

2-18-2026

Exploring Strategies to Improve Turnover Staffing Shortages and Support for In-Home Family Caregivers

Katrina V. Tate
Walden University

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Walden University

College of Management and Human Potential

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Katrina Victoria Tate

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and that any and all revisions required by
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Dr. Miriam Ross, Committee Chairperson, Health Sciences Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Exploring Strategies to Improve Turnover Staffing Shortages and Support for In-Home

Family Caregivers

by

Katrina Victoria Tate

MPhil, Walden University, 2024

MEd, American Intercontinental University, 2005

MS, Spertus College, 2004

Integrative Review Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

February 2026

Abstract

Home care workers play a vital role in supporting older adults, yet retaining staff in these positions can often be challenging. The purpose and review question for this integrative review concerned the strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team. Penchansky and Thomas's theory of access supported this study by highlighting how the qualities and expectations of home care workers align with their patients. A comprehensive review of the literature resulted in 53 articles, which were screened for quality and relevance. Of these, 24 studies were selected for further analysis using the Johns Hopkins evidence-based practice model. A comprehensive thematic analysis identified seven main themes and seven supporting subthemes. The seven main themes identified the need to increase patient satisfaction, strengthen agency staffing, improve human resources, reinforce employee training, develop education programs, increase compensation and benefits, and explore reimbursement improvements. Key subthemes emphasized adopting a patient-first approach in home care, combining courses and fieldwork experience, and partnering with colleges and universities. Three recommendations provided ways to strengthen home care services by creating a fund for home care workers' incidental expenses, leadership training, and promoting new career advancement opportunities for home care workers. By following these recommendations, home and community-based services can create an encouraging environment for both agency-based and in-home care workers. This approach may improve patient care and promote positive social change within communities.

Part 1: Practice-Based Problem

Problem of Interest

There is a triangulation of turnover staffing shortages in home health care agencies (HHCAs), a lack of support for in-home/informal family caregivers, and the COVID-19 outbreak and the devastating effects on staffing as a result of the COVID-19 pandemic (Reckrey et al., 2022). For instance, there is a significant staffing shortage of compensated caregivers within HHCAs that provide quality home and community-based services (HCBS), an essential and vital service addressing the healthcare needs of aging-in-place older adult vulnerable populations (Green, 2023; Jutkowitz et al., 2023). Additionally, there is a lack of respite care for non-compensated in-home family/informal caregivers. These two challenges predate the COVID-19 pandemic era, dating back to WWII; rather, it was the COVID-19 pandemic that further exacerbated these two problematic issues (Scales, 2022). Thus, when this global disaster was in full effect, there was limited access to HCBS for aging-in-place older adult vulnerable populations when neither paid agency caregivers nor the clients they served had access to each other (Leo et al., 2021).

Consequently, only in-home or informal family caregivers could provide these services. Balancing full-time employment, raising families, and caring for an aging loved one placed a heavy burden on informal caregivers. Their efforts caused significant stress and anxiety, depression, leading to burnout and compromising their overall health (Kim, 2023). However, the arrival and aftermath of this deadly virus served as a wake-up call,

highlighting the importance of addressing these two longstanding issues rather than ignoring them.

Healthcare Administration Problem

Background

The turnover staffing shortage regarding compensated agency caregivers who earn only minimum wages without overtime opportunities or health insurance for their labor-intensive work is worsening. Furthermore, the turnover staffing shortage has led to a financial downturn for home healthcare agencies, as they incur losses and experience decreased patient satisfaction due to the compromised quality of HCBS for aging-in-place older adult vulnerable populations. Additionally, there is a lack of training and support for in-home family and informal caregivers, such as friends, neighbors, auxiliary, and religious groups within the community, to balance out and take up the slack. As a result, both paid agency and unpaid family caregivers experience stress, anxiety, and burnout (Lim, 2021; Tate, 2023).

Furthermore, the role of in-home or informal family caregivers is often misunderstood and undervalued as just domestic work, usually done by spousal caregivers or domestic workers who provide HCBS and are employed by families with unpaid or very low wages. This is where positive social change becomes crucial, especially in changing perceptions of in-home family caregivers. In other words, not only is formal training necessary for these caregivers, but it is also vital to educate long-term support services that caring for aging-in-place older adults is a credible profession. In short, a change in attitude is needed to develop a practical and respectful approach to

HCBS as an essential service for aging-in-place seniors. To accomplish this, HSOs should train, employ, and incorporate in-home and informal caregivers as vital members of the formal healthcare team. Moreover, the attitudes of the healthcare team must also shift to recognize these caregivers as integral members. This would help address staffing shortages, not just in home healthcare agencies but across the entire home healthcare industry, while also improving morale among healthcare workers (HCWs) and patient satisfaction. Ultimately, this can help resolve ongoing turnover staffing issues (Lim, 2021).

Operational Problem

There are turnover staffing shortages of HHCA caregivers and a lack of support and training for frontline in-home/informal family caregivers. For instance, Reckey et al. (2022) argued that formal training, hiring, and integrating in-home frontline caregivers into the healthcare system, specifically for resolving staffing shortages in the home healthcare industry, is particularly relevant for HHCAs regarding the recruitment and retention of staff members. This strategy would serve to improve and strengthen the staffing of home healthcare agencies and the much-needed support and training of in-home family caregivers. Further, the authors suggested the staffing shortage is more than a monetary issue as a cause-and-effect problem for home healthcare agencies. This is significant because it is an indicator that the turnover staffing shortage across HHCAs in the healthcare industry previously existed, and that the turnover staffing shortages and the lack of access to HCBS were not borne out of the pandemic (Green, 2023; Maulding & Defelice, 2024). Rather, this global event further exacerbated these conditions. However,

this global event served to shine light on the severity of these preexisting problems across HSOs within the United States, especially for home healthcare agencies with turnover staffing shortages limiting their ability to provide quality HCBS for their clientele, especially the aging-in-place older adult populations.

Additionally, Burgdorf et al. (2023) argued that drafting and implementing the proposal to train, hire, and integrate in-home frontline caregivers into the healthcare team often meant the communication of needs for patients is divided between in-home family caregivers, agency caregivers, and the healthcare team. Consequently, there are problems regarding insurance and service coverage, training, respite care referrals, and information on Alzheimer's disease and related dementia (ADRD) progression. In other words, without the assistance of agency caregivers, the frontline in-home family caregivers experience stress, depression, and anxiety, leading to burnout and compromised quality of HCBS for their aging-in-place older adult loved ones.

Ideal State of Operations

Attitudes need to change regarding a workable approach philosophy regarding HCBS as a much-needed vital service for aging-in-place older adult populations. To effect such a change, HSOs need to train, employ, and integrate in-home/informal family caregivers as an integrated part of the formal healthcare team. Further, the attitudes of the healthcare team also need to change regarding the *acceptance* of in-home/informal family caregivers as an integrated part of the formal healthcare team. This would resolve the turnover staffing shortage, not just in home healthcare agencies, but also within the home healthcare industry, boost the morale of HCWs, and patient satisfaction within the

community for aging-in-place vulnerable populations; in short, overturning the problematic issue of the turnover staffing shortages within home healthcare agencies (Lim, 2021; Reckrey, 2022; Tate, 2023). A notable example of optimal operational practices is the in-home care program developed by Johns Hopkins. This hospital-at-home initiative was designed to deliver medical services to elderly patients within their own residences and demonstrated considerable cost savings relative to traditional inpatient care. Initial studies revealed that at-home treatment reduced overall expenses by 32% (\$5,081 compared to \$7,480), shortened average length of stay by approximately one third (i.e., 3.2 days vs. 4.9 days), and significantly lowered complication rates (i.e., 9% vs. 24%; Klein, 2025).

Professional Practice Gap Statement

The ideal state of practice is to find solutions that reduce the rate of turnover and staffing shortages among caregivers in home health agencies. Solutions are often tied to wages and work conditions, as well as support from the agency's administrative staff. Formalizing stable work conditions may improve turnover and enable more patients to receive care, particularly for aging-in-place older adult populations. Caregiver shortages provided by home health agencies are often critical for the health of patients. Because of the extreme shortages and high turnover of caregivers, changes are needed. Turnover can be as high as 79% in HHCAs and this is coupled with a shortage of caregivers. Support for in-home caregivers is also needed and difficult for agencies to provide because of agency shortages (Redd, 2024).

Current research posits that the drafting of strategies that would strengthen, improve, and resolve turnover staffing shortages within home healthcare agencies regarding compensated caregivers, and a lack of support for uncompensated in-home/informal caregivers, is just barely scratching the surface of a longstanding, nationwide issue that is deeply rooted within the home healthcare industry as a whole. For example, training and employing in-home/informal family caregivers and merging them into the professional healthcare team may serve to bolster agency policy, increase finances, boost the morale of HCWs, and most of all, increase patient satisfaction within the community for aging-in-place older adult vulnerable populations. This way, home healthcare agencies, staff members, and patients will all be happy. However, the actual implementation of this proposal is only a partial solution to the turnover staffing shortages in home healthcare agencies (Lim, 2021; Reckrey, 2022).

Summary of Evidence

HHCAs are facing staff shortages due to high turnover, limited support for family caregivers at home, and the impact of the COVID-19 pandemic (Reckrey et al., 2022; Scales, 2022). A notable staffing shortage of compensated caregivers exists within HHCAs that deliver quality HCBS, which are essential to meeting the healthcare needs of older adults aging in place as well as other vulnerable populations (Lim, 2021; Reckrey et al., 2022). Furthermore, there is insufficient support for uncompensated in-home and informal family caregivers. Notably, recent research indicates that these challenges have origins predating the COVID-19 pandemic, extending as far back as World War II, and are significantly influenced by the Jim Crow Laws during and after the era of slavery,

which disproportionately impacted African Americans and immigrants. The emergence of the COVID-19 pandemic has exacerbated these persistent challenges and influenced outcomes related to the recruitment and retention of home care aides, who frequently receive low compensation for performing demanding tasks in caring for elderly patients (Bandini et al., 2021; Redd, 2024).

Purpose of the Integrative Review

The purpose of this DHA Integrative Review study was to establish strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team. Current research points to the need for strategies that resolve turnover staffing shortages within home healthcare agencies by including in-home/informal caregivers as part of the strategy.

Review Question

What are the strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team?

Theoretical and/or Conceptual Framework

According to Penchansky and Thomas (1981), access is defined as the degree of alignment between the attributes and expectations of service providers and those of their clients. They grouped these characteristics into the five A's of access to care. My DHA Integrative Review study framework is grounded in Penchansky and Thomas's Theory of Access, which was developed in 1981. Their theory of access is a good fit for my study

regarding the turnover staffing shortages of caregivers within home healthcare agencies, and the lack of support for in-home/informal caregivers, because, as the population ages, the lack of access to HCBS is a serious social problem that is usually addressed through home healthcare agencies. However, HCBS is now mostly provided by in-home/informal family caregivers who suffer stress, depression, sleep deprivation, and anxiety due to burnout, which is a serious social problem for aging-in-place older adult vulnerable populations and their families that needs to be addressed immediately.

Penchansky and Thomas (1981) defined access as: “The degree of fit between the consumer and the service; the better the fit, the better the access.” Ha (2024), like Saurman (2016), posited that awareness is more than simply having knowledge that a product or service exists. Rather, *awareness* is also comprehending the purpose of that product or service, its application, for whom it was conceived, designed, and created, as well as why. These authors pointed out that access is dependent upon the fit between the service and the end user, in other words, the fit of all the dimensions of the service, such as accessibility, availability, acceptability, affordability, adequacy in service design, and implementation and evaluation. For instance, the turnover staffing shortage in HHCA caregivers and the lack of support and training for in-home/informal family caregivers to provide HCBS as a much-needed essential service for aging-in-place older adults exercising their option to be cared for and medically followed from within their own homes and communities; in other words, HCBS is a good fit in the services of aging-in-place older adult vulnerable populations to a much higher degree.

Part 2: Literature Review, Quality Appraisal, and Analysis

Introduction

I began my search for scholarly literature that would inform my DHA Integrative Review project related to my review question about what strategies and best practices can address and resolve the staffing turnover shortages of agency caregivers and the lack of training for family caregivers. The search for appropriate peer-reviewed scholarly articles involved the utilization of databases that included Google Scholar, Thoreau, and resources available through the Walden University Library, such as EBSCO. I also included the Ulrich Database to ensure that the articles I chose for my review were authentic and derived from actual refereed journals.

Literature Review Search Strategy

In search of peer-reviewed articles for my review, I typed in keywords such as *home healthcare, COVID-19, lack of access, older adults, HCBS, turnover, staffing shortages, home healthcare agencies, family/informal/spousal caregivers, and respite care* to identify articles published within the last 5 years (2021–2025). The search that I conducted using the EBSCO Database from the Walden University Library returned about 12 solid, relevant peer-reviewed articles that would help to inform my review study question: What strategies and best practices can address and resolve the staffing turnover shortages of agency caregivers and the lack of training for in-home family/informal caregivers? On the other hand, the Google Scholar Database returned 53+ peer-reviewed scholarly articles; however, the Thoreau Database redirected my search back to the EBSCO and Google Scholar databases. Furthermore, the scarcity of literature indicated

that the subject of my DHA Integrative Review was not a broad topic. Searching the literature gives a good feeling about contributing to the scholarly literature on my topic. Additionally, the Ulrich Database was helpful to me in determining the authenticity of the refereed journals where I located scholarly articles for my Integrative Review, as well as weeding out those published articles and journals that, although interesting, did not exactly align with my study, as indicated in Table 1.

Table 1

Inclusion and Exclusion Search Criteria

Inclusion search criteria	Exclusion search criteria
<ul style="list-style-type: none"> • Scholarly articles published in 2021–2025 timeframe • Turnover staffing shortages • Home healthcare agencies • Compensated agencies caregivers • Non-compensated in-home: family • Informal caregivers (neighbors, friends, church, & auxiliary groups) and spousal caregivers 	<ul style="list-style-type: none"> • Articles that predated this timeframe • Nursing homes • Assisted living facilities • Immediate care facilities • Non-scholarly journals

Quality Appraisal Process

As shown in Appendix B, the search process for this study yielded 53 articles that were examined for appropriateness using the databases described above. Out of the fifty-three studies, 24 were chosen to be examined further using the Johns Hopkins review forms. The Johns Hopkins analysis resulted in the following outcomes: 14 of the 23 studies were classified High quality rating, and the remaining nine studies were rated as Good and the classifications consisted of Levels III, IV, and V. These outcomes are provided in Appendix C. Once the Johns Hopkins quality analysis was completed, the

articles were transferred to Appendix D for analysis to determine themes that could eventually provide solutions for the purpose and review question associated with this integrative review. The following table gives initial overall findings for many of the themes related to the studies.

