



Training Requirements for Home Care Workers: A Content Analysis of State Laws

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Abstract

Our research examined the training requirements for home care workers in the United States. These workers provide personal care services to older and disabled adults, which includes assistance with activities of daily living such as bathing, dressing, and feeding. Because these services are nonmedical, national standards for medical providers (such as hospitals and nursing homes) do not apply to home care. Standards for home care workers, such as training requirements, are consequently left to the states. To compare these requirements, we conducted a content analysis of the laws relevant to home care in the 50 states and the District of Columbia. We developed a coding scheme to identify and quantify words within the text of state laws related to requirements for the training and supervision of home care workers. In this way, we were able to determine which states have developed a separate licensure category for home care as well as the baseline requirements for home care workers in these states. The following case study describes our content analysis of state home care laws. We discuss the need for and utility of flexible qualitative methods such as content analysis. We identify methodological challenges we faced, such as the reliability and validity of text data, and how we overcame these obstacles. We also discuss the implications of our use of content analysis for comparative policy research, across different areas of public policy, and across different levels of government: local, state, national, and international.

Learning Outcomes

By the end of this case, students should be able to

- Recognize content analysis as a qualitative methodology used to conduct comparative analysis in a policy research study
- Describe the analytical steps involved when conducting summative content analysis using unstandardized data sources
- Understand the role of inter-coder reliability when conducting a qualitative study, particularly when researchers are working as a team
- Assess the benefits and challenges of content analysis as a method of analyzing text data

Project Overview and Context

This study resulted from a conversation between the first and second authors (C.M.K. and J.C.M.) on the perceived lack of research on the home care workforce. The nursing home workforce, largely due to high levels of regulation imposed by the federal and state government, is the most studied long-term care setting. Recent research had documented the training requirements, commented on the number of hours required (75 hr by federal rule), and

articulated how these requirements could be improved upon. But what about home care? Due to the lack of regulation and the attendant rigorous oversight at the federal and then state level, little was known about the home care workforce with a few notable exceptions for work done by advocacy organizations or union-based research agencies seeking to improve training and supports for home care workers.

Our study examined the training required for home care workers, who provide nonmedical care to older and disabled adults. Home care is the fastest-growing category within the long-term care workforce, which reflects the increasing trend in the United States away from nursing homes and toward “aging in place.” Aging in place is when older adults remain in the community or in their own home rather than going to an institutional setting when faced with frailty or cognitive decline. With this trend also comes a shift in terms of the responsibility for ensuring the quality of long-term care. For medical providers (such as hospitals, nursing homes, and home health agencies), regulatory standards in all areas, including training, are set at the national level, by the Center for Medicare and Medicaid Services. However, for nonmedical providers, which include assisted living and home care, regulation is left to the states. Consequently, training standards for home care workers are determined at the state level and the states vary widely in these requirements.

To our knowledge, there was no existing resource that contained information for home care regulations across all states. In other words, we needed to compile information on training where none previously existed systematically across all states. From our previous experiences in home care research, and those of our colleagues, we knew differences existed across the states in the training and supervision required of home care workers. For example, there are differences in the number of hours required for orientation and in-service training, the frequency of on-site supervision of home care workers, and in the required content of training programs. We contemplated doing key informant or semi-structured interviews with knowledgeable experts in each state. This undertaking would be time intensive requiring time to schedule and conduct the interviews with each expert. Furthermore, if we interviewed one official from each state, this person would be likely to know how regulations are interpreted in that state, but we would not necessarily get an authoritative or comparable response in other states. Given that there was not even a basic compilation of this information across the states, we decided to go directly to the state government resources to obtain the information on training and supervision requirements of home care workers.

Research Design

For this study, a qualitative approach was necessary to answer our research questions. First,

we utilized content analysis to establish which states had created a special licensure category for home care. Second, we used this method to determine the duration of orientation and in-service training programs and the frequency of supervision for home care workers. Third, through content analysis, we identified which specific skill sets, or core competencies, states required before home care workers are allowed in homes of clients.

