

# Frontline, Essential, and Invisible: The Needs of Low Wage Workers in Hospital Settings during COVID-19



Lisa de Saxe Zerden, PhD, MSW; Erica L. Richman, PhD, MSW;  
Alex Forte, MSW; Brianna Lombardi, PhD, MSW

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## Major Themes

### I. Introduction

COVID-19 has created substantial burnout among healthcare workers, causing health systems to consider how best to support the health and wellness of a stressed and burned out workforce. Reports of burnout among the health workforce often focuses on clinical providers such as nurses and doctors. However, lower-paid essential workers within health systems provide equally important, but often less lauded, services to patients and employees. Workers in roles such as housekeeping, patient transporters, and food services help keep patients clean, fed, and moving. These workers are more likely to be women, immigrants, people of color, [1,2] and to experience heightened physical, mental, and financial hardships. Unfortunately, they are often “invisible” when conceptualizing who comprises the essential health workforce, as are their needs and experiences working in hospital settings during COVID-19. Despite recent estimates that nearly 7 million underpaid but essential health care workers are employed across the U.S, the health workforce burnout literature largely excludes this group of health care workers. [3]

### II. Methods

This study aimed to understand the unique experiences of low-wage or underpaid essential, frontline workers during COVID-19 in hospital settings to better identify strategies to support them during and beyond the pandemic. Qualitative interviews were used to investigate the main sources of stress that contributed to feelings of burnout and strategies to help buffer these stressors and provide professional and personal supports. Twenty low-wage essential, frontline workers from three states were recruited and interviewed using a semi-structured interview guide over an e-meeting platform.

*A qualitative analysis assessing how low-wage, essential workers experienced COVID-19 revealed the following about burnout.*

#### **Factors associated with burnout identified by low-wage, essential hospitals workers:**

- 1) Changes in duties and being understaffed
- 2) Fear associated with contracting or transmitting COVID-19
- 3) Desire for recognition about their professional risks
- 4) Lack of clarity around COVID-19 benefits and perception of inequitable benefits between different staff types

#### **Strategies low-wage, essential workers identified as helping combat burnout:**

- 1) Employer provided paid time off staff who contract COVID-19
- 2) Employer provided mental health services
- 3) Self-coping strategies and a sense of pride in their work

*To better understand and support essential, low-wage workers, researchers and hospitals must listen to their needs and account for them. This study provides a first step for both.*

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Interviews focused on participants' work and educational background; levels of burnout they experienced, COVID-19 resources provided by their employer; homelife and job security, and one open-ended question: "what do you want people to know about your work during the pandemic?" All interviews were checked for accuracy and transcribed for thematic content analysis.

Total Sample N=20

- California (n=1)
- Colorado (n =5)
- North Carolina (n=14)

Work Environment of Interviewees

- 7 participants worked in environmental services (i.e., housekeeping),
- 6 in food services,
- 5 in patient transport, and two had front-desk roles.

On average, workers had been in their jobs for 5.8 years (ranging from 3 months to 20 years), and most (80%) had their jobs prior to the pandemic.

### III. Findings

**Findings:** All participants indicated that their basic needs were met (i.e., ability to pay for housing and utilities, did not run out of food in past month) yet qualitative analysis revealed more nuanced themes. Overall, seven themes were identified; four were common sources of burnout and three were protective factors (summarized below with illustrative quotes):

(1) **Changes in duties and being understaffed:** *"I had to work by myself upstairs and cook and do the cash register, so there was a lot more work to do, and less people... [T]hen we were cooking for staff and patients out of the same kitchen, so, definitely our workflow has changed."*

(2) **Fear of potentially contracting COVID-19 and risk in endangering others:** *"I do have a minor child with a preexisting condition. So, I have to be very careful when I come home it's not 'just come on and hug on me when I get home', it's completely different! And that makes me more careful at work, so I don't bring stuff home."*

(3) **Desire for recognition about the risks and importance of their jobs:** *"Especially in the hospital, I feel like a lot of the departments, they kind of look down on housekeeping because I don't think they understand ... what we really do, like we put ourselves in danger, every day, just like everyone else in*

*that in the hospital, sometimes even more... I feel like some other departments, they can appreciate that and then some of them actually look down on us for what we do."*

**(4) Lack of clarity around COVID-19 benefits and perceived unequal distribution of these resources:** *"The nurses, a lot of departments in the hospital got like I don't know what they call it...Hazard pay yeah and we in housekeeping we've never gotten it for some reason. I don't know why, and I don't feel that that's fair because we go in there when they discharged that COVID patient or send them to a different unit... and there's nobody more exposed in that room that we are. And I just don't feel that it's fair that other departments get that hazard pay, and we were not getting it."*

**(5) Employer provision of paid time off specifically designated for COVID-19:** *"I do know that if you do test positive it doesn't come out of your PTO; there's a special fund for COVID to pay the employees, so it doesn't affect PTO time."*

**(6) Organizational efforts to provide mental health support:** *"I don't remember the name of the program but it's basically a mental health program that you can call into and kind of get some mental health related release and get some questions and concerns off your chest. There was a couple of other opportunities. They didn't fire anybody, or put anybody on leave, so those areas that did shut down and like outpatient labs and or outpatient clinics and stuff they supported those families, through the initial part of the pandemic and tried to find other work for them elsewhere in the system."*

**(7) Self-coping strategies and a sense of pride in their jobs:** *"I have pride in what I do, and it doesn't bother me one minute that people think like that [disparagingly about housekeeping]. The world is a sad place that people actually do think like that, and we look down on the person just because he or she's a housekeeper. It's a job and I have my pride... I'm proud of what I do, I make a difference."*

#### ◆ IV. Policy Implications

Respondents described feeling underappreciated despite having to do more in their jobs with less staff, and a heightened risk of their own safety. Clear communication on resources, PTO time for sick leave, mental health supports, and self-coping strategies were beneficial for participants. Despite their essential contributions to health service delivery and hospital operations, recognition of this work requires concrete interventions to support workers' tangible needs, while simultaneously also creating a culture shift in how this type of work is valued across health systems. ***Given that the U.S. health system relies on millions of low-wage workers to keep health systems operational, identifying strategies that effectively support this workforce is greatly needed.*** Housekeeping, food service, and patient transport workers are integral to the functioning of the entire health system, and without them, efforts (?) to clean, feed, and keep health systems moving will be further stymied by ongoing COVID-19 complexities. As

one respondent stated: *“The EVS [environmental services] crews and transport, food, and nutrition they're all as important as the ER doctors, they're all as important as all the nursing staff...without them, the nursing staff can't do their job... it really takes the whole village and were just as essential, if not more.”*

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