

Experiences of Black and Latinx health care workers in support roles during the COVID-19 pandemic: A qualitative study

New Jersey Alliance for Clinical and Translational Science

In 2020, more people worked in health care support roles than in all health care practitioner and technician jobs (e.g. doctors, nurses, EMTs, lab techs). These support roles, certified nursing assistants, therapists, emergency medical service personnel, dietary and food services staff, and administrative staff are underpaid and receive far less attention than doctors and nurses but play an important role in health systems. During the COVID-19 pandemic, these support roles worked in similar high-risk settings and lived in communities that suffered disproportionately. In the U.S., more than 80% of these roles are women and are Black and Latinx. This study examined the experiences of Black and Latinx female essential supportive health care workers (ESHCWs) to understand how the pandemic impacted their profession, job responsibilities, and relationship with their communities.

WHERE:

New Jersey



WHEN?

December 2020 – February 2021



WHO?

- 17 Black and Latinx women who worked as ESHCWs for 4 health care employers in New Jersey, including both in-patient (2 urban university hospitals) and outpatient (long-term care and homecare) settings
- Median age was 48 years (range 25-58)



MEASURES & OBSERVATIONS



- Researchers conducted **2 group interviews and 8 individual interviews** via Zoom between December 2020 and February 2021.
- They used a semi-structured interview guide to probe the feelings and experiences of participants throughout the pandemic.
- All interviews were recorded and transcribed verbatim. **Group interviews lasted approximately 90 minutes, and individual interviews 20–30 minutes.**
- Interviews were summarized to highlight themes that emerged specifically from each interview, which the study team then comparatively analyzed to identify crosscutting themes.

KEY FINDINGS

Several recurrent themes emerged:

- **Pandemic greatly affected job responsibilities, work settings, and personal connections.**
 - Substantial impacts on personal lives
 - Fear as a result of contact with positive cases
 - Need to adapt quickly to aggressive prevention measures and rapidly-changing tasks and expectations
- **Fear and uncertainty caused by the pandemic**
 - Risk of COVID-19 infection for ESHCWs and their families
 - Concerns about losing jobs or income if they were exposed or tested positive
 - Stigma associated with testing positive and fear of coworkers who tested positive
- **Shifts in testing and vaccine attitudes as the pandemic evolved**
 - Lack of standardization regarding testing frequency, procedures, and type (e.g. some employers provided testing while others had to assume that burden themselves to keep their families safe)
 - Perspectives on vaccination evolved over time (more experience and information helped with skepticism)
 - Concerns about vaccine mandates and their implications for their jobs



CONCLUSIONS/RECOMMENDATIONS:



- The impact of the COVID-19 pandemic on Black and Latinx ESHCWs was multi-layered. Fears of exposure and infection due to high risk roles, rapid changes in roles, responsibilities, and work environments, and concerns about income and job stability led to continuous distress. Before the pandemic, many health care workers were at high risk for anxiety, depression, burnout, insomnia, moral distress, and post-traumatic stress disorder (PTSD). The findings of this study highlight the critical need for employers to provide targeted programs that provide support, promote healing, reduce burnout, and enhance retention. Health systems need to improve work conditions for ESHCWs, ensure their well-being, and support their critical roles in communities during this pandemic and future public health emergencies.

LIMITATIONS



- The study collected data from Black and Latinx participants from urbanized counties in one state. The results cannot be transferred to other populations or rural settings.
- The study collected experiences from only November 2020 to February 2021, which means thoughts about testing and vaccination may have likely changed.

A Research Collaboration with



This summary was performed in October 2022. This summary includes only the results of a single study. Other studies may find different results. The study was supported by the NIH RADx[®] Underserved Populations (RADx-UP) initiative, grant 3UL1TR003017-02S2.

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