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Strategies to Minimize Direct Care Worker Shortages

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Walden University

College of Management and Technology

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Eric Iloabachie

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Walden University
2018

Abstract

Strategies to Minimize Direct Care Worker Shortages

by

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MS, North Carolina Central University, 2004

BS, University of the District of Columbia, 1987

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

May 2018

Abstract

There is a worldwide shortage of direct care workers whose jobs are to help older adults in their own homes. The purpose of this multiple case study was to explore strategies that owners of home health care businesses can use to retain adequate direct care workers for their businesses. Five home care agency owners from Wake County, North Carolina, participated in the study. Each owner had successfully implemented strategies to ensure adequate caregivers to sustain the business. Human relations theory was used to address the business problem. Data collection involved interviewing the 5 owners of home care agency businesses in their offices. Through a process of methodological triangulation, observations and documentary evidence supplemented data collected through semistructured interviews. Deductive and inductive coding were used to identify and organize 3 emergent themes: company reputation, training and career development, and the role of government. The results of this study may contribute to positive social change because home care agency owners and other business owners can use the findings to improve their treatment of low income workers who are mostly minorities. This positive social change may help eradicate discrimination to ethnic minorities.

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Dedication

This doctoral study is dedicated to my God, my family, and my friends for the support they provided throughout this journey. Special thanks to my wife Elizabeth for the support and sacrifice of valuable family time that allowed me to achieve this dream. I am equally grateful to my children, Ikenna, Chidi, and Adanna. I hope that I can be their role model and inspire them to achieve their goals. I particularly want to express my deep thanks to my late father-in-law, Dr. Anizoba, for his advice and encouragement, even when I wanted to give up. May his gentle soul continue to rest with our Lord.

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Section 1: Foundation of the Study

The United States will need 1 million new home care workers by 2022, by which time growth in the profession may have reached 49%, which is more than four times the average growth rate of all other professions (Bureau of Labor Statistics, 2015). In Wake County, North Carolina in 2015, the leaders of 63% of home care agencies reported that a direct care worker shortage is the largest threat to their business (Home Care Pulse, 2015). Direct care workers are some of the lowest paid professionals in the country, with nearly 50% of home care workers receiving some kind of government assistance to survive (Raynor, 2014).

Background of the Problem

Home care services are a necessity for older adults who would rather live in their own homes and receive help with activities of daily living (ADLs). ADL include bathing, dressing, mobility, toileting, and eating (McMullen, Resnick, Hansen, Miller, & Rubinstein, 2015). Leaders of home care agencies employ direct care workers and send them to the homes of older adults to help them with ADLs. Craver, Burkett, and Kimsey (2014) found that direct care workers, who include certified nursing assistants (CNAs) and personal care assistants (PCAs), constitute 90% of the home care service providers to older adults. Direct care workers help to improve the quality of life of older adults and help prevent the increase of long-term-care institutionalization (Turjamaa, Hartikainen, Kangasniemi, & Pietila, 2014).

CNAs are the largest segment of direct care workers, and their turnover rates are also the highest, at almost 65% (Black, 2015). Moon (2016) reported that the increasing

number of older adults are resulting in an increased number of individuals needing help with ADLs. Moon further explained that the situation worsens for people who rely on the help of qualified direct care workers when there is a chronic shortage of them. Home care agency owners must identify the reasons for the inadequate numbers of direct care workers and find ways to minimize the problem.

Problem Statement

There is a worldwide shortage of direct care workers who help older adults (Squires et al., 2015). The population of older adults in the United States is likely to increase from 6.3 million in 2015 to 7.4 million in 2025, and owners of home care agencies will need to find an additional 1 million direct care workers to care for these individuals older than 85 years old (Dawson, 2016). Current trends indicate that the direct care workforce will not keep pace with the increasing elderly population who will need home care services (Spetz, Trupin, Bates, & Coffman, 2015). The general business problem was that some home health care agencies lack adequate direct care workers to sustain operations. The specific business problem was that some home health care agency owners in Wake County, North Carolina, lack the strategies to attract and retain adequate direct care workers.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies that home health care agency owners in Wake County, North Carolina, use to attract and retain an adequate number of direct care workers. The population for this study was the owners of five separate home health agencies in Wake County, North Carolina that I

selected because they had successfully implemented strategies to ensure they had an adequate number of caregivers to sustain their business. The findings from this study could be partly responsible for social change by leading to improvements in the working conditions of direct care workers in Wake County and to improvements in the quality of care for older adults.

Nature of the Study

A qualitative methodology was appropriate to use in this study because the qualitative method involves collecting data in the participants' settings and conducting an inductive interpretation (see Morse & McEvoy, 2014). Quantitative and mixed methods research involves testing a hypothesis, and therefore, would not have been appropriate for determining the strategies to minimize direct care worker shortage. I gathered data for this case study through interviews of home health care agency owners regarding their hiring practices. In qualitative research, data collection may include semistructured interviews and observations to obtain detailed, qualitative descriptions of the participants' behaviors to inform social meanings (Castillo-Montoya, 2016). In this study, I combined my observations with interviews to produce an in-depth and well-rounded picture of the problem. The data collection process led to an understanding of the experiences the participants were facing because of the staffing shortage.

The case study design was appropriate for studying how and why a shortage exists in the number of direct care workers who assist older adults. A case study is suitable for answering how and why questions in research (Yin, 2014). A shortage of employees based on their lived experiences in a workforce is not a new phenomenon (De

Felice & Janesick, 2015); therefore, a phenomenological study was not suitable for this study. Furthermore, ethnography involves describing and interpreting culture-sharing groups (Bernard, 2013), and therefore, not appropriate for this study.

Research Question

The research question for this study was as follows: What strategies do owners of home health care agencies in Wake County, North Carolina use to minimize the shortage of direct care workers?

Interview Questions

In my interviews with five owners of home care agencies in Wake County, North Carolina, I asked the participants two initial probing interview questions, two targeted concept questions, one targeted follow-up question, and one wrap-up question. The wrap-up question was one of a variety of follow-up questions depending on the answers given. The interview questions addressing the owners' experiences and opinions were:

1. What can you tell me about the ratio of clients to direct care workers in your agency?
2. What strategies do you use to recruit direct care workers for your company?
3. What can you tell me about the rate of retention of direct care workers in your home care agency?
4. How often do you hire direct care workers for your agency?
5. What can you say about the attraction and retention rate of direct care workers to the home care agencies in Wake County, North Carolina?

Conceptual Framework

I used human relations theory to address the business problem under study, because my focus was on human behavior within organizations. Human relations theory was developed in the 1930s by an Australian researcher, George Elton Mayo (Bourke, 1986). Human relations theory is a management theory used to address people's needs within organizations and is a decisive issue in achieving effectiveness within organizations (Bourke, 1986). According to the theory, home health care owners need to take care of direct care workers' needs within the home care industry for home care agencies to thrive. Between 1927 and 1932, Mayo (1933) developed the famous Hawthorne studies in which it was determined that a motive is a need or driving force within a person. Therefore, the process of motivation involves satisfying a need in a person to meet the goals in an organization. In contrast, according to McGregor's Theory X, the average worker is lazy and needs close supervision to maintain productivity, but in Theory Y workers are self-motivated, creative, responsible, and need to work. (Singh, 2016). Vroom developed expectancy theory to explain the impact of motivation in the workplace (Vroom, 1964).

Researchers have used the human relations theory to make deductions about how managers should behave when it is necessary to improve productivity in an organization. Mayo found that meeting the needs of employees leads to increased work satisfaction and hence improved productivity in an organization (Ionescu & Negrusa, 2013). Managers can improve organizations by recognizing the needs of the work groups formed by

employees. Meeting the needs of direct care workers should make the workers happy and may contribute to the growth and profitability of the home health care businesses.

Operational Definitions

Activities of daily living (ADLs): These activities include bathing, dressing, mobility, toileting, and eating (McMullen, Resnick, Hansen, Miller, et al., 2015).

Certified nursing assistants (CNAs): Direct care workers who have received certifications of proficiency for performing ADLs (North Carolina Division of Aging and Adult Services, 2014).

Direct care workers: These workers include CNAs and PCAs employed in home care agencies to help older adults with ADLs (Craver et al., 2014).

Home care service: The act of providing care to older adults in their own homes (North Carolina Division of Aging and Adult Services, 2014).

Institution: A place where older adults go to receive help with ADLs outside their own homes (Black, 2015).

Personal care assistants (PCAs): Direct care workers who do not have certification in the performance of ADLs (Craver et al., 2014).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are aspects of a study that are out of the control of the researcher but are important to include in the study (Simon & Goes, 2015). Researchers make assumptions in a study when they meet certain standards of consideration and feasibility (Marshall & Rossman, 2016). Assumptions include making sure resources are sufficient

to start and complete a study. Marshall and Rossman (2016) also mentioned that researchers should make sure participants are willing and able to help in a study.

In this study, I assumed that the participants would provide honest and complete answers to the interview questions. I kept the participants' identities secret and their responses confidential, and this made it more likely that they would provide honest answers (see Simon & Goes, 2015). Another assumption was that the participants, as owners of the home care agencies, had the ability to make changes in the day-to-day affairs of their respective companies. I also assumed that all information presented was valid and my analysis of the results of the interviews was accurate. Assumptions are a part of research practice, and researchers have learned to live with their inevitabilities.

Limitations

Limitations are potential weaknesses in a study that are out of the control of the researcher (Simon & Goes, 2015). Researchers are aware that some issues can affect the results of their studies but are not within their control (Connelly, 2015). According to Connelly (2015), researchers should disclose these issues to show the honesty of the study outcomes. Researchers should report any issues that could negatively affect the results of a study so readers can have accurate information about the studies conducted (Simon & Goes, 2015).

I selected five owners of home care agencies to participate in this study, and all five participated in an interview. Through their responses, I was able to obtain meaningful data to analyze. If a significant number of owners did not respond, I would

have indicated the number of owners who did not respond and let the readers have all the necessary information to make their decisions about the outcome of the study.

Delimitations

Delimitations are those characteristics that are within the control of the researcher, define the boundaries of the study, and limit the scope of the research (Simon & Goes, 2015). Researchers have the option of setting the parameters of their studies based on their methodological experiences and relevance to the studies (Marshall & Rossman, 2016). Researchers should explain the boundaries set for their studies to enable readers to understand their decisions (Simon & Goes, 2015). According to Marshall and Rossman (2016), researchers make these choices based on their experiences with the topic chosen.

This study involved exploring the possible factors that affect the shortage of direct care workers for older adults who prefer to live at home. The study location of Wake County, North Carolina, was suitable because it is my county of residence. I have worked for a home care agency in the past and know that a direct care worker shortage exists. I selected five owners from home care agencies in Wake County for the interviews. I elected not to include direct care workers because they cannot make business decisions in their companies. Similarly, older adults who prefer to live at home may be aware that there is scarcity of direct care workers, but they can do little to improve the situation.

Significance of the Study

The results of this study may lead to improved awareness of the issues that can contribute to the direct care worker shortage in the home health care business. The findings may also lead to improved business practices by alerting managers about the

shortage of direct care workers in direct care worker retention programs in Wake County, North Carolina. Researchers have explored the turnover rate in the entire health care industry, but few have explored the home care industry specifically (Gaugler, 2014; Han et al., 2016; Quinn et al., 2016). Studies conducted in adult care institutions, such as nursing homes, may not apply to the home care industry, where adults prefer to stay at home rather than move to a nursing home or similar institution.

The deficiency of direct care workers in the home care industry is a business problem worthy of management intervention. The problem I addressed with this study was to identify the contributing factors to the shortage because of the unique policies and working conditions related to home care agencies. According to Senge, Smith, Kruschwitz, Laur, and Schley (2010), people can create value by pursuing sustainability-related opportunities in all industries. These opportunities include meeting the basic needs of food, shelter, and health for individuals at the bottom of the income pyramid, which in a way facilitates wealth creation for businesses (Senge et al., 2010). Older adults who would rather stay in their houses should receive quality home care services, and direct care workers also deserve adequate working conditions. Owners of home health care agencies can achieve these benefits for older adults and direct care workers without jeopardizing the profitability of home health care businesses.

Researchers studying the behavior, wages, and turnover of direct care workers might find the results from this study helpful, which could result in improved care for older adults. The findings of this study could also be significant to people in leadership positions who must delegate work to direct care workers in Wake County, North

Carolina. Home health care managers might use the results from this direct care worker study to help manage the shortage of direct care workers and help retain current workers, thereby reducing turnover. Mileski, Mellwain, Kruse, Lieneck, and Soka (2016) noted that direct care workers provide more than half of the care needed for older adults to live comfortably in their homes.

The jobs of direct care workers are the means through which older adults can have some independence and live comfortably in their own homes (Luz & Hanson, 2015). Increased awareness of the treatment of direct care workers and the effect on older adults could produce positive social change, because the Wake County community may recognize the contributions of the direct care workforce and the improved well-being of older adults, which could highlight the importance of the direct care worker profession and increase interest from qualified prospective workers. Home health care owners could also use human relations theory to explain the factors that contribute to the shortage of direct care workers in Wake County.

A Review of the Professional and Academic Literature

The purpose of this literature review was to provide context and substantiation for the research question of: What strategies do owners of home health care agencies in Wake County, North Carolina, use to minimize the shortage of direct care workers? The literature review will begin with an introduction to the problem of the shortage of direct care workers related to the increasing number of older adults who need home care and prefer to stay in their own homes. This literature review will include summaries of the benefits of home health care services, the unacceptable working conditions and low

wages for direct care workers, and the high rate of turnover associated with the industry. The literature review will also include the conceptual framework guiding the study. I will conclude the literature review with a synthesis of the extant literature regarding the need for home care services; shortages of direct care workers; high turnover for direct care workers; low wages, low job satisfaction, and lack of training for direct care workers; and a summary.

In conducting research on the shortage of qualified direct care workers for older adults, I used electronic and print reference sources: books, electronic books, scholarly journals, dissertations, and government sources. I conducted an electronic search of the literature primarily using the following databases accessible through the Walden University library: Academic Research Complete, ProQuest Central, Dissertations and Theses, SocIndex, and Business Source Complete. I located peer-reviewed articles using the following key words and phrases: *direct care workers, home care services, long-term care, certified nursing assistants, nurse aides, personal care assistants, job turnover, job retention, elderly care, nursing homes, turnover, job satisfaction, and job performance*. The total number of references used was 142. This included (a) six books, (b) five websites, (c) two dissertations, and (d) 129 journal articles. Of the 142 references, 122 (86%) had publication dates between 2013 and 2017, and 126 (89%) were peer-reviewed and had publication dates between 2013 and 2017. The literature review contains 85 peer-reviewed articles, of which 79 (93%) had publication dates between 2013 and 2017.

