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"Squeezed like a lemon": A participatory approach on the effects of innovation on the well-being of homecare workers in Belgium

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Abstract

Innovative programs that emerge in response to the rapidly changing care needs of older adults provide an opportunity to study the transformations in working and employment conditions within the homecare sector. This study seeks to understand how innovations introduced in the homecare sector have affected the well-being of homecare workers providing non-medical domestic support to older adults who wish to age in place. Our study is based on a participatory approach involving homecare workers exposed to two innovations in Wallonia (Belgium) that relate to flexible working hours, worker training, and technological equipment. We conducted a literature review, six semi-structured individual interviews with managers, and eight workshops based on the 'Group Analysis Method' involving 9 to 12 homecare workers. The results revealed that the innovations deteriorated working conditions, intensified occupational psychosocial risk factors, and impacted work-life balance. This gave rise to tensions that ultimately had a negative impact on the well-being of workers and on the quality of their care relationship with older adults/caregivers, while also weakening the viability of the services. The workers proposed some avenues to improve and regulate these tensions.

KEYWORDS

Belgium, caregivers, homecare workers, innovation, older adults, participatory approach, well-being

1 | INTRODUCTION

Innovative programs that emerge in response to the rapidly changing care needs of older adults provide the opportunity to study transformations in working and employment conditions within the homecare sector.

In the Walloon Region of Belgium, as in other regions of Europe, the care needs of dependent older adults are changing (Bourguignon et al., 2017). Care needs increase with the rise in life expectancy and number of older adults (Kontis et al., 2017), whose health and social care needs are becoming very diverse and complex (McGilton et al., 2018), and most of them wish to stay at home for as long as possible, if allowed by their health status and autonomy (Adekpedjou et al., 2018; Fernandez-Carro, 2016). Despite wide-ranging health care services, the current offer for the homecare sector does not sufficiently and sustainably address complex care and diverse older adults' needs (Dury et al., 2017; Fret et al., 2019).

In response to these challenges, non-profit associations developed innovative social programs and multifarious community care interventions. Adhering to the public health policy, federal authorities encourage innovative initiatives because of the high costs of residential care and to delay/avoid institutionalization of frail older

adults (de Almeida Mello et al., 2016). To define 'innovation', we refer to the criteria of 'social innovation' concept, according to (Bouchard & Levesque, 2010): 'An innovation initiated by social actors, to meet an aspiration, need, or solution or enjoy an action opportunity to change social relations, transforming a framework or propose new cultural orientations'.

Applied to the field of elderly homecare, we built our pragmatic definition of 'innovation': 'Initiatives are innovative because they seek to address, in a new way, older adults' aspiration for ageing in place as expressed by the older adults themselves, caregivers, volunteers or workers of homecare or healthcare organisations' (Callorda Fossadi et al., 2017).

According to Degavre and Nyssens (2012), in Belgium, homecare providers are regulated by the regional government through a "tutelary" system that allocates public funding to providers who meet a set of standards and requirements. They are part of the public or private non-profit sector and represent about 20% and 80% (respectively) of the offer. Services are paid for by users based on their income, and the scale is set by law (Degavre & Nyssens, 2012: p. 39–40). The Statbel 2019 Labor Force Survey, which uses the ISCO nomenclature to define the category of workers in Belgium, shows that 3.3% of employed persons work in the homecare sector in 2019:122 402 "cleaners and helpers" and 38 898 "home-based personal care workers", the latter of which refer to a group of workers in our study (Statbel, 2019).

Yet, the staff of homecare organisations, homecare workers (HCWs), who provide non-medical work such as personal care (Stacey, 2005), usually comprise 'vulnerable' workers, namely, foreign women, poorly educated, in a state of precarity and poverty (Alessio, 2014; Hartmann & Hayes, 2017). Furthermore, in the homecare sector, working and employment conditions are considered difficult (Casini et al., 2018). These organisations' management is top-down with no direct worker participation, except for the service delivery at home within the framework defined by the organisation. The team responsible manages staff' schedules and travels once the aid's plan and intervention's conditions have been defined with the older adults/caregivers (Dussuet, 2010).

HCWs' health and well-being are affected by a range of risk factors (Dussuet, 2013), which can cause stress or physical problems (Brulin et al., 2000; George et al., 2017). HCWs are faced with physical constraints related to handling effort (e.g., carrying older adults) and directly related to the home-work environment (e.g., lack of ergonomic equipment). Additionally, they are exposed to psychological and emotional constraints due to the job's relational nature and contact with older adults, who are usually physically and/or emotionally vulnerable (Avril, 2006; Brolis & Nyssens, 2015; Devetter et al., 2012; Franzosa et al., 2019). This work's emotional demands are manifold (relationships with users, family, and organisation managers), added onto other dimensions such as schedules or training needs. This can impact the emotional well-being of HCWs and affect their confidence, control, happiness, and ability to cope with their personal and professional life (Franzosa et al., 2019).

What is known about this topic?

- Homecare organisations are developing innovations to meet the growing care needs of older adults.
- Working conditions in this sector have been studied previously, but not in the context of innovation.
- Few studies have investigated the issue of well-being at work using a participatory approach with workers.

What this paper adds?

- The innovations, designed and introduced without homecare workers' input have resulted in deteriorated working conditions.
- This had three consequences: a negative impact on the well-being of the homecare workers; an alteration in their care relationship with older adults/caregivers; and a weakening of the service's viability.
- A new analysis model called 'Squeezed Lemon Model' depicts the source of the emerging tensions, their consequences, and possible solutions.

