Exploring Sense Of Belonging As A Factor Of Well-Being Among Home Care Aides

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EXPLORING SENSE OF BELONGING AS A FACTOR OF WELL-BEING AMONG HOME CARE AIDES

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A DISSERTATION

Presented to the Affiliated Faculty of

The College of Graduate and Professional Studies at the University of New England

Submitted in Partial Fulfillment of Requirements

For the degree of Doctor of Education

Portland & Biddeford, Maine

February 2021
EXPLORING SENSE OF BELONGING AS A FACTOR OF WELL-BEING AMONG HOME CARE AIDES

ABSTRACT
The purpose of this study was to understand the elements that foster or prevent a sense of social belongingness and well-being among home care aides working in the United States through qualitative narrative inquiry, and which factors motivate those working in this profession to continue to do so for the long-term. Dewey’s theory of experience served as the study’s underlying conceptual framework, and Maslow’s hierarchy of needs and Herzberg’s two-factor theory of motivation served as the companion theoretical building blocks. Analysis in this qualitative narrative study yielded four major themes from the participants’ restored narratives associated with sense of belonging, well-being, and motivation for longevity in the role as a home care aide. The four major themes included relationships, recognition, social good, and organization. While participants overwhelmingly chose to enter the profession out of necessity, their choice to stay was rooted firmly in the social connections they formed. The home care aides formed deep, family-like bonds with their patients and peers, thus establishing social responsibility and purpose in their work. Cultivating and leveraging these bonds in the home care aide’s role may be integral to improving their long-term sense of belonging and well-being and may serve as powerful motivators by which to help them overcome other negative elements of experience. The findings of this study may be useful to home care industry leaders and policymakers, government officials, and healthcare leaders.
Keywords: home care aide, home care, home and community-based services, sense of belonging, well-being, employee motivation, experience, motivation
University of New England
Doctor of Education
Educational Leadership

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ACKNOWLEDGEMENTS

It is true what they say: The road to a doctorate is hard and one should “trust in the process.” I could not have imagined that my doctoral dissertation journey would occur in the middle of a global health emergency or that the road would have been as difficult as it was. But I am tremendously grateful for the unwavering support I have had along the way. Special thanks are extended to Dr. Jacqueline Lookabaugh and Dr. Andrea Disque who spent a lot more time with me than perhaps they had originally bargained for and were always the pillars of patience. In addition, I have to thank Dr. Susan Ficke, Dr. Jennifer Keck, and Dr. Edward Wilkin who were always there to cheer me on throughout the process and serve as a valuable sounding board and voice of reason.

Perhaps most importantly, thank you to my family (Tony, Elaine, Ethan, Kent, and Kaelyn). There are no words for how much their encouragement has meant over the last several years, especially as we were all quarantined for months on end. I hope someday my kiddos will see that this was indeed a labor of love, and that they, too, can do whatever they dream of as long as they put in the necessary time, effort, and passion.
DEDICATION

I have always believed that we, as humans, are a product of the sum of our interactions with one another and the experiences we have across our lifetimes. We learn and evolve based on the people who come in and out of our lives, and our narratives are an expression of those interactions. I have been blessed to have a number of truly special individuals make a unique and lasting imprint on my own narrative, and I now dedicate this study to them.

I would not know what was most important to me professionally without the guidance of Michael Fassino. With his unwavering encouragement, I pursued my doctoral degree and found the “beauty in small things.”

David J. Totaro, I would not know who I was as a leader or have found my “home” within home care, without your mentorship, support, and friendship. I aspire to one day be even half the advocate and leader you are.

Finally, this study is dedicated to all those providing care and services in the home care community today and in the future. Healthcare started in the home. Today, home-based care and community services are an integral part of the healthcare continuum helping millions of people live safely in the comfort of their own homes. However, this could not be achieved without the dedication, love, and compassion of the unsung heroes and heroines out on the front lines, tirelessly delivering care and services to some of the nation’s most vulnerable. Thank you.
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CHAPTER 1
INTRODUCTION

By 2050, more than 85,000,000 Americans will be over the age of 65 and it is estimated that roughly 70% of them will require some sort of care or assistance to continue living in the comfort of their own homes (Home Care Association of America and Global Coalition on Aging, 2018). Organizations in the home care industry are under pressure to quickly expand their ability to serve more consumers in light of the impending influx of need, but the industry is challenged by and suffering with high rates of employee attrition and below-average employee engagement compared to other segments of healthcare, especially with those individuals classified as home care aides (Hospital and Healthcare Compensation Services, 2019). Industry experts believe the challenges are solely tied to issues of pay with the median salary of an aide barely reaching $24,200 annually, one in six workers living below the poverty line, and more than 50% relying on some form of public assistance to make ends meet (Bureau of Labor Statistics, 2019).

Constrained, however, by low reimbursement rates and complex rules and regulations, the home care industry seeks ways to better engage and grow its employee population in the wake of a national “war on talent” (Gallup, 2018), especially with roles like the home care aide, who are vital in delivering quality care in the home environment (Hewko, Cooper, & Huynh, 2015). Research conducted by PHI, a U.S. research organization dedicated to strengthening the direct care workforce and support for older Americans, families, and people with disabilities who need care while ensuring insights are developed through research evidence and objective data collection and analysis, indicates that the home care industry is expected to need to fill 4.2 million job openings by 2026 (Scales, 2019). However, limited research has been done to explore home care aides’ experiences through their own eyes and the factors that may contribute
towards or hinder their sense of belonging, community, well-being, and motivation for continuing to work in the space given the role’s unique working environment and less-than-ideal compensation (National Direct Service Workforce Resource Center, Centers for Medicare & Medicaid Services, 2009).

**Statement of the Problem**

Organizations in the home care industry, employing a primarily transient workforce, tend to suffer from a high rate of attrition and below-average employee engagement compared to other segments of healthcare, especially with those individuals classified as home care aides (Hospital and Healthcare Compensation Services, 2019). This segment of the healthcare field is under pressure to quickly expand its footprint in response to an exponentially growing population of aging individuals in the United States (KPMG International, 2013; Bureau of Labor Statistics, 2019) who are increasingly in need of home-based care and services (PHI, 2019). The home care industry will be hard pressed to do so if it cannot engage its workforce, as there is an existing shortage of workers with the shortage expected to triple in the next 5 years (Hospital and Healthcare Compensation Services, 2019).

The associated employee population works outside of traditional settings, often alone, during odd hours with variable schedules, in less-than-ideal environments, and for minimal compensation (Bureau of Labor Statistics, 2019), all while serving a vulnerable population (Centers for Medicare and Medicaid Services Home Health CAHPS, 2021). Home care aides are often employed by a provider organization that oversees work assignments, schedules, and scope of practice, and little insight has been formally gleaned into the overall work experience for a home care aide in the modern market.
The working environment that aides experience may be contributing to an increased risk of attrition as a result of the loneliness and lack of sense of community and social belonging that go hand in hand with working in a transient role outside of traditional work settings (Danna & Griffin, 1999). Sense of social belonging and community are important for psychological well-being (Baumeister & Leary, 1995) and known factors of motivation after basic human needs have been met (Maslow, 1970). These factors have also been connected to employee satisfaction in the workplace (Borrott, Day, Sedgwick, & Jones, 2016).

To date, little research has been done specifically on the role of the home care aide (Hewko et al., 2015). But the need to understand more about their experience by leaders within the industry is pressing given the external demand of expansion to meet the needs of an exponentially growing, aging population in need of home-based care and services (Bureau of Labor Statistics, 2019). In the wake of workforce instability, high attrition, and vacancy rates, which are now characterized as a crisis (Seavey & Marquand, 2011), research must be done to understand what contributes positively (if anything) towards home care aides’ sense of belongingness and well-being directly from those who have been successfully retained and engaged in their role as a home care aide.

**Purpose of the Study**

This study sought to understand the elements that impact a sense of social belongingness and well-being among home care aides working in the United States. This study accomplished this goal through the deliberate collection of home care aides’ stories via qualitative narrative inquiry, which helped answer the question of whether a sense of social belongingness and/or well-being are contributing factors of longevity in the industry, providing unique personal perspective for the home care industry to learn from.
Sense of belonging and well-being are important elements contributing towards overall psychological well-being (Baumeister & Leary, 1995) and known factors of motivation (Maslow, 1970). These factors have a tie to organizational culture and a history of cultivation through sociological mechanisms. They have been connected to employee satisfaction and retention in the workplace (Borrott et al., 2016) and are important elements for team success in the organizational environment (Bolman & Deal, 2013). However, in the modern manifestation of the home-based care and services industry, home care aides are working alone in isolated environments while serving a vulnerable patient population. Home care aides are reported as having lower than average engagement levels and the role largely suffers from high rates of attrition (PHI, 2019).

The information obtained through the home care aides’ personal experiences and stories in this study serves as a catalyst and starting point for further research into their roles and ultimately aid in helping the home care industry expand and evolve.

**Research Questions**

The following research questions were utilized as a foundation for this qualitative, narrative study:

- **RQ1.** How is social community and belonging fostered among those working as home care aides in the United States?
- **RQ2.** How is social community and belonging hindered among those working as home care aides in the United States?
- **RQ3.** What personal or social factors positively or negatively impact motivation and job longevity for home care aides working in the United States?
Conceptual Framework

A conceptual framework is often defined as the underlying belief system by which research is guided (Ravitch & Riggan, 2017). The framework may include a system of concepts such as assumptions, expectations, beliefs, and theories, which inevitably become part of the research design (Miles & Huberman, 1994). A well-defined conceptual framework helps ground the study, acting as an overarching guide for all aspects of the research (Bloomberg & Volpe, 2016), and places the research within a larger context for future research efforts and clarity. John Dewey’s theory of experience (1938b) served as the conceptual framework and grounding element for this study (Ravitch & Riggan, 2017). Dewey (1938b) believed the human experience is individual, but built from personal and social elements, interdependent of one another. Experiences are informed and develop from other experiences (Clandinin & Connelly, 2000) to create the personal perspective and story, which can illuminate opportunities and shed unique light on various social phenomena. This study aimed to uphold the tenets of Dewey’s theory of experience (1938b), finding insight from the personal perspective, and strives to give voice to the home care aide, their role, and experience through qualitative narrative inquiry.

The home care aide plays an integral role in the larger healthcare continuum, supporting millions of Americans with their activities of daily living (Bureau of Labor Statistics, 2019) and ensuring individuals are able to live a quality life in the comfort of their own homes. The work of the aide is challenging, intimate, and provided within a nontraditional setting, to what is classified as a vulnerable population (Centers for Medicare and Medicaid Services, 2021). However, little research has been done on the experience of those working professionally in these roles and even less on which factors compel and motivate home care aides to continue in a
line of work that is largely characterized as underpaid, back breaking, and often even heart breaking.

Working from Dewey’s theory of experience (1938b) as the conceptual framework for this study, Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg, Mausner, & Snyderman, 1959) served as the companion theoretical frameworks for the research and data analysis. The researcher aimed to gain insight into the work experience of home care aides and identify which factors contributed towards their sense of social belongingness and community, well-being, and ultimately, their motivation to find longevity in their roles. As theoretical frameworks, Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959) provided a way to clarify and frame the home care aides’ individual experiences through lenses of motivation and human need. Dewey (1938b) embraced the importance of the personal experience’s uniqueness, but widely accepted grounding frameworks like that of Maslow’s (1970) and Herzberg’s (Herzberg et al., 1959) are necessary to truly explain and conceptualize a group of experiences like that of home care aides.

The uniqueness of the home care aide’s role, coupled with the lack of research into their experience, gives credence to this qualitative narrative study to gain first-person experiential insight into their work lives and the associated elemental factors that foster or hinder their retention. Dewey’s theory of experience (1938b) provided the underlying framework into this exploration of personal experience, and Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory of motivation (Herzberg et al., 1959) served as the building blocks for analyzing the stories collected within this study and the basis for answering each research question.
Home care aides are instrumental in providing quality home-based care and services to patients and families (PHI, 2019). Their personal perspective and experience in this role, illustrated through their eyes, may be instrumental in providing greater understanding of the factors that impact their retention and well-being and serve as a catalyst towards more research into this unique segment of the workforce.

Assumptions, Limitations, and Scope

It was assumed that home care aides in the United States would be willing to share their personal stories in a research setting and give voice to their role within the home care industry. It was also assumed that home care aides who have chosen to work in the field for more than 5 years are compelled and motivated to do so through personal and social factors, which will map to Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959). Additionally, it was assumed that home care aides’ continued motivation and commitment to the field stems in part from factors that foster a sense of belonging and well-being for them personally and professionally. It was also assumed that known opportunities related to the pay disparity and challenging working conditions are evident but are being overcome or mitigated by other factors of need being met. Finally, the researcher believed home care aides would be open and honest in sharing their story through the research process.

Limitations

Qualitative research is designed and well-suited to answer questions within social settings that require deep understanding from the participants (Bloomberg & Volpe, 2016). Specifically, qualitative narrative inquiry can be extremely beneficial in its ability to explore the complexities and stories of individuals in their everyday lives, like that of the home care aide being explored here. Despite its benefits, qualitative narrative inquiry is not without limitations. Qualitative
narrative inquiry research is conducted in a manner that allows for in-depth story collection from participants with the researcher, but these specific participants or specific variables of time and place cannot be completely recreated in future studies. Additionally, the research method is not known to produce conclusions and certainty, but instead leads to unique understanding and meaning of the phenomenon under study (Bloomberg & Volpe, 2016). Therefore, this type of research can be extremely difficult to replicate, which is considered an inherent limitation. Nonetheless, the opportunity for richness and detail of information in the data collection, which can naturally improve the transferability of the research to other groups or settings, can be of great value (Bloomberg & Volpe, 2016). Additionally, sample size is often considered a concern and limitation with qualitative narrative inquiry. Accurately conducting and recoding narratives, transcribing, and restoring can be incredibly time consuming for a researcher. This study adhered to the university’s Institutional Review Board (IRB) requirements and research guidelines, originally aiming for a sample size of 10, which was considered large enough to sufficiently explore the phenomenon and answer the research questions (Creswell & Poth, 2018). However, the sample size is indeed small in comparison to what might have been utilized in a quantitative approach, and the participants may not necessarily represent the larger population of home care aides working in the United States, thus placing a limitation on the research.

Scope

The scope of this research focused on only those individuals who have worked exclusively as aides in the home care industry for more than 5 years. The researcher excluded those who may have worked for a shorter tenure, as well as those who may have obtained higher-level professional certifications over the course of their careers (i.e., certified nursing assistant (CNA), phlebotomy, among others). The scope of this study additionally excluded those who
may be working as aides in other segments of the healthcare sector, such as within hospital systems or ambulatory settings.

**Researcher Bias**

The researcher has worked within the home care industry for more than 5 years and in the healthcare field for more than 15. Her primary responsibility working in a leadership role at the National Association for Home Care and Hospice (NAHC) is to ensure quality, home-based care and services are available for all Americans who need them, today and in the future. However, every effort was made to remove or mitigate her own perceptions and beliefs formed as result of her professional connection to the subject matter. The literature included in the formal literature review focused on the history of home care and the home care aide’s role, along with information about one’s sense of belongingness, community, and well-being as it relates to employee experience and retention, which could be applicable to other roles within the home-based care and service field and within healthcare overall, to mitigate the researcher’s own experience and prior notions. Additionally, the participants were given the opportunity to review their narratives (post restorying) for accuracy in an effort to remove the researcher’s preconceived biases or thoughts about the participants’ experiences and their stories.

**Rationale and Significance**

This study aimed to give voice to an employee population that has traditionally lacked research into their daily work experience. The study sought to illustrate which factors foster or hinder home care aides’ sense of social belonging and well-being through their own eyes as it relates to their motivation for persevering on a career path known to be filled with opportunities related to the nature of the work itself, environment, and quality of role (Osterman, 2017). Finally, the role of the home care aide is growing. The role is characterized as one of the
quickest-growing careers in the United States, with a projected need for 1,000,000 additional workers in the next 5 years to meet consumer/patient demand (Seavey & Marquand, 2011).

This study sought to understand the elements that impact a sense of social belongingness and well-being among home care aides working in the United States by deliberately collecting their stories through qualitative narrative inquiry. The study answers the question of whether a sense of social belongingness and/or well-being are contributing factors of longevity for home care aides in the industry, providing unique personal perspective for the home care industry to learn from as industry leaders seek to fulfill the care and service needs of millions of Americans.

**Definition of Terms**

The following terms are provided and defined conceptually to provide better understanding for the reader.

*Activities of Daily Living (ADLs):* Essential activities performed every day, including bathing, dressing, eating, toilet care, transferring, and mobility. Home care aides or other direct care workers perform these activities to assist individuals who could otherwise not complete them independently (PHI, 2019).

*Centers for Medicare & Medicaid Services:* A regulatory body, part of the Department of Health and Human Services, and a function of the executive branch of government providing oversight of healthcare agencies offering care and services to patients and families receiving Medicare and Medicaid benefits (Centers for Medicare and Medicaid Services, 2021).

*Direct Care Worker:* A term sometimes used to define home care aides as part of the labor workforce in the United States (Bureau of Labor Statistics, 2019).
Employee Engagement: The relationship between an organization and its employees usually measured by the employees’ degree of commitment and satisfaction to the work and organization (Gallup, 2018).

Employee Retention: The ability for an organization or employer to retain or keep its employees for a long period of time or optimal period of time as determined by the organization (Bidisha & Mukulesh, 2013).

Experience: The social and personal elements that are both always present for an individual (Clandinin, 2007).

Home Care: Home and community-based services that are provided to individuals in the home environment (PHI, 2019).

Home Health Care Agency: Home health and nonmedical home care entities/companies that provide home-based services for people including support with activities of daily living (ADLs) and instrumental activities of daily living (IDALs). These agencies assume overall responsibility for hiring, training, and supervising the employees who provide these services. They may receive payment for services directly from the individual receiving them, through an insurance provider, or from other governmental funding programs like Medicare or Medicaid (PHI, 2019).

Home Care Aide/Worker: Individuals who provide assistance and services to individuals within the confines of their home environments. These people are primarily employees with titles of home care aide, personal care aide, direct care worker, and sometimes home health care aide (PHI, 2019).
**Home Health Care Aide:** Workers who assist individuals with ADLs and IADLs and who may also perform certain clinical tasks under the supervision of a nurse or other licensed clinical professional within the confines of an individual’s home environment (PHI, 2019).

**Instrumental Activities of Daily Living (IADLs):** Specific tasks associated with living independently. Examples might include preparing meals, shopping, housekeeping, attending appointments, managing finances, and managing medications (PHI, 2019).

**Medicaid:** Public health insurance jointly funded by federal and state governments but managed primarily by each state in their own way (PHI, 2019).

**Medicare:** Federally administered and funded health insurance program for individuals who have met the age of 65 or who are under the age of 65 with a qualifying disability. This program offers funding and coverage for personal assistance or home care services only to those who meet “home bound” status and who demonstrate a skilled need. These services may only be provided for a short period of time (Centers of Medicare and Medicaid Services, 2021).

**Social Belonging:** An individual’s sense that someone has formed good, stable, interpersonal relationships: a strong desire to form and maintain enduring personal attachments (Baumeister & Leary, 1995).

**Transient/Peripatetic Worker:** Someone with no fixed, consistent work base. These individuals may work for more than one employer and on an irregular basis with irregular weekly hours (Bureau of Labor Statistics, 2019).

**Well-Being:** The various personal and professional elements of satisfaction or dissatisfaction enjoyed by individuals including social, familial, recreational, spiritual, pay, learning and growth opportunities, job experience/aspects and nature of work, co-workers, and general health (Danna & Griffin, 1999).
Conclusion

The role of the home care aide is vital in home-based care and service delivery and is expected to exponentially grow in need in the United States, far outpacing other service-oriented jobs. However, in the wake of workforce instability and high attrition and vacancy rates, which are now characterized as a crisis (Seavey & Marquand, 2011), more must be done in the way of investigating the home care aide’s experience. Chapter 1 gives a brief overview of the associated challenges and opportunities facing the industry and highlights the opportunity for research utilizing a qualitative narrative approach to gain insight into the home care aide’s role.

This study was guided by research questions aimed at understanding, through the eyes of the home care aide, which factors contribute to or hinder their ability to feel a sense of belonging and community, well-being, and overall motivation to continue in their roles for the long-term. Having a better understanding of these factors may help inform the home care industry on the key opportunity areas to infuse resources and training to decrease attrition rates and improve employee retention.

The inherent uniqueness of the home care aide’s role and lack of concerted research into their experience give credence to a qualitative narrative study to gain first-person experiential insight into their work lives and the associated elemental factors that foster or hinder their retention. Dewey’s theory of experience (1938b) provided the underlying conceptual framework into this exploration of personal experience, and Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory of motivation (Herzberg et al., 1959) served as companion theoretical building blocks for analyzing the participants’ collected stories and as a basis for answering the aforementioned research questions.
Chapter 2 examines current literature on the uniqueness of the home care aide’s role and the opportunities they experience in providing home-based care to a growing, vulnerable population of individuals in the United States (Hospital and Healthcare Compensation Services, 2019). The chapter explores Dewey’s theory of experience (1938b) and its connection to Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory of motivation (Herzberg et al., 1959), utilizing them to gain insight and understanding into the personal, social, and motivating factors that may contribute towards a home care aide choosing to work in the role on a long-term basis as it relates to their degree of social belongingness and well-being. Chapter 2 examines the importance of belonging and motivation, connecting these elements to employee well-being and personal motivation. Ultimately, Chapter 2 highlights the reasons behind conducting a study of the home care aide’s role and experience and identifying the internal and external variables that impact their sense of belongingness, well-being, and motivation.
CHAPTER 2

LITERATURE REVIEW

A thorough examination of previous research, relevant books, and peer-reviewed articles, dissertations, and theories spanning a variety of fields via university library resources and other relevant online searches was conducted over a 1-year period to better understand the home care aide’s role, the larger home care history, and factors of human motivation and well-being.

The literature included in this review specifically addresses the following key areas of focus: (a) exploration of the chosen conceptual framework and rationale for inclusion; (b) an exploration of the home care industry’s history in the United States and its evolution to its modern day manifestation including its social and community-based philosophical origins; (c) the home care aide’s role and their importance in meeting the growing demand for quality home-based care and services; (d) key demographics of those employed as home care aides in the United States; (e) the importance of sense of belongingness and community for employees; and (f) various theories that serve as the basis for this study, tied to the conceptual framework, and which can serve as a foundation for understanding the home care aide, their work experience, and personal motivation.

The purpose of the literature review is to illuminate the uniqueness of the home care aide’s role and the opportunities they experience in providing home-based care to a growing, vulnerable population of individuals in the United States (Hospital and Healthcare Compensation Services, 2019). The literature review elevates the importance of belongingness and motivation and ties these elements to employee well-being and personal motivation. Ultimately, this review seeks to make the case for the qualitative narrative study into the role and experience of the home care aide in the modern healthcare landscape and identify the internal and external
variables that impact their sense of belonginess, well-being, and motivation. The researcher aimed to accomplish this goal by deliberately collecting home care aides’ stories, which help answer the question of whether a sense of social belongingness and/or well-being are contributing factors of longevity in the industry, providing unique personal perspective for the home care industry to learn from.

**Conceptual Framework**

The home care aide is a pivotal role in quality-care delivery within the home care communities (U.S Department of Health and Human Services, 2001). However, little research has been done to give voice and perspective to the experience those working as aides have in their professional daily lives. The home care aide’s voice has been largely muted or silent, and instead, third parties have characterized their experiences (i.e., those often removed from the day-to-day care in the home and devoid of respect) (Osterman, 2017). This study aims to give voice to the home care aide, their role, and experience through narrative inquiry. Dewey’s theory of experience (1938b) was used as a conceptual framework and grounding element to successfully accomplish this goal in a meaningful way through the eyes of the aide themselves (Ravitch & Riggan, 2017). Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory of motivation (Herzberg et al., 1959) served as companion theoretical frameworks and building blocks to analyze the personal stories collected and provide a basis for answering the research questions, lending the ability to frame personal experience within accepted theoretical foundations.

For John Dewey (1938b), understanding the human experience comprises the personal and the social, with both aspects always present. Allowing someone to share their story gives voice and credibility to their individualized experience. The human experience is inherently
indiv individual but influenced by its social context (Clandinin & Connelly, 2000). Dewey (1938b) believed experiences are informed and grow out of other experiences (Clandinin, 2016), each building and informed by one another, providing continuity to the narrative. This study aimed to uphold the tenets of Dewey’s theory (1938b) and sought to bring the home care aide’s experience to light through their own eyes. Because experience is built on the personal and the social (Dewey, 1938b), it is only fitting to start the journey with the social context and history of the home care industry and the role of the aide to provide a solid foundation.

**History of the Home Care Industry**

U.S. healthcare started in the home predating the 19th century (Buhler-Wilkerson, 2001), transitioned to predominantly hospital and ambulatory-based care, and now is reverting back based on patient preferences and demand to become more home-centric, with even some of the most complicated, technology-dependent patients receiving care in the confines of their home environment (Buhler-Wilkerson, 2018). Hospitals were considered a “last resort” in the United States in the early part of the 19th century, a place reserved for only those unfortunate people who did not have families or friends to provide care (Buhler-Wilkerson, 2001). Organizations were created primarily by caring women’s groups through grassroots efforts and funded through donations to send experienced, trained nurses and other trained individuals into the homes of those who were ill or who could not afford to hire their own professionals for assistance (2001). The need was astronomical, and visiting nurse associations were created from this need, which still exist today (Buhler-Wilkerson, 2007).

When the need for services outpaced the funding stream, insurance companies stepped in to cover the cost for patients, citing that home-based care and services were important for the beneficiary as they provide restorative care, bring individuals back to work sooner, and increase
lifespans (Buhler-Wilkerson, 2007). Insurance companies believed they would be able to reduce death claims, lower policy costs, and increase revenues by attracting new clients. In the first year alone, insurance companies reported close to 1,000,000 nursing visits (Buhler-Wilkerson, 2007). It quickly became clear that a more systematic approach would be necessary to provide in-home care if costs were ever to be contained and goals achieved; thus, enter the age of deliberate case management (2007). This moment in history brought advancements in care and practice, but also increased the number of chronically ill patients. This change in the population’s needs brought with it the expansion of hospitals, nursing homes, and even social security (Buhler-Wilkerson, 2001) funneling money to these entities and organizations. Nursing homes and other “senior living” communities experienced a boom, portraying themselves as alternative living for loved ones (Buhler-Wilkerson, 2007).

It was not until the 1960s with the Older Americans Act that home care began move back into the healthcare conversation (Buhler-Wilkerson, 2007). Once passed, the act incorporated provisions for payment of home-based services through the federally funded Medicare program. Home care covered by Medicare was limited to medically necessary, intermittent skilled care for the homebound following hospitalization” (2007, p. 622). It was believed the incorporation of home-based services would help empty hospital beds sooner and get people home and back to work. The reality was the creation of a complex system of health-related services that a variety of private- and government-funded payers covered in piecemeal, including Medicaid at the state level. By the late 1990s, the healthcare system was so complex it had necessitated additional oversight through regulatory and legislative action with the Balanced Budget Act of 1997 (Buhler-Wilkerson, 2007). This act made radical changes to the healthcare reimbursement system, including that of the home care industry, seeking to create efficiencies and standards to
curb spending in a system that was deemed to be out of control. Home care was cited then and now as being more cost effective and preferred by patients, but the operational infrastructure and payment system has not adequately supported its growth and performance; instead, it continues to focus on and reward institutional and hospital settings (Buhler-Wilkerson, 2001).

