

# WHO MEETS HOME CARE WORKERS' EMOTIONAL SUPPORT NEEDS?

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## Key Findings

- Home care workers (HCWs) are reluctant to burden others with emotional sharing, feel they do not have time to seek or use support, and want to connect more with their leaders and peers.
- Personal support workers (PSWs) prefer organizational supports like EAP and supervisors, while nurses and rehabilitation providers lean on social support networks.
- Normalizing help-seeking and more awareness of accessible services and resources for HCWs is needed.

## Rationale

HCWs are experiencing a more than usual degree of occupational stress, particularly due to the impact of the COVID-19 pandemic<sup>1</sup>, consequences of which are causing many to leave their profession.<sup>2</sup> To address burnout and retention, it is critical for organizations to understand how HCWs perceive their emotional support needs, preferred sources of support, barriers to access, and current gaps.

## Objectives

1. To understand HCWs' perspectives on their emotional support needs, current and preferred sources of support, and barriers to accessing help.
2. Develop resources to facilitate and encourage access to emotional support.

## Methods

An online survey was circulated to all HCWs at a single home care organization in Toronto, ON. Descriptive analysis of quantitative and open-text survey data was used to address objectives.

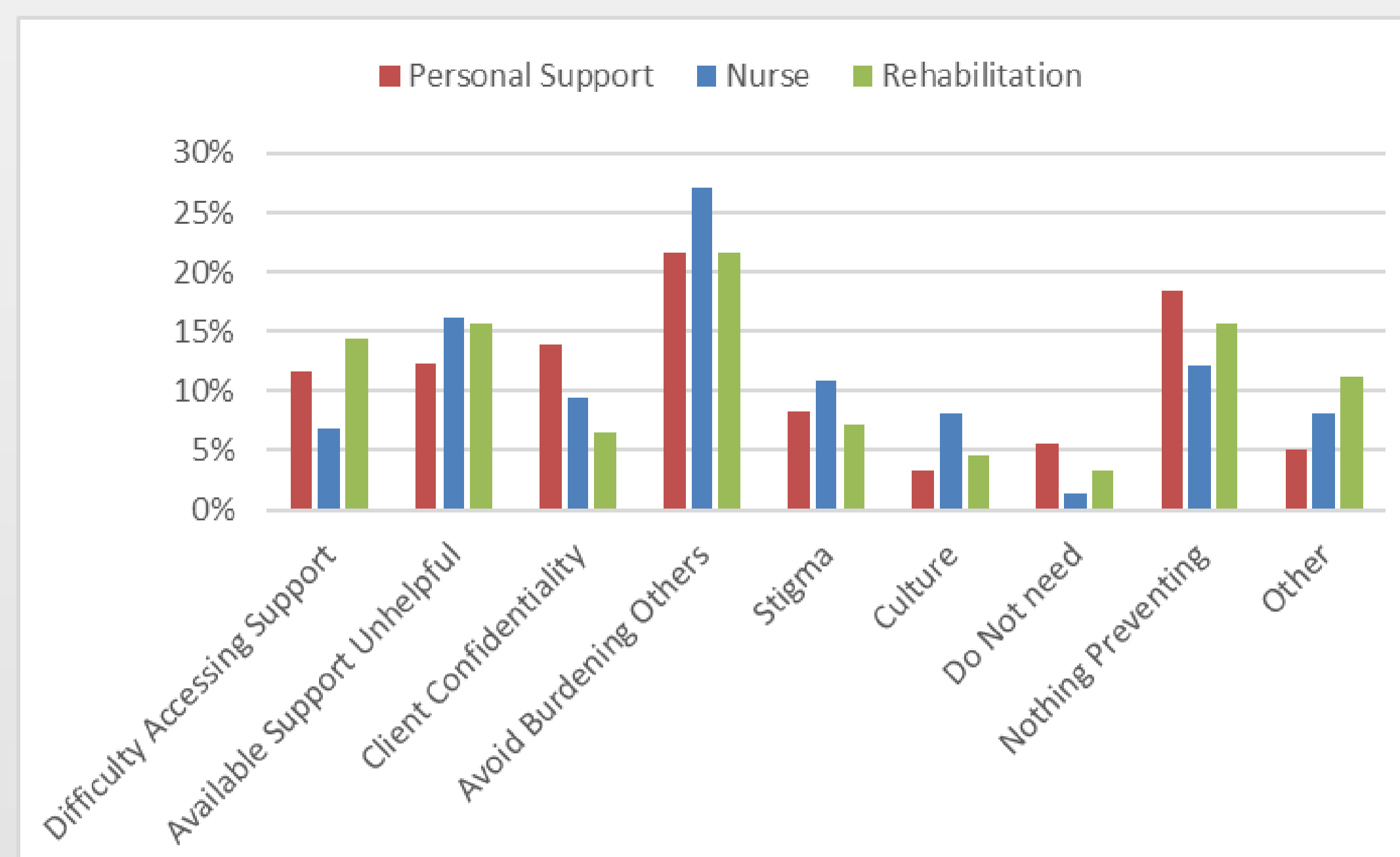
## Results

249 HCWs completed the survey (118 PSWs, 44 nurses, 87 rehabilitation providers).

Across all HCWs, a key barrier to seeking emotional support resources and services is seen in respondents' reluctance to burden others with emotional sharing (Figure 1).

