

# RISKING THEIR LIVES TO HELP OTHERS SURVIVE:

**A SURVEY OF NURSING HOME AND IN-HOME  
CARE WORKERS IN 37 COUNTRIES**



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# INTRODUCTION

Workers in nursing homes and along with those who care for older adults, people with disabilities, and the chronically ill in their own homes found themselves in the eye of the storm during the first year of the COVID-19 pandemic—and the storm is far from over. A year into the crisis, UNI Global Union's UNICARE surveyed 3,000 care workers in 37 countries to produce an intimate portrait of their struggles.

The stories and statistics the survey revealed are disturbing—not just in a few nations, but globally—with workers reporting staffing shortages, low pay, and poor safety conditions.

About three-quarters of the respondents said staffing shortages made providing high-quality care to their clients or residents difficult. And more than half said their pay did not provide them with a decent standard of living, meaning they were unable to secure basic needs such as housing, food, and transportation.

The challenges workers face in obtaining enough personal protective equipment (PPE) to stay safe seem to defy efforts by political and public health officials to control the spread of the virus. Half of the survey respondents reported that a co-worker had become sick with COVID-19, and of those, 8% said a co-worker died as a result of the virus.

A worker from Belgium said she often had to wear the PPE of someone else who had just finished their workday. Another worker described her difficulties in stopping the spread of the virus as a matter of numbers: “Four masks were given for a week’s work. I attended around 40 clients for the week,” she said. Such situations persisted despite the fact that care workers need masks, gloves, and hand sanitizer even in ordinary times because they work so closely with the personal items of ill and incontinent clients. Workers reported buying PPE online when none was provided in their workplace, making their own masks, and receiving donations from relatives and friends.

One worker from New Zealand put the issue simply, “As community healthcare workers we should never have to scrape and beg for PPE or work without PPE.”

As we move into the second quarter of 2021, vaccines are increasingly available in wealthy nations, but the coronavirus and its variants still pose a deadly threat to millions of people, especially the weakest, the oldest, and essential healthcare workers. A recent analysis by Amnesty International, UNI Global Union, and Public Services International estimated at least 17,000 health

workers died in the pandemic’s first year.<sup>1</sup> Another report confirmed that care workers in nursing homes and in-home care face high infection and death rates in one of the deadliest jobs in the world, often working under the additional burden of low pay.<sup>2</sup>

With this new survey, UNICARE, which represents two million care workers worldwide, has been able to assess these workers’ unique circumstances, the dangers they face, and the reforms that must be implemented to improve their safety and the safety of those they care for.

Most importantly, the survey provides crucial evidence from the workers themselves, so their voices can be heard.

Many workers shared deep fears and frustrations, citing verbal abuse and even physical aggression they experienced from the families of patients and from strangers in shops and on the streets, with 14% reporting either physical or verbal attacks. One respondent from Austria said that a woman berated her in the supermarket, “You care workers should stay at home; you’re spreading the plague.”

It’s not surprising that workers face serious mental health challenges as a result of dealing with such abuse in addition to the stress of seeing illness and death on a daily basis. A worker from Spain reported a sense of constant psychological pressure, for example. Yet the workers report little support from management in dealing with anxiety, grief, and fear on the job.

These revelations are shocking and tragic, especially coming from those who have been on the frontlines since the beginning of the pandemic and have accumulated so much valuable knowledge. In a sector that has seen skyrocketing turnover rates, we can only retain these experienced workers by making their jobs safer, improve staffing levels, and raising wages.

UNICARE’s full recommendations are detailed at the end of this report.

1 Amnesty International, Public Services International, and UNI Global Union, *COVID-19: Health worker death toll rises to at least 17,000 as organizations call for rapid vaccine rollout* (5 Mar 2021). <https://www.amnesty.org/en/latest/news/2021/03/covid19-health-worker-death-toll-rises-to-at-least-17000-as-organizations-call-for-rapid-vaccine-rollout/>; UNI Global Union, *Building a shield against COVID-19: guidelines for unions to respond* (4 Mar 2021). [https://uniglobalunion.org/sites/default/files/files/news/building\\_a\\_shield\\_final\\_english.pdf](https://uniglobalunion.org/sites/default/files/files/news/building_a_shield_final_english.pdf)

