SPNHA Review

Volume 18 | Issue 1 Article 7

2022

The Direct Care Workforce Crisis: Factors Affecting Employee Retention and Turnover Amidst a Pandemic

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Abstract

The purpose of this research paper is to explore the crisis currently affecting the stability of the direct care workforce within the healthcare industry of the United States. Direct care workers provide personal care assistance to individuals in nursing facilities, home health settings, community-based programs, and to persons with intellectual or developmental disabilities. The purpose of this role and the demographics of these types of employees will be explored. The history of this profession, as well as its growing demand, as they contribute to the workforce crisis will be examined. Factors contributing to employee retention and turnover will also be analyzed, such as the importance of organizational culture and values. Finally, the impact of the COVID-19 pandemic on these concerns will be evaluated, as healthcare organizations face new challenges surrounding employee shortages, safety, and resilience during an unprecedented time for our society. The direct care worker crisis has been an issue for decades now, and the pandemic has caused it to become a national problem after threatening the most basic needs and quality of life of the individuals who need these services. In order to attract, motivate, and retain competent employees, this paper will provide recommendations for addressing the extensive interdisciplinary work of direct care workers to ensure appropriate compensation and specialized training opportunities for professional career development.

Introduction

Direct Care Workers Defined

Direct care workers (DCWs) are healthcare support employees who provide personal assistance to the elderly in long-term care or to individuals living with disabilities or chronic conditions. These workers aid their clients with all forms of personal care and activities of daily living. This can include assisting with fundamental skills such as bathing, grooming, dressing, meal preparation, feeding, communication, mobility, transportation, financial management, and any other routine tasks that they are unable to perform safely on their own (PHI, 2020). There are over 20 million older adults and individuals with disabilities in the United States who rely on DCWs for their expertise (Kirschner, Iezzoni, & Shah, 2020). Families of these clients often depend on these employees to provide support and quality care when they are not able to or are struggling to do so themselves. The individuals who provide services in these roles do so to enhance the quality of life of others in need and make a meaningful impact on their communities (Khatutsky, Wiener, Anderson, Akhmerova, Jessup, & Squillace, 2011).

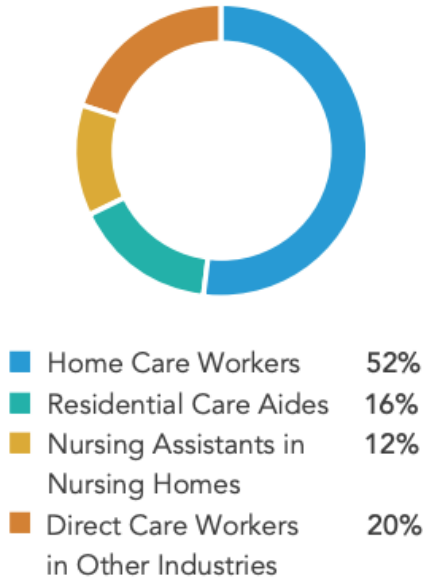
Employment Characteristics

The U.S. Bureau of Labor Statistics defines and tracks three different categories of DCW job titles based on their responsibilities and work setting: home health aides, nursing assistants, and personal care aides. The federal government only requires training for home health aides and nursing assistants who work at agencies or in nursing facilities that are certified by Medicare or Medicaid. However, most states and individual organizations have their own requirements and

training certification program for DCWs (U.S. Bureau of Labor Statistics, 2020). There are 4.5 million DCWs employed throughout the U.S. (Kirschner et al., 2020). Figure 1 shows the percentage of DCW employment by industry for 2019.

Figure 1

DCW Industry Employment Percentage, 2019



Note. Other industries employing direct care workers include hospitals, employment and vocational rehabilitation services, and others. From the *U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics*. 2020.

DCWs that work as home health aides assist individuals in their home, or within community-based programs, under the guidance of a skilled nurse or therapist. These individuals are typically hired by an agency or home health organization and are then assigned to a client within a private home. These types of aides are usually responsible for light housekeeping tasks and account for 2.4 million of the DCWs in the U.S. (PHI, 2020). Nursing assistants are another type of DCW, usually known as nursing aides or Certified Nursing Assistants (CNAs). These employees generally work in nursing homes and facilities with individuals who require 24-7 monitoring and care. However, some of these DCWs can also work in assisted living, community-based settings, and hospitals. Not only can these types of aides assist residents with their activities of daily living, but in some cases, they can also perform clinical tasks, such as measuring vital signs and guiding occupational therapy exercises. There are 566,000 nursing aides throughout the U.S. (PHI, 2020).

