

# On the move: Issues facing Newfoundland unionized home care workers

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# Home Care Worker (definition)

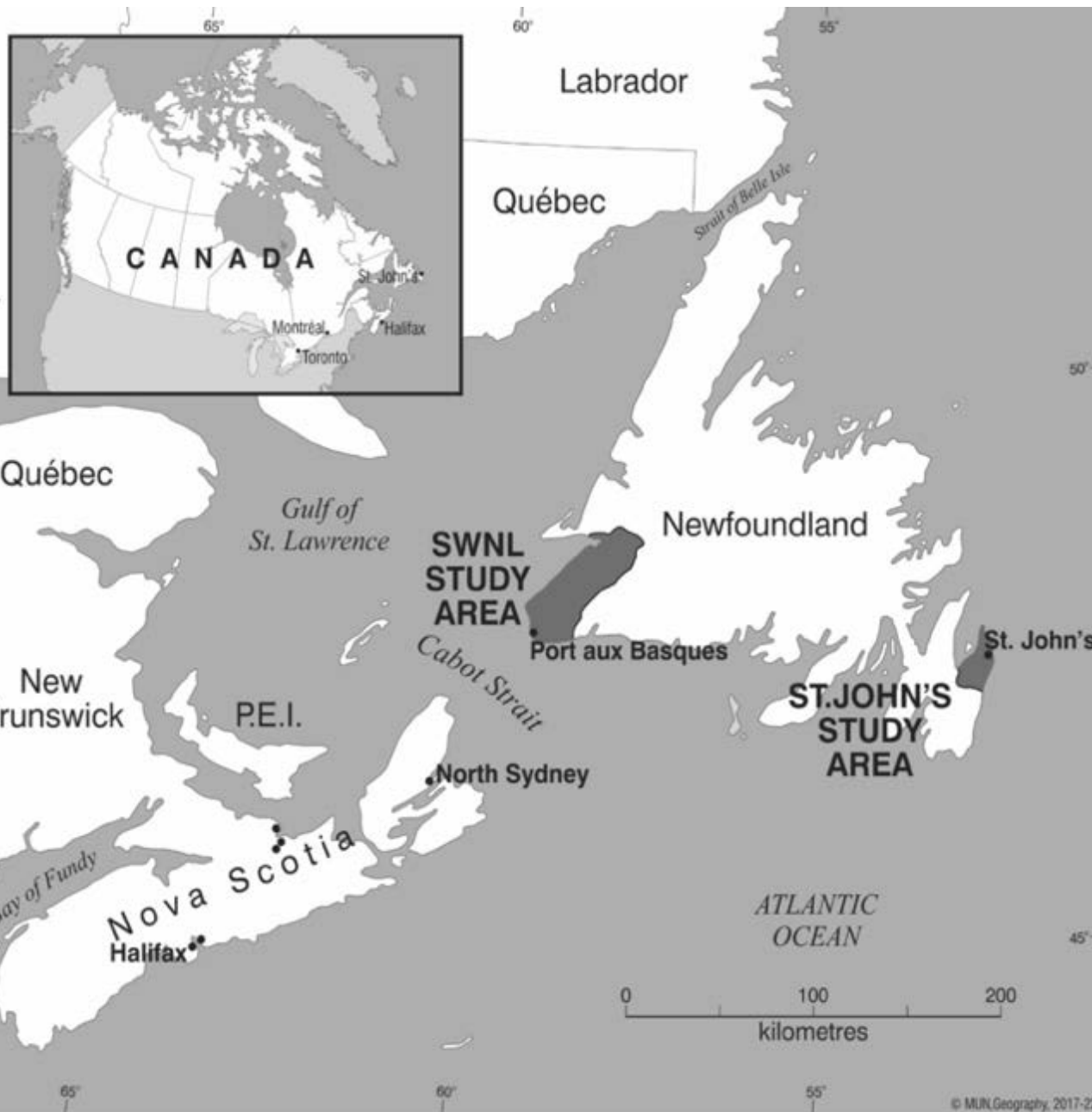


- Home support worker is a paraprofessional (cooks, cleans and does personal care)
- Cares for an individual within their home or public space

