

COVID-19 triggering homecare professionals' change of attitudes towards e-Welfare

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Abstract

During 2020, the COVID-19 crisis expanded the use of digital tools in public health and social care. The aim of this qualitative, single-case study was to scrutinize how homecare professionals experienced meaningfulness in their work in the midst of a crisis and with the utilization of the videophone in long-term homecare service provision. The empirical data consisted of 20 thematic interviews carried out among homecare professionals and their managers in the city of Tampere, Finland. The results indicated that the videophone can generate significance, self-realization and broader purposes among homecare professionals, thus providing meaningfulness for work in the midst of a crisis and continuous work-related changes. In addition, a crisis may support change in the meaningfulness of e-welfare in work-related tasks and aid in overcoming reluctance amongst public-sector social care (homecare) professionals towards an e-welfare initiative: the videophone (VideoVisit).

Keywords: Meaningful work, COVID-19, e-welfare, VideoVisit, homecare professionals, change

Introduction

At the frontline of the COVID-19 crisis in 2020, Finnish MP Eva Biaudet stood-up, saying in an interview with Helsinki Times [1]: *“A phone call is not enough [...] Still, I feel that isolating elderly people totally from their dearest family will have serious and harmful consequences on their wellbeing and health in the long-term. It also crosses the line when speaking about the human rights of elderly people and other persons living in institutions.”*

The COVID-19 crisis has stimulated an increase in the use of online public welfare services [2,3], dramatically affecting the roles, relationships and tasks of professionals in public welfare [4]. With an ageing population (25% over 65 years), Finland is embracing online services, which requires organisational and operational changes.

An unsustainable rise in healthcare spending—from €1,800 to €3,626 per capita between 2000 and 2017 [5]—is a significant driver for increasing and improving online services with the goal of reducing costs. While an ageing population is a sign of the success of a welfare state, Finland, like other countries, has found that the growth of the elderly population is accompanied by rising healthcare costs, which online services can help curtail [6,7]. COVID-19, however, added urgency to the situation.

For social and health care professionals, migrating services to online in operational terms involves shifting from bedside care to the utilization of information and communication technologies (ICTs) to deliver services [8]. As Stenvall et al. [9] note, these changes require professionals to learn new skills, which the Finnish e-health

and e-welfare 2020 strategy [10] anticipate can add meaningfulness to their work, a factor previous researchers, such as Yeoman [11] and Laitinen et al. [12], highlight as important. The Finnish e-health and e-welfare 2020 strategy [10] further stresses that the changes made to online services should intentionally incorporate the importance of meaningfulness in professionals' work [10,11,13]

Previous studies have explored the enablers and barriers to the acceptance of a change to online services by professionals [e.g. 6,14]. However, few studies explore how barriers to acceptance can be overcome, with the exceptions of Lolich et al. [14] and Kuoppakangas et al. [15]. The aim of this qualitative single-case study is to scrutinize how homecare professionals experienced meaningfulness in their work in the midst of the COVID-19 crisis and in the utilization of videophones in long-term homecare (LTHC) service provision in the city of Tampere, Finland. In particular, we explored how the meaningfulness of work can be experienced from the viewpoint of homecare professionals regarding their utilization of e-welfare. To do so, we analysed the use of a videophone for online interviews with LTHC clients. The research question was as follows: Does perceived work meaningfulness mitigate barriers for professionals in social and health care to using online service delivery in LTHC?

This paper first discusses the previous research on crisis and meaningful work, then describes the research setting and methods used. Finally, a single-case study is presented and analysed.

The concept of crises

Rosenthal et al. [16] view a crisis as a socially constructed situation where events are perceived by policy-framers to threaten core values and/or systems; crises require an urgent response in the midst of uncertainty, or what March [17] terms a 'high-velocity environment' [3,18]. By their nature, crises are complex and multifaceted [19]. Their complexity arises from the unpredictability of agents' interpretations and actions, meaning that sub-

systems can act in uncoordinated ways with unforeseen results on other sub-systems [20,21].

Boin et al. [3] identified two types of crises: slow-burning and fast-burning. The latter has received the most research attention; Rosenthal et al. [16] identified rapid local responses to fast-burning crisis as appropriate for the purpose of restoring control. Usually such crises are bounded by time and exceptional. Slow-burning crises may periodically ignite, but they smoulder for a long time: they are not bounded by time and are often more difficult to identify and frame.

