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The Role of Homecare services to Empower Elderly during COVID-19

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Abstract:

The aim of this study was to explore how homecare services work to support the elderly people during the COVID-19 pandemic in Gävle, Sweden. This study has been done by using qualitative methods to get a deeper understanding and knowledge about how homecare services are supporting elderly people at their homes during the COVID-19 pandemic. Furthermore, to collect the data for this qualitative study, semi-structured interviews have been conducted with four participants who have been working with homecare services. Empowerment theory has been chosen to explain and analyse how elderly people receive the support from the homecare services to continue their daily life during the COVID-19 pandemic. In the result the data that was collected for this study was arranged in two different themes: *Support Strategy and Challenges*. The results showed that the homecare services continue to provide the support and services to the elderly even in the time of pandemic. The finding also shows the different strategies that Homecare services apply to cope with challenges that they face while supporting their client as well as their workers during the time of Pandemic.

Keywords: *Homecare services, COVID- 19 pandemic, elderly people, empowerment.*

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1. Introduction

COVID-19, which is also commonly known as coronavirus, broke out as a pandemic in late 2019 according to World Health Organization s (World Health Organization [WHO], 2021) .People who get COVID-19 suffer from serious health issues and in the worst case can cause death. COVID-19 is a global issue and has been declared as a pandemic by the World Health Organization (WHO) in 2019 which has affected the society to its core (WHO, 2021). With globalization and movement of people, this virus has spread fast all over the world. According to World Meters (2021 May 18th) the number of people infected by Coronavirus is 164,660,382, and among them 3,411,800 have already lost their lives. Similarly, in Sweden the number of people infected by coronavirus are around 1,047,143. And among them 14,301 deaths (World meter, 2021). Half of the deaths caused by COVID- 19 in Sweden are among the people those over 86 years old, which explains the increased number of COVID-19-related deaths among the elderly Swedish population (Rambaree & Nässén, 2020).

In the case of Sweden, the Swedish government has given advice to its citizens to follow the instructions given by the Public Health Agency (PHA) to reduce the effect of virus. The Public Health Agency of Sweden (PHA) is an expert authority which has a responsibility for public health issues in Sweden. The Swedish government's approach to deal with the COVID-19 pandemic is to limit the spread of infection, limit the impact of critical services, alleviate general concern, implement the right measures at the right time, ensure that health and medical care resources are available. The recommendation and guidelines are to avoid any close contact, stay at home if you have any fever or cough, wash your hands, and use hand sanitizer. PHA advocates that people take responsibility on their own to help to stop and reduce the spread of COVID-19 (PHA, 2020). Additionally, during the COVID-19 pandemic people were categorized and kept in different groups as a risk group. Therefore, everyone can be at risk of getting infected by COVID- 19, but the elderly people are more vulnerable and have a higher risk of mortality if they get infected by COVID- 19. In other words, people who are over 80 years have five times more risk of mortality than other age groups (Rambaree & Nässén, 2020). The most affected group of people in Sweden are the ones who are aged 70 and over. With age, the severity of COVID-19 increases, so many old people in Sweden stay at home and isolate themselves. In March 2020, PHA recommended avoiding any social contact and to meet no one. This isolation has affected elderly people physically and mentally. This recommendation has serious consequences on elderly people so to empower them homecare services are provided (Public Health Agency of Sweden, 2020).

According to the National Board of Health and Welfare (2021) the number of elderly people granted to have homecare service are almost 236,000 who are 65 years and older. Furthermore, according to Article 5 of the Social Service Law (2001: 453), which is concerning the elderly, the care of social services must be focused on allowing the elderly to lead a dignified life so that they can feel happiness and that they are valued. It also says that it should work in such a way that the elderly must have the opportunity to live and work independently under safe conditions (The Swedish Parliament, 2001). Their fellowship with others has a meaningful existence. The law further specifies that elderly people should have good housing and should be provided with the help and support that they need (The Swedish Parliament, 2009). In Sweden homecare services are granted by social services which intend to give the help and support to a person who lives alone in their apartment or house. This service provides the individual all the needed support to stay living at their place. According to section 1 of the Social Services Act (SOL), homecare services provide service activities to individuals who live alone such as cleaning, washing up, and shopping. Additionally, it helps them with hygiene or cooking food. This service provides support a person to have a safety life in their own home and to live an independently life (The Swedish Parliament, 2001).

This topic was of interest to, as the authors, because the authors of this study feel there is a constant need to study more about elderly people as they are an important part of the society. During the Bachelor of Science in Social Work program, the authors also had a course that was directly connected to the elderly, where the authors gained important knowledge of this marginalized group. This research can provide the public with help to understand the role of homecare services especially for the elderly people.

1.1 Problem Formulation:

The authors of this study chose this topic to do further research, in order to understand the role of homecare services and their importance during the time of Pandemic. This study was done by two authors who were both born and raised outside of Sweden where they did not have any knowledge about homecare services before coming to Sweden. In this time of the pandemic, both authors' parents are in their home country, and they do not have any support from outside the family. This issue made the authors realize the importance of homecare services and their work during the time of this pandemic. There has been an ongoing conversation regarding homecare services and elderly people during the COVID-19 pandemic in Sweden.

1.2 Aim and Research Question:

The aim of this research is to explore how homecare services work to support elderly people to continue their daily lives during the COVID-19 pandemic in Sweden. Therefore, the research questions that are intended to be answered through this study are:

- What are the strategies that homecare services applied to support elderly people to continue their daily life during the COVID-19 pandemic in Sweden?
- What are the challenges that homecare services faced while supporting elderly people to continue their daily life during the COVID-19 pandemic?

1.3 Explanations of Concepts:

Homecare services: Homecare service is a support and care that is given to the person or individual who is in need of help, for example people who are old, disable chronically ill or the person who has undergone surgery (Leahy *et al.*, 2017).

Empowerment: “The act of giving somebody more control over their own life or the situation they are in” (Oxford Lexico, 2021).

COVID- 19: The virus is an infectious disease which is very new to the world and caused by the virus SARS-CoV-2, and it is also a respiratory pathogen (WHO, 2021).

1.4 Thesis structure

Chapter 1 of this study starts with the introduction which describes the idea and topic that the study will be about. Then, the aim of the study and research questions have been introduced. Furthermore, all the concepts have been explained and defined to make it clear for the reader.

Chapter 2 of this study provides previous research that has been conducted about how homecare services work to support elderly people during the COVID- 19 pandemic. In this chapter the authors have also looked at prior pandemics and the challenges they have caused.

Chapter 3 of this study presents the theoretical framework that has been used for the study which is empowerment theory. This theory explains how homecare service empowers elderly people to continue their daily life during the COVID- 19 pandemic.

Chapter 4 of this study gives an overview on the methodology. It includes the search for the literature, selection of informants, data collection, transcription of interviews, data analysis, credibility of the study, reliability and validity, generalization, ethical consideration, and limitation of the study.

Chapter 5 of this study presents the results and the data collected from the interviews.

Chapter 6 of this study will present the discussion which includes the analysis and interpretation of the findings that have been gathered which are related to the aim of the study and research questions.

2. Previous research:

In this chapter the authors have presented some of the previous research that has been done in relation to this study. In this section, two sub- themes have been created for a better understanding: a) Effect of the pandemic on homecare services & the elderly, b) Empowering the elderly during the pandemic. Which has been further analyzed and discussed with the findings later in this study.

