

# A study on the experiences of personal assistants for people with disabilities in client behavioral issues, health protection and exploring development

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**Abstract:** This study was conducted to comprehensively explore personal assistants for people with disabilities experiences and the current status of client behavioral issues during vocational activities, aiming to seek strategies for advancing worker health protection. The study included 8 participants (Personal assistants for people with disabilities) selected through voluntary convenience sampling method. Qualitative research methods, specifically in-depth interviews, were conducted from August 31 to September 1, 2023. The study categorized client behavioral issues into ‘unreasonable demands,’ ‘verbal and physical abuse,’ and ‘sexual harassment,’ causing stress among workers. Fear of unemployment and job change hindered emotional expression, leading to significant emotional exhaustion and job stress. Furthermore, it was revealed that there are no management policies, management departments, or management systems within the institution to address client problem behavior. To address these issues, the study suggests the establishment of emotional labor management systems and support structures. Furthermore, it emphasizes the need for systematic internal systems and the development of health protection manuals for client interaction.

**Keywords:** personal assistants for people with disabilities; client; behavioral issues; health protection, experience; emotional exhaustion; job stress

## 1. Introduction

Client service duties are generally defined as tasks involving direct interaction with clients, patients, passengers, etc., either face-to-face or through information and communication networks, for the purpose of selling products or providing services. Moreover, in the process of client service duties, expressions such as tone of voice, facial expressions, and gestures are considered part of the job, requiring employees to regulate their emotions by displaying specific feelings that may differ from their actual emotions. This labor, demanded by job and organizational requirements, is referred to as “emotional labor” (Hochschild, 1983). This emotional labor is a labor process aimed at fulfilling standardized organizational and client expectations, and the emotions that are expected to be managed are influenced by social and cultural norms (Hochschild, 2003). Additionally, these workers experience emotional dissonance in the process of client service, where they must express emotions different from their own or make efforts to conceal their true feelings (Morris and Feldman, 1996). Ultimately, they feel the limits of their emotional resilience, leading to emotional exhaustion or emotional burnout (Morris and Feldman, 1996). As a result, workers have reported mental symptoms such as depression, insomnia, and physical symptoms including gastrointestinal disorders and musculoskeletal symptoms due to emotional

labor (Lee, 2015). Particularly, there has been a higher incidence of cardiovascular diseases, lower back pain, and other work-related illnesses (Lee et al, 2015).

Therefore, in October 2018, the “Industrial Safety and Health Act” was enacted in South Korea to impose an obligation on employers to prevent health damage to client service workers from verbal abuse by clients and others. Examining the relevant provisions, there are Article 41 of the Industrial Safety and Health Act (measures to prevent health damage from client verbal abuse, etc.), Article 41 of the Enforcement Decree of the Industrial Safety and Health Act (measures for health damage caused by third-party verbal abuse, etc.), and Article 96-2 of the Enforcement Decree of the Industrial Safety and Health Act (requirements for installation and management of rest facilities in workplaces subject to compliance standards by employers). Additionally, under Article 37 of the Industrial Accident Compensation Insurance Act (criteria for recognizing occupational injuries), diseases caused by workplace mental stress, such as harassment under Article 76-2 of the Labor Standards Act or verbal abuse by clients, are recognized as occupational diseases.

According to the results of a survey on the human rights situation of 796 household visit service client service workers in 2020, 74.2% of the workers reported experiencing unfair treatment from clients, 65.1% reported experiencing unfair treatment from their companies, and among these workers, 41% said they had considered suicide (Nam et al, 2020). In particular, household visit service workers who provide services directly at clients’ homes have emphasized the urgent need for protocols addressing handling malicious and aggressive complaints, the right to suspend work, psychological counseling, and legal support (Kong et al, 2022). They have indicated the necessity for sector-specific emotional labor standard manuals to be disseminated (Kong et al, 2022).

There are personal assistants for people with disabilities who visit households of vulnerable individuals within this field. They provide caregiving services such as assisting with the mobility of people with disabilities, ensuring safety and health conditions, and providing protection. They primarily support the daily lives, household chores, and social activities of people with disabilities under Article 16 of the Act on the Support for Persons with Disabilities. And they assist patients with mobility difficulties and individuals in need of protection, often supporting care supervisors or nurses in welfare facilities (Ministry of Health and Welfare, 2023). In South Korea, the disability support system is managed and supervised by the government, rather than directly implemented, with services provided to people with disabilities by private organizations. The managing institutions include Independent Living Centers for the Disabled, Community Rehabilitation Facilities for the Disabled, and Local Activity Centers. And service recipients contract with these providers to utilize the services they require.

