



Maine Direct Care Professionals

Focus Group Report

January 25, 2022

PREPARED FOR

ETHOS[®]



The Maine Long-Term Care
OMBUDSMAN PROGRAM



Table of Contents

Introduction	3
Maine’s Direct Care Professionals.....	5
Methodology	6
Research Objectives	7
Focus Groups	8
Executive Summary	9
Summary of Findings	17
Implications and Recommendations	57
Appendix	61
Discussion Guide.....	64

Introduction

Background

As part of the “Engage and Empower Direct Care Workers Initiative” sponsored by the Maine Long-Term Care Ombudsman Program (LTCOP), Ethos was commissioned to conduct a series of ten (10) focus groups with Maine Direct Care Professionals. The primary purpose of the Engage and Empower initiative is to help direct care workers define and express their collective voice so that they have an impact on Maine’s workforce planning and policymaking. The Initiative is designed to provide opportunities for workers to use their collective voice to inform those who make decisions about their jobs to know what is important to them. It is anticipated that sharing the work and findings of the Initiative with all three groups will inform strategies that ultimately will boost recruitment and improve retention of direct care workers. The focus groups were an initial step in the process of identifying primary issues confronted by this group in their important line of work.

Maine's Direct Care Professionals

Direct care professionals encompass a wide range of paraprofessional health care staff. They include certified nursing assistants, home health aides, personal support specialists, personal care attendants, independent support services staff, direct support professionals, and mental health rehabilitation technicians. They are employed by nursing facilities, assisted living facilities, assisted housing programs, adult family care homes, programs for people with intellectual disabilities, programs for people with brain injuries, home health and other home care agencies, and individuals who supervise their own long-term services and supports.

Methodology

Ethos conducted an initial “immersion” or discovery meeting on October 12, 2021, with a group of stakeholders from the LTCOP, the Maine Department of Health and Human Services, PHI International, and the Maine Health Access Foundation. The purpose of the immersion was to identify key messages designed to recruit focus group participation and to develop specific learning objectives for the qualitative research.

Following the meeting, Ethos developed key messages and a recruitment flyer for the LTCOP, who recruited participants for focus groups. Participants were compensated with a \$50 gift card. Ethos also developed a Moderator’s Guide (see Appendix) with identified learning objectives and a series of questions to guide the focus group discussions.

Research Objectives

Engage and empower Maine Direct Care Workers

- Understand why Maine's direct care workers chose the profession they did
- Identify the positive attributes of a quality job and of a direct care employer
- Determine why workers stay in their current job or switch to a different job
- Understand what's most appealing about their work and, conversely, what leads to job dissatisfaction
- Understand habits and attitudes around the choice between full-time, part-time, and per diem work
- Identify the primary barriers to undertaking this type of work
- Understand the best ways to communicate with direct care workers
- Determine whether or not participants see themselves as a voice for change (leadership characteristics)

Focus Groups

A series of ten (10) virtual focus groups with a total of 58 direct care professionals with statewide representation across all long-term care services and support settings were conducted between November 11, 2021 and January 5, 2022. Participants included:

- 52 women, 6 men
- 7 New Americans

Focus groups were recorded on the Zoom platform and transcribed for subsequent review by Ethos in preparing our report. Participants were promised that the recordings would be destroyed following the creation of this report.

IMPORTANT NOTE

Focus groups are qualitative research studies that are effective at gauging the sentiment of Maine's direct care workers, but they do not have statistical significance. The findings are directional rather than statistical conclusions.

Executive Summary

*“Sometimes I get told I care too much.
How can you care for a human being too much?”*

Executive Summary

Maine's direct care workforce chose their profession out of a desire to do meaningful work that has a positive influence on the lives of others. Many shared that they had a family history in direct care and nursing or found meaning taking care of a sick loved one and subsequently discovered direct care as a potential career. Others left retail or hospitality jobs or returned to the workforce after children to pursue a career in health care. New American direct care workers indicated health care histories in their home countries and discovered direct care employment here in Maine.

"I pretty much grew up in a nursing home. Both my parents worked in a nursing home, so I think it's all I've ever known. I took the CNA when I was in high school and that's all I've ever done and I, I really enjoy it. I wouldn't do anything else."