2.1 Effect of pandemic on homecare service & elderly:

According to Sherry *et al.*, (2009) research done during the influenza pandemic homecare workers had almost 3 times more clients than hospitals. The health care worker's task was to help the care receiver with cooking, going to the bathroom, bathing, and housekeeping as well as giving company to the people who were isolated, disable and disoriented. This also put homecare workers at the risk of exposure and getting infected themselves. Furthermore,

health care workers may be in conditions where they could not afford health services due to low wages. The homecare services were willing to help the care receiver under the pandemic. However, this could be harmful to the safety of the homecare workers and their family which made it challenging for them. Therefore, it was essential to put into consideration that homecare workers were on the first line of danger, and they should be part of the health care infrastructure and receive high priority for vaccinations and treatments (Sherry *et al.*, 2009). Homecare workers should have good conditions to work because without them the care receiver would be left alone and would not be able to receive help. People who worked with home health care were the people who were dedicated to help the elderly people, people who had disabilities and other causes where they needed help to do their daily work. These workers had direct contact with their clients and put themselves at a higher risk of getting infected or infecting members which was one of the challenges. One of the key factors that kept homecare workers at high risk was the lack of training and knowledge. Most of the people who worked in home health care were women or were from the minority group with low-skill and competence. Furthermore, home health care workers should be given more importance regarding their own health and should be supported by the Government. They should not be forgotten and neglected towards vaccines. Home health care workers should be supported with income increase if they become sick and should have better insurance policy.

According to Rowea *et al.*, (2020) unfortunately, the homecare worker had been the means of source for the spread of COVID- 19 among elderly people. It was challenging that the elderly people had to meet the homecare workers because they needed aid to do their daily routine. The problem was that the family member as well as the clients were scared to meet the homecare workers and vice versa because they did not want to expose themselves to the worker and risk getting infected by COVID-19.

According to Rowea *et al.*, (2020) the organization was also facing challenges like lack of protective equipment due to supplies being rejected because of lockdown. Lack of clear direction from the government about how to tackle the COVID-19 pandemic. Homecare workers were not allowed to come to work if they have any symptom of COVID-19 for example fever and cold. The homecare agency had a special policy that homecare workers should check their body temperature before coming to work and should report to the work, if they had fever then they could be at home with payment. The homecare agency took all the symptoms of Covid-19 seriously and checked with clients as well as the worker daily. The homecare agency requested their clients to call them if they suspect any homecare workers are ill. Further on, all the homecare workers were given training and support which include how

to use protective equipment like gloves, changing shoes and disinfecting to reduce the spreading of COVID-19. The staff were reminded with text from time to time about the precautions from the homecare Agencies. Additionally, to prevent the elderly and workers from infection the homecare agencies try to send the same staff to the same elderly person (Rowea *et al.*, 2020).

According to research done by Susan *et al.*, (2020) in the USA, when the COVID- 19 pandemic occurred, the government did not provide much support to the homecare nurses and aids. The government provided hospital and nursing home personnel with instructional videos, updated information, and webinars about the COVID- 19 pandemic. According to Susan *et al.*, (2020), the agency employers were also worried about the safety of its homecare workers essentially when the agency did not receive any information about the clients who got infected by COVID- 19 or its symptoms. Additionally, the nation had already been facing the problem of shortage of aid and high paid job turnover. The Homecare agency (HCA) could face challenges with frequent call offs or absenteeism of homecare workers. The HCA had reported that homecare workers did not come to work because of illness such as fever because it was one of the symptoms of COVID-19. Further, other homecare workers, who were over 60, called off work because they were afraid of being infected by COVID- 19. Other homecare workers were concerned about their childcare responsibilities. Moreover, due to the COVID-19 pandemic many HCAs had faced problems recruiting new employees and that was because it was hard to make work interviews due to lockdown which was also hard to the people to join these interviews (Rowea *et al.*, 2020).

According to Armitage & Nellums (2020) elderly people were told to self-isolate themselves to protect themselves from getting infected by COVID-19 as well as to prevent burden in the health system because it cost money and time. Further on, Self-isolation will disconnect elderly people from their loved ones and with the people with whom they had relations outside of home, for example in the community centers, church, temple, mosque and library. The only contact they relied on were the voluntary services or the services they got from the social services. On the other hand, social isolation was one of the main causes for other mental health issues which put elderly people at risk of being depressed and anxious.

According to Rambaree & Nässén (2020) In Sweden, Elderly people are pointed out as vulnerable to COVID- 19 which give them a sense of being excluded from their own society. Additionally, Elderly people feel like they are seen as the burden of society and unnecessary members of society. This negative reaction from society makes elderly people feel lonelier and alone. This negative reaction also forced them to stay at home. Furthermore, loneliness can

trigger other forms of mental health issues (Rambaree & Nässén, 2020). Additionally, according to Mamun & Griffiths (2020) social distancing and isolation can build mental health issues among the elderly people which can trigger fear, sadness, irritation, anger, loneliness, worrying, nervousness, and helplessness. These mental health issues can further develop into suicidal behavior which was estimated around 90 percent among the people with mental health conditions.

2.2 Empowering elderly during pandemic:

According to Szebehely & Trydegård (2011) the main task of homecare workers was to provide elderly people with services so the elderly people can continue their life in their home. Furthermore, elderly people have received various homecare services such as cleaning, shopping, washing clothes, and cooking by the help of homecare workers so that elderly people can get a good level of quality life. Moreover, homecare workers provide emotional and social support to the elderly people which was an important part of their work.

According to Hansen (2016) the help of homecare workers, elderly people can become independent and do their own work with little help which help elderly people to improve their quality of life and municipality to save their budget. This homecare service helps elderly people with their personal hygiene, washing, bathing, and cooking, cleaning and other personal service. The homecare worker today can get education in the related area and can be a professional homecare worker, this education program contains 14 months of education.

According to Sherry *et al.*, (2009) home health care services were the important part during the time of pandemic because they provided services even at the time of emergency to the people who were unable to support themselves at home. It was estimated that 1.5 million of workers provided services to the 7.6 million of care receivers and most of the people who worked were the women and people who were from ethnic minorities who worked for the minimum wages in the US. This indicated the stress level that homecare workers had and the income that they got was not fair which might be one of the challenges that they faced themselves. Homecare workers also risked their health while working during a pandemic.

3. Theoretical Framework:

In this theoretical framework, empowerment theory has been chosen because it explains how homecare is trying to empower the elderly at their places. Empowerment theory aims to mix between empowering the individual and its results (Moran *et al.*, 2014). Empowerment can be defined as how people can gain control over their own lives (Perkins & Zimmerman, 1995). Thus, empowerment has been chosen for this study to support the research aim. In addition to that, according to Segerfeldt and Tenazoa (2010) empowerment is the concept that started to rise among different professions such as politicians, activists, social work and also among the people with healthcare. This concept became shortly popular because it gave the caregiver the opportunity to help and encourage clients by using different resources. Empowerment is the process through which people can get control over their own life and health too. Moreover, according to Cheryl & Gibson (1991) the lack of empowerment in someone's life can also lead to a sense of helplessness, powerlessness, and hopelessness and less confident and a sense of no control over their own life. Some of the processes include talking and listening to them, giving them appropriate advice to support them, building relationships, giving them respect and treating them with dignity as well as encouraging them to do things like taking a walk or doing other activities. According to Payne (2008), Power is something that is impossible to give someone but instead one can be encourage and help someone to take power themselves. The main goal of Empowerment is to help people to achieve their goals by helping them to reduce the obstacle that stands in their way and gaining power to take decision in their lives (Payne, 2008). Empowerment means to encourage people to get out from powerless position and to take charge of own life. The term of empowerment is often connected with the vulnerable group of people who are seen as the weak member of the society, such as drug abuser, immigrants, and elderly and disable (Askheim & Starrin, 2007).

