

# The Spanish home care workers between job vulnerability and happiness in times of crisis

M<sup>a</sup> Ángeles Minguela-Recover, Consuelo López-Fernández, José Antonio López-Sánchez and Juan Manuel Picardo-García

(Information about the authors can be found at the end of this article.)

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## Abstract

**Purpose** – *This study aims to analyze the well-being experience of home care workers regardless of the service management model. It also aims to analyze their emotional experiences of their activity and working conditions.*

**Design/methodology/approach** – *This study, using a mixed qualitative and quantitative analysis, allows a combined analysis for a better understanding of the well-being experience of home care workers.*

**Findings** – *Home care workers experience intrinsic job satisfaction and demonstrate this with positive emotions regardless of their work situation.*

**Practical implications** – *Caring for the carer should be a business value. Measures oriented toward workers' comfort generate greater happiness and commitment, which is automatically transferred to the quality of the care provided and reduces the psychosocial risks of their professional activity.*

**Social implications** – *Visualizing the social reality of an essential profession through research generates verifiable evidence that will help to improve the working conditions of home care workers in Spain.*

**Originality/value** – *To the best of the authors' knowledge, this pioneering study in Spain introduces a greater understanding of how home care workers in Spain experience their work reality.*

**Keywords** *Gender, Happiness, Elderly people, Dependent people, Home care worker, Occupational vulnerability*

**Paper type** *Research paper*

## 1. Introduction

The first cases of COVID-19 appeared in Wuhan (People's Republic of China) in December 2019. The virus quickly spreads to all countries of the world. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. At the time of this writing (October 2021), the disease is still spreading worldwide, 17 months after its declaration.

In this context, we find ourselves with an increasingly aging population. In the specific case of Spain, the latest data available from the National Institute of Statistics as of January 1, 2021, shows a population where people over 65 years represent 19.6% while those over 80 years of age are 6.0% of the total population (INE, 2021). Since the global pandemic by COVID-19 began, this population group has been highly vulnerable, counting deaths by the thousands. Data from the System for Autonomy and Care for Dependency (SAAD) report excessive mortality in people in a situation of legally recognized dependency. Between March 2020 and October 2021, 382,805 people died with a dependency request, with excess mortality of 65,795 people registered with the SAAD, representing 17.2%. The excess deaths are 79.1% being 80 and older, followed by 16.3% of people aged 65 to

79 years and 4.5% under 65 years ([IMSERSO, 2021](#)). In contrast, it is notable that excess mortality in people with home support has been higher than in people with residential care since February 2021. By the way, the elderly dependent people prefer to stay and receive care at home in the past years of their lives.

Caring for dependent persons is a subjective right of citizens to which it is necessary to respond. In Spain, as in other countries, political tensions also arise about the economic sustainability and viability of social policies for long-term care. In this sense, Act 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for Dependent Persons (LAPAD), offers the lines to guarantee the quality of support services to dependent people. It develops the SAAD to improve the living conditions of these people by optimizing available public and private resources. The Home Help Service is one of them. The Home Help Service offers professional care focused on activities of daily living and performed in the home of the dependent person by a home care worker. The activities offered are assistance, psychosocial support and help in relationships with the environment. They have a preventive and rehabilitative component ([Grande Gascón and González López, 2017](#)). They are related to food, clothing, housing maintenance, personal hygiene, food intake, mobility, family and social life assistance.

The essence of LAPAD lies in maintaining the person in her usual social environment by receiving family and professional care. It is a complementary care delivery model where professional care enhances the effectiveness of family care, thus responding to the cultural factors of caregiving in Spain ([Minguela and Muyor, 2019](#)). Therefore, having an influential home care worker collective is a safer and less expensive alternative to care in our context. At the same time, socio-health-care support responds to the interest expressed by dependent people and their informal caregivers to continue developing their lives in their community and their homes ([Franzosa et al., 2017](#)), even in the process of death.