<https://www.everesthlc.com/healthcare-staffing/personal-support-workershealth-care-aides/>



**on the move**  
partnership



**What issues are facing unionized NL home care workers?**

**What are some recommendations to combat these issues?**

# Outline

- I. Research methods
- II. Demographics
- III. Employment-Related Geographical Mobility
- IV. Issues:
  - I. Working conditions
  - II. Safety and health issues
- V. Nova Scotia home care workers
- VI. Recommendations



# Research Method

## Semi-structured interviews

- Home care workers
- Key informants

## Policies & agreements

- Collective agreements
- NL Home care policies
- Workplace NL

Name (pseudonym)	Age	Marital status	Dependents	Location	Years as a home care worker
Amanda	50s	single	0	St. John's Metro	25
George	60s	married	0	St. John's Metro	7
Pamela	30s	married	0	St. John's Metro	12
Frieda	20s	single	0	St. John's Metro	2
Nikki	20s	single	0	St. John's Metro	2
Janette	50s	married	0	St. John's Metro	7
Brenda	40s	married	0	St. John's Metro	1
Vicki	40s	married	0	St. John's Metro	8.5
Catherine	40s	divorced	1	St. John's Metro	<1
Rachel	50s	Common-law	0	SWNL	<1
Cassandra	50s	married	0	SWNL	2
Sherri	40s	divorced	0	SWNL	2
Cecile	20s	single	0	St. John's Metro	<1

**Policy Research**

**Statistical Research**

**Field Research**

**Online Survey Research**

# Home care worker – a closer look

- some home care workers move from respite care to active care
  - Aspirin → liquid morphine
  - Catheters
  - Enemas
- Work with youth with special needs
- Supervised access

# Employment-Related Geographical Mobility

- Commuting to and from workplaces and between workplaces
- Commuting for work
  
- Interviewed home care workers
- Preferred 8 or 12 hour shift with one client
- Majority of workers cared for 2 or more clients a day



- Public transportation
  - limited in St. John's 2 traveled by public transit
  - Non-existent in SWNL



# Frieda

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05:30 – 06:00	drives 30 minutes to client's home
06:00 – 14:00	cares for Client A
14:00 – 14:30	drives home

# Nikki

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08:10 – 08:30	drives 20 minutes to Client A
08:30 – 12:00	cares for client A
12:00 - 12:30	drives 10 minutes to Client B & wait
12:30 – 16:30	care for client B
16:30 – 16:00	drives 10 minutes to client C & wait
17:00 – 19:00	cares for Client C
19:00	drives home

# Janette

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08:30 – 09:00	drive 30 minutes to client's home
09:00 – 12:00	work first shift with Client A
12:00 – 12:30	drive 30 minutes home
17:30 – 18:00	drive 30 minutes to client's home
18:00 – 21:00	works second shift with Client A
21:00 – 21:30	drives 30 minutes home

# Catherine

08:00 – 08:20 walks to the bus stop and ride the bus

08:20 - 09:00 school drop & visit a local coffee shop

09:00 - 12:00 cares for Client A

12:00 – 12:30 walks to the bus stop and ride the bus

12:30 – 12:45 visits a local coffee shop

12:45 – 13:00 walks to the client's home

13:00 – 16:00 cares for Client B

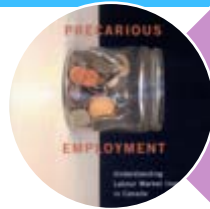
16:00 – 17:00 walk to the bus stop and ride the bus

# E-RGM of home care workers

- Workday varies
- Not paid mileage or travel time
- Affects working conditions



# Work-related issues



Precarious employment



Working alone in the home



Transient workplaces



Work/life balance

# Precarious employment

## Irregular Shifts



*I could go up to about 25 hours a week or I might get no calls for work. I only get called when they are stuck to fill a shift. Brenda – home care worker*

*I can get a phone call tomorrow and, “Say, well, we need you at this place at 8:00 in the morning until 12:00 and for 2 weeks only because they just got out of the hospital I and they had surgery and they only need someone for 2 weeks. That’s a 2 week schedule and that’s it. After that 2 weeks is up I leave that person and I don’t go back to them. Or I can get somebody for day to day stuff. Nicole – home care worker*