Few studies have analysed the impact of innovation on workers' well-being. Rather, the literature focuses on organisational changes or restructuring (Day et al., 2017; Denton & Davies, 2003), concerns about change (Guidetti et al., 2018) or management innovation (Bryson et al., 2009) as impacting health negatively. In the homecare sector, 'WISDOM Research' showed that working within innovations improves job satisfaction if a workplace innovation regarding work organisation is implemented (Casini et al., 2018).

We researched how innovative projects introduced in the homecare setting (a sector documented for its poor working conditions) could influence the HCWs health and well-being. We conducted original research by deploying a participatory and empowerment process based on the 'Workplace health promotion' approach[1] (ENWHP, 2007) with two groups of HCWs who are generally little involved in discussions about work organisation.

2 | METHODS

We applied a 'Group analysis method' (GAM) program (Van Campenhoudt et al., 2005), a completely inductive participatory approach involving the actors directly concerned. HCWs involved in two innovative projects in Wallonia participated in this study, between March and December 2016. This participatory approach is part of an interdisciplinary and partnership research named 'WISDOM Research' (2014–2018) that covers 14 in-depth case studies of homecare sector innovation, identified and selected using the Delphi method (Callorda Fossati et al., 2017).

Ethics Committee of Erasme-ULB, Brussels, Belgium (Ref n° P2016/106), has approved the 'WISDOM Research'.

To analyse the 'well-being at work' dimension in the context of innovation, our study focused on two specific cases from the 'WISDOM Research'. These cases reflected on two important drivers of innovation in the sector:

1. Service flexibility as a means of adapting to the increasing complexity of the older adults/caregivers' demands, with HCWs specifically trained to accompany seniors with Alzheimer's disease or other dementias (Case A 'At-Any-Time').[2]
2. New technologies used to streamline services' organisation, by equipping HCWs with smartphones that allow them to manage their home services and travel without paper forms (Case B 'SmartControl').

2.1 | Case descriptions and study population

2.1.1 | Case A - 'At-Any-Time': A respite and specialized home support service for older adults with dementia or Alzheimer's disease

The first case study was a service innovation, developed by a homecare agency in Wallonia that employs more than 460 HCWs. This team included 18 women '*senior sitters*',[3] who graduated as HCWs and received training in Alzheimer's disease management. All of them worked part-time (19 hr to 24 hr/week), with imposed flexible working hours. The two novel aspects of this service were as follows:

1. The service's flexible schedule to offer respite to family by ensuring a minimum of three hours of home presence at times requested by the caregivers (day or night, week or weekend).
2. Specialized training in Alzheimer's for the senior sitters, including tailor-made assistance and stimulation of cognitive and communicational skills of patients, using an innovative pedagogical tool with recreational activities designed by an occupational therapist. There are four thematic activities (Daily life, Well-being, Play, Creation) that come together in a 'communicational suitcase'.

2.1.2 | Case B - 'SmartControl': A rationalized system for the management of home support services

The second case study was a technological innovation implemented in a homecare agency with more than 1,200 workers, including 750 HCWs. The teams were mainly female (more than 95%) and graduated as HCWs. They provided several services a day (minimum of 45 min) to assist older adults with activities of daily life. The innovation consisted of equipping all HCWs with a smartphone containing an application, which enabled HCWs to consult their schedule, confirm the services provided by scanning a QR code at the older adults/caregivers' home, and systematize their work-related movements. It offered the possibility to activate an emergency button to communicate with the head office or colleagues if necessary and to introduce the digital world to older people who are unfamiliar with this type of tool.

By equipping and training all HCWs, the objectives of this innovation announced by the designers were as follows:

1. To initiate administrative simplification by replacing paper forms with an electronic tool.
2. To improve the quality of care and the efficiency of HCWs' work organisation, and consequently, to involve HCWs in multidisciplinary teams, facilitating the coordination with other medico-social professionals, most of whom already use apps for managing older adults/caregivers' records.

2.2 | Data collection and analysis

2.2.1 | Method and participants

For the data collection, we used a triangulation of methods (Carter et al., 2014), combining three steps and complementary data sources: documentary review; semi-structured individual interviews for managers and innovation designers; and participatory approach using the GAM program (Van Campenhoudt et al., 2005), in four workshops with HCWs. All workers received an official paper letter and email from the organisation informing them about our research objectives and inviting them to participate. The participating HCWs were selected by each organisation's service coordinator (SC), following the previously agreed inclusion: participants' number (between 9 and 12); being a peer group member; weekly working hours and schedule; varied geographical intervention areas (rural or urban); age, gender, and year of seniority variability (Tables 1 and 2). Although the group was composed by the SC, the HCWs had the option of participating voluntarily. To motivate them, the workshops were scheduled during training or delivery hours. Those who agreed to participate were informed through an email from the SC of the workshops' dates and places. All participants provided verbal informed consent before the interviews and workshops.

2.2.2 | Step 1: Documentary analysis

We analysed documents from the organisations (reports, regulations, reports of meetings, statutes, and charters) and also external resources (press articles and scientific documents). A template was developed to record the data collected for each case study, which enabled the drawing up of a descriptive table of each case, before the second phase of data collection. It included the following topics: 1. Historic, process, dynamic of innovation; 2. Innovators profile; 3. Governance system of the organisation; 4. Work conditions and work organisation, workplace wellbeing policy, and workers' participation; 5. Older adults/caregivers' profile and nature of relationship with workers; 6. Business model of the organisation.