For Finnish social and health care services, COVID-19 is a fast-burning crisis (widespread infection) causing a slow-burning crisis (the state of online services) to flare up [8,22]. Finland gained experience from the 1980s' AIDS crisis and the more recent EU migration crisis and also paid attention to crises elsewhere, such as the out-of-control bushfires in Australia and the US–Iran stand-off crisis. For social and healthcare professionals in Finland, COVID-19 is a fast-burning crisis causing the need for urgent action on a slow-burning crisis, involving complex changes in roles, relationships and responsibilities in addition to structures and ways-of-working.

Meaningful work

The concept of meaningful work, defined as finding subjective satisfaction and purpose in adverse circumstances, has a long history of study [11,23], including that of holocaust survivor, psychiatrist Victor Frankl [13], who developed logotherapy where individuals are encouraged find their subjective meaning and specific purpose of life in the midst of suffering. Wong [24] introduced positive psychology in meaning-centred therapy, and various other researchers emphasised the importance of seeking meaning from activity to avoid depression and stress, such as Holbrook [25] and Baumeister and Vohs [26]. Meaningfulness at work and from work is now regarded as an important motivator [12], with researchers identifying the harmful effects of meaningless work activity [11], including psychological illness [27]. Martela and Pessi's [23] literature review suggests three dimensions for meaningful work: significance, self-realization

[see also 44] and broader purpose; alternatively, Lepisto and Pratt's [28] holistic perspective argues that these variables are inseparable. The concept of meaningful work is distinct from concepts, such as calling [29] and self-transcendence [30]. As Christman [31] notes, the meaningfulness of work will always be a subjective evaluation, though Wolf [27, p.] attempts to introduce objective criteria, arguing that "*meaning arises when subjective attraction meets objective attractiveness.*"

This study utilizes Martela and Pessi's [23] three dimensions—significance, self-realization and broader purpose—since its purpose is to consider changes in the meaningfulness of work and e-welfare among homecare professionals before and after the onset of the COVID-19 crisis, specifically in relation to the use of the videophone for interviews and work-related tasks. As Di Stefano [32] suggests, exploring the idea of crisis and meaningfulness in work by gathering the subjective feelings of those involved can provide insight into the removal of barriers to adopting change [33]. Furthermore, we attempt to scrutinize in this study a notion of learning-by-doing and logic-of-practice [34,35], since both have been detected as supporting change, especially among social and healthcare professionals. Hence, Bourdieu [35] defines 'logic-of-practice' as social construction and reproduction of frameworks, language and metaphors. Thus, how the world is seen, including situated occupational culture enforced [34].

Method

Following Yin [36], we adopt a single, qualitative case study approach, which, as Halinen and Törnroos [37] argue, is suitable for a context-specific investigation requiring a significant depth of data and carries the potential for fertile analytical generalising [38]. Furthermore, single-case study has the potential to shed light on complex social action, and the reader may enter the story and explore it [39].

We agreed on the aim of this research with the head of the welfare unit for the City of Tampere, where social care professionals adopted videophone interviewing during the COVID-19 crisis. After receiving research

permits and having our ethical evaluation accepted, purposeful sampling [40] identified 20 interviewees who agreed to participate, given assurances of confidentiality and no-questions-asked withdrawal. The videophone, VideoVisit 2020 [41], is specifically built for use by senior citizens to communicate with their family and care professionals. The interviewees were homecare professionals at the City of Tampere who had work experience varying from five to 45 years, with the average closer to 25 years. The interviewees had a total of 203 LTHC clients, spread over three different city districts. All of the interviewee had used digital technology in their work at some point during the last five years. All together, 20 thematic interviews that lasted an average of one and half hours were carried out in March to May 2020 by the researcher, who has a considerable amount of experience in qualitative research data gathering from interviews. In terms of the research data gathering and the setting of the interviews, due to the COVID-19 pandemic restrictions, all interviews were carried out via digital technology, mainly by Skype and Teams, though a few were via mobile phone.

In line with the interview theme, the interviewees were asked the following: What role did the videophone play in your work before COVID-19, and how has the pandemic affected that role? All interviews were audio recorded and transcribed for future content analysis, which was carried out using the abductive method wherein the analysis is data driven and theory guiding [42]. An abductive approach facilitates revisiting the data and literature in the analysis in a flexible manner [33,43]. In addition, some scholars assert that the circular process typical of abduction relates more closely to interpretivism, which is often at the core of qualitative studies [44].

