

HOME CARE STAFFING SHORTAGE: IMPACT ON OLDER ADULT INDEPENDENCE

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Abstract

This study was conducted to address the impact of the home care staffing shortage on older adult independence. The lack of formal caregivers has been well-documented in the literature, which, when coupled with the number of older adults who need care or will need care in the future, makes research such as this study significant. This study gathered relevant information from a sample of older adults receiving home care services that allowed for perspectives to be documented on perceptions of independence and dependence; independence enhancers; independence barriers; and knowledge, experiences, and impressions of home care services present and future. The study involved semistructured interviews with older adults receiving home care services at their residences. This method allowed for the collection of information from the study participants through a recorded interview and the environment, allowing for the documentation of any independence enhancer or barrier to be identified. Transcripts were created, allowing for coding and resulting in themes and patterns. Findings indicated older adults realized what enhanced and created barriers to independence. The home care staffing shortage impacted older adults' independence. Still, despite the impact, older adults experienced self-actualization with episodes of states of autonomy and adaptability to circumstance.

Dedication

I dedicate this dissertation to my family, friends, past and present coworkers, and—most importantly—to any older adult needing home care services. The parties mentioned all played a significant role in the development of this study and encouraged me to completion. The journey was not without struggles, but the attention to the impact of the home care staffing shortage on older adult independence was far too significant not to dedicate myself to addressing the issue.

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Chapter 1: Introduction

Older adults can complete daily living tasks and remain independent in their community by using home care services. Experts predict that by 2040, 1 in every 4 U.S. citizens will be over age 65 and potentially need home care services (Purdy, 2021). Long-term care costs and the lack of an adequate number of home care workers contribute to the issue of no accessibility to home care services. Long-term care employers face acute recruitment and retention challenges as they compete with employers from other industries that can offer higher wages in a competitive labor market (Wahlberg, 2022). Illness and disease impact the ability of older adults to perform daily living tasks and their level of independence. The older adults for the current study were adults over age 60 who received assistance with daily living tasks.

Approximately 80% of U.S. adults over age 50 have at least one chronic condition, and approximately 60% of U.S. adults have two chronic conditions (Axon, Chien, & Dinh, 2022). A substantial proportion of older adults fall each year, with the outcome being injury, pain, fear of future falls, and decreased physical activity that impacts the ability to self-care (Adam et al., 2024). However, research more specific to examining the impact of consistent and nonconsistent delivery of home care services on older adults' independence considering the worker shortage is needed with study participants served by LifeCare Alliance.

LifeCare Alliance is a nonprofit human service organization that provides a comprehensive array of health and nutrition services to residents of Central Ohio. LifeCare Alliance's mission is to lead the community in identifying and delivering health and nutrition services to meet the community's changing needs. The Help-at-Home program, which provides home care services, was established in 1975. The Help-at-Home program attempts to provide

home care services to local older adults, saving the local community an average of \$54,285 annually in nursing home costs (Sura et al., 2021).

Background of Study

Long-term care includes personal and professional care, transportation services, assistive devices, in-house barrier-free home environment modification, and respite care for family caregivers (Chen et al., 2022). A slightly different definition of long-term care services lists the goal as the ability to enable older people who experience significant declines in capacity to receive care and support that allow them to live consistent with their basic rights, fundamental freedoms, and human dignity (Tessier et al., 2022). Long-term care services for this study included assistance with daily living tasks. One factor that significantly impacts an older adult in accomplishing daily living tasks is the cost of long-term care services. Costs for long-term care services were \$257.4 billion in 2016, and almost all older adults qualified for some health insurance through Medicare (Moore et al., 2020). The U.S. government pays for approximately 62% of paid long-term services and support, amounting to more than \$130 billion annually (Mandel, 2021).

The low number of home care workers is problematic, and the demand for aides is expected to increase quickly, with a 36% growth predicted between 2018 and 2028 (Scott, 2020). The worker shortage creates unique opportunities for some employers, such as tapping into an older workforce willing to care for older clients or people closer to them part time (Najarro, 2018). Based on the population prediction for older adults to reach 7.4 million by the end of 2025, owners of home care agencies will need to find an additional 1 million direct care workers (Iloabachie, 2018). Various elements are associated with filling direct care positions, including the ever-challenging turnover rate of as high as 60% (Scott, 2020).

Home care costs have increased due to the number of older adults receiving long-term care services in the home, as seen by Medicaid claims for service at \$115.8 billion in 2016 and an estimated \$158.7 billion for 2026 (Veet et al., 2022). Daily care costs can increase dramatically if an older adult has a specific condition requiring more care, such as cognitive impairment. Despite older adults' health conditions, costs for home care in the community are far less than inpatient care (Megido et al., 2023). The result of daily care costs and care demand is informal caregivers come forward, saving the U.S. health care system money, as seen by the economic value of family caregivers, estimated at \$350 billion (Kang, 2021).

Statement of the Problem

The problem is the number of older adults who will need care from formal caregivers to remain independent (Purdy, 2021) will not receive consistent care based on the number of workers needed to be in the workforce to meet the demand for care (Iloabachie, 2018). Daily care costs can increase dramatically if an older adult has a specific condition requiring more care, such as cognitive impairment. Despite older adults' health conditions, costs for home care in the community are far less than inpatient care (Megido et al., 2023).

Stakeholders impacted by caregiving from various positions include the care recipient, caregivers, service providers, policymakers, and funding sources. Stakeholders can somewhat affect an older adult's independence and community-dwelling status. Research has addressed the number of persons needing care, number of caregivers required, and cost implications. However, the missing piece is the impact on older adult independence due to the caregiver shortage.

Purpose of the Study

The purpose of this study was to frame the examination of the home care staffing shortage related to any impact on older adult independence because caregivers play a role in

maintaining older adults' community-dwelling status. Independence for adults falls under an umbrella term in which a wide range of behavioral repertoires are put in place for each individual to carry out the main activities of daily living (ADLs) and to provide for themselves (Zorzi et al., 2023). A different perspective from independence is the term *community dwelling*, referencing older adults or persons living in a community with autonomy and quality of life (Chica-Pérez et al., 2023).

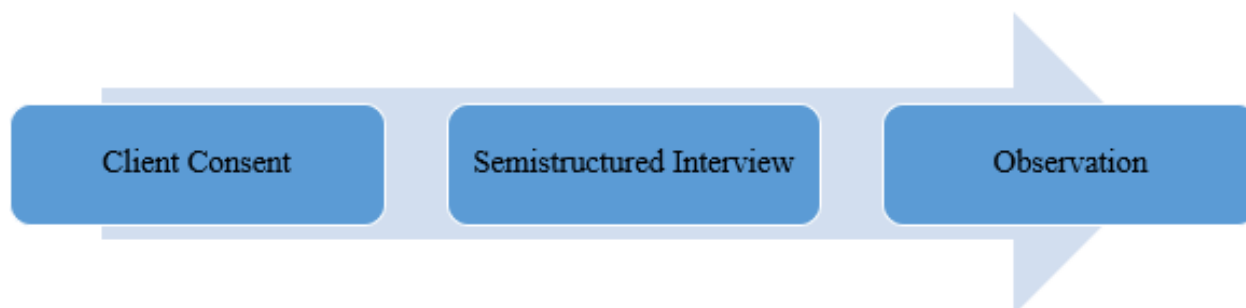
Findings from this study included influences on older adult independence, positive or negative, due to the home care staffing shortage. The avoidance or documentation of *social frailty*, defined as a decline in social relations, social support, and living alone (K.-Y. Wu et al., 2023), was captured during the study. The forces at hand during the delivery of home care, despite the method used, such as formal or informal caregiving, presented opportunities for maintaining and maximizing older adults' independence. The forces refer specifically to a caregiver supporting an older adult by assisting with or completing daily tasks.

The research plan for this study involved conducting semistructured interviews and observations in the homes of older adults receiving formal caregiver services. The open-ended interview questions focused on the person's independence from the study participants' perspectives. An observation was conducted to capture tools to enhance or support independence. This study addressed the impact of the formal home care staffing shortage on older adult independence. The study allowed the researcher to apply research skills to prioritize and plan organizational health care change. This approach complemented existing research, which has focused on the impact chronic illness and disease have on older adults' independence, especially connected to performing ADLs or daily living tasks. The outcome of this study was to

allow the researcher to analyze organizational health care problems, develop solutions, and measure their impact. Figure 1 shows the conceptual framework.

Figure 1

Conceptual Framework



The theoretical approach was Maslow's (1943) theory of self-actualization to enhance quality of life. It supports the perspective that older adults do not maintain self-actualization or a state of autonomy if their independence is not maintained (Tripathi & Moakumla, 2018). This study aimed to determine the impact of the home care staffing shortage on older adults who received formal caregiver services. The impact may be positive in that informal caregivers, usually family and friends, step in to help, which may create an unexpected benefit to all parties: relationship enhancement. An alternative impact may be harmful if an older adult has no alternative support and may be at increased risk for declines in independence.

Elements contained in Maslow's (1943) theory of self-actualization expand on autonomy and competence, curiosity, the ability to love, humanitarian values, and vitality (Tripathi & Moakumla, 2018). One dependent variable is various permutations of well-being (Compton, 2024). The focus on older adults' well-being provided the constructs for this study: perceptions of independence, influences on independence, and tools to maintain or enhance independence.

The lack of adequate home care services due to the staffing shortage leaves older adults without a sense of stability or long-term autonomy, which constantly interrupts their ability to self-actualize.

Research Question

Definitions for independence exist in the literature depending on the field of interest, such as physical therapy, occupational therapy, aging, and rehabilitation. Barriers to independence for older adults have been detailed in the literature, focusing on the impact of disease, chronic conditions, and mental health challenges often causing aging anxiety. Dedication to caregiving was observed in the literature for the older adult population. The challenge resides with the number of older adults who need care and those expected to require care in the future. The literature has presented a gap in terms of how the caregiver demand will be met, considering the current home care staffing shortage, which was the focus of this study. The following research question guided this study: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence?

Significance of the Study

This study contributes to a more comprehensive understanding of caregiving's role in maintaining an older adult's independence. In addition, the older adults' perceptions of independence and any influences on independence were uncovered during the study. Caregivers face various demands, yet opportunities exist for improvement in researching caregivers' roles in maintaining older adult independence. The gap in existing research is what impact the home care staffing shortage has on older adults' independence. This information is needed to determine

steps to address the worker shortage, such as enhancing the labor force or developing other caregiving models and technology (Lobo et al., 2022).

Assumptions, Limitations, and Delimitations

Research has identified the number of older adults who will need care, number of caregivers (i.e., formal and informal) providing care, impact health has on independence, impact of caregiving, and predictions about how many caregivers are needed. One assumption is the actual perception of independence should rest with older adults themselves. This assumption could lead to research on the implications of leaving older adults to fend for themselves related to performing ADLs with or without consistent caregiving.

Limitations to the study included the potential influence of informal caregiving being received by older adults related to how they may have answered the interview questions. It might not have appeared to the older adults as a good idea to share their struggles with maintaining independence. Older adults may not have made good historians related to their level of independence out of fear that full disclosure of physical limitations may have given the impression they could not live independently. Limits of the study design included not capturing unrecognized alternative views related to independence due to the randomness involved with recruiting participants.

Delimitations in this study included a limited scope related to geographical boundaries, urban participants, and no participant who lived in a rural setting. The fact that most participants lived alone may have had some influence on results compared to an equal number of participants who lived alone and lived with others. Finally, the limited methods of data collection may have created a situation where crucial data points were missed.

Conceptual Framework

The research plan for this study involved conducting semistructured interviews and observations in the homes of older adults receiving formal caregiver services. The open-ended interview questions focused on the person's independence from the participants' perspectives. An observation was conducted to capture tools that enhanced or supported independence. This study addressed the impact of the formal home care staffing shortage on older adult independence. The researcher applied research skills to prioritize and plan organizational health care change. This approach complemented existing research, which has focused on the impact chronic illness and disease have on older adults' independence, especially connected to performing ADLs or daily living tasks. The outcome of this study was to allow the researcher to analyze organizational health care problems, develop solutions, and measure impact.

Definitions of Constructs

The constructs for this study and definitions are provided in Table 1.

Table 1

Definitions of Constructs

Construct	Definition
Perceptions of independence	Provided by each participant during a semistructured interview
Influences on independence	Acute/chronic conditions—disease Lack of or inconsistent caregiving Living status Lack of resources
Tools to maintain/enhance independence	Additional elements as identified by participants Mobility/assistive devices Living with others Consistent home care Supportive services

Conclusion

This chapter introduced the concept of older adult independence by detailing the usage of or need for home care services by a large number in this population. The impact of chronic conditions and disease on older adult independence was documented, resulting in the discovery that no documented exploration exists of the impact of the home care staffing shortage on older adult independence. This topic was the purpose and research question of the study because caregivers play a role in maintaining older adult independence. The costs of home care services and the inability to secure services due to staffing shortages are significant challenges for older adults. The aforementioned elements led to the creation of the research plan for this study.

The research plan involved interviews and observations in the older adults' residences. The conceptual framework involved client consent, a semistructured interview, and an observation. This process allowed for collecting data on older adults' perceptions of independence, dependence, accomplishment of daily tasks, barriers to independence, and methods used to enhance independence. The theory associated with this study was Maslow's (1943) theory of self-actualization, which involves the process of becoming everything someone is capable of becoming, and having the ability to make one's own decisions about what to do rather than being influenced by someone else or told what to do (Tripathi & Moakumla, 2018).

The current study provided the ability to gain a more comprehensive understanding of the impact of the home care staffing shortage on older adult independence. The impact was positive, negative, or neutral depending on if older adults found ways to adapt to the lack of formal caregiving. The study presented limitations such as the influence informal caregivers may have had on older adults' perceptions of their independence, poor histories from older adults due to

fear, and alternative views that may have been missed due to the randomness of recruiting participants.

The following chapters detail the research gap on how the home care staffing shortage impacts older adult independence. Findings allowed the researcher to gain patterns and themes from older adults about their perceptions of independence, dependence, and other impacts that interfere with or sustain their independence. The implications could lead to a need for and acceptance of alternative caregiver supports and delivery of service models. The theoretical impact could be that home care services are impactful in maintaining older adult independence from the perspective of self-actualization and having a consistent feeling or state of autonomy.

Chapter 2: Literature Review

Independence for older adults is at the forefront of the minds of policymakers and service providers because this population, often referred to as the “silver tsunami,” will require much more assistance in the future, creating critical policy debates that will shape lives across age groups (Calasanti, 2020). Older adults in the United States accounted for approximately 15% of the population in 2018 (Axon, Chien, & Dinh, 2022). Additionally, approximately 80% of U.S. adults over age 50 in 2018 had at least one chronic condition, and approximately 60% had two chronic conditions (Axon, Chien, & Dinh, 2022). These factors call into question the ability of older adults to maintain their independence.

