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NAVIGATING HOMECARE: RELATIONSHIPS, CHALLENGES AND EXPERIENCES OF NURSES AND GENERAL DUTY ASSISTANTS

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ABSTRACT
Home healthcare has become an essential component of patient-centred care, with nurses and General Duty Assistants (GDAs) playing a pivotal role in delivering continuous care to patients in home settings. Despite their significant contribution, caregivers frequently encounter emotional, professional, and organizational challenges that influence their wellbeing and quality of care. This study aimed to explore the experiences of nurses and GDAs working in home healthcare, with particular emphasis on their relationships with patients, patients' families, and homecare agencies. A qualitative research design was adopted using Focus Group Discussions (FGDs) involving 30 participants (15 nurses and 15 GDAs) employed in home healthcare agencies. Data were analysed through thematic content analysis using ATLAS.ti software. The findings revealed that caregivers experienced both professional fulfilment and emotional strain. Positive relationships with patients fostered attachment, companionship, and job satisfaction, whereas aggressive behaviour, lack of respect, expectations to perform domestic chores, and emotional exhaustion negatively affected their wellbeing. Interactions with family members were found to be both supportive and challenging, while agency-related concerns included inadequate remuneration, lack of appreciation, limited career growth, poor communication, job insecurity, and insufficient organizational support. The study concludes that strengthening organizational policies, ensuring fair remuneration, enhancing training opportunities, clarifying job responsibilities, and promoting respectful communication among patients, families, and agencies are essential to improve caregiver wellbeing, job satisfaction, and the quality of home healthcare services.

KEYWORDS: Home healthcare, Nurses, General Duty Assistants, Caregiver wellbeing, Patient relationships, Organizational support, Qualitative research, ATLAS.ti.

INTRODUCTION

Home healthcare has emerged as an important component of patient-centered care, particularly for older adults and chronically ill patients who require continuous support in home care surroundings. Nurses and General Duty Assistants (GDAs) play a significant role in delivering quality home-based care. However, their work experiences are shaped by multiple personal, professional, and organizational factors. This study explores the job experiences of nurses and GDAs working in home healthcare, focusing on their relationships with patients, families, and homecare agencies, and examining how these experiences influence their physical, psychological, and social wellbeing. Previous studies have highlighted that home healthcare workers often develop close emotional bonds with patients, resulting in both professional satisfaction and emotional burden.

Goerge et al. (2017) stated work environment contributed to stress, which affected their physical and mental health. Some clients' houses are also described as 'filthy', 'smelly' and 'unclean' that could add to this stress. Several homecare aides expressed frustration due to inadequate benefits and pay by the limited ability for promotions. Lack of appreciation in homecare was also highlighted.

Similarly Andersson et al. (2017) also elaborated in their study about the importance of work place meetings and exchange of competencies as discussed by nurses working in home care in Sweden. Several nurses in the study also elaborated on inadequate planning, trainings and felt that it is solely up to them to participate in their competence development programs and they were given limited opportunities to participate in development projects in home health care. A working environment that allows and encourages learning through trainings means a lot to employees. The development of their competencies adds to employees' health, wellbeing and personality development.

Research studies have also shown that the higher the knowledge and competencies in caregivers reduces risks of healthcare damages to the patients and thus improved patient safety and quality of care (Smeds et al., 2014).

Bawa & Sinha (2025) highlighted the work-related stress experienced by nurses and General Duty Attendants (GDAs) in home care settings. They noted that these healthcare workers frequently perform their duties under challenging circumstances in patients' homes, where they face numerous occupational stressors, including unsanitary environments,

exposure to violence, and unpredictable behaviour from patients as well as their family members. Such demanding working conditions contribute significantly to their occupational stress and may adversely affect their overall well-being and quality of care.

Other studies have also emphasized the importance of organizational support, regular training, fair remuneration, and effective communication in improving caregiver wellbeing and quality of patient care. Despite growing evidence, limited research has comprehensively explored the experiences of both nurses and GDAs in the Indian home healthcare context.

The rapid development of home healthcare services makes a great demand for skilled nurses and General Duty Assistants (GDAs). As opposed to the institutional care, home-based care requires a combination of clinical, emotional, and social support while being adjusted to diverse home conditions and collaboration with patients and their relatives. As a result, a lot of researches have been dedicated to investigation of the peculiarities of working conditions' effect on the experiences and well-being of caregivers.

