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Home Care Corporation: A special acknowledgment is expressed to the staff of Senior Home Care Services -- Boston III, Inc. for their participation in this study.

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PREFACE

This is the second of a series of "essential studies" in problems facing Massachusetts elderly conducted by the Gerontology Program at the University of Massachusetts/Boston, College of Public and Community Service in cooperation with the Massachusetts Association of Older Americans. Researchers conducting these investigations are for the most part University students over 60 years old with extensive experience in the human services and elder affairs. Over a one year period these students were trained by five University staff in research methods as part of a competency-based educational experience. The resulting reports are a function of their labor, experience, and examination.

The first essential study report conducted by the Gerontology Program, entitled "The Elderly Have Spoken: Is Anybody Listening?", was a description in the words of Massachusetts seniors of how they are currently coping with rising fuel prices. This highly visible and compelling document helped stimulate Massachusetts legislative activity to provide a $22.5 million appropriation in FY 1980 for fuel assistance targeted primarily at elderly.

The following technical evaluation of Senior Home Care Services -- Boston III, Inc. raises numerous fundamental policy issues for the Massachusetts Department of Elder Affairs, the agency, and legislature. We anticipate that this study will receive the same careful attention as our previous effort.

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The accompanying report "Job Satisfaction of Home Care Case Managers" is a first step in meeting a long-felt need for an evaluation of the Massachusetts home care service system. The Massachusetts Association of Older Americans takes pride in having been associated with the Gerontology Program of the University of Massachusetts College of Community and Public Service in the preparation of the report.

The report demonstrates how older students, especially those of retirement age, can be trained to do effective interviewing and other kinds of research. The product clearly demonstrates that learning disciplines have no upper age limits.

The report itself should serve as a stimulus to the state administration to begin a systematic monitoring and evaluation of the Home Care program If, as the evidence indicates, there are flaws in the administration of the program because of disaffection among case managers, then these issues must be addressed.

We recommend that the report be studied by Home Care Corporation staffs and board members, the staff and Advisory Committee of the Department of Elder Affairs, Area Agencies on Aging, and elderly advocacy groups throughout the state. Although the study represents interviews with only one Home Care case manager staff, its findings have wider implications.

Home Care Corporations perform a vital service, and it is important that these services for the frail elderly be constantly improved and perfected. It is in this spirit that the MAOA recommends this evaluation to the concerned citizen and policy makers of the Commonwealth.

Frank J. Manning

Frank J. Manning, president

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PURPOSE

The Massachusetts Home Care System has grown in a matter of a few years to a $52.5 million public industry. The rather complex service delivery system was initially created as an attempt to reduce institutionalization of seniors by providing services in their own residences. To date, however, no systematic independent evaluation has been conducted regarding the home care delivery system. Over the past eight years numerous policies, service delivery approaches, and administrative procedures have been established by the Massachusetts Department of Elder Affairs (DEA) whose basic operating assumptions have yet to be subjected to the careful scrutiny of independent evaluation. We do know that elderly are receiving homemaker, chore, transportation, and other services and we know how many receive these services and what it costs. But we do not have clear answers to the following questions:

- How effective is the delivery system created in Massachusetts which consists of DEA, 27 private non-profit home care corporations responsible primarily for care management, and hundreds of non-profit and profit-making provider agencies delivering direct services? Are other models in other states more cost-effective and/or more responsive to clients?
- What is the quality of services actually delivered? How accountable in practice are the homemakers? What controls functionally exist for case managers over services delivered?
- How have more recent DEA policies and practices supported the stated goals of the home care system?
- What aspects of the system need refinement to function more effectively?
- How many and what type of cases can be effectively managed by a case manager while maintaining quality service?

- How frequently should a case manager visit a client to insure adequate service and how is this determined?

- Are the routine case manager reporting procedures consistent with basic management information system principles and at the same time consistent with the demands of the job? What supports are needed to make the case manager more productive?

- Does the case manager position require a professional worker capable of making studied judgments and decisions, or does the position function as well with a non-professional and/or a community based person? Further, what is the impact of these varying models of case management fot the client?

- What do case managers, homemakers, or clients think of this system? Does it work at the local level? What refinements are needed?

This extensive set of questions, nonetheless, only represents the most fundamental questions that the taxpayers of the Commonwealth should be asking of this large system. It should also be stated at the outset that the Gerontology Program endorses the overall goals of the home care system. However, recognizing both the importance of the program's services and the growing economic and budget-related concerns in Massachusetts, we believe that too little data exists on the manner in which these goals are being carried out and their subsequent impact on clients.

Needless to say, an evaluation of the entire home care system was far beyond our scope and resources. Therefore, we proceeded to undertake a study at the micro level -- to look at the system from the case manager's point of view in a single agency. Often the best judges of the effectiveness of any delivery system are those workers closest to actual services. Our preliminary evaluation study was designed only to identify possible problem areas for further investigation and to be of direct assistance to the agency participating in our study. As indicated in the upcoming sections of this report, our findings suggest a series of significant problems that go beyond the