Previous studies on caregiving labor by personal assistants for people with disabilities have shown that it is characterized by predominantly female workers earning low wages, engaging in low-skilled labor, with relatively low barriers to entry compared to other caregiving professions, often requiring only 40 hours of training (Kim, 2019). This involved performing invisible emotional labor due to the non-standard and non-visible nature of the job content, making it difficult to standardize and creating ambiguous boundaries, which contributed to conflicts between

individuals with disabilities and personal assistants for people with disabilities (Kim, 2019). In other words, their work activities involve providing necessary services to people with disabilities through household visits, necessitating an examination of their experiences in terms of emotional labor as client service workers. Therefore, it is crucial for personal assistants for people with disabilities to prioritize understanding client behavioral issues, the current status of regulations, and necessary measures. Moreover, it is essential to promptly address potential health issues arising at work sites and prevent problems stemming from emotional labor.

Therefore, this study was conducted to comprehensively explore the experiences and conditions related to client behavioral issues among personal assistants for people with disabilities during their work activities, aiming to explore avenues for improving workers' health protection. To achieve this, in-depth interviews were conducted to investigate these experiences, with the research questions formulated as follows to fulfill the study's objectives.

- First, what are the experiences of encountering problematic behavior from clients?
- Second, What experience have you had in receiving health and safety training from your institution?
- Third, What is the current status and policy within the institution for addressing client behavioral issues?
- Fourth, what institutional measures are necessary for managing client behavioral issues?
- Fifth, what post-resolution measures are needed for addressing client behavioral issues?

## **2. Research methods**

### **2.1. Data collection methods**

This study is a qualitative research that conducted in-depth interviews to explore personal assistants for people with disabilities' experiences with client behavioral issues and to explore avenues for improvement. Qualitative research focuses on interpreting what individuals' experiences mean (Han, 2011), emphasizing vocabulary and observation, which allows for the interpretation and reconstruction of data (Lee, 2014).

Participants for in-depth interviews for data collection were recommended through associations and relevant institutions, and selection criteria were established using a voluntary convenience sampling method. The reason for setting participant selection criteria was to gather comprehensive data on the nature of work, client situation leading to issues, and health problems. Criteria were set as follows: first, a minimum of 4 years of relevant work experience; second, consideration of participants' geographical distribution of workplaces. A total of 8 participants who met these criteria, expressed willingness to participate voluntarily, and provided written consent were selected. This study meets the requirement of phenomenological research in qualitative studies to elucidate the experiences and meanings of subjects, fulfilling the average sample size of at least 6 participants as stipulated (Morse, 1994). Prior to commencing the in-depth interviews, participants were briefed on the background,

purpose of the study, and interview methods. All proceedings during the interviews were recorded, and all related data were anonymized. The researchers ensured participant confidentiality and data protection in accordance with research ethics. After obtaining consent, interviews were conducted with recording initiated. The interviews were conducted via the Zoom video conferencing system over two sessions on August 31 to September 1, 2023, with each quotes session lasting approximately 1 hour and 30 minutes. Both researchers participated as moderators, ensuring participants could freely and honestly share their experiences in response to interview questions. Lastly, participants were compensated with an honorarium upon completion of the in-depth interviews.

## 2.2. Characteristics of interview participants

All 8 participants (Personal assistants for people with disabilities) who participated in the in-depth interviews were female, reflecting the nature of their work. The characteristics of the interview participants are summarized in the **Table 1**. Their ages ranged from one participants in their 40s, four in their 50s, and three in their 60s, with relevant work experience spanning from 4 to 14 years. Interview participants were distributed across regions including Seoul, Incheon, and North Chungcheong Province. Their work hours varied, with some engaged in hourly shifts (e.g., 4 hours/day) and others working a standard 8-hour day from 9 AM to 6 PM on weekdays. Additionally, all participants were affiliated with specific institutions.

**Table 1.** Characteristics of interview participants.

Participants	Sex	Age	Relevant experience	Work location
A	Female	61y	5y	Seoul
B	Female	65y	9 y	Seoul
C	Female	51y	5 y	Seoul
D	Female	58y	4 y	Seoul
E	Female	59y	9 y	Seoul
F	Female	51y	6 y	North Chungcheong Province
G	Female	55y	14 y	Incheon
H	Female	48y	10 y	North Chungcheong Province

## 2.3. Interview contents

The experiences of personal assistants for people with disabilities with client behavioral issues, followed by their experiences of health and safety training from their affiliated institutions, the current status and policies within the institution for resolving client behavioral issues, opinions on necessary policies for managing client behavioral issues, and post-intervention measures required for resolving such issues were classified in that order.

