Challenges Facing Home Care Workers and Assessment of Experiences of Support and Supervision.

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Abstract

The aim of this research was to explore the challenges facing Home Care Workers (HCWs) in the greater Dublin area and to assess their experiences of support and supervision. The Qualitative method was used, with semi-structured face to face interviews with five home care workers (1 male & 4 female) who signed consent forms. The interviews were recorded on a dictaphone, transcribed and stored on a password protected laptop and then imported into Nvivo 10. The raw data was coded and analysed thematically. The results showed that while HCWs have training and qualifications, there is a lack of standardisation in the profession. There are many challenges HCWs experience namely, bullying among colleagues, emotional stress (particularly in dealing with the death of clients), violence in the work place, fragmented work schedules, work-time pressures and physically demanding work. Supervision mostly benefits clients while support structures and supervision is absent for the employees. The conclusions drawn from the results are that there is no standard policy for the training and qualifications for HCWs, that they lack supervision, emotional support, safety and fair conditions in the private homes which are their places of work. The findings add something new, namely, the reports of bullying among care workers themselves which the companies by whom they are employed do not seem to be able to address. What was new in the findings is that HCWs report their attachments to clients as being emotionally close because they see them as ‘family’ and are unable to hold professional boundaries.

Size sample and mixture of categories of participants were identified as limitations of this study. Future study could focus on one category of participants to explore bullying and the emotional pain of losing a client.
1.0. Introduction

Ageing populations is an issue for many European countries which demands responsible planning and provisions of services on the part of governments and health authorities (Cardi, 2012). According the study conducted by the Migrant Rights Centre Ireland (2015), every 30 minutes someone turns 80 in Ireland. The population of 65-year-olds is growing each year by approximately 20,000 and the population of the over 85-year-olds is growing by 4% yearly. In 2011 the population of 65-year-olds + was 546,300, over 95% of them lived at home, about 30% lived alone and 10% had some disability. It is estimated that by 2046, the population of the over 65-year-olds will be 1,400,000. In addition, the Migrant Rights Centre Ireland (2015) claims that there is an “impending elder boom.” Many of the older people would like to be cared for at home and this calls for provision of home care services. This means home care work is very important and care workers play a key role in meeting this growing need. The aim of this study was to explore the challenges experienced by home care workers in the greater Dublin and to assess their experiences of support and supervision.

1.1 Home Care Policy in Ireland

The overall responsibility for health care in Ireland is with the Department of Health and the HSE is the implementing organisation. In Ireland home care has expanded but still remains under-regulated or unregulated (Migrant Right Centre Ireland, 2015; RTE radio 2014; Timonen, Doyle and O’ Dwyer, 2012). Elder care is provided by the HSE, through voluntary and private companies. There are approximately 150 companies providing care country wide (Migrant Rights Centre Ireland, 2015). The HSE provides home care packages
and home help services which allow older people to be cared for in their own homes and community (Migrant Rights Centre Ireland, 2015, Timonen et al, 2012). According to the HSE performance report (2015), about 14,707 people received the home care packages while 47,729 received home help services by August last year.

The Health Act 2007 in Ireland allowed for the establishment of a statutory body called Health and Information Quality Authority (HIQA) with responsibilities for safety, quality and accountability. However, its statutory responsibilities affect only residential institutional care services and not the provision of home care. The research by the Migrant Rights Centre Ireland (2015) says that there are HSE drafts National Quality Guidelines for Home Care Support services established in 2008 which are being implemented even though they are not yet finalised. However, these standards only apply to services “procured through the HSE” which means that private companies and franchises follow their own standards which are not legally binding. The 2012 HIQA Standards of Care for quality and safety of health care services do not affect the home care sector as it is not regarded as health care but social care (Migrant Rights Centre Ireland, 2015).

There is a lack of standardisation of care across the country (Migrants Rights Centre Ireland 2015). This is not just unique to Ireland. Keefe, Knight, Martin-Matthews & Légaré (2011) in their study in Canada, found differences between provinces in terms of home care services because the sector falls under provincial jurisdiction and systems (p.24). However, the lack of regulation has serious implications on assurance of quality of care, provision and protection of workers as well as clients. It also leads to financial mismanagement as can be seen in the case of Fingal home care, in Dublin (O’Regan, 2012).

There are positive signs from the Irish government which talks about extending the powers of HIQA to the home care sector by 2017. There are also talks around the social care
registration process currently taking place to see whether home care will be included so that the sector would be under CORU - Regulating Health and Social Care Professionals (Migrant Rights Centre Ireland, 2015).

