

Work Conditions and Occupational Health of Female Personal Aides (PAs) in Wards of Taiwan's Hospitals

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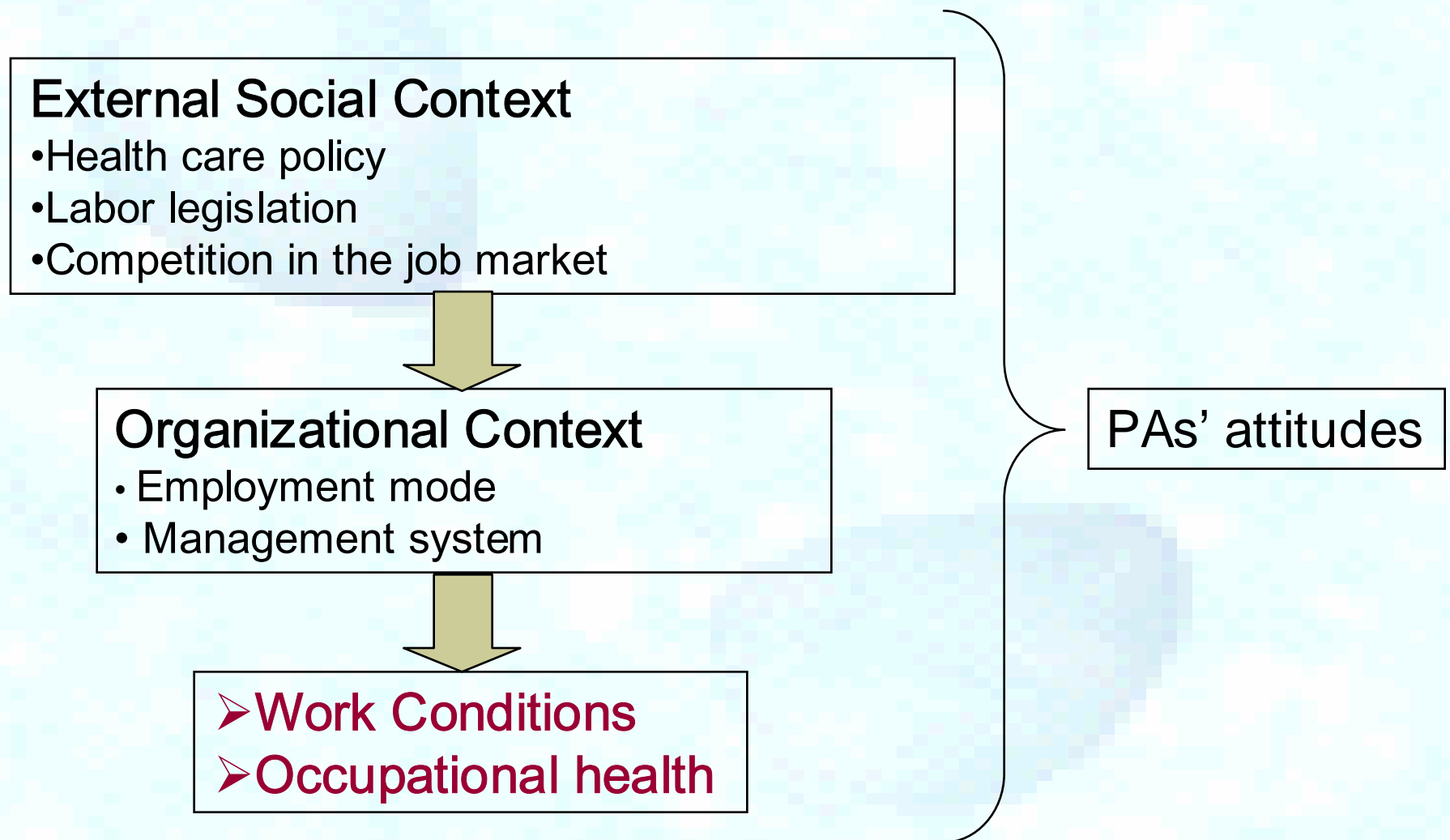
International Occupational Health and Safety Issues

Study objectives

- To investigate unique work conditions and occupational health problems among outsourced female Personal Aides (PAs) in acute care hospitals in Taiwan (qualitative approach)
- Social contexts of PAs' work and health problems
 - External
 - Organizational
- ◆ PAs' attitudes to work and health situations



