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ISSUE BRIEF

Training Methods Matter: Results of a Personal Care Aide Training Program in Chicago

BY STEPHEN CAMPBELL

Research shows that high-quality training for home care workers can improve both job satisfaction and care outcomes. To strengthen training in the Chicago area, PHI formed the Quality Care through Quality Jobs (QCQJ) Training Collaborative with four home care providers and a labor union. Together, they created and pilot-tested an enhanced pre-service training program that reached 125 of their newly hired personal care aides. This brief describes the development and impact of the training, and is meant to inform both policies and practices to improve home care services throughout Illinois.

THE PHI APPROACH TO HIGH-QUALITY TRAINING

When direct care workers are satisfied with their training, they are less likely to experience workplace stress and injuries and more likely to remain in their jobs.¹ With reduced turnover among workers, consumers benefit from higher quality care and employers save money—as it costs an estimated \$2,500 to recruit, orient, and train each new worker.² Over the past 25 years, PHI has refined an approach to training personal care aides that has consistently demonstrated positive outcomes, particularly high trainee satisfaction.

PHI's approach is rooted in the principles of person-centered care, and it emphasizes active listening skills, self-management, self-reflection, and collaborative problem-solving. The approach is underpinned by adult learner-centered methods which include:

1. **Experience:** Trainees share their life experiences and gain new ones through games, role-playing, and scenarios.
2. **Reflection:** Trainees reflect on their experiences through group discussions or journal writing.
3. **Generalization:** Trainees receive new information and consider how it fits into their pre-existing knowledge.
4. **Application:** Trainees practice new skills through hand-on activities, often by performing tasks as they would in the field.

The PHI-led Building Training Building Quality (BTBQ) program in Michigan illustrated the positive impact of this training approach.³ From 2011 to 2013, nearly 400 new personal care aides completed a 77-hour, adult learner-centered training program. Among the trainees, 91 percent believed they had mastered their new skills, 94 percent felt better able to support consumers, and 77 percent expressed higher job satisfaction after the training.

PHI'S QCQJ TRAINING COLLABORATIVE

In 2015, PHI formed the Quality Care through Quality Jobs (QCQJ) Training Collaborative in Chicago, building on the success of the Michigan BTBQ program and PHI's history of innovating effective training approaches for direct care workers. The group had five initial members, including Service Employees International Union (SEIU) Healthcare Illinois and Indiana, and four home care providers: Addus HomeCare, Chicago Commons, CJE SeniorLife, and Catholic Charities. The providers served more than 21,000 older adults, employed 9,500 personal care aides (known as home care aides in Illinois), and trained 2,400 new staff per year in Illinois.⁴ (See Figure 1 on page 3 for an overview of all home care workers in Illinois.)

As there are no federal training requirements for personal care aides, states vary widely in their training requirements. In Illinois, personal care aides must be trained for at least 24 hours on state-

specified topics before they start work. When QCQJ providers convened, they each followed their own 24-hour training programs, with specific content and classroom activities varying by provider. Most of the providers' curricula included training on diversity, managing stress, and older adults—topics recommended by the state for continuing education but not required for pre-service training.

QCQJ providers agreed to extend the training to 40 hours, to allow time for adult learner-centered teaching methods. They also added content on person-centered care and communication skills. These changes were informed by PHI's training expertise and evaluation data, as well as SEIU's experience in Illinois providing adult learner-centered training to home care workers employed directly by consumers (known as "independent providers"). PHI drafted the new curriculum and worked closely with QCQJ members to reach consensus about the final product. (See Appendix A for all QCQJ training modules.)

FIELD TESTING THE NEW CURRICULUM

The QCQJ pilot took place at four training sites, one for each provider organization. Providers piloted the training between January and September 2016, following train-the-trainer workshops led by PHI. Trainees were randomly assigned into two groups: one group received the 40-hour QCQJ training, while the other received their employer's original 24-hour training.

External factors affected the scale of the project. From July 2015 to July 2017, Illinois operated without a budget due to ongoing disagreements between the governor and state legislature. During that time, home care agencies did not receive timely payment for services rendered under state contracts. The resulting financial uncertainty caused Chicago Commons to leave the project before they could pilot the curriculum they had helped develop. During the pilot phase, CJE SeniorLife terminated its state contracts and closed its home care division altogether, and stopped hiring and training personal care aides.