To conduct in-depth interviews, a semi-structured questionnaire based on the literature reviewed in preliminary studies was used. The interview content is presented in **Table 2**. Prior to commencing interviews, the researcher familiarized themselves with the research content to facilitate natural conversations with the participants.

**Table 2.** Structure of the questions.

<b>Main questions</b>	<b>Sub questions</b>
Experiences with client behavioral issues	1. As a personal assistants for people with disabilities, have you experienced conflicts while caring for individuals with disabilities during home visits? 1-1. If conflicts arose, what were the causes and reasons behind them? 2. Please share a case where you experienced a conflict and describe your emotions at that time. 3. Did you express your emotions during the conflict? 3-1. If you did not express your emotions, what were the reasons for that?
Experiences with health and safety prevention and education	4. Have you received health and safety prevention education (such as violence prevention and response, mental health promotion, etc.) ? 4-1. If you have received such education, what topics did it cover? 5. Does your institution have support systems in place for health healing programs or counseling? 5-1. If yes, what programs and systems are available, and have you used them?
The current status and policies within the institution for resolving client behavioral issues	6. Does your institution have management policies in place to protect the health of personal assistants for people with disabilities (yourself) during client behavioral issues? 7. Is there a department within your institution responsible for managing client behavioral issues? 7-1. If yes, which department manages these issues and how?
Opinions on necessary policies for managing client behavioral issues	8. Based on your experience, what policies or systems do you think are necessary within the institution for managing client behavioral issues? 9. In the health protection manual for personal assistants for people with disabilities, what specific elements related to worker health protection (such as management policies, grievance handling committees, rights protection declarations) do you believe must be included? 10. Regarding campaigns and promotions for preventing and managing client behavioral issues, such as posting related messages, providing audio guidance, or placing stickers (e.g., stickers for preventing verbal abuse or physical assault from the Ministry of Employment and Labor), what content and methods do you think would be effective?
Necessary post-intervention measures for resolving client behavioral issues	11. If a personal assistants for people with disabilities experiences verbal abuse, violence (including sexual violence), or similar behaviors from a client, how should break times be determined for health protection, and what measures do you think are necessary in the institution? 12. Regarding procedures for responding to verbal abuse, violence (including sexual violence), or similar behaviors from clients, what do you believe is the most appropriate approach to protect personal assistants for people with disabilities? 13. If there is a need to file charges or complaints regarding client behavioral issues, what systems and support do you believe should be in place?

## 2.4. Data analysis

This For data analysis, the transcribed contents from interviews were compiled into field notes, which were then read multiple times by two researchers. After identifying the meanings conveyed, each content was classified and categorized through a process of constant comparison.

Phenomenological analysis is appropriate for this study, and the detailed process adds rigor. Therefore, we followed the four-step phenomenological analysis procedure proposed by Giorgi (1997) to focus on understanding the meaning of participants' lived experiences. First, the researchers read through the field notes considering the overall context. Second, the contents were divided into units of meaning. Third, these meanings were transformed into the most appropriate scholarly expressions. Fourth, the transformed meanings were integrated into a structured framework.

## 3. Results

The key components and opinions experienced by participants regarding each

theme derived from the analysis of the interview data are summarized in the table below. Subcomponents within the key components are composed of factors and meanings resulting from the core components (**Table 3**). The results are categorized into clear themes and subcategories, which makes them easier to follow.