## 2. Home care workers at crossroads

Numerous studies show an intensification of preexisting psychosocial risk factors for formal and informal caregivers ([Philip and Cherian, 2020](#); [Ramaci et al., 2020](#); [Raudenská et al., 2020](#)). Including home care workers who are worked in the Home Help Service of LAPAD in Spain. This professional collective provides social-health care to dependent people in their homes due to age, disability or health problems ([Sterling et al., 2020](#)). They are essential professionals within the health and social services which provide frontline care. However, they are in the lowest-paid and most precarious segment of the social and health-care industry ([Franzosa et al., 2017](#)).

Moreover, they have characteristics and conditions that make their activity unique. For example, their task occurs in the context of the user's home; it is carried out alone and often without support ([Palesy et al., 2018](#)) or in collaboration with more experienced colleagues, where they perform difficult and complex tasks ([Cantillon, 2016](#)). In addition, they perform several services in different city areas on the same working day, which requires them to travel ([INSST, 2020](#)). Such circumstances are factors that can affect health and whose continued exposure makes them psychosocial risk factors ([De Jong et al., 2014](#)). They are permanently exposed to stressors as a role with blurred boundaries and little value, in whose performance the presence of conflict with the recipient of the service regarding the delimitation of tasks is common ([INSST, 2020](#)). Added to this is a growing workload, often developed in difficult working conditions, complex, painful, tricky and changing situations requiring emotional work. All this supposes home care workers use individual coping strategies that ensure and preserve those professional relationships with users that allow them to offer the established service ([Weerd and Baratta, 2015](#)). Thus, an effective and safe quality activity for home-care workers and users requires specific organizational support oriented to their management. It is important to remember that this group is an essential and often underestimated long-term care force.

The unprecedented COVID-19 crisis confronted the care sector, impacting the well-being experience of those who work in it. In this sense, these professionals are a double task, protect the other and protect yourself during the act of care. At least initially, doing so from scarce resources has been a challenge, especially for those providing direct care. This situation has led to sustained stress, a psychological burden that may be affecting their well-being. However, in conversations with home care workers in the context of a general study in which the present work is inserted, they offer data that question this.

[Delp et al. \(2010\)](#) point out that home care workers work as a source of stress and satisfaction for those who perform it. Sources of stress, such as the conditions in which they carry out their work, with a high incidence of work and organizational disorders, favored by the emotional and physical demands of the task and related to working conditions ([Dellve and Hallberg, 2009](#)), could be affecting their well-being. In turn, among their sources of satisfaction is the possibility of offering emotional support when caring. This activity is so important to these professionals that they consider it the most valuable and satisfying aspect of their work, even though it is not recognized as part of their activity ([Denton et al., 2007a](#)). One would expect that in a critical situation such as that experienced during the pandemic, before vaccination, home care workers might have seen an increased opportunity to offer this type of support to the people they serve.

On the other hand, work is an activity that occupies at least one-third of daily life in the adult person. It constitutes a source of well-being both for obtaining resources for a more comfortable existence and for being a space for personal fulfillment and expression of self-worth. Finally, research shows that well-being favors performance and promotes organizational health ([Cotton and Hart, 2003](#)).

[Boehm and Lyubomirsky \(2008\)](#) argue that feeling well-being and happiness produce positive results in work and other areas of life. They define a happy person as someone who frequently experiences positive emotions such as joy, happiness and satisfaction, in mild or moderate intensity ([Boehm and Lyubomirsky, 2008](#)). Of course, happy people also feel negative emotions, but overall, their positive emotions are higher as they feel them more frequently than negative ones. According to these authors, happiness is an antecedent and an essential determinant of success in personal life and work.