Social contexts of PAs' work and health problems



Care work: Personal need and social need

- Care: a basic need
- Direct care workers in market-based services
- Lack of support for direct care workers
 - Negative impacts on care providers and care recipients
 - ◆ In hospitals: infection control, patient safety

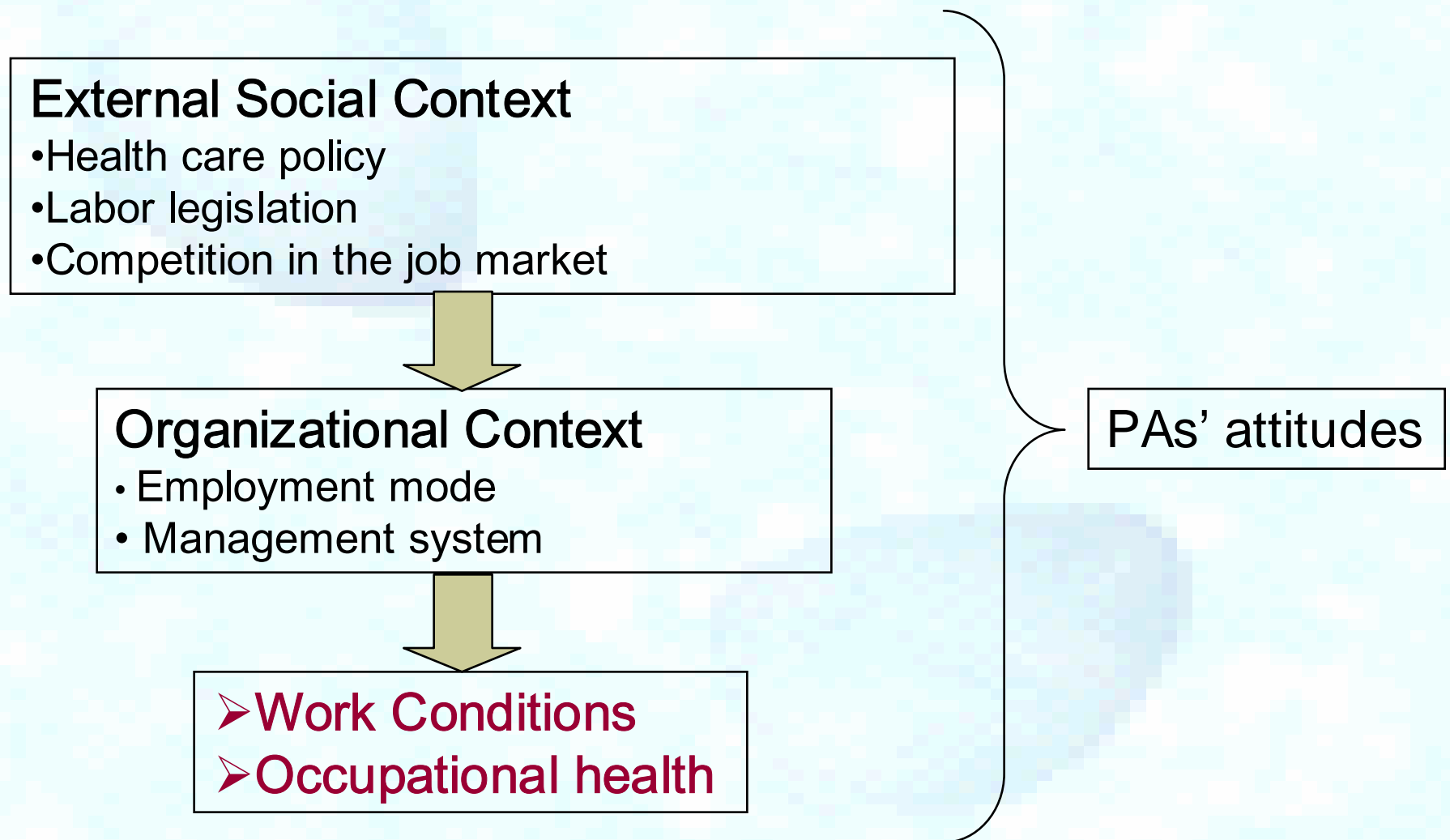
Existing literature on work and health issues of direct care workers in hospitals