Executive Summary

When asked to identify the positive attributes of a quality job and of a direct care employer, participants pointed to fair wages and benefits, adequate staffing to support the needs of residents, proactive communication by employers and among employees, as well as the development of consistent standards among employers and comparable direct care positions. New Americans pointed to the importance of teamwork.

“I consider a quality job to have good communication about benefits – we go above and beyond and aren’t compensated for it.”

Executive Summary

Despite numerous challenges outlined in this report, Maine's Direct Care workforce stay in their jobs because of their love for the work and the people they serve. Increasingly, committed workers are staying in their jobs out of a deep sense of obligation and commitment, even if the decision impedes their own career growth.

"I love care. I like caregiving... it's just in me to want to, to take care of people. It makes me feel good at the end of the day as well, knowing that you help someone meet their needs... to give them quality of life."

Executive Summary

Job dissatisfaction among direct care professionals arises when the attributes of a positive work environment – fair wages, adequate support, proactive communication, and consistent standards – are missing. By far, the #1 concern among participants was the worker shortage that has arisen over the past decade and been exacerbated by the Covid-19 pandemic. Some participants offered their insight into the worker shortage that is at or near crisis levels.

“When the pandemic first got bad, I was working at a cardiopulmonary rehab as a CNA, you know, and once it got in the facility, it, it killed about 50% of our patients. And even I took a couple months off healthcare after that. And, and I'd say, you know, really at least five or six of my coworkers probably left healthcare over that. It just was too much; it was a lot. So, I think that plays a part. I think people are stressed, you know, and feel this pandemic is hard.”

Executive Summary

When asked what kind of barriers direct care professionals encounter undertaking their line of work, group participants pointed to the difficulty of maintaining personal boundaries, the impact to their personal lives, and state of Maine regulations.

“And you know, you say, why, why do I put myself through this? And then you remember because they need you. So as long as I can keep it together and remember it's for them, but it starts to affect your home life. ‘Cause you're, you know, when you are feeling like, oh God, I have to go to work. It's a terrible feeling to feel that, oh God, I got to go to work.”

Executive Summary

Most focus group participants were engaged in full-time employment with many working more than one job or overtime to make ends meet. Others engaged in per diem work for the higher wages and flexible schedules it offered. Some also chose to do part-time work to suit their lifestyle or to augment income.

“The per diem job is less stressful lately and it's been more of like my fun job with those residents and honestly, extra money is very helpful right now.”

Executive Summary

As a final question, focus group participants were asked what they would advise or tell policy makers and employers about direct care work, if given the opportunity to do so. The overriding advice is to “walk in our shoes for a day” to see what we do.

“Put themselves maybe in our shoes... I don't think they realize either what we do out there and they should. I wonder if they got sick or if their family member got sick, I mean, they'd want a good caregiver. And I, I don't think they realize really what we do out there in the home or in the facilities. I wish they could go out once in a while without their, you know, their checklist and just follow a CNA for a couple hours or do a couple of home visits and see if they are able to keep up.”

Summary of Findings

Summary of Findings

1 *Why Maine's direct care professionals chose their profession*

Maine's direct care workforce chose their profession out of a desire to do meaningful work that has a positive influence on the lives of others. Many shared that they had a family history in direct care and nursing or found meaning taking care of a sick loved one and subsequently discovered direct care as a potential career. Others left retail or hospitality jobs or returned to the workforce after children to pursue a career in health care. New American direct care workers indicated health care histories in their home countries and discovered direct care employment here in Maine.

Summary of Findings

1 *Why Maine's direct care professionals chose their profession*

MULTI-GENERATIONAL HEALTHCARE HISTORY

- *“My grandmother was a nurse. My great aunt was a nurse. My mom did direct care. So yeah, I kind of always wanted to help people even at a young age.”*
- *“I pretty much grew up in a nursing home. Both my parents worked in a nursing home, so I think it's all I've ever known. I took the CNA when I was in high school and that's all I've ever done and I, I really enjoy it. I wouldn't do anything else.”*

Summary of Findings

1 *Why Maine's direct care professionals chose their profession*

SEARCH FOR MEANINGFUL WORK

- *"I took care of my mom and I for two and a half years and I found it very rewarding, and I just stopped waitressing ... I just got burned out and I wanted to do something that was more rewarding."*
- *"I worked at McDonald's, and I wanted to get into something different ... like taking care of people..."*