# Precarious employment

## Job insecurity



*A lot of us, are asked why we do this. Because if my client decides tomorrow that she does not want me at her house tomorrow, she does not have to give a reason. I could be weeks before I have another, the same hours of work. Pamela – home care worker*



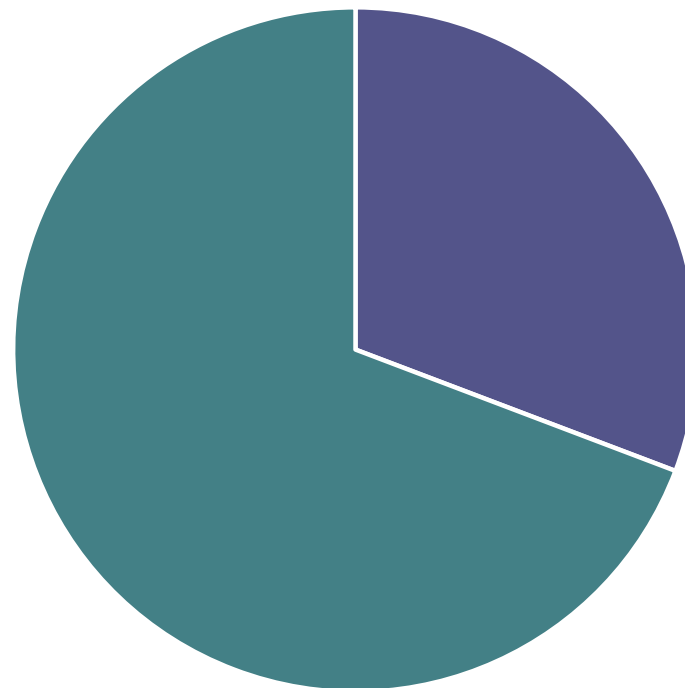
# Precarious employment

## 2<sup>nd</sup> job

*I started getting 26 and 30 hours for a couple of weeks and then they cut me back down again. And that is why I had to get the 2nd job at (fast food restaurant) in November. To make up the hours. Catherine – home care worker*

*Last summer my client went into hospital because she had a heart attack, so she was in the hospital for 3 weeks. During that time I was doing home care and I was also working at a gas station. Nikki – home care worker*

2nd Job



■ no ■ yes

# Working alone in the home

## Emotional Blackmail



*There is a lot of coercion in home care because you form a bond with a family. And if you got to be off cause you're sick, or it's your weekend off they'll call and they'll [home care agency] say, "Well, we got no one to go in. Don't you care about them? Come on now, don't you?" Janette – home care worker*

*You have to give in sometimes because if not, I mean, they are liable to say, "I don't want you, you won't do what I want you to do." Pamela – home care worker*

# Working alone in the home

## Emotional Labour

*You can't have no emotion. Someone got to maintain their cool, no matter how close you are to that person. When everyone is crying you just got to stay focused. You're not allowed no emotions, right? And so... He waits up until I come home and then he gets it. And, but it's very difficult. We get into people's lives and we get into their homes and sometimes we're all the family that these people got. Janette – home care worker*

# Working alone in the home

## Complex care

*But years ago, you were not allowed to any of that. You were not allowed to do anything with meds. Right now. . . I know workers who do catherization. They do enemas, trach care and all of that which used to be done by community health nurses who came into the homes while we were there. But it has just changed so much. Our world has gone from respite, just being with somebody, to being very active in their care.*

Amanda – home care worker

# Working alone in the home

## Complex care



*My first palliative care case, I went into a home, I was not trained, and a family just looking at me thought that I had all the answers. I didn't. I went out, on the last day the client was alive I went to the door and I looked out the window, and I just said "Dear Lord, don't let me two feet run." And she [client] passed away later that night and I got through it but when I walked out, I knew I was going to take it up myself and I went and had massage training and physio training and I had a lot of friends and the public health nurses showed me how to do needles. I've been doing catheters and stuff like that. Janette – home care worker*