In this review, I included current literature on the availability of direct care workers for older adults living at home or at a long-term care facility. Woodhead,

Northrop, and Edelstein (2014) reported which factors contribute to the shortage of direct care workers but conducted their study focused on the shortage of direct care workers for nursing home residents and not for older adults who would rather live at home.

McMullen, Resnick, Hansen, Miller, et al. (2015) noted that attracting and retaining direct care workers are important factors for improving the quality of care given to older adults, both at home and in institutions. McMullen, Resnick, Hansen, Miller et al. also established the need for, and benefits of, home care services to older adults. Older adults need help with ADLs that they can no longer do themselves.

To provide a better understanding of the problem of turnover in the home health care industry, I organized this literature review around several key themes. In particular, I will address the growing impact of baby boomers, the need for home care services, international home care, the shortage of direct care workers, and the high turnover among direct care workers. To explore high turnover among health care workers, I will address the subthemes of low wages, lack of job satisfaction, lack of recognition, and lack of training for home care workers.

Aging of Baby Boomers

The world is aging at a very high rate due to the retirement of baby boomers, which refers to individuals born between 1946 and 1964 (Laudicina, Moon, Beck, & Morgan, 2014). Several authors, including Komiya (2014), Laudicina et al. (2014), and Leeson (2014), explained that the increase in the population of older adults is due to the declining birth rate and the yearly increase in life expectancy. Due to the increase in the population of older adults, the demographic composition has tilted in favor of the

population of older adults. There is evidence that ages at death will continue to rise, which makes it possible that more people will be reaching extreme old age (Leeson, 2014; Snyder & Lundebjerg, 2016) and will result in more people needing help with ADLs as the aging population increases. In a related study, Shukla (2015) opined that such a huge population of baby boomers who contributed so much to society should not experience neglect now that they need help.

Aging can lead to a challenge of taking care of too many older adults at the same time. Baby boomers have been retiring since 2011, and many will develop functional limitations (Davey, Takagi, Sundstrom, & Malmberg, 2013; Mann, Raphael, Anthony, & Nevitt, 2016). Baby boomers represent 75 million people in the United States and can pose challenges to the already struggling health care systems (Davey et al., 2013; Mann et al., 2016). Davey et al. (2013) explained that although family members provide the majority of the help needed by baby boomers, home health care services are increasingly important due to the demographic changes. Owners of home health care agencies need to determine how to address the shortage of direct care workers who can help baby boomers in their own homes.

Need for Home Care Services

Despite the lack of agreement in the field on how to address the shortage of direct care workers, it is clear older adults benefit from home care services. Sims-Gould, Byrne, Tong, and Martin-Mathews (2015) and Berta, Laporte, Deber, Baumann, and Gamble (2013) showed that older adults prefer home care services to long-term care institutions. As adults age, many will experience difficulties in performing basic functions at home,

which leaves them less able to perform the tasks necessary to remain independent.

Despite this need, the home care industry is not attractive to direct care workers due to poor wages and the lack of recognition for the job they do (Berry, 2013). Hedayati, Hadi, Mostafavi, Akbarzadeh, and Montazeri (2014) concluded that keeping older adults at home instead of in nursing homes could help to increase their quality of life by providing chances for education, marriage, and more social activities.

Providing care to older adults in their own home is a new phenomenon. The focus in the industry has shifted from institutionalization toward a model of home care (Hedayati et al., 2014). The provision of taking care of older adults in their own homes fulfills the preferences of older adults (Ayalon, Levin, Yizhak, & Friedman, 2013; Blau, Chapman, & Neri, 2015). In addition to saving money compared to institutionalization, older adults are more comfortable staying at home (Hedayati et al, 2014). Services for older adults in their homes need to be personal, because everyone is different and has varying needs. In a related study, Higginson, Sarmiento, Calanzani, Benalia, and Gomes (2013) found that home care helps to reduce hospital-acquired infections and unnecessary lengthy hospital stays. Higginson et al. also emphasized the importance of respecting the family and the patient's decision to receive care at home.

In their work with older adults who chose to stay in their own houses, Blau et al. (2015) identified the needs and benefits of direct care workers for older adults who would rather stay at home than move to a health care institution. Direct care workers perform multiple duties, such as performing ADLs, time management, tempo, and pacing (Blau et al., 2015). Cederbom, Thunborg, Denison, Soderlund, and Heideken-Wagart (2017)

noted direct care workers cannot cure dementia, but their work in collaboration with doctors and nurses can help older adults to get better in their own homes. In a similar study, Turjamaa et al. (2014) noted that one of the most important benefits of home care is the individually designed care older adults receive from direct care workers. Through individually designed care, home health care agency directors can consider clients' opinions and resources when designing the plan of care for direct care workers to use (Turjamaa et al., 2014). The services of direct care workers are equally important when patients discharged from the hospital have limited functionality for ADLs. Rahme et al. (2010) noted the need for home care services in Canada after discharge from the hospital and found that patients discharged home with a provision for home care services after a hip replacement surgery were more likely to live than those discharged without home care services. Direct care workers, who constitute 90% of the home care service providers to older adults, help to make older adults' lives better in their own homes and help prevent the increase of long-term care institutionalization (Turjamaa et al., 2014). The majority of the family members interviewed in a study by Ayalon et al. (2013) held home care workers in high esteem regarding the work they did with older adults.

Reducing Cost

Taking care of the elderly in their own homes reduces costs compared to living in a nursing-home-type establishment (Palm, 2014). Older adults who need help with ADLs increasingly receive care in their own homes not only because of choice, but as a way to reduce cost (Kalwij, Pasini, & Wu, 2014; Palm, 2014). Wubker, Zwakhalen, Challis, Suhonen, and Karlsson (2015) conducted a cost comparison between receiving personal

care services at home and receiving services in an institution-like nursing home. The cost in the home-care setting was significantly lower than in the long-term care institutions (Wubker et al., 2015). Hooyman (2015) discussed the case of a not-for-profit health care system based in Boston, Massachusetts, called Commonwealth Care Alliance that offered social and health care services to elderly and disabled citizens who lived in their own homes and recorded substantially reduced costs compared to the cost of services provided in health care facilities. These social and healthcare services sharply reduced the use of nursing homes in Massachusetts and reduced the need for hospitalization Hooyman, 2015). There is a need to expand home care services to accommodate more older adult because costs and other factors have led to shifts from institutional long-term care to home- and community-based care (Quinn et al., 2016). The provision of home care services to older adults is a universally observed phenomenon for several reasons, including because it is less expensive than being in an institution (Ayalon et al., 2013).

CNAs, who constitute the largest part of direct care workers, often perform duties that are beyond the assigned tasks for which they have received training (McMullen, Resnick, Hansen, Miller et al., 2015). Conversely, direct care workers sometimes receive training to perform duties outside the ADLs they are responsible for helping with (Lombardi et al., 2014). Lombardi et al. (2014) explained that these extra duties usually result from the closeness developed in the CNA–client relationship. Many CNAs have helped older adults with issues that extend beyond the required ADLs in many states in the United States (McMullen, Resnick, Hansen, Miller, et al., 2015). Chenoweth et al. (2014) reported that CNAs and PCAs received training to provide humor in the

workplace as a way to reduce the stress and tension associated with the challenging work they perform. The authors found that residents and staff benefited from the humor introduced. Direct care workers are performing duties beyond just providing help with ADLs for which clients might typically pay some other professionals to do. The direct care workers are therefore helping their clients save money by doing multiple duties for the same amount of pay.

International Home Care

Around the world, the number of older adults is likely to increase from 6.9% of the population in 2000 to 19.3% in 2050 (Dawson, 2016). In 2006, almost 500 million people worldwide were 65 years of age or older; by 2030 that total is likely to increase to 1 billion (Quinn et al., 2016). The direct care workforce is the largest workforce ever produced in the U.S. economy because the aging of the population is shaping the future direction of the direct care workforce (Quinn et al., 2016; Spetz et al., 2015). Spetz et al. (2015) concluded that timely investments by governments and employers could help with the development of a stable, competent direct care workforce that will meet the growing demand for home care services in communities.

Direct care workers come from diverse backgrounds; therefore, the services they provide can also be diverse, depending on their cultural background (Ngocha-Chaderopa & Boon, 2016). According to Ngocha-Chaderopa and Boon (2016), the country of origin of direct care workers could affect the services they provide to older adults who wish to live independently in their own homes.

Other countries recognize the importance of direct care workers as their retired population continues to increase. Stone (2016) demonstrated the demand for home care increased in Canada between 2000 and 2010 and credited the increase to the aging of the population, an increased awareness of the benefits of taking care of the elderly at home, the advancement of technology, and an increase in the number of patients released from the hospital. The problem of neglect emerged in Canada when Chamberlain, Hoben, Squires, and Estabrooks (2016) found that managers of home care organizations were not appreciating direct care workers. The study revealed direct care workers provided 70%–80% of the care needed for older adults to live comfortably in their own homes. In Switzerland, the population of direct care workers needs to grow by approximately 30% to keep up with the current population of older adults who need help with ADLs (Schwendimann, Dhaini, Ausserhofer, Engberg, & Zuniga, 2016). Significant turnover rates negatively affect attempts by nursing home leaders in Switzerland to increase the number of direct care workers (Schwendimann et al., 2016). Similarly, in Australia, Qian et al. (2014) reported an increase in the aging population along with a chronic shortage of direct care workers. In all the countries mentioned, the number of older people needing personal care services is increasing but the direct care workers are not increasing in a reasonable proportion.

Direct care workers who come from different cultures could be a challenge to the need for personalized services for all older adults (Laxer et al., 2016). Direct care workers from different cultures create two cultural factors that can underlie challenges for home care agencies because of the effects on services provided to older adults: (a) the

effect of immigrant cultures and languages and (b) the effect of culturally derived attitudes about aging in general (Davis & Smith, 2013). Davis and Smith (2013) further explained that different languages and culturally diverse attitudes toward older adults not only affect the service outcomes but also create a retention problem for direct care workers. In their online research with informal caregivers, Horrell, Stephens, and Breheny (2015) opined that there would always be positive and negative experiences with caregivers' cultural differences but that the positive experiences would always outweigh the negative because the caregivers are taking care of the older adult population. Positive and negative experiences may coexist, and may manifest as conflicting feelings, but older adults benefit from the care provided (Horrell et al., 2015).

Shortage of Direct Care Workers

Laxer et al. (2016) conducted an extensive study on the staffing levels of nurses in the United States, Germany, England, Sweden, Canada, and Norway and found a shortage of nurses, including nursing assistants, in all the countries except Norway and Sweden. Laxer et al. identified the relationship between home care workers and older adults, but noted researchers had not addressed the effect of the decline in interest to become qualified direct care workers. Butler, Brennan, Wardamasky, and Ashley (2013) addressed the issue of the worsening shortage of competent, committed direct care workers. Although there will be many job openings in the long-term sector in the future, there may not be workers available (Butler et al., 2013). Projected shortages are at odds with supply and demand theory because of the inability to attract qualified workers (Butler et al., 2013). Poor remuneration and low status make the work of direct care

workers unattractive to potential recruits. As a result, retention of younger workers is low, and older workers retire as soon as they reach retirement age (Briar, Liddell, & Tolich, 2014).

Estabrooks, Squires, Carleton, Cummings, and Norton (2015) conducted an extensive study in Canada about the relationship between immigrant direct care workers and older adults in the home or a long-term-care facility and found a severe shortage of direct care workers in Canada. Estabrooks et al. noted that immigrant workers enter the industry because of the availability of work. The relationship between immigrant workers and native older citizens whom they care for was not always good for several reasons, including language barriers and cultural differences (Estabrooks et al., 2015). Though the study about the migrant workforce took place in Canada, Estabrooks et al. mentioned the results could apply to the United States. Zuidgeest, Delnij, Luijkx, De Boer, and Westert (2012) analyzed the information published by the government about nursing homes and other residential care facilities in the form of a report card. The report cards include the experiences of the residents regarding quality of care. One of the areas cited as needing improvement was adequate and qualified direct care workers, but Zuidgeest et al. did not emphasize this issue because the emphasis of their quantitative study was on comparing the performances of long-term-care facilities.

Demand for direct care workers is increasing nationally because the number of people projected to need personal assistance services is likely to increase from 6.3 million in 2015 to 7.4 million by 2025 (Dawson, 2016). If the number of older adults who will need home care service is increasing, and the number of qualified direct care workers

who will take care of them is not increasing in equal proportions, then a severe shortage of direct care workers is imminent (Warshaw & Bragg, 2014). Solutions are necessary to correct the expected future imbalance of the aging population who will need home care services and on qualified direct care workers on whom older adults rely. Some developed countries engage in recruiting migrant workers to compensate for the shortage of local direct care workers (Ayalon et al., 2013).

Direct Care Worker Turnover

High turnover rates within the direct care workforce are prevalent in the home care industry, including nursing homes (Black, 2015). Black (2015) studied the high cost of home care services, including nursing homes, and concluded the home health care industry has a problem of direct care worker turnover. Certified nursing assistants, who are direct care workers and the largest segment of the workforce, have turnover rates up to 90% (Qian et al., 2014). Turnover intention is one reaction to job satisfaction characterized by the need to move from one home care agency to another (Ha, Kim, Hwang, & Lee, 2014).

Another conclusion in Black's (2015) study was that high turnover rates were the main reason for the high cost of home care services. Black (2015) and Walker and Harrington (2013) conducted studies of nursing assistants in health care institutions and confirmed that direct care workers performed as much as 90% of all home care services. A better understanding of the current turnover rates and possible solutions to the problems should take precedence for all persons who have an interest in improving the long-term care industry (Black, 2015). With the expected need for more direct care

workers in the coming years as baby boomers retire, the future of home care services is not very optimistic unless there is a drastic change. Employee retention is crucial for the survival of the home care service business. For home care businesses to attract the right number of direct care workers in the future, home care managers will need to implement several factors (Aubry, Etheridge, & Couturier, 2013). The factors include low wages, job satisfaction, training, and increased respect for direct care workers. The turnover of direct care workers has a negative effect on older adults in their own homes, as managers in home care agencies must continually look for replacements, and sometimes older adults are without help for days. Home care agencies have increased administrative costs due to increased expenses in connection with constantly hiring, discharging, and training newly hired direct care workers (Ha et al., 2014).