Table 2

Initial Themes From Appendix D Associated With Articles Chosen for This Study

Themes from Appendix C	Themes from Appendix C
Patient satisfaction	Involve patients regarding long-term care best practices. Train and hire family/informal caregivers to improve the quality of HCBS for aging-in-place older-adult vulnerable populations. Leadership strategies and quality standards of patient care. Boost the morale of Home Healthcare Agencies, staff, and patient satisfaction.
Human Resources	Hire and Retain Agency Caregivers Provide attractive salaries and health benefits for compensated agency staff caregivers, as well as recruit and integrate family/informal caregivers as part of the healthcare team/industry to round out the staffing turnover shortages in home healthcare agencies, as well as to increase finances for the agency itself.
Reimbursement	Allocate finances for out-of-pocket expenses. Agency and family/informal caregivers often provide out-of-pocket supplies to do their jobs well.
Organizational Structure	Design/upgrade and implement agency policy/procedures and rules, and regulations regarding home healthcare agency staffing moving forward.
Leadership strategies and quality standards of patient care	Key performance indicators Patient satisfaction Star ratings Financial stability

Thematic Analysis of Literature

According to the scholarly literature, there is a turnover staffing shortage of HHCA caregivers and a lack of support and training for frontline in-home/informal family caregivers. For instance, Leo et al. (2021) argued that formal training, hiring, and integrating in-home frontline caregivers into the healthcare system—specifically for resolving staffing shortages in the home healthcare industry—is particularly relevant for HHCAs regarding the recruitment and retention of staff members. This strategy would serve to improve and strengthen the staffing of home healthcare agencies and the much-needed support and training of in-home family/informal caregivers. Further, the two authors suggested that there are more than monetary issues as a cause-and-effect problem for the staffing shortage regarding home healthcare agencies. This is significant because it is an indicator that the turnover staffing shortage across HHCAs in the healthcare industry previously existed, and that the turnover staffing shortages and the lack of access to HCBS were not borne out of the advent and aftermath of COVID (Green, 2023; Maulding & Defelice, 2024). Rather, this global event further exacerbated these conditions. However, the advent of this global event served to shine light on the severity of these preexisting problematic issues across HSOs within the United States, especially for home healthcare agencies regarding turnover staffing shortages and their inability to provide quality HCBS for their clientele following the lack of access to HCBS, which is hardest hit by aging-in-place older adult populations.

Additionally, Burgdorf et al. (2023) argued that drafting and implementing the proposal to train, hire, and integrate in-home frontline caregivers into the healthcare team

often meant that the communication of needs for patients is divided between in-home family caregivers, agency caregivers, and the healthcare team. Consequently, there are problems regarding insurance and service coverage, training, respite care referrals, and information on AD/DR progression. In other words, without the assistance of agency caregivers, the frontline in-home family caregivers experience stress, depression, and anxiety, leading to burnout and compromised quality of HCBS for their aging-in-place older adult loved ones.

Reviewing all the possible themes and subthemes resulted in a final selection of the strongest themes that would be appropriate for this study. The themes were chosen carefully to exclude repetition. The final themes and subthemes are provided in Table 2.

Table 3

Final Themes and Subthemes for This Integrative Review

Main themes	Subthemes
Increase patient satisfaction	Patient-first philosophy to improve HCBS
Strengthen agency staffing	Train, hire, and dispatch informal caregivers
Improve Human Resources	Retain, recruit, and hire new caregivers
Reinforce new employee training	Combine courses and fieldwork experience
Develop education programs	Partner with colleges and universities
Increase compensation & benefits	Provide cost-of-living raises and health benefits
Explore reimbursement improvements	Create out-of-pocket budget for expenses

Conclusion

The scholarly literature has shed more light on my DHA Integrative Review study regarding the staffing shortages in HSOs, particularly Home Healthcare agencies that provide quality HCBS for aging-in-place older-adult vulnerable populations who receive

long-term care (LTC) from within integrate settings. For instance, from the outset of my study, I had the notion that there is a triangulation involving the turnover in staffing shortages in home healthcare agencies, a lack of support for in-home family/informal caregivers, and the COVID-19 outbreak. Otherwise, although this notion may not have been too farfetched, what the scholarly literature pointed out was that the turnover in staffing shortages and lack of support for in-home family/informal caregivers predated the COVID-19 pandemic, which further exacerbated these two-preexisting industry-wide conditions, which, like COVID, are also global events that hardest hit aging-in-place older-adult vulnerable populations as a wake-up call. Hence, moving forward, my literature review findings have now enabled me to focus more on a possible resolution of these two problematic issues for my integrative review study, which aims to improve the quality of HCBS for older-adult vulnerable populations.

Part 3: Presentation of Results and Interpretation of Findings

The scholarly literature informed my DHA Integrative Review study as well as my review question. With this in mind, the literature has shed more light on the turnover staffing shortages in home healthcare agencies and the lack of respite care for in-home family/informal caregivers, which compromised the quality of HCBS for older-adult vulnerable populations who receive LTC from within integrated settings, as well as the causes (Aghajanloo et al., 2021). With these thoughts in mind, and after choosing the best problem-solving studies, Appendix D was completed, and from these themes, the final seven main themes and seven subthemes were selected. Explanations and interpretations of the themes are provided in the following sections.

Thematic Concepts Map

The thematic concepts map (see Appendix E) is valuable because it visually illustrates how the main themes and subthemes of my DHA Integrative Review study are related, all within the context of Penchansky and Thomas's (1981) theory of access framework. The thematic map offers an analysis of how the identified themes and subthemes function as a continuum in addressing the central review question regarding the strategies employed by home health agencies to enhance working conditions for caregivers. The map also shows how programs focusing on education, career advancement, and financial assistance may improve caregiver satisfaction.

Framework

My integrative review study is grounded in Penchansky and Thomas's (1981) theory of access. Additionally, before 1981, they posited that the term *access* did not

have a particularly significant and transparent definition within the scholarly literature. Rather, through their research studies, they discovered a more suitable and scholarly definition of access. For instance, they defined the term access to mean the degree of fit between the consumer and the service; the better the fit, the better the access. Furthermore, Penchansky and Thomas's theory of access is comprised of five dimensions: availability, accessibility, acceptability, affordability, and adequacy (in design, implementation, and evaluation).

Presentation of Results

Increase Patient Satisfaction

Aghajanloo et al. (2021) stressed that the application of the patient-first philosophy to improve the quality of HCBS for aging-in-place older-adult vulnerable populations receiving LTC within integrated settings is critical. For instance, Kennedy (2023) held that "Patient preference and patient satisfaction have become performance measures for most health care organizations, including HHCAs, to gain knowledge around how health care can be improved" (Bawa & Sinha, 2020).

Patient-First Philosophy to Improve HCBS

Kennedy (2023) also argued that best practices within home healthcare agencies involve the delivery of strong customer service and utilization of interpersonal skills to provide quality HCBS to older adult vulnerable populations is the key to the resolution of the turnover in staffing shortages within home healthcare agencies and lack of respite care for in-home/informal caregivers. In other words, the actual needs of recipients of HCBS should be considered first.

Strengthen Agency Staffing

Awosoga (2023) addressed the turnover shortages of compensated agency caregivers and the lack of respite for care for non-compensated in-home family/informal caregivers, involves formal training, hiring, education, and dispatching of non-compensated informal caregivers, and accepting them as an integrated part of the healthcare team strengthens the staffing shortages within home healthcare agencies.

Train, Hire, and Dispatch Informal Caregivers

Burgdorf et al. (2023) and Barbera et al. (2024) found that the preparation for staffing shortages of compensated caregivers in home healthcare agencies and the lack of support for in-home family/informal caregivers is to train, hire, and dispatch informal caregivers. There are many challenges for physicians who must navigate both personal, interpersonal and structural issues related to how to successfully help caregivers train for effective caregiving—especially since the COVID-19 pandemic. To address obstacles and encourage positive interactions between clinicians and caregivers, effective collaboration is necessary among researchers, policymakers, hospitals, and home healthcare agencies.

Improve Human Resources

Carpenter et al. (2021), Green (2022), and Lim (2021) held that the retention, recruitment, and hiring of new caregivers increases the staffing shortages of compensated agency caregivers, who provide quality HCBS for aging-in-place older-adult populations receiving LTC within integrated settings. For instance, Carpenter et al. conducted their study to understand the factors associated with the staffing turnover shortage in home

healthcare agencies. The study instruments they used were questionnaires to interview caregivers who left healthcare agencies after a 1-year tenure or more. Carpenter et al. found that contributing factors were: work hours (having enough hours) and the employees' availability (scheduling); "unappreciated by client"; poor relationships with coworkers, as well as inadequate training and benefits; low income; changes in health, caring for an older adult loved one, limited time to perform assigned work, or supplemental income, not primary work.

Retain, Recruit, and Hire New Caregivers

Burgdorf et al. (2023) pointed out that in-home family/informal caregivers (i.e., friends, neighbors, auxiliary, and religious groups) are an untapped resource to addressing the turnover staffing shortages in home healthcare agencies and the lack of respite care for in-home family/informal caregivers. Further, increased compensation and sign-on bonuses serve to retain and recruit new agency caregivers.

Reinforce Employee Training

Burgdorf et al. (2023), Kvæl et al. (2022), and Kolade et al. (2025) stressed that the combination of courses and fieldwork is an effective approach to take what is learned from theory to practice, to update and refine the skills of current compensated agency and non-compensated family/informal caregivers to build, hone, and keep their skills sharpened and ready to go at a moment's notice in the service of aging-in-place older-adult vulnerable populations receiving LTC within integrated settings.

Combine Courses and Fieldwork Experience

Burgdorf et al. (2023) and Kvæl et al. (2022) found that the combination of training courses and fieldwork for non-compensated in-home family/informal caregivers improves the quality of HCBS as a discipline, improves and strengthens Human Resources of trained available workers, and bolsters the policies of home healthcare agencies.

Develop Education Programs

Green (2022) and Joseph (2023) contended that partnering with colleges and universities to offer certificate and/or degree programs serve to strengthen the career paths of HHC workers and family/informal caregivers regarding personal and professional growth within the life sciences field.

Partner With Colleges and Universities

Joseph (2023) and Green (2022) pointed out that the combination of agency courses, colleges, and universities produce certificate and degree programs for compensated agency and non-compensated in-home family/informal caregivers to provide quality HCBS for older-adult populations who receive LTC from with integrated settings.

Increase Compensation and Benefits

The provision of cost-of-living raises and health benefits, and sign-on bonuses play a major role in the retention and recruitment of compensated agency caregivers, and new hires are an attractive offer for improving the staffing shortages of compensated agency and non-compensated in-home family/informal caregivers (Green, 2022).

Provide Cost-of-Living Raises and Health Benefits

Kennedy (2023) held that salary raises based on merit as well as health insurance benefits, play a major part in the retention of agency caregivers, as well as the hiring of new caregivers, not only with attractive salaries but also with sign-on bonuses, to address the turnover shortage within home healthcare agencies and lack of support for in-home family/informal caregivers.

Explore Reimbursement Improvements

Kennedy (2023) and Moody (2022) posited that the creation of out-of-pocket budgets for compensated agency and non-compensated in-home family/informal caregivers regarding logistics are critical and are much needed to perform high quality HCBS that do not overtax their already limited budgets. Moody et al. (2022) defined out-of-pocket expenses as financial expenses incurred by older adults, family and friend caregivers to enable frail older people to live well in their homes in the community. Out-of-pocket expenses associated with living well at home include a broad array of services and support that are related to medical conditions or functional impairment but are not paid or reimbursed by public health care systems or covered by health insurance.

Create Out-of-Pocket Budget for Expenses

Kennedy (2023) and Moody (2022) argued that out-of-pocket expenses for older adults, especially during a global crisis were not reimbursed to aging-in- place older adults receiving LTC within integrated settings, nor their caregivers. Therefore, the creation of an out-of-pocket budget provided by home healthcare agencies and governments should be established.

Interpretation of the Findings

Increase Patient Satisfaction

Kennedy (2023) and Keller (2024) stated that patient satisfaction is the most critical element in providing high-quality HCBS, specifically for older-adult vulnerable populations. The studies highlighted that addressing the staffing shortages within home healthcare agencies and enhancing support for home caregivers can be achieved by prioritizing patient care, optimizing staffing levels, and improving reimbursement practices through the adoption of a patient-first philosophy (Keller, 2024; Kennedy, 2023).

Patient-First Philosophy to Improve HCBS

Burgdorf et al. (2023), Kvaal et al. (2022), and Keller (2024) collectively argued that in the home healthcare field, regarding the delivery of high-quality HCBS to older-adult vulnerable populations is critical to achieving patient satisfaction. Further, HHC clinicians identified a range of individual, interpersonal, and structural factors that impacted their ability to deliver effective caregiver training to support older adults. Further, Burgdorf et al. held that HHC clinicians identified a range of individual, interpersonal, and structural factors that impacted their ability to deliver effective caregiver training to support older adults as delivery of high-quality HCBS, patient satisfaction, and training go hand in hand in the service of older-adult vulnerable populations.

Strengthen Agency Staffing

Kolade et al. (2025) noted that patients moving from the structured environment of the hospital to the more independent home setting presented various challenges and opportunities that significantly impact on the post-discharge journey and the home care services they receive. Thus, adequately compensated agency caregivers as well as non-compensated in-home family/informal caregivers can serve may support home care patients better if they have salaries to perform their jobs serving older-adult vulnerable populations (Kolade et al., 2025).

Train, Hire, and Dispatch Informal Caregivers

There is no doubt that the nature of caregiving is labor-intensive physically, emotionally, and mentally, whether as a passion, profession, or out of obligation to an aging-in-place older-adult loved one. It can also be especially taxing on the minds of frontline in-home family/informal caregivers, specifically for those who care for older adult loved ones who suffer from cognitive impairments such as Alzheimer's, Dementia, or Parkinson's diseases, which may also compromise quality of care and lead to patient and family dissatisfaction (Loeffler et al., 2021; Mauldin et al., 2024).

