



Minnesota's Long-Term Caregiving Workforce: Solutions for Recruitment and Retention

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Executive Summary

Minnesota's long-term caregiving workforce is in crisis, with COVID both exacerbating and shining a bright light on the severe shortages, burnout, and high turnover among long-term caregivers (hereafter, LTCs). LTCs' job satisfaction has been negatively impacted by reductions in staffing, longer working hours, and increasing intensity of the work,¹ and workforce shortages and burnout threaten the quality of care for residents in long-term care facilities.

In 2024, the Minnesota Department of Health (MDH) conducted an in-depth study on LTCs working in nursing home and assisted living facilities. Based on 19 in-depth interviews and four focus groups with Certified Nursing Assistants, Personal Care Assistants, and Licensed Practical Nurses, this report offers important findings to inform best practices on recruitment, retention, burnout, and turnover among this critical workforce.

Key Findings

- **Recruitment: Why do LTCs choose this work?** Insights shared by LTCs on what drew them to caregiving and motivated them to work in this profession include:
 - Exposure to informal caregiving experiences such as taking care of family members, living in multigenerational households, or having family members working or residing in long-term care facilities;
 - Opportunities to build meaningful relationships and caring for people;
 - Interest in building a career and working in the healthcare field.

"I look back, my family and my grandmothers, both of them and my mom...they're all caregivers..."

Burnout and turnover: What leads LTCs to burn out and quit? LTCs described a variety of drivers of burnout:

- Feeling emotionally and psychologically burned out
- Lack of teamwork and an unsupportive work environment, including workplace safety concerns
- Feeling "dehumanized" by administrators, nurses, peers
- Experiencing a lack of support in addressing difficult residents, families, or coworkers
- Working while being short staffed

"Getting close with residents [and then you] are watching them die...that's a lot of the emotional stuff."

- **Retention: What would make LTCs stay?** LTCs expressed that enhanced workplace benefits (such as childcare), incentives (such as holiday pay) and supportive work

¹ Burns, D. J., Hyde, P. J., & Killett, A. M. (2016). How Financial Cutbacks Affect the Quality of Jobs and Care for the Elderly. ILR Review, 69(4), 991-1016. <https://doi.org/10.1177/0019793916640491>

environments (such as hands-on administrators, verbal acknowledgement of the hard work of caregiving, enhanced onboarding/mentoring/coaching, mental health support, better work-life balance) would incent them to stay.

“We’ve got a fantastic admin here if someone needs help or a department needs help she jumps in and helps. That’s what makes people care.”

Recommendations

At the outset, the vast majority of individuals acknowledged the need for increased wages and holiday pay as critical to recruitment and retention of caregivers. Beyond increasing wages, noted below are additional recommendations that emerged from insights offered by study participants and expert panelists to recruit more LTCs and grow the pipeline, decrease burnout and turnover, and increase support to the current workforce to improve retention.

Recommendations to Recruit Long-term Caregivers

- Targeted **recruitment of individuals with intimate connections to the human services or the long-term care sector** such as those exposed to informal caregiving experiences, including new Americans in multigenerational homes for whom that cultural way of living could potentially progress to the caregiving profession.
- Exposure to **long-term care careers and co-location of training programs** like offering CNA coursework in high school settings encouraged participation of younger individuals in this workforce.
- Explicit mapping and marketing of **potential career pathways** both within long-term caregiving so it is seen as an enduring career pathway in itself, and as a steppingstone to other healthcare careers such as nursing, medicine, or nursing home administration were other ways to attract more workers into this sector.

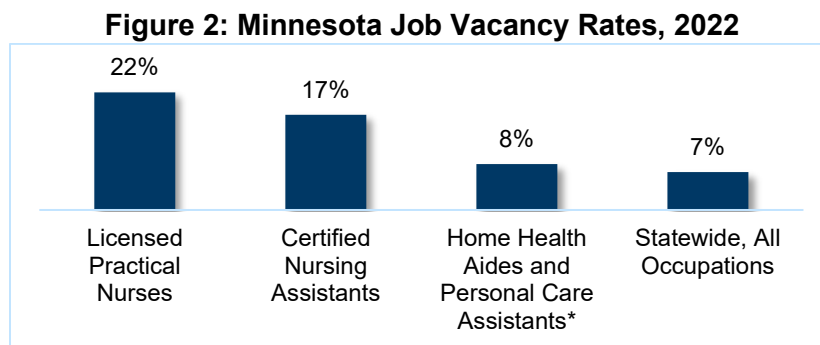
Recommendations to Retain Long-term Caregivers

- Alleviating emotional and physical burnout was key to worker retention. To that end, **increasing the overall number of trained LTCs**, and a **workplace culture** that included **supportive leadership and management** were strongly recommended.
- **Workplace incentives** such as merit-based paid time off, performance bonuses, education support and loan forgiveness programs, and **benefits** such as paid parental leave, support for childcare voucher programs also emerged as key to workforce retention.
- **Standardized workplace procedures and trainings** for caregivers and residents along with a clear plan for worker protections were cited as priority by many participants.
- Workplace **career advancement** through **mentoring, training/education and career laddering** were ways to reduce turnover among caregivers.