One of the recurrent topics in the literature is the presence of professional satisfaction in caregivers' work as a result of their relationship with patients. The home-based care makes it possible for caregivers to have sufficient time to get acquainted with individual preferences of their patients and to establish trusting relationships with them. According to Ashley et al. (2010) the work in home-based conditions was considered by the home care aides as highly rewarding as it made them influence on patients' everyday life despite numerous challenges. Also, according to Anthony & Milone (2005) the professionals were attracted to work in the sphere of home healthcare because of its high professional independence and possibilities for personalization of services provided. Franzosa et al. (2019) underlined that the quality of care includes not only medical procedures but also the provision of emotional support, company, respect, and dignity to the patient. Thus, these studies demonstrate that patients' relationships become the source of the job satisfaction of caregivers.

While home healthcare workers receive a lot of professional satisfaction from their work, it is evident from the literature that the emotional labor becomes the important feature of this type of work. The caregivers usually establish emotional relationships with patients suffering from chronic diseases, disabilities or being of advanced age, which go beyond professional scope. As it has been stated by Franzosa et al. (2018) such relationships create a feeling of purposefulness but also cause emotional exhaustion, especially in case when the health of the patient declines. As a result, it is obvious that emotional labor provides caregivers not only with professional satisfaction but also with significant stress.

Another significant issue in home healthcare workers' experience is the stress in workplace and lack of organizational support. Though the work is characterized by high professional independence, home healthcare caregivers often perform their work independently without supervision and communication with other professionals. Delp et al. (2010) underlined that the large amount of work, lack of clear role boundaries, poor communication with agencies and poor support lead to decreased job satisfaction among home care workers. At the same time, Fatemi et al. (2019) revealed that the nurses usually had to face unpredictable home environments, the absence of necessary equipment, problems of safety and unrealistic expectations from the relatives of patients which complicated the provision of the service. In turn, according to George et al. (2017) the poor working conditions such as the unsanitary state of households, low pay and lack of promotion possibilities were another source of stress among home healthcare workers. Therefore, these studies reveal the fact that organizational conditions worsen the natural difficulties of home-based work and result in caregivers' well-being problems.

It is evident from the literature review that the issue of professional competence and educational opportunities of caregivers becomes crucial for providing of high-quality home healthcare services. Contrary to the hospital settings, the home healthcare requires the independent clinical decision-making and collaboration with patients, their families, and other specialists. Andersson et al. (2017) revealed that home healthcare nurses considered continuous professional development, workplace meetings and exchange of knowledge to be very important for the maintenance of their competence. However, the participants reported lack of organizational planning and lack of opportunities for training. In turn, Ellenbecker et al. (2006) found that the lack of managerial support, numerous bureaucratic procedures and lack of opportunities for career growth cause nurses to leave home healthcare positions. It means that organizational support in terms of skill development and management leads to the increase of patients' safety and improvement of employees' retention and job satisfaction.

The interaction with the relatives of patients is the another aspect which influences caregivers' job experience. It is evident from the literature that the supportive behavior of the family members facilitates the communication and cooperation as well as improves the well-being of the caregivers. On the contrary, unrealistic expectations, insufficient gratitude, poor communication and disrespectful attitude of the relatives increase occupational stress and emotional fatigue. Franzosa et al. (2019) revealed that the home health caregivers consider the possibility of effective collaboration with the families to be essential in providing of quality care while poor communication became an obstacle in provision of care. At the same time, Fatemi et al. (2019) mentioned the interaction with relatives as one of the major challenges in home healthcare.

Despite the significant achievements in the study of caregivers' job experiences, there are still some limitations in the research area. First, most of the researches were carried out in the developed countries (the USA, Sweden, New Zealand, Canada) where the healthcare system, employment model and organizational support are greatly different from the conditions in the developing countries. Second, the previous researches paid attention either to nurses or to home health aides, rarely studying the experiences of these two groups of people working in the same home healthcare agency. Moreover, there is no research concerning the Indian conditions while the home healthcare services become rapidly developed in the country because of the aging population and the increase of chronic diseases. Finally, while the previous researches were dedicated to the issues of emotional labor, job stress, organizational support and quality of care separately, few studies considered the influence of patients, family members and employer's relationships on caregivers' well-being.

RESEARCH METHODOLOGY

The study adopted a qualitative research design using Focus Group Discussions (FGDs). Thirty participants comprising 15 nurses and 15 General Duty Assistants working in home healthcare agencies participated in the study. ATLAS.ti software facilitates the organization and analysis of qualitative data. This software was chosen for analyzing data as it allows the analysis to be guided by the specific objectives of the study; and the links were established keeping in mind the objectives of the study and the dominant themes. Data were collected using a structured discussion guide and analysed through thematic content analysis.

An initial coding scheme was developed based on the interview guide and was operationalized using ATLAS.ti. Specifically, codes were applied to specific text within each transcript and then queried for frequencies across transcripts. The coding framework was discussed and then applied to all the 30 focused group interviews. All the data were analysed by 2 separate coders. In addition to it, all data were quality checked by an experienced qualitative expert. Initially first fifteen interviews were prepared in the form of transcripts. Researchers also investigated using ATLAS.ti whether the qualitative data suggested a specific scoring algorithm of co-occurrence of themes. Researcher has produced analysis with the help of code document table that establishes relationships between codes of qualitative data. Themes and sub-themes were developed after repeated analysis to ensure credibility and consistency.