Some newly hired direct care workers do not receive training, which can be frustrating to new employees. High turnover becomes an issue with direct care workers as they look for better opportunities in other industries. In a related study, Ben-Arie and Iecovich (2014) found that direct care workers who take care of older persons with severe disabilities (known as providing total care) experience high levels of work stress. Direct care workers who provide total care need continuous support and training, as well as better job benefits such as health care insurance. Extra benefits may help direct care workers to cope with the stress associated with helping total care patients. Total care patients are usually bedridden and rely completely on direct care workers for their livelihood. Rolf (2016) predicted that, by 2030, the main issues surrounding home care service will be recruitment, training, and appropriate wages.

Researchers such as Watson and Korczynski (2012) have used Mayo's human relations theory to address people's needs within organizations and to emphasize that meeting these needs is critical to an organization's effectiveness. Low wages, job satisfaction issues, and training issues that affect direct care workers will need to change for the home care industry to thrive. Managers who support the principles of this management theory will recognize the needs of direct care workers and will have a better chance of growing their home care companies. Such managers will motivate employees, which could lead to profitable home care agencies.

Direct Care Worker Wages

A significant number of authors have addressed the issue of low wages for home care workers in the home care industry. The Fair Labor Standards Act of 1938, which established the minimum wage and overtime payments, excluded home care workers, as most of the direct care workers at that time were Southern Black females (Dolan, 2012). The issue began as racism and continues to have racial implications. In 1974, Congress passed an amendment to the 1938 act but still exempted direct care workers, claiming they only offered companionship or protection (Dolan, 2012). Gleckman (2011) interviewed a young home health aide who was part of the direct care workforce. The home health aide lived in a one-bedroom apartment, worked for a home care agency, and received very low pay without benefits. The home health aide worked 6 days a week and earned about \$8 per hour without overtime pay or insurance benefits. Unless Medicaid pays more for home health, Gleckman indicated there is little chance that people such as the aide will receive reasonable pay for the work they do. Gleckman indicated this

condition is likely to deter qualified people from wanting to work for home care agencies, which may make it difficult for baby boomers to receive adequate home care service. In a related study, Mileski et al. (2016) studied the effect of direct care worker compensation and indicated the main reason compensation levels of direct care workers remain low is the reimbursement rate of Medicaid is very low. According to Mileski, home care providers cannot attract qualified home care workers, which results in turnover rates as high as 70%. Approximately 50% of the states in the United States have enacted pass-through provisions in their Medicaid programs, thereby adding more funds directly to the wages of direct care workers. Rolf, (2016) acknowledged that this was the correct thing to do, but indicated that more change would be necessary to help reduce employee turnover. Many researchers have shown that a successful home care service is not possible without the services of direct care workers (Hooyman, 2014). Direct care workers provide approximately 80% of the care in homes of older adults (Dawson, 2016). Any job this important should have wages much higher than minimum wage (Rolf, 2016).

Dudzinski (2011) related a story about how she started her career as a CNA by working in a nursing home and taking care of 10 to 15 older adults. Dudzinski enjoyed working with clients and caring for them. She needed a full-time job because her husband was incapacitated, and she was the only person who could work in the family. The nursing home offered only 35 hours per week at the most. She later transferred to the kitchen and started working as a cook because it paid more than CNA job. She worked 40 or more hours per week, and she received pay for overtime work. Hooyman (2014) and

Rolf (2016) studied a new health care paradigm that greatly reduced the use of hospital and long-term care institutionalization, but did not mention that the direct care workers who were part of the study made close to minimum wage. If direct care workers could reduce hospital stays and nursing home stays for older adults, one might expect that they would earn significantly more than minimum wage. Ayalon et al. (2013) explained the home care industry is having problems with the recruitment and retention of staff because of the inconsistency in hours and very low pay. In October 2013, the secretary of U.S. Department of Labor issued a final rule requiring overtime compensation for most home care workers, including those whose services are provided by Medicaid-funded programs, especially home- and community-based services (U.S. Department of Labor, 2015). The secretary of labor, Thomas Perez, wrote a letter to all state governors demanding states uphold the new wage rule of October 2013 and emphasized that overtime pay would improve the lives of low-wage workers and would help to reduce the high turnover rates in the home care industry (U.S. Department of Labor, 2015). The final home care ruling of October 2013 is under appeal and a part of ongoing litigation. If it becomes final, home care agencies must pay overtime to their employees, and the Medicaid reimbursement rate will have to increase. If the Medicaid reimbursement rate continues to be low, it will be almost impossible for home care agency owners to pay overtime to their employees.

Direct Care Worker Job Satisfaction

Job satisfaction is higher when preemployment expectations match the reality of a job closely (Wanous, Poland, Premack, & Davis, 1992). Discrepancies between

preemployment expectations and the reality of a job lead to dissatisfaction and turnover (Porter & Steers, 1973). Literature contains conflicting information on what job satisfaction means to direct care workers. Black (2015) had concerns about the high turnover of direct care workers and studied the new hire practices in nursing homes. One conclusion was the early experiences of a newcomer can have a significant effect on job satisfaction (Black, 2015). Black, agreed with the met-expectations theory because direct care workers' initial expectations should be close to what they expect from the job. Luz and Hanson (2015) explained direct care workers do their jobs to feel rewarded, because they value helping and because home care work energizes them. Luz and Hanson also mentioned that direct care workers face challenges when they start working, including low wages, lack of benefits, lack of respect, and lack of recognition. Luz and Hanson did not indicate whether these challenges were already part of the preemployment expectations for direct care workers.

Han, Trinkoff, Storr, Lerner, and Yang (2016) surveyed 722 direct care workers from 108 assisted living facilities. The qualitative analysis indicated that job satisfaction centered on long-term care institutions deterred turnover in some direct care workers, but the quantitative analysis showed that job satisfaction centered on residents had no effect on why direct care workers leave. The jobs of direct care workers need to sound communal rather than institutional (Corazzini et al., 2016; McClellan, 2015). The emphasis should be on relationships and interactions with older adults, which can lead to more recognition accorded to direct care workers (Corazzini et al., 2016). According to Corazzini et al. (2016) and Ben-Arie and Iecovich (2014), the more recognition given to

direct care workers for the jobs they do, the greater the possibility of reducing turnover and thereby attracting more direct care workers to the industry. In a related study, Lachs et al. (2013) found managers of nursing homes have made efforts to protect vulnerable and fragile older adults from elder abuse by staff, including direct care workers. Also according to Lachs et al., however, managers of home care institutions have done very little to protect direct care workers and other home care staff from aggressive behaviors from older adults. They noted the constant bites, scratches, and other assaults by residents were a significant occupational stressor for health care workers.

The work of direct care workers is low status. Most people regard direct care workers as unskilled, and there is no room for advancement. In support of this view, Briar et al. (2014) explained that job satisfaction for a direct care worker who takes care of older adults is very low. Briar et al. concluded that, despite low wages, few opportunities, and virtually no pay progression, home care managers still expect direct care workers to perform some duties like relationship building, problem solving, and coordination. These duties usually require some professional skills. In a related study, Davis and Smith (2013) noted that in the absence of good pay and insurance benefits, the only thing that could help to retain direct care workers is on-site training. On-site training speaks to direct care workers' values and different learning styles (Chang, 2015; Davis & Smith, 2013).

Direct Care Worker Training

Training has become one of the most critical issues affecting the direct care workforce. Reasons for adequate training include the educational background of some caregivers, as well as their cultural backgrounds (Dailey et al., 2015; Mileski et al., 2016;

Warshaw & Bragg, 2014). Training is an effective way of retaining the direct care workforce. Employees who understand their job description are more likely to stay than those who do not (McMullen, Resnick, Hansen, Miller, & Rubinstein, 2015). Training CNAs and PCAs to perform ADLs for older adults is not an easy task. McMullen, Resnick, Hansen, Miller et al., (2015) and Mayrhofer et al. (2016) studied the challenges encountered by CNAs in providing ADLs such as bathing, toileting, and transfer. The results indicated that these activities are so complex that inadequate training could result in serious employee injuries and major discomfort for older adults.

Gordon, Rees, Ker, and Cleland (2015), Kim, Wehbi, DelliFraine, and Brannon (2014), and Marquand and York (2016) noted a need for more training for direct care workers. Many CNAs in different studies indicated that training and continued training are useful to them in their jobs (Marquand & York, 2016). The CNAs who had been part of an organized training program lasted much longer on a job than the CNAs with little or no training (Marquand & York, 2016). Figures from the 2004 National Nursing Home Survey came from 944 nursing homes (Mileski et al., 2016). Findings indicated that a connection existed between high staffing levels, which are an organizational statistic, and reduced odds of high turnover and greater odds of low turnover. Training is important for direct care workers because it helps to retain employees (Stone et al., 2016). Robinson (2012) told a story about how she spent 30 years in the health care industry as a nursing assistant. She felt some people become nursing assistants just for the money but do not really care for the patients. Robinson noted the individuals who care for patients are overworked, and the training they receive does not support the additional work constantly

given to them. Robinson also mentioned the turnover rates for CNAs are high and noted that CNAs work alone in some establishments due to understaffing and that some CNAs work with faulty equipment and in other poor conditions. Despite the challenges, CNAs still try to smile and keep their patients happy and stable. Robinson recommended training CNAs for about 6 months instead of 4 weeks to keep the individuals who are looking for money out of the field and to leave the ones who care about nursing and who want to become nurses in the field. Robinson felt the additional training would justify the extra workload.

In the absence of additional pay or other benefits, the only thing that helps keep many direct workers on the job is on-site training that supports their values and preferred learning styles (Davis & Smith, 2013). According to Davis and Smith (2013), many direct care workers come from different countries and speak different languages; therefore, training should accommodate different backgrounds. Davis and Smith further explained that specialized training helps with the perception of respect for the quality work done in taking care of older adults. According to Ngocha-Chaderopa and Boon (2015), the use of migrant labor affects the quality of care, as well as the relationship between direct care workers and older adults. They explained that immigrants who arrive in the United States who speak English as a second language struggle with workplace expectations for English proficiency. Training could help improve their reading, oral, and interpersonal skills when dealing with home care recipients. Training helps with the retention of direct care workers who are in demand as a result of the aging of the U.S. population. Training helps to personalize the services provided to older adults by direct

care workers (Turjamaa et al., 2014). According to Turjamaa et al. (2014), home care managers should individually design home care services for older adults and should consider the client's resources. Home care must show respect to the client's opinions and personal beliefs.

The duties of direct care workers have increased since the 1990s, and therefore the workers need more training to be fully aware of their responsibilities and to make sure they are able and willing to handle them (Berta et al., 2013). Ayalon et al. (2013) mentioned that training for direct care workers should include ways to cope with the different roles played by family members of older adults. The duties of direct care workers also include some improvising (McClellan, 2015). McClellan (2015) explained that the creativeness and personal relationships involved in taking care of older adults in their own homes make the jobs of direct care workers unique. Some direct care workers enjoy the flexibility, whereas others do not. According to Berta et al. (2013), health care aides are an understudied workforce, and more studies are necessary to understand the nature and scope of their work. Berta et al. further mentioned the evolving work for health care aides includes role-required behaviors, an increasing array of delegated tasks, and even extra-role behaviors such as emotional support.

Conceptual Framework

The purpose of this qualitative multiple case study was to explore the strategies that owners of home care agencies use to minimize the problem of a direct care worker shortage in Wake County, North Carolina. Human relations theory was the management theory used to address the business problem. Researchers use human relations theory to

address people's needs within organizations, as it is a decisive factor in achieving organizational effectiveness. Mayo's human relations theory, which originated in the 1930s, involves satisfying needs of employees for an organization to achieve its goals.

George Elton Mayo, 1880-1947. George Elton Mayo was born in Australia in 1880 and studied psychology at Adelaide University. Mayo taught psychology, ethics, philosophy, and logic at the Queensland University. Later Mayo went to Edinburg, Scotland, studied medicine, and later became an associate in the study of psychopathology (Mayo, 1933). Mayo later received a grant from the Laura Spellman Rockefeller Fund to come to the United States and join the faculty of Wharton School of Finance and Commerce at the University of Pennsylvania. In 1926, Mayo joined the Harvard faculty as associate professor of industrial research (Mayo, 1933) and remained in that position until retiring in 1947. Mayo died in 1949 (Ionescu & Negrusa, 2013).

Philadelphia textile mill experiment. Mayo's famous experiment took place in a textile mill in Philadelphia from 1923 to 1924 (Ionescu & Negrusa, 2013). The purpose of the study was to identify the reason for the high turnover in a section of the mill plant called the mule spinning department. The other departments were averaging about 5% to 6% turnover per year, but in the mule spinning department, turnover was close to 250% (Ionescu & Negrusa, 2013). The manager at the plant had used financial incentives and other methods to fix the mule spinning department, but none were successful. The president of the company called Mayo and his associates for help. Initial investigations by Mayo and his researchers showed that the working conditions in that department were the same as other departments. After talking to the men, the researchers realized that the

men in that department had a low opinion about their job. The men also appeared to have no communication with each other. With management's permission, Mayo made some changes in the plant. First, he introduced two 10-minute rests in the mornings and another two in the afternoon for one of the groups in the mule spinning department. The men were allowed to lie down and if possible go to sleep during their break time. The changes led to improvements in employee morale and employee turnover, and production remained the same despite the breaks. The entire department was part of the experiment, and monthly production for the department rose above 80% compared to previous months, and the workers received bonuses (Ionescu & Negrusa, 2013).

Mayo felt that the high morale, high productivity, and almost complete elimination of turnover resulted from the rest periods. The rest periods helped reduce physical fatigue and monotony. According to Mayo (1933), fatigue is physical and easy to understand, but monotony is psychological. The psychological factor reflected Mayo's philosophy and training. Mayo has been writing about fatigue and rest periods for a long time prior to the textile mill experiment. Mayo believed that every human is made up of some mental eccentricities or minor irrationalities. Mayo indicated most people are capable of suppressing these irrationalities to the point that they are harmless but also noted that the irrationalities of a normal person are cumulative. Thus, they may not cause a breakdown in an individual but could cause a breakdown in an industry (Mayo, 1933). Mayo and his associates had come up with some psychological and physiological conclusions, but after further research, they realized that industrial problems relating to employees were much more than just fatigue and monotony.