In response to the problems within the home care industry, organizations like NAHC, the National Association for Palliative and Hospice Care, and the Home Care Association of America started banding together in support of home care communities. These groups currently spend their time sharing pertinent education, providing resources, spearheading research, and even bolstering advocacy efforts in a bid to support the growing demand for in-home care. The government and private-payer systems are starting to recognize home care as an integral part of a comprehensive care continuum.

The Centers for Medicare and Medicaid Services now projects that by 2050, more than 60,000,000 Americans will require care or services to allow them to continue living safely in their homes (Bureau of Labor Statistics, 2019). Older Americans (over the age of 65) cite the desire to live quality, independent lives among friends and family in the homes they have grown to equate with comfort and safety rather than in senior-living communities or other institutional settings (Home Care Association of America and Global Coalition on Aging, 2018). Healthcare has come full circle in the United States from its beginnings in the home and community as a social function (Buhler-Wilkerson, 2007), to the institutional setting, and now back again with in-home care returning to center stage, but this time as a part of a greater care collaborative. This newly evolved system has home care providers asking the following question: How do we meet this demand given the opportunities and challenges we face with our work force?
The Home Care Industry Today and Unique Workforce Opportunities

Home care had origins within the community, born from social need and the desire for individuals to help one another (Buhler-Wilkerson, 2007), but has since evolved in response to external variables and pressures. Today, the plethora of home-based care and services runs the gamut from traditional nursing care, to complex, high-tech care of pediatric and adult patients living with progressive or debilitating conditions, to behavioral health or primary care services (Bureau of Labor Statistics, 2019). Home care is now part of the larger care continuum and an important factor in reducing the length of hospital stays, fending off costly readmissions, and even providing efficiencies of care. By 2026 it is conservatively estimated that the home care industry will need to address 4.2 million employment openings to meet the growing demand for home-based care and services (PHI, 2019). “The home care workforce is projected to add more new jobs than any other single occupation in the U.S.” (PHI, 2019). However, the industry struggles even today with retaining and engaging enough employees to meet the demand. Often, patients and families cite being approved for a certain number of hours of care, but the agencies they are contracted with are unable to fill the hours (PHI, 2019).

Modern day home healthcare often refers to those services being provided to patients in the home, which are medical in nature. Professional, licensed caregivers such as nurses or licensed practical nurses (LPNs) typically provide these services. Conversely, home care is used to describe what are categorized as nonmedical services, custodial care, or private-duty supportive care, which is primarily delivered by nonskilled caregiving professionals (unlicensed) and meant to ensure the ADLs are met and the patient can live safely in their home (U.S. Department of Health and Human Services, 2004). The home care segment of the field employs largely aides, whose main responsibilities are classified as fulfilling the ADLs or IDALs. The
home-based care and services communities are primarily concerned with the home care aide’s role. The home care aide provides the care and services needed for individuals to continue living safely in their home environments and maintaining their social networks and support systems. However, due to a history of challenges with service reimbursements, a challenging working environment, and the nature of the work itself, the home care aide’s role is now an opportunity ripe with workforce challenges to solve.

**The Role of the Home Care Aide**

The United States Department of Labor Statistics defines a person working as a home care aide as someone who assists people with “disabilities, chronic illness, or cognitive impairment by assisting in their daily living activities” (Bureau of Labor Statistics, 2019). These activities are often associated with older adults but may also be associated with pediatric patients who are living with similar impairments or disabilities. Depending on state rules and regulations, some individuals working as home care aides may also be permitted, under the supervision and direction of another healthcare practitioner, to provide basic health-related services (Bureau of Labor Statistics, 2019). The vast majority of home care aides work in the personal home environment of the individual they are providing services for. However, they may also provide services in small group homes or in larger community settings (Bureau of Labor Statistics, 2019). Some individuals working as aides will work with only one or two clients for a longer period of time, or they may provide services to four or more clients a day depending on the patients’ needs. The variable schedule for an aide may also require travel, sometimes up to an hour or more in rural communities, and reimbursement for travel and expenses is rarely provided (PHI, 2019). Multiple home care aides may share the work for one or more clients, essentially working in shifts to sometimes provide continuous care for complex cases (PHI, 2019).
Key Demographics of the Home Care Aide

“Work as an aide, can be physically and emotionally demanding” (U.S Bureau of Labor Statistics, 2019). The female gender dominates the role of the home care aide, with nine out of 10 aides identifying as women, with a median age of 46 years (PHI, 2019). Roughly 31% of home care aides are people of color and almost 37% are immigrants, having been born outside the United States (PHI, 2019). And, despite their challenging, demanding work environment, the median salary for a home care aide in the United States is just $24,200 as of 2018, with the top 10% of earnings just reaching the $32,000 threshold (Bureau of Labor Statistics, 2019). More than 50% of home care aides working in full-time roles must rely on some sort of public assistance to make ends meet, one in six live below the poverty line (PHI, 2019), and 16% report having no health insurance (2019).

The home care industry is actively pursuing ways to raise reimbursement rates through legislative action to address the wage disparity and regulatory refinement to improve safety conditions (NAHC, 2019b). Industry leaders recognize that they must improve benefits, stabilize schedules, provide learning and growth opportunities, and improve overall working conditions to address consumers’ growing needs (PHI, 2019). However, some leaders are now asking the following questions: Despite the current wage gaps and other challenges of the profession, why do many individuals continue to work in the role long-term (5 years or more)? What is happening below the surface statistics? Are core personal and professional hierarchical needs (Maslow, 1970) being met by other factors that compel home care aides to persevere?

Importance of Sense of Belongingness, Community, and Well-Being for Employees

The patient population home care aides work with may have cognitive impairments or other mental health issues, which potentially expose the aide to difficult or violent behaviors
The work is socially isolating, with aides primarily working alone, providing care and services to some of the population’s most vulnerable individuals (Centers for Medicare and Medicaid Services, 2021). Human beings are inherently social creatures (Young, 2008); our basic need for social interaction is complex but vital for our health. A core aspect of humans’ well-being “optimal psychological experience and functioning” (Deci & Ryan, 2006) stems from our inherent need for social interaction being met, which helps fulfill one’s reported sense of happiness and actualize one’s potential in life (Diener, 1984).

Biologically, we are designed for connectedness with our fellow humans, and the lack of this type of interaction negatively impacts our sense of self and happiness (Deci & Ryan, 2008). Jeffrey Pfeffer found that, even in the workplace, social support for employees is a key factor of overall health and well-being (2018). He notes “social support--family and friends you can count on, as well as close working relationships--can have a direct effect on health” (Pfeffer, 2018, p. 111). However, many work environments have characteristics that hinder the ability to foster close working relationships and create support networks. While the home care industry and role of the aide were born out of a philosophy of community and social need (Buhler-Wilkerson, 2001), the home care aide’s daily life in modern times can be characterized now as isolating in nature while serving a difficult population (Bureau of Labor Statistics, 2019).

The modernization and operational efficiencies gained through systemization of the work in the industry as a result of the demand and pressures from insurance companies to reduce costs and serve more patients (Buhler-Wilkerson, 2001) created an unintentional decrease in caregivers’ social interactions, specifically with in-home care. Establishing mechanisms within workplace culture and operations that foster a sense community and social connection have been shown to help employees feel valued, connected to one another, and even, in some cases, reduce
attrition rates (Pfeffer, 2018) in other healthcare settings. Perhaps then they should be further evaluated for their impact in the home care world.

**Inherent Human Need to Belong**

Abraham Maslow’s (1970) *Motivation and Personality*, first published in 1954, explored the idea of how individuals meet their personal needs through the context of their work. His theory supports the need for individuals (employees) to feel a sense of belonging, connectiveness, and value as a base psychological need (1970). One can imagine this need would be no different for home care workers than it would be for others. The theory proves the foundation for Pfeffer’s (2018) more recent findings in the modern world, connecting social supports as an element of motivation and employee well-being. Without the criterion, formally described as “love and belongingness,” in the hierarchy being met, individuals may be challenged to feel valued and accomplished or even reach their full potential (Acevedo, 2018).

While belongingness and sense of connection are only one aspect of fundamental human need, when individuals’ physiological and safety needs, along with security, are largely met, one’s belongingness and sense of connection become pivotal in reaching self-actualization and achieving true independence, awareness, and creativity (Maslow, 1970). Maslow notes how the feeling of belongingness through social and group interaction is a fundamental requirement for humans and one of the most important contributing facets for individual motivation (1970). Daniel Pink (2009) expands on this notion and applies Maslow’s principles to the modern-day organizational environment, noting employees will feel less motivated and engaged if their fundamental needs remain unmet and uncultivated, leading to a lack of performance. Building on Pink (2009), it could be inferred that lack of performance stemming from lack of belongingness might lead to increased incidents of attrition given the importance of social belongingness and
community in achieving higher levels of personal motivation leading towards self-actualization. Due to the nature of their work, home care aides spend a great amount of time working alone or traveling alone to their patients’ homes (Bureau of Labor Statistics, 2019). Thus, a sense of belongingness and community may be difficult to achieve in this type of environment.

American workers, including home care aides, are spending more time at work rather than at home and taking less personal time for recreational and other social activities (Coqual, 2019); thus, making the social dynamic and elements of belonging and support even more important in the work world to ensure optimal employee well-being.

While home care industry leaders know the home care community has significant workforce challenges, as a whole, leaders have chosen to work primarily on addressing the elements of the industry’s pay disparity that fall within Maslow’s (1970) physiological frame (NAHC, 2019b). Industry leaders are also addressing some pressing safety concerns (Bureau of Labor Statistics, 2019) that stem from the nature of the work itself (Quinn et al., 2016). However, this researcher wonders what else industry leaders and researchers can do to motivate employees and contribute towards their well-being other than looking at pay and safety? Can cultivating a sense of belongingness and community help foster social connections and improve employee retention?

**Importance of community.** Our basic human need to belong and feel connected to each other can be found in Lavigne, Vallerand, and Crevier-Braud’s (2011) study of group dynamics/culture and the social sciences and is one of the most well-researched studies. “Regardless of background, gender, sexual orientation or race, individuals are coming together in search of a sense of community and belonging, with many expecting and finding it within the workplace” (Ernst & Young, 2017, p. 1). Aristotle teaches “man is by nature a social animal...an
individual who is unsocial naturally and not accidentally, is either beneath our notice, or perhaps more than human. Society is something that precedes the individual” (Jena & Pradhan, 2018, p. 452). Therefore, we do not just want, but need a sense of belongingness, social connection, and community to thrive (Maslow, 1970).

According to recent research conducted by Coqual (2019), formally the Center for Talent Innovation, an institution formed from over 90 global organizations to research challenges related to employee retention, “people have an inherent need to belong.” This need includes connecting to friends, family, culture, and even to those within their work environment. Individuals who feel a greater sense of belonging at work are shown to be more productive, engaged, and motivated (Coqual, 2019). A recent study with workers in the United States, utilizing the Ernst & Young Belonging Barometer, a proprietary method to measure belongingness and other social variables, showed that “40% of individuals surveyed reported feeling physically and emotionally isolated in the workplace” (Coqual, 2019), independent of their reported generation and demographic. The personal home environment was overwhelmingly reported as being the place of greatest reported belonging, yet people tend to spend the majority of their waking lives in the workplace rather than at home (Coqual, 2019).

Research conducted by Coqual (2019) serves as a catalyst for this researcher in asking the question of how a greater sense of belonging can be achieved in the workplace environment, mirroring that found in the personal home. Home care aides spend the majority of their work hours in the homes of patients and their families, but typically not with others from their organizational employer because the work is mainly conducted one-on-one with little need to interact with others from the same organization (Muramatsu, Yin, & Lin, 2017).
The human need to belong and its tie to motivation. Baumeister and Leary (1995) looked in depth at the belongingness hypothesis, defining the need to belong as “a strong desire to form and maintain enduring personal attachments” (p. 497). Their work examined the hypothesis that well-being is tied to the development of interpersonal bonds and that humans have an inherent drive to create these attachments. A lack of belongingness may have a host of ill effects (Baumeister & Leary, 1995) and social isolation has been shown to tie to unhappiness (Argyle, 1987). The need to belong is a universal concept and may be found manifesting in all cultures (Baumeister & Leary, 1995). The human need to belong could be considered a fundamental motivation and “it should stimulate goal-directed activity designed to satisfy it.” People should show tendencies to seek out interpersonal contacts and cultivate relationships (Baumeister & Leary, 1995). Sense of belongingness is often achieved through interpersonal connections with those we surround ourselves with or come into contact with on a regular basis (Baumeister & Leary, 1995). Understanding that we as a workforce are spending more and more of our daily lives in the work environment (Coqual, 2019), it seems important that workers like the home care aide, can foster some sense of belongingness, contributing towards their well-being and engagement while immersed in their working world.

Achievement of Belonging and Well-Being in the Workplace

Haggarty and Patusky (1995) stressed the importance of fostering belongingness within the work environment by focusing on two fundamental aspects of belongingness: being valued and feeling a sense of importance with respect to other individuals/groups/organizations and feeling as if one fits in with these groups through shared, complementary characteristics or attributes. People tend to prefer working in groups rather than alone (Alderfer, 1972), which may be a result of the inherent human need to connect with others (Baumeister & Leary, 1995;
Maslow, 1970). One way to address this inherent need is to have the opportunity to connect with others who share similarities or experiences in the working world rather than walking the preverbal path alone.

The human side of individuals yearns for belongingness and group social connection (Handel, 2018). Handel (2018) writes, “Our need to belong to a group is a deeply instinctual need that is very much hard-wired into who we are. Throughout our evolution, it was literally a matter of life or death” (p. 5). Jena and Pradhan (2018) explored specific elements of workplace belongingness, creating a 12-item belongingness scale. The scale incorporated self-reported components of workplace belongingness (see Table 1), which, when affirmed in higher levels by an employee, indicate a positive association with belongingness and higher levels of engagement with the organization and the employees’ work (Jena & Pradhan, 2018).
Table 1

Components of Workplace Belongingness

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>I am able to work in this organization without sacrificing my principles.</td>
</tr>
<tr>
<td>2</td>
<td>I use “we/us” rather than “they/them” when I refer my organization to outsiders.</td>
</tr>
<tr>
<td>3</td>
<td>I feel there is a semblance between my organization and my own values and beliefs.</td>
</tr>
<tr>
<td>4</td>
<td>I generally carry more positive emotions than the negative ones during my job.</td>
</tr>
<tr>
<td>5</td>
<td>Being part of this organization inspires me to do more than what is expected.</td>
</tr>
<tr>
<td>6</td>
<td>In my work unit I have many common themes with my co-workers.</td>
</tr>
<tr>
<td>7</td>
<td>Fairness is maintained while executing rules and policies in my organization.</td>
</tr>
<tr>
<td>8</td>
<td>My personal needs are being met by my organization.</td>
</tr>
<tr>
<td>9</td>
<td>Whenever I have any personal or professional issues my organization extends necessary help and support.</td>
</tr>
<tr>
<td>10</td>
<td>My career goals are well considered by my organization.</td>
</tr>
<tr>
<td>11</td>
<td>My organization tried to make my job as exciting and promising as possible.</td>
</tr>
<tr>
<td>12</td>
<td>Accomplishments at work are adequately rewarded in my organization.</td>
</tr>
</tbody>
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Jena and Pradhan (2018) recognized that while organizations acknowledge the importance of belongingness, the concept was always measured as a social aspect rather than from a workplace perspective. Their work yielded preliminary results, supporting the importance of social belongingness and connectedness with increased job satisfaction and personal motivation. Additionally, Jena and Pradhan’s (2018) work supports Grant, Christianson, and Price’s (2007) work, who proposed the importance of cultivating social context in the workplace. While evidence (Jena & Pradhan, 2018) seems to point in the direction of the importance of sense of belonging, social connection, and community as factors of motivation and job satisfaction, the reality is that the very nature of the home care aide’s work and the environment they perform it in seems to run in contradiction to meeting this fundamental and pivotal human
need. Home care aides perform work in the confines of an individual’s home, alone, and usually without direct supervision or contact with colleagues, lacking the ability to connect with teams or their organization of employment (Muramatsu et al., 2017).

Belongingness is a higher-order human need (Maslow, 1970) that is seemingly satisfied through social relationships and interactions with others, including those within the organizational environment (Jena & Pradhan, 2018). Franzosa, Tsui, and Baron (2019) acknowledged the importance of social interaction and belongingness and looked to explore its connection to well-being for home health care aides. Franzosa et al. (2019) conducted research with a number of home healthcare aides and personal care professionals, examining specifically emotional labor and its impact on worker well-being. Their research illustrated that cultivated and close relationships aided in well-being and included aspects which allowed the individuals to feel valued, appreciated, and their expertise was respected (Franzosa et al., 2019).

The researchers noted that exhibiting symptoms of depression, burnout, exhaustion, and stress contribute negatively to well-being (Franzosa et al., 2019). The aide’s economic, physical, and working environments as domains all contribute towards their degree of wellbeing. Franzosa et al. (2019) identified the following three relationships that seem to most impact an individual’s state of well-being while working as an aide: patients/clients, families, and supervisors. Positive social relationships and elements of belonging were seen as important factors for well-being and motivation with home healthcare aides in this context (2019). Franzosa et al. (2019) made the case for improvements to be made operationally to positively impact the emotional factor of labor. But this researcher wonders if there should instead be more emphasis placed on addressing the value of social belongingness and community as positive contributing factors to well-being within organizations to address retention opportunities?
Stone et al. (2017) examined data collected in the National Home and Hospice Care Survey/National Home Health Aide Survey from 2007 looking for workplace characteristics that might be associated with a home care aide’s intention to leave their employer. Stone et al. (2017) concluded that, where an aide reported greater levels of job satisfaction and consistency in their work assignment (i.e., being with the same patient or patients on a long-term basis), there were lower reported levels of intent to leave the job. Aides work in close proximity with their patients and therefore may form close relationships with them. These close relationships may fulfill part of the underlying social need to feel a sense of belonging and community in home care their aides’ work (Maslow, 1970), thus reducing their desire to want to leave their position to pursue other employment options. Learning directly from home care aides about their work experience may help create understanding into why they choose to remain in their roles for the long-term and how they are fulfilling their need for belonging, community, and ultimately reporting a greater feeling of well-being.

**Theoretical Frameworks**

Understanding the individualized and nuanced, personal experience a home care aide has in their working life requires a special approach to gain deep insight into their world. Considering this need into account, the researcher chose Dewey’s (1938b) theory of experience to serve as the underlying conceptual framework for this literature review and study. Dewey (1938b) believed in the intersection of the personal and the social and his theory serves as a key underpinning for understanding the world through the stories others share. Narrative inquiry, as a research approach, is embraced for its ability to give in-depth understanding and insight into the experience of others (Wang & Geale, 2015). The approach is noted as being “situated in relationships, community, and it attends to notions of expertise and knowing in relational and
participatory ways” (Clandinin, 2016, p. 12), thus making it uniquely designed to explore the experience and world of subjects not readily studied. Maslow’s hierarchy of needs (1970) and Herzberg’s motivation-hygiene theory: two-factor theory (Herzberg et al., 1959) served as building blocks from Dewey’s theory of experience (1938b), helping to provide a framework for the individualized stories to be understood by others and gain insight into the underlying factors that may motivate aides to work within the home care industry for the long term.

**John Dewey’s Theory of Experience and its Tie to Qualitative Narrative Inquiry**

John Dewey’s theory of experience (1938b) serves as a key underpinning for understanding the world through the stories others share and is the chosen conceptual framework for this study. The theory ties well into humanist theory, embracing the idea that “a person’s perceptions, centered within their own experiences, effect what they are capable of becoming” (Hohr, 2013). Qualitative narrative inquiry as a form of research recognizes that we, as humans, are storytellers at heart who lead storied lives as individuals and in the way we connect with one another. It is through these stories that we are able to know and understand ourselves and the world around us (Connelly & Clandinin, 2000). Dewey’s theory of experience (1938b), consisting of two factors (interaction and continuity), helps make sense of human experiences and stories in a real-life, practical way, but also serves as a foundation for qualitative, narrative research, which seeks to find understanding through the voice and perspective of others’ experiences in the world (Connelly & Clandinin, 2000). Dewey’s (1938b) theory stems from the idea that we as humans are the sum of our interactions with one another and our stories learn, grow, and evolve with us through this continuous ebb and flow of interaction. From Dewey’s theory (1938b), Clandinin and Connelly (2000) framed qualitative narrative inquiry through the
lens of interaction (personal and social aspects), continuity (past, present, and future), and situation (place).

“Narrative inquiry is situated in relationships, community, and it attends to notions of expertise and knowing in relational and participatory ways” (Clandinin, 2016, p. 14). By simply participating in research, the participant and the researcher collaborate, through the interaction into a greater form of knowing and joint understanding. Finding understanding in the context of Dewey’s theory of experience (1938b), and its application in narrative research, allows us to connect in a novel manner with an audience like the home care aide who has traditionally remained relatively silent.

Working from Dewey’s theory of experience (1938b) as the conceptual framework for this study, Maslow’s hierarchy of needs (1970), and Herzberg’s two-factor theory (Herzberg et al., 1959) helped analyze the work, aiming to gain insight into home care aides’ work experiences and which factors contribute towards their sense of social belongingness and community, well-being, and ultimately, their motivation to find longevity in their roles.

Ravitch and Riggan (2017) defined the element of theoretical framework as,

…theories that emerge from empirical work…may either be borrowed from other research or fashioned by the researcher for the purpose of the study at hand…represent a combination or aggregation of form theories in a way as to illuminate some aspect of your conceptual framework. (p. 264)

The theoretical frameworks help define specific aspects of the research. The frameworks are a necessary and important element to any research endeavor, providing a path forward through a sometimes-complicated forest (Ravitch & Riggan, 2017).
Both Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959) as theoretical frameworks provided a way to clarify and frame the home care aides’ individual experiences through the lenses of motivation and human need. Dewey (1938b) embraced the importance of the personal experience’s uniqueness, but widely accepted grounding frameworks like that of Maslow’s (1970) and Herzberg’s (Herzberg et al., 1959) are necessary to truly explain and conceptualize a group of experiences, like those of home care aides.

**Strengths and weaknesses of Dewey’s theory of experience.** Dewey’s theory of experience (1938a) is most often associated with the field of education and the philosophy of learning. Dewey’s earliest writings, including *The School and Society*, first published in 1915, supported the existing relationship between classroom learning and real-life experiences. Dewey defined the educational process as the “continual reorganization, reconstruction and transformation of experience” (Dewey, 1916, p. 50). As humans, we learn through our life experiences and grow out of adversity. Dewey’s philosophy shows strength in its simplicity: common human experience is reality and truth and is an ever-evolving process. Dewey’s theory of experience (1938a) continues to influence the modern-day educational world and even research. Clandinin and Connelly (2000) embraced Dewey’s theory (1938b) in their own work concerning narrative inquiry and through their research provided rigor around qualitative narrative inquiry as a methodological approach.

Over the course of history, some researchers have criticized Dewey’s approach in that the ability to pinpoint the causality of events is absent (Bulle, 2018). Dewey (1938b) believed all experiences and events are connected to others. Therefore, there would never be a predictable, intrinsic cause, even if the external conditions were created the same (Bulle, 2018). Therefore,
the inherent weakness lies within the theory’s embrace of the individual perspective. While some may see the aspect of individuality as a weakness, this researcher embraces it as a way to explain the perspective of a group of individuals who have not had the opportunity to share their work experiences.

**Maslow’s Hierarchy of Needs**

Maslow’s hierarchy of needs was first published in 1954 and is still thought of today as one of the foundational theories of motivation (Mcleod, 2007). His hierarchy consists of five levels (listed in order from bottom to top): physiological, safety, love and belonging, esteem, and self-actualization (2007). Lower-level needs are typically characterized as those needs that must be fully met before an individual can move on to satisfying higher-order needs. However, even Maslow agreed later on in his career that lower-level needs do not need to be fully met before someone can move on, only that they must be met to some degree that is satisfactory for the individual (Mcleod, 2007). The specific level of love and belonging encompasses many specific areas for which this study was interested in exploring as they relate to the home care aide, including social feelings of belongingness; the need for personal relationships, trust, and acceptance; and being part of a social group (Acevedo, 2018).

**Strengths and weaknesses of Maslow’s hierarchy of needs.** One major criticism of Maslow’s hierarchy (1970) is that it cannot seem to easily explain (at least not alone) why some individuals choose to ignore lower-ordered needs before pursuing or attaining higher-order ones. Others have criticized his work specifically as it relates to the methodology. Maslow utilized biographical analysis to determine the characteristics of those who reached the self-actualization level. Critiques claim this method of research allows for subjective bias. Additionally, Maslow
received criticism that this form of research may lead to a biased participant sample to begin with (Mcleod, 2007).

Despite these perceived weaknesses, the strength in Maslow’s hierarchy (1970) lies in its ability to provide a framework for the explanation of human motivation and behavior in its simplest form. And, when combined with other models, like that of Herzberg’s (Herzberg et al., 1959), these theories can serve as powerful theoretical foundations for even modern-day research in examining individuals’ or groups of individuals’ motivations (Gawel, 1996).

**Herzberg’s Motivation-Hygiene Theory: Two-Factor Theory**

Developed by Frederick Herzberg and deeply connected to Maslow’s hierarchy of needs (1970), the motivation-hygiene: two-factor theory embraces the idea that there are certain workplace factors that induce job satisfaction and others, separately, that cause job dissatisfaction (Herzberg et al., 1959). Herzberg et al.’s (1959) research indicates that employees are not necessarily content with simply fulfilling lower-order needs (i.e., safety, pay, working conditions), but place greater value on higher-order psychological needs such as recognition, responsibility, social interaction, and the nature of the work itself. The higher-order needs are those factors which enable an individual the opportunity to learn and grow, possibly towards self-actualization. This element of Herzberg’s theory mirrors that of Maslow’s (1970). However, Herzberg (Herzberg et al., 1959) added the two-factor component, meaning some job elements and aspects fall within the realm of providing satisfaction and others lead to dissatisfaction. Factors of satisfaction and dissatisfaction are not interdependent of one another; instead, they are separate and distinct phenomena with individual trajectories.

Herzberg et al. (1959) place social interaction, aligned with Maslow’s (1970) love and belongingness, as a higher-order factor, and when the need is met, an individual will feel greater
levels of motivation towards learning and growth, and ultimately, self-actualization; moreover, one might also infer job satisfaction and commitment. But the sense of personal satisfaction and well-being is inherent to the individual and the personal perspective and experience (Ozguner & Ozguner, 2014).

**Strengths and weaknesses of Herzberg’s theory.** While Herzberg’s study has been replicated numerous times and is still well-regarded even in present day, his work has been met with criticism from some who believe his theory does not allow for individual factors like personality (Hackman & Oldham, 1976). Additionally, questions of validity in his results have been raised related to the individuality in what drives one’s individual motivations (House & Wigdor, 1967). Some researchers have even criticized his use of a standardized scale, which some believe might have caused some errors within his research findings (Gordon, Pryor, & Harris, 1974). Others have argued that what motivates one today might change over the course of their lifetime, making results unreliable for the long term (Charles, 2014).