Respite care from home healthcare agencies is essential, as they deliver quality HCBS and training for frontline in-home families and informal caregivers. By providing respite caregivers, effective strategies, and best practices help reduce staffing shortages in home healthcare agencies and enhance support for family or informal caregivers, leading to better outcomes for patients, staff, and reimbursement. When caregivers receive proper training, their quality of care improves, and they become better equipped to handle

stressful or emergency situations that patients may experience (Bandini et al., 2024; Franzosa et al., 2022).

Improve Human Resources

The scholarly literature stressed that training, education, hiring, and the retention of compensated agency caregivers and the fusion of non-compensated in-home/family caregivers serve to improve and strengthen the staffing of home healthcare agencies and lack of support for in-home/informal family caregivers. For instance, Carpenter et al. (2021) conducted their study to understand the factors associated with the staffing turnover and staffing shortages in home health agencies. Their study used questionnaires to interview caregivers who left healthcare agencies after a 1-year tenure or more. They found that it is necessary to improve work hours, enhance scheduling, strengthen teamwork with coworkers, provide more training/education, higher salaries, and more support when working with challenging patients (Carpenter et al., 2021).

Retain, Recruit, and Hire New Caregivers

The retention, recruitment, and hiring of new caregivers increases the staffing shortages of compensated agency caregivers, who provide HCBS for aging-in-place older-adult populations receiving LTC within integrated settings (Carpenter et al., 2021). Further, according to Keller (2024) stressed the importance of investing in the home care workforce benefits not only home health aides (HHAs) but also the vulnerable individuals they serve. By valuing HHAs' contributions and addressing these challenges, health leaders can create a more compassionate and sustainable care system. In other words, with highly trained agency caregivers and in-home family/informal caregivers

healthcare agencies are more robust and balance each other out in a concerted effort to achieve patient satisfaction.

Reinforce Employee Training

Kennedy (2023) conducted a study about hiring and maintaining home health services in low-income communities. The results of this study provided an educational opportunity and information about patient perspectives about HHCS, which HHCAs, insurance providers, HHC workers, and policy makers can use to improve and enhance HHCS and the way HHC is rendered to future recipients. In other words, research suggested that formal education for both paid agency caregivers and unpaid in-home caregivers can enhance staffing, support caregivers, and improve patient care and reimbursement. Educating agency and staff is mandatory to achieving high-quality HCBS for older-adult vulnerable populations.

Combine Courses and Fieldwork Experience

Kim et al. (2023) argued that the results from their study provided an educational opportunity and information about patient perspectives about HHCS, which HHCAs, insurance providers, HHC workers, and policy makers can use to improve and enhance HHCS and the way HHC is rendered to future recipients. This study was significant in that administrators, policymakers, and caregivers will gain a clearer and more solid understanding of the perceptions and views about access to HCBS for older-adult vulnerable populations (Kirvalidze et al., 2023). Furthermore, integrating coursework with fieldwork experience facilitates the application of theoretical knowledge to practical situations.

Develop Education Programs

Green (2022) argued that strategies and best practices for home healthcare agencies, regarding solutions that improve and strengthen the staffing of caregivers and support for in-home /informal family caregivers, begins with recruiting, hiring, training to improve retention of staff moving forward. Green noted that providing specialized training opportunities for direct care workers, especially those involved in extensive interdisciplinary tasks, is recommended to attract, motivate, and retain skilled employees by supporting their professional growth.

Partner With Colleges and Universities

The research team of Loeffler et al. (2021) argued that currently, care for elderly people is provided mainly on an informal basis by relatives and are often unprepared for the responsibilities. One way to improve this situations is to provide simulation training which is a validated experiential learning tool traditionally incorporated in health professional education but has not been commonly used in the hands-on training of informal caregivers (Gilson et al., 2022). This training may also include telehealth information as this would be beneficial to many patients and caregivers (Guan et al., 2023; Ha, 2024). Therefore, partnering with colleges and universities regarding caregivers to perform high-quality HCBS for their older-adult loved ones is a critical element. Unpaid family caregivers often lack training, yet caregiving involves specific techniques they may not be aware of. Thus, providing formal education from colleges and universities opens the door to opportunities for high-quality HCBS for their older-adult loved ones as well as careers in the home healthcare field.

Increase Compensation and Benefits

According to Keller (2024) the need for HCBS are increasing faster than the home care workforce, resulting in decreasing job quality among HHAs. The purpose of this qualitative exploratory case study was to explore HHAs' perception of staffing shortages on job satisfaction, policy, and quality of care in a home health agency (Keller, 2024). By increasing compensation and benefits, HHCA caregivers will realize their time, energy, and finances may better support their services, thus improving retention and quality follow-through with home care services. By improving low-paying salaries and healthcare benefits, retention will improve and help eliminate the need for caregivers to seek employment either within the home health industry or go into alternative professions altogether (Keller, 2024). HCBS are a much-needed vital service for older-adult vulnerable populations, specifically as the global population ages.

Provide Cost-Of-Living Raises and Health Benefits

The provision of cost-of-living raises, health benefits, and sign-on bonuses play a major role in the retention and recruitment of compensated agency caregivers, and new hires are an attractive offer for improving the staffing shortages of compensated agencies and non-compensated in-home family/informal caregivers (Green, 2022; Jutkowitz et al., 2023). The findings in this research study confirm the following themes described in previous research studies. Accommodation and ease of scheduling confirm that workforce limitations are a concern in the HHC industry due to the need to increase compensation (Hoseni et al, 2021; Reichel, 2019). This theme also confirms that CMS has expanded Medicare Advantage plans to include coverage for HCS and HHCS

previously not covered under Medicare such as home cleaning, meals, social support, case management, transportation, and more, to address social determinants of health, which may promote staff retention and prevent staff shortages (Gregory, 2025).

Explore Reimbursement Improvements

The provision of cost-of-living raises and health benefits, and sign-on bonuses play a major role in the retention and recruitment of compensated agency caregivers, and new hires are an attractive way to improve the staffing shortages of compensated agency and non-compensated in-home family/informal caregivers (Green, 2022). However, according to Moody (2021), caregivers are not reimbursed for out-of-pocket expenses that are needed for caregivers to provide high-quality HCBS and it is important to do this to increase satisfaction for both the caregiver and patient. As the global population ages, there has been increasing attention on supporting older people to live at home in the community as they experience health and functional changes. Older people with frailty often require a variety of supports and services to live in the community, yet the out-of-pocket costs associated with these resources are often not accounted for in health and social care literature (Kim, 2023; Moody, 2021). By establishing ways to provide reimbursement that helps caregivers provide care, there is a win-win for both patients and caregivers.

Create Out-Of-Pocket Budget for Expenses

HSOs such as home healthcare agencies as well as the healthcare industry must at least consider drafting out-of-pocket expense budgets for expenses paid by compensated agency caregivers as well as non-compensate in-home-family/informal caregivers.

Additionally, according to Moody (2021), such out-of-pocket expenses are not recorded nor reported. The concern here is that frail older-adults receiving LTC from within integrated settings within the community may experience an over taxing of their personal financial resources which are not accounted for and may pose a threat to the privileges of older-adult populations who receive LTC within integrated settings. Thus, out-of-pocket expense budgets for frail older-adults and their caregivers will help to keep them at home as opposed to nursing home, intermediate care, and assisted living facilities.

Conclusion

The study, along with its conceptual framework, identified significant issues and potential areas for improvement, which include improving the hiring of caregivers and training and education which will enable them to work effectively in the home. A strong employment force ensures that there would not be staffing shortages within home healthcare agencies moving forward. For instance, formal training, education, hiring, and dispatching in-home family/informal caregivers and accepting them into healthcare agencies as an integrated part of the healthcare team regarding strategies and best practices to improve the staffing of home health agency caregivers and respite care for in-home family/informal caregivers.

Part 4: Recommendation for Professional Practice and Implications for Social Change

Introduction

The focus of this integrative review was to determine the strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team (Burgdorf et al., 2023). A literature search resulted in seven main themes and seven subthemes that support this focus and the three recommendations in this section provide information about ways to implement positive changes for HCBS workers.

Conceptual Framework and Thematic Map

The main themes and subthemes of my integrative review study are solid recommendations to approach and resolve the turnover staffing shortages within home healthcare agencies, and the lack of respite care for in-home family/informal caregivers. The thematic map shows the relationships between the themes and subthemes for this study. For example, the Penchansky and Thomas (1981) theory of access endorses the many topics of this study, which include the following:

- Increase patient satisfaction: Patient-first philosophy to Improve the quality of HCBS for aging-in-place older-adult vulnerable populations (Kirvalidze et al., 2023; Lim, 2021)
- Strengthen HH agency staffing shortages: Train, hire, and dispatch informal caregivers and retain current agency caregivers
- Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies

- Enforce new employee training: Combine courses and fieldwork
- Combine agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry (Kvæl et al., 2022)
- Education: Partner with colleges and universities to draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers
- Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether (Joseph, 2023)
- Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers
- Reimbursement: Allocate funds for out-of-pocket expenses for both agencies and in-home family/informal caregivers (Penchansky & Thomas, 1981)

Recommendations for Professional Practice

First Recommendation: Establish a Dedicated Fund to Cover Incidental Expenses Incurred by Home Care Workers

- Establish a non-profit/for-profit organization to generate funds for in-home family/informal caregivers to pay for much-needed logistics and supplies to provide quality HCBS for older-adult loved ones instead of out-of-pocket

expenses, which overtax their preexisting budgetary constraints (Burgdorf et al., 2023; Joseph, 2023).

- Establish a foundation in the name of the family/informal caregivers and operate on the annual interest.
- Establish a Certificate of Deposit (CD) and/or a mutual fund account at banking institution such as Ariel Mutual Funds, US Bank, and JP Morgan Chase.
- Open a checking/savings account to assist in-home family/informal caregivers with out-of-pocket expenses who provide quality HCBS for older-adult loved ones.

Note: A non-profit organization can *own* a for-profit organization, such as a coffee, flower, sandwich, or gift shop that would generate funds. The proceeds would benefit older-adult loved ones and patients who receive HCBS within integrated settings, rather than relying on out-of-pocket expenses from in-home family/informal caregivers to cover much-needed logistics and other supplies not covered by CMS. Further, owning a for-profit organization covers administrative costs, making the non-profit organization eligible for grants from municipal, state, and federal governments.

Second Recommendation: Create Training Initiatives for Administrators and Supervisors Aimed at Enhancing Their Ability to Effectively Support Staff Members

Staffing shortages within home healthcare agencies restrict the capacity of in-home family and informal caregivers to provide adequate support for older adults.

Although workers strive to deliver high-quality services, the absence of comprehensive training and formal education can compromise the standard of home-based care. Home care companies should enhance their leadership and workforce by implementing comprehensive training programs and improving processes for hiring, recruiting, retaining, and allocating informal caregivers (Franzosa et al., 2022).

- Oxygen Training is an example of an organization that offers education and training services. It equips managers and supervisors with essential tools, effective practices, and ongoing support designed to enhance company operations and improve overall performance (Oxygen Training, 2025).

Third Recommendation: Create Opportunities That Enable Home Care Workers to Find New Paths Toward Career Advancement

Combine efforts to collaborate with local colleges and universities to integrate coursework and fieldwork opportunities that foster the ongoing growth and development of in-home family and informal HCWs within the broader home healthcare sector. In addition, compensated home healthcare professionals could utilize these programs to maintain their skills and ensure the delivery of high-quality HCBS to older adults who receive care and medical oversight in integrated settings (Gilson et al., 2022).

- For instance, frontline HCWs can attend courses that are offered locally within their own communities, such as Personal Care Technician (PCT), which includes Phlebotomy, Certified Nursing Assistant (CNA), and Electrocardiogram (EKG/ECG) as certification or degree programs (Quinn et al., 2021).

- HCWs may attend such courses that are sponsored by and paid for by the Illinois Department of Employment Security (IDES). Being unemployed or underemployed is the main qualification. Also, the basic aptitude assessment will be administered for each applicant (Quinn et al., 2021).
- The IDES has partnered with colleges, universities, and private institutions and provide grants and scholarships. Enables HCWs to find new paths toward career advancement moving forward (Caldwell, 2023; Scales, 2022).

Implications for Social Change and Social Determinants of Health

This study is significant in that administrators, policymakers, agency, and family caregivers will gain a clearer and more solid understanding of the perceptions and views of how critical it is to deliver quality HCBS for aging-in-place older adults, especially during the staffing shortage turnover in home healthcare agencies regarding agency and in-home family caregivers which affects positive social change about the restoration of customer satisfaction within the community (Bandini et al., 2021). The social determinants of providing quality HCBS for aging-in-place older adult populations is training for the merging of in-home family caregivers and agency caregivers as a team, as” teamwork makes the dream work.” These factors will enhance agency policies, support workforce development, provide reimbursement for logistics such as personal protective equipment, and increase financial resources for home healthcare agencies. Additionally, they will contribute to the provision of high-quality home- and community-based services that improve client satisfaction among older adults choosing to age in place (Awosoga et al., 2023; Carpenter et al., 2021).

Limitations of the Study

The limitations of this study relate to its scope and design, as the primary focus is on HCBS in-home aides and family caregivers rather than registered nurses, physical therapists, or other professional staff within agencies. Furthermore, the analysis is confined to home care for seniors and individuals with disabilities, excluding those receiving care in hospitals or nursing home settings.

Conclusion

This study focused on scholarly literature to determine recommendations concerning turnover staffing shortage of home health caregivers and a lack of support and training for frontline in-home/informal family caregivers (Awosoga et al., 2023; Carpenter et al., 2021; Hu et al., 2022). Following the literature review and the identification of key themes and subthemes, three recommendations were formulated: the establishment of a supplementary fund, enhanced education for in-home workers and HCBS aides, and expanded professional opportunities for HCBS and in-home workers.

The Penchansky and Thomas's (1981) theory of access framework aligns with my integrative review because the theory defines access as the degree of fit between the consumer and the service; the better the fit, the better the access. Additionally, Penchansky and Thomas' theory of access outlines five dimensions pertinent to service accessibility: (a) Availability, (b) Accessibility, (c) Acceptability, (d) Affordability, and (e) Adequacy—which encompasses design, implementation, and evaluation. High-quality HCBS remain essential for older adults who are vulnerable; nonetheless, these services are often limited by persistent staffing shortages within home healthcare agencies.