Additionally, theory of structural empowerment also discusses organizational behavior and the process of empowerment. According to the empowerment theory, at the workplace workers can be empowered by providing them with access to support, resources, information, and a chance to develop and learn opportunities. Empowerment can enhance your ability if you have a good working environment (Kanter, 2010). Additionally, employees can be empowered psychologically by giving them the sense of inclusion and a sense of power by letting them impact the organization, job meaningfulness, decision making, autonomy, education and training (Kluska *et al.*, 2004). Empowering the employees encourages the employee to work

honestly, take more responsibility, work effectively, and give their best to do their work in meaningful ways (Degner, 2005). Employees who are empowered are more committed to the organization, more accountable for their work, and better able to fulfil job demands in an effective manner (Degner, 2005). As mentioned before, the aim of this study is to explore how homecare services support elderly people and that is why this theory has been chosen. According to Moran et al., (2014), every person no matter age or ability should have the right to live their daily life and share in all activities in society. Therefore, with empowerment theory, the homecare services will empower elderly people to live and do their daily activities every day with the help of homecare services and achieve the empowered goal (Perkins & Zimmerman, 1995). Furthermore, elderly people will gain more power and confidence and be part of the society and be part of all the activities in society during the empowering process (Moran *et al.*, 2014). Through homecare services, elderly people will be able to get the needed help physically and mentally which will give them the strength to do their own activities (ibid.)

4. Methodology:

In this chapter the authors have given an overview on the methodology used throughout this study. It includes the search for the literature, selection of informants, data collection, transcription of interviews, data analysis, credibility of the study, reliability and validity, generalization, ethical consideration, and limitation of the study.

To explore how Homecare services work to support the elderly people, and to continue their daily life during COVID-19 in Sweden, a qualitative study method was chosen to do this study. This method was chosen to gain deeper understanding and knowledge because this method will help us to unfold and go in depth regarding the aim and research questions. This study focused on the method that is exploratory and helps to understand the audience the thoughts and feelings of the participants, that is why qualitative research has been chosen (Patton, 2015).

4.1 Literature exploring:

To find the suitable literature for this study the main source of reference was from the databases and search engine of University of Gävle (discovery, Ebsco, google scholar, Diva and SocIndex). The main words used for the search were Homecare service, elderly people, COVID-19, and Empowerment, because all these words are the typical word associated with

the study and are as well as important to this study. Some relevant articles and information came up which helped us with this study information as well as to view from other perspectives too. Likewise looking for the word empower which relates to the theory of this study, we found the book written by Perkins & Zimmerman in 1995 which is very relevant to the study.

4.2 Interviewee selection:

Choosing the right person to interview was one of the most important tasks for this study. Through convenience and purposive sampling strategy the participants were contacted and interviewed. By using convenience sampling, the authors of this study contacted interviewees through one of the friends who work at homecare services in Gävle, Sweden, and asked them if they wanted to be part of the study (Patton, 2015). This also pertains to purposive sampling due to how it narrowed down the sampling to only people working within this related area. Therefore, filling the purpose of this research. Thus, it was very important for the authors to interview someone who had experience and was an expert in this field, because most of the important data was collected through the interview. All together the authors had interviewed four participants in this research, one participant was the manager of the homecare and two were the workers of the homecare services and finally one was the chief executive officer of the Homecare services (Patton, 2015). Furthermore, one of the participants was contacted through phone calls and other through convenience sampling for the interview.

The interviewees will be represented as Participant A, Participant B, Participant C and Participant D. The name of the Participants is coded as A, B, C and D to protect the participant rights to be anonymous and to follow the ethics of the research. The table below gives an information about the participant who took part in this study.

Name	Work Position	Experience
Participant A	C.E.O	15 + years
Participant B	Manager	19 + years

Participant C	Homecare worker	3 + years
Participant D	Homecare Worker	1 + years

4.3 Data collection:

In any research, data collection is one of the major processes because it is the link between theory and practice (Grinnell & Unrau, 2018). When studying the entire research process, data collection does play a role in linking theory with the practice (Grinnell & Unrau, 2018). For the authors, finding the connection between the selected theory and the semi-structured interview is therefore important. By using convenience and purposive sampling strategies data was collected through various qualitative interviews. Through semi-structured interviews with four participants data was collected for this study. The interview was guided by open-ended questions to conduct qualitative study. This meaning that the authors were able to have an open discussion with the interviewees during the interviews. Also meaning that the interviewees were able to express themselves more freely and there was no strict structure to the questions asked. The questions were designed to meet the aim and research questions but were free for any change if needed (see Appendix I), which was an aspect of the chosen semi-structured interview method. Before starting the interview, the participant of this study was informed about the aim and the purpose of this study as well as the informed consent were signed. The participant was given the option to choose the place and time where they felt safe and comfortable.

To collect the data the authors of this study has used the method called thematic analyzing which lets the authors analyze the interview after the transcribing is done from oral to text format. To analyze qualitative data the thematic analysis method for this study is applied because with this method the authors of this study could discover the participant's point of views, feeling, and experience (Caulfield, 2016). The six-step process of thematic analysis has been used in this study which include Familiarization, Coding, generating themes, reviewing themes, defining, and naming themes and writing up (Caulfield, 2016). In the first step of this stage in the familiarization the authors of study have read and reread all the interview

transcripts and listened to audio recordings several times to be familiar with the entire body of data before starting with anything. Further on, it has been used to basically understand the data and to get to know the data (Caulfield, 2016). In the second step the authors started to sort the data in the systematic way which saved time as well as reduced unnecessary data. The authors of this study was focused to answer the research question and aim so the thematic analysis method was chosen instead for an inductive method because it gave the authors the ability to code data that was relevant and interesting for this study. In the third stage the interesting and related data was searched, collected, and coded into potential themes to answer research questions. In the fourth step the themes were rechecked, if it was related to the study, does it work in relation to the data collected and thus were re-organized. In the fifth step the themes were named and defined and were given clear definition because it was the final step to refine the theme. In the final step which was also the end part of the study the data which were collected were interpreted and the final report was made (ibid.)

4.4 Interview transcription:

All interviews were conducted in the Swedish language and were recorded on a mobile phone by the authors. The authors of this study transcribed the interview from a recorded audio file to text because of a lack of a program that transcribes Swedish language to English language and to avoid any mistakes. After transcribing the whole text, the authors checked all the text word-by-word to avoid any transcription errors. Both authors of this study looked closely at the transcription as both authors can speak both languages and double checked it together. Further on, to make the transcription more valid, the authors of this study had asked one of their colleagues to listen to the audio recording and read the transcribed work. Furthermore, the quotations that have been used in the result have been transcribed from Swedish language to English language by the authors in this study. First the whole recorded audio file was transcribed from audio to text. Then all the text was translated from Swedish to English language, after that the important and valuable data was taken and coded, and later on analyzed in regard to the theory and previous research.