RESULTS AND DISCUSSION

Among the respondents, three primary relationships were identified that affected their emotional state, patients, their family members and agency supervisors. With each relationship, participants/caregivers reported that their emotional wellbeing was influenced by the level to which and if they were appreciated, valued for their work and respected for their professional expertise. It was commonly reported by the caregivers that many times, they felt frustrated because of the devalued and disrespectful behavior towards them for the duties they perform as a part of their profession in home care. Fifteen nurses working with various agencies were interviewed. A number of conceptual models have been employed to examine caregiver's (nurses and G.D.A.s) relationship with the client, relationship with the family and the agencies they are working with (Franzosa et al., 2019). Aides and clients spend their time together building an intimacy that creates feelings of being rewarded along with the emotional demands (Delp et al., 2010; Hoppe et al., 2015; Franzosa et al., 2019). Thus, these relationships and respondents emotional state is influenced by the patient's family members at an individual level and the role of agencies at an organizational level (Franzosa et al., 2018). Banijamali et al. (2014) also reported that the most important reason the respondents gave for becoming home care was their commitment and obligation to care for particular clients.

1. Relationship of the Nurses and General Duty Assistants with the Patient

Relationships with the patient do have a positive and negative effect on the emotional health of the respondents (Nurses and GDAs).

Table 1: Nurses and G.D.As (Relationship with the Patient)

Item		**Relationship with the Patient**	**General Duty Assistants (N= 15)**	**Nurses (N= 15)**
No	Code			
1	RP 01	Attachment	26.6	26.6
2	RP 02	Domestic Work	33.3	20
3	RP 03	Support	73.3	46.6
4	RP 04	Love and Enjoy	33.3	26.6
5	RP 05	Treat as Maids	13.3	26.6
6	RP 06	Shows Improvement	26.6	20
7	RP 07	Aggressive Behavior	46.6	26.6
8	RP08	Helping Outside Scope of Job	13.3	20
9	RP09	Plight of Old Parents	46.6	13.3
10	RP 10	Depressed and Exhausted	6.6	13.3
11	RP 11	Trust is a Major Issue	13.3	6.6
12	RP 12	Lack of Respect	13.3	13.3
13	RP 13	Lack of Respect	20	-
14	RP 14	Feeling good after serving	33.3	-
15	RP 15	Companionship	33.3	-

*RP – Respondent,*N- Nurse,*GDA- General Duty Assistant, U- Unmarried, *M- Married,*Exp. – Experience

Table 1 represents the researchers' analysis of various themes which analysed the relationship of caregivers (nurses and GDAs) with the patients. Overall, in case of nurses, 12 themes define their relationship namely (Attachment (26.6%), Domestic work (20%), Support (46.6%), Love and enjoy (26.6%), Treat as maids (26.6%), Patient shows improvement (20%), Aggressive behaviour (26.6%), Helping outside their scope of job (20 %), Plight of old parents (13.3%), Depressed and exhausted (13.3%), Trust (6.6%), and Lack of respect (13.3%) Moreover, consistent with previous research,

participants (nurses and GDAs) reported building relationship with the patient was important and they derive a sense of satisfaction by making a difference in the lives of their
clients; describing spending time with the client as having fun together (Franzosa et al., 2019).
With regard to general duty assistants, 15 themes define their relationship namely; Attachment (26.6%), Domestic work (33.3%), Support (73.3%), Love and enjoy (46.6%), Treat as maids (13.3%), patient shows improvement (26.6%), Aggressive behaviour (46.6%), Discriminative behaviour (13.3%), Helping outside their scope of job (40 %), Plight of old parents (6.6%), Depressed and exhausted (13.3%), Trust (13.3%), Lack of respect (20%), Feel good after serving patients (33.3%) and Companionship (33.3%) . For a better understanding, these themes are further explained with the help of narratives as follows.