1.2 Home Care Workers: Qualifications & Training

There are different titles for home care workers depending on the employer. The titles include personal assistants, home care support workers, carers, and home helpers. The study by the Migrant Rights Centre Ireland (2015) says, “the role invariably lacks a clear definition or job description. Multiple job titles are in use, home care assistant, home care support worker etc.” (p. 5). Martineau, Manthorpe, Moriarty, Hussein and Stevens, 2010) in their study with regard to support workers in social care in the United Kingdom argue that support workers are not professionally qualified but this does not mean that they have less education” (p.319). In France, however, changes in home care work introduced training and qualifications for home care workers such as diploma qualifications (Messing, Caroly, Doniol-Shaw, and Lada, 2011, p. s33).

1.3 Home Care Tasks

Fleming and Taylor (2007) in their cross-sectional survey of Home Care Workers in Northern Ireland point out that the sector is changing from traditional home help services, which is just about meeting domestic needs, to a homecare model involved in domestic, personal and healthcare service provision (p.74). They perform different tasks such as intimate care, light housework, assisting clients to feed, mobility, dressing, getting in and out of bed, companionship, medication management. In France, home care tasks include personal care which involves bathing & washing, changing and putting on compression stockings and domestic tasks (Messing et al. 2011). In Ireland, the recent research carried out by the Migrant Rights Centre Ireland (2015) found that “home care requires a wide spectrum of care
skills, from bathing and cleaning to more complex skill requirements including dialysis, suction feeding and palliative care” (p.5). In addition, the tasks of a home care worker depend on the employment contract. It can include or exclude domestic and personal care duties (Migrant Rights Centre Ireland, 2015). Barken, Denton, Plenderleith, Zeytinoglu and Brookman (2015) study, using a feminist political economy approach in Ontario to explore the effects of task shifting on Home Care Workers’ skills, points out that home care work is a complex and skilled work. In addition, citing James (1992), Barken et al (2015) argue that care work comprises emotional and instrumental labour (p.303).

However, Barken et al.’s (2015) limitation is that the study focused on shifting tasks within home care and not necessarily supervision and support for home care workers. This is also true of the research by the Migrant Rights Centre Ireland (2015) which focused on migrants in terms of equality and labour market.

1.4 Dealing with Loss

Another challenge for home care workers is dealing with the loss of a patient as their role can also involve caring for patients in palliative care (Migrant rights Center, 2015). The qualitative in-depth interviews with health care workers caring for dying children in Sweden, found that at the time of death when the HCW was absent, the HCW was affected with emptiness and emotional pain (Furingsten, Sjögren & Forsner, 2015, p.184). Caring for dying children was “associated with emotional pain and suffering feelings of powerlessness and frustration (ibid). With death, long established relationships within the care setting are broken and the feeling of not being present to say goodbye is a challenge for workers. In addition, Furingsten et al. (2015) argues that HCWs lack time to grieve, they suppress and ignore the emotional pain they feel and at the same time grief has been linked to burnout. The study suggests that HCWs need time to grieve, ‘a period of healing’ a ‘time to process thoughts
about life and death before establishing a new relationship with a dying child (ibid). Although the study focused on HCWs in the hospital setting, it could be argued that it is applicable to the community and home setting as workers in these settings are also caring for dying people in some cases.

1.5 Home Care Work & Working Conditions

Home care work takes place in the privacy of the client’s home. In addition, the workers work with “vulnerable clients in the relative autonomy of the client’s home” (Donnelly and Taylor, 2006, p.252; Barken, et al., 2015). They work in isolation and also lack access to a “professionally qualified staff member” (Nancarrow, Shuttleworth, Tongue and Brown, 2005, p.343). Home care work is demanding and care workers work “in tiring conditions” as a result of their work structure (Messing et al. 2011, p. s42). A care worker’s time-table varies and as Messing et al. (2011) point out, one of the challenges home care workers face seems to be time pressure and fragmentation of care time and care visits leading to mental and physical strain impacting on personal and family life (S34 & S41). The time pressure for care workers means there is not enough time to complete the tasks within the time frame of the care visit as a result care workers are rushing or end up working overtime which is unpaid (ibid. S35). The rushing, demands of the work and varied time table have a psychological toll on care workers (ibid. S43). In Ireland, the research conducted by Migrants Rights Centre Ireland (2015) found an over representation of migrants in the home care sector and that home care workers were overworked and underpaid with very poor working conditions. In the UK, Fleming et al. (2007) found that home care workers’ working hours were unsociable and unreliable and not conducive to family life (p.74). Keefe et al. (2011) in Canada found similar working conditions for home care workers in terms of pressure of time, overworking and poor wages.
1.6 Violence Against Care Workers