Introduction

A robust long-term care sector is essential to the health and vitality of Minnesotans. Long-term caregivers (hereafter referred to as LTCs) are healthcare professionals who provide care in private homes or group living quarters such as nursing homes or residential care facilities. The four largest caregiving occupations in this sector are Licensed Practical Nurses (LPNs), Certified Nursing Assistants (CNAs), Personal Care Attendants (PCAs) and Home Health Aides (HHAs.) Combined, these professionals total more than 150,000 in Minnesota, making LTCs the second-largest sector of the healthcare workforce (after Registered Nurses).²

Recruiting and retaining LTCs presents formidable challenges. The work is emotionally and physically demanding, and comes with unattractive wages and shifts that are frequently short-staffed.^{1,3,4} Minnesota is experiencing a critical shortage of LTCs,⁵ perhaps among the worst in the nation.⁶ Our nursing and residential care facilities have experienced a crisis-level drop in workers since COVID, losing nine percent of workers since February 2020 (versus 4.5 percent in hospitals and one percent in ambulatory care).² Vacancy rates in these occupations tell the same story: current hiring demand is far exceeding supply (see Figure 2), with vacancy rates for LPNs and CNAs more than double the statewide average. Three groups of occupations rank first (HHA/PCAs), sixth (CNAs), and 16th (LPNs) in overall hiring demand out of 563 occupations. Not only is current demand exceeding supply, but the pressure to recruit and retain these critical caregivers is sure to intensify in the coming years, as one out of four Minnesotans is projected to reach the age of 65 by 2030.^{7,8} Understanding why LTCs come to this work—and why they leave it—is more critical than ever.



² RNs are excluded from this study. Per data from the Minnesota Department of Employment and Economic Development, RNs comprise only 5% of long-term caregivers working in institutions.

³ Marcella, J., & Kelley, M. L. (2015). "Death Is Part of the Job" in Long-Term Care Homes: Supporting Direct Care Staff with Their Grief and Bereavement. *Sage Open*, 5(1). <https://doi.org/10.1177/2158244015573912>

⁴ Vis, J.A., Ramsbottom, K., Marcella, J., McNulty, J., Kelley, M. L., Kortez-Miller, K., & Jones-Bonofiglio, K. (2016). Developing and Implementing Peer-Led Intervention to Support Staff in Long-Term Care Homes Manage Grief. *Sage Open*, 6(3). <https://doi.org/10.1177/2158244016665888>

⁵ Macht, C., & Schaffhauser, A. (2021, December 1). *Critical Condition: The Health Care Workforce in Minnesota*. MN Employment and Economic Development. Retrieved May 23, 2024, from <https://mn.gov/deed/newscenter/publications/trends/december-2021/critical.jsp>

⁶ Rajecki, R. (2022, April 18). Nursing home workforce shortages hit Minnesota the hardest, California the least. *McKnights Senior Living*. <https://www.mcknightsseniorliving.com/news/nursing-home-workforce-shortages-hit-minnesota-the-hardest-california-the-least/>

⁷ Minnesota State Demographic Center. (n.d.). *Ageing*. Minnesota State Demographic Center Department of Administration <https://mn.gov/admin/demography/data-by-topic/aging/>

⁸ Dayton, M., & Lee, M. (2020, October 1). *Long-Term Population Projections for Minnesota*. Minnesota State Demographic Center Department of Administration. https://mn.gov/admin/assets/Long-Term-Population-Projections-for-Minnesota-dec2020_tcm36-457300.pdf

Source: Department of Employment and Economic Development, Minnesota Job Vacancy Survey, Fourth Quarter 2022. *Home Health Aides and Personal Care Attendant data are from Second Quarter of 2021. These are the most recent years for which data are available.

The purpose of this study was to **gather and present direct feedback from a subset of Minnesota's caregiving workforce** in order to provide much-needed insight on why workers in this sector choose to do this work; what factors are the biggest drivers of dissatisfaction and burnout; and what organizational or policy changes could entice more of these workers to come and ultimately stay in these positions.

Study Description

The MDH Institutional Review Board (IRB) approved this project. Because this study aimed to gain a deep and nuanced understanding of the motivations, thoughts, and feelings of LTCs, a qualitative approach was the most appropriate methodological design. The study involved the following steps: (1) assembling a panel of experts in Minnesota's long-term care industry and the caregiving workforce to guide the project; and (2) recruiting a diverse group of study participants in order to conduct: (a) 19 in-depth interviews with key informants (hereafter called "key informant interviews"); and (b) four focus groups.

Community Expert and Engagement

Consistent with MDH values, this study prioritized community and expert engagement throughout to ensure inclusive, representative, and meaningful results. This involved the following steps:

- Assembling a panel of 26 experts from the LTC sector to advise the study. The panel represented different workforce experiences, geographic locations, practice settings, education levels, demographics, and professional roles (e.g., university researcher, LTC administrator, direct care workforce personnel). We facilitated 17 virtual one-on-one meetings with these experts to offer an overview of the project, explore potential partnerships, and engage the expert panel in project design (described in more detail below). The LTC Expert Panel met twice in winter 2024 to review the focus group and key informant interview protocol questions. Appendix A provides a complete list of experts and their organizations.
- Developing study protocols with input from the expert panelists. Specifically, this group provided input on the recruitment flyer, key informant interviews, and focus group questions. The expert panel members also assisted with the study recruitment to maximize outreach and inclusion.
- Attending LTC meetings facilitated by the Department of Human Services and LTC organizations in Minnesota (e.g., LeadingAge, Presbyterian Homes) to disseminate information about the study, increase awareness, and identify potential collaborators.
- Ensuring that study participants—both key informants who were interviewed and focus group participants—represented diverse racial/ethnic groups, gender identities, age,

geographic locations, language preferences, longevity in the LTC workforce, LTC role (i.e., CNA, LPN, or PCA) etc.