Content analysis is a flexible qualitative research technique that analyzes text data. Our project was a primarily a descriptive study led by deductive research questions. Our goal was to capture frequencies of surface topics in a straightforward way and produce confirmatory results that allowed for comparison across a large sample of groups—in this case, all states in the United States. Thus, we were led by text and previous research, not theory. According to Hsieh and Shannon (2005), there are three types of content analyses: conventional, directed, and summative. Based on Hsieh and Shannon's typology, we conducted a summative content analysis which "involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context" (p. 1277). This type of content analysis, which by necessity quantifies words or content in text, also uses the context within the documents to interpret the intended meaning of word in the text of, in this case, laws and rules related to training and supervision of home care workers.

There is no federal policy on home care; thus, each state determines its own policy requirements. Even with the state governments' use of and varied success with technology-driven e-government (West, 2000), there was no standardization or uniformity in the creation or presentation of state policies. That being said, we also chose content analysis because it was the only type of methodological technique that was appropriate for our study, and it has been used in other studies that compare state laws that affect older adults (see Kelly et al., 2012). To our knowledge, no other study, previous to ours, had examined rules and regulations in this way.

To conduct the study, our plan was to identify whether each state had a specific licensure category for home care; what the minimum requirements were for employees in home care; and, finally, as stated in the original article, compare the specific training requirements across states. The following sections detail what went well in our original research design, the challenges we experienced as we put this method into "action," and how we overcame those challenges.

Research Practicalities

We completed this study between January and May 2011. At the time of this study, C.M.K. was

an assistant professor at the University of Nebraska at Omaha. J.C.M. was a research assistant professor at the University of North Carolina at Chapel Hill, where the third author (K.J.) was also employed as a graduate assistant. The content analysis for this study was conducted from February 1 to March 15, 2011, at the University of North Carolina at Chapel Hill, with an estimated 80 hr during this 45-day period devoted to data collection and analysis.

To describe the training and supervision requirements for home care workers across the United States, we obtained the most recent and comprehensive information on home care available from each state's official government website. We collected state licensure standards, administrative rules and regulations, and other state government reports that addressed home care. Next, we used content analysis to compare training and supervision requirements for home care workers across the 50 states.

Text-based Data

The content analysis was conducted on the laws pertaining to home care providers in the 50 states and the District of Columbia. This information was found in each state's code of laws, where state licensure requirements for all health care and long-term care providers, including home care agencies and client-employed providers, are found. We also reviewed information from the administrative rules for the state government agencies responsible for regulating home care. All of the above materials were obtained from each state's official government website.

Sampling

We discussed whether to sample states from region-based criteria. Given the need to understand the baseline training standards in every state, we decided that it was more important to have breadth, and include all 50 states and the District of Columbia, than to have depth based on a few case studies. Consequently, we decided to take a census (where all cases in a population are interrogated) rather than take a quota or random sample of states.

Data Structure

Going into data analysis, we had a good idea based on our previous research of what data elements we were looking to find in our content analysis of the state documents. However, as in all good qualitative data analysis, we knew that we may also uncover interesting variation or interesting commonalities that were relevant to our research questions. For example, we knew that that states either did or did not have a separate licensure category for home care (which distinguished it from other non-medical and medical long-term care settings), but we were surprised that there are six different names that states used for this category.

Timing

Laws and regulations change on a regular basis. We have seen this in home care, as a result of population aging, but also due to the Patient Protection and Affordable Care Act (PPACA). Since this law was rolled out in 2010, in-home and community-based services have become increasingly important; for example, the PPACA includes recommendations to the states for the training and supervision of home care workers. As with other parts of the PPACA, some states have implemented some of these recommendations, and at different points in time, and other states not at all. Because research and data collection can stretch out over time, and because we wanted to have clarity on a cross-sectional view of the laws and regulations related to training and supervision of home care workers, we gathered all the state documents in a defined period of time (about 6 weeks). This allowed us to specify the timing and avoid revisiting the documents constantly for changes.