Despite these challenges, 125 new workers were trained with the QCQJ curriculum, and 114 trainees received their employer's original 24-hour training. The trainees were predominantly black or African American women with low educational attainment. Many trainees already had some familiarity with caregiving tasks. More than half had experience as paid caregivers prior to training. Additionally, 54 percent were "preferred workers" who provided care to friends or family members. Among preferred workers, 62 percent had more than one year of unpaid caregiving

FIGURE 1: ILLINOIS HOME CARE WORKERS BY THE NUMBERS

- **81,160** home care workers, including **48,860** personal care aides and **32,300** home health aides.
- **9 in 10** are women.
- They earn an average hourly wage of **\$10.59**.
- **71%** work part-time or part-year.
- They earn a median annual income of **\$12,600**.
- **53%** rely on some form of public assistance.
- From 2014 to 2024, home care occupations are projected to add **17,860** jobs.

Source: PHI. 2016. *Home Care Workers in Illinois: Key Facts*. Bronx, NY: PHI. <https://60caregiverissues.org/facts-and-trends-issue-6.html>

experience. (See Appendix B for demographics, prior experience in caregiving, and preferred worker status among all trainees.)

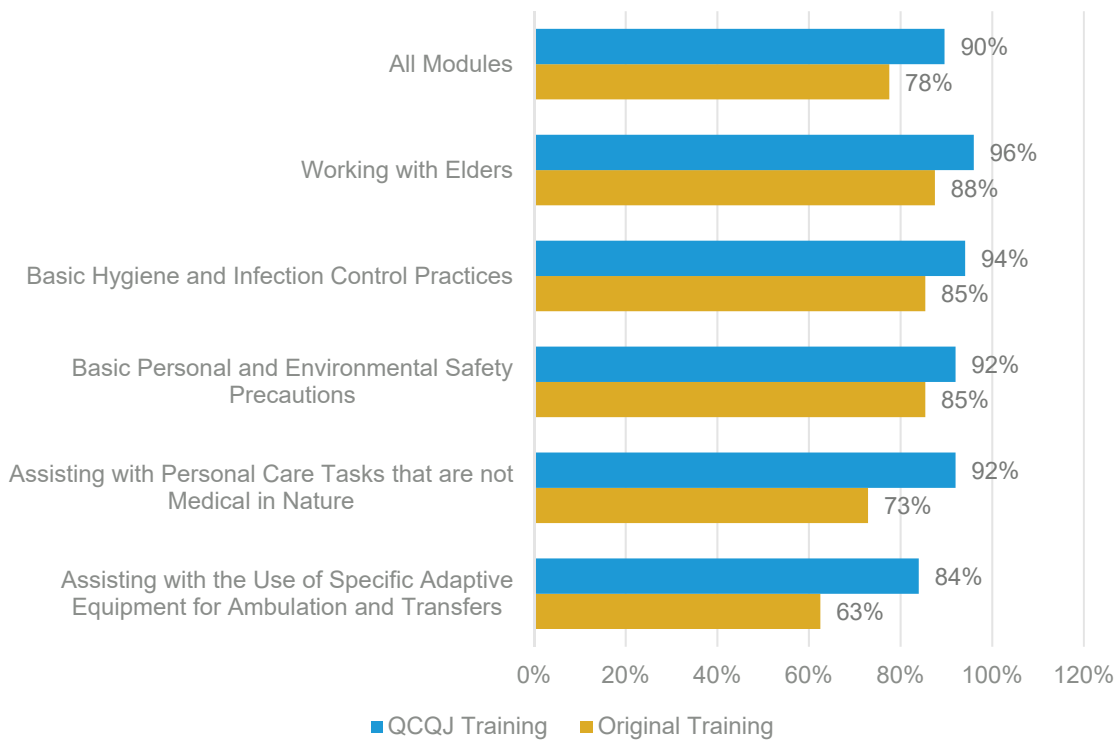
PROMISING OUTCOMES

Three months after the personal care aides completed their training, they were sent a follow-up survey that asked them to rate the helpfulness of each training module and their job satisfaction. To assess the impact on services, a small sample of consumers were also interviewed by telephone.