Personal care aides are the final category of DCWs, and they can work in either private residential homes or in group-based community settings. This type of aide has a broader set of job responsibilities and can be known as personal care attendant, home care worker, or a direct

support professional (DSP). DSPs specifically work with individuals with intellectual and developmental disabilities (IDD). Personal care aides can assist with chores, meal preparation, medication management, and social communication and engagement. There are 735,000 personal aides working throughout the U.S. (PHI, 2020).

Demographics

As of 2018, the total direct care workforce is 87% female employees and 13% male employees. The median age of all workers in this occupation is 43 years old, with the largest percent of employees being between 25-34 years old. 41% of all DCWs are White, 31% are Black or African American, 18% are Hispanic or Latino, 7% are Asian or Pacific Islander, and 3% are specified as "other." Of these workers, 73% are U.S. citizens. In terms of poverty level, 16% are less than 100%, 27% are less than 138%, and 45% are less than 200% below the federal level. 47% of all DCWs rely on some form of public assistance, such as food or nutrition assistance, cash assistance, and Medicaid. Additionally, 36% of this workforce lacks access to affordable housing. 56% of workers have health insurance through their employer or union, 28% receive coverage through Medicaid or Medicare, and 10% purchase health insurance directly. For educational attainment, 15% of workers do not have a high school diploma or G.E.D., 38% are high school graduates, 29% have some college education but no degree, and 18% have an associate degree or higher. Finally, 69% of these workers are employed full-time, while the other 31% only work part-time (ACS, 2018).

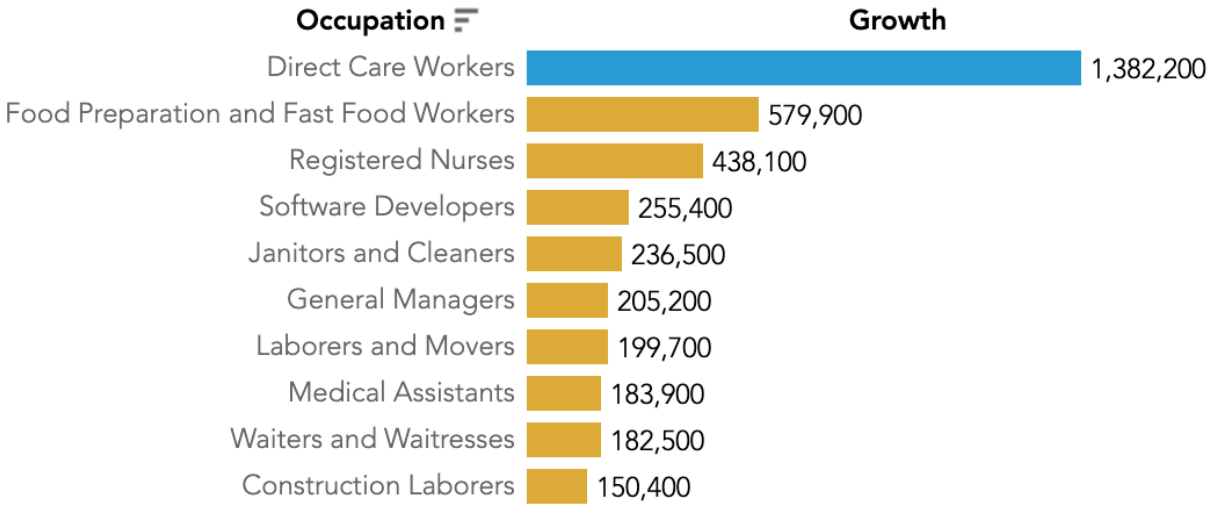
Workforce Crisis

The U.S. is currently experiencing a crisis within the healthcare industries that employ DCWs. Across all disability support service systems, the stability of the DSP workforce has been a long-standing issue. Although this profession is one of the largest workforces and fastest growing occupations in the country, there has been a critical shortage of these workers for over two decades that continues to grow in every community across the country (Khatutsky et al., 2011). Both the disabled and the aging population are currently at an all-time high, severely increasing the demand for DCWs, while the workforce is experiencing excessive rates of staff turnover. There is a significant need to attract more workers in the near future as the demand for these services keeps increasing. This issue has become a federal concern in attempts to stabilize the workforce, and the U.S. Department of Health and Human Services has been working to improve the quality and quantity of these types of positions for years (Khatutsky et al., 2011).

