



Effects of the cooperative model on the empowerment of marginalized female workers in the home health care sector

Grace Maute and Dr. Seon Mi Kim

School of Social Science and Human Services, Ramapo College of New Jersey, Mahwah, NJ, 07430

Introduction

The cooperative model seeks to put power in the hands of workers so that they can build a career and workplace that benefits them. Cooperatives of home health care workers are not widespread throughout the United States, but as the demand for home health care workers increases it is possible that this model will be followed. There is significant research on the ways in which the cooperative movement affects the quality of care that is provided to individuals, but there is little research into the effects of the cooperative movement of the lives of marginalized female workers in the home health care sector.

Literature Review

Cooperatives been found to give more power to workers than traditional organizations, be most beneficial when they create and maintain social capital, and be more efficient than traditional organizations (Bauer, Guzman, and Carmen 2012; Fisher, Baines, and Rayner 2012; Hoffman 2003)

Methodology

Data was collected via one-on-one in-depth interviews that lasted for one hour. In total, 18 interviews with home health care workers were conducted between October 2016-March 2017. All interviews were conducted with workers of the Cooperative Home Health Care Association, a home health care cooperative in Bronx, NY. Data was analyzed qualitatively.

Definition

Empowerment was defined as workers's sense of self-efficacy and access to resources, such as education and supervisor support, and how they are able to translate those resources into power within the workplace and their lives (Datta & Gailey 2012)

Findings

- **Power**
 - Access to resources
 - Training program
 - CHCA provides extensive training program (Entrance level, Regular training every 3 months)
 - "I like CHCA, I like cooperative, it's a good agency. They give you a lot of skill and they give you in-service I think every 3 months." Interviewee 7
 - This training program seems to empower workers to feel capable to do the job.
 - "What I'm saying is when I say that it's easier, it's because they take time to show you." Interviewee 9
 - Some interviewees indicate that other agencies did not provide much training.
 - "I know people that work for other companies and it's totally different.... My friend, she works in another company, she don't have that. She goes once and that's it." Interviewee 9
 - Sense of agency
 - Care plan
 - Some interviewees indicated the care plan was vital for their empowerment at work because it gave them a concrete tool to provide legitimacy to their practice.
 - "This happens often, a patient will want me to do something [not listed on the care plan] and I will be very straightforward with them. This is not for me, these are the regulations and this is for your safety. I try to let them know it's for their safety." Interviewee 11
 - Structural support for case management
 - Contact to supervisor and peer mentors
 - When asked if they were confident in asserting their boundaries in the workplace, Interviewee 11 indicated answered yes, and that the training provided them with that confidence: "If there is an instance I don't feel totally sure I will call a coordinator or nurse and verify it with them."
 - **Self-efficacy**
 - Professionalism
 - Some interviewees felt they were professionals, some did not.
 - "So I don't use most of what they teach me. I use my senses. Common sense." Interviewee 4
 - Most people that had previously been caretakers or had worked in home health care before usually expressed this.
 - When asked if she felt she was a professional, Interviewee 11 answered "yes... [because] Well, I do my work as I'm supposed to do it, as I'm told to do it. I know what I'm supposed to do.... I know my limitations."
 - Possibility of growth
 - Resources from labor union and CHCA.
 - "It's a good company. You have good benefits, they treat you well, you have opportunities to go to school, learn something, growing growing growing... I'm taking an English class [at a] college... the union [provides scholarships]." Interviewee 5
 - When people were aware of the resources available to them, they were likely to utilize them.
 - "I was just talking to my friends, I'm thinking about going back to school. I was talking to two of my friends about that last week. I was like, I have the union and they'll help me." Interviewee 8
 - **Impact on workplace**
 - Participation in the decision-making process
 - Some interviewees were involved with many aspects of CHCA and the labor union, some were not.
 - People were not involved in the decision-making process if they didn't have time.
 - "Honestly, I don't really come here. I come here very seldom, I come here for inservice and that's about it. I come here when I have to come here." Interviewee 8
 - Workers who were involved with CHCA longer and/or were worker owners were more likely to be involved in the decision-making process.
 - Lack of understanding of coops.
 - When asked if she was a worker-owner, Interviewee 7 explained that she was unclear about why people are worker-owners and what they do: "Well I think it's like for, you've got to be there for a period of time before you become worker/owner... Well I guess worker/owner I think they make some kind of percentage, you get some of it."

Discussion

CHCA puts power into the hands of workers by giving them resources and the ability to use those resources within the workplace. CHCA provides extensive training programs to their workers, both when they first begin and every 3 months moving forward, which empowers them to be able to do their jobs. This is important because in order for workers to feel empowered in the workplace, they need to know that there are structural supports in place that ensure they are going to be well-prepared when they're working in the field. It was also noted that many workers did not have such extensive training at other home health care agencies, and that their friends did not receive the kind of care and attention from their agencies as they did.

Aside from the training program, the care plan and supervisor support were vital for worker's feelings of empowerment in the workplace. The workers expressed that they used the care plan to guide their work, and that they could use it as a defense mechanism as well; oftentimes, clients try to take advantage of them in the workplace, but if the duty is not listed on the care plan they do not have to do it. Workers felt empowered by the thought of supervisor support, because they knew if their client was trying to take advantage of them and their first line of defense did not work, they would be able to call a supervisor and get switched off of the client's case with little questions asked.

In terms of self-efficacy, or worker's personal feelings of being able to complete their tasks sufficiently, both their sense of professionalism and possibility of growth were explored. Many interviewees expressed that they felt they were professionals, and some of the interviewees that originally denied being professionals changed their minds after the question was reworded. Most workers that did not see themselves as professionals had worked as home health care workers in some capacity for most of their life through either familial or formal channels, and thus thought that only common sense was necessary for home health care work. Others that immediately thought of themselves as professionals recognized the value that CHCA gives to the workers and explained their training and procedures made them feel professional.

The possibility of growth that each worker had was the same for each worker; everyone had access to resources from the labor union such as college classes and college prep classes for English language proficiency. When people were aware of the educational and training resources available to them, they were more likely to utilize them. However, only workers that had been at the agency for a few years were aware of the kinds of classes available, which indicates that CHCA does not properly educate their new workers about the career advancement opportunities available to them.

The third aspect of empowerment that was explored was workers ability to influence their workplace based on the power granted to them under the cooperative model. This was explored through worker's participation in the decision-making process. Some, but not all, were involved, and only those with sufficient time and an understanding of coops were involved in the decision-making process. Workers that had been involved with CHCA the longest were more likely to be involved in the process. This is evidence that if CHCA invested more time in teaching its workers about coops and their ability to be worker-owners, more workers would participate in the decision-making process.

Implications

Findings indicate that CHCA provides sufficient training, possibilities of growth, structural support to workers within their agency, but falls short in terms of educating their workers about the structure of coops and the opportunities available to them in the decision-making process of the agency as well as their opportunities for growth.

- Cooperative members' empowerment could be enhanced if cooperatives increase accessibility to resources such as professional training and scholarships, and provide structural supports for their work.
- A lack of understanding of cooperative organization discourages cooperative members from participating in the decision-making process, which decreases empowerment
 - Educating cooperative members on the collective values and purpose of cooperatives would be important for member empowerment