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Title
Having a Say in Patient Care: Factors Associated with High and Low Voice Among Home Care Workers

Priority 1 (Research Category)
Geriatrics

Presenters
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Abstract
Context: Home care workers (HCWs) spend more time with patients than any other care team member. However, their level of “voice”—input in care planning and discussions—varies and their insights are often ignored. Increasing the voice of frontline health care workers has been associated with greater job satisfaction, care quality, and cost-effectiveness, but little is known about the factors that promote or inhibit voice among HCWs.

Objective: To assess factors associated with low voice and high voice among HCWs.

Study Design and Analysis: Secondary data analysis from a cross-sectional survey assessing the experiences of HCWs caring for adults with heart failure. We used multinomial logistic regression to assess which characteristics are associated with low or high HCW voice.

Setting or Dataset: The survey was conducted in partnership with the 1199SEIU Training and Employment Funds (TEF) in New York, NY from June 2020 to July 2021.

Population Studied: We obtained a convenience sample (n = 516) among English- and Spanish-speaking HCWs affiliated with TEF who had cared for a heart failure patient and were employed by a licensed home care agency in New York, NY.

Intervention/Instrument: The survey measured HCW voice using a validated, five-item instrument and included novel and validated instruments to assess other HCW and agency characteristics.

Outcome Measures: The primary outcome measure was level of voice, scored 5-25, with a higher number representing greater voice. Based on their voice scores, HCWs were sorted into tertiles: low voice, medium voice, and high voice.

Results: Ownership type differed across voice groups, with private ownership more common among low voice HCWs and worker cooperative ownership more common among high voice HCWs. Factors associated with low voice included Spanish as a primary language (OR 3.71, p = 0.001),
depersonalization-related burn out (OR 1.14, p = 0.036), and knowing which doctor to call (OR 0.19, p < 0.001). Factors associated with high voice included Spanish as a primary language (OR 2.61, p = 0.041) and job satisfaction (OR 1.22, p = 0.001).

Conclusions: Improving team communication and reducing barriers for HCWs with a non-English primary language may represent important interventions for improving HCW voice and ultimately reducing burn out and improving job satisfaction. Further research is needed to assess the efficacy of particular interventions as well as the impacts of agency ownership type on HCW voice.