2 UNI Global Union, *The most dangerous job: the impact of COVID-19 on long-term care workers in the US, UK, Canada, Ireland, and Australia* (Feb 2021). [https://www.uniglobalunion.org/sites/default/files/imce/the\\_impact\\_of\\_covid-19\\_fin.pdf](https://www.uniglobalunion.org/sites/default/files/imce/the_impact_of_covid-19_fin.pdf)

# ABOUT THE SURVEY

Seeking a large data set encompassing workers in as many nations as possible, UNICARE reached out to its union affiliates in early 2021. We asked union and non-union workers in nursing homes and in-home care to respond over four weeks from 4 February to 5 March 2021, and ultimately processed 3,001 responses, in 37 countries. The responses came from care workers across Europe, North America, South America, Africa, and Oceania, in countries that experienced mild infection rates and those that saw widespread devastation by the virus.

We used social media—including Twitter, Facebook, and Instagram—as well as email and the International Long-Term Care Policy Network to reach targeted workers and encourage them to participate. This allowed us to gather data from workers who do not belong to a union and those who are members of our affiliated unions.

Despite our efforts to gather data on a globally representative sample of workers, the lack of a widespread or unionized long-term care industry in many countries in South America, Africa, and Asia limited our reach. Our conversations with affiliated unions in those regions indicate that workers there face the same challenges as their fellows in Europe, North America, and Oceania.

## Care Worker Survey at a Glance

Respondents	Countries Represented
<b>3,001</b>	<b>37</b>

### GENDER



### LOCATION OF WORK



### EMPLOYMENT RELATIONSHIP



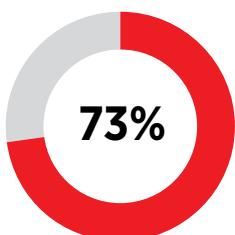
# WHAT WORKERS TOLD US

The workers we surveyed represent a broad spectrum of those engaged in care services, with 40% in the public sector, 25% in private for-profit enterprises, 19% in not-for-profit organizations, and the remaining 16% working for individuals or other entities. More than 60% of those surveyed were working full time, with more than half of the full-time workers employed in nursing homes.

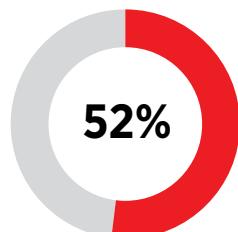
## An Urgent Need for More Staffing and Better Pay

Respondents overwhelmingly agreed that the two most important improvements they need in order to do their jobs well—and safely—are better staffing and higher pay. One of the Irish care workers surveyed said she was put under pressure “every other day” to train young workers who had no experience, alluding to the job’s well-documented high turnover rates. Another from Austria recalled, “My boss wasn’t interested in our well-being or complaints of insufficient staff.”

A full 48% of all respondents said staffing was their top concern, and an even more resounding 73% said that inadequate staffing had an impact on their ability to deliver high-quality care. Of those who said staffing was a critical issue, the majority (72%) said they are nursing home workers. Among those who said poor staffing was a concern, 13% more were working in the private for-profit sector than in the public sector. In the countries hardest hit by the pandemic, 20% more respondents working for private for-profit employers responded that low staffing levels impacted their ability to provide good care when we compared them to their public sector colleagues.



said that inadequate staffing had an impact on their ability to deliver high-quality care.



said that their salary does not provide for a decent standard of living.

Some 38% of the survey’s respondents said that pay was their top concern, and 52% said that their salary does not provide for a decent standard of living, meaning that securing essentials such as housing, food, and transportation was difficult. Wages were a concern for 17% more care workers with private for-profit sector employers than for those working in the public sector. And in the nations hardest hit, 25% more respondents working for private for-profit sector employers said that their wages were insufficient.

We found some differences in what respondents said about their compensation based on union membership and the bargaining structure of unions in their countries. We analyzed the responses from countries in which the bargaining model in the care industry takes place at the sectoral level and those in which bargaining takes place at the *enterprise level*.<sup>3</sup> Among respondents from countries with sectoral bargaining, significantly more care workers said that their salary supported a decent standard of living than in countries with an enterprise model of collective bargaining.

