Published in final edited form as:

J Gerontol Soc Work. 2013 ; 56(4): 299–317. doi:10.1080/01634372.2013.773392.

Older Women Doing Home Care: Exploitation or Ideal Job?

Sandra S. Butler

School of Social Work, University of Maine, Orono, Maine, USA

Abstract

The increased need for both personal assistance workers and meaningful employment opportunities for older workers results in growing numbers of older home care aides. This study examined lifetime financial security and perceived advantages of older age in this field through interviews with 31 older home care aides. Study participants experienced high levels of financial insecurity and perceived older workers as particularly well suited to the home care job. The consequences of this low-wage, low-status work are explored along with implications for social workers to advocate for improved conditions for these workers providing essential care to frail elders.

Keywords

older workers; home care; direct care workers

Introduction

Women's share of the labor force has been increasing steadily since the middle of the last century. The fastest growing sector of the U.S. workforce is made up of mid-life and older women (OWL, 2012). About one-fifth of the nation's labor force is 55 years of age and older and nearly half of these older workers are women (OWL, 2012).

At the same time, unemployment, stagnant and declining wages, and the variable performance of assets in defined contribution plans have left many older workers with inadequate retirement savings, leaving them little choice but to keep working (Polivka, 2012). Low wages, allowing little cushion for saving have left many older adults financially insecure, a situation compounded by the Great Recession which has decimated retirement investments as well as the value of home equity. Polivka (2012) estimates that 84 percent of households of adults over 65—most headed by women—are financially vulnerable “and 36 percent are at serious financial risk” (p. 12). This means many older women are either employed or interested in finding work.

The rising need for personal care services is a parallel trend. The number of individuals needing personal care is expected to double from 13 million in 2000 to 27 million in 2050 (Kaye, Chapman, Newcomer, & Harrington, 2006). The Bureau of Labor Statistics projects that the job of personal care aide will be the fastest growing occupation between 2010 and 2020, increasing by 70.5% (Bureau of Labor Statistics, 2012). Most personal care assistance continues to be provided by unpaid, family caregivers, the large majority of whom are women, but the availability of these “informal” caregivers is decreasing due to the rising employment rates among women, smaller family sizes, increased childlessness, and higher

divorce rates (Johnson & Wiener, 2006). This translates into a greater reliance on paid personal care or “formal” caregivers; and given that most elders needing these services prefer to remain at home, the need for home care workers will be particularly acute (Stone, 2011).

Personal care aides provide social support and assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) for their clients. They are distinguished from home health aides (i.e., certified nursing assistants) in that there is no federally mandated training and their work is geared more toward the chronic needs of their clients as opposed to acute health care. These personal assistance workers go by many titles including personal care attendant, home care aide, and personal support specialist.

Older Women and the Personal Care Job

Like all direct-care workers, personal care aides are overwhelmingly female, with women making up about 90% of the workforce (Seavey & Marquand, 2011). Home care aides tend to be older than other employed women, with 50% being over the age of 45 in 2010 (PHI, 2010). And like the population in general, the personal care workforce is aging: by 2018, it is expected that one third of personal care aides will be age 55 and older, an increase from 22% in 2008 (Seavey & Marquand, 2011; PHI, 2010). Older workers face discrimination in many sectors of the labor force (Butricia, 2011), but in the field of direct care, they tend to be welcomed for their reliability, life experience, and ability to relate to their older clients (Rix, 2001).

As older women are choosing, or being forced, to work later in life, is personal care work in their best interest? It is flexible, allows social contact, and can be very meaningful (Author, 2009)—all attributes which older adults have indicated are what they are looking for in jobs (Charness & Czaja, 2011; Kleyman, 2004). But it is also low paid and lacking benefits, as is true for most caring work, generally relegated to women. As argued by Hooyman and Gonyea (1995), long-term care is a central feminist issue because it depends on women’s often invisible unpaid and underpaid labor. And because it is women’s work, it is devalued work as described by Boris and Klein (2012a):

Cleaning bodies as well as rooms, home care workers engage in intimate labor, a kind of toil that is at once essential and highly stigmatized, as if the mere touching of dirt or bodily fluids degrades the handler. This devaluation thesis assumes the unworthiness of the labor because of the race, class and gender of the workers. (p. 8)

Rewards and Challenges of the Work

Despite difficult work conditions, a significant number of home care aides remain in the field for many years, priding themselves on the fine care they provide to their clients. Stacey (2011) submits that workers who stay construct an identity she labels “the caring self” which allows them to “establish dignity and social worth in an invisible, devalued, and ‘dirty’ job” (p. 136). But for many others, the challenges of the work prove too great, resulting in home care agencies facing annual turnover rates ranging from 25 to 65 percent (IFAS, 2007; Seavey & Marquand, 2011).