Rehabilitation providers and nurses also find the current available supports at their organization to be unhelpful (Figure 1). For rehabilitation providers, the available supports are also inaccessible (Figure 1).

Figure 1. Barriers to Accessing Support



Open-text responses gleaned “not having time” or the finances to access resources, as well as uncertainty around where and how to find supports, as additional barriers shared by HCWs.

*“Overall, I feel that there is just not the time or financial support to access needed supports. It adds emotional stress thinking about taking the time off work to acknowledge needs, so I end up just pushing it down and ignoring it.” (Rehabilitation Worker)*

*“When you see clients 7am-5pm, Mon.-Fri., it is difficult to avail oneself of some support that is only offered during the day.” (Personal Support Worker)*

PSWs are most likely to seek out support from their supervisors and others who manage their work (Figure 2). Nurses (Figure 3) and rehabilitation providers (Figure 4) seek out their supervisors but are more likely to confide in their family and friends.

Figure 2. Personal Support Workers: Who Do You Reach Out To?

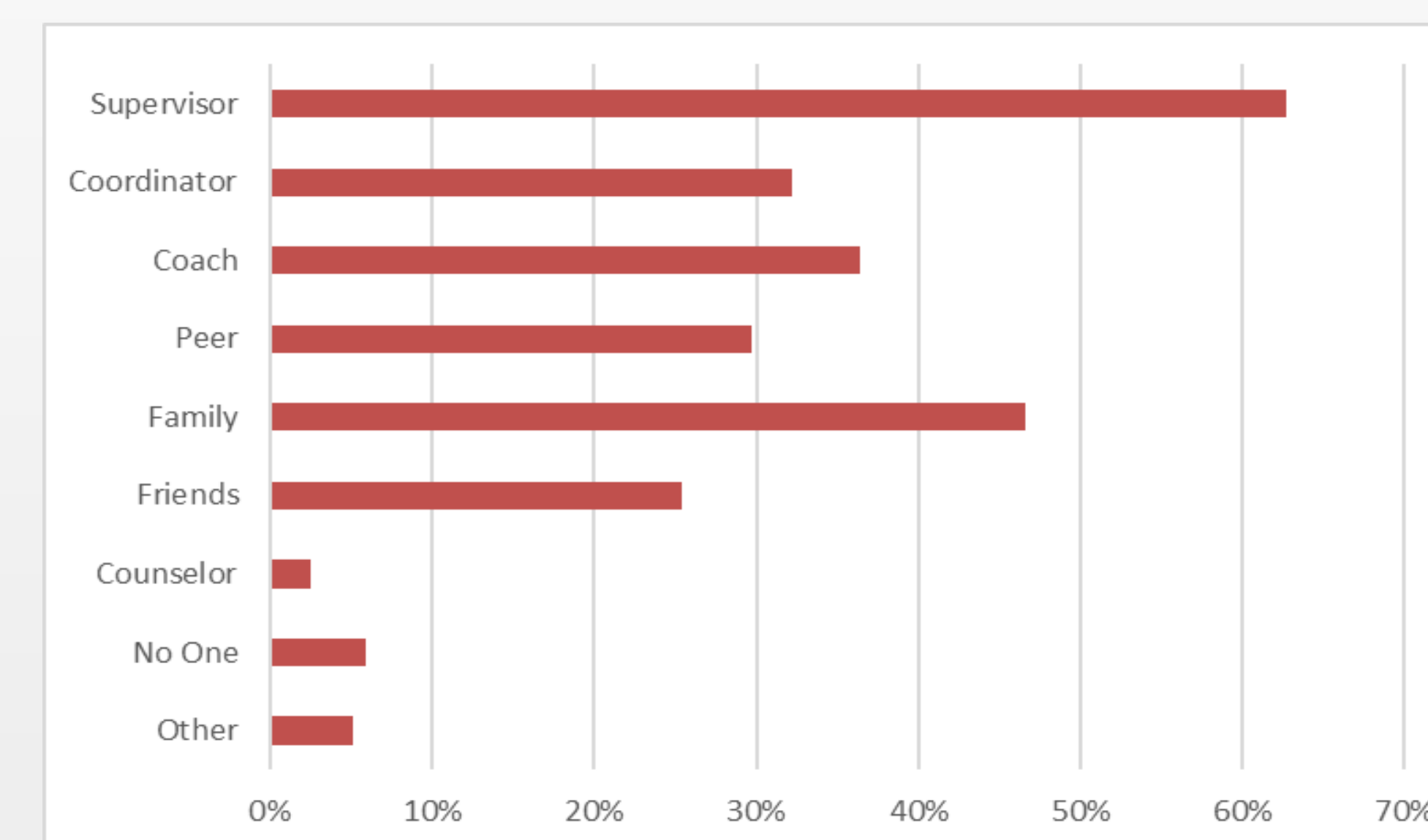


Figure 3. Nurses: Who Do You Reach Out To?

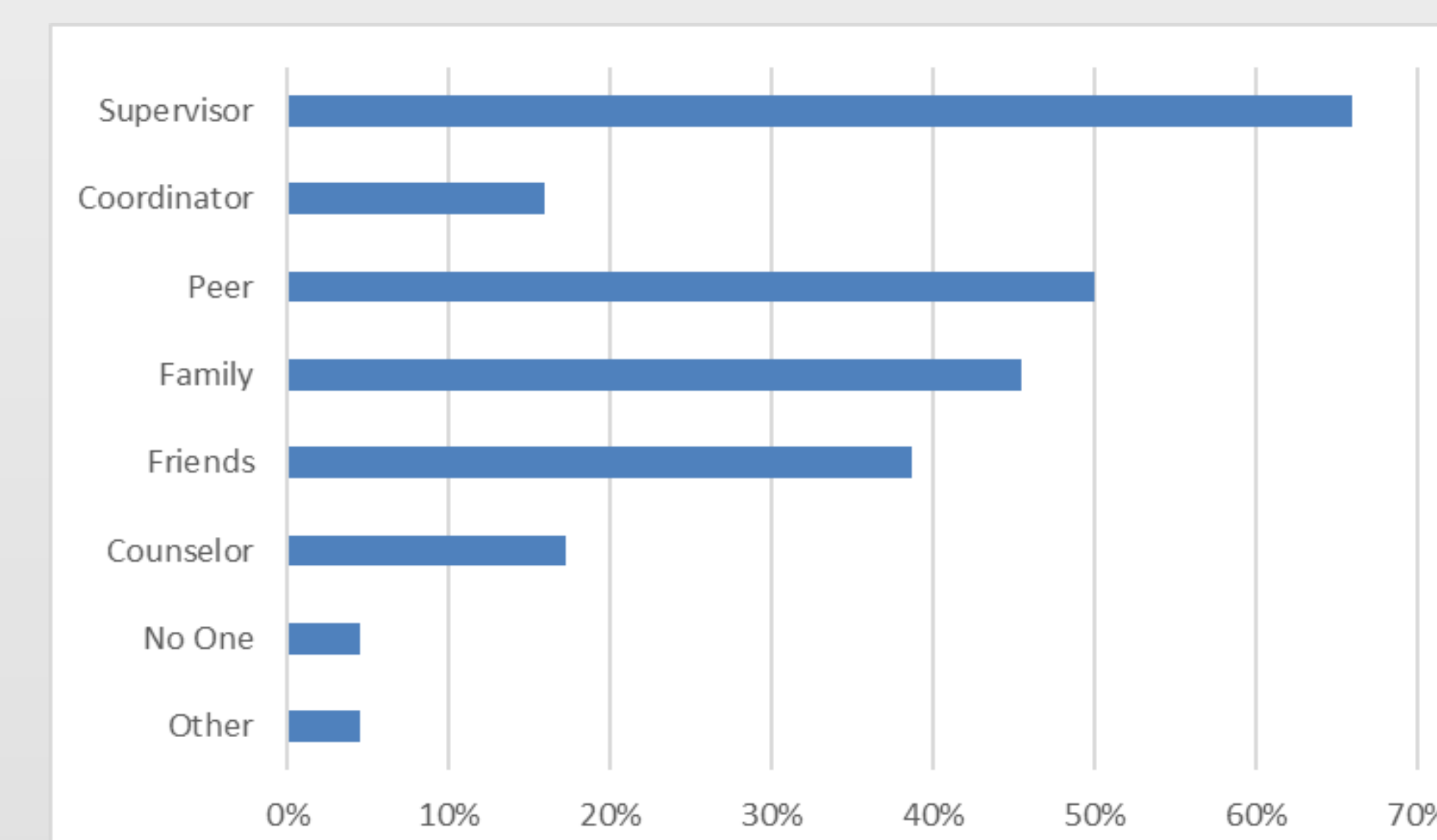
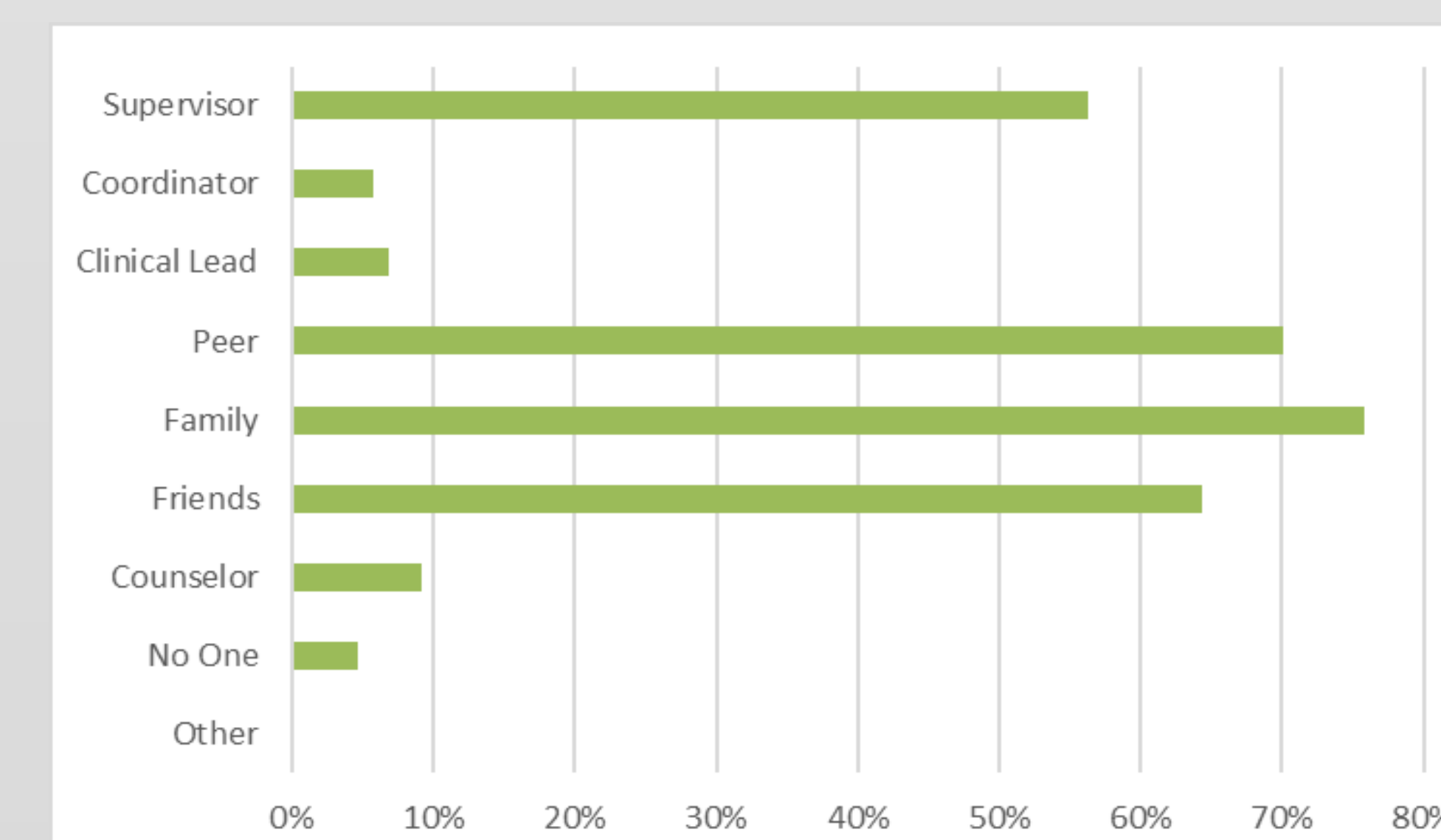


Figure 4. Rehabilitation Providers: Who Do You Reach Out To?



PSWs show a preference for organization-based supports, such as employee assistance programs and their supervisor, while nursing and rehabilitation providers are more likely to seek external supports, such as their personal networks and/or from a professional.

## Conclusion

HCWs affirm that having their emotional support needs met is important but continue to have trouble sharing their experiences with others and finding the right resources for them. Given that each discipline's helping-seeking behaviours differ, a “one-size fits all” intervention may not be impactful.

Organizational leaders can support HCW wellbeing by:

- Normalizing seeking emotional support
- Promoting and improving existing resources to increase utilization
- Developing peer support initiatives and,
- Facilitate regular wellness check-ins.

## Refill Your Cup: Emotional Support Resources Directory

In response to challenges identified through the survey and feedback from our HCW partner advisory group, a digital directory of free and low-cost resources was created and can be accessed [here](#).

## References



## Acknowledgements

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