Themes	**Narratives**
Attachment	"My father is a farmer, so the family income is sparse we have to unwillingly work in this sector. I love and enjoy being with the patient. I took care for a patient for around 6 months. He was 33 years old and was bedridden as he met with an accident, meri bahut attachment ho gayi thi (I was very attached to the patient). Seeing him bearing the pain, I was not able to sleep. So later, I left the job as I suffered from sleepless nights. I cried a lot when I left the patient's house and still feel that pain today"(D2, Nurse, Unmarried, age 28, Exp. 2.5 years) "I helped the family in performing the last rites. I was deeply attached to him and it was painful for me to bear his death. Mai tut gaya tha, mera bura hal ho gaya tha, (I was totally shattered)". (D13, GDA, Unmarried, age 25, Exp. 6.5 years)
Support and Companionship	"Where the patient is alone, they get very much attached to the caretaker. They always only want love and affection from us. .They always appreciate my work. We caregivers are their companions".(D1,GDA, Unmarried, age 19, Exp. 1 year)
Domestic Work	"They expect the nurses to perform household domestic duties as well. Sometimes the families insist on doing domestic work like washing utensils and wiping the floor. We are treated more like maids than staff nurses". (D3, Nurse, Unmarried, age 28, Exp. 2.5 years)
Aggressive Behavior	"During my last job, the patient used to yell on me. Almost all the day, I used to feel like crying. During that time, my health was affected due to the stressful conditions at work". (D11, Nurse, age 26, Unmarried, Exp. 3 years)
Plight of Old Parents	"Patients are totally dependent upon us as the family doesn't give them time and secondly, in most cases their children are settled abroad and they are left behind alone". (D3, GDA, age 25, Unmarried, Exp. 6 years)
Depressed and Exhausted	"Expectations are too much in home care. They don't consider us staff, rather we are made to work in the kitchen and clean their utensils also. Staying for 24 hours with such patients is a pain and sometimes we feel very depressed and exhausted. Continuously working for 24 hours makes our own life difficult and the quality of life get impaired." (D10, Nurse, age 26, Unmarried, Exp. 2 years).
Helping Outside their scope of work	"The family was very loving and caring, and so she never hesitated from her job Even when it was about changing patient's diaper or cleaning her up, she would do all necessary chores required" (D13, Nurse, age 30, Unmarried, Exp. 12 years).
Lack of Respect	"Salaries are less and there is lot of burden on the nursing staff, as females we have lot of workload, the families expect us to do domestic chores. At times, we are not paid any respect, not even by patient. Sometimes, I feel so frustrated that I want to quit the job". (D10, Nurse, Age 26, Unmarried, Exp. 2years)

Overall, it was analysed from Table 1 that as the respondents continue to stay with the patient they develop attachment with them, they support the elderly in many ways and they love being with them. Participants in the study loved their job, some believe in giving free service to the client's in need. There were many who faced various issues at their work place such as workplace violence is also widespread in health care settings. Violence can be in the form of verbal abuse, aggressive behaviour, lack of respect, and humiliation. Further, they elaborated that patients are largest source of violence but they are not the only one. The patients sometimes treat them as maid, expect domestic chores. Consequently, the aggressive behavior of the patients makes the support workers depressed and exhausted. Many a times, the respondents felt hurt as they are made to feel that there is lack of respect and recognition in this profession along with job insecurity.

2. Relationship of the Nurses and General Duty Assistants with Patient's Family.
Relationships with the family do have a positive and negative effect on the emotional health of the respondents (Nurses and GDAs). Families play a major role in patient care as the primary caregiver is always a member from the family.

Table 2: Nurses and GDAs (Relationship with the Family)

Item		Relationship with the Family	GDAs (N= 15)	Nurses (N= 15)
No	Code			
1	RP 01	Cooperative	46.6	33.3
2	RP 02	Domestic Work	33.3	33.3
3	RP 03	Treat like their Own Children	26.6	26.6
4	RP 04	Respect, Love and Enjoy	40	33.3
5	RP 05	Treat as Maids	20	33.3
6	RP 06	Interference	13.3	33.3
7	RP 07	Ill-Treatment	20	26.6
8	RP 08	Plight of Old Patients	13.3	13.3
9	RP09	Helping Outside Scope of Job	33.3	13.3
10	RP10	Support	33.3	6.6
11	RP 11	Depressed and Exhausted	13.3	13.3
12	RP 12	Trust	6.6	13.3
13	RP 13	Lack of Respect	20	33.3
14	RP14	Not Comfortable to Carry the Duties of GDAs / Reluctant to spend money on Seniors	13.3	20

Fourteen themes define their relationship with the family. The data analysis is presented and it can be seen from the data from Table 2, that 33.3% nurses and 46.6 % GDAs believed that the families they are working with are very cooperative, while 33.3 % nurses and 40 % GDAs enjoy at their work place as the families give them lot of respect and love, while 13.3% nurses and 6.6 % GDAs feel that building trust with the families take lot of time. Moreover, 26.6 % nurses and GDAs respectively spoke about families treating them like their own children, and 6.6 % nurses and 33.3% GDAs elaborated on the support they receive from families at their work environment. Some even reported that families are so good and they sometimes hide their mistakes from the agency supervisors.