A substantial proportion of older adults fall each year, leading to injury, pain, fear of future falls, and decreased physical activity that impacts the ability to self-care (Adam et al., 2024). The ability of older adults to perform their self-care is becoming a more significant concern; by the year 2030, 20% of the U.S. population will be at retirement age, with much of this population managing at least one chronic condition, including diabetes, heart disease, or arthritis (Lamagdeleine, 2023). Diabetes impacts approximately 38.4 million older adults in the United States, often leading to severe health conditions such as heart disease, stroke, kidney disease, vision loss, and nerve damage (Cho, 2024). The cost of treating diabetes is predicted to be a multi-billion-dollar expense by the mid-2040s (Delich, 2024).

Heart disease is the leading cause of morbidity and mortality in older adults, and the prevalence of heart disease may be on the rise because advances in treatments increase longevity among those living with cardiovascular disease, which further supports the need for home care services (Aburub et al., 2022). The care costs of heart disease for the predicted 24 million U.S. citizens to be impacted by this disease by 2035 is expected to rise to \$215 billion, which will

continue to confound the lack of home care for those living with not only chronic conditions but also diseases that significantly limit their level of functioning (Frisvold et al., 2024). Older adults living with arthritis are at risk for cardiovascular disease, obesity, physical disability, and a reduction in life expectancy (Andonian et al., 2024). Arthritis causes functional decline and disability for about 60% of adults over age 65. This functional decline creates a decline in performing daily living tasks requiring assistance from formal and informal caregivers, which may not be easily fulfilled (Shin & Kim, 2022). The direct and indirect care costs for older adults with arthritis were estimated at \$41,000 per person annually in the United States as of 2021 (Machado-Alba et al., 2021).

The impact of chronic conditions on older adults' self-sufficiency aligns with the need to address the gap in research focused on how the formal caregiver workforce shortage impacts older adults' abilities to remain independent. The most prevalent chronic conditions and diseases impacting older adults' abilities to perform daily living tasks have been sufficiently documented in the literature, supporting the need for care provision. Care costs for each chronic condition and disease impact the health care system financially. This financial impact of providing health care services, coupled with the impact of disease and chronic conditions on older adults, demands a look at the impact on older adult independence when providing home care.

Themes and Research Focus

The themes uncovered in the literature related to older adult independence were the elements of independence, barriers to independence, and caregiving. The definition of independence can hold a variety of meanings depending on the focus, such as psychosocial determinants, which are the physical and mental activities that improve someone's quality of life (Goodarzi et al., 2024). *Independence* refers to maintaining autonomy, making choices,

preserving physical and cognitive function, being self-reliant, and having the financial and social resources to cope with age-related challenges (Fothergill et al., 2023). Barriers to independence for older adults can include isolation, lack of access to resources, disability, and numerous others. Hence, preserving independence is among the most critical health priorities cited by older adults (Enogela et al., 2022). Barriers can even create drastic outcomes such as the consumption of alcohol among older adults who feel lonely and isolated, lack social engagement, and lack functional independence (Purser, 2022).

Caregiving is the primary method for maintaining the independence of community-dwelling older adults. *Caregiving* is attending to the basic needs of people in need, such elderly people, sick or injured individuals, young children, or people with disabilities (Biscontini, 2023). Formal paid caregivers may provide care; conversely, informal caregivers, such as friends and family members, may care for a person (Biscontini, 2023). Caregivers can intervene by assisting with daily living tasks when the impact of disease and chronic conditions impact older adults' independence during acute episodes or on an ongoing basis.

Research Question

Definitions for independence have been provided in the literature depending on the field of interest, such as physical therapy, occupational therapy, aging, and rehabilitation. Barriers to independence for older adults have been detailed in the literature, focusing on the impact of disease, chronic conditions, and mental health challenges often causing aging anxiety. Dedication to caregiving has been observed in the literature for the older adult population. The challenge resides with the number of older adults who need care and those expected to require care in the future. The literature has presented a gap in terms of how the caregiver demand will be met, considering home care staffing, which was the focus of this study. The following

research question guided this study: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence?

Elements of Independence

Focusing on older adults' independence is important, as indicated by the amount of attention given to addressing challenges posed by aging populations in various environments, such as urban locations (Oe et al., 2023). A different view on the element of independence of older adults came from focusing on food as a tool for enhancing independence, as documented by Clegg et al. (2023). A third view connected to older adult independence was how their ability to care for themselves affected the individual's quality of life, the prevention of diseases and disorders, and medical costs (Okabe et al., 2021). Confident older adults may experience super aging, meaning their cognitive abilities remain intact despite physical decline (Powell et al., 2023). Examples of perspectives associated with older adult independence, as presented in the literature, require a deeper dive into the specific barriers to older adult independence.

Barriers to Independence

A physical impairment often caused by falls in the living environment leads the list of barriers that impact older adults' independence or self-sufficiency. Falls have been recognized as a major health problem for older adults with significant physical and psychological consequences, the second leading cause of injury-related deaths among older adults worldwide, and a significant contributor to both death and injury in people over 65 years of age (X. Wang et al., 2024). A connection exists between other conditions like arthritis, diabetes, and cardiovascular disease among the nearly 37 million fall injuries worldwide, which involve caregiving to some degree (Xue et al., 2023). Therefore, independence is called into question,

directly correlating with someone's ability to care for themselves, which refers to self-care or taking care of one's mental, emotional, and physical health and well-being (Hasson, 2020).

The primary focal point in the barriers to older adults' independence and their ability to care for themselves is performing daily living tasks. Literature has referenced such activities as activities of daily living (ADLs) and instrumental activities of daily living (IADLs). It is essential to acquire a comprehensive understanding of these categories of activities because it is often the inability to perform these activities that establishes the need for home care or formal caregiving. Caregiving can be met informally if older adults have access to family, friends, or volunteers who can provide unpaid or informal caregiving assistance.

ADLs

The actions associated with or defined as ADLs that an individual must perform with or without support to live independently consist of feeding, mobility with or without assistive devices, grooming, toileting, dressing, and bowel and bladder continence (Akazawa et al., 2024). A different perspective of ADLs from the field of geriatric nursing somewhat mirrored the definition previously provided by stating it is necessary for independent living and caring for oneself to perform ADLs, including washing, dressing, toileting, grooming, eating and drinking, and in-home mobility (Cremer et al., 2023). Cognitive impairment is associated with aging, which contributes to the decline in physical function, resulting in reduced ADLs (Baek et al., 2024). Lastly, the COVID-19 global pandemic brought attention to the potential for a decline in older adults' ADLs because testing positive for the virus could accelerate the decline in function (Bae et al., 2023).

IADLs

A heightened complexity is associated with IADLs, requiring a skillset that allows for multiple cognition processes, such as food preparation, medication management, and monetary management (Buele et al., 2023). An alternative consideration of someone's ability to perform IADLs is the impact of mental health symptoms such as reduced motivation, emotional withdrawal, apathy, stereotypical thinking, and difficulties in abstract thinking (Turikumana et al., 2023). A third perspective the literature provided was someone's inability to perform their IADLs associated with the impact of diseases such as Parkinson's disease, in which an individual experiences deteriorating cognitive impairment such as mild cognitive impairment, and later from dementia due to Parkinson's disease (Bezdicek et al., 2022). Certain health care professionals, such as occupational therapists, define and monitor the performance of IADLs. The American Occupational Therapist Association lists IADLs as tasks such as caring for others, care of pets and animals, child rearing, communication management, driving and community mobility, financial management, home establishment and management, meal preparation and cleanup, religious and spiritual expression, safety and emergency maintenance, and shopping (Buele et al., 2023).

Caregiving

Older adults require care to remain independent and avoid dependence at specific points as they advance in age. Assistance may come from formal sources, like a publicly funded aging services agency, or informal means from friends, family, or volunteers. An issue facing the older adult population, along with their loved ones, is the knowledge of no dedicated caregiver pool from which to seek assistance. More than 70% of young caregivers in one 2024 report cared for a parent or grandparent (Ansberry, 2024). Caregiving is a profession with challenges because

elements involved can present significant issues for workers, such as physically demanding activities, low compensation, uncomfortable work environments, and personal obligations that decrease productivity.

Care Demand

The worldwide number of people aged 65 and older reached 703 million in 2019 and is estimated to be 1.5 billion by 2050, increasing the demand for caregivers (McDonald et al., 2021). Demand for care is even greater for older adults residing in rural areas, where about 6 in 10 older adults have multiple chronic illnesses or disabilities (Lalani et al., 2024). Literature has established the volume of caregiving needed now and in the future raises public concerns about caregivers' physical and social well-being (Tao, 2023). Evidence such as waiting lists for care services supports the level of care demand. In most years since 2016, nearly 700,000 people have been on waiting or interest lists annually for expanded home and community-based services ("Three-Fourths of States Have Waiting Lists for Some Medicaid Home Care Programs," 2024). The future supply of home care is insufficient and predicted to remain until at least 2050 from formal and informal caregiving sources (Braga et al., 2016).

Formal and Informal Home Care

The delivery of home care services is most often accomplished through a formal or informal mechanism that includes tasks like bathing, toileting, mobility assistance, housecleaning, grocery shopping, and laundry. Skilled care and nonskilled care define formal care services or tasks. *Skilled care* is often implemented upon hospital discharge to assist older adults and their loved ones in managing health care needs (Toles et al., 2023). *Nonskilled care* provided by formal caregivers consists of tasks such as washing, feeding, and servicing young, sick, or older people (Jensen & Muhr, 2020). Formal care is provided by home health agencies,

assisted living facilities, community organizations, or nursing homes, with informal care representing the dominant form of care (K. Lee et al., 2022).

Informal care is a crucial aspect of the health care system. Informal care is provided by unpaid family members and friends, with researchers recognizing the need for more informal caregiver research to develop supportive interventions (Zwar et al., 2023). The demand for informal caregiving has increased in the United States due to demographic trends (Campbell & Walker, 2022). The future may not look promising for people providing informal care due to pressure on policymakers to decrease costs associated with care. Hence, informal caregivers will likely have increased caregiving burdens (De Roo et al., 2023). A severe challenge for formal and informal caregiving is the inadequate formal caregiver labor pool, changes in societal norms for women who provide most of the care entering the workforce, and reduction of the average family size (K. Lee et al., 2022).

Caregivers

The position of caregiver consists of formal and informal caregiving with some clear delineation such as caregiver volume, tasks performed, credentials, compensation, and the surroundings in which support for older adults is performed. The formal caregiver position has historically carried with it certain sexist social conceptions, such as caregiving being an inherent part of women's roles (Caicedo Fajardo et al., 2023). The workforce providing direct care faces a set of challenges that include low retention rates, high turnover, low pay, and—depending on the care recipient situation—being subjected to stressors and at a higher risk for depression and other mental health problems (Miller et al., 2020). Specific care recipients (e.g., people with dementia) require formal caregivers use best practice and nonpharmacological approaches that emphasize person-centered care, including promotion of function, support of well-being, and alternatives to

psychoactive medication (Sefcik et al., 2022). Lastly, the low rate of pay for home health aides and direct care workers reflects the impression the general public has of the profession; home health workers in the United States made only \$11.57 as a median hourly wage in 2019 and direct care workers made only \$13.48 per hour (Hallett, 2022).

Informal caregivers are challenged with the aging process while caring for their loved ones because increased multimorbidity and chronic health needs are ever present, making the care even more burdensome (Kolade et al., 2024). The informal caregiver experience includes caregiver burden, which literature has documented related to the COVID-19 global pandemic, where a significant relationship was identified between caregiver burden and anxiety (Özdemir et al., 2024). The value of informal caregivers, despite the challenges faced in their caregiving role, is sometimes connected to older adults and their informal caregivers through self-empowerment (Duncan, 2023). Assigning a value statement to informal caregiving is challenging because it ranges from occasional care by an adult child or a coresiding spouse to ongoing and unpaid support with ADLs (Hladkiewicz et al., 2024). This difficulty is in part due to the impact of having support from informal caregivers following a hospital stay, which is associated with a decrease in health care usage, including shorter hospital length of stay, reduced home care services, and lower likelihood of transitioning into long-term care (Hladkiewicz et al., 2024). Informal caregivers are critical in maintaining older adult independence and may be recruited as volunteers if no family or friends can provide care in the home.

Volunteer caregivers are recruited for various caregiver situations, including nursing homes and the private residences of older adults who need assistance to remain in the community. Individuals living with dementia are an example where volunteers can be care partners, providing care through cooking and cleaning, assisting with maintaining personal

hygiene, attending doctors' appointments, and performing various other tasks (Huggins et al., 2024). The value of volunteer informal caregivers is recognized by people who manage the care for others and by formal caregivers. Informal caregivers, such as volunteers, are invaluable providers of care, especially when fulfilling care receivers' social and emotional needs (Skinner et al., 2021). Using volunteers as informal caregivers is another opportunity to fill the existing gap in care demand.

Number of Caregivers

The number of caregivers does not equate to the number of older adults who will require care. Approximately 80% of U.S. adults over age 50 had at least one chronic condition and approximately 60% had two chronic conditions as of 2018 (Axon, Chien, & Dinh, 2022). The workers dedicated to providing care are one of the country's largest workforce sectors, with an estimated 4.5 million workers in the United States. However, the size of the population 65 and over is projected to double by 2050, leaving a significant gap in the caregiver pool (Jumabhoy et al., 2022). Literature has noted a call for more workers. For example, the United States needed 1 million new home care workers in 2022 (Iloabachie, 2018). The lack of formal caregivers is problematic in meeting the needs of older adults. However, despite their demanding role, formal caregivers appear to carry less caregiver burden than informal caregivers. Caregiver burden is higher for informal caregivers due to care time moderating the relationship between care attitude and care burden (Oh et al., 2024).

Most of the care older adults receive is unpaid and comes from informal caregivers such as an adult child or coresiding spouse providing support with ADLs (Hladkiewicz et al., 2024). The volume of informal caregiving is hard to detail because a sizeable and growing population of U.S. citizens provide informal care to others and may risk material hardship with their household

finances (Campbell & Walker, 2022). Studies involving informal caregiving often state the number of caregivers in aging populations has increased, and research interest in promoting their well-being has grown (Keeton et al., 2020). In 2015, 34.2 million, or 14.3% of U.S. citizens, were informal caregivers of adults aged 50 or older, and the prevalence of caregiving rose to 16.8% in 2020 (Zan & Shin, 2022). Caregiving is needed to accomplish essential tasks that maintain older adults' independence.

Tasks

Activities performed by a caregiver, despite their role being formal or informal, could consist of support with a healthy diet or physical activity, organizing and reminding the individual to take medications, accompanying them to medical appointments, communication with clinicians, coordinating medical care, and monitoring symptoms (O'Connor et al., 2023). Caregiving responsibilities for an older adult with chronic conditions are stressful enough, but when the situation elevates due to severe life-threatening conditions, it can become overwhelming. Spousal caregivers and cancer caregivers who perform medical and nursing tasks may have burdensome caregiving experiences (M. Lee et al., 2019). This experience is exacerbated when caring for someone with dementia. Approximately 1 in 10 older adults over age 65 will be diagnosed with the condition and require assistance with daily living activities (M. Lee et al., 2019). The tasks can be overwhelming for any caregiver, so having access to a formal caregiver with specific training and qualifications can reduce the caregiver's burden.