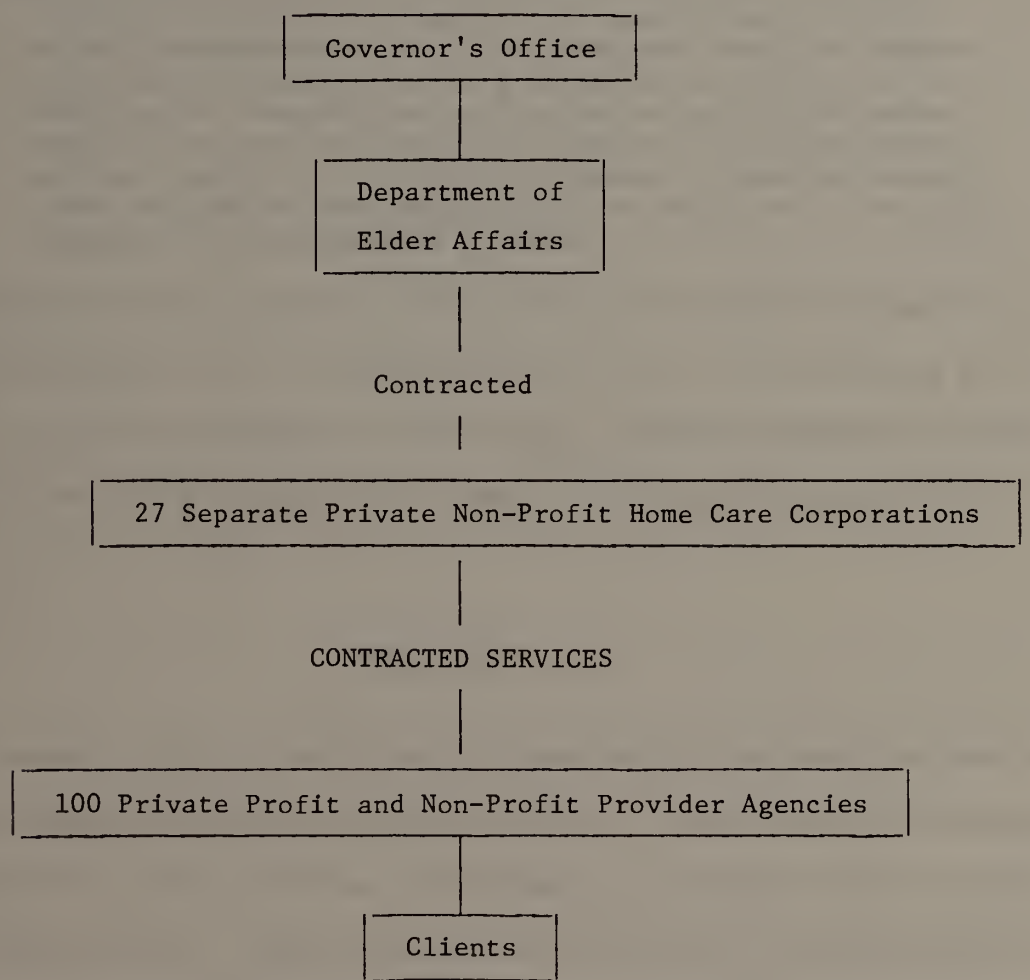
ability of an individual agency to solve and that are fundamental to the home care system in Massachusetts. They are in immediate need of further study and attention on a statewide basis.

BACKGROUND

During the creation of the Massachusetts Department of Elder Affairs in the early 1970's as a separate and distinct unit of State government, one of the first recommendations was for the establishment of a network of independent non-profit Home Care Corporations whose mandate would be to assist elders to secure and maintain independent living in a home environment. By 1977 Massachusetts had a complete system of 27 Home Care agencies whose responsibility is the management of individual cases of elder clients, and at the same time, to contract with locally based profit or non-profit making providers for direct services to older persons seeking to maintain an independent living situation. According to DEA regulations these direct services which are currently subcontracted by the Home Care Corporations include, but are not limited to, homemaker services such as shopping, menu planning, meal preparation, light housekeeping, and non-medical care such as hair grooming, sponge bathing; chore services such as heavy cleaning, washing floors and walls, defrosting freezers, cleaning ovens, cleaning attics and basements to remove fire and health hazards, snow shoveling, woodcutting, and heavy yard work; transportation services which are designed to transport eligible elders to and from community facilities (such as senior centers, nutrition sites, councils on aging, health care facilities, nursing homes, etc.) for the purpose of socialization or applying for and receiving services; home repair service, to assist elderly make essential minor repairs on their homes so

That the enviornment is safe and to remove health hazards; laundry services; home delivered meal services; and companionship service.

Presented below is a simplified flow chart of the Massachusetts Home Care System:



As can be seen from the flow chart, each of the two contracted tiers involves non-governmental agencies, each with their own administration, overhead and, for some provider agencies, profit structure. More than 70% of the home care budget is spent on "purchased services" which are primarily homemakers.

According to DEA Regulations 651 CMR 3.02, the Department of Elder Affairs is

> the principal agency in the Commonwealth charged with the responsibility to mobilize the human, physical, and financial resources available to plan, develop, and implement programs to insure the dignity and independence of elders in the Commonwealth. . . . The Department shall be responsible for carrying out ongoing planning, coordination, administration, monitoring, and evaluation activities necessary to implement the home care program in the Commonwealth and will provide for an ongoing program of technical assistance to agencies performing home care functions in the implementation of the home care program.

This substantial set of responsibilities is explicitly DEA's obligation, including "evaluation of the activities and operation of the home care providers." As will be presented in this report, from the perspective of case managers in one of the largest of the Home Care Corporations, all is not well.

METHODOLOGY

In August, 1980 the Gerontology Program staff began examining existing documents concerning home care in Massachusetts. In reviewing the documents we were struck by the quality and thoroughness of the Senior Home Care Services - Boston III, Inc. (SHC) five year plan. The report entitled "Five-Year Plan 1980-1984" was a detailed description of organizational goals and objectives over a 60 month period. Identified in the report were problems of high job turnover, heavy case load and low pay. Recognizing that such baseline information was important from an evaluation point of view, the Gerontology Program staff proceeded to contact individuals and identify interest at SHC in participating in an independent evaluation targeted at job satisfaction of case managers. Through a series of discussions and meetings with

administration and case managers at SHC it was determined that the agency would participate in the evaluation.

In order to avoid bias in selective reporting regarding SHC we sought the participation of all case managers in our study. As a result, 28 case managers out of a possible 32 were able to participate in this study.[1]

The preliminary evaluation consisted of four interrelated parts. These included:

(a) The review of existing DEA and SHC documents on the historical policy decisions of the home care system. This also included a series of interviews with DEA officials in regard to the evolution of the case management system.

(b) The development of a detailed interview protocol for case managers at SHC which would elicit specific experiences descriptive of the agency. Specific recommendations for change were requested as well as goal statements about the functioning of an ideal home care system. (A copy of the interview protocol is available in the Appendix of this report.)