Method in Action

Our strategy was to go to each state code of laws and identify states with a separate licensure category for home care providers. For those states with a separate home care license, our task was then to collect additional data on the training and supervision requirements for home care workers. From these data and our previous research, we identified topical or subject codes based on variables associated with licensure categories, training requirements, orientation, competencies, and competency evaluations. We did not use qualitative software. Instead, we used the computer or hand searching to identify phrases or words relevant to each subject code. After initial application of the subject codes to a handful of states' text, we used a word processing program to organize the data into easy-to-read tables. The tables and texts from 20% of states (10 states) were then reviewed by J.C.M. to conduct an inter-coder reliability check. In this process, the second coder reads and codes the text based on the aforementioned subject codes and compares the results of their tabulation with the tabulation of the first coder (K.J.). Any differences are discussed among the coders, and changes to the coding are applied to the remaining states' text documents. Because of >90% reliability between the two coders application of the subject codes, the remaining coding was deemed trustworthy.

We experienced challenges that are common to doing a summative content analysis and some that were not. According to Babbie (2016), summative content analysis is advantageous because it is an unobtrusive method and provides insight into how words are used, but our challenge was to ensure that we had internal consistency in coding and consistency with interpretation (Weber, 1990). To maximize the reliability of our study, we depended on open and

constant communication between the authors, discussing and making analytical decisions as a team and not moving forward without consensus and clear understanding of our terms and context. We also conducted inter-coder reliability checks, not only at the end of the coding but also during the entire process of coding and analysis to check to see whether we were being consistent. There were times that these checks required categories of analysis to be modified, changed completely, added, and even dropped from the analysis. Anytime there was a change in coding, we had to re-review previously coded and analyzed data to maintain consistency.

Another challenge we faced in doing content analysis of online sources was one of validity. There was no way for us to validate the intended meaning of text, words, or content, with static data. When conducting interviews, as discussed by Kleinman (2007), for example, a researcher may check with the participant to verify their intended meaning of words. In this case, there was no source of voice that could be traced. With our combined knowledge on health care workers and training, we felt that there was enough consistency in language and description to make informed decisions about the intended meaning behind the words analyzed. At no point in the analysis did we question the meaning of text to the point we needed to seek a state official for clarification.

Using findings from our content analysis and our knowledge from previous research, we developed charts as a strategy that arrayed both requirements and core competencies covered across all states. These “core competencies” included topics such as assistance with activities of daily living (ADLs; such as bathing, dressing, and feeding) and instrumental activities of daily living (IADLs; such as shopping, cleaning, and meal preparation), as well as other areas such as infection control, abuse and neglect prevention, client rights and responsibilities, and emergency procedures. These charts helped us organize the information gleaned through content analysis and also helped us navigate definitional issues. Because there are no federal standards on topics to be covered for home care workers, states used different keywords to describe required topics. For example, states alternatively use “safety training” and “emergency training” to describe instruction on a common set of hazards (e.g., fire, poison, and electrical). The charts we created helped us to group related topics under larger headings such that training standards across states could be made directly comparable.

Overall, our original strategy was a success. We were able to identify commonalities in language in the description of home care in the state code of laws, as well as similarities in the training and supervision requirements for home care workers. Because of these similarities, it was not difficult to identify when certain states deviated from the general patterns we noticed in most states. We created a category, “distinctive measures required by the state,” which noted characteristically distinct measures from the general sample. For example, Virginia required

training in cultural awareness as a part of the orientation of home care workers, which is unique among the states. Another distinction we noted between the states was in the “depth of requirements,” for example, Colorado had 32 measures of specific state requirements for orientation of home care workers when the average was 16.

However, there were some challenges unique to our dataset. There were times when the online state code of laws was so vague that we felt it necessary to conduct online searches for additional state resources or use additional search words to find missing or comparative data. For example, Massachusetts only had one specific state requirement for orientation of home care workers when, again, the average was 16. We conducted a Google search of “Massachusetts,” with keywords such as “home care worker training,” “home care worker orientation,” “home care policy,” “ADL and IADL,” and “state policy” to ensure that training requirements could not be found from another source. From the thoroughness of our processes, we feel that if the information was available, we were able to find it. In some cases, however, we had to be satisfied with our best interpretation knowing that additional contextual information could not be found.