The low level of compensation is a significant challenge; in 2010, home care aides had a mean wage of \$9.44 per hour and nearly a third lacked health insurance (Seavey & Marquand, 2011). Moreover, home care workers face inconsistent hours with more than 50% working part-time (Scala, 2008). Home care workers have not been covered by federal labor protections such as minimum wage and overtime pay since a 1974 rule by the Department of Labor called the “companionship exemption” further depressing their

compensation. Furthermore, the risk of occupational injury is relatively high whether from lifting clients, physically-demanding housekeeping, or icy walkways (Sevey & Marquand, 2011; Stacey, 2011).

A 2008 to 2010 longitudinal, mixed-methods study of turnover and retention among home care workers in Maine—the Home Care Worker Retention Study (HCWRS)—provided the basis for the research questions explored in the Older Worker Study discussed herein. In the HCWRS, a sample of home care aides was tracked for 18 months to examine factors related to turnover and retention. Older age was a predictor of longer job tenure and decreased the odds of termination (Butler, Simpson, Brennan, & Turner, 2010; Butler, Wardamasky, & Brennan-Ing, 2012). On the surface, home care work might appear to be a good job for older women given its flexibility, minimal training requirements, and opportunity for social interaction and meaningful work. But given the low wages and low status associated with personal care work, is it ethical to encourage older women to pursue this employment option?

Utilizing a feminist framework, the Older Worker Study was conceptualized to explore the experiences of these older workers more closely. Women in our society are socialized to do the caring work both in the home and in the market, with the duties in the two spheres often resembling one another. Boris and Klein (2007) describe this phenomenon: “The nonwage labors of the wife and mother, performed out of love, obligation, and duty, morph into the low-wage tasks of the housekeeper, personal attendant health aide, and child or elder minder” (p.178). Cruikshank (2003) argues that the assumption that caregiving is best performed by women and that they are naturally suited to it relegates them not only to the domestic sphere, but also to a weakened position in the public sphere. The Older Worker Study sought to examine the effects of such societal expectations around caregiving for a sample of older home care workers through the following research questions:

1. What are the past, current and anticipated experiences of financial security and insecurity for older home care workers?
2. How do older home care workers describe the advantages and disadvantages of their work for both older workers and the field of home care?

Methods

The preceding and larger HCWRS had a sample of 261 workers recruited through 11 home care agencies covering all 16 counties of Maine. At the time of data collection, Maine was estimated to have about 6,201 home care aides (Seavey & Marquand, 2011) and about 122 home care agencies (Morris, 2009); thus the HCWRS sample was composed of about 4.2% of all home care aides in the state who collectively were employed by about 9.0% of all state home care agencies. Between 2008 and 2010, HCWRS study participants completed two mail surveys and one telephone interview. Forty-two study participants (16.1%) were 60 years of age or older in fall 2008 when they completed their first survey instrument. In the summer of 2011, after approval by the University of Maine’s institutional review board for the protection of human subjects, I invited these 42 older workers to take part in a second telephone interview for the Older Worker Study. They were offered \$50 for their participation and 31 agreed to be interviewed (response rate of 73.8%).

I completed interviews, lasting 20 to 45 minutes, from late August to early October, 2011. The interview guide consisted of five sets of questions regarding participants’ employment history, past and current financial security, past and current family responsibilities, reflections on direct care work, and thoughts about the future. Interviews were tape recorded and transcribed verbatim by two research assistants. Using the constant comparative method

of grounded theory, I analyzed the transcripts line by line to inductively identify emerging themes through open-ended coding with regard to their job history, lifetime financial status, and their views about older workers doing personal care work (Boyatzis, 1998; Strauss & Corbin, 1998). A grounded theory approach was chosen for its systematic inductive guidelines for collecting and analyzing data in order to develop theoretical frameworks to explain phenomena (Strauss & Corbin, 1998) and its power for understanding empirical worlds (Charmaz, 2000). Emergent themes were fine tuned through discussion with a gerontological social work graduate student who had transcribed many of the older worker interviews and had been working as a research assistant on the HCWRS for two years. Qualitative software *NVivo 9* was utilized to facilitate data management and analysis. Relationships between certain demographic factors (e.g., age, number of children, marital status) and emergent themes were examined. Data triangulation (e.g., qualitative data from the preceding HCWRS) increased the trustworthiness of the analysis (Padgett, 2008).

Findings

Sample

The 42 study participants invited to participate in the Older Worker Study ranged in age from 63 to 85 in the summer of 2011 and included only one man. The 31 individuals who agreed to participate included the one man, but not the oldest HCWRS worker (who had retired after fracturing her hip). The participants of the Older Worker Study ranged in age from 63 to 80 with a mean age of 67. All but four of the study participants identified as white, not unusual in Maine, which is 97% white (U.S. Census Bureau, 2010); two identified as Native American; and two as multiracial. Although unusual for an occupation which attracts many immigrant women on a national level, this sample had only two (6.4%) individuals born outside the U.S. (both from Canada, which borders the state); again, this reflects the population of Maine which has a very small immigrant population (3.3%; U.S. Census Bureau, 2010). Four of the study participants (12.9%) identified as Franco-American, the largest ethnic group in the state (See Table 1).