(c) The development of a written questionnaire which identified the percentage of time allocated to 6 major tasks at SHC, comparing the importance of these tasks from the case manager's point of view with the case manager's perception of the agency's point of view on these tasks. The questionnaire was completed twice: the first time predicated on actual use of time at SHC, and a second time based on ideal allocation of time. (A copy is included in the Appendix.)

(d) The development of a 24 item written questionnaire which probed questions of case manager job satisfaction. The questionnaire was developed in accordance with existing survey research evidence and techniques around job satisfaction. (A copy of the questionnaire is attached in the Appendix.)

The preceding methods were piloted outside of SHC and refined. Gerontology students were trained during the University of Massachusetts' Winter

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[1] Attrition was attributed to: one case manager was in the process of leaving the agency; illness; scheduling difficulties; or refusal to participate.

term 1980 in administering tests and interviewing. Finally, in December, 1980 SHC case managers came to the College of Public and Community Service, University of Massachusetts/Boston and were given a 45 minute private interview and then asked to complete the written annonymous questionnaire materials which took approximately 15 minutes. All interviews were conducted over a four day period. Data collected during the sessions with case managers were coded and analyzed using the Statistical Package for the Social Sciences (SPSS).

FINDINGS AND DISCUSSION

Introduction

Senior Home Care Services -- Boston III, Inc. is a six year old private non-profit corporation with an annual budget of nearly $5 million. The agency currently delivers services to approximately 2,500 functionally impaired senior citizens per month in the Boston neighborhoods of South Boston, East Dorchester/Mattapan, East Boston, Beacon Hill, West End, North End, Charlestown, and South Cove.[2] Over 57% of the case management staff has worked at the agency less than one year and 92.9% of the case management staff has worked at SHC for less than two years. The high turnover rate is well known to SHC administration and possible reasons for this turnover will be outlined later in this section of the report.

Other descriptions of the SHC case management staff include: nearly 93% female; 97% white, primarily having SHC their first professional employer since college. In fact, 60.7% of the staff are younger than 24 years old, and nearly 79% are under 29 years of age. Just under half of the 28 case

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[2]"Five Year Plan, 1980-1984"

managers we talked to selected case management as their first job choice, but 60.7% indicated that they wanted to make a career in the human services working with the lederly. The tough economic times in human services was the reason most often given for accepting a position at SHC by those less eager to work with elderly or in case management. Therefore, for an agency serving urban elderly we have for the most part young white females with limited employment experience. The implications of this cultural homogeneity is a subject for further research, but is an area for policy examination and attention by SHC.

To further test whether this staff description was applicable to other home care corporations and hence a matter for DEA review, we surveyed home care corporations throughout the Commonwealth. Every home care corporation in Massachusetts completed the survey. Results presented in Table 1 indicate a substantially wider spread in the ages of case managers than found at SHC. In fact, 52% of the 492 case managers identified in the study were under 30 years old. Only 28% were under 25 years old compared to 60.7% at SHC. (At the same time, only 10% of the state sample were over 55 years old.) Further descriptions of the case manager population statewide, however, do show some similarities to SHC. For example, 82% of the case managers in the agencies surveyed were female, and 93% were white (the others being 6% black, 0.6% Hispanic, 0.4% Cape Verdian). Regarding job turnover, two agencies did not provide responses and two very small agencies reported very low turnover. Still, in averaging the job turnover rate for the twenty-five responding agencies the average tenure was 2.19 years -- better, but not substantially different from SHC.

TABLE 1

CASE MANAGER PROFILE

	SHC Case Manager Profile	Statewide Case Manager Profile
Sex		
Male	7%	18%
Female	93%	82%
Age		
25 years old or younger	60.7%	28%
26-30 years old	17.9%	24%
31-55 years old	21.4%	38%
56 years old or older	0%	10%
	100.0%	100%
Ethnicity		
White	96.4%	93%
Black	3.6%	6%
Hispanic	0%	0.6%
Cape Verdian	0%	0.4%
	100.0%	100.0%

What kind of job is that of being a case manager at SHC?

At the center of our study was an examination of the job satisfaction of the case manager. Compared to other evaluation studies of job staisfaction found in the literature, the findings at SHC are unique in two respects:

(1) in the agreement and similarity to the perceived problems of the job of case manager, and

(2) the degree of dissatisfaction among case managers.

Almost all staff interviewed believed that the goals of case management as articulated by DEA and SHC were appropriate, but the current manner of accomplishing these goals is in need of major re-examination. Presented in the following pages are specific issues which were raised by SHC case managers.

We found that when case managers were asked to list the current percentage of time versus the ideal percentage of time ("ideal percentage of time" refers to a case manager's perception of what the job time or priorities "should be" to best perform their job responsibilities) spent at SHC on routine activities such as job related transportation, telephone work, paper work, client services, homemaker and client referrals, and staff meetings/in-service training, their responses indicated some clear and important differences which are summarized in Table 2. In fact, many of these differences were further emphasized when we asked the staff to rank these activities in order of (a) personal importance to a case manager now at SHC, (b) their perception of the agency's order of importance, and (c) in the order of importance in an ideal situation (see Table 2).