4.5 Credibility:

Credibility or trustworthiness means that the information that is given to be effective on the study (Grinnell & Unrau, 2005). Additionally, to give the study more credibility can occur through communicating with the participant on the study and asking them for their

consensus (Flick, 2007) Moreover, the participants have been asked for their permission to contact them again for further information during the study if the authors needed more information from them or if the authors had missed any important information for the study. However, the data collected in this study are mostly through interviews. Therefore, the authors had chosen to interview four participants to have a better credibility. Furthermore, the authors compared the answers that were collected from the four participants and see the differences as well as their similarities. This comparison of the data that have been provided by the participants had shown the weakness and strength of the data so that the validity of this study was strengthened (Patton, 2015). Furthermore, the interviews were conducted through physical meeting but holding distance to avoid any type of misunderstanding and misinterpretation.

4.6 Reliability

Reliability means the trustworthiness and sureness of research results. Reliability must be complemented with credibility to effectively evaluate study quality (Brinkmann & Kvale, 2015). To make sure that this study will get strong information so open- ended questions are used. Furthermore, guiding questions have been created to answer the research questions and aim of this study. By interviewing the people who have experience in the related area had added reliability to this study. Out of the four participants of this study, two of them worked in the field and the other two worked in the office. Additionally, the data has been collected through interviews and thoroughly analyzed. While interviewing, one of the authors was observing the interview and the body language and the other authors was interviewing. The interviews have been conducted in Swedish language because Swedish language was the native language of participant which they preferred while asking for interview. The interviews were conducted face to face to get good observation for the expressions and body languages.

4.7 Validity:

Validity is regarding that if the study has answered the research questions or not. Validity refers to the validity of the actual results being measured in comparison with the realistic results, the existing theories, and it also indicates the validity of the scale compared to what will be measured. If the research is highly credible, this means that it will yield results that correspond to real characteristics and changes in the physical or social world (Brinkmann & Kvale, 2015). The authors of this study have divided the interview question into different sections to get clear answers which were helpful in the study. To maintain the validity, the

authors of this study has created an interview guide and has organized the data into different themes. As well as to maintain validity, interview questions and interview guides were built in such a way to answer the research questions and were checked by professionals.

4.8 Generalization:

This study does not focus on generalizing but rather focuses on providing a deep understanding about the human experience and feelings. This study cannot be generalized because generalization refers to the big sampling of a population and this study has only included a small number of participants (Brinkmann & Kvale, 2015).

4.9 Limitations within the studies:

This studying has been conducted during the COVID-19 pandemic, so the authors of this study could not perform as many interviews as possible due to COVID-19 pandemic and the restriction that was recommended by the Swedish Government. On the other hand, one of the participants was old and did not want to meet due to COVID-19 risk of spreading and could not do it via online either due to the lack of knowledge about digital technologies. Additionally, the study could have been done in more depth by adding more participants. The lack of time, risk of spreading COVID-19 and the lack of participants were some of the main things that limit this study to perform in a deeper way. This research study relates to elderly people and the homecare services in Gävle. Due to COVID-19 and the risk of spreading, it was not possible to interview as many people as the authors wanted to conduct for this study. Further on, to make interviewees comfortable and to gather as much information the authors of this study had decided to do an interview in Swedish but were worried about misinterpretation since Swedish is not the first language of the authors. Since the COVID-19 pandemic is not so old therefore there was not so much previous research in the related field as the authors had wished to have. Likewise, the authors could not find many books related to elderly people and COVID-19 either.

4.10 Ethical Guidelines:

Ethical considerations while conducting a research is so vital because it guarantees mutual respect and fairness for collaborative work. Further on, social science and social science

research are about humans, therefore, it was important with ethical consideration to support important social and moral values such as not causing harm to other humans (Brinkmann & Kvale, 2015). Ethical consideration consists of a number of important sections that have been included in this research that are: 1- informed consent which means that the participant was well informed about the research which have been done in this study, two of the participants (the CEO and the manager) got the consent and signed it before conducting interview and two of the homecare worker were given verbal consent to avoid any physical touch this consent was recorded in audio file (Patton, 2015). Moreover, participants were given good information about the purpose of the research and aim (ibid.). 2- Voluntary participation which means that the participant has the whole right to participate or not was included in the consent of the interview and was said in a verbal way too. Furthermore, they had the right to withdraw at any time without penalty or any loss (ibid.). 3- The authors were very assured that the participant will not get any harm in any physical or mentally way during the interview or because of the interview as well as no person or animal were harmed during this process. 4- Confidentiality which means that only authorized persons will have the right to access to data and that individual clients cannot be identified if any data which are written at the research paper were informed to the participant of this study. 5- Anonymity of the participant will be assured and the identity of participants will be hidden (Patton, 2015). Overall, the method and data collection will be of high ethical considerations. By using convenience and purposive sampling strategies, the authors have been able to get in touch with appropriate candidates of the population sample. Furthermore, the authors of this study have tried to do this study honestly and avoid any bias and have been true to develop the research area and have not manipulated any participant or this study. The authors of this study were respectful to each other and with other participants of this study and have not harmed any society, culture, or the environment. All the data and audio files are saved to give scientific evidence of this study. The authors of this study have applied the ethical codes as a base for ethical considerations in this study that has been provided by the National Association of Social Workers (NASW) (NASW, 2008).

5. Results:

While collecting the data and conducting this study, the authors have found two relevant themes that relate to this study's aim and research questions that will be presented in the following chapter. The two themes that were found are the support strategies and challenges

that homecare services use while working with elderly people during COVID-19 pandemic. Under these two themes, sub themes are categorized to present the perspective of participants as well as some quotations that relate to the research question. In the end of each theme the authors show the analysis in relation to the previous research.

5.1 Theme 1: Support strategy:

In this first theme, the authors have explored what are the strategies that Homecare services applied to support the elderly people to continue their daily life during COVID-19 pandemic in Sweden. Furthermore, this part is divided into sub-theme to answer the first research question and thus connect to the aim of this study. The sub- themes are prevention of infection, Support to the elderly, Breaking isolation, Continuity of Care, and Keeping up to date.

5.1.1 Prevention of infection:

Prevention was one of the strategies that homecare services apply to protect themselves and their clients from the spread of the COVID- 19 virus. At the beginning of COVID- 19 pandemic, many homecare workers feared the spreading of COVID-19. However, using the protective equipment in the right way and washing the hand reduced the spreading of COVID-19 and made the workers feel safer. Participant A stated that:

“We have had units or people who have only worked with just the protective equipment, we have had several or a couple who have only worked to buy protective equipment, so here in Gävle we were the first to have mouth guards on e.g., we started with that before the summer.”

The restrictions recommended by the Swedish public health agency have helped the organization to reduce spreading of COVID-19. For example, elderly people were recommended not to visit their relatives and vice versa to prevent crowds and consequently the spread of viruses. All the homecare workers were given instruction to follow the appropriate training that were organized by the organizations such as basic hygiene routines, protective

equipment at the right way and place, and they restricted coming to work if any of them had symptoms of sickness (Participant A, B & C). Likewise, participated A stated that:

“What we do is to ensure to follow all routines, basic hygiene routines are very important, it is almost impossible to express how important only this part is, and unfortunately it is lacking.”

Additionally, the clear instruction and training about how to use the equipment while working in the field did not only help to reduce the cost but also made the homecare workers feel safer. Participant B Stated that:

“There have been many who have been afraid, but with the protective equipment that you put on the right and take off the right, and that you wash your hands properly, the risk of spreading infection will be very small, the risk of becoming infected yourself.”

And Participant C has also stated that:

“The restrictions have helped and thus the measures in the office itself, that one should wear a mask, aprons when appropriate. In this way, the government has also helped encourage and implement the general rule for the pandemic.”