Summary of Findings

1 *Why Maine's direct care professionals chose their profession*

SEARCH FOR MEANINGFUL WORK

- *“I started out in fast food when I was a teenager and I just wanted to help people and do something that had more meaning to it. And eventually I got into the hospital to be a housekeeper and they had a CNA program, and I was quick to jump on that opportunity because I wanted to impact people's lives...it's just an urge to do something of higher importance that just got me out of the KFC environment and into PSS (Personal Support Specialist.)”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

When asked to identify the positive attributes of a quality job and of a direct care employer, participants pointed to fair wages and benefits, adequate staffing to support the needs of residents, proactive communication by employers and among employees, as well as the development of consistent standards among employers and comparable direct care positions. New Americans pointed to the importance of teamwork.

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

FAIR COMPENSATION

Maine's Direct Care workers are not in their chosen line of work for the money. However, most participants believed that their current rate of pay was not commensurate with the difficulty and importance of the work they perform.

- *"A quality job is a living wage, good hours (40) flexibility, and above and beyond communication and room to be a human being."*
- *"We don't get paid enough for what we do."*
- *"I go over and above. I work 12 hours and get paid for 8."*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

ADEQUATE STAFFING

Adequate staffing was of particular importance to participants who pointed to increasing worker shortages and the impact on their personal lives, as well as potentially deleterious effects to residents.

- *“... not having enough staff to properly care for these guys and give them everything that they deserve is really hard... I definitely think the short staff and the staffing crisis is the top of the list because of the burnouts happening.”*
- *“Taking time off is hard, because replacements are not there... missed out on things in life.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

ADEQUATE STAFFING

- *“If one of us is sick, like if I was to be sick, it's, it's really hard to find coverage ‘cuz there's just like two or three of us.”*
- *“Residents aren't getting the care they deserve because we are staffing to the census rather than their individual needs.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

ADEQUATE STAFFING

- *“I like being there for the people, we work as a team, but when you are short-staffed it doesn’t go as smoothly as you want it to.”*
- *“It's really hard when it's only you and another person and say like 30 residents, how are you supposed to do that by your, you know, two people, how you supposed keep them all safe?”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

PROACTIVE COMMUNICATION

Better communication between management and workers as well as between one another about the needs of a resident or patient was also a common refrain.

- *“I know things are hard right now, ‘cause everybody's so short staffed, but just to brief, it doesn't have to be a book, you know, just like the highlights of your shift and like this has changed or this person requires this just to give you some kind of input. So, you're not just going in blindly.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

PROACTIVE COMMUNICATION

- *“Feeling heard by management is big, keep up the communication about changes in regulations and laws.”*
- *“So, for me, communications a huge thing, um, and also keeping up on training... maybe add in that mental health training.”*
- *“I think, communication both from the office staff and between the other care providers in the homes I'm in. So, we know kind of what we're doing and why we're doing it.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

CONSISTENT STANDARDS

Consistent standards across employers as well as across direct care job types is a desirable attribute.

- *“What is accepted and routine in one place is not necessarily the standard of care.”*
- *Go “back to the basics and bringing new employees up to the same standards.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

CONSISTENT STANDARDS

- *Make it “so the training is universal, so you don't have to keep repeating the same rights and procedures and stuff like that. Every time you go to move to a different job, because to me being in the field frame was 20 years... A PSS does the personal care, a DSP does personal care, as does the CNA, the only difference is the waiver and the setting and the amount of pay that you get.”*

Summary of Findings

2 Positive attributes of a quality job and of a direct care employer

CONSISTENT STANDARDS

- *“I would think it would be great if something like that could happen with trainings, how would we be more standardized because we all do so much of the same thing...I've seen different places. I'm a CNA, but I'm able to do blood sugars at hospitals, but not in nursing homes. And I'm able to do colostomies at nursing homes, but not in an ICF developmental disabilities. So, all of my roles that I have that I was trained for, it's different depending on, you know, the company.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

TRAINING

Other than the desire for training around consistent standards, the demand for professional training among participants was not high nor consistent among groups. However, individual participants did mention the need for the following types of training:

- Leadership training to help fill a void of leadership among workers
- Human relations training and dealing with on-the-job conflicts
- Resident-centered care and understanding patient rights
- Mental health training

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

ACKNOWLEDGMENT

Maine Direct Care workers perform difficult healthcare and personal assistance tasks for those who cannot take care of themselves. Some expressed the desire for acknowledgement to create a positive work environment.

