to work with a buddy system for a while, I think might work better. An example would be the housekeepers I had. They would work together and go clean the rooms together. Housekeeping is like the hardest job in that building. It was good that they were working together. It was the easier way for them to do it. But even if they didn't know each other, they still worked together and got their jobs done well.”

II. Building and investing in a culture of support

External colleagues discussed a range of policies and practices within ALF/RCF communities. The most common approach to supporting well-being and retention related to compensation and benefits. Nearly every participant raised the importance of valuing this work with dollars, through wage increases and offering competitive benefits such as health insurance coverage, support with child care, and flexible scheduling. An ALF/RCF professional said, “We did flexible schedules and we offered overtime payments for people that wanted to stay and help.”

“They're working at it [staff retention] by raising wages for CNAs, and offering better benefits to long term care workers. That will keep people on, and they've gotten some pretty good raises in the last couple of years, and a set schedule instead of always having different days off.”

[Advocate]

III. Investing in retention of existing employees

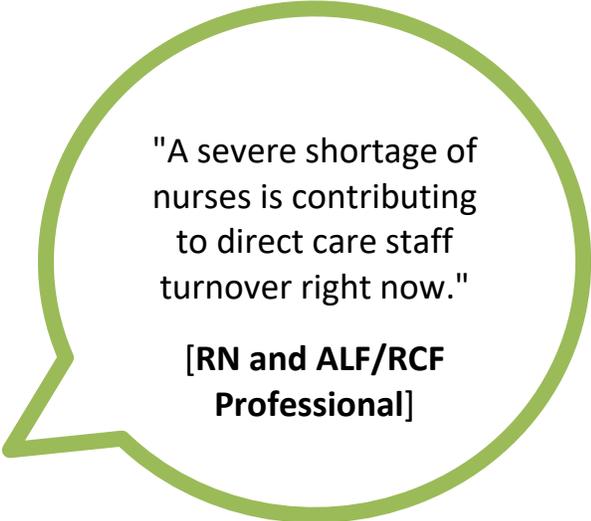
Interviews with two staffing agency executives as well as with ALF/RCF operators offered information about ongoing challenges following federal and state regulations, especially those related to COVID-19 precautions, new regulations regarding equal pay and new temporary agency licensing regulations, and ways to support, maintain and grow the caregiver workforce:

“We all understand that the best staffing option for any business is to have regular full-time employees. We provide a service that helps facilities. It should be helping facilities bridge a gap, and that's what it's designed to do. It's not a long-term workforce management solution. I think that over the last two years many facilities have become too reliant on agencies rather than investing in internal recruitment and retention, and building up their own internal staff, and taking the money that they spent on agency and redirecting it to their own staff. I think if they did more of that, they would be less reliant on the agency staff.” **[Staffing Agency Professional]**

These investments span from within individual communities and companies to broader state and federal agency funding sources. A participant from a state agency recalled conversations with residents about staff turnover:

“Residents were asking me, you know, how do we retain caregivers? I talked to them about what the State is trying to do, beefing up Medicaid reimbursements, just reimbursements in general, trying to support increased wages and benefits to which I was then informed [by residents] that they've had a number of caregivers in recent years living in the forest because that's where they have to live, based on the wages they receive.” **[Advocate]**

The importance of strong leadership and an engaged registered nurse was mentioned by several participants. An RN explained that without better training programs for both administrators and resident care assistants, turnover rates will continue to be high. Specifically, a “nurse in building” guides and supports staff so that they do not “feel they are short-staffed,” and the administrator must be “able to control stress in the worksite.”



"A severe shortage of nurses is contributing to direct care staff turnover right now."

[RN and ALF/RCF Professional]

IV. Honoring cultural diversity at work

Resident care assistants are diverse in terms of age, race, ethnicity, national origin, gender identity and sexuality, faith, and culture. Acknowledging this diversity in terms of flexibility and accommodation within the work environment is a key feature of promoting well-being and retention within the workplace. Allowing direct care staff to bring their full selves to their work promotes respect and belonging, as one participant shared:

“When you hire people from other countries, [sometimes] their culture does not allow them to touch people of their opposite sex. So, we had to do some shuffling of job duties if it was causing a problem, and unfortunately the other staff would think that we were being nicer to them and not making them do it. But it actually was because they couldn't. Well, we sat down and talked to them about it and talked about culture. We did a lot of cultural training for people, so they knew that it was something like that. Not just that we are being special to them. I think it was helpful.”