- Translating the findings into Hmong, Somali, and Spanish for increased accessibility.

Recruiting Study Participants

Although qualitative studies are not intended to be widely generalizable, we nevertheless wanted to assemble a diverse group of participants who could represent a variety of experiences and viewpoints. To accomplish this, we disseminated a recruitment flyer through our expert panel and MDH listservs (GovDelivery and MDH Intranet). We also contacted organizations who support the LTC workforce (e.g., International Institute of Minnesota [IIM] and LeadingAge). A total of 977 people responded to these invitations and indicated an interest in participating in the study.

We stratified that initial group of 977 on the following characteristics: workforce role (CNA, LPN, or PCA), age, region, gender identity, racial/ethnic identity, English language learner, time in the LTC workforce. Rural participants were predominantly white and indicated longer tenure in the field. For inclusivity, we prioritized outreach to non-white participants from our urban areas on the first three follow-up waves to schedule their key informant interviews.

The final group of participants included 41 individuals – 28 CNAs, ten LPNs, and three PCAs, representing different ages, races, genders, regions, and levels of experience (see Table 1). We conducted key informant interviews with 19 of the 41 participants, and the other 22 participated in focus groups. In return for participant time and insights, we offered a study incentive of a \$100 gift card to every participant.

Table 1. Study Participant Characteristics

Profession		CNA	LPN	PCA	Total n (%)
N		28	10	3	41
Group	Key Informants	15	1	3	19 (46%)
	Focus Groups	13	9	0	22 (54%)
Time in LTC	1-12 months	7			7 (17%)
	1-3 years	5		1	6 (15%)
	3 years +	16	11	2	29 (71%)
Race/Ethnicity*	Black, Indigenous, and People of Color	8	1	2	11 (27%)
	BIPOC and White	3			3 (7%)
	White	16	10	1	27 (66%)
% Rural**	Rural Workplace	24 (86%)	10 (91%)	1 (33%)	36 (88%)
Age Cohort (years)	18-21	4			4 (10%)
	21-30	8		1	9 (22%)
	31-40	6	1	1	8 (20%)
	41-50	4	3	1	8 (20%)

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	51-60	3	4	7 (17%)
	60+	3	2	5 (12%)

*Race and ethnicity identities were not mutually exclusive.

**Study participant indicated at least one workplace was in rural area.

Key Informant Interviews

We conducted a total of 19 key informant interviews during March and April of 2024. We asked interviewees to respond to the following questions (the full interview script is provided in Appendix B):

Questions on entering caregiving work

1. In reflecting on the training path you have taken, what people, organizations, traditions, or opportunities drew you to caregiving work that stick out most to you? [After the individual describes their path, the facilitator needs to confirm type and length of current position]

Questions on retention

2. Many individuals apply, interview, and get hired for caregiving positions, and we want to know the why of what drew you to this work? What do you enjoy most about this work?
3. What has your employer and/or co-workers done to help you stay motivated to keep working in the caregiving profession?
4. What are the benefits or incentives that would make you stay in this job longer? [Prompt question if needed: This could be housing benefits, health insurance, or help with childcare?]
5. What is one action that your employer could do (or could have done) to help you stay in your current position?
6. [Optional, if time] What are some workplace conditions and cultures that have kept you in the caregiving profession?

Questions on burnout

7. If you were to leave the caregiving profession right now, why would you be doing so?
8. What's your least favorite part of the job? And, why?
9. What support or trainings do you think would be helpful to decrease and cope with stress?

10. How does your employer try to create an inclusive and diverse workplace? Do you think it works, how so?
11. [Optional, if time] What do you think of how your workplace has handled challenging situations with:
 - a. Difficult resident and/or resident family behaviors or unreasonable demands?
 - b. How about internally –how has your employers dealt with any conflicts you may have had with other staff?

Questions on turnover

12. Have you previously left a long-term care facility or position?

If YES, can you briefly describe what factors most impacted your decision to leave that position and/or that organization.

- (a) How often have you changed jobs in the last five years?
- (b) What factors motivated you to change positions if you have?

Questions on the future and recommendations

13. What are your career plans in the next 5 years?
14. If you were in charge, what is one recommendation or change beyond increased wages, that you would make to support caregiving professionals?

Focus Groups

We facilitated four groups with 22 total participants at two assisted living facilities in greater Minnesota. We asked interviewees to respond to the following questions (the full focus group script is provided in Appendix B):

Questions on entering caregiving work

1. In reflecting on the training path you have taken, what people, organizations, traditions, or opportunities drew you to caregiving work that stick out most to you?

Questions on retention

2. What has your employer and/or co-workers done to help you stay motivated to keep working in the caregiving profession?
3. What are the benefits or incentives would make you stay in this job longer? This could be housing benefits, health insurance, or help with childcare?

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4. [Optional, if time] What is one action that your employer could do (or could have done) to help you stay in your current position?
5. [Optional, if time] You all applied, interviewed, and were hired for caregiving positions, and we want to know the why of what drew you to this work? What do you like best about this work?
6. [Optional, if time] What are some workplace conditions and cultures that you have kept you in the caregiving profession?

