

# Research in Brief



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## Mistreatment of Caregivers: What to Do to Protect the Rights and Interests of Long-Term Care Workers

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### Introduction: Does our society care enough for care workers?

Care services are essential to protecting people's lives and health and to keeping society functioning well even in crisis situations like covid-19. As the covid-19 pandemic protracts, the question of what to do to protect the rights and interests of long-term care workers has gained added importance. The government has set up in 2020 a set of multi-ministerial support measures for "essential workers" who play indispensable roles in times of the covid-19 pandemic. The workforce for whom the government intends to provide support by those measures include care assistants, who account for most of long-term caregivers.

Despite their being a workforce whose services are regarded as essential for the life and physical wellbeing of infirm older persons, caregivers have suffered poor working conditions and mistreatment since well before the covid-19 pandemic. Not only is this a problem for the caregivers themselves. It is a problem also for the quality of care they deliver.

The 2019 Long-term Care Survey found that nearly half of all long-term care workers were on an hourly contract, working under poor employment conditions. A substantial percentage of respondents in the survey reported having experienced continued mistreatment from care

recipients and their families, in the forms of sexual harassment, verbal/physical violence, and demands for taking on tasks beyond their job scope. Furthermore, a large percentage of long-term care workers were found to have, since the covid-19 pandemic, suffered added anxiety due to cohort isolation, increased risk of infection, job interruption and income loss.

Violence and mistreatment toward long-term care workers could increase their job stress and turnover<sup>1)</sup>. Care workers’ job stress arising from being mistreated can lead to a quality decline in the services they provide<sup>2)</sup>. This study examines, based on the 2021 Survey for Improving the Working Conditions of Long-Term Caregivers, the current state of mistreatment toward care workers and the impact the covid-19 pandemic has had on this essential workforce.

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## The current state of mistreatment of caregivers

A long-term care worker refers to an individual who provides care services in an institutional setting or a care recipient’s home to older adults aged 65 and over who are deemed, pursuant to the Long-Term Care Insurance Act, as entitled to long-term care benefits. Where these care workers work breaks down into clients’ homes (in-home care, in-home nursing, in-home bathing, day or night care, short-term respite care, and equipment services) and residential institutions. Residential institutions are differentiated according to legally prescribed manpower allocation rules, into senior group homes (with fewer than 10 residents), “assisted-living facilities with fewer than 30 residents” and “assisted-living facilities with 30 or more residents”. The number of older persons receiving benefits from the Long-Term Care Insurance grew from an estimated 210,000 in 2008 to around 860,000 in 2020 as a result of policy changes made in response to population aging. The number of long-term care workers also increased, reaching an estimated 500,000, including some 30,000 social workers, in December 2020.

The survey on which this study is based was conducted of a total of 1,000 long-term care workers across the country (500 caregivers working in senior group homes or residential care facilities and another 500 in in-home care). In addition to the survey outcomes, this study draws also on focus group interviews conducted of 16 long-term care workers.

Many long-term care workers reported having been mistreated by care recipients or their families. Of those working in institutional settings in particular, more than half reported having been verbally abused—reproached, yelled at, or called names—or physically abused (pinched, shoved, and punched). The prevalence of having been sexually mistreated, with, for example, sexual harassment or inappropriate touching, was high at 32.4 percent in caregivers working in facilities with fewer than 30 residents. High percentages of those working in in-home care reported

1) Eurofound. (2020). Long-term care workforce: Employment and working conditions. Publications Office of the European Union, Luxembourg.

2) Lim, J et al. (2020). The Occurrence Process of Elder Abuse in Long-Term Care Facilities and Effective Response Strategies. KIHASA

having been demanded to take on tasks beyond their prescribed job scope (35.0 percent) or work hours (34.0 percent), asked to purchase at their expense something care recipients needed (13.9 percent), or been unfairly complained against by care recipients or their families (10.9 percent).