Worker and Consumer Satisfaction with Training

QCQJ trainees expressed 16 percent higher overall satisfaction with their training compared to trainees who received their employer’s original 24-hour training. (See Appendix A for full trainee satisfaction results.) The adult learner-centered teaching methods used in the new training may

FIGURE 2: QCQJ TRAINEES WERE MORE SATISFIED WITH TRAINING MODULES THAN TRAINEES WHO RECEIVED THEIR EMPLOYER’S ORIGINAL TRAINING.



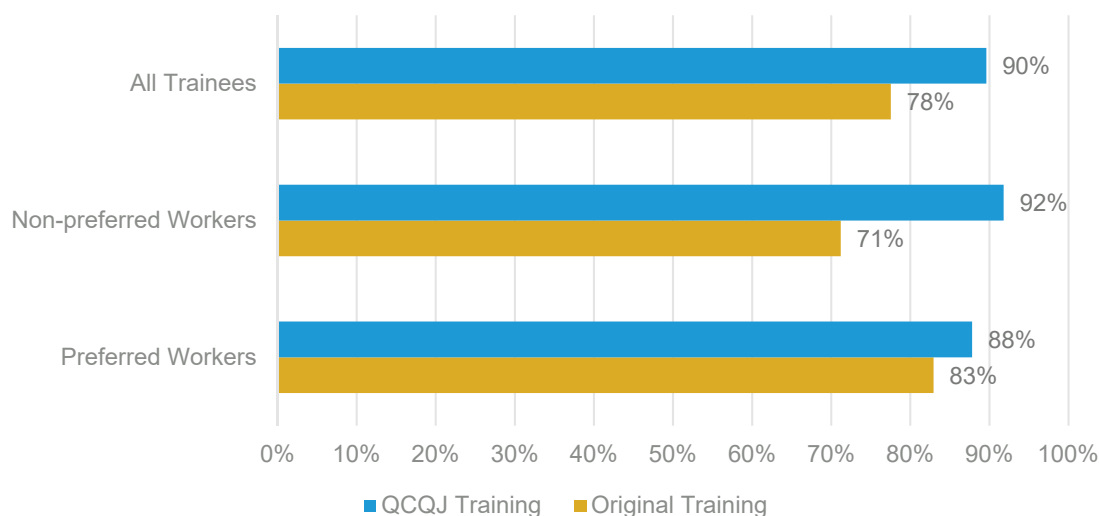
Note: Respondents rated training as “not at all helpful,” “somewhat helpful,” or “very helpful.” Hands-on activities include case study-based simulations, skills demonstrations, role playing, and skill practice (individually or in triads). For other modules, trainees developed and applied skills through discussion in groups or in pairs.

explain the difference (see Figure 2). For example, the difference in satisfaction between the two training groups was especially large for training on personal care (26 percent) and use of adaptive equipment (34 percent), likely because QCQJ trainees applied these new skills through practice triads, with one trainee practicing the task, a second experiencing the task as a consumer, and the third observing and providing feedback. Similarly, QCQJ trainees expressed high satisfaction with modules that developed foundational skills through role-playing and scenarios, such as the module on working with older adults that included a simulation exercise on providing care for a person with dementia.

Enhanced satisfaction with the QCQJ training was particularly notable when comparing preferred and non-preferred workers (see Figure 3). Non-preferred workers in the QCQJ training group expressed 29 percent higher satisfaction with their training than those receiving the 24-hour training, while satisfaction levels were similar between both groups of preferred workers. As noted above, hands-on experience is essential to the adult learning cycle and may have been particularly valuable for non-preferred providers. Preferred providers, on the other hand, may have already gained this hands-on experience through their informal caregiving activities.

Feedback from consumers whose personal care aides completed the QCQJ training suggests that the program may have resulted in more person-centered care. One woman stated that her worker "...puts my needs ahead of everything else." Another woman appreciated that her personal care aide asked her about how to re-arrange pictures on a wall after having removed the pictures for cleaning. These stories demonstrate that consumers appreciate attentiveness, which was prioritized throughout the person-centered QCQJ training.