**Table 3.** Structure of the questions.

Theme/Category	Subcategories	Semantic unit
1) Occurrence of client behavioral issues	Unreasonable demands	<ul style="list-style-type: none"> <li>Excessive demands: Excessive side dish preparation</li> <li>Requests for tasks beyond job scope: Entertaining guests, Caregiving for family members, Requests for activities outside of daily living assistance</li> </ul>
	Verbal and physical abuse	<ul style="list-style-type: none"> <li>Verbal abuse, Arguments, Violent behavior, Disrespect, Physical assault</li> </ul>
	Sexual harassment	<ul style="list-style-type: none"> <li>Unnecessary physical contact, Sexual harassment</li> </ul>
	Passive attitude towards expressing emotions	<ul style="list-style-type: none"> <li>Enduring stress</li> <li>Anxiety about job security</li> </ul>
	Active expression of emotion	<ul style="list-style-type: none"> <li>Receive warm words</li> <li>Expression of emotions and regrets regarding conflicts</li> </ul>
2) Received health and safety prevention education from the institution	Received injury prevention education	<ul style="list-style-type: none"> <li>Sexual harassment and sexual violence prevention education</li> <li>Musculoskeletal disorder prevention education</li> <li>Injury prevention education (part of ongoing training)</li> </ul>
	Lack of injury support systems	<ul style="list-style-type: none"> <li>Absence of health healing programs</li> <li>Absence of support systems for counseling</li> <li>Communication activities through labor union meetings</li> </ul>
3) Current status and policies within the institution for resolving client behavioral issues	Absence of client problem behavior management system	<ul style="list-style-type: none"> <li>Anxiety about discussing conflicts</li> <li>Feeling anxious about job termination</li> </ul>
	Absence of client problem behavior management department	<ul style="list-style-type: none"> <li>Utilizing communication channels through labor union meetings</li> </ul>
	Lack of health protection policy	<ul style="list-style-type: none"> <li>Absence of grievances committee operation</li> <li>Absence of rights protection declaration</li> <li>Absence of health protection policies and other</li> </ul>
4) Expectations regarding policies for managing client behavioral issues	Need for client problem behavior management department	<ul style="list-style-type: none"> <li>Need for Internal and external counseling departments</li> <li>Dedicated department for resolving problem behaviors needed issues</li> <li>Implementation of basic education for clients</li> </ul>
	Expectation for activation of treatment programs	<ul style="list-style-type: none"> <li>Art therapy programs</li> <li>Psychological therapy programs</li> </ul>
	Need for health protection manual	<ul style="list-style-type: none"> <li>Management policies for health protection,</li> <li>Management policies respecting caregiving labor</li> <li>Operation of grievances committee</li> <li>Declaration of rights protection</li> </ul>
	Need for campaigns and promotions	<ul style="list-style-type: none"> <li>Telephone voice prompts (scripts)</li> <li>Distribution of stickers to prevent verbal abuse and physical violence towards clients</li> <li>Media promotion for preventing client problem behaviors</li> <li>Campaign for polite language in texts</li> </ul>
5) Necessary post-intervention measures for resolving client behavioral issues	Need for post-incident resolution measures	<ul style="list-style-type: none"> <li>Providing appropriate break times as a health protection measure</li> <li>Handling of wages due to lack of break time</li> <li>Retraining for clients displaying problem behaviors</li> </ul>
	Need for lawyer counseling support system	<ul style="list-style-type: none"> <li>Support for lawyer consultations</li> <li>Support for legal advice</li> </ul>

### **3.1. Occurrence of client behavioral issues**

#### **3.1.1. Unreasonable demands**

Aids for the personal assistants for people with disabilities visit homes of disabled individuals to assist with daily living activities. The scope of assistance can vary widely or be unclear depending on the situation, leading participants to receive unreasonable demands as a result. For instance, regarding meal assistance duties, participants have been asked to prepare excessive side dishes, or perform tasks not related to assisting the client (disabled individual), but rather activities requested by the client's family. Moreover, demands have extended beyond daily living assistance tasks (including overall household chores of the respective home) to requests for family caregiving or even borrowing money. Participants, due to concerns about job security, have been unable to refuse and thus have been supporting and fulfilling all of the clients' unreasonable demands.

*"They demanded excessive side dishes and such, and we just accommodated all their requests. We did everything they asked without complaint, just like that."*

(Participant F).

*"I often get asked if I can take clients to places like karaoke or beauty salons. At first, out of sympathy, I took them a few times over the 14 years I've been doing this, but their demands kept increasing..."* (Participant G).

*"Many users ask to borrow money. I want to refuse such requests, but sometimes I lend money because I think at least I won't lose my job."* (Participant H).

#### **3.1.2. Verbal and physical abuse, and sexual harassment**

Personal assistants for people with disabilities have experienced conflicts arising from miscommunication not only with clients (disabled individuals) but also with clients' families. During the process of assisting clients, instances have occurred where clients expressed dissatisfaction, clients or their families failed to regulate emotions leading to participants being subjected to verbal abuse, disrespect, and even minor physical assaults or violent behaviors from clients.

*"Sometimes they just yell and argue. There are many who just express their emotions freely like that. There have been incidents of such verbal abuse."*

(Participant B).

*"It was really tough when they got angry at me and complained about me. I want to teach them even a little bit, but when I try to do things like 'this is how you should do it,' they sometimes resort to hitting me or push me because he feels bad."* (Participant C).