From the policy analysis perspective, another challenge that presented itself was accounting for the timing of state legislative activity. With each state’s laws and other regulations concerning home care being updated on an irregular and unpredictable basis, it became necessary for us to limit our data collection to a 6-week period, to capture the same “moment in time” so that we could draw meaningful comparisons across all the states. However, this strategy necessarily meant that we were unable to capture legislative activity that fell outside this window in time. We were also limited in our ability to establish causality, in other words, to compare the “pre” and “post” environment in a particular state, where any change in state guidelines for home care worker training and supervision had been made. In fact, this limited window for data collection meant that we were not able to ensure that enough time had passed for any changes to state laws to be fully implemented.

Conclusion

Our research into home care enabled us to establish a baseline of training and supervision requirements across the states. It also provided us practical lessons in performing qualitative research. First, we learned that it is important that the method used matches the type of data that is the source material. In our study, not only was this data text based, the laws and other official state documents were written in silos. It became necessary for us to use an interpretive approach where the meaning of the language within the documents was considered rather than simply counted. For us, this meant our background in long-term care services was

frequently called into play: for example, knowing that what is called a “home care agency” in one state is called a “personal services provider” in another. It also meant that communication among the three authors was key, to ensure the inter-coder reliability of our findings.

Second, we learned that sampling is as important in qualitative studies as it is in quantitative research. Sampling has important applications for both generalizability and transferability, which are key concepts in assessing the external validity of findings. Consequently, sampling decisions should be made earlier, and the ramifications of those choices should be thought through before the study begins. In our study, we decided that our sample would include all 50 states and the District of Columbia, so that we could establish the baseline training and supervision requirements across the country. In theory, this sampling decision made our findings generalizable. In practice, however, this proved a challenge, as much of the information we obtained was not transferable from one state to the next (in fact, we found that home care legislation is at a very early stage in several states).

Finally, a third lesson we learned was that timing (which is important for any research study) is critical to policy analysis. Research in a rapidly changing area like health care policy must take into account the frequency with which laws are written and changed and the ramifications of these decisions (e.g., the PPACA). This is particularly true for policy made in the United States at the state level, where the rules, processes and procedures, and timing of 50 state governments must also be taken into account. In our study, we made the decision to limit data collection to a 6-week period to capture as best as we can the same “moment in time” across the states. This strategy was necessary, but it also limited our ability to establish causality in the enactment of laws and implementation of policy, in this case the roll-out timing and impact of training and supervision requirements for home care workers.

In summary, we began this study with the objective of understanding training and supervision requirements for home care workers at the state level because this is the level of government at which these decisions are made. We chose content analysis of state laws as the best method to capture the information that we needed. Our successful use of this qualitative method provides a foundation for future research in this state home care policy; it also provides a model for comparative policy analysis in other areas, especially where the key decisions belong to the states or to other governmental boundaries (e.g., countries, provinces, and municipalities).

Exercises and Discussion Questions

1. What did the authors mean when they said they were using an “unobtrusive method”? What are the advantages of unobtrusive research? Can quantitative research be

- unobtrusive? Explain why or why not.
2. Inter-coder reliability was a crucial part of the research process in this study. Explain in your own words what inter-coder reliability is and why is it important to qualitative research. How is inter-coder reliability related to reliability and validity?
 3. What are the strengths and weaknesses of the sampling technique used in this study? How did the authors attempt to overcome the weaknesses of their sampling process? Can you think of any criticisms of their sampling technique and process?
 4. The authors contemplated conducting interviews with knowledgeable experts in each state to answer their research questions about state-level training requirements but chose to conduct a content analysis. Compare the research design for interviews versus content analysis and list the pros and cons of each method. Be sure to go beyond what was presented in the reading.
 5. What role did technology play in this study? What do you think would be different if this study was replicated now? What would have been different if it had been first implemented in 1960?
 6. This policy research study was descriptive in nature and suggested implications for policy. How could this study be extended to capture the effectiveness of the training requirements for home care workers?
 7. Think of some examples of content analysis you can conduct to answer the research question, “How do parental leave policies differ when comparing large and small employers?” Now, think of another research question you can perform a content analysis research design and what materials you could use as data.

Further Reading

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