Questions on burnout

7. If you were to leave the caregiving profession right now, why would you be doing so?
8. What support or trainings do you think would be helpful to decrease stress and cope better?
9. [Optional, if time] What's your least favorite part of the job? And, why?
10. [Optional, if time] How does your employer try to create an inclusive and diverse workplace? Do you think it works, how so?
11. [Optional, if time] What do you think of how your workplace has handled challenging situations with:
 - (a) Difficult resident and/or resident family behaviors or unreasonable demands?
 - (b) How about internally –how has your employers dealt with any conflicts you may have had with other staff?

Questions on turnover

12. SHOW OF HANDS - Have you previously left a long-term care facility or position? Briefly describe what factors most impacted your decision to leave that position and/or that organization.
13. [Optional, if time] How often have you changed jobs in the last five years?
If No, skip to the next question.

Questions on the future and recommendations

14. [Optional, if time] What are your career plans in the next 5 years?
15. [Optional, if time] If you were in charge, what is one recommendation or change beyond increased wages, that you would make to support caregiving professionals?
16. [Optional, if time] What similarities and differences in the paths do you all notice?

Qualitative Data Analysis

For the analysis, researchers based the thematic methodology on Naeem et al. (2023) A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research.⁹ All the input from the focus group discussions and the key informant interviews were recorded, transcribed and combined for analysis. We created a codebook using a qualitative analysis software, NVivo 14.0. First, we used an open-coding method to identify key themes. Second, we identified specific types of key themes based on the research question (e.g., burnout factors, retention reasons) and goals of the report (e.g., LTC best practices, policy recommendations). The research team held recoding and child code discussions throughout the process. A wide variety of themes emerged in the discussions, but this report summarizes the most frequently mentioned themes (mentioned by more than 5-6 study participants, or approximately 15 percent of those interviewed).

In late April 2024, MDH researchers convened the LTC expert panel along with two key informant interviewees. We presented the preliminary findings of the study including the sample demographics, key themes, and draft recommendations to support and expand the LTC workforce. The panelists weighed in on the study findings and offered expert perspectives on ways to support this workforce.

Findings

Study participants shared both general themes and specific personal experiences on the pros and cons of long-term caregiving work. The following sections describe combined findings from the focus groups and the key informant interviews on (1) why individuals join the LTC workforce; (2) what factors and conditions are most likely to lead to burnout; and (3) how LTC employers can improve retention while decreasing employee burnout and turnover.

Recruitment: Why do people choose to work as LTCs?

Reasons for coming to LTC work were varied, but study participants voiced some common themes. Wanting **to be of service** to others and having an **affinity towards people**, often self-described as being a “people person,” were traits common to the vast majority of our respondents ($n=30$, 88%) who were drawn to this work.

“My residents are everything to me...taking care of someone and knowing that I helped in their life, you know, to help [them] live best where they wanna be and if they're not able to do it very independently.”

More than one-third ($n=13$; 34%) of study participants indicated that they had family members who also worked as LTCs, so the work was familiar to them. The same share (34%) also had exposure to informal caregiving experiences such as helping take care of a grandparent or relative in their household or had family members who lived in a long-term care facility ($n=5$;

⁹Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22, DOI: 16094069231205789.

13%). Finally, just under a third ($n=11$; 29%) indicated that they had a previous position in a human services role (e.g., working as a daycare worker or dietary aide) that paved their entry into the LTC work.

“I look back, my family and my grandmothers, both of them and my mom...they’re all caregivers...”

About a third of the study participants mentioned that they had an interest in entering the medical field in the future ($n=11$; 32%), and some LTCs also mentioned having had **experiences with high school programs like** CNA coursework ($n=8$; 21%) offerings.

Some factors about LTC work that were attractive to the focus group participants included the fact that LTC **work was consistent, reliable, convenient, and autonomous** ($n=10$; 29%). LTCs also valued the ability to work with peers ($n=8$; 24%). Participants also mentioned the importance of being able to provide for their families ($n=8$; 24%) and some noted that LTC work offered decent pay compared to other local jobs ($n=8$; 24%).

Retention: What keeps people motivated as LTCs?

“A person deserves to be more than a number in someone else’s company...”

Retaining LTCs is vitally important for the functioning of long-term care facilities and for patient care. So, what kept LTCs motivated to continue in their work?

The *vast majority* of LTCs ($n=26$; 79%) mentioned, in some form or another, that they valued a **supportive work environment**. Participants defined a supportive work environment as: hands-on administrators who were on the floor themselves and picked up direct patient care duties when needed; management that was accessible, listened to staff, and offered verbal acknowledgement of the hard work of caregiving ($n=20$; 63%); and workplaces that offered mental health supports such as check-ins, Employee Assistance Programs (EAP) resources, mental health hotline numbers etc.

Other themes that caregivers shared that motivated them were related to **workplace benefits and incentives** such as merit-based PTO ($n=13$; 39%); bonuses ($n=11$; 34%); benefits such as paid parental leave and childcare ($n=10$; 31%); and richer life/health insurance and retirement options ($n=9$; 28%). Recurring incentive themes that celebrated staff ($n=7$; 22%) included hosting staff events, birthday acknowledgements, holiday celebrations, luncheons, gift cards, and employee-of-the-month programs.

“It frustrates me when these facilities are employing mostly women and they just kind of ignore childcare and [maternity] leave.”