However, 33.3 % nurses and GDAs respectively complained about the domestic work which is expected by the families as a part of their job, they further explained that they are treated more like maids (33.3%, nurses and 20 % GDAs) than a professional. While nurses reported that in hospitals the nurses are paid lot of respect but in home care, their respect is lost, which is also reported by 33.3% and 20% of GDAs staff.

However, the interference of families (33.3% nurses and 13.3 % GDAs) was a major issue as was reported and was reflected from data, it was analyzed from in-depth interviews that in many cases the patients were critical and at the verge of death but the families did not allow technical procedures such as suctioning at that relevant point of time. 26.6 % of the nurses and 20% GDAs reported ill-treatment such as rude behavior, yelling on the aides, providing stale food and not letting them have sleep. At the same time, 13.3 % nurses and GDAs respectively felt depressed and exhausted due to the stressful working conditions and yet were helping the families in doing chores (13.3 % nurses and 33.3% GDAs) which are outside their scope of job. Further, 13.3% nurses and GDAs also discussed the plight of old parents who are staying alone as their families have moved on for their livelihood abroad as they believed that now a days children are not ready to take care of their parent and so they employ staff who could look after. However, in a few cases, the families are reluctant to spend money on geriatric as mentioned by 13.3 % GDAs. It was also reported that 20 % of the nurses don't feel comfortable to carry the duties of GDAs. The themes along with the narratives describing their relationship with family are as under.

Cooperative	"Few families are very interfering, but there are many who are very cooperative. This profession requires lot of patience. I used stay at their place and the family gave me time for my personal activities". (D2, GDA, age 25, Unmarried, Exp. 6.5 years) "They were so cooperative that they used to hide staff mistakes always and had a cordial relationship with all of them." (D4, GDA, age 34, Unmarried, Exp. 13 years) "Families treat us like their own children" (D8, GDA,age 22, Married, Exp. 4.5 years)
Respect, Love and Enjoy	"I have worked with the patient for over 3 years. I was there with them for 24 hours. They gave me a lot of love and support. Their family always gave me leave whenever needed and allowed me to go home."(D7, GDA, age 23, Unmarried, Exp. 4 years)
Lack of Respect and Ill-treatment	"We are valued till the time the patient is critical and as soon as there is improvement in their condition, their families devalue us and make us feel as we are a burden on them" (D1, Nurse, age 28, Unmarried, Exp. 2.5 years)
Family Interference	"While I felt that even though I have been taking care of the patient with full zeal, the family interferes in patient chores. The interference by the families is utmost a

and Personal life gets impaired	big hindrance to our work. Later, they fired me and hired a new employee with less salary and blamed me for no reason". (D10, GDA, age 23, Unmarried, Exp. 3 years) "Our personal life gets impaired in this home care, the family I last worked. They were interfering to the extent that they did not allow us to attend our phone call during our work shift. At times families instructed us on how to handle the patient, and we are not able to work independently due to their interference". (D8, Nurse, age 27, Unmarried, Exp. 3 years)
Depressed and Exhausted	"If we are on 24 hour duty, they make us feel that we are a burden on them and even the smallest of thing such as providing us with meals will be accounted for. Even if we commit the smallest mistake, we will have to listen from them. I was very depressed by the behavior of the family." (D10, Nurse, age 26, Unmarried, Exp. 2 years)
Treat as Maids	"Few families pay us lot of respect while the others treat us like maids. some families do compel us to do all the chores which are not related to our nursing profession. There have been many times where I am made to feel that I am not a professional but a maid". D3, Nurse, age 27, Unmarried, Exp. 4 years)

From both the Tables, it can be seen that the respondents who are working as nurses and GDAs are made to work outside the scope of their jobs' work, they help the families in food preparation, cleaning the utensils, wiping the floor. It was reported that because many families give them lot of love and care and in lieu of that they tend to help them in doing all the chores. Appreciation received from the family was considered to have a positive influence on their social and mental health as resonant with previous literature. However, disrespectful behavior from the families tends to bring stress at workplace. It was also found that in addition to the client's relationship, the role of client' families and agency supervisors have a strong influence on aides' emotional state. They believed that if they receive respect and are valued for their work, then their sense of confidence, ability of work is improved thus, boosting their morale. Similar findings were also reported by (Franzosa et al., 2019) where the authors discussed that building close and trustful relationship with the client was most important for aides' emotional wellbeing. Wellbeing is also influenced by their relationship with the client families and agency supervisors and the level to which they felt valued for their work.

3. Relationship of the Nurses and General Duty Assistants with the Agencies

Participants valued the agency supervisors for their cordial behavior and their support and appreciation boost their confidence on the work place. Table 3 shows the relationship of caregivers (nurses/general duty assistants) with the agencies they work for.