Despite these perceived shortcomings, in modern-day, the widely respected and utilized Gallup engagement and experience survey was designed with a 12-question set, modeled after Herzberg’s motivating factors and has shown significant promise and validity (Gallup, 2018). A number of high-performing companies that consistently reported above-average employee engagement have embraced this question set and framework (Buckingham & Coffman, 2016).

**Conclusion**

This qualitative narrative inquiry sought to gain insight into the role of the home care aide and the specific elements that foster or prevent a sense of belongingness, well-being, and motivation for these individuals to continue working in the role for the long term. This literature review provided an overview of the home care industry’s history, its social and community-
based philosophical origins, and the home care aide’s role, including its importance in meeting the growing demand for quality home-based care and services. This review also included key demographics of home care aides in the United States and highlighted the aspect of social belongingness and community as it relates to employee well-being and motivation, including several theories and frameworks, which can serve as a basis for understanding the home care aide’s experience through their own eyes.

There is significant literature available concerning the study of human motivation, well-being, and even the importance of social interaction, sense of belonging, and community as they relate to our inherent biological need to interact with others (Acevedo, 2018). However, there is relatively little information and research specifically on the home care field, and more specifically, into the home care aide’s role. Gaining insight into their role and the elements that impact these key areas of motivation and engagement through this study could assist the home care industry in creating a better overall employee experience.

With the home care aide’s role poised to exponentially grow in number and increase in demand over the next 5 years in response to an increasingly aging population and increase in the call for home-based care services, there has never been a more pivotal time to learn more about home care aides’ personal experiences and accounts through their personal perspectives.
CHAPTER 3

METHODOLOGY

The home care aide’s role has garnered little attention in the way of research. Given the role’s importance in delivery of home-based care and services, established attrition issues, and growth projections estimating over 4,000,000 positions will be needed by 2026 to meet consumer demand (Bureau of Labor Statistics, 2019), seeking further insight into the home care aide’s experience may be beneficial to help illuminate the specific factors that foster a sense of social belongingness and community and incite motivation for aides to continue to persevere in a challenging career.

The following chapter illustrates the research methodology for this qualitative narrative inquiry, focusing on home care aides who have worked in the field for 5 or more years and hold no other professional licensure. Also included is the rationale for the chosen method, descriptors for the participants, data collection, and analysis for the study.

Purpose of the Study

This study sought to examine the elements that foster or prevent a sense of social belongingness and well-being among home care aides working in the United States through qualitative narrative inquiry. The study accomplished this goal by capturing and analyzing home care aides’ personal stories of experience, and determined whether factors of social belongingness, community, and well-being may be contributing elements of longevity for working in the industry.

The researcher utilized Dewey’s theory of experience (1938b) as its underlying conceptual framework and drew upon the psychological elements of social belongingness and community found in Maslow’s hierarchy of needs (1970). They include interpersonal
relationships and the creation of motivating behaviors, the involvement of trust and acceptance, and group affiliation as conduits for fulfilling this hierarchical need (Maslow, 1970).

Additionally, the researcher explored the related hygiene and motivating factors known to be important in cultivating well-being and satisfaction (Herzberg et al., 1959) for their role in and contribution to the home care aides’ longevity in the industry by utilizing Herzberg’s two-factor theory of motivation (Herzberg et al., 1959).

**Research Questions and Design**

Creswell (2009) explains that researchers choose to conduct qualitative research when a problem exists that must be explored through the subjects’ lens, the variables cannot be easily measured, and we seek to hear from silent voices of the population through their stories, pursuing something new and novel, rather than what has been encountered before (Creswell & Poth, 2018). While stories are inherent to our human nature (Clandinin & Rosiek, 2007), qualitative narrative inquiry as a research methodology for sociological phenomena has only gained ground and acceptance in the last few decades (Wainwright, 1997). Clandinin and Connelly (2000) utilized the approach to gain greater insight into educators’ experiences through storytelling. Similarly, qualitative narrative inquiry could be valuable with cases like that of the home care aide, where there is a need for obtaining a deeper understanding of events not otherwise explored or well-documented human experiences.

At the heart of narrative inquiry is the story, and “paramount…is the centrality of relationship in the research process and recognition of the sacredness of the stories that participants share and trust within the research environment” (Bloomberg & Volpe, 2016, p. 51; Mills & Birks, 2014). Therefore, qualitative narrative inquiry was the best approach for this study given its ability to give unique voice to a group of individuals, who have largely remained
silent in their experience (Traher, 2013), through their stories to gain in-depth insight into their personal experiences (Creswell, 2009). This methodology offered an opportunity to learn in depth about what it means to be a home care aide and understand the factors that foster or hinder their sense of belonging, well-being, and ultimately, their motivation to continue working in the role.

As Clandinin and Rosiek (2007) noted, Narrative inquiry is a ubiquitous practice in that human beings have lived out and told stories about that living for as long as we could talk. And then we have talked about the stories we tell for almost as long. These lived and told stories and the talk about the stories are one of the ways that we fill our world with meaning and enlist one another’s assistance in building lives and communities. (p. 42)

Clandinin and Connelly’s (2000) work has given depth and added credibility to the narrative inquiry approach through the development of their three-dimensional space narrative structure. The structure formalizes the sharing of personal stories and elevates the methodology to one that can be more easily understood and replicated through a processed approach while persevering to ensure the participants’ perspectives shine through multi-faceted lenses.

The three-dimensional space narrative structure consists of three distinct dimensions utilized as a methodological guide for restorying research participants’ narratives (Clandinin & Connelly, 2000). The first dimension, known as interaction, includes personal and social elements and examines relationship-oriented variables. The second dimension, known as continuity, examines elements of time with orientations of the past, present, and future. The third dimension, known as situation/place, looks to capture the physical setting, boundaries, and the characters’ underlying intentions (Clandinin & Connelly, 2000).
Leveraging Clandinin and Connelly’s (2000) three-dimensional space narrative and methodological approach, this study supported the use of qualitative narrative inquiry to allow home care aides to share stories about their experience through their own eyes; thus, giving others a glimpse into the nature of their work, including the associated factors that foster or hinder a sense of belonging, well-being, and personal motivation in providing in-home care and services to patients and families.

**Research Design**

This qualitative narrative inquiry utilized Dewey’s theory of experience (1938b) as the grounding conceptual framework to gain insight into the experience and reality of home care aides in their roles. Maslow’s hierarchy of needs (1970), and Herzberg’s two-factor theory (Herzberg et al., 1959), served as companion theoretical frameworks for the research and data analysis, allowing insight into home care aides’ work experiences and what factors contributed towards their social belongingness and community, well-being, and ultimately, their motivation to find longevity in their roles as told through their personal narratives.

Home care aides who have been working in the field for 5 or more years in the United States were recruited for participation through the National Home Care Association’s national home care (PDHC) electronic list serv with an IRB pre-approved digital call for participation (recruitment flyer) posted by the primary researcher during a 2-week period. While the comprehensive number of aides working for 5 or more years in their role is not well-documented, the PDHC list serv encompassed a large portion of known, home care provider companies, and offered an opportunity to engage with a large number of home care organizational leaders across the nation.
The researcher posted the digital call for participation on the national, electronic list serv. Members of the list serv (home care organizational leaders) were asked to circulate the digital call for participation (with no obligation) amongst their staff during the participation window by forwarding the digital call via email, sharing details of the opportunity during already-scheduled staff meetings, or through other forms of established methods of communication.

The digital call for participation included the following information:

- Purpose of the study
- Detailed requirements for participation
- How data will be collected in the study and how they will be utilized
- What the participant should expect
- Outline of compensation in the form of a gift certificate in recognition of their participation and time ($25.00)

Specific participant eligibility criteria were utilized for purposeful sampling. Individuals who indicated interest in participating by emailing the primary researcher were asked to complete a preliminary online questionnaire via email to ensure they met all participation requirements.

The first 10 respondents who met all participation qualifications were contacted with an email response within 48 hours of their application’s submission. While the sample size was small, it satisfied the need to generate thematic saturation while still offering the ability to gain in-depth insight into each participant’s experience (Creswell, 2009).

The email response included the consent for participation and invitation to schedule a 1-hour recorded interview within a 2-week window via Zoom conference technologies. All interviews were scheduled for completion within a predetermined 2-week time period.
The researcher mailed copies of the signed and countersigned consent forms to each participant via the United States Postal Service for their records as well as a digital copy via email.

Semistructured interviews were utilized to collect the home care aides’ oral narratives. These narratives were then restoried in a three-phase process according to Clandinin and Connelly’s (2000) three-dimensional space narrative structure and analyzed for thematic elements based on Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959) to draw insights into the specific factors that fostered or impeded the home care aides’ sense of social belonging, well-being, and personal motivation.

**Research Questions**

The following research questions were utilized as the foundation for exploration this qualitative narrative study:

- RQ1. How is social community and belonging fostered among those working as home care aides in the United States?
- RQ2. How is social community and belonging hindered among those working as home care aides in the United States?
- RQ3. What personal or social factors positively or negatively impact motivation and job longevity for home care aides working in the United States?

**Site Information and Participants**

Qualitative narrative inquiry was used as the methodology for this study and no specific site was utilized to conduct the research. Home care aides are typically employed by a home care agency/provider and assigned to work with individual patients for short- or long-term
assignments. Agencies may be franchises, small businesses, or part of larger national organizations. Aides may work for one or multiple agencies at any given time.

Participants for this study were recruited from a national pool of home care aides through purposeful sampling procedures. The participants’ stories and perceptions as aides working in the home care industry were collected, analyzed, and reviewed through semistructured interviews.

Participants

Participants for this study were selected through the use of purposeful sampling (Creswell & Poth, 2018). This researcher ultimately selected and interviewed seven individuals who met all required dimensions of the eligibility criteria. Participants were selected in order of eligibility to reduce any possible selection bias. Once the specified number of participants was reached, all information received from other individuals interested in participating was not viewed but stored in a secure file away from public view on the researcher’s secured computer device. This information was destroyed at the conclusion of the study in accordance with IRB protocols.

Participants were required to meet the following eligibility criteria:

- Must have been currently employed as a home care aide working in the United States
- Could not be self-employed, and must have been working for one or more employers as a home care aide
- Must have been working full-time or part-time
- Must have been employed as a home care aide for 5 or more consecutive years
- Must not have been professionally credentialed as a clinical nursing assistant or other licensed professional caregiver
Instrumentation and Data Collection Procedures

The researcher collected and analyzed oral stories from home care aides about their experiences working in the home care industry through a recruitment questionnaire and semistructured interviews.

**Interviews**

After signing a consent form, participants were asked to share their narratives based on a preliminary contextual prompt. The researcher mainly served as a listener during each participant interview, utilizing minimal prompts and clarifying questions only when necessary. Interviews with each participant were conducted virtually and recorded via Zoom software technology. The researcher conducted all interviews in her home office environment via her personal computer utilizing Zoom technology with a closed door to facilitate privacy for the participant and to minimize distractions. Each interview was expected to last no more than 1-hour in length. Interviews were recorded via Zoom software technology over an encrypted network and downloaded into a secure, password-protected file on the researcher’s personal computer. Each file was named with an alphanumeric code including three letters and three numbers (e.g., ABC123) to mask the participants’ names and meet the confidentiality criteria. The researcher downloaded, saved, reviewed, and transcribed each interview into a Microsoft Word document at the conclusion of each interview. Upon the study’s completion, all files, including original recordings and transcriptions, were held for the specified number of years and then destroyed in accordance with IRB protocols (Bloomberg & Volpe, 2016).

To protect participant privacy, any data collected via email, including original questionnaires, were downloaded and stored on a secure, password-protected file on the researcher’s personal computer. Each file was paired and stored with the original participant
interview transcription and given a similar alpha numeric code with three letters and three numbers (e.g., ABC123) and a subsequent letter to denote that the file is secondary data (ex. ABC123-A).

The researcher omitted any specifically identifiable data procured during the data collection process. The researcher used pseudonyms in place of names and other possibly identifying elements including places were fictionalized and protected during the data analysis and restorying process (Clandinin & Connelly, 2000). Participants were given the opportunity to review the transcripts of their narrations as well as the final results of the study (Clandinin, 2007).

**Data Analysis**

Data analysis occurred concurrently with data collection to thoughtfully answer the research questions, as it might have been done with other forms of qualitative research (Baxter & Jack, 2008). Data collected and recorded during the semistructured interview process were utilized to craft each participant’s story in the researcher’s words through restorying, thus creating a beginning, middle, and end to each story (Clandinin & Connelly, 2000). The researcher also utilized her own notes taken during the interview process and any follow-up communications with the participants to better define their stories. The researcher identified and coded the major and minor thematic elements after completing the restorying process. These coded thematic elements were then mapped against Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959).
Transcription

Participant stories collected during the formal, virtually recorded Zoom interviews were reviewed and transcribed personally and solely by the researcher and entered into a Microsoft Word document to maintain consistency and continuity in the transcription process.

Each interview recording went through the following process leading to transcription:

- The researcher listened to the interview once in its entirety without transcribing it.
- The researcher listened to the interview a second time, slowing down the recording to a speed at which the researcher was able to transcribe the interview in 3-minute intervals.
- The researcher listened to the slowed-down recording, transcribed what she heard, and stopped at 3-minute intervals.
- The researcher then “rewound” the last 3 minutes and listened again to the interview and made corrections to the transcription as necessary to remove any inaccuracies.
- The researcher then “rewound” the recording a final time and reviewed the interview against the transcription.
- Each 3-minute section of the interview included notations of start and stop times within the recording.

This process of review and transcription was completed for the entirety of each interview in one sitting and subsequently for each participant’s recorded interview in the same fashion. Once the transcriptions were complete, the researcher saved them on her encrypted, personal computer in a Microsoft Word document.

The researcher omitted any specifically identifiable data procured during the transcription process and stored them safely on her computer in a password-protected and encrypted file.
Pseudonyms were utilized in place of names, and other possibly identifying elements including places were fictionalized and protected (Clandinin & Connelly, 2000).

**Restorying**

Once the transcriptions were complete, all participant stories were retold using a three-phase restorying process (Creswell & Poth, 2018) where the researcher outlined the participants’ experiences in her own words. The researcher then utilized Clandinin and Connelly’s (2000) three-dimensional space narrative structure to frame the stories through interaction (personal and social), continuity (past, present, and future), and situation (place), allowing for a holistic and multidimensional view of the participants’ experiences to emerge.

Restoried participant interviews were stored in a secure, password-protected file on the researcher’s personal computer in preparation for subsequent thematic review. The restoried participant interviews were sent to each participant via email in a password-protected file within 24 hours of the completion of the restorying process. Participants were asked to review their restoried narrative and acknowledge their agreement to its content via email correspondence within 72 hours of receipt.

These responses were saved and housed within the participant’s file on the researcher’s computer and all files will be held for the specified number of years and then destroyed in accordance with IRB protocols (Bloomberg & Volpe, 2016).

**Thematic Review**

Merriam describes qualitative analysis as a process that typically results in the identification of patterns and themes that help make sense of the data and illuminate underlying meaning (2009). The researcher identified and coded the major and minor thematic elements
from the restoried interviews as they organically appeared after completing the restorying process.

These thematic elements were classified as, but not limited to, the following:

- Hindering elements of social belongingness and community (HINDER)
- Positive contributing elements of social belongingness and community (POSITIVE)
- Motivating factors (MOT)
- Hygiene factors (HYG)
- Originating from the organization (OO)
- Originating from the environment (OE)
- Originating from within the individual (OI)

The researcher looked at frequency of occurrence within the interviews to determine whether the thematic element was minor or major in nature.

These coded thematic elements were then mapped against where they fell on Maslow’s hierarchy of needs (1970), as follows:

- Self-actualization: fulfillment of oneself
- Esteem: appreciation, respect, feelings of accomplishment
- Love and belonging: social needs, friendships, community, groups
- Safety needs: security with finances, health
- Physiological: things vital for our survival

Additionally, the coded thematic elements were mapped against where they fell within Herzberg’s two-factor theory model—hygiene or motivation factors (Herzberg et al., 1959):

- Motivators: found within the job itself (achievement, recognition, growth, and learning)
• Hygiene factors: not present in the job itself but they surround it in some way (salary, policies, relationships, and security)

The mapping process helped identify and paint a picture of which areas are of the most importance when analyzing the degree of impact, they may have had on a home care aide choosing to continue to work in their role within the industry.

**Limitations of the Research Design**

Bloomberg and Volpe (2016) described the limitations of a study as the research design’s characteristics, which may constrain the outcome or limit the findings’ application or transferability. This qualitative study intended to explore, through narrative inquiry, the experience of the home care aide working in the United States and the factors that foster or hinder their sense of belonging, well-being, and personal motivation. As the researcher utilized purposeful sampling to select the participants, the information obtained is not transferrable and generalizable to other populations. However, the information could serve as a catalyst for others to conduct their own research with similar or other groups in the home care space. The possibility of participant bias may exist as a result of the participants looking to please or provide answers they felt the researcher may have preferred or wanted to hear. Additionally, narrative inquiry as a research methodology presents challenges in collecting in-depth and extensive information about each participant to truly capture the individuals’ experiences with accuracy through the data collection and restorying process (Creswell & Poth, 2018). The researcher considered the study’s research design, credibility, member-checking procedures, transferability, dependability, and confirmability in determining its limitations.


**Credibility**

As a component of trust, a study’s credibility includes the elements and lengths the researcher takes to ensure “findings are accurate and credible from the standpoint of the researcher, the participants, and the reader” (Bloomberg & Volpe, 2016, p. 176). While qualitative narrative inquiry is becoming more accepted and prevalent in the research field, like other qualitative research methodologies, it is necessary to employ criterion within the research design that will ensure “participants’ perceptions match-up with the researcher’s portrayal of them” (Bloomberg & Volpe, 2016, p. 162), thus establishing trust. To create credibility and trust, this study gave participants the opportunity to review their completed, restoried narratives via email and provide clarification or feedback as needed during the analysis process to ensure the researcher’s interpretation matched their individual perceptions (Bloomberg & Volpe, 2016). Additionally, the researcher disclosed any recognized biases they had up front and continued to monitor these biases throughout the process via an electronic recording of notes (Bloomberg & Volpe, 2016).

**Dependability**

Unlike quantitative research, qualitative research—when dealing with social phenomena like that in this study—does not include enough subjects and expanse of data to meet the threshold necessary for true reliability (Bloomberg & Volpe, 2016). Instead, it is more important for qualitative research to meet the threshold of dependability; meaning, results are consistent with the data collected and environment in which they occur (2016). Detailed explanations were provided regarding the research design, data collection process, and analysis to ensure dependability within this study. Additionally, the use of collaboration with participants
throughout the process added another layer of dependability to their narratives (Creswell & Poth, 2018).

Member Checking

One method used to foster trustworthiness within research is the utilization of member checking (Lincoln & Guba, 1985). Member checking typically involves “sending the transcribed interviews or summaries of the conclusions to participants for review” (Bloomberg and Volpe, 2016, p. 163). This process ensures an accurate portrayal of the data and reduces researcher bias. The researcher sent the completed, restored narratives via encrypted email to participants for their explicit review and also shared the findings of the study with the participants at its conclusion.

Transferability

Bloomberg and Volpe (2016) explained, when it comes to transferability, “qualitative researchers do not expect their findings to be generalizable to all other settings” (p. 164). The information obtained in this study is not easily transferrable and generalizable to other populations as the researcher utilized purposeful sampling to select the participants. However, qualitative narrative inquiry as a methodology does lend itself to the creation of rich descriptions of participant experiences and detailed contextual and background information within the data (2016), which can ultimately foster some increased transferability.

Confirmability

A common critique of qualitative research is that the results may be prone to the study’s subjectivity. However, the element of confirmability can be utilized to combat this critique. “Confirmability corresponds to objectivity in qualitative research” (Bloomberg & Volpe, 2016, p. 177). The researcher ensured all data can be traced back to its origins whether through the
initial questionnaire, recorded interviews, restoried narratives, and/or email correspondence with the participants to achieve confirmability within this study; thus, creating a detailed audit trail (2016).

**Ethical Issues and Considerations**

Research is conducted to learn more about the world around us. Researchers are responsible for ensuring the protection of those participants involved in their studies to minimize all possible harm and protect their well-being (Bloomberg & Volpe, 2016). “Ethics in narrative research is a set of responsibilities in human relationships: responsibilities for the dignity, privacy, and well-being of the participants” (Wang & Geale, 2015). This study aimed to uphold this tenant by ensuring the researcher successfully completed the Collaborative Institutional Training Initiative training and successfully sought approval for the study and methodology through the University of New England’s IRB. The researcher abided by all guidelines the IRB set forth throughout the study. The researcher initially contacted participants who expressed interest in participating in the study and informed them of the study’s elements and their participation, including that their stories will be digitally recorded. Only once they were informed and qualified were participants asked to sign a consent form to participate.

**Participant Rights**

Researchers are responsible for ensuring the protection of their study participants by doing everything possible to mitigate the potential for harm, including protecting participants’ rights (Bloomberg & Volpe, 2016). To uphold this research standard, participants in this study were asked for their voluntary participation, informed on more than one occasion of the study’s purpose, asked to sign a consent form for participation, given ample opportunity to choose or not to choose to participate, told of all possible risks and costs associated with their participation,
and had the option of leaving the study at any time. Additionally, the researcher provided measures to ensure participants’ confidentiality, including protecting their data, throughout all aspects of the study (Merriam, 2009).

**Researcher Bias**

The researcher who conducted this study has worked within the home care industry for more than 5 years and in the healthcare field for more than 15. Her primary responsibility working in a leadership role at NAHC is to ensure quality, home-based care and services are available for all Americans who need them, today and in the future. However, every effort has been made to remove or mitigate her own perceptions and beliefs formed as result of her professional connection to the subject matter. The participants were given the opportunity to review their narratives postrestorying for accuracy to remove any potential for the researcher’s own preconceived biases or thoughts about the participants’ experiences and stories from entering the research.

**Conclusion and Summary**

This chapter outlined the methodology for this qualitative narrative inquiry, which sought to gain insight into the role of the home care aide, their experience through their own eyes, and the factors that foster or hinder their sense of social belonging, well-being, and personal motivation to continue working in a challenging career. The chapter included information relevant to the study’s purpose, specific design rationale, data collection procedures, limitations, and scope. Additionally, narrative inquiry was showcased as the most appropriate research methodology given the need to give voice to a largely silent group of workers and bring insight and understanding to their experience in an effort to contribute to the overall knowledge base of
industry leaders and the field as they struggle to continue to attract and retain talent in this specific role to meet an exponentially growing economic demand.
CHAPTER 4

RESULTS

This study sought to document, through qualitative narrative inquiry, the elements that foster or prevent a sense of social belongingness and well-being among home care aides working in the United States. The researcher accomplished this goal by capturing and analyzing home care aides’ personal stories of experience and determining whether factors of social belongingness, community, and well-being may be contributing elements of longevity for working in the role within the industry.

The researcher utilized Dewey’s theory of experience (1938b) as the study’s underlying conceptual framework and then drew upon the psychological elements of social belongingness and community found in Maslow’s hierarchy of needs (1970) to better understand the aides’ personal perspectives. Additionally, related hygiene and motivating factors conceptualized within Herzberg’s two-factor theory of motivation (Herzberg et al., 1959) and known to be important in the cultivation of well-being and satisfaction were explored for their role and contribution in the home care aides’ longevity. The study specifically documented and focused on the experience of home care aides who had worked consecutively in the role for 5 or more years, were not self-employed, and held no other professional licensure.

The following research questions were utilized to guide this qualitative narrative study and served as the foundation for exploration:

- RQ1. How is social community and belonging fostered among those working as home care aides in the United States?
- RQ2. How is social community and belonging hindered among those working as home care aides in the United States?
RQ3. What personal or social factors positively or negatively impact motivation and job longevity for home care aides working in the United States?

**Analysis Methods**

The data collected in the qualifying questionnaire and semistructured narrative interview sessions were used to recreate the participants’ stories through a process known as restorying, which creates a cohesive beginning, middle, and end to each participant’s story bound in historical, chronological order (Clandinin & Connelly, 2000). The researcher framed the stories with elements outlined by Clandinin and Connelly’s three-dimensional space narrative structure (2000), including interaction (personal and social), continuity (past, present, and future), and situation (place), allowing for a holistic and multidimensional view of the participants’ experiences to emerge and thematic review to occur.

After the restorying process, the researcher identified reoccurring elements as they emerged and subsequently assigned them codes. These coded elements were reviewed for prevalence and recurrence across the participants’ restoried narratives and bucketed together by similarity. These bucketed elements then created identified themes and were mapped against Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959) to address the research questions and the latter half of this chapter shares and discusses these themes. Finally, this chapter presents a comprehensive summary of the study findings.

**Data Collection**

As outlined in Chapter 3, participants for this study were recruited from a national pool of home care aides through the use of purposeful sampling (Creswell & Poth, 2018). The researcher posted the IRB-approved digital call (a recruitment flyer) for participation with specific
eligibility criteria (see Appendix A) on NAHC’s national electronic list serv in early June 2020. Potential participants were asked that they meet the following eligibility criteria:

- Must be currently employed as a home care aide working in the United States
- May not be self-employed, must work for one or more employers as a home care aide
- May be working full-time or part-time
- Must have been employed as a home care aide for 5 or more consecutive years
- Must not be professionally credentialed as a clinical nursing assistant or other licensed professional caregiver

Members of the list serv (home care organizational leaders) were asked to circulate the digital call for participation (with no obligation) amongst their staff during the 2-week participation window by forwarding the digital call via email, sharing it during already-scheduled staff meetings, or through other forms of established methods of communication. The participation window was not closed until July 31, 2020 due to the external impact of the global COVID-19 public health emergency (PHE; Centers for Disease Control and Prevention, 2020a) on the home care industry in the United States, especially with front line, essential workers (NAHC, 2019a), thus leaving the window open for approximately 8 weeks.

Over those 8 weeks, 26 individuals responded to the call for participation to the primary researcher via email indicating their interest in participating and their ability to meet all eligibility criteria as the digital call for participation outlined (see Appendix A). Participants who responded to the primary researcher were invited via email to review and sign the consent for participation form (see Appendix B) and complete a preliminary questionnaire via a Word document (see Appendix C), returning both to the researcher also via email.
Of the 26 respondents, 17 returned their completed preliminary questionnaire and signed consent for participation documents to the researcher via email. Seven of those 17 did not meet eligibility criteria based on their responses to the questionnaire indicating they held current professional licensure as a CNA. The researcher assigned the remaining 10 potential participants a pseudonym to protect their identities and track their data and correspondence. The researcher then subsequently invited these potential participants via email correspondence to schedule a recorded Zoom interview session with an anticipated length of 60–75 minutes as they met all eligibility criteria as outlined in the digital call for participation, they had completed their preliminary questionnaires, and fit the criteria indicated for purposeful sampling. All 10 participants confirmed their participation and scheduled interview times via email correspondence with the researcher. Seven of the 10 participants completed their scheduled Zoom recorded interviews. Two of the 10 participants were no-shows to their scheduled interview times and did not respond to the researcher’s follow-up email correspondence. One of the 10 participants emailed the researcher ahead of their scheduled interview date and expressed her desire to withdraw from participating in the study, so she was withdrawn at that time.

**Interview participant demographics.** Participants for this study were recruited from a national pool of home care aides through purposeful sampling procedures. No specific research site was utilized. Home care aides are typically employed by a home care agency/provider and assigned to work with individual patients for short- or long-term assignments.