The majority of LTCs also voiced that the most enjoyable part of their work was the **relationships they were able to develop with the residents** ($n=20$; 67%); followed by a strong fit with their personal values (e.g., autonomy, working with peers).

"I have worked retail, little things...but this is a job where after I leave, I go, 'that felt fulfilling'..."

In addition, LTCs also valued **increased career advancement opportunities** ($n=7$; 22%) as critical to retention such as opportunities to shadow, mentoring/coaching, guidance on navigating dilemmas in the workplace, or role plays to build self-efficacy in the workplace, and more annual shadowing ($n=5$; 15%).

Burnout and Turnover: What challenges do LTCs face?

"Getting close with residents [and then you] are watching them die...that's a lot of the emotional stuff."

Nearly half the participants cited understaffing ($n=14$; 47%); unsupportive work environments [e.g., poor work-life balance; workplace safety concerns; feeling "dehumanized" by administrators, managers, nurses, and peers; lack of support with difficult residents and families or coworkers; favoritism; and lack of teamwork ($n=14$; 47%)] as the main reasons for burnout and turnover. Emotional and psychological burnout ($n=10$; 33%) were stronger drivers than physical burnout ($n=5$; 17%). Generational and/or hierarchical tension ($n=7$; 23%) such as veteran nurses and LTCs creating barriers to support for younger LTCs such as hazing, bullying, or abuse of power differential also led to eventual turnover.

Of note, among the 36 LTCs we asked, 47% had changed jobs in the last five years and had an average of two job changes.

When participants were asked how employers can mitigate burnout, they offered the following suggestions:

- Increase minimum staffing to ensure quality care and patient safety ($n=14$; 70%)
- Increase mentoring and coaching (e.g., in-person tutorials with built-in questions and answers, one-on-one mentoring and coaching, informal teamwork during shifts, presentations on new LTC topics, administration sharing an 8-hour floor shift annually and annual in-service trainings.) ($n=9$; 32%)
- Increase onboarding support (e.g., in-person onboarding, provide more than 4 days of training to increase self-efficacy on the floor and provide re-entry onboarding training) ($n=8$; 29%)
- Verbally acknowledge hard work ($n=6$; 21%)
- Standardize check-ins and decision-making protocols for call-ins (e.g., checking-in on a staff wellbeing; normalize biweekly to monthly check-ins across all staff, administration, and peer-to-peer; create one-page decision-making flowcharts for staff to follow after shift call-ins and resident falls) ($n=6$; 21%)
- Provide mental health support (e.g., increased employee assistance program, informal check-ins, promoting the hotline options) ($n=5$; 18%).

"[In the] nursing home setting, sometimes the pay just doesn't add up because you are watching someone pass away. Or if you're cleaning someone up. It used to be valued, when you said you are nurse you were something, and now...there's a stigma in nursing homes...compared to hospitals."

Future plans: Where do LTCs want to go next?

“I love ... healthcare and I have a dream one day either I'm gonna be LPN or RN. But this is where I start.”

“I am at a hospital [vs LTC facility] and that was my biggest dream and goal, and I finally made my goal.”

When asked about their career plans over the next five years, the majority reported their intention to continue working in the LTC sector—31% ($n=9$) shared that they wanted to move up within the LTC pipeline while 17% ($n=5$) indicated an interest in staying within the same role.

Of those who intended to leave the LTC workforce—about 17% intend to leave for another healthcare field (e.g., dental technician) while 10% intend to leave direct patient care within this sector altogether for a different sector (e.g., public health).

LTC Expert Panel Perspectives

“Leadership needs education on how to lead and value employees as human beings.”

“The sites with both good manager engagement and a supportive culture predict [retention better] than bonuses.”

MDH researchers convened the LTC expert panel along with two key informant participants to discuss preliminary study findings and potential solutions to support and expand the LTC workforce. Generally, the expert panel aligned with and validated the major themes that emerged from the study such as the need for a supportive workplace culture, effective trainings and onboarding, caregiver mental health supports, acknowledgement of the emotional and physical nature of caregiving jobs, staff burnout and turnover mitigation strategies etc.

One point of departure between study findings and the panelists' opinions was on staffing ratios. Study participants strongly recommended better resident-to-staff ratios to ensure quality time and connections with residents without “cutting corners” or “dehumanizing the care.” The majority of the experts did not think that staff-to-resident ratios would alleviate understaffing or lead to better work-life balance. The main reason cited was that states that did have staffing ratios did not report increased worker job satisfaction, and that, “ratios are not a cause but a symptom.” Instead, increasing the overall number of LTCs, the quality of the workforce supply pipeline and their wages were seen as more effective strategies to address these issues.

Recommendations

At the outset, the vast majority of individuals acknowledged the need for increased wages and holiday pay as critical to recruitment and retention of caregivers. Per the Minnesota Department

of Labor and Industry's (DLI) [Minimum Wage Standards](#),^{10,11} the recommended minimum wages for CNAs and LPNs are \$22.50/hour and \$27.00/hour, respectively.

At the time of writing this report, potential wage increases were under consideration for caregivers who work in nursing homes. The wage rates were approved by DLI's Nursing Home Workforce Standards Board and were pending rulemaking and legislative appropriations. If approved, holiday pay increases go into effect January 1, 2025, and wage increases take effect January 1, 2026. These considerations, however, do not impact wages and pay for caregivers who work in other settings. Advocacy, investment and legislative actions are needed to increase wages for caregivers in this sector.