Formal and Informal Caregiver Qualifications

Specific criteria are in place for employment as a formal caregiver. These criteria usually include supervision and training by a licensed health professional who monitors the clients served in their residences through home care agencies (Kim, 2020). Formal caregiver turnover is

around one third in the 1st year of employment, affecting the continuity of care; thus, increasing the provision of training has the potential to improve staff turnover and well-being (Corner et al., 2023). Training and criteria are not required for informal caregivers. However, a variety of supports and education are offered by a range of organizations, such as area agencies on aging for older adult caregivers or cancer support organizations, which have increased their development of cancer education and support programs (Papadakos et al., 2022). Despite training for informal caregivers at times being focused on a specific condition such as dementia, elements in online training and support programs are often beneficial to the caregiver regardless of the care receiver's health conditions (Teles et al., 2020). Despite the qualifications someone has for providing care, when it comes to compensation, the formal caregiver paid for their support remains at a disadvantage.

Compensation

Paid or formal caregivers from a historical context have been paid low wages. In January 2023, home care aides were paid \$11 per hour in the United States (Milkman, 2023). Many workers do not have guaranteed full-time hours of work; further, when they work, they earn an average of \$10–\$11 per hour with inconsistent hours (Kim, 2020). Recruitment and retention of staff is an ongoing and global issue for health care organizations, presenting challenges for maintaining adequate staffing to provide quality care, partly due to the low wages offered. Pay alone may not be enough for formal caregivers, but a sense of perception of importance and positive experiences while providing services makes a difference (Sterling et al., 2022). Informal caregivers are unpaid, but the value of care has been recognized in the literature. Informal caregiving is often situational, as seen with total annual caregiving costs, including time, lost work hours, and out-of-pocket costs, which are between \$7,028 and \$19,701 on average. In

contrast, others have estimated the time costs of caregiving, including logistical costs, medical costs, and medications, to be up to \$4,800 per month (Hastert et al., 2024).

Care Environments

Caregiver service delivery by formal caregivers occurs in a community setting, such as a private residence, or some type of institution, such as a nursing home or assisted living facility. One main difference in settings is the level of direct support provided to formal caregivers, and that support is present in care facilities, unlike a community setting (Shrestha et al., 2021). The work environment for formal caregivers is associated with high workloads, long work hours, an absence of training, minimal compensation, managing older adults' challenging behaviors, exposure to health hazards, and task burden (Dawud et al., 2022). This type of environment—where new staff arrive frequently, new management is established, and new work routines are constantly introduced—is not ideal for creating ongoing support for employees, further hindering the work atmosphere. The chronic job demands deplete employees' resources, leading to burnout and a breakdown of functional capacity resulting from extended unsuccessful adaptation to job stress (Möckli et al., 2020).

Unpaid or informal caregivers provide support in an older adult's residence, which is often a family member's home. Informal caregivers are impacted by the caregiver's burden of caring for recipients with specific illnesses, such as dementia, Alzheimer's disease, and cancer (Chien et al., 2023). Informal caregivers are a national resource because they provide a sizable portion of outpatient care, reducing the burden on the health care system (Xiang et al., 2022). In some cases, the environment and caregiving can benefit informal caregivers through emotional rewards, personal growth, and satisfaction (Vos et al., 2022). These feelings of satisfaction for

informal caregivers are often expressed by their commitment to providing limitless care (Kleijn et al., 2021).

Summary

This literature review focused on the independence of older adults and the ability to maintain their self-sufficiency despite the impact of disease and chronic illness. The themes uncovered during the review of the research uncovered elements of independence, barriers to independence, and caregiving. The examination of the literature showed a gap in research related to how the caregiver demand impacts an older adult's independence, considering the home care staffing shortage. An explanation of the themes uncovered from reviewing the literature focused on exploring elements of independence, which included detailing barriers to independence that included how ADLs and IADLs play a role in maintaining independence. Care in the form of support from diverse sources assists in addressing independence for older adults.

Caregiving was a central theme to this literature review based on its weight in addressing what is needed now and in the future to maintain older adult independence. The demand for care, whether the source is formal or informal, paid or unpaid, was documented in the literature. The tasks performed, qualifications, compensation, and care environments had similarities and differences detailed in the literature. Considering the home care staffing shortage, the remaining unanswered question related to caregiving and maintaining older adult independence was based on caregiver demand from the growing older adult population.

Chapter 3: Methodology

Research Design

The research design for the current study was a qualitative study. This method allowed the researcher to collect older adults' perceptions of independence using semistructured interviews. The interviews were conducted in the client's residence. This process allowed for an observation by the researcher to ascertain if tools to maintain or enhance independence were in use. One limitation of this method was older adults may have withheld certain information in the interview to avoid appearing overly dependent. The data collected were demographic data, with some secondary data being collected from the service provider, including service schedule, gender, living status, and age.

Description of Participants

The characteristics of the study participants included older adults over the age of 60 residing in Central Ohio who received formal home care services from the Help-at-Home program operated by LifeCare Alliance. The Help-at-Home program was established in 1975 to provide nonskilled home care, such as assistance with daily living tasks, often referred to as light housekeeping and assistance with personal hygiene. The participants lived alone or with others in the community and could receive other support services. The participants received consistent or inconsistent services, determined by examining service schedules and explanations for disruptions. Table 2 displays the specific characteristics of study participants.

Table 2*Characteristics of Study Participants*

Characteristic	Detail
Age	60–104
Gender	Female, male, self-identify
Living status	Alone, with others
Race	Self-identify
Residence	Community, home, apartment
Zip code	Central Ohio

Sampling

Sampling was conducted with a certain degree of randomization because the staff recruited during home visits and accepted the participation of any client receiving services who was willing to be interviewed. The sample framework involved any client receiving home care services. This sampling approach may have led to overrepresenting participants by gender, age, and living status.

Recruitment Strategy

Participants were recruited for this study without a maximum number set. However, it was anticipated saturation would be between 15–20 interviews, whereby patterns and themes would have been determined. The sampling plan involved a randomized one-group posttest-only design using probability sampling. Participants were randomly selected using a sampling frame that involved selection from the entire population receiving formal home care services (Sharma, 2023). However, recruitment did consider seeking out potential study participants who met specific criteria, such as gender or living status, if either category was underrepresented.

Data Collection

The data collection started with informed consent (see Appendix A), which was provided to potential study participants by the researcher or the LifeCare Alliance client assessor who admitted and assessed home care clients. Once the client consented, the researcher secured the client's address, phone number, service schedule, gender, date of birth, and living status from the Help-at-Home designated staff person. The researcher then scheduled the interview using the interview protocol and questions documented in Appendices B and C with the client who agreed to be a study participant. The interview and observation lasted no more than 30 minutes in the study participants' residences. The observation portion of the interview is detailed in Appendix D. The site associated with this study, LifeCare Alliance's Help-at-Home program, provided support documentation, permitting the study and access of client information with informed consent.

The data collection instruments comprised open-ended questions developed by the researcher and an observation recording document with input and approval from the dissertation committee and Institutional Review Board (see Appendix E). The researcher inserted follow-up questions as needed based on study participant responses. The space consisted of the study participants' residences, where the interview and observation were conducted. Equipment included the researcher's cell phone, which had an application loaded for an audio recording and the production of a transcript. This device was used as the interviews were conducted in person at the participant's residence. The researcher was the sole user of the password-protected cell phone, and the software will be removed once the study is completed. Security space was provided at the study site, LifeCare Alliance, to store hard copy data collection documents and any other relevant study documents securely.

Trustworthiness, Accuracy, and Researcher Bias

This study followed established research protocols, including Institutional Review Board approval and monitoring from the researcher's dissertation committee. The researcher had limited experience related to the research from a previous study. Protocols created for the study were followed for each participant, including recruitment, consent, limiting harm, and protecting all participant information at each research stage. Accuracy was maintained by avoiding deviation from the established data collection methods and following data analysis procedures. This study was conducted through a local home health care organization where the researcher was an administrator for 33 years prior to the study. Therefore, the researcher demonstrated ethical leadership and management theory.

The researcher held credentials and licenses in social work, which mandated following a code of ethics. The ethical principles in the code of ethics addressed demonstrating behaviors that signified integrity, which were incorporated into every aspect of the research to produce a study with limited inaccuracy and bias. The researcher completed training that educated them on social and behavioral research expectations, standards, and protocols. Bias was addressed from the self-awareness perspective and following established protocols for conducting this study. This process included not attempting to insert or interpret study participant contributions during the data collection process by providing the researcher's thoughts and opinions on content presented by the study participant. The researcher reviewed the collected data early in the study with designated committee members to check for researcher bias.

Generalizability was addressed from the perspective that study participants mirrored the attributes of older adults in the larger population. Despite where someone may reside, socioeconomic status supports, social standing, and other similar elements, it was necessary to

address the maintenance of or enhancement of one's independence. Generalizability was the study's primary objective, so attention to the common attributes of the study participants about the larger population was a focus (Carminati, 2018).

Data Preparation

The data preparation process started with extracting the data elements collected, such as demographics like gender, age, living status, and zip code. The data elements were then placed in tables to acquire a visual display and used for analysis purposes. The visual display allowed the researcher to distinguish the representation of the study population by gender, age, living status, and zip code using a numeric value that displayed the characteristics collected. This information was helpful during the analysis phase of the study because it allowed the researcher to compare the data elements and use them to determine if certain information collected was more prevalent based on any given data element collected.

The data preparation process was completed for each transcript, which involved a cleaning process whereby the researcher reviewed each transcript. The cleaning process involved assigning content spoken by the researcher and the study participant as recorded on the audio version of each interview. The cleaning process further involved making any corrections to wording that was incorrectly recorded, removing any distractions that may have been recorded (e.g., a phone call answered by a study participant), and removing any information that could have identified the study participant. The transcript was then saved to be loaded into the software selected for analysis, and the audio recording was deleted.

The data preparation process concluded by extracting additional data elements about the independence enhancers and independence barriers identified by study participants during the interviews. These data elements were each placed in tables recording the frequency of each

independence enhancer and independence barrier identified by study participants. This visual representation of each independence enhancer and independence barrier allowed the researcher to determine which enhancer or barrier was reported most often or least often. In addition, this format allowed the researcher to plot alongside each enhancer and barrier and report the data elements of gender, age, and living status.

Data Analysis

The data analysis process began by examining the 20 study participants collectively, looking for commonalities and differences in the context of the demographic elements of gender, age, and living status. The study sample included a gender dominance of women, which was not unexpected because women are more likely to receive home care services (Schnakenberg et al., 2022). In examining the study population using the data element of age, 60 was represented in the sample despite some sources defining older adults as over 65 (Zhai et al., 2024). The data element of living status as dwelling alone was seen most frequently, which was as high as 35% among older adults in one 2021 study (F. Wu & Sheng, 2021).

The data analysis process moved beyond the demographic data collected and into audio recordings of the face-to-face interviews with each of the 20 study participants. The recorded interviews were used to produce transcripts and loaded into coding software for analysis. The transcripts allowed the researcher to capture and delete any information that could identify the study participant. In addition, the researcher clarified content as needed before performing the coding process. Once transcripts were cleaned, the end goal was to perform coding to identify themes and patterns among the information provided during the interviews.

Specific information related to independence enhancers (e.g., canes, walkers, wheelchairs) and independence barriers (e.g., lack of care or transportation) were extracted from

the transcript and plotted in Excel tables. This process allowed the researcher to create a visual representation of the information to gain certain impressions from information provided by the study participants. In addition, comparisons of the independence enhancers and independence barriers by gender, age, and living status were accomplished.

Ethical Considerations

A primary concern throughout a research process is subject protection, accomplished by practicing various procedures (Pietilä et al., 2020). The procedures started with securing the study participants' consent by reviewing the consent document with each participant, securing their written consent, and leaving a completed consent form. Once a study participant agreed to participate, they were assigned a numeric identifier for any hard copy documents and electronic data files. Information identifying the participants was kept in a different location from the deidentification file. Furthermore, all mechanisms that captured information were reviewed to remove any element deemed a potential study participant identifier. All audio recordings of interviews were deleted as transcripts were created and cleaned.

Violating the trust of study participants was a critical ethical consideration that institutional review boards address by inserting specific requirements, such as social and behavioral research training, consent forms, and a complete description of the proposed study (Stegenga et al., 2024). During the research process, trust was built upon the researcher conducting themselves appropriately by avoiding undue influence on study participants. One example of this trust was when the researcher accepted the information presented by the study participants without defining questions used during the study interview. The protection of trust continued after the study participant participated. Information was provided on the consent form, which allowed them opportunity to make contact with the researcher or their dissertation chair.

Avoiding the creation of harm to study participants was addressed in the consent form under risks and benefits. Researchers must realize some topics may be private, stressful, or sacred to study participants, making it crucial to provide options for the study participants to respond to interview questions (Pilbeam et al., 2022). In addition, the do-no-harm concept is fundamental if study participants are deemed vulnerable, as was the case with older adults who participated in this study. Vulnerable populations related to research participants may vary beyond age to include physical, emotional, and psychological exposure (Pilbeam et al., 2022).

The researcher was mindful of the population's needs, the potential for necessary interventions during the research process, and their obligation as a licensed social worker. Minimal actions were required, including linkage to study site staff to address care needs presented during the interview. The researcher did not need to take any serious actions, such as adult protective services referrals, during the study process.

Summary

The research design used for this study was qualitative, using a semistructured interview along with an observation conducted in the study participants' residences. The interview and observation focused on addressing independence about the home care staffing shortage by gathering study participants' perceptions of independence and what might enhance or create a barrier to independence. The study participants were over 60 and received home care services. The study participants' characteristics included age, gender, and living status.

Sampling for this study consisted of recruiting from the entire population receiving home care services who demonstrated an interest in participating upon receiving a study recruitment flyer or information. The data collected from study participants were acquired through a recorded interview at their residence and an observation by the researcher. Protocols were followed to

maintain the authenticity of the study, which included specific training completed by the researcher, following approved study procedures, and securing comprehensive consent from each of the study participants.

The data collected were prepared for analysis using a variety of mechanisms, allowing the researcher to understand what was collected by focusing on the research question. The analysis involved plotting data elements, allowing the researcher to compare data collected against study participant characteristics of gender, age, and living status. Ethical research practices were used to avoid skewing results and to protect each study participant.

Chapter 4: Data Analysis and Findings

In this chapter, findings obtained from the semistructured interviews are presented and analyzed. The semistructured interviews were conducted and analyzed from August 20, 2024, to October 29, 2024, with 20 LifeCare Alliance Help-at-Home home care services clients. This qualitative study was conducted to examine the perspectives of 20 home care services clients about the paid caregiver staffing shortage and specifically to investigate the following research question: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence?

Population Sample Description

The sample population for this study was acquired from the total population who received home care services at the time of recruitment and who agreed to participate. The sample comprised 20 participants of different genders, ages, and living arrangements. All study participants identified as female or male, were over age 60, and resided alone or with others. The study participant characteristics are displayed in Table 3.

Table 3*Study Participant Census*

Characteristic	<i>n</i>
Gender	
Female	13
Male	7
Age	
60–70	6
71–80	8
81–90	5
91–100	1
Living status	
Alone	13
With others	7

Note. $N = 20$.