Seven participants responded to the digital call for participation, met all eligibility requirements, completed a qualifying questionnaire capturing relevant demographic information (see Table 2), signed the consent for participation, and subsequently completed a recorded interview with the researcher.
Table 2

Participants

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<tr>
<th>Pseudonym</th>
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<th>Total Years as HCA</th>
<th>Total Years with Current Employer</th>
<th>College Degree</th>
<th>Other Field</th>
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<td>18</td>
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</tbody>
</table>

Note. Total Years as HCA is defined as total number of years the participant has worked as a home care aide; Other Field is defined as if the participant has worked in another what that field is to clarify their professional career experience.

Participant Interviews

The researcher conducted Zoom interviews with each of the seven study participants virtually in her home office environment via her personal computer utilizing Zoom technology, with a closed door to facilitate privacy for the participant and minimize distractions. Interviews with the seven participants ranged in length from 25 to 55 minutes. This length was a departure from the originally anticipated 60–75-minute interview length. Participants spoke clearly and concisely about their experiences, giving ample detail and insight during the interviews. The researcher allowed the interviews to happen organically rather than interrupt with a number of additional questions to keep the narratives as free from researcher bias as possible. Thus, the length of time for participant interviews was shorter than expected, while still yielding the intended data. At the beginning of each interview session, participants were reminded of the study’s purpose, that the interviews would be recorded, and that their identities and privacy would be protected. Each participant was given the opportunity to ask questions or share any concerns before the interview began. Participants were asked to share their personal experience
working as home care aides with little to no interruption through semistructured interviews and minimal prompts by the researcher as needed. At the conclusion of each interview, participants were given the opportunity to ask any additional questions or share any concerns. Each participant was also reminded that their recorded interviews would be downloaded into a secure, password-protected file on the researcher’s personal computer over an encrypted network. They were informed they had been assigned a pseudonym to mask the participants’ names while meeting the confidentiality criteria. The researcher sent each participant a $25.00 electronic visa gift card via email at the conclusion of each interview as a thank you for their time and participation. All participants confirmed they received their gift card with an email reply.

The researcher—and only the researcher—personally reviewed and transcribed each recorded Zoom interview into a Word document. The transcriptions were conducted in the researcher’s personal home office environment with a closed door to facilitate privacy and minimize distractions. The transcription process consisted of the following steps the researcher took for each of the seven completed participant interviews:

- The researcher listened to the interview once in its entirety without transcribing.
- The researcher then listened to the interview a second time, slowing down the recording to a speed at which the researcher was able to transcribe the interview in 3-minute intervals.
- The researcher next listened to the slowed-down version of the recording and transcribed what she heard word for word, stopping at each 3-minute interval.
- The researcher then “rewound” the last 3 minutes and listened again to the interview, making edits or corrections to the transcription as necessary to remove inaccuracies.
The researcher then “rewound” the interview a final time to the beginning and reviewed the interview against the transcription.

Each 3-minute section of the interview was noted within the transition with the recording’s start and stop times.

The researcher omitted any identifiable participant data during the transcription process. Pseudonyms were utilized in place of names and other possibly identifying elements. The researcher transcribed each of the seven interviews one by one. The researcher saved each interview transcription on her encrypted, personal computer as a Word document. All files including original recordings and transcriptions will be held for the specified number of years and then destroyed in accordance with IRB protocols (Bloomberg & Volpe, 2016).

Restorying

Once all participant interviews were successfully transcribed, the researcher moved to retell each participant interview in a narrative format using a three-phase restorying process (Creswell & Poth, 2018), placing the participants’ narratives and experiences in historical, chronological order. The researcher utilized Clandinin and Connelly’s three-dimensional space narrative structure (2000) to frame the stories through interaction (personal and social), continuity (past, present, and future), and situation (place), allowing for a holistic and multidimensional view of the participants’ experiences to emerge. The restoried narratives were sent to each participant via email in a password-protected file within 24 hours of the completion of the restorying process. Participants were asked to review their restoried narrative and acknowledge their agreement to its content via email correspondence within 72 hours of receipt. Email responses confirming each participant’s acceptance of their narrative were then saved and
housed within the participant’s file on the researcher’s computer. No corrections or edits were required for their narratives and all seven participants responded.

**Participant Narratives**

Choosing to conduct research through a narrative approach supported Dewey’s theory of experience (1938b) as the key underpinning and conceptual framework for this study. The approach allowed for natural insight into the home care aide’s role through their perspective. At the heart of narrative inquiry is the story, and “paramount…is the centrality of relationship in the research process and recognition of the sacredness of the stories that participants share and trust within the research environment” (Bloomberg & Volpe, 2016, p. 51; Mills & Birks, 2014). Individuals in the role of the home care aide have largely remained silent in their experience (Traher, 2013). Through participant narratives collected in this study, home care industry leaders and researchers are able to gain in-depth, unique perspective about what it means to be a home care aide and understand the factors that foster or hinder their sense of belonging, well-being, and ultimately, their motivation to continue working in the role.

Participant interviews were retold in historical, chronological order using a three-phase restorying process (Creswell & Poth, 2018), which included (a) collecting the story; (b) analyzing for key elements; and (c) placing the participant narratives and experiences in historical, chronological order, creating a natural beginning, middle, and ending to the narrative. These narratives are shared to provide insight into the home care aide’s experience.

**Jane.** Jane is 46 years old. She has been working in the home care industry for 20 years and with her current employer for a little over 10 of those as a home care aide. Jane originally was inspired to work in home care when her grandmother passed away and hospice came in to care for her at the end of her life. Jane recollected, “I saw what they did for my grandmother, and
I saw how well they were taking care of her and our family and I thought this is something I
would like to do.” Jane was actually enrolled in nursing school and passed her boards, but she
did not feel it was the right path for her in healthcare:

I didn’t feel like I ever had that one-on-one connection as a nurse… As a home care aide,
you get to build relationships with people. I have so much extended family and close
relationships that have come out of my work.

For Jane, it was not just about the relationships she built with patients and families. She
shared that the relationships she forms with colleagues and peers are just as important and
invaluable, and she shared a little about her early days and the bonds she formed with a seasoned
colleague who always supported her and was willing to assist her no matter how big or small the
challenge might be. Jane went on to state, “That kind of support is a huge thing.”

After working as a home care aide for 20 years, Jane described her average workday and
week as nothing close to normal: “It varies, and that’s part of the problem with being a home
care aide.” Depending on the kind of assignments Jane has, her work can be simplistic and light,
or complex and challenging:

It can literally be making lunch for somebody and checking in on them, making sure they
have taken their medicine that was set up by their family. Or, you could have an ALS
patient in bed, not able to do anything for themselves, literally it’s a whole different day.
Jane’s workday of late involves mainly providing personal care services and ensuring
ADLs are met with her clients:

My normal day right now is a lot of making sure that people are up and showered. Light
cleaning, making sure they have their breakfast, and you know making sure there is no
changes in their health, trying to give the family members a little bit of time, so they can
do what they need to do, so that they’re not stressed.

Jane shared that she takes time to plan her day carefully and in advance to ensure she can
take care of her patients in the best way she can, whether that means ensuring she has all the
supplies she needs, planning her travel appropriately, or even communicating with the nursing
team about what to expect or changes in plan of service. She went on to explain,

I like to have some idea about what’s going on before I set foot in the door. Do I have all
the supplies? Have a made the smartest travel route? You don’t get paid for all the time
on the road, but you do get to decompress between patients a little bit. You may have two
hours in one area and then you have to drive 40 minutes in the other direction.

Jane truly loves her work, even though she admitted that she is lucky in that she can
choose what she wants to do for work as she has “a husband who is supportive and basically
takes care of all the bills.” She admits there is not a lot of pay for home care aides; no sliding pay
scale for the complexity of the patients, and certainly no pay for drive time or reimbursement for
gas/mileage or wear and tear on her personal vehicle:

I often think about the others I work with and I don’t know how they keep a roof over
their heads. You know you can’t do it on roughly thirteen dollars an hour or whatever, I
mean, it’s not going to happen. My money is luckily fun money. Sometimes I drive past a
Starbucks and I think, I could make more money in there, but there the other part of it,
the flexibility and the relationships.

Despite the lack of pay in the role, Jane does not want to do anything else. She spoke
fondly of “the bonds you form with people are worth so much, you can’t buy them.” Jane shared,
Sometimes I want to scream it from the rooftops. I wish people would really understand. I once had a patient who I took care of for years. He was like a father to me. I remember one day my husband had to drop me off because he was taking the car for an oil change. My patient noticed and asked what happened to my car? I told him my husband had taken it and he was going to me up later. And my patient said “Oh, well no young lady leaves this house without me meeting her date” (laughs). It was the funniest thing and I remember having to ask my husband to peek his head in because apparently, I wasn’t allowed to leave unless he met my date…What keeps me there are the people. Jane said she appreciates the great flexibility she finds working as an aide. She explained that it is not something you might find in other care settings:

You know when you work in a nursing home you work every other weekend come heck or high water. This is different. If I’m home on the weekend and I want to pick up time I can pick up, I don’t have to pick up, but I can.

Jane shared that she wants people to know about the importance of what she and others working in the role as a home care aide do every day for their clients and families:

It’s not a babysitting job like some people might think. It’s so much more than that. Our job is to allow people the flexibility to stay safely in their homes for as long as they possibly can. You make sure to see to their safety, the house is clean, they are fed, it’s providing a service to society. And because that’s where they want to be and that’s where they are going to be the happiest.

Jane mentioned she finds a lot of her motivation directly from the bond and relationships she has formed with her clients:
They are depending on me so that keeps me going, spurs me to even take better care of myself you know. I remind myself- Jane, with all this COVID thing you better take care of yourself so you can take care of other people. I keep myself strong, physically and mentally to take care of them.

In addition, Jane explained that she is extremely religious and finds additional motivation and support through her faith:

My faith keeps me going, I prayed every day for a long time for God to put me somewhere where I was really needed. I’m blessed that I’m somewhere where I feel I should be and because of that I’m much more at peace than if I was trying to do something else.

Jane credited her employer with supporting her in a variety of ways, including offering flexibility in her schedule, a community of colleagues who offer guidance when she might encounter a problem, ongoing recognition, and even increased emotional and mental assistance and opportunities for engagement during the PHE. Jane went on to say,

Flexibility in this role is huge... truly beneficial for my personal life and the nurses I work with are wonderful and supportive, helping us navigate a lot of challenges as they come up. There is something to being recognized. Every month the office selects an aide for special recognition based on surveys that go out to the families. They do nice luncheons for us and even offer something like points that we can use to choose things from a catalogue. During COVID our CEO has started a daily YouTube update for all of us, and there is even a prayer line and other support lines to talk with people about what’s going on, how to relieve stress, they are being supportive in that way. No one was
prepared for this…but they keep us connected and check in to make sure we are comfortable, and that we have everything that we need.

In addition to all of these things, Jane’s company works in many ways to provide avenues for her and her colleagues to join together to help give back, share their stories with the community, and work with government legislators, regulators, and other policymakers to influence their decisions. The advocacy activities help connect the employees’ everyday work with how it impacts not only their clients, but also the society around them. Jane shared,

[My employer] does a lot of awareness and community things too; just to get together with walks and other events. They coordinate sporting events and get togethers. It’s nice, I like being by myself and not necessarily in the office but It’s nice to see and connect with other people, to get to spend time with them. They offer a government advocacy program we can get involved. I was asked to talk to a government person and do an interview and a committee meeting where we talk about our experience and help them to make changes to help us AND the families we support.

Jane’s employer is also very committed to ongoing training opportunities for new and seasoned staff. The goal is to try and attract and recruit new blood into the field. She added, “There’s no shortage of people calling and wanting help…and we want to be able to say yes.” Jane believes if people have a chance to really see and feel what it means to do the work, and the impact it can have, more people will want to become aides. She said, “They’ve even started a new training program where they orient people to that career now. So that’s a good thing, orient them, show they the ropes, get them through the program and out there working.”

While highly invested in her role, Jane admitted there can be a host of challenges working as a home care aide. Because her work is so dependent on her clients’ attributes, she
wishes there were even more opportunities for ongoing education: “Sometimes you might go months without having a patient who needs a Hoyer Lift. You get out of practice.” Jane also homed in on the rules and regulations, the things that “we simply cannot do” as an aide, such as dispensing medications to her patients,

Sometimes we have to remind people gently, family members gently, that you know I can’t just go into the medicine cabinet and get you mom a Tylenol. That’s nursing and I’m not allowed to do it. If you want to put the Tylenol out if you’re afraid she might have a headache, I can say here it is if you need it.

Jane stressed how frustrating this has been for her because she believes this role can be elevated in its scope of practice. Jane added that she blames the bad behavior of the few that punishes the whole,

It’s hard because people don’t see us for what we can be, and when you see an aide doing something that is not as professional as you would like it to be, like calling out five minutes before a shift…maybe if we were all more professional, we could get more training, maybe we could take classes that would allow us to give meds. Maybe if we could be more professional, we would be seen as people who could do more, and maybe even be paid more, be seen as the true benefit we are to the community, not that we are just glorified babysitters…We are providing a needed community service so that others can go to work and know that their loved one is OK, and safe because I’m there. I certainly think it’s worth a livable wage, better benefits and respect.

When asked what she would say to someone who is considering becoming a home care aide, Jane became thoughtful, a smile grew across her face, and she shared,
It’s a wonderful profession. Stressful at times and the money is an issue but it’s wonderful. The relationships you build last a lifetime, and you know you can’t put money on that one. If you light up a little inside knowing you made someone else’s day a little better, then it’s the job for you. Frankly, I’ve got patients that say, “Love you”, (laughs) and I say, “Love you too.”

Tara. Tara is 39 years old and has been working in the home and community-based services field since 2011. She is divorced and has two teenage children. After she finished her preliminary home care training in 2011, Tara secured a job as a caregiver working with people who have mental disabilities or other behavioral issues. Tara is someone who wants to make a difference in the world through her work. She spent time pursuing a degree and training in human services, focusing on addiction support. Early in 2012 and shortly after starting the position, her husband got into a terrible car accident and sustained a traumatic brain injury, which left him partially paralyzed, and wheelchair bound. Tara decided at that point to focus on caring for and rehabilitating her husband and placed her educational journey on hold. She stated:

I had just finished all my training and he got into that car accident…everything I had learned he was going through like changing behaviors, mood swings, challenging behaviors, I was able to help him, I guess get back to kind of feeling normal. I made him walk every day with the tools they give you and now he’s walking on his own with a cane…doing things by himself. He’s happier these days. But I just saw how my caring for him changed his life. It made me want to help other people who are like that and that’s really what got me started and invested in caregiving.

In the way Tara talks about her work, it is evident how much it means to her and how committed she is to her clients:
It makes me happy to make them happy. There’s a lot of people that get taken advantage of and I’ve seen over the years that they have trust issues and stuff…it makes me happy to help them and make them feel happy about themselves and their lives.

Tara’s professional workday is always changing and often unpredictable. She, at times, will be assigned to care for six to seven individuals in any given week, providing personal care and supportive services in the comfort of their own homes/residences. Tara goes on to share,

You never know what to expect because of the kinds of people I work with. One day they can have a good day in the morning and then in the evening they can totally switch. But I just go to work every workday in a positive mood just to try and keep everyone positive too.

Many of Tara’s clients are those who she provides what is known as job coaching or job support. These clients are higher-functioning individuals who have paying jobs, but who require a little bit more support to be successful. Tara brings these clients to their places of employment and spends her 2- to 3-hour shifts helping support them in their roles professionally and with behavioral needs such as helping them identify when they are being overly aggressive, inappropriate, or withdrawn, and offering positive alternatives or reinforcement to help them be successful. Tara explained, “I sit with them and make sure they are doing their jobs. I make sure that no one is taking advantage of them, trying to give them more work or getting upset with them because they don’t understand.”

Tara admitted that every day is not a good day. The work is isolating, mentally exhausting, and can be lonely outside of the interactions with her clients. And, as she illustrated in one particular story, the bad days can be particularly challenging:
I usually get the more difficult, the hardest clients to work with. They give them to me because I guess I am able to build a relationship or something. They just cling to me and we get along. But there was this one day I was with this client, one who wouldn’t work well with anybody. I was really tired, and I hadn’t had a day off for three weeks, because any time he would work with someone else he would attack them and run away from them and stuff… that day I had to take my kids to a very important appointment. So, I had asked for that day off early. Asked if I could do a half day and I had asked for it off way in advance… but when it came to the time when the next shift came, the client wouldn’t get out of my car and he started crying. He just, he flipped out and made a big scene. He attacked the other staff member trying to come on and relieve me. I had no choice. I missed the appointment for my kids. I couldn’t just leave him. We were on a busy street because he had taken off and on days like that. You have to I guess go with it.

Despite these challenges working as an aide with difficult individuals, Tara often spoke about the moments of joy she finds in the work and had such a proud look on her face as she shared one of her favorite memories:

There’s a lot of good in this. For me, it’s when an achievement is done, something an individual has worked on for so long... I like those days when I see people excited about doing something they have been working on and I’m excited too. My heart is full. There was one individual, she was working on getting her own apartment for a long time, being able to live independently and have something of her own and she saved money and saved money and the day she finally signed her lease she was really excited, and I was excited for her too.
The work of a home care aide for Tara is difficult but rewarding. She has been with her employer for 8 years now and explained, “Not everyone has an employer like this and that is why I continue to stay. The work is hard, but they support me and my family.” Tara noted her employer, unlike others in the industry, offers caregiver support groups and mental health options. Additionally, they check in frequently with Tara to ensure she has everything she needs, and she believes she would not want to work for anyone else:

My employer is always supportive. I continue to work with them because of the people...the individual relationships. They are always asking if I need help with anything or if I need supplies. If I do need a day off or something, they are always working with me and accommodating. It’s not just a great company, the people are great. They are there to support me AND my family. My kids...I want them to see that even though you struggle, or you grew up in a certain way, in a certain environment, that you can still make it, still do something for other people. I think every day when I see people who need care and help, that it’s time for them to have somebody like me to help them--make their lives better.

Right now, according to Tara, the PHE as a result of the spread of COVID-19 has impacted the number of hours she works as well as the number of clients she cares for. She went from working more than 40 hours in any given period to now only working about 4 hours in any given week. The reduction in hours and spread of COVID-19 overall have impacted her mentally and emotionally, adding to the stress of providing for her own children and worrying about her clients:

It sucks…a lot of people lost their jobs and got their hours cut…I’ve been there the longest. They tried to keep me as long as they could and for as many hours as they could
get. It has impacted me financially and mentally. I do worry about how I am going to pay for this or pay for that. My clients, they get impacted too because they are so used to seeing you…it’s kind of hard for them to adapt and change and then you have more behavioral issues and stuff like that so its stressful for both ends.

When asked what she would say to someone considering working as a home care aide, Tara said,

If you don’t have the patience don’t even think about going to do it because you are going to get worn out. You have to be a really caring person... If you don’t have patience and you’re not a caring person and you don’t have a good heart, it’s not the job for you. I think some of us don’t get paid enough for the work we do. I’ve seen some who are really good workers and who never get acknowledged. Many of us don’t get the kind of mental support we might need. But the work is rewarding, and it keeps me going. I look forward to the day when we can be valued more for what we do.

Kate. Kate is 33 years old. She married young (at 18 years old) and had her first child by 19. Her family means the world to her and she has always worked to provide a better life for all of them as well as to show them that giving back to your community is a blessing. She started her professional career working in a daycare, helping to take care of children so that others could work. She enjoyed the work, but always wished she could spend more one-on-one time with each of them, more personalized care and service. However, Kate found herself looking for employment when the day care center unexpectantly closed in 2008 and happened to run across an ad for a nursing home in her hometown that was looking for individuals to work as aides and was willing to provide training classes for the role. She shared, “It was really a win-win for me. I get paid to work while they provided and paid for the training classes.” Kate added,
After I completed my classes with the nursing home, I decided to move into hospice. I even experienced hospice care and services myself with my father and its different being on the other side. I worked there as an aide for almost seven years before I joined my current employer about two years ago. I honestly can say that I enjoy and love my job.

Kate described her normal workday and week as “rather predictable.” Kate shared she has a handful of patients she is assigned to work with, but the number can fluctuate between four to as high as nine:

It’s kind of the same thing every day. I have almost the same patients every other day. I go in and I take their vitals and get them ready and give them a shower. I get in and let them do as much as they can by themselves. But some of them are more dependent on the help so I step in when they need it. The number of patients fluctuates though depending on if someone is out.

Kate always strives to make her patients feel as comfortable as possible and takes pride in her work being able to brighten someone’s day:

Because I know everybody is kind of quiet and shy about their bodies at first and you get used to that and then I just love who you meet. You never know who you are going to meet. You meet the quiet shy ones and then there is all the patients who are the very outspoken and who love to joke around… I know what my job is and I go in and I do it and I go home and I just enjoy it.

Kate characterized the tasks she does on a daily and weekly basis as predictable, but the work itself is anything but: “Every day is a new day you never know what kind of mood they [her patients] are going to be in.” However, Kate has a very positive outlook on her work and the
services she provides. She enjoys that, as an aide, she can spend more time with her patients and less time on the paperwork: “I have more time to get to know who they are.” Kate stated she holds a positive outlook, even when speaking about some of the most challenging moments of her role:

It’s like opening up a box every day. You have those good days with them and then you see the bad side. And they always feel bad when you see the bad side you have to remind them it’s OK, you’re human. Dealing with the Alzheimer’s [patients]. They are the hardest some days. Because they have their mind set, “I’m not going to do it today.” Sometimes they change their minds. And other days it’s just “NO, I’m not doing it.” And that makes it difficult because you know they really need the shower, and they need the change.

When asked how she deals with this challenge, Kate’s response was candid: “Some days, you just throw it up in the air and walk away…you do the best you can….and you try again the next time.” She mentioned that she finds a lot of open support from her employer:

They are the best. I worked for hospice and then coming into home care with this employer, they have been the best ever. If there is ever a problem with anything you can call any of your nurses or even your bosses and they are more than welcome and happy to help and support you in any way they can. When all this COVID started the night before they would send a note. “Go to Frank and Joes and have coffee on us today.” It’s just those little things they do out of the blue that you just enjoy and make you feel appreciated and cared for. For a while it was almost every day.

The current PHE is weighing hard on Kate’s mind, too, but she has tried to keep a light, positive heart through this pandemic:
Oh lord I’m so over it. [laughs] It’s made it a little bit more difficult in a way because of course we have to wear our mask and for a while there, we were wearing double masks and goggles and gloves before you even got out of your car. Most are pretty understanding. They all mainly stay at home. There is a select few that do miss going out and about. And you can tell it messes with their head. They kind of forget what day it is or the day of the month or the year. And I try to explain to them I totally understand. If I am on vacation for a week. I forget what day it is too. That’s the hard part because some of them are used to a set schedule and you work around their doctors and their church and everything and then all of a sudden, they can’t do that. It’s sad to see.

Kate shared that she finds connection and community with fellow staff members and receives recognition for her work through something called a “Monday morning meeting”:

They are always doing good little shout outs especially at Monday morning meetings and it’s not just the upper head people it’s your, its everybody that works with you and if they see something good that you have done then they are glad to shout it out and praise you for it. And show you that they care and love you. We are just one big family.

Kate went on to share her memories of a recent Monday morning meeting and reflected on how it gave her a sense of family and community:

Oh, this last week were doing all this COVID stuff and we’re laughing about it because you have to wear your mask. Like many other meetings they have food catered to you because they just want to show you that even though we are in this crisis, we want to show you how much we love you and appreciate everything you do for us. And then at the end of the meeting, after every meeting we pray. And we pray about what other
employees are going through or if they need help with anything. It’s just, it’s a good feeling. We are truly a family.

While she connects with her colleagues a lot during these meetings and through company-sponsored events, Kate feels like she needs to work on making more deliberate time to interact and connect with fellow peers, but she explained that it is hard to do so:

I’m very shy. I’m kind of one of those who goes to work, and I come home. I live out of town and I do have a select few people I talk to more often. But my family is everything to me. I have a 14 year old daughter so I’m pretty busy with that. So, I don’t really connect with my other employees like I should. It’s actually one thing I’m trying to work on. They always have these little days where they go out together and connect, but I don’t often go. I started really young and a lot of these folks I love them all to death they are family, and they are still having babies but I’m past that so it’s kind of hard to try to interact. Or you have the ones that have 18-year-olds, because they are older. I’m in the middle.

Kate shared that some of her favorite and rewarding moments in her work are the most simplistic ones:

It is great, when you get done with your shower and the patient says, “Oh my god, that is the best one ever.” Even though they had it two days ago with you. It’s always the best. And they feel so good afterwards, even though they don’t want to get in there and do it and they finally do. It’s the best. you feel great! It’s what always brings a smile to my face. My favorite clients, my favorite ones are the ones that are over 100. I have a patient who is going to be 105 next month. You never know what they are going to say. There is always something new they are going to tell you. I love to hear the old stories of when
the Dr’s came to the house in the horse and buggy or they were the first ones to have a car. It’s a history that you read about but now I actually get to hear about it and it’s just so great to listen to them and they just connect with you sometimes.

Kate lit up with happiness when asked what advice she would give someone who is considering working as a home care aide:

It’s hard work. But if you love your job it will never be that hard. If you think of it just as a job and you’ve got to go to work today, you’ll never enjoy it. You should always enjoy what you do… love my grandparents so it kind of seemed like one of those good things to do. I love my patients, they are just like my grandma and grandpa, no matter who they are. That’s who they are to me.

Kate’s outlook overall on the role as a career is positive. However, she recognized there are indeed industry challenges and issues with how outsiders perceive the role:

Overall, we are not appreciated like we should be. A lot of them even the spouses will say oh the nurses are great they are great, but you also have to step down and think about us. We are the ones at the bottom. We’re the ones who see when a skin care, something is going on with their skin. Something is red or they’ve got some new bruising. We are the ones that find that, not the nurses sometimes. Were down in the nitty gritty but people don’t appreciate that like they should. They don’t SEE us for who we are and for our value.

David. David is a 59-year-old retired chemical engineer. He holds a number of higher-level degrees, including a master’s degree in chemical engineering, and has spent the majority of his professional career as a leader and teacher in his field of expertise. A little over 6 years ago, his mother fell in poor health and his two sisters, while living close by, were ill prepared to care
for her. David decided, rather than put his mother in a home where he knew she would not
thrive, that he would move in with her and become her caregiver full time, despite never having
done any home or personal care in his life. He shared, “I didn’t know what I was doing, but I
knew I had to quickly adapt.”

David did his research and became connected with the Consumer Driven Care Program
(U.S. Department of Health and Human Services, 2004) in his state and at a local home care
company and was certified to be the full-time caregiver for his mom. Through this program he
receives a nominal hourly rate for the care his mom is approved for while his siblings hold power
of attorney and serve as her healthcare proxy. He explained,

After my mother fell ill, I chose to be her caregiver full-time as a live-in companion. I
also connected with a local caregiver agency, received training, and became a caregiver
part time for one other person. Now that’s what I do. I’m retired and I provide care for
people who need it, including my mother.