The purpose of this DHA Integrative Review study was to establish strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team. As a result of this integrative review, success for home care workers and the seniors they support may be attained by establishing dedicated funding, expanding educational and professional opportunities, and implementing improvements for HCBS workers guided by Pechansky & Thomas (1981) theory of access framework.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & results	Conclusions	Empirical research? (Yes or No)
Bandini, 2021	Dennerlein JT, et al. Model	“What parts of your job were particularly challenging this week? Where and when did these happen?” and “What would be helpful to you this week to deal with challenges related to coronavirus?”	Qualitative	Home care aides are on the frontlines during the COVID-19 pandemic yet are often excluded from conversations and policies to protect health care workers. ^{1,2} These caregivers support individuals with COVID-19 who are quarantined in their homes, who need post- acute care following discharge from the hospital due to COVID- 19, ³ and those who have a disability or other chronic condition unrelated to COVID- 19. ² One subset of paid caregivers are home care aides (hereafter referred to as “aides”) who in particular are in a precarious position because of increased exposure to COVID-19 given the physical proximity required and frequency of	This study highlights important challenges faced by home care aides during the COVID-19 pandemic notably around workplace safety and the impact of COVID- 19 on job responsibilities, which created elevated levels of stress related to the uncertainty and fear of the virus. These findings point to areas for future research to support policies to improve safety of aides during a public health crisis and beyond.	Yes.

				interactions with clients who are often more susceptible to mortality due to age or comorbid conditions. ⁴ Aides often lack autonomy, are on one of the lowest rungs of the pay scale of paid caregivers, and receive minimal or no paid sick leave, resulting in difficult decisions regarding work attendance to not lose vital income during the pandemic. ^{5,6}		
Barrera-Caballero, et al. (2022).	Behavioral	The indirect relationship between the cognitive fusion of depressive and anxiety symptoms, associated with caregivers' satisfaction with other personal values?	Quantitative	The study sample was mainly composed of female family caregivers (67.9%) who mostly took care of a parent (50.6%) or a spouse (45.6%); their mean age was 63.33 years (SD = 12.79). Participants took care of their relatives for an average of 13.20 daily hours (SD: 7.80; range: 1–24) for a mean of 50.41 months (SD: 40.11; range: 3–360). Most of the care recipients were diagnosed with Alzheimer's disease (55.4%) and the	Essentially, the research team of Barrera-Caballero et al., (2022) highlighted what it is to be an in-home, non-compensated, informal family caregiver. In other words, although taking care of a sick relative(s) can be a labor of love out of obligation regarding family values, this can be just as rewarding as it is stressful. Further, because of their experience in caring for older adult loved ones, they are excellent	Yes.

				<p>remaining with other dementias. Finally, results showed that higher levels of cognitive fusion showed a significant direct ($B = .58; df = 276, p < .001; CI = .480-.676$), and indirect effect ($B = .03; df = 277, p < .001; bootstrapping CI = .005-.070$) through satisfaction with other personal values, on higher levels of caregivers' depressive symptoms.</p>	<p>candidates as part of formal home healthcare teams regarding the provision of quality HCBS for older adult populations and increased client satisfaction, as well as bolstering home healthcare agencies' policy.</p>	
Bucy et al. (2023).	The Moves in Context framework	Turnover of Staffing Shortages in Home Healthcare Agencies.	Mixed Methods: Qualitative/Quantitative	<p>Essentially, Bucy et al. (2023) argue that there is a critical need for home health care agencies to adopt the practice of training, hiring, and integrating in-home caregivers as part of the formal healthcare team. Adopting this is the best practice to resolve the staffing turnover shortage issue within the home healthcare industry moving forward.</p>	<p>Essentially, Bucy et al. (2023) argue that there is a critical need for home health care agencies to adopt the practice of training, hiring, and integrating in-home caregivers as part of the formal healthcare team. Adopting this is the best practice to resolve the staffing turnover shortage issue within the home healthcare industry moving forward.</p>	Yes.

Burgdorf et al. (2022 & 2023).	Novel Conceptual Model	“Key informant enrollment was halted once we reached theoretical saturation, the point at which collection of additional data did not yield new insights related to the research question.”	Qualitative	“We identified major themes using directed content analysis, in which researchers examined interview transcripts line-by-line and categorized each section of text by assigning a code. ^{23,26} Content codes are labels that formally catalog key concepts from qualitative research, while preserving the context in which they emerged. ^{23,26} Study team members independently coded a subset of seven interview transcripts, creating individual initial coding templates guided in part by the conceptual framework. The study team met to compare these templates and reach consensus on a single preliminary coding template.”	HHC clinicians identified a range of individual, interpersonal, and structural factors, which impacted their ability to deliver effective caregiver training to support older adults. The COVID-19 pandemic both exacerbated the need for caregiver training in HHC and simultaneously introduced a range of new challenges to providing such training. Coordinated, evidence-based action on the part of researchers, policymakers, hospitals, and HHC agencies is needed to address existing structural barriers and create an environment conducive to successful clinician–caregiver interactions to support older adults after hospital discharge. Study findings and the novel conceptual model lay the groundwork for future research, intervention	Yes.
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					development, and policymaking in this area by identifying areas of challenge and opportunity related to this crucial aspect of HHC care delivery meant to facilitate older adults remaining safely in their homes.	
Carpenter et al., 2021	Partial Inclusion Theory	Quantitative	1."What factors influence turnover among workers who left employment?" 2. How do those factors differ based on the length of tenure in home care? The goal of both questions was to identify factors amenable to interventions to reduce turnover.	Carpenter et al. (2021) conducted their study to understand the factors associated with the staffing turnover shortage in home healthcare agencies. Their study instruments used were questionnaires to interview caregivers who left healthcare agencies after a one-year tenure or more. Results: What they found was that contributing factors were: work hours (having enough hours) and the employees' availability (scheduling); "unappreciated by client"; poor relationships with	The Carpenter et al. (2021) research team concluded that the turnover staffing shortages in home healthcare agencies are of a personal nature: Further, ongoing training, coaching, and communication at vital points during the employment experience may decrease intent to leave and turnover. In short, caregivers are not robots.	Yes.

				coworkers, as well as inadequate training and benefits; low income; changes in health, caring for an older adult loved one, limited time to perform assigned work, or supplemental income, not primary work..		
Coe & Werner. (2022)	NHATS & HRS	Who will take care of the elderly population? What, by when, and how much is it going to cost me?	Quantitative		Formal training, hiring, and integrating the informal frontline caregiver into the healthcare system, specifically, for resolving turnover staffing shortages within the home healthcare industry, specifically, for home health care agencies regarding the recruitment and retention of staff members.	Yes.
Di Trani et al., 2021.		Moreover, we hypothesized that intolerance of uncertainty would serve as a moderator in the relationship between resilience and burnout, since the unpredictability of the COVID-19 experience generated	Quantitative	The statistical analyses were conducted using the Statistical Package for Social Science (SPSS) version 25 for Windows (IBM, Armonk, NY, USA). Data were reported as frequencies and percentages for discrete variables and as means	“In conclusion, the results showed that individual levels of resilience and one’s ability to tolerate uncertainty have been significant factors in determining the impact of the COVID-19 emergency on HCWs. The use of emotional strategies that allow	Yes.

				and standard deviations for continuous variables.	individuals to stay in a critical situation without the need to control it appears to protect against burnout in these circumstances.”	
Green. (2023).	N/A	Turnover of Staffing Shortages in Home Healthcare Agencies.	Quantitative	Green (2023) identified various titles of Direct Care Workers and the roles they play in the provision of health care services, especially for older adult populations: Direct Support Professionals, home health aides, and personal care aides. She also points out that although the work that they do is a much-needed essential service, these employees are also affected by the turnover in staffing shortages. For instance, they cannot get the help that they need for respite care provided by home healthcare agencies, and experience stress, anxiety, and burnout, which compromises the quality of HCBS for clients. Thus, there is no doubt that a critical need to resolve the turnover	Green also pointed out that although compensation is a major issue, other factors negatively affect the turnover in staffing shortages in HSOs, such as home healthcare agencies, regarding solutions that improve and strengthen the staffing of caregivers and support for in-home /informal family caregivers which can begin with training, recruiting, hiring, and the retention of staff moving forward:	Yes

				staffing shortage in HSOs, particularly home healthcare agencies, does exist..		
M.A. Phan Thi Thuy Ha, 2024	Penchansky & Thomas' Theory of Access	Andersen's Service Utilization Model. This article utilizes a synthesis method of literature review, analysis, and critique of major works by leading theorists in the field of healthcare access research.	Quantitative	Ensuring access to healthcare services for all citizens is a crucial goal within any country's healthcare system. However, analyzing access comprehensively and accurately remains a challenge. Results: By applying appropriate measurement frameworks, researchers, policymakers, and non-governmental organizations can gather accurate and valuable information on the public's access to healthcare services. This enables them to identify the most vulnerable population groups, analyze specific barriers, and propose effective solutions to improve healthcare access for everyone.	Thus, from inheriting the Andersen behavioral model's framework for measuring healthcare service access to identifying barrier-focused access frameworks or recent studies on individual healthcare service access, there are many similarities in the analytical frameworks. These models all acknowledge factors influencing public access to healthcare services and the interactions between these factors that can yield different access levels. In reality, issues related to these factors are not easily separated and are directly related to and governed by the policy environment along with the socioeconomic conditions of each specific country, region, and locality.	Yes.

Hoseini-Esfidarjani, 2021	Penchansky & Thomas' Theory of Access	N/A	Mixed Methods	The confirmatory factor analysis results showed that the six-factor model of access to health care has an appropriate fit. Cronbach's alpha coefficient for the questionnaire was calculated 0.86. The value of Cronbach's alpha for the dimensions of availability, accessibility, affordability, accommodation, acceptability, and awareness were 0.61, 0.76, 0.66, 0.60, 0.80, and 0.76, respectively. The Intraclass Correlation Index (ICC) value for reliability (test-retest) of the whole instrument was calculated 0.94 using the two-way mixed absolute agreement method.	Mean (standard deviation) was used to describe quantitative variables, and frequency report (percentage) was used to describe categorical variables. These analyzes were performed in SPSS software version 24. Also, R software version 4 and lavaan package were used for confirmatory factor analysis. Substitution of the variable's mean for the missing data points on that variable was used for the missing data. In addition, fit indices were used in the confirmatory factor analysis with experimental data.	Yes.
Jutkowitz et al., (2023)	Van Houtven, et al., Difference-in-Differences frameworks.	Turnover of Staffing Shortages in Home Healthcare Agencies.	Quant HRS (RAND HRS Longitudinal File, RAND HRS Family Data Files, and linked HRS-Medicare files).	We used data from the Health and Retirement Study (HRS), data on state minimum wage, and conducted difference-in-differences analysis to evaluate the association between increases in state	Adults +65 years of age who lived in states that increased their minimum wage between 2010–2014 did not change their	Yes

				<p>minimum wage and the amount of family/friend and paid caregiving received by adults age 65+ years. Before 2015, some employers were exempt from paying minimum wage to home care workers' who only 'provided companion services; however, we contend that all home care worker wages prior to 2015 may still be affected by minimum wage due to labor market pressures.</p> <p>Results: Adults +65 years of age who lived in states that increased their minimum wage between 2010–2014 did not change their consumption of family/friend or paid caregiving compared to adults +65 years of age who lived in states that did not increase their minimum wage.</p>	consumption of family/friend or paid caregiving compared to adults +65 years of age who lived in states that did not increase their minimum wage	
Kennedy, 2023	Penchansky & Thomas' Theory of Access	What are the experiences of individuals toward accessing and maintaining HHCS	Qualitative	Each interview required data analysis to determine the meaning of the information collected provided by	There is an opportunity to improve patient satisfaction, expand the scope of HHCS and HHC providers	Yes

		in low-income communities?		<p>participants (Creswell & Creswell, 2018). A phenomenological approach was used to analyze the data, the interviews were transcribed to develop a textual and structural description of the respondent's experiences understanding the condition and situation in which they experienced the phenomena to gain an overall view of their experiences.</p> <p>Results: The results from this study provide an educational opportunity and information about patient perspectives about HHCS, which HHCA's, insurance providers, HHC workers, and policy makers can us to improve and enhance HHCS and the way HHC is rendered to future recipients.</p>	<p>educational training to enhance their technical knowledge to improve the quality of care (Zhou, R., et al, 2021). With the limited research available around HHCS, there are great opportunities to study and better understand HHCS, HHCAs, and HHC providers to add knowledge and impact social change to improve how care is provided.</p>	
Kim et al., 2023	Joanna Briggs Institute's	1. What is currently known about the roles and	Mixed Methods	Thematic analysis was conducted to identify, analyse and interpret	A total of 24 studies were identified that met the study inclusion	Yes.

	Reviewer Manual	<p>experiences of informal caregivers of older adults while navigating the community and healthcare systems?</p> <p>2. What are the challenges/barriers and facilitators in system navigation?</p> <p>3. What are the gaps in knowledge related to roles and experiences among informal caregivers of older adults while navigating the community and healthcare systems?</p>		<p>key themes across the included studies.^{21 22} This method is flexible and powerful in terms of systematically generating robust research findings by identifying patterns, common themes, topics and ideas within and across data in relation to participants' lived experiences, perspectives, behaviours and practices.</p> <p>Results:</p>	<p>criteria. This review elucidated the roles of caregivers as a primary system navigator and as an advocate for older adults. Numerous challenges/ barriers in system navigation were uncovered, such as lack of consistency in fragmented systems, as well as facilitators, including interface/coordination roles. Finally, recommendations for better system navigation such as caregiver engagement and integration of continuity of care services were identified.</p>	
Lim (2021).	<p>Problem of Interest: The turnover staffing shortages in home healthcare agencies, and a lack of support for in-home, informal, and spousal caregivers:</p>	<p>RQ1: "What is care work?", RQ2: "What makes it difficult to work as a care worker?" RQ3: "What circumstances influence you to leave the workplace?"</p>	Qualitative	<p>Data was analyzed based on the conventional content analysis method. Following the content analysis guide, after the text about the participants' job-leaving intentions was extracted and compiled, meaning units, codes, subcategories, and categories were created.</p>	<p>The author argued that the job of an in-home/informal caregiver is trivialized as simply domestic work, and is regarded as maids and butlers who serve the families that they work for. This right here is where positive social change is needed. In other words, not only is formal training for in-home/informal</p>	Yes.

