

Occupational Stress among Home Health Care Workers: Integrating Worker and Agency Level Factors for Long-Term Recruitment and Retention

Home Care Association of New York State
Annual Membership Conference
May 4, 2017

Jeanette M. Zoeckler, PhD, MPH
Aging Studies Institute
Maxwell School of Citizenship and Public Affairs
Syracuse University

Project Manager
SUNY Upstate Medical University
Occupational Health Clinical Centers

Problem

- home health care workers fill an essential role in the daily lives of many older people who have chronic long term health care needs
- urgent need for cost-effective long-term care solutions as the baby boomers face their final years
- home health care workers frequently work under precarious work arrangements for low wages and in poor work conditions
- precarious employment is a social determinant of health (Benach et al. 2014)
- fastest growing low-wage occupation (BLS)
- affects women and minorities (BLS)

(Folbre 2012; Gerstel & Clawson 2014;
Glasmeier & Farrigan, 2012)



Problem

- hazardous (Markannan et al. 2014)
- work-related stressors are implicated in elevated injury rates among home health care workers (McCaughey 2012)
- work-related stressors create unhealthy work and lead to increased
 - disability
 - chronic disease
 - poor mental health
 - family problems

(Schnall, Dobson, Roskam2009; Landbsergis et al., 2000; Siegrist & Klein, 1990; Schieman, Milkie & Glavin 2012)



Research Aims

This research examines occupational stressors experienced by home health aides in Upstate New York and how these stressors impact their occupational health and their general health.

The research focused on

1. home health care agency characteristics,
2. agency leaders' perspectives, and
3. individual home health aides' experiences.

Literature

"Caregiver" Research

Caring on the Clock (Claire Stacey, et al.)
For Love and Money (Nancy Folbre, et al.)

Sociological Stress Process Models

Pearlin; Aneshensel

Sociology of Labor Research

Fenwick & Tausig

Occupational Health

Work Hazards – Pia Markannen
Work-Related Stress – Karasek; Siegrist; Landsbergis

Policy

Long-term care workforce – Robyn I. Stone



Mixed Methods

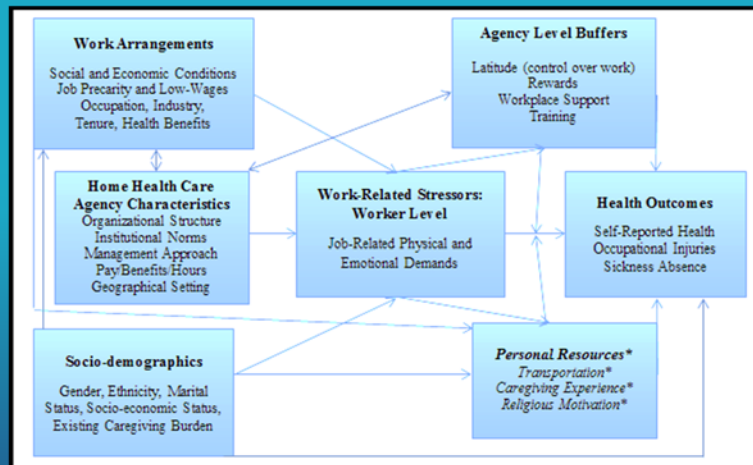
National Home Health Aide Survey



Observation /Interviews at Home Health Care Agencies



Conceptual Model



*indicates variables that emerged during qualitative phase. All other variables were operationalized and examined in both the quantitative and qualitative phases of the study.

Qualitative Fieldwork

- Agency executive interviews (n=18)
- Home health care worker interviews (n=27)
- Observation / Access

By interrogating upper and mid-level management in addition to the rank and file workers, the agency's inner workings were made more transparent.



Defining Home Health Care Work

The basics- what do home health aides do?

“Who could do this everyday?”

- Home health care workers perform a wide variety of services including cleaning, laundry, dishes, bathing, grooming, dressing, running errands, administering medications, and helping with prescribed exercises” (Lippett, 2011)
- **“The work is physically and emotionally exhausting. Home health care workers often work extended shifts with no formal breaks, often must remain on call 24 hours a day, and are exposed to heavy lifting and other poor working conditions “(McCaughey et al., 2002; Markannen et al. 2014).**

Workers’ Voices (n=27)

Stressors

- Pay
- Benefits
- Transportation
- Childcare
- Technology (learning it, needing it)
- Homes: Bedbugs, lifting, air quality, and other hazards
- Homes: Family & Friends’ expectations
- Respect as a member of the healthcare team
- Death

Home Health Care Workers Voices

Unpredictable conditions

"You never know what you are going to run into."

family issues, marital issues, relatives, neighborhood safety, allergens, aggressive pets, discrimination

client expectations

Personal Nature of Care Work

"It takes a special type of person to do this work."

Home Health Care Workers Voices

The Voice of Experience

Bill's wisdom and skill in navigating an angry client: from anger to trust in one hour

"Are you done yet? OK. Let's get your bath."