**[Table 1] Proportion of care workers who experienced mistreatment in the past year by service recipients or their families**

	In-home care		Institutional care		
	Home visit	Day or night time care/short-term care	Senior group homes	Assisted living facilities (fewer than 30)	Assisted living facilities (30 or more)
I've been reproached, yelled at, or called names.	24.4	42.1	42.3	54.5	51.2
I've been threatened physically—pinched, shoved, or punched.	6.9	35.0	40.2	51.7	51.6
I've sexually harassed or physically contacted in an inappropriate manner.	9.9	20.4	17.5	32.4	21.7
I've been demanded to take on tasks beyond my job scope.	35.0	24.9	18.6	19.3	28.3
I've been demanded to take on tasks beyond my work hours.	34.0	29.9	25.8	23.4	24.4
I've been demanded to purchase some things at my expense for the care recipient.	13.9	6.1	4.1	10.3	5.8
I've been unfairly complained against.	10.9	8.1	3.1	11.0	6.2

Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

Our in-depth interviews with in-home care workers revealed that the mistreatments they experienced were often due to lack of understanding on the part of care recipients about the service program or to inappropriate responses taken by the employer institution or a social worker.

**[Box 1] From in-depth interviews with care workers about the mistreatment they received from care recipients**

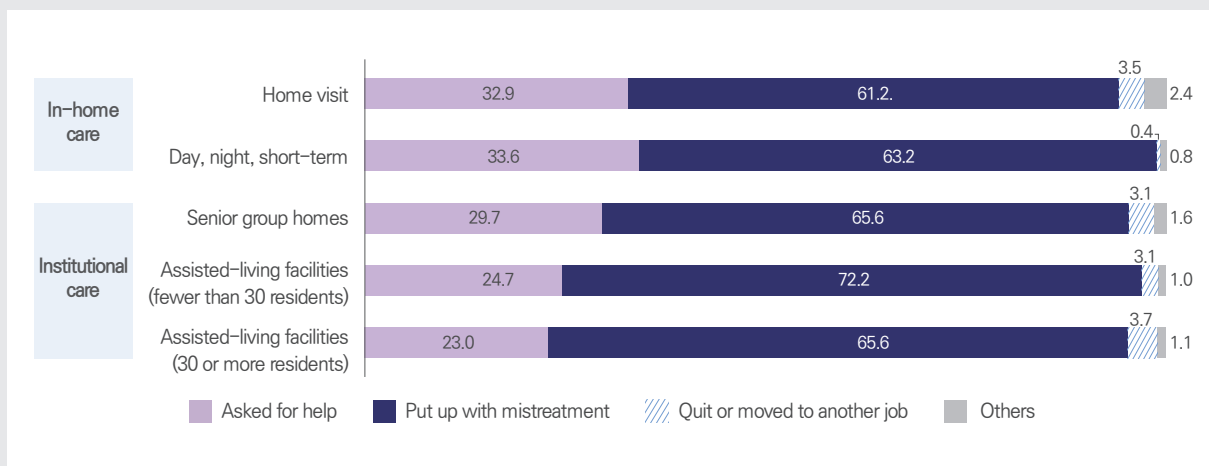
-There weren't many clothes to wash, and they put all in the same laundry hamper. So, I put her son's clothes together into the washing machine. Doing laundry for a service recipient's guardian is not among my duties. But they say that the care workers they had before me used to do just that for them without a word.

-I told the social worker at the center that I could no longer take the way the old lady treats me. It must have sounded all too like the social worker's own experience in the past. I guess that's why he laughed. "Ma'am," he said, "hold on tight just a little longer. I can't change that old lady, can I?"

Source: 2021 Focus Group Interviews of Long-Term Care Workers on the Violation of Their Human Rights, KIHASA

Most in-home care workers were found to have remained passive in reacting to mistreatment, just staying on putting up with it or switching over to some other job. Only one in four mistreated caregivers at assisted-living facilities reported having responded assertively to mistreatment.