FIGURE 3: THE QCQJ TRAINING IMPROVED SATISFACTION AMONG NON-PREFERRED WORKERS MORE THAN AMONG PREFERRED WORKERS.



Note: Respondents rated training as "not at all helpful," "somewhat helpful," or "very helpful."

Job Preparation and Satisfaction

When surveyed after three months, QCQJ trainees were somewhat more satisfied with their jobs (44 percent) than trainees who received their employer’s original 24-hour training, and they felt they were more prepared for their role. In response to the statement, “I feel the HCA training I received ...prepared me to support my client,” 63 percent of the QCQJ trainees strongly agreed, compared to 54 percent of those who received the original training.

QCQJ trainees also expressed 11 percent higher intent to remain in their jobs for at least one year than those who received the 24-hour training. This positive outcome may derive from their higher perceived preparedness for the role. Among all trainees, those who strongly agreed with the statement “I have enough information to do my job well” were 10 percent more likely to express intent to remain in their jobs for at least one year. Sixty-three percent of the QCQJ group strongly agreed with this statement compared to 58 percent of the original training group.

These findings further underscore the important link between training and personal care aide retention, which can improve care quality as workers form closer relationships with consumers over time and thereby develop a better understanding of their clinical needs and personal preferences. Lower turnover among workers also lowers costs, allowing employers to focus more time and resources on improving personal care aide job quality and services for consumers.

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CONCLUSION AND RECOMMENDATIONS

Through the QCQJ Training Collaborative program, providers recognized the benefits of high-quality, adult learner-centered training. The newly hired aides who completed the enhanced 40-hour training expressed higher satisfaction with their training, better preparedness for their role, and reduced intent to leave. These promising outcomes led QCQJ providers to permanently implement components of the new training program; one provider is incorporating adult-learner centered teaching methods into its training programs for new and incumbent workers, and the other is offering the 40-hour QCQJ training to all new hires.

Beyond these immediate outcomes, the results of the QCQJ pilot highlight three opportunities to improve state regulations:

- **Expand Pre-Service Training Curricula.** Before personal care aides start working in Illinois, they are not required by the state to complete training on cultural diversity, managing stressor working with older adults (including those with dementia). Instead, state law defers these topics as options for in-service training. Yet results from the QCQJ Training Collaborative project indicate workers appreciate and benefit from learning these skills before they begin their roles.
- **Mandate Adult Learner-Centered Teaching.** Adult learner-centered teaching methods, which enabled trainees to learn through hands-on practice and group reflection, led to higher training

satisfaction. Illinois could follow the example of Washington, where adult learner-centered methods are required for pre-service training among personal care aides.

- **Extend Training Hours.** Additional training content and classroom activities require more time to complete. Positive outcomes from the QCQJ pilot underscore the value of this additional investment of time and resources, including for personal care aides who are new to the field and for those who bring prior experience in caregiving.

In Illinois, as demand grows for home care services, efforts to improve job quality and service quality are becoming increasingly important. Through participation in the QCQJ training program, personal care aides were more satisfied with their training, more confident in their abilities, and more likely to stay on the job for at least one year. When QCQJ-trained workers applied their training to their jobs, consumers were satisfied with the person-centered care they received. Even under challenging financial circumstances, these insights underscore the importance of investing in training for personal care aides as a step toward strengthening the home care system in Illinois.

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Notes

¹ Ejaz, Farida K., Linda S. Noelker, Heather L. Menne, and Joshua G. Bagakas. 2008. "The Impact of Stress and Support on Direct Care Workers Job Satisfaction." *The Gerontologist* 48(Suppl 1):60-70; McCaughey, Deirdre, Gwen McGhan, Jungyoon Kim, Diane Brannon, Hannes Leroy, and Rita Jablonski. 2012. "Workforce Implications of Injury Among Home Health Workers: Evidence from the National Home Health Aide Survey." *The Gerontologist* 52(4):493-505. doi: 10.1093/geront/gnr133.

² Castle, Nicholas and John Engberg. 2012. "Nursing Home Staff Turnover: Impact on Nursing Home Compare Quality Measures." *The Gerontologist* 47(5):650-661. doi:10.1093/geront/47.5.650; Seavey, Dorie. 2004. *The Cost of Frontline Turnover in Long-Term Care*. Washington, DC: Institute for the Future of Aging Services, American Association of Homes and Services for the Aging. <https://www.phinational.org/sites/phinational.org/files/clearinghouse/TOCostReport.pdf>.