	Lack of wages, Long Working hours, and Heavy Workloads.			<p>Results: Seven categories were extracted for the factors (e.g., characteristics of elderly care work) that influence turnover intentions of care workers (Table 2). Moreover, various characteristics of elderly care work were connected and intertwined, affecting the turnover of care workers.</p>	<p>caregivers needed, but it is also necessary to educate long-term support services that caring for aging-in-place older adults is a “real” job. In short, an attitude adjustment is necessary regarding a workable attitude-and-approach Lim to have regarding HCBS as a much-needed vital service for aging-in-place older adult populations. To effect such a change, it is important for HSOs to train, employ, and integrate in-home/informal caregivers as an integrated part of the formal healthcare team. Further, the attitudes of the healthcare team also need to change regarding the <i>acceptance</i> of in-home/informal caregivers as an integrated part of the formal healthcare team. This would resolve the turnover staffing shortage, not just in home healthcare</p>	
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					agencies, but also the home healthcare industry, as well as boost the morale of HCWs and clients served; in short, overturning the problematic issue of the turnover staffing shortage.	
Mauldin & Defelice. (2024).	N/A	1. How did COVID-19 affect spousal caregivers' day-to-day duties, routines, and emotional states? 2. How did they cope as caregivers with the pandemic? Problem of Interest: Turnover staffing shortages in home healthcare agencies and a lack of support for in-home/informal caregivers.	Qualitative	The spousal caregivers are not exempt from the turnover staffing shortage. Although spousal caregivers perform the same type of work as other informal caregivers, they are regarded as an invisible, unpaid workforce crying out for support, especially during the advent and aftermath of COVID. The stress, anxiety due to burnout are the same as those experienced by all other informal caregivers within the community, and a lack of support from home healthcare agencies. Spousal caregivers are the quiet frontline health care workers	Based on some of the highlighted findings in the discussion, we suggest greater attention to supporting frontline family caregivers such as spouses. These caregivers provide the bulk of life-sustaining care for their loved ones Yet operate in isolation from one another in their own homes. This can make it difficult to know what areas need to be addressed. But these data point to some concrete areas for future research and/or policy directions.	Yes.

Reckrey et al. (2022).	Qualitative	Problem of Interest: The turnover staffing shortages in home healthcare agencies, and a lack of support for in-home/informal, and spousal caregivers.	Qualitative	The purpose of Reckrey et al. (2022) was to give insight into how agency caregivers interact with non-compensated family caregivers who perform Activities of Daily Living (ADL) for aging-in-place older adult loved ones.	Reckrey et al. argued that paid caregivers, in-home/informal caregivers, should be integrated as a team regarding best practices regarding quality HCBS for older adult vulnerable populations.	Yes.
Redd, (2024).	N/A	Problem of Interest: The turnover staffing shortages in home healthcare agencies, and a lack of support for in-home/informal, and spousal caregivers.	N/A	The ideal state of practice is to find solutions that reduce the rate of turnover among aides in home health agencies. Solutions are often tied to wages and work conditions, as well as support from the agency's administrative staff. Formalizing stable work conditions may improve turnover and enable more patients to receive care.	Redd argues that regarding best practices for the resolution of the turnover staffing shortage of caregivers are to train, hire, and recruit in-home informal caregivers and fuse them as an integrated part of the health team.	No
Saurman, 2016	Penchansky & Thomas' Access Theory	Utilization Theory	Quantitative	Access to health care is a complex, universal concern and is identified as a basic human right. ¹ Internationally, health care services and policies have been developed and introduced with the aim of improving access to care. ¹⁻³ Access is about	In 1981, Penchansky and Thomas ⁶ introduced a theory of access. This was informed by the determinants of use as proposed by Andersen and other utilization theorists. Access influences consumers and systems in three ways: use of the	Yes.

				<p>enabling a patient in need to receive the right care, from the right provider, at the right time, in the right place, dependent on context.</p> <p>Results: Until 1981, access was acknowledged as important in health care services, but not well defined and ambiguous in research terms. Utilization theories dominated health care research and a consistently identified but unmeasured variable of utilization in each theory developed was 'access.'⁴⁻</p>	<p>service, consumer satisfaction and system practice. Penchansky and Thomas's theory provided a useful definition that incorporated dimensions of access. They defined access as the degree of fit between the consumer and the service; the better the fit, the better the access. Access is optimized by accounting for each of the following dimensions: accessibility; availability; acceptability; affordability; and adequacy (or accommodation). The dimensions of access are independent yet interconnected and each is important to assess the achievement of access. Penchansky and Thomas maintained that access is central to health services and that these dimensions cannot be separated from it.^{6,7}</p>	
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Schweid, 2021	Turnover staffing shortages in home healthcare agencies	Problem of Interest: The turnover staffing shortages in home healthcare agencies, and a lack of support for in-home/informal, and spousal caregivers.	N/A	Schweid firmly held that it is critical to merge home health aides (HHAs) as an integrated part of the home healthcare team. He also pointed out that the work of home health aides is labor-intensive, yet paid workers are often regarded as domestic workers earning minimum or unpaid wages, family caregivers receive no wages at all, and work out of family obligations, and respect for their elders.	What Schweid has done is shine more light on the causes of the staffing turnover shortages in home healthcare agencies beyond monetary aspects. In other words, he goes straight to the heart of the problem and how to strengthen and improve staffing of home health caregivers and support for in-home and informal caregivers who provide quality HCBS for aging-in-place older adult vulnerable populations.	No
Taleb (2023)	MoveCare project [27]: MoveCare system is an unobtrusive platform that used a SAR integrated into an AAL framework	Problem of Interest: The turnover staffing shortages in home healthcare agencies, and a lack of support for in-home/informal, and spousal caregivers.	N/A	Taleb argues that incorporating technology as part of the healthcare team is an ideal solution to the turnover staffing shortage in home HSOs, specifically, home healthcare agencies. For instance, in-home/informal caregivers will have respite care provided by robots.	This article discusses, classifies, and reviews several assistive robots dedicated to help elderly persons. Accordingly, the main features of four Petrobots (Paro, Tombot, MarsCat, and Aiboare) are highlighted, and five humanoids (Pearl, Nadine, Enrichme, Nao, Pepper) dedicated to offering assistive services for elderly persons have been reviewed. Besides that,	No

					<p>six projects integrating AI and robotics to assist elderly persons are examined. In addition, this paper sketched the architecture of three communication systems (MoveCare system, Nadine System and EnrichMe system) integrating robotics to assist elderly persons. This study, will help researchers focusing on the design of intelligent assistive robots for elderly persons to get knowledge about related robots and projects.</p>	
Tate (2023)	Baldrige Excellence	<p>RQ1: How do leaders at QRS recruit home healthcare aides? RQ2: How do leaders at QRS retain home healthcare aides? RQ3: How do leaders at QRS incorporate cultural considerations into recruitment and retention practices?</p>	Qualitative	<p>Results–Analysis, Implications, and Preparation of Findings. This study involved examining the problem of shortages and turnover of HHAs at QRS, a home healthcare organization located in the Maryland suburbs outside of Washington, DC. The practice-focused research questions involved how the organization recruits and retains HHAs to serve their elderly and</p>	<p>“Given the scholarly literature and U.S. Census Bureau population projections— coupled with my six years of personal experience interfacing with HHAs and home healthcare agencies for a family elder—it is my informed perspective that many Americans will one day either require a caregiver, become a caregiver, or hire a caregiver for a loved</p>	Yes.

				<p>disabled clients. Since nearly all the organization's HHAs are women of color (i.e., B/AA, African, Haitian, or Hispanic), I also addressed racial, ethnic, and culturally-based factors that may help or hinder HHA recruitment and retention.</p>	<p>one. Services to support the cognitive, physical, and behavioral limitations of this life phase are essential (Carpenter et al., 2021) as most older individuals prefer to remain in their own homes to help retain their self-reliance and independence (Ahn et al., Olsen, 2019). However, unless the home healthcare industry and federal, state, and local governments work together effectively to seek solutions to continuing challenges in recruiting and retaining HHAs, there stands to be insufficient availability of caregivers when American families will need them the most. This is a looming healthcare workforce crisis that cannot be overstated or overlooked."</p>	
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Appendix B: DHA Review Question Search Log

Database or location name	Search Terms	Results	Notes
Google Scholar	Home Healthcare, COVID-19, Long-Term Care, Access, Older Adults, HCBS, Turnover, Staffing Shortages, Home Respite Care, Family/Informal caregivers	53	23 of the 53 articles were selected for closer examination.
Walden University Library/Ebsco Database	Home Healthcare, COVID-19, Long-Term Care, Access, Older Adults, HCBS, Turnover, Staffing Shortages, Home Respite Care, Family/Informal caregivers	12	I consulted with two Walden U Librarians who helped me to search the Ebsco database.
Thoreau	Home Healthcare, COVID-19, Long-Term Care, Access, Older Adults, HCBS, Turnover, Staffing Shortages, Home Respite Care, Family/Informal caregivers	0	Redirected back to Google Scholar and the Ebsco databases

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
Aghajanloo, A., et al. (2021). Self-care status in patients with heart failure: Systematic review and meta-analysis.	Level III - Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	Aghajanloo et al. developed a 30-item questionnaire that applied the Penchansky and Thomas' Theory of Access, which answers my integrative review question: What strategies and best practices can address and resolve the staffing, turnover shortages of agency caregivers and the lack of training for in-home family/informal caregivers?	The six-factor model of access to health care and Cronbach's alpha. In this study, the questionnaire on the perception of access to health care services was developed, and its psychometric properties were examined. Therefore, it is expected that related field research will be accelerated with the introduction of this questionnaire. By measuring perceived access to health care services, health policymakers and practitioners may detect and eliminate perceptual and actual obstacles to using health care services.	The initial questionnaire was examined using qualitative content validity, and the necessary modifications were applied to each item. The content validity ratio (CVR) was approved in 30 items with a value greater than 0.78, and one item with a CVR value lower than 0.78 was removed.
Awosoga, O. A., Odole, A. C., Onyeso, O. K., Ojo, J. O., Ekediegwu, E. C., Nwosu, I.	Level III Quality rating -High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of	A forward stepwise multiple linear regression was completed to determine measures of well-being and work-related factors that could	The strength of our study lies in the use of questions from standardised instruments and obtaining proportional representation from all five Alberta

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
B., ... & Doan, J. (2023).			<p>training for in-home family caregivers?</p> <p>This qualitative study explored potential factors that lead to turnover and absenteeism and how to improve well-being and retention among professional older-adult-caregivers in Alberta's assisted living (AL) and long-term care (LTC) facilities.</p>	best predict the study outcomes	Health Zones. We felt that there were some limitations in the recruitment process. Convenience sampling was used to select individual participants within each facility which can lead to nonresponse bias. As with most survey designs, we relied on self-reported information, which has its limitations because authors are unable to directly determine the veracity of the reports. Hence, we cannot ascertain causal relationships. Although one-way ANOVA is a robust statistical tool for detecting mean differences between independent samples with unequal sample sizes, the reader should note that the descriptive statistics were generated from a cohort dominated by Health Care Aides (58.1%).
Bandini et al. (2021). Home care aide safety concerns and	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-	Review Question: What strategies and best practices can address and resolve the staffing	As a measure to help protect the anonymity of aides who participated in the study, we did not	We recruited aides from our connections to agencies or home health care networks, leading to a

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
job challenges during the COVID-19 pandemic.		home family/Informal caregivers.	<p>turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Home care aides are on the frontlines providing care to vulnerable individuals in their homes during the COVID-19 pandemic, yet are often excluded from policies to protect health care workers. The goal of this study was to examine experiences of agency-employed home care aides during the COVID-19 pandemic and to identify ways to mitigate concerns.</p>	collect agency-specific information from them. To obtain agency perspectives during COVID-19, we recruited representatives from home health agencies in WNY and SEMI for in-depth interviews through a public search of home health agencies in both regions as well as direct contact with the New York State Department of Health and the Detroit Area Agency on Aging.	biased sample. Many of the aides were from WNY, and we had a limited sample from SEMI. We also faced challenges with attrition that largely occurred between enrollment in the study and submission of the first journal entry. The rolling basis of journal entry collection also presented analytic challenges, particularly with the changing nature of the external environment including national reactions to COVID-19 and increased availability of PPE over time. It is also important to note that these data are shaped by societal tensions around racial injustice in the U.S. Aides reacted strongly to protests around racial inequality during this unsettled time and reported additional concerns related to safety concerns for both themselves and their clients due to the potential for the spread of COVID-19 with

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
					an increase in protests in their communities. These events also created additional stress that we cannot disentangle from the very real impacts that the pandemic was happening. Relatedly, to the extent that interactional effects between the pandemic and societal events impacted aides, we were unable to account for this phenomenon.
Barrera-Caballero, S., et al. (2024). Longitudinal effects of cognitive fusion in depressive and anxious symptoms of family caregivers of people with dementia.	Level III Quality rating – High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.		2.2. Variables and measures Sociodemographic variables: caregivers’ age and sex, daily hours and time since care begin (months), care-recipient functional capacity and cognitive impairment and cessation of caregiving.	
Burgdorf, J.G., Reckrey, J., Russell, D. (2023). “Care for Me, Too”:	Level III Quality rating – High	HHC clinicians identified a range of individual, interpersonal, and structural factors, which impacted their ability to deliver	Turnover staffing shortages in home healthcare agencies and a lack of support for in-	Review Question: What strategies and best practices can address and resolve the staffing turnover shortages of	To the best of our knowledge, this is the first study to examine ADRD caregiver perspectives regarding communication

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
A Novel Framework for Improved Communication and Support Between Dementia Caregivers and the Home Health Care Team.		effective caregiver training to support older adults. The COVID-19 pandemic both exacerbated the need for caregiver training in HHC and simultaneously introduced a range of new challenges to providing such training. Coordinated, evidence-based action on the part of researchers, policymakers, hospitals, and HHC agencies is needed to address existing structural barriers and create an environment conducive to successful clinician–caregiver interactions to support older adults after hospital discharge. Study findings and the novel conceptual model lay the groundwork for future research, intervention development, and policymaking in this area by identifying areas of challenge and opportunity related to this crucial aspect of HHC care delivery meant to facilitate older adults	home family/Informal caregivers.	agency and the lack of training for in-home family caregivers? Formal training for in-home family and informal caregivers and the merging of them into the healthcare team circle.	and support during HH. Findings affirm prior research indicating major challenges, among both ADRD and non-ADRD caregivers, in communicating with providers and accessing supportive resources

