

RESEARCH BRIEF

“We’re putting our lives on the line here”:
Lessons Learned from Essential Hospital Workers¹
Early Pandemic Experiences | November 2021



PURPOSE

When the COVID-19 pandemic hit the U.S. in Spring 2020, life for all Americans changed in numerous ways. While many stayed at home to reduce the spread of the virus, essential workers had to continue to show up at their workplaces. Essential hospital workers were on the front lines – needed not only for the ongoing healthcare they provide but also to care for those infected with COVID-19.

Doctors and nurses received attention, gratitude, and support as essential workers. Yet, hospitals have many other workers integral to keeping them open and operating, including service, clerical, and technical workers. Unfortunately, these service, clerical, and technical workers, who have long been underpaid and underappreciated, have often gone unrecognized and unsupported during the pandemic.

This research brief focuses much-needed attention on the early pandemic experiences of service, clerical, and technical hospital workers, drawing on in-depth interviews conducted as part of the Pittsburgh Wage Study.

METHOD

This research brief is based on data from the third wave of the Pittsburgh Wage Study, a longitudinal mixed-method study started in 2017 to track the effects of wage increases on service, clerical, and technical hospital workers' lives and well-being. The COVID-19 pandemic hit as we were beginning the third wave of in-depth interviews, so we transitioned from in-person to remote video call format and began to ask participants about how the pandemic was impacting their lives. This brief draws on the responses of the 23 participants employed in a Pittsburgh hospital who were interviewed after the pandemic began between March and July 2020. Our research team reviewed the transcripts to identify themes that characterize the workers' experiences. The workers who completed these interviews were predominantly women (74%) with an almost even split between those self-reporting as Black/African American (48%) and white (52%). Educational attainment varied, with the majority having completed high school (26%) or an associate's degree (26%). Their average hourly wage was \$17.59.

KEY FINDINGS

- Doctors and nurses have been lauded as essential workers during the COVID-19 pandemic but service, clerical, and technical hospital workers have not been as well recognized and supported for their important contributions.
- Service, clerical, and technical hospital workers, who are paid by the hour, have had to simultaneously navigate making ends meet amid workplace fluctuations and keeping safe from the heightened COVID-19 threat posed by hospital work.
- Unions have facilitated service, clerical, and technical hospital workers' voice and power to address COVID-19 risks and provided social support throughout the pandemic.

¹ This brief focuses on the experiences of service, clerical, and technical hospital workers, who are often missing from conversations about essential hospital workers, which tend to focus on doctors and nurses.

FINDINGS

The COVID-19 pandemic brought fear and uncertainty to all Americans, unsure of how it spread and terrified of being infected. As hospital workers navigated this “new normal” and tried to keep themselves safe from contracting COVID, they knowingly walked into buildings and rooms where COVID might be lurking, which at times felt overwhelming. Hospital workers, poised to act first, keep rooms clean, feed patients, and manage visitors, were dealt the brunt of these changes brought forward by this new normal. Coupled with a demanding workload, there was no clear way to manage their stress, leading workers to operate in emergency mode. As they attempted to cope, their typical team interactions were strained. This immense stress was intensified as they worked to keep their hours and caseloads consistent.

ECONOMIC IMPACTS

During the early days and weeks of the pandemic, hospitals began to reduce hours, combine floors, and ask employees to work from home, causing many service, clerical, and technical workers to worry about their income and what it would mean for their families. While these reduced shifts enabled time to prepare for the storm the hospital saw coming, many workers saw this reduction in hours or loss of overtime as *their* storm, because they are paid by the hour and many depend on overtime pay to make ends meet. While some could use paid time off or work from home, those who had previously relied on going into the hospital daily dealt with increased economic challenges.

“Since the pandemic, I've been in housekeeping and transport. I was making a good couple dollars before this pandemic. I'm totally, like, knocked off of my work schedule. Everything feels so different.”
(Patient Transporter, hourly pay \$12.94)

As hours changed week to week, staff in departments not receiving COVID patients saw fewer patients and struggled economically because of a lack of overtime; others' work intensified as they saw COVID patients daily. Yet, even as many saw their pay go down, workers were still asked to ensure patients were safe, fed, and receiving needed care.

