

**Narrative of Themes Identified from Focus Group Interviews with Home Health Aides:  
Experiences and Perceptions During the COVID-19 Pandemic**  
November, 2021

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## **Background**

This study component explores in-depth the COVID-19-related experiences and perceptions of Home Health Aides (HHA) approximately a year after the initial arrival of the COVID-19 pandemic in NYC. We conducted six virtual focus groups with HHAs to examine: (1) their concerns and the challenges they faced throughout the pandemic, (2) the role that home health care agencies played in supporting HHAs during the pandemic, and (3) lessons learned from HHAs' COVID-19 experiences that could inform future preparedness efforts in home care and its delivery. Thematic analysis was used to code and categorize interview excerpts. The narrative below details findings related to each of the research objectives described above.

## **Home Health Aides' Concerns and Challenges Throughout the COVID-19 Pandemic**

### ***Work Dried Up: Financial and Economic instability***

HHAs highlighted the precarious nature of their work, including fluctuations in their work hours without a guarantee of work being available and the absence of paid sick leave. While these issues were problems with direct care work before the pandemic, they became worse during the pandemic. For instance, the pandemic highlighted how HHAs were not offered paid leave when they had a suspected exposure to COVID-19, or became sick themselves from the virus following an exposure at work. These aspects of their work generated financial uncertainty and emotional distress for HHAs, due to an unreliable income stream, made worse if they contracted COVID-19. Aides expressed concerns about their financial security, including declining cases that they might otherwise accept due to fear of exposure to COVID-19, the need to find additional work, sometimes at other agencies, when available cases became scarcer.

*“One concern I had is that, if ever I were to come down with COVID, ... I would be basically knocked out of... any work at all which could be disaster”* [Home Health Aide, Focus Group May 6]

### ***Scared to Death: Concern for Personal and Family Safety***

HHAs expressed concerns for their personal and family safety. In the early days and weeks of the pandemic, HHAs noted a lack of Personal Protective Equipment (PPE) and saw their jobs as placing them and their family members - including family members with chronic conditions - at

increased risk due to close personal contact with clients and others in their homes. Aides also expressed a sense of personal responsibility for mitigating the risk of transmitting of COVID-19. HHAs level of concern and perceived safety was related to their case characteristics and client relationships. For instance, HHAs who cared for longer-term “*permanent*” clients tended to feel more comfortable with their day-to-day work and safety compared to HHAs who cared for shorter-term post-acute clients. This was because HHAs could better gauge longer term clients’ infection prevention and control precautions and negotiate mitigation practices.

*“I had two permanent cases in the week and on weekends ... but, for the first time I became very concerned too about you know my own safety. Yes, I talked to about my clients, and would there be other persons in the home and the how careful will they be about the protocols issued, so you know, I was very reluctant to tell the truth about accepting other cases that were sent on my day off [short-term assignments] ... I found that my two cases, they were very, very careful about not contracting COVID and so you know I felt very safe.”* [Home Health Aide, Focus Group May 6]

### ***Unknowns and Dangers: Commuting on Public Transportation and Client Risk Awareness***

Aides described a New York City that was on edge during the first wave of the pandemic, highlighting tense interactions on public transportation and passengers who refused to wear masks or maintain physical distance with others on buses or trains. Aides expressed a concern for their personal safety and were exasperated at passengers who refused precautions. Owing to these circumstances, some HHAs limited their caseload to clients within walking distance of their homes, to minimize use of public transportation.

*“I see a lot of people still come on the train not even wearing a mask when I’m in a car and somebody come close to me. And they didn’t have a mask when the train stops. I move from the side or go to another car because um if you don’t wear a mask you’re not going to come close to me at all.”* [Home Health Aide, Focus Group, June 3]

Beyond transportation, HHAs faced challenges with navigating new cases. That is, many were left unaware about the situations they would encounter when they walked through the door. For instance, aides described how they did not receive disclosures from their agency about the COVID-19 infection status of their clients, and that this made them feel less prepared when they entered a client’s home for the first time. Additionally, family members living with the client may not have practiced COVID-19 precautions and may have visited during HHAs’ shifts without them knowing, leading to tense interactions with some clients who refused to wear masks or adhere to infection prevention precautions. Some aides described being asked by patients to take their masks off.

*“We didn’t know what we were walking into some of the buildings, I went into I don’t know anything I was just going in blindly.”* [Home Health Aide, Focus Group, April 28]

### ***Keeping Calm: Home Health Aides Provision of Emotional Support to Clients***

HHAs provided (uncompensated) emotional support to their clients. While not limited to the pandemic, emotional support featured prominently in their work during this period. Clients were often confined to their homes and had little interaction with the outside world, especially those who lived alone or lacked immediate family who would visit them. Aides spoke about how their clients were often scared, frightened, and concerned about becoming infected with COVID-19. Aides provided reassurance and emotional support to their clients, and served as a lifeline of information about the pandemic and related events.