Research Question

The researcher focused on answering the following research question: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence? This study approached each aspect of the research question by conducting interviews in the residences of each study participant, collecting their perceptions of, influences on, and tools used to address independence by using a set of interview questions. The researcher also conducted observations and took inventory of each independence enhancer or independence barrier identified by the study participants. The research question was the focal point for examining the information collected during the study and determining the potential impact of the home care staffing shortage on study participants' independence.

Data Collection Process

The applied research method was a qualitative study of 20 home care service clients served by the Help-at-Home program at LifeCare Alliance, which was the study site. Study participants were recruited by the study site staff using a direct contact approach and provided written information about the study for future reference. The participants completed an in-person interview upon agreement. Subsequently, the researcher secured permission to record and ask questions about perceptions of independence, influences on independence, and tools used to maintain or enhance independence.

Interview Protocol

Semistructured interviews were completed with each study participant at their residence, covering 13 different zip codes in Central Ohio. Interview sessions ranged from 12–32 minutes and averaged 17 minutes per interview. Interviews were conducted only with the study participant present, recorded by the researcher on their password-protected cell phone, for a total of 331 minutes over 10 weeks. The researcher took notes during the interviews and documented the participants' comments, which were used as references during the analysis process. Each study participant was asked 12 questions about their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence. The only exception was when a study participant was not asked all 12 questions, which occurred with participants who indicated they had no knowledge, experiences, or future impressions of the home care staffing shortage.

The interview protocol involved a semistructured, open-ended question format, allowing participants to provide their perspectives and the researcher to assess respondents' attitudes or knowledge in more detail than possible with closed questions (Scholz et al., 2022). The interview

questions were created and structured to understand better how study participants perceived their independence, the influences on their independence, and the tools used to maintain or enhance their independence. At the end of each interview, the audio recording was transferred to the researcher's laptop and loaded into transcription software to produce a transcript. The researcher read each interview transcript while viewing the video recording of each interview to confirm accuracy and validity. If any content captured on the audio recording needed to be clarified or removed to avoid identifying a study participant, this content was addressed.

Research Method

The research produced raw data consisting of 20 interview transcripts totaling 89 pages. The interviews were transcribed, coded, recorded, and analyzed to identify themes, subthemes, and study findings. The coding process allowed for aggregating text or visual data into smaller categories of information (Pajo, 2017). Nine codes emerged from analysis of the interview transcripts: (a) independence status, (b) daily living status performance, (c) independence influences, (d) independence enhancers/maintenance, (e) dependence definition, (f) tasks dependence, (g) home care staffing shortage knowledge, (h) home care staffing shortage experiences, and (i) home care staffing shortage future.

Data Analysis

Upon completion of the transcription analysis, open coding of study data commenced using the codes previously mentioned. Open coding involved a line-by-line review for clarification, which took the form of expressions, perspectives, notions, and so forth that were replicated by participants throughout interviews. Open coding was performed in a two-step process for a complete review and to ensure the researcher identified all codes in that data set. Codes were then condensed and collapsed into code groups to remove redundancies. Axial

coding was performed using the identified code groups. Axial coding allows a researcher to determine relationships between categories and look for connections (Gibbs, 2018). Axial coding requires a researcher to organize code groups according to association and comparability, aligning with the study's themes, subthemes, and references.

The data analysis process produced nine significant themes and 22 subthemes. These themes provided a framework for understanding how study participants viewed their independence, influences on independence, and tools to enhance or maintain their independence. The study's major themes and subthemes are presented in Table 4.

Table 4

Themes and Subthemes

Theme	Subtheme
Theme 1: Independence status	1. Description 2. Rating
Theme 2: Daily living status performance	1. Description 2. Rating
Theme 3: Independence influences	1. Influences 2. Description
Theme 4: Independence enhancers/maintenance	1. Desired enhancer 2. Specific enhancer
Theme 5: Dependence definition	1. Declaration of dependence 2. Examples of dependence
Theme 6: Tasks dependence	1. Descriptor 2. Task
Theme 7: Home care staffing shortage knowledge	1. Worker availability 2. Worker performance 3. Worker benefits 4. General comment
Theme 8: Home care staffing shortage experiences	1. Negative experiences 2. Positive experiences 3. Neutral experiences
Theme 9: Home care staffing shortage future	1. Uncertain future 2. Recommendations 3. Hopeful future

Themes and Subthemes

Themes are identified through an analysis technique, which is methodically organized following the model, involving discovering and classifying themes from a particular standpoint (Naeem et al., 2024). The researcher sought and identified patterns, similar experiences, and figures of speech in which a word or phrase was applied in a manner that was not applicable. The researcher used ATLAS.ti to code interviews. This software was also helpful in the determination of the hierarchy of study themes. Major themes were identified by having the most significant number of references and were considered the most valuable outcomes of the study.

Preceding the significant themes were minor themes or themes with fewer references than the significant themes. Table 5 details the breakdown of the number of themes. The following themes were identified during the data coding process: (a) independence status, (b) daily living status performance, (c) independence influences, (d) independence enhancers/maintenance, (e) dependence definition, (f) tasks dependence, (g) home care staffing shortage knowledge, (h) home care staffing shortage experiences, and (i) home care staffing shortage future.

Table 5*Detail of the Themes, Subthemes, and References*

Theme	Subthemes	# of references	# of participants
Theme 1: Independence status	Description	26	19
	Rating	13	12
Theme 2: Daily living status performance	Description	32	15
	Rating	11	10
Theme 3: Independence influences	Influences	25	14
	Description	12	10
Theme 4: Independence enhancers/maintenance	Desired enhancer	15	13
	Specific enhancer	14	10
Theme 5: Dependence definition	Declaration of dependence	20	16
	Examples of dependence	9	8
Theme 6: Tasks dependence	Descriptor	27	18
	Task	7	6
Theme 7: Home care staffing shortage knowledge	Worker availability	22	16
	Worker performance	8	6
	Worker benefits	3	2
	General comment	1	1
Theme 8: Home care staffing shortage experiences	Negative experiences	29	15
	Positive experiences	7	6
	Neutral experiences	2	2
Theme 9: Home care staffing shortage future	Uncertain future	20	13
	Recommendations	8	4
	Hopeful future	4	4

Research Question

The following research question guided this study: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence? Following is a discussion of the various themes derived from this research question.

Theme 1: Independence Status

Based on the literature, independence for older adults is associated with how an individual performs their daily living activities along with demographic and disease-related

factors (Redzovic et al., 2023). All study participants ($N = 20$) descriptively referred to their independence status or by assigning a rating; in some cases, participants used both. Overall, this theme was noted 39 times throughout data collection. Study Participant 1 stated it was “not as good” when referencing how they would describe their present state of independence.

Subtheme 1: Description. Study participants detailing this subtheme defined their independence status using language such as “wish I could do my meds,” “cook and care for myself,” and “need help with showers.” This subtheme was referenced 26 times by 19 study participants. Study Participant 10 described their independence status by stating, “I do most things myself, on good days.”

Subtheme 2: Rating. Study participants defining this subtheme used words that implied a classification or defined state, such as “very poor,” “very limited,” and “totally handicapped.” This subtheme was referenced 13 times by 12 study participants. Study Participant 18 described their independence status using a rating descriptor of “pretty good.”

Theme 2: Daily Living Status Performance

Daily living tasks or activities of daily living (ADLs) are everyday routines a person must be able to perform to live independently (Owen, 2023). All study participants ($N = 20$) discussed their abilities associated with performing daily living tasks using descriptive words or assigning a rating to their performance of the tasks. Overall, this theme was recorded 43 times throughout data collection. Study Participant 1 stated, “It is hard to do things like showering without assistance.”

Subtheme 1: Description. Study participants expressing this subtheme used specific language to describe their daily living tasks performance. Examples included “days vary,” “depends on the day,” “do not do a whole lot,” and “barely move.” This subtheme was

referenced 32 times by 15 study participants. Study Participant 11 detailed their performance of daily living tasks by stating they could not “run the vacuum.”

Subtheme 2: Rating. Study participants detailed this subtheme using language that classified or rated their performance of daily living tasks. Examples included “fair,” “limited,” “very limited,” and “poor.” This subtheme was referenced 11 times by 10 study participants. Study Participant 15 rated their performance of daily living tasks, sharing, “They are good. I mean, now, I have arthritis in my knee.”

Theme 3: Independence Influences

Influences on independence often result in physical and psychological abilities declining during aging (Che Had et al., 2023). All study participants ($N = 20$) detailed influences on independence by naming an influence or providing descriptive language to describe an influence. Overall, this theme was reported 37 times throughout data collection. Study Participant 3, when asked to describe what elements would influence their independence, indicated, “I cannot get outdoors because I do not have a ramp.”

Subtheme 1: Influences. Study participants described this subtheme by stating an actual element influencing their independence. Elements such as “mobility,” “wife,” “more hours of a helper,” and “walker” were mentioned by some study participants. Overall, this subtheme was reported 25 times throughout data collection. Study Participant 10 stated “pain” influenced their independence.

Subtheme 2: Description. Study participants explained this subtheme using language describing how their independence was impacted. Included among the responses were “cannot put on my socks,” “going to the grocery store and shopping,” “being able to come and go as I please,” and “being able to take care of yourself.” Overall, this subtheme was recorded 12 times

throughout data collection. When answering the question about what elements would influence their independence, Study Participant 15 replied, “If I could not take care of myself.”

Theme 4: Independence Enhancers/Maintenance

Enhancing independence among older adults may involve using different means, which indicates it is essential to implement a comprehensive program that includes stretching, strengthening, endurance training, cardiorespiratory fitness, and cognitive exercises (Park et al., 2024). All study participants ($N = 20$) shared independence enhancers during the interviews by expressing a desired or specific enhancer. Overall, this theme was recorded 29 times throughout data collection. Study Participant 19 stated “reliable transportation” would enhance their independence.

Subtheme 1: Desired Enhancer. Study participants expressed this subtheme by naming an enhancer they desired that would enhance or maintain independence. Among the list were “more active,” “ramp,” “hold on to stuff,” and “If I could see better to drive.” Overall, this subtheme was reported 15 times throughout data collection. When asked how they would maintain or enhance their independence, Study Participant 10 stated, “Do as much as I possibly can by myself.”

Subtheme 2: Specific Enhancer. Study participants detailed this subtheme by being specific about the enhancer itself. Examples of specific enhancers included “physical therapy,” “get surgeries complete,” “doctor,” and “aide.” Overall, this subtheme was recorded 14 times throughout data collection. Study Participant 12 shared “the gym” would maintain or enhance their independence.

Theme 5: Dependence Definition

When defined with older adults as the focus, *dependence* is a complex concept that encompasses various functional activities such as visual impairment, difficulty in climbing a flight of steps, challenges pushing or pulling objects, depressive symptoms, cognitive impairment, marital status, and economic distress (Marbaniang & Chungkham, 2024). All study participants ($N = 20$) described dependence by declaring what the concept meant to them or providing examples of dependence. Overall, this theme was reported 29 times throughout data collection. When asked to describe dependence, Study Participant 6 expressed this theme by stating, “Someone else makes all your decisions.”

Subtheme 1: Declaration of Dependence. Study participants expressed this subtheme by providing declarative statements such as “asking help,” “not enough help or insurance,” “need help,” and “need much aid.” Overall, this subtheme was recorded 20 times throughout data collection. Study Participant 8 described dependence as “having to ask other people to do things for [them].”

Subtheme 2: Examples of Dependence. Study participants demonstrated this subtheme by providing examples of dependence, such as “restrictions,” “lost driving,” “dependent on another person,” and “dependent on the conversation.” Overall, this subtheme was reported nine times throughout data collection. Study Participant 19 expressed their example of dependence by stating, “Someone doing something for me.”

Theme 6: Tasks Dependence

Daily living task assistance for older adults is not uncommon because they may strive to stay at home and live independently despite facing setbacks in their daily activities due to health conditions, which has led to the creation of tools such as a robot buddy that older adults can

depend on to perform some tasks (Huang & Huang, 2021). All study participants ($N = 20$) expressed the need for help with daily living tasks by using descriptive language or listing tasks. Overall, this theme was recorded 34 times throughout the data collection. When responding to the question about how they would describe someone who needed assistance with daily living tasks, Study Participant 5 expressed this theme by sharing, “Helping them cook or whatever.”

Subtheme 1: Descriptor. Study participants detailed this subtheme by providing statements of a descriptive nature, such as “ladies come in and take care of them,” “bodies are just not letting us do what we need,” “people who cannot do stuff themselves,” and “needy.” Overall, this subtheme was reported 27 times throughout data collection. Study Participant 6 described needing assistance with daily living tasks as someone “unable to walk.”

Subtheme 2: Task. Study participants expressed this subtheme by listing tasks that required some assistance, such as “preparing meals, grocery shopping, and doctor’s appointments,” “helping them cook,” “cannot get clothes on by myself,” and “people need help getting dressed.” Overall, this subtheme was reported seven times throughout data collection. Study Participant 12 described someone who needed assistance with daily living tasks and stated, “Somebody come here to clean the house.”

Theme 7: Home Care Staffing Shortage Knowledge

Literature has described the shortage of home care staff, highlighting this shortage during the COVID-19 global pandemic when fear existed that there would not be enough caregivers to replace those who left (Markkanen et al., 2021). All study participants ($N = 20$) shared their knowledge of the home care staffing shortage by expressing insight through views on worker availability, worker performance, worker benefits, and general comments. Overall, this theme

was recorded 34 times throughout data collection. When asked what they knew about the home care staffing shortage, Study Participant 1 stated, “Big turnover of help.”

Subtheme 1: Worker Availability. Study participants detailed this subtheme by commenting on the availability of caregivers. Comments included “constant rollover of personnel,” “shortage,” “why there is not more available,” and “having people.” Overall, this subtheme was recorded 22 times throughout the data collection. Study Participant 7 detailed their knowledge of the home care staffing shortage by stating, “Not enough home health aides.”

Subtheme 2: Worker Performance. Study participants reported this subtheme by sharing several comments about worker performance. Comments included “deteriorate to this is a place to sit down or talk on the phone,” “people just do not want to work,” “do a good job,” and “basic of how to use products.” Overall, this subtheme was recorded eight times throughout data collection. Study Participant 16 commented on work performance, sharing it “impacts not only the client but [also] the employee.”

Subtheme 3: Worker Benefits. Study participants supported this subtheme by focusing on caregivers’ benefits. Comments included “not paid that much” and “pay the staff more.” Overall, this subtheme was reported three times throughout data collection. When asked to share their knowledge about the home care staffing shortage, Study Participant 4 commented, “Make them feel more valuable.”

Subtheme 4: General Comment. Study participants reported this subtheme by commenting on their knowledge of the home care staffing shortage. Overall, this subtheme was recorded once throughout data collection. The only comment made was by Study Participant 1, who stated, “Big turnover of help.”

Theme 8: Home Care Staffing Shortage Experiences

Home care clients' experiences may indicate a high risk of morbidity and mortality because many are frail older adults who have lost access to essential services (Axon, Jang, et al., 2022). All study participants ($N = 20$) detailed their experiences related to the home care staffing shortage, which were classified as negative, positive, or neutral. Overall, this theme was reported 38 times throughout the data collection. Study Participant 1 answered the question about home care staffing shortage experiences by stating, "A few of them just came into the country, and this would be their first job."