Since 2009, the industry has already added 1.6 million job positions, growing the total workforce from 3 million to 4.6 million as of 2019. Figure 2 shows the comparison between DCWs and other occupations with the most projected job openings due to growth from 2016 to 2026. The workforce has started to be reshaped in recent years, which reflects not only changes in governmental policies, but also consumer preferences. These have increased the demand for both home health and community-based services in this field, on top of a workforce that is already experiencing challenging employee shortages. The growing population of older adults, inadequate compensation rates, and poor job quality are all contributing factors of the increasing growth of this workforce crisis (PHI, 2020). It is crucial that more investment in this workforce is realized as the expectations for DCW job responsibilities will become increasingly more difficult.

Figure 2

Occupations with the Most Projected Job Opening Due to Growth, 2016 to 2026



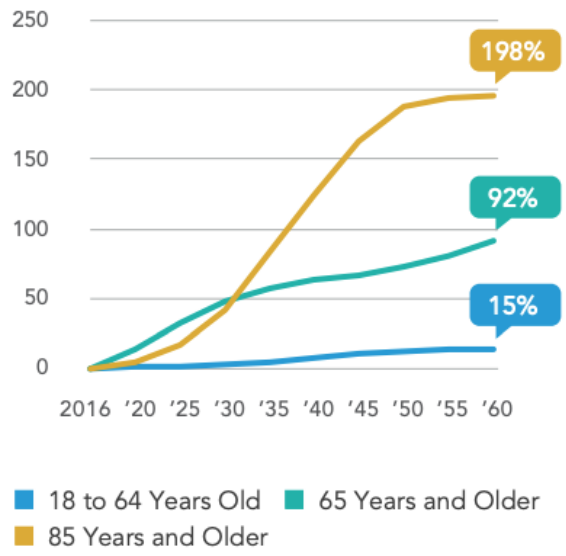
Note. Occupational separations and openings projected 2016-2026. From the *U.S. Bureau of Labor Statistics (BLS), Employment Projections Program.* 2017.

Growing Demand

The increasing "baby boomer" generation has continued to drive the demand for DCWs. It is estimated that the population of adults aged 65 and older will nearly double in the U.S. from 2016 to 2060. This would result in an increase from 49.2 million to 94.7 million individuals. Furthermore, over that same period, the total population of adults aged 85 and older is expected to triple from 6.4 million to 19 million. The growth of these demographic groups is the primary cause of the growing demand for DCW positions. Despite this rapid progression of these older age groups, the younger population of adults aged 18 to 64 will remain fairly constant throughout this time period. Figure 3 illustrates these projected population changes by age group. This could result in potentially less individuals available to become caregivers for those elderly adults in the future (PHI, 2020).

Figure 3

Projected Population Growth by Age, 2016 to 2060



Note. 2017 National population projections datasets, projected population by single year of age, sex, race, and Hispanic origin for the United States: 2016 to 2060. From the *U.S. Census Bureau*. 2020.

The current ratio of adults aged 18 to 64 to adults that are over the age of 85 is 35 to 1. Based on the above projections, this ratio will drop to 12 to 1. Individuals with complex and chronic conditions are also living longer than ever before. This includes Alzheimer's disease and other forms of dementia. Alzheimer's disease is the most common form of dementia, with over 5.8 million people aged 65 and older currently living with the condition. This number is expected to climb, reaching more than 13.8 million by 2050. This trend will keep pushing the demand of DCWs to increase, as more than a third of consumers in all long-term settings have some form of dementia (PHI, 2020).

Recognizing that the workforce crisis is also surrounding DSPs who serve individuals with IDDs is especially important for helping to improve their quality of life. In the IDD community, inclusion and equal rights have long been sought after. Not only has the work of DSPs made this more of a reality, but federal regulations, like the Americans with Disabilities Act (ADA), have introduced more standards to support these individuals in accomplishing their goals. However, for these policies to be successful, it is critical that a stable DSP workforce that is competent and qualified is consistently available to offer aid. To provide quality support, DSPs must possess the necessary skills and receive adequate compensation for their responsibilities and the services they are providing. Career path alignment and other opportunities for professional development should also be factors to consider for the DSP workforce (AAIDD, 2016).