TABLE 1 Participants of case A: 'At-Any-Time'

Case A: 'At-Any-Time'							
Method of data collection	**Participants number**	**Occupation**	**Work's seniority**	**Working time (hrs/week)**	**M/F**	**Age**	**Means of transport**
Workshops 1, 2, 3, 4 of GAM program with a group of 9 HCWs	1	Senior sitter	2 years	19h	F	24	Car
	2	Senior sitter	5 years	19h	F	29	Car
	3	Senior sitter	5 years	19h	F	47	Car
	4	Senior sitter	5 years	19h	F	35	Car
	5	Senior sitter	5 years	19h	F	45	Car
	6	Senior sitter	5 years	19h	F	55	Car
	7	Senior sitter	4 years	19h	F	31	Car
	8	Senior sitter	4 years	19h	F	40	Car
	9	Senior sitter	4 years	24h	F	26	Car
Individual interviews and workshop 4 of GAM program	10	General director			M		
	11	Service coordinator			F		
Individual interviews	12	Occupational therapist			F		
	13	Hospital referent			M		
Workshop 4 of GAM program (only)	14	Operational director			F		
	15	Team supervisor			F		

TABLE 2 Participants of case B: 'SmartControl'

Case B : 'SmartControl'							
Method of data collection	**Participants number**	**Occupation**	**Work's seniority**	**Working time (hrs/week)**	**M/F**	**Age**	**Means of transport**
Workshops 1, 2, 3, 4 of GAM program with a group of 12 HCWs	1	Homecare worker	3 months	32h	F	21	Car
	2	Homecare worker	6 years	38h	M	45	Car
	3	Homecare worker	12 years	30h	F	35	Car
	4	Homecare worker	1 years	32h	F	50	Car
	5	Homecare worker	36 years	20h	F	55	Bicycle
	6	Homecare worker	26 years	20h	F	55	On foot
	7	Homecare worker	1.5 years	32h	F	38	Car
	8	Homecare worker	3 years	32h	F	53	Car
	9	Homecare worker	10 years	19h	F	38	Car
	10	Homecare worker	18 years	30h	F	40	Car
	11	Homecare worker	6 years	38h	F	58	Car
	12	Homecare worker	2.5 years	32h	F	26	Car
Individual interview (only)	13	Department director			M		
Individual interview and workshop 4 of GAM program	14	Department manager			F		

2.2.3 | Step 2: Semi-structured individual interviews

To complete our data on the internal functioning of the participating organisations, their dynamics of innovation, and their well-being policies, we conducted semi-structured individual interviews with the management and innovation designers (Tables 1 and 2). All interviews were recorded and fully transcribed for data coding and thematic content analysis (Blais & Martineau, 2006). The interview guide was structured based on the 6 template topics mentioned above. Interviews made it possible to complete the template pre-filled with documentary data and prepare the third stage of the research.

2.2.4 | Step 3: Participatory approach with group analysis method program

The participatory approach with a GAM program is a collective interview method, based on the involvement of participants in the situation analysis, their narratives and lived experiences (Van Campenhoudt et al., 2005). The GAM took place in three workshops of three hours each (recorded and fully transcribed) and led to the development of an action plan with practical objectives. A fourth workshop was planned afterward to present the results and solutions generated to the management (Figure 1) as a restitution session.

This rigorous method differs from the classical focus group, as it requires the involvement and reflexivity of the researcher and participants during the research process and the development of new insights (Van Campenhoudt et al., 2005). Data processing and analysis were systematically carried out between each workshop according to the following steps: transcription, segmentation into units of meaning, coding, and structuring the results by a synthesis flowchart. The latter integrates convergences, divergences, and problems with emerging tensions and hypotheses (Krief & Zardet, 2013; Van Campenhoudt et al., 2005). Each synthesis of the results was submitted to the participants at the beginning of each subsequent workshop for validation. The details of the process are presented in Figure 1. Then, a lexical analysis was carried out to count word occurrences in speeches (Krief & Zardet, 2013). Finally, aiming at producing a cumulative knowledge, we executed a comparative analysis of the results to identify the common versus the specific elements embedded in each case context.

3 | FINDINGS

Tables 1 and 2 provide an overview of the characteristics of the participants. The findings presented are mainly based on data from the workshops, which make up the bulk of the participatory research work, but are triangulated with some data from the individual interviews.

It is important to emphasize that, in both cases, innovations were conceived by the management, without concrete participation of HCWs in the reflection on work organisation or other aspects of the innovation. The HCWs were only involved in the innovation process at the time of its implementation, particularly in the test phase.

Furthermore, HCWs highlighted the fact that the innovation introduced in their routines, and the way work was now organized, was the key and main source of the deterioration of their working conditions, which caused stress and professional exhaustion. The 'At-Any-Time' group selected a story regarding the overload caused by time management, while the "SmartControl" group focused on the intensification of work and control, triggered by the introduction of the new IT system. Participants reported being more '*stressed*', '*exhausted*', '*nervous*', '*under pressure*', as a consequence of the change in their working habits. HCWs reported feeling '*squeezed like* [a] *lemon by family and manager*' inspiring us to name the analysis model 'Squeezed Lemon Model', which we proposed in Figure 2, and which represents the conceptualization of the set of results obtained for the two case studies.

