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HR practices and the well-being of a marginalized workforce: a review of home health care worker well-being research

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Abstract

Worker wellbeing is increasingly recognized as a critical factor influencing both organizational and societal outcomes; and is therefore of key interest to the discourse on Common Good Human Resource Management (HRM). This paper presents a systematic review of the literature on HRM practices and worker wellbeing in the context of home health care workers (HHCWs), a workforce characterized by gendered labour, low wages, and limited status. Despite the sector's growing importance, we find a significant lack of research into how HRM influences wellbeing in marginalized and precarious contexts. Four critical gaps are identified: (1) limited attention to the gendered dimensions of wellbeing, (2) insufficient exploration of the interrelated nature of wellbeing dimensions, (3) a narrow organizational-level focus that overlooks external influences, and (4) a lack of emphasis on worker-centered outcomes. By addressing these gaps, this paper proposes a future research agenda that not only deepens our understanding of HHCWs' wellbeing but also advances theoretical development of wellbeing in marginalized occupational settings.

Keywords Employee wellbeing · Marginalized work · Carework · Common Good HRM

JEL Classification D23 · I30 · J24

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1 Introduction

Common Good HRM is an emerging perspective that calls on organizations to integrate wider societal, environmental and ethical considerations into their HRM strategies and practices (Aust et al. 2020). Stemming from sustainable HRM (Qamar et al. 2023) this approach encourages organizations and HRM practitioners to design initiatives that ultimately serve the socio-ecological common good. More specifically, a Common Good HRM view emphasizes how HRM practices can uphold human dignity and promote environmental sustainability through workplace democracy, fair work conditions, meaningful work and environmental protection–factors that contribute to individual and collective wellbeing (Aust et al. 2020; Lu et al. 2025).

This approach challenges traditional HRM models by redefining the purpose of an organization to prioritize the collective wellbeing of people and planet (Aust et al. 2020, 2024). According to Aust et al. (2020), conventional HRM, as well as some renditions of sustainable HRM such as socially responsible HRM and Green HRM (Ravenswood 2022), tends to privilege the organization's economic wellbeing, treating the common good as secondary or conditional upon financial success. In contrast, Common Good HRM positions social and ecological wellbeing as central to organizational purpose, advocating for a more holistic and ethically grounded approach to managing human resources.

While there have been some calls in recent years for wellbeing research to expand its definitions and for the focus on wellbeing to be more employee-centred (Guest 2017; Hauff et al. 2020; Xiao et al. 2022) including outcomes beyond the organization (Salas-Vallina et al. 2021), wellbeing researchers have investigated wellbeing focusing mainly on the workplace level (Jang et al. 2017). Furthermore, they have taken an approach of examining individual employee characteristics or factors such as positive emotions (Shao et al. 2021) and work-life balance (Haar et al. 2017). More recently, studies of subjective wellbeing, or happiness, have also gained in popularity (Khan and Nasim 2024).

While some research has highlighted the need to understand the impact of socio-economic factors on employee wellbeing (Calvard and Sang 2017), most previous work on the impact of HRM practices on wellbeing has focused on corporate and professional settings and roles (Greasley et al. 2012; Renwick 2003; Salas-Vallina et al. 2021). There has been limited research on worker wellbeing in marginalized and precarious occupations, with some studies on migrant workers (Sambajee and Scholarios 2023), and postdoctoral researchers (van der Weijden and Teelken 2023). Moreover, less research has investigated wellbeing in gendered occupations (Sojo et al. 2015). Thus, this review investigates how wellbeing is researched and understood within the context of home health care workers (HHCW), a marginalized and gendered workforce. Aligning with recent calls to expand the focus of wellbeing research, and Common Good HRM, we also seek to understand how external factors to the organization are included in wellbeing research. Our research questions are:

1. How is wellbeing defined in the research on home health care workers (HHCW)?
2. Are societal and other external influences, such as gender norms, considered integral to wellbeing?
3. Does the research consider how HRM practices can impact outcomes beyond the organizational 'walls'?

The following sections outline the context of home healthcare work and wellbeing research, followed by explanation of our approach to a systematic review and framework analysis of the resulting selected articles.