[Clark et al. \(2008\)](#) affirm that the individual's level of satisfaction or subjective well-being influences his behavior in any situation, as in our case, the "care work." Positive emotions favor interaction and relationships with others, accepting new situations and pursuing novel goals ([Delgado-Rodríguez and de Lucas-Santos, 2021](#); [Walsh et al., 2018](#)). In the case of home care workers, although they carry out their work alone, their activity is aimed at supporting people and occurs with people; this situation can be satisfying. In this sense, research shows that those who have social support from friends and family on most occasions feel greater job satisfaction ([Denton et al., 2007](#); [Mayerl et al., 2017](#)). Experiencing positive emotions motivates effort and preparation for future challenges ([Fredrickson, 2001](#)), so fostering working conditions that promote frequent positive emotions could be a strategy that facilitates organizational change ([Grant and McGhee, 2017](#)). Those who are happier are more satisfied with their jobs, perform better and are better evaluated ([Foncubierta-Rodríguez, 2021](#); [Walsh et al., 2018](#)). From an organizational point of view, employees who experience happiness frequently, inside and outside of work, generate favorable results such as higher motivation, involvement and organizational commitment resulting in greater long-term loyalty ([Thompson and Bruk-Lee, 2020](#)). [Robina-Ramírez et al. \(2021\)](#) understand that quality of life and governance positively influence the happiness of individuals. However, job insecurity and the consequences of the rapid automation of work have a negative effect on the well-being and happiness of individuals ([Robina-Ramírez et al., 2020](#)). In this sense, [Oerlemans and Bakker \(2018\)](#) argue that regular exposure to high work demands reduces workers' perception of happiness.

The demographic challenge, together with the health and social crisis caused by COVID-19, places the care sector, in general, and the care in the home environment at a crossroads. A safer and less costly care alternative allows people to remain in their homes and support families. In turn, it is a source of employment in times of crisis, as already occurred in the economic crisis of 2008 (Camacho *et al.*, 2015). However, very few studies aim to understand better how to strengthen this service's key factor: the people who produce it. We understand that it is necessary to consider employees' happiness in managing human resources in care delivery companies.

### 3. Context, research questions and objectives

This study is part of a larger research project<sup>[1]</sup> aimed at promoting the empathetic behavior of formal caregivers in the family environment of dependent persons. Throughout the data collection of our main study, we identified frequent references to a previous labor conflict problem experienced in 2012. The concessionary company of the home help service stopped paying its employees, who went on strike. The strike affected approximately 70% of the thousand or so users of the home help service in Jerez de la Frontera in Cádiz (Spain), whose care as total and severely dependents is guaranteed by the LAPAD (El País, 2012; Europa Press, 2012). The strike was supported by 66% of staff, around 300 workers, while another 150 usually worked to attend to the minimum services (El País, 2012). This situation of labor instability lasted for about eight months. The labor conflict ended when the home help service was municipalized; in other words, the service management changed from private to public.

The article aims to examine the experience of happiness, understood as subjective well-being, felt by experienced home care workers working in a municipal home help service in a medium-sized Spanish city. The central question guiding our research process is:

*RQ1.* What is the experience of happiness of home care workers working in the Home Help Service, regardless of the management model of service provision?

We also seek to find out:

- what were their experiences of their employment (care work), their family, their economy and their own body during the labor conflict of 2012; and
- what are their experiences, in the same domains, at the current time of the COVID-19 pandemic.

## 4. Method

### 4.1 Study design and sample

The proposed objectives are achieved, a cross-sectional study and mixed concurrent design were proposed. To identify convergence, expand information and compare results, the qualitative approach was complemented with a quantitative approach, carried out in two phases. Following Creswell and Zhang (2009), to achieve this, first, both quantitative and qualitative information is analyzed and then a convergence analysis is carried out. In the first phase, participants who had lived an experience of labor conflict were identified. In a second phase, semistructured interviews were conducted with this group to learn about their experience of well-being related to work, now and during the labor conflict stage. After the interview, participants completed quantitative instruments on happiness and well-being. Finally, convergent data analysis was approached.

### 4.2 Study setting and participants

The study case is an organization responsible for providing home care in a large city in Southern Spain. The Home Help Service is municipally owned and publicly managed.

We invited all home care workers working in the organization to participate in our main study. In November 2020, general data were obtained from the home care workers recruited in the main study ( $n = 167$ ). Participants with work experience in the Home Help Service greater than or equal to 10 years were extracted from this sample. Sixteen participants met the inclusion criterion, 15 were accepted, all of them women. They have the required qualification to perform this professional activity: a certificate of professionalism for caring for people at home.

### 4.3 Measures

In both qualitative and quantitative methods, we examined the experience of current personal well-being compared to that experienced in the previous conflict situation.