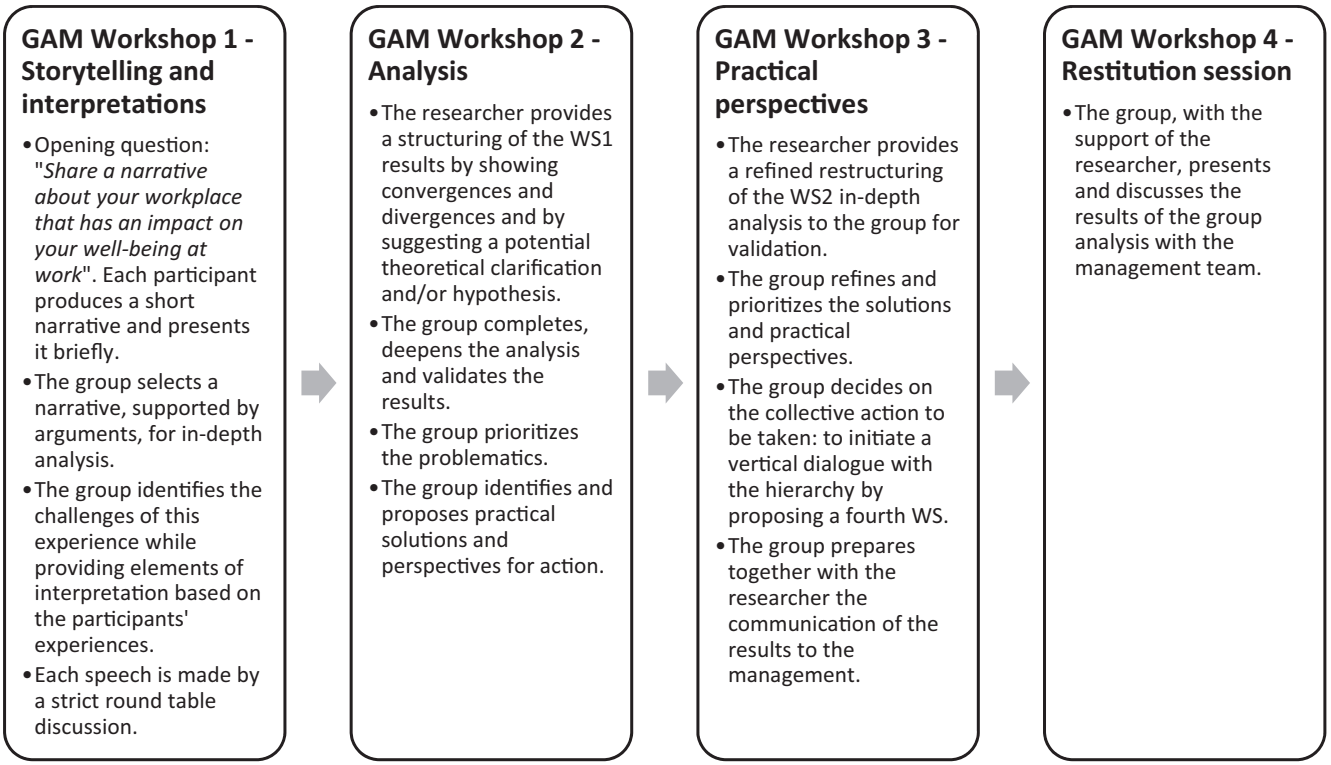

FIGURE 1 Steps of the GAM program to our cases

3.1 | Description of results for Case A 'At-Any-Time'

During the situation analysis, HCWs expressed significantly fewer problems related to the caregiving environment and relationship, focusing mainly on problems related to work organisation, especially of work schedules. The term '*schedule*' and its alternative '*hours*' appeared more than 180 times during the four workshops, generally associated with the term '*exhaustion*'.

3.1.1 | Fragmented, irregular, and unpredictable schedules

The employer's focus on tailor-made responses to older adults/caregivers' requests resulted in fragmented, irregular, and unpredictable working hours for HCWs. HCWs highlighted the '*inadequate management of working times*'. HCWs explained how their employer asked repeatedly for availability, under the pretext of the flexibility announced at the job interview, beyond the time stipulated in the employment contract. These demands were felt by the group as exhausting and stressful, and they impacted work-life balance. One participant said, '*I risk being burned out (…). That is because we are being* '*squeezed like lemons*'. *We are off duty, but we were called for a change of schedule! I had an activity to do with my family and the manager said to me: You have to do a replacement (…) But it is too much. One day, my husband told me: You have to choose, it's work or me!*' (Senior Sitter-Workshop1).

According to HCWs, these irregular schedules imposed by the organisation made it impossible to plan personal activities and seemed equivalent to working full time while receiving a low salary: '*My second day is only going to start: I began at 8a.m., I will finish at 8p.m., I earn 'cherry tails',*[4] *and I am not there for the children*' (Senior Sitter-Workshop1).

As an indication of the vicious circle set up in the service, colleagues' absences due to illness are one of the causes of frequent requests for replacement: '*We are stressed when calling to say that we are sick, because we know that colleagues will be asked to take over*' (Senior Sitter-Workshop1).

Additionally, there are difficulties associated with travel in (semi) rural and urban areas and the lack of time for lunch or for taking a break between two services. One senior sitter says: '*Sometimes when it's work in the morning and work at lunchtime, there's still a travel in between. I'm sorry but we should have a 15-min break, to breathe, to eat a little bit, smoke a cigarette, get some fresh air, it's something that allows us to breathe! I need to have my 15-min break! In reality it's 'Not possible', you need to be at the other's house and be in shape!* ' (Senior Sitter-Workshop2).

