

# The situation of home care workers during the first wave of the Covid19 pandemic



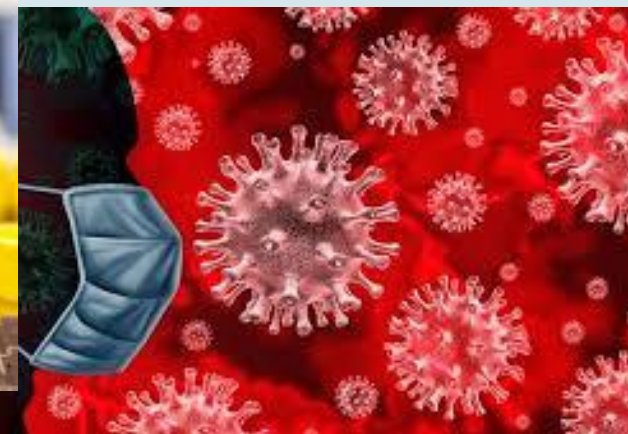
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# Facts about COVID-19 Pandemic in Hungary

(Source: koronavirus.gov.hu 24.01.2022.)

- **Identified infections: 1.441.385 (14,7% of the population)**
- **Number of victims: 40.944**
- **Intensive care units: 208 (in respiratory)**
- **Vaccinated: 6.342.496**
- **The average age of the victims: 76,4 years in the first, second, third wave, 72,6 in the fourth wave 70,4.**



# What is domestic (home) care in Hungary?

- They provide care in the home of older people
- Two main competence level (social assistance, personal care)
- Every 360-th older person receive such support in Hungary
- The field has around 12.000 worker and 92.422 cared for person (2018)
- Professional vocational education is required for workers
- Special conditions: care is provided in their home, the job has low prestige, low paid, and shortage of employees



# Lockdown



- **First wave: 16.03.2020**  
**STAY AT HOME (70+)**  
**Shopping time for older people**



- **Clapping for health workers**
- **Covid in the elderly care became a political issue**



## Why home care workers?

- Frontline workers
- Low prestige, low wages
- Bad working conditions (it is not a consequence of the virus)
- Shortage of workers (including migrant carers)



## Our research...

- Online questionnaire (close and open ended questions) (26 item) (approx. 5 – 10 minutes)
- Main topics: working conditions, overloading, challenges, power sources, the effect of COVID situation to the everyday work
- Questioned: one month after the introduction of governmental intervention
- Sample: professionals working in the home care system as manager or as caregiver (sample does not represents the whole population)
- The whole sample: 634 answerer (558 caregiver) 5,3% of the whole caregivers in HU



## Main topics:

- ▶ How **professional task** has changed after the COVID?
- ▶ What kind of **factors** determined the tasks?
- ▶ How do the **perceived burden and stress level** has changed?
- ▶ What kind of **sources** do caregivers can rely on?





# General information

- ▶ Background study (interviews with care managers) to know more about the present situation (n=24)
- ▶ Average age: 47,3 years
- ▶ Older age (danger by their age): 15,2% 58 + workers
- ▶ Education level: 2% higher, 54% secondary, 44% elementary school + vocational





## Number of clients before and after the emergency instructions

- ▶ Average before **7,8** cared-for people (HSO, 2018)
- ▶ The average was **9,6** before and it increased to **9,8** person
- ▶ More than **50% of caregivers experienced changes** among clients.  
**25% felt decrease, 26% experienced increase** of the number.

# Overloading and care burden during the COVID instructions



- **Two third felt more burden** than before the virus situation
- **80%** reported more burden on the field of **social assistance**
- **40%** felt more burden on the field of the **mental/psychological care**
- One third reported more tasks on organizing the daily care
- One fifth felt significantly more administrative tasks
- Overloading were significantly connected to the increased number of clients