Despite similarities of mean scores of current and ideal case managers' percentage of time, we found no correlation between individual percentage scores on current use of time compared to ideal. The most dramatic discrepancy was the difference between the percentage of current versus ideal time

TABLE 2

MEAN AND MODAL SCORES OF CASE MANAGERS' RATINGS ON TASK AND PRIORITY ACTIVITIES

	Mean Scores		Modal Scores		
Task	A. Current case manager's percent of time	B. Ideal case manager's percent of time	C. Current case manager's rank order of importance	D. Case manager's perception of agency rank ordering	E. Ideal case manager's rank order of importance
Transportation	10%	7%	6	6	6
Telephone	15%	14%	3	5	3
Paperwork	33%	11%	4	1	5
Client Services	21%	41%	1	2	1
Homemaker and Client referrals	14%	17%	2	3	2
Staff meetings and in-service training	7%	10%	5	4	4
Total	100%	100%			

Task	Correlations between individual case manager's scores on A & B	Correlations between individual case manager's rankings on C & D	Correlations between individual case manager's rankings on D & E
Transportation	No	Yes	Yes
Telephone	No	No	Yes
Paperwork	No		
Client Services	No	No	Yes
Homemaker and client referrals	No	No	Yes
Staff meetings and in-service training	No	No	Yes

devoted to paper work. Case managers indicated that approximately 33% of their time is spent on paper work, compared to the 11% they think it should take. In functional terms, this means that more than 1 1/2 out of 5 working days is spent on paper work. This varied across case managers, with a few claiming they spend only one day a week on paper work and an equal number claiming it takes 2 1/2 days or longer a week for this particular task. At the same time, case managers claim they spend an average of only one day a week on direct client services; in fact, the most any individual claimed in the agency was 1 1/2 days a week on services with clients. This reality strongly contrasts with the belief on the part of case managers that direct client contact is the most important function of case management and an activity on which they would prefer to spend 41% of their time (or more than two days a week). To further compound the irony, the case managers perceive that the agency also views client services as important, but not as important as paper work.

Upon further examination of correlations between the individual rankings of case manager priorities compared to the perceived agency ranking of priorities, we found no correlation whatsoever on five of the six categories. Only on case manager transportation did case managers and their perception of the agencies' priorities correspond. In contrast, when examining correlations between case managers' current rankings of importance and their ideal we found a statistical correlation on all items.

What is critical in these findings is not whether the case managers' description of use of time is in fact what happens in actuality, but;

(1) that there are significant differences between case managers' actual vs. ideal use of time on tasks such as paper work and client services, and

(2) that there exists a considerable gap between what the case managers believe to be important and their perception of their agency's priorities.

These discrepancies are both reaffirmed and more vividly portrayed in documentation taken from interviews with the same case managers. The most frequently discussed topics concerned the amount of "unnecessary" paper work which confronts case managers and the impairment that heavy case loads had on their ability to perform the work they believe their clients required. As one case manager said in no uncertain terms:

> I like working with the elderly and I like being on the outside. I hate the paper work. The paper work has got to be the most frustrating thing of all. . . . unless the paper work is critical to the case; if I go out to visit a woman and she is fine, I don't think I should go back and do an hour and a half of paper work. There should be paper work to document cases. However, I think a lot of times they get into this and it looks good and it perpetuates itself. . . . What you are doing is concentrating your energies on just paper work and not covering the cases that should have your attention.

Many talked about the repetitive nature of the paper work and suggestions for reducing the repetition in the record keeping procedures. Several suggested that the case managers receive more supportive services, such as typing and clerks, so that more time can be spent on client services. Currently case managers do their own typing and record keeping.

On another point, SHC policy states that a case manager should call each client once a month and visit the client every three months. This policy is adhered to by staff, yet most of the case managers indicated that what seems to be an equitable policy is actually insensitive to client needs. They claim that some clients need more contact and some need less. For example, clients with alcohol or mental health problems may need more contact, while those demonstrating an ability to live more independently may need

minimum contact. They see this regulation coupled with their case load and paper work as a serious hinderance to quality case management. There is also strong support among case managers interviewed for a flexible case load in relation to client needs. Most expressed the opinion that between 45 and 60 cases represented a reasonable quantity and would better insure quality care.

On related issues, the attitude of case managers toward their job at SHC can best be described as very mixed. Many find rewards in working with the seniors and most enjoy the supportive relationship they share with the other case managers and their supervisors. Of the 92 specific incidents described by the 28 case managers in the interviews (when asked "to state an experience that best describes your attitude toward Home Care III"), 49% of the incidents were of negative experiences, 19% had some element of a positive and negative aspect to the experience, 3% were neutral, and 29% were positive incidents. Of the 29% positive incidents, all were either stories of rewarding experiences with clients or of supportive situations with other SHC case managers or supervisors.

The incidents which had some element of a positive and negative aspect all rolled into one statement were generally more descriptive of the agency. For example:

> I feel good about my job now, but it took quite a while to get into. I felt that I should get everything done in one day, even though the other case managers told me that this was impossible. I felt frustrated and overwhelmed and I felt that I should and could keep on schedule. I felt that I was indispensible, but came to realize that I wasn't. . . . Generally I felt that the staff was very supportive. . . this is the only reason that I am still here.

It was common to find among the "positive/negative" incidents frequent reference to the harshness and insensitivity of the previous administration and the apparent contrast to the new administration. As one case manager stated,

> In the past we didn't feel very much respect. The administration was impressed with the attitude that 'We are the bosses. We don't need your ideas!' Now there is more of a sense of respect. . . . Things are much more positive now than before. Verbal promises have been given that communication will open up more . . . but the new administrator has been here only 6 weeks, so it's really too early to properly assess.

The preponderance of negative incidents at SHC point toward discrepancies between philosophy and the reality of case manager roles in relationship to clients. There were numerous stories of how rules, regulations, and bureaucracy worked against clients; many of those interviewed invariably ended their stories with the statement, "I felt so frustrated because I did not have the time to commit myself to helping." This frustration, as described by case managers, pertains to many different aspects of the job. One case manager, who had only been at SHC for 6 months, stated,

> In dealing with other agencies such as Social Security and Medicaid we run into people who for some reason have no respect for home care. When we call and complain and inquire about a client's Social Security number or Medicaid number or a Social Security amount, they put us on hold, you try to explain what you are doing and they put us on hold. They say "get to the point, what do you want? We don't have time to deal with you." It is very hard, and it gets to the point where you dread calling these agencies to help a client.

Another case manager described a specific incident with Blue Cross where she was constantly put on hold, and finally got through only to have the staff person begin to "flirt" with her over the telephone. Besides finding this behavior personally offensive, it also necessitated the case manager to seek assistance from her supervisor, thus providing extra work and frustration for both.