In Ireland, home care workers are not professionally regulated (Migrant Rights Centre Ireland, 2015, Timonen et al 2012). This situation is similar to Canada (Keefe, et al., 2011 p.24). This causes challenges to home care workers and also it compromises the quality of care given to clients and the well-being of care workers. For example, the HSE performance report (August 2015) reports that 2,555 new referrals were made to HSE elder abuse teams. However, it’s not clear whether these new referrals were against staff or clients and in which setting e.g. institutional, home care or hospital. On the other hand, Donnelly et al. (2006), using grounded theory conducted semi-structured interviews and focus groups with health and social service professionals and managers in Northern Ireland, found that home care workers were victims of aggression and harassment by clients. In addition, the home which is the place of work for home care workers in some cases had a risk factor or was a hazardous environment. Donnelly et al. (2006) lament the fact that, unfortunately, the views of the home care workers were not heard in this study and calls for the views or perspectives of home care workers to be included in future research (p.250). Hanson, Perrin, Moss, Laharnar and Glass, 2015) in the United States found that home care workers experience work place violence and the threat of work place violence is a top concern for home health workers. In addition, “experiencing any form of workplace violence or fear of violence is associated with negative work and health outcomes” (p.13). The negative health and work outcomes include work burnout, stress, depression and sleep problems (ibid.).

1.7 Support and Supervision

A Meta-analysis of 27 articles in academic journals published between 1990-2007 assessing the impact of supervision among child welfare workers, social workers and mental health workers conducted by Mor Barak, Travis, Pyun and Xie, 2009) in the United States of America, identified three dimensions of supervision. Although the Mor Barak et al.’s (2009) study does not directly deal with home care workers, it can be argued that it is relevant to home care work because it looks at workers who are involved with vulnerable groups in society and also it is in the social and health care sector. The analysis of the findings in the
study is rooted in the social exchange theory in particular the leader-member exchange theory (LMX) (p.24). The study found that effective support in three supervision dimensions namely task assistance, social and emotional support and effective relationships with supervisor had positive outcomes for workers, clients and organisation (Mor Barak et al., 2009, p.24). In addition, supportive supervision reduced anxiety, depression, burnout, turnover, stress and intentions to leave (ibid. p.25). The research in Northern Ireland by Fleming et al. (2007) found that home care workers left work due to lack of support and supervision. In the same way, the research by the Migrant Rights Centre in Ireland (2015) reports that the home care sector has a very high staff turnover, more than any other sector. A longitudinal study in the UK among newly qualified social workers found that “being engaged with the job, which was influenced by frequency of supervision, was associated with higher levels of job satisfaction and intention to stay” (Manthorpe, Moriarty, Hussein, Stevens and Sharpe, 2015, p.62). However, the purpose of supervision was found to be mostly linked to performance issues and case management rather than developing reflective practice (ibid. p.64). Supervision helped to deal with difficulties in the work place and also offered personal support. In addition, good supervision and support play a key role in the healing process (ibid.). Practical things like “peer-supported storytelling helped both the storyteller and the listener to find meaning and support from colleagues and guidelines were reported by nurses in a neonatal intensive care unit to be helpful as facilitators for end-of-life care, … emphasizing dedicated time for reflection and the importance of interdisciplinary collaboration” Furigsten et al. 2015, p.184).

In conclusion, the ageing population in Ireland requires quality home care which includes policy, regulation and high quality home care workers. Lack of regulation leaves workers and clients vulnerable to abuse and exploitation. Donnelly et al. (2006) calls for future research to get the views of home care workers on different aspects of their work
including support and supervision. In Ireland, there is a gap in the information on the experiences of home care workers. Literature has shown that lack of supervision has a negative effect or impact on the worker, clients and organisation while effective supervision has a positive outcome all round. Mor Barak et al. (2009) specifically call for future research in the area of supervision and worker outcome to fill the gap in the knowledge base on supervision.

Using a qualitative research method, this study asked home care workers themselves in the Greater Dublin area what challenges they faced in their work and their experiences of support and supervision.

2.0. Methodology

Qualitative research design was chosen for this study because of the nature of the research question which is exploring the challenges facing home care workers in Greater Dublin Area. The qualitative approach “gives a rich description of the social world” and allows the research to get “closer to the actor’s perspective” (Denzin, and Lincoln, 2011, p.8-9). The study was seeking to get the views, experiences and the stories of the care workers. To get the stories semi-structured personal Interviews (see Appendix A for interview questions) were conducted. Interviews were the best method for collecting data because of their flexibility and possibility of probing for additional information and seeking clarity. In addition, “an interview situation often yields spontaneous reactions that the interviewer can record and that might be useful in the data analysis” (Nachmias and Nachmias, 2008, p.218).

2.1 Apparatus

A dictaphone was used to record interviews. Nvivo 10, qualitative computer software was downloaded and installed on the author’s personal password protected laptop.
2.2. Participants

A purposive sampling and convenience was used to select the participants for the study. Participants needed to have one year or more experience in home care work and be living in Greater Dublin area. Five participants, four females and one male were chosen. The oldest participant had 36 years of experience, two participants had two years’ experience and one participant had one year’s, and at the time of the interview he was three months out of the job. The participants were accessed using different approaches. Two were accessed through personal contacts in college - a fellow student who knew someone working in the profession. The rest of the participants were accessed through a family member who knew someone in his work place and this person knew people working in the home care profession.