# Who helped you during this period?

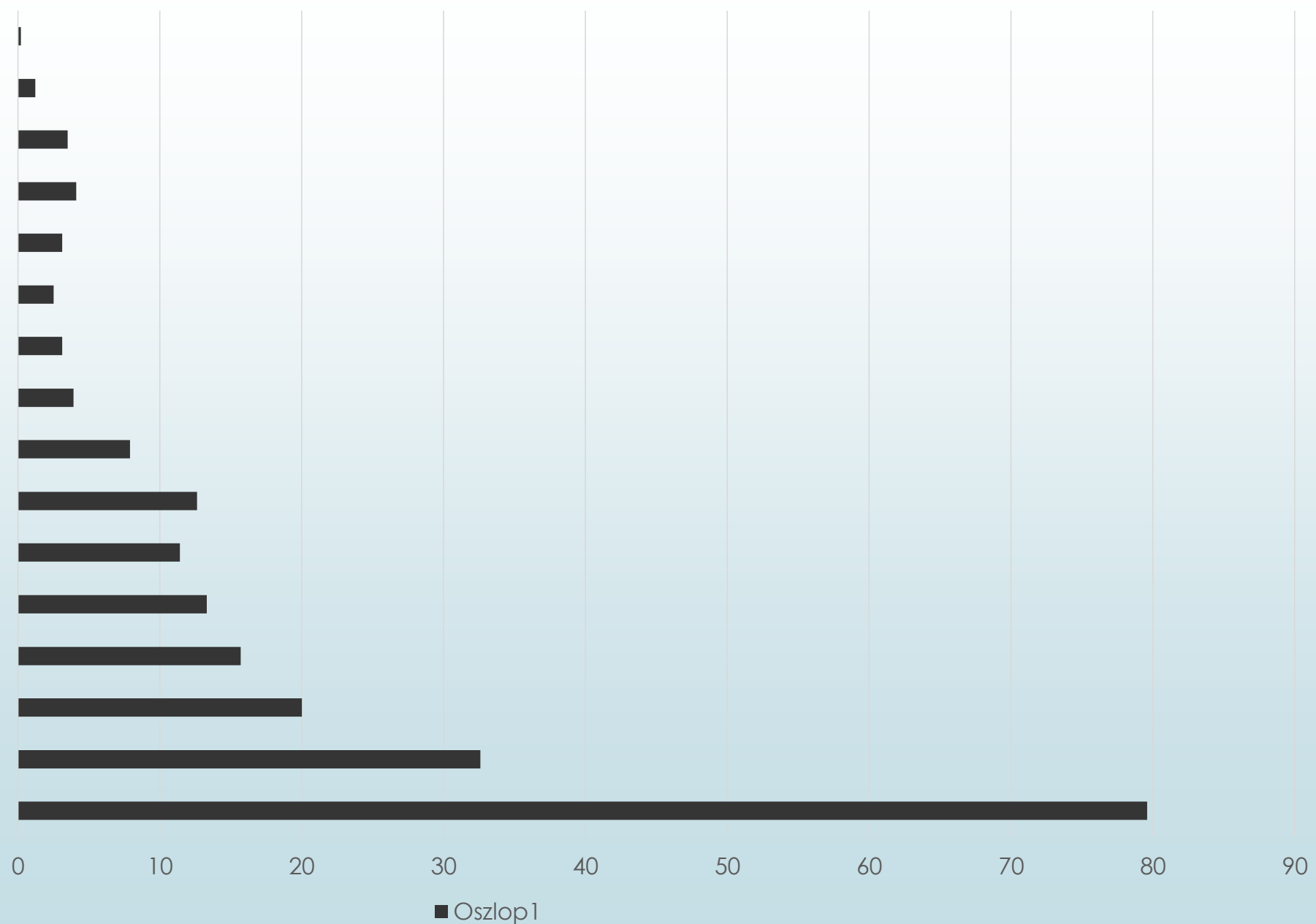
The number of original sources did not change (3,1)

|                            | BEFORE emergency | AFTER emergency |
|----------------------------|------------------|-----------------|
| <b>colleagues</b>          | 83%              | 79%             |
| Family members             | 49%              | 50%             |
| <b>GP</b>                  | 41%              | 37%             |
| Health assistant           | 32%              | 30%             |
| Social service providers   | 26%              | 27%             |
| <b>Local government</b>    | 19%              | 25%             |
| friends                    | 15%              | 15%             |
| <b>Specialised doctors</b> | 15%              | 12%             |
| church                     | 13%              | 12%             |
| <b>paramedic</b>           | 7%               | 5%              |
| neighbours                 | 5%               | 7%              |
| Charity organisations      | 3%               | 4%              |
| <b>volunteers</b>          | 3%               | 7%              |
| Hotline services           | 1%               | 2%              |
| egyéb válaszok             | 2%               | 2%              |