Table 3: Nurses and GDAs (Relationship with the Agency Coordinators)

Item		**Relationship with the Agency Coordinators**	**GDAs (N= 15)**	**Nurses (N= 15)**
No	code			
1	RP 01	Support	13.3	46.6
2	RP 02	Discuss Issues	26.6	40
3	RP 03	Trainings	26.6	46.6
4	RP 04	Misbehavior of Staff	26.6	20
5	RP 05	Not Satisfied with Salaries	46.6	33.3
6	RP 06	Salaries are Given Late	40	26.6
7	RP 07	Keep Commission/ Zeal for Money	40	60
8	RP 08	Deduct Salaries	20	20
9	RP 09	No Leaves	53.3	40
10	RP 10	No Extra Staff	33.3	60
11	RP 11	Inexperienced Staff	6.6	6.6
12	RP 12	No Appreciation	20	33.3
13	RP 13	No Career Growth	13.3	20
14	RP 14	No Support	13.3	26.6
15	RP 15	Job Insecurity	13.3	33.3
16	RP 16	Send Employees to far off Places	20	33.3
17	RP 17	Keep our Documents	46.6	20
18	RP 18	Travel Allowances are Less	33.3	13.3
19	RP 19	Provide Pick and Drop Facility	-	60
20	RP 20	Sole Responsibility Lies with Agencies	6.6	46.6
21	RP 21	Insurance Coverage for the employees	20	46.6
22	RP 22	No Communication	-	20

From the Table 3 , 22 themes define nurses' relationship with the agencies while 21 themes define agencies relationship with the general duty assistants. 46.6 % nurses and 13.3 % GDAs spoke about the support, they receive from the agencies, and also mentioned that agencies are aware of their problems and in case where the help of agencies is required their problems are heard by the agencies. While an equal number of nurses i.e. 46.6 % nurses and 26.6 % GDAs were happy with the training sessions provided by the agencies (Plate no. 1), whereas about (40% nurses and 26.6 % GDAs) believed that regular meetings should be conducted to discussed their concerns regarding the safety and challenges at work place. Multiple issues were reported such as misbehavior of staff (20% nurses and 26.6% GDAs), not being satisfied with salaries (33.3% nurses and 46.6 % GDAs), salaries being given late (26.6% nurses and 40% GDAs), deduction in salaries (20 % by both), keeping commission (60 % nurses and 40 % GDAs), staff being inexperienced (6.6% by both), and no career growth (20% nurses and 13.3 % GDAs), While most of them discussed that the homecare agencies have indeed turned this noble profession caring for the sick into a business.

Some agencies solicit responsibility towards their staff as has been reported by 46.6% nurses and 6.6 % GDAs. On the contrary, there were multiple issues faced by nurses and GDAs in homecare too. 46.6% nurses said that agencies don't give proper instructions to the clients and they have to carry duties outside their scope of job. However, 40 % nurses and 53.3% GDAs elaborated that they are neither provided leaves by the family nor the agencies. This is due to the fact that agencies don't have extra staff (60% nurses and 33.3% GDAs at their hands so they have to continuously work at some place for as long as 6 months straight without any work leaves. Also, 20 % nurses and GDAs each asserted that their concerns are unheard, and there is no communication with the agency coordinators. However, 6.6% advocated the need for insurance coverage for the employees.

Plate no. 1: Trainings sessions being conducted by various agencies for training of staff

The results analyzed show that 33.3% nurses and 20 % GDAs mentioned that agencies don't appreciate their staff and at times they feel insecure about their jobs (33.3% nurses and 13.3 % GDAs). It was reported by 26.6 % nurses and 13.3 % GDAs that the agencies don't support them, and 20% nurses and 46.6 % GDAs said their documents are taken away and kept by the agencies. Few staff members (33.3% nurses 20% GDAs) also reported they are sent to far off places and less travel allowances are given to them (13.3% nurses and 33.3 % GDAs). At their workplace, 60% nurses advocated the need for pick and drop facility. George et al. (2017) also highlighted that the stress was also related with the agencies. Common issues highlighted in the study were busy coordinators, limited supervisions, concerns are not addressed, rushed communication, poor responses, lack of timely responses, last minute changes in the rosters, lack of appreciation and recognition, inadequate allocation for travel time, lack of power (as their opinions were not valued despite spending large amount of time with the clients). The themes along with the narratives describing their relationship with agencies are discussed further.