#### **3.1.3. Sexual harassment**

Participants experienced unnecessary physical contact and demands for it, with some participants even experiencing instances of sexual harassment to an excessive degree.

*"He kept trying to touch me unnecessarily, like wanting to shake hands or hug me, which made things awkward."* (Participant B).

*"He saw me as a woman. He would lean on me like this."* (Participant C).

### 3.1.4. Passive attitude towards expressing emotions

Participants tolerated and accommodated customer problem behaviors to the extent they could handle, even supporting unreasonable demands, while adopting a passive stance in expressing their own emotions. This was due to concerns related to job security and wages for personal assistants for people with disabilities. Regardless of the circumstances, if a client refuses further visits, it could immediately lead to losing the job. Consequently, they found it difficult to express emotions in the workplace while enduring their current situation.

*“We operate under a voucher system, so we only get paid for the hours we work. If there’s any conflict with a user during work, and the user says ‘Stop. Leave. Go home,’ then that’s all I can do. We can’t work anymore. We have to accept excessive demands from the user because we don’t know if we’ll be cut off today or tomorrow.”* (Participant H).

*“Uh.. I just helped the client with whatever they asked, just in case I might lose my job there.”* (Participant F).

### 3.1.5. Active expression of emotion

On the other hand, there were participants who actively expressed their emotions to their affiliated institutions. Some participants were asked by the institution’s staff about their grievances, allowing them to discuss conflicts and emotions they had experienced. One participant spoke about client problem behaviors and expressed conflicts and emotions in such situations. The business staff acknowledged the participant’s efforts, offering warm words of appreciation. Another participant, despite supporting the client for a long time, confronted ethical issues due to unreasonable demands, prepared to lose their job, and actively discussed the issue with the client and the business. Eventually, the situation was resolved with an apology from the client. However, one participant expressed regret for mentioning such conflicts to the business, concerned about their job security.

*“When I go to the office, if the staff asks me if I have any complaints, I hear words like ‘Teacher, thank you for your hard work,’ ‘Do you have any difficulties?’ ‘Thank you for doing your job well,’ and so on.”* (Participant F).

*“At that time, it was just impossible... not once or twice, but completely impossible. Because of that, I couldn’t continue anymore. When I mentioned this and asked them to find another worker, they promised not to say such things again, and now I am back to work.”* (Participant F).

*“Because disabled individuals are clients, and because the operation is client-centric, there are times when I regret having discussed everything about the situation with the institution.”* (Participant H).

## 3.2. Received health and safety prevention education from the institution

### 3.2.1. Received injury prevention education

All participants received annual health hazard prevention education. This included prevention education on sexual harassment and violence, musculoskeletal disorder prevention education, and portions of compensation education on managing health hazards. Additionally, since our job requires a lot of physical activity and movement, the institution invited tailored instructors to conduct health hazard



prevention education (such as stretching and exercise techniques), which participants received annually.

*“I receive compensation education about twice a year, and during those sessions, I think we receive about an hour of musculoskeletal disorder prevention education on such health hazard prevention methods.”* (Participant H).

### **3.2.2. Lack of injury support systems**

However, within the institution, there was no health healing program or support system for counseling specifically designed for personal assistants for people with disabilities, and none of the participants had experienced such services. Essentially, the only action taken within the institution when faced with client behavioral issues was to inform the staff. One participant mentioned engaging in communication through the institution’s labor union and participating in related programs. There was only one institution with a labor union, and other participants communicated and sought advice among themselves when necessary. Additionally, they independently organized some programs such as hiking or movie gatherings as part of the labor union. In other words, they tried to discuss their concerns with colleagues and find solutions through communication.

*“Our institution has a labor union. Even though we work together, we often can’t recognize each other. That’s why we create frequent meeting programs to meet, communicate, consult each other’s grievances, and do so.”* (Participant H).

## **3.3. Current status and policies within the institution for resolving client behavioral issues**

### **3.3.1. Absence of client problem behavior management system**

Participants mentioned that there was no system within their institution to manage clients’ behavioral issues. Additionally, they mentioned that although there are occasional opportunities to discuss clients’ problematic behaviors with the coordinator (responsible for matching clients with personal assistants for people with disabilities), all tasks are primarily client-centered, making it difficult to resolve issues, requiring them to endure rather than resolve them. One participant noted that due to the lack of such a system, addressing clients’ problematic behaviors to the coordinator within the institution could potentially lead to anxiety about job security.

