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Paid Caregiver Motivation, Work Conditions, and Falls among Senior Clients

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Abstract

The purpose of this study was to determine the motivation of paid non-familial caregivers of seniors, understand more about their work conditions, and identify any links to negative outcomes among their senior clients. Ninety-eight paid caregivers (eighty-five female and thirteen male), recruited from multiple sites (i.e. senior centers, shopping malls, local parks, lobbies of senior apartments, caregiver agency meetings) completed face-to-face questionnaires and semi-structured interviews. We found that 60.7% of participants chose to become a caregiver because they enjoyed being with seniors while 31.7% were unable to obtain other work, and 8.2% stated it was a prerequisite to a different health related occupation. Caregivers stated that the most challenging conditions of their work were physical lifting (24.5%), behavioral and psychological symptoms of dementia (24.5%), senior depression/mood changes (18.4%), attachment with impending death (8.2%), missing injuries to client (5.1%), lack of sleep (4.1%), and lack of connection with outside world (3.1%). Caregivers who reported that the best part of their job was the salary, flexible hours, and ease of work were significantly more likely to have clients who fell and fractured a bone than those who enjoyed being with seniors (job characteristics, 62.5% vs. senior enjoyment, 25.6%; $p < 0.004$). We concluded that in pursuing their occupation, paid caregivers are motivated commonly by their love of seniors and also by their lack of other job opportunities. Paid caregivers frequently face challenging work conditions. When seeking a caregiver for a senior, motivation of the caregiver should be considered when hiring.

Keywords

Caregivers; Caregiver Burden; Motivation; Bone fractures

1. Introduction

Seniors frequently wish to remain in their home as long as possible. As their physical and cognitive health deteriorate, seniors seek support from family and friends to avoid being relocated into a nursing facility.^{1,2} If these relations are unable to lend a hand, seniors will pay a person to assist with their activities in their home.³ These paid caregivers have been called personal care attendants, private duty attendants, personal care assistants, home care aides, personal companions, sitters, or homemakers. Paid caregivers are individuals who

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6. Conflict of interest statement

None.

receive payment to directly assist a person in their daily self-care activities within an individual's place of residence, in outdoor environments, or both. With the currently aging demographic, there is expected to be an increase in both the overall number of caregivers and also in the proportion of those caring for adults with dementia.^{4, 5}

Prior research has focused on familial or informal caregivers, with very few studies specifically examining paid caregivers.^{6,7} Recent evidence has shown that caring for a loved one with a disability is highly stressful and impacts family caregivers emotionally, physically, and economically.⁸⁻¹² However, familial caregivers may have previous loving relationships with their seniors and consider their caregiving a responsibility or spousal duty.^{13, 14} Alternatively, paid caregivers are more likely to consider their position as a job. No previous research has explored why paid caregivers choose their occupation.

According to a recent study, paid caregivers are primarily foreign-born middle aged females with limited health education.¹⁵ Overall, there is no specific licensure to be qualified for this role in the USA.¹⁶ Paid caregivers frequently have a large number of responsibilities and work for low wages. The average pay that caregivers receive is \$8.91 per hour, with over a fourth earning less than minimum wage.¹⁵ For these wages, caregivers are expected to assist with the senior with meal preparation, house cleaning, garbage removal, dressing, bathing, toileting, medication reminding, and following physician instructions. While most caregivers have no difficulty with grocery shopping, meal preparation, or house cleaning, many caregivers have been shown to make errors in their role of medication reminding. In a recent study of hypothetical medication regimens, 60% of caregivers made errors when they were asked to read and interpret medication labels and fill pill boxes.¹⁵ Furthermore, one in three paid caregivers lacked adequate health literacy to understand medical instructions.¹⁵

With the limited salary and high level work responsibilities, we wished to examine what would motivate an individual to become a paid caregiver. We also explored their perceptions of their work conditions. Since the health of the senior is most likely to be affected by their caregiver, we also explored links between work motivation and negative outcomes such as time spent in bed, falls, and fractures.