- *“if you really want to make your company good, you have to work really hard to reward hard work and employees and keep the tone positive as much as possible.”*

Summary of Findings

2 Positive attributes of a quality job and of a direct care employer

TEAMWORK

Among New American direct care workers, the desire for teamwork and everyone pulling their own weight was a consistent theme.

- *“We have to be a team. If you're not a team... you have destroyed everything.” In my new job, we “work in a team, we always, understand each other. If there's a problem, we take it to the manager, the manager who, understand us... if you don't love each other, I'll tell you to work together. I'll tell you is why my manager will say, I'll put you together back-to-back until you love each other. Then you go, you apologize to the other one and you keep working together. Yeah. Awesome.”*

Summary of Findings

2 *Positive attributes of a quality job and of a direct care employer*

OTHER THOUGHTS

Participants also mentioned the following items that will help create a positive work environment:

- Flexibility with hours and help with personal situations as they arise
- Consistent hours
- Adequate supplies on site
- Evaluate employees on an individual basis – on their merits – rather than a group

Summary of Findings

3 *Why Direct Care Professionals stay in the profession*

Despite numerous challenges outlined in this report, Maine's Direct Care workforce stay in their jobs because of their love for the work and the people they serve. Increasingly, committed workers are staying in their jobs out of a deep sense of obligation and commitment, even if the decision impedes their own career growth.

- *"I just love my job... love meeting new people... and I like to see people get better..."*
- *"I love care. I like caregiving... it's just in me to want to, to take care of people. It makes me feel good at the end of the day as well, knowing that you help someone meet their needs... to give them quality of life."*

Summary of Findings

3 *Why Direct Care Professionals stay in the profession*

- *“I mean just if you can create even a moment of joy for them, it feels so good for me. Um, and I can leave every day. Know I've not wasted my time.”*
- *I don't see me doing anything else ... ever since I was a little girl, I've always wanted to be a nurse. I find it extremely rewarding at the end of the day. I just love my job, love what I do...”*
- *“I just think I just get very connected with the people I'm caring for, and I think it's hard to leave them even when you're getting burnt out.”*

Summary of Findings

3 *Why Direct Care Professionals stay in the profession*

- *“I enjoy, you know, helping the residents, whether it's to get better or help them into, you know, their end of life. A lot of them don't really have their family there to visit them and, you know, talk to them. So that's what I'm, I'm there for...”*
- *“It makes me feel good when they smile at me – I'm not wasting my time.”*
- *“Taking care of people, working for them and helping them has always been important to me.”*
- *“The biggest part is seeing the success that these people do with their barriers in life.”*

Summary of Findings

4 *What leads to job dissatisfaction?*

Job dissatisfaction arises when the attributes of a positive work environment – fair wages, adequate support, proactive communication, and consistent standards – are missing.

The #1 concern among participants was the worker shortage that has arisen over the past decade and been exacerbated by the Covid-19 pandemic. Some participants offered their insight into the worker shortage that is at or near crisis levels.

Summary of Findings

4 *What leads to job dissatisfaction?*

- *“I think part of it is on the resident or consumer demand. You have the baby boomers retiring coming into this kind of need... I think we're at the gap where there's more people needing long-term care and more people retiring from the field than there (are) people coming into the field to keep that balance.”*
- *“I truly believe it's definitely the pandemic it's, COVID, you know, the vaccines, it's everything coupled together where we're not getting anybody coming inside the healthcare field because they're either they're afraid of COVID or they have family members that they're trying to keep safe.”*

Summary of Findings

4 *What leads to job dissatisfaction?*

- *“I think the schooling (is) hard, too. A lot of parents can't work because of the remote schooling... they depend on their kids being in school and then they have to leave work.”*
- *“I'm not gonna go into the pandemic and all that, but I think that has a small piece. People are afraid or they don't want the vaccines that I think that plays into it a little bit. And I think the other part is, is it's a tough job. And as this is my own opinion – I just think as the gen younger generations come in, they're looking for the fast buck without the least amount of work. And obviously no matter what part of healthcare you're going into, that's not gonna happen...”*

Summary of Findings

4 *What leads to job dissatisfaction?*

- *“When the pandemic first got bad, I was working at a cardiopulmonary rehab as a CNA, you know, and once it got in the facility, it, it killed about 50% of our patients. And even I took a couple months off healthcare after that. And, and I'd say, you know, really at least five or six of my coworkers probably left healthcare over that. It just was too much; it was a lot. So, I think that plays a part. I think people are stressed, you know, and feel this pandemic is hard.”*

Summary of Findings

5 *Barriers to undertaking Direct Care work*

When asked what kind of barriers direct care workers encounter undertaking their line of work, group participants pointed to the difficulty of maintaining personal boundaries, the impact to their personal lives, and state of Maine regulations. One New American pointed to racism as a barrier to work.