*“Most people live by themselves, there’s so much you could do for person who has no family lives by themselves so by you coming everyday showing up you know you’ve given them, you know happiness and you know they happy to see you, and that that keeps them going ... A lot of them don’t understand what’s going on, so by you talking to them, explaining to them, they feel more comfortable you know what you underneath you know they relax.”* [Home Health Aide, Focus Group, July 1]

### **The Role of Agencies in Supporting Home Health Aides During the Pandemic**

#### **No One There: The Role of Supervisory Interactions and Supports for Home Health Aides**

Supervisory relationships played an important role in HHAs experiences during the pandemic. However, HHAs described contrasting degrees of supervisory communication and support. Those HHAs who were able to reach their supervisors by phone or messaging application expressed appreciation for their role in providing support and helping them navigate work issues, as well as arranging for PPE deliveries when they were running low on supplies.

*“There was a supervisor who called me once in a while to see how we were doing. You know, it was a good call and I found out, I was not the only one that didn’t get PPE. The lady called me one day and asked me when I told her that I was out of PPE. Three days later. There was a big package.”* [Focus Group, April 19]

Supervisors served as information resources, and a lack of communication with supervisors left HHAs feeling isolated and unsure about their work.

*“I feel they [supervisors] could have done better ... Nobody check up on us, nobody see how we’re doing. ‘Are you guys okay?’, ‘Do you guys need anything?’ ‘Is there anything we can do?’ No. They’re only going to call us when ‘Hey, we have this hours, this place, Can you go?’ Yeah, that’s how it works..”* [Focus Group April 28]

Additionally, supervisory approval was needed to obtain N95 masks and to make changes to workplace policies affected by the pandemic, such as restrictions on accompanying clients to hospital waiting rooms and doctor appointments.

#### **Missing It: Supplies and Receipt of Personal Protective Equipment by Home Health Aides**

HHAs reported variable experiences with receiving PPE from their agency. Some aides described not having adequate supplies of PPE for their visits to clients. This was especially common among aides who spoke about the early months of the pandemic when masks and gloves were scarcer. Inadequate supplies of PPE led some to pay out of pocket to purchase masks. Aides' concerns about PPE were magnified when they felt sick or were unaware of actions to take to keep themselves and their clients safe. While mail packages were generally seen by aides as a successful method to transport PPE supplies from the agency to their homes, not all of the aides we spoke with received their PPE packages due to mailing and other address issues. Additionally, aides would also provide PPE to their clients and family members when they lacked supplies, further limiting their available PPE stock. PPE supplies became more readily available later in the pandemic (by the Summer and Fall of 2020).

*"The PPE I don't have those. I didn't have mask. I didn't know what to do ... I was scared."* [Home Health Aide, Focus Group, April 19]

### ***Feedback and Discussion: The Role and Importance of Emotional Support Groups***

While they were not always easily accessible during a time when they could attend, HHAs expressed appreciation towards the emotional support groups organized by their agency. Aides saw support groups as helpful. However, they also placed importance on being able to immediately reach their supervisor, which was seen as being equally (or even more) important than support groups during moments of stress. Aides suggested that *"sometimes you need the immediate feedback"* associated with being able to reach an agency representative on the phone system.

*"I'm also someone who often could not participate [in the emotional support group], because of the schedule... Often I get a frail patient and we're in the bathroom so we can't even reschedule. We're on the job - that kind of thing is less supportive ... You sort of get a 20/20 hindsight. Sometimes some very interesting information and discussion comes out of [the support group] but, again, it's after the fact and it's not being able to talk to someone at the moment about a concern... The problem is long gone, and you've made your decisions and that kind of thing."* [Home Health Aide, Focus Group, May 6]

### ***Preparing for a Future Pandemic; What Did Aides Learn? What do Aides Want?***

#### ***Bottom of the Food Chain: Recognizing the Essential Role of Home Health Aides***

Despite perceiving a lack of recognition from the healthcare system and public at large, aides were motivated to work during the pandemic by a belief that they provided essential services to clients. Their essential work included both physical assistance as well as emotional support for clients. They recognized that many clients they served lived alone and lacked support from family caregivers. Aides expressed that they hoped the public would recognize their contribution as essential workers and offer similar appreciation and support as to that which

was offered to other healthcare professionals (e.g. doctors and nurses). Aides expressed frustration with their perception that they were not always recognized as essential workers. They expressed frustration with the insufficient recognition they received for the perceived risks they were taking (e.g. close contact with clients who may have COVID-19).

*"I'm proud to be a home health care worker ... without us I don't know what people will have done during the pandemic."* [Home Health Aide, Focus Group, April 19]

***Prepared for Anything: Promoting a Resilient, Prepared, and Knowledgeable Workforce***

When asked about their lessons learned from COVID-19, HHAs described their resiliency in the face of challenges and a mentality that they must be prepared for anything. This belief that they must be prepared for anything was related to the observation that they often do not know what they are walking into when they visit clients. To cultivate and maintain a strong workforce of HHAs, aides expressed a desire for greater transparency in the risks associated with their service delivery, including information about COVID-19 exposures, and stronger communication lines between aides and supervisors during emergency situations.