Subtheme 1: Negative Experiences. Study participants reported this subtheme by sharing their experiences that appeared to be negative. Examples of such experiences included statements like "they do not have the same perspective as I do," "one bad experience," "waiting list," and "used to have a regular person." Overall, this subtheme was recorded 29 times throughout data collection. Study Participant 17 expressed this subtheme by stating their experience was "overwhelming."

Subtheme 2: Positive Experiences. Study participants expressed this subtheme by detailing their experiences that appeared to be positive. Comments captured during the data collection included statements like "one lady was wonderful," "fantastic job done," and "aide that comes three times a week." Overall, this subtheme was reported seven times throughout data collection. Study Participant 16 expressed their positive experience by sharing, "My home health care, and you know, she is perfect."

Subtheme 3: Neutral Experiences. Study participants provided limited information considered a neutral experience under the home care staffing shortage experiences theme. Two general comments collected during data collection included "not in any kind of an urgent type of

situation” and “ask if they are going to send somebody else, and if they do not, they call me and tell me that they do not have anybody.” Overall, this subtheme was recorded two times throughout data collection.

Theme 9: Home Care Staffing Shortage Future

Given the existing home care staffing shortage and the limited capacity of informal caregivers, some older adults view artificial intelligence support in home care systems positively (B. Wang et al., 2023). All study participants ($N = 20$) reported their thoughts and concerns for the future related to the home care staffing shortage. The information provided covered the themes of an uncertain future, recommendations for the future, and a hopeful future. Overall, this theme was reported 32 times throughout data collection. Study Participant 1 expressed their view on the future of the home care staffing shortage by stating, “Sporadic.”

Subtheme 1: Uncertain Future. Study participants expressed their views by providing a variety of comments, such as “more work trying to get somebody,” “looks bad,” “cannot get anybody in here to help me,” and “needing more and more assistance.” Overall, this subtheme was reported 20 times throughout the data collection. When referencing what their future related to home care looked like, Study Participant 8 said, “I am going to need it indefinitely.”

Subtheme 2: Recommendations. Study participants shared their views on the future of home care by making recommendations. The recommendations consisted of “communicate and language,” “give them more money,” and “pay him well.” Overall, this subtheme was recorded eight times throughout the data collection. When asked about the future of home care, Study Participant 17 recommended to “help develop more.”

Subtheme 3: Hopeful Future. Study participants detailed their thoughts about the future of home care, offering hope for the future. Several comments showed this hope, such as “regular

one now,” “now it looks good,” and “I can continue to use them.” Overall, this subtheme was reported four times throughout data collection. When responding to how the future of home care appeared related to their future home care needs, Study Participant 15 indicated, “[It] makes my life better.”

Synthesis of Themes

The conceptual framework for the study focused on Maslow’s (1943) theory of self-actualization, which involves a state of autonomy required for an individual to maintain independence (Tripathi & Moakumla, 2018). One definition of *autonomy* provided in the literature referred to an individual’s ability to make a rational, informed decision not subject to coercion (Kte’pi, 2023). Accepting home care services involves a consent-to-service document, much like the informed consent required to participate in research; both documents are examples of autonomy. The findings demonstrated the study population displayed autonomy by exercising their options for decision making by engaging with a paid caregiver in the role of the care recipient. Furthermore, the study outcomes supported the suggestion that older adults cope better than younger adults when experiencing a crisis or certain events, which could apply when older adults need caregiving services, suggesting adaptability (Blackman et al., 2024).

The findings indicated the home care staffing shortage impacts older adult independence, as seen by the insights provided by study participants when asked about independence, influences on independence, and how they maintained or enhanced their independence. The researcher suspected the study participants did not always recognize their practice of autonomy or adaptability in terms of their respective situations and the caregiver shortage. It was evident from the findings that study participants were in tune with their state of independence and the daily tasks facing them. Each element was described using descriptive language or given a rating

of some type, such as poor, very limited, or handicapped. Study participants easily identified influences on independence, resulting in naming the source of influence like mobility, a wife, more hours, or a description statement (e.g., going to the grocery store, shopping).

The enhancement or maintenance of independence questions presented to the study participants brought forth two responses: (a) a desired enhancer, such as being more active, a ramp, or a better vision; or (b) a specific enhancer like physical therapy, aid, and health care. The researcher believed these responses indicated older adults had autonomy and adaptability related to independence. This finding was even more evident when study participants defined dependence, including describing someone who needed help with daily living tasks. The results were precise descriptions or examples of dependence, such as lost driving, restrictions, and someone doing something for them. The comprehension of dependence was further exercised when study participants described tasks such as preparing meals, cooking, and dressing them as types of assistance displayed by someone who helped with caregiving. The realization of independence enhancement and maintenance, coupled with exercising self-actualization and adaptability, was highlighted by the overwhelming number of independence enhancers presented by this study population compared to the low number of independence barriers.

The impact of the home care staffing shortage on older adult independence using the concepts of autonomy and adaptability was made evident by the study participants when posed with questions about knowledge, experiences, and impressions of their future home care services. The study participants were required to exercise adaptability as evidenced through the knowledge questions. It was apparent caregivers were not always available or lacked performance, impacting what the older adults needed to accomplish. The practice of adaptability, along with episodes of autonomy, did occur as study participants mostly described positive or

negative experiences, with a few being detailed as neutral. Finally, it was evident from the study participants' perspectives on future home care services as an uncertain state, accompanied by recommendations, that episodes of autonomy and adaptability would likely continue.

Summary

The following research question guided this study: How does the home care staffing shortage impact older adults' independence concerning their perceptions of independence, influences on their independence, and tools used to maintain or enhance their independence? The guiding force behind conducting this research involved interviewing 20 older adults about these elements to find answers that would help address the home care staffing shortage. The sample represented older adults receiving home care services by age, gender, and living status.

Participants freely provided information during the semistructured interviews that generally lasted less than 30 minutes. The interviews and observations were conducted conveniently for the study participants in their own homes following established research protocols.

Once data were collected, they were secured and maintained per the approved data security plan. Prior to data analysis, all interviews were transcribed and cleaned to gain clarity and remove any information that would compromise the study participants' identities. Data analysis began by setting up data tables containing study participant demographics and additional findings such as independence enhancers and barriers. Transcripts were then coded to determine themes, subthemes, and potential patterns that surfaced from the data collected. The data collected identified nine themes and 22 subthemes, all rich with perspectives on independence, influences on independence, and tools used to enhance or maintain independence.

Chapter 5: Discussion of Results, Implications, and Recommendations

This study explored older adults' perceptions of independence, their influences on it, and what tools they used to enhance or maintain it. The study results were captured from a representative group of older adults ($N = 20$) who provided impressions about their perceptions of independence, influences on it, and tools used to enhance or maintain it. Throughout the research, study participants demonstrated their perspectives on being independent as community-dwelling older adults. This perspective included describing how daily living tasks were performed and sharing various elements that influenced the completion of the functions and their independence. Study participants went beyond recognizing the influences on their independence by detailing what independence enhancers were used or desired. The study participants had a firm grasp of independence, which suggested a strong desire to avoid dependence.

This study's population ($N = 20$) freely expressed their views on dependence, declaring what it meant to be dependent and providing examples of what it meant to practice dependence. Study participants described practicing dependence as someone who needed assistance with daily living tasks or named specific tasks that a dependent individual would need someone else to accomplish. Participants also discussed formal caregivers, the person required to support someone who needed assistance with daily living tasks. The older adults in this study shared their firsthand experiences with the home care staffing shortage, discussing its impact on both caregivers and care recipients. They openly reflected on their own experiences and offered insights into what the future of home care might look like, not only for themselves but also for other older adults in need of home care.

Limitations

In retrospect, the researcher could have enhanced certain parts of the study that may have allowed for the collection of additional data or garnered somewhat different outcomes. An increased number of study participants would have allowed for a more equitable distribution of participants concerning gender, age, and living status. This increase could have provided a better opportunity for the researcher to feel more confident about the themes and patterns based on the volume of responses.

One part of the study, which was identified early on as lacking, involved collecting independence barriers. Unlike the extensive list of independence enhancers created to carry out the study, the list of independence barriers was designed differently, lacking a comprehensive list of potential obstacles. This limitation may have influenced the identification of fewer barriers compared to independence enhancers. Some practice with the tool was completed before the study started, but it might have been beneficial for the researcher to gather more feedback on the tool before starting the study.

From the researcher's perspective, recruitment took longer than expected despite spending time with study site staff explaining the study intent, sharing recruitment materials, and frequent follow up with study site staff. Sharing recruitment materials with potential study participants and study site staff may have needed improvement because there was no formal mechanism for tracking the distribution of recruitment materials. No other incentive was present beyond the motivation of assisting with recruitment from the study site staff and the actual desire to participate as a study participant. Incentives of value, such as a gift card, may have resulted in more investment from study site staff or participants. About one third of the study participants

recruited did not participate due to not responding to invitations, illness at the time of the request, or lack of interest.

Discussion of Findings

This qualitative study acquired perceptions of independence, influences on independence, and tools used to enhance or maintain independence using semistructured interviews. Nine themes and 22 subthemes emerged upon completing the analysis. Study participants shared how the home care staffing shortage impacted their caregiving needs. A lengthy list of tools used to enhance or maintain independence was identified upon completion of this study. This specific study population recognized a less lengthy list of independence barriers by naming 18 independence barriers compared to 26 independence enhancers.

Independence status among the study participants was comprehended, as demonstrated in their descriptions of their independence or the rating provided. This clarity about independence carried over to the performance of daily living tasks as the means to express their thoughts and maintained the description option or applying a rating. This comprehension of independence was evidence that this study population understood the concept of self-care and what was required to self-manage despite their respective limitations (Johnsson et al., 2023). These requirements included an appreciation for knowing what specific elements influenced their independence, as evidenced in the findings where study participants named influences and even described influences in great detail. The ability of this study population to zone in on their personal experiences related to independence provided the opportunity for them to go beyond what influenced their independence to include recognition of what means might be used to maintain or enhance independence.

Without hesitation, this group of older adults named the various means by which they could maintain or enhance their respective independence. Most of the study population (65%) expressed a desired independence enhancer, and the remaining named specific enhancers they used. This finding further supported the aforementioned point about the study participants appreciating the concept of self-care and self-management. Realizing what it meant to be independent was present among the study participants, as seen in the responses to the interview questions about dependence.

The study participants expressed their definitions of dependence by making declarative statements or providing examples demonstrating dependence. The declarations of dependence were themed in that most statements expressed a need for another person to provide care. The examples of dependence were action oriented, like transporting, driving, decision making, and acting on their behalf. Much like realizing what tools to use to maintain or enhance independence, it is acceptable to experience a certain degree of healthy dependence whereby an individual seeks help and support from others, even in situations where autonomous functioning is warranted (Bornstein et al., 2023). The study participants supported the concept of healthy dependence by sharing their views on someone dependent on another person to complete daily living tasks, as seen in the description or naming of tasks.

Formal caregivers were central figures in the study participants' lives, as seen by their contributions in sharing their knowledge, experiences, and future impressions about the home care staffing shortage when questioned during the interview. The question about home care staffing shortage knowledge provoked thoughts and insights from study participants that stressed the need for workers to be available and perform at a standard expected from a formal caregiver. The participants in this study had experiences around the home care staffing shortage that could

be used for improving or enhancing caregiver services. This population experienced primarily negative experiences with a limited number of positive or neutral experiences. It will be crucial to dissect experiences and pay attention to predictions for the home care staffing shortage in the future as provided by the study participants, which primarily point to an uncertain future.

However, there was a bright spot that rested with the study participants themselves, as seen in the additional findings during this study.

In addition to completing semistructured interviews focused on independence, dependence, and the home care staffing shortage, the researcher conducted observations, resulting in the documentation of independence enhancers or independence barriers identified by each study participant. An independence enhancer was any tool used by the study participants to maintain or enhance independence, with the most frequently mentioned being caregivers, reachers, home-delivered meals, shower chairs, grab bars, canes, and walkers. An independence barrier was any element impeding independence, as identified by the study participants, with the most frequently mentioned being caregiver frequency, steps, transportation, lack of support, and physical condition. This study population overwhelmingly identified independence enhancers compared to the number of independence barriers. A complete list of enhancers and barriers are listed in Tables 6 and 7.

Table 6*Independence Enhancers*

Enhancer	<i>n</i>
Caregiver	20
Reacher	17
Shower chair	16
Home-delivered meals	16
Emergency response system	15
Cane	14
Walker	11
Ramp	7
Wheelchair	6
Lift chair	5
Pet	5
Hospital bed	2
Portable commode	2
Motorized scooter	2
Outside lift	2
Family	2
Transportation	1
Oxygen	1
General support	1
Handheld shower	1
Driving	1
Bed lifter	1
Riding cart	1
Stair lift	1

Table 7*Independence Barriers*

Barrier	<i>n</i>
Transportation	7
Caregiver frequency	7
Steps	5
Physical condition	4
No support	3
Socialization frequency	2
No ramp	2
Short-term memory loss	1
Isolation	1
Vulnerability	1
Clutter	1
No driving	1
Food	1
Door frame	1
Kitchen cabinet	1
Technology	1
No walk-in shower	1
Pets	1

Recommendations for Future Research

The common goal for organizations providing home care services, formal caregivers delivering home care services, and older adults receiving home care services is to address unmet needs that impact independence, mainly involving daily living tasks. The views collected during the data collection phase of this study could prompt other types of research projects that take a deeper dive into how older adults perceive their independence, perhaps even developing a rating tool that assists in establishing the level of assistance needed for daily living tasks, considering any independence influences, independence enhancers, or barriers presented. More research could be dedicated to exploring the concept of dependence with older adults, collecting data that

would provide older adults, along with people serving them, a better understanding of what healthy dependence involves.

Research is being done on the home care service industry and its impact on health conditions, independence, and recovery from illness, which involves a wide range of perspectives. Based on the collection of data from the study participants related to the home care staffing shortage, time would be well spent on creating research around increasing the worker pool, creating best practices applied to older adult relationships with formal caregivers, and looking further into the home care staffing shortage implications for the future. More research could be done on the tolerance and success of alternative home care models that may not involve formal caregivers.

Practical Implications

Applying the findings more practically involves realizing and agreeing that most of the documented themes in this study are known by people who work in geriatrics. Older adults' desires to remain community dwelling was demonstrated in their views on independence, dependence, and what tools impacted their respective states of independence or dependence. A practical implication of this study would be to allow the results to remind caregiver professionals to pay attention to and track older adults' states of independence or dependence, regularly being prepared to introduce enhancers and assist in removing barriers.

Implications for people charged with building a workforce of formal caregivers are already challenging when this action is attempted during a home care staffing shortage. When asked, as seen in this study, older adults provided insights that could be of great value to someone mapping the future for addressing the home care staffing shortage. In this study, older adults craved solutions and expressed what they knew about the home care staffing shortage,

their negative experiences, and their grave concerns for their futures related to home care considering the home care staffing shortage. These insights could be drawn out to gain a better understanding among caregivers and improve older adults' experiences in the home care service delivery arena.