2. Method

2.1. Recruitment of Subjects and Measures

Institutional Review Board approval was obtained. Paid, non-familial caregivers who provided care for seniors (>65 yrs), were recruited for this study over a six month period. Using multiple strategies (i.e. physician and nurse referral, caregiver word-of-mouth, flyers) and recruitment sites (i.e. senior centers, shopping malls, local parks, lobbies of senior apartments, caregiver agency meetings), adult caregivers residing in the Chicago metropolitan and surrounding suburban areas were recruited for participation. Face-to-face questionnaires and semi-structured interviews were conducted in private to maintain confidentiality with results withheld from their employers. This project was part of a larger study that included questions about ability to assist with medications and health literacy testing.¹⁵ The survey in its entirety was 44 questions and lasted approximately 60 minutes, dependent on the length of the subject responses. Subjects were given \$20 cash compensation upon completion of the interview.

After written informed consent was obtained, the interviewer obtained demographic information from the subject. Questions were asked about how the caregiver gained initial employment with the senior (i.e. agency, church, friend of family, word-of-mouth), length of time working for the senior, and prior work experience.

To ascertain motivation and work conditions, interviewers asked open-ended questions: Why are you a senior caregiver? What do you like least about your job? What do you like best about your job? and What is the most difficult or hardest part of your job? Responses were recorded verbatim.

Negative outcomes (i.e. time spent napping, near-falls, falls and fractures) were determined through a discussion between a panel of geriatricians and social workers on their experiences with caregivers of varying quality. These outcomes could potentially be prevented by a pro-active and vigilant caregiver. Time spent in bed during the day was considered a negative outcome since the more time a senior spent in bed would place the senior more at risk of pressure ulcers, pneumonia, and physical disability.^{17–20} To determine amount of time spent napping in bed, the interviewer asked: How many naps does your senior take during the daytime hours? What are the average length of the naps your senior takes? Near-falls, falls and fractures were determined by the interviewers asking: In the past 3 months about how many times has your senior stumbled or almost fallen? How many times has your senior fallen to the ground? Has the senior ever broken a bone from a fall when you were present?

2.2 Data Analysis

Statistical analyses were performed with SPSS Version 17.0 (SPSS Inc., Chicago, IL). For analysis of qualitative data, responses from open-ended questions were distributed to 2 independent coders. The two coders used the inductive approach of latent content and constant comparative analysis on the detailed interview notes to organize the content into operational categories. The two coders independently reviewed the interview notes to familiarize themselves with the data, initially identifying individual focal and then overarching themes that emerged from caregiver responses. The coders then convened to compare and compile findings and create a preliminary list of categories and major themes. They met repeatedly to discuss the identified themes, until consensus was obtained and both coders believed that saturation of themes had been reached. Any discrepancies were resolved through discussion. There were no cases in which the coders were unable to reach consensus. Comparisons between the coded motivation and negative outcomes: time spent napping, near-falls, falls and fractures were done using chi square tests with significance <0.05.

3. RESULTS

3.1. Characteristics of the sample

Over a six-month period, 98 non-familial paid caregivers completed the questionnaire and interview. The average age of the caregivers interviewed was 49.5 years and 86.7% were female. The majority were foreign born and had no family or support in the United States (54.1%) or locally (60.2%). The mean age of their seniors was 83.9 yrs (range 65–99 yrs) and 82.1% were female. The mean length of time the senior was cared for by the caregivers was 30.7 months (range 1–192 months). Caregivers were hired through agencies (60.2%), family contacts (22.4%), and senior word-of-mouth (11.2%). (Table 1)

3.2 Choice of Caregiver Occupation

Most frequently, 60.2% (59) of paid caregivers reported becoming a caregiver because they enjoyed being with seniors. “I became a caregiver because I find it very rewarding caring for a senior – I enjoy the company, the wisdom you can get from them, the stories they tell.” “I enjoy walking and talking with seniors. They are a lot of fun and need our help.” Caregivers cited financial reasons the second most frequently, with 26.5% (26) stating that it was the best job they could find and 8.2% (8) considering salary a key motivator. “When I came

here, it was hard to find a job. I wanted to do something creative - work in arts or something; I took this job for the salary (it pays more than creative jobs)." "This man who helps with immigration suggested caregiving for work." 8.2% (8) felt that the caregiver role was a pre-requisite to a higher level job in healthcare (e.g. entrance to nursing school). "I'm going into the health field - to become a registered nurse - and wanted to know what I was getting into."