The stress on David’s face was evident and he was often close to tears as he talked about
his day and week:

Ah, I wake up at 6 [in the morning] and I get the newspaper and start the coffee for her.
But sometimes she wakes up earlier and if she does… I’m a light sleeper so I get up. And
then we read the newspaper or get on the internet and look at the news. She has some eye
issues, so she has prescription eye drops in the morning I help her with that… and lots of
pills, lots of pills she takes herself, prescription pills for her congestive heart failure, high
blood pressure, stuff like that. So, that’s the start of the day and then there is a routine for
doing the laundry during the week. She owns her own home, so I also help when I can
with cleaning and maintenance, and then around 9:30 [in the morning] I go for a walk on
my own. And then come back to prepare lunch. She sleeps quite a bit, so I visit the other person I take care of a few days of week while she is sleeping. Its only for a few hours helping him with bathing and preparing dinner for him and then I come home, and I prepare dinner for her and watch the news before bed.

David talked about how there really “isn’t a lot of money” in what he does, and while the majority of his time is spent caring for a family member, he does not know how people who do this full-time survive: “It’s lonely work. Up until a few weeks ago, I didn’t even know anyone else who provided care like I do, and I’ve been doing this for five years.”

When asked about how he finds motivation to continue, David talked about how he tries to find pleasure in some of the smaller things in life. But David also explained how many of those things have been taken away as a result of the PHE:

Well, before COVID what kept me motivated was working with her my other client. Helping them to move around the house, so I would drive her to the beauty parlor, library, the store to go shopping. That made me happy, seeing the smiles, getting them out of the house and out of the chair, but because of COVID that has completely stopped. We can’t do those things anymore. And it’s very frustrating. And so recently my motivation is…well I am a platelet donor, so I have done that ever since my dad developed cancer and died, so that’s over twenty years ago. So, I give platelets every two weeks and that gives me a lot of solace. Makes me feel like I’m doing something.

David spoke little about any kind of support or connection he has with his employer or others who work in a similar role. He noted feeling “burnt out” and “in a bad place.” He is someone who was not necessarily called to work in this role, but instead it became an almost all-encompassing part of his life, and while he did not necessarily choose it, he works hard at it and
feels like it means something: “It’s a way I can give back to her when she cared for me and my father and I can care for others in the community.” He went on to explain,

I worry that people might be judging me for what I do when I was once a chemical engineer, but I really enjoy this and feel like I’m doing the right thing. I’m now on anti-depressants and anxiety medication to cope with the loneliness and all the other things. I worry about my own health. My mom’s health declining has really brought me to want to be a caregiver and do more and go above and beyond, but sometimes I don’t feel like I have the support.

When asked about specific things his employer does to support him, if anything, David grew a bit somber, stating, “I’m not getting a lot of care or support for myself emotionally,” but then lightened up when discussing a new-found outlet:

So, my employer doesn’t really offer much… I called the state they sent me to the Caregiver Coalition, got me connected with a support group for people like me. The lady at the Coalition, she helped said she would send me a stress busting program book for caregivers too. And, three days later I got the package in the mail and I’ve gone through the book and it explains how people need to take care of themselves to be able to care for others, find a support network. So, it was such a blessing to find that. Because when I go out, I try and look to see if there are support groups or other people to talk to. I don’t see anyone else from my agency I work with. They pretty much send me my checks but because I work with the same person all the time providing care, on the same sort of schedule, I don’t have to be in the office really interacting with them at all.

The Caregiver Coalition in David’s state of residence formed a virtual caregiver support group in July 2020, and he was invited to participate when he reached out for help. David shared,
They are going to have a meeting where leaders from the home care community and caregivers will be there in a small group to talk about things in a small group. A connection to others doing the same work will be very helpful….to talk to someone else and other people to give each other a little support, motivation, and even humor to get through the day is important.

David grew contemplative when asked what he would say to someone who is considering being a home care aide like him, saying, “I don’t think I would recommend this to everyone. It’s hard and difficult but everyone deserves to be cared for.”

Anna. Anna is 63 years young and has been working in the home care field and with her current employer for more than 24 years. She found her way into home care “out of necessity.” As a mother of young children, she wanted to be sure she could have flexibility in her role: “The simple fact is that I would work my schedule a little bit differently.” Family was and is extremely important to her and she wanted a way to work in a role that would work around her family life and needs.

Anna joked about how early on in her career, before she found her current employer and home care, her family would tell her “all you do is quit jobs.” Anna explained that she grew up in the New England area and would pick up jobs for some period of time in the hospital or acute-care setting and then would leave and find something new: “When I found my current employer, I thought this is working. But mostly I kept my job the way it was because it was convenient for the rest of my life.”

Anna is nearing retirement and her schedule is quite predictable and uncomplicated these days. However, when her children were young, “almost a quarter of a century ago,” Anna would pick up whatever cases they found for her and go wherever there was a need:
They would call me up and say we have such and such for you, and we would like you to come on Thursday, and I would laugh, and take anything that would come along. When they didn’t have enough cases for me on the home health side, I went and got trained and would pick up pediatric cases. I would take kids to school…but in my own personal case, I found that I liked taking care of people didn’t require a whole lot of things. I didn’t want to take care of someone who was going to be fragile.

Today, Anna explained, she mainly takes care of one particular client who she refers to as “a cakewalk”:

Currently, really for the past two years, I work three evenings each week from 3-11 [PM] and 2 day shifts from 7-3 [7AM to 3PM]. This client has a long-term head injury and basically, we keep track of activities of daily living for him and we make sure that he has a meal and he’s got some issues where he’s inappropriate at times when he goes out in public. There is little to no medicine involved. It’s making sure he takes his pills and that he doesn’t have a seizure.

In describing her employer, Anna shared that they have been “very good to her over the years.” Anna continued,

The personalness of what I felt with my employer is what kept me really wanting to be there. The camaraderie of the office staff. I am a breast cancer survivor and they always found work for me regardless of my health issue.

While she is comfortable in her role and enjoys what she does, Anna noted there are several challenges with working as a home care aide, including the repetitiveness of the work and the people:
You know the drill. After a long period of time, there are sort of like six personalities of people you encounter. You go, Oh! That’s Suzie, she’s like Debbie in my other job who’s the one always whining and complaining. Or you find the ones who just can’t stand their schedule. Everyone’s kind of got the same story.

In addition to the repetitiveness and predictable nature of the work, Anna spoke candidly about the issues she encounters with recognition, pay, and benefits as someone who has dedicated her career to the industry and role. Anna mentioned she is not sure if this is an issue industry-wide, but she feels as though it might be:

There is a lack of benefits. They offer benefits like dental, etc. and you can pick and choose. But I have been with this organization for almost 25 years and I only get three days of paid time off. The lack of compassion they have for people who have stayed here for the length of time they have. They should be appalled. I feel as though we are just kind of pawns that you move around, or a warm body. We get burnt out and we need to be able to take time off and get the mental support we need. They offered us a bonus recently, but when I figured out that it only amounted to about four dollars a week for each of the 24 years I worked for them, it really didn’t mean much. It was nice, but disappointing. Kind of like getting a gift of socks from your mom when you really wanted a dress. You can’t say you don’t like it but you’re disappointed.

When asked about the kinds of support the company does offer, Anna mostly talked about the people in her office being a positive and supportive element: “They have become my friends.” Anna went on to say, “They know about my life, and my children, there is a sense of community… I’ve never felt rushed if I come to them with a problem. They all treat me kindly.”
Anna said she does wish her company would listen more to its employees given that they are the ones down in the field doing all of the work. On her 20th anniversary, she approached her supervisor and asked them about what they could do about getting better benefits and time off awarded to her given her longevity with the company, like the office and corporate employees have access to. She was told, “it’s a great question,” and that her feedback would be shared. A few weeks later Anna received a card in the mail at her home. She explained,

It was handwritten from a corporate lady. She thanked me for my service and feedback but there wasn’t anything they could do. She included a ten dollar coffee gift card. I appreciate the card, but it didn’t connect with me at all. It infuriated me. I wrote her a nice letter back, but I was unhappy. I didn’t feel cared for or listened to.

Anna’s motivation these days comes from her confidence in her skills and ability to care for others. She enjoys building relationships with her clients and their families and explained that “they become like your family.” She shared the relationships are the most rewarding part for her:

I have the skills, and I can build relationships with people. I always tease people, the clients, when I come in and say I may not be the best caregiver that have walked through the door, but we are going to have a good time and I will help you in any way I can. It’s like you become part of their reality show. They forget you are even there, you just become part of [meaning part of their world and life].

When asked about what she would say to someone who is considering working as a home care aide in this field, Anna laughed and shared a story about what it truly means, to her, to work as an aide:

It’s not for everyone, you have to be a certain kind of person. I had one client where the family had this thing about buying bread. There sometimes had to have been 16 loaves of
bread in the house, and you have to learn to the fine art of how work around the bread, know how to move it, not judge. Or, you have to work around the dog who just threw up because it just ate a frog, so you have to care for the dog and put it under the sink. It’s not always the most fascinating, it’s repetitive, but there’s always something ongoing on, and if you don’t like that, you don’t like getting wrapped up into the lives of other people, then this is not for you. But it’s very meaningful work.

Anna has a very interesting outlook on the industry’s future given her longevity in the role and the industry:

Things are different. Care is a business now. I hope in the future, corporations remember to listen to their employees in a meaningful way, support them, reward them. At the end of the day, you stick it out for the relationships, for the families. I’m not going to walk away at the end when I meet my maker and say I wasted 25 years, I’m going to say good job, well done old faithful servant. I’m hoping I will have mattered at some point and I would absolutely do it again. I’m an essential employee, and maybe not much a hero, but I want people to realize you can find great purpose and joy in this.

Erin. Erin is 56 years old and currently works two jobs. She works part time during the day in a home healthcare agency’s office as a scheduler and works as a home care aide when not in the office. She has been with her current employer for almost 5 years now but has been working professionally as a home care aide for close to 18 years.

Early on in her career, Erin worked in childcare with children who had mental disabilities. She was a single mom with four young daughters. She explained that her aunt was really the one who connected her with home care:
I called her up one day just to chat and she said they really needed help. I told her I’d never done anything like that before. And she said, “Oh honey you have taken care of so many babies, you can do this.” And I went and put an application in and I’ve been in the field ever since.

Erin described her typical work week in detail, as she juggles both of her positions, one in the home environment as an aide and the other in the home care office environment as a scheduler:

I work midnights in the home and in the office during the day. So, I work 8 to 4:30 [8 AM to 4:30 PM] in the office and then I do over nights every Tuesday and Wednesday and sometimes Thursdays from 11-7 [11:00AM to 7:00PM] and on every Sunday I do 16 hours going in at 3 [PM] and working until 7 [AM] with one individual that I have been with for more than two years.

The work she does with her client at home is typical, personal-care services work. She makes sure he has had dinner and a snack, helps him get ready for bed, reminds him about his medications, and then she is there with him throughout the night, helping him with whatever he might need.

It is not uncommon for people to ask Erin to clarify what she does for living as “not everyone knows what it means.” She said:

I tell them, home care is where you go into an individual’s home and you help them stay safe and be successful and independent. That could be just helping to stand outside the door if they want to give themselves a shower, so if they fall you are there to help them. You may help someone else who is homebound, go to the store a couple of times a month, or you may have someone who need your help and assistance for everything.
Erin shared that she really enjoys her role. She feels it matches her personality, values, and belief system: “I can’t change the world, but I can do this, and find enjoyment in life through helping someone else.” Erin also shared that she finds a lot of satisfaction in the relationships she forms and the impact she has on her clients’ lives: “The smile on their face…when they tell you thank you…I’ve had clients say that was their best shower I’ve had in a long time. It fills your heart with such joy.”

However, Erin went on to explain that there is a downside to getting so close with your clients and their families: “You have to prepare yourself for some of the people you are working with, many are elderly, or their health is declining, and it’s so hard when you get too close to them and their end of life comes.”

Erin also described other challenges with working in the role as related to working with other aides. She noted that as an aide she does not work directly with other aides, but instead, they may share the care and duties for one specific patient and that not everyone goes above and beyond or communicates as well as she does. Erin explained there are also times where the environment and conditions may not be safe, and the clients (the consumers) may take advantage:

Sometimes people we are caring for take advantage of the aides. They want us to do more than we are supposed to or allowed to be doing. The housing conditions are also an issue. They can’t afford to fix their homes and it’s not always safe. I have a colleague, who has a client who has a leaky roof, and it leaks constantly and there is no help for her. Some of the houses are also in very bad neighborhoods. You don’t know what is going to happen when you are going in overnight or late evenings…”
Erin believes employers can and should be doing more to support their employees’ mental well-being and safety. She noted that in her current assignment she does not have a lot of problems but knows a lot of coworkers who do: “During the day, I’m a scheduler, and I see a lot of mental health issues. The aides they come and go like crazy.”

She has seen the smaller agencies be better at taking care of the aides: “In the larger companies, you become a number and they don’t really see you or know who you are.” She shared that with all of the challenges of the work itself and the environment, it would seem to an outsider that the pay would be commiserate with the associated risk. However, Erin described a situation where, “unfortunately, the money isn’t always the best.” As a home care aide, she indicated that individuals would be very lucky to make above minimum wage, no matter what agency they worked for, and that they would more than likely never see a raise:

There just isn’t enough of a reimbursement rate for what we do. For example, if you are taking care of Passport Program in certain counties, the rate is very low. I don’t quite understand why the rates are not better for the work we are doing. I know a lot of folks who can make more money doing something else given that they only make maybe $9-$10 dollars an hour here.

Erin shared that if the pay as a home care aide was commensurate with the work and reflected a living wage, she would choose to be an aide full time and leave her scheduling position:

I do both, because to afford the things I want in life I have to. I don’t work enough hours as an aide with my one client. If I could just care for people and make a decent amount of money I would do it full time. You walk in there and you see that smile on their face, and you change their whole day. You get close to someone and they start warming up and
telling you stories about their lives. I’ve worked with some that have no family around and you become their family. They smile on their face means more than anything.

May. May is 55 years old and works full time as a home care aide. She has been working professionally as a home care aide since 1998 and has been with her current employer for 19 years. May chose to become an aide to support her then 6-year-old daughter.

Her current work week is predictable from an hourly perspective, but her clients may change. She typically will work as an aide Monday–Thursday from 12pm–6pm and every other Saturday from 8am–9pm. However, things are up in the air right now with schedule and hours. May noted, “my main client recently died.” She mainly provides personal care services and explained that she always “follows the plan of care, really the service plan” for her clients. She characterized her role as an aide rather succinctly: “Working in home care is a challenging and rewarding job all wrapped up in one. You don't know how you will be received there, and you don't know how you would react either. Each person has their own experiences.”

However, May was quick to share how rewarding the experience can be, especially from her perspective:

It’s all about seeing a smile on your client's face when they see you come through that door. It’s hearing your client saying thank you for being with me today, hearing from your client's family saying thank you for helping my mom or dad or whomever. The reward is knowing you made a difference in someone's life.

May shared that she is a home care aide “lifer.” May continues working as an aide because she really is invested in her clients and she does not want to desert them in their times of need: “You develop a rapport with your clients and families. They depend on you to show up and
do your job. I know my clients and they know me. My word is my bond with them and with my employer.”

May’s motivation stems from these close relationships she develops with her clients and their families. She was quick to say that “definitely it isn’t in the money.” She makes $12 an hour and has for years. She appreciates the ability to be able to pick her own schedule and she genuinely cares about her clients. But she has “sacrificed so much.”

May does not believe her employer could be as supportive as they could be, especially during the recent pandemic. But she remains “steadfast and loyal” because her “clients are counting on me.” May stated,

You can’t pay your rent with the nominal bonuses they give out… It would be nice to be recognized like they used to. It would be nice to be “seen” if that makes sense. I wish they had my back when I need them the most. I get up and go to my clients every day hoping I don’t catch the COVID and hoping I don’t pass it on to my family. We shouldn’t have to beg for the things that can make us feel valued.

May believes there are a lot of individuals out in the world who could benefit from caregivers like her. But she cautioned those who might be considering working in the field or even the industry:

If you choose to work as an aide, don’t expect a cakewalk. You will have up and down days for sure. You will have to learn to take the good with the bad to make the most out of your experience. Your clients and families, they will become like family to you too. Be the best aide you can be, always.
Narrative Analysis

Merriam (2009) described qualitative analysis as a process that typically results in identifying patterns and themes that help make sense of the data and illuminate underlying meaning. Narrative inquiry, a qualitative research methodology, embraces the spirit of Dewey’s theory of experience (1916) at its heart, and requires the collection of participant stories, which serve as the raw data for the research (Creswell, 2009). This data (the stories) is then retold (restoried) to make sense of the information, and then to allow for identification of patterns and themes (Creswell, 2009). For this study, due to the depth and breadth of the participants’ stories, the researcher chose to undertake a two-phased approach to identify and organize the patterns and themes found within the participants’ restoried narratives to provide understanding in relation to the research questions. Phase 1 involved identifying the major patterns and themes based on the restoried participant narratives, and Phase 2 involved mapping these themes against the two chosen theoretical frameworks for the research, Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959), to better answer the research questions.

Phase 1: Identification of themes. The first phase consisted of identifying patterns and themes, both major and minor, through pattern identification and coding-leveraging guidance from Creswell’s (2009) steps for analyzing and coding qualitative data. The researcher completed the following steps in the initial phase of thematic analysis:

- Read through and reviewed all seven of the participants’ restoried narratives in digital form.
- Recorded reoccurring words and phrases digitally in Excel as well as documented their prevalence or frequency of occurrence. The researcher organized these recoded words and phrases by simplistic code based on their content area.
• Subsequently, similar, reoccurring coded words and phrases were collapsed into more comprehensive major and minor (supporting) thematic categories to reduce the redundancy and overlap of categories.

• Secondary codes were assigned to the collapsed categories based on their origin points, meaning where they manifested from in relation to the participant’s lens to better ascertain orientation and perspective with interacting forces.

  o Originating from the organization (OO)
  o Originating from the environment (OE)
  o Originating from within the individual (OI)

Originally, the researcher anticipated coding these collapsed categories not only by origination but also by indicating whether they were positive contributing elements of social belongingness and community or hindering elements for the participants. However, based on frequency of occurrence, coding, and analysis from the participants’ restored narratives, the identified patterns and themes were positive in nature in contributing towards feelings of belongingness and community whenever mentioned in the participant interviews. Thus, collapsed categories were all coded as positive in nature. Once a number of comprehensive categories emerged from the coding, the researcher bucketed the comprehensive thematic categories into major emerging themes and supporting minor themes.

**Phase 2: Mapping.** With major emerging themes and minor supporting themes identified, the researcher then proceeded to a second phase of analysis, mapping them against where they aligned with Maslow’s hierarchy of needs (1970) in five distinct tiers to better understand which major and minor supporting themes were connected to Tier 2: love and belonging, which encompasses most closely the sense of belonging and community:
• Tier Five: Self-actualization—fulfillment of oneself
• Tier Four: Esteem—appreciation, respect, feelings of accomplishment
• Tier Three: Love and belonging—social needs, friendships, community, groups
• Tier Two: Safety needs—security with finances, health
• Tier One: Physiological—things vital for our survival

Tiers 1 and 5 were unrepresented by the major and minor supporting thematic mapping, with no emerging themes corresponding to these tiers upon completion of the mapping process. Subsequently, these mapped major and minor emerging themes were then also mapped against where they fall within Herzberg’s two-factor theory model—- hygiene or motivation factors (Herzberg et al., 1959).

• Motivators: found within the job itself (achievement, recognition, growth, and learning)
• Hygiene factors: not present in the job itself but they surround it in some way (salary, policies, relationships, security)

Herzberg et al. (1959) believed improving motivating factors for employees would increase their job satisfaction and improving hygiene factors for employees would decrease their job dissatisfaction. Hygiene factors were considered those elements that are essential for a job but do not necessarily lead towards long-term satisfaction in any way (Herzberg et al., 1959). However, if these factors are not met or are absent, they can lead to long-term employee dissatisfaction. Hygiene factors tend to include things such as equitable pay, fair company policies and procedures, safe working conditions, positive interpersonal relations (lack of conflict or humiliation), and value within the organization (Herzberg et al., 1959).
Conversely, factors of motivation are inherent to the work and lead towards employee satisfaction and increased individual performance (Herzberg et al., 1959). These factors tend to be rewarding in nature and help meet employees’ psychological fulfillment. Motivating factors include recognition and praise for good work and accomplishments, sense of personal achievement, ability for personal growth, personal responsibility and accountability in the role, and underlying meaning and purpose in the work (Herzberg et al., 1959).

Strength in Maslow’s hierarchy (1970) lies in its ability to provide a framework for the explanation of human motivation and behavior in a simplistic form. When combined with other models, like that of Herzberg’s (Herzberg et al., 1959), the two can serve as a powerful theoretical foundation for understanding and analysis within the research, examining individuals’ or groups of individuals’ motivations like the home care aides in this study. The mapping process was conducted on the resultant emergent major and minor thematic categories to identify and paint a picture of which areas hold the greatest degree of importance and impact on a home care aide choosing to continue to work in their role within the industry.

**Presentation of Results**

Results of this study are shared in narrative form by emergent theme. Seven restoried, qualitative narrative interviews with home care aides yielded four major thematic areas and 12 supporting and associated minor themes. These themes were subsequently mapped to their tier location as part of Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory model (Herzberg et al., 1959) to better understand their individual experiences through the lenses of home care aides’ motivations and needs.
Table 3

*Emerging Major and Minor Themes*

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<th>MAJOR</th>
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*Note.* Initial emerging themes are coded from their origin points to provide context. OE = organization, OO = environment, OI = individual. Minor themes are listed in order of prevalence.

The four major emerging themes are shared in order of frequency as found within the participants’ restoried narratives. Adjacent to these four major emerging themes are the associated supporting minor themes within each major thematic category. These themes are also listed in order of frequency (see Table 3).

The participants characterized these major and minor supporting themes, as identified in their restoried narratives, as strong motivational factors in the continuance of working as a home care aide even when other opportunistic factors were shared. Each of the four major themes has a direct connection to Maslow’s (1970) tier associated with love, belonging, and well-being, and
Herzberg’s (Herzberg et al., 1959) factor of motivation, theorized to lead towards improved levels of employee satisfaction and retention.

**Exploration of Emergent Themes**

The researcher identified four major emergent themes and 12 associated supporting minor themes in the restoried participant narratives, and then mapped those themes to Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959). These four major themes included (a) relationships, (b) recognition, (c) social good, and (d) organization (see Table 2). These major themes and associated supporting minor themes are discussed as they relate to social belonging, well-being, and community for home care aides working in their roles long term and as shared through their own experiences.

**Relationships**

Maslow (1970) outlined the importance of the interactive exchange of love, affection, and belonging through human social interactions, bonding, and friendship as a means to overcome more negative elements such as loneliness or anxiety. Fulfillment of these needs through friendships, social activities, and even the professional workplace can contribute positively towards motivation (Maslow, 1970). The importance of relationships formed with patients, families, and colleagues was an extremely powerful influence for participants in their choice to continue working as home care aides. According to Herzberg et al. (1959), relationships are hygiene factors related to improved job satisfaction when present for employees.

Relationships as a major and dominant theme, occurring across all seven of the participant narratives, was mapped to Tier 3 of Maslow’s hierarchy of needs (1970), commonly known as love and belonging, and to Herzberg’s two-factor theory as a hygiene factor (Herzberg et al., 1959). Typically, these needs are addressed once physiological and safety needs are
fulfilled (Maslow, 1970). All participants commonly shared a number of relationship-oriented reasons for choosing to become home care aides as well as reasons for choosing to remain in the role. A significant car accident Tara’s ex-husband experienced drove her to become a caregiver. Kate loved the work she did with children and individuals in nursing homes but wanted to have a role that allowed for more “one on one attention” with people so that she could make a greater impact on their lives.

The relationships the participants formed with their patients and families were primary to the participants’ longevity and align with Herzberg’s theory that suggested hygiene factors increase employee job satisfaction (Herzberg et al., 1959). Those relationships formed with their colleagues were secondary in nature but still strong in importance. Overall, relationships served as social connection and were shared as something important as well as a motivating factor in their roles as home care aides.

Patients and families. Jane spoke quite fondly of “the bonds you form with people.” She discussed a truly powerful bond she had with one of her clients and laughed lightly as she recalled the details of the relationship:

I once had a patient who I took care of for years. He was like a father to me. I remember one day my husband had to drop me off because he was taking the car for an oil change. My patient noticed and asked what happened to my car? I told him my husband had taken it and he was going to pick me up later. And my patient said “Oh, well no young lady leaves this house without me meeting her date.” It was the funniest thing and I remember having to ask my husband to peek his head in because apparently, I wasn’t allowed to leave unless he met my date…What keeps me there are the people.
May echoed similar sentiments, despite only making $12 an hour after having worked as an aide for the same company for 19 years: “You develop a rapport with your clients and families. They depend on you to show up and do your job. I know my clients and they know me. My word is my bond with them and with my employer.”

Anna explained that she enjoys building relationships with her clients and their families and the relationships are the most rewarding part for her working as a home care aide:

I have the skills, and I can build relationships with people. I always tease people, the clients, when I come in and say I may not be the best caregiver that have walked through the door, but we are going to have a good time and I will help you in any way I can. It’s like you become part of their reality show. They forget you are even there, you just become part of.

Kate spoke about how those clients become part of her family and she becomes part of theirs. Tara shared that she finds great happiness in the interactions she has with her long-term clients, describing them as family:

It makes me happy to make them happy. There’s a lot of people that get taken advantage of and I’ve seen over the years that they have trust issues and stuff…it makes me happy to help them and make them feel happy about themselves and their lives.

The participants spoke with pride and joy about the strong relationships and unique bonds they form with patients and their families through their role as a home care aide. The participants shared that they were there to provide the contracted care services for their clients, but the care and services seem to become secondary to the relationships they forge during the course of their assignments.
Colleagues. However, for the participants, the strength of the relationships and bonds felt with the patients and their families was not the only important relationship they spoke about. Often, the participants mentioned the importance of the bonds and relationships they formed with their colleagues.

Kate said she finds connection and community with her fellow staff members through something called a “Monday morning meeting.” At the start of each week, Kate meets with her colleagues at their local home office for a brief but comprehensive check-in with leadership and her peers:

Oh, this last week were doing all this COVID stuff and we’re laughing about it because you have to wear your mask. Like many other meetings they have food catered to you because they just want to show you that even though we are in this crisis, we want to show you how much we love you and appreciate everything you do for us. And then at the end of the meeting, after every meeting we pray together. And we pray about what other employees are going through or if they need help with anything. It’s just, it’s a good feeling. We are truly a family.

Kate looks forward to these meetings as a way to connect with her peers and superiors. The meeting is work-oriented but social in nature and provides a deliberate connection point for staff who are isolated for much of the rest of their week in providing care in clients’ homes.

Jane also described in detail the importance of the relationships built with one’s colleagues and peers and shared a little about her early days as a new aide:

I wish they have the brand-new aides go out with someone who has been doing it for at least a little while to get an idea of what it looks like, have someone to lean on. You know when I started in home care with another company the one aide had been there for
years and she took me out and showed me the ropes and I am eternally grateful. Even when you have someone bed-bound and they show you how to turn someone a little more easily watching someone do it and explain “this is a good way to do it especially when you are by yourself.” I remember I had to break down and call her one day and I told her you are not going to believe this I just washed my lipstick in with my scrubs they are all pink and gross, and she’s like be at my house in 20 minutes and I’ll take you and she showed me where to go to get things replaced. She dropped everything, and that support is a huge thing.

Tara also shared her thoughts on the support she receives from her employer and the colleagues she works with: “My employer is always supportive. I continue to work with them because of the people...the individual relationships.”