Above dialogue explains that using the protective equipment in the right way can reduce the risk of spreading of COVID-19. The organization and the worker worked together to combat the risk of spreading the virus as well as to help elderly people during the COVID-19 pandemic. Furthermore, the organization cancelled all the ordinary meetings with the worker from the start of January to prevent any chance of spreading of COVID-19 by avoiding direct contact and to protect the workers and the clients in the same way. Only the important and emergency meetings were conducted in the organization (participant A &C). Participant A stated that:

“The organization cancelled all the major personal meetings already at the end of January, so they canceled all unnecessary, or minor meetings.”

The Organization has planned to reduce the spreading such as they make special lines which include the same worker who can go to the same clients who are infected by COVID-19 to reduce the spreading (participant B). The organization has planned that every homecare worker at the organization will be sent to the same elderly person to limit the spreading, for example, if elderly person (x) gets sick, the organization will know which homecare worker was there and then they could identify (Participant B). As Participant B stated that:

“I absolutely think so, we had one case last year when the pandemic just happened then I also was infected by the virus, we do an infection tracking, that is how we know that the customers we had, had received it from the family member that they had continued to meet, so then I also had to rebuild that the same workers go to same clients.”

Also, according to participants (A & B), if the workers have even a minor symptom of sickness like a slight headache, they were prohibited to the center and were not allowed to come to work. This was not only to protect the clients but also the workers as well. Before the COVID-19 pandemic, the homecare workers could work even if they had a cold or some minor seasonal sickness but from the interviews it was seen that it has been forbidden to come to work if slight symptoms (Cold or fever) of COVID- 19 occurred just to be proactive about it. As the participant A has stated:

“We were also the first to include all restrictions on how to work, with the slightest sign of illness nobody was allowed to work.”

According to participant (B), every homecare worker understood the seriousness of getting infected with COVID-19 and had better knowledge about COVID- 19 symptoms and had been very careful while working with elderly people during COVID-19 pandemic as they are the vulnerable population. The communication between staff, managers, and the chief executive officer (CEO) had worked out very well and everyone understood their work at the organization individually which made it easy to function properly and help the elderly to their best ability. Participant B stated:

“The cooperation with the staff and the cooperation with managers and protective equipment, it has worked well, it has gone well because they have understood all the time. Of course, it has been difficult, very difficult that this exists, but I think it has worked very well.”

Since everyone has called when they have been ill, everyone has understood seriously from the beginning. So, I think it has worked just fine. I think everyone has helped.”

5.1.2 Support to the elderly:

Homecare workers perform many tasks to empower elderly people because without the help of homecare workers elderly people will not be able to continue their daily life. Some of the important assistance consists of help with personal hygiene, feeding, heating the food, going shopping, calling doctors, giving medicine, and going for a walk. Participant A has mentioned:

“Everything is possible, it's everything from the fact that we only clean every three weeks to that we take care of all personal hygiene, feeding and everything. It's very different depending on the needs of the customer.”

These services vary from person to person depending on what kind of needs they have. Some of the elderly might just need help with heating the food, reminding them of taking their medicine, and making sure they are fine as well as taking a walk. On the other hand, other elderly people depend totally on the homecare workers such as feeding, reminding them of their daily medicine, hygiene and even going to the toilet. The support that elderly people get from the homecare workers help them to continue to live a quality life. This also gives elderly people a sense of having control over their own life. Participant A state:

“It is individual basis on what is assessed by an aid assessor, or it is the aid officer who decides what we are to help with.”

These were the important things that participant A had pointed out. Some clients have chosen to isolate themselves and maintain safe distance, and followed the instruction given by the government while others go out like normally before (Participant A). As Participant (A) stated:

“It depends on what they need help with. If they do not get food for example, they will die of starvation.”

According to the participants, elderly people are vulnerable in this time of pandemic, and they need help. Homecare workers are their support and help them with most of the daily work. A social connection is one of the basic needs of the people and now in the time of a pandemic it has become more essential. Building a social connection means for example when homecare workers go to the elderly with good energy and behave nicely as expected then there is a greater chance that the elderly person also becomes happy and thus can help the workers to build relationships. Participant A has mentioned:

“Yes, absolutely the mood that we have, we are infected by others' moods. Because if you are happy and nice, the clients you are with will be happy and nice, if you come in to someone older as a homecare worker in a bad mood then the clients will also be sad and in bad mood, but if you come in in a good mood then is the chance that the older one gets in a slightly better mood is general.”

Before the pandemic the elderly people could hang out with their friends and family but now due to the risk of spreading COVID-19 they do not meet people, so the only physical or social connection they have are the homecare workers. The homecare workers help elderly people to break their isolation and do some social activities (Participant A). It was even important for the elderly people who have chosen to isolate themselves from others. Even though homecare workers got less time during COVID-19 pandemic to spend time with their clients, they are doing their best to empower their clients. The clients did not meet their family which made them feel lonely and depressed. Therefore, it was seen that it was of importance for elderly to at least meet homecare workers who they can have in person social contact with. Participant A:

“First and foremost because they have basic needs which they cannot meet themselves, so it is important to support them whether it is a pandemic or not, but before it was clear that some who were used to hang out with other people but now they cannot, so the homecare service is the only social contact they have, it breaks intensity of the isolation, in a sense that they still get to meet their contact person”

5.1.3 Breaking Isolation:

One of the big parts of empowering elderly people is giving them social company regardless of the pandemic. Social connection is one of the basic needs of the people and now in the time of pandemic it has become more essential because many elderly people choose to isolate themselves. Before the elderly people could hang out with their friends and family but now due to the risk of spreading COVID-19 they do not meet people so the only physical or social contact they have are the homecare workers. The homecare workers help elderly people to break their isolation and do some social activities (Participant A). However, in this time of pandemic the homecare workers do not encourage any people to break their isolation, instead they encourage them to take a short walk with the homecare workers instead (Participant A). Participant A stated that:

“We cannot encourage them to break the isolation or to meet other people, otherwise they can go out with homecare workers anyway, we always try to encourage them for those who want to go out, so it has not made any difference for those who are used to going out and walking, they still have got their walks, they are the ones who have had daily activities or go down to enjoy outdoor.”

5.1.4 Continuity of Care

By far the homecare organization had not any shortage of workers so they can continue to give general services to the clients (Participant A). Homecare workers offer help to the elderly people even if they are sick or have COVID-19 because most of the clients get the help only from the homecare workers and without this help, they could even die. Even when they have COVID- 19 the help was provided but only with the emergency things carefully (Participant B). Participant B stated that:

“Because they still need help, even if they are ill. On the other hand, if we say that a customer has ten visits a day then have something called social gatherings where you hang out with customers, go out and take a walk or wherever it is now, we did not, but it was quick visits, in and out. Then there were some who were so ill that they could not eat or drink by themselves, then you went there to give them something to eat and drink, so then it was still there all the time.”

5.1.5 Keeping Up to/date:

Another prevention method for the homecare workers to follow is the new plans and training that help the homecare workers to do their work in the right way and get updated with new information and rules (Participants C & D). PHA of Sweden provides the information to the organization which further they provide this information to the homecare workers. The participant D has argued:

“The organization that I work for, yes, but it is a detailed plan. Clear instructions so that I know what to do so that I know that I do things the right way, that they give me the training I need to be able to know how to satisfy the customers in the right way by performing great work, with the right treatment. And as with proper routines and efforts through clear information and planning from them. Then I get to feel safe because I know what to do”

5.2 Theme 2: Challenges:

In this second theme, the authors have explored the challenges that homecare services faced while supporting elderly people to continue their daily life during the COVID-19 pandemic. Furthermore, this part is divided into sub-theme to answer the second research question and thus connect to the aim of this study. The sub- themes are: Workload, Communication with clients, Working with fear, and the elderly’s pessimism about the future.