*4.3.1 Quantitative method: measurement of happiness and its analysis.* A quantitative analysis was also performed of the central aspects of the experience addressed qualitatively: the experience of subjective happiness, the existence of negative emotions and stress at work and the main coping strategies. All these questions were evaluated by asking the participant for a retroactive evaluation at the stage of organizational change and work conflict in 2012 and now (pandemic situation). The scales used for evaluation were:

- Subjective happiness scale as a global measure of subjective happiness (Lyubomirsky and Lepper, 1999). Understood as an expression of subjective well-being and measured from the respondent's perspective. It consists of four items, two of which characterize the person being evaluated and two of the peers. Its answers are Likert-type.
- Experience stress and the effort made to cope with it. We operationalized both variables using the tension and effort stress inventory (Svebak, 1993), which explores the degree of perceived stress and the effort made to cope with it and quantitatively evaluates both experiences considering them with four significant areas of daily life: work, family, economic resources and one's own body. Each of these two variables comprises five Likert-type items with seven response options. High scores indicate a high level of stress and effort.

IBM® SPSS® Statistics 26 software was used to analyze data. Descriptive statistics were used and the fit of the variables to the normal distribution was checked using the Kolmogorov–Smirnov test for one sample and the  $t$ -test for comparison of means for paired samples to detect the existence of significant differences before and after the measurements were taken.

*4.3.2 Qualitative methods: semistructured interviews and their analysis.* We conducted semistructured interviews with each of the 15 participants, all participants in the overall project where this study is inserted. They were recruited based on the results obtained in the profile questionnaire of the overall sample. The inclusion criterion was to have more than 10 years of work experience and experienced recognized work conflict in 2012.

The semistructured interviews were guided by themes related to the main variables plus core elements, which were later evaluated quantitatively. When the development of the interview demanded it, the interviewer changed the order of the questions or the way they are worded. The interviews had an average duration of 40 mins and were conducted outside home care workers working hours. They were audio-recorded and transcribed verbatim in their entirety.

An inductive content analysis was used for the qualitative analysis of the transcripts. To guarantee high reliability, the interviews were read and listened to and line-by-line coding was carried out, which was subsequently agreed upon. Subsequently, the software NVivo® was used for hierarchical coding of themes and to complement the discourse analysis, which is reflected in Table 1.

**Table 1** The consistency matrix

<i>Scales</i>	<i>Work dimension</i>	<i>Categories</i>	<i>Subcategories</i>
Subjective happiness scale Tension and effort stress inventory	Happiness and subjective well-being	1. The satisfying and complex experience of care work 2. Organizational aspects of the work 3. Economic aspects of the work 4. Aspect on one's own body 5. Aspects of family support for HCWs	<ul style="list-style-type: none"> <li>■ Satisfaction with care work (before)</li> <li>■ Satisfaction with care work (now)</li> <li>■ Labor conflict – strike – job instability (before)</li> <li>■ Job and economic instability (before)</li> <li>■ Low but stable salary (now)</li> <li>■ Job stability (now)</li> <li>■ Better working conditions (now)</li> <li>■ Poor working conditions (before)</li> <li>■ The municipal company runs the SAD (now)</li> <li>■ The private multiservice company manages the SAD (before)</li> <li>■ Company bets on workers (now)</li> <li>■ The company focuses on economic benefits (before)</li> <li>■ Adjusted workload (now)</li> <li>■ Unadjusted workload (before)</li> <li>■ Emotional support during labor conflict (before)</li> <li>■ Emotional support during covid-19 (now)</li> <li>■ Financial support during the labor conflict (before)</li> <li>■ Contribute with their work to the family economy (now)</li> <li>■ Mental and physical exhaustion (before)</li> <li>■ Mental and physical exhaustion (now)</li> <li>■ Adjusted workload (now)</li> <li>■ Unadjusted workload (before)</li> </ul>

The results sent in this manuscript correspond to a research process carried out in accordance with the recommendations of the Ethics Committees of the University of Cádiz (Spain). The recommendations of these committees comply with the Declaration of Helsinki (seventh revision in 2013, Fortaleza, Brazil). All participants of legal age voluntarily agreed to participate in the research after receiving information about its purpose. Participants have been anonymized to ensure their privacy.