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
		remaining safely within their homes.			
Carpenter, M. L., Blaskewicz Boron, J., Beadle, J., & Potter, J. F. (2021). Understanding influential factors in turnover within the home care workforce.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Carpenter et al. (2021) conducted their study to understand the factors associated with the staffing turnover shortage in home healthcare agencies. Their study instruments used were questionnaires to interview caregivers who left healthcare agencies after a one-year tenure or more. Results: What they found was that contributing factors were: work hours (having enough hours) and the employees' availability (scheduling); "unappreciated by client"; poor relationships with</p>		Participants were drawn from a single, large, non-medical home care agency with franchises in all 50 states, and all 10 Canadian provinces. The Institutional Review Board (#758-18) at the University of Nebraska Medical Center provided approval. Consent to participate was obtained as part of a routine survey program used by the organization. The consent question was added in July 2018 and asked the respondent to indicate if they would be willing to complete a post-employment survey if/when they left the organization.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
			coworkers, as well as inadequate training and benefits; low income; changes in health, caring for an older adult loved one, limited time to perform assigned work, or supplemental income, not primary work.		
Franzosa, E., et al. (2022). Essential but excluded: building disaster preparedness capacity for home health care workers and home care agencies.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	COVID-19 has demonstrated the essential role of home care services in supporting community-dwelling older and disabled individuals through a public health emergency. As the pandemic overwhelmed hospitals and nursing homes, home care helped individuals remain in the community and recover from COVID-19 at home. Yet unlike many institutional providers, home care agencies were often disconnected from broader public health disaster planning efforts and struggled to access basic resources, jeopardizing the workers	N/A	Nearly all studies found that HHCWs lacked necessary PPE, especially early in the pandemic. Even when agencies did provide PPE, HHCWs often had to use public transportation to travel to their agencies' headquarters to pick it up, potentially exposing them to the virus. ^{10,13,14} Inadequate PPE was seen at the agency and state level as well. In a national survey of 1204 home care agencies in the initial weeks of the pandemic, 78% reported having insufficient PPE. ¹⁷ Of 300 home care agencies in New York State surveyed in March 2020, 67% did not

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			<p>who provide this care and the medically complex and often marginalized patients they support. The exclusion of home care from the broader COVID-19 emergency response underscores how the home care industry operates apart from the traditional health care infrastructure, even as its workers provide essential long-term care services. This special article (1) describes the experiences of home health care workers and their agencies during COVID-19 by summarizing existing empiric research; (2) reflects on how these experiences were shaped and exacerbated by longstanding challenges in the home care industry; and (3) identifies implications for future disaster preparedness policies and practice to better serve this workforce, the home care</p>		<p>have enough PPE and 1 out of 3 had difficulty obtaining it from the Office of Emergency Management.¹⁶ Data from Massachusetts were similar; of 94 home care agency managers surveyed, 1 out of 3 were unable to purchase N95 masks for HHCWs during the first COVID-19 wave. Notably, 52.1% of agency leaders in this study Fig. 1. Home care at a glance. Sources 1. PHI. Direct Care Workers in the United States: Key Facts (2022). 2. Sterling MR, Li J, Cho J, Ringel JB, Silver SR. Prevalence and Predictors of Home Health Care Workers' General, Physical, and Mental Health: Findings from the 2014–2018 Behavioral Risk Factor Surveillance System. <i>Am J Public Health.</i> 2021;111:2239–2250. 3. Campbell S, Del Rio Drake A, Espinoza R, Scales C. Caring for the Future: The Power and</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
			industry, and those for whom they care. Published by Elsevier Inc. on behalf of AMDA e The Society for Post-Acute and Long-Term Care Medicine.		Potential of America’s Direct Care Workforce. 2021. 4. Centers for Medicare and Medicaid Services. Home Health Quality Reporting Program. 2019. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/HomeHealthQualityInits E. Franzosa et al. / JAMDA 23 (2022) 1990e1996 1991 reported difficulty interpreting rapidly evolving COVID-19 guidelines for their staff and the patients they served. A report commissioned by the US Department of Health and Human Services found that in addition to PPE, many agencies struggled to obtain COVID-19 tests.
Gilson, A. et al. (2022). Refining a digital therapeutic platform for	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	The focus group results will inform the further development of the Generation Connect platform to reduce the burden of caregiving for	N/A	This subtheme reflected the same pattern of responses as the overall thematic category, with only the corporate leader and franchise owner and case

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home care agencies in dementia care to elicit stakeholder feedback: focus group study with stakeholders.			persons living with dementia, evaluate changes in cognition, preserve functional independence, and promote caregiver engagement between these individuals. The next step is to evaluate the effectiveness of the revised platform in the National Institutes of Health Small Business Innovation Research phase 2 clinical trial to assess the efficacy of its evidence-based interventions and market viability.		manager stakeholder groups having input about the need to document outcomes. Much of this feedback was elicited from direct questions about efforts to quantify patient care outcomes and the limitations of such efforts:
Green, R. (2022). The direct care workforce crisis: Factors affecting employee retention and turnover amidst a pandemic.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers? Green also pointed out that although compensation is a major issue, other factors negatively affect the turnover in staffing shortages in HSOs, such	N/A	COVID-19 has brought unparalleled attention to the importance of this workforce's contributions in this field. The demand for DCWs will continue to rise in the years to come as the need for long-term services increases. Not only have these workers risked their own health and safety while caring for others during a pandemic, but they have also often

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			<p>as home healthcare agencies, regarding solutions that improve and strengthen the staffing of caregivers and support for in-home /informal family caregivers, which can begin with training, recruiting, hiring, and the retention of staff moving forward:</p> <p>The direct care worker crisis has been an issue for decades now, and the pandemic has caused it to become a national problem after threatening the most basic needs and quality of life of the individuals who need these services. In order to attract, motivate, and retain competent employees, this paper will provide recommendations.</p>		<p>done so without proper training or hazard pay. Inadequate staffing and resources during this challenging time has resulted in a lack of pandemic-specific preparation, no paid time off, limited access to childcare, and insufficient supplies of personal protective equipment (PPE) for DCWs, among other issues.</p>
<p>Gregory, J. (2025). Home Care Staffing Shortage: Impact on Older Adult Independence.</p>	<p>Level III Quality rating: Good</p>	<p>Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.</p>	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p>	<p>N/A</p>	<p>Limitations to the study included the potential influence of informal caregiving being received by older adults related to how they may have answered the interview</p>

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			The training, hiring, and accepting of in-home family/informal caregivers into the formal healthcare system.		questions. It might not have appeared to the older adults as a good idea to share their struggles with maintaining independence. Older adults may not have made good historians related to their level of independence out of fear that full disclosure of physical limitations may have given the impression they could not live independently. Limits of the study design included not capturing unrecognized alternative views related to independence due to the randomness involved with recruiting participants.
Guan, L., Zhang, G., Yi, Y., et al. (2025). Factors that influence the preferences for telehealth among family caregivers of disabled elders: a qualitative study.	Level III Quality rating: High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers? The application of robotic technology is a welcome stress reliever a game-changer regarding the	N/A	However, results have shown that telehealth use is low among the population of family caregivers of elderly people with disabilities. This qualitative study identifies, describes, and explains the factors that influence family caregivers of older adults with disabilities’

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			<p>provision of quality HCBS for both agency and informal caregivers:</p> <p>“Telehealth offers benefits such as enhanced access and better healthcare quality for patients interacting with providers, alongside reductions in expenses and time spent (Triantafillou and Layfield et al., 2021). Throughout the COVID-19 outbreak, the use of telehealth was rapidly expanding across the healthcare spectrum (Mann and Chen et al., 2020). For instance, the utilization of telehealth in pediatric healthcare was increasing, encompassing prevention, disease management, remote monitoring, home-based care, diagnostic and therapeutic support, as well as personalized assistance programs (Zuccotti and Bertoli et al., 2020). Through telehealth, family</p>		<p>preference for using telehealth for home care. This study contributes to improving support for family caregivers and promoting the use of telehealth for older people with disabilities. However, this research had several limitations. Firstly, our sample was selected from a restricted geographical area, which might restrict the generalizability of our results to other areas or nations with distinct healthcare systems and socio-cultural contexts, and therefore a large-scale study in other regions is needed to make the findings more representative. Furthermore, focus group discussion drawbacks include the fact that some individuals may tend to provide more insight or feedback on specific issues, while others may not comment or actively participate, which may lead</p>

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			<p>caregivers of elderly individuals with disabilities could attain professional guidance and support, without geographical boundaries, scheduling clashes, or mobility constraints (Orlando and Beard et al., 2019).”</p>		<p>to uneven contributions and bias in the data collected. At the same time, a few members may overly influence the discussion and the desire to reach consensus may override critical thinking. Third, group dynamics may influence individual perspectives and what is expressed in discussions. As some respondents were unfamiliar with telehealth, their imagination and shared knowledge may have been influenced by the discussion. Fourthly, participants may respond in socially acceptable ways rather than authentic ways. The type of carer may affect their perception of telehealth. Fifthly, most of the participants in this study were spouses of elderly people with disabilities, therefore, the findings may differ from those of other types of caregivers, such as children</p>

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					of elderly people with disabilities.
Ha, M. P. T. T. (2024). FRAMEWORK FOR THE STUDY OF ACCESS TO PEOPLE'S HEALTH CARE SERVICES.	Level III Quality rating: High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Ensuring access to healthcare services for all citizens is a crucial goal within any country's healthcare system. However, analyzing access comprehensively and accurately remains a challenge.</p> <p>Therefore, the training, hiring, and accepting of in-home family/informal caregivers as an integrated part of the healthcare system, as a team, as well as the application of telehealth systems and robot technology, is a plausible solution to</p>	By applying appropriate measurement frameworks, researchers, policymakers, and non-governmental organizations can gather accurate and valuable information on the public's access to healthcare services. This enables them to identify the most vulnerable population groups, analyze specific barriers, and propose effective solutions to improve healthcare access for everyone.	The results of this study suggest that family caregivers of elderly people with disabilities consider complex factors when considering whether to use telehealth for home care. These factors included barriers of caregivers' use of telehealth, such as learning capacity, acceptance of telehealth, differences in treatment modalities, health self-management capability, habituation to medical care, job, cost, limitations, operation experience, quality of care in nursing homes, convenience of medical treatment and popularisation; facilitators of caregivers' use of telehealth, such as convenience and professionalism and authority of healthcare professionals. Our research

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			ensure access to HCBS for aging-in-place older adult populations.		will contribute to the development of telehealth solutions, aiming to improve the care quality for family caregivers of disabled elders and to improve the quality of life among those elderly individuals with disabilities.
Hoseini-Esfidarjani, S. S., Negarandeh, R., Delavar, F., & Janani, L. (2021). Psychometric evaluation of the perceived access to health care questionnaire.	Level III Quality rating: Good	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>The application of Penchansky & Thomas's Theory of Access of availability, accessibility, affordability, accommodation, acceptability, and awareness</p>	The confirmatory factor analysis results showed that the six-factor model of access to health care has an appropriate fit. Cronbach's alpha coefficient for the questionnaire was calculated 0.86. The value of Cronbach's alpha for the dimensions of availability, accessibility, affordability, accommodation, acceptability, and awareness were 0.61, 0.76, 0.66, 0.60, 0.80, and 0.76, respectively. The Intraclass Correlation Index (ICC) value for reliability (test-retest) of	Regarding the questionnaire as a research tool: A limitation of this study is that item difficulty was not measured, and other types of validity, such as predictive and concurrent validity were not tested. Therefore, further testing is required to provide more evidence regarding the validity of this tool.

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				the whole instrument was calculated 0.94 using the two-way mixed absolute agreement method.	
Joseph, L. M. (2023). Aging in place: interprofessional approaches to Empower Informal caregivers.	Level III Quality rating: High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Confirmation that formal training, employment, and acceptance of in-home/informal promotes best practice for the home healthcare industry, particularly the turnover and staffing shortages in home healthcare agencies:</p> <p>“Aging in place” allows people to continue living in the familiar places where they spent their young adult life. Aging individuals choose to age in place with support from their families and the community. Informal caregivers play a</p>	N/A	According to the 2020 AARP-NAC report, 19% of the US caregivers were 65 years or older, 7% of whom were at least 75 years old. ⁶ Older caregivers often care for spouses/partners, siblings, disabled adult children, or nonrelatives. Many aging caregivers care for a spousal equivalent so they can age in place together. Unique factors, including the senior caregivers’ reluctance to seek support, social isolation, actual and perceived losses, and worries about the future of their loved ones when they can no longer care for them, can increase the stress of caregiving. ⁷ Chronic stress may accelerate the caregivers’ cognitive aging, leading to cognitive decline. ⁸ Additionally, the

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			<p>significant role in aging in place.” Caregiving is a complex task with physical, emotional, and economic implications for the caregiver. Adequate preparation and support reduce caregivers’ physical and emotional strain. Caregiver empowerment involves teamwork. Nurse practitioners can lead the interprofessional approach to empower caregivers, prevent caregiver burnout, and promote resilience.</p>		<p>caregiving experience may increase the older caregivers’ awareness of their aging and physical limitations.⁹ Frail caregivers with chronic health conditions and care needs may find additional challenges in caregiving.</p>
<p>Jutkowitz, E., Lake, D., Shewmaker, P., & Gaugler, J. E. (2023). The effects of increasing state minimum wage on family and paid caregiving.</p>	<p>Level III Quality rating: Good</p>	<p>Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.</p>	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Increase the minimum wages for family and informal caregivers as the state level train, hire, and adopt them as part of the healthcare team.</p>	<p>We used data from the Health and Retirement Study (HRS), data on state minimum wage, and conducted difference-in-differences analysis to evaluate the association between increases in state minimum wage and the amount of family/friend and paid caregiving received by adults age 65+ years. Before 2015, some employers were</p>	<p>Our analysis has several limitations. We use three waves of data between 2010 and 2014, which is not enough time periods to test the parallel trends assumption. To support our difference-in-differences design, we replicated our analysis using earlier years of data and found pre-trends are approximately parallel suggesting that the</p>