- Work conditions
 - Work demands (physical/emotional)
 - Work shifts
 - Division of labor (between nurses & nursing assistants)
 - Compensation and work welfare
- Health outcomes
 - Musculoskeletal disorders
 - Job strain and mental health problems
 - Quality of work/personal life
 - Health and safety hazards
- ◆ Social origins of health inequalities

Social/Structural mechanisms of health inequalities in the workplace

- Material/Economical
 - Work environment, job insecurity, health care resources, etc.
- Political
 - Macro: collective marginalization
 - Micro: power relationships (with other work roles)
- Psychosocial
 - Workers' attitudes to work and health
- Multi-level framework
 - External social context
 - Organizational context
 - **Work and health problems**

Social contexts of PAs' work and health problems

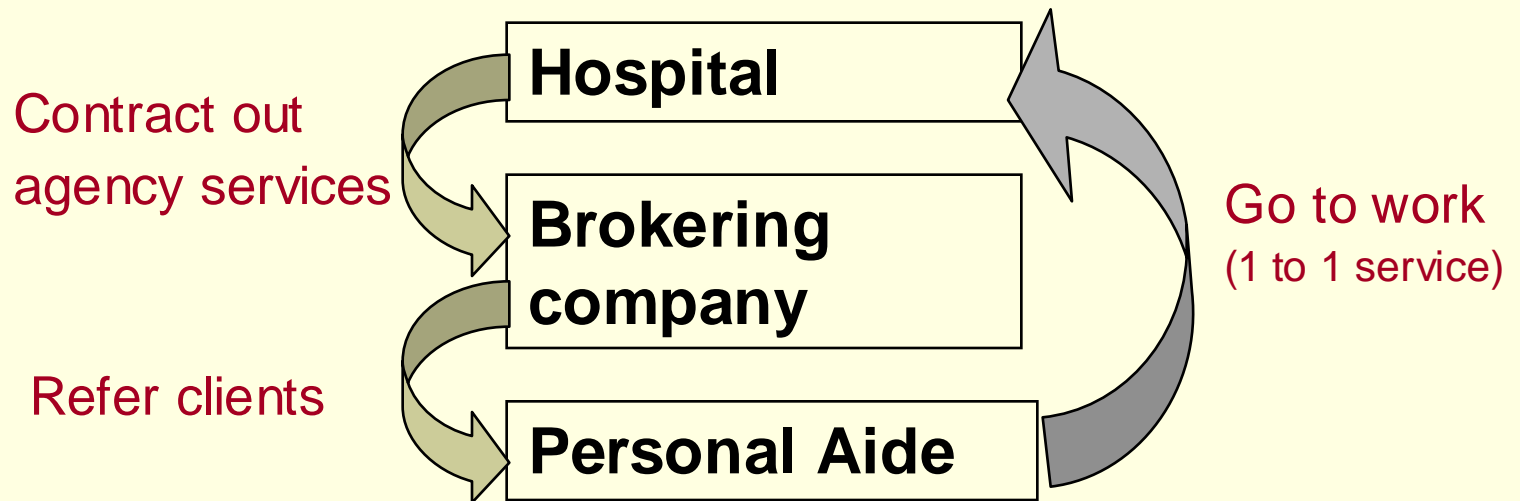


The background of Personal Aides (PAs) in Taiwan

- Social custom: hospitalized patients should be accompanied and provided care by their family members
- Definition of PA
 - individuals who temporarily hired by family members to carry out care work in wards
 - Companionship, personal assistance, psychological support, etc.
 - Assisted nursing work
suction of respiratory secretions, tube feeding, etc.