Another area that can become frustrating for case managers involves working with providers. Although the case manager recommends service, s/he

has little control over the delivery of service itself. As a case manager stated,

> I get frustrated because of the actions of homemakers and providers. There is falsification of hours spent with clients and the providers then get paid for authorized number of hours rather than performed time, It is very hard to have any control over providers.

One outspoken case manager stated,

> Providers are a business, they are money making organizations. I can be idealistic and say they should screen their people and train them, but it costs money and they are not going to do it. They get a yearly contract and it's difficult to break it. They (the administration) are not willing to break it, they are not willing to call these people on the carpet.

This statement was reiterated when a case manager stated,

> I was working with a client and trying to coordinate services and a member of client's family called me and really laid in to me for not arranging enough service. This is very frustrating. I don't have control over the homemaker. Dealing with providers and homemakers is a very frustrating business. This applies to practically all case managers . . . a cab does not show up on time or a homemaker does not show at all and we get the complaints.

Another typical incident was described by one of the interviewers:

> Last week, the homemaker continually didn't show up, and the client complained to me that she had no food and couldn't cook meals. I kept calling the agency to see where the homemaker was. The client felt that I knew where the homemaker was, and blamed me for the lack of service. This happens often, that I get blamed when actually I have no control directly over homemakers.

Another set of incidents frequently mentioned were in reference to the previous SHC Director. Significant attention was paid in the interviews to the leadership style of the previous administration, which, according to many case managers, resulted in a situation where staff had "no voice." His manner and policies were attributed to why SHC has moved in the direction of

unionization. Almost all of the case managers interviewed are pleased with the new change in administration and look forward to better relations with the new Director.

The results from the questionnaire provide additional insight into the dissatisfaction of case managers at SHC. Case managers were asked to rate on a scale of 1 to 5, with "1 being very good, 2 good, 3 satisfactory, 4 fair, 5 poor," a series of questions about their agency. Some of the more dramatic findings include:

- 46.4% of the case managers find the quality of the working environment at SHC fair to poor.
- 37.3% of the case managers find the opportunity at SHC to make use of their job skills fair to poor.
- 64.3% of the case managers find the opportunity afforded to try new things at SHC is fair to poor.
- 32.1% of the case managers find the resources available (contracting agencies, etc.) to the case manager at SHC is fair to poor.
- 64.3% of the case managers find that the education training provided by SHC to be fair to poor.
- 82.1% of the case managers find that the opportunity for professional advancement at SHC is fair to poor (50% of the respondents ranked this item poor).
- 67.9% of the case managers find that they are more than qualified to perform their responsibilities at SHC. 21.4% state that they are over-qualified for the job.
- 60.7% of the case managers find that the level of pay at SHC is fair to poor.
- 50% of the case managers find that the job at SHC is less than a professional or intellectual challenge. 32.1% state that it is no challenge.
- 60.7% of the case managers find that the societal prestige accorded to a case manager at SHC is of fair to low prestige.

Despite the number and intensity of the results pointing towards poor

job satisfaction at SHC, there were several positive indicators of job satisfaction reported by case managers. According to Blauner (1964), among the many factors that influence job satisfaction, issues such as control over various conditions of work (time, pace, freedom from supervision) and cohesiveness of the work group are important determinants of job satisfaction. On these points, 92.9% of the respondents found the freedom to plan their own work at SHC good to very good. Similarly, 67.9% of the case managers responded that they have good to very good personal control over their work at SHC. As frequently stated in the interviews, case manager and supervisory support at SHC are good. According to the questionnaire, 64.3% of the respondents stated that the cohesiveness of the case managers at SHC is good to very good. In addition 89.3% indicated that the quality of the personnel at SHC is good to very good.

In the more recent literature on indicators of job satisfaction, researchers have attempted to examine the interaction and differential importance of various factors in determining job satisfaction for different types of employment. This research is particularly relevant in understanding our findings at SHC. Converse and Robinson (1967) from the University of Michigan, in their classic work on job satisfaction, have examined for a nationwide sample, ratings of various aspects of job satisfaction by occupations. Our survey of case managers asked several of the same questions as found in the Converse and Robinson study. The results are summarized in Table 3.

In comparing the findings from SHC to the nationally normed data from various other occupations on a set of factors influencing job satisfaction we find substantial discrepancies. On five out of seven job satisfaction factors

TABLE 3

AVERAGE RATINGS OF VARIOUS ASPECTS OF JOB FOR SHC COMPARED TO OTHER OCCUPATIONS

(Scores run from 1 = very good to 5 = poor)

Professional -- people oriented	Pay	Job Security	Kind of Work Place	Chance to Use Skills	Kind of People	Freedom to Plan	Chance to Learn
Artist, Musician	3.40	3.80	1.80	2.00	1.25	1.80	3.00
Professor, Librarian	2.75	1.57	1.75	1.25	1.13	1.63	1.63
Advising profession	2.08	1.63	1.60	1.20	1.37	1.26	1.43
School teachers	2.59	1.74	1.94	1.15	1.65	1.50	1.35
Nurses, other medical	2.53	1.73	1.67	1.47	1.71	1.73	2.00
SHC Case Managers	3.82	2.68	3.21	3.14	1.46	1.54	3.77
Clerical:							
Bookkeeper	2.52	1.83	2.17	1.56	1.56	1.94	2.06
Secretary, typist	2.91	2.47	2.04	1.90	1.66	2.14	2.57
Other clerical	2.14	1.57	2.00	2.46	1.74	2.43	2.78

SHC case managers rated themeselves lower than all "professional-people oriented" or "clerical" occupations surveyed. On the two categories which case managers rated more positively, "the kind of people in the agency" and "freedom to plan your own work" we find SHC case managers rating close to the advising profession and school teachers.

According to the literature, job satisfaction is based on a balance of factors; some work environments can offer more than others. Workers then perform a sort of "natural" self selection where some acceptable harmony is found in employment between worker and setting.