[ALF/RCF Professional]

Innovative practices and ideas for sustaining the direct care workforce

Resident care assistants and external colleagues raised several examples of innovative practices and ideas for sustaining and improving retention with Oregon’s direct care workforce. In addition to the ideas identified across interviews, we describe types of existing practices currently being implemented across the United States to counteract the direct care workforce shortage.

Current Innovative Practices

- Technology to support staff communication and teamwork, such as a telephone app
- Flexible schedules to accommodate staff
- Mental health supports for staff
- New fringe benefits, pay for CNA training costs
- Staff recognition programs
- Speakers to facilitate online training modules in languages spoken by staff
- Survey staff to learn what holidays are most meaningful to them
- Group forums and activities (e.g., Facebook or similar to connect staff from multiple facilities, arts and crafts sessions)

What Needs to be Done Next

- Develop a caregiver registry that ALF/RCF communities can access to locate trained and available staff.
- Formalize a role/title for direct care workers who want to stay in this position.
- Introduce a campaign to promote the direct care workforce in community-based care, similar to campaigns that promote nurses in hospitals.
- Reduce regulatory barriers that limit or create uncertainty about who can be hired for these roles.
- Provide a forum for direct care workers to communicate and share information with and support each other.
- Standardize training for resident care assistants.

Regulatory barriers

In addition to highlighting what works, some study participants described barriers that impede efforts to support and sustain the direct care workforce. These included both state and federal regulations.

Some participants described infection control restrictions and communications, such as posting exposure notices and frequent rule changes related to changing executive orders.

“The executive orders that had to get posted up on facilities created a lot of scare. This was the only state that we work in [out of four states] where that was the case. And those executive orders went up, even if it was a staff member who never had any direct, patient exposure. So that was challenging.” **[Staffing Agency]**

External colleagues described regulatory restrictions on who can work in these settings based on licensing/certification (e.g., immigrants, people who are not proficient in English language, high school students) and scope of practice rules, resulting in obstacles for meeting minimum sufficient staffing within ALF/RCF communities.

One colleague explained that Oregon Administrative Rules do not provide clear direction on the role of registered nurses or licensed professional nurses, creating confusion on what tasks an LPN can perform. The rules currently use a variety of terms, including “licensed nurse,” “nurse,” and “registered nurse.”

“We have got to clean up these [Oregon ALF/RCF] regulations to be very clear on when it can be LPN versus an RN... Everything falls on the RN.” **[ALF/RCF Professional]**

In addition, Oregon is described as a “single license state”, meaning that individuals who have a healthcare license in a neighboring state (e.g., Washington, Idaho, California) may not practice without an Oregon license.⁷ The new acuity-based staffing rules⁸ were implemented during the pandemic:

“We don't have enough staff already, and when the State pushed out and did not delay that acuity-based staffing, I think, in all honesty, that was the most poorly executed consideration for what we had all been dealing with. It was like, you know what now you're in this predicament. And now you're not meeting your staffing, and we're gonna prove it. And you're gonna pay for it.”

Participants described uncertainty regarding how to hire people who are immigrants and those whose first language is not English. An advocate indicated that the State and ALF/RCF hiring platforms do not provide information in languages other than “English to help with navigating through the system.” Another said that,

“Some people have come on a visitor's visa, and then they want to work in the United States and stay, and that's a very, very cumbersome process. We actually have an entire two to three team working on that, just on behalf of our company, with attorneys trying to figure out. How do we get some of these folks who are very interested in working in the United States onto a visa program because they are a nurse in their own country? [There] should be a way to make that road shorter and more simple for people who want to work in this industry.”

One ALF/RCF operator indicated that some people who have a potentially disqualifying criminal record could be hired for specific jobs,

“Criminal record checks, the state getting harder and harder who can be hired. I found it difficult to hire those people, even though, if they had a DUI years ago and they're applying to do maintenance that doesn't mean... They're not like driving the residents anywhere. It still

⁷ Oregon State Boarding of Nursing. (n.d.). *RN frequently asked questions*. Oregon.gov. https://www.oregon.gov/osbn/pages/faqs_rn.aspx

⁸ Oregon Department of Human Services. (n.d.). *Acuity-based staffing*. Oregon.gov. <https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/Acuity-Based-Staffing.aspx>

comes up [DUI conviction]. I can't remember what it is now, if it's ten years. You still can't hire them."