PAs' roles in Taiwan's hospitals

- Outsourced workers, casual without fixed employer

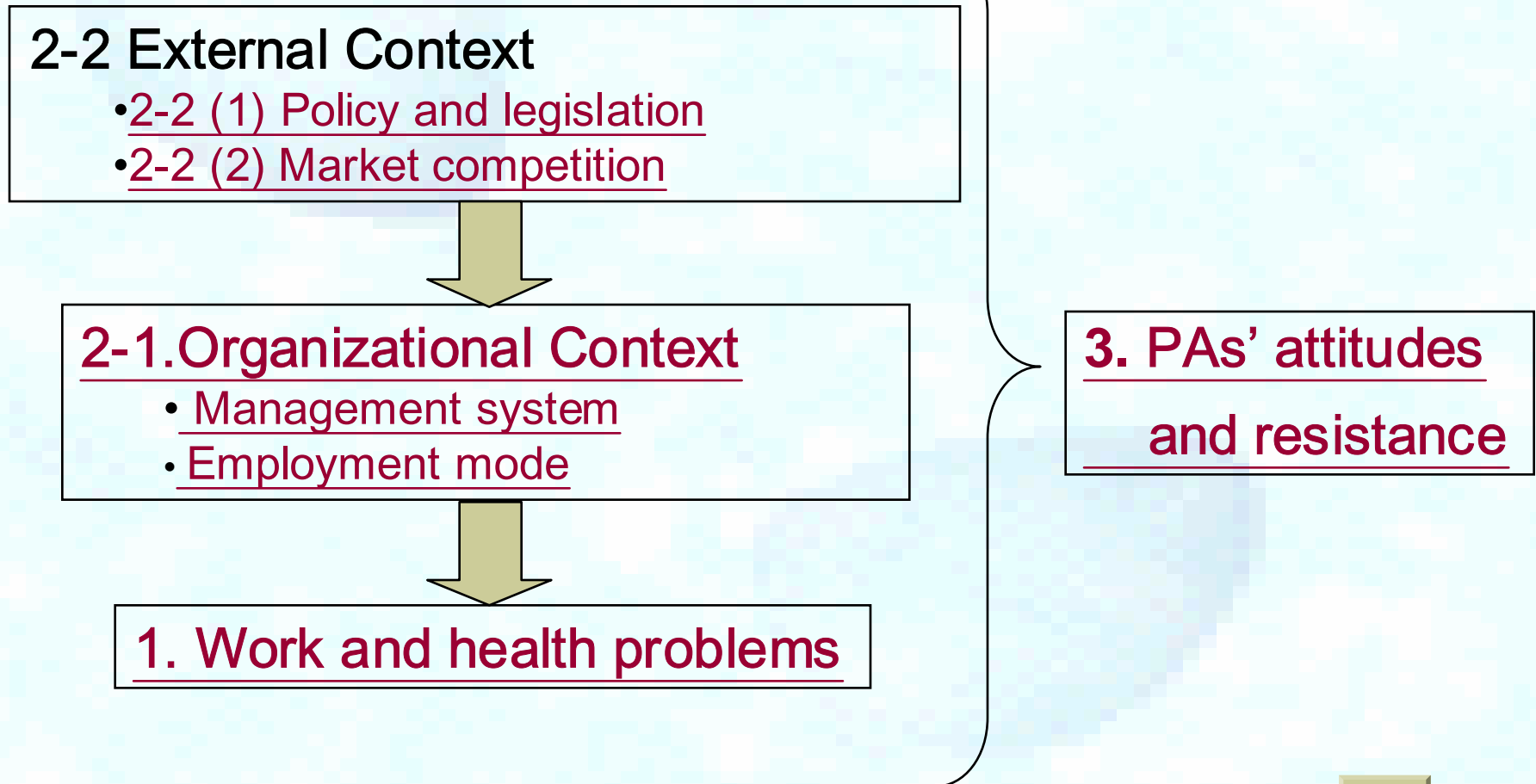


- Limited (100 hrs) pre-job training
- Mostly women, middle or old-aged, with financial burdens

Data collection and analysis (qualitative approach)

- Data collection
 - Semi-structural interviews (Nov 2005~ Jan 2007)
 - 19 Female PAs in 6 hospitals (all Taiwanese)
 - 12 Managing staffs of PAs
 - 5 Head nurses,
 - 5 Brokering company managers,
 - 2 Union leaders
 - Document review
 - Government's policy and legislations
 - Hospitals' management principles
 - Media reports
- Thematic analysis: To identify themes emerged from the data

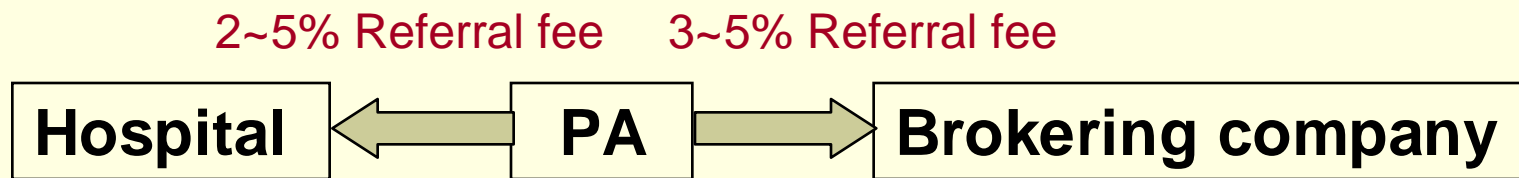
Analytic framework



1. PAs' work and health problems

■ Work conditions

- Long working hours (most 24 hours a day)
- Low pay (time-based, almost minimum wages by law)



