

Human resource management in home care: Managing people for safe care at the front-line of the pandemic

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Introduction

- ► Human resource management (HRM) plays a critical role in improving the continuity of care, managing staff, and ensuring patient safety during the pandemic.^{1,2}
- ► Recent studies on HRM challenges during COVID-19 tend to focus on the context of hospitals, whereas other social care settings such as homecare have been overlooked.^{3,4}
- ► There has also been an absence of studies examining the relationship between HRM issues and quality and safety in homecare services.
- ► Homecare is an increasingly common part of health care sector in England, and HRM is known to be important to high-quality care and patient safety in this setting. 5-7

Literature Review

HRM and HRM challenges during COVID-19



HRM is a strategic process comprising different practices that helps organisations to effectively implement business strategies, achieve strategic goals,⁸,⁹ and adapt with disruptive changes and crisis.¹⁰

COVID-19 has brought further HRM challenges: shifting to remote work environment¹¹, staffing issues & job losses,¹² employee wellbeing,¹¹ training delivery and skills gaps,¹³ measuring staff performance,¹⁴ and many more.

"a range of care and support programmes that aim to help people live in their own homes and maintain their independence."



Literature Review

The impact of HRM on the quality-of-care service

HRM is a significant component for care organisations to achieve successful care quality programs¹⁵ through the appropriate staffing levels, retention of highly skilled employees,16, 17 high levels of job satisfaction,18 and effective training and teamwork.19

Nevertheless, much research has been predominantly conducted in hospital⁵ and directed at registered nurses without paying sufficient attention to other care settings and professions.20

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The link between the management of employees and patient mortality in acute hospitals

Michael A. West, Carol Borrill, Jeremy Dawson, Judy Scully, Matthew Carter, Stephen Anelay, Malcolm Patterson and Justin Waring

J Nurs Care Qual Vol. 24, No. 1, pp. 55-62

Workplace Empowerment and Magnet Hospital Characteristics as Predictors of Patient Safety Climate

Kevin Armstrong, MScN, RN; Heather Laschinger, PhD, RN; Carol Wong, PhD, RN

Does intellectual capital mediate the relationship between HRM and organizational performance? Perspective of a healthcare industry in Taiwan

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Previous studies indicate that the linkage between human resource management (HRM) practices and organizational performance is tenuous. Some key intermediate elements evidently have not been accounted for. In an era where intangibles have become the source of wealth and progress, intellectual capital could be one of the missing links. Therefore, this study predicts that the three components of intellectual capital, namely, human capital, relational capital, and organizational capital, mediate the relationship between HRM practices and organizational performance. Data from 277 hospitals, with a response rate of 56%, confirm the mediation role of intellectual capital in explaining the effect of HRM practices on organizational performance.



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Nurse Outcomes in Magnet® and Non-Magnet Hospitals

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On the centrality of strategic human resource management for healthcare quality results and competitive advantage

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Design/methodology/approach - The methodology of this study involves the analysis of questionnaire data from the quality and/or risk directors of 587 US hospitals by factor analysis and regression analysis.

Literature Review

HRM and HRM challenges during COVID-19

Despite care sector being one of the most affected by COVID-19,²¹ very few studies have investigated the role of HRM and HRM issues in healthcare organisations: well-being of frontline carers during the time of crisis,²², ²³ challenges in recruitment and selection,¹, ²⁴ training,²⁵ and communication.²³, ²⁶

Healthcare institutions have developed HR responses such as using digital technology to transition to virtual forms of recruitment, selection, training, and online meetings,²⁷ and redirecting staff from other areas to increase care staff capacity.²⁴ Nonetheless, there are still potential limitations concerning technology-related stress and exhaustion²⁸ when using the digital transition approach, and the lack of experience in incident response among non-standard staff recruited or redirected from other areas.²⁹

"a range of care and support programmes that aim to help people live in their own homes and maintain their independence." 30,p.7

Research Questions

What are the emerging HRM issues that are associated with the patient safety in homecare in England during the COVID-19 pandemic?

How have homecare organisations responded to the emerging HRM issues that are associated with the safety of patients during COVID-19?

Methodology

QUALITATIVE STRATEGIES

Narrative Research & Triangulation





THEMATIC ANALYSIS

CONTENT ANALYSIS

Making do: **Staffing Home** Care in Crisis

Managing people through any means possible

Skills and training gaps



Homecare providers' responses to the HRM issues adopting ad-hoc opportunistic recruitment and selection

redirecting staff from other areas; hiring agency staff

using digital technologies (i.e., meeting online)

allowing flexible work arrangements

using digital tools (i.e., online videos, newsletter)



Emerging HRM challenges in homecare during COVID-19

high turnover among staff

care staff shortages

ineffective communication among staff

carers' stress & burnout

lack of training related to **COVID-19 &** using technology



Patient safety and care quality in homecare

patients receiving less care; poor continuity of care (i.e., distress,

patient's psychological safety anxieties)

difficulty building relationships between carers & patients

patients receiving less care; poor care quality

patients receiving poor quality care



Homecare providers' responses to the HRM issues



adopting ad-hoc opportunistic recruitment and selection

redirecting staff from other areas; hiring agency staff



Emerging HRM challenges in homecare during COVID-19

high turnover among staff

care staff shortages



Patient safety and care quality in homecare

patients receiving less care; poor continuity of care (i.e., distress,

patient's psychological safety anxieties)



- Fewer reference checks:
- Redirecting staff to perform care duties;
- Recruit more temporary carers and agency staff.