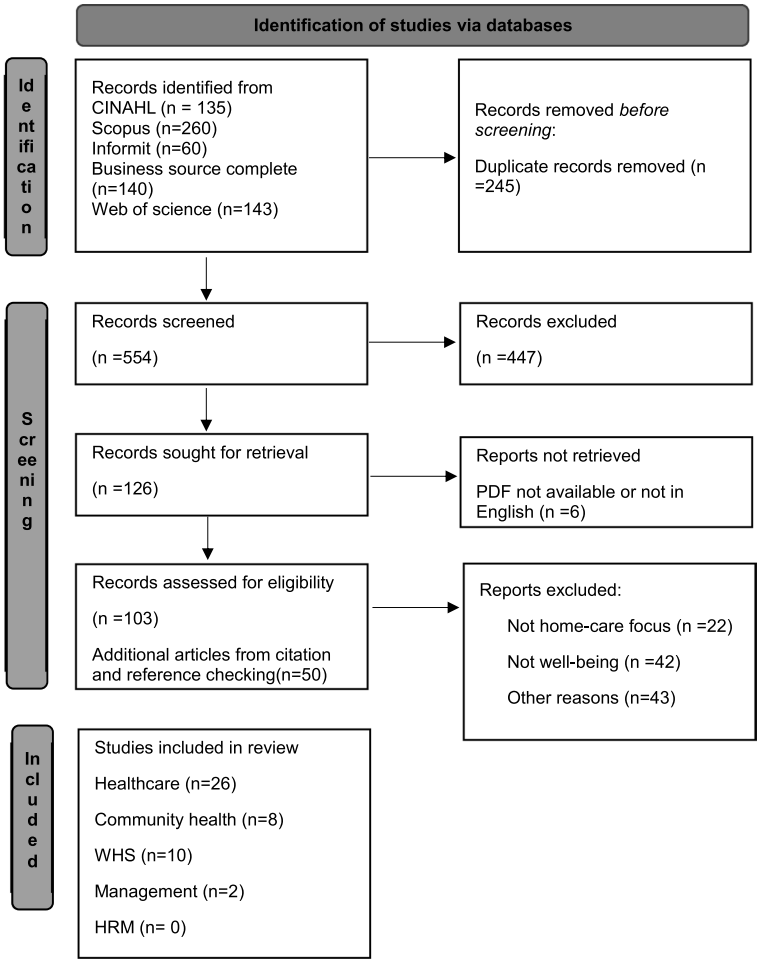
1.1 The context of home health care work

The home health care workforce is marginalized due to multiple factors. First, this is a highly feminized occupation and experiences poor work conditions based on gender discrimination (England and Alcorn 2018; Hartmann and Hayes 2017). Second, it is highly reliant upon migrant workers (Faul et al. 2010). Third, HHCWs work is geographically and physically isolated from the employer in people's homes, often alone without any immediate backup. Fourth, the work is stigmatized as *dirty work* due both to the personal care activities involved (Ashforth and Kreiner 2014) and because it provides support to clients, such as the elderly and disabled, who themselves are stigmatized in society (Manchha et al. 2021). Finally, the service provision of home health care has become increasingly commodified as firms are contracted by governmental bodies to provide this care within tight funding models which has led to an increase in care being costed and rostered in micro time blocks (Strandell 2020). Internationally, this type of care work is unstable, low paid, has minimal benefits and irregular hours (Faul et al. 2010). However, the work of home health care workers is critical to providing sustainable and decent lives for the older people, injured, chronically ill and disabled people in our communities (Kelleher et al. 2022; Rivera-Núñez et al. 2022). These cumulative factors of employee isolation, limited funding, and a history of low remuneration create challenges for HRM practice and employee wellbeing (Gittell et al. 2008; Gleason and Miller 2021; Leverton et al. 2021) and ultimately the wellbeing of vulnerable people in our communities. Home health care, therefore, provides an interesting context within which to explore how HRM practices influence employee wellbeing in a marginalized occupational grouping. Although there is a growing body of research on home health care workers, it follows similar trends to that of wellbeing and resilience research in general, focusing on individual factors related to wellbeing such as health and safety (Quinn et al. 2016), non-standard hours of work, and the impact on quality of care (Scales 2021).

2 Methodology

To answer the above research questions we conducted a multi-disciplinary systematic review (Simsek et al. 2021) that synthesizes research from the care work literature (e.g. England & Alcorn 2018), quality of working life (e.g. Warhurst and Knox 2020), feminist perspectives (e.g. Bahn et al. 2020), and HRM (e.g. Farndale et al. 2019; Guest 2017; Shao et al. 2021) amongst others.

PRISMA diagram of the systematic database search



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71(Page et al., 2021)

Fig. 1 PRISMA diagram of the systematic database search

Applying the qualitative evidence synthesis technique of framework synthesis (Brunton et al. 2020; Carroll et al. 2013) we systematically searched for articles across disciplines and methodologies published between 2011 and 2024. Figure 1 illustrates the systematic review process.