Ideas and practices from providers/staff in Oregon and across the United States

Oregon has implemented several new policies to support the healthcare workforce, described by the Department of Human Services Strategic Initiatives Unit. PHI National provides examples of state policies that promote and strengthen the direct care workforce.⁹ Additional examples include the following:

I. Recognition/Pay

- Programs that honor current staff, sometimes providing rewards like a gift card or additional paid day off.
- Retention bonuses
- Recruitment bonuses
- Paid leave
- "Hero pay" (e.g., increased wages or bonuses during pandemic)

II. Career ladders/lattices

- Tuition reimbursement or loan repayment for staff who seek to further their education or training in return staying at ALF/RCF for an agreed upon period.

III. Health & well-being

- Some ALF/RCF communities ordered and paid for groceries so staff didn't have to go into stores risking getting sick or other sick.
- Some companies partnered with food pantries to support staff who needed assistance accessing food.
- Wellness center at ALF/RCF that staff and their families can use for basic health services.

IV. Transportation supports

- Transportation stipends
- Provide gift cards for gas and oil changes

⁹ PHI National. (2022). *State policy strategies for strengthening the direct care workforce*. Bronx, NY: PHI National. <https://www.phinational.org/resource/state-policy-strategies-for-strengthening-the-direct-care-workforce/>

- No interest loans for vehicle maintenance (e.g., tire replacement)

V. Support staff who are parents or caregivers

- Stipends/reimbursement for daycare costs
- Daycare centers on ALF/RCF premises (there have been regulatory challenges with this)
- Providing school supplies for kids of staff

VI. Identify and remove barriers to employment

- U.S. Employment and Training Administration Workforce Innovation and Opportunity Act¹⁰ has strategies and grants to increase job readiness and remove barriers to employment for underserved populations.
- Review programs that hire employees who have a potentially disqualifying crime in their background.^{11,12}
- Find out if ALF/RCF can qualify for Work Opportunity Tax credits when hiring individuals from specified groups.¹³

VII. Recruiting and hiring

- Include current staff when interviewing prospective employees

Summary and Recommendations

Resident care assistants, ALF/RCF operators, state agency staff, and staffing agency representatives shared their insights and experiences through focus group and individual interviews with 21 resident care assistants and 12 external colleagues. This research study aimed to understand how working in ALF/RCF settings affects resident care assistant personal well-being and to document promising organizational and policy strategies to support, sustain, and enhance the direct care workforce in Oregon. The IOA-PSU research team identified nine primary themes across focus group and individual interviews, as well as detailed descriptions of how the COVID-19 pandemic

¹⁰ United States Employment and Training Administration, (n.d.). *Workforce innovation and opportunity act*. U.S. Department of Labor. <https://www.dol.gov/agencies/eta/wioa>

¹¹ Williams, S., Avery, B., Emsellem, M., Lowery, A., Natividad Rodriguez, M., & Sodhi, A. (2016). *A healthcare empower guide to hiring people with arrest and conviction records: Seizing the opportunity to tap a large, diverse workforce*. National Employment Law Project and Safer Foundation. <http://www.nelp.org/wp-content/uploads/NELP-Safer-Toolkit-Healthcare-Employer-Guide-Hiring-People-with-Arrest-Conviction-Records.pdf>

¹² Criminal History and Abuse Checks, 407 § 7 O.A.R. (2016). <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1626>

¹³ Internal Revenue Service. (2022, October 12). *Work opportunity tax credit*. <https://www.irs.gov/businesses/small-businesses-self-employed/work-opportunity-tax-credit>

has impacted working in ALF/RCF, how employers are supporting their workers and areas to consider for improvement, the range of emotions experienced by direct care workers, and examples of policies and practices that support or inhibit efforts to grow the direct care workforce.