The data analysis was conducted in four phases, beginning with reading all the transcribed interviews to form a general view of the data for the thematic grouping guided by the interview theme, which took the form of the following question: "What role did the videophone play in your work before the COVID-19 pandemic, and how did the pandemic affect that role?" In the second phase and in line with abductive logic [e.g. 43], the existing framework and empirical data were revisited and four important topics were identified. In the third phase,

the detected four topics were also checked by quantifying them in terms of how many respondents discussed certain topics and how many did not; in other words, the deviant cases were determined [42]. The four mapped topics were as follows: 1) doubting the value of the VideoVisit in homecare work, 2) the use of the VideoVisit as degrading homecare professionals' status and work, 3) the unexpected COVID-19 pandemic providing "a mental platform" for the re-evaluation of the value of the VideoVisit in homecare and 4) a new era in accepting the VideoVisit as a valuable tool in homecare work. During the fourth phase, as a result of the iterative analysis, the themes and topics of importance were synthetically merged into three categories: 1) significance, 2) self-realization, 3) broader purpose. To validate the findings, the authentic citations from the data [42] are introduced below. The extracts have been translated from Finnish to English. To maintain the anonymity of the interviewees, citations of the empirical data are coded as in the following example: interviewee number five (I-5).

Results

Significance

Prior to COVID-19, the videophone was used primarily to remind LTHC clients to take medication, and staff doubted it could play an important role in service delivery; they argued that face-to-face interviews could not be replaced, as they allow carers to assess living conditions of their clients and give comfort to clients. The meaningfulness of e-welfare work among homecare professionals altered radically during the crisis.

"At first, the stance towards videophone was that it cannot substitute physical home visits with clients." (I-5)

"I believe that after discussions and interviews with the clients and having found out that the clients are rather satisfied helped professionals to accept videophone. Many clients are experiencing anxiety with the uncertainty of the coronavirus. We can offer mental support via videophone." (I-9)

Having been forced to use the technology because of social distancing rules, homecare professionals began to

conduct interviews with clients and to assess if it added to the client's wellbeing. The majority of the interviewees expressed that videophone interviews resulted in positive outcomes, noting that it added to their role of improving the client's wellbeing. Many expressed that practice and experience helped overcome their previous objections.

Self-realization

Prior to the COVID-19 crisis, many homecare professionals felt the videophone would demean and devalue their professional service: it would challenge their self-realization, replacing bedside and face-to-face care and detracting from their professional values.

"It is [videophone] almost like we are face-to-face just as if we were visiting client's home except during the home visits we are extremely busy. We really do not have time for everyday conversations or to look-up for some information from the internet for the client." (I-17)

"What I find is meaningful in homecare work it is the wellbeing of the client and their coping at home alone." (I-11)

"It [the COVID-19 crisis] has increased loneliness among our clients, and they often say that it is so nice that someone calls and they can have conversations since no-one visits them anymore." (I-4)

The experience of using videophones during the crisis again altered the meaningfulness of work. Only one of the twenty interviewees felt that using the videophone reduced self-realization. Others commented on their ability to chat with clients about everyday matters (TV, news, COVID-19), the wide-ranging conversations providing the professional with information on the client's wellbeing. When professionals realised that client loneliness decreased as a result of videophone conversations and cemented relationships, their self-realization was reinforced.

Broader purpose

The home care professionals interviewed saw their responsibility for the client's wellbeing as very important and expressed this as a reason for not adopting the videophone, which was seen as a management tool for enhancing efficiency and not as a means to improve service quality. After being forced to use the videophone by the COVID-19 crisis, many noted how difficult it would have been to maintain contact with clients without it. Since clients were using the videophone or similar technology to maintain contact with family and friends, using it with homecare staff did not seem unusual.

"During the crisis [COVID-19], the clients' relatives' worry has experienced some relief when they can reach their family member [older person] via videophone. [...] In addition, it has enhanced the feeling of security among the clients and their families. [...] It is easier to detect via video how a person is coping compared to a phone." (I-18)

"The clients' trust towards the videophone grew [...] along with the same homecare professionals' frequent contacts with the same clients [...] we could reduce the home visits for medication in-take reminding." (I-5)

"When the same homecare professional calls via videophone their clients, the caretaker-client relationship may develop. And actually, the matter of guiding the warming process of the food is not the key message anymore; instead the human contact is the core purpose." (I-18)

According to the interviewees their clients had expressed that they felt the videophone made staff more accessible and, instead of in face-to-face meetings where they had often had contact with different members of staff, the videophone allowed access to the same key worker, enhancing trust between client and staff. Meanwhile, staff has accepted that the videophone adds to rather than detracts from achieving the broader purpose of the services and their own value as professionals.