2.3. Procedure

The author met with the contacts and explained the purpose of the study and the requirements. Copies of consent forms were given to the contact for use when contacting the participants. After the initial meeting between the contact and participants, contact details were exchanged. Initially the student contact had assured the researcher that participants were willing and five of them would be ready whenever needed. However, this was not the case as the researcher found difficulties contacting all except for one participant and the student contact could not be reached on her phone either. As time was running out, a decision was made to interview participants from the other contact, a family contact.

The face to face interviews took place in different places such as hotel, McDonalds, classroom and different times lasting from 20 minutes to 2 hrs. Some of the places were noisy and one participant had English language difficulties. Participants were made aware of their freedom to terminate the interview at any time and confidentiality was assured. To ensure freedom of participation each participant signed consent form.
2.4. Method of analysis

A Dictaphone was used to record each interview and then transcribed verbatim into a Microsoft word document. The transcripts (see appendix C) and audio interviews were stored on a password protected laptop and USB. The transcriptions were then imported into Nvivo 10, coded and themes were generated. A thematic analysis was used to analyze the data.

2.5. Ethics

Permission for the study was obtained from Dublin Business School ethics committee. Participants were assured of confidentiality and this was ensured by changing their names and making sure that there are no identifying characteristics of the participants throughout this report. The purpose of the study was explained to the participants and consent forms were given to them beforehand to give them enough time to make an informed choice. They all signed the consent form (see Appendix B), which they gave back to the author on the day of the interview. They were also made aware at the beginning and the end of the interview about their freedom to terminate the interview or withdraw the interview at a later stage but not later than mid-April.

3.0. Findings

The findings of this research indicate that there are many challenges facing home care workers and supervision and support is lacking or minimal in Greater Dublin Area. A number of themes emerged from the analysis. However, this study will highlight only six themes:  i) the role of care workers focusing on what they do, who needs care and how they got involved in care work, ii) training and qualifications needed to be a home care worker, iii) home care and working conditions, iv) violence against care workers, v) dealing with the emotional loss of a client and support systems and vi) supervision of home care workers.
3.1 Tasks & Motives of home care workers

This study has found that all home care workers interviewed perform varied tasks according to the needs of the clients. The clientele also varied in age and “work involves all different types of work, it could be from care of children, care of the elderly and terminally ill or just needs care of every day and basic living skills really… it varies” (SC). Home care tasks can include play, homework, activities of daily living, companionship – from just a little assistance to doing everything for the client. Longson reflects on his typical day and the tasks he performs:

*I worked Friday to Sunday. I went into a person’s home at say 8 o’clock in the morning, the morning calls consisted of getting them up and out of bed, washing them dressing them , preparing meals, I generally had 6 clients in the morning so as you can imagine I worked from about 8 am to 12 and sometimes I had afternoon calls about 3 pm for half an hour to assist somebody to go to the bathroom or just to change a pad, then in the evening around 8 to 10 pm I went back to the same clients but it was like a reversal, I went back just to prepare them to get into bed, putting on the pyjamas, making sure the pad was clean. So in my experience, when I wasn’t busy, I had only one call in the afternoon around three to just assist somebody to go to the toilet.*

It can also be a long shift as Shandie says “generally I work about 7 or 8 hrs a day, eh I do work overnights as well, em I look after a client who has dementia, I do 12 hrs from 8 at night till 8 in the morning”. The two participants above also show that care work has varied hours of work and can cover the whole day due to the way the care visits are structured.
Four of the participants were motivated to join the caring profession because of a family experience of looking after a parent or sibling as Shandie says, “I was caring for my father and then when I no longer had to care for my father I started looking to help other people.” The three of these four participants were students so besides having had the family experience of caring, they also wanted a part job which is flexible to accommodate their study and to have some income too. “To be honest I was looking for part time work because I am a full-time student. I was working voluntarily looking after my special needs sister in the home so that’s what really pushed me into the caring aspect. I knew that there was a lot of opportunities for care assistants in Dublin especially for lads that’s really how I got involved” (Longson).