Just over a third of the sample participants were married at the time of the interview (n=12), another third (n=10) were divorced, seven were widowed, and two had never married. Two of the study participants had not completed high school; 25 had a high school degree, with more than half of those having taken some college courses; and five had post-secondary degrees. All but six of the study participants (80.6%) had had children, with seven having had five or more offspring (See Table 1). Nearly three-quarters (n=23) of the study participants were still doing home care at the time of the interview, including the eldest study participant at age 80.

History of Low-Wage Employment: “You Name It, I’ve Done It”

The large majority of participants in the Older Worker Study (80.6%) reported a history of low-wage work, culminating in home care work. Only six had received training or education that led to skilled, higher paying jobs, five of which were in the health care field (three were health care technicians, one was a nurse, and one—with only a high school education—worked her way into a supervisory role during 30 years at a residential facility for children with disabilities). The sixth study participant with skilled employment in her background had received a bachelor’s degree in education, but after four years of teaching, she decided she didn’t like it and eventually moved into home care, which she preferred.

The remaining 25 study participants arrived at their home care work after a lifetime of low-wage employment such as direct care, house cleaning, factory work, child care, retail, restaurant work, and farm work. For example, one 66-year-old study participant, who was

married and still doing home care at the time of the interview, said she began working at age 16 as a car hop, the beginning of a series of low-wage jobs:

What else did I do? Waitressing, I worked as a maid in a motel for a little while early on, uh shoe shop...Uh, factory, making shoes. Um, I've worked in nursing homes, housekeeping and in laundry. And I worked as the maintenance person in the Bangor mall, cleaning and whatever in the main areas of the mall. And home health care.

She had three children and did not work for a time when they were young. She stated, "Yes, I stayed home and took care of my children. I was fortunate enough to do that for 15 years."

Another, 68-year-old, divorced study participant, still doing home care, began work at 16 and responded when asked about her job history:

Oh my, have you got a long piece of paper? I packed sardines, I worked as a cook, I cleaned houses, janitor at the schoolhouse, Urban Oil...I was a clerk. And um, let me think. I worked in the emergency room in New Britain, Connecticut. And I worked at Bangor State. I was a CNA—Bangor State Hospital.

This study participant also raised five children and was left with sole custody of them when her husband left her while the children were young.

Many of the study participants had a hard time remembering the many jobs they had held. One retired, married 68-year-old study participant said:

I did all kinds of jobs. I worked in a dress shop and I worked in um grocery stores and meatpacking. And then I got married and then I started working in um all kinds of ...I done so many jobs I can't remember them all. Oh worked in laundry. You name it, I've done it.

Needless to say, this lifetime of low-wage work and child care responsibilities had an impact on study participants' financial security, discussed in the next section.

Financial Insecurity: "You Just Do What You Have to Do"

When asked whether they had experienced any period of financial insecurity throughout their lives, all but three (90.3%) of the study participants said they had. For some it was at a time of divorce, while raising children, that finances were particularly tight. One study participant, with five children, moved in with an aunt who needed care as a way to make ends meet after her husband left her:

My husband never paid not one penny of child support. At that time, you could go over the border, so he lived in New Hampshire. Now, they [child support enforcement] can go in any state. So I moved back to the town of Lubec, which I came from and I took care of my aunt and brought up my kids.

Another study participant married four times before meeting her fifth and current husband at the time of the interview. She spoke disparagingly about these former husbands who were the fathers of her five children: "Well, I've been in a spot when my credit wasn't so good... and it was mostly because I had husbands that decided they'd rather run up and down the road than pay their bill." Still another study participant described the time of her divorce when her two children were ages three and six as "very scary." While she did receive some child support, it was not enough. She joked "the court did not want to make me wealthy—a wealthy divorcee."

Poor health and medical bills were another catalyst for financial insecurity. The oldest study participant, who was 80 years old and a widow at the time of the interview, spoke of the

difficult times she and her husband had when he became sick. At the time, his work as a truck driver was their only income and he could not return to that work due to his disability. He was not deemed eligible for Social Security Disability, and was six years shy of eligibility for retirement Social Security. She described that period of her life:

Well you know when my husband got sick, really sick, he was in the hospital for, oh well, over a year. And that was the only income. And um we had it real hard. Because he was in the service but according to them he wasn't hurt in the service so he couldn't get anything. He wasn't old enough for Social Security and they told him, this is another thing that bothers me, they told him that if he could hold a pen and answer a phone, he didn't, he wasn't disabled.

Even those who remained married, and who eventually had more steady incomes in their households, had faced challenging times earlier in their lives as described by one 68-year-old study participant: "And uh the first uh two months [after] she was born we didn't have uh barely any income, because he had been laid off. And we were going to move back to Connecticut but then he got a job at the post office."

These past financial hardships often translated into current situations that were also precarious. Just over half of the study participants (51.6%) said their current income did not meet their basic expenses. A few (9.8%) said they were doing alright, mostly because they were receiving considerable government assistance (e.g., subsidized housing, Medicaid) and just over a third (38.7%) said they were fine financially.