Hawthorne studies. Human relations management theories developed from the Hawthorne studies conducted by Mayo from 1927 until 1932 (Singh, 2016). These studies started in 1927 in an assembly plant in Chicago, Illinois. The studies were about five women in a department whose job was to assemble telephone relays (Ionescu & Negrusa, 2013). Mayo and his group altered the work conditions for the women to see the effects on production. They applied two 5-minute rests followed by two 10-minute rests, and six 5-minute rests. After about 8 months, they made more changes that involved further altering the rest periods, yet the production stayed the same. About a year later, Mayo and his group removed all the rests and had the women furnish their own lunches. After these manipulations were complete, output continued to increase, which led Mayo and his group to think that something else was responsible for the results (Ionescu & Negrusa, 2013). According to Mayo (1933), the analysis showed that the mental attitude of the operators showed a continuous relationship with the improved output. Mayo made it clear that there was a remarkable improvement in the attitudes of the women toward their work and environments. Thus, the improvement in attitude and effectiveness could be due to improved employee morale rather than to the physical alterations made during the experiments.

Mayo's main idea was that emotional factors were far more important than logical factors in evaluating production efficiency. Thus, Mayo believed that a manager interested in improving productivity should also be interested in meeting employees' personal requirements of social satisfaction in the workplace. Practitioners in personnel management or human relations point to Mayo's work to support the claim that solving

employees' problems is important in the effective operation of a company (Ionescu, & Negrusa, 2013).

Alternative Theories

Researchers should always remain cognizant of the importance of opposing or competing theories. Whereas Mayo was the main originator of the human relations movement in terms of motivating employees, theorists such as McGregor and Vroom developed their own theories. Understanding motivation in the workplace is an important beginning in creating a healthy organization that takes care of employee needs. (Singh, 2016)

Theory X and Theory Y. McGregor's Theory X and Theory Y are opposing theories that help managers to motivate employees. Theory X states that the average employee does not like to work; therefore, to maintain productivity, managers should simplify the work process and monitor employees closely (Singh, 2016). Theory X includes an assumption that workers are lazy and dislikes work; therefore, they need a constant threat of taking their job away and financial incentives to make them work (Singh, 2016). In contrast, Theory Y includes an assumption that workers are self-motivated, creative, and responsible and therefore need to work (Singh, 2016). Different researchers have agreed or refuted either Theory X or Y, depending on their beliefs. Management intellects who follow Mayo's human relations management style favor Theory Y (Singh, 2016).

Expectancy theory. Vroom developed the expectancy theory to reveal the impact of motivation on human behavior in the workplace (Vroom, 2005). The aim of the

expectancy theory was to explain that people choose to behave a certain way because of what they think the results of that expected behavior will be. Vroom (2005) discussed three variables: valence, expectancy, and instrumentality. Expectancy is the thought process that if a person increases effort, then better performance should result.

Instrumentality refers to a person's belief that he or she will receive a reward for working hard. Valence is the value that people place on outcomes. The basis of expectancy theory is therefore a belief in fairness in the workplace, which aligns with Mayo's human relations management style (Singh, 2016).

The low wages, lack of job satisfaction, and training issues affecting direct care workers will need fixing for the home care industry to thrive. Managers who follow the principles outlined in human relations theory and recognize the needs of direct care workers will have a better chance of growing their home care business. Home care agency owners should take care of direct care workers' needs to retain employees and be profitable. A staffing crisis in the direct care workforce is approaching (Briar et al., 2014). This study involved investigating direct care workers' experiences of frustration and home care agency managers' strategies to alleviate them.

Two thirds of the 77 million baby boomers expected to retire by 2021 will need home care services at some point in their lives (Gleckman, 2011). In Wake County, North Carolina, more than 108,000 baby boomers need home care services, and this number is likely to increase (North Carolina Division of Aging and Adult Services, 2012). Luz and Hanson (2015) and Berta et al. (2013) indicated that as baby boomers retire, there will be shortages of direct care workers to take care of them. Further, Gleckman (2011) indicated

that baby boomers are increasing at a higher rate than the direct care workers who will be taking care of them. Despite the acknowledgment of this issue, most researchers are not clear on the specific means to resolve the issue, including who will be responsible for decreasing turnover among direct care workers to ensure baby boomers will have adequate direct care workers when needed.

Transition

Direct care workers help improve the quality of life of older adults, but their turnover rate often approaches 100%. Home health care business owners in Wake County, North Carolina need to learn strategies to minimize direct care worker shortages. The problem and purpose statements were instrumental in designing the following research question for this study: What strategies can home health care agency owners use to minimize the shortages of direct care workers in Wake County, North Carolina? I selected the human relations theory as the conceptual framework to address the business problem, because the focus of the theory is human behavior within organizations.

A review of the professional and academic literature on the shortage of direct care workers revealed a number of business issues fuel the problem. The direct care worker shortage is a global problem. The industry has low wages for direct care workers, a high record of job dissatisfaction for a variety of reasons, and inadequate training. In Section 2, I will describe the methodology used for this study.

Section 2: The Project

Section 2 will begin with a restatement of the purpose of this study, which was to explore the strategies that owners of home care agencies can use to minimize direct care worker shortages in Wake County, North Carolina. I will then state my role in this study as the primary instrument in data collection. A qualitative method was suitable because my primary method of collecting data consisted of asking participants descriptive and interpretative interview questions. The study involved interviewing five agency owners involved in the day-to-day decision making for their businesses. I received permission from Walden University's Institutional Review Board (IRB) prior to collecting data. During the data collection process, I showed the participants that I was credible and trustworthy, and I used methodological triangulation in the process of collecting and analyzing the data.

Purpose Statement

The purpose of this qualitative multiple case study was to explore strategies that home health care agency owners use to minimize the direct care worker shortage. The study involved collecting data from five owners of home health care agencies in Wake County, North Carolina that I selected because they had successfully implemented strategies to ensure they had adequate caregivers to sustain the business. The results of this study could be partly responsible for social change by leading to improvements in the working conditions of direct care workers in Wake County and to improvements in the quality of care for older adults.

Role of the Researcher

One factor that differentiates a qualitative study from a quantitative study is the role a researcher plays in data collection (Marshall & Rossman, 2016). According to Marshall and Rossman (2016), qualitative researchers participate in studies by asking questions to the participants and recording and documenting their answers. Researchers ask semistructured, open-ended questions to the participants and use follow-up questions when necessary and without bias as a form of member checking (Simpson & Quigley, 2016). The participants had the opportunity to answer each interview question and to offer additional comments on the issue of the lack of direct care workers. I worked for a home care agency for several years and understood how home care agencies operate.

I abided by the ethical principles as instructed in the *Belmont Report*. Zucker (2014) discussed that ethical principles and guidelines were gathered in the *Belmont Report* to help protect human subjects in research. According to Zucker, the three principles for ethical research are respect for persons, beneficence, and justice. I presented the participants with relevant and comprehensible information for easy understanding. Before the interviews, I gave the informed consent forms to the participants, and the forms accurately presented the ideas and information of the study to avoid bias. I also examined documents and archival records from the participants' businesses when necessary. Using multiple sources of evidence is necessary in a case study because it can help with establishing construct validity and reliability issues (Yin, 2014). The participants' responses in this study will remain confidential. Not revealing participants' personal information helps avoid bias with the research results (Yin, 2014).

The participants had a chance to understand all aspects of this research before the interview and to decide if they wanted to participate. I abided by all the principles of the *Belmont Report* by treating all participants as autonomous individuals and by maximizing possible benefits to the individuals while minimizing any possible harm (Adams & Miles, 2013). The basis for selecting participants should relate to the problem under study and not depend on the availability of any particular group (U.S. Department of Health and Human Services, 2014), and my selection of the participants in this study took place with this as a goal. I used the interview protocol (see Appendix C) as a guide to ask questions and allowed the participants ample time to answer the questions. The interview protocol served as the procedural guide to help control the conduct of the interview (Castillo-Montaya, 2016).

My worldview is that profitability should increase in an industry when business owners respond to public needs and are able to provide basic human needs, including food, shelter, and adequate health care. Older adults who need help performing ADLs and who prefer to stay in their own homes serve as clientele for managers in the home care industry to find a profitable way to provide services. The number of older adults is increasing, and they are living longer (Komiya, 2014), which indicates that an increase in the demand for home care services is imminent.

Participants

The participants in this study included five owners of different home care agencies in Wake County, North Carolina. An owner or the agency director of a home care agency makes most of the administrative decisions concerning the company. The

five home care agencies offered personal care services to older adults in Wake County. These agency owners were suitable because they had successfully implemented strategies to ensure they had an adequate number of direct care workers to sustain the business. In qualitative multiple case study research, researchers must ensure participants have adequate experience with the issues (Bernard, 2013; Ferrazzi & Krupa, 2015; Yin, 2014).

To recruit participants, I reached out to the owners through e-mail and explained my reasons for this study and the possible benefit of the results to the home care industry. I assured the owners that I would protect their identity if that was their preference. The purposefully selected owners had ample information and were able to decide if they wanted to be involved in the study (see Rimando et al., 2015; Yin, 2014). A template of the letter I used to ask for participant involvement in this study is in Appendix A. The letter of cooperation (see Appendix B) made the home care agencies research partners in this study. This letter of cooperation was necessary because of the company data I collected in addition to the interviews (see Yin, 2014). I also developed a working relationship with the owners by interviewing them individually and asking open-ended questions with follow-ups as necessary (see Dixon, 2015; Marshall & Rossman, 2016; Yin, 2014).

Research Method

The qualitative methodology was suitable for this study because the data collection consisted mainly of descriptive and interpretative interview questions. When using the qualitative approach, document collection and data collection can occur in the participants' setting (Bryman & Bell, 2015; Morse & McEvoy, 2014; Yin, 2014). A

quantitative methodology would not have been suitable because quantitative methodology requires testing a hypothesis, and therefore, does not fit with open-ended interview questions (see Rubin & Rubin, 2012). Quantitative researchers quantify phenomena by testing a theory and examining causal relationships (Hoare & Hoe, 2013; Records, Keller, Ainsworth, & Permana, 2012; Rubin & Rubin, 2012). Mixed methods research involves a combination of qualitative and quantitative methodologies and is becoming more popular because researchers use it mostly in leadership studies (Hoare & Hoe, 2013). Mixed methods may lead to more substantive data for a study, but did not align with the purpose of my study. The statistical part of the quantitative approach could compromise the explanation and understanding of the issues involved in a study (Bryman & Bell, 2015; Goldman et al., 2015; Lunde, Heggen, & Strand, 2013). Determining the factors that contribute to the lack of direct care workers for the elderly in their own homes did not involve quantifying the data in this study.

Research Design

A case study was the most appropriate design for me to study how and why the number of direct care workers qualified to assist older adults in their own homes is lacking. The case study design represents a critical test of the human relations theory and allows researchers to see the differences in cases and be able to understand observable realities (Gentles et al., 2015; Marshall & Rossman, 2016; Yin, 2014). A phenomenological study would not have been suitable because trying to minimize the shortage of direct care workers is not a focus on lived experiences and does not represent a new phenomenon (see De Felice & Janesick, 2015; Gockel, 2013; Sum & Shi, 2016).

Bernard (2013) and Yin (2014) explained that researchers who conduct ethnographic studies describe and interpret culture-sharing groups, which was also not suitable for this study.

I interviewed five owners of home care agencies for this study. I also held follow-up interviews in the form of member checking to ensure data saturation occurred (see Fusch & Ness, 2015; Harvey, 2015; Reilly, 2013). Data saturation is necessary for qualitative research, but researchers should not use it as a means of determining the sample size of a population (O'Reilly & Parker, 2013). I used purposeful sampling to determine the sample size of five, but follow-up interviews continued in the form of member checking until data saturation occurred. According to Fusch and Ness (2015), researchers can reach data saturation through obtaining a high quality of data and not necessarily a high quantity. Regardless of the number of participants, researchers can reach data saturation when no new data, no new themes, and no new information, and the ability to replicate the study exist (Fusch & Ness, 2015; Tran, Porcher, Falissard, & Ravaud, 2016).

Population and Sampling

The sample for this study came from the owners of the more than 100 home care agencies in Wake County, North Carolina. Owners or agency directors make most of the important decisions concerning their companies, including hiring and retaining direct care workers for older adults. Purposeful sampling allowed my recruitment of five owners from five different agencies who had demonstrated the ability to maintain an adequate number of direct care workers to sustain the business to participate in the

interviews and observations. Purposeful sampling is suitable for researchers to sample a group of people who are knowledgeable about the business problem (Gentles, Charles, Ploeg, & McKibbin, 2015; Walker, 2012).

Sample sizes are much smaller in qualitative studies than in quantitative studies (Anyan, 2013). Anyan (2013) also mentioned that data for a case study could come from other sources, including documents, direct observations, and interviews. According to Walker (2012), data saturation helps determine a purposeful sample size. The responses from the five owners were enough to address the interview questions and were also enough to ensure saturation of data. The number of participants necessary to attain saturation in a qualitative study could be anywhere from five to 50 (Gentles et al., 2015). Rubin and Rubin (2012) maintained that having too many interviewees in a qualitative study does not guarantee data saturation. Using purposeful sampling techniques to identify and recruit participants for a study makes it possible to have small sample sizes (Bernard, 2013).

Ethical Research

Researchers must show that they are credible and trustworthy when working with participants and must be able to defend the methodologies used in the research (Baskarada, 2014; Dixon, 2015; Leung, 2015) to guarantee the ethical protection of the participants before an interview begins. I received permission from the Walden University IRB before collecting data, (IRB Approval Number: 07-19-17-0268224). After I selected the research sites, I obtained permission to use these sites from the appropriate authorities. After the IRB granted permission, I sent the participation inquiry

letters (see Appendix C) to the potential participants who met the inclusion criteria for this study: being owners of different agencies who had successfully retained an adequate number of direct care workers for their company to take proper care of the needs of older adults who live at home. In the letter I explained the objectives of the study and the intent. I also provided the participants with an informed consent form (see Appendix C). With these materials, the potential participants decided if they wanted to be involved in the research. I also informed them that they would be able to withdraw without any repercussions (see Anyan, 2013; Crocker et al., 2014; Yin, 2014). Participants could withdraw verbally or in writing at any time during the study. I did not offer any incentive for participating to avoid influencing potential participants with my offer. I assured the participants that I would maintain their confidentiality at all times (see Cliggett, 2013; Fein & Kulik, 2011; Yin, 2014).

To maintain the privacy of the participants, I included a process of disguising the names of the participants in the study. I also used different names for the companies to ensure confidentiality. I labeled the companies Company A, Company B, and so forth, and I labeled the participants Director 1 (D1), Director 2 (D2), and so forth. I stored all the signed consent forms and a password-protected flash drive that had the recording of the interview notes in a locked box. After 5 years, I will shred the forms and destroy the flash drive.