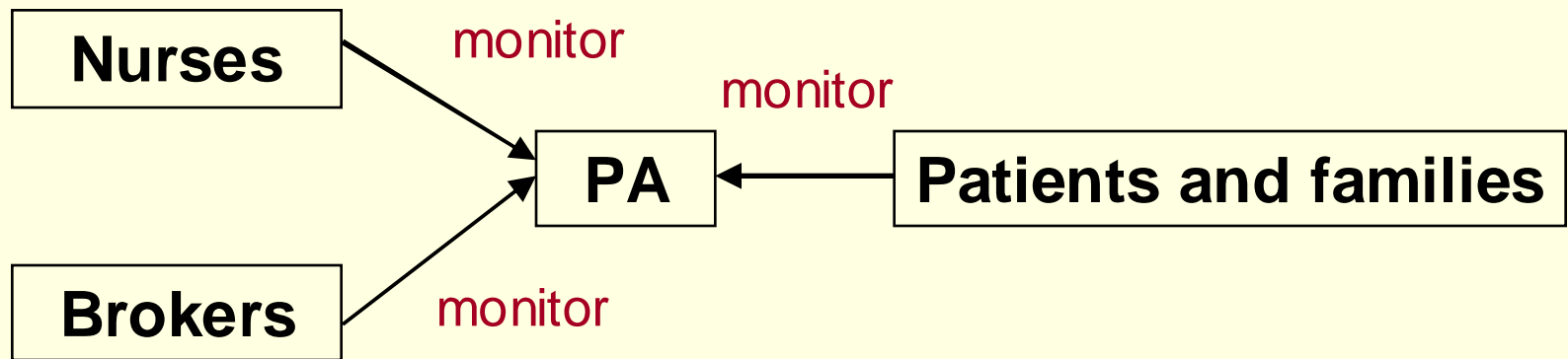
■ Health problems (physical/mental/social)

- Psychological distress (social isolation, interpersonal conflict)
- Musculoskeletal discomforts
- No protections by hospitals' safety precaution measures
 - High risks of disease infection and medical dispute in performing assisted nursing activities



2-1. Organizational contexts

- Strictly monitored by multiple roles



- Little space of negotiation with their work arrangements with all other roles
- No employers, no work welfare, easy to misuse
 - Ambiguous boundaries work duties (with nurses'): a means to reduce hospital's labor cost



2-2 (1). External context:

Policy and legislations related to PAs' role

■ Labor legislation

■ Excluded from the Labor Standard Act

- No paid holidays and sick leaves
- No job security
- No health insurance provided

■ Health care policy

■ Disregarded by health authorities/sectors

- Health surveillance only for epidemic control and patient safety systems of hospitals
 - No health suggestions
 - No health promotion plans
 - No effectively protective equipments



2-2 (2). External context: Market Competition

- Low control for other workers to enter hospital to work for patients (“price war”)
 - Undocumented foreign care workers
 - Uncertified Taiwanese care workers
- Other PAs of the same brokering company

- Consequences
 - Highly individualized workforce
 - Few organizational social support
 - Low collective consciousness



3. PAs' attitudes to work and health and experiences of resistance

- Limited job choices in labor market
 - Common Health problems: inevitable results
 - “Do the job until I cannot do”
 - The most health concern: contagious diseases

- Experiences of asking hospitals for what PAs' need
 - Spaces to store their personal belongings
 - Work shoes, face masks
 - Requests always futile



Conclusions

- Main findings
 - Disadvantageous work and health conditions among PAs
 - Underlying social/structural mechanisms
- Suggestions

Level	Implication
1. Policy and legislation	<ul style="list-style-type: none">✓ To reform labor law and health care policy✓ To improve surveillance and research
2. Organizational	<ul style="list-style-type: none">✓ To integrate PAs into formal health teams
3. Individual	<ul style="list-style-type: none">✓ To educate PAs and empower them✓ To promote PAs to organize themselves

Thank you for your attention!



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