Among those who said things were tough was a 68-year-old, divorced woman who had had five children. She was not getting as many hours of home care as she wanted—which she believed was in part because her boss favored younger workers—and her Social Security was modest. She described her situation:

The price of oil and working 8 hours a week, I don't make enough to pay my oil bill. And I have Social Security, which...when I started working, [the pay] was fifty cents an hour. We thought we got something when we got a dollar. And my Social Security is only \$648 a month.

When I asked her how she got by, she stated:

This summer, I picked fiddleheads and froze them. I have a garden, I froze all that stuff and stuff like that. Uh, I shop a lot at like Save-a-Lots, you know. I try not to buy too much meat, because that's the most expensive, although vegetables are getting there now. You just do what you have to do.

Another 68-year-old woman spoke of her husband being in a nursing home, which was a distance away. Despite her economy car, it took half a tank of gas to visit him. She relied on Social Security and her income from home care work and received food stamps (Supplemental Nutrition Assistance Program [SNAP]). She lived in a trailer with her daughter, son-in-law, and brother-in-law, but despite trying to pool their meager resources, she said it was difficult to make ends meet: "Yeah, it's been very, very tough. In fact, I got a call today from my landlord that the check that I had put in to pay this month's rent, it came back insufficient funds."

Even those who reported adequate income to meet their needs spoke of needing to be careful. This perspective was illustrated by a 68-year-old, married study participant, who had had no children and who was still doing home care. She credited her husband for their ability to cover living costs and be generous to others:

He's good with money, finagles one thing to another around. We're on a strict budget, you know. We don't go without...and if you want to come to supper, I'll

fix you supper. We had his daughter and grandbaby last night for supper and usually I have aunt over or we have a good friend, he comes.

Perhaps not surprisingly, when broken down by partnership status, those who were either married at the time of the interview or never married and without children were more likely to report adequate financial resources (50% in each group); while divorced study participants and widows were less likely to (30% and 25% respectively). The study participants' current financial status did not appear to differ significantly by the number of children they had raised. For example, 50% of those with no children still struggled financially as did 42% of those who had raised five or more children.

The 2012 Retirement Confidence Survey reports that nationally 52% of workers and 63% of retirees believe they will be "very" or "somewhat" comfortable in retirement (Helman, Greenwald, Copeland & VanDerhei, 2012). The percentage among the older workers in this sample was lower. When asked if they felt prepared financially for retirement, just over two fifths (n=13, 41.9%) said they thought they would be OK, not rich but fine. As one 66-year-old, divorced participant, who had already retired, stated, "I feel like I have to live with a budget; that is not always bad either." Another retired study participant who was age 65 and married spoke about what she and her husband did to prepare for retirement: "And we paid the house off before we got done work. Because I was worried about going on to Social Security and having a big house payment. So financially we felt a lot better."

Not surprisingly, given their past experiences with financial insecurity, over half the study participants (n=18, 58.1%) did not feel well prepared for retirement. This is higher than national estimates in which 47% of workers and 36% of retirees report being either "not too" or "not at all" confident they will have enough money to live comfortably throughout their retirement years (Helman et al., 2012). Some study participants stated that they would work as long as they were physically able, because they knew their Social Security would be inadequate. A 63-year-old widow receiving Social Security Disability and also doing some home care work, stated that she would be all right in retirement as long as she had no large house expenses, which she knew she would. "You know if my furnace doesn't blow up...if my well doesn't go crazy...I had my roof fixed. You know what I mean." Several study participants said they had not saved or made plans, although they knew that they should. And one, very poor study participant, who at age 65 received Social Security and Supplemental Security Income (SSI) and continued to do home care, stated very succinctly when asked if she felt prepared for her retirement: "There's no preparation when you have no money."

Perceptions of Older Workers: "It's An Older Person's Job"

Study participants knew that I was interested in interviewing them again because they had been at least 60 years old when they joined the preceding Home Care Worker Retention Study. In the Older Worker Study I asked them to describe the advantages and disadvantages of older workers doing home care, both for workers themselves and the field in general. Only one of the 31 study participants saw no particular advantages or disadvantages to being an older worker in the field, and another only said that she thought the agency favored younger workers. All others (93.5%) described numerous benefits older workers brought to the job. In reply to whether younger workers might have any advantages over older workers, just over a third (n=11, 35.5%) said that younger workers might have some advantages, with strength noted most frequently (n=8). One study participant said younger workers might have more stamina, and yet another, who was 68-years-old, said younger workers were faster, though she thought this could be a disadvantage as well. She said:

Sometimes maybe an older worker isn't quite as fast or something like that. But for some reason, they [clients] seem to like to have older workers...sometimes I know that I have gone where somebody worked on the weekend. They were fast and they [the client] said "Uh they're quite fast, you know. I had to rush."...I think the young person don't realize they're going fast. But, uh, I'm not saying they aren't good, because they are, but they're just at a different place in their life and some things they are not really realizing probably.