However, not all experiences for participants were as positive as those Tara and Kate shared. David’s journey to becoming a home care aide was mainly out of necessity and his story showcases the detriment not having a close support group can have on your daily motivation to continue:

It’s lonely work. Up until a few weeks ago, I didn’t even know anyone else who provided care like I do, and I’ve been doing this for five years. I’m burnt out and in a bad place, my employer doesn’t really offer much… I called the state they sent me to the caregiver coalition, got me connected with a support group for people like me. The lady at the coalition, she helped said she would send me a stress busting program book for caregivers too…I’ve gone through the book and it explains how people need to take care of themselves to be able to care for others, find a support network. So, it was such a blessing to find that. Because when I go out, I try and look to see if there are support
groups or other people to talk to. I don’t see anyone else from my agency I work with. They pretty much send me my checks but because I work with the same person all the time providing care, on the same sort of schedule…

While David shared that he benefits from the connection he has with his mother and other assigned clients, he has, until recently, missed out on finding social connection with those doing similar work. He is looking forward to meeting with the Caregiver Coalition in the near future:

They are going to have a meeting group to talk about things in a small group. A connection to others doing the same work will be very helpful….to talk to someone else and other people to give each other a little support, motivation, and even humor to get through the day is important.

Recognition

As a theme, recognition showed up almost as often as relationships within the participant interviews. However, it manifested in a variety of ways across originating points of peers, clients, and society. While Maslow (1970) considers recognition a Tier-4 need within the esteem domain and maps it as a motivator in Herzberg’s two-factor theory (Herzberg et al., 1959), recognition for these participants was found to occur or be desired through social points and group or community interaction, clearly tied inextricably to Maslow’s (1970) third tier: love and belonging.

Peers. Recognition for five of the participants was most meaningful when it originated from the peer group. For Kate, recognition often happens through the Monday morning meetings:

They are always doing good little shout outs especially at Monday morning meetings and it’s not just the upper head people it’s your, its everybody that works with you and if they
see something good that you have done then they are glad to shout it out and praise you for it.

During more recent times, Kate’s employer has gone above and beyond to show their appreciation and recognition for employees’ efforts a little more creatively:

When all this COVID started the night before they would send a note. “Go to Frank and Joe’s and have coffee on us today.” It’s just those little things they do out of the blue that you just enjoy and make you feel appreciated and cared for. For a while it was almost every day.

Jane also spoke about her peer group recognizing her for her efforts. Jane seemed to value being recognized and shared a few examples:

There’s something to being recognized. Every month the office selects an aide for special recognition based on surveys that go out to the families They do nice luncheons for us and even offer something like points that we can use to choose things from a catalogue…

**Clients.** For May and Tara, recognition originating directly from the home care aide’s clients/patients was most appreciated and motivating in nature. For example, May spoke about the “little things” related to recognition:

It’s all about seeing a smile on your client's face when they see you come through that door. It’s hearing your client saying thank you for being with me today, hearing from your client's family saying thank you for helping my mom or dad or whomever. The reward is knowing you made a difference in someone's life

Kate also mentioned during the interview her personal experience of what it is like for her to receive praise from her patients and the impact it has on her emotionally:
It is great, when you get done with your shower and the patient says, “Oh my god, that is the best one ever!” Even though they had it two days ago with you. It’s always the best. And they feel so good afterwards, even though they don’t want to get in there and do it and they finally do. It’s the best. you feel great! It’s what always brings a smile to my face.

Despite working primarily with “challenging individuals,” Tara often spoke about the moments of joy she finds in the work, especially around reward and recognition for efforts when she is able to share in her client’s achievements:

There’s a lot of good in this. For me, it’s when an achievement is done, something an individual has worked on for so long... I like those days when I see people excited about doing something they have been working on and I’m excited too. My heart is full. There was one individual, she was working on getting her own apartment for a long time, being able to live independently and have something of her own and she saved money and saved money and the day she finally signed her lease she was really excited, and I was excited for her too.

Society. Recognition coming from the community and society as a whole was also important but largely absent. Four participants felt the role would be more elevated and valued if people knew more about the importance of what they do, and the impact they have on the lives of others.

David shared his perspective as someone who was not necessarily called to work in this role, but instead it became an almost all-encompassing part of his life:

I worry that people might be judging me for what I do when I was once a chemical engineer, but I really enjoy this and feel like I’m doing the right thing. My mom’s health
declining has really brought me to want to be a caregiver and do more and go above and beyond.

Kate also described how outsiders often perceive her role, emphasizing what she wishes others saw:

> Overall, we are not appreciated like we should be. A lot of them even the spouses will say oh the nurses are great they are great, but you also have to step down and think about us. We are the ones who see when a skin care, something is going on with their skin. Something is red or they’ve got some new bruising. We are the ones that find that, not the nurses sometimes. We’re down in the nitty gritty but people don’t appreciate that like they should. They don’t SEE us for who we are and for our value.

However, May also shared that she does not always feel as recognized by her organization and peers as she wishes she could be in her role:

> You can’t pay your rent with the nominal bonuses they give out [monetary reward and recognition]. They hand out a few dollars here and there. I wish they would bring back time and a half and holiday pay. It would be nice to be recognized for perfect attendance like they used to. It would be nice to be seen if that makes sense.

Jane wishes that society overall could better recognize her and others like her who work as home care aides for the challenging and integral work they do. Similarly, Erin shared,

> I don’t understand why we can’t be paid more, recognized more for the work we do. We are the ones out every day noticing when the wound might need to be addressed or our client isn’t eating as well or as much as they should and alerting the office and the nurses. We are the front lines, but people out in the world don’t see us.
Erin solidified an undertone found in all seven participant narratives about how society does not seem to appropriately recognize the home care aide’s role, despite how difficult and important the work is.

Tara echoed Kate’s sentiments as she talked about her colleagues, the work they perform, and what she hopes for in the future: “I’ve seen some who are really good workers and who never get acknowledged. But the work is rewarding, and it keeps me going. I look forward to the day when we can be valued more for what we do.”

Recognition emerged as an important and major theme stemming from the lens of their clients, peers, and society overall, and certainly as a motivating factor (Herzberg et al., 1959). Participants often shared moments of spontaneous or orchestrated recognition from clients and peers with enthusiasm. The interviewed home care aides spoke about feelings of appreciation and accomplishment cultivated from their clients and family members through the care and services they were providing and through their narratives shared a yearning for society to recognize them as well for their efforts.

Social Good

Social good was a common, major theme throughout all the participant narratives. Home care aides commonly referred to their work as a way to give back to their community, provide a social service, or even answer to a higher calling or purpose. There seemed to be a sense of deep responsibility to their patients in the work, a sense that through caregiving they were ensuring a better quality of life for their patients/clients. Social good mapped well to Maslow’s (1970) third tier, love and belonging, and as a motivating factor overall, according to Herzberg’s two-factor theory (Herzberg et al., 1959), contributing towards increased job satisfaction and motivation when present.
**Higher purpose/religion.** Jane shared during her interview how she was originally inspired to work in home care when her grandmother passed away and hospice came in to care for her at the end of her life: “I saw what they did for my grandmother, and I saw how well they were taking care of her and our family and I thought this is something I would like to do.”

Jane wants people to know about the importance of what she does and why working as a home care aide is a greater calling: “It’s not a babysitting job. It’s providing a service to society…We are providing a needed community service so that others can go to work and know that their loved one is OK, and safe because I’m there.” In addition, Jane shared that she is extremely religious and finds additional motivation and support through her faith:

My faith keeps me going, I prayed every day for a long time for God to put me somewhere where I was really needed. I’m blessed that I’m somewhere where I feel I should be and because of that I’m much more at peace than if I was trying to do something else.

**Responsibility.** Jane’s company is unique in that its leadership actively works to provide avenues for her and her colleagues to join together to help give back, share their stories with the community, and work with government legislators, regulators, and other policymakers to influence their decisions. The advocacy activities help connect the employees’ everyday work with how it impacts not only their clients, but also society around them. Jane explained, “I was asked to talk to a government person and do an interview and a committee meeting where we talk about our experience and help them to make changes to help us and the families we support.”

Jane also shared candidly about the little things she does for her clients that are seemingly small, but her clients would not fare well if she were not to come every day and do them: “I
come in and I make lunch for them for remind them about their medications…it’s my responsibility to them when they have no one else to help.” The feeling of social responsibility to care and provide for someone else can be a powerful force.

Tara talked passionately about how she is someone who wants to make a difference in the world through her work. She saw how caring for her husband after his accident impacted his life: “It made me want to help other people who are like that and that’s really what got me started and invested in caregiving.”

And, while David was not necessarily called to work in this role, he works hard at it and feels like it means something: “It’s a way I can give back to her [his mother] when she cared for me and my father and I can care for others in the community.” David changed his career path in order to fulfil the responsibility of caring for his ailing mom. Tara also shared her feelings of great social responsibility for those clients she cares for in her job-coaching capacity as an aide. She said, “I make sure no one is taking advantage of them.”

**Organization**

Organization as a major theme encompassed a number of associated supporting minor themes influencing social belonging and well-being for the participants, which are controlled mainly by organizational leadership and practice in whether or not they are present or absent and to what degree they are utilized. Organization mapped most closely, overall, as a hygiene factor within Herzberg’s two-factor theory (Herzberg et al., 1959), indicative of elements surrounding the job, but not actually present in the job, of a home care aide itself. However, the one exception to this was the minor, supporting theme of learning and growth, which most closely aligned with Herzberg’s motivating factors (Herzberg et al., 1959). Organization mapped to several tiers within Maslow’s hierarchy (1970), including Tier 2 (safety needs), Tier 3 (love and belonging),
and Tier 4 (esteem) due to the multifaceted nature of this major theme and the number of associated supporting minor themes.

The following five associated, supporting organizational minor themes were also present in the participants’ narratives: (a) flexibility and choice; (b) mental and emotional support; (c) learning and growth; (d) safety and working conditions; and (e) rituals and planned connection and events. These associated supporting minor themes presented themselves through the participants’ narratives as manifesting mainly through social or group interaction and the participants spoke of them as positive factors in their professional roles.

**Flexibility and choice.** The ability to have flexibility with schedules to accommodate personal and family obligations, as well as the ability to have choice in client assignments, was a factor for participants in both their initial pursuit of the profession as well as their continued longevity in the role as a home care aide. Safety needs in Maslow’s hierarchy can be mapped to this minor supporting theme as it relates to client choice and the ability to keep oneself safe with flexibility and choice.

While May is dissatisfied about many things her employer does or does not offer from a benefits and pay perspective, May noted how she “appreciates the ability to be able to pick her own schedule.” She went on to explain that it was one of the reasons she chose the profession because it was a way for her to support her then 6-year-old daughter while still having the flexibility to be home with her and help her with school.

Anna similarly chose to work as a home care aide for the flexibility and choice it offered her in her family life. As a mother of young children, she wanted to be sure she could have flexibility in her role:
The simple fact is that I would work my schedule a little bit differently. When I found my current employer, I thought this is working. But mostly I kept my job the way it was because it was convenient for the rest of my life.

Anna also discussed how she chooses now to work with clients/patients who are less “complex and frail” because she enjoys the work more and feels more confident in her skills and ability. The ability to “choose” is not offered in all segments of healthcare. One participant, Tara, shared an example of a client she worked with who was combative in nature due to his underlying health condition. However, she continued to choose to work with him because she felt it was “her duty.”

**Mental and emotional support.** The role of the home care aide can be mentally and emotionally exhausting, as the participants shared through their narratives. Mental and emotional support needs can be mapped to Tier 2 of Maslow’s hierarchy (1970), focusing on safety needs, including health and safety against threats of accident or fear of injury. Some participants characterized a few of their clients/patients as being difficult to work with, while others characterized them as “cakewalks” and some as “complex and fragile.” All seven participant narratives highlighted that home care aides may work with individuals for a short period of time, or for years, depending on the assignment and service plan. Two participants shared candidly that those home care aides who form long-term relationships and bonds may suffer mentally and emotionally as their clients/patients pass away or deteriorate in condition. The support for mental and emotional well-being that a home care aides organization provides may be the only lifeline they have to address the challenging nature of the role itself. These supports are indicative of hygiene factors that can be controlled or influenced by the organization but are also factors that, when unmet, can be the source of demotivation and job dissatisfaction (Herzberg et al., 1959).
Erin shared during her interview that she believes employers can and should be doing more to support the mental well-being and safety for their employees. Erin noted that she does not have a lot of problems in her current assignment, but she knows a lot of coworkers who do: “During the day, I’m a scheduler, and I see a lot of mental health issues. The aides they come and go like crazy.”

Erin also explained the downside to getting so close with your clients and families from a mental health perspective for a home care aide: “You have to prepare yourself for some of the people you are working with, many are elderly, or their health is declining, and it’s so hard when you get too close to them, and their end of life comes.”

David reported that he has had the most challenging experience from a mental- and emotional-support perspective when compared to other participants. He shared, I’m now on antidepressants and anxiety medication to cope with the loneliness and all the other things. I worry about my own health. My mom’s health declining has really brought me to want to be a caregiver and do more and go above and beyond, but sometimes I don’t feel like I have the support.

Kate shared the mental and emotional toll that taking care of clients with dementia and Alzheimer’s has on her: You have those good days with them and then you see the bad side… Dealing with the Alzheimer’s [patients]. They are the hardest some days. Because they have their mind set… I’ve gone back two or three times some days, and sometimes they change their minds. And other days it’s just “NO, I’m not doing it.” And that makes it difficult.
Kate was quick to explain that she “loves all her clients” but she feels particularly challenged and “emotionally drained” on days when she has to go back a number of times and may not always be able to get them the care and services they need.

**Learning and growth.** Individual learning and growth offered through group education and mentoring opportunities offers home care aides another way to interface with peers while furthering their own education and skill set. These opportunities seem to create a sense of respect and feelings of appreciation and accomplishment, helping to fulfill Tier 4 (esteem needs; Maslow, 1970). Some individuals spoke candidly about how they wished these opportunities would be offered more often as they find them exceedingly valuable. Opportunities linked to personal growth, accomplishment, and achievement are rooted in Herzberg’s motivation factors and contribute positively towards an individual’s overall job satisfaction (Herzberg et al., 1959).

The company Jane works for is very committed to providing ongoing training opportunities for new and seasoned staff. The goal is to try and attract and recruit new blood into the field. Jane shared, “There’s no shortage of people calling and wanting help...and we want to be able to say yes.” Jane believes more people will want to become home care aides if they have a chance to really see and feel what it means to do the work and the impact it can have: “They’ve even started a new training program where they orient people to that career now. So that’s a good thing, orient them, show they the ropes, get them through the program and out there working.”

As a result of her work being so dependent on the physical and mental attributes of her clients and their service plans for care, Jane wishes there were even more opportunities for ongoing education: “Sometimes you might go months without having a patient who needs a HOYER lift. You get out of practice.” Jane shared that while she knows how to use assistive devices like HOYER lifts, ongoing practice with these assistive devices for home care aides is
vital to keep these individuals safe: “It may take me time to figure it out when I haven’t seen it in a long while. Time that cuts into my assigned hours…I may do something I shouldn’t, not on purpose, but you need refreshing.”

Kate’s employer is one that was noted through her narrative as “always finding opportunities for us to learn something new.” She gave an example of how her supervisor will meet with each of them on a regular basis and ask them about “what new skills they would like to learn? Or what would they like to do next?” Her supervisor will then arrange for her to take a class online or help one of her colleagues with a new skill through their shadowing program.

Four of the seven interviewed home care aides shared the importance of having the ability to learn and grow and feel accomplished, in the role as a home care aide.

**Safety and working conditions.** Home care aides provide care and services to individuals in the places which they call home. This may be free-standing residential homes, apartments, group homes, schools, or even independent- or assisted-living facilities. Aides may be asked to travel to rural or suburban communities nearby or far away from their place of residence. As a result, a home care aide may never know what kind of environment they may have to work in or if their safety and general well-being is assured in these locations. Organizations that work to provide support for aides from a safety and security perspective earn their employees’ appreciation and loyalty. Anna shared during her interview that for over 24 years working with her current employer she “always tried to pick to work with the easy clients in the easy neighborhood.” She, like Erin, had the flexibility and choice available to them for their schedules, but not all home care aides are afforded that opportunity and may have to work in more difficult environments or with more difficult clients. Tara also shared that her clients can individually be unpredictable: “You never know what to expect because of the kinds of people I
work with. One day they can have a good day in the morning and then in the evening they can totally switch.”

The ongoing, global COVID-19 pandemic (Centers for Disease Control and Prevention, 2020a) has additionally been a source of concern for safety and well-being for many of the interviewed home care aides. They shared candidly the things they believe their organizations are doing to support them in their roles but also some of the fears they have with working with their clients. How an organization chooses to protect, inform, and support its home care aides is instrumental in their motivation to continue providing care and services. May explained, “I wish they [her employer] had my back when I need them the most. I get up and got to my clients every day hoping I don’t catch the COVID and hoping I don’t pass it on to my family.”

Kate also shared a little about the impact COVID-19 and the ongoing PHE has had on her and her patients during her interview. She laughed and forced a smile while retelling her experience early on in the pandemic where she had to “wear double masks and goggles” before she was even able to get out of her car most days. Kate noted that as a home care aide, most of her work is “not clinical” in nature, which means “I don’t usually have to worry about the protective stuff.” However, this is a “new, unknown world.” Kate said, “things change every day and the unknown, well that’s scary.” However, Kate is grateful to have an employer that is willing to support her in any way, always.

While Kate has had a positive experience with the pandemic, Tara said she is “beyond stressed.” As a result of COVID-19 (Centers for Disease Control and Prevention, 2020a) Tara’s hours and the number of clients she is caring for has been drastically reduced. The cut in hours and general fear of the pandemic has taken its toll on Tara personally and professionally. She
worries for her colleagues as well as for her own children and her ability to continue to provide for them.

Safety and working conditions are mapped as hygiene factors within Herzberg’s two-factor theory (Herzberg et al., 1959) and are noted as factors that are not necessarily motivating in nature but will contribute to job dissatisfaction and demotivation if the employee’s needs are not met. David, May, and Jane all shared some elements of constructive criticism about the organizational support their employer provides to them in their roles as home care aides in the working conditions associated with policies and procedures. Jane shared examples of her perceived lack of fairness in company policies around earned vacation time and benefits between those like her working in the field, providing direct care and services, versus those in the office. David and May shared concerns over lack of equitable pay, standing, and support from their organizations. While engaged and committed to continuing to work as home care aides, these participants, when compared to the other four home care aides, seemed less satisfied and engaged based on their tone and examples shared within their narratives.

**Rituals and planned connections and events.** Several participants spoke about specific rituals their agencies organize on a regular basis to help them connect to each other and provide community support. Mapped to Tier 2, love and belonging, in Maslow’s hierarchy of needs (1970), these organized events are moments they can look forward to and provide an opportunity to share concerns as well as positive accomplishments and moments with one another, thus fostering trust and acceptance. Additionally, planned community events help strengthen their connection to their underlying purpose. Kate’s employer has integrated a number of planned events each week for employees, including the weekly tradition of the Monday morning meeting. Additionally, Kate shared that predictable, quarterly business updates and celebratory events are
planned with all employees invited and encouraged to attend. These are moments she “looks forward to, especially during difficult, stressful times like COVID.”

Jane spoke about the community events and get-togethers her employer routinely organizes around awareness, advocacy, and governmental affairs. Jane also shared that her company offers other rituals through planned awards ceremonies, annual sporting events, and community fundraisers and drives around disease-specific issues that she and others look forward to participating in and attending. Even David, who had yet to experience interaction through an organization’s ritual-like event, looked forward to the upcoming community caregiver meetings, organized by the Caregiver Coalition, with enthusiasm.

**Summary**

In this qualitative narrative study, the experiences of seven home care aides were collected and documented through qualitative narrative inquiry, restoried, and subsequently analyzed specifically to better understand the elements that foster or prevent a sense of social belongingness and well-being, contributing towards their longevity in a role that has historically been plagued with high turnover (Seavey & Marquand, 2011).

The researcher conducted qualitative analysis, which yielded four major and 12 associated supporting minor themes present in the participants’ narratives and explored their connection and motivation to continue working as a home care aide long-term. Major themes included the importance of (a) relationships and bonds with various groups, (b) recognition for work well-done and the importance of the home care aide’s role, (c) social good through caregiving and underlying purpose, and (c) how organizational supports and practices can have a positive impact on aides’ sense of belonging, community, and overall well-being. These emergent themes mapped predominantly to Tiers 3 (love and belonging) and 4 (esteem) in
Maslow’s hierarchy of needs (1970) with only one of the four major themes (organization) having a mapped connection to Tier 2 (safety) and falling predominantly within Herzberg’s motivational factors (Herzberg et al., 1959), and seem to have a connection with an individuals’ willingness to continue to work as a home care aide for the long term. The following chapter discusses the findings of this study as well as the potential implications and impact for the home care industry as a whole, agency leadership and practice, and home care aides working in the role today and in the future. Additionally, the chapter presents the researcher’s recommendations for further study and their final conclusions.
CHAPTER 5
CONCLUSION

This researcher sought to understand, through qualitative narrative inquiry, the elements that foster or prevent a sense of social belongingness and well-being among home care aides working in the United States, and what factors motivate those working in this profession to continue to do so for the long-term. Utilizing Dewey’s theory of experience (1938b) as the study’s underlying conceptual framework, the researcher sought to find insight through the lens of the participants themselves and their personal, unique experiences and journeys as home care aides.

Seven participants, recruited from a national pool of home care aides through purposeful sampling procedures, responded to the digital call for participation. All seven participants met all eligibility requirements, completed a qualifying questionnaire capturing relevant demographic information, signed the consent for participation form, and subsequently completed a recorded interview with the researcher. Following the completion of their recorded interviews, the researcher transcribed and restoried their narratives, creating a logical beginning, middle, and end. Then, the researcher framed the stories utilizing Clandinin and Connelly’s three-dimensional space narrative structure (2000), allowing for a multidimensional view of the participants’ experiences to emerge. After restorying, the researcher identified and coded recurring elements as they emerged, leveraging guidance from Creswell’s (2009) steps for analysis and coding of qualitative data. These coded elements were reviewed for prevalence and recurrence across the participants’ restoried narratives and bucketed together by similarity, ultimately creating four major emergent themes and 12 associated supporting minor themes.
The four major themes included relationships, recognition, social good, and organization. The researcher took the identified themes and mapped them against Maslow’s hierarchy of needs (1970) and Herzberg’s two-factor theory (Herzberg et al., 1959) to assess their connection to key factors of sense of social belongingness and well-being, as well as factors of motivation for the participants to continue to work as home care aides. In this chapter, the researcher offers interpretations specifically related to the research questions, followed by a discussion of the implication of the results, recommendations for further action, future research, and ultimately offers a comprehensive conclusion.

**Interpretation of Findings**

Chapter 5 provides a detailed interpretation of the results of the data collected in this study. The identified major and minor supporting themes associated with social belongingness, well-being, and motivation for home care aides continuing to work in the role for the long term are thoroughly discussed.

**Research Questions**

The following research questions were utilized as a foundation for exploring this study:

- RQ1. How is social community and belonging fostered among those working as home care aides in the United States?
- RQ2. How is social community and belonging hindered among those working as home care aides in the United States?
- RQ3. What personal or social factors positively or negatively impact motivation and job longevity for home care aides working in the United States?
Interpretation of Findings for Research Question 1

Research Question 1 ("How is social community and belonging fostered among those working as home care aides in the United States?") focused on exploring how those individuals working as home care aides in the United States can foster a sense of social community and belonging in their roles. Maslow (1970) identified love and belonging in his hierarchy of needs as encompassing social feelings of belongingness, the need for relationships, trust, and acceptance, and being part of a social group, which are all important elements for individual well-being. The participants in this study shared a number of ways in which social community and belonging are fostered within their professional roles working as home care aides, manifesting through relationships and bonds and purposefully orchestrated organizational activities.

**Relationships and bonds.** The data analysis in this study revealed relationships and bonds as a major overarching theme permeating through all seven participant narratives. Relationships and bonds as a theme not only connected with Maslow’s love and belongingness tier, but also with the higher-order tier known as esteem (Maslow, 1970). The need to belong is a universal concept and may be found manifesting in all cultures (Baumeister & Leary, 1995). Sense of belongingness is often achieved through interpersonal connections with those we surround ourselves with or come into contact with on a regular basis (Baumeister & Leary, 1995), including those whom we work with in our professional roles. As humans, we have an underlying need for social interaction and belonging (Diener, 1984). This underlying need for connectedness and sense of social belonging may contribute towards our ability to feel personal motivation and a sense of job satisfaction (Jena & Pradhan, 2018), which are important for longevity in professional roles (Grant et al., 2007). The participants shared that the relationships
and bonds they form with patients and their families as well as with their peers and colleagues are important factors towards building social connectiveness and belonging.

**Patients and their families.** The relationships and bonds the participants in this study formed with their clients, patients, and the patients’ family members are at the heart of what it meant for them to be a caregiver. These relationships contributed to motivating the participants to continue working in the role of a home care aide despite the challenges.

Participants spoke about how they may have decided to enter the role out of personal need, ease of entry, or the need or desire for flexibility to balance their personal and professional lives; but every participant expressed their choice to stay in the role as a result of the strong relationships and bonds they formed with their patients and patients’ family members. Participants shared that they felt as if they were a part of their patients’ lives and embedded within their patients’ social circles. There was an underlying element of feeling needed, that without them (the participants) working as home care aides, their patients’ lives would be negatively impacted. This study’s participants shared examples of how they provided everyday care and services for their patients that allowed them to stay within the comfort of their own homes, creating an almost symbiotic relationship between the patient and their caregiver. The patients gained autonomy and safety and the study participants gained social connectiveness through the work, thus fulfilling their own inherent needs. Participants also shared examples of how they felt a sense of shared accomplishment and pride when their patients met a specific milestone or goal. Shared accomplishments helped solidify the importance of the work participants were doing, but also offered an opportunity for shared celebration.

The relationships and bonds formed with patients and the patients’ family members seemed to offer a compelling reason for home care aides to continue working in their roles long-
term. Kate shared that she finds great motivation from her patients to continue in her work and some of her favorite patients are those who are over 100 years old. She enjoys hearing their stories and connecting with them over their memories. Kate noted, “It’s a history that you read about but now I actually get to hear about it and it’s just so great to listen to them and they just connect with you sometimes.”

Erin also explained during her interview that forging such close connections with patients and families can have an extreme downside in that many of them eventually pass away from their underlying conditions. Erin shared, “You have to prepare yourself for some the people you are working with, many are elderly, or their health is declining, and it’s so hard when you get too close to them, and their end of life comes.” Thus, when a patient passes away, there is the potential for the aide’s general well-being to experience a negative impact when these close relationships and bonds have been formed, especially without other social supports and connections in place to fill the void (Franzosa et al., 2019).

Interestingly, based on the participants’ stories, these critical bonds seemed to have formed naturally between the participants, their patients, and their patients’ families. The experiences the study participants shared seem to indicate that these relationships and bonds were integral, contributing elements toward their feelings of community and social belongingness, ultimately influencing their longevity within the role as a home care aide.