For one participant, career change and economic motivation led her into care work, “I just wanted to change my whole career to begin with and do something medical so, when coming to Europe, the best job that gives you money you cannot go wrong anywhere” (Eunika). Another motivation for home care work was because they liked helping people, as Anne reflects:

> *emm home care worker after I worked with special needs children and I found that I liked working with people, who genuinely needed help and so I didn’t find it hard to do the transition from children to older people because most the time they have the same needs, you know that kind of a way! So emm so I mean I always kind of did like mixing more with older people than my own age group, like my husband was older.*

### 3.2. Training and qualifications

In order for one to be a home care worker some form of qualification, training and willingness is required. The qualifications vary according to the company one is working for. One of the requirements is Fetac level 5 as SC says, “emh all home care workers need to
have Fetac level 5 now. They need to have care skills, care of the elderly, infection control care support…. these are now new from the HSE.” In other cases, the employer provides training in care skills as Eunice explains, “all that is needed is care training, other courses I did on line with my company.” Furthermore, other companies have different training and qualification requirements in order to work with the elderly, as Longson says, “they recommended that you have to have a diploma to work with the elderly but I didn’t have that but I had applied social studies and social care, I had my level five and level 6 so” (Longson).

3.3. Home care & working conditions

Except for the migrant participant, care work was described as difficult and demanding work by all Irish nationals, as explained by SC, “Eh…m a typical day will be very tiring actually… and its very time consuming like trying to get from one place to another like sometimes if the client is difficult you’re delayed over your time in the house so sometimes a client is independent like and other times…it can be quiet stressful at times”. However, the research also found that although the work was demanding “but enjoyable as well because it made a difference to people’s lives, you were a big help and they appreciated it” (Longson).

Eunika, the migrant worker says, “to be honest I love it, I love it so much, very easy job so easy I can say so.”

Another issue was time constraint, time pressure for care workers to complete tasks in a short space of time and over-time not being recognised for pay is a challenge. There is more time demanded in reality than the time allocated as Anina reflects:

... its supposed to be for one hour 12-1 but I don’t get out until 1.30, I have quoted that I am not insured after a certain time but they said well then you go out and I said well then you tell me how I would go out with that lady that has a Zimmer frame, she has to have a 3 course meal prepared, cooked and served for her in that hour, I have to assist her from a chair to the dining table, I then have to assist her from the dining room table to her
chair, I then have to do all the dishes ... right, she then wants her fire lit and kept going right, I said in between all this, it takes 15 minutes for each course so you go in and she says bring me the vegetable container from the fridge so I can see what vegetables I want for the day ... then you have to cut up her melon in a certain way or else she won’t eat them.... then you add up all this Mable out of an hour, sometimes she is still chewing her main meal when my time is up, what do you want me to do, leave her there, how does she get from the dining table to her chair, and I said she has an open fire, she could very well trip into that fire... I said there is no one who comes in until 5 pm, do you want her to sit on that dining table for 3 and a half hours...

Two participants reported the challenge in the terms of wages. Care work has no security in terms of wages. For student participants this was a big challenge as Longson explains:

*Part of me was putting myself through college so when clients went in the hospital, you lost the hour and this is reflected in your pay cheque and if one of them clients you visit three times, three days a week, it’s a big blow to take, they generally try to call you for other work, but it’s nice to keep to the same because you know time and you are not just trying to make up the hours for pay.*

### 3.4. Loss of a Patient or client

Home care work involves physical and emotional work and this can be a challenge for care workers. Home care workers work with the same client or clients and they develop a relationship with their clients. They are affected by their clients and keeping the professional boundary seems to be a challenge as SC reflects:

*It’s like you become very attached to them, but even though you are told that you have to put your professional cap on, you are very attached to these people and its very hard to stand back and not get attached...*
The emotional support provided to care workers varies according to the employer. Care workers are affected by the death of a patient. This research has found that only one participant had support during an emotional pain of losing a patient as SC reflects:

*Well I actually looked after a young man who was only 29 and had a very rare illness, then I was really heartbroken when I lost him but me supervisor, he came to me and said are you ok? if you need any advice, you need to come and talk to us, the door is open for you so ah they do offer for you to come in and chat with them and see how you are coping after the loss of a client*

All the other participants didn’t have any kind of support to deal with the emotional challenges of the work as Longson says “… There is no counselling or anything like that to help you deal with the emotional aspect of the job.” Due to the emotional nature of the job and the lack of support, Anina reflects:

*I tell you no matter where you go the HSE, Agency or in between they tend to forget that their staff need support, they tend to think alright I will phone them up, will you take on a new client when the other one is gone, they don’t think that you might need a space between the client that you have lost and a new client. I can do it but I wouldn’t recommend it to anyone under 30 to take on all those emotions.*

3.5. **Violence against Home Care Workers**

Home care workers experience difficulties among themselves as staff such as bullying and staff not doing their job properly which has a knock on effect on the next HCW’s shift. Anina reflects on her experience of bullying by a colleague:

*I have even addressed in my own agency bullying among staff, I like going there to a client but I have had to refuse because of another staff, carer and they never did anything, they just allowed me that I am never going there*
again even though I said I loved the client and the work and I felt I was really needed there but because of the other care worker’s bullying and since then there has been two other care workers who have refused working with her.