Themes	**Narratives**
Support	(D1, GDA, age 19, Unmarried, Exp. 1 year) opined, "In case of any problems, we get a lot of support from the agencies. We are free to share our problems and can freely discuss the same with their agency coordinators" "The agency coordinators also visit our work place to see to ensure that we are happy and content and if there are any issues at all. If need be, they even instruct the families about the nature of our jobs. The agency also provides a pick and drop facility. However, the main problem is that families are not willing to give leaves to the staff, it is only the agency that gives weekly off to the staff, but families don't want to relieve the staff". (D7, Nurse, age 24, Unmarried, Exp. 3 years)

Misbehaviour of Staff No Support Agencies don't give Instructions	"Whenever one asks for leaves, the agency managers behave awkwardly. I have faced so much trouble with my agency and due to the behavior of the agency coordinators, I would not pursue this job further. The agencies don't value us, despite our hard work they would not increase our salary".(D2, GDA, age 25, Unmarried, Exp. 6.5 years) "These coordinators only focus on their work and they refrain from having communication with the staff. Thus, our concerns go unheard". (D10, GDA, age 23, Unmarried, Exp. 3 years) (D10, Nurse, age 26, Unmarried, Exp. 2 years) said "Agencies are just concerned with their duty, I complained to the agency regarding the domestic chores being demanded from me but they did not change my duty nor did they reprimand the family.
Meagre Salaries	"I am the sole earner in my family so all responsibility stays on my shoulders. Initially I was paid 13,000/ INR for 12 hours duty". (D2, GDA, age 25, Unmarried, Exp. 6.5 years) "Salaries in this profession are meagre, benefits are none. We were not allowed leaves, even on my maternal uncle's death, the authorities displayed a very rude attitude and told me that duty is our first priority and family comes next". (D10, GDA, age 23, Unmarried, Exp. 3 years).
Trainings provided by the agencies	"I was given one month training in home care agency like how to handle kidney patients, how to check blood pressure. All staff members were given instructions on how to handle patients. We are also told that if the patient is in bad mood, how to handle that patient with love, how to behave with the patient, how to behave with the family etc. We are also given training on performing activities of daily living (like cleaning teeth, basic grooming and bathing)". (D2, GDA, age 25, Unmarried, Exp. 6.5 years)
Zeal for Money/Keep Commission	"Most of the money is kept by the agencies and their managers while all the work is carried by the staff who are underpaid". (D3, GDA, age 25, Married, Exp. 6 years) "The worse thing about the agencies is that they charge hefty amount from the patients. When the amount paid by the client is more, they try to get lot of work extracted from us". (D 13, GDA, age 25, Unmarried, Exp. 5 years)
No leaves Deduct Salaries	"One gets no leaves in home care as the patient is totally dependent upon you and the agencies don't have experienced and extra staff at hands. Even if I have taken a leave for a single day, the salary for the same was deducted by the agency staff". (D4, GDA, age 22, Married, Exp. 4.5 years)
Insurance Coverage for the Employees	(D3, GDA, age 25, Married, Exp.6 years) opined, "There should be insurance coverage for the home care staff because if something happens to the staff while he/she is on duty, his/her family can take avail the needed facility through the insurance coverage provided by the agencies".
Discuss Issues Inexperienced Staff Job Insecurity	"I think the agencies should behave more responsibly. Every week, they should conduct interviews with the staff and discuss their issues".(D3, Nurse, age 27, Unmarried, Exp. 4 years) D4, Nurse, age 24, Married, Exp. 7 years) shared "Now a days, the agencies don't have any experienced staff, sometimes the GDAs provided by them have no experience, they don't even know how to give oral medication to the patient. The staffs recruited by them is rather inexperienced." "Few agencies pay us respect and few don't. At times we feel insecure about our jobs as sometimes we are provided targets which seem infeasible" (D12, Nurse, age 26, Unmarried, Exp. 8 years)

CONCLUSION

The study concludes that home healthcare professionals make invaluable contributions to patient wellbeing despite facing numerous occupational and emotional challenges. While meaningful relationships with patients provide motivation and professional fulfilment, inadequate recognition, poor working conditions, and limited organizational support adversely affect their wellbeing. Strengthening training programs, ensuring fair remuneration, clearly defining job responsibilities, improving communication, and implementing supportive organizational policies are essential to enhance caregiver satisfaction, improve retention, and ultimately ensure better quality home healthcare services.

Banijamali et al. (2014) also highlighted the problems reported while working as home care were insufficient pay for the work done, inconvenient hours of work, no paid sick leaves, difficult to find replacement while sick or needed time off.

Further the respondents wanted a less physically and emotional stressful job with better wages or benefits involving less travel time for commute. The other predominant reasons for leaving home care job was issues with the patient or the patient's family, inadequate health benefits, physical pain and long duty hours. They also advocated the need for health insurance for themselves, pick sick leaves, paid vacation time and to be extra paid for the holidays worked.