Data Collection Instruments

As the researcher, I was the primary data collection instrument. I collected data from a wide range of documents, and I conducted the interviews. Using multiple sources

of data collection helps ensure construct validity and credibility through triangulation (Marshall & Rossman, 2016). According to Yin (2014), case study researchers use triangulation by collecting data from multiple sources to support the same ideas and enhance the quality of the study. I used methodological triangulation in two phases. The first phase was the semistructured interviews with the owners of the home care agencies. The second phase was the collection of the home care annual utilization data for each agency. All home care agencies have this document because it is part of the documents required by the North Carolina Department of Health and Human Services for annual license renewal. The home care utilization data contained the client–caregiver ratio that indicated the number of clients and direct care workers each agency had. I asked the owners for a copy of the annual utilization data. I also obtained the latest home care data supplement report from the North Carolina Department of Health and Human Services. This data supplement report contains information about turnover rates for direct care workers in Wake County. I used a semistructured interview instrument to collect data from five owners of home care agencies in Wake County, chosen because they had demonstrated the ability to maintain an adequate number of direct care workers to sustain their agencies. The study included two initial probe questions, two targeted concept questions, one targeted follow-up question, and one wrap-up question.

Using a case study protocol that ensures reliability and validity, researchers can ask open-ended questions and record the answers (Marshall & Rossman, 2016; Yin, 2014). I prepared a protocol outline, as stipulated by Yin (2014). The outline included (a) an overview of the study; (b) the purpose and intention of the study; (c) the data

collection procedures; (d) a list of the interview questions (see Appendix C); (e) a summary of the data analysis techniques selected; and (f) a description of the methodological quality on credibility, dependability, and transferability. The interview protocol is in Appendix C. To ensure the reliability of my interview instrument, I conducted the research giving details of every procedure so other researchers following the same procedures described by me will arrive at the same conclusions and findings (Ekekwe, 2013; Yin, 2014).

Data Collection Technique

I collected data from the interviews and then transcribed the data. Case study researchers can use e-mails, letters, memoranda, administrative documents, newspaper articles, and written reports as forms of documentation (Chan, Fung, & Chien, 2013; Yin, 2014). The study also involved collecting documents relating to the ratio of clients to direct care workers for each agency. The documents used included the annual utilization data for each home care agency provided by the owners. I also obtained the latest home care data supplement report from the North Carolina Department of Health and Human Services. This document highlighted the turnover rates for direct care workers in prior years. In accordance with guidelines provided by Morse (2015), I took notes on the nonverbal expressions and important comments made by the participants during the interview and audio taped each interview. Advantages of conducting face-to-face interviews include targeting the questions, focusing on the case study topic, and being able to see the nonverbal and verbal expressions (Morse, 2015; Rimando et al., 2015;

Yin, 2014). The disadvantages are response bias and bias due to poorly constructed questions (Yin, 2014).

As soon as I received permission from Walden University's IRB to collect data, I gathered the contact information of potential participants. I made the initial contact and introduced the informed consent forms. I followed up with the participants and answered any questions that they had. I informed them that this was a voluntary study and that they were not obligated to participate in the study if they did not want to. I collected the signed consent forms from them in person and scheduled the interviews at their convenience. After the interview, I imported the data into NVivo software to analyze the interview transcripts (Yin, 2014; Zamawe, 2015). Before I imported the data into a Microsoft Word document and began analyzing data, I shared the interpretation of the interview with the participants. This process of member checking allowed the participants to verify that the answers were correct and gave me the opportunity to ask follow-up questions (Birt, Scott, Cavers, Campbell, & Walter, 2016; Fusch & Ness, 2015; Simpson & Quigley, 2016).

Data Organization Technique

I created a data log on my password-protected desktop computer. The log contained information on the five agency owners who participated in the study. I assigned alphanumeric codes to each of the five participants (Gibson, Benson, & Brand, 2013). For example, the first participant was D1 and the last was D5, where D referred to *director*. I audio tape recorded the interviews and took notes during the interview. Yin (2014) explained that taking notes in case studies is an important practice because it ensures the researcher is collecting important interview information that the researcher or

other people can retrieve at a later date. I transcribed the audio tape recorded interviews into a Microsoft Word document after the interview, and I maintained folders for each participant's transcribed interview and written records (Castillo-Montaya, 2016).

I stored the documents, including the interview recordings, interview transcripts, analytical files, and coded data files, on my password-protected computer. Fein and Kulik (2011) explained that participants' confidential data should remain in a safe place to protect their identity. A cloud storage system served as a secondary backup to help preserve the files. These files will remain stored for 5 years, after which I will destroy them. The destruction will include both hard copies and electronic files.

Data Analysis

After collecting the data, I analyzed them using a data analysis process called methodological triangulation. Morse (2015) described triangulation as a multimethod approach to achieving broader and often better results. Morse indicated the methods of observation, interviewing, and archival research constitute triangulation. To triangulate the data, I collected data from multiple sources to corroborate all sources to the same fact (Baskarada, 2014; Terrell, 2012; Yin, 2014). Triangulating the data means using different sources of evidence, not just one source, to support the facts of a case study. Different sources of evidence supported the information found about the reasons for the shortage of direct care workers. Using more methods to study people will help explain their complex lives and the stories behind them (Morse, 2015). Yin (2014) noted that case study research that includes more than one source of evidence has a very high credibility rating and is more reliable than studies with data from only one source.

Data analysis involves going through the data collected and looking for important themes, descriptions, and patterns to help answer the research question (Yin, 2014). The main data analysis technique that I used for this case study was coding. Qualitative researchers use deductive and inductive coding methods as means of categorizing and describing the collected data (Bernard, 2013; Cho & Lee, 2014; Yin, 2014). The research question concerns the strategies that the owners of home care agencies in Wake County, North Carolina can employ to minimize the shortage of direct care workers for their businesses. Deductive coding meant that I arranged the collected data in categories relating to the findings from the literature review. In addition, I included studies published since I started this study. Inductive coding meant that if researchers find information not related to existing categories, they will create another category and go back and review previous interviews for possible information that relates to the new category (Bernard, 2013; Owens & Martsolf, 2014; Rubin & Rubin, 2012).

I analyzed the collected data using Yin's (2014) data analysis method. The five-step process explained by Yin involves (a) compiling the data, (b) disassembling the data, (c) reassembling the data, (d) interpreting the meaning of the data, and (e) concluding the data. In conducting data analysis for qualitative case study methods, Buchanan (2013) used this method and confirmed that it is suitable for case studies. Baskarada (2014) explained that it is a useful method to analyze case study evidence. I used Atlas.ti, a software tool, to help in handling and sorting the responses to the open-ended interviews and some documents. Atlas.ti is a tool for qualitative research widely used by qualitative researchers since the 1980s (Bonnycastle, 2015; Woods, Macklin, &

Lewis, 2013). Atlas.ti is a reliable tool and assisted in the data analysis, but did not do any analysis for me (Bonnycastle, 2015; Yin, 2014). Rather, I studied the outputs to identify any meaningful patterns that were forming (Yin, 2014).

I used member checking to test the accuracy of data collected and measured the data based on the number of times the themes appeared during data analysis. I compared my findings to already published studies to validate my analysis (Fram, 2013; Simpson & Quigley, 2016). Member checking is a quality control process mainly used by qualitative researchers to improve the accuracy, credibility, and validity of information recorded during interviews (Reilly, 2013).

The methodology used in a study, the literature review, and the results of the study combine to form the conceptual framework (Baskarada, 2014; Borrego, Foster, & Froyd, 2014; Crocker et al., 2014). Researchers use human relations theory to address business problems. The focus of this study was on human behavior within organizations. The human relations theory therefore addresses people's needs within organizations. I analyzed the data bearing in mind that the human relations theory, which is a management theory, is the basis for this study. I used human needs within organizations to interpret the meaning of the data collected. The direct care worker shortage in home care agencies in Wake County, North Carolina fits into the human relations theory, and understanding direct care workers' needs within the home care agencies helped solve the problem.

Reliability and Validity

Reliability, validity, and transparency are the measurements of the methodological quality of any research (Dixon, 2015). Data collection, data analysis, and research design all add to the value of research. To provide creditability and objectivity, data collected must be reliable and valid (Dixon, 2015; Leung, 2015; Stone, 2016). The participants had the opportunity to review their transcribed answers, as this enhanced the accuracy of the themes. I also kept accurate notes on the changes made by the participants.

Reliability

As a qualitative researcher, I ensured the trustworthiness of my research by focusing on dependability (Leung, 2015; Marshall & Rossman, 2016). Researchers ensure dependability during the initial phase of the qualitative design to confirm the completeness and sincerity of the data collected and to make the outcome of the analysis stronger (Marshall & Rossman, 2016). I used member checking to ensure all participants agreed to the information transcribed from their responses (Fram, 2013; Grosseohme, 2014; Marshall & Rossman, 2016). I reported all changes that occurred during this study and noted how the changes affected the way I approached the study. Interviewing home care agency owners who had successfully retained qualified direct care workers in their businesses enhanced the dependability of my study. Qualitative researchers can also use case study protocols to show the dependability of their study (Baskarada, 2014; Fram, 2013; Yin, 2014). I used a case study protocol to address the documentation problem and to implement a case study database (Yin, 2014).

According to Yin (2014), researchers should establish a database for every case study so that other researchers can review the evidence directly against written reports. Yin explained that this practice boosts the reliability of a case study because other researchers can corroborate the results, which is the essence of confirmability. A researcher can also demonstrate reliability by documenting all the research proceedings in a research journal (Grossoehme, 2014). Researchers use research journals to explain a step-by-step procedure for checking and rechecking data throughout a study. Member checking in this study involved asking the participants to review the answers given to ensure the answers were correct. I also performed a reliability check to minimize possible mistakes and biases (Dixon, 2015; Stone, 2016; Yin, 2014). I documented all the procedures using a research journal, so independent researchers who follow the same procedure will reach the same conclusions and findings as in my study (Grossoehme, 2014; Leung, 2015; Yin, 2014). I also documented the steps of the process through data collection, data analysis, and interpretation (Grossoehme, 2014; Leung, 2015).

Validity

Credibility in qualitative research is similar to validity in quantitative research (Birt et al., 2016; Charleston, 2012). Trustworthiness of the researcher and experience are necessary to ascertain the credibility of a study (Birt et al., 2016). Member checking is instrumental in achieving internal and external validity (Anyan, 2013; Birt et al., 2016; Yin, 2014). I presented my findings to the participants to ensure accuracy and to ensure that I had accurately interpreted the meaning of what they said. Simpson and Quigley (2016) explained that member checking is the best method to ensure the reliability of a

study. The best way to judge the credibility of a study is through obtaining participants' agreement (Yin, 2014). Using this member-checking method might make the results of the study more believable to other researchers.

One of the characteristics of case study research is the ability to collect data from multiple sources. Using triangulation as explained by Yin (2014), I collected data from different sources, but the goal was that these sources would corroborate the same findings. Triangulation helps alleviate the potential problems of construct validity and therefore improves the quality of a study (Fram, 2013; Morse, 2015; Yin, 2014). Data saturation occurs when participants give similar answers such that the findings can be generalizable to a similar population (Walker, 2012). All these techniques helped ensure the study is credible and the findings are transferrable and useable for further research. Though the transferability aspect depends on the person doing the transfer, these steps can help with judging how sensible the transfer is. Generalization is not automatic in a case study, but the results from a credible and replicable study should provide strong support for a particular theory (Baskarada, 2014; Crocker et al., 2014; Yin, 2014).

Transition and Summary

Section 2 included an outline of the purpose statement, my role as the researcher, the population and sample, and the methodology used in the study. The qualitative case study involved exploring how owners of home care agencies can minimize the shortage of qualified direct care workers in Wake County, North Carolina. I interviewed five owners of home care agencies and made some observations. Data analysis included methodological triangulation. Data saturation occurred when the five owners gave similar

answers to the questions. In Section 3, I presented the results of the analysis. The three themes that emerged from conceptualizing my data indicated that the findings confirm the findings from other peer-reviewed studies, including new studies. The themes conform with human relations theory, which was the management theory used to address the business problem under study. Applicability of the findings to business practice and suggestions for future studies are part of the conclusions of the study.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative multiple case study was to explore strategies that home care agency owners in Wake County, North Carolina, used to attract and retain adequate direct care workers. In this study, I interviewed five home care agency owners and learned the steps they took to keep their agencies profitable in an industry plagued by the high turnover of direct care workers. The leaders of most agencies adopted daily hiring practices and went beyond normal hiring procedures to retain direct care workers. Each of the owners provided similar solutions that could improve the direct care worker situation in Wake County, North Carolina, if adopted by the government. Using member checking, all participants received copies of their responses as I understood them and provided me with additional information relating to the accuracy and trustworthiness of the study findings. The additional information obtained helped reach data saturation.

Presentation of the Findings

The research question that guided this study was: What strategies can owners of home care agencies in Wake County, North Carolina use to minimize the shortage of direct care workers? I analyzed my findings with Atlas.ti software. I coded relevant words, phrases, and sentences from the responses from all five participant interviews. I used deductive coding and arranged the findings in categories relating to my literature review findings. I also used inductive coding and created more categories for information not relating to the original findings. Three themes emerged from my conceptualization of the data: (a) company reputation, (b) training, and (c) career development.

Theme 1: Company Reputation

The most consistent answers I received from all five participants related to the reputation of their individual companies. Each owner was proud to express the importance of perceptions regarding the company's policies. The owners felt that it was important for the employees to have a good perception of their company because it could lead to retention and good referrals for other employees. Seong (2016) noted that organizational leaders' perceptions are essential for recruiting and retaining employees. Four of the 5 participants mentioned they always had jobs available. Direct care workers will stay if the owners can guarantee that there will always be jobs available for them. D1 stated, "When they come for orientation, there are always jobs available to do. We give them the impression right away." The other owners mentioned that the availability of jobs helps to keep the direct care workers, because workers do not like moving from one company to another within a short amount of time.

Another consistent answer from the owners of home care agencies in Wake County, North Carolina was that they were always there with the employees. These owners visited their employees regularly to help with any concerns they might have while at clients' houses. This owner behavior confirmed previous literature that indicated showing compassion to the employees makes them more interested in the job and therefore increases their desire to stay (Seong, 2016). D2 stated,

As owner of the company, I am always there or at least one of my managers. We are always there with the employees. We go onsite and visit the direct care workers and the clients. We are very personable, no big or little me or vice versa.