Working with clients in their home has its own challenges. All the participants reported that they have experienced difficulty in working relationships with the client’s family members, abusive language and physical violence by clients. Shandie explains:

*Other problems family members would look at you like you are a personal slave of theirs, they expect you to do a lot more than you really should be doing, they are not nice to you, you know that way...*

### 3.6. Supervision

The research found that supervision among home care workers varies. On one hand it seems to be for the benefit of the clients as Shandie explains, “supervision did not take care of me, if you rung them up and said I feel really threatened here someone would just say, leave”. The understanding of supervision was client focused as SC explains

*To see that we are doing our job and the client is happy, the client is getting the right care I suppose you know and if the client is not happy with the care worker, they can complain to the supervisor and ask for change that gives them a chance to say what they think of their carer, if they think they are doing a good job...*

On the other hand, it seems supervision is linked with tasks and is lacking as Anina reflects

*Supervision is keeping to the care plan but then again when someone came out of the hospital and they were not walking, the care plan should have changed but it didn’t, you know. If supervision took place they would know this because I fill in the book and it’s not my responsibility to do a care plan.*
4.0. Discussion & Conclusion

The aim of this study was to explore the challenges facing home care workers in their work. It was also to investigate supervision and support systems in place for home care workers in Greater Dublin. The findings which are going to be discussed here are training and qualifications needed to be a home care worker, challenges of the work itself to the care workers, including challenges arising from clients and colleagues, dealing with emotional loss of a client and support systems in place and home care supervision. This section will also discuss limitations of the study, recommendations to improve the situation and also future research.

This research has found different levels and types of training and qualifications required for home care workers or home care support workers. To perform the same type of job, some look for Fetac level 5, others look for a Diploma, care skills training or some other courses provided by the employer. The findings are consistent with the French study by Messing et al. (2011) which found training and qualifications for home care workers as high such as diploma. However, unlike Martineau et al (2010)’s finding in the UK about support workers lacking professional qualification, this study indicates that one needs some type of qualification and training for the role. On the other hand, it could be argued that, home care workers lack professional qualifications as they do not belong to a professional regulatory body and professional registration to practice. In addition, the findings show a lack of standardisation in terms of qualifications and training which is also reflected in care provision services as found in Keefe, et al. (2011).

Among difficulties facing home care workers, a challenge is violence in their workplace. This study has found that home care workers are victims of aggression, violence and harassment by the clients, a finding which is consistent with other research in Northern Ireland, Donnelly et al. (2006); previous research in Ireland by Migrant rights centre (2015)
and the findings in the United States of America by Hanson et al. (2015). Furthermore, this study has also found that home care workers are victims of abuse by the clients’ families, a finding consistent with Donnelly et al.’s (2006) findings in the UK. In addition, there seems to be issues among care staff themselves such as bullying and employers don’t seem to have the capacity to address bullying. This situation, raises serious issues about the employer and the lack of statutory supervision and regulatory professional body. Besides experience of work place violence has been linked to negative work and health outcomes as found in the US studies Hanson, et al. (2015).

This research has found that homecare workers experience their work as physically and emotionally challenging. It is “tiring work” on the other hand the research has found that it is also enjoyable work because it is easy for some but also because it makes a difference to someone’s life. In addition, the working hours are varied which supports the evidence found in the UK study by Fleming et al. (2007) concerning home care working times which can be unreliable and unsocial. The study supports evidence found in France (Messing et al. 2011) concerning the fragmentation of care time, visits and time pressure. It could be argued that the care working conditions contribute to over representation of migrants in the sector and a high staff turnover as suggested by the Migrant Rights Council (2015). It is also clear from this study that there are different motives for choosing care work. This study has found that for the migrants and students, care work was an economic choice while for the Irish nationals including students interviewed the motivation came from the desire to help because of personal experience of caring for a parent or sibling in the home.

Dealing with loss of a patient is a challenge experienced by home care workers, a finding which is consistent with the findings in Sweden (Furingsten, et al. 2015), which found how HCWs working with dying children were affected. However, this study found that home care workers develop attachment with their clients and for some of them they tend to
see their clients as family. This makes it hard to deal with emotional loss of a client. It could be argued that developing attachment with clients is blurring of professional boundaries with their clients. They also do not seem to have any “healing time” which is suggested by the Swedish study (Furingsten, 2015) before they take on a new client. This study has found that home care workers experience challenges in dealing with the death of their patients, while some have support others don’t have support. Another dimension of loss of client is through hospitalisation of clients which impacts on home care pay, leading to feelings of job insecurity which is consistent with findings in Canada in terms of wages, Keefe et al. (2011) and the Migrants Rights Council study (2015) in Ireland.