“I mean, I'm scared because I can't afford to stay home and quarantine with no pay. Then you have to go through the process of trying to get worker's comp. And how do you know when-- and it's just...it's stressful. But I'm hanging in there.”
(Nursing Assistant, \$15.85/hr)

Many families received stimulus checks from the federal government during the pandemic, which provided some temporary relief. In addition, some workers in hospital settings were given “heroes' pay” as a result of various emergency stimulus bills. The lack of clear guidance for determining who should receive this extra pay created confusion and division in the hospital, demoralizing those who did not receive it. Not being deemed a “hero” despite working day in and day out alongside those given the payment, coupled with existing pay disparities between hospital service workers and higher-paid employees like doctors and nurses, led some workers to question whether their jobs were worth it.

“Yeah. I mean, some days I think, 'Is this worth it?' But this is my career. This is the career path that I've chosen. So it comes with the territory, but it's just, like, compensate us. We're putting our lives on the line here, you know? Give us what we deserve.”
(Nursing Assistant, \$17.54/hr)

SAFETY CONCERNS

The pandemic required hospital workers to adapt to new ways of working and engaging with patients and colleagues. Hospital staff struggled to become accustomed to new norms and protocols around the use of disinfectants and Personal Protective Equipment (PPE).

"Each day is a new rule at work. You know, you don't know what's happening with this virus going around. It's just so many changes." (Nursing Assistant, \$17.54/hr)

Comments from workers during the early weeks of the pandemic recall the fear and uncertainty of the new challenges brought by COVID.

"I'm still pretty nervous because we don't know that these masks are really protecting us. And it's probably just me and my nerves, but I feel like that they should get all of their hospital workers tested. Like, we work in here, and I-- you know, they probably don't want to, because they're probably scared that the majority of us probably have it and don't even know that we have it. But I just feel like that they still should get every worker tested, just to know." (Transportation Monitor Technician, \$19.29/hr)

Feelings about safety depended on access to PPE. For example, access to facemasks and face shields, combined with enhanced cleaning and disinfection, led to some workers feeling safe and valued by the hospital. However, when any of these were lacking, workers expressed anxiety and fear around catching the virus and passing it onto their family members. Workers were also concerned about access to health insurance and healthcare should they become sick.

Like many of the workers interviewed, the staff responsible for stocking and distributing PPE felt overwhelmed due to shortages during the early

days of the pandemic. Though workers wanted access to more PPE, there were side effects of its increased, repeated, and prolonged use, such as facial bruising and acne. Some workers felt their breathing was restricted due to wearing a mask or face shield, leading to a few workers not wanting to wear PPE or not wearing it properly. Co-workers' reluctance to wear PPE led to heightened feelings of anxiety and resentment among workers who were wearing it correctly.

Additionally, the infrequency and inconsistency of COVID-19 testing and PPE access across departments and positions were highlighted by workers. Some observed that doctors and nurses were prioritized for both PPE and testing.

"They have-- and I don't know the name of these masks. But they're like red, white, and blue, mainly red and blue. And they have three little holes on it. They're kind of like a rubber plastic. And they only gave them to nurses. But they didn't give them to nursing assistants. Now, mind you, the nursing assistants do the same work with patients as the nurses, other than just administering medication." (Nursing Assistant, \$17.54/hr)

STRESS, EXHAUSTION, AND FEAR

Hospital work can be challenging in the best of times. Hospital work for service, clerical, and technical workers has proven to be especially stressful, exhausting, and terrifying during the pandemic.

"I'm stressed. I'm tired. I'm overworked." (Nursing Assistant, \$15.85/hr)

When they returned to work after initial slowdowns, some workers had a higher workload, with less support and little say in hospital safety planning.

One worker described her fear when there were PPE shortages: *"And then, we started getting less and less of it. ...You work with it because you need your job. But at the same time, you feel like, I know I feel like, I'm gonna speak for me, personally, that my life is-- is-- I'm not going to say threatened-- well, yeah. It is threatened."* She continued: *"I'm very tired. I'm more tired. It's a different tired. I'm more drained. Before, I wasn't-- I was drained because I was a little stressed. But this is a different type of stress and a different type of drain."* (Nursing Assistant, \$15.85/hr)

When hours were cut, some staff had the opportunity to take on other tasks, but this presented a dilemma: how do you keep yourself and your family healthy and safe and have enough money to stay afloat? For example, a patient transporter earning \$12.94 per hour stated that she had heard many housekeepers had COVID and said, *"I almost want to catch it"* just to get it over with and not have to worry so much about it.