The owners also talked about showing appreciation for the direct care workers. They mentioned that the direct care workers like to be appreciated for the difficult job they do. The owners talked about different types of appreciation, including recognizing the staff every year. All five owners talked about monetary appreciation as important in keeping the direct care workers for a long time. These responses confirmed the findings of previous researchers that indicated compensation is important when trying to retain employees (Bou-Llusar, Beltran-Martin, & Escrig-Tena, 2016). According to D3,

Here we make sure that all direct care workers get at least \$10 per hour. That gives them the incentive to stay and help the company grow. When you look at how much it costs to train new employees, it all makes sense.

These agencies have been able to keep direct care workers for longer periods, despite the high turnover rates in the industry. The direct care workers have a sense of appreciation regarding what the owner is doing for them. They like feeling appreciated. According to one of the owners, recognizing the direct care workers makes them loyal to the company. The direct care workers talk to their friends about the treatment they are receiving, and as a result the companies that have good reputations attract more direct care workers, while others continue to suffer from high turnover rates. The findings from this study confirmed the results in the studies reviewed since writing the proposal. With regard to respect for direct care workers, Aubry et al. (2013) explained that respect for direct care workers is just as important as their wages are. In related studies, Espinoza (2017) and Stone (2017) commented that the retention of direct care workers includes improved wages and job satisfaction. The findings from this study also aligned with the

human relations theory, which served as the conceptual framework for the study. Human relations theory addresses the needs of employees in the workplace and states that fulfilling these needs, are important for the effectiveness of organizations (Ionescu, & Negrusa, 2013).

Theme 2: Training

Training was one of the key components in participants' responses. Answers to all five questions had some connection to training the direct care workers with all five owners mentioning orientation in their responses. The owners noted they hire direct care workers and give them an adequate orientation to make sure they fully understand the owners' expectations. Three of the 5 owners had a manager dedicated to the orientation and training of direct care workers. The owners' responses confirmed the results of Colquhoun et al. (2016) and Raynor (2014), who reported that training and opportunities for advancement are critical in employee retention. D5 stated,

Sending a direct care worker to a client's home without adequate training is a recipe for disaster. They like to know exactly what to expect and what is expected of them. Our clients are better served when a worker enters their home and knows what to do.

The owners had extensive training programs to make sure every direct care worker is comfortable prior to assigning them to a client. These training are on-going throughout the year. Every year direct care workers are retrained to make sure they still understand their obligations. Marquand and York (2016) noted that CNAs who had been part of an organized training program lasted much longer on a job than those with little or no

training.

The findings from this study aligned with studies in the literature published since I finished writing the proposal. My findings from peer-reviewed sources in the literature review confirmed all three themes from the findings in this study. The literature included an extensive discussion on the need for more training, the issue of low wages for direct care workers, and the lack of employee needs addressed in an organization. Gordon et al. (2015), Kim et al. (2014), and Marquand and York (2016) mentioned that direct care workers who had been part of a training program lasted much longer at a job than direct care workers who had little or no training.

The findings from this study also confirmed that for any organization to succeed, employers must take care of employees' needs. The needs can be monetary, training, or showing appreciation. This is the basis for the conceptual framework: human relations theory. Researchers use the human relations theory to address employee needs within organizations, because employees are a decisive factor in achieving organizational effectiveness (Mayo, 1933).

Theme 3: Career development.

All five owners mentioned that they spend money to make sure their direct care workers have the proper training. The owners pay for the direct care workers to attend community-based schools to get certifications. The participants stated that employee growth is the key element to a healthy workplace; however, some of them admitted that paying for employees' training and development is a risk due to the high turnover rate. This theme aligned with a recent study by Poll (2017), who found that almost 50% of

American workers who do not have their supervisor's support for career development are likely to leave the company within the next year. Poll further noted that training and development is one of the areas in which employees are likely to have low levels of satisfaction. The findings from this study also confirmed results from other studies published since I finished writing the proposal. McMullen, Resnick, Hansen, Geiger-Brown, et al., (2015) explained that employees who are offered opportunities for advancement are more likely to stay at their jobs than those who were not offered. CNAs in different studies have indicated that training and opportunities for advancement are important to them (Hartmann & Hayes, 2017; Marquand & York, 2016). A link exists between the lack of supervisor support for career development and important organizational outcomes (Poll, 2017). This finding ties to the conceptual framework of human relations theory because career development is part of the employee needs in the workplace. Researchers use human relations theory to address employees' needs in the workplace and the application of the theory is a decisive factor in achieving organizational effectiveness (Ionescu, & Negrușă, 2013).

Government's Role in the Improvement of Home Care Services

In addition to the themes, most owners expressed dissatisfaction with the North Carolina state government over the handling of the affairs of home care services. The owners felt that, based on current statistics about the need to increase the number of direct care workers to fulfill the increase in caregivers needed, the government has not done enough. All five agency owners expressed disappointment in the manner that the North Carolina state government had handled home care services. The owners felt that

government regulations had helped create the high turnover, poor training, and other issues affecting the way they do business.

Medicaid reimbursement rate. The owners stated that the current Medicaid reimbursement rate of \$13.88 per hour should be increased. According to the owners, an increase would allow them to pay more to the direct care workers who have to maintain a household just like everyone else. According to Snyder and Lundebjerg (2016), the rate of spending to ensure health care workers are prepared to take care of the elderly should be higher to better match population growth. D1 stated, “\$13 per hour reimbursement by Medicaid is not enough. If Medicaid can improve their pay to \$15 to \$20 per hour, then the companies can grow and provide better service to the elderly and the disabled.” One of the owners mentioned that the agencies are in direct competition with hospitals and nursing homes. Direct care workers who work in hospitals receive more pay because the Medicaid reimbursement for hospitals is higher. Mileski et al. (2016) indicated that the main reason the compensation rates of direct care workers are low is the Medicaid reimbursement rate. Similarly, Rolf (2016) noted that any job as important as a direct care worker should attract wages much higher than minimum wage.

Grants for school. The owners also believed that taking care of the elderly is important enough that there should be grants available for people who want to train for the jobs. According to the owners, most direct care workers are poor and cannot afford to pay the school fees to obtain certification. D4 stated, “There should be grants from the federal or state government to help with school, even if they have to repay it. It will help attract people to this type of work.” The owners expressed dissatisfaction about the fact

that grants and loans are available for school in other professions but not for taking care of older adults.

Government constraints. The owners also stated that the North Carolina state government should loosen some of its rules regarding out-of-state certifications. The owners indicated they would like direct care workers certified in another state to be able to work in North Carolina without having to attend school again. According to one of the participants, the current rule requires people who obtained CNA licenses from another state to go back to school and take the certification again for the State of North Carolina. D5 stated,

I feel the home care agencies can do better job if we can work with the state and share some ideas. For example, if a CNA have license in another state, they should be able to just take a test and work instead of making them take another class all over. This discourages the direct care workers and makes them choose another profession.

The owners felt that elderly citizens who need help with ADLs are the same across the country. ADLs do not change from state to state.

Family members paid as caregivers. Some of the owners indicated they would like to see family members paid to provide help for the elderly because some older adults do not want strangers coming to their house and prefer family members as long as they are trained. According to some of the owners, family members provide the majority of elder care. Paid direct care workers come in for about 3 hours a day. Warshaw and Bragg (2014) explained that there has been a decrease in family caregiving due to family

members seeking employment outside the home. According to Warshaw and Bragg, paying family caregivers to take care of their loved ones is a good idea because finding qualified direct care workers for these demanding, low-paying jobs is difficult.

Applications to Professional Practice

The purpose of this qualitative multiple case study was to explore strategies that owners of home care agencies in Wake County, North Carolina can use to minimize the problem of direct care worker shortages. Participant interviews, documents, and the findings from a literature review indicated a consistent problem of high turnover, low wages, and neglect of employees' needs in organizations that have direct care workers as employees. The problem of neglect is the result of both agency owners and the government who oversees the affairs of home care agencies in Wake County.

Employers can use the findings from this study to develop the strategies necessary to address the issues of employees in the workplace that can lead to profitability in the business. The findings are relevant because the goals of any business should include making a profit. Owners should develop policies that address employee needs in the workplace. These policies could be in the form of compensation, supervisory support, or employee recognition. The findings may lead to implementable policies that can make direct care workers happy, as well as the older adults they are taking care of, and consequently make the company profitable. Study results indicated that agency owners who provide support and care to direct care workers will be able to retain direct care workers and achieve profitability in their business. The findings did not indicate that

owners will be able to eliminate direct care worker turnover, but substantially reducing it could lead to profitability in the business.

Implications for Social Change

This study includes several implications for social change for individuals, communities, and small business owners. The findings may help owners of home care agencies in Wake County, North Carolina understand human needs in the workplace and how satisfying these needs could lead to increased productivity. Improved working conditions for direct care workers could make it worthwhile for individuals to seek employment as direct care workers, and an increase in the number of direct care workers in home care agencies would solve the anticipated severe shortage of help for the increasing elderly population. Happy direct care workers could lead to increased levels of satisfaction among elderly citizens.

The findings in this study may help improve the situation for direct care workers in society. Happy and well maintained direct care workers could become more accessible to older adults and other members of the community. Improved behaviors and attitudes among direct care workers could make a difference in the entire community and could significantly impact the relationship between employees and management in organizational settings. The impact on behavior could lead to social changes in societal and organizational cultures.

Recommendations for Action

The purpose of this study was to explore strategies that home health care agency owners in Wake County, North Carolina use to attract and retain adequate direct care

workers for their businesses. With the study of five home care owners who have successfully demonstrated the implementation of strategies to ensure they had adequate direct care workers to sustain business, the findings have resulted in several recommendations for home care agency owners. Other owners of home care agencies might use the findings to implement a training guide for managers on how to manage the shortage of direct care workers in the home care industry effectively. I recommend that owners of home care agencies build a good reputation for their company by treating direct care workers with respect and listening to their needs. In some cases, owners can go beyond normal protocol to show direct care workers some care. Owners should also ensure they have an adequate training program so direct care workers know their expectations as they help older adults. Finally, owners should encourage a union of home care owners and schedule meetings with North Carolina state government officials to discuss issues such as Medicaid reimbursement rates, grants for direct care worker education, and pay for family members who serve as caregivers.

Recommendations for Further Research

The purpose of this study was to explore strategies that home care owners can use to improve the shortage of direct care workers in Wake County, North Carolina. The findings indicated that direct care workers could help companies achieve profitability when owners treat them with respect and provide for their needs. The finding aligns with the human relations theory, which was the conceptual framework in the study. The limitation in this study was the geographic location of the study and the industry. Further studies can include other states to see if and how they differ from the state of North

Carolina. Some states may have different policies with regard to direct care workers. A similar study could also take place in other industries, such as the restaurant industry, to see if the results would be similar.

Reflections

The experience of interviewing five small business owners of home care agencies was rewarding. Furthermore, the study broadened my knowledge about research. Initially I was nervous because I thought the participants needed to say certain specific things. At the end, I realized that everything they said was important in its own way. Using the purposeful sampling technique, I reached out to participants who were relevant to my study. I was discouraged at some point about the number of owners who declined to sit down with me for an interview. Some agreed initially but declined at the last minute. I considered the rejections part of the experience and continued to reach out to other owners. I am satisfied with the results of the study and the experience acquired.

Conclusions

The worldwide shortage of direct care workers who help older adults in their own homes necessitated this qualitative case study. By 2050, the number of Americans aged 65 or older will reach almost 89 million (Dawson, 2016). A continued decline in the number of direct care workers could put many older adults who need help with ADLs in jeopardy. The purpose of this study was to explore strategies that home care agency owners in Wake County, North Carolina can use to attract and retain direct care workers for their business. Through purposeful sampling, I chose owners who had demonstrated the successful implementation of strategies to ensure they had adequate caregivers to

sustain the business. I conducted semistructured interviews with five owners and observed documents to obtain adequate information on how they were able to run a successful business in an industry plagued with high turnover rates. The results indicated that there are some external problems with the home care industry but that the owners could manage the shortage problem by meeting the needs of direct care workers in agencies. This outcome serves as a confirmation of human relations theory, which was the management theory selected to address the business problem in this study. Researchers use human relations theory to address people's needs within organizations and the application of the theory is a decisive factor in managers achieving organizational effectiveness (Ionescu, & Negrusa, 2013).

References

- Adams, D. F., & Miles, T. P. (2013). The application of Belmont Report principles to policy development. *Journal of Gerontological Nursing, 25*, 1-7.
doi:10.3928/00989134-20131028-07
- Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: A focus on qualitative research interview. *The Qualitative Report, 18*, 1-9. Retrieved from <http://tqr.nova.edu>
- Aubry, F., Etheridge, F., & Couturier, Y. (2013). Facilitating change among nursing assistants in long term care. *Online Journal of Issues in Nursing, 18*, 1-18.
doi:10.3912/OJIN.Vol18No01PPT01
- Ayalon, L., Levin, S. H., Yizhak, Z. B., & Friedman, G. (2013). Family care giving at the intersection of private care by migrant home care workers and public care by nursing staff. *International Psychogeriatrics, 25*, 1463-1473.
doi:10.1017/s1041610213000628
- Baskarada, S. (2014). Qualitative case study guidelines. *The Qualitative Report, 19*, 1-18. Retrieved from <http://tqr.nova.edu/>
- Ben-Arie, A., & Iecovich, E. (2014). Factors explaining the job satisfaction of home care workers who left their older care recipients in Israel. *Home Health Care Services Quarterly, 33*(4), 211-228. doi:10.1080/01621424.2014.956958
- Bernard, H. R. (2013). *Social research methods: Qualitative and quantitative approaches* (2nd ed.). Thousand Oaks, CA: Sage.