A 63-year-old study participant who was one of several workers providing 24-hour care for an elderly man, described some of her younger co-workers as livelier, but shared the view of the previously quoted study participant that younger workers might not be as sensitive to the needs of their clients as older workers. She noted:

They're always on tap for the parties, you know...blowing the whistles for all their little birthday parties. Yeah [the client] is sitting up there at 93 and there they come in, blowing the whistle. He's looking at them like "I don't know what is going on." He couldn't care less.

Several of the study participants (n=4, 12.9%) noted that they thought their clients preferred older workers, were less intimidated and felt more comfortable having someone closer to their own age helping them. As described by a recently retired 65-year-old study participant, "So, you know, they can talk about old times and I'm one of the old ones. And I also thought they were kind of relieved when they got somebody older."

Almost two-thirds of the study participants (64.5%) thought older workers had particular qualities and experiences that made them better workers, with "patience" being the attribute most frequently mentioned (n=5). The life experience of older workers and the wisdom and understanding that came with age were mentioned by 12 study participants as advantages they had over younger workers. A 64-year-old who had recently retired from home care illustrated this perspective in her response to the question regarding whether she thought older workers had any advantages in doing home care:

I think they have more experience with life. And probably some of them have had hardships like the people they are taking care of...I firmly believe in book learning and all that, but you can learn a lot from experience too.

Six of the study participants not only thought older workers had some advantages over younger workers, but went even further to voice negative opinions about younger workers in general. In addition to the previous quotes about younger workers being too fast, or less in touch with an older client's reality, four other study participants spoke of younger workers being less invested in their clients or in doing a thorough job. These negative statements about younger workers were more frequent by study participants in their 60s (35.7%) than among the study participants in their 70s and 80s (0%). This sentiment was illustrated by a 66-year-old participant, who was still doing home care, when she said:

Younger workers to me, now don't get me wrong, there might be some that, you know, there's some workers there, just there for their payment checks. I mean they don't care...I had to go work for clients that the younger worker had gone there before, and I mean she'd go there and she [the client] says, "Oh I'm so glad to see you." And then she says, "The younger girl don't do nothing."

She said the client was too afraid to complain when the agency called for feedback.

About one quarter of the study participants (n=8, 25.8%) thought that home care was ideally suited for older workers given its flexibility and part-time nature, while at the same time being difficult for younger workers who had family responsibilities and a need for fulltime

work and health benefits. The oldest study participants (those 70 years of age and older) were more likely to say this (75%) than those study participants in their 60s (7.7%). One of the two in their 60s to express this thought was a 65-year-old, still doing home care at the time of the interview, who stated:

It provides us a job without a 9-5 job...You tell them when you can work, and if they have something for you to do, they'll give it to you. If you can't work, that's fine too. So that's why I did it in the first place, because of the flexibility that it all affords. I don't think it's good for younger people to work in home health care, because there's no incentive to stay there...Because basically in home health care you're not doing anything. The most you're doing is cleaning house a little bit and sometimes you have a client that you have to, you know, spend a lot of time on. But basically you have a lot of spare time. Younger girls don't do well with that, which is to be expected. I think it's an older person's job.

Discussion

If home care work is indeed an “older person’s job”—and more precisely “an older woman’s job”—is it, in fact, a good job for older women, given its low rate of pay and general low status in society? As our need for home care workers continues to increase and as older women continue to want, and need, to stay employed well into their 60s and even 70s, should this work be recommended to them or are we exploiting a sector of the population socialized to be caregivers and often lacking the training to find higher paying jobs? Exploitation is defined by Webster’s dictionary (1981) as “unjust or improper use of another person for one’s own profit or advantage” (p. 400) and indeed paying such low wages to home care aides has benefited seem for-profit companies. The fastest growing sector in the home care field is composed of for-profit franchise chains, which reported increased corporate revenues of 11.6% even during the recession years of 2007 to 2009 (Seavey & Marquand, 2011). As stated by Dawson and Surpin (2001):

The long-term care industry long ago structured itself on the presumption of a seemingly endless supply of low-income individuals (usually women and disproportionately women of color). The industry presumed that these women would always be willing to provide care and companionship for our loved ones—despite jobs that kept them working, but poor. (p.7)

Throughout their lives, most of the study participants had worked a series of low wage jobs, with intermittent periods of raising children. They were no strangers to poverty. Now in their later years, nearly all received very small Social Security checks and had little, if any, savings. Home care earnings helped most participants meet their basic needs. Generally, they liked their work and felt they did it well, enjoying their relationships with their clients and feeling useful—if not highly valued by society. And, as stated above, for a significant minority of the sample (about a quarter), home care work was the ideal job for them at this stage of their lives, despite the low wages. In general, they did not appear to perceive themselves as exploited. The participants of the Older Worker Study represent the tail end of the “Great Generation” (with nearly two-thirds born before 1945) and the eldest of the Baby Boomers (the youngest study participant was born in 1948); most were born during the lean years of the 1930s and early 1940s, and were thus familiar with living without. When asked about financial security, phrases such as “somehow we manage” or “we make do” were frequently used by study participants. Nonetheless, when asked what changes they would recommend in the home care field, among those who responded (n=24, 77.4%), over half mentioned increasing compensation (n=13).