During the individual interview, the service coordinator recognized the difficulty of balancing family life but also highlighted management imperatives to rationalize its importance. He emphasized that, despite the difficulty, HCWs were expected to be flexible.

The physical and psychological strain in managing heavy cases with complex needs also amplifies the problem. One employee explained the days felt long, due to the heavy physical and psychological demands inherent to the disease, combined with the exhausting schedules. The analysis of the individual interviews revealed that the impact of work on employees' well-being is known to the management, who stated that some have been absent due to back injuries or burnout: '*It's more of a work-related exhaustion, I think!*' (Senior Sitter-Workshop1). However, even after having identified the difficulties of the HCWs, this awareness has not led to a re-examination of the innovation. There is a strong emphasis on working toward meeting the needs of older adults/caregivers.

3.1.2 | Quality of care service altered despite motivation by the support relationship

Despite these difficult working conditions, employees cited their relational commitment to older adults as an important source of motivation. Some referred to the notion of '*love of the job*' and, for this reason, accepted overtime even when sick. One HCWs explained she returned early from sick leave after having the flu, to avoid tension in the service. Another said, '*What if it were one of my little older adult who needed me?*' (Senior Sitter-Workshop1). The service coordinator shared this vision: '*It is not easy, but we feel that they love their job; they would not want to change it because of the schedules*' (Service coordinator—Individual interview). However, this motivation must be kept in perspective; HCWs recognized that the service quality, the care relationship specific to Alzheimer's had decreased, and the real meaning of the initial innovative project was undermined. The pedagogical tool was no longer used during the services since it was overall a question of providing a reassuring presence for the senior at the time that suited the family and to respond to the request for respite: '*We are so much in demand that we end up losing the meaning of the innovative project, which is to stimulate the cognitive abilities of the older adult with Alzheimer's disease. (…) The communicational suitcase, I do not even take it with me anymore!*' (Senior Sitter-Workshop2).

While noting the impact that the conditions of service and the organisation have inflicted on their own well-being, the HCWs have fully accepted the objectives pursued by the managers of the innovative service. They pointed out that if the coordinator refuses an older adults/caregiver's request because of a lack of available staff, the older adults/caregivers will not be satisfied and may use a competing, non-specialized service instead: '*She asked me to replace someone, she knows very well that if I don't accept, it's going to be a big problem, because there will be no one to provide the service. I agreed, negotiating to leave an hour early. The family carers has activities that he or she will have to cancel and will not be happy. (…) If it becomes recurrent, people will drop our services*.' (Senior Sitter-Workshop2).

Confronted with these pressures, poor working conditions, and low pay, some unhappy employees declared to stay mainly for relational reasons and because their qualifications offer limited pathways leading to employment: '*I'm fed up with everything, I want to change jobs, but I don't have the opportunity to go elsewhere. I'm in demand full-time and I'm only paid part-time! And the fact that I have a family life with young children is not a reason, but it's my own (…) I love the job, I love the older adults, and that's what keeps me in the job!* ' (Senior Sitter-Workshop2).