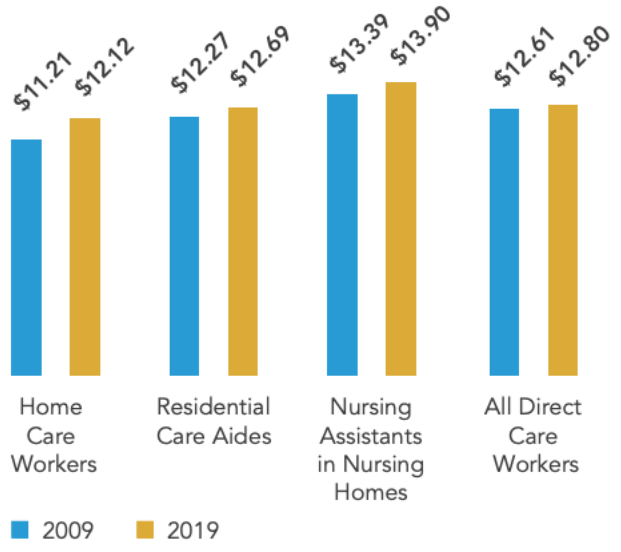
Furthermore, strategies need to be implemented to increase the quantity and quality of DSPs through education and development of disability awareness. If individuals with IDDs are to continue contributing positively to society and participate in their communities, then finding them the support they need to do so is vitally important. If this need for change is not addressed, then the disability support system is at risk of becoming stigmatized like it has been so strongly in the past, which led to institutionalization and segregation of individuals with IDDs. The increase in demand for DSPs, combined with limited access to the education and training needed for this workforce are vital reasons for serious change and improvement in this workforce (ACL, AOD, & PCPID, 2016). However, the lack of available DSPs is causing short staffing at many organizations, which can be attributed mostly to the low wages. Compensation not only affects rates of employee turnover, but also has implications on the industry's service quality (Torres, Spreat, & Clark, 2017).

Compensation

Despite the growing demand for these services, DCWs continue to receive low wages and otherwise remain inadequately compensated for their work. Inflation-adjusted hourly wages for these employees have only marginally increased over the last decade, with home health care workers being paid the lowest at $17,200 annually. This is followed by residential care aides at $21,100 and nursing assistants at $23,300 (PHI, 2020). Figure 4 shows the median hourly wages for DCWs by industry for 2009 to 2019. Due to these particularly low annual earnings, 47% of these workers live in low-income households, and over half of them depend on some form of public assistance, such as food stamps and other supplemental nutrition assistance programs. These low earnings, in addition to a high rate of part-time hours for this workforce, has made it difficult for many workers in this field to financially support themselves and care for their own families (PHI, 2020).

Figure 4

DCW Wages by Industry, 2009 to 2019



Note. May 2019 national occupational employment and wage estimates. From the *U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics.* 2020.

DCWs provide an immensely wide range of daily supportive services to individuals with IDDs and other difficult conditions, including "habilitation, health needs, personal care and hygiene, employment, transportation, recreation, and housekeeping and other home management related supports and services" (Torres et al., 2017). This work can be exceptionally difficult considering the variety of unique behaviors and disabilities any given client can have. However, these services are extremely valued and important for individuals who may have autism, behavioral and mental health issues, or other developmental and intellectual concerns, so that they can lead healthy and socially productive lives in their communities. Yet, the hourly wage for DCWs is comparable to those of entry-level service industry positions. Nevertheless, DCWs make a positive impact on the lives of the consumers they serve, and these results can be seen within their community (Torres et al., 2017).

Low compensation is the leading factor affecting the retention of DCWs in healthcare organizations. Not only is the starting pay rate low, but when employees stay with an organization for longer, pay raises are also miniscule. Low starting wages and low raises cause employees to not stay with an organization for very long and thus, the quality of employee work is also negatively affected (ACL et al., 2016). Employers begin to become less selective when they recruit new staff and the standard of their employees begins to decrease (Torres et al., 2017). Wages need to be increased to reduce the rate of turnover. Furthermore, the role of a DCW is very complex to appropriately support individuals with uniquely different disabilities. These staff must possess the knowledge and skills to perform a variety of tasks while keeping their client's health and safety the top priority (ACL et al., 2016).