This section notes potential best practices (beyond increased wages) that emerged from insights offered by study participants and expert panelists to better recruit LTCs and expand the LTC pipeline, decrease burnout and turnover, and increase support to the current workforce to improve retention.

Recommendations to Recruit Long-term Caregivers

Noted below are recommendations to attract new and non-traditional workers into this workforce to grow the long-term caregiving pipeline.

- Findings suggested that **recruitment efforts be targeted towards individuals with intimate connections to the human services or the long-term care sector** such as those who had family members who were residents, were closely connected to individuals who were caregivers to residents, or new Americans in multigenerational homes for whom that cultural way of living could potentially progress to the caregiving profession. Individuals with compassion, love of service and empathy were drawn to this work.
- Exposure to **long-term care careers and co-location of training programs** like the CNA coursework in high school settings are ways to encourage participation of younger individuals in this workforce.
- Study participants cited both an interest in career laddering and advancement while others expressed satisfaction with staying in their current positions. To that end, at the time of recruitment, employers should explicitly **lay out potential career pathways** including:
 - Long-term caregiving as a steppingstone to other careers in healthcare such as nursing, medicine, or nursing home administration.
 - Long-term caregiving as an enduring career choice with benefits to sustaining their position.

¹⁰ Department of Labor and Industry (2024, April 27). *RE: Analysis of Proposals in currently discussed by the NHWSB: Office memo*. Nursing Home Workforce Standards Board | Minnesota Department of Labor and Industry. https://dli.mn.gov/sites/default/files/pdf/nhwsb_memo_current_proposals_042924.pdf

¹¹ Minnesota Department of Labor and Industry. (n.d). *Minimum Nursing Holiday Pay Standards*. Minnesota Department of Labor and Industry. https://www.dli.mn.gov/sites/default/files/pdf/nhwsb_draft_rules_holiday_pay_050924.pdf

Recommendations to Retain Long-term Caregivers

Emotional burnout and physical exhaustion lead to turnover. Noted below are recommendations to mitigate burnout leading to improved employee morale and increased retention.

- **Increase in overall number of trained LTCs** in the workforce to ensure quality care, better ability to connect to residents, and patient safety emerged as key to alleviating burnout. The majority of the expert panelists agreed that a staff-to-resident ratio regulation would not fully alleviate understaffing or LTC workforce work-life balance. Expert panelist described, “ratios are not a cause but a symptom” of an underpaid workforce, and increased wages would be a more sustainable and effective investment to increase retention. The LTCs in the focus groups and KIs recommended increasing the staff number to ensure quality time to connect with residents without “cutting corners” or “dehumanizing the cares.” As emphasized by the LTC workforce, a primary motivation to stay in the LTC workforce is to have meaningful relationships with residents, and when staff is unable to act consistently with this value, they experience stress. The expert panelists and our data emphasized the importance of finding a quality care balance to ensure patient safety.
- **A supportive workplace culture** was noted as one of the top strategies to retain LTCs. Supportive, hands-on administrators willing to work on the floor in direct patient care roles when needed were deeply appreciated. Another key workplace attribute was verbal and explicit acknowledgement by management, peers, and/or residents of the hard work of caregiving. Respondents stressed the need to make mental health-friendly supports and resources readily available and their use encouraged. Panelists also noted the need for continued legislative investments for caregiver mental health resiliency through grants and programs.
- **Workplace incentives, rewards and benefits** also emerged as key to workforce retention. Study participants noted the need for merit-based paid time off, performance bonuses, and benefits such as paid parental leave, support for childcare vouchers or site-based childcare for overnight/weekend shifts, housing assistance, and richer life/health insurance options as desirable workplace offerings. Panelists recommended continued funding for state loan forgiveness programs, and support and engagement with DHS grants to cover course and education costs for LTC personnel and facilities.
- **Standardized workplace trainings/procedures** along with a clear plan for worker protections were cited as an unmet need and priority for many study participants. Equity and competence considerations in decision-making protocols for shift assignments were noted as necessary to improve workplace retention and mitigate burnout; respondents suggested practices changes that ensured a thoughtful division of labor based on the complexity of residents needs and LTCs skillsets.
- Workplace **career advancement** through one-on-one **mentoring, training/education and career laddering** opportunities were critical to reducing caregiver turnover.
 - Participants recommended individualized discussions about career pathways and expanded training opportunities to help them move up in their careers (for instance,

- CNAs to LPNs) or build deeper knowledge and progress in their current position (for instance, taking additional courses in Traumatic Brain Injury care or Alzheimer's care depending on patient needs).
- Deeper and intensive onboarding and orientation to better prepare new staff and re-entry onboarding for LTCs returning to the field were also recommended by participants.

Conclusion

The long-term care sector continues to experience a workforce shortage crisis. Long-term care workers and administrators are facing increased stress and strain that will only worsen if more is not done to support them, especially given the growing population of older adults in Minnesota. Minnesota's nursing home residents will also, if workforce issues aren't adequately addressed, face reductions in quality of care and safety.