## 5. Results

### 5.1 Sample characteristics

Fifteen home care workers women participated in the study. The mean age of the participants was 47.25 (SD = 9.03). The 48.8% have specific professional training oriented to social and health care, while 56.3% do not. They all have a certificate of professionalism to care for people at home. They all have work experience of more than 10 years in the Home Help Service and the experience of two significant crises: one of an economic nature and the other of a sanitary. The average number of daily services is four homes ( $\pm 1$ ). Depending on the needs of the service, users assigned to home care workers may reside in the same area or different areas, in which case travel time increases. The territorial distribution of the home help service is organized in four districts that coincide with the Cartesian coordinates of the city.

### 5.2 Quantitative results

One-Sample Kolmogorov–Smirnov test was used to determine the fit of the variables of the study to the normal distribution. All variables were normally distributed. Based on these results, it was decided to use paired *t*-tests to verify the existence or not of significant differences before and after the organizational measures. Significant differences were identified in the means of all the variables between both moments of the study.

The experience of happiness is greater now, while strain and effort are significantly lower. Currently they encounter fewer stressors and the effort they have to make to manage them is lower. Compared to the previous situation of conflict, now, during the pandemic situation, they feel: more relaxation ( $M = -4.75$ ;  $SD = 0.25$ ); more placidity ( $M = -3.75$ ,  $SD = 1.25$ ); less humiliation ( $M = 4.00$ ,  $SD = 1.82$ ); more excitement ( $M = -2.75$ ,  $SD = 2.21$ ); more gratitude ( $M = -1$ ,  $SD = 1.41$ ); more modesty ( $M = -0.25$ ,  $SD = 1.25$ ); less anxiety ( $M = 4.50$ ,  $SD = 1.73$ ); less anger ( $M = 1.25$ ;  $SD = 1.5$ ); less resentment ( $M = 1$ ,  $SD = 1.15$ ); less guilt ( $M = 1.5$ ,  $SD = 3$ ); less shame ( $M = 0.25$ ,  $SD = 0.5$ ); less sullenness ( $M = 0.75$ ,  $SD = 1.5$ ); and less provocativeness ( $M = 0.50$ ,  $SD = 1$ ). There are no differences in the feeling of pride in their activity ( $M = 4.75$ ,  $SD = 2.87$ ). Overall, the experience of positive emotions is greater.

### 5.3 Qualitative results

*5.3.1 The satisfying and complex experience of care work.* The analysis reveals that home care workers perceive their activity as a rewarding activity in itself. It involves exposure to situations that generate positive and negative emotions, where the frequency of positive emotions is higher: "I have always been quite good at work because I do not know, I mean I like dealing with the elderly. So even in very, very unpleasant circumstances [...] I have felt good" (E2). When compared to the people they care for, they feel that their problems are minor. Thus, caregiving work is an opportunity to become aware of the positive aspects of one's own life, which become more evident the more complex the situation of the cared-for person is: "[So] I feel very [...]. I have my job, I have my children, I have my home, I have [...] you will see that I feel good" (E4). In this way, they place value on their own personal situation.

In turn, taking care of them is a source of self-realization and stimulation when they have to respond to complex cases that require high competence: "[...] Wow, I love it, I love my job. I like my job...even with the most difficult ones, the more difficult, the more I like it" (E13). The satisfaction offered by the work they do makes them eligible even in situations of maximum labor conflict: "[...] I live my work with such intensity and I feel so happy [...] but imagine [...], to be working without charging [...]. [...] I was happy with my work but not with the situation" (E1). The activity is the same in the two moments explored: "The work is the same. What changes are the economic conditions...but the hours worked and tasks are the same" (E5). Nevertheless, during the pandemic, they have become more aware of the importance of their work:

"We are on the front line, imagine when we went alone in the street to do our work and I felt so satisfied! They reveal negative experiences that they live as inevitable, accept them and consider them an opportunity for personal growth: [...] as soon as the person has died [...] then [...] you cannot be optimistic and happy. In those moments [...] you are suffering, accompanying [...] the grief [...] the mourning of the family [...]" (E15).

*5.3.2 Organizational aspects of the company.* The tasks of home care workers at work are multiple, changing and involve conflict. They are determined by the user's dependency, generating a difference in the burden of a job they perform alone and without support. They perform domestic tasks, personal care and companionship in a limited time and: "[before] they called me for minimum services and I had to be covering the place of other colleagues [...] then it generated stress because I had to be everywhere" (E11).