The stressors and challenges of new clients are different for experienced aides

Home Health Care Workers Voices

New Care Workers' Problems

- care delivery in rural areas creates unique stressors
- balancing work and non-work life
- dealing with death

"I have been doing this 11 years and 40 people have died. I keep a journal."
- respect on the job, especially from R.N.s

Agency Characteristics

- Not-for-profit vs. for profit
- CHHA vs. LHCSA
- Large vs. smaller
- Urban vs. rural



"Hospitals without walls"

Agency Leaders

Involved Visionaries

- value national, regional and local connections
 - well-versed about elements of home care – i.e. palliative care, community level issues, integration with health care systems, etc.
- highly aware of financial and political aspects of the operation at all levels
- develop innovative programming
 - allow for innovation to “make mistakes,”
 - abandon when no longer useful
- resourceful in the face of change
 - doing more with less
 - achieving higher levels of care over time
 - adjusting to technological change

Middle Managers/Supervisors

Multiple, unexpected locations of power

- The role of the
 - Schedulers
 - R.N.s
 - middle management
 - upper management
- Talented trainers/quality training
- Social service-like applications
- Labor intensive lives



Middle Managers/Supervisors

Talented, “model” managers consider many angles

- improved retention rates through more intense, personal management with emotional support
- stands behind aides in cases of discrimination
- improve conditions for aides by being pickier about cases that aides are assigned
- leadership development for select aides
- assist those who are not suited to find other work
- workplace support: equipment, technology, clothing, transportation, work locations
- provides quality training for home health care work
AND
- provides education for aides is imperative. They have low education, low skills, and low-self esteem. Ongoing education requires going to root causes to solve those problems.
- rotate cases to create a mix of “heavier” and “lighter”
- recognize those aides who are drawn to palliative care

Quality of Training

“Good aides move toward the patient’s needs”

Highly relevant training and support

– management from within



Agency Leaders

Recommendations

- Increase societal value of care workers by elevating the occupation
 - increased pay (through increased reimbursement)
 - increased professionalization (tiers)
 - increased respect conferred internally and modeled externally
- Update NYS DOH training regulations, esp. w/ workplace violence training
- Maximize benefits that high quality training confers
- Simplify bureaucratic systems (i.e. travel reimbursement)
- Address “scope creep” issue head on
- Bring Medicare and Medicaid payment schemes in closer alignment (in the direction of quality care, not only cost effectiveness)
- Abandon unworkable requirements (i.e. new face-to-face regs)

Surprises

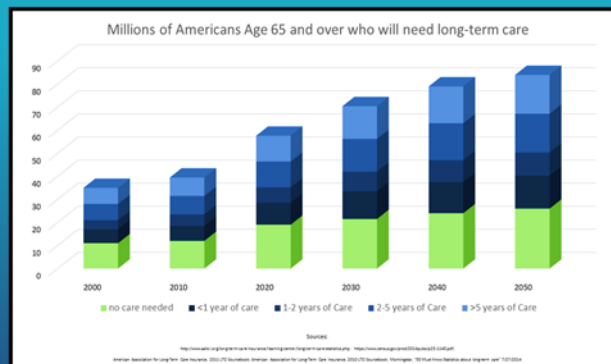
- Women w/ vision, tenacity, and persistence
 - nursing backgrounds (intensely practical, skilled observers)
 - combined experience levels
 - coping with change over time
 - agency culture
- Lack of formal or systematic communication across agencies
 - training
 - technology
 - management

Limitations of the Qualitative Study

- The study took place in Upstate New York agencies, limiting generalizability.
- Convenience sample: skewed toward aides with long tenure and pro-agency bias
- Agency leaders may be presenting a rosier picture of their agencies than is reflected in the reality.

Policy Goals

To improve quality and quantity of long-term care by stabilizing the work conditions for home health care workers



(Aaltci.org, Census 2014)

Policy Goals

1. Develop and test innovative programs, especially around technology or reaching a new and more diverse target population, i.e. refugees, immigrants, LGBT
2. Reduce unnecessary bureaucratic work, such as is exemplified by “face-to-face” requirements for physician to write original prose when ordering standard care to be provided through the certified home health agency
3. Revise NYS Department of Health “Home Health Aide Scope of Tasks” Training Manual
4. Establish and financially support the operations of a home health care worker ombudsman/advocate based in New York City (at the state government level) to navigate NYS Department of Labor and Department of Health worker protections (Rhodat & Cook, 2016)

Policy Goals

5. Increase collaboration across upstate New York to improve the quality of training and middle management programming, with pragmatic benchmarking of effective programs underway
6. Prevention (i.e. fall prevention, or getting seniors into home services earlier in the aging process)
7. Consistent reimbursement for tele-health services
8. Consistent reimbursement criteria for both Medicare and Medicaid patients
9. Develop plans to address unmet care needs in their communities.

Restoring Dignity

- When a person loses independence, they must navigate a new way of living that involves depending on others.
- Home health aides stand in that transition. They actively restore dignity for that person.
- Home health aides develop and possess unique human and technical skills. They provide the eyes and ears of the home health care team. Frequently, they are involved in the patient's death.
- Undervaluing this work is a grave mistake that needs correcting in social, political, and cultural realms.



Contact Information



Jeanette M. Zoekler, PhD, MPH
zoeklej@upstate.edu

Key Facts

- <https://phinational.org/sites/phinational.org/files/phi-home-care-workers-key-facts.pdf>