*“However, the problem is that incidents regarding clients’ problematic behaviors are not being resolved. After all, it is operated based on the clients, and since the users are clients (disabled individuals), as I mentioned earlier, if it becomes too difficult, I should just quit on my own. If the client (disabled individual) say there hasn’t been such a thing when they talked to the institution, then I should stop... And if I go to the institution for counseling about such matters, I get fired on the same day.”* (Participant D).

### **3.3.2. Absence of client problem behavior management department**

In the participants’ affiliated institutions, there was no system in place to manage clients’ behavioral issues, hence there was also no department to manage it. Participants affiliated with institutions with labor unions mentioned using labor union meetings occasionally as a communication channel to manage such conflicts

### **3.3.3. Lack of health protection policy**

The participants have been active as personal assistants for people with disabilities for a long time, but they stated that they had never heard of the operation of a grievance handling committee within their institutions, nor had they seen or heard of any declaration of rights protection. Furthermore, they mentioned not having been informed about or received any other health protection management policies.

## **3.4. Expectations regarding policies for managing client behavioral issues**

### **3.4.1. Need for client problem behavior management department**

They emphasized the need for an internal and external counseling department within the institution as a priority. This was deemed necessary not only to address clients behavioral issues as the primary objective, but also to resolve conflicts and grievances experienced by personal assistants for people with disabilities. Furthermore, they highlighted the necessity for a dedicated department to resolve and manage client behavioral issues, as the current situation often requires personal assistants for people with disabilities to endure patience unilaterally. They expressed a hope that this process would not lead to their dismissal. Above all, they stressed the importance of prioritizing proactive measures to prevent clients' problematic behaviors. They suggested that the institution should conduct basic preventive education (behavioral problem prevention education) targeting clients (disabled individuals) as a prerequisite, ensuring that all customers receive this education before utilizing the services.

*“In my experience, the directors within the institution usually have disabilities themselves. However, it seems they always advocate for the disabled, speaking out loudly on their behalf. There was an incident where they instructed all staff members to report if they felt upset about being asked about their rights to personal assistants for people with disabilities. One wheelchair user mentioned, ‘I wanted to go outside, but the personal assistants for people with disabilities didn’t take me out and just lay down.’ After mentioning this, the responsible worker was dismissed. I was very surprised that the institution proceeded with dismissal based solely on the client’s statement... It always felt like we were treated like second-class citizens, with no laws for responsible, no space to listen to us, and no one like that. It always seemed like the client was prioritized, and we were always looked down upon.” (Participant C).*

### **3.4.2. Expectation for activation of treatment programs**

The participants expressed the need for programs such as art therapy and psychological therapy to address and treat physical and psychological stress caused by clients' problematic behaviors. They emphasized the necessity for systems that connect programs operated by local governments, even if they are not necessarily within the institution.

*“I wish there were places where personal assistants for people with disabilities could receive art therapy or psychological therapy if they experience such situations. We need a place that protects us neutrally and provides counseling. As I mentioned earlier, going to our affiliated institution and talking about it doesn’t resolve the issue; they just say ‘endure it, understand it, be stronger.’ Instead of this, I hope there were places where we could freely talk about and*

*receive treatment for verbal abuse or problematic behaviors from clients.”* (Participant C).

### **3.4.3. Need for health protection manual**

The personal assistants for people with disabilities expressed the need for a health protection manual, emphasizing the necessity for management policies that prioritize respecting caregiving labor. They also highlighted the need for specific measures related to health protection, such as health protection management policies, the operation of grievance handling committees, and declarations of rights protection within the institution as preventive measures.

*“Since we’re hired without a manual... it seems like there are many conflicts between workers and clients. Because there’s no manual...”* (Participant E).

*“We are doing immense labor. It would be good if there were management policies that respect our caregiving labor, so that personal assistants for people with disabilities can take pride in their work.”* (Participant F).

### **3.4.4. Need for campaigns and promotions**

It was suggested that for the health protection of personal assistants for people with disabilities, it is necessary to provide phone voice guidance (prompts) within the institution and distribute stickers for preventing verbal abuse and physical assault to clients applying for disability support services. It was emphasized that promoting campaigns and initiatives to prevent basic etiquette violations and problematic behaviors through respectful language usage is necessary. Furthermore, media promotion through public broadcasting and campaigns like ‘Use Kind Words’ were deemed important for gradually bringing about change in preventing client problem behaviors.

*“Promotion is also needed. Through media or public broadcasting, showing how people with disabilities and non-disabled individuals can help each other like this...”* (Participant A).