Summary of Findings

5 *Barriers to undertaking Direct Care work*

MAINTAINING PERSONAL BOUNDARIES

Maintaining personal boundaries with residents and their families was among the top challenges expressed by participants.

- *“I get a little too connected to everyone I take care of, I think not intentionally, but it really, it really hits, hits me when my patients pass.”*

Summary of Findings

5 *Barriers to undertaking Direct Care work*

IMPACT TO PERSONAL LIFE

Some participants indicated that the nature of the work, and the hours of work, had a detrimental impact to both their personal lives as well as to their desire to advance in their careers.

- *“Sometimes the employees are sacrificing their personal lives, their personal memories are being taken from because of how invested you become in this line of work, naturally.”*
- *“Holidays don't exist in the mental health.”*

Summary of Findings

5 *Barriers to undertaking Direct Care work*

IMPACT TO PERSONAL LIFE

- *“With staff shortage, I kind of feel guilty about trying to do better because I'm way too attached, more than I should be to my clients.”*
- *“Another big personal challenge for work life and home life because we're so burnt out giving everything to all of our residents, you know, because they're stuck in their rooms or, you know, we're on shutdown, lockdown, COVID, there's regulations have broken.”*

Summary of Findings

5 *Barriers to undertaking Direct Care work*

IMPACT TO PERSONAL LIFE

- *“And you know, you say, why, why do I put myself through this? And then you remember because they need you. So as long as I can keep it together and remember it's for them, but it starts to affect your home life. ‘Cause you're, you know, when you are feeling like, oh God, I have to go to work. It's a terrible feeling to feel that, oh God, I got to go to work.”*

Summary of Findings

5 *Barriers to undertaking Direct Care work*

OTHER CHALLENGES INCLUDED CONCERNS OVER STATE OF MAINE REGULATIONS AND RACISM ENCOUNTERED AMONG NEW AMERICANS.

- *“...State of Maine makes our jobs extremely difficult... Feel like they keep putting more restrictions on how we need to do our job and how the clients need to use their time and effort when they are with us.”*
- *“When I started this job in the other facility, racism was there. They didn't like us black people. Oh, the manager just fight to death, black people...”*

Summary of Findings

6 *Choice between full-time, part-time, and per diem work*

Most focus group participants were engaged in full-time employment with many working more than one job or overtime to make ends meet. Others engaged in per diem work for the higher wages and flexible schedules it offered. Some also chose to do part-time work to suit their lifestyle or to augment income.

Summary of Findings

6 *Choice between full-time, part-time, and per diem work*

- *“I've jumped around the last couple of jobs I've had and it just, the flexibility that I needed was not able to be accommodated. I, you know, was working 40 to 60 hours a week. And I just, both agencies I left recently was because they just wouldn't accommodate me. They would keep scheduling me.”*
- *“Per diem gives me the flexibility, but then I, you know, I risk not getting like the benefits and stuff like.”*

Summary of Findings

6 *Choice between full-time, part-time, and per diem work*

- *With per diem “I can see that the agency programs that are out there now they're paying a lot more. And then the facilities you just log in and you say, I want work this shift, this shift, this shift, I'll do half the hours there and you make your own schedule. You'd still get benefits through them. You still get paid time off. Um, and the pay is a hell of a lot more than somebody that's been here for 15 years.”*
- *I work part-time ... “because a little bit of both as choice, I'm have two home businesses I'm trying, I'm working on building and I just want to go start part-time, but I know at any time, if I want to add clients and add hours, I'm able to do that at any time because my agency has all kinds of clients that they need help for.”*

Summary of Findings

7 *Communicating with Direct Care Professionals*

Across all groups, direct care workers preferred some combination of email or text for communicating with them.