Many associations and committees in support of DCWs and individuals with IDDs are pushing for policy changes that would increase the hourly wage to $15, and eventually as high as $18. However, according to Torres et al., 2017, $18 an hour still falls below the living wage standard for full-time employees, especially for those supporting their families. This causes these individuals to seek public subsidies in order to pay all of their expenses. Although this pay increase would require additional revenue for many healthcare organizations, it would dramatically reduce taxpayer burden, while also promoting the growth of a workforce that is so desperately needed in our society. There is about a 26% annual turnover rate for DCWs, plus a 12% rate of vacancy or open positions at any given time. There is no doubt that these rates will keep increasing as the life expectancy of individuals living with chronic conditions also continues to increase (Torres et al., 2017).

The Economic Policy Institute (EPI) estimates that there are about 27.5 million workers who earn less than $12.16 an hour. According to a study from EPI in 2016, by increasing the wages of all workers who make below $12.16 per hour, taxpayer spending on public benefits would be significantly reduced. Raising wages for DCWs to $18 an hour would not guarantee the elimination of all public benefits, but it would help these workers to be more self-sufficient so that they would not need public assistance. Although this is looking at an expanded view of the economy outside the workforce of DCWs, they predict that public assistance could decline by 3.1 percent for every dollar increase that is made to these hourly wages. However, considering that DCWs make up such a larger portion of the national workforce, this increase in wages would still have huge benefits to the government's spending of tax dollars (Torres et al., 2017).

Retention and Turnover

In addition to the startling statistics surrounding compensation aspects of this workforce crisis, there are several other factors that are having negative impacts on this workforce. The long-term care sector of the healthcare industry needs to improve retention and reduce the rate of turnover within this workforce. Not only can this be achieved through higher wages, but also by improving DCW training programs and opportunities for professional advancement. Healthcare organizations and other employers should also consider new methods for recruitment campaigns to expand their labor network (Campbell, 2019). Constant staffing challenges have negative impacts on workplace culture within healthcare organizations. Workers who begin experiencing burnout are more likely to quit, and 63% are more likely to take a sick day (Plemmons, 2018).

For long-term care organizations to promote a thriving workplace culture that reduces burnout and improves the well-being of their employees, it is important that leaders listen to their workers and be intentional when trying to shape workplace culture. Employees should be involved and participate in these efforts to avoid burnout. This process encourages employee engagement and creates a more enthusiastic environment with dedicated workers. Not only does employee engagement improve patient outcomes by providing higher quality of care, but it also reduces employee burnout by 57% (Plemmons, 2018).

All these concerns revolving around the DCW crisis extend further than just the ability to fill open positions and retain competent employees. Being unable to find applicants to hire for these vacant jobs directly affects the individuals they serve and their overall quality of life. When staff members are consistently being turned over this creates transition issues for consumers. They lose contact with the staff they began to trust and are expected to quickly rely on a new staff instead. This can greatly affect the quality of life of these clients and cause challenging setbacks for them, which is exactly what this field of work is trying to avoid. The quality of the knowledge we have of our consumers, as well as their behavior and needs start to rapidly decline. Therefore, the services and interactions we have with our consumers are negatively affected. The disrupted quality of care jeopardizes the continuity of the programs and organizations that provide these social services and thus increases the overall costs. In an attempt to efficiently meet the needs of their consumers, organizations then have to offer overtime to currently employed DCWs. However, this still creates a risk of lower quality of service for consumers as staff can then experience burnout due to the stress and strain of working with such a challenging population and a difficult environment (Torres et al., 2017).

It is vital that DCWs receive sufficient and in-depth training for this role. However, this rarely happens. There are no federal training requirements for these types of employees, so many organizations must make their own guidelines of what training courses their staff will need in order to successfully do their job and support the needs of the individuals they work with. If the government were more involved in the development of the workforce and set training standards to establish what competencies are needed, then the quality of these employees would drastically increase. If courses could be provided for these staff that also help them improve their professionalism and career planning, then the job outlook would be much higher, and this may help attract more interest in the field. Lack of support and supervision from organizations is another factor that negatively affects the quality and quantity of these employees (ACL et al., 2016). When all these factors are combined with a low rate of pay, it becomes clear why there is such a crisis occurring in this profession.