3.3 Most Challenging Aspects of Caregiver Occupation

67.4% (66) of the caregivers interviewed felt the most challenging aspect of their job were the physical and psychological stresses they endured in caring for a client. "It's the Alzheimer's - when the senior is mean and gets stubborn and offensive; I have to be strong at those times." "I get very little sleep and am exhausted!" "Not allowing the depressive nature of my client to enter my world." Of those, 42.8% (42) stated that the psychoses of the senior and resultant psychological stress was challenging while 24.5% (24) cited the physical lifting of the senior. "The lifting (is tough) - especially when the senior is lazy and I have to change her diaper in the bed." 12.2% (12) of caregivers felt that the hardest part was being closely attached and watching their senior become sicker with impending death. "Losing a client - I took care of one senior for 10 years and she felt like a grandmother to me. I felt terrible when she passed." "When she entered hospice, it was tough to see her go." "Seeing them deteriorate from Alzheimer's is very hard if you have had them for years." Several caregivers (3.1%, 3) felt they lacked connection to the outside world.

3.4 Bone Fractures and Falls among Senior Clients

Caregivers reported that 31.6% (31) of their clients had experienced a bone fracture and fall while in their care. Variables such as caregiver pay, education, and hours worked were not significantly related to their client having a fall with fracture. Compared with caregivers who cited that caring and being with seniors was the best part of their job, caregivers who cited job characteristics (e.g. salary, flexible hours, ease of work) were significantly more likely to have senior clients who had bone fractures from falls (job characteristics, 62.5% (10) vs. enjoy aged 25.6% (21), $p < 0.004$, Table 3). There was no significance relation between motivation and senior time spent in bed.

4. DISCUSSION

We sought to determine the motivation of a person to choose the low paying and challenging occupation of a paid caregiver. Our results showed that primarily caregivers chose their occupation most commonly for (1) their personal enjoyment of being with seniors or (2) that this role was the best job that they could find. Caregivers, who felt that the best part of their job was the job characteristics (e.g. salary, flexible hours, ease of workload) cared to seniors who experienced more bone fractures from falls.

This finding is concerning since it may be the "tip of the iceberg." Seniors with memory loss are often unable to communicate whether a caregiver is doing an adequate job. Subsequently, seniors with unmet needs face potentially avoidable illnesses and hospitalizations.²¹ We expect that with age, negative outcomes (e.g. falls, weight loss, pressure ulcers, or depression) will occur. Some of these conditions are impossible to prevent and may not necessarily be true measures of caregiver performance. However, one might argue that an attentive and motivated caregiver might try harder to encourage the senior to eat food, get out of bed, or be nearby to avoid the senior hitting the floor during a fall. As health care providers, we cannot adequately care for seniors without knowing who is taking care of them at home.²²

The work that paid caregivers perform is very challenging and stressful. Our results showed that the most challenging parts of the job are dealing with the cognitive and physical demands of the seniors. A senior with advanced Alzheimer's disease who is frequently agitated or verbally abusive would be tough to cope with for 80 hours or more a week. Paid caregivers frequently do not have an outlet for their stress. Health care providers need to be cognizant of caregiver stress among paid caregivers and offer support as they would to familial caregivers. If a paid caregiver becomes overburdened or stressed, the senior's health will likely also be affected.

Within their caregiving roles, several caregivers stated that they had become attached to their senior: concerned about leaving the senior with others, potential injury, and impending death. A number of caregivers had become surrogate children of their clients caring for a senior much like they would care for a beloved parent.

A limitation of this study was that caregivers self-reported falls and fractures. Future studies would be helpful to see objective evidence from the senior or medical review would corroborate these findings. Similarly, caregivers self-reported their motivation and it is unclear how many were being candid versus treating the survey as a potential job interview. Our results showed a linkage between falls and motivation; however, this does not mean that paid caregiver motivation causes these falls. Among seniors, falls are frequently multi-factorial and further review of the medical chart of the senior may give more insight into the nature of the falls. Further limitations were the size of the study and the solitary urban location.