Overall, we learned that:

- ⇒ ALF/RCF workers continue to face challenges and increased burden associated with the COVID-19 pandemic
- ⇒ Resident care assistants take pride in their work and seek equitable compensation and benefits
- ⇒ Supportive and flexible work environments promote resident care assistant and resident well-being
- ⇒ Direct care staff, ALF/RCF management, staffing agency, and state agency staff agree that investing in career ladders and retaining the existing workforce is a top priority
- ⇒ Direct care workers, including those employed in ALF/RCF communities, appreciate sharing their voices with the ongoing state workforce discussion:

"I just want to say that I appreciate you doing this because I think it's important to hear, you know, have this interaction with other people in the industry. It's been, you know. It's been really tough, so you know I appreciate you doing this, and I hope that, you know I don't know how this, the survey actually gets to the management teams. But yeah, I hope that it does and makes people's jobs better because it's such important work. And we want people to stay in this industry."

Supporting the resilience and stability of the direct care workforce is a significant public policy concern in Oregon and nationally. Solutions exist at the individual, interpersonal, organizational, community and policy levels. A multi-level systems approach (e.g., social-ecological approach) is needed to address the challenges and build on the strengths identified in this study. We recommend the creation of collaborative action-based working groups with ALF/RCF resident care assistants, administrators and other staff, healthcare professionals, policymakers and advocates. In addition, we recommend exploring strategies to reduce or remove existing regulatory barriers that limit or create uncertainty regarding who may be hired, in addition to strengthening staff supports such as consistent training, and promoting best practices for stress relief and well-being of resident care assistants employed in ALF/RCF communities.

Appendix A. Study Methods

This qualitative study collected data through focus group and individual interviews with two groups of participants, resident care assistants (also called caregivers, personal care aides, among other titles) and external colleagues who have experience hiring, training or managing resident care assistants and other ALF/RCF staff, including registered nurse consultants, staffing agency operators, state policy staff, ALF/RCF community operations managers, and advocates.

1. **Resident care staff.** We conducted three focus group interviews with 21 resident care staff employed in ALF/RCF communities, including some endorsed for memory care. Of these, 17 took part in group interviews and four in individual interviews (originally scheduled as focus groups). These staff worked in 14 unique ALF/RCF communities, with most participants in the Portland metro region, including Beaverton, Corbett, Gresham, Happy Valley, Hillsboro, Milwaukie, Sherwood and Wilsonville. One participant was from Eastern Oregon and another from Southern Oregon (see [Table A1](#)). See [Appendix B](#) for focus group interview questions.
2. **External colleagues.** We interviewed 12 colleagues who have experience hiring, training or managing resident care assistants and other ALF/RCF staff, including registered nurse consultants, staffing agency operators, state policy staff, ALF/RCF community operations managers, and advocates. These individuals worked in Salem, the Portland metropolitan region, with some having regional and state-wide responsibilities. See [Appendix C](#) for external colleague interview questions.

All participants were recruited with the assistance of senior housing professionals, advocates and state agency staff as well as direct care workers. The resident care assistants received a \$50 cash incentive for participating in the study. All interviews were conducted online (via Zoom) and were audio recorded, transcribed and analyzed for common themes (described below). Focus group interviews took one hour to complete, and individual interviews ranged from 30 to 60 minutes in length. The Portland State University Institutional Review Board reviewed and approved the study (protocol #: 27818-18). To protect participants' privacy, their names are not included in this report.

Qualitative data analysis

Study Team

The Staffing Experience study team at the Institute on Aging included individuals with several years of experience conducting qualitative research. These include Dr. Carder who teaches qualitative research methods. She, along with Drs. Dys, Kohon, and Schwartz, have previously interviewed ALF/RCF residents and family members as well as direct care staff, administrators, and a variety of external colleagues. The other members of the team, Sheryl Elliott and Dr. Lauren Bouchard, also had qualitative data collection and analysis experience, including conducting individual and focus group interviews and applying thematic and content analysis methods. Dani Himes and Madeleine Fox are graduate and post-baccalaureate research assistants who took notes and facilitated interview debriefing in addition to informing the initial themes by writing research memos.