Summary of Findings

8 *Advice for Policy Makers and Employers*

As a final question, focus group participants were asked what they would advise or tell policy makers and employers about direct care work, if given the opportunity to do so. The overriding advice is to “walk in our shoes for a day” to see what we do.

- *“Put themselves maybe in our shoes... I don't think they realize either what we do out there and they should. I wonder if they got sick or if their family member got sick, I mean, they'd want a good caregiver. And I, I don't think they realize really what we do out there in the home or in the facilities. I wish they could go out once in a while without their, you know, their checklist and just follow a CNA for a couple hours or do a couple of home visit and see if they are able to keep up.”*

Summary of Findings

8 *Advice for Policy Makers and Employers*

- *“If you're in this field of work... your heart's is in it, you know, like you're treating these individuals how they should be treated and how, like, you would hope if it were your family member, that that would be the way they're being cared for... I think that's the right mindset and the right heart for it.”*
- *“Sometimes I get told I care too much. How can you care for a human being too much?”*

Summary of Findings

8 *Advice for Policy Makers and Employers*

- *“Sometimes when people get too far up in the ivory tower, they forget that their decisions have consequences. And if those consequences have faces and they have names and you know, those decisions impact whether people can stay at home or have to go into a facility, those decisions impact the quality of care the person is going to get. Not because of how the lack of caring, the people who are in these homes and doing this work are angels walking this earth, but there aren't enough of them. And the more I wish they could understand how, what they decide has absolute boots on the ground, potentially life and death decisions or consequences to real people. And I feel like they get disconnected from that.”*

Summary of Findings

8 *Advice for Policy Makers and Employers*

- *“In my situation, I would like that our employer and our managers to understand that the job that we are doing right now is very hard; it is hard in our body. We cannot take care of ten people... 10 is too much. Maybe we, they can consider hire more people to give us, a quality job. Even if they increase the money, they give us more money. But if the job is hard, it means that you are going to lose more. People will just try to go and find an easy job, because a hard job, because, uh, in my case, like you do you take care of the resident, you give him medication and you do his laundry, you do everything for the resident. It's too much for one person.”*

Implications & Recommendations

“...the people who are in these homes and doing this work are angels walking this earth, but there aren't enough of them. And the more I wish they could understand how, what they decide has ... potentially life and death decisions or consequences to real people.”

Implications & Recommendations

Maine direct care professionals do important work. They take care of our loved ones and us when we are unable to take care for ourselves. As a group, they are compassionate, kind, and loving – often sacrificing their personal lives to take care of others. They are paid at the low end of the wage scale, and with the Covid-19 pandemic, put themselves in harm’s way each and every day. Like other workers around the country engaged in the “Great Resignation,” many are quitting their positions and leaving fewer hands to perform more work. Arguably, the direct care worker shortage has reached crisis proportions with potential deleterious effects to those requiring higher levels of care.

Implications & Recommendations

While it is beyond the purview of the researcher to provide policy-based recommendations, we do consider the following to be positive steps in the right direction.

- Form the Direct Care & Support Professional Advisory Council to provide a voice for Maine's direct care professions on important issues affecting their jobs.
- Elevate the status of Direct Care & Support Professionals in the eyes of the public as well as employers, policy makers, and payers with the objective of increasing wages and benefits over time.
- Create a “Walk in my Shoes” documentary of a “day in the life” of Maine's direct care professionals that highlights the difficult work they perform and the challenges they encounter.

Implications & Recommendations

- Continue to standardize and professionalize the various job descriptions that encompass the field of direct care and professional support work.
- Provide employers, who are eager to hire direct care professionals, with feedback about how direct care workers think about a quality job and workplace.
- Promote entry level direct care work as a means of starting a career in healthcare – as a stepping stone to a brighter future.
- Partner with Maine’s Community College System and employers to develop programs that enhance the skills and value of direct care professionals and increase their value over time.

Appendix

Maine LTC Ombudsman Focus Group Moderator's Guide

Overall Objective: Engage and empower Maine Direct Care Workers

Learning Objectives:

- Understand why Maine's direct care workers chose the profession they did
- Identify the positive attributes of a quality job and of a direct care employer
- Determine why workers stay in their current job or switch to a different job
- Understand what's most appealing about their work and, conversely, what leads to job dissatisfaction
- Understand habits and attitudes around the choice between full-time, part-time, and per diem work
- Identify the primary barriers to undertaking this type of work
- Understand the best ways to communicate with direct care workers
- Determine whether or not participants see themselves as a voice for change (leadership characteristics)

Overview:

My name is Ted Darling, and I am the moderator for today's conversation. You have been invited here today by the Maine Long-term Care Ombudsman Program, an organization committed to improving the jobs and working conditions for Maine's direct care workers. We want to hear your stories and invite your input into the nature of your work, with the specific goal of using your input to affect employment practices and to improve overall working conditions among employers of direct care workers.