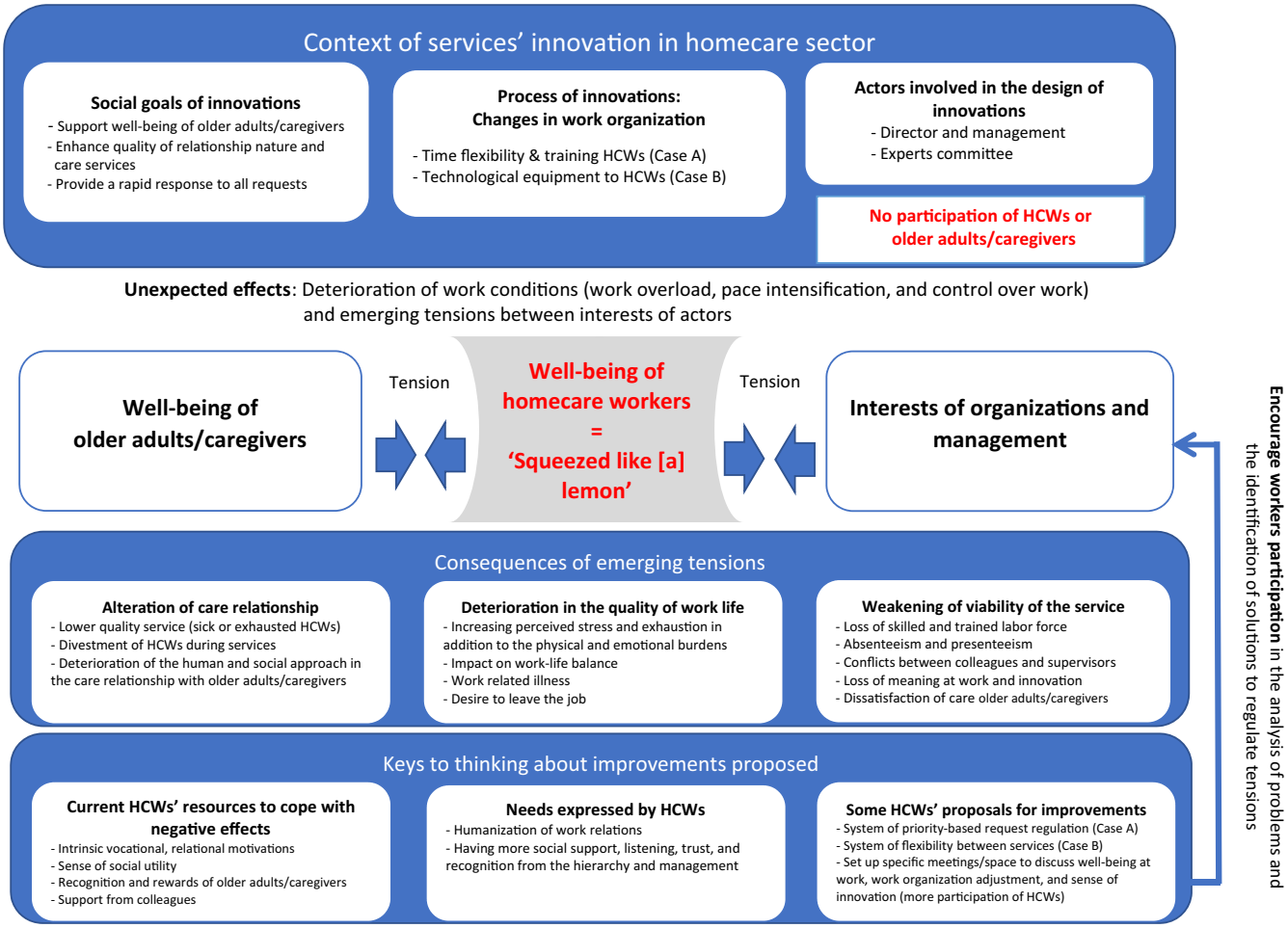

FIGURE 2 "Squeezed Lemon Model"

3.2 | Description of results for Case B 'SmartControl'

In the 'SmartControl' case, the term *'stress'*, and its variants *'stressed'* and *'stressful'*, occurred more than 190 times. Many participants reported stressful situations caused by using smartphones to manage their care services.

3.2.1 | Work intensification and increased control perception by the organisation

The collective analyses of the selected narrative involved several stress factors, for example, smartphones use: *'I arrive at older adult's home; I am already stressed by the requirement to scan before 8:15 a.m.'* (HCWs-Workshop1). HCWs indicated constantly being worried about arriving late or forgetting to scan as well as technical malfunctions.

Another reported stress source was the concern of feeling under suspicion and being controlled during work trips and services via an integrated geolocation system. For example, one worker reported being concerned about an 'AirWatch' notification that appears on the screen and allows the organisation to take control of the smartphone: *'What it this; is it a spyware?'* (HCWs-Workshop2).

According to the HCWs, although the new tool provides practical and some communicational advantages, its integration made working processes more complex due to the obligation to scan upon arrival at the home within the first quarter of the service time hour. Scan delays were not tolerated when sometimes this was due to technical or mobile network problems. This was a source of considerable stress, detrimental to a calm relationship with the older adults/caregivers.

Additionally, the smartphone made it difficult to 'disconnect' from work outside of working hours. One worker indicated feeling obliged to answer the phone even outside of work.

3.2.2 | Human dimension altered in the care relationship

The arrival of this tool altered the quality and nature of the care relationship. The stress generated by the need to scan on time disrupted the meeting with a (new) older adult, i.e., the HCW, concerned about the scan, did not greet the older adults/caregivers upon arrival as usual.

Some HCWs reported that smartphone use made some older adults aggressive. One employee underlined, *'Once, an older adult wanted to rip it out of my hands (…). Another day, I was sequestered by a psychiatric older adult because of the bip-bip of my smartphone'* (HCWs-Workshop2). Other HCWs saw advantages in that it stimulated the curiosity of the older adults/caregivers, created other types of exchanges and protected HCWs from certain abuse. One HCWs explained that the smartphone puts a barrier between the HCWs and the older adults/caregivers, reminding these that the HCWs do not belong to them, or have to accommodate every request.

Despite these benefits, the stress and feeling of having lost humanity and friendliness, and a sense of being more controlled by the organisation, were predominant in the group's discourse, with one HCW expressing the term *'manufacturing process'* (HCWs-Workshop2), since the volume of staff has increased, and this innovation was introduced in their work.

3.3 | Well-being of HCWs caught between two tensions

The objectives pursued by the innovation designers came into tension with an unsustainable work environment, governed by a high degree of flexibility in the first case and a technological rationalization of the organisation in the second case. This impacted the well-being of HCWs, who were caught up in the middle of these two tensions. These were further understood when the discussion between HCWs and management was looked into.

For 'At-Any-Time', according to HCWs, the imbalance between their well-being and the older adults/caregiver's satisfaction comes mainly from the service's inclination to accept new older adults/caregivers and respond to the growing demands, while confronted with reduced staff. However, the service coordinator had another perception and stated that the senior sitters do not always remember that the caregivers choose the schedules.

For the General Director, it is not possible to change this way of working because it is in the interest of the organisation, and reducing flexibility could compromise the service.

Conversely, for 'SmartControl', HCWs indicated that management control is at the core of the problem. On the other hand, according to management, technological innovation has been designed to optimize the service, while limiting the use of paper and offering a high-quality service. The department manager explained that the organisation trademark is to respond as quickly as possible to demands, and thus he was unwilling to limit service accessibility for everyone's comfort.