Viable, community-informed best practices and policy recommendations—beyond increasing low wages—call for supportive work environments, increased mentorship and coaching support, and development of standardized workflows. The future of long-term care, and the expansion that will soon be needed, requires fulfilled workers, safe and secure facilities, enlightened employers, and system-level support from state and federal agencies. To build on the efforts that have been underway in Minnesota since 2001, a wide range of strategies must be tried to determine the most effective tools for reducing burnout and turnover and improving recruitment and retention.¹²

¹² Nursing Facility Payment Reform and Workforce Development, SF 1458 of Minnesota, Article 6, Section 8, Subdivision 36, (2001).
https://www.revisor.mn.gov/laws/2015/0/Session+Law/Chapter/71/?keyword_type=exact&keyword=nursing+home#laws.6.2.0

Appendix A: Expert Panel Members and Organizations

Tami Allenson
Ecumen

Diane Andersen-Sibley
Healthforce St. Cloud State

Brooke Anttila-Escoto
International Institute of Minnesota

Julie Apold
LeadingAge

Brian Bernander
St. Otto's Care Center

Lauren Comes Flying
LTC Workforce

Nancy Dobbins
St. Clare's Living Community

Stacie Enders
Minnesota Department of Human Services

Kari Everson
LeadingAge

Julie Gardner Pringle
International Institute of Minnesota

Kathleen Gordon
Department of Labor and Industry

Rob Lahammer
Presbyterian Homes

Danielle LeMire
LTC Workforce

Erik Larson
Minnesota Department of Health

Nicole Mattson
Care Providers of Minnesota

Naima Mohamed
Residential Providers

Anna Mowry
LeadingAge

Kathleen Murray
Benedictine Living

Jackie Otkin
Minnesota West Technical and Community College

Jen Peterson
St. Claire's Living Community

Danna Potter
St. Otto's Care Center

Leah Solo
Minnesota Department of Labor and Industry

Nichole Sorenson
Minnesota Department of Labor and Industry

Elaine Vandenberg
Healthforce Winona State

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Appendix B: Interview and Focus Group Scripts

B1: Key Informant Interviews

This workforce project is a one-time study to understand why people are drawn to caregiving professions, what keeps them in the workforce, and why they choose to leave the profession. We are interested in hearing from Certified Nurses Aides or Nursing Assistants (CNAs), Personal Care Assistants (PCAs), and Licensed Practical Nurses (LPNs), that work in nursing homes and/or assisted living communities. Specifically, we want to learn more about your experiences in long-term care facilities and what deciding factors have influenced your employment decisions.

Our plan is to meet with a diverse set of folks across the state of Minnesota. Once we've met with about 30 caregiving professionals, we plan to combine the anonymous information that you've shared to find themes, commonalities, and unique narratives in your experiences. We will then write a final report that summarizes the experiences and feedback from individual and focus group sessions to construct recommendations that could improve the long-term caregiving workforce.

This key informant interview will take about 45-60 minutes to complete. Your responses will be kept confidential—when we write our report, we will not use names and we will summarize key themes.

In order to get the most accurate notes possible, we would like to record this conversation. The recording will be destroyed after the report is finalized.

Is it okay to record this session – ask the individual? Yes No

INTERVIEWER, PRESS RECORD.

Are there any questions before we begin? Okay, let's get started.

(10 minutes) Personal Narrative. We're interested in getting to know a little bit more about your background – including how you came to work as a caregiving professional in long-term care. We'd like for you to think back for a moment - about your life, the training you've had, and the education journey that led you to your current role.

Along the journey to your current job, walk us through 3 to 5 life experiences, events, traditions, and/or people in your life that you see as critical to you for becoming a [CNA (nurse aide or nursing assistant), PCA, or LPN]. Please feel free to write down the 3-5 events, if that helps you keep track of them more readily. [Prompt if needed] You can choose where to start (for example your first experience with healthcare, or taking care of a loved one, visiting an assisted living community, or a high school course). These can be memorable experiences, achievements, turning points, etc.

15. In reflecting on the training path you have taken, what people, organizations, traditions, or opportunities drew you to caregiving work that stick out most to you?

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[After the individual describes their path, the facilitator needs to confirm type and length of current position]

(10 minutes) Retention. Part of our project is trying to figure out what's working well for caregiving professionals in long-term care facilities so we can continue to support those efforts. The next set of questions are about why people stay in your job. – Given this:

16. Many individuals apply, interview, and get hired for caregiving positions, and we want to know the why of what drew you to this work? What do you enjoy most about this work?
17. What has your employer and/or co-workers done to help you stay motivated to keep working in the caregiving profession?
18. What are the benefits or incentives would make you stay in this job longer? [Prompt question if needed: This could be housing benefits, health insurance, or help with childcare?]
19. What is one action that your employer could do (or could have done) to help you stay in your current position?
20. [Optional, if time] What are some workplace conditions and cultures that you have kept you in the caregiving profession?

(5 minutes) Burnout. We know that working directly with patients is hard work. It can sometimes be rewarding and, sometimes the work can be stressful. Based on your experiences, we want to ask you questions that could help us understand how to support the caregiving workforce at the points when you're feeling stressed and tired.

21. If you were to leave the caregiving profession right now, why would you be doing so?
22. What's your least favorite part of the job? And, why?
23. What support or trainings do you think would be helpful to decrease and cope with stress?
24. How does your employer try to create an inclusive and diverse workplace? Do you think it works, how so?
25. [Optional, if time] What do you think of how your workplace has handled challenging situations with:
 - a. Difficult resident and/or resident family behaviors or unreasonable demands?
 - b. How about internally –how has your employers dealt with any conflicts you may have had with other staff?