A course of action that would involve all stakeholders in the home care service industry, including older adults, with an end goal of maintaining and enhancing formal caregiving must contain certain elements based on the researcher's findings. The older adults' states of independence and perceptions of independence should be acknowledged as part of the caregiver service planning. The older adults' uses of independence enhancers and recognition of any independence barriers must be part of the caregiving planning process. All parties involved in planning, creating, delivering, and receiving caregiver service must be aware that older adults may demonstrate episodic states of autonomy and adaptability that, based on circumstances, may not be consistent. This awareness could allow for a more fluid caregiving experience that keeps older adults as the focal point.

Theoretical Implication

The theoretical basis for this study was grounded in Maslow's (1943) theory of self-actualization, which supports the view that older adults do not maintain a state of autonomy if their independence is not maintained (Tripathi & Moakumla, 2018). This study population defined their independence and identified influences on and enhancements to their independence, which suggests they developed their state of autonomy. Based on Maslow's (1943) theory of self-actualization, there can be different permutations of well-being (Compton, 2024). The study population and their respective views on independence demonstrated that point.

The independence enhancers identified by the study population at a rate that exceeded the number of independence barriers was evidence this study population sought self-actualization or reached it. Research has demonstrated a significant correlation between technology adoption, adaptability, and mental well-being among people aged 60 and older, with a notable impact on overall health (Atta et al., 2024). In that case, the goal of using Maslow's (1943) theory of self-actualization as a lens from which to view the positive contribution of this study was accomplished. Another perspective could be that adaptability by older adults to their living situation, as seen in cases of coexistence with chronic illness and aging, poses unique challenges to the quality of life and well-being of older adults (Shao et al., 2019).

The researcher found the data obtained from this study aligned with the theoretical foundation from which this study was grounded. Accepting that older adults play a significant role in defining their state of independence and identifying their independence enhancers and barriers supported the idea that episodic states of autonomy and adaptability are possible. A state of well-being, associated with Maslow's (1943) theory of self-actualization, can differ for each older adult based on circumstances.

Conclusion

During the study, the researcher learned older adults had a perception of their independence, realized what enhanced that independence, and noted what circumstances created barriers related to independence. The acknowledgment of dependence in general—and, more specifically, healthy dependence—is a reality for this population. Older adults experience home care and may be willing to share their knowledge, experiences, and impressions, which is an asset to any aging service party in the industry. The findings indicated the home care staffing shortage impacted older adults' independence. It was clear from the interviews that caregivers

were independence enhancers, and older adults did not indicate the home care experiences were overwhelmingly positive. However, the older adults in this study demonstrated self-actualization, autonomy, and adaptability to circumstance.

References

- Aburub, A. S., Phillips, S. P., Aldughmi, M., Curcio, C.-L., Guerra, R. O., & Auais, M. (2022). Fear of falling among community-dwelling older adults with heart disease: Findings from an International Mobility in Aging Study (IMIAS). *Physiotherapy Theory and Practice*, 38(12), 2038–2051. <https://doi.org/10.1080/09593985.2021.1901327>
- Adam, C. E., Fitzpatrick, A. L., Leary, C. S., Ilango, S. D., Phelan, E. A., & Semmens, E. O. (2024). The impact of falls on activities of daily living in older adults: A retrospective cohort analysis. *PLoS ONE*, 19(1), Article e0294017. <https://doi.org/10.1371/journal.pone.0294017>
- Akazawa, N., Funai, K., Hino, T., Tsuji, R., Tamura, W., Tamura, K., Hioka, A., & Moriyama, H. (2024). Increased intramuscular adipose tissue of the quadriceps at admission is more strongly related to activities of daily living recovery at discharge compared to muscle mass loss in older patients with aspiration pneumonia. *BMC Geriatrics*, 24(1), Article 107. <https://doi.org/10.1186/s12877-024-04718-7>
- Andonian, B. J., Ross, L. M., Sudnick, A. M., Johnson, J. L., Pieper, C. F., Belski, K. B., Counts, J. D., King, A. P., Wallis, J. T., Bennett, W. C., Gillespie, J. C., Moertl, K. M., Richard, D., Huebner, J. L., Connelly, M. A., Siegler, I. C., Kraus, W. E., Bales, C. W., Porter Starr, K. N., & Huffman, K. M. (2024). Effect of remotely supervised weight loss and exercise training versus lifestyle counseling on cardiovascular risk and clinical outcomes in older adults with rheumatoid arthritis: A randomized controlled trial. *ACR Open Rheumatology*, 6(3), 124–136. <https://doi.org/10.1002/acr2.11639>

- Ansberry, C. (2024, April 27). Millions of American kids are caregivers now: ‘The hardest part is that I’m only 17.’ *The Wall Street Journal*. <https://www.wsj.com/health/wellness/child-caregivers-caring-parents-2b956149>
- Atta, M. H. R., Shaala, R. S., Mousa, E. F. S., El-Monshed, A. H., Fatah, N. K. A. E., & Khalil, M. I. M. (2024). Exploring the mediating influence of acceptance of change: A study on gerontechnology acceptance, mental well-being, and urban–rural disparities among older adults. *Geriatric Nursing*, 58, 324–335. <https://doi.org/10.1016/j.gerinurse.2024.06.006>
- Axon, D. R., Chien, J., & Dinh, H. (2022). Comparison of health care expenditures among U.S. older adults with pain who reported frequent exercise versus nonfrequent exercise. *Journal of Aging and Physical Activity*, 30(5), 824–832. <https://doi.org/10.1123/japa.2021-0301>
- Axon, D. R., Jang, A., Son, L., & Pham, T. (2022). Determining the association of perceived health status among United States older adults with self-reported pain. *Aging and Health Research*, 2(1), Article 100051. <https://doi.org/10.1016/j.ahr.2021.100051>
- Bae, S., Malcolm, M. P., Nam, S., & Hong, I. (2023). Association between COVID-19 and activities of daily living in older adults. *Occupational Therapy Journal of Research*, 43(2), 202–210. <https://doi.org/10.1177/15394492221134911>
- Baek, J.-E., Hyeon, S.-J., Kim, M., Cho, H.-Y., & Hahm, S.-C. (2024). Effects of dual-task resistance exercise on cognition, mood, depression, functional fitness, and activities of daily living in older adults with cognitive impairment: A single-blinded, randomized controlled trial. *BMC Geriatrics*, 24(1), Article 369. <https://doi.org/10.1186/s12877-024-04942-1>

- Bezdicek, O., Mana, J., Růžicka, F., Havlik, F., Fečíková, A., Uhrová, T., Růžicka, E., Uργοšík, D., & Jech, R. (2022). The instrumental activities of daily living in Parkinson's disease patients treated by subthalamic deep brain stimulation. *Frontiers in Aging Neuroscience*, *14*, Article 886491. <https://doi.org/10.3389/fnagi.2022.886491>
- Biscontin, T. (2023). Caregiving. In *Salem press encyclopedia of health*.
- Blackman, L., Wang, D., Krase, K., Roberson-Steele, J., Clarke-Jones, A., & Attis, L. (2024). Adaptability of older adults at the onset of COVID-19. *Activities, Adaptation & Aging*, *48*(3), 490–504. <https://doi.org/10.1080/01924788.2023.2230703>
- Bornstein, R. F., Porcerelli, J. H., & Jones, J. R. (2023). Dependency, detachment, and health-related behavior in adult primary care patients. *Journal of Clinical Psychology in Medical Settings*, *30*(4), 699–707. <https://doi.org/10.1007/s10880-023-09943-7>
- Braga, P. P., de Sena, R. R., Seixas, C. T., de Castro, E. A. B., Andrade, A. M., & Silva, Y. C. (2016). Supply and demand in home health care. *Ciencia & Saude Coletiva*, *21*(3), 903–912. <https://doi.org/10.1590/1413-81232015213.11382015>
- Buele, J., Varela-Aldás, J. L., & Palacios-Navarro, G. (2023). Virtual reality applications based on instrumental activities of daily living (iADLs) for cognitive intervention in older adults: A systematic review. *Journal of NeuroEngineering and Rehabilitation*, *20*(1), Article 168. <https://doi.org/10.1186/s12984-023-01292-8>
- Caicedo Fajardo, D. J., Ramírez-Perdomo, C. A., & Sánchez Castro, L. F. (2023). Caregiver experience from the perspective of men and women: An integrative review. *Aquichan*, *23*(4), Article e2345. <https://doi.org/10.5294/aqui.2023.23.4.5>

- Calasanti, T. (2020). Brown slime, the silver tsunami, and apocalyptic demography: The importance of ageism and age relations. *Social Currents*, 7(3), 195–211.
<https://doi.org/10.1177/2329496520912736>
- Campbell, C., & Walker, J. (2022). Informal caregiving and the risk of material hardship in the United States. *Health & Social Care in the Community*, 30(5), e1701–e1710.
<https://doi.org/10.1111/hsc.13597>
- Carminati, L. (2018). Generalizability in qualitative research: A tale of two traditions. *Qualitative Health Research*, 28(13), 2094–2101.
<https://doi.org/10.1177/1049732318788379>
- Che Had, N. H., Alavi, K., Akhir, N. M., Muhammad Nur, I. R., Shuhaimi, M. S. Z., & Foong, H. F. (2023). A scoping review of the factor associated with older adults' mobility barriers. *International Journal of Environmental Research and Public Health*, 20(5), Article 4243. <https://doi.org/10.3390/ijerph20054243>
- Chen, Y.-J., Jhang, K.-M., Wang, W.-F., Lin, G.-C., Yen, S.-W., & Wu, H.-H. (2022). Applying apriori algorithm to explore long-term care services usage status—Variables based on the combination of patients with dementia and their caregivers. *Frontiers in Psychology*, 13, Article 1022860. <https://doi.org/10.3389/fpsyg.2022.1022860>
- Chica-Pérez, A., Dobarrío-Sanz, I., Ruiz-Fernández, M. D., Correa-Casado, M., Fernández-Medina, I. M., & Hernández-Padilla, J. M. (2023). Effects of home visiting programmes on community-dwelling older adults with chronic multimorbidity: A scoping review. *BMC Nursing*, 22(1), Article 266. <https://doi.org/10.1186/s12912-023-01421-7>

- Chien, S.-C., Chang, Y.-H., Yen, C.-M., Onthoni, D. D., Wu, I.-C., Hsu, C.-C., Chiou, H.-Y., & Chung, R.-H. (2023). Exploring concepts and trends in informal caregiver burden: Systematic review using citation network and content analysis. *Aging Clinical and Experimental Research*, 35(12), 2873–2885. <https://doi.org/10.1007/s40520-023-02582-w>
- Cho, E. (2024). Loneliness and other factors associated with physical activity in older adults with diabetes: A cross-sectional study. *Gerontology and Geriatric Medicine*, 10, 1–8. <https://doi.org/10.1177/23337214241253365>
- Clegg, M. E., Methven, L., Lanham-New, S. A., Green, M. A., Duggal, N. A., & Hetherington, M. M. (2023). The Food4Years Ageing Network: Improving foods and diets as a strategy for supporting quality of life, independence and healthspan in older adults. *Nutrition Bulletin*, 48(1), 124–133. <https://doi.org/10.1111/nbu.12599>
- Compton, W. C. (2024). Self-actualization myths: What did Maslow really say? *Journal of Humanistic Psychology*, 64(5), 743–760. <https://doi.org/10.1177/0022167818761929>
- Corner, J., Penhale, B., & Arthur, A. (2023). A personhood and citizenship training workshop for care home staff to potentially increase wellbeing of residents with dementia: Intervention development and feasibility testing of a cluster randomised controlled trial. *Pilot and Feasibility Studies*, 9(1), Article 2. <https://doi.org/10.1186/s40814-022-01222-w>
- Cremer, S., Vluggen, S., de Man-Van-Ginkel, J. M., Metzelthin, S. F., Zwakhalen, S. M., & Bleijlevens, M. H. C. (2023). Effective nursing interventions in ADL care affecting independence and comfort – A systematic review. *Geriatric Nursing*, 52, 73–90. <https://doi.org/10.1016/j.gerinurse.2023.04.015>

- Dawud, M., Kotecho, M. G., & Adamek, M. E. (2022). “It is all about giving priority to older adults’ needs:” Challenges of formal caregivers in two old age homes in Ethiopia. *Ageing International*, 47(4), 847–865. <https://doi.org/10.1007/s12126-021-09436-8>
- Delich, A. (2024). *Routine care visits, quality of diet, and Type 2 diabetes risk perception among older adults* (Publication No. 31238807) [Doctoral dissertation, Walden University]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/routine-care-visits-quality-diet-type-2-diabetes/docview/3049569877/se-2>
- De Roo, A. C., Ha, J., Regenbogen, S. E., & Hoffman, G. J. (2023). Impact of Medicare eligibility on informal caregiving for surgery and stroke. *Health Services Research*, 58(1), 128–139. <https://doi.org/10.1111/1475-6773.14019>
- Duncan, T. S. (2023). *Patients’ self-empowerment: Patients and informal caregivers taking the lead* (Publication No. 30394639) [Doctoral dissertation, Karolinska Institutet]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/patients-self-empowerment-informal-caregivers/docview/2800162269/se-2>
- Enogela, E. M., Buchanan, T., Carter, C. S., Elk, R., Gazaway, S. B., Goodin, B. R., Jackson, E. A., Jones, R., Kennedy, R. E., Perez-Costas, E., Zubkoff, L., Zumbro, E. L., Markland, A. D., & Buford, T. W. (2022). Preserving independence among under-resourced older adults in the Southeastern United States: Existing barriers and potential strategies for research. *International Journal for Equity in Health*, 21(1), Article 119. <https://doi.org/10.1186/s12939-022-01721-5>

- Fothergill, L., Holland, C., Latham, Y., & Hayes, N. (2023). Understanding the value of a proactive telecare system in supporting older adults' independence at home: Qualitative interview study among key interest groups. *Journal of Medical Internet Research*, 25, Article e47997. <https://doi.org/10.2196/47997>
- Frisvold, D., Dogan, M., Dogan, T., Abdullahi, K., Koep, T., & Philibert, R. (2024). The use of precision epigenetic methods for the diagnosis and care of stable coronary heart disease reduces healthcare costs. *Advances in Therapy*, 41, 2367–2380. <https://doi.org/10.1007/s12325-024-02860-7>
- Gibbs, G. R. (2018). *Analyzing qualitative data* (2nd ed.). SAGE Publications. <https://doi.org/10.4135/9781526441867>
- Goodarzi, F., Khoshravesh, S., Ayubi, E., Bashirian, S., & Barati, M. (2024). Psychosocial determinants of functional independence among older adults: A systematic review and meta-analysis. *Health Promotion Perspectives*, 14(1), 32–43. <https://doi.org/10.34172/hpp.42354>
- Hallett, N. (2022). Wage theft and worker exploitation in health care. *Journal of Family Practice*, 71(7), 890–894. <https://doi.org/10.1001/amajethics.2022.890>
- Hasson, G. (2020). *The self-care handbook: Connect with yourself and boost your well-being*. Capstone.
- Hastert, T. A., Kyko, J. M., Ruterbusch, J. J., Robinson, J. R. M., Kamen, C. S., Beebe-Dimmer, J. L., Nair, M., Thompson, H. S., & Schwartz, A. G. (2024). Caregiver costs and financial burden in caregivers of African American cancer survivors. *Journal of Cancer Survivorship*, 18(2), 565–574. <https://doi.org/10.1007/s11764-022-01271-3>

- Hladkiewicz, E., Auais, M., Kidd, G., McIsaac, D. I., & Miller, J. (2024). “It’s a stressful, trying time for the caretaker”: An interpretive description qualitative study of postoperative transitions in care for older adults with frailty from the perspectives of informal caregivers. *BMC Geriatrics*, 24(1), Article 246. <https://doi.org/10.1186/s12877-024-04826-4>
- Huang, T., & Huang, C. (2021). Attitudes of the elderly living independently towards the use of robots to assist with activities of daily living. *Work*, 69(1), 55–65. <https://doi.org/10.3233/WOR-205166>
- Huggins, M., Puurveen, G., Pesut, B., Rush, K., & McArthur, C. (2024). Competency development for a volunteer navigation program to support caregivers of people living with dementia: A modified e-Delphi method. *Dementia*, 23(1), 69–90. <https://doi.org/10.1177/14713012231216768>
- Iloabachie, E. I. (2018). *Strategies to minimize direct care worker shortages* (Publication No. 10815824) [Doctoral dissertation, Walden University]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/strategies-minimize-direct-care-worker-shortages/docview/2041965484/se-2>
- Jensen, M. C. F., & Muhr, S. L. (2020). Performative identity regulation in rehabilitative home care work: An analysis of how experts’ embodied mediation of the managerial ideology ‘activates’ new frontline identities. *Culture and Organization*, 26(3), 211–230. <https://doi.org/10.1080/14759551.2019.1566234>

Johnsson, N., Strandberg, S., Tuveesson, H., Fagerström, C., Ekstedt, M., & Lindberg, C. (2023).