- Berry, D. P. (2013). Effects of cooperative membership and participation in decision making on job satisfaction of home health aides. In D. Kruse (Ed.), *Sharing ownership, profits, and decision-making in the 21st century, advanced in the economic analysis of participatory & labor-managed firms* (pp. 3-25). Cambridge, MA: Emerald Group.
- Berta, W., Laporte, A., Deber, R., Baumann, A., & Gamble, B. (2013). The evolving role of health care aides in the long-term care and home and community care sectors in Canada. *Human Resource for Health, 11*, 11-25. doi:10.1186/1478-4491-11-25
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation. *Qualitative Health Research*. Advance online publication. doi:10.1177/1049732316654870
- Black, P. (2015). Developing an enhanced perspective of turnover and retention of nurses and health care aides in long-term care homes. *Perspectives, 38*(2), 25-30. Retrieved from <http://www.cgna.net>
- Blau, G., Chapman, S. A., & Neri, M. (2015). Testing the relationship between personal/home care aide trainees' career goals and their commitment to home care. *Home Health Care Management & Practice, 28*(3), 150-154. doi:10.1177/1084822315620146
- Bonnycastle, M. M. (2015). Engaging with qualitative data analysis: The metaphor of "Looking at data like a landscape to be explored". *The Qualitative Report, 20*, 84-86. Retrieved from <http://www.nova.edu/ssss/QR>

- Borrego, M., Foster, M. J., & Froyd, J. E. (2014). Systematic literature reviews in engineering education and other developing interdisciplinary fields. *Journal of Engineering Education, 103*, 45-76. doi:10.1002/jee.20038
- Bou-Llusar, J. C., Beltran-Martin, I., & Escrig-Tena, A. B. (2016). Performance appraisal and compensation in EFQM recognized organizations: Rhetoric and reality. *Universia Business Review, 50*, 72-105. doi:103232/UBR.2016.V13.N2.03
- Bourke, H. (1986). George Elton Mayo (1880-1949). In J. Ritchie & D. Langmore (Eds.), *Australian dictionary of biography*. Retrieved from <http://adb.anu.edu.au/biography/mayo-george-elton-7541/text13155>
- Briar, C., Liddell, E., & Tolich, M. (2014). Still working for love? Recognizing skills and responsibilities of home-based care workers. *Quality in Ageing and Older Adults, 15*(3), 123-135. doi:10.1108/QAOA-04-2014-0006
- Bryman, A., & Bell, E. (2015). *Business research methods*. (4th ed.) Oxford, England: Oxford University Press.
- Buchanan, W. L. (2013). *Exploring sustainability: The key to corporate profitability in the 21st century* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3604426)
- Bureau of Labor Statistics. (2015). *Job outlook*. Retrieved from <http://www.bls.gov/ooh>
- Butler, S. S., Brennan, M., Wardamasky, S., & Ashley, A. (2013). Determinants of longer job tenure among home care aides: What makes some stay on the job while others leave? *Journal of Applied Gerontology, 33*, 132-139. doi:10.1177/0733464813495958

- Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report, 21*(5), 811-831. Retrieved from <http://tqr.nova.edu>
- Cederbom, S., Thunborg, C., Denison, E., Soderlund, A., & Heideken-Wagart, P. V. (2017). Home help service staffs' descriptions of their role in promoting everyday activities among older people in Sweden who are dependent on formal care. *Journal of Applied Gerontology, 36*, 971-992. doi:10.1177/0733464815595511
- Chamberlain, S. A., Hoben, M., Squires, J. E., & Estabrooks, C. A. (2016). Individual and organizational predictors of health care aide job satisfaction in long term care. *BMC Health Services Research, 16*, 577-586. doi:10.1186/s12913-016-1815-6
- Chan, Z.C., Fung, Y. L., & Chien, W. T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *The Qualitative Report, 18*(59), 1-9. Retrieved from <http://www.nova.edu/ssss/QR>
- Chang, T. (2015). Health information technology and its impacts on the improvement of the long term care. Retrieved from <http://www.addthis.com/bookmark.php?>
- Charleston, L. J. (2012). A qualitative investigation of African Americans' decision to pursue computing science degrees: Implications for cultivating career choice and aspiration. *Journal of Diversity in Higher Education, 5*, 222-243. doi:10.1037/a0028918
- Chenoweth, L., Low, L. F., Goodenough, B., Liu, Z., Brodaty, H., Casey, A. N., . . . Fleming, R. (2014). Something to smile about: Potential benefit to staff from

humor therapy with nursing home residents. *Journal of Gerontological Nursing*, 40(2), 47-52. doi:10.3928/00989134-20130930-01

Cho, J. Y., & Lee, E-H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19(64), 1-20. Retrieved from <http://tqr.nova.edu/>

Cliggett, L. (2013). Qualitative data archiving in the digital age: Strategies for data preservation and sharing. *The Qualitative Report*, 18, 1-11. Retrieved from <http://tqr.nova.edu/>

Colquhoun, H. L., Helis, E., Lowe, D., Belanger, D., Mayhew, A., & Grimshaw, J. M. (2016). Development of training for medicines-oriented policymakers to apply evidence. *Health Research Policy & Systems*, 141-149. doi:10.1186/s12961-016-0130-3

Connelly, L. M. (2015). Limitation section. *Medsurg Nursing Journal*, 22(5), 325-336. Retrieved from <http://www.medsurnursing.net/cgi-bin/webobjects/msnjournal.woa>

Corazzini, K. N., Meyer, J., McGilton, S., Seales, K., & McConnell, E. S. (2016). Person centered nursing home care in the United States, United Kingdom, and Sweden: Why building cross-comparative capacity may help us radically rethink nursing home care and the role of the RN. *Nordic Journal of Nursing Research*, 36, 59-61. doi:10.1177/2057158516649145.

- Craver, G. A., Burkett, A. K., & Kimsey, K. E. (2014). An evaluation of Virginia Gold: A Medicaid program to improve nursing facility quality of care. *The Qualitative Report, 19*(13), 1-26. Retrieved from <http://nsuworks.nova.edu/tqr>
- Crocker, T., Besterman-Dahan, K., Himmelgreen, D., Castaneda, H., Gwede, C., & Kumar, N. (2014). Use of semi-structured interviews to explore competing demands in prostate cancer prevention intervention clinical trial. *The Qualitative Report, 19*, 1-16. Retrieved from <http://tqr.nova.edu/>
- Dailey, W. F., Morris, J. A., & Hoge, M. A. (2015). Workforce development innovations with direct care workers: Better jobs, better services, better business. *Community Mental Health, 51*, 647-653. doi:10.1007/s10597-014-9798-4
- Davey, A., Takagi, E., Sundstrom, G., & Malmberg, B. (2013). (In) formal support and unmet needs in the National Long-Term Care Survey. *Journal of Comparative Family Studies, 44*, 437-453. Retrieved from <http://soci.ucalgary.ca/jcfs/>
- Davis, B. H., & Smith, M. K. (2013). Developing culturally diverse direct caregivers for care work with older adults: Challenges and potential strategies. *Journal of Continuing Education in Nursing, 44*, 22-30. Retrieved from <http://www.healio.com/nursing/journals/jcen>
- Dawson, S. L. (2016). The direct care workforce-raising the floor of job quality. *Generation, 40*, 38-46. Retrieved from <http://www.asaging.org/publications>
- De Felice, D., & Janesick, V. J. (2015). Understanding the marriage of technology and phenomenological research: From design to analysis. *The Qualitative Report, 20*, 1576-1593. Retrieved from <http://tqr.nova.edu>

- Dixon, C. S. (2015). Interviewing adolescent females in qualitative research. *The Qualitative Report, 20*, 2067-2077. Retrieved from <http://tqr.nova.edu>
- Dolan, T. G. (2012). Is justice on the horizon for direct-care workers? *The Hispanic Outlook on Higher Education, 22*(7), 22-23. Retrieved from <http://www.hispanicoutlook.com>
- Dudzinski, T. (2011). Changing public perceptions of direct care professionals. *Narrative Inquiry in Bioethics, 1*(3), 137-139. doi:10.1353/nib.2011.0056
- Ekekwe, O. J. (2013). *Relationship between institutional frameworks and growth of SMEs in Nigeria's petroleum industry* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3554901)
- Espinoza, R. (2017). The changing policy landscape of the direct care workforce. *Public Policy and Aging Report, 27*(3), 101-105. doi:10.1093/ppar/prx014
- Estabrooks, C. A., Squires, J. E., Carleton, H. L., Cummings, G. G., & Norton, P. G. (2015). Who is looking after Mom and Dad? Unregulated workers in Canada long-term-care homes. *Canadian Journal on Aging, 34*, 47-59. doi:10.1017/s0714980814000506
- Fein, E. C., & Kulik, C. T. (2011). Safeguarding access and safeguarding meaning as strategies for achieving confidentiality. *Industrial and Organizational Psychology: Perspectives on Science and Practice, 4*, 479-481. doi:10.1111/j31754-9434.2011.01378.x
- Ferrazzi, P., & Krupa, T. (2015). Therapeutic jurisprudence in health research: Enlisting legal theory as a methodological guide in an interdisciplinary case study of mental

health and criminal law. *Qualitative Health Research*, 25, 1300-1311.

doi:10.1177/1049732314560197

Fram, S. M. (2013). The constant comparative analysis method outside of grounded theory. *The Qualitative Report*, 18, 1-25. Retrieved from <http://tqr.nova.edu/>

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20, 1408-1416. Retrieved from <http://nsuworks.nova.edu/tqr/vol20/iss9/3>

Gaugler, J. E. (2014). The evolution of community-based long-term care. *Journal of Applied Gerontology*, 33, 127-129. doi:10.1177/0733464814520923

Gentles, S. J., Charles, C., Ploeg, J., & McKibbin, K. A. (2015). Sampling qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, 20, 1772-1789. Retrieved from <http://tqr.nova.edu>

Gibson, S., Benson, O., & Brand, S. L. (2013). Talking about suicide: Confidentiality and anonymity in qualitative research. *Nursing Ethics*, 20, 18-29.
doi:10.1177/0969733012452684

Gleckman, H. (2011). Requiem for the CLASS Act. *Journal of Health Affairs*, 30(12), 22-31. doi:10.1377/hlthaff.2011.1222

Gockel, A. (2013). Telling the ultimate tale: The merits of narrative research in the psychology of religion. *Qualitative Research in Psychology*, 10, 189-203.
doi:10.1080/14780887.2011.616622

Goldman, R. E., Parker, D. R., Brown, J., Walker, J., Eaton, C. B., & Borkan, J. M. (2015). Recommendations for a mixed methods approach to evaluating the

patient-centered medical home. *Annals of Family Medicine*, 13, 168-175.

doi:10.1370/afm.1765

Gordon, L. J., Rees, C. E., Ker, J. S., & Cleland, J. (2015). Leadership and followership in the healthcare workplace: Exploring medical trainees' experiences through narrative inquiry. *BMJ Open*, 5(12). doi:10.1136/bmjopen-2015-008898

Grossoehme, D. H. (2014). Overview of qualitative research. *Journal of Health Care Chaplaincy*, 20, 109-122. doi:10.1080/08854726.2014.925660

Ha, J. G., Kim, J. M., Hwang, W. J., & Lee, S. G. (2014). Impact of organizational characteristics on turnover intention among care workers in nursing homes in Korea: A structural equation model. *Australian Health Review*, 38, 425-431. doi:10.1071/AH13204

Han, K., Trinkoff, A. M., Storr, C. L., Lerner, N., & Yang, B. K. (2016). Variation across U.S. assisted living facilities: Admissions, resident care needs, and staffing. *Journal of Nursing Scholarship*, 49, 24-32. doi:10.1111/jnu.12262

Hartmann, H., & Hayes, J. (2017). The growing need for home care workers: Improving a low-paid, female-dominated occupation and the conditions of its immigrant workers. *Public Policy & Aging Report*, 27(3), 88-95. doi:10.1093/ppar/prx017

Harvey, L. (2015). Beyond member checking: A dialogic approach to the research interview. *International Journal of Research & Method in Education*, 38, 23-38. doi:10.1080/1743727x.2014.914487

- Hedayati, H. R., Hadi, N., Mostafavi, L., Akbarzadeh, A., & Montazeri, A. (2014). Quality of life among nursing home residents compared with the elderly at home. *Shiraz E-Medical Journal*, *15*(4), 24-30. doi:10.17795/semj22718
- Higginson, I. J., Sarmiento, V. P., Calanzani, N., Benalia, H., & Gomes, B. (2013). Dying at home- is it better: A narrative appraisal of the state of the Science. *Palliative Medicine*, *27*, 918-924. doi:10.1177/02692163487940
- Hoare, Z., & Hoe, J. (2013). Understanding quantitative research: Part 2. *Nursing Standard*, *27*, 48-55. doi:10.7748/ns2013.01.27.18.48.c9488
- Hooyman, N. (2014). Social and health disparities in aging: Gender inequalities in long-term-care. *Generation*, *38*(4), 25-32. Retrieved from <http://www.asaging.org/publications>
- Home Care Pulse. (2015). *Mentor your caregivers*. Retrieved from www.homecarpulse.com
- Horrell, B., Stephens, C., & Breheny, M. (2015). Online research with informal caregivers: Opportunities and challenges. *Qualitative Research in Psychology*, *12*, 258-271. doi:10.1080/14780887.2015.1040318
- Ionescu, G., & Negrusa, A. L. (2013). Elton May, an enthusiastical managerial philosopher. *Review of International Comparative Management*, *14*(5), 671-688. Retrieved from www.rmci.ase.ro
- Kalwij, A., Pasini, G., & Wu, M. (2014). Home care for the elderly: The role of relatives, friends and neighbors. *Review of Economics of the Household*, *12*, 379-404. doi:10.1007/s11150-012-9159-4

- Kim, J., Wehbi, N., DelliFraine, J., Brannon, D. (2014). The joint relationship between organizational design factors and HR practice factors in direct care workers' job satisfaction and turnover intent. *Health Care Management Review, 39*, 174-184. doi:10.1097/HMR.0b013e31828c8b8f
- Komiya, S. (2014). Personal development through research. *Japanese Orthopedic Association, 19*, 697-698. doi:10.1007/s00776-014-0615-2
- Lachs, M. S., Rosen, T., Teresi, J. A., Eimicke, J. P., Ramirez, M., Silver, S., & Pillemer, K. (2013). Verbal and physical aggression directed at nursing home staff by residents. *General Internal Medicine, 28*, 660-667. doi:10.1007/s11606-12-284-1
- Laudicina, R. J., Moon, T. C., Beck, S., & Morgan, J. C. (2014). Retaining experts: Retention incentives of clinical laboratory professionals. *Journal of the American Society for Medical Technology, 27*(3), 150-161. Retrieved from <http://www.ascls.org>
- Laxer, K., Jacobsen, F. F., Lloyd, L., Goldman, M., Day, S., Choiniere, J. A., & Rosenau, P. V. (2015). Comparing nursing home assistive personnel in five countries. *Journal of Ageing International, 12*, 1-17. doi:10.1007/s12126-015-9226-2
- Leeson, G. W. (2014). Increasing longevity and the new demography of death. *International Journal of Population Research*. Advance online publication. doi:10.1155/2014/521523
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*, 324-327. doi:10.4103/2249-4863.161306