5.2.1 Workload:

If the workers got sick and the organization faced a crisis of the workforce then the emergency help for elderly people would be given priority. This help includes as participant (A) stated:

“I usually say that eating, going to the bathroom, and sleeping is like the basics, they have to be allowed to do that. It's like the basic level “

Further on, the homecare workers mentioned that they feel more stress at work due to having to do more tasks with less time. Doing extra things such as wearing masks and changing all the protective equipment all the time during each visit with each elderly person and that can

happen by getting more support from the municipality. (Participant C). The participant C has stated:

“Yes, but it turned out to be this stressful moment, as well as the fact that we needed to do a few extra things. We did not get more time for it, so that's what affected me. It became stressful when we had to put on visors and masks and aprons in the beginning. He got it. It took time like that. Even though it takes some time. But if you put them in all visits, it will be a lot. But we did not have time for that”

Additionally, homecare workers only get one hour per week from the municipality to spend with their clients. According to participant (B) clients need more time during the COVID-19 pandemic from the municipality to spend with their homecare workers because they are the only one who they meet, and it is a social need of human beings. However, homecare workers need more time from the municipality at work so they could spend more time with their clients Participant B stated that:

“I think that in terms of money from the municipality, because it is the municipality that decides, we are private, so the municipality invoices that gives us money, but I think that the municipalities they need to give the homecare service more time to the customers we have, because they get a decision by an administrator that e.g. Emil can meet the home help three times a day but he may need, social meet the home help six times a day, then maybe he needs to go for a walk three times a week, not once a week, so they would have given more time to the elderly who sits inside and cannot get out, I think”

5.2.2 Communication with clients:

According to the participants, at the start of the pandemic, several clients have been infected by COVID- 19 which require homecare workers many new rules and restrictions during their work such as: visor, mask, clothes, and sanitizer. This problem caused by the COVID-19 pandemic forced the organization to reorganize the whole working plan for the organization and for its workers not only to protect the clients but also the workers. All these restrictions were challenging for the homecare workers because to talk with a mask on makes it difficult to talk with the clients and create misunderstanding as well as hard to show facial expression. It was hard for the clients because some already have problems with hearing and with the mask

the problem becomes even bigger and makes the elderly person not understand the homecare workers correctly. As participant A has stated:

“I experience that the staff has stated that it is most difficult to work with masks and visors because the clients do not hear what they are saying correctly. You have to be clear and speak louder and be close and a bit like that”

5.2.3 Working with Fear:

Many homecare workers risk getting infected by the clients because some of the clients were still meeting their relatives and some clients did not stay at home and went out to the city and meet other people which was challenging and risky that they could get infected by COVID-19 and spread it between the homecare workers (Participant C). Moreover, in Sweden staying at home is voluntary and it is not like in other countries in the world where lockdown is obligatory.

Also, some clients were infected by COVID-19 which made homecare workers worried and scared that they might get infected as well. Moreover, many homecare workers live with parents or relatives who are at the risk group, and they do not want to infect them nor want to infect the clients or anyone closer to them (Participant C&D). Participant D has argued:

“So, it was uncomfortable. Considering myself, I'm not afraid of getting sick, but it's more that I should pass the infection on to relatives with me or clients and people in my vicinity as it's scary because everything was new. They knew nothing about what the infection itself was like. It was like a lot of back and forth with the information, and it is of course scary because you do not know what to”

Just going out to work in the time of COVID-19 pandemic was itself a big challenge for homecare workers because they risked themselves to get infected on the way to work or at the work (Participant A). Participant A stated that:

“it is challenging because the spread of infection is going on throughout society, everywhere, our staff becomes or is at risk of becoming infected on the bus here or on the way here or at the store or from the children who come home from school and so on”

5.2.4 The elderly's pessimism about the future:

One of the challenges is to motivate elderly people and to be positive even at the time of COVID-19 pandemic and tell them that it will become better someday. This is especially challenging because some of the elderly people would not be alive when the pandemic is over and for others, they have death anxiety because of COVID-19 and think they will die any day (Participant A). As the participant A mentioned:

“I would probably say that trying to help them keep their spirits up, it will come to an end, it will get better, I can imagine as some who are older they already know now that they may not even survive that long until this one the pandemic has calmed down so that it is a challenge for those who already think they are going to die any day”.

6. Discussion and Analysis:

In this chapter of the study, the authors have provided a discussion about the results connected to the aim, theoretical framework, and previous research of this study. Furthermore, the authors have also discussed methods that have been used in this study to do qualitative research and room for further study in the related area.

6.1 Summary of finding

The findings showed that homecare workers had tried to support the elderly people by preventing the infection among themselves and the clients. Further, homecare workers tried to empower the elderly people by supporting them with their basic needs, social needs, physical needs, and health needs. In addition to that, homecare workers support the elderly people by doing some activities together to break the feeling of isolation. However, homecare services have faced challenges while supporting the elderly people. Homecare workers did not have much time during their work which caused them stress. Further, homecare had worked with

fear to get infected by COVID- 19 and spread it among their relatives, family or even the clients. Moreover, during the COVID- 19 homecare workers had to use protective equipment such as masks and visors which make it hard to communicate with elderly people especially those who had problems with hearing.

6.2 Result discussion:

The aim of this study was to explore how homecare services work to support the elderly people to continue their daily life during COVID-19 in Sweden. Here the authors will discuss the results discussion in relation the two questions which are: the first question of this study is what are the strategies that Homecare services applied to support the elderly people to continue their daily life during COVID-19 pandemic in Sweden? And the second question of this study was what are the challenges that homecare services faced while supporting elderly people to continue their daily life during COVID-19 pandemic?

6.2.1 Strategies to support elderly people:

The result showed several different strategies used by the homecare services and workers to prevent the spreading of COVID-19 while also trying their best to empower and support the elderly clients.

When working with clients through homecare services, the main purpose is to maintain the elderly person's sense of individual independence. Homecare services had to change their way of work because of the ongoing COVID-19 pandemic. They had to change their strategies in such a way that they make sure their workers as well as their clients are being protected. Though according to some recipients shown in the result they felt worried because the homecare services were not prioritized by the government, which led to confusion regarding how they should execute their work (Susan *et al.*, 2020). Therefore, the homecare services had to work out strategies for how their workers should interact with clients. The result showed that strategies used were whether the same worker visited the same elderly person as to prevent spreading of COVID-19. This was also so that the homecare services in the case that someone got sick could isolate and gain some control over the situation since they know who is sick and who has been in that homecare room. Special protection was used, such as gloves, visor, masks, and sanitizer, when visiting the clients in their home.

