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RESEARCH BRIEF

The Part-Time Dilemma for Direct Care Workers

BY STEPHEN CAMPBELL

Direct care workers need to earn enough to support themselves and their families. While a living wage would help, these workers also need sufficient hours and consistent schedules. By analyzing national survey data, we found that one in every three direct care workers works part time—in many cases because they cannot obtain full-time hours. Others work part time due to competing responsibilities, such as raising children, helping other family members, or attending school. These findings underscore the need to develop strategies—including scheduling systems and employment supports—to more effectively deploy the existing workforce, as a critical step toward addressing the direct care workforce shortage.

METHODOLOGY

This analysis is based on monthly Current Population Survey (CPS) data from January 2015 to December 2017. In the CPS, most respondents are interviewed eight times over 16 months. To avoid duplication, our sample only includes respondents who were in the final month of their interview cycle (which represents approximately one-eighth of the total monthly CPS sample).

We combined two questions about work hours to measure the prevalence of part-time work. The first question asks how many hours respondents typically work in a week. The second question, which is a follow-up question for those who report that their hours vary, asks respondents whether they typically work part time or full time.

We analyzed reasons for part-time work from follow-up questions in the survey that are administered to respondents who report that: 1) they were not absent from work in the prior week, and 2) they usually work fewer than 35 hours per week (which is the definition of part-time work in the CPS). In our analysis, we compare aggregated “economic reasons” with disaggregated “non-economic reasons.”¹ Economic reasons include not being able to find a job with full-time hours or having hours cut back due to a decline in business.² Non-economic reasons include, among others, family obligations and enrollment in education.

ON THE DIRECT CARE WORKFORCE

The direct care workforce comprises 4.5 million home health aides, personal care aides, and nursing assistants, employed across home and community-based settings, nursing homes, assisted living communities, group homes, intermediate care facilities, and hospitals. All direct care workers help with daily tasks, such as dressing and bathing. In addition to these tasks, personal care aides help with housekeeping and meal preparation, while home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises. In this brief, direct care workers who work in home and community-based settings are referred to as “home care workers,” while those who work in nursing homes are referred to as “nursing assistants.”

REASONS FOR PART-TIME WORK IN THE DIRECT CARE WORKFORCE

One in three direct care workers works part-time hours, and home care workers are more likely to work part time than nursing assistants.³

- Overall, 31 percent of direct care workers work part time.
- Forty percent of home care workers work part time, compared to 24 percent of nursing assistants.

One in four part-time direct care workers report economic reasons for working part time—meaning that they are unable to find full-time work due to business conditions at their place of work or in the broader economy. Home care workers are more likely to work part time for economic reasons than nursing assistants.

- Twenty-four percent of part-time direct care workers report that they are prevented from attaining full-time hours for economic reasons, including 26 percent of part-time home care workers and 20 percent of part-time nursing assistants (see Figure 1).
- Twenty-five percent of part-time direct care workers cite family or personal obligations for working part time (see Table 1).
- Thirty-five percent of part-time nursing assistants work part time to attend school or participate in training, versus 10 percent of home care workers.
- Compared to nursing assistants, home care workers are nearly twice as likely to work part time due to retirement eligibility requirements (nine percent versus five percent) and twice as likely to work part time due to a health-related limitation (nine percent versus four percent).⁴

FIGURE 1: ONE-QUARTER OF PART-TIME DIRECT CARE WORKERS CANNOT FIND FULL-TIME WORK DUE TO CONDITIONS AT THEIR PLACE OF WORK OR IN THEIR LOCAL ECONOMY

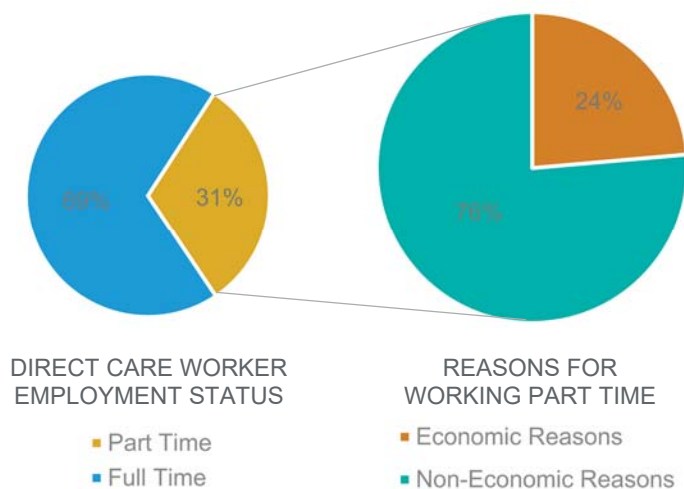


TABLE 1: NEARLY HALF OF ALL DIRECT CARE WORKERS WORK PART TIME FOR ECONOMIC REASONS OR DUE TO FAMILY OR PERSONAL OBLIGATIONS