Thematic analysis

Thematic analysis is a type of qualitative analysis where data is synthesized and categorized into statements, or themes. These themes represent the underlying meaning and findings within the data. In this study we used iterative thematic analysis, which consists of four main phases: 1) identifying initial perspectives and beliefs, 2) using data to build, expand, or challenge these initial perspectives, 3) listing preliminary themes, and 4) evaluating themes.¹⁴

In Phase 1, the research team at IOA-PSU collaborated with ODHS to discuss study goals, identify priorities, and develop interview guides based on existing perspectives, beliefs, and current socio-political contexts of direct care workforce issues in Oregon. These included gleaning feedback and learning about other workforce initiatives through the ODHS-led Long-Term Care Workforce Workgroup, consisting of ODHS staff, ALF/RCF and nursing facility providers, researchers at other institutions, and other members of state agencies and advocacy groups. Members of the IOA-PSU research team also reflected and wrote about what they expected interview and focus group participants to discuss and focus on prior to conducting these interviews. Based on their experience talking to Oregon and national ALF/RCF professionals, these included feeling burnout from staffing shortages, experiencing high levels of stress and fatigue, and the need for increased wages and more competitive fringe benefits to improve the direct care worker position.

¹⁴ Morgan, D. & Nica, A. (2020). Iterative thematic inquiry: A new method for analyzing qualitative data. *International Journal of Qualitative Methods*, 19, 1-11. <https://doi.org/10.1177/1609406920955118>

Phase 2 began with scheduling and conducting focus group interviews with resident care assistants and external colleagues. Focus group interviews consisted of a moderator and a notetaker while individual interviews were conducted with only one moderator. At the conclusion of each focus group or interview, the research team would debrief and reflect on the interviews to summarize topics and categories of the discussion into a brief memo. These reflections included summaries of the interview conversation in addition to the researchers' thoughts, feelings, questions, and beliefs related to what they heard.

These memos and the transcribed interviews were used to generate a preliminary list of themes over the course of data collection (Phase 3). The research team used Excel to organize the data for analysis. External colleague interviews and focus group interview questions and responses were summarized on separate sheets and organized by question. Members of the research team then did multiple readings of the interview data, consisting of reading each entire interview transcript from start to finish and then responses across interviews to each specific question. This process of sorting and shifting generated an initial list of six themes with supporting quotations sourced from the interview transcripts.

In Phase 4, the IOA-PSU team met internally over a period of three weeks to discuss and consider which of these initial themes to collapse, add to address gaps, or delete based on redundancy or lack of relevance. This initial set of themes was prepared as an interim report that was shared with ODHS partners, focus group participants, and external colleagues for feedback and reactions. Alongside the interim report, focus group and external colleague participants were asked the following questions to provide feedback on the initial findings:

1. Which of the six main themes is the most important that we emphasize in the report to Oregon DHS and ALF/RCF owners, and why?
2. Is there anything that you feel is missing from the report or something that you feel was captured incorrectly?
3. Is there anything we should be sure to tell policymakers and assisted living owners and administrators about working as a resident care assistant?
4. Is there anything else you want to share about your work or this study?

Regular meetings internally and with ODHS partners from November through December 2022, in addition to feedback from participants, were used to refine the original list of themes. This process resulted in a final list of nine primary themes and several sub-topics across specific questions related to COVID-19 challenges, supports, emotional experiences, and policies and practices.

Finally, to get feedback on the themes, we asked all study participants to respond to a brief open-ended online survey. While only four individuals responded, this feedback from participants provides support for the validity of the primary themes.

Demographics of resident care assistant focus group participants

Resident care assistants (n=42) from 23 unique assisted living, residential care, and memory care communities across Oregon signed up to participate in a focus group interview. Of these, 21 individuals from 14 unique communities participated in a focus group or individual interview (50 percent participation rate). There were four individual interviews and three focus groups ranging in size from four to six participants.

Table A1. Characteristics of study sample and focus group participants.

Characteristics	Study Sample (n = 42)	Participants (n = 21)
	N	N
Gender		
Woman	25	14
Man	9	2
Transgender	2	0
Gender nonconforming	2	1
Missing	4	4
Race/Ethnicity		
African American/Black	7	2
American Indian/Alaska Native	2	2
Hispanic/Latinx	9	5
non-Hispanic White	16	8
Multiracial	2	0
Missing	6	4
Age (years)		
18-24	7	3
25-34	16	5
35-44	5	2
45-54	5	3
55-64	5	4
Missing	4	4
Work Location		
Urban	30	16
Rural	7	2
Missing	5	3
Works multiple jobs		
Yes	9	6
No	29	11
Missing	4	4