Conclusions

We are forced to conclude that SHC (and possibly home care in general) has failed to adequately consider basic worker needs in the establishment of job responsibilities for the case manager. More specific and central to worker dissatisfaction at SHC is the question of decision-making and the value of the knowledge of the case manager in setting policy. One of the most frequently cited changes case managers would make at SHC is to involve line staff at SHC Board meetings. It was not uncommon in the interviews to hear "the job is not challenging enough," "there is too much bureaucracy," "too many levels to get answers to get anything changed," "the job is monotonous now," "the work is very boring and unchallenging." One case manager explained, " . . . it's no longer a really challenging job. I do my work, but it doesn't take a great deal of effort. I wouldn't want this job for the rest of my life. It is now routine."

At the heart of the matter, however, is the need to better understand and clarify the role and responsibilities of the case manager. On one hand

SHC is now requiring all new hires to have a Bachelor's degree in Social Work or a related degree and 2 years experience, implying a professional position demanding judgment and formal training. On the other hand, according to one case manager at SHC, "Any high school kid can do this job." At the same time, the direction from DEA has been to increase regulations pertaining to case management, thereby further reducing worker autonomy and prompting this rather revealing (and contradictory) comment by one case manager:

> DEA won't do anything that will cost them money. DEA won't recognize that we are professional people. They have stated before the National Labor Relations Board that one does not have to be professionally trained to do the kind of job we do.

The frustration reflected throughout in the data presented in this report is further compounded by placing trained staff in a job that does not allow the time or resources to respond to the client needs they see. It was very common for workers to discuss the unmet needs of clients and how the home care system only provided a very narrow and limited response to the goal of providing home support to reduce unnecessary institutionalization. Some of the urgent unmet needs cited include: reassurance and more companionship for elderly; more concentrated and sustained relationships by case managers with clients; increased housing advocacy; full-time occupational therapist on staff; an expanded visiting aid and outreach worker program; and increased preventive health care to name a few. Recommendations from staff include the development of a comprehensive service plan (not like what they do now) that looks at the continuum of services and needs of the client.

Central to successfully addressing both the frustrations of the case managers and the needs of clients is clarification of the role and status of

the case manager. One approach could involve the "de-professionalization" of the job in favor of hiring experienced community people and seniors to do the job. Another would be to maintain the job standards and expand the role and function of the workers in areas of community resource development, family support or counseling, and comprehensive client-based planning and service delivery. This would require a different formula for determining case loads and work responsibilities. But by establishing professional standards and goals and requiring non-professional tasks and work expectations the agency creates disillusionment, dissatisfaction, and questioning of workers' self-worth (it was common in the interviews for case managers to place blame on themselves for not adjusting to SHC, rather than examining the institutional barriers to satisfactory work).

In summary, the findings indicate case managers like and respect their peers and supervisors, enjoy working with clients, have freedom to plan their own work, but for the most part find that the job of case manager at SHC is boring, routinized and prioritized around paper work; that it is unchallenging work requiring modest effort; it is unrewarding in terms of pay and opportunity to experiment with new ideas; and that it offers little to no opportunity for advancement. Case managers at SHC are frustrated within the agency around meaningful participation in agency decisions and in working directly on clients' unmet needs, as well as being frustrated outside the agency to arrange for services with providers, to insure quality service, and to work with other community and state agencies.

RECOMMENDATIONS

Specifically for Senior Home Care Services -- Boston III, Inc. a series of recommendations have been developed in response to identified problems. It should be empahsized that for the most part the recommendations presented in this section were suggested by case managers during the interviews when they were asked about changes they would make at SHC.

The problem areas and recommendations are presented in chart form below.

Identified Case Manager Problem	Recommendation
1. Time spent doing paper work	1.1 Review of paper work procedures; 1.2 More support staff services for typing and recording.
2. Heavy case load	2.1 Reduce case load; 2.2 Institute a flexible client-based service plan based on need.
3. Limited leverage with other social service agencies	3.1 Improve DEA inter-agency relations; 3.2 Involve case managers in public relations; 3.3 SHC Director expand social service agency relations.
4. Mistrust of providers regarding reporting of working hours, profit motive, level of training; perceived powerlessness to insure service delivery.	4.1 Re-examination of home-maker and other direct services contracted outside of Home Care Corporation; 4.2 Increase case manager authority over contracted services.
5. Quality of working environment	5.1 Involve case managers in developing suggestions for improving working environment.
6. Job requirements in relation to task; little professional or intellectual challenge, boring and routine, limited use of case manager job skills.	6.1 Assessment and decision on role of case manager (e.g. professional staff or non-professional) 6.2 (see next page)

(continued next page)

Identified Case Manager Problem	Recommendation
	6.2 Revise job responsibilities to match SHC case manager skill level, or remove job qualifying requirements of a B.S.W.
	6.3 If professional position, expand use of case managers in community-resource development, public relations, counseling, development of flexible professional client-based service plans, and policy development.
7. Limited opportunity to try new things.	7.1 More flexibility in job tasks;
	7.2 Encourage mini-grants for new ideas and provide release-time for promising ideas.
8. Little opportunity for professional advancement.	8.1 Expand in areas of training, grants development, conferences, publications, research, and curriculum development.
9. Limited educational training at SHC	9.1 Expand relations with higher education institutions;
	9.2 Solicit grants for conferences and training;
	9.3 Provide release time for educational training;
	9.4 Assess staff training interests and needs.
10. Low pay	10.1 Increase salary guidelines set by DEA.
11. Low prestige	11.1 Expand exposure and image of case manager;
	11.2 Expand the authority and role of the case manager.
12. Limited role of case manager in decision-making and policy	12.1 Increase Board input by case managers.
13. Homogeneous case manager staff profile	13.1 Hire more minorities, men, and older workers.