**[Figure 1] Have you ever lodged a formal complaint or asked the authorities for help when you were mistreated by your care recipient? (in %)**



Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

## Mistreatment by a facility director or supervisor

The prevalence of having been verbally mistreated by a director or a manager from the employer institution was especially high among long-term care workers in assisted-living facilities (22.8 percent for facilities with fewer than 30 residents and 23.6 percent for facilities with 30 residents or more). Over 15 percent of long-term caregivers working in assisted-living facilities reported having been pressed to take on tasks beyond their assigned duties. The prevalence of having been demanded to work beyond the prescribed work hours was high among caregivers working in day or night care (23.9 percent) or those in small-scale facilities with fewer than 30 residents (15.2 percent). More than one in 10 care workers at day time or night time centers or short-term care centers reported having been asked to work in a hazardous working environment. Over 10 percent of caregivers working at day or night care facilities or at long-term care facilities with fewer than 30 residents reported having been blamed for something their service recipients had done. Also, nearly 10 percent of care workers at day or night care centers or at long-term care facilities with 30 or more residents reported having been unfairly complained against by service recipients. Past-due wage payment was not uncommon, with as many as 5.2 percent of care workers who at a senior group home reporting experiencing delayed payment of wage.

[Table 2] Proportion of caregivers who experienced mistreatment in the past year by their employer institutions

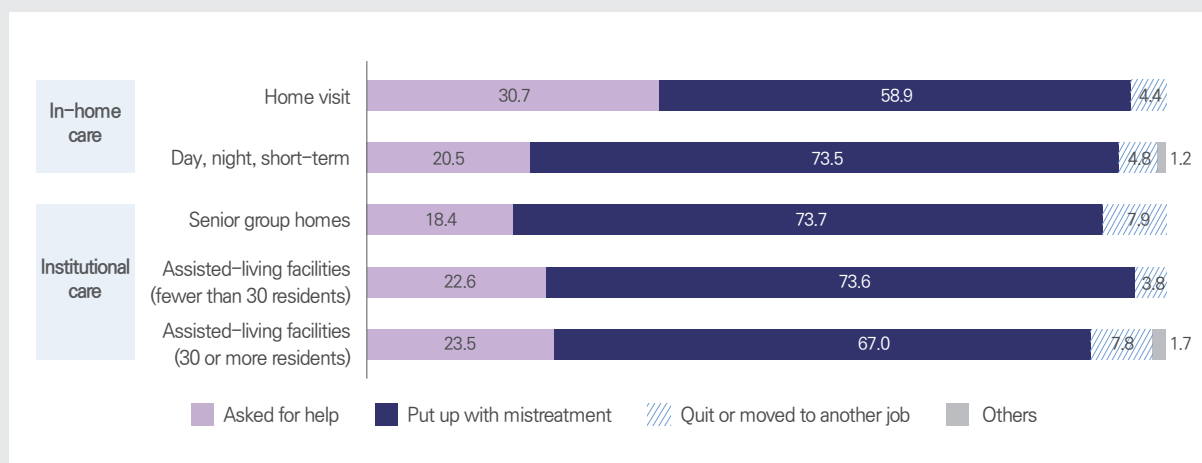
	In-home care		Institutional care		
	Home visit	Day or night time care/short-term care	Senior group homes	Assisted living facilities (fewer than 30)	Assisted living facilities (30 or more)
I've been reproached, yelled at or called names.	8.6	19.8	17.5	22.8	23.6
I've been threatened physically—pinched, shoved, or punched.	3.0	4.1	9.3	11.7	12.8
I've sexually harassed or physically contacted in an inappropriate manner.	3.3	6.6	4.1	10.3	7.4
I've been demanded to take on tasks beyond my job scope.	15.5	17.8	18.6	15.2	15.9
I've been demanded to take on tasks beyond my work hours.	12.2	23.9	11.3	15.2	10.5
I've been demanded to work in a hazardous working environment.	7.6	12.7	5.2	13.8	8.1

I've been blamed for something my care recipient did.	6.9	15.2	7.2	11.0	11.6
I've been mistreated for being unfairly complained against by my care recipient.	5.0	9.6	2.1	4.8	8.9
I've had experienced wage delays	1.0	1.5	5.2	4.1	2.3

Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

The prevalence of having had lodged a complaint or having asked the authorities for help with regard to mistreatment they received from their employer institutions, varied according to the types of service, from 18.4 percent for those working at senior group homes to 36.7 percent for home-visit care workers.