The low-wage status of older home care aides made national attention when 72-year-old Evelyn Coke was the plaintiff in a 2007 Supreme Court case regarding whether home care workers should be covered under the minimum wage and overtime protections of the 1938 Fair Labor Standards Act (Martin, 2009). In 1974, when Congress expanded the Act's coverage to protect domestic workers (such as cooks and maids), it exempted individuals who provided companionship care. The intention of Congress had been to exempt the babysitter or neighbor who provided occasional support, but the Department of Labor, charged with writing regulations, chose to also include professional home care aides, employed by third party agencies, under the exemption umbrella. Boris and Klein (2012b) describe how the exemption has benefited for-profit home care corporations:

Conveniently, this exemption came just as home care became a growth industry, aided by changes to Medicare, Medicaid, and other government programs. Beginning with the Omnibus Budget Reconciliation Act of 1981, these programs funneled more public money to for-profit firms, generating a vast home health industry—with a ten-fold increase in for-profit agencies during the first half of the 1980s alone. (para. 9)

It was this “companionship exemption” that Evelyn Coke was challenging after decades of earning low wages, often working 24-hour shifts with no overtime pay. In 2007, the Supreme Court justices ruled against Coke, stating it was not their role to change the law and that any change should come from Congress or the Department of Labor. Evelyn Coke died two years later, too poor in her final months to afford the home care she needed to prevent bed sores that ultimately contributed to her deteriorating health (Martin, 2009).

Responding to public pressure, the Department of Labor proposed rule to change this exemption late in 2011, but at this writing the rule has yet to be finalized. The majority of public comments to the proposed rule were in favor of the change, but there was also opposition, primarily from the for-profit home care industry (Direct Care Alliance, 2012; PHI, 2012). Those in opposition to the rule change state that home care will become unaffordable, forcing people to do without care or go into nursing facilities, an argument that rings false given gross profits of 30 to 40 percent for the large home care franchises behind these claims (Ward & Owens, 2012). The participants in this study were all paid minimum wage or above at the time of the HCWRS—with a mean wage just over \$9.00—and few worked full time, much less overtime, thus finalizing this rule might not affect their own compensation immediately, although it would be a step towards more fully valuing the important work they are doing.

Implications

The findings from the Older Worker Study are necessarily limited by the small number of study participants. The sample for the parent study—the Home Care Worker Retention Study—while much larger at 261 participants, was nonrandom and composed of only about 4% of all home care workers in Maine. Moreover, 31 of the 42 older workers in the HCWRS agreed to complete a second interview; while this is a relatively high response rate (nearly 75%), it is possible the 11 individuals who chose not to participate had different life and employment experiences. The findings are further limited in generalizability by where the participants lived and worked—a very rural, northern region of the country. The experiences of workers in an urban and/or southern region could be very different. The study took place in a state that is predominantly White and with a very small immigrant population, and the sample mirrored those demographics. Given that nationally 49% of personal care aides are non-White and 23% are foreign born (Seavey & Marquand, 2011), the findings from the Older Worker Study must be viewed as representing the experiences of a limited slice of the

entire U.S. home care population. Despite these limitations, the findings have implications for gerontological social workers.

Social workers address many of the issues underscored in this study. If they work with elders, they know the importance of having a reliable workforce to provide personal care to elders who choose to age in place, or respite to family caregivers. Social workers may work with older adults—particularly women—who want or need to be employed at least part time. It is our responsibility to advocate for better work conditions for this sector of the healthcare field. Gerontologist Nancy Hooyman, has called for stronger partnerships between social workers and direct care workers. In 2010, she posted the following to the blog of the Paraprofessional Healthcare Institute (PHI):

I have become increasingly concerned that social workers—often members of interdisciplinary teams of medicine, nursing, and pharmacy—have generally failed to partner with direct-care workers. Yet in long-term services, social workers and direct-care staff are often the providers who interact most with older adults, sharing the goal of quality care but typically not building on our interdependence. Such partnering is critical to address the crisis in eldercare. Both formal and informal sectors provide essential care work that is undervalued by society. (Hooyman, 2010, p.1)

Advocacy by social workers for full labor protections and ultimately increased wages would benefit not only the workers, but also the elders they care for. Increased wages would ease some of the stress of poverty felt by older home care workers, such as those interviewed for this study. For, although the Older Worker Study was limited by the small size of the sample and particular characteristics of workers in one region of the country, it is likely that the experience of poverty among these older home care aides can be generalized quite broadly given that nearly half (46%) of all home care workers nationally receive public assistance (PHI, 2011). Elders need reliable personal assistance workers who can afford to remain in their jobs and workers deserve better compensation for the invaluable work that they do. In the current political climate and strained federal and state budgets, calling for higher reimbursement out of programs such as Medicare, Medicaid, and state home care programs will be extremely difficult, but it must be done nevertheless.