# Transient workplaces

## lack of client information

*There is no information given to us. We got a name and an address. We're not told half of what goes on until you walk into this situation and you're probably in a mess. Janette – home care worker*



# Transient Workplaces

## Emotional labour

*The emotional thing. It's really the first one for me. How do you cope when someone dies? I was a mess for a long time. We all are. . . It is difficult sometimes. I may have someone the next day. Here are you, you've lost this person that you worked with for so long, and they [the home care agency] expect you tomorrow to go and work with Mrs. Jones and be happy. . . Amanda  
– home care worker*

# Transient workplaces

## multiple clients

- Places to wait between clients
  - Coffee shops
- No autonomy over sequence of seeing clients



[https://www.tripadvisor.ca/Restaurant\\_Review-g445054-d2262117-Reviews-Tim\\_Hortons-St\\_Anthony\\_Newfoundland\\_Newfoundland\\_and\\_Labrador.html](https://www.tripadvisor.ca/Restaurant_Review-g445054-d2262117-Reviews-Tim_Hortons-St_Anthony_Newfoundland_Newfoundland_and_Labrador.html)



# Work/Life Balance

*I don't have a social life. Nikki – home care worker*

*Sometimes I miss out of things. I have to work Christmas Day, New Years Day, Easter. The hardest stuff I find is New Years Eve. That's got to be the loneliest one. But, you know, you got to expect it. Somebody has to be here, so, it's my turn. Brenda – home care worker*