- Lombardi, N. J., Buchanan, J., Afflerbach, S. M., Campana, K. L., Sattler, A., & Lai, D. (2014). Is Elderspeak appropriate? A survey of certified nursing assistants. *Journal of Gerontological Nursing, 40*(11), 44-52. doi:10.3928/00989134-20140407-02
- Lunde, A., Heggen, K., & Strand, R. (2013). Knowledge and power: Exploring unproductive interplay between quantitative and qualitative researchers. *Journal of Mixed Methods Research, 7*, 197-210. doi:10.1177/1558689812471087
- Luz, C., & Hanson, K. (2015). Training the personal and home care aide workforce: Challenges and solutions. *Home Health Care Management & Practice, 27*, 150-153. doi:10.1177/1084822314566301
- Mann, C., Raphael, C., Anthony, S., & Nevitt, K. (2016). Securing the safety net for America's vulnerable populations. *Journal of American Society on Aging, 40*(4), 50-57. Retrieved from <http://www.asaging.org/publications>
- Marquand, A., & York, A. (2016). Squaring to the challenge: Who will be tomorrow's caregivers? *Generations, 40*, 10-17. Retrieved from <http://www.asaging.org/publications>
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: Sage.
- Mayo, E. (1933). *The human problems of industrial civilization*. New York, NY: McMillan.
- Mayrhofer, A., Goodman, C., Smeeton, N., Handley, M., Amador, S., & Davies, S. (2016). The feasibility of a train-the-trainer approach to end of life care training in

care home: An evaluation. *BMC Palliative Care*, 15, 11-19. doi:10.1186/s12904-016-0081-z

McClellan, T. (2015). Improvising in home healthcare. *Home Healthcare Now*, 33, 119. doi:10.1097/NHH.0000000000000190

McMullen, J., Resnick, B., Hansen, J. C., Geiger-Brown, J. M., Miller, N., & Rubenstein, R. (2015). Certified nurse aide scope of practice: State-by-state differences in allowable delegated activities. *Journal of the American Medical Directors Association*, 16, 20-24. doi:10.1016/j.jamda.2014.07.003

McMullen, T. L., Resnick, B., Hansen, J. C., Miller, N., & Rubenstein, R. (2015). Certified nurse aides and scope of practice: Clinical outcomes and patient safety. *Journal of Gerontological Nursing*, 41(12), 32-39. doi:10.3928/00989134-20151008-58

Mileski, M., Mellwain, A. S., Kruse, C. S., Lieneck, C., & Sokan, A. (2016). The effectiveness and need for facility based nurse aide training competency evaluation programs. *ABNF Journal*, 27, 16-19. Retrieved from <http://www.abnf.net>

Moon, M. (2016). America's eldercare service availability faces mounting economic issues. *Journal of the American Society on Aging*, 40, 22-27. Retrieved from <http://www.asaging.org/publications>

Morse, A. L., & McEvoy, C. D. (2014). Qualitative research in sport management: Case study as a methodological approach. *The Qualitative report*, 19(17), 1-13. Retrieved from <http://tqr.nova.net>

- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *The Qualitative Health Research, 25*, 1212-1222.
doi:10.1177/1049732315588501
- Ngocha-Chaderopa, N. E., & Boon, B. (2015). Managing for quality aged residential care with a migrant workforce. *Journal of Management and Organization, 22*, 32-48.
doi:10.1017/jmo.2015.17
- North Carolina Division of Aging and Adult services. (2012). *In-home aide service*. Retrieved from <http://www.ncdhhs.gov/aging/services/inhome.htm>
- O'Reilly, M., & Parker, N. (2013). 'Unsatisfactory saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research, 13*, 190-197. doi:10.1468794112446106
- Owens, J. K., & Martsolf, D. S. (2014). Chronic illness and disasters: Development of a theoretical framework. *The Qualitative Report, 19*(43), 1-23. Retrieved from <http://tqr.nova.net>
- Palm, E. (2014). A declaration of healthy dependence: The case of home care. *Health Care Analysis, 22*, 385-404. doi:10.1007/s10728-012-0228-x
- Poll, H. (2017). Supervisor support critical to employee well-being and workforce readiness [Press release]. Retrieved from <http://www.apa.org/news/press/releases/2017/10/employee-well-being.aspx>
- Porter, L., & Steers, R. (1973). Organizational work and personal factors in employee turnover and absenteeism. *Psychological Bulletin, 80*, 151-176.
doi:10.1037/h0034829

- Qian, S., Yu, P., Hailey, D. M., Zhang, Z., Davy, P. J., & Nelson, M. I. (2014). Time spent on daytime direct care activities by personal carers in two Australian residential aged care facilities: A time-motion study. *Australian Health Review*, 38, 230-237. doi:101071/AH13161
- Quinn, M. M., Markkanen, P. K., Galligan, C. J., Sama, S. R., Kriebel, D., Gore, R. J., . . . Davis, L. (2016). Occupational health of home care aides: Results of the safe home care survey. *Occupational Environmental Medicine*, 73, 237-245. doi:101136/ocmed-2015-103031
- Rahme, E., Kahn, S. R., Dasgupta, K., Burman, M., Bernatsky, S., Habel, Y., & Berry, G. (2010). Short-term mortality associated with failure to receive home care after hemiarthroplasty. *Canadian Medical Association Journal*, 182, 1421-1427. doi:10.1503/cmaj.091209
- Raynor, C. (2014). Innovations in training and promoting the direct care workforce. *Public Policy & Aging Report*, 24(2), 70-72. doi:10.1093/ppar/pru005
- Records, K., Keller, C., Ainsworth, B., & Permana, P. (2012). Instrument selection for randomized controlled trails: Why this and not that? *Contemporary Clinical Trails*, 33, 143-150. doi:10.1016/j.cct.2011.09.006
- Reilly, R. C. (2013). Found poems, member checking and crises of representation. *The Qualitative Report*, 18(30), 1-18. Retrieved from: <http://tqr.nova.edu>
- Rimando, M., Brace, A. M., Namageyo-Fun, A., Parr, T. L., Sealy, D., Davis, T. L., . . . Christiana, R. W. (2015). Data collection challenges and recommendations for

- early career researchers. *The Qualitative Report*, 20, 2025-2036. Retrieved from <http://nsuworks.nova.edu/tqr>
- Robinson, N. (2011). Training and other important needs for nursing assistants. *Narrative Inquiry in Bioethics*, 1(3), 147-151. Doi10.1353/nib.2011.0052
- Rolf, D. (2016). Life on the homecare front. *Generations*, 40, 82-87. Retrieved from <http://www.asaging.org/publications>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.
- Schwendimann, R., Dhaini, S., Ausserhofer, D., Engberg, S., & Zuniga, F. (2016). Factors associated with high job satisfaction among care workers in Swiss nursing homes-a cross sectional survey study. *BMC Nursing*, 15, 37-45. doi:101186/s12912-016-0160-8
- Senge, P., Smith, B., Kruschwitz, N., Laur, J., & Schley, S. (2010). *The necessary revolution: Working together to create a sustainable world*. New York, NY: Broadway Books.
- Seong, J. Y. (2016). Person-organization fit, family-supportive organization perceptions, and self-efficacy affect work-life balance. *Social Behaviour & Personality*, 44, 911-922. doi:10.2224/sbp.2016.44.6.911
- Shukla, P. (2015). Spirituality and positive view of aging in modern society. *Indian Association of Health, Research and Welfare*, 6, 122-126. Retrieved from <http://www.iahrw.com/index.php>

- Simon, M., & Goes, J. (2015). *Dissertation and scholarly research: Recipes for success*. Seattle, WA: Dissertation Success.
- Simpson, A., & Quigley, C. F. (2016). Member checking process with adolescent students: Not just reading a transcript. *The Qualitative Report, 21*, 376-392. Retrieved from <http://nsuworks.nova.edu/tqr>
- Sims-Gould, J., Byrne, K., Tong, C., & Martin-Mathews, A. (2015). Home support workers perceptions of family members of their older clients: A qualitative study. *BMC Geriatrics, 15*, 163-175. doi:10.1186/s12877-015-0163-4
- Singh, R. (2016). The impact of intrinsic and extrinsic motivators on employee engagement in information organizations. *Journal of Education for Library and Information Science, 57*, 2328-2967. doi:10.12783/issn.2328-2967/57/2/11
- Snyder, R., & Lundebjerg, N. E. (2016). Show us the money: Investments that support the elderly workforce. *Generations, 40*, 115-121. Retrieved from <http://www.asaging.org/publications>
- Spetz, J., Trupin, L., Bates, T., & Coffman, J. M. (2015). Future demand for long-term care workers will be influenced by demographic and utilization changes. *Health Affairs, 34*, 936-945. doi:10.1377/hlthaff.2015.0005
- Squires, J. E., Hoben, M., Linklater, S., Carlton, H. L., Graham, N., & Estabrooks, C. A. (2015). Job satisfaction among care aides in residential long-term care: A systematic review of contributing factors, both individual and organizational. *Nursing Research and Practice*. Retrieved from <https://www.hindawi.com/journals/nrp/>

- Stone, R. I. (2016). The migrant direct care workforce: An international perspective. *Generations, 40*, 99-105. Retrieved from <http://www.asaging.org/publications>
- Stone, R. (2017). Developing a quality direct care workforce: Searching for solutions. *Public Policy & Aging Report, 27*(3), 96-100. doi:10.1093/ppar/prx015
- Stone, R., Wilhelm, J., Bishop, C., Bryant, N. S., Hermer, L., & Squillace, M. R. (2016). Predictors of intent to leave the job among home health workers: Analysis of the national home health survey. *The Gerontologist, 57*, 890-899. doi:10.1093/geront/gnw075
- Sum, R. K., & Shi, T. (2016). Lived experiences of a Hong Kong physical education teacher: Ethnographical and phenomenological approaches. *The Qualitative Report, 21*, 127-142. Retrieved from <http://nsuworks.nova.edu/tqu>
- Terrell, S. R. (2012). Mixed-methods research methodologies. *The Qualitative Report, 17*, 254-280. Retrieved from <http://tqr.nova.edu/>
- Tran, V. T., Porcher, R., Falissard, B., & Ravaud, P. (2016). Point of data saturation was assessed using resampling methods in a survey with open-ended questions. *Journal of Clinical Epidemiology, 80*, 88-96. doi:10.1016/j.jclinepi.2016.07.014
- Turjamaa, R., Hartikainen, S., Kangasniemi, M., & Pietila, A. (2014). Living longer at home: A qualitative study of older clients' and practical nurses' perceptions of home care. *Journal of Clinical Nursing, 23*, 3206-3217. doi:10.1111/jocn.12569
- U.S. Department of Health and Human Services. (2014). *Belmont Report*. Retrieved from <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>

- U.S. Department of Labor. (2015). *Wage and hour division*. Retrieved from <http://www.dol.gov/whd/homecare>
- Vroom, V. H. (2005). On the origins of expectancy theory. In K. G. Smith & M. A. Hitt (Eds.), *Great minds in management: The process of theory development* (pp. 239-258). Cary, NC: Oxford University Press.
- Walker, B., & Harrington, S. (2013). The effects of restorative care training on caregiver job satisfaction. *Journal of Nurses in Professional Development, 29*(2), 73-78. doi:10.1097/NND.0b013e318286c2e0
- Walker, J. L. (2012). Research column: The use of saturation in qualitative research. *Canadian Journal of Cardiovascular Nursing, 22*(2), 37-41. Retrieved from <http://www.ccn.ca/content.php?doc=21>
- Wanous, J., Poland, T., Premack, S., & Davis, K. (1992). The effects of met expectations on newcomer attitudes and behaviors: A review and meta-analysis. *Journal of Applied Psychology, 77*, 288-297. doi:10.1037/0021-9010.77.3.288
- Warshaw, G. A., & Bragg, E. J. (2014). Preparing the health care workforce to care for adults with Alzheimer's disease and related dementias. *Health Affairs, 33*, 633-641. doi:10.1377/hlthaff.2013.1232
- Watson, T., & Korczynski, M. (2012). *Sociology, work and organization* (6th ed.). New York, NY: Routledge.
- Woodhead, E. L., Northrop, L., & Edelstein, B. (2014). Stress, social support and burnout among long-term care nursing staff. *Journal of Applied Gerontology, 35*, 84-105. doi:10.1177/0733464814542465

- Woods, M., Paulus, T., Atkins, D. P., & Macklin, R. (2016). Advancing qualitative research using qualitative data analysis software (QDAS)? Reviewing potential versus practice in published studies using ATLAS.ti and NVivo. 1994-2013. *Sage Journals*, 34(5), 597-612. doi:10.1177/0894439315596311
- Wubker, A., Zwakhalen, S. M., Challis, D., Suhonen, R., & Karlsson, S., (2015). Costs of care for people with dementia just before and after nursing home placement: Primary data from eight European countries. *The European Journal of Health Economics*, 16, 689-707. doi:10.1007/s10198-014-0620-6
- Yin, R. K. (2014). *Applications of case study research* (3rd ed.). Thousand Oaks, CA: Sage.
- Zamawe, F. C. (2015). The implication of using NVivo software in qualitative data analysis: Evidence-based reflections. *Malawi Medical Journal*, 27(1), 13-15. doi:10.4314/mmj.v27i1.4
- Zucker, D. (2014). The Belmont Report. *Wiley StatsRef: Statistics reference online*. doi:10.1002/9781118445112.stat06924
- Zuidgeest, M., Delnijk, D. M., Luijkx, K. G., De Boer, D., & Westert, G. P. (2012). Patients' experiences of the quality of long-term care among the elderly: Comparing scores over time. *BMC Health Services Research*, 12, 26. doi:10.1186/1472-6963-12-26

Appendix B: Letter of Cooperation

Dear Agency Owner,

My name is Eric Iloabachie, and I am a doctoral student with Walden University. I am conducting a study on the availability of direct care workers for the elderly and will need your cooperation. I will like to obtain a client caregiver ration for your company. This information will enable me to know how many clients and direct care workers in your agency. By obtaining this information, your agency becomes a willing partner in this study.

I promise to keep all information confidential. I will not use any of the information beyond this study.

Signature of Owner: _____

Name of Agency: _____

Appendix C: Interview Protocol.

The purpose of this interview is to explore strategies that home care owners in Wake County of North Carolina can use to minimize the shortage of direct care workers.

The following steps will be followed during the interview:

1. I will introduce myself to the participants and thank them for agreeing to participate in the interview.
2. I will organize my note pad, and set up my recording device
3. I will present a copy of the interview consent form, which contains the interview questions, and review the form with the participants
4. I will turn on the recording device.
5. I will start asking the questions one after the other
6. I will ask follow-up questions for clarity and more understanding.
7. After the last question, I will end the interview
8. I will remind the participants about member checking.
9. End of interview protocol.