As can be seen from the list, many of the recommended changes are, in fact, beyond the authority of SHC Administration and involve DEA regulations or policy. Case managers at SHC must recognize that the mere change in Directorship of the agency will not solve many of the problems and

frustrations they encounter. What the new Director can provide, however, is a process and forum to better understand the issues identified in this report and collectively seek relief and revision of obstacles which impede quality planning and service.

Upon closer examination, it can be seen that many of the problem areas identified are inter-related. For example, the limited leverage with social service agencies may be related to the high turnover of case managers at SHC. No sooner does an external agency staffer learn to work on a personal basis, the case manager leaves. This can create a feeling of hesitation on the part of individuals outside the agency to invest energy in a case manager who their experience tells them won't be around long. The interchange therefore creates frustration for new case managers who find external relationships as impersonal. Another example of the inter-reltaed nature of SHC problems is the case managers' expressed frustration in not being able to serve the needs of their clients. This can be directly related to the case load, paper work, and available services, over which the case manager has little or no control. Therefore, we recommend that SHC approach identified problem areas in an aggregate and comprehensive manner.

One theme we have reiterated throughout the report is the absence of any real authority of the case manager. The case manager on one hand receives real responsibility for client case management, but limited authority to oversee the delivery and quality of service. This lack of authority is evidenced in the plight of a complaining client over the activities of an errant homemaker, only resulting in frustration and loss of respect for the case manager.

Therefore, we recommend that the role and relationship between the home care corporation and provider be re-examined and encourage the experimentation and testing of new delivery models. The modifications from the current provider/home care relationship could range from tinkering with the existing system by improving performance appraisal of the direct service provider by the case manager, to provision of services by the home care corporation themselves. Middle range options include expanded authority of the home care corporation in supervision and training of providers and the apparently successful model of "service diversification" where the North Shore Elder Services contracted with commercial enterprises other than homemaker services for client needs.* The need to test, examine, and implement models which emphasize accountable, cost-effective delivery to seniors is crucial in maintaining a mroe stable case management team.

In light of the findings from this preliminary examination of Senior Home Care Services -- Boston III, Inc., the Gerontology Program at the College of Public and Community Service, University of Massachusetts/Boston and the Massachusetts Association of Older Americans strongly recommend that DEA fund a major statewide evaluation of the Massachusetts Home Care System. The evaluation should be awarded on a competitive basis to an <u>independent</u> organization specializing in social science evaluation. The statewide study should focus on:

- DEA rules and policies in relation to stated goals;
- Effectiveness of DEA program implementation with Home Care Corporations;

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*See "Diversification of Homemaker Service Delivery: Model Analysis and Implementation Strategy" by William Carney and Marcia Madden, Brandeis University, 1980.

- Case manager job satisfaction, case load, paper work, and professional responsibilities;
- Cost effectiveness of the system;
- Quality of client services;
- Effectiveness of contracting outside for homemaker and other professional direct services;
- A review nationally of cost-effective options and systems for improving the quality of service in Massachusetts;
- Specific steps and procedures within DEA, the Rate Setting Commission, individual Home Care Corporations, providers, and system-wide for improving the Commonwealth's Home Care System.

Finally, we would like to conclude this report on a positive note. That is, the content of this report and most of its recommendations were provided by case managers at SHC. Although many are frustrated, they state that they genuinely like and respect each other and, for the most part, want to work to improve the system. We found their openness and ideas of how to improve the home care system refreshing and encouraging. Since the case managers are in agreement with DEA on goals of home care, their enthusiasm and energy directed toward creatively solving their organizational problems is perhaps the most valuable currently untapped resource in the agency. We hope the new Director and Board recognize this and involve the case managers in developing solutions to the profound and systemic problems experienced in the agency.

APPENDIX

UNIVERSITY OF MASSACHUSETTS/BOSTON
COLLEGE OF PUBLIC AND COMMUNITY SERVICE
GERONTOLOGY PROGRAM

Case Manger Interviews

I. Introduction and Purpose

- ° names
- ° who we are
- ° confidentiality
- ° 3 parts of our investigation (interview; questionnaire -- a. use of time and priorities; b. job satisfaction)
- ° purpose of the interviews

II. How long have you worked at H.C. III?
From your experience, what do you think of H.C.III?

III. Tell me an experience that best describes or symbolizes your attitude toward H.C.III. (Be specific. Who, what, where, when. Probe.)

IV. Tell me another experience that describes or symbolizes your attitude towards H.C.III.

-- Another experience.

V. Another state is interested in establishing a H.C. Program and you have been asked to consult on case management. You are not constrained by funding limitations; they are interested in learning from the Massachusetts H.C. system about its successes and problems. What would you recommend as changes in the job of the case manager? (List and discuss)

VI. In order to implement your new system what are the tasks and time priorities of the case manager? (fill out form)

-- Are there any tasks you would add?

VII. Given this is our only opportunity to talk, is there anything about H.C. III or the ideal of case management that we have not discussed and that you think is important to tell an evaluator?

VIII. Closure: review of questionnaire (make sure they receive the right number!)

Thank you.

For office use only:

#_____

UNIVERSITY OF MASSACHUSETTS/BOSTON
COLLEGE OF PUBLIC AND COMMUNITY SERVICE
GERONTOLOGY PROGRAM

Senior Home Care Services - Boston III
Case Manager Questionnaire

Introduction

The following questionnaire is part of a study conducted by the University of Massachusetts/Boston, College of Public and Community Service, Gerontology Program in cooperation with the Massachusetts Association of Older Americans. The focus of our examination is on job satisfaction of case managers at Senior Home Care Services - Boston III.

The information obtained from this survey will be kept confidential and eventually analyzed on an aggregate basis. Please answer all the questions as carefully as possible. Be honest and base your responses on your personal experiences at Home Care III.

Results from our investigation will be made available to all individuals who participate in the study.

Thank you for your assistance.