3.4 | Avenues for improvements as noted by HCWs

Concerning potential improvements and regulation, participants from the two groups independently offered similar proposals, such as setting up specific meetings to discuss well-being at work, and the meaning of the innovation.

For 'At-Any-Time', out of 13 proposed solutions, 2 emerged as priorities: (1) establish an organisational system to regulate demand according to needs and priorities; (2) meet more often with the hierarchy to explore their feelings, experiences, well-being, and address work management issues.

For 'SmartControl', out of 15 proposed solutions, 2 stood out: (1) reconsider timetables and travel, and implement policies such as a few minutes flexibility between care provisions; (2) organizing additional meetings between staff of the same and different categories.

3.5 | Conceptualization of the overall results and the 'Squeezed Lemon Model' development

Based on the results, we conceptualized the results set and developed our analysis model, called the 'Squeezed Lemon Model' illustrated in Figure 2.

This model presents two strong tensions revealed by the in-depth and comparative case analysis. The first tension is an imbalance between the well-being of HCWs and older adults/caregivers, with the latter being pursued through innovative processes at the expense of the former. The second is a tension between HCWs well-being and the satisfaction of the organisation's interests through the innovation process developed.

HCWs well-being is therefore caught or 'Squeezed like a lemon' between the satisfaction of the demands of older adults/caregivers and the interests of the organisation. The deterioration of working conditions and these tensions have three main consequences: (1) a negative impact on HCWs well-being (stress, exhaustion, illness), (2) the alteration of care relationship with older adults/caregivers, and (3) service viability weakening.

To cope with negative effects on their well-being, the HCWs rely on personal resources, such as the *'love for the profession and the older adults'* and the gratitude received from this relationship. However, this became insufficient, and they demanded more social support, recognition, and a re-humanization of their working relations.

As for possible improvements and regulation, besides specific proposals for their work organisation, participants from the two groups independently gave similar proposals: to set up more participation and specific meetings to discuss well-being at work, work organisation adjustment, and sense of innovation.

4 | DISCUSSION

In both cases, the results revealed that the introduced innovations deteriorated the existing working conditions, intensified the emergence of occupational risks, particularly psychosocial risks, and had an impact on HCWs' well-being and work-life balance. Indeed, the terms *'stress'* and *'exhaustion'* were systematically used by the participants.

Organisational change and innovation in non-profit homecare agencies lead to increased job stress (Denton et al., 2002). In this study, we demonstrated the existence of tension between the well-being of HCWs, that of older adults/caregivers, and the strategic and financial management interests of the organisation.

Puissant (2011) proposed a triangular model in which the supervising staff act as a 'go-between', promoting a better balance between the interests of users, HCWs, and the organisation, to avoid any downward slide of certain 'clients' (Puissant, 2011). Models like this may apply to the results, but the participatory approach highlighted that the HCWs well-being is caught between two other poles of tension: the older adults/caregivers and the organisation. This intermediate role does not work if managers are not expected to balance competing interests.

Therefore, we proposed our own model of analysis in Figure 2, based on the inductively produced core idea: HCWs feel 'squeezed like lemons', between the well-being of the older adults/caregivers and the interests of the organisation. We aimed to highlight the hypothesis of an imbalance between these elements due to the innovation conceived without the participation of those directly concerned: HCWs and older adults/caregivers.

4.1 | How can we explain this imbalance in our case studies?

4.1.1 | A shift toward new public management and just-in-time

First, these innovations are part of the rationalization and standardization processes that have been implemented in work organisations, including the homecare sector, for several decades (Chanial, 2010). Emphasis is put on effectiveness, efficiency, meeting users' expectations, and worker's responsibility and accountability in achieving the objectives outlined (Rey, 1993). These dimensions can be found in the two case studies carried out.

On the one hand, for 'At-Any-Time', to ensure the quality of service and immediate response to users' demands, personalized services, and increased flexibility were required by employers (Dussuet, 2005). In our study, flexibility seemed to mean meeting the imperative norm of urgency and immediacy, which had negative effects on the quality of service provided and the well-being of the HCWs (de Nanteuil-Miribel, 2005). The results showed that the original innovation objectives were completely abandoned because, having **HCWs** available on demand, it turned into a simple respite project for **caregivers**.

Conversely, while the introduction of technological innovation through tools such as 'SmartControl' is considered to improve work efficiency and care quality (Borgiel et al., 2013), HCWs perceived it to dehumanize the care relationship and increase control over their work. 'Caring rationality' and 'technological rationality' can come into tension as the new technology interferes with the primary caregivers' mission: provide quality care (Marchesoni et al., 2017).

4.1.2 | Demands or needs: An apparent confusion

Our study highlights the confusion between the existing needs of older adults and their demands. The objectivity of the assessment of nursing needs using specific tools usually applied in more formal contexts contrasts with the less formalized nature of homecare services (Genet et al., 2013). As in our case studies, a survey of older adults' needs is carried out by the team supervisor at the patient's home. Correctly defining these needs is fundamental to avoid an imbalance between the well-being of older adults/caregivers, and HCWs (Davin et al., 2006). In the long term, the risk of a "customer is the king" logic for the benefit of organisation is twofold: impacting the quality of services and weakening the sustainability of the innovative project (Westerberg et al., 2016).

4.1.3 | The caring relationship as a 'lifeline' or the job as a 'safe haven'?