*“We are accompanying people with disabilities and acting as their hands and feet, so I wish this aspect would be respected... For voice guidance, something like ‘Personal assistants for people with disabilities who act as the hands and feet of people with disabilities...’ would be good.”* (Participant H).

## **3.5. Necessary post-intervention measures for resolving client behavioral issues**

### **3.5.1. Need for post-incident resolution measures**

The work of personal assistants for people with disabilities involves visiting clients’ homes, which makes it practically impossible to utilize break times and break spaces. Therefore, some participants hoped for this to be compensated as part of their wages. Additionally, other participants expressed a desire for scheduled break times if feasible when dealing with client problem behaviors. However, it was mentioned that granting break times within the institution would likely be challenging. Furthermore, there was a suggestion for implementing re-education sessions at the institution as a post-incident measure for clients displaying problematic behavior.

*“Due to the nature of disabilities, we always need to be on standby, so even if there is break time, we cannot adhere to it. It’s a structure where we can’t afford to take breaks. We have to always stay close by... The institution suggests taking 30-minute breaks after working for 4 hours, but it’s useless for us. My wish is to be compensated (wages, etc.) for the inability to take breaks, as it’s something we cannot do.” (Participant G).*

### **3.5.2. Need for lawyer counseling support system**

It was suggested that a system supporting personal assistants for people with disabilities protection and actions through lawyer intervention in response procedures to client problematic behavior situations should be implemented, with a lawyer present within the institution. It was emphasized that lawyer consultations and legal advice for mediation and resolution of conflicts arising from client behavioral issues are necessary, not solely for legal measures.

*“Often, incidents pass without any consequences or punishment. It would be good if there were lawyers or institutions to protect us when clients exhibit problematic behavior. In reality, when something bad happens with a client, we often have to face unemployment ourselves. There’s no one to help, and we end up going to hospitals for counseling or treatment on our own. But when this happens to us, is it too much to ask for mental and physical compensation from local authorities or the government?” (Participant H, Disability Support Worker).*

## **4. Discussion**

Personal assistants for people with disabilities who visit vulnerable households provide care services such as assisting individuals with disabilities in their daily activities, ensuring their safety and health, and offering protection. They also offer comprehensive social welfare services that support independence, social participation, cultural activities, employment, and labor for people with disabilities who find it difficult to manage daily and social life on their own (Jin et al., 2020). Individuals with disabilities who utilize such services have experienced positive changes in social participation and quality of life (Guk and Oh, 2014; Park, 2013), and have reduced the burden on their families (Shin, 2014; Yi, 2019), thereby positively impacting people with disabilities. However, personal assistants for people with disabilities who perform these tasks, maintaining direct emotional and linguistic relationships with individuals with disabilities, often experience significant emotional exhaustion and job stress (Jang, 2018; Jin et al., 2020; Kim, 2012). Therefore, this study attempted to comprehensively explore personal assistants for people with disabilities experiences with client behavioral issues and their current status, aiming to seek strategies for advancing worker health protection.

Based on the analysis of interviews, personal assistants for people with disabilities experienced psychological stress during vocational activities due to unreasonable demands, verbal and physical abuse, and sexual harassment from clients. According to prior quantitative research, 18.2% of personal assistants for people with disabilities reported experiences of insulting criticism, shouting, or swearing from service users and their families, while 6.3% reported experiences of sexual harassment or physical contact (Won, 2022), findings that were consistent with previous studies.

Participants tended to adopt a passive approach to expressing their emotions initially. However, when conflicts remained unresolved or when client behaviors became severe, they actively sought solutions by informing their institutions and expressing their emotions. This passive approach stemmed from fears of unemployment and the difficulty of expressing emotions to their institutions while enduring their jobs. Conversely, some workers prepared to lose their jobs and actively expressed their emotions to clients and their institutions. However, in some cases, the outcomes were positively resolved through apologies from clients, while in contrast, conflicts escalated with their institutions, making it very difficult for personal assistants for people with disabilities to express themselves actively. Therefore, it is crucial for institutions to actively listen and support these workers to resolve conflicts and prevent emotional burnout, as such burnout increases their intent to leave their jobs (Chung et al, 2020). In essence, participants in the interviews cited fear of unemployment as a reason for their passive approach, highlighting a lack of support from their institutions.