From a policy perspective, more stringent means of selecting caregivers are necessary. We cannot assume that all people who apply for a paid caregiver role have the best interests of the senior at heart. Caregivers need to be adequately screened and trained prior to being assigned responsibilities with a senior. Currently, there is no licensing or federal regulation of paid caregivers, although many provide health-related services. One concern is that licensure or regulation that is costly may translate into increased fees passed onto senior consumers, making it difficult to find reasonable cost caregiver care. Seniors unable to afford paid caregivers may be forced to seek nursing home placement if paid caregiver reforms are not thoughtfully devised. From the results of this study, we determined that testing and training alone may not be enough. Ascertaining why caregivers chose their role may be just as critical in obtaining successful outcomes for seniors. A caregiver who is not well-educated but is highly motivated may provide exceptional care to the senior.

5. CONCLUSIONS

Paid caregivers are motivated commonly by their love of seniors and also by their lack of other job opportunities. Paid caregivers provide a necessary service to our seniors and frequently face challenging work conditions. While training and skills are important in selecting a caregiver, motivation may be equally essential for optimal care of seniors. The results of this study hopefully will shed further light on a growing, unregulated industry.

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Table 1**Paid Caregiver Characteristics (n=98)**

Mean Age (range)	49.5 yrs (18 – 69 yrs)
Female	86.7% (85)
Country of Origin	
USA	37.8% (37)
Philippines	33.6% (33)
Mexico	19.4% (19)
African Continent	5.1% (5)
Poland/Ukraine	3.0% (3)
India	1.0% (1)
No Family or Support in USA	54.1% (53)
No Family Support Locally	60.2% (59)
Years in USA	
Did not comment	12.2% (12)
Less than 10 years	24.4% (24)
10–20 years	19.4% (19)
Over 20 years	6.1% (6)
Hired by	
Agency	63.3% (62)
Family Member of Senior	22.4% (22)
Senior	14.3% (14)
Education Level	
Less than 12 th grade	12.2% (12)
High School graduate	26.5% (26)
Some Vocational or College	43.9% (43)
College Graduate	17.3% (17)
Weekly Work Hours	
Less than 20 hours	20.4% (20)
20 – 39 hours	27.6% (27)
40 – 79 hours	29.6% (29)
Over 80 hours	22.4% (22)
Lives with Senior	22.4% (22)
Shares Job with Another Paid Caregiver	48.0% (47)
Works at a Second Job	
Caregiver for Another Senior Client	21.4% (21)
Retail	4.0% (4)

Childcare	2.0% (2)
Group Facilitator/Educator	2.0% (2)
Massage Therapist	1.0% (1)
Bank Teller	1.0% (1)
Secretary/Hairdresser/Artist	3.0% (3)

Table 2**Motivation of Paid Caregivers and Perceived Work Challenges**

Why did you become a Caregiver?	
Enjoys being with seniors	60.2% (59)
Best job could find	26.5% (26)
Salary	5.1% (5)
Going into Healthcare/Prerequisite	8.2% (8)
What is Best Part of being Caregiver?	
Gratification	65.3% (64)
Learning from senior	13.3% (13)
Easy/Less stressful than other jobs	7.1% (7)
Salary	6.1% (6)
Flexibility of job/Hours	3.1% (3)
Going out for activities/Movies	4.1% (4)
What is liked Least about Care giving?	
Senior psychoses and psychological stress	28.6% (28)
Lack of sleep, physical challenges	21.4% (21)
Nothing	13.3% (13)
Salary	12.2% (12)
Death of senior, getting too attached	12.2% (12)
Leaving senior with others	10.2% (10)
Lack of information from family	2.0% (2)
What is Hardest Part of Job?	
Physical Lifting	24.5% (24)
Senior with Alzheimer/Dementia	24.5% (24)
Mood Swings of senior	18.4% (18)
Attachment with Death	8.2% (8)
Dull/Lack of connection with outside world	3.1% (3)
Missing falls/injury to senior	5.1% (5)
Lack of Sleep	4.1% (4)

Table 3

Caregiver Job Motivation and Bone Fractures from Falls

Caregiver Role Motivation	No Bone Fracture from Fall	Experienced Bone Fracture from Fall
Enjoy Being with Seniors	74.4% (61)	25.6% (21)
Best Job Able to Find	37.5% (6)	62.5% (10)

P<0.004