In returning to the question of whether home care work exploits older workers—who are primarily women—or provides an ideal job, we must conclude that there is not a clear response. The low wages; the lack of labor protections and benefits; and the societal expectations that there will always be women to do this work, no matter what the compensation, define this work as exploitive. Nonetheless, the women in this study did not generally find it so, notwithstanding their desire for higher pay and reimbursement for mileage (a particular issue for workers in rural regions). The job provided both needed income and meaningful social interaction for most of the study participants. Thus our role as social workers must be to advocate for ongoing improvements in the status of the home care job so it may remain a good alternative for the growing population of older workers seeking employment.

There are several fronts on which social workers could lend support. First, the passage of the Affordable Care Act (ACA) is poised to raise the eligibility level for Medicaid to 133% of the poverty line in 2014, an income level under which many home care aides live, thereby assisting the significant portion of the workforce currently without health insurance. The Supreme Court decision in 2012 on the constitutionality of the ACA, permits states to forego this aspect of the law. Despite being fully federally funded for the first three years, and some states have threatened not to raise their Medicaid eligibility; social workers have a role in advocating for implementation of this important aspect of the ACA for low-income workers.

Second, is in the area of union organizing. Organizing workers who are so dispersed and, like most Americans, with ambivalent feelings about unions (Stacey, 2011), is not easy. Moreover, unions have had “lessons to learn about care work, not only because of the three-way relationship among boss, worker and consumer typical of service labor, but also in the ways that home care differs from most commercial services (Boris & Klein, 2007, p. 192). Social workers are well trained to contribute to these organizing efforts through facilitating communication between workers, elders they serve, and employers. Third, the proposed rule to abolish the companionship exemption is a hard fought victory for home care workers and must be finalized now that the 2012 election season is over. Social workers can lend their voices to the call for the elimination of these unfair labor regulations, by documenting the consequences of worker turnover for elders needing personal care.

Older home care workers provide consistent and respectful care to their frail clients. They will be increasingly important in a long-term care system that faces a severe shortage of direct care workers. Thankfully, they appear to enjoy their work, despite the sometimes exploitive conditions. Social workers should join efforts to improve these jobs for the sake of the workers and the elders for whom they provide care.

Acknowledgments

Funding for this project was received from the National Institute on Aging grant number 1 R15 AG029599-01 AZ. Sara Wardamasky and Stephanie Allard provided assistance with interview transcription.

References

- Boris, E.; Klein, J. *Caring for America: Home health workers in the shadow of the welfare state*. New York: Oxford University Press; 2012a.
- Boris, E.; Klein, J. Home-care workers aren't just 'companions.' New York Times. 2012b Jul 1. Retrieved from www.nytimes.com
- Boris, E.; Klein, J. “We were the invisible workforce”: Unionizing home care. In: Cobble, DS., editor. *The sex of class*. Ithaca, NY: Cornell University Press; 2007. p. 177-193.
- Boyatzis, RE. *Transforming qualitative information : Thematic analysis and code development*. Thousand Oaks, CA: Sage; 1998.
- Bureau of Labor Statistics. *Employment projections: Fastest growing occupations*. 2012. Retrieved from www.bls.gov/emp/ep_table_103.htm
- Butler SS, Wardamasky S, Brennan-Ing M. Older women caring for older women: The rewards and challenges of the home care aide job. *Journal of Women & Aging*. 2012; 24(3):1–22. [PubMed: 22256874]
- Butler SS, Simpson N, Brennan M, Turner W. Why do they leave ? Factors associated with job termination among personal assistance workers in home care. *Journal of Gerontological Social Work*. 2010; 57(8):665–681. [PubMed: 20972925]
- Butrica B. Making a case for working longer at older ages. *Public Policy & Aging Report*. 2011; 21(2):20–24.
- Charmaz, K. Grounded theory: Objectivist and constructivist methods. In: Denzin, NK.; Lincoln, YS., editors. *Handbook of qualitative research*. 2. Thousand Oaks, CA: Sage; 2000. p. 509-535.
- Charness N, Czaja SJ. Raising the minimal retirement age: Psychological issues. *Public Policy & Aging Report*. 2011; 21(2):29–32.
- Cruikshank, M. *Learning to be old: Gender, culture, and aging*. Lanham, MD: Rowan & Littlefield; 2003.
- Dawson, SL.; Surpin, R. Direct-care health workers: The unnecessary crisis in long-term care. 2001. Retrieved from PHI website: <http://www.directcareclearinghouse.org/download/Aspen.pdf>
- Direct Care Alliance. Home care workers can't wait. 2012 Jun 11. News release retrieved from Direct Care Alliance website at www.directcarealliance.org