**Peers and colleagues.** Finding support, camaraderie, and connection through interactions with a peer group was a huge motivator for participants in this study and led to engagement in the role. Research by Haggarty and Patusky (1995) supported this finding and stressed the importance of fostering belongingness within the work environment by focusing on two fundamental aspects of belongingness: being valued and feeling a sense of importance with
respect to others as well as feeling as if one fits in with these groups through shared characteristics or attributes. Five of the seven participants mentioned the importance of the bonds and relationships they formed with their colleagues. These same participants shared that these bonds and social connections were forged through mentorships, deliberately organized meetings, support groups, and sometimes community or socially oriented events organized by the home care aides’ employers.

The participants also expressed that they relied on the knowledge and support from their peers who offered mutual respect and a unique understanding of the role’s challenges. The participants shared that their peers understood the value and impact of the work on the lives of others and the special societal contribution of the role, unlike others even within their organizations. There was a mutual respect between colleagues and peers as they shared similar experiences, triumphs, and tribulations illustrated within each participant’s story. Humans are inherently social creatures and yearn for connectiveness and belonging through shared experiences (Lavigne et al., 2011) and one way this can be achieved is by forging relationships and bonds with individuals performing similar work (Baumeister & Leary, 1995). However, given the generally isolating nature of the work, the ability to successfully forge these peer-to-peer relationships rested heavily on the orchestration of connections by the participants’ employers.

**Purposefully orchestrated organizational activities.** Purposefully orchestrated organizational activities were shared through the participants’ narratives as conduits for building strong relationships and bonds as well as a general sense of belonging and community between those performing similar work. However, organizational leaders control these activities. Whether these organizational activities are present or absent, and the degree to which they are utilized, is
completely dependent on organizational leaders and operational standards, as evidenced through the participants’ stories. Establishing activities serving as mechanisms within workplace culture and operations, which help foster a sense of community and social connection, were seen in the participants’ narratives as cultivating peer connections, fostering respect, and developing a sense of community and belonging. Overall, these activities contributed towards participants feeling valued and created a sense of purpose for them. The participants most often shared that these orchestrated activities positively associated with events connected to the community and social good. The participants also spoke fondly of and placed personal importance on activities of recognition.

**Activities of recognition.** Participants shared that activities of recognition are meaningful to them and often serve as a catalyst towards fostering a greater sense of belonging and personal achievement. Participants expressed their desire to receive recognition from their peers, their organization, and society overall. Participants also shared how meaningful activities of recognition are in validating the importance and impact of their work as home care aides. On the surface, activities of recognition may not be immediately associated as activities that foster social belongingness and community. However, the participants’ narratives in this study supported the connection through examples of recognition stemming from peers, clients, and society, and being most impactful when delivered via social settings. Recognition delivered in social settings, such as during organizational meetings or events, or even via social media, was valuable for home care aides and most appreciated. They could connect with the good work of their peers and also see their place within this group and have it shared with society as a whole, thus elevating their profession. These types of activities fostered feelings of belongingness and importance for the interviewed home care aides. Participants reported feelings of deep responsibility to their
patients in the work, a sense that they were ensuring a better quality of life for their patients through caregiving. Recognizing home care aides for their efforts helps bolster the pride they feel in their work as individual and positive contributors in society overall.

**Interpretation of Findings for Research Question 2**

Research Question 2 (“How is social community and belonging hindered among those working as home care aides in the United States?”) examined how social community and belonging might be hindered among those working as home care aides in the United States. Baumeister and Leary’s (1995) research identified that personal well-being is tied to the development of interpersonal bonds, and that humans have a drive to create these attachments. All seven participants in this study cited the important role relationships, and the bonds they form with people through their work, play in their desire to continue in the role long-term. The participants in this study seemed to realize these bonds through the inherent, intimate nature of the work itself and the luck of the draw in the clients they were assigned, as well as the organizations the participants chose to find employment with. However, some participants also directly shared and/or alluded to hindering factors of social belongingness and well-being through their stories. Lack of belongingness through human connection may have a host of ill effects, as a number of participants shared within their narratives (Baumeister & Leary, 1995).

Participants shared elements hindering social belongingness and well-being included challenging assignments, the absence of social, mental, and emotional support mechanisms, and the perceived lack of inherent value of the home care aide’s role within society.

**Challenging assignments.** In her interview, Tara explained that she is often assigned the more difficult and challenging clients to work with. While she enjoys the work she does, and the impact she has on her patients’ quality of life, she characterizes the more difficult clients she
works with as having emotional or behavioral issues. A study by Karlsson et al. (2019) of home-based care and service employees revealed that verbal abuse is common and often associates with caregivers who care for patients with cognitive or psychological impairments such as dementia or Alzheimer’s. Kate shared that she is a home care aide who often works with those patients who have Alzheimer’s or other cognitive degenerative diseases. Those patients may not intend to harm anyone or be difficult, but their behaviors can be rather unpredictable as a result of their conditions. Patients with cognitive diseases or degeneration may have difficulty with memory, problem solving, poor judgment, or even changes in mood and personality (Centers for Disease Control and Prevention, 2020b), thus posing challenges in creating meaningful relationships and bonds, which the participants in this study expressed as important motivating factors. If home care aides are consistently delivering care and services independently to more challenging patients like those Kate and Tara depicted, it is conceivable that important positive social bonds may not form as easily for home care aides due to the nature of their patients’ disease states.

Challenging or difficult patient case assignments may not always be a result of the patients’ underlying disease state. David, for example, cares for his ailing mother in addition to one other client. David did not characterize his mother as being challenging; however, he does indicate that the role he has assumed is negatively impacting his mental state and well-being. David indicated in his story a desire to forge new relationships with others to improve his emotional state and create a needed outlet to alleviate stress. David shared that he previously enjoyed visiting the library and attending group activities as well as meeting with friends in the park. David expressed he is now experiencing significant loneliness and a lack of connection with others as his mother continues to decline and his responsibilities as a caregiver increase. He
has not been able to enjoy the activities that once served as his outlet because of this increase in
responsibility and his caregiving requirements. Additionally, the recent global COVID-19 PHE
(Centers for Disease Control and Prevention, 2020a) has made it next to impossible for him to
take breaks, such as to visit stores or even “have coffee with someone.” David also does not
believe he has a choice in caring for his mother, as it is “his responsibility” when no one else in
his family is available, willing, or has the necessary skills. David is someone who is now part of
a growing movement in the home care industry known as the consumer-driven care model (U.S.
Department of Health and Human Services, 2004), which encourages and trains family members
to care for their loved ones and receive payment through state-driven reimbursement programs.
This option is a more cost-effective approach to providing home-based care and services and has
proven to have generally good care outcomes (U.S. Department of Health and Human Services,
2004). David is unique in that he has chosen to make a career out of his transition to becoming a
caregiver and provides care now for not only his mother, but also for other patients. However, as
David indicated, this mode of caregiving under the consumer-driven care model (U.S.
Department of Health and Human Services, 2004) can be even more isolating in nature for
someone working as a home care aide. Concerns with this program stem from the increased
potential for elder abuse and the caregiver’s decreased well-being due to the nature of the work
when delivered directly to a family member (U.S. Department of Health and Human Services,
2004). And while David at no time indicated the type of disease state his mother suffers from,
many caregivers under the consumer-driven care model (U.S. Department of Health and Human
Services, 2004) are caring for family members and loved ones who suffer from advanced stages
of dementia and other cognitive disorders, often exhibiting some of the same challenging
behaviors participants Kate and Tara shared within their interviews.
Challenging and difficult client assignments may also take the form of those individuals who “try to take advantage” of the home care aide, as depicted in Erin’s narrative: “They want us to do more than we are allowed to or are supposed to be doing.” Erin explained during her interview that she feels grateful to be assigned the cases she has but that not all of the home care aides she knows have had the same experience. Jane shared that some clients and families she works with ask her to do things out of her scope of practice and she must constantly remind them that, “I can’t just go into the medicine cabinet and get your mom a Tylenol. That’s nursing and I’m not allowed to do it.” Based on the experiences the study participants shared, it seems like it can be difficult to build relationships with clients who may be looking to take advantage of the situation unintentionally or intentionally. Franzosa et al. (2019) indicated that caregivers in these situations may need to emotionally distance themselves from their clients, thus potentially further inhibiting the creation of emotional bonds.

**Absence of social, mental, and emotional support mechanisms.** David’s narrative highlighted experiences that depict how an absence of social activities and factors that foster belonging may contribute negatively to home care aides’ overall engagement. He shared that he has a lack of general personal and social support from his employer and feels completely disconnected from others working in similar roles. David noted that, until recently, he “didn’t even know anyone else who provided care like I do, and I have been doing this for five years.” He took initiative by reaching out to the Caregiver Coalition, a state-coordinated and sponsored support group for people who work as home care aides, to find connection with others and the motivation he desperately needs. As the U.S. Bureau of Labor Statistics (2019) shared in their description of the nature of home care aides’ work, the “work as an aide, can be physically and emotionally demanding.” Many participants found support through peers or from
organizationally offered mental and emotional support groups and programs. However, these employer-sponsored programs and resources aimed at cultivating social support and connections are often absent; thus, home care aides may be left to seek opportunities to create these important connections on their own, as evidenced through David’s story.

In other interviews, Tara and Erin expressed that while they enjoy supportive employers, not everyone they know in the industry (who are also home care aides) has the same experience. Erin expressed that the work is isolating and lonely outside of the social connections with her patients. She shared how grateful she was that her employer offers her a lot of mental and emotional support, but that she knows of many home care aides who work for other agencies and do not receive the same kind of support and assistance. During Tara’s interview, she echoed these sentiments in that her employer is very supportive, offering caregiver support groups and mental health options, but that not everyone in the industry is afforded these options. May, for example, shared that she “stays steadfast and loyal” because her patients are counting on her, but she does not believe her employer is as supportive as they could be.

**Lack of inherent value of the home care aide’s role in society.** While the home care industry recognizes the importance of the home care aide’s role, the community and society as a whole do not always recognize these individuals as being valuable, which may lead to a perceived lack of sense of belonging from a societal perspective and pose a negative risk to long-term motivation (Pink, 2009). Four participants in this study felt the role of a home care aide may become more elevated in value to society if people knew more about the importance of what they do. Kate and David both shared their concerns about people possibly judging them or holding them in a negative light for what they do for a living. Kate described feeling generally unappreciated by some of her patients and patients’ family members who hold the nurses and
therapists in more favor. While Jane has had a positive experience overall, during her interview she expressed that she wanted people to better understand what she does and that it is “not just babysitting.” Jane believes the role should and could be more elevated in nature and scope and blames perhaps a few bad actors in the role as home care aides, who ultimately punish the whole:

It’s hard because people don’t see us for what we can be and when you see an aide doing something that is not as professional you would like it to be…maybe if we were all more professional we could get more training…we could take classes that would allow us to give meds…maybe then we would be seen as people who could do more, maybe even be paid more, be seen as the true benefit we are to the community, not that we are just glorified babysitters…We are providing a needed community service…I certainly think it’s worth…better benefits and respect.

Kate also shared Jane’s concern that there are issues with how society as a whole perceives the role of a home care aide:

A lot of them, even the spouses will say oh the nurses are great they are great, but you also have to step down and think about us. We are the ones at the bottom. We’re the ones who see when a skin care, something is going on with their skin…We are the ones that find that, not the nurses sometimes. We’re down in the nitty gritty…They don’t SEE us for who we are and for our value.

Erin also shared candidly that “people out in the world don’t see us.” She noted that it was not uncommon for her to have to clarify for people what she does for a living. Erin said that she “doesn’t understand why the [reimbursement] rates are not better for the work we are doing,” which ties into some of the work Jane’s employer seems to be doing through advocacy to better educate society as to the value of the home care aide’s role within the healthcare continuum,
Jane shared examples of how her employer is demonstrating the need to elevate the role of her and others working as home care aides through legislative advocacy efforts, as well as giving individuals the opportunity to share their stories and experience with elected officials. However, this seems to be the exception rather than the norm based on the participants’ interviews. Finding a sense of belonging within society and the world was an important and aspirational element for these participants, yet one they felt was generally lacking in their ability to achieve it. However, all participants felt they deserved this recognition and acknowledgement based on the care and services they provide individuals and the impact they have on their clients’ quality of life.

**Interpretation of Findings for Research Question 3**

Research Question 3 (“What personal or social factors, positively or negatively impact motivation and job longevity for home care aides working in the United States?”) investigated the personal or social factors that impact (positively or negatively) personal motivation and job longevity for home care aides working in the United States. Both personal and social factors were shared within the participant narratives that could be linked to the participants’ motivation to continue working as home care aides for more than 5 years, far outpacing the average national retention rate (Hospital and Healthcare Compensation Services, 2019). All of these factors can be traced back in some way to the overarching major theme of relationships as a driving force in participants choosing to work long-term in their roles. Participants shared three specific factors as being positive in nature: the impact of their work on their patients’ and families’ lives; social and higher-order purpose; and flexibility within the role. However, they also shared four factors that might be considered hindering in nature, including the isolating nature of the work, working
with a vulnerable patient population, perceived lack of opportunities for growth and advancement, and inequitable pay and benefits.

Positive contributing factors. All seven study participants shared examples of personal and social factors that contributed towards their motivation for continuing to work as home care aides long-term. Each participant’s experience was unique, but collectively, four key factors emerged through the analysis as being integral to positively impacting their longevity in the role. These three factors included the impact of their work on their patients’ and families’ lives, social and higher-order purpose, and flexibility within the role.

Impact of work on patients’ and families’ lives. Participants shared the importance of the care and services they provide for some of the nation’s most vulnerable people. The role of a caregiver is naturally socially oriented, but participants shared, with pride and often joy, how their care and services truly made an impact on their patients’ lives. They felt personally responsible for ensuring their assigned patients lived quality lives. All seven participants shared examples of how they feel personally motivated by smiles and accolades they receive from their patients. Jane shared, “You light up a little inside knowing you made someone else’s day a little better.” May echoed the sentiments Jane shared:

It’s all about seeing a smile on your client's face when they see you come through that door. It’s hearing your client saying thank you for being with me today, hearing from your client's family saying thank you for helping my mom or dad or whomever. The reward is knowing you made a difference in someone's life.

The participants felt a positive sense of personal accomplishment in the care and services they provide making a difference in the lives of others, sometimes even helping them reach personal milestones and goals. Erin shared that she serves an important and integral role in her
clients’ care. As a home care aide, Erin noted that she and others working in the profession are the first line of defense for noticing when someone might be declining, or need more help, and she personally feels this is valuable and fulfilling work. She said,

You walk in there and you see that smile on their face, and you change their whole day. You get close to someone and they start warming up and telling you stories about their lives. I’ve worked with some that have no family around and you become their family. They smile on their face means more than anything.

The participants overwhelmingly felt their work is meaningful and impactful, no matter the associated challenges, because it positively impacts the lives of others.

**Social and higher-order purpose.** Building on the idea of the work’s individual impact on their patients and patients’ families, some participants shared that not only was it the individual impact, but also the larger impact their work as a home care aide has on society that makes it worthwhile. A few even went as far to characterize their work as a high-order purpose. Tara and David shared in their interviews that their work is a way to personally contribute towards society and make an impact in their communities and the world (i.e., a way to give back). Inspiration for Tara came to her when circumstances led her to need to care for her husband after a terrible car accident: “I just saw how my caring for him changed his life. It made me want to help other people who are like that.” David described his role as a caregiver for his mother and others as “a way I can give back to her [his mother] when she cared for me and my father, and I can care for others in the community.” He was quick to note that he was not called to this work, but he continues to work hard at it because he feels like it means something.

Erin noted that she finds great joy in her work as it matches her personality, values, and belief system. She “can’t change the world” but she can work as a home care aide and greatly
impact her clients’ and their families’ lives, giving them a greater sense of independence and safety while they continue to live in their own homes. Erin was humble throughout her interview, but the pride in her work shown through in her body language and smile as she spoke about her clients.

Anna specifically shared during her narrative how she felt her work as a home care aide was really a “higher calling,” and spiritual in nature. Towards the end of her interview, when reflecting on the course of her career and impending retirement, she shared,

At the end of the day, you stick it out for the relationships, for the families. I’m not going to walk away at the end when I meet my maker and say I wasted 25 years, I’m going to say good job, well done old faithful servant.

Jane, who describes herself as being extremely religious, shared that she finds a lot of her motivation, in addition to the relationships she has with her clients, through her faith. Jane feels she was called by God to her role as a home care aide:

My faith keeps me going, I prayed every day for a long time for God to put me somewhere where I was really needed. I’m blessed that I’m somewhere where I feel I should be and because of that I’m much more at peace than if I was trying to do something else.

As humans, when our basic needs are met, we begin working towards higher-order fulfilment and self-actualization (Maslow, 1970). This type of higher-order fulfilment is often associated with an expression of less selfish behavior, true morality, and ultimately, some kind of transcendence or spiritual behavior (Maslow, 1970). Providing care and services that support the quality of life for another human may be interpreted as selfless, especially when considering that many participants in this study indicated there was not a substantial upside in working as an aide
from a compensation perspective, thus inhibiting the ability for those working as a home care aide to satisfy lower-order needs on Maslow’s (1970) hierarchy. Home care aides, like the study participants, may be seeking to fulfill higher-order needs through finding meaning and purpose in the care and services they provide individuals. Anna explained that some clients rely on her for all of their basic needs. Without the care provided to them in their homes, these individuals might not otherwise be able to live with dignity and independence.

**Flexibility in role.** The study participants entered the home care aide profession primarily out of necessity to provide for their families or to find the flexibility within the role to attend to their own personal life needs. The flexibility to choose their own hours and even which patients and families to work with was attractive to the participants. Flexibility and choice offer a great amount of autonomy for the participants, which is a known personal motivational factor (Pink, 2009). Anna described her rationale for working early on as an aide as it being “convenient for the rest of her life.” She noted that she did not have that same experience in other work environments. Jane expressed how she appreciates that she is able to maintain her weekends to be with her family: “It’s not like a nursing home where you would have to work every other weekend come heck or high water.” There was also flexibility offered for some in the types of cases and clients they could choose to work with. Anna, for example, found early on in her career that she enjoyed working with less fragile patients and now chooses to work mainly with those she can provide ADLs for and who are categorized as less complex. The choice offered in work hours and patient assignments in and of itself speaks of the participants’ autonomy as well as allows them to play to their strengths as individuals.

**Negative contributing factors.** The participants in this study, while sharing many positive factors contributing towards their longevity in their roles working as home care aides,
also shared some factors that were negative or hindering in nature to their motivation and well-being. These negative contributing factors included the isolating nature of the work, working with a vulnerable patient population, perceived lack of learning and growth opportunities, and inequitable pay and benefits.

**Isolating nature of the work.** The work of the home care aide can be challenging and socially isolating without other support systems and mechanisms in place, as the participants shared through their narratives. This type of work is primarily conducted alone and without the need for group interaction to deliver care and services, yet people commonly tend to prefer working in groups rather than alone (Alderfer, 1972). David shared in his narrative that while he interacts with his mother and his other assigned patient during the week, he had yet to interact with others doing the same work and most of his time was spent as a caregiver rather than interacting with friends, family members, or other colleagues. David shared in his interview that his well-being and mental health have been negatively impacted since he has become a caregiver. He seemed to lament his lack of social interaction and ability to connect with others doing similar work, compelling him to seek assistance from the Caregiver Coalition. As social creatures, humans find connection and a sense of belonging through relationships and peer groups with those who we can identify with and find commonalities; going without such connections can negatively impact our general well-being and happiness (Deci & Ryan, 2008).

The recent global COVID-19 PHE (Centers for Disease Control and Prevention, 2020a) has exacerbated David’s isolation. Jane also shared feedback about the isolating nature of the role, explaining how she may need to travel a great deal from one location to another during the day alone in her car, depending on her client assignments. The time spent traveling from one assignment to another gives Jane time to decompress but increases the amount of time she
spends alone. Humans are social creatures (Young, 2008) and the more time we spend alone, the more opportunity there is to experience a negative impact to our well-being (Deci & Ryan, 2006). Tara also shared concerns about the isolating nature of the work and how it can lead to mental exhaustion, especially during the days when she is caring for more challenging patients. Humans crave social connection, which serves as a supporting factor for well-being (Deci & Ryan, 2008), yet the role of the home care aide encompasses a great deal of isolation by nature, as evidenced by the participants’ narratives.

**Working with a vulnerable patient population.** Some participants like Tara shared their experience in working with what is characterized as a vulnerable patient population. These patients may have cognitive impairments, psychological issues, or other mental health issues, which sometimes exposed the participants in this study to difficult or violent behaviors, even raising to the level of a safety concern (Bureau of Labor Statistics, 2019). Tara specifically shared an example of a client who posed a risk of physical harm to her and other home care aides. However, she continued caring for the client, sharing her understanding of how he needed care and services that others might not be willing to provide. Kate shared that she often cares for patients who have cognitive degeneration. These patients may also pose safety risks due to their disease progression. Kate also shared that these patients are mentally taxing for a home care aide to provide care and services for long-term.

Some study participants, like Erin and Tara, reported that it is not just the clients who may pose a risk, but it may also be the very nature of the environments they provide care and services in that create safety risks, whether related to the home’s condition or even where the home is located. Concerns for safety and the ability to provide for oneself and one’s family are basic-level needs (Maslow, 1970) and are critical to overall well-being. Erin shared that
sometimes her patients’ homes may be in disrepair and pose health and safety risks.

Additionally, the neighborhoods where these patients are located in may also present safety concerns. Tara shared that some of the locations where she provides job coaching in for her clients may not “be in the best or safest places.” However, it may not always be possible to mitigate this risk because the very basis of home-based care and services is rooted in providing needed care and services for individuals in the places, they call home.

The recent global PHE, associated with the spread of the novel coronavirus (Centers for Disease Control and Prevention, 2020a), has also exacerbated concerns for personal safety and wellness due to its community spread and associated disease course. Participants in this study, like others in the home care industry (Jamison, 2020), shared their concern over the availability of personal protective equipment to mitigate transmission of the virus and protect their person as they work as home care aides with patients who may be COVID-19 positive or who may be asymptomatic but still contagious. Additionally, participants like Erin and May shared how they are putting their lives and that of their families at risk as they care for one patient and then another, not knowing if the patients and those visiting them are practicing safe interactions and social distancing. May shared in her interview, “I get up and go to my clients every day hoping I don’t catch the COVID and hoping I don’t pass it on to my family.” Erin also shared that for her it is a bit of the “fear of the unknown.” Erin elaborated,

I’m lucky that I don’t have to go into too many homes. But, knowing that other people come in to take care of this person…or if they have to an appointment and you don’t know who they have to come in contact with or if the mask works one day and the next day it doesn’t. It hard to continue doing the work behind a mask and being fearful.
Tara shared during her interview that the pandemic is weighing on her and others working as home care aides. She spoke about how her hours and the number of patients she is caring for have been reduced to the point where she has been working about 4 hours in any given week. The reduction impacts her ability to provide for her children and has negatively impacted her emotionally and mentally. The situation is tenuous at best as patients receiving care continue to reduce their hours, not wanting individuals to come into their homes and risking exposure to the virus, and agencies also reducing the number of patients an individual aide can see to best mitigate potential spread (Holly, 2020). Caring for this vulnerable patient population in a pandemic period seems to have created a situation that is challenging for participants, increasing their stress levels, and weighing on them emotionally; thus, impacting their overall well-being.

**Perceived lack of opportunity for growth and advancement.** Some participants shared that the learning and growth opportunities contributing towards greater personal and professional achievements are perceived as not always available for those working in the role of a home care aide. David described his employer as not being as supportive as perhaps what other participants depicted, and he did not mention any opportunities for continued learning or professional growth, nor knew of any. He described minimal interaction, if at all, with his employer. Jane also expressed her frustration with a lack of ongoing training opportunities. She felt that as an aide there should be more opportunities to elevate the role through education and training, including offering training on the delivery of medications and use of specialized equipment. Jane was candid in her frustration about the lack of training opportunities:

…maybe we could take classes that would allow us to give meds. Maybe if we could be more professional, we would be seen as people who could do more, and maybe even be paid more, be seen as the true benefit we are to the community.
Jane additionally commented on the need for new aides to have mentorship support from more seasoned staff members early on to help them hone their skills and “show them the ropes.” Mentorship offers hands-on, in the moment, and on-going training and support for individuals, something Jane described that was recently adopted as a pilot practice by her office but not for the entire company. Jane specifically shared examples of how she would like to see more disease-specific training offered because a lot of what she does for her patients is dependent on their disease types, attributes, and conditions. “Sometimes you might go months without having a patient who needs a HOYER lift. You get out of practice,” she said. Erin has worked as a home care aide for 18 years and has been with her current employer for 5 years. Her experience has shown that the “smaller agencies seem to take better care of their employees than the larger one,” when speaking about the tools, resources, and education available for her and others. Erin shared in her interview that she is lucky with her assignments and the experience she has had overall working as a home care aide is positive. However, in her role as a scheduler, she noted seeing others working in the same position having a much more negative experience and said that the aides “come and go like crazy.” Erin explained that she believes agencies should offer more support in the form of education geared towards helping aides cope mentally and emotionally but also training in safe practices, which might “help others have better experiences.”

Some participants in this study alluded to the idea that their patients’ family members, and society as a whole, may not see the work they do as meaningful or important, which Osterman (2017) supported; instead, they are overlooked and characterized as “unskilled” in favor of those in nursing roles that seem to have more prestige (2017). Kate shared that she feels she is “at the bottom, and not valued like the nurses are” as a home care aide. Her comments are consistent with the way the industry has positioned the role of the home care aide overall,
requiring no consistent educational or minimal skill requirements that would be required of other caregiving roles like the nurse or LPN, as governed by federal regulation (Osterman, 2017). Training and learning to improve or acquire new skills seem to offer an opportunity for participants to feel more confident and valued in their roles and is a proven tactic tied to employee motivation (Pink, 2009). But based on the participants’ interview responses, some participants perceive that activities of learning and growth are not seen to be accessible or available to all those working in the role and are organizationally dependent.

**Inequitable pay and benefits.** The perception and reality of inequitable pay and benefits has been a long-standing issue in the home care industry (Osterman, 2017). Several participants interviewed in this study mentioned the challenges with their inequitable pay structure and lack of benefits when compared with others working in the home care industry or in other segments of healthcare. Adequate compensation is a base-level need (Maslow, 1970) and often must be met for other elements of well-being and motivation to be achieved as it is tied to personal safety and security. Previous research done by the Institute for the Future of Aging Services prepared for the National Commission for Quality Long-term Care (2007) found that inadequate pay and benefits for home care workers “were major detriments” of employee satisfaction and motivation. Anna noted that, even as a long-time tenured employee, she still lacks access to adequate time off and benefits unlike those who work in the same organization but in the office environment. She candidly shared:

> The lack of compassion they have for people who have stayed here for the length of time they have they should be appalled. I feel as though we are just kind of pawns that you move around, or a warm body. We get burnt out and we need to be able to take time off and get the mental support we need.
Anna believes that just like the office staff at her organization, she deserves the ability to take time off, with pay, to get the mental and emotional break she needs. Anna shared in her interview that she recently tried to advocate for herself by approaching her supervisor and asking about better benefits and time off due to her longevity in the role and loyalty to the company for 20 years of service. Her efforts did not have the outcome she expected and culminated with a card she received in the mail:

It was handwritten from a corporate lady. She thanked me for my service and feedback but there wasn’t anything they could do. She included at $10 coffee gift card. I appreciate the card, but it didn’t connect with me at all. It infuriated me…I didn’t feel cared for…

Erin shared that she works two jobs, one as a home care aide and the other as a scheduler in a home care office. She expressed that if she were able to financially, she would choose to work only as an aide rather than continue working in both roles. Erin only chooses to work in both roles as she cannot reasonably sustain her family and personal needs on her salary as a home care aide alone. Erin works both jobs as a matter of necessity because, “unfortunately, the money isn’t always the best” working as a home care aide. She indicated that individuals would be very lucky to make above minimum wage in the role, no matter what agency they worked for, and they would more than likely never see a raise.