Isabel et al. (2021) also discussed various issues faced by nurses in home care settings. They work under demanding conditions characterized by inadequate support, limited resources, time pressures, and emotionally taxing responsibilities. These challenges adversely affect caregivers' physical health, mental well-being, and overall quality of life, underscoring the need for stronger family, community, and healthcare system support. The findings and problems reported were more or less similar to the findings of the present study.

From the findings analysed through Table no. 1, 2 and 3, the researchers identified three primary relationships that are key successors of home care. Respondents highlighted the need for effective communication and interactive team meetings that are identified as necessary to discuss patient care issues and to discuss safety issues, and problems related to other behavioral, clinical or psychological concerns in patient's homes. The respondents discussed multiple problem related to the role of agencies in home care (Lack of respect, appreciation and support) from the care team. Additionally, present study highlighted the negative aspects of working with agencies. Many issues were discussed by the aides like thirst for money, no interactive meetings from the agencies for their staff and no leaves provided. In many cases, aides are made to work at one place for more than six months. It was pointed out that majority of them were not happy with the working of agencies, as they believed that their issues go unheard whether it is related to their safety or any other emotional tension they may be facing. Additionally, from in-depth interviews, it was found that no health insurance benefits are provided by the agencies and the aides felt a need to have their health insurance covered in their jobs. Similarly, Morris (2009) also found that the health care coverage was an important factor for leavers as the newly employed were likely to have insurance coverage in their jobs.

Similarly, Ashley et al. (2010) also described the reasons given by homecare workers of identifying their job as rewarding using terms such as satisfaction, gratification or pleasure. They also expressed the importance of developing relationships with the clients, valuing the time spent with the clients. Homecare assistants elaborated the value of being able to help others, love for their job, helping the client out the bed, preparing meals, and being energized through their work in home care. In the study building close relationship with the client was central to respondent's emotional wellbeing, which was also influenced by their relationship with the client's families and agencies. Moreover, being valued for their work tend to increase their confidence. However, aides require more communication and support from the client families and agency supervisors.

Simon- Rusinowitz et al. (2010) conducted a three state study and found that the workers who are directly employed through agencies were more satisfied and avail benefits such as housing, food, transportation and other benefits.

George et al. (2017) study explored the perception of aged care support workers and how their health was influenced by their job. It was examined that 90 percent of them worked part time with average 20 hours per work, with comparison to the present study, the respondents in the present study tend to work for 12 hour or 24 hour shifts with working hours limited to 8 hours per shift, so the average working hours are 40 hours per week which is double as compared to the study. Further, it was found that support work had a contradictory effect on the aides' health. On one hand, they spoke about the love they had for their work which fueled their sense of wellbeing while overwhelmingly, they spoke about the stress, pain and fatigue at work place impacting on their health. A similar juxtaposition which was offered by the physicality of the work as the work kept them physically fit.

In the present study too, respondents feel that this profession help them to remain physically fit and but are seemingly depressed, exhausted and stressed due to the behavior of the patients and their families. One on hand the respondents expressed that good training and support from the agencies also boosted their morale but it was also reported by some that the lack of support from the agencies left them feel anxious, undervalued and stressed. The present study tends to understand the emotional experiences of the home care workers and the underlying conditions under which they perform their duties and how these workers are currently managing their emotional state and what support they require from the clients, their family members and agencies.

To summarize, several themes were generated such as attachment, serving the needy, families treating them like their children and so on what primarily motivated them to carry on the work, deriving a sense of satisfaction while making difference in the lives of clients, flexibility of the job, gave them valuable time to look after their own family which has a positive impact on their mental health and holistic wellbeing. Conversely, stress was a dominating factor which was identified among all participants, Despite of the work been officially deemed unskilled especially in case of general duty assistants, almost all the participants discussed about the exhaustive demands their job placed on them, expectations of the clients vary considerably, requiring different approaches of doing work placing additional strain on them. Further, deterioration of the client's health was distressing to the caregiver. However, majority of the participants discussed about the expectations of the client's families regarding the domestic chores which are not a part of their deal and adjustments made by the aides like working overtime and beyond what was stated in the support plan. These staff workers are also considered responsible for medications, the management pushed them to do things they are not qualified for as in many cases the general duty assistants perform nursing procedures because the client families are not willing to spend extra money on their patients and this responsibility added to the additional mental stress.

Overall, it is established, the client's, their families and agencies play a major role in governing the mental, social and physical challenges faced by nurses and general duty assistants in home care. It is very important to understand their mental situations, so that they could be provided an environment which is comfortable for them to work in. The agencies should also understand their needs and the scenario where they should be provided apt leaves so there is no frustration of

continuously working at one place could harm their mental health that affects their work. It is to be notably to be brought to light that the home care providers are going extra mile to work for the clients and thus it is the duty of the client's families and agencies to consider the needs and requirements of the caregivers and provide them a safe, healthy environment with absolutely no stress at work place.

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