"It's scary. I mean, every time I got a runny nose or something, the first thing I think about is COVID. So, it's very scary." (Transportation Monitor Technician, \$19.29/hr)

IMPACT ON WORKERS' HOME LIVES

As service, clerical, and technical hospital workers dealt with the early days of the pandemic, trying to make the fraught decisions around going to work and finding ways to stay safe there and at home, many limited their interactions with friends and family outside of work for fear of spreading COVID to them. For example, some workers no longer gathered with extended family members, on whom

they typically relied for social and emotional support. Other workers discussed watching church via livestream and what was lost in the virtual format. COVID decreased social support available in and outside of work because of limitations on and changes in interactions. In addition, some interactions at work became more structured and formal, because COVID meant that some informal, more ad hoc practices were no longer safe or practical.

Just as these employees were changing all aspects of their lives at work, they also had to adjust to changes outside of work. From shopping for groceries to vacationing to changes in school schedules, workers were forced to create a "new normal" and to help those closest to them do the same. In addition, children were significantly impacted by school closures or changing from in-person to remote learning. Many of the workers who were parents of school-aged children felt guilty that their child was missing a landmark moment and did not know how to navigate helping their children through these difficult moments. Many workers expressed an increased need for therapy or other forms of mental health support for themselves and their loved ones, a finding corroborated by our [survey data revealing increased mental health symptoms among hospital workers](#).

Though schooling modification created additional stressors, sheltering in place allowed families to spend more time together. Workers reported canceling trips and being more creative due to a fear of traveling. This led to "staycations," such as fishing, boating, motorcycling, movies, playing games, and the like. As they did at work, workers thus made the best of the challenges they and their families faced.

UNION SUPPORT

As previously described, employees detailed concerns about their safety, pay, and job stress. In the same breath, they mentioned how their concerns were validated and addressed, at least in part, because the union fought for them. Thus, through collective power and support from union representatives, some of their burdens were alleviated, particularly in the early days of the pandemic.

"I actually think they're doing a really good job for the workers. Speaking of the COVID...they weren't sure if they were going to pay us or how they were going to pay us, but the union stepped in and made sure that everything was squared away, that we were going to get paid, and that we worked-- we still had adequate time off for safety reasons." (Medical Assistant, \$19.19/hr)

The adaptive norms that emerged in response to

the pandemic offer an opportunity to proactively build an environment with practices and policies that better workers' lives. The experiences healthcare workers shared show that many of the systems in place before the pandemic were inadequate. Being organized in a union afforded workers the space to voice what they needed to better cope with their home and work stressors and the power to promote policies to address them.

"[The union is] just helping us and supporting us and being there. Like, one instance, which we're still fighting about, they gave that hero pay last month. And because my position is classified as clinic and not actual hospital worker, even though we work in the hospital, we didn't get part of that." (Office Coordinator, \$19.53/hr)

Through their union, workers were able to share common experiences, support each other, and use their collective power to improve conditions during the pandemic.

CONCLUSION

Documenting essential hospital workers' experiences in and outside of work during the early days of the COVID-19 pandemic offers important insight for supporting them through the uncertainty of the "new normal." However, workers' stories also reveal how the pandemic shined a light on, and sometimes worsened, preexisting disparities within the hospital. For example, even though everyone needed to be tested and kept safe, doctors and nurses were prioritized over other essential frontline workers. Further, some nurses and doctors received heroes' pay, while many other hospital workers did not, exacerbating existing inequities.

Every hospital worker, regardless of title, [takes pride in their work and understands the importance of keeping the hospital running](#). These everyday heroes work hard in an extremely stressful environment, often for relatively low pay. They now face the risk and fear of catching COVID each day they enter the hospital and take significant measures to keep their friends and families safe. While the stress has taken its toll, workers represented by the union knew that they had someone in their corner, which helped to validate and address their fears and concerns.

RECOMMENDATIONS

1. Create mechanisms for all workers to have a say in their working conditions. They know best what they need, and communication and transparency are key.
2. Ensure that policies and procedures to protect and support hospital workers are available and applied to ALL hospital workers, not just doctors and nurses.
3. Pay all hospital workers a living wage and provide adequate paid time off so that workers are not forced to choose between their health and their economic well-being.