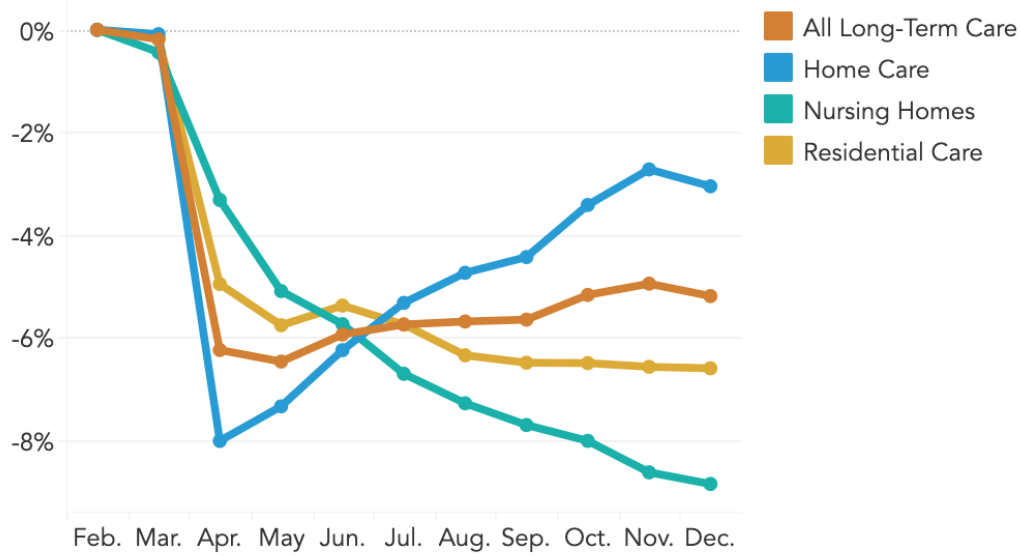
Impacts of the COVID-19 Pandemic

COVID-19 has brought unparalleled attention to the importance of this workforce's contributions in this field. The demand for DCWs will continue to rise in the years to come as the need for long-term services increases. Not only have these workers risked their own health and safety while caring for others during a pandemic, but they have also often done so without proper training or hazard pay. Inadequate staffing and resources during this challenging time has resulted in a lack of pandemic-specific preparation, no paid time off, limited access to childcare, and insufficient supplies of personal protective equipment (PPE) for DCWs, among other issues.

This situation, combined with the workforce crisis, has emphasized the drastic need to reinforce the quality of jobs in our nation's long-term care system and improve employment support for DCWs, (Campbell, 2021). Figure 5 shows the changes to long-term care employment rates as a result of the COVID-19 pandemic from February to December of 2020. As of September 2020, the U.S. Bureau of Labor Statistics released an updated version of employment projections for these occupations for 2019 to 2029. The statistics continue to be daunting. Figure 6 shows these results.

Figure 5

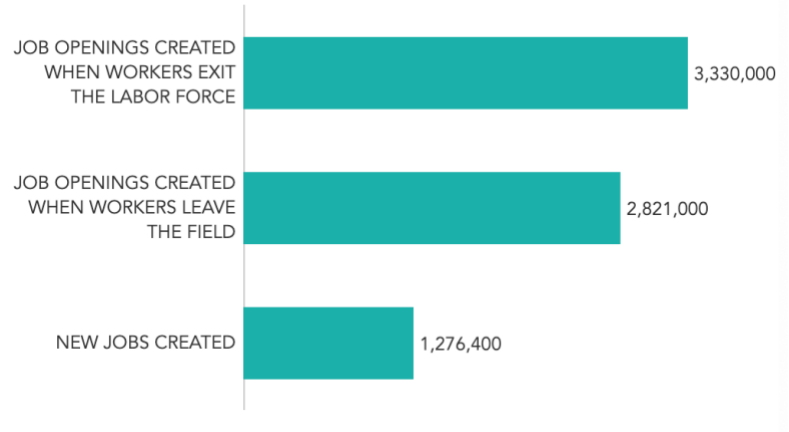
Long-Term Care Employment Changes Due to COVID-19, February to December 2020



Note. Employment, hours, and earnings – national. From the *U.S. Bureau of Labor Statistics (BLS), Current Employment Statistics (CES).* 2021.

Figure 6

DCW Projected Job Openings, 2019-2029



Note. Workforce Data Center. From *PHI*. 2021.