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				<p>exempt from paying minimum wage to home care workers' who only provided companion services; however, we contend that all home care worker wages prior to 2015 may still be affected by minimum wage due to labor market pressures.</p> <p>Among 23,112 unique HRS respondents between 2010–2014, 13,262 were ≥ 65 years of age. Of these 13,262 respondents, 11,820 were linked to Medicare files, and 11,553 (which represent 27,894 observations) had complete data on outcomes and covariates, lived in either exposed or unexposed states for the entire study, and comprised the analytic sample</p> <p>Results: Adults +65 years of age who lived in states that increased their minimum</p>	<p>trends would have persisted in absence of treatment (Appendix Figure 1). Second, we did not have data on the actual wages of family/friend caregivers or home care workers, so we could not disentangle the changes in minimum wage across the wage distribution or the effect of minimum wage changes on worker wages. Third, HRS caregiving questions are related to assistance for instrumental and basic activities of daily living. Caregivers may provide additional tasks such as assistance with medical care. Fourth, to our knowledge this is the first study to examine the association between changes in minimum wage (yes or no) and caregiving outcomes. However, the categorization of change versus no change in minimum wage may not be sensitive enough to observe how changes in wage</p>

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				<p>wage between 2010–2014 did not change their consumption of family/friend or paid caregiving compared to adults +65 years of age who lived in states that did not increase their minimum wage.</p>	<p>patterns impact caregiving consumption. Our sensitivity analysis of inflation indexed and statutory changes in minimum wage indicate there may be effect heterogeneity. Additional research is needed to disentangle the role of effect heterogeneity and whether caregiving patterns may be more sensitive to the relative or actual dollar increase in minimum wage. Lastly, due to the lengthy survey data collection period in the 2010 wave (between March 2010 and November 2011), there are nine treatment states that increased their minimum wage in 2011. This may result in misclassification of the pre/post period assignment; however, our results did not change in a sensitivity analysis that excluded states that increased their minimum wage in 2011.</p>

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<p>Kvæl, L. A. H., Hellesø, R., Bergland, A., & Debesay, J. (2022). Balancing standardisation and individualisation in transitional care pathways: a meta-ethnography of the perspectives of older patients, informal caregivers and healthcare professionals.</p>	<p>Level III Quality rating: Good</p>	<p>Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.</p>	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Confirmation that formal training, employment, and acceptance of in-home/informal care promotes best practice for the home healthcare industry, particularly the turnover and staffing shortages in home healthcare agencies</p> <p>“The aim of this article is to synthesise older patients, informal caregivers and healthcare professionals’ experiences of challenges to achieving high-quality transitional care.”</p>	<p>Although standardised transitional care pathways are part of a general policy orientation towards austerity measures and efficiency to meet healthcare’s current and future challenges [75, 77], scholars have pointed out that PCC is often used by authorities as a rhetorical tool to soften the presumptively negative connotations towards standardisations [75].</p>	<p>This meta-ethnography has revealed an urgent need for an attuned conceptualisation of the experienced tension in balancing standardisation and individualisation in PCC-inspired transitional care pathways for older patients to ensure better healthcare quality for patients and more realistic working environments for HCPs. We argue that our findings, which have uncovered several negotiations between the involved actors, are helpful, providing an in-depth understanding of the tensions between different discourses. Incorporating a certain professional flexibility within the wider boundary of standardisation may give HCPs the necessary room for negotiation to meet patient values and needs while ensuring patient flow and values such as equity and evidence-based</p>

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					practice. The study conveys extended knowledge about the practice of transitional care from the perspectives of older patients, informal caregivers and HCPs and will be of great relevance for researchers, clinicians, politicians and other important stakeholders in healthcare to inform the development, implementation and evaluation of transitional care in the future.
Keller, R. (2024). Home Health Aides' Perception on Job Satisfaction, Quality of Care, and Public Policy: A Qualitative Exploratory Case Study.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>The industry faces worker shortages due to arduous working conditions, low pay, and inadequate benefits. Investing in the home care workforce benefits not only home health aides but also the</p>	The problem is that home and community-based services are increasing faster than the home care workforce, resulting in decreasing job quality among home health aides. The purpose of the qualitative exploratory case study was to explore home health aides' (HHAs) perception of staffing shortages on job satisfaction, policy, and quality of care in a home health agency.	

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			vulnerable individuals they serve.		
Kennedy, S. Y. (2023). Experiences with Access to Seeking and Maintaining Home Health Care Services in Low-Income Communities. Walden University	Level III Quality rating: High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>Results: The results from this study provide an educational opportunity and information about patient perspectives about HHCS, which HHCA’s, insurance providers, HHC workers, and policy makers can use to improve and enhance HHCS and the way HHC is rendered to future recipients.</p>	This research study provides information to HHCA’s that can aid them in their certification and recertification process by meeting specific metrics within the Centers for Medicare and Medicaid Services (CMS) HHC quality reporting program. The CMS (2020) HHC quality reporting program includes five HHC outcomes measures: (a) care of patients, (b) communications between providers and patients, (c) specific care issues, (d) overall rating of care, and (e) patient willingness to recommend a home health aide (HHA) to family and friends (CMS, 2020). This study also provides information to HHCA’s that may help improve care and meet	“African American Medicare users with two or more ADL limitations account for 26.8% of users, Hispanics were 34.9%, and all other races accounted for 27.8% (AHHQI, 2019). For those Medicare users who report fair or poor health conditions, Hispanics was the highest reporting of 61.1% of users, African Americans account for 50.8% of users, all other race/ethnicities make up 46.2% (AHHQI, 2019)...Hispanics have slightly more challenges with ADL limitations, than African American and other race/ethnicities. African American and Hispanics report having fair to poor health more than other races and ethnicities, however all user groups equally report

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				<p>CMS quality of care metrics.</p> <p><u>Measures:</u> “Patient preference and patient satisfaction have become performance measures for most health care organizations, including home health care agencies (HHCAs), to gain knowledge around how health care can be improved (Bawa & Sinha, 2020).</p>	<p>having three or more chronic conditions.</p> <p>Accommodation and Ease of Scheduling</p> <p>“Participants described limitations around scheduling HHCS and concerns with HHC workers not receiving competitive pay, therefore causing a barrier to getting timely HHCS because HHC workers are shopping for better pay and working for HHCAs that may increase their salary to incentivize them to work in poorer communities. Participant 13 stated: They probably don’t pay them enough money. That’s what I really think it is. If they would really pay them more money, they would probably want to work over here. It is cause some communities you go in, they pay more. I know they do. My granddaughter was going to come over here</p>

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					and work, but she said, “Grandma, they don’t pay enough.” I said, What you mean? She said the agency that she worked for would have paid her X amount of dollars, but then she went to the Price Hill community, and she made \$3.00 more an hour.
Kim, B., et al. (2023). Roles and experiences of informal caregivers of older adults in community and healthcare system navigation: a scoping review.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.			First, the methodological quality or risk of bias assessment has not been conducted. Since scoping reviews can be distinguished from systematic reviews given that they are generally conducted to provide an overview of available evidence, ⁷⁰ the current review explores the experience/role and challenges of informal caregivers in system navigation to provide general overview. Second, only articles written in English were considered. Thus, there might be some relevant studies and

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					<p>knowledge that were overlooked during the screening process. Third, limited number of databases were used to capture relevant literature. Fourth, since this is an emerging area, there may be further information gaps to be filled. Fifth, we did not include research focusing exclusively on transition from community to long-term care residences, given that this comprises a separate study, given unique dimensions of system navigation. Finally, not all community and healthcare systems are the same in the countries included in the review, and therefore, some of the results need to be contextualised.</p>
<p>Kirvalidze, M., et al. (2023). Effectiveness of interventions designed to mitigate the negative health</p>	<p>Level III Quality rating: High</p>	<p>Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.</p>	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p>	<p>Control group: Minimal support measures; Alternative measures, such as the use of answering machines outside counselling hours, were perceived as</p>	<p>Lack of robust evidence calls for better intervention research and evaluation practices. It may be warranted to avoid one-size-fits-all approaches to intervention design.</p>

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outcomes of informal caregiving to older adults: an umbrella review of systematic reviews and meta-analyses.			This umbrella review aimed to evaluate whether certain interventions can mitigate the negative health consequences of caregiving, which interventions are more effective than others depending on the circumstances, and how these interventions are experienced by caregivers themselves. Design An umbrella review of systematic reviews was conducted.	insufficient; Measures on physical health were either inconclusive or non-significant; Results from the syntheses suggest that singing can positively impact the lives of people with dementia and their care partners, although due to heterogeneity of study design and outcome measures, it is difficult to draw conclusions based on quantitative data alone. Qualitative data provide further context and insights from participants' perspectives. For instance, participants report enjoyment, improvement in mood, social belonging and dyadic relationship.	Primary care and other existing resources should be leveraged to support interventions, possibly with increasing contributions from the non-profit sector. STRENGTHS AND LIMITATIONS OF THIS STUDY ⇒ The umbrella review methodology enabled us to synthesise and describe the state of the evidence on the topic of interventions to mitigate the negative health consequences of informal caregiving. ⇒ The review benefits from the mixed-methods approach, as we included both quantitative reviews on effectiveness and qualitative syntheses exploring complex aspects related to the experiences of caregivers. ⇒ Synthesis is confined to a descriptive, narrative output due to heterogeneity of included reviews. ⇒ More recent primary studies on new interventions were not

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
					captured, as they would not have been included in systematic reviews selected for this umbrella review.
<p>Kolade, O. R., Porat-Dahlerbruch, J., van Achterberg, T., & Ellen, M. E. (2025). Navigating hospital to home transitions: A qualitative study exploring older adult and informal caregiver experiences, challenges, and opportunities.</p>	<p>Level III Quality rating - High</p>	<p>Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers. The present study explores participants' experiences navigating hospital-to-home care transitions. Also, it highlights challenges and opportunities for optimizing hospital-to-home care transitions for older adults and their family caregivers in the Israeli context. The experiences of hospital-to-home transitions varied, with negative experiences characterized by abrupt farewells and a perceived lack of ongoing support, while positive experiences involved reassurance, empowerment, and follow-up care. Challenges included care coordination and person-centered attention, bureaucratic</p>	<p>What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers?</p> <p>The transition from the structured environment of the hospital to the more independent home setting presents various challenges and opportunities that significantly impact the post-discharge journey. This qualitative descriptive study, conducted within the European TRANS-SENIOR consortium, explores the experiences of older adults and informal caregivers in Israel during hospital-to-home care transitions while identifying</p>	<p>Caregiver burden and responsibility. Finally, struggles of family caregiving and the need for external support were equally highlighted by informal caregivers. Informal caregivers play a crucial role in the care and transition of older adults from hospital to home; thus, recognizing and addressing the needs of family caregivers is essential for ensuring their well-being and ability to provide adequate support to older adults during the transition process. They emphasized some of the challenges faced by family members in providing care for a seriously ill loved one, particularly in the absence of external support such as home</p>	<p>Strengths and limitations Our research explored the perspectives of older adults and informal caregivers regarding hospital-to-home transitions, focusing on their experiences, challenges, and opportunities. Through in-depth one-on-one interviews, participants were allowed to candidly express their views without inhibition, allowing for a comprehensive exploration of their struggles and experiences. A limitation, however, is the study's small sample size and the narrow age range of recruited older adults. We, however, endeavored to reach data saturation to maximize result transferability. While we aimed to recruit a diverse population encompassing various linguistic, cultural,</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
		<p>hurdles, and caregiver burden and responsibility. Finally, opportunities for improvement in Israel's care transition system for older adults and informal caregivers include promoting individual autonomy, involvement in decision-making, and enhancing collaboration between hospitals and communities.</p> <p>The present study explores participants' experiences navigating hospital-to-home care transitions. Also, it highlights challenges and opportunities for optimizing hospital-to-home care transitions for older adults and their family caregivers in the Israeli context. The experiences of hospital-to-home transitions varied, with negative experiences characterized by abrupt farewells and a perceived lack of ongoing support, while positive experiences involved reassurance,</p>	<p>challenges and opportunities for optimizing care transitions. One-to-one interviews were conducted with seven older adults and nine informal caregivers who experienced hospital-to-home transitions within the past 12 months. Thematic analysis showed negative and positive experiences; challenges included fragmented healthcare management and a lack of person-centered care; opportunities for improvement in the care transition system included promoting individual autonomy, involvement in decision-making, and enhancing collaboration between hospitals and communities. Our findings can support research and clinical efforts and encourage policymakers to explore new ways of improving hospital-to-</p>	<p>care or nursing assistance, the emotional and physical toll of caring for their sick loved ones, highlighting the burden placed on the entire family, especially when balancing caregiving responsibilities with other commitments like work and family. The need for accessible and affordable support for elderly caregivers, who may be physically exhausted from their responsibilities, was emphasized. This support could come through home care services or financial assistance from institutions like National Insurance. Such measures aim to reduce the burden on families during challenging times.</p>	<p>and religious backgrounds in Israel, resource and time constraints limited the extent to which this goal could be realized. As such, result transferability may be somewhat limited. Finally, collecting data in the second language (Hebrew) by a secondary data collector and the need to translate it back to English for data analysis may have influenced the depth and richness of participants' original responses. We attempted to mitigate these by engaging professional translators and training the secondary data collector from the market research agency.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
		empowerment, and follow-up care. Challenges included care coordination and person-centered attention, bureaucratic hurdles, and caregiver burden and responsibility. Finally, opportunities for improvement in Israel's care transition system for older adults and informal caregivers include promoting individual autonomy, involvement in decision-making, and enhancing collaboration between hospitals and communities.	home transition experiences, leading to better patient outcomes and experiences.		
Lim, J. (2021, March). Characteristics of elderly care work that influence care workers' turnover intentions.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers. Turnover and retention of care workers in long-term care (LTC) settings is an important issue. However, much research about turnover in LTC settings has focused on licensed nurses or nurse assistants.	What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers? The present study explores participants' experiences navigating hospital-to-home care transitions. Also, it highlights challenges and	The purpose of this study was to understand the characteristics of elderly care work that affect the turnover intentions of care workers in LTC, and to suggest measures to prevent care worker turnover and encourage their retention.	This study has some limitations. First, since the qualitative study was conducted with a relatively small number of participants, expanded research is required in order to verify and further generalize the results of this study. Second, this study has limitations in examining what characteristics of care work should be intervened in