(5 minutes) Turnover. For the next two of questions, we will ask you about your experience with turnover.

26. Have you previously left a long-term care facility or position?

If YES, can you briefly describe what factors most impacted your decision to leave that position and/or that organization.

(c) How often have you changed jobs in the last five years?

(d) What factors motivated you to change positions if you have?

If No, skip to the next question.

(10 minutes) Future and Recommendations. After our conversation today, we're curious about how you see your future in the long-term care workforce:

27. What are your career plans in the next 5 years?

28. If you were in charge, what is one recommendation or change beyond increased wages, that you would make to support caregiving professionals?

[Thank participant for their time and input and give them the U.S. Bank gift card!]

B1: Focus Groups

This workforce project is a one-time study to understand why people are drawn to caregiving professions, what keeps them in the workforce, and why they choose to leave the profession. We are interested in hearing from Certified Nurses Aides or Nursing Assistants (CNAs), Personal Care Assistants (PCAs), and Licensed Practical Nurses (LPNs), that work in nursing homes and/or assisted living communities. Specifically, we want to learn more about your experiences in long-term care facilities and what deciding factors have influenced your employment decisions.

Our plan is to meet with a diverse set of folks who work across the state of Minnesota. Once we've met with about 30 caregiving professionals, we plan to combine the anonymous information that you've shared to find themes, commonalities, and unique narratives in your experiences. We will then write a final report that summarizes the experiences and feedback from individual and focus group sessions to construct recommendations that could improve the long-term caregiving workforce.

- This focus group will take about 60 minutes to complete.
- Your responses will be kept confidential—when we write our report, we will not use names and we will summarize key themes from all of the group members.
- We ask that you keep what you hear today from others also confidential.

- We will not have time to hear a response from everyone on each question so I may start calling on folks to make sure we hear from each of you a few times.
- Due to our intent to record this focus group, we ask that you talk one at a time so that we can make sure the audio recording is as clear as possible.

In order to get the most accurate notes possible, we would like to record this conversation. The recording will be destroyed after the report is finalized.

Is it okay to record this session – ask each group member? Yes No

INTERVIEWER, PRESS RECORD.

Are there any questions before we begin? Okay, let's get started.

(15 minutes) Personal Narrative. We're interested in getting to know a little bit more about each of your backgrounds – including how y'all came to work as a caregiving professional in long-term care. We'd like for each of you to think back for a moment - about your life, the training you've had, and the education journey that led you to your current role. Along the journey to your current job, walk us through 3 to 5 life experiences, events, traditions, and/or people in your life that you see as critical to you for becoming a [CNA (nurse aide or nursing assistant), PCA, or LPN]. Please feel free to write down the 3-5 events, if that helps you keep track of them more readily. [Prompt if needed] You can choose where to start (for example your first experience with healthcare, or taking care of a loved one, visiting an assisted living community, or a high school course). These can be memorable experiences, achievements, turning points, etc.

2. **In reflecting on the training path you have taken, what people, organizations, traditions, or opportunities drew you to caregiving work that stick out most to you?**

(10 minutes) Retention. Part of our project is trying to figure out what's working well for caregiving professionals in long-term care facilities so we can continue to support those efforts. The next set of questions are about why people stay in your job. – Given this:

3. **What has your employer and/or co-workers done to help you stay motivated to keep working in the caregiving profession?**
4. **What are the benefits or incentives would make you stay in this job longer? This could be housing benefits, health insurance, or help with childcare?**
5. [Optional, if time] What is one action that your employer could do (or could have done) to help you stay in your current position?
6. [Optional, if time] You all applied, interviewed, and were hired for caregiving positions, and we want to know the why of what drew you to this work? What do you like best about this work?

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7. [Optional, if time] What are some workplace conditions and cultures that you have kept you in the caregiving profession?

(15 minutes) Burnout. We know that working directly with patients is hard work. It can sometimes be rewarding and, sometimes the work can be stressful. Based on your experiences, we want to ask y'all questions that could help us understand how to support the caregiving workforce at the points when you're feeling stressed and tired.

8. **If you were to leave the caregiving profession right now, why would you be doing so?**
9. **What support or trainings do you think would be helpful to decrease stress and cope better?**
10. [Optional, if time] What's your least favorite part of the job? And, why?
11. [Optional, if time] How does your employer try to create an inclusive and diverse workplace? Do you think it works, how so?
12. [Optional, if time] What do you think of how your workplace has handled challenging situations with:
 - (a) Difficult resident and/or resident family behaviors or unreasonable demands?
 - (b) How about internally –how has your employers dealt with any conflicts you may have had with other staff?

(10 minutes) Turnover. For the next two of questions, we will ask you about your experience with turnover.

13. **SHOW OF HANDS - Have you previously left a long-term care facility or position? Briefly describe what factors most impacted your decision to leave that position and/or that organization.**
14. [Optional, if time] How often have you changed jobs in the last five years?
If No, skip to the next question.

(10 minutes) Future and Recommendations. After our conversation today, we're curious about how y'all see your future in the long-term care workforce:

15. [Optional, if time] What are your career plans in the next 5 years?
16. [Optional, if time] If you were in charge, what is one recommendation or change beyond increased wages, that you would make to support caregiving professionals?

[Optional, if time] What similarities and differences in the paths do y'all notice?