While the authors looked at the answers of the first question from the results and other studies, they found that the homecare services have strategies to protect themselves and the clients. Looking at the result of this study, the homecare service follows the guidelines that are provided by the Public Health Agency of Sweden. The instructions were to use the gloves, mask, and aprons and to use hand sanitizer while working with the clients and to change it after every visit to reduce the risk of spreading COVID-19. After getting the information and the instruction to reduce the spreading of COVID-19 from the PHA, the organization further provided this information to their workers which the workers apply while working with the clients. The homecare services lacked the support from the government because they are focused much on other health services. Additionally, Hansen (2016) showed that it was important to provide homecare workers with appropriate training and education to empower elderly people. Another study showed that homecare workers were provided with training and support. The training included how to use protective equipment like gloves, changing shoes and disinfecting to reduce the spreading of COVID-19. Additionally, the staff were reminded with text from time to time about the precautions from the homecare agencies. Additionally, to prevent the elderly people and workers from infection homecare agencies try to send the same staff to the same elderly person (Rowea et al., 2020). According to the empowerment theory workers can be empowered by the organization by giving them rights to information and support as well as being concerned about their health (Kanter, 2010). The results showed that the organization received instruction and information from the PHA of Sweden. Then, the organization further provides the instruction and protective equipment to the homecare workers. Thus, the homecare workers can use these instructions and protective equipment to avoid the risk of spreading COVID-19 to the clients and their own life. The results showed that the homecare workers had well-functioning communication between each other, which worked well to prevent themselves and the clients from getting infected by COVID- 19.

Additionally, the results showed that the homecare workers were not allowed to come to the work with any symptom of COVID-19. The homecare workers followed this rule to prevent the spreading of COVID-19 among them workers and the clients. Additionally, the organization had cancelled all the unnecessary staff meetings to avoid the gathering of the workers and to reduce the risk of spreading of the virus. When looking at studies done by Rowea *et al.*, (2020), the results showed that homecare workers were not allowed to come to work if they had any symptoms of COVID-19 such as fever or related symptoms. Further, if they had a fever then they could be at home with a paycheck. The homecare agency took all the symptoms of Covid-19 seriously and checked with clients as well as the worker daily.

Additionally, the workers had strict rules to follow such as checking their body temperature before coming to work and should report to the work. The homecare agency also requested their clients to call them if they suspect any homecare workers are ill (Rowea et al., 2020). The results showed that the organization cared about their clients by sending the same homecare worker to the same clients to prevent any risk of spreading of COVID-19 among them, which was also seen in the study done by Rowea *et al.*, (2020). The concern of organization towards the health of clients and the workers gives the sense of being cared for and protected by the organization, which in result makes the workers and clients empowered (Degner, 2005). So, the organization did follow the rule as much as possible to protect the elderly person and the worker but did feel neglected by the government unfortunately.

6.2.2 Empowering the elderly people:

The results showed that the homecare workers aim to empower elderly people by helping them to continue their daily life under the COVID- 19 pandemic. Homecare workers perform many tasks to empower elderly people because without the help of homecare workers elderly people will not be able to continue their daily life. They empower them by supporting them with their basic needs, social needs, physical needs, and health needs (Segerfeldt & Tenazoa, 2010 and Szebehely & Trydegård, 2011) The role of a homecare worker was to help them with all their needs. These needs changed especially with the COVID-19 pandemic. Looking at the data from the homecare workers, it showed similar results. The results showed that elderly people need help with the basic needs which are food, water, clothes, and personal hygiene. In social need homecare workers spend time with them, and give them company, talk to them, consult them when they feel alone and sad especially when they have anxiety, build a relationship, share emotion, and encourage them positively.

A social connection is one of the basic needs of the people and now in the time of a pandemic it has become more essential. Building a social connection means for example when homecare workers go to the elderly with good energy and behave nicely as expected then there is a greater chance that the elderly also becomes happy and thus can help the workers to build relationships (Moran *et al.*, 2014 and Szebehely & Trydegård, 2011). Physical needs were met by going for a walk with them, helping the elderly to do some exercise at their home. Moving to the health needs, homecare workers were responsible to give medicine to elderly people at a specific time as doctors have recommended in their prescription as well. Additionally, homecare workers helped elderly people to contact doctors for checking and calling

ambulances for emergency cases. When looking at the other studies, they showed similar results. Homecare workers provided elderly people with services so they could continue their life in their respective homes. These services had been divided into material support services and psychosocial support services. Material support offered include cleaning, washing, and cooking. Thus, elderly people can get a good level of a quality life (Szebehely & Trydegård, 2011). Homecare workers help elderly people to be more independent. By supporting them, they improve their quality of life. This also gives elderly people a sense of having control over their own life. (Perkins & Zimmerman, 1995 and Segerfeldt & Tenazoa, 2010).

Additionally, homecare workers support elderly people with their personal hygiene, washing, bathing, cooking, cleaning, medical assistance, and other personal services so that they can have a healthy life (Hansen, 2016). Moreover, homecare workers had an important role while helping elderly people during the COVID- 19 pandemic. Regardless of the pandemic or not, the homecare workers still provide all the needs that are necessary for the elderly people for obvious reasons (Sherry *et al.*, 2009 and Susan *et al.*, 2020).

The results showed that an important role for homecare workers is to empower elderly people by providing them social company. Elderly people could hang out with their families and friends before the COVID- 19 pandemic. But, during COVID- 19 elderly people became isolated and they were only meeting the homecare workers to avoid the risk of spreading of COVID- 19. Additionally, due to the COVID- 19 pandemic, elderly people had been told to isolate themselves to prevent getting infected by COVID-19 (Armitage & Nellums, 2020). Thus, elderly was not able to meet their families or do their daily routines such as going to church, temple or even seeing their relatives. Therefore, social isolation affected their mental health and put elderly people at risk of being depressed and anxious (Armitage & Nellums, 2020). According to Rambaree & Nässén (2020) social distancing and loneliness can further develop to mental health issues which can lead to suicidal behavior. Therefore, by giving them balanced company, building relationships, giving them support, giving them positive advice in respectful ways can create a social connection between homecare workers and elderly people (Cheryl & Gibson 1991). This intervention helps homecare workers to empower elderly people as well as help elderly people to have social connection during the COVID-19 pandemic.

According to the result, the homecare workers helped elderly people to break their isolation by providing them social activities and encouraged them for example to take a short walk. While looking at other studies, it showed that social distancing and isolation can cause mental health issues among the elderly people.

6.2.3 Challenges faced by homecare services

The result shows challenges that the homecare services had to face during the COVID-19 pandemic. Even though there are an ongoing pandemic elderly people still have the right to regain the help they are in need from the homecare services. This is one of the biggest challenges since it was a health risk for both the worker and the client. The homecare workers were afraid that they could be infected by COVID-19 and spread it to their parents, relatives, or even other clients. (Sherry *et al.*, 2009). It was also challenging for the homecare workers because they had direct contact with their clients and put themselves at a higher risk of getting infected (Sherry *et al.*, 2009). Moreover, the agency was worried about the safety of its homecare workers especially when it did not receive any information about the clients who got infected by COVID- 19 or its symptoms (Susan *et al.*, 2020).

The results had shown that the homecare services did not have any problem with shortage of workers. Additionally, the organization had enough substitutes in case it needed more workers. Further, in emergency cases of shortage of workers, the organization had a plan which is to provide the clients with emergency support for the basic needs of human beings such as giving medicine, heating food, and going to the toilet. Another study showed that they had faced challenges with the shortage of workers. HCA had reported that homecare workers did not come to work because they had symptoms of COVID- 19. Similarly, some homecare workers did not come to work because they were over 60 and were afraid of getting infected by COVID-19. HCAs had problems recruiting new employees due to lockdown which prevented people from coming to the interview (Rowea *et al.*, 2020).