Discussion

The aim of this qualitative single-case study was to scrutinize how homecare professionals experienced meaningfulness through their work in the midst of the COVID-

19 crisis and their utilization of videophones in LTHC service provision. In addition, it was seeking to answer the research question: Does perceived work meaningfulness mitigate barriers for professionals in social and health care to using online service delivery in LTHC? The results of this study support the view that experiencing significance, self-realization and broader purpose increases the meaningfulness of the work of homecare professionals. Learning from logic-of-practice [34,35], enforced because of the crisis, the homecare professionals' feelings about the videophone was altered, thereby reducing barriers to its adoption. Prior to the crisis, without experience from practice, the professionals rejected the phone for abstract reasons, such as their perception that it provides no value to their clients and that it diminished their own value. As Lepistö and Pratt [28] point out, having work that is of value is important to people, and the videophone was perceived as valueless for professionals that, as Virtanen et al. [45] reveal, viewed their work as valuable. Learning-by-doing and logic-of-practice [34], enforced by the COVID-19 crisis, provided experiences that altered the less meaningful videophone into a meaningful tool in homecare work, thus supporting the experience of significance.

Chalofsky and Cavallaro [46] point out that self-realization is about self-connectedness and authenticity. Before being forced to gain experience with the videophone, the professionals did not see themselves as users of the technology. As professionals, they had the autonomy and freedom to dictate working processes [11]; without necessary measures brought about by the crisis, they may never have tested whether the empathy they feel with clients could be expressed using the videophone. Time saved and the ability to interact with a greater number of clients each day was also noted. These results support Rätty, Huovinen and Haatainen's [10] emphasis on self-realization and add that logic-of-practice is also important [34]. This could occur in a trialing or a short-term project but, in this case, occurred during a crisis situation.

Using the videophone and evaluating the client's response persuaded profession staff that it did not detract from the broader purpose of the service, i.e. the greater good. Rather, the service benefited from using the

videophone during the crisis and helped in the delivery of normal service. As Finnish MP Eva Biaudet [1] declared, *“a phone call is not enough”* to replace human contact with older people and LTHC clients. It may well be that the videophone provides a more human-like interaction than a traditional phone call. From practice, it was seen that fears of technology replacing human interactions were misplaced and the broader purpose was reinforced.

One of the limitations of this single-case qualitative study is its generalisability to other contexts and countries; however, that does not have to be the goal. Instead, a qualitative single-case study as a story may be a meaningful result in itself [39]. Qualitative single-case studies carry the potential for fertile analytical generalising [38,47]. In other words, this single-case study has the potential to illuminate complex social action. Thus, this study offers context-specific knowledge and enhances understanding of the investigated topic [37].

Conclusion

In this qualitative single-case study, we aimed to scrutinize how homecare professionals experienced meaningfulness in their work in the midst of the COVID-19 crisis and their utilization of videophones in LTHC service provision. The research question was as follows: Does perceived work meaningfulness mitigate barriers for professionals in social and health care to using online service delivery in LTHC? This study shed light on the change trajectory aspects of the COVID-19 crisis in overcoming previously occurring change barriers towards e-welfare initiatives among public sector social care (homecare) professionals. Furthermore, we scrutinized how social

care professionals' experience of meaningfulness of work can be attained in the midst of continuous change and e-welfare initiatives, and, specifically in this study, through the utilization of videophones in LTHC service provision.

The results of this study provide evidence that the current COVID-19 crisis is triggering a push to turn the videophone into a meaningfulness builder among LTHC professionals. The videophone was found to create significance, self-realization and broader purpose in their work and, thus, providing meaning to their work during a crisis and continuous work-related changes. Future research could be conducted in other countries to scrutinize the meaningfulness of e-welfare tools in LTHC work and among homecare professionals. In addition, future research should consider how the aftermath of COVID-19 or the next wave of the COVID-19 crisis may affect the acceptance of e-welfare initiatives. In addition, it is very important to investigate the LTHC clients' views and experiences on this topic.

Conflict of interest statement

There is no conflict of interest among the authors or the institutions presented.

Acknowledgement

The empirical data for this study were gathered and the results were utilised and exploited for the following project: “A multi-stakeholder co-creation platform for better access to long-term care services (SoCaTel)”, the European Union's Horizon 2020 Research and Innovation Programme under the Grant Agreement N^o 769975.

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