Appendix B. Focus Group Interview Questions

1. To begin, please tell me a little about yourselves and the work you do?
 - a. How long have you worked in your current job?
 - b. How long have you done this type of work (as a resident care assistant)?
2. For those of you who had a previous job as a resident care assistant, either in another assisted living, nursing home, group home, home health agency or other place, why did you leave your prior employment?
3. This question is about challenges due to COVID-19. The pandemic was hard on everyone, especially people who live and work in assisted living and nursing homes. Based on your experience, what were some of the most challenging aspects of this work during a pandemic?
 - a. How did you manage these challenges, both at work and in your home life?
4. For those of you who have worked in assisted living since before the pandemic started, before 2020, can you compare what your job was like before the pandemic to what your job was like during the first months of the pandemic?
 - a. Please tell us a few examples of how your job might have changed, and how things are now.
5. Many of us have a variety of feelings throughout the day, including when we are at work. These feelings might be positive as well as negative. We'd like to ask about feelings that people have while at work.
 - a. Talking about negative feelings and experiences can be difficult to do. Would someone be willing to describe some negative feelings or experiences that you have had in your work as a resident care assistant? You can also describe something that happened to a coworker - just don't say their name or where they work. Remember, this is confidential. [Probe: conflict with coworkers or managers, stress related to providing resident care or from residents' families, work is too demanding, unfair workload]
 - b. We have heard from other resident care assistants that when they have these feelings or experiences, they try to find ways to feel better at work. Does anyone have an example of how you dealt with negative feelings or experiences in your job that improved things for you, or made you feel better about your work? [Probe: go outside, take a lunch break, talk to coworkers or supervisors, pray or meditate]

6. And now we'd like to shift to talking about positive feelings that people have at work. What are some of the ways that your work makes you feel happy, or positive? [Probe: being part of a team, feeling respected, making others feel good, having fun/humor]
7. For this question, we want to hear more about anything that assisted living operators either have done or could do to better support resident care assistants. Some examples we've heard from others include recognizing people for a job well done, flexible schedules, providing healthy snacks, benefits or incentives, and respecting the time that staff need to eat lunch, rest, pray or meditate.
 - a. What are some ways that your employer supports resident care assistants?
 - b. We all bring many parts of ourselves to our work, such as our culture, faith and background. In what ways do you feel supported to be yourself at work?
8. This is the last question today. We have heard about challenges that many of you experience in your work, during and after the pandemic, as well as some ways of improving the job of resident care assistant. Is there anything that we should have asked or talked about today that didn't come up?
 - a. [If needed:] To close, what are some of the most important reasons that you do this type of work?

Appendix C. External Colleague Interview Questions

1. To begin, please tell me a little bit about you and the work you do.
2. About how long have you been performing this work?
3. Thinking of before the COVID-19 pandemic, how would you describe challenges related to the direct care workforce in Oregon?
4. How has the COVID-19 pandemic introduced new or different challenges related to the direct care workforce?
 - a. What did ALF/RCF operators do to help resident care assistants manage these pandemic-related challenges?
 - b. What did state agencies do to help ALF/RCF operators manage these challenges?
5. We are interested in learning what ALF/RCF operators have done to better support resident care assistants. Some examples we've heard from others include recognizing staff for a job well done, flexible schedules, providing healthy snacks, benefits or incentives, and respecting the time that staff need to eat lunch, rest, pray or meditate. What are some ways that ALF/RCF operators support resident care assistants?
 - a. How effective are these efforts at promoting resident care assistant [emotional] well-being?
 - b. How effective are they at promoting retention?
6. What do you think would make direct care work more appealing to job seekers? [Probe: Some ideas we've heard from others relate to training and onboarding, fringe benefits, better wages, and flexible schedules]
7. The long-term care workforce is racially, ethnically and culturally diverse, nationally as well as in Oregon. What are some ways that workforce diversity is related to staff well-being and retention? [Probe: How about gender diversity?]
 - a. What are some examples of how ALF/RCF operators support diversity, equity, and inclusion in the workplace?
 - b. What challenges are there in terms of supporting diversity, equity and inclusion in the workplace?
8. How do you / ALF/RCF operators seek input from direct care workers about their challenges?
9. What are your suggestions for ways that ALF/RCF operators and state policymakers can address workforce challenges in assisted living, residential care, and memory care?