One of our most disturbing findings about compensation was that while care workers await coronavirus test results, a full third (33%) said they are not paid, and almost a quarter (24%) said they are not given paid time off work to recover if they become sick.

<sup>3</sup> Enterprise bargaining exists where a collective agreement is negotiated between an employer and a union on behalf of the workers at a specific work site. Sectoral bargaining exists where workers are recognized by the state or federal government as workers in the sector for the purposes of bargaining regardless of where they work. See Visser, J et al, “Trends in collective bargaining coverage: stability, erosion, or decline?” International Labour Office Labour Relations and Collective Bargaining, Issue Brief no. 1 (Feb 2017), p. 6. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---travail/documents/publication/wcms\\_409422.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_409422.pdf)

## Gender Inequality and Care Work

On every continent and in every country, care work is done by women. We can't discount the role of systemic gender discrimination when the majority of those in management positions are men and the vast majority of the workers are women. The gendered nature of care work affects all three of the most important issues workers have raised in the survey, including inadequate staffing, concerns for their own and their patients' safety, and especially the chronically low pay.

In the global health sector, 70% of the workforce is made up of women, but they occupy only 25% of senior roles, leading to an imbalance in which men make critical decisions about women's labour and livelihoods. In the nursing home and in-home care sector, the imbalance is even greater, with 90% of workers in the UNICARE survey identifying as female.

For a deeper look at the gendered healthcare workforce and its results, we recommend two recent reports, one from the Organization for Economic Co-operation and Development and another from the World Health Organization.<sup>4</sup>

As in most sectors dominated by women workers, temporary employment is common in the care sector as is significant job insecurity, with almost 20% of long-term care workers in the UNICARE survey lacking job contracts. Of course, systemic gender discrimination also plays a role in keeping wages low for care workers. The OECD found that across 11 countries, long-term care workers' median wages were just 9 euros per hour, while hospital workers—a majority of whom are men—averaged 14 euros per hour.<sup>5</sup>

## "At the bottom of the PPE chain" Safety Is Still a Critical Concern

We recently reported, in a joint analysis with Amnesty International and Public Services International,<sup>6</sup> that at least 17,000 health workers died from COVID-19 in 2020. This estimate is low because many countries lack good systems for reporting such deaths.

Safety is high on the list of concerns for all the workers we surveyed, many of whom said they were left unprotected even as they risked their lives to help others survive. A shocking 29% of all respondents said they do not feel safe at work, with that percentage rising to almost 31% among nursing home workers.

Lack of personal protective equipment, including masks, gloves, gowns, and even hand sanitizer, was an overwhelming concern early in 2020, and remains a concern for too many workers more than a year into the crisis. Many said that they bought their own PPE or obtained supplies through donations from relatives and friends. Among all respondents, 31% reported they still don't always have access to the PPE they need to do their jobs safely and 38% said their employers are not taking appropriate steps to protect them.

A worker from New Zealand observed, "It seemed that homecare workers were at the bottom of the PPE chain." Others said that protective equipment was kept locked away from care staff, or that masks, gloves, and other necessities were rationed or went only to managers or doctors and nurses.

A worker from Switzerland said she believed that because they were not provided with the same PPE as other health workers, she and her colleagues were not taken as seriously by their patients. "It signaled that we aren't important." Another worker from Ireland said that she had to work in a small bedroom with two other staff members and felt unsafe because social distancing was impossible.

4 Organisation for Economic Co-operation and Development, *Who cares: attracting and retaining care workers for the elderly* (22 Jun 2020). <https://www.oecd-ilibrary.org/docserver/92c0ef68-en.pdf>; World Health Organisation, *Delivered by women, led by men: a gender and equity analysis of the global health and social workforce*, Human Resources for Health Observer Series no. 24 (2019). <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf>

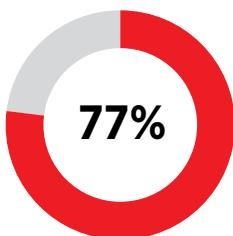
5 OECD, *Who cares*, p. 101.