The tasks adjustment importance to be performed with users and families members. It generally involves setting limits, involving a situation of continuous negotiation for home care workers: "there are times when they wanted you [users/families] for something secondary that it had nothing to do [...] this has to be focused on the person, not only on domestic tasks, but I also don't know if I explain myself" (E8).

The incorporation of activity protocols that clarify to families and users the limits of home care worker support is perceived as a facilitator: “[...] users are more aware of the task we have [...] before I did feel humiliated” (E12). Even so, staying is for the professionals a source of tension that generates difficult emotions such as guilt, shame, anger or worry.

The difficulty to disconnect and to manage personal emotions is another source of tension expressed: “[...] because I took people’s problems home with me. Therefore, it caused me many problems because I’m a very suffering person and on top of that, I was not paid” (E3).

The pandemic had changed the way of performing tasks and the workload when people who were institutionalized returned to their homes. Now the users are more complex and need specialized care.

This situation has increased the overload of families and home care workers: “Now at this time neither tranquility nor placidity [...]. I am more stressed [...] [...] I do get angry sometimes with work things [...] there are many things ahead [...] [...] very busy, very busy” (E10). Before, human resources management was task-oriented: “Before it was a mess [...] it is true that now they have more control [...] a more organized coordination than before” (E9). Among the changes, they highlight the improvement in working conditions: “[...] it has changed for the better [...] the type of contract we have now [...] it is a guarantee after 11 years working here, I have seen that change” (E14).

They emphasize that the current human resources management allows them to reconcile their personal and work life: “[...] we have our personal days... our hours of free disposal, which was not there before. There are 22 and a half hours so that we can take them whenever we want at the time we want, of course, without justification, freely” (E13). They even consider their preferences in the choice of work shift: “[...] before you were working in the morning, or in the afternoon, or even on Saturdays. Now, you work from Monday to Friday in the morning and a few hours in the afternoon and not on Saturdays or you work only mornings, including Saturdays” (E10).

*5.3.3 Working conditions and terms of employment.* Home care workers express that salary is a crucial aspect of work comfort. They consider that it is low for the complexity of the tasks they perform: “[...] I have no stress in my job, nothing. [...] but if they raised my salary, I would have less, [...] I would be better off” (E9). They accept their current salary, for the experience lived in the past: “[...] we went six months without getting paid... they paid us half a month... then we went two months without getting paid [...] and on top of that you put money for gasoline every month, it was much money for gasoline” (E6). This situation caused economic problems for the home care workers: “[...] my heart was always at two thousand beats. Because all the banks were calling me because they wanted to get paid and I couldn’t pay... you can imagine” (E4). Currently, the home care workers feel secure, calm and confident in the regularity of their salaries: “[...] we no longer have economic uncertainty about not getting paid. We have been quite stable for a few years now” (E12). They recognize that the public management of the home help service has substantially improved their economic and working conditions: “[...] thank God the City Council took us because they wanted to take a double pay from us and subtract rights... Now we have three double payments” (E6).

*5.3.4 Mental and physical consequences on home care workers.* Care work involves physical effort, especially that related to activities involving the mobilization of the user: “I used to do much bedridden work and that is why the gym, I have been training since I started working here” (E12). They are aware of the importance of using preventive measures and measures to promote functioning. For older home care workers, it is a daily challenge: “My body suffers because I am older and it is much pressure and we have many homes ahead of us[...] each person has a completely different personal situation” (E5). Thus, they recognize physical and emotional wear and tear derived from the work: “In my

daily life [...], sometimes I am exhausted. . .we have much work [...] we should dose it a little. . .less cleaning and. . . more accompaniment. . .we carry everything in front of us” (E13).

During the labor conflict, the trips to different homes throughout the workday were greater: “my body felt the movement from one place to another, the unknown because they send you to places where you do not know the people and they are not your users” (E15). The changes incorporated decrease the home care workers’ workload: “[...] the schedule and the users. . . I am with the children and my full day. . . the schedule is compatible. . .and my body is grateful for it” (E11).