Jane reported that she was “lucky” as she could choose to work and do what she loves to do as she has a husband who supports her financially, otherwise she would not be able to support herself. During her interview she shared her genuine concern for others working as home care aides, wondering how they “can keep a roof over their heads?” She also shared that in her experience, there is no sliding pay scale for the complexity of the patients she works with, and no additional pay for drive time or reimbursement for gas/mileage or wear and tear on her vehicle.
While participants in this study generally did not share specific details about their financial situations, they all shared sentiments about how they believe they, and others working in the profession, are not paid adequately when compared to the tremendous value they provide for individuals and society as a whole. Participants made candid comments throughout their interviews about how “there was no money in this” type of work and their demeanor and body language was somber as they spoke about pay and benefits. Participants shared that their motivation to continue in their role did not directly stem from their compensation, and seemed, based on their expressions, like something they had altogether given up on, something they had to overcome through other positive contributing factors.

**Major Findings**

Two major findings emerged from the results and subsequent data analysis in this study, including the ability for participants to overcome negative contributing factors to their well-being, and the vital role relationships and bonds played as a driving force in their desire and motivation to continue working as home care aides long-term.

**Overcoming negative factors.** Factors contributing negatively to motivation and well-being for this study’s participants, including the isolating nature of the work, working with a vulnerable patient population, perceived lack of learning and growth opportunities, and inequitable pay and benefits, while present in the participants’ narratives, had impacts presented as being mitigated and seemingly overcome by other more positive forces in the participants’ experiences. What is fascinating about this finding is that, as a whole, home care industry leaders have worked tirelessly for years advocating for improved reimbursement rates for home care aides, citing inadequate pay and benefits as the main contributing factor for higher-than-average attrition rates (Institute for the Future of Aging Services, 2007). Efforts to address the pay and
benefits inadequacies for home care aides continue at the state and federal level (NAHC, 2019b). Jane mentioned these efforts occurring at her own organization during her interview as she spoke about the advocacy activities she and others have had the opportunity to participate in. These activities included interviewing with key state and federal government officials, attending state lobby days, and even participating in grassroots advocacy activities to support legislation to improve support, pay, and an expansion of the scope of practice for those working as home care aides. However, participants in this study placed high levels of value on other aspects of their overall experiences, including those aspects tied to social connectiveness, community, and relationships. Study participants candidly shared the reality of the pay and benefits inequities for the work they do. They made comments about the isolating and challenging nature of the work and the perception that society does not value them due to perhaps a lack of understanding about the role’s impact. Interestingly, they spoke fondly, with pride and positive body language, about the impact and importance of their work. They gravitated towards sharing stories about their patients and the interactions with them and their peers and seemed to prefer focusing on that aspect of their experiences rather than on the more negative aspects. Their motivation stemmed from their personal, positive contribution and impact on the lives of others and was characterized as rewarding and a source of great satisfaction. As Tara shared, “there is a lot of good in this.”

**Relationships and bonds.** The relationships and bonds that materialized between the home care aides and their clients, clients’ families, and peers, emerged through the participants’ stories as the most powerful factor toward feeling a sense of social connectiveness, belonging, and value in their roles. These connections permeated through the participants’ narratives and served as the underlying connector between other major themes. Relationships and bonds were
significant driving forces in participants choosing to work long-term as home care aides, contributing towards overcoming other more challenging and negatively expressed factors.

The core aspect of their job as a caregiver for the participants is challenging enough with serving a primarily vulnerable patient population (Centers for Medicare and Medicaid Service, 2021), but when coupled with a societal structure that largely does not understand them or value what they do, it is sheer wonder as to how they choose to continue long-term. However, it would seem their rationale and motivation for persevering is tied to the simplistic connection forged between human and human. The participants spoke with pride about how their clients rely on them to continue to live in their homes, to do even the most basic of human functions. Some of their clients had no one else to rely on. Their patients can improve their quality of life and continue living in the comfort of wherever they call home as a result of the care and services the participants provide.

The bond forged between parties is essentially an irrevocable social contract and symbiotic in nature (Franzosa et al., 2019). Patients are able to maintain their independence and improve their quality of life, and the participants working as home care aides develop unique social connections, fulfilling their intrinsic need for purpose by delivering care and services to their patients. Handel (2018) explained that as humans we have a distinct need to feel belongingness and social connection. The need is instinctual and hard-wired into our existence (Handel, 2018, p. 5). The role the home care aide plays is one of vital importance to individuals as they age and require additional care and services (Landers, Madigan, & Leff, 2016), and at its heart was created to aide in their survival. Interestingly, relationships are hygiene factors for employees, meaning they are essential for job satisfaction, and will lead to job dissatisfaction and lack of engagement when absent, but they are not long-term satisfiers (Herzberg et al., 1959).
Thus, while relationships serve as an underlying driver of home care aides’ satisfaction, these relationships must be combined with other key factors of motivation and overall well-being, as the participants shared, to create the pathway towards longevity in the role. These other factors included recognition, flexibility and choice within the role, life-long learning opportunities, and safety, emotional, and mental supports. Social belonging, connectiveness, and community, as demonstrated through the participants’ narratives, seem to be the foundation by which all other elements and key factors build upon in creating the recipe for extended engagement and reduced attrition in the home care aide’s role.

**Implications**

This study, facilitated through the home care aides’ eyes, extended needed insight into the role and experience of the home care aide for home care industry leaders. The study offers novel awareness into the underlying motivational factors tied to sense of belonging, community, and well-being, contributing towards longevity in the role. The role of the home care aide is vital in the delivery of quality home-based care and services (Hewko et al., 2015) and is projected to exponentially grow in need in the United States (Landers et al., 2016). However, organizations in the home care industry continue to struggle with high rates of employee attrition and below-average employee engagement, especially with those classified as home care aides (Hospital and Healthcare Compensation Services, 2019), thus creating significant challenges with meeting the growing consumer demand for care and services.

An implication of this study is the awareness it provides into key opportunities for home care industry leaders to consider establishing or expanding within their operations, including creating robust recognition programs, establishing ongoing learning and growth opportunities specifically for home care aides, and creating work flexibilities. Based on the experiences the
participants in this study shared, these activities would be best facilitated through activities that foster strong social connections, bonds, and community as motivating factors leading towards longevity working as home care aides. Home care industry leaders who successfully harness the insights these participants shared will potentially have the opportunity to positively impact attrition rates and begin to address engagement issues for home care aides.

A second implication of this study is the illustration of the profound importance relationships and bonds play in contributing towards feelings of well-being and belonging for home care aides, leading to longevity in the position. Inherently, the role of the home care aide is grounded within an intimate connection between people. The connection is almost symbiotic (Franzosa et al., 2019). This study’s participant narratives revealed how these individuals, working as home care aides, provide care and support for patients, helping them live more independently and positively, and contribute towards their patients’ quality of life. Study participants expressed how they spend one-on-one time with their patients, often interact closely with patients’ family members, and often become a valued part of their patients’ lives. At the end of their interviews, the researcher asked each participant what they would say to someone who was considering becoming a home care aide. While participants described a number of inherent challenges in the role, all seven commonly expressed the same sentiments, illustrated through their individualized experiences, of how impactful the role and the work can be for others and even for themselves, rooted in the relationships they are able to forge through the work’s dynamics. The role gives the opportunity for participants to provide a needed social service but also to benefit from the relationships and bonds they form with their patient, leading towards feelings of accomplishment, importance, and belonging. The importance of relationships is a
factor that home care industry leaders can consider in their engagement and retention efforts, specifically for the role of the home care aide.

A third implication of this study is the distinct voice it extends to an otherwise silent population of home care workers through the use of qualitative narrative inquiry. John Dewey’s theory of experience (1938b) served as the key underpinning for this study, showcasing the ability to gain novel understanding through stories, highlighting both personal and social aspects of life. Paired with a qualitative narrative approach, this study also demonstrates the value of qualitative narrative inquiry as a research methodology to make sense of human experience in a practical way, through the lens of the participants themselves. The participant narratives collected in this study give voice to the home care aide’s role, which has to date remained relatively silent. The study offered home care aides the ability to share their individual journeys and experiences and lends insight into those factors in their professional spheres, which lead towards a greater sense of well-being and motivation to continue working as home care aides long-term.

A fourth and final implication of this study is its ability to serve as a catalyst for further research into the role of the home care aide and their overall experience. While there are commonalities threaded throughout all seven participant narratives in this study, each story is unique to the individual participant. Further research studies with a larger set of participants would allow for even greater understanding and analysis into this important and integral role within the healthcare continuum.

**Recommendations for Action**

This researcher offers three pointed recommendations to home care industry leaders derived from the participants’ narratives, data analysis, presented findings, and conclusions of
this study. These recommendations offer targeted actions for consideration and implementation within their organizations and operational playbooks to positively impact the retention and engagement issues the industry has been historically plagued with among those working as home care aides. Recommendations include (a) investing and establishing relationship-fostering activities, (b) developing and establishing robust recognition programs, and (c) offering flexibility and life-long learning opportunities.

**Investing in and Establishing Relationship-Fostering Activities**

Based on the findings of this study, the home care industry should consider choosing to establish relationship-fostering activities aimed at offering home care aides the ability to find identity, belongingness, and community among those working in the same role. The formation of strong relationships and bonds with clients, families, and peers was one of the most important motivational and engaging factors for participants working as home care aides long-term, which Stone and Bryant (2019) supported in their research. Bonds and relationships seem to happen organically between aides and their patients as a result of the intimate, ongoing nature of their care and service delivery. For participants like Tara, Kate, and Anna, the individuals they cared for over the course of their careers became like family to them. However, organizational leaders have an opportunity to create more deliberate avenues for engagement between peers.

Leaders within the home care industry could consider developing and establishing mentorship programs between newer and more seasoned employees to encourage knowledge sharing as well as support and social connection among those working as home care aides. Other opportunities might include establishing company organized mental health and well-being programs that offer support for home care aides working in these challenging roles. These programs could serve as a valuable conduit for the tangential creation of support groups for
home care aides to share mental and emotional support and coping mechanisms with one another, such as the example David shared in his narrative about the Caregiver Coalition community support groups. Additionally, organizational leaders could coordinate engagement opportunities between home care aides and their peers through the use of predictable weekly meetings or events tied to community events, thus developing connections to the external community and forging an opportunity for engagement and social connection amongst home care aide peers.

**Developing and Establishing Robust Recognition Programs**

Participants shared that feeling recognized by patients, families, peers, and society as a whole was an important factor for their longevity in the role as a home care aide. Overall, home care industry leaders must consider developing and implementing robust home care aide recognition programs that incorporate the ability to foster social belongingness and connectiveness among home care aides. Agencies should consider creating pathways for patients and their families to recognize the positive activities and efforts of their caregivers more easily since the relationships and bonds forged between home care aides and their clients are of great value and importance and are motivating in nature. Recognition programs should also offer home care aides the opportunity to recognize their peers for their professional caregiving and service efforts. Participants interviewed in this study shared the importance of peer support and recognition as they uniquely understand one another and their experiences working in this challenging role. Recognition coming from a peer is meaningful and appreciated. Client and family recognition, as well as peer-to-peer recognition efforts, should be executed in methods that engage home care aides socially, encouraging greater community and belongingness whenever possible.
Additionally, home care industry leaders should consider incorporating into these recognition programs ways in which to allow society to recognize home care aides, thus elevating the role’s value and profile. Home care aides in this study, like Erin, shared such passion for their chosen profession, but yearn for recognition for their efforts and contributions from outside the home care industry. One way home care leaders can address this need to find belonging from society is to create pathways for recognition to happen not only at the organizational level but also out in the community and within the external landscape. Home care industry leaders might consider sharing the stories and experiences of home care aides more broadly and highlighting the ways in which the care and services they provide make a difference in the quality of life for many Americans.

**Offer Flexibility, Choice, and Life-Long Learning Opportunities**

Many of the motivating factors participants shared in this study for continuing to work in the role long-term had connections to factors of social belonging and community, which were often shared as originating through the home care aides’ organizations of employment. In addition to addressing specific factors related to relationships and recognition, home care organizational leaders may consider implementing operational designs that offer flexibility, choice, and life-long learning opportunities for individuals working as home care aides. Participants shared that these factors enable home care aides to balance their personal and professional obligations. The factors also incited feelings of well-being in the participants when given the ability to choose clients who best matched their abilities and preferred client types (i.e., pediatric versus adult, or complex versus simplistic cases). Additionally, the home care aides felt greater feelings of satisfaction, accomplishment, and value when offered consistent opportunities for learning and growth in their skill sets through formal and informal educational means.
Home care industry leaders should consider adopting flexible work schedules with choices offered to home care aides in the types of clients they would ideally like to care for. This choice should also include the ability to maintain consistency as the primary caregiver with clients whenever possible. Learning opportunities related to skill and competency building should be offered with frequency or on demand related to skill and competency building, and even more targeted knowledge building around specific disease types and other specificities to give home care aides the opportunity to practice at a high level. Learning and supportive opportunities that foster activities of emotional and mental well-being might also be offered, like the development of coping skills in stressful situations or when confronted with a patient who has passed away. Other studies have explored life-long learning opportunities, which proved to be important factors in employee satisfaction and motivation (Institute for the Future of Aging Services, 2007). One learning opportunity might simply be to find ways to involve home care aides in the “planning of the work that effects them” (Michelli, 2008). In other words, give them an opportunity to play an active and valuable role in organizational operations and planning, thus leveraging their personal experience and expertise in their role. Jane shared her positive experience while participating in organizational advocacy activities. Anna also shared how she wished leaders in her organization would listen more to their employees (home care aides) because they are the “ones out in the field doing all of the work and understand the role the best.”

Participants in this study shared how they wanted opportunities to elevate the role and learn and grow. Participation in the work decisions leveraging their personal expertise could be an avenue to realize this expressed need. Other recommendations include offering support for home care aides to receive formal certifications in their roles or to obtain certifications that would allow them to transition to other higher-level licensed roles within their organization when
they show interest. Participants in this study shared a desire to be able to do more in their roles, such as administering medications, essentially expanding their scope of practice through training. However, this issue continues to be a regulatory debate on whether this expansion of scope should be allowed, and under what circumstances, unless the individual can demonstrate achieving an already established and accepted higher-level of licensure (NAHC, 2019b). Thus, home care organizational leaders should consider offering training opportunities that might offer home care aides the chance to expand their skills and abilities through training and obtainment of higher-level licensure to meet the participants’ expressed needs to expand their scope and abilities as home care aides in the current regulated environment.

**Recommendations for Further Study**

Based on the limitations and findings from this qualitative narrative study, and the integral nature and projected increased demand for the home care aide’s role in the United States to meet the needs of an exponentially aging population, further research studies are recommended to gather additional stories from home care aides working in the role to create a more robust set of data to analyze and draw conclusions from. Each participant narrative and their experience are unique; thus, a greater pool of stories is imperative in further study iterations to analyze for consistent or newly emerging themes.

Additionally, researchers should conduct further research into the home care aide’s role to gather and analyze stories from home care aides with varying degrees of tenure working in the role to supply further insight for home care industry leaders that they may find beneficial. This study focused on those home care aides who have demonstrated longevity in the role (i.e., those with 5 or more years of experience) compared to the general employee population. While additional narratives from this subset of the possible participant population are important,
collecting and analyzing stories from home care aides who have just recently entered the profession, or those who have perhaps less than 5 years’ experience working in the role, would help provide crucial insights into the employee journey and lifecycle of the home care aide for industry experts. Another possible companion study might include comparing the experience of home care aides in the industry who are working for provider agencies with demonstrated higher or lower engagement and retention rates than the industry benchmarks. 

Finally, this researcher chose to narrowly focus on those home care aides who hold no higher-level certifications or licensures, such as a CNA license or LPN; however, further research is recommended to include these individuals to explore their narratives working as home care aides, and what impact, if anything, their certifications and/or licensures have had on their experiences.

Conclusion

Although organizations within the home care industry often suffer from a high rate of attrition and below-average employee engagement compared with other segments of healthcare, especially with those individuals classified as home care aides (Hospital and Healthcare Compensation Services, 2019), this researcher shared the experience of seven different home care aides who have successfully worked in the industry long-term and who are relatively engaged in their work and roles, as evidenced through their narratives. The home care aide’s role is projected to be one of the fastest growing professions in the next 3 to 5 years (Bureau of Labor Statistics, 2019). External variables, like the COVID-19 pandemic of 2020 in the United States (Centers for Disease Control and Prevention, 2020a), are only serving as a catalyst to the home care industry’s growth, and to this role in particular, as consumers move from receiving needed care and services in acute-care settings and skilled nursing facilities (Bryant, 2020).
This qualitative narrative study sheds light on the key factors that foster a sense of social belongingness, community, and well-being among home care aides and lead to longevity in their roles despite the difficult and mentally taxing aspects of the work. The home care aides in this study overwhelmingly chose to enter the profession out of necessity, but their choice to stay was rooted firmly in the social connections they formed with their patients, families, and the colleagues they interact with on a consistent basis. The home care aides formed deep, family-like bonds with their patients and peers, driving a powerful, underlying social responsibility and purpose to their work.

When recognized for their efforts, given flexibility and choice in their assignments to accommodate their personal social obligations, and extended opportunities to continuously learn and grow, participants continued to choose to work as home care aides, no matter the challenges with pay, or the opportunities inherent to the care and services they provide to a vulnerable population of consumers. This study, through storytelling, provides novel insight into the home care aide’s role and offers to industry leaders a path towards addressing longstanding attrition and engagement issues in a profession that is key to the future of the home care industry and the healthcare continuum overall.
References


Appendix A

Digital Recruitment Flyer

Purpose

This study intends to explore and document the experience home care aides have working in their roles, the factors which foster or inhibit their sense of social belonging, well-being, and personal motivation to continue to work in the field. The study aims to give fresh perspective to this critical role in home-based care and service delivery directly through the eyes of the employee themselves.

Who

You are eligible to participate in this study and share your story and experience if you meet the following criteria:

- You are currently employed as a home care aide working in the United States
- You are not self-employed.
- You work for one or more employers as a home care aide
- You are employed either full (40+ hours/week) or part-time (less than 40 hours/week but more than 20)
- You have been employed as a home care aide for five years or more consecutively
- You do not hold any professional license as a caregiver or other credential (i.e., Certified Nursing Assistant etc.)
- You have no prior personal or professional working relationship with the primary researcher Emilie R. Bartolucci

If you do not meet all requirements above, you are not able to participate in this study.

Your story and your experience as a home care aide matter. By sharing your personal experience, you can help to increase awareness of your role in the delivery of home-based care and services within the larger health care industry.

If you are interested in learning more, or potentially participating in this study, please contact the primary researcher Emilie R Bartolucci at ebartolucci@une.edu

The response period will be open from June 1, 2020 to June 15, 2020 (approximation based on IRB determination)

Note- Participants who qualify and are selected to participate AND who successfully complete the interviews, will be offered a $25 gift card as compensation for their time and participation.
Appendix B

University of New England Consent for Participation in Research

**Project Title:** EXPLORING SENSE OF BELONGING AS A FACTOR OF WELL-BEING AMONG HOME CARE AIDES

**Principle Investigator:**
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**Introduction:**
Please take time to read this form thoroughly. You may also request that the form is read to you. The purpose of this form is to provide you with information about this research study, and if you choose to participate, document your decision.

You are encouraged to ask any questions that you may have about this study, now, during or after the project is complete. You can take as much time as you must decide whether you want to participate. Your participation is completely voluntary. And you may choose to stop participating at any time during the study.

**Why is this study being done?**
This study intends to explore and document the experience home care aides have working in their roles, the factors which foster or inhibit their sense of social belonging, well-being, and personal motivation to continue to work in the field. The study aims to give fresh perspective to this critical role in home-based care and service delivery directly through the eyes of the employee themselves.

**Who will participate in this study?**
You have been chosen to participate in this study since you are a home care aide working within the home care industry for at least five years with the same employer providing care and services to patients and families within the confines of their home environment. You currently do not hold a professional degree or certification. You also have indicated no prior personal or professional relationship with the researcher.
What will you be asked to do as a participant in this study?

You will be asked to complete a pre-screen questionnaire and attend one scheduled Zoom interview with the primary researcher. You may be asked to participate in follow-up email correspondence as needed asking you additional questions or clarifying your original interview responses.

You will be asked to validate your story as retold by the primary researcher for accuracy and be given the opportunity to collaborate and provide feedback. You will also be given the opportunity to review the final version as well as the final research report.

The expected duration of your participation will last through July 2020 or sooner.

You will receive a $25 gift card redeemable wherever credit cards are accepted as compensation for participating in this project.

What are the possible risks associated with participating in this study?
There are no foreseeable risks associated with participation in this study.

What are the possible benefits associated with participating in this study?
There are not direct benefits to you for participating in this study.

Will there be a cost associated with participating in this study?
Should you choose to participate, there are no expected costs associated with participating in this research.

How will my privacy be protected should I choose to participate?
Your privacy is of the utmost importance. Any specifically identifiable data procured during the data collection process will be omitted from the dissertation text by the researcher. During data analysis and restoring process, pseudonyms will be utilized in place of participant names, and other possibly identifying elements including places, will be fictionalized and protected.

How will the data collected be kept confidential?
Data collected over the course of this study will be kept in a secure, password protected file on the researcher’s personal computer. Each participant data file will be named with an alphanumeric code including three letters and three numbers (ex. ABC123) to preserve anonymity, mask the participants’ names and meet the criteria for confidentiality. Each interview after it has been, completed, downloaded, and saved, will be reviewed and transcribed by the researcher upon completion of the interview. At the conclusion of the study, this information will be destroyed in accordance with IRB protocols.

What are my rights as a research participant?
Your participation is completely voluntary. Your decision to participate will have no impact on your current or future relations with the University. Your decision to participate will not affect your relationship with Emilie R. Bartolucci or your organization of employment. If you choose not to participate there is no penalty to you and you will not lose any benefits that you are otherwise
entitled to receive. You are free to withdraw from this research study at any time, for any reason. If you choose to withdraw, there will be no penalty to you, and you will not lose any benefits that you are otherwise entitled to receive.

**What other options do I have?**
You may choose not to participate in this research study.

**Who can I contact if I have questions or concerns?**
If you have any questions or concerns about your rights as a research subject, you may email irb@une.edu

**Will I receive a copy of this consent form?**
YES, you will be given a copy of this consent form.

**Participant’s Statement:** I understand the above description of this research and the risks and benefits associated with my participation as a research subject. I agree to take part in the research and do so voluntarily.

________________________________________________________________________
Participant’s signature or Legally authorized representative

________________________________________________________________________

Printed name

**Researcher’s Statement:** The participant named above had sufficient time to consider the information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

________________________________________________________________________
Researcher’s signature

Date

________________________________________________________________________

Printed name
Appendix C
Qualifying Questionnaire

**Project Title** EXPLORING SENSE OF BELONGING AS A FACTOR OF WELL-BEING AMONG HOME CARE AIDES

Introduction: Thank you for your interest in participating in this study. Prior to completing this questionnaire, please read and sign the UNIVERSITY OF NEW ENGLAND CONSENT FOR PARTICIPATION IN RESEARCH FORM and return this form along with your completed questionnaire.

Please respond to the following questions:

Name________________________

Age_______

Occupation ________________________________

Do you hold a college degree? Indicate YES or NO ______

If YES, please indicate what type and from what institution:

______________________________

Employer Name___________________________

Number of years employed with your current employer ______

Number of years employed as a home care aide ______

Have you ever worked in another field or profession? YES or NO

If yes, please indicate which

______________________________

Do you currently hold/or have ever held a professional license as a Nurse, LPN, CAN, or other health care professional? Please indicate YES or NO ______

If YES, please indicate which:

______________________________

Do you have a prior personal or professional relationship with the principle researcher in this study? Please indicate YES or NO ____________
If YES, what is the nature of your relationship?

_________________________

Are you willing to participate in a 60-75 minute Zoom interview?

_________________________

If YES, please indicate your preferred time of day and time of week for the interview.

_________________________

*Participants will be recruited nationally with no exclusions to age, race, nationality, religion, or sexual orientation.
Welcome and Introduction

Thank you for agreeing to participate in this research study and complete a recorded interview with me.

As a reminder, this study intends to explore and document the experience home care aides have working in their roles, the factors which foster or inhibit their sense of social belonging, well-being, and motivation to continue to work in the field. The study aims to give fresh perspective to this critical role in home-based care and service delivery directly through the eyes of the employee themselves.

You may choose not to respond to any question asked of you during the interview. You may also choose to stop participating at any time during the interview.

Do you have any questions before we begin?

IF NO questions move forward with the interview.

Prompts (as needed):

Please tell me about how you became a home care aide.

Please tell me about a normal work-day for you.

You have been a home care aide for at least five years, why do you choose to continue working in this profession?

Tell me about what motivates you on a daily basis in your work.

Please describe for me what you find challenging in this role.

Why do you continue to work for your employer?

What would you say to someone who is considering working as a home care aide?
Closing Statement:

Thank you for taking the time to share your story with me. The information you shared is invaluable to this study. As you know, your story has been recorded and in the next few days you will receive restored version of your interview via an encrypted email for your review. This means the story is yours and based only on the information you shared with me but is being told in my words. You will have 72 hours to review the email and provide any clarification you feel important.

Can you please confirm the email address you provided? (CONFIRM ADDRESS)

At the conclusion of the research, the study will be shared with you in its entirety via email.

Do you have any questions?

As a thank you for your time and participation, a $25 visa gift card will be mailed to you. Can you please confirm your mailing address?

Thank you again for your participation in this study.
Appendix E

Permission to Post Recruitment Digital Flyer

May 10, 2020

RE: DISSESSATION PERMISSION

To whom it may concern,

As President of the National Association for Home Care & Hospice (NAHC), I authorize Emilie R. Bartolucci, doctoral student at the University of New England, to recruit participants for her dissertation study entitled Exploring Sense of Belonging as a Factor of Well-being among Home Care Aides in the United States, by posting a digital recruitment flyer on the home care member listserv.

Sincerely,

William A. Dombi, Esq.
President
National Association for Home Care & Hospice
Appendix F

IRB Approval

To: Emilie R. Bartolucci
Cc: Jacqueline Lookabaugh, Ed.D.
From: Brian Lynn, J.D.
Date: June 2, 2020

IRB Project # & Title: 060220-01; Exploring Sense of Belonging as a Factor or Well-Being among Home Care Aides in the United States

The Institutional Review Board (IRB) for the Protection of Human Subjects has reviewed the materials submitted in connection with the above captioned project and has determined that the proposed work is exempt from IRB review and oversight as defined by 45 CFR 46.104 (d)(3).

Additional IRB review and approval is not required for this protocol as submitted. If you wish to change your protocol at any time, including after any subsequent review by any other IRB, you must first submit the changes for review.

Please contact me at (207) 602-2244 or irb@une.edu with any questions or concerns.

Sincerely,

Brian Lynn, J.D.
Director of Research Integrity