In this study, personal assistants for people with disabilities receive annual health and safety education from their institutions, but there is no support system such as programs or counseling available. Therefore, their only action when facing client behavioral issues was to inform colleagues within the institution. Consequently, due to limited communication among peers, a supportive system was greatly needed. Social support refers to resources provided by others, meaning supportive interpersonal relationships within an individual's social network (Cobb, 1976). Social support enhances adaptability to the environment, helps individuals cope with stress, and reduces negative physical and psychological responses caused by stress (Schwarzer and Knoll, 2007). However, in practice, such social support systems were weak, with most departments lacking dedicated resources to manage client behavioral issues. This was because institutions were primarily user-centered in their service operations. Therefore, personal assistants for people with disabilities hoped for the establishment of dedicated departments and systems to manage and resolve client behavioral issues, to continue their work effectively. They also advocated for programs that provide support and therapy to alleviate physical and psychological stress rather than simply enduring and supporting user activities, emphasizing the need to ensure health rights. For this purpose, it is necessary to provide safety manuals that enable personal assistants for people with disabilities to anticipate and control risks proactively.

Moreover, it is crucial for personal assistants for people with disabilities to foster solidarity and community spirit while supporting vulnerable individuals (Kim et al, 2021). In other words, to garner societal recognition and respect for activity support services for people with disabilities at a social level, there is a need for promotional campaigns based on the results analyzed in this study to prevent basic etiquette and problematic behaviors. Additionally, institutions should not hesitate to provide post-care measures for the mental and physical health protection of personal assistants for people with disabilities.

Based on these research findings, we would like to provide several implications and recommendations regarding health protection and development strategies for personal assistants for people with disabilities. First, there is a need to establish

systems and support structures for managing emotional labor among personal assistants for people with disabilities. This entails incorporating emotional labor management policies into the institution's health and safety management policies, which should be communicated to all employees and stakeholders. Additionally, it is essential to establish and operate a consultative body specifically for emotional labor, such as a labor-management council, industrial safety and health committee, grievance handling committee, or operational committee. Issues related to emotional labor strategies for personal assistants for people with disabilities should be a primary agenda item in these committees, recommended to operate regularly (quarterly meetings annually, four times a year) or on an ad-hoc basis (in response to incidents). Furthermore, it is recommended to specify provisions in relevant laws (such as the Act on Support for Persons with Disabilities) that address occupational safety and health measures for client service workers, particularly protecting workers legally. It is crucial to specify measures for preventing health harm due to client verbal abuse under Article 41 of the Industrial Safety and Health Act, emphasizing proactive legal protection for personal assistants for people with disabilities.

Second, various programs and preventive measures are needed for the health protection of personal assistants for people with disabilities. To achieve this, safety and health education should be prioritized. Mandatory occupational safety and health education, including training on job stress and emotional labor, should be conducted annually. Additionally, training on handling client behavioral issues before, during, and after home visits should be conducted based on the types of problematic behaviors exhibited by clients. It is also essential to measure the levels of job stress and emotional labor among workers. This involves conducting a comprehensive survey using tools to measure job stress and emotional labor, followed by providing counseling and mitigation programs for workers at high risk of job stress and emotional labor. Furthermore, providing personal protective equipment that workers can carry is necessary for protecting disability support workers. Such equipment could include items like mobile phones and whistles for emergency situations.

Third, a post-care management system is needed for personal assistants for people with disabilities. Establishing reporting and support systems is crucial. This includes appointing a safety and health officer or manager whom workers can immediately contact if they experience verbal abuse, physical assault, or sexual harassment from clients. Procedures should be in place for immediate reporting of problematic behaviors and providing support measures. Practical implementation of work suspension, break times, and extensions is essential. Granting autonomy to suspend tasks in cases of verbal abuse, physical assault, or sexual harassment from clients is necessary. Ensuring adequate break times and extending them when needed are also crucial. Supporting stress relief programs for workers and sharing organizational strategies and case studies on handling problematic clients to prevent health harm due to job stress and emotional labor are necessary for disseminating these practices.

## 5. Conclusion

This study was conducted to comprehensively explore personal assistants for people with disabilities experiences and the current status of client behavioral issues during vocational activities, aiming to seek strategies for advancing worker health protection. Based on interviews with these individuals, explore personal assistants for people with disabilities have experienced client behavioral issues such as unreasonable demands, verbal and physical abuse, and sexual harassment, leading to significant stress. They have been unable to express their emotions actively due to fears of unemployment or job change, resulting in substantial emotional exhaustion and job stress. Therefore, to address these issues, first, it is crucial to establish systems and support structures for managing emotional labor among personal assistants for people with disabilities. Second, various programs and preventive measures are needed for the health protection. Third, there is an urgent need to establish a post-care management system for personal assistants for people with disabilities.

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