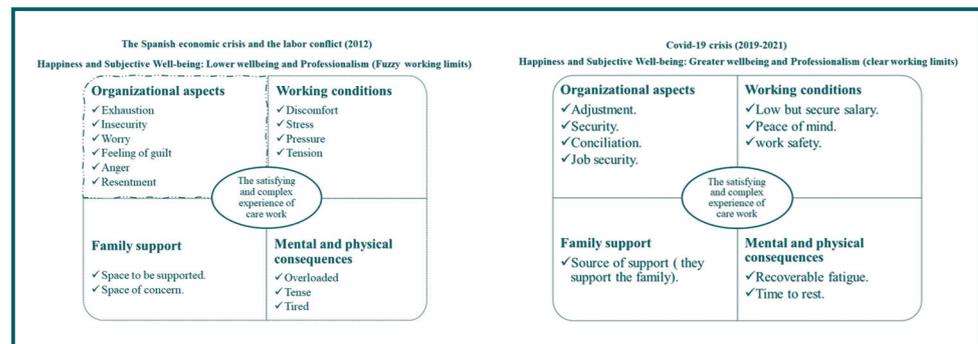
*5.3.5 Aspect of family support for home care workers.* The home care workers express that their families were a source of economic support during the labor conflict: “My family. . .my mother relieved me. . .she told me. . . don’t worry, I won’t lack a plate of food. . .it was a relief. . .a rest for me” (E15). There were also complex personal situations: “[...] I think about where I have arrived. . . separated, with nothing, no job, no money. . . with small children and no family to support me, it was a very difficult time” (E9).

The time of the labor conflict coincided with the great recession of 2012 when job destruction was counted in the thousands: “[...] we had to pull ahead because many of our husbands had become unemployed . . . the only money that came in was ours [home care worker] and we went for months without getting paid” (E1). Now the situation has changed and so have their economic conditions, transforming them into support for other members of their families: “[...] 10 or 15 years later, I can afford to help even my children. Well, I am satisfied. . . I have managed to get back on my feet” (E9). What has not changed is the emotional support of the families: “[...] in my work I have never shown my anger . . . or frustration for not getting paid [before]. . . . I did in my personal life, my home. . . I vented. . .” (E6). Today, the discourse of the home care workers coincides with how job stability is a source of well-being for themselves and their families: “I feel excellent. . .I have my job, I have my children, I have my home, I have. . .you will see that I feel good” (E14).

### 5.4 Combined analysis

The integrated analysis of both data sets shows the existence of convergence, which is reflected in Figure 1. There are differences in the subjective well-being experienced by the participants, which has increased after the organizational changes. Qualitatively it reveals a feeling of pride and satisfaction associated with the activity that has become more conscious to the participants during the COVID-19 situation; quantitatively, it is reflected in a higher degree of subjective happiness. The amount of stress and effort experienced corresponds with the qualitative findings and is completed by deepening the experiences.

**Figure 1** Comparative summary table of well-being and vulnerability experiences identified before and after in the organizational management of home care workers’ work



## 6. Discussion and conclusions

The aim of this study was to examine the experience of happiness of home care workers, regardless of the management model of the company. In this regard, home care workers, in general, feel happy even when going through difficult situations, such as during the labor dispute in 2012 and the current pandemic caused by COVID-19.

The degree of happiness they currently report, in the context of the pandemic, is higher than that perceived during the labor conflict. In their work, they frequently feel both pleasant and unpleasant emotions, which they report experiencing at slightly below or above-average scores. It is common in their work experience to face situations that give them satisfaction while feeling negative emotions. When this occurs, they try to manage and try to learn from them. These results coincide with characteristics of happy people reported by [Walsh et al. \(2018\)](#). Although they carry out their activity alone, they relate to very different people, something they value positively. The relational aspect of their work is, for them, a treasured part of their work activity, both now and in times of conflict. This characteristic coincides with those described by [Diener and Seligman \(2002\)](#) as a necessary condition for feeling happiness. Caring for home care workers is highly satisfying for them, regardless of the personal situations that home care workers are experiencing. It is an activity for most of the participants, which constitutes the most meaningful aspect of their work. The results coincide with [Denton et al. \(2007\)](#), though they differ in that the participants see it as a legitimate part of the job for which they would like to have more time.