This research found only one dimension of supervision as suggested by Mor Barak et al (2009) which is task assistance. Supervision was mostly for the benefit of the client and not the employees. An effective social and emotional supervision for employees was found lacking or minimal among home care workers. This situation could also lead to compromise of care quality, abuse of clients, bullying of colleagues. As discussed above, home care workers deal with the emotional pain of losing a client and grief has been linked with stress (Furingsten, 2015), yet, home care workers do not seem to have structures of supervision focusing on how they are impacted by their work. Lack of supervision in home care work is consistent with the findings in Northern Ireland (Fleming et al 2007) where home care workers cited lack of supervision as the reason for leaving the profession.

4.1. Limitations

This study used a small scale sample and it cannot be generalised. Another limitation is that the participants were mixed, meaning that only two were full time care workers while the rest were part time workers and full time students in third level education. It also had Irish nationals and migrant worker. This mixture of participants made it
impossible to avoid making comparisons between participants.

4.2 Conclusion

The aim of this study was to explore the challenges facing home care workers in the greater Dublin area. In addition, it was to assess the experiences of support and supervision. A qualitative approach was used, with semi structured interviews with five home care workers Nvivo 10, was used for coding and the data was thematically analysed into six themes. The research found that home care workers do have training and qualifications although there is a lack of standardization of qualifications. Challenges facing home care workers found in this study which are consistent with other findings in Europe and America include poor working conditions in terms of time pressure, fragmentation of care time and visits and experience of violence. Home care work is demanding physically and emotionally yet enjoyable. However, a new finding in this study is bullying among care workers themselves which their employers do not address. Another new finding is how death of a patient impacts on home care workers and dealing with emotional pain is a challenge due to attachments that have developed. Support systems and supervision are experienced differently depending on the employer. Over all, supervision and support is lacking or minimal.

To address the challenges facing home care workers, this study recommends that home care work needs to be regulated and inspections of care providers need to be conducted as is the case with providers of institutional care. There is need for realistic assessment of clients’ needs so that appropriate hours are given to clients which would help the HCWs perform their tasks. There is need to involve home care workers in client’s needs assessments. Home care workers are the ones doing the work and would have a realistic view of how much time is actually needed for particular clients. In this way, more hours would be allocated to people who need them most. HCWs feel the need for support during
the loss of their client. This is not just good for the staff but good for the company and the clients overall as the staff feel appreciated and valued within the company which has a positive impact overall. The HSE need to mandate all companies to provide supervision and supervisors in the homecare profession. With this, most of the difficulties and challenges would be addressed and workers, companies and clients would all benefit.

This study has contributed to two new things to our understanding of the challenges facing home care workers, namely bullying among home care workers and the significant ‘family’ attachments that develop with longer term clients. Future research could continue exploring challenges facing home care workers on a wider scale from both the home care workers’ perspective and that of the service providers, as very little research is available in Ireland in this area. In particular, the future research could focus on the issue of bullying among home care workers. The other area of future research is the impact of the death of a patient on home care workers and strategies used to deal with emotional pain and suffering. There is very little research available in Ireland in this field. The research available in Ireland is from the recipients’ perspectives and family home carers rather than from the perspective of the employed home care staff. This study has attempted to fill the gap despite its limitations.
References


RTE radio: Private elder care providers concerned at rates that Section 39 agencies can offer r http://www.rte.ie/radio/utils/radioplayer/rteradioweb.html#!rii=9%3A20568961%3A72%3A27%2D04%2D2014%3A

Appendix A

RESEARCH QUESTIONS FOR HOMECARE WORKERS

1. I am interested to know: How did you become a homecare worker?
2. How long have you been a home care worker?
3. What is required for someone to become a home care worker?
4. Could you tell me what is involved in homecare work?
5. What happens when you go to visit a client?
6. What is a typical day for a homecare worker?
7. What does it feel like for you to be a homecare worker?
8. How do you balance work and life?
9. When you lose a client, how does this affect you?
10. How does your organization support and especially at a time like this?
11. What problems can you identify in your work as a carer in someone’s home?
12. Do you have supervision in your homecare work and what does supervision mean for you?
13. What homecare policies support you in your work?
14. If you could change some aspects of your work what changes would you make?
Challenges Facing Home Care Workers and Assessment of Support and Supervision

My name is Mable Chilenga Brophy and I am conducting research that explores challenges experienced by home care workers in Greater Dublin area. In addition, I will be assessing their experience of support and supervision in their work.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact?
Mable Chilenga Brophy (10062948@mydbs.ie) or Paul Halligan (paul.halligan@dbs.ie)

Thank you for participating in this study.