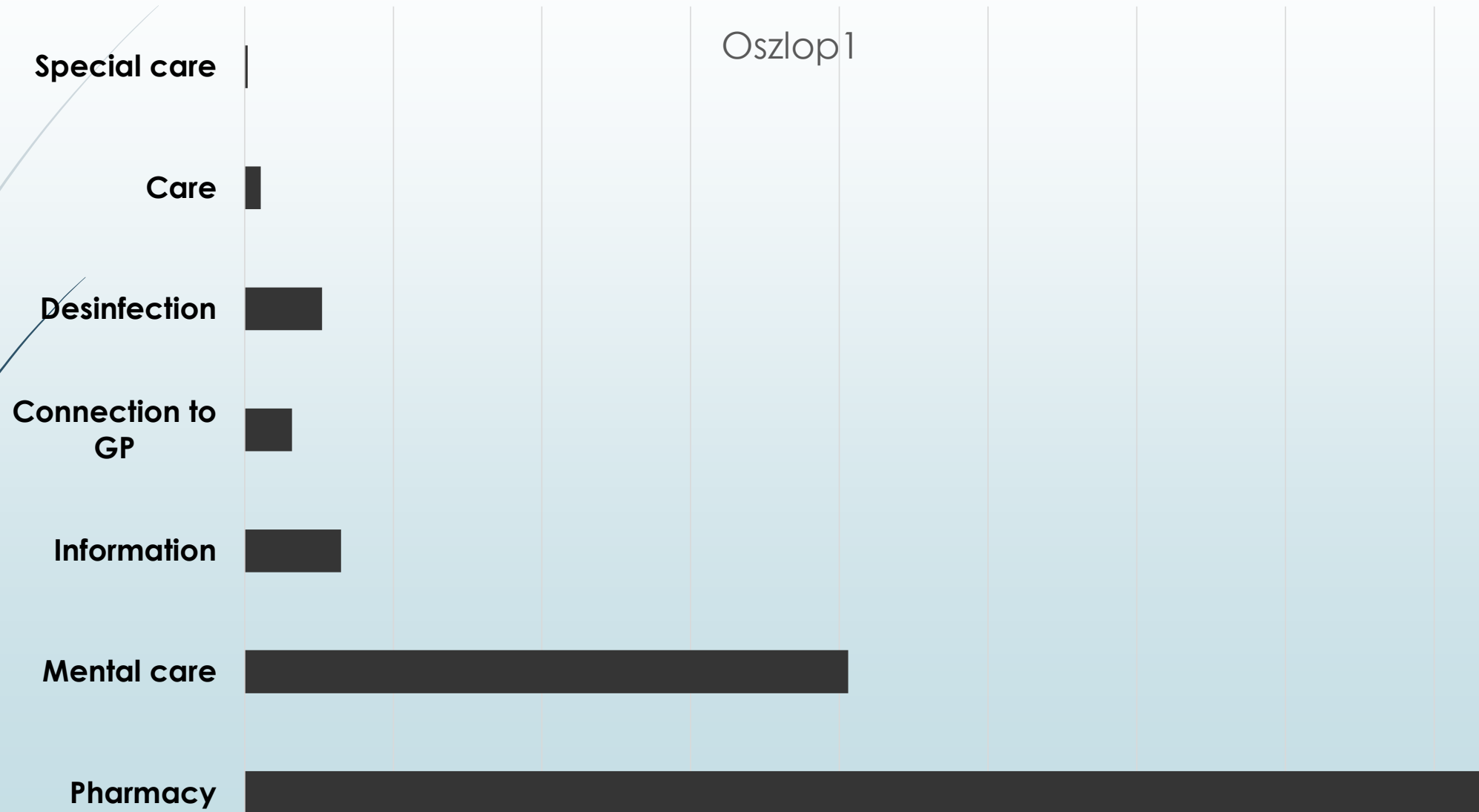
# What challenges you faced on during the emergency time?

Patients released from hospital

- Lack of information
- Overloading
- Family responsibility
- Infrastructural problems
- Fear from infection
- Lack of respect
- Take care my children
- Impatience
- Caregiving challenges
- Wearing mask
- Administrative
- Protection tools
- Travelling
- Medical services
- Shoping limit



# Fields where care activities are increased



# Changes in the level of stress experiences

- Stress scale average **increased** from 4,5 to 6,7 (10 item scale)
- The **stress level increased in the 69% of the sample**, 25% did not feel changes, 5% felt decrease of stress (1% do not answered)
- Average increase was 3,1 point which was 70% increase comparing to the average
- **Quarter of the sample reported particularly high stress level** (no. 10, that means unbearable high level by the scale)
- **20%** of the sample thinking about to leave this job

# Challenges

## Before COVID:

- strong emotional bond for cared for people (emotionally driven job)
- limited chance to find another job opportunities

## After COVID

- **Everyday routine** ( 80 % suffered from the shopping lane)
- **Daily travelling** caused difficulties for the 15% of the caregivers
- 28% had problems to keep contact with the GP-s
- **80% worried about her own health and the health of the cared for people**
- **Work pressure:** every second caregiver had 8 – 15 cared for clients, every tenth had more than 15 clients.

# Instead of summary.....

- Rethinking the role and competences of home care workers
- Post pandemic role of home care
- New protocols for home care, strengthen interagency protocols
- Rethinking competences and the elements of home care
- New situation - new working conditions
- Decreasing stress and drop out
- New „recognising” of care sector