Everything you share today will be held in the strictest of confidence. We record today's session only for our own use and review in preparing a comprehensive report of our findings.

Does anyone object to us recording today's session?

The recordings will be destroyed after the submission of our report, which includes general quotes that you share without any sort of reference that would tie a quote to a particular individual or organization. Likewise, other participants here today will be sharing their confidential stories with the group. We ask that you keep everything you hear and see today in the highest level of confidence – which means, do not share today's session with the closest of family members or friends. This is super important. Do I have everyone's word?

Finally, we ask that you all participate actively in today's session, which is expected to last about 90 minutes or so. We REALLY want to hear what you have to say about the nature of your work.

1. Introductions

Please share your first name and what you do for a living (please do not identify your employer by name).

2. Why direct care workers chose their profession

- a. How did you first get involved in your job? What motivated you to start? Is it mission driven, meaning part of your faith?
- b. What do you love about your job? What do you tell people is the most appealing part?
- c. What's the #1 thing you would change about your job? What would be different for you and your family if that one thing *did* change?

3. Identify the positive attributes of a quality job and of a direct care employer

- a. What do you consider to be a “quality” job in your field? Top attributes of a good job?
- b. In thinking about employers you work for or have worked for in the past, what did you like the most about the workplace environment or culture?
- c. What makes a great employer? What's the most important thing? Your manager? Recognition? Conditions? Benefits? Opportunities for growth? Predictability of your shift?
- d. What about training? What additional training would help you meet the needs of clients/residents?
- e. What certifications or additional credentials are important to your career?
- f. If you could wave a magic wand and create your ideal employment situation, what would that include?

4. Determine why workers stay in their current job or switch to a different job

- a. Why do you keep doing what you do?
- b. Have you switched jobs in the past? Why?
- c. Why do you stay with an employer? What makes you stay?

5. Understand what's most appealing about their work and, conversely, what leads to job dissatisfaction

- a. Thinking about the work you do, what do you find most appealing?
(May get at this with question 2B)
- b. What makes you want to quit?
(May get at this with question 2C)

6. Understand habits and attitudes around the choice between full-time, part-time, and per diem work

- a. How many people here work part-time? Full-time? Per diem?
- b. Why have you chosen part-time? Full-time? Per diem?
- c. If you wanted, are you able to find full-time work with full benefits now in your current job classification? For example, if you are currently a home health aide, are you able to find work as a full-time home health aide with benefits? Is that important to you?

7. Identify the primary barriers to undertaking this type of work

- a. What are some of the biggest personal challenges or barriers you experience doing this type of work?
- b. Probe around taking care of others at home? Childcare? Not knowing when a shift will end? Others? Life circumstances? Transportation? Cost of living?
- c. How has Covid impacted your work? How was your work different pre-pandemic?

8. Understand the best ways to communicate with direct care workers

- a. If the Ombudsman program wanted to communicate with you on an ongoing basis, what's the best way to do that? When are you most likely to see and/or respond to communication? (i.e., when is the best time to reach out?)
- b. Probe: Text? Email? Social media? Mail?

9. Determine whether or not participants see themselves as a voice for change (leadership characteristics)

- a. As you know, policy makers and employers have a big impact on long-term care... what do you think they need to know about what it means to be a direct care worker? What stories or information would you share with them if you could, so they could better support the direct care workforce?
- b. What role do you think you and other workers can play to make direct care jobs better for everyone? In other words, how do you see yourself helping create quality jobs for yourself and your peers?
- c. Would you consider participating on an Advisory Council that is designed to influence legislative policy and employment conditions?

Thank you for your time and for sharing your wonderful stories today.

Please remember to keep the contents of this session strictly confidential, meaning do not share with anyone, including your closest family members or friends.

The Maine LTC Ombudsman Program will be sending you a \$50 gift card to the address you have provided (or, if in person, pass out envelopes with \$50 cash)