Participant Signature: ____________________________    Date: ________________
Appendix C

SC: 20-30 years, Part time work: student
SC: eh I studied at Marino college Fetac level 5
Eh I be home care 3 years this May
Eh all home care workers (HCWs) need to have fetac level 5 now. They need to have care
skills, care of the elderly, infection control care support…. these are now new from the HSE

Home care (HC) work involves all different types of work, it could from care of children, care
of the elderly and terminally ill just needs care of every day and basic living skills really…it
varies. My work is with elderly people but I do do family support as well

What happens when you go to client’s house?
When I go to visit a client, I firstly log in on the phone to let the office know that I have
attended to the client, and when I am leaving I must log out on the phone eh we are trucked
from the office eh whether we are there on time or when we are delayed an alert goes off, we
must fill out a diary when we go out to the client’s house, tasks completed eh must be eh
filled out in the book from the job and it gives a brief description of what we have done for
the client

What is a typical day?
Eh…m a typical day would be very tiring actually… and its very time consuming like trying
to get from one place to another like sometimes if the client is difficult you’re delayed over
your time in the house so sometimes em a client is independent like and other times…it can
be quiet stressful at times
Generally, I work about 7 or 8 hrs a day, eh I do work overnights as well, em I look after a
client who has dementia, I do 12hrs from 8 at night till 8 in the morning.
It’s a very rewarding job, you do feel like you are a benefit to the client, you see them
progressing from the care you are providing for them on the daily basis. Like you can see the
change in them from doing basic stuff like getting them their breakfast, prompting their
medication eh these little things make a difference to people who are at risk

How do you balance work and life?
We don’t actually (smiles), like I work 12 days in a roll, so like its tiring work, all you want to
do is rest your feet like I work long hours it is quiet demanding but rewarding at the same
time. I enjoy what I do.
Loss
Yeh. the emotional, loss of a client is very difficult. It’s like you become very attached to them, but even though you are told that you have to put your professional cap on, you are very attached to these people and it’s very hard to stand back and not get attached, like I find it very difficult, … I am 3 years in the job and I find it very hard when I lose some of me clients. You become like a family member and a friend. They kind eh they kind, ...you are the only person they see all day and you don’t want to let them down. If I am taking time off as well, like I feel like I am letting the client down or if I am out of work because they feel so dependant

So you are attached to your clients! Yeh yeh, no my client all love me, they find it very hard when they send in a new support worker. They don’t be happy about it and they become very attached to you as well and they don’t like change when a new one comes in

Yeh its very difficult and it takes a while to get over it. Like people say eh the longer in the job it becomes easier bu I don’t think it is

Can you give an example and any support: Well I actually looked after a young man who was only 29 and had a very rare illness, then I was really heartbroken when I lost him but me supervisor, he came to me like said are you ok? if you need any advice, you need to come and talk to us, the door is open for you so ah they do offer for you to come in and chat with them and see how you are copying after the loss of a client

What other difficulties or problems do you experience in your work?
SC: Well the problems that I face in somebody’s home is actually with some other carers coming in if you are sharing the client between people actually, I’d have complaints about the other carer not doing their job like you could go in and find they wouldn’t have done what they are meant to do like whether it would be in the morning or the afternoon, I have to go in and correct what they haven’t done, it gives me extra work bu then again so I needed to make a complaint to the supervisor. Would they do anything when you complain? Yeh they would

What support system is in place?
SC: No support systems at the moment but just if you have an issue you feel is important you can go to discuss like I would go to management or to my supervisor, each carer is assigned their own supervisor between us all. how many supervisors? there is three supervisors at the moment and we us all split up and each one of us is assigned to our own supervisor and we discuss any other issues with them and then they would make a house call, and then investigate what we have to say.
How do you feel about it?
SC: Em at times, we feel it is a help to us like if a client is deteriorating you like and you need more supports it would be discussed with our supervisor. They kind of come in and have a look at things and see how the client is copying, they would bring it to management or they would contact the nurse if we feel like the client needs more supports

**What does supervision mean for you?**
SC: To see that we are doing our job and the client is happy, the client is getting the right care I suppose you know and if the client is not happy with the care worker, they can complain to the supervisor and ask for change that gives them a chance to say what they think of their carer, if they think they are doing a good job. If the carer is not happy, they should be able to go to the supervisor, a change put in place.

**What policies are in place**
SC: Well We have a confidentiality policy, eh we have policy for handling any you know financial, like I mean If you have to go the shops for the client, ……we have put all the receipts in the book, then we get the client to actually sign for it so that just backs us up. Yeh we a policy on infection prevent and control so like if you are sick you are not allowed to go into work in case you pass on anything on to the client 

...  

**What would you change if you had powers?**
SC: Eh I don’t agree with 12 hrs work because I find it very tiring and eh I would actually change some of the rules and regulations like eh we are not allowed to carry clients in our car and eh we are not allowed to carry another support worker in our car for insurance reasons. I would change that because like some people they cannot get down to collect their shopping and collect their pension eh some of the them like to get out as well and they don’t have family to do it so I think I there should be an allowance mad e there, they have an appointment and they have no family to bring them they have to get a taxi or you know.

Thank you very much for taking the time to do this