6 Amnesty, PSI, UNI, *Health worker death toll rises*.

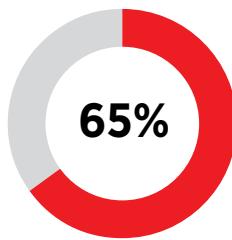
In examining responses about safety and the availability of PPE, we see differences between workers in countries hardest hit by the pandemic<sup>7</sup> and those that had lower infection, hospitalization, and death rates. Among workers in the hardest hit countries, 41% reported they still don't always have access to vital PPE and 45% said they do not feel confident their employers are taking the steps needed to keep them safe. We found that 18% more respondents in the hardest hit nations said their employers are not protecting them adequately when compared to respondents from the remaining countries surveyed.

Among all respondents, a majority (84%) reported that they themselves had not been infected. However, half of all our respondents reported that co-workers have been infected with the coronavirus, and of those, 8% said a co-worker had died as a result. More than three-quarters (77%) of those whose co-workers were infected by the virus were nursing home workers.

Our survey gleaned some information that shows progress in the past year. Almost 84% of workers say they do have access to coronavirus testing, and for 90% of workers, testing comes at no cost. We must, however, strive toward a world in which 100% of workers have access to free and frequent testing, and none are infected with the virus while doing their jobs.



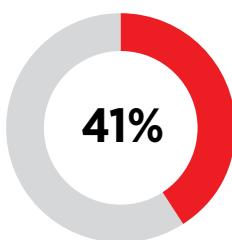
of those reporting co-workers infected by the virus were nursing home workers.



of respondents who had dealt with the infection or death of a resident or client said there was no support from employers.

The mental health of workers in these vital caring roles is an issue that clearly needs more attention. In the survey, we saw respondents reporting significant numbers of infections and deaths among those they cared for, but some 65% of respondents who had dealt with the infection or death of a resident or client said there was no support from employers for anxiety, fear, and other mental health issues associated with their work. This is unsustainable, especially because among that group almost 14% of workers also reported they experienced threats or attacks of some kind as a result of their work in the health sector or related to the pandemic.

One worker from Poland said that some nursing home residents used threats or names against her. Another from the United Kingdom said she received abuse from “naive” young people. A worker from Austria said she endured “verbal aggression and threats of beatings” from patients’ relatives, while another was “insulted on the street and in the supermarket.”



of care workers in the hardest-hit countries reported they still do not have adequate PPE.

<sup>7</sup> For the purposes of this report, we characterized the following countries as hardest hit: Canada, Czechia, Ireland, Italy, Poland, Spain, the United Kingdom, and the United States.

# CONCLUSIONS AND GUIDELINES

Workers in the care sector have been on the front lines of the COVID-19 war for more than a year, caring for older adults and the chronically ill and vulnerable of all ages. They themselves are vulnerable to disease, overwork, and insecurity because of inadequate pay. As the crisis continues, UNICARE's research shows the urgency of implementing fundamental, long-term changes to protect and support care workers globally.

Based on our survey of nursing home and in-home care workers in 37 countries, we recommend that private industry, non-profit enterprises, unions, and government work together to:

- Ensure that all care workers have proper PPE, early access to COVID-19 vaccines, and free and frequent COVID-19 testing.
- Set safe staffing levels with higher staff-to-resident ratios in nursing homes to improve the quality of care for residents and manage workloads for workers, and minimize reliance on temporary workers by providing more full-time jobs.
- Provide paid time off and quality medical care at no cost for all care workers.
- Implement both preventive measures for psychological risk factors in the workplace and provide access to mental healthcare services at no cost.
- Guarantee livable wages for all workers in nursing homes, hospitals, and in-home caring roles.
- Create and enforce strict infectious disease protocols in care homes and provide training in those protocols for all workers.
- Recognize COVID-19 as an occupational disease in the long-term care industry.
- Create and implement robust tracking systems to track coronavirus infections, hospitalizations, and deaths among workers on a national level. Ideally, the data should be broadly comparable internationally.
- Form or use existing union occupational health and safety committees to address all of these issues with management.
- Most importantly, make sure workers have a voice in decision-making in the workplace through unions and collective bargaining.
- Increased investment in the long-term care sector that is tied to both worker and resident outcomes, providing incentives for investors, employers, and governments to follow the strictest safety protocols and best practices
- All nations should focus on urgently improving the working conditions and pay of long-term care workers.



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