2.1 Selection of articles

To guide our search for articles we adopted a structured question approach built from the qualitative question formulation SPICE—Setting, Perspective, phenomenon of Interest, Comparison, Evaluation (Booth 2016; Cooke et al. 2012)—to develop the search terms (see Appendix 1) and inclusion criteria (see Table 1). The phenomenon of interest for our review is the overall wellbeing of employees working to provide care for people in their homes, based on a holistic definition of wellbeing to include social, physical, mental, cultural, and financial wellbeing. Our search utilized Scopus, CINHL, EBSCO-Business complete, and Web of Science, and included qualitative, quantitative, and mixed methods research methodologies. Literature reviews or meta-analyses were excluded due to the risk of replication of findings (Simsek et al. 2021). Once we had identified a set of relevant papers the references and citations of the papers were checked to identify any other papers for inclusion (Booth 2016).

2.2 Literature analysis and synthesis

Analysis of the papers was conducted using a framework synthesis of the key findings about HHCW wellbeing (Brunton et al. 2020; Carroll et al. 2013). This approach applies an inductive, iterative approach to synthesizing evidence from various methodologies using qualitative analysis techniques. Four themes emerged from the synthesis: *physical wellbeing and safety, emotional wellbeing, economic wellbeing, and organizational practices and wellbeing*. We then repeated the framework process to capture recommendations for HRM and organizations to mitigate negative impacts and improve HHCW wellbeing from the articles.

3 Results

The process of selection of articles resulted in 46 articles that met the criteria. These are summarized in Table A1 of the appendix. The review includes articles with a mix of qualitative (23 articles), quantitative (18 articles), and mixed methods (5 articles) research methodologies. The largest proportion of studies were conducted in North America (33 articles). The remainder of the articles are from Europe (9 articles), New Zealand (2 articles), Taiwan (1) and Israel (1). The articles were predominantly published in health-related journals (26), with 10 published in workplace health and safety journals (10) and home health care journals (8). Only 2 were published in management-related journals and none in HRM related journals. Next, we summarize the evidence supporting each of the themes we identified.

Table 1 Inclusion and exclusion criteria for the qualitative evidence synthesis

Selection criteria	Inclusion	Exclusion
Setting	Home and community care work research Home and community care provision including care of elderly, disabled, and injured in the community, primarily their own homes Formal and legal employment Any country	Care work in managed facilities (e.g., aged care facilities and hospitals Palliative care Professional health care provided in the community Live in carers—migrant live in carers Studies that include home health care workers but that do not provide distinct results for this group
Perspective	Anyone who is a paid employee providing home and/or community support care to the elderly, disabled or injured in the community The employers, professional bodies or unions of home and community support workers	No experience of paid care provision e.g., unpaid care work Health professionals providing community care e.g., doctors, physio, occupational therapy, nurses, social workers, palliative carer
Phenomenon of Interest	The well-being of community care and support workers Employee well-being includes: social, physical, mental, cultural and financial well-being	No involvement Non-well-being related
Comparison	Not relevant	Not relevant
Evaluation	Any evidence of the well-being of these employees. Including antecedents and outcomes	Client well-being outcomes if not related to worker well-being
Language	English only	Non-english
Type of evidence	All peer-reviewed literature	Grey literature, books, thesis
Research method	Any design, qualitative, quantitative, mixed methods, conceptual, practitioner	Reviews—to avoid duplication of results, Opinion Research protocol papers—to avoid duplication
Publication year	2011–2024	None

3.1 How is wellbeing of HHCW defined?

Analysis of the articles reviewed resulted in four overarching themes of wellbeing: physical wellbeing and safety, emotional wellbeing, and economic wellbeing and one of organizational practices and wellbeing. Within these themes, most of the research focused on emotional wellbeing, with much less research identifying economic or financial factors as part of wellbeing.

3.1.1 Physical wellbeing and safety

Given the physical nature of HHCW, and that 10 of the reviewed articles were published in workplace health and safety focused journals, it is unsurprising that physical health and safety emerged as a key factor of wellbeing. HHCW have considerable physical risk due to the nature of the job, which requires lifting, bending, repetitive motion, and physical manipulation of clients, which can lead to musculoskeletal injuries (Arlinghaus et al. 2013; Faucett et al. 2013; Markkanen et al. 2014; Quinn et al. 2016). Further risks associated with the job are workplace violence and harassment which can stem from colleagues, clients' family or even neighbors and community (Quinn et al. 2016, 2021). Experience of harassment and violence, particularly client instigated incidents, increases stress and burnout, decreasing emotional wellbeing (Hanson et al. 2015; Sayin et al. 2022).

Biological hazards are also present in their workplace due to the requirement to be near another person and in contact with biohazards such as bodily fluids (Quinn et al. 2016). Similarly, environmental hazards are also highly prevalent due to work that could involve the use of chemicals for cleaning, substances in the home environment, for example clients who smoke (Markkanen et al. 2014; Panagiotoglou et al. 2017; Quinn et al. 2016).