Background

1. I have been a case manager at Home Care III: (check one)

   _____ less than 1 year _____ 1-2 years

   _____ 3-4 years _____ 4 or more years

2. Sex: _____ Male _____ Female

3. Age: _____ 20-24 years old _____ 25-29 years old

   _____ 30-34 years old _____ 35-39 years old _____ 40 or older

4. Formal education: (check the most advanced educational degree you have received)

   _____ High School Diploma _____ Associates Degree

   _____ Baccalaureat Degree (e.g. B.A., B.S.) _____ Masters Degree

5. Ethnicity: _____ White _____ Black _____ Hispanic

   _____ other (_____)

#_____

II. Job Satisfaction Questionnaire

(circle one)

1. Was the job of case manager your first choice of occupation that you are qualified for: YES NO

2. Do you plan on making or have you made a career out of human services with the elderly? YES NO

3. Do you ever think of changing to another type of work? YES NO

4. Have you ever had any problems with your work -- times when you couldn't work, or weren't getting along on the job, or didn't know what kind of work you wanted to do? YES NO

5. Taking into consideration all things about your job, how satisfied or dissatisfied are you with it?

1	2	3	4	5
satisfied		ambivalent		dissatisfied

6. How much effort do you think it takes to do a job that satisfies the standards of the administration at Home Care III?

1	2	3	4	5
much effort		modest effort		no effort

7. How good would you say you are at doing this kind of work at Home Care III?

1	2	3	4	5
very good		average		poor

Please rate on a scale of 1 to 5 your responses to the following questions about your job at Home Care III:

8. I think that my pay at Home Care III is:

1	2	3	4	5
very good		satisfactory		poor

9. I think that my job security at Home Care III is:

1	2	3	4	5
very good		satisfactory		poor

10. I think that working environment (e.g. stress, physical setting, climate) at Home Care III is:

1	2	3	4	5
very good		satisfactory		poor

#_____

Job Satisfaction Questionnaire (Page 2)

11. I think that the opportunity to use my job skills at Home Care III is:

1 2 3 4 5
very good satisfactory poor

12. The personnel I meet working at my agency are:

1 2 3 4 5
very good satisfactory poor

13. The extent that my supervisor at Home Care III allows me the freedom to plan my own work is:

1 2 3 4 5
very good satisfactory poor

14. The opportunity afforded by Home Care III as a place to try out new things is:

1 2 3 4 5
very good satisfactory poor

15. I think that the cohesiveness of the case managers at Home Care III is:

1 2 3 4 5
very good satisfactory poor

16. I think that my personal control over my work responsibilities is:

1 2 3 4 5
very good satisfactory poor

17. I find that the personal gratification gained from my work at Home Care III is:

1 2 3 4 5
very good satisfactory poor

18. I think the resources (contracting agencies, etc.) available to the case manager at Home Care III are:

1 2 3 4 5
very good satisfactory poor

19. I think the educational training provided by Home Care III is:

1 2 3 4 5
very good satisfactory poor

20. I think that the opportunities for professional advancement at Home Care III are:

1 2 3 4 5
very good satisfactory poor

21. I am qualified to perform by responsibilities at Home Care III:

1 2 3 4 5
over qualified qualified under qualified

#_____

Job Satisfaction Questionnaire (Page 3)

22. Are meaningful efforts performed by administration to retrain "worthy" case managers?

1	2	3	4	5
significant effort		modest effort		no effort

23. Is the job of the case manager at Home Care III an intellectual and professional challenge?

1	2	3	4	5
very challenging		somewhat challenging		no challenge

24. From your experience how would you rank the societal prestige accorded to the occupation of a Home Care case manager?

1	2	3	4	5
very prestigious		somewhat prestigious		low prestige

#_____

I. Case Manager

The form is to be completed based on actual day-to-day experiences at Home Care III.

PERCENTAGE OF TASK TIME AND TASK RATING SCALE

TASKS	% of Task Time A.	From a Case Manager's point of view, rank tasks in order of importance. (Rank from 1-6 ; 1 = most important, 6 = least important) B.	Case Manager's perception of agency ranking of tasks in order of importance. (Rank from 1-6 ; 1 = most important, 6 = least important) C.
Transportation (job related)			
Telephone			
Paper Work			
Patient Services			
Homemaker & Client Referrals			
Staff Meetings and In-Service Training			
	100%		

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#_____

IDEAL

CASE MANAGER PERCENTAGE OF TASK TIME
AND TASK RATING SCALE

The following chart is to be completed from an ideal perspective. That is, what time and priority allocations should take place in a hypothetical case manager's job with virtually unlimited resources.

TASKS	% of Task Time A.	From a Case Manager's point of view, rank the tasks in order of importance. (Rank from 1-6: 1 = most important; 6 = least important) B.
Transportation (job related)		
Telephone		
Paper work		
Patient services		
Homemaker and Client Referrals		
Staff Meetings and In-Service Training		
	100%	

The Commonwealth of Massachusetts
University of Massachusetts - Boston
Downtown Center
Boston, Massachusetts 02125
Gerontology Program
Telephone (617) 287-1900

December 3, 1980

Dear Home Care Director:

The University of Massachusetts/Boston, College of Public and Community Service, Gerontology Program in cooperation with the Massachusetts Association of Older Americans is conducting a preliminary assessment of the Home Care Case Management System in Massachusetts.

Please take a few minutes to complete the attached short questionnaire and return in the enclosed addressed, stamped envelope. Should we not hear from you by December 18, 1980 a representative from the Gerontology Program will be in touch with you.

Aggregated results from this brief preliminary questionnaire will be sent to agencies completing this request. Thank you for your assistance in this matter.

Sincerely,

Richard Rowland, Ph.D.
Director

RR/ra

HOME CARE CORPORATION QUESTIONNAIRE

1. Name of Home Care Corporation _____

2. Total number of case managers _____

3. The number of case managers 25 years old or younger _____

   between 26 and 30 years _____

   over 55 years old _____

4. The average age of the case management staff _____

5. The number of male case managers _____

   female case managers _____

   white case managers _____

   black case managers _____

   hispanic case managers _____

6. What is the average amount of time that a case manager works at your agency before leaving or changing jobs (job turnover)? _____

Thank you.