Recommendations

The most recent projections from the U.S. Bureau of Labor Statistics demonstrates an obvious need for more jobs to be filled in the DCW workforce in the years to come. Stronger recruitment strategies, improved job quality, and other workforce interventions will be critical for this industry to stay afloat. While these interventions should consider the impact of the COVID-19 pandemic, improvements to every long-term sector are vital. The following recommendations should be enforced as our nation struggles to contain the coronavirus outbreak and solve the DCW workforce crisis. All DCWs should be designated as essential workers. This allows the workforce to provide seamless care to those that they support with disabilities and chronic conditions, even during mandated stay-at-home orders. Appropriate PPE supplies, as well as accessible resources for affordable childcare, should be provided to these workers so they can continue working and getting paid during this time. Access to coronavirus testing, in addition to policies to address monitoring and treatment for infection control, should be implemented at every organization or agency to reduce the potential spread of the virus among employees, clients, and their families (Kirschner et al., 2020).

Furthermore, enhanced training and education programs need to be developed that focus on improving and promoting the retention of DCWs and the efficiency of services in order to provide long-term consumers with successful, high-quality care. Specialized credentials and professional development opportunities will allow DCWs to gain specific competencies and resources for career training (ACL et al., 2017). Wage support should also be enhanced and promoted to increase the rate of compensation for DCWs and to provide them with hazard pay at times when risk of exposure is heightened, especially as new variants of the virus are becoming increasingly more concerning. Additional guidelines should be in place as these new variants are inevitably going to have a negative impact on this community. Strategies for incorporating increased wages should be carefully considered to ensure that DCWs receive the increased pay raise, rather than the employer. This ensures that they are still eligible for other income-based benefits, including Medicaid and other forms of public assistance. Lastly, DCWs should be

provided with guaranteed health insurance and sick leave so they can properly take care of their own personal health, especially during a pandemic (Kirschner et al., 2020).

Conclusion

The initial response to the COVID-19 pandemic failed to recognize the importance of the DCW workforce. Many communities lacked a proper system for appropriately distributing PPE to these workers, in addition to not being able to routinely test employees for coronavirus. Not only did this result in unsafe working conditions for DCWs, but it also caused them to have to make difficult decisions about potentially putting themselves, and their families, at risk of exposure in order to work. Economic and healthcare policy discussions have been ongoing throughout the pandemic to provide support for this workforce and the individuals they serve. Although the development of the COVID vaccine has begun to contain the virus, these considerations should continue to be promoted to help the overall workforce crisis occurring throughout the nation (Kirschner et al., 2020).

Much of the data presented through the Bureau of Labor Statistics has confirmed the need for increased investment in recruiting new employees to this workforce and reducing the rate of turnover to ensure older adults and people with disabilities have the proper support they need for the foreseeable future (Campbell, 2019). The government needs to be more involved to make this a priority, as policy makers have been slow to introduce active solutions. Governmental agencies, as well as other support organizations, including the U.S. Department of Health and Human Services, the U.S. Department of Education, the U.S. Department of Labor, the Centers for Medicare and Medicaid Services, and the Administration for Community Living should develop and implement new programs following these recommendations to resolve the issues surrounding this crisis (ACL et al., 2017).

References

American Association on Intellectual and Developmental Disabilities (AAIDD). *Direct support professionals (DSP) workforce*. (2016). https://www.aaidd.org/news-policy/policy/position-statements/direct-support-professionals-(dsp)-workforce.

American Community Service (ACS). (2018). *1-Year Public Use Microdata Sample (PUMS)*.

Campbell, S. (2019). New research: 7.8 million direct care jobs will need to be filled by 2026. *PHI.*

Campbell, S. (2021). Will COVID-19 change direct care employment? New data offer clues. *PHI.*

Denny-Brown, N., Stone, D., Hays, B., Gallagher, D., Squillace, M., Lamont, H., Oliveira, I., & Dey, J. (2020). COVID-19 intensifies nursing home workforce challenges. *MatheMatica*, 1–43.

Kelly, C., Craft Morgan, J., Kemp, C. L., & Deichert, J. (2018). A profile of the assisted living direct care workforce in the United States. *Journal of Applied Gerontology*, *39*(1), 16–27. https://doi.org/10.1177/0733464818757000

Khatutsky, G., Wiener, J., Anderson, W., Akhmerova, V., Jessup, E. A., & Squillace, M. R. (2011). Understanding direct care workers: a snapshot of two of America's most important jobs - certified nursing assistants and home health aides. *ASPE - U.S. Department of Health and Human Services*, 1–70.

Kirschner, K. L., Iezzoni, L. I., & Shah, T. (2020). The invisible COVID workforce: direct care workers for those with disabilities. *The Commonwealth Fund*.