In contrast to difficult working conditions, the participants of both groups reported a great sense of usefulness and reward coming from the caring relationship. The sentence '*I love my job*' was recurrently pronounced during the workshops. The same quote types are indeed frequently found among studies on HCWs (Ashley et al., 2010). Love for the work, together with the ability to respond to people's needs based on personal experience or the acquisition of knowledge and competencies through self-training, constitute the so-called vocational discourse, often used by HCWs of this sector (Ribault, 2008). Taking care of older adults goes far beyond the technical skills needed in the curing process. These 'soft-skills' include relational and emotional skills and are critical to quality care. Although often undervalued by employers, HCWs attach crucial importance to them (Godwyn & Gittel, 2011; Sherwin & Winsby, 2011).

Additionally, because of their low qualifications, some HCWs remain in employment 'for the lack of finding anything better' (Ilama et al., 2014). This type of job constitutes a 'refuge-employee' for women who are disadvantaged in the labor market (Avril, 2006).

In Belgium, the organisations suffer from turnover and have difficulty recruiting, for the same reasons found in the United States or elsewhere in Europe: low salaries, professional precariousness, low employment status (Stacey, 2005), invisible nature of work (Martin-Matthews, 2007), lack of professional development, irregular working hours, and very high physical and emotional stress (Franzosa et al., 2019). Yet, the staffing needs are high (Belot et al., 2018), and economic projections predict that the homecare sector will be one of the most important ones in Europe (Cangiano, 2014) and the United States (Spetz et al., 2015) and will face a double challenge due to demographic growth: creating enough quality jobs to meet the new needs of the older adults/caregivers, and fighting against hidden labor (Kvist, 2012).

4.2 | How can this imbalance be regulated?

One of the solutions proposed later by the HCWs was inspired by the participatory approach with the GAM program: 'setting up a specific meeting to discuss' with HCWs, started with this group, to analyse in-depth the proposed solutions implement them in collaboration with the managers. According to Detchessahar, the 'Spaces for discussion Theory'[5] prevent occupational health and psychosocial risk (Detchessahar, 2013). This research has demonstrated the importance of developing a participation policy. Therefore, we propose in our model (Figure 2) an arrow that aims to encourage worker participation to regulate and rebalance existing tensions and, more generally, to consider all stakeholders' participation from the first phase of designing an innovation.

The literature confirms that innovations are also characterised by their process, particularly by stakeholders' participation and workers' and users' involvement (Rollin & Vincent, 2009). Participation is an essential dimension of health and welfare reforms (Giraud et al., 2014), and it is fundamental to involve workers in innovation planning and implementation, encourage them to become more involved in decision-making, and recognise their contributions as a significant component of the innovative project (Kaasalainen et al., 2010; van Niekerk et al., 2021).

4.3 | Methodological considerations

Our study has several strengths. Undeniably, this participatory approach is considered original for the sector, as it involves HCWs, whose views are often neglected in the process of analysis and improvement of working conditions. In this sense, the choice of the GAM program made it possible to develop shared knowledge on a critical subject, by and with HCWs who validated the results. Also, it should be highlighted that it creates a participatory dynamic in organisations and promotes HCWs/management dialogue.

The design of our participatory approach with the GAM program has deliberately included only HCWs from the same category, to promote the free expression of their own views. However, it would have been worth conducting individual interviews with team supervisors to better understand the impact of innovation on working processes. Furthermore, it would have been interesting to plan a workshop with the HCWs a few months later to analyse the evolution of the participatory process. Finally, to explore in-depth the phenomenon of tension between the well-being of HCWs and older adults/caregivers, it would be interesting to research older adults and their caregivers at a later stage.

4.4 | Future research

The present study relies on qualitative data regarding workers involved in specific projects. Future research should try to verify the generalizability of the findings by conducting a large-scale survey based on longitudinal quantitative data. Doing so will help confirm the existence, and strength, of the causal path from the workers' participation to improved quality of their care relationship with older adults/caregivers through well-being at work.

5 | CONCLUSION

Our research confirms that the issue of well-being at work must be considered more often as a fundamental element in this rapidly evolving sector. Consequently, the proper provision of services to older adults/caregivers must be ensured in a working environment that guarantees the preservation of HCWs' well-being and their development.

Organisations that innovate in the sector should not only prioritize the rationale behind innovative projects and/or the organisation's interests but should fully and simultaneously integrate an explicit logic of well-being at work from the beginning. This should include in-depth reflections on these issues with the key figures involved in the project, that is, the HCWs.

To avoid worsening HCWs' vulnerability in this particular sector and to ultimately make these professions more attractive, innovative organisations and public authorities must be aware of and recognize the existing tensions as pointed out in our study.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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ENDNOTES

[1] ENWHP defines the concept of 'Workplace Health Promotion' (WHP) as 'the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of improving the work organisation and the working environment, promoting active participation and encouraging personal development' (ENWHP, 2007).

[2] For the sake of confidentiality, the two cases are labelled with fictitious names.

[3] The term 'senior sitter' is used in this article to refer to the French term: '*Garde à domicile*' and to describe workers who accompany dependent older adults who cannot stay at home alone without supervision day and night, pay attention to their care needs, accompany them in daily activities, help with mobility and taking of meals, ensure physical, mental, and social well-being and safety, and provide relationship support to the older adults/caregivers (Ballara & Lamargue, 2019).

[4] 'Cherry tails' is a French expression meaning 'a few crumbs'.

[5] In French, 'Spaces for disscussion Theory' called 'Théorie des Espaces de discussion'.

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