While the incidences of physical harm are more often the focus of research, some research delves deeper into the circumstances in which those happen. For example, a lack of hoists for safe lifting (Arlinghaus et al. 2013), and not enough equipment in general which during the Covid-19 pandemic included PPE (Bandini et al. 2021; Sterling et al. 2020). Furthermore, a lack of training and interventions increases the risk to HHCW's physical health and safey (Olson et al. 2015, 2018) indicating how inadequate or absent HRM practices negatively impact physical wellbeing. Indeed Panagiotoglou et al. (2017) found that a lack of organizational support, arguably a lack of regard, meant that HHCWs had little guidance or oversight of their physical wellbeing when out in the community.

Part of this lack of regard may stem from the low status of the work. For example, Markkannen et al. (2014) identify that society's perception of HHCWs is a risk to health and safety. This is because HHCWs are viewed as housekeepers rather than medical or health assistants and so the risks attached to the job are not always taken into consideration. Indeed, the 'calling' or 'love of the job' that is expected of HHCWs also means that they can be ignored by clinicians which could lead to HHCW not raising concerns about their safety. Furthermore, the same 'love of the job' which is exploited with low wages, also impacts HHCWs because their loyalty to clients means that they may not wish to say 'no' when a client asks them to

carry out more than is required (Markkanen et al. 2014). Additionally, a worker may not report either risk or injury because of a sense of loyalty to their client, placing their client's wellbeing ahead of their own (Hansell et al. 2018). Adding to the complexity, Markannen et al. (2014), found that clinicians sometimes ignore HHCWs entirely–thus further exacerbating the difficulty of seeking support for physical wellbeing and safety.

3.1.2 Emotional wellbeing

There were three key components to emotional wellbeing identified in the review: emotional labour and grief, stress, and meaningfulness associated with the work. The intrinsic reward associated with HHCW and providing for others was noted in a number of the studies (Bandini et al. 2021; Bensliman et al. 2021; Karlsson et al. 2020; Nielsen and Jørgensen 2016). Indeed, it is part of a complicated cycle in which gender norms of self-sacrifice and caring as women's work underpin both the continued low status, low pay and poor conditions as well as contributing to the positive effects of meaningful work. As noted above, the low status and misunderstanding of HHCW has a negative impact on physical wellbeing (Markkanen et al. 2014). Likewise, HHCW involves considerable emotional labour which can result in outcomes such as burnout, emotional exhaustion, anxiety, and depression (Leverton et al. 2021).

HHCW can be isolated work, as it is often undertaken by a single employee, and is conducted in people's homes in the community. There may even be little contact with the employer, especially when the employer is a large, multiple-site organization (Bensliman et al. 2021; Doniol-Shaw & Lada 2011; Franzosa et al. 2019; Swedberg et al. 2013; Yeh et al. 2019). Indeed, the isolated nature of the role, like emotional labour, has been linked to stress and related outcomes such as burnout, emotional exhaustion, anxiety, and depression (Leverton et al. 2021). In contrast to the isolated work conditions, the relational nature of the work provides a sense of meaning, a positive aspect of a demanding job (Butler 2013; Franzosa et al. 2019; Jang et al. 2017; Karlsson et al. 2020; Leverton et al. 2021; Markkanen et al. 2014). The client-worker relationship can provide needed social contact that is often otherwise missing from the work (Craven et al. 2012; Franzosa et al. 2019; Lee & Jang 2017).

While the relational nature may provide positive emotional effects, as noted above, the sense of responsibility for clients can lead to HHCWs working longer hours, unpaid, maintaining a working relationship with the client (Mabry et al. 2018). The adverse effects for clients of limited funding and care models are often mitigated by this unpaid (and unacknowledged) labour (Doniol-Shaw & Lada 2011). Unsurprisingly, this unpaid work increases emotional exhaustion (Möckli et al. 2020) and reduces work life balance for the HHCW, leading to poorer health outcomes (Lee & Jang 2017). Another outcome of the relational nature of the work is that of grief when a client dies or leaves the care service, and the impact of grief on emotional wellbeing can have a negative impact on an HHCW's wellbeing and career (Barooah et al. 2019; Yeh et al. 2019).

3.1.3 Economic wellbeing

Economic wellbeing refers to the financial security of workers. It encompasses not only their wages, but the predictability of their hours and therefore earnings, as well as how they are compensated for other work-related costs. Home health care is low paid work and often entails flexible or fluctuating hours, sometimes on a temporary basis, which creates a situation where workers are reluctant to turn down unfavorable work for fear they will not be called on again (Mabry et al. 2018