From the results it could be understood that shortage of time that had been given to homecare workers at work can cause homecare workers to be stressed. Especially they need to change the protective equipment in every visit which requires time, effort, and diligence. Additionally, the organizations did not get enough time from the municipality either. Therefore, it was not possible to provide homecare workers more time at work or personal life. This kind of stress can affect the homecare workers psychologically in a negative way and the quality of work can be compromised which can affect the client. Therefore, psychological support for the homecare workers is indeed very much essential (Kluska *et al.*, 2004). The study made by Sherry *et al.*, (2009) shows that homecare workers have more workload and stress, which affect their own health. The lack of empowerment from the organization to support their workers can be seen here (Kanter, 2010). The results had shown that the organization and the homecare workers acknowledged that it was hard to work with the client while using the protective

equipment like a mask, for example, as there was a difficulty to speak and show expression while using a mask and visor. Communication is the key part of empowering the elderly people because having bad communication can lead to misunderstandings and one may not be able to perform their work (Szebehely & Trydegård, 2011).

But using the protective equipment was important to prevent the spreading of COVID-19 and it helped the homecare workers to communicate with their clients in the safest way possible. When looking at the study, it showed that elderly people had to meet homecare workers to get the needed aid. But the clients were scared to communicate with homecare workers because they did not want to expose themselves to the homecare workers and it would risk getting infected by COVID-19 (Rowea *et al.*, 2020).

When looking at the study done by Rowea et al., (2020), it showed that the organization is facing challenges to get enough information from the government as well as lack of protective equipment due to supplies being rejected because of lockdown. Further, the organization did not receive enough information from the government about how to tackle the COVID-19 pandemic.

7. Conclusions and suggestions:

In conclusion, elderly people in Sweden have rights to get support and need to have a quality life by Swedish Law. These all requirements, support and needs are further provided by the Homecare services under the Social Service Act. No matter if a pandemic is happening or not elderly people are granted the support and services, they need to have a quality life. The aim of this study was to explore how homecare services work to support elderly people to continue their daily lives during the COVID-19 pandemic in Sweden. The data of this study shows that at the time of the pandemic, homecare services have used different strategies and coped with challenges and a way to support the elderly. The pandemic does not stop the homecare services from empowering and providing support to the elderly. Further on, this study provides some of the valuable findings about homecare services, homecare workers as well as elderly people during the COVID-19 pandemic. The interplay between Swedish governments, the homecare services and homecare workers to support elderly have been presented in this study. In this study, the authors have presented the strategy that Homecare Organizations apply to support and prevent both the homecare Workers and the elderly people during COVID-19 pandemic. Further on the authors have presented how homecare workers

cope with pandemic and empower the elderly people at same time. Moving on, from this study the authors have found that there are several challenges that are faced by organization, workers, and clients, and on top of that dealing with COVID-19 that is itself a global issue which is challenging for everyone and has been declared as a global pandemic by WHO (2021). Challenges arose because freedom has been compromised and human rights have been challenged itself due to COVID-19. The authors of this study are social work students and according to The International Federation of Social Workers (IFSW) (2014) defined social work as:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.”

Social change, helping people to build human relationships and to empower people to strengthen their well-being is promoted by the social work profession (Healy, 2008). Empowerment in social work is one of the ideologies that has been shared by the social work profession and other professions alike, which can be seen in this study. Empowerment means the ability of the individuals, no matter race or age, to make their own decision and to build up their own well-being. Therefore, the authors felt empowering the elderly people during the time of pandemic is one of the topics to be highlighted through this research as elderly people are the one who have contributed to build this society that we are living in right now. Thus, this study devotes to social work field wherefrom the social workers can get an idea of the challenges and coping mechanisms that were seen to support the elderly people during the pandemic and thus can generate new interventions and ways to deal with pandemics in the future.

This study had been done in Sweden during the COVID-19 pandemic, therefore, the results can be changed from this time to another time in the future. Another similar study with another pandemic can have different results and information due to different factors: people are well prepared in the future, lessons learned today can be implemented in future studies etc. In future this study can be more evolved and progressed, when the pandemic is over and when

life comes to normal, researcher can interview elderly people and can collect data from other organization which can help them to collect data from larger sampling.

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Appendix I – Information letter

Concent form:

Information och samtyckesblankett till anställda

Vi heter Nebras Assaf och Ashish Singh och vi studerar kandidatprogram i socialt arbete med inriktning internationellt socialt arbete vid Högskolan i Gävle. Under vårterminen 2021 skriver vi vårt examensarbete.

Under denna period planerar vi för en undersökning om hur hemtjänsterna arbetar med äldre personer att fortsätta göra sina vardagliga saker under COVID-19 pandemin.

Syftet med undersökningen är att bidra med information till forskningsområdet. För att närma oss detta kommer vi att genomföra intervjuer med personal i hemtjänsterna där vi lutar oss mot en intervjuguide och vi kommer även spela in samtalen med ljudupptagning.

Undersökningen kommer att avrapporteras som ett examensarbete.

Hemtjänstens namn och alla deltagare kommer att avidentifieras (i både eventuella bilder och i text) i det slutgiltiga arbetet. Allt insamlat material förvaras så att ingen obehörig får tillgång till det. När examensarbetet har examinerats kommer det sparas i högskolebibliotekets databas DIVA.

Medverkan i undersökningen om hemtjänsten och deras jobb är helt frivillig och du kan när som helst avbryta deltagandet.

Detta samtycke ger, efter ditt medgivande oss som studenter tillstånd att med ljudinspelning dokumentera intervjun. Vi står till förfogande för att svara på frågor under hela tiden som examensarbetet bearbetas.

Enligt EU:s dataskyddsförordning har du rätt att kostnadsfritt ta del av insamlade uppgifter och vid behov få eventuella fel rättade eller att hanteringen av personuppgifter begränsas. Kontaktperson är vår handledare (kontaktuppgifter nedan), som också tar emot eventuella klagomål på hanteringen av personuppgifter.

Vi är tacksamma för svar så fort som möjligt.

Med Vänlig hälsning

Nebras Assaf & Ashish Singh

E-post: xxxx@xxxx.xx

Tel xxxxxxxxxxxx

Kontakt person (Supervisor)

Jimmy Munobwa xxxxx@xxx.xx

Samtycke Medverkan i undersökningen om hemtjänstpersonalen, är helt frivillig och du kan när som helst avbryta deltagandet. Detta samtycke ger, efter ditt medgivande oss som studenter tillstånd att med ljudupptagning dokumentera intervjuer där du medverkar. Vi står till förfogande för att svara på frågor under hela vår tid på hemtjänst

Ja, jag ger samtycke till att delta i undersökningen.

Datum och plats:.....

Underskrift

Namnförtydligande.....

Appendix II – Interview guide

• Background Questions

1. Background
2. Would you please introduce yourself?
3. Would you describe your job and how long have you been working here?
4. What motivates you to work in this area?
5. How would you describe your work on a normal day?
6. How would you describe your organization and how does it work?

7. In what area do you work in this organization?

- **Questions about Covid-19**

1. Questions regarding COVID-19
2. How would you describe COVID-19 pandemic in general?
3. Can you describe how your work has been affected by COVID-19 pandemic? How has it affected you and your work?
4. How would you compare working before pandemic and during pandemic?
5. What do you feel is the most challenging part during a pandemic?
6. How is your organization helping you and protecting you while working in pandemic?
7. What is the prevention method you use to protect your client and yourself? Why is it important?
8. What tasks and things have been changed?
9. What are the new changes and how is it?
10. How governmental recommendations helped your work and how are you doing?
11. How do you describe your services that have helped elderly people in this pandemic?
12. What has your work contributed to help elderly people? And follow up questions about how and why?