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
		<p>Moreover, many studies have utilized quantitative methods. The purpose of this study was to understand the characteristics of elderly care work that influence the turnover intentions of care workers in LTC. In-depth interviews were conducted with 10 care workers and analyzed using the content analysis method. As a result, seven categories were extracted as the characteristics of the elderly care work associated with turnover, including low social appreciation about care work, precarious employment, unprotected labor rights and safety, an unfair wage system, unclear scope and role of work, absence of training and supervision to enhance professionalism, and emotional labor. For the turnover prevention and retention of care workers, it is necessary to resolve the insecurity of care work. In particular, guidelines for</p>	<p>opportunities for optimizing hospital-to-home care transitions for older adults and their family caregivers in the Israeli context. The experiences of hospital-to-home transitions varied, with negative experiences characterized by abrupt farewells and a perceived lack of ongoing support, while positive experiences involved reassurance, empowerment, and follow-up care. Challenges included care coordination and person-centered attention, bureaucratic hurdles, and caregiver burden and responsibility. Finally, opportunities for improvement in Israel's care transition system for older adults and informal caregivers include promoting individual autonomy, involvement in decision-making, and enhancing collaboration</p>		<p>more intensively for preventing the turnover of care workers and encouraging stable retention. Therefore, it is required to review the factors that should be intervened in preferentially for preventing turnover and increasing retention of care workers through future surveys. Third, additional study is needed on why qualified care workers are not entering the long-term care market in order to increase retention. Finally, this was a qualitative study conducted prior to the COVID-19 pandemic. Therefore, it was not possible to include information on how employment and income instability among care workers deepened during the pandemic, regarding changes in work intensity and stress about infections. Additional research is needed on the characteristics of elderly</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
		improving the wage level and working conditions of care workers should be instituted, and at the same time, government supervision is required. Education is necessary to strengthen the professionalism of care workers and ensure skilled care work.	between hospitals and communities.		care work and turnover since the pandemic.
Loeffler, K. et al. (2021). Respite service for informal caregivers: evaluation of simulation-training-based education program.	Level III Quality rating - High	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	Review Question: What strategies and best practices can address and resolve the staffing turnover shortages of agency and the lack of training for in-home family caregivers? Currently, the care for elderly people is provided mainly on an iii256 European Journal of Public Health, Volume 31 Supplement 3, 2021 Downloaded from	The impact on the caregiving competence, the quality of life and the burden-of-care was measured at the beginning (T1), after four months (T2) and after eight months (T3) using validated questionnaires (Self-Efficacy Scale, EQ-5D-5L and HPS).	N/A
Mauldin, L., & Defelice, C. (2024). The Invisible Frontline:	Level III Quality rating - good	Turnover staffing shortages in home healthcare agencies and a lack of support for in-home family/Informal caregivers.	Review Question: What strategies and best practices can address and resolve the staffing turnover shortages of	What this paper adds • This paper explores in-depth the experiences of spousal caregivers providing ongoing care	Additionally, studies that focus on spouses specifically tend to be siloed by disease type, but one strength of this

Author, date, and title	Evidence level and quality rating	Focus: HSO type, Research Domain, and Specific Problem being addressed	Findings that help answer the review question	Metrics and Measures if used	Source Limitations
<p>Experiences of Spousal Caregivers During COVID-19. Journal of Applied Gerontology, 43(2), 160-169. https://doi.org/10.1177/07334648231205414</p>			<p>agency and the lack of training for in-home family caregivers?</p> <p>Mauldin and Defelice posit that spousal caregivers are not exempt from the turnover staffing shortage. Although spousal caregivers perform the same type of work as other informal caregivers, they are regarded as an invisible, unpaid workforce crying out for support, especially during the advent and aftermath of COVID. The stress, anxiety due to burnout are the same as those experienced by all other informal caregivers within the community, and a lack of support from home healthcare agencies. Spousal caregivers are the quiet frontline health care workers</p>	<p>for a high-risk population during the pandemic.</p> <ul style="list-style-type: none"> Findings show that spousal caregivers had to adjust care practices at home, cope with the pandemic’s impacts on access to care, and manage emotional distress. Findings suggest that caregivers faced a lack of infrastructure for food delivery in rural areas, found emotional and technical support on the Internet, and expressed concern over a worsening shortage of paid care workers. <p>Applications of study findings</p> <ul style="list-style-type: none"> These qualitative data can be used to inform future studies of spousal 	<p>research is that it shows the patterns across a variety of disease or impairment types, highlighting the commonalities in their experiences...Nevertheless, we recognize the limitations of this predominantly white sample and suggest the need for further study to fill out a broader picture in terms of spousal caregivers of color.</p>

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Aghajanloo, A., et al. (2021).	Aghajanloo et al. (2021) designed and developed a 30-item questionnaire based on data extracted from frontline in-home family/informal caregivers, which interconnects the Penchansky & Thomas' Theory of Access framework: availability, accessibility, acceptability, affordability, adequacy (in design, implementation, and evaluation), and awareness . Together, they address and inform my DHA Integrative Review.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Awosoga, O. A., Odole, A. C., Onyeso, O. K., Ojo, J. O., Ekediegwu, E. C., Nwosu, I. B., ... & Doan, J. (2023).	Awosoga et al. (2023) address and inform my integrative review question(s). Explored causes of agency turnover: absenteeism, low pay, and lack of health insurance benefits.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal

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		<p>caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Bandini et al. (2021).</p>	<p>Home care aides are on the frontlines providing care to vulnerable individuals in their homes during the COVID-19 pandemic, yet are often excluded from policies to protect health care workers. The goal of this study was to examine experiences of agency-employed home care aides during the COVID-19 pandemic and to identify ways to mitigate concerns.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>

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Barrera-Caballero et al. (2024).	<p>The work of caregivers is labor-intensive and involves mental, physical, and emotional stress, anxiety, depression, and sleep deprivation. Caregivers can develop Cognitive fusion when caring for patients with Cognitive impairments such as Alzheimer's, dementia, and Parkinson's diseases.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
Burgdorf, Reckrey, J., Russell, D. (2023).	<p>Burgdorf & Russell (2023) held that HHC clinicians identified a range of individual, interpersonal, and structural factors that impacted their ability to deliver effective caregiver training to support older adults. The COVID-19 pandemic both exacerbated the need for caregiver training in HHC and simultaneously introduced a range of new challenges to providing such training.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek</p>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
		employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Carpenter, M. L., Blaskewicz Boron, J., Beadle, J., & Potter, J. F. (2021).	Carpenter et al. (2021) conducted their study to understand the factors associated with the staffing turnover shortage in home healthcare agencies. Their study instruments used were questionnaires to interview caregivers who left healthcare agencies after a one-year tenure or more.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Franzosa, E., et al. (2022).	COVID-19 has demonstrated the essential role of home care services in supporting community-dwelling older and disabled individuals through a public health emergency. As the pandemic overwhelmed hospitals and nursing homes, home care helped individuals remain in the	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a

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	<p>community and recover from COVID-19 at home. Yet unlike many institutional providers, home care agencies were often disconnected from broader public health disaster planning efforts and struggled to access basic resources, jeopardizing the workers who provide this care and the medically complex and often marginalized patients they support.</p>	<p>plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Gilson, A. et al. (2022).</p>	<p>Gilson (2022) pointed out that technology plays an integral component of caring for aging-in-place older adults regarding the delivery of quality HCBS. For instance, the Generation Connect platform aims to reduce the burden of caregiving for persons living with dementia, evaluate changes in cognition, preserve functional independence, and promote caregiver engagement between these individuals.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Green, R. (2022).	Green (2022) argued that it took a global disaster, such as the COVID-19 outbreak recognize that the work of agency and in-home/informal caregivers is quite significant. “Not only have these workers risked their own health and safety while caring for others during a pandemic, but they have also often done so without proper training or hazard pay... no paid time off, limited access to childcare, and insufficient supplies of personal protective equipment (PPE) for DCWs, among other issues.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Gregory, J. (2025).	Gregory (2025) posits that this study gathered relevant information from a sample of older adults receiving home care services, allowing for the documentation of perspectives on perceptions of independence and dependence, independence enhancers, independence barriers, and knowledge, experiences, and impressions of both present and future home care services. The study involved semistructured interviews with	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education:

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	<p>older adults receiving home care services at their residences.</p>	<p>Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Guan, L., Zhang, G., Yi, Y., et al. (2025).</p>	<p>The integration of technology in Telehealth is a major solution to the staffing turnover shortages in home healthcare agencies, as well as the much-needed respite care for in-home family/informal caregivers and their older adult loved ones.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>

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<p>Ha, M. P. T. T. A FRAMEWORK FOR THE STUDY OF ACCESS TO PEOPLE'S HEALTH CARE SERVICES.</p>	<p>Confirmation that the application of Penchansky & Thomas' Theory of Access is an appropriate framework for my DHA Integrative Review.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Hoseini-Esfidarjani, S. S., Negarandeh, R., Delavar, F., & Janani, L. (2021).</p>	<p>Again, Penchansky & Thomas's Theory of Access supports my DHA Integrative Review regarding the application of the 5 As to resolve the turnover staffing shortages in home healthcare agencies and respite care for in-home family/informal caregivers.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to</p>

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		<p>reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
Joseph, L. M. (2023).	<p>“Aging in place” allows people to continue living in the familiar places where they spent their young adult life. Aging individuals choose to age in place with support from their families and the community. Informal caregivers play a significant role in aging in place.” Caregiving is a complex task with physical, emotional, and economic implications for the caregiver. Adequate preparation and support reduce caregivers’ physical and emotional strain. Caregiver empowerment involves teamwork. Nurse practitioners can lead the interprofessional approach to empower caregivers, prevent caregiver burnout, and promote resilience.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>

Author(s) and date	Data (General Information) Extracted	Preliminary Problem-Solving Themes
Jutkowitz, E., Lake, D., Shewmaker, P., & Gaugler, J. E. (2023).	Increase the minimum wages for family and informal caregivers at the state level: Adults +65 years of age who lived in states that increased their minimum wage between 2010–2014 did not change their consumption of family/friend or paid caregiving compared to adults +65 years of age who lived in states that did not increase their minimum wage.	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers;</p> <p>Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
Kvæl, L. A. H., Hellesø, R., Bergland, A., & Debesay, J. (2022).	Confirmation that formal training, employment, and acceptance of in-home/informal care promote best practice for the home healthcare industry, particularly the turnover and staffing shortages in home healthcare agencies.	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers;</p> <p>Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek</p>

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		employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Keller, R. (2024).	The problem is that home and community-based services are increasing faster than the home care workforce, resulting in decreasing job quality among home health aides. The purpose of the qualitative exploratory case study was to explore home health aides' (HHAs) perception of staffing shortages on job satisfaction, policy, and quality of care in a home health agency.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Kennedy, S. Y. (2023).	There is an opportunity to improve patient satisfaction, expand the scope of HHCS and HHC providers' educational training to enhance their technical knowledge to improve the quality of care (Zhou, R., et al, 2021). With the limited	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a

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	<p>research available around HHCS, there are great opportunities to study and better understand HHCS, HHCAs, and HHC providers to add knowledge and impact social change to improve how care is provided.</p>	<p>plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Kim, B., et al. (2023).</p>	<p>A total of 24 studies were identified that met the study inclusion criteria. This review elucidated the roles of caregivers as a primary system navigator and as an advocate for older adults. Numerous challenges/ barriers in system navigation were uncovered, such as a lack of consistency in fragmented systems, as well as facilitators, including interface/coordination roles. Finally, recommendations for better system navigation, such as caregiver engagement and integration of continuity of care services were identified.</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>

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Kirvaldize, M., et al. (2023).	This umbrella review aimed to evaluate whether certain interventions can mitigate the negative health consequences of caregiving, which interventions are more effective than others depending on the circumstances, and how these interventions are experienced by caregivers themselves. Design An umbrella review of systematic reviews was conducted.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Kolade, O. R., Porat-Dahlerbruch, J., van Achterberg, T., & Ellen, M. E. (2025).	The transition from the structured environment of the hospital to the more independent home setting presents various challenges and opportunities that significantly impact the post-discharge journey. This qualitative descriptive study, conducted within the European TRANS-SENIOR consortium, explores the experiences of older adults and informal caregivers in Israel during hospital-to-home care transitions while identifying challenges and opportunities for optimizing care transitions.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot

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		realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Lim, J. (2021, March).	The author argued that the job of an in-home/informal caregiver is trivialized as simply domestic work, and is regarded as maids and butlers who serve the families that they work for. This right here is where positive social change is needed. In other words, not only is formal training for in-home/informal caregivers needed, but it is also necessary to educate both the informal caregiver(s) as well as the care recipients about long-term support services, that caring for aging-in-place older adults is a “real” job.	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.
Loeffler, K. et al. (2021).	Currently, the care for elderly people is provided mainly on an informal basis by relatives. This is often associated with psychological and physical stress . Caregiving relatives usually take over the	Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address

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	<p>role unprepared, and they lack both knowledge and skills to fulfil the tasks. Therefore, arrangements must be made to provide respite for family carers. Simulation training is a validated experiential learning tool traditionally incorporated in health professional education but has not been commonly used in the hands-on training of informal caregivers.</p>	<p>staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds for out-of-pocket expenses for both agency and in-home family/informal caregivers.</p>
<p>Mauldin, L., & Defelice, C. (2024).</p>	<p>Mauldin and Defelice posit that spousal caregivers are not exempt from the turnover staffing shortage. Although spousal caregivers perform the same type of work as other informal caregivers, they are regarded as an invisible, unpaid workforce crying out for support, especially during the advent and aftermath of COVID. The stress, anxiety due to burnout are the same as those experienced by all other informal caregivers within the community, and a lack of support from home healthcare agencies. Spousal caregivers are the quiet frontline health care workers</p>	<p>Patient satisfaction: Improve the quality of HCBS for aging-in-place older-adult vulnerable populations; Strengthen HH agency staffing shortages: Retain current agency caregivers; Human Resources: Hire family/informal caregivers to address staffing shortages in HH agencies; Induction: A combination of agency and frontline in-home family/informal caregivers is a plausible solution addressing the turnover shortages in HH agencies, as well as the overall healthcare industry; Education: Draft and implement training programs that are tailored to reinforce the HCBS provided by in-home family/informal caregivers; Compensation: HH Agency caregivers cannot realize their time, energy, and finances with low-paying salaries and without healthcare benefits, and therefore seek employment either within the HH industry or go into alternative professions altogether; Increase salaries to retain agency caregivers and create a salary budget for family/informal caregivers. Reimbursement: Allocate funds</p>

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		for out-of-pocket expenses for both agency and in-home family/informal caregivers.

Appendix E: Final Concept/Thematic Map

Strategies and best practices for home health agencies to retain formal caregivers and implement in-home/informal caregiving as an integral component of the caregiving team.