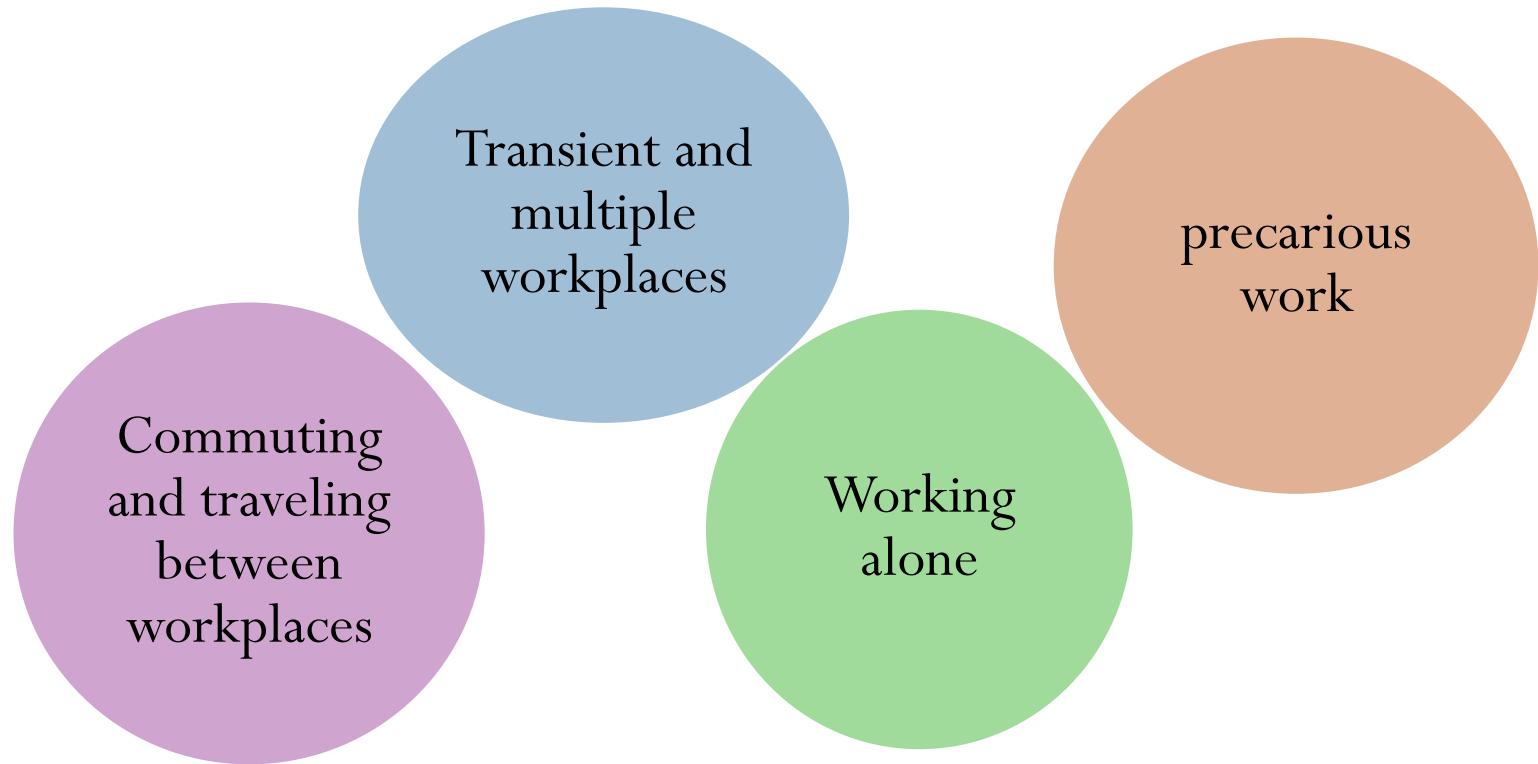
# Work/Life Balance

*We have no life. . . . We are supposed to have every 2nd weekend off. But we went work 2 or 3 weekends and then finally get a day off and be called right back in. Right, this is how this goes. It's very hard on home life, very hard you know, and this is why you see a lot of older ladies in the home care. Now, some of the younger will try it for awhile but they can't take the strain because they want their days off, right? Janette – home care worker*

# Eligibility of Workers Compensation benefits

Location	
Injured at work (the client's home)	Yes
Injured on the commute	No
Injured while on traveling for work for employer	Yes
Injured while traveling between workplaces	Not sure

# Health and Safety Concerns





# Commuting & Traveling between workplaces

- feeling drowsy
- winter driving – “wicked storms”
- Cost of maintaining their car
  - Winter studs