[Figure 2] Have you ever lodged a formal complaint, or asked the authorities for help, when you were mistreated by the long-term care institution you are affiliated to? (in %)



Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

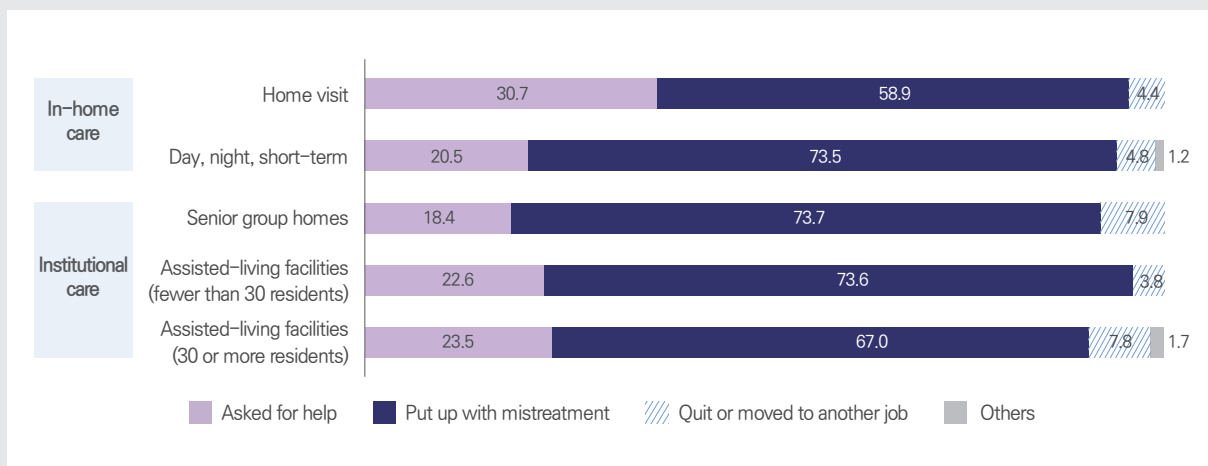
## Changes in work conditions following covid-19

Covid-19 has brought various changes in work conditions for many long-term care workers. The proportion of those who had experienced reduced work hours or work interruption since covid-19 was high in home-visit care workers, while many among care workers at facilities reported being tasked with additional work beyond their assigned roles. The prevalence of having experienced reduced work hours

or work interruption was 19.8 percent for home-visit care workers, 5 times as high as for facility long-term care workers. In most cases work interruption among home-visit care workers were due to care recipients' request of withdrawal from the service.

The prevalence of having been tasked with work beyond contracted roles (work related to quarantine, for example) varied across different service categories, from 2.0 percent in home-visit caregivers and 9.3~14.0 percent in facility care workers to 14.7 percent for those working in day or night care facilities. In our in-depth interviews, care workers at long-term care facilities reported feeling burdened by additional work responsibilities such as controlling of entry and exit of guests and taking a weekly PCR test.

[Figure 3] Have you ever experienced reduced work hours or additional work responsibilities after covid-19? (in %)



Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

[Box 2] Increased work responsibilities following covid-19, as reported by caregivers working in assisted-living facilities