	TOTAL	HOME CARE WORKERS	NURSING ASSISTANTS IN NURSING HOMES
Economic Reasons	24%	26%	20%
Non-Economic Reasons	76%	74%	80%
Family/Personal Obligations	25%	28%	22%
School/Training	19%	10%	35%
Retired/Social Security Limit on Earnings	8%	9%	5%
Child Care Problems	7%	8%	6%
Health/Medical Limitations	7%	9%	4%
Other*	10%	10%	8%

Source: U.S. Census Bureau. 2017. *Current Population Survey (CPS), January 2015 to December 2018 Basic Monthly CPS*. https://thedataweb.rm.census.gov/ftp/cps_ftp.html; analysis by PHI (March 2, 2018).

*The Fair Labor Standards Act does not define full-time work, and the definition of full-time work therefore varies among employers. In follow-up questions on reasons for part-time work, some respondents replied that their hours are considered full time (even though they work fewer than 35 hours per week). Our analysis shows that the median work week among these respondents was 30 hours per week. Since we did not have further details on these workers' hours, we recoded this reason into the "other" category, along with all other non-coded responses.

DISCUSSION

Part of the solution to the growing workforce shortage in direct care is to optimize the current workforce. In this analysis, we found that a third of direct care workers work part time for a range of reasons, including because they are unable to find full-time hours. Building on these findings, here are three recommendations for maximizing the capacity of the direct care workforce while also promoting economic stability among workers.

First, it is critical that employers facilitate more full-time opportunities for direct care workers. As one example, employers could implement workforce management software to (1) better align scheduling requirements with workers' availability, and (2) offer workers more control over their schedules (such as through a text messaging system that alerts workers about open shifts). Interventions to improve scheduling would especially benefit home care workers, who are more likely than nursing assistants to struggle to find full-time work—a surprising finding, given the acute challenges that home care providers experience in filling shifts.⁵

Second, research and advocacy are needed to identify and address other barriers to consistent, full-time scheduling in long-term care. For example, employers may be concerned about their ability to provide health insurance for full-time workers who are eligible for coverage under the Affordable Care Act,⁶ or workers may avoid taking on additional hours in case they lose Medicaid coverage.⁷ A

combination of public education and policy reform may be needed to overcome these barriers to workforce optimization.

This analysis also showed that many direct care workers work part time—voluntarily or not—to provide care for their families. To ensure adequate care for older adults and people with disabilities, therefore, we must also address the care needs of these workers. Expanding public programs and employer-based community partnerships that provide childcare and eldercare assistance for direct care workers would help increase the capacity of this workforce, which in turn would help stabilize the long-term care system.

In summary, recognizing employment preferences and constraints among part-time workers is essential for effectively deploying the direct care workforce. Coupled with other interventions to improve job quality—like higher wages, better training, and new opportunities for advancement—strategies to improve hours and scheduling will benefit direct care workers economically and help ensure accessible long-term care for older adults and people with disabilities.

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NOTES

¹ The CPS also administers two follow-up questions on part-time work separately to respondents who report that they work part time voluntarily and those who report that they work part time involuntarily. In our analysis, we combined the responses from both the “voluntary” and “involuntary” respondents, since many of the reasons given for working part time (such as retirement rules or medical limitations) do not imply a truly voluntary or unrestricted choice.

² In the survey, economic reasons are worded as “Slack Work/Business Conditions” and “Could Only Find Part-Time Work.”

³ In this analysis, part-time workers include those who report typically working fewer than 35 hours per week, and workers whose hours vary but who reported that their hours are usually part-time. In prior publications, PHI defined full-time workers as those who typically work at least 40 hours per week for over 50 weeks in the year (including vacation and paid sick leave), using data from the American Community Survey rather than the CPS. For these reasons, our earlier analyses on part-time work are not comparable to this analysis.

⁴ For example, the federal Social Security Administration (SSA) will deduct one dollar for every two dollars that full-retirement age adults—defined as 66 years old for those born between 1943 and 1953—earn above \$17,040 in 2018. Other public and private retirement benefits may also have earnings limits.

⁵ Home Care Pulse. 2017. *Home Care Benchmarking Study Snapshot Report*. Rexburg, ID: Home Care Pulse. <https://benchmarking.homecarepulse.com/preview-the-study/>.

⁶ Society for Human Resource Management. 2017. *Health Care Reform – 2017 Findings*. Alexandria, VA: Society for Human Resource Management. <https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/2017%20Health%20Care%20Reform.pdf>.

⁷ Greene, Jessica. 2017. “What Medicaid Recipients and Other Low-Income Adults Think About Medicaid Work Requirement.” *Health Affairs* 10.1377/hblog20170830.061699.

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.

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