Kusmaul, N., Butler, S., & Hageman, S. (2020). The role of empowerment in home care work. *Journal of Gerontological Social Work*, *63*(4), 316–334.https://doi.org/10.1080/01634372.2020.1750524

Laws, C. B., & Hewitt, A. S. (2020). Introduction to the special issue: understanding the direct support workforce in the United States. *Intellectual and Developmental Disabilities*, *58*(3), 189–191. https://doi.org/10.1352/1934-9556-58.3.189

Lester, P. E., Dharmarajan, T. S., & Weinstein, E. (2019). The looming geriatrician shortage: ramifications and solutions. *Journal of Aging and Health*, *32*(9), 1052–1062.https://doi.org/10.1177/0898264319879325

PHI. (2020). *Direct care workers in the United States* [Fact sheet]. https://phinational.org//Direct-Care-Workers-in-the-United-States-2020-PHI.pdf.

PHI. (2019). *5 Steps for Launching a Workplace Culture of Retention.https://phinational.org/5-steps-for-launching-a-workplace-culture-of-retention/*

Plemmons, J. (2018). *2 Remedies for Reducing Burnout Among Healthcare Workers.* Gallup.

Rangachari, P., & L. Woods, J. (2020). Preserving organizational resilience, patient safety, and staff retention during COVID-19 requires a holistic consideration of the psychological safety of

healthcare workers. *International Journal of Environmental Research and Public Health, 17*(12), 4267. https://doi.org/10.3390/ijerph17124267

Ryan, C., Bergin, M., & Wells, J. S. G. (2019). Work-related stress and well-being of direct care workers in intellectual disability services: a scoping review of the literature. *International Journal of Developmental Disabilities*. *67*(1). 1 22.https://doi.org/10.1080/20473869.2019.1582907

Spetz, J., Stone, R. I., Chapman, S. A., & Bryant, N. (2019). Home and community-based workforce for patients with serious illness requires support to meet growing needs. *Health Affairs*, *38*(6), 902–909. https://doi.org/10.1377/hlthaff.2019.00021

Spreat S, Brown-McHale K, Walker S. (2017). *PAR 2015 direct support professional wage study*. J Public Health Policy Plan.

The Administration for Community Living (ACL), The Administration on Disabilities (AOD), & The President's Committee for People with Intellectual Disabilities (PCPID). (2017). *Report to the President 2017 America's direct support workforce crisis: effects on people with intellectual disabilities, families, communities, and the U.S. economy*. https://acl.gov/sites/default/files/programs/2018-02/2017 PCPID Full Report_0.PDF.

The SCAN Foundation. (2020). https://www.thescanfoundation.org/.

Torres, N. D., Spreat, S., & Clark, M. (2017). *Direct support professional compensation practices: implications on service quality; tax dollars; and quality of life*. Social Innovations Journal. https://socialinnovationsjournal.org/about-sij/policy

U.S. Bureau of Labor Statistics. *Occupational employment and wage statistics*. (2020, May). https://www.bls.gov/.

White, E. M., Wetle, T. F., Reddy, A., & Baier, R. R. (2021). Front-line nursing home staff experiences during the COVID-19 pandemic. *Journal of the American Medical Directors Association*, *22*(1), 199–203. https://doi.org/10.1016/j.jamda.2020.11.022

Yoon, S., & Khan, M. M. (2019). The effect of organizational values, work-related compensation, and benefits on job satisfaction of home health aides. *Home Health Care Management & Practice*, *32*(2), 95–104. https://doi.org/10.1177/1084822319890101

About the Author

My name is Rebecca Green. I graduated from the MHA program in April 2021. I completed my undergraduate at Grand Valley in 2019, studying Allied Health Sciences. Since then, I have gone on to complete a graduate certificate in Interprofessional Health Informatics. I have also received certificates for completing training programs for both Lean Six Sigma and PRINCE2 Project Management. I am currently working for British Standards Institute as a Project Coordinator. We are a notified body that works to standardize medical device regulations and certify conformity requirements. At the time I wrote this paper, I was working as a Social Recreation Coordinator for a program that served individuals with developmental disabilities. I was in this role during the height of the COVID-19 pandemic. I became increasingly interested in the crisis surrounding direct care workers that continues to globally affect the stability of our health systems. This paper explores factors that contribute to the retention and turnover of this workforce, including employee shortages, safety, and resilience during an unprecedented time for our society. This topic continues to be relevant within my current career as I work to provide patient safety and market access for medical device technology.