- Helman, R.; Greenwald, M.; Copeland, C.; VanDerhei, J. The 2012 Retirement Confidence Survey: Job insecurity, debt weigh on retirement confidence, savings. Washington, DC: Employee Benefit Research Institute; 2012. Issue Brief no. 369. Retrieved from www.ebri.org/publications/
- Hooyman, N. Social work-direct care partnerships would improve care. 2012 Mar 18. Posted to PHI Blog at <http://phinational.org/archives/social-work-direct-care-partnerships-would-improve-care/>
- Hooyman, NR.; Gonyea, J. Feminist perspectives on family care: Policies for gender justice. Thousand Oaks, CA: Sage; 1995.
- Institute for the Future of Aging Services (IFAS). The long-term care workforce: Can the crisis be fixed. 2007. Retrieved from LeadingAge website: http://www.aahsa.org/uploadedFiles/IFAS/Publications_&_Products/LTCCCommissionReport2007.pdf
- Johnson, RW.; Wiener, JM. A profile of frail older Americans and their caregivers. Washington, DC: The Urban Institute; 2006. Retrieved from Urban Institute website: http://www.urban.org/UploadedPDF/311284_older_americans.pdf
- Kaye HS, Chapman S, Newcomer RJ, Harrington C. The personal assistance workforce: Trends in supply and demand. *Health Affairs*. 2006; 25(4):1113–1120. [PubMed: 16835193]
- Kleyman P. Boomers to redefine work place. *Aging Today*. 2004; 25(6):7–10.
- Martin, D. Evelyn Coke, home care aide who fought pay rule, is dead at 74. *New York Times*. 2009 Aug 10. Retrieved from <http://www.nytimes.com>
- Morris L. Quits and job changes among home care workers in Maine: The role of wages, hours and benefits. *Gerontologis*. 2008; 49(5):635–650.
- Older Women's League (OWL). Women and the workforce: Challenges and opportunities facing women as they age. Washington, DC: Author; 2012.
- Padgett, DK. Qualitative methods in social work research. 2. Los Angeles: Sage; 2008.
- Paraprofessional Healthcare Institute (PHI). Older direct-care workers: Key facts and trends. 2010. Retrieved from PHI website: [http://www.directcareclearinghouse.org/download/PHI Older DCW Analysis April 2010.pdf](http://www.directcareclearinghouse.org/download/PHI%20Older%20DCW%20Analysis%20April%202010.pdf)
- Paraprofessional Healthcare Institute (PHI). Who are direct-care workers?. 2011. Retrieved from PHI website: [http://www.directcareclearinghouse.org/download/PHI Facts 3.pdf](http://www.directcareclearinghouse.org/download/PHI%20Facts%203.pdf)
- Paraprofessional Healthcare Institute (PHI). Growing home care industry can afford labor protections for workers. 2012. Retrieved from phinational.org/policy/wp-content/phi-value-the-care-05.pdf
- Polivka LJ. A future out of reach? The growing risk in the U.S. retirement security system. *Generations*. 2012; 36(2):12–17.
- Rix SE. The role of older workers in caring for older people in the future. *Generations*. 2001; 25(1): 29–34.
- Scala, E. Home and community-based services: Workforce and quality outcomes. In: Scala, E.; Hendrickson, L.; Regan, C., editors. A compendium of three discussion papers: Strategies for promoting and improving the direct service workforce: Application to home and community-based services. New Brunswick, NJ: Rutgers Center for State Health Policy; 2008. p. 3–45. Retrieved from Center for State Health Policy website: <http://www.cshp.rutgers.edu/Downloads/7740.doc>
- Seavey, D.; Marquand, A. Caring in America: A comprehensive analysis of the nation's fastest growing jobs: Home health and personal care aides. New York: Paraprofessional Healthcare Institute; 2011. Retrieved from www.directcareclearinghouse.org/download/caringinamerica-20111212.pdf
- Stacey, CL. The caring self: The work experiences of home care aides. Ithaca, NY: Cornell University Press; 2011.
- Stone, R. Long-term care for the elderly. Washington, DC: The Urban Institute Press; 2011.
- Strauss, A.; Corbin, J. Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage; 1998.
- U.S. Census Bureau. American Community Survey 2006–2008 3-year estimates. 2010. Retrieved May 25, 2010 from the American FactFinder web site: <http://factfinder.census.gov>
- Ward, D.; Owens, C. Care work in America: Expected but not respected. *The Hill*. 2012 Feb 27. Retrieved from <http://thehill.com/blogs/congress-blog/healthcare/>

Table 1

Demographic Characteristics of the Sample

Variable	N	%
Gender		
Female	30	96.8
Male	1	3.2
Age		
63-64	7	22.6
65-66	9	29.0
67-68	9	29.0
69-70	2	6.5
71-75	3	9.8
>75	1	3.2
Race		
White	27	87.1
Native American	2	6.5
Multiracial	2	6.5
Ethnicity		
Franco-American	4	12.9
Latino/a	0	0.0
Born in the US		
Yes	29	93.5
No	2	6.5
Family status		
Married/partnered	12	38.7
Divorced/separated	10	32.3
Widowed	7	22.6
Single	2	6.5
Education		
< HS graduation	2	6.5
HS grad or GED	11	35.5
Some college	12	38.7
2-yr degree	1	3.2
4-yr degree	3	9.8
Postcollege	2	6.5
Number of children		
0	6	19.4
1	7	22.6
2	5	16.1
3	3	9.7
4	3	9.7
5 or more	7	22.6