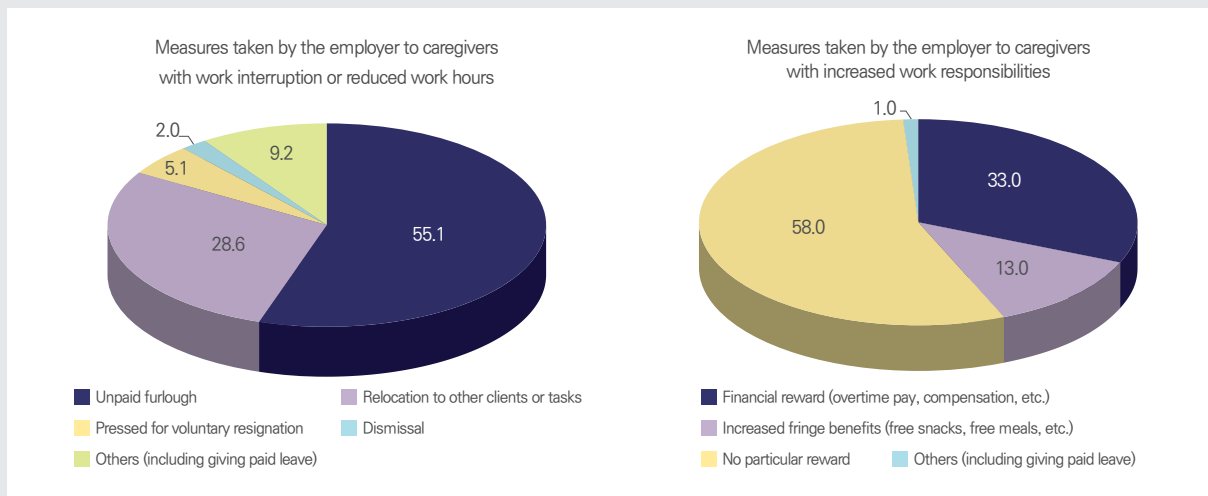
-Things changed after covid-19. Now, outside instructors don't come by at all. We have to fill in for them. I get exhausted after two hours of lecturing, without getting paid extra for doing it.

-You have to get there at the right time if you want to get a PCR test. Having to go there every week! I couldn't make it there this morning. I am told to get tested after work, which is the tough part.

Source: 2021 Focus Group Interviews of Long-Term Care Workers on the Violation of Their Human Rights, KIHASA

Over 55 percent of long-term care workers who experienced reduced work hours after covid-19 reported having been required to take an unpaid furlough, and another 7.1 percent reported having been pressed for a “voluntary resignation.” Fifty-eight percent of a total of 100 care workers who said they had been assigned to do additional work beyond their contracted duties after covid-19 did not get paid extra for doing it from their employers.

[Figure 4] What were the actions taken by your employer institution as a result of you getting work interruption (or reduction) or taking on additional tasks? (in %)



Source: 2021 Survey for Improving the Working Conditions of Long-Term Caregivers. KIHASA.

## Concluding remarks

A large percentage of long-term care workers were found to have been mistreated by service recipients and the families thereof, or by their employers. Most of those who had been mistreated reported having put up with, or remained passive in response to, such treatment.

The Act on Long-Term Care Insurance for Senior Citizens (Article 35) in its current form carries no legally-binding force regarding educating long-term care recipients and their families about caregivers’ human rights. Instead, it merely states that a long-term care institution “may offer” human rights education to care recipients. Policy makers could consider making it necessary for the care recipient (and her family) to take an education session at the point of signing the caregiver contract. Also, it may be worthwhile to consider using delivery of human rights education as an indicator in the monitoring and evaluation of long-term care facilities, as the Seoul city government has been doing with its Good Care certification program.

In order to prevent and respond immediately to mistreatment by care recipients and their families



or by the care worker's employer institution, it is essential that mid-level managers who are in charge of care service provision do continued monitoring of the working conditions of caregivers. As for home-visit caregivers, who deliver their services in private spaces like care recipients' domestic dwellings, it may be particularly challenging to protect them from mistreatment. A monitoring system should be put in place whereby mid-level managers continue to check up on caregivers' working conditions by talking to them regularly and also by regularly visiting care recipients' homes.

There is a need for a concrete manual that suggests workable ways in which caregivers themselves and their employer institutions may respond to mistreatment when it occurs against caregivers. The National Health Insurance Service and caregiver support centers need to set up a dedicated team tasked with grievance redress with regard to mistreatment toward caregivers, with a view to laying the groundwork for legally-binding measures against mistreatment of caregivers. There is a need also for new services and expansion of existing services—legal support, emotional support, and counseling—with which to prevent loss arising from mistreatment of caregivers and to help caregivers better respond to mistreatment. As this study finds that caregivers working at a small-scale assisted-living facility are more likely to remain passive in reaction to the unfair treatment they suffer, efforts are needed to identify reasons why this is so and to explore effective ways to respond to them. In addition, it is important to have in place a forward-looking system of tangible support for long-term caregivers, who are considered an essential workforce, as infectious disease situations like the current covid-19 pandemic may well come about again at some time in the future.