Emerging HRM issues 29,31,32

- inexperience nonstandard care staff
- the negative feelings of health professionals who were reallocated to take care duties

"Skills for Care has received feedback from employers in the sector about staff and registered managers experiencing 'burnout' due to the pressures of the pandemic and that there's a risk of staff leaving as a result." — Skills for Care 33,p.3

"In the event that too many staff became ill with COVID and there wasn't anyone there to support, certain individuals will be given less care, less hours than what they are being funded." — A male homecare team leader.

"The inconsistency with staff members can cause a lot of distress and anxiety for the individual. If the individuals don't know who's coming in or get someone that they don't like or not very keen on for that day, it can cause a lot of anxieties for the individual."—A male support worker.



Homecare providers' responses to the HRM issues



Emerging HRM challenges in homecare during COVID-19



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patients
receiving less
care;
poor care
quality

"All meetings with my staff are now on Teams. Often, we had to video call after midnight after the individual went to bed." – A female homecare manager.

"Before COVID, staff members had to attend in person for handovers, but now I can only email or text my colleagues because we are not allowed to meet in person." – A male support worker.

"I have occasions where you're required an immediate response from your line managers, especially nowadays where it's working from home, and it can be quite difficult sometimes to get in contact with them. I've had incidents that required on call but there's been no answer". – A male support worker.

Lack of communication adversely affecting employees' mental health during the pandemic ^{23,34,35}

"The pandemic restricted the amount of time or visit that I could go see the individuals that required support in person, and it was all restricted to online, slash zoom calls and that had an impact on the rapport built with the individual. I feel like it didn't build up the same level of trust." – A male homecare transition practitioner.

Emerging HRM issues

Staff being under pressure and stressed when being expected to answer calls or emails instantly, even during late hours or during their days off.

Technology-related stress and exhaustion^{28,39}

Department of
Health and Social
Care³⁶ also
documented the
feeling of burnout
or stress is one of
the top three

reasons of
homecare care
staff leaving,
resulting in low
staff morale and
not willing to take
on additional
hours or do more

to provide care for

service users.

Healthcare professionals' health and wellbeing as they are at high risk of stress, burnout, fear, and anxiety^{22, 11, 27}.

Occupational stress during COVID-19 can negatively affect the performance of carers, potentially leading to poor quality care services³⁸.



Homecare providers' responses to the HRM issues



Emerging HRM challenges in homecare during COVID-19



Patient safety and care quality in homecare

Skills and training gaps

using digital tools (i.e., online videos, newsletter)

lack of training related to COVID-19 & using technology

patients receiving poor quality care

"They required us to sit and watch those online videos, you know, about COVID." – A female support worker.

"We did all the training through Zoom."

– A male homecare manager.

A support worker described she only received one brief training session online about how to use personal protective equipment (PPE).

Another care worker expressed how his care agency only sent out government guidelines, newsletters, and online resources through emails but offered no specific training.

Challenges in training delivery and skills gaps during COVID-19 ¹³

Home care providers were also dependent on the government guidelines which were inconsistent, confusing, and frequently changed⁴⁰ on health and safety issues in social care during the COVID-19 pandemic).

Lack of training can negatively impact the safety of patients in home care^{41, 42, 43}

"[...] It's incredibly challenging whereby they don't have the training. You can often say and do wrong things." – A female care manager.

"Sometimes I just don't know whether I should ask them [service users] to wear a mask or not." – A male support worker.

Implications

- Adopting ad-hoc opportunistic recruitment and selection, when possible.
- Provide appropriate training when recruiting temporary support workers and agency staff.
- Ensuring staff are comfortable and prepared to before allocating them to take on care duties.
- Adopting digital technology for communication and training while making sure there are no technostress or digital exhaustion among staff.
 - Identifying the needs for training, the development of training program, and the utilization of proper training methods to ensure staff members are equipped with all the necessary knowledge and skills.
 - Providing support and protecting the wellbeing of care staff.

Conclusion

HRM challenges that emerged during the COVID-19: staff shortages, high turnover, ineffective communication, occupational stress, and the lack of training.





These issues could lead to patients' inability to access care, patients receiving less care or getting poor quality care, also cause potential risks and harm to service users.

This study also provided evidence of how home care organisations have responded to the difficulties through huge individual and collective efforts, from increasing care staff capacity by adopting ad-hoc opportunistic recruitment and selection, and redirecting staff from other areas, to embracing digital technologies and allowing flexible work arrangements.



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