³ Luz, Clare, Laura Swanson, Daniel Ochylski and Hollis Turnham. 2014. *Michigan's "Building Training...Building Quality" Personal and Personal Care Aide State Training Program*. East Lansing: Michigan Office of Services to the Aging.

http://www.michigan.gov/documents/osa/Michigan_PHCAST_BTbQ_Final_Report_December_18_2014_477161_7.pdf.

⁴ Home care aides in Illinois provide non-medical assistance to older adults and people with disabilities with daily tasks such as eating, dressing, and bathing. They meet the definition of personal care aides according to the U.S. Bureau of Labor Statistics (BLS) Standard Occupational Classification (SOC) System. For consistency with the BLS classification system, this report used the term "personal care aide" rather than "home care aide" to describe this group of workers in Illinois.

APPENDIX A: PERCENTAGE OF TRAINEES WHO REPORTED TRAINING AS “VERY HELPFUL,” BY TRAINING MODULE AND TRAINING GROUP

MODULE TITLE	ORIGINAL TRAINING N=114	QCQJ TRAINING N=125	PERCENT DIFFERENCE*
All Modules	78%	90%	16%
Module 1. The Home Care Aide’s Job Responsibilities and Limitations	88%	94%	8%
Module 2a. Communication Skills	77%	92%	20%
Module 2b. Diversity and Managing Stress	70%	86%	23%
Module 3. Basic Hygiene and Infection Control Practices	85%	94%	10%
Module 4. Basic Personal and Environmental Safety Precautions	85%	92%	8%
Module 5. Assisting with Self-Administered Medications	72%	76%	6%
Module 6. Working with Elders	88%	96%	10%
Module 7-a. Maintenance of a Clean and Healthy Environment / Instrumental Activities of Daily Living	81%	94%	16%

APPENDIX A: PERCENTAGE OF TRAINEES WHO REPORTED TRAINING AS “VERY HELPFUL,” BY TRAINING MODULE AND TRAINING GROUP (CONT.)

MODULE TITLE	ORIGINAL TRAINING N=114	QCQJ TRAINING N=125	PERCENT DIFFERENCE
Module 7-b. Assisting with Meal Planning and Preparation	73%	86%	18%
Module 8. Assisting with Personal Care Tasks That Are Not Medical in Nature (ADLs)	73%	92%	26%
Module 9. Assisting with the Use of Specific Adaptive Equipment for Ambulation and Transfers	63%	84%	34%
Module 10. Assisting with Respiratory Services	62%	80%	30%
Module 11. Recognizing Emergencies; Knowledge of Emergency Procedures	79%	90%	14%
Module 12. Confidentiality	81%	92%	13%
Module 13. Understanding Abuse and Neglect Prevention and Reporting	85%	94%	10%

* The percent difference is the difference in satisfaction scores for the two training groups divided by the satisfaction score for the original-training group. For example, the first row in this table should be interpreted as, “QCQJ trainees expressed 16 percent higher overall satisfaction with their training compared to trainees who received their employer’s original 24-hour training.”

APPENDIX B: DEMOGRAPHICS, PRIOR EXPERIENCE IN CAREGIVING, AND PREFERRED WORKER STATUS AMONG TRAINEES, BY TRAINING GROUP

	ORIGINAL TRAINING N=114	QCQJ TRAINING N=125
GENDER		
Female	82%	82%
Male	18%	18%
RACE AND ETHNICITY		
Black or African American	88%	93%
Hispanic or Latino	5%	5%
White or Caucasian	6%	1%
Other	1%	2%
EDUCATIONAL ATTAINMENT		
High School or Less	69%	60%
Some College	25%	35%
Bachelor's Degree or Higher	6%	5%
PRIOR EXPERIENCE IN CAREGIVING		
Yes	56%	47%
No	44%	53%
PREFERRED WORKER STATUS		
Preferred Worker	54%	54%
Non-Preferred Worker	46%	46%

About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care

For more information, visit our website at www.PHInational.org and 60caregiverissues.org

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