# Transient & multiple workplaces

insufficient  
information  
about new &  
existing clients

- Not formally introduced
- Home care agency

Unsafe  
workplaces

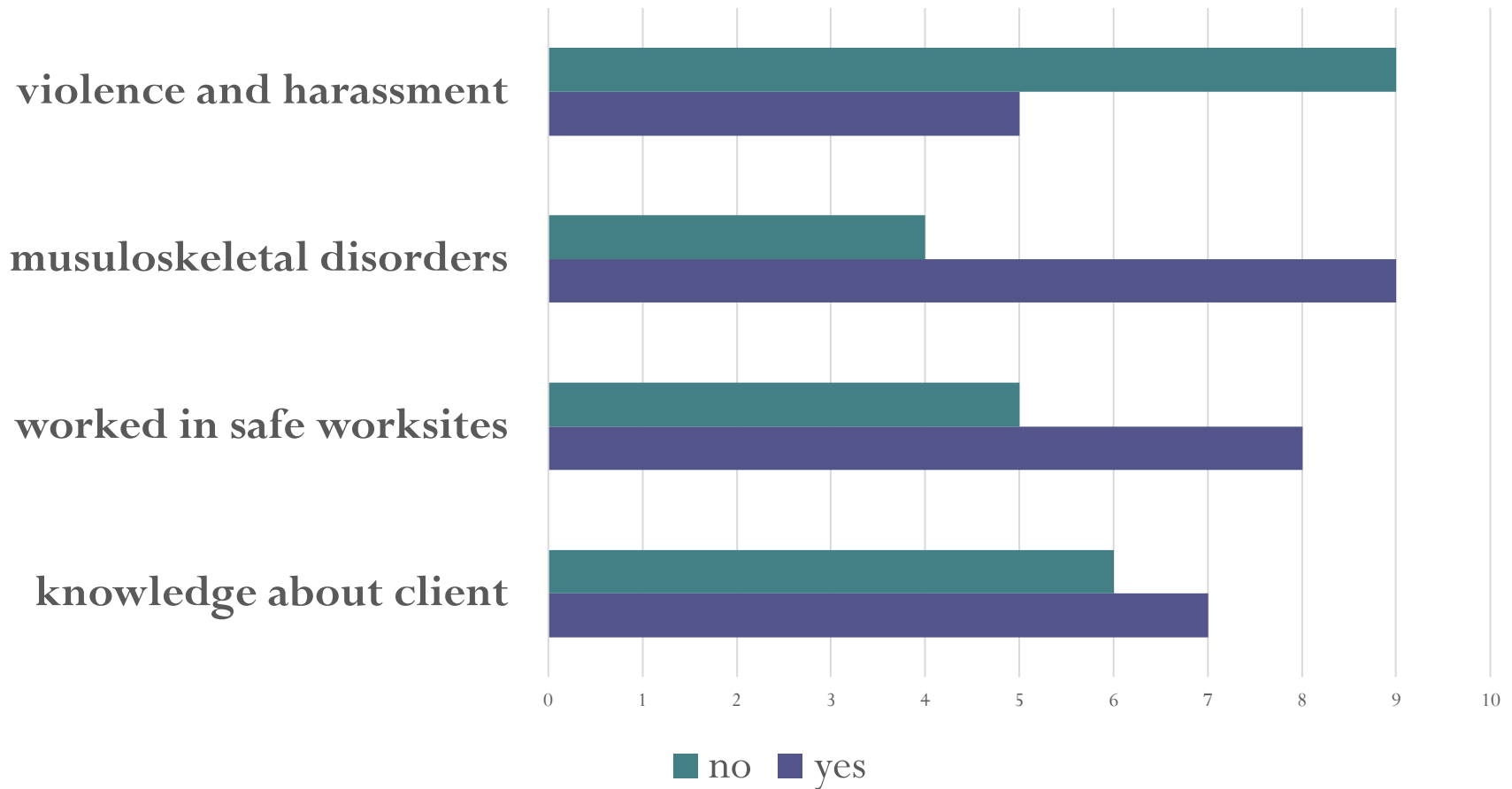
- expose other client
- Bring home to family

Stressors

- Insufficient time for quality care
- Leaving non-ambulatory clients alone for the night

# Working Alone

## health and safety



# Violence and harassment

- Harassment by client and family members
  - Frieda – felt unsafe 8 months
    - Put hands on her shoulders
    - Make personal comments



# Muscular skeletal issues

*You can't go into homework with a bad back, but you will leave with one. Pamela*

- Lifts outdated
- Clients apprehensive about using a lift
- Turning clients in bed

# Unsafe workplaces

- 5 home care workers reported unsafe workplaces
- Home care agencies representatives (9)
  - $\frac{3}{4}$  checked client's homes – view client safety
  - $\frac{1}{3}$  had the worker meet with client before care
  - $\frac{1}{3}$  notified workers if client smoked or had animals
  - 1 representative – confidentiality issues – can only share info if worker went into the office

# Unsafe workplaces

- Homes in disrepair
  - A couple of representatives would not place workers in unsafe workplace
  - one representative
    - *Unfortunately there is not much you can do about that. You just tell your home support worker to be as careful as they can*

# Precarious Employment

- Take safety risks and perform tasks beyond scope of work description
  - *You have to give in sometimes because if not, I mean, they [the home care clients] are liable to say, “I don’t want you, you won’t do what I want you to do.”* Pamela – home care worker
- Underemployment or unemployment if removed from dangerous environments until another client found

# Recommendations

## Provincially

1. Workers should be eligible for compensation when traveling between workplaces
2. Require ALL home care agencies to follow the guidelines for working alone
  1. Safe visit plan
  2. Standard awareness checklist
3. require home care agencies to carry out an on-site risk evaluation

# Recommendations

## Collective agreements

1. Require home care agencies to
  1. Conduct safety assessments (clients and homes)
    1. Include worker and home care agency representative
  2. Disclose client's behavior problems and contagious diseases with workers
    1. If dangerous client – 2 workers required
  3. Home care agency – should offer MORE health and safety training
    1. Workers should be compensated for time

# Nova Scotia home care workers

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Caring for those who care: The rewards, risks and realities of providing mobile healthcare

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