With respect to the experience of tension and stress at work, both are present in the two moments analyzed. They are associated with the working conditions, their organization and their consequences on their physical health. However, the participants have experienced greater tension due to the work stress during the labor conflict before the changes. Currently, the stress they report is significantly lower. Simultaneously, the same is true for the effort to cope with the stressful circumstances of their work. This result could be related to a better adjustment in workloads by the current organization to reduce physical and mental effort. However, it seems to be accompanied by difficult emotions as relational aspects, which are considered a source of well-being, are compromised.

We agree with [Clark et al. \(2008\)](#) that the behavior of home care workers affects the level of personal satisfaction with their work.

Stress, strain and physical problems such as discomfort or bodily injury are present in most studies. The field of bodily risks in this context is widely studied; they are the significant injuries that home care workers have [Brouillette et al. \(2016\)](#) and [Sterling et al. \(2020\)](#). Since the incorporation of the new company, occupational risk prevention contemplates this risky situation. Female workers manage to do therapeutic exercises and attend training.

Regarding the family, we found that during the labor conflict situation, for those who had support, it was not a problem. However, it was the main problem for families where home care workers were the main source of income. Currently, this source of stress has disappeared. They, now, have stable employment and regularity in the payment of wages. They have become a source of resources and support for their family members. In the works of [Denton et al. \(2007\)](#) and [Mayerl et al. \(2017\)](#), they understand family and friends as an emotional support network but do not consider them as economic support in conflict situations.

Their emotional experience and their professional experience are, now, better. They feel they have developed coping and task completion skills. They perceive that their professionalism has increased. However, emotional regulation and stress regulation remains an area in which they need tools.

The social impact of this work lies in the importance of caring for the caregiver as a business value. The incorporation in human resources management of measures aimed at

the comfort of its workers generates greater happiness and commitment. An asset that is automatically transferred to the quality of the care provided and reduces the psychosocial risks of their professional activity.

This paper is pioneering in Spain, though the results obtained are not representative of the home care worker collective. However, it offers important information on the strategic lines of management for human resources in care companies. It has the strength of addressing the study of well-being and happiness in the field of a home care worker.

## Note

1. Operational Program ERDF 2014–2020 and by the Consejería de Economía, Conocimiento, Empresas y Universidad de la Junta de Andalucía. Project reference: Promotion of the empathic attitude of professional caregivers in the home environment toward elderly people in a situation of dependency living in Jerez de la Frontera (Spain) (ref. FEDER-UCA18-105828).

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#### Author affiliations

M<sup>a</sup> Ángeles Minguela-Recover is based at Social Work Area. Department of Labour Law and Social Security at Universidad de Cádiz, Jerez de la Frontera, Cádiz, Spain.

Consuelo López Fernández and Juan Manuel Picardo García are both based at Department of Nursing and Physiotherapy, at Universidad de Cádiz, Jerez de la Frontera, Cádiz, Spain.

José Antonio López-Sánchez is based at Department of History, Geography and Philosophy at Universidad de Cádiz, Jerez de la Frontera, Cádiz, Spain.

#### About the authors

M<sup>a</sup> Ángeles Minguela Recover, PhD in Social Work Area. Her research lines are labor market, social services, care, and caregivers (family and professional), social innovation, social work. Interests: aging, disability, land use planning, emotions. Her research, contributions or articles incorporates gender transversally. M<sup>a</sup> Ángeles Minguela-Recover is the corresponding author and can be contacted at: [mariaangeles.minguela@uca.es](mailto:mariaangeles.minguela@uca.es)

Consuelo López-Fernández, PhD in Nursing. Her research lines are health, emotions, care, and caregivers (family and professional). Interest: social and health services, aging, disability. Her research, contributions or articles incorporates gender transversally.

José Antonio López-Sánchez, PhD in History and Geography and Philosophy. His research lines are: Spatial planning, sustainability, university accessibility and labor market. Interest: friendly environments, inclusion, disability, and aging.

Juan Manuel Picardo García, PhD in Nursing. His research lines are health, emotions, care, and caregivers (family and professional). Interest: social and health services, aging, disability. All his research, contributions or articles incorporates gender transversally.

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