Delineating and clarifying the concept of self-care monitoring: A concept analysis.

International Journal of Qualitative Studies on Health & Well-Being, 18(1), Article

2241231. <https://doi.org/10.1080/17482631.2023.2241231>

Jumabhoy, S., Jung, H.-Y., & Yu, J. (2022). Characterizing the direct care health workforce in

the United States, 2010–2019. *Journal of the American Geriatrics Society*, 70(2), 512–

521. <https://doi.org/10.1111/jgs.17519>

Kang, S.-Y. (2021). Financial strain among unpaid family caregivers of frail elders in

community. *Journal of Human Behavior in the Social Environment*, 31(5), 582–598.

<https://doi.org/10.1080/10911359.2020.1799900>

Keeton, V. F., Trask, J., Whitney, R., & Bell, J. F. (2020). Overburdened and underprepared:

Medical/nursing task performance among informal caregivers in the United States.

Journal of Gerontological Nursing, 46(9), 25–35. [https://doi.org/10.3928/00989134-](https://doi.org/10.3928/00989134-20200811-05)

20200811-05

Kim, J. (2020). Informal employment and the earnings of home-based home care workers in the

United States. *Industrial Relations Journal*, 51(4), 283–300.

<https://doi.org/10.1111/irj.12299>

Kleijn, G., Lissenberg-Witte, B. I., Bohlmeijer, E. T., Willemsen, V., Becker-Commissaris, A.,

Eeltink, C. M., Bruynzeel, A. M. E., van der Vorst, M. J., Cuijpers, P., & Verdonck-de

Leeuw, I. M. (2021). A randomized controlled trial on the efficacy of life review therapy

targeting incurably ill cancer patients: Do their informal caregivers benefit? *Supportive*

Care in Cancer, 29(3), 1257–1264. <https://doi.org/10.1007/s00520-020-05592-w>

- Kolade, O. R., Porat-Dahlerbruch, J., Makhmutov, R., van Achterberg, T., & Ellen, M. E. (2024). Strategies for engaging older adults and informal caregivers in health policy development: A scoping review. *Health Research Policy and Systems*, 22(1), Article 26. <https://doi.org/10.1186/s12961-024-01107-9>
- Kte'pi, B. M. (2023). Autonomy. In *Salem press encyclopedia*.
- Lalani, N., Hamash, K., & Wang, Y. (2024). Palliative care needs and preferences of older adults with advanced or serious chronic illnesses and their families in rural communities of Indiana, USA. *The Journal of Rural Health*, 40(2), 368–375. <https://doi.org/10.1111/jrh.12787>
- Lamagdeleine, E. (2023). *Help older adults live their healthiest life (HEALTH): An educational program to promote holistic practice in primary care* [Doctoral dissertation, Boston University]. Boston University Libraries. <https://open.bu.edu/items/3e02b012-7ea8-437a-b1dc-2f960e06066d>
- Lee, K., Revelli, M., Dickson, D., & Marier, P. (2022). Who cares? Preferences for formal and informal care among older adults in Québec. *Journal of Applied Gerontology*, 41(1), 227–234. <https://doi.org/10.1177/0733464820976436>
- Lee, M., Ryoo, J. H., Campbell, C., Hollen, P. J., & Williams, I. C. (2019). Exploring the challenges of medical/nursing tasks in home care experienced by caregivers of older adults with dementia: An integrative review. *Journal of Clinical Nursing*, 28(23–24), 4177–4189. <https://doi.org/10.1111/jocn.15007>

- Lobo, E. H., Abdelrazek, M., Kensing, F., Rasmussen, L. J., Livingston, P. M., Grundy, J., Islam, S. M. S., & Frølich, A. (2022). Technology-based support for stroke caregiving: A rapid review of evidence. *Journal of Nursing Management*, 30(8), 3700–3713.
<https://doi.org/10.1111/jonm.13439>
- Machado-Alba, J. E., Machado-Duque, M. E., Gaviria-Mendoza, A., Reyes, J. M., & Gamboa, N. C. (2021). Use of healthcare resources in a cohort of rheumatoid arthritis patients treated with biological disease-modifying antirheumatic drugs or tofacitinib. *Clinical Rheumatology*, 40(4), 1273–1281. <https://doi.org/10.1007/s10067-020-05432-6>
- Mandel, I. (2021). Long-term and institutional care. In *Salem press encyclopedia*.
- Marbaniang, S. P., & Chungkham, H. S. (2024). A latent class of multidimensional dependency in community-dwelling older adults: Evidence from the longitudinal ageing study in India. *BMC Geriatrics*, 24(1), Article 203. <https://doi.org/10.1186/s12877-024-04813-9>
- Markkanen, P., Brouillette, N., Quinn, M., Galligan, C., Sama, S., Lindberg, J., & Karlsson, N. (2021). “It changed everything”: The safe home care qualitative study of the COVID-19 pandemic’s impact on home care aides, clients, and managers. *BMC Health Services Research*, 21(1), Article 1055. <https://doi.org/10.1186/s12913-021-07076-x>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
<https://doi.org/10.1037/h0054346>
- McDonald, A. P., Rizzotti, R., Rivera, J. M., D’Arcy, R. C. N., Park, G., & Song, X. (2021). Toward improved homecare of frail older adults: A focus group study synthesizing patient and caregiver perspectives. *Aging Medicine*, 4(1), 4–11.
<https://doi.org/10.1002/agm2.12144>

- Megido, I., Sela, Y., & Grinberg, K. (2023). Cost effectiveness of home care versus hospital care: A retrospective analysis. *Cost Effectiveness and Resource Allocation*, 21(1), Article 13. <https://doi.org/10.1186/s12962-023-00424-0>
- Milkman, R. (2023). Stratification among in-home care workers in the United States. *Critical Sociology*, 49(1), 11–22. <https://doi.org/10.1177/08969205221123034>
- Miller, V. J., Killian, M. O., & Fields, N. (2020). Caregiver identity theory and predictors of burden and depression: Findings from the REACH II study. *Aging & Mental Health*, 24(2), 212–220. <https://doi.org/10.1080/13607863.2018.1533522>
- Möckli, N., Denhaerynck, K., De Geest, S., Leppla, L., Beckmann, S., Hediger, H., & Zúñiga, F. (2020). The home care work environment's relationships with work engagement and burnout: A cross-sectional multi-centre study in Switzerland. *Health & Social Care in the Community*, 28(6), 1989–2003. <https://doi.org/10.1111/hsc.13010>
- Moore, A. R., Knight, R. P., Tinofirei, C., & Amey, F. (2020). Long-term care: Influences on funding schemes among aging Americans. *Seniors Housing & Care Journal*, 28(1), 77–94.
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2024). Demystification and actualization of data saturation in qualitative research through thematic analysis. *International Journal of Qualitative Methods*, 23, 1–17. <https://doi.org/10.1177/16094069241229777>
- Najarro, I. (2018, September 7). Home care agencies turn to older workers to fill in labor shortage. *Houston Chronicle*. <https://www.houstonchronicle.com/business/article/Home-care-agencies-turn-to-older-workers-to-fill-13211037.php>

- O'Connor, R., Bonham, M., Magnuson, G., Opsasnick, L., Hurtado, J., Benavente, J. Y., Curtis, L. M., & Wolf, M. S. (2023). Caregiver health literacy and health task performance: Findings from the LitCog caregiver cohort study. *PEC Innovation*, 3, Article 100240. <https://doi.org/10.1016/j.pecinn.2023.100240>
- Oe, H., Takemoto, T., Ishihara, S., Suzuki, A., Tatewaki, K., Sukeda, T., & Yamada, R. (2023). Strategic policies to support the independence and interaction of older adults: A leadership model that is inclusive of local businesses. *Business Ethics and Leadership*, 7(4), 14–23. [https://doi.org/10.61093/bel.7\(4\).14-23.2023](https://doi.org/10.61093/bel.7(4).14-23.2023)
- Oh, E., Moon, S., Chung, D., Choi, R., & Hong, G.-R. S. (2024). The moderating effect of care time on care-related characteristics and caregiver burden: Differences between formal and informal caregivers of dependent older adults. *Frontiers in Public Health*, 12, Article 1354263. <https://doi.org/10.3389/fpubh.2024.1354263>
- Okabe, T., Suzuki, M., Iso, N., Tanaka, K., Sagari, A., Miyata, H., Han, G., Maruta, M., Tabira, T., & Kawagoe, M. (2021). Long-term changes in older adults' independence levels for performing activities of daily living in care settings: A nine-year follow-up study. *International Journal of Environmental Research and Public Health*, 18(18), Article 9641. <https://doi.org/10.3390/ijerph18189641>
- Owen, M.-J. E. (2023). Activities of daily living (ADL). In *Salem press encyclopedia of health*.
- Özdemir, Y. S., Paker, N., Şişmanoğlu Ataç, N., Buğdaycı, D., & Öneş, K. (2024). COVID-19-related anxiety and obsession levels in stroke patients and family caregivers and their effects on caregiver burden. *Neuropsychiatrie*, 38(1), 24–31. <https://doi.org/10.1007/s40211-024-00490-7>
- Pajo, B. (2017). *Introduction to research methods*. SAGE Publications.

- Papadakos, J., Samoil, D., Umakanthan, B., Charow, R., Jones, J. M., Matthew, A., Nissim, R., Sayal, A., & Giuliani, M. E. (2022). What are we doing to support informal caregivers? A scoping review of caregiver education programs in cancer care. *Patient Education and Counseling*, 105(7), 1722–1730. <https://doi.org/10.1016/j.pec.2021.10.012>
- Park, J.-H., Jeon, H.-S., Kim, J.-H., Kim, Y. J., & Moon, G. A. (2024). Effectiveness of non-immersive virtual reality exercises for balance and gait improvement in older adults: A meta-analysis. *Technology and Health Care*, 32(3), 1223–1238. <https://doi.org/10.3233/THC-230156>
- Pietilä, A.-M., Nurmi, S.-M., Halkoaho, A., & Kyngäs, H. (2020). Qualitative research: Ethical considerations. In H. Kyngäs, K. Mikkonen, & M. Kääriäinen (Eds.), *The application of content analysis in nursing science research* (pp. 49–69). Springer. https://doi.org/10.1007/978-3-030-30199-6_6
- Pilbeam, C., Anthierens, S., Vanderslott, S., Tonkin-Crine, S., & Wanat, M. (2022). Methodological and ethical considerations when conducting qualitative interview research with healthcare professionals: Reflections and recommendations as a result of a pandemic. *International Journal of Qualitative Methods*, 21, 1–11. <https://doi.org/10.1177/16094069221077763>
- Powell, A., Page, Z. A., Close, J. C., Sachdev, P. S., & Brodaty, H. (2023). What does ‘super-ageing’ mean to high-functioning Australian older adults? *Alzheimer’s & Dementia*, 19(S18), Article e078117. <https://doi.org/10.1002/alz.078117>
- Purdy, E. (2021). Elderly in mass media. In *Salem press encyclopedia*.

- Purser, G. L. (2022). The combined effect of functional independence, loneliness, and social engagement on older adult drinking levels. *Journal of Social Work Practice in the Addictions*, 22(3), 233–244. <https://doi.org/10.1080/1533256X.2020.1838858>
- Redzovic, S., Vereijken, B., & Bonsaksen, T. (2023). Aging at home: Factors associated with independence in activities of daily living among older adults in Norway—A HUNT study. *Frontiers in Public Health*, 11, Article 1215417. <https://doi.org/10.3389/fpubh.2023.1215417>
- Schnakenberg, R., Fassmer, A. M., Allers, K., & Hoffmann, F. (2022). Characteristics and place of death in home care recipients in Germany – An analysis of nationwide health insurance claims data. *BMC Palliative Care*, 21(1), Article 172. <https://doi.org/10.1186/s12904-022-01060-w>
- Scholz, E., Dorer, B., & Zuell, C. (2022). Coding issues of open-ended questions in a cross-cultural context. *International Journal of Sociology*, 52(1), 78–96. <https://doi.org/10.1080/00207659.2021.2015664>
- Scott, M. E. (2020). Identifying barriers to organizational identification among low-status, remote healthcare workers. *Communication Studies*, 71(4), 685–698. <https://doi.org/10.1080/10510974.2020.1749865>
- Sefcik, J. S., Boltz, M., Dellapina, M., & Gitlin, L. N. (2022). Are interventions for formal caregivers effective for improving dementia care? A systematic review of systematic reviews. *Innovation in Aging*, 6(2), Article igac005. <https://doi.org/10.1093/geroni/igac005>

- Shao, J., Yang, H., Zhang, Q., Du, W., & Lei, H. (2019). Commonalities and differences in psychological adjustment to chronic illnesses among older adults: A comparative study based on the stress and coping paradigm. *International Journal of Behavioral Medicine*, 26(2), 143–153. <https://doi.org/10.1007/s12529-019-09773-8>
- Sharma, L. R. (2023). Choosing appropriate probability sampling designs in research. *PriMera Scientific Medicine and Public Health*, 2(2), 4–21. <https://primerascientific.com/journals/psmph/PSMPH-02-036>
- Shin, J., & Kim, G. S. (2022). Patterns of change and factors associated with IADL function decline in community-dwelling older adults with arthritis. *Scientific Reports*, 12(1), Article 16840. <https://doi.org/10.1038/s41598-022-19791-4>
- Shrestha, S., Alharbi, R., Wells, Y., While, C., & Rahman, M. A. (2021). Caring self-efficacy of direct care workers in residential aged care settings: A mixed methods scoping review. *Geriatric Nursing*, 42(6), 1429–1445. <https://doi.org/10.1016/j.gerinurse.2021.09.014>
- Skinner, M. S., Lorentzen, H., Tingvold, L., Sortland, O., Andfossen, N. B., & Jegermalm, M. (2021). Volunteers and informal caregivers' contributions and collaboration with formal caregivers in Norwegian long-term care. *Journal of Aging & Social Policy*, 33(6), 647–672. <https://doi.org/10.1080/08959420.2020.1745988>
- Stegenga, S. M., Steltenpohl, C. N., Lustick, H., Meyer, M. S., Renbarger, R., Standiford Reyes, L., & Lee, L. E. (2024). Qualitative research at the crossroads of open science and big data: Ethical considerations. *Social and Personality Psychology Compass*, 18(1), Article e12912. <https://doi.org/10.1111/spc3.12912>

- Sterling, M. R., Ringel, J. B., Cho, J., Riffin, C. A., & Avgar, A. C. (2022). Utilization, contributions, and perceptions of paid home care workers among households in New York state. *Innovation in Aging*, 6(2), Article igac001. <https://doi.org/10.1093/geroni/igac001>
- Sura, S., Shiozawa, A., Ng, D., & Aparasu, R. R. (2021). Higher resource utilization and costs in long-term nursing home residents with overactive bladder: A retrospective study of Medicare beneficiaries. *Journal of the American Medical Directors Association*, 22(6), 1300–1306. <https://doi.org/10.1016/j.jamda.2020.08.037>
- Tao, N. (2023). *Beyond caregiving for older adults: How caregivers' own social connectedness can inform more inclusive public policy* (Publication No. 30696329) [Doctoral dissertation, University of La Verne]. ProQuest Dissertations & Theses Global. <https://www.proquest.com/dissertations-theses/beyond-caregiving-older-adults-how-caregivers-own/docview/2895665740/se-2>
- Teles, S., Ferreira, A., Seeher, K., Fréel, S., & Paúl, C. (2020). Online training and support program (iSupport) for informal dementia caregivers: Protocol for an intervention study in Portugal. *BMC Geriatrics*, 20(1), Article 10. <https://doi.org/10.1186/s12877-019-1364-z>
- Tessier, L., de Wulf, N., & Momose, Y. (2022). Long-term care in the context of population ageing: A rights-based approach to universal coverage. *International Social Security Review*, 75(3), 19–45. <https://doi.org/10.54394/RHJD4529>
- Three-fourths of states have waiting lists for some Medicaid home care programs. (2024). *Exceptional Parent*, 54(3), 9.

- Toles, M., Preisser, J. S., Colón-Emeric, C., Naylor, M. D., Weinberger, M., Zhang, Y., & Hanson, L. C. (2023). Connect-home transitional care from skilled nursing facilities to home: A stepped wedge, cluster randomized trial. *Journal of the American Geriatrics Society*, 71(4), 1068–1080. <https://doi.org/10.1111/jgs.18218>
- Tripathi, N., & Moakumla. (2018). A valuation of Abraham Maslow's theory of self-actualization for the enhancement of quality of life. *Indian Journal of Health and Wellbeing*, 9(3), 499–504. <https://www.proquest.com/openview/b0a6229caad7dd62756dd3f7570b4c57/1>
- Turikumana, P. D., Cloete, L. G., & Fredericks, J. P. (2023). Personal barriers to participation in chosen instrumental activities of daily living among community-dwelling persons with schizophrenia in Rwanda. *African Journal of Disability*, 12, Article a1063. <https://doi.org/10.4102/ajod.v12i0.1063>
- Veet, C. A., Winger, M. E., & Kinsky, S. M. (2022). Professional agency vs consumer directed care workers: Outcomes in managed care. *Health & Social Care in the Community*, 30(4), 1562–1567. <https://doi.org/10.1111/hsc.13488>
- Vos, E. E., Hilderink, H. B. M., de Bruin, S. R., van der Beek, A. J., & Proper, K. I. (2022). The working informal caregiver model: A mixed methods approach to explore future informal caregiving by working caregivers. *Sustainability*, 14(6), Article 3519. <https://doi.org/10.3390/su14063519>
- Wahlberg, D. (2022, November 12). Shortage of home care workers a 'real challenge' for people with disabilities. *Wisconsin State Journal*. https://madison.com/news/local/business/health-care/shortage-of-home-care-workers-a-real-challenge-for-people-with-disabilities/article_c01c9e9a-a170-5bc4-8286-c44d2e11017c.html

- Wang, B., Asan, O., & Mansouri, M. (2023). Perspectives of patients with chronic diseases on future acceptance of AI-based home care systems: Cross-sectional web-based survey study. *JMIR Human Factors*, *10*, Article e49788. <https://doi.org/10.2196/49788>
- Wang, X., Cao, J., Zhao, Q., Chen, M., Luo, J., Wang, H., Yu, L., Tsui, K.-L., & Zhao, Y. (2024). Identifying sensors-based parameters associated with fall risk in community-dwelling older adults: An investigation and interpretation of discriminatory parameters. *BMC Geriatrics*, *24*(1), Article 125. <https://doi.org/10.1186/s12877-024-04723-w>
- Wu, F., & Sheng, Y. (2021). Social isolation and health-promoting behaviors among older adults living with different health statuses: A cross-sectional study. *International Journal of Nursing Sciences*, *8*(3), 304–309. <https://doi.org/10.1016/j.ijnss.2021.05.007>
- Wu, K.-Y., Chen, D.-R., Chan, C.-C., Yeh, Y.-P., & Chen, H.-H. (2023). Fear of falling as a mediator in the association between social frailty and health-related quality of life in community-dwelling older adults. *BMC Geriatrics*, *23*(1), Article 421. <https://doi.org/10.1186/s12877-023-04144-1>
- Xiang, E., Guzman, P., Mims, M., & Badr, H. (2022). Balancing work and cancer care: Challenges faced by employed informal caregivers. *Cancers*, *14*(17), Article 4146. <https://doi.org/10.3390/cancers14174146>
- Xue, Y., Longxin, L., Fang, X., & Zhang, W. (2023). A prospective cohort study of the impact of chronic disease on fall injuries in middle-aged and older adults. *Open Medicine*, *18*(1), 1–9. <https://doi.org/10.1515/med-2023-0748>
- Zan, H., & Shin, S. H. (2022). The positive impact of informal spousal caregiving on the physical activity of older adults. *Frontiers in Public Health*, *10*, Article 977846. <https://doi.org/10.3389/fpubh.2022.977846>

Zhai, S., Zhang, Z., Zhang, R., Peng, Y., Zhang, J., Zhang, Y., Jin, Q., Zhou, J., & Chen, J.

(2024). Community-dwelling older adults' perspectives on health risks: A qualitative study exploring anxieties, priorities, and expectations in ageing. *BMC Public Health*, 24(1), Article 1657. <https://doi.org/10.1186/s12889-024-18878-z>

Zorzi, S., Dalmonego, C., De Vreese, L. P., & Gomiero, T. (2023). Adult Independence Living Measurement Scale: Psychometric validation of a scale to estimate personal skills for independent living in people with intellectual and developmental disabilities. *Journal of Intellectual Disability Research*, 67(6), 560–572. <https://doi.org/10.1111/jir.13028>

Zwar, L., König, H.-H., & Hajek, A. (2023). Can informal caregiving be perceived as rejuvenating? Changes in perceptions of ageing at onset and end of informal caregiving during different stages of life. *Gerontology*, 69(4), 483–494. <https://doi.org/10.1159/000527745>

Appendix A: Informed Consent



Consent to Participate in a Research Study

John Gregory, Principal Investigator
Home Care Staffing Shortage: Impact on Older Adult Independence

Hello, my name is John Gregory, and you are invited to take part in a research study. I am a graduate student in the Doctor of Healthcare Administration Program at Franklin University in Columbus, Ohio. As part of the requirements for earning my doctorate, I am doing a research project.

Why is this study being done?

The purpose of my project is to research the impact the home care staffing shortage is having on older adult independence. I am inviting you to participate in my project because you are receiving home care services from LifeCare Alliance which is supporting this study.

What am I being asked to do?

If you participate in this project, I will meet with you for an interview at your residence at a time convenient for you. You will be asked a series of questions about independence, dependence, and daily living tasks. An observation to identify barriers to and enhancements for independence will be conducted.

Taking part in this study is your choice.

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss of benefits you would normally have.

What will happen if I decide to take part in this study?

The interview will consist of 11 questions along with an observation. It will take approximately 30–45 minutes to complete the process. The interview questions will include questions like, “How would you describe your present state of independence” and “How would you describe dependence.” Only you and I will be present during the interview. With your permission, I will audio record the interview so that I can focus on our conversation and later transcribe the interview for data analysis. You will be one of about 25 people I will interview for this study.

What are the risks and benefits of taking part in this study?

I believe there is little risk to you for participating in this research project. You may become stressed or uncomfortable answering any of the interview questions or discussing topics with me during the interview. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop the interview, or you can withdraw from the project altogether. There will be no direct benefit to you for participating in this interview. The results of this project may provide information that allows for a better understanding of caregiving and the

concepts of independence and dependence allowing for the creation of alternative caregiving models.

Privacy and Confidentiality:

I will keep all study data secured with access being granted only to myself, my doctoral committee, and the Institutional Review Board as needed. Other agencies that have legal permission have the right to review research records. The Franklin University IRB has the right to review research records for this study. After I write a copy of the interviews, I will erase or destroy the audio recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (fake names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Compensation:

You will receive no compensation for your time and effort in participating in this research project.

Future Research Studies:

Identifiers will be removed from your identifiable private information and after removal of identifiers, the data may be used for future research studies or distributed to another investigator for future research studies, and we will not seek further approval from you for these future studies.

Questions:

If you have any questions about this study, please email me at xxxxx@xxxxx.edu. You may also contact my dissertation chair, Dr. Karen Lankisch, at xxxxx@xxxxx.edu. If you have any questions regarding your rights as a research participant, please contact the Franklin University IRB Office at 614-947-6037 or irb@franklin.edu.

If you agree to participate in this project, please sign and date the following signature page and return it to: the LifeCare Alliance staff member presenting the consent who will deliver it to me.

Keep a copy of the informed consent for your records and reference.

Signature(s) for Consent:

I agree to join the research project entitled, "Home Care Staffing Shortage: Impact on Older Adult Independence."

Please initial next to either "Yes" or "No" to the following:

_____ Yes _____ No I consent to be audio recorded for the interview portion of this research.

Name of Participant (Print): _____

Participant's Signature: _____

Signature of the Person Obtaining Consent: _____

Date: _____

Appendix B: Interview Protocol

Thank you for participating in this interview about the home care staffing shortage. The purpose of this study is to determine if the home care staffing shortage has any impact on persons aged 60 or older who receive consistent or inconsistent home care services related to their independence as associated with performing activities of daily living such as bathing, dressing, toileting, transferring, incontinence, and feeding. The study will be conducted by gathering information using a variety of methods such as interviews, observations, and databases with consent from parties associated with the home care service industry including recipients of home care services. Interviews will not exceed 30 minutes. All information gathered will be kept confidential, anonymous, secured, and used for the sole purpose of advancing knowledge related to the stated study purpose. This study is considered to be a low-risk study; however, discussions about the consequences related to home care staffing shortages may cause minor discomfort to some participants. Confidentiality would only be broken if the information disclosed or discovered places participants or others at risk such as intent to harm themselves or others, signs of abuse, neglect, or exploitation. All participants will have their names, identities, and any identifying information connected to them kept private. Participants will have the opportunity to ask questions and obtain answers to their questions before participation and throughout the study. Participation in all phases of this study is strictly voluntary, so participants may withdraw at any time without being discredited.

Permission to record: Upon completion of reading or supplying the protocol to the interviewee. I will ask permission to record the interview and then state that permission to record has been granted by the interviewee while recording.

Appendix C: Interview Questions

Focus Area	Question
Study Question(s) – Start	Do you have any clarifying questions you would like to ask before we start the interview?
Independence	How would you describe your present state of independence?
Independence - Daily Living Tasks	How would you describe the performance of your daily living tasks?
Independence – Influences	Describe what elements would influence your independence.
Independence – Maintenance	Describe how you would maintain or enhance your independence.
Dependence	How would you describe dependence?
Dependence – Daily Living Tasks	How would you describe someone who needed assistance with daily living tasks?
Home Care Staffing Shortage	Do you have any knowledge, experiences, or future impressions of the home care staffing shortage? Yes – proceed to home care staffing shortage questions No – proceed to the last question
Home Care Staffing Shortage – Knowledge	What do you know about the home care staffing shortage?
Home Care Staffing Shortage – Experiences	What are your experiences related to the home care staffing shortage?
Home Care Staffing Shortage – Future	What does your future look like related to the home care staffing shortage?
Study Question(s) – Close	Do you have any questions to ask before the interview is concluded?

Appendix D: Observation Tool

Item	EM=Enhance/Maintain I=Influence/Barrier on Independence
Enhance – Maintain	
Walker	
Cane	
Wheelchair	
Lift chair	
Shower Chair	
Grab Bars	
Home Delivered Meals	
Emergency Response System	
Reacher	
Caregiver	
Pets	
Ramp	
Influence – Barrier	
Pets	
Unclear Pathways	
No Caregiver	
Environment (steps)	

Appendix E: Institutional Review Board Approval



Date: August 8, 2024

PI: John Gregory

Department: Healthcare Management, DHA

Re: Initial - IRB-2024-44

Home Care Staffing Shortage: Impact on Older Adult Independence

The Franklin Institutional Review Board has rendered the decision below for *Home Care Staffing Shortage: Impact on Older Adult Independence*. The administrative check-in date is August 7, 2025.

Decision: Exempt - Limited IRB

Category: Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Findings: The PI is interviewing older adults who receive home care services to better understand the impact the home care staffing shortage is having on older adult independence.

The IRB determination of exemption means:

- You must conduct the research as proposed in the Exempt application, including obtaining and documenting (signed) informed consent if stated in your application or if required by the IRB. You must use only the approved consent and assent forms (as applicable).
- Any modification of this research should be submitted to the IRB prior to implementation to determine if the study still meets federal exemption criteria.
- You are responsible for notifying the IRB Office with any problems or complaints about the research.
- **Students**, you will need to close your study prior to graduation.

Please also note the following:

- All investigators must keep their human subjects training current at www.citiprogram.org by renewing training every three (3) years.
- Detailed instructions for opening modification, closure, and incident submissions can be found on the Cayuse page of the IRB website.
- All approval letters and study documents are located within the Study Details in Cayuse.

You may contact the IRB Office at irb@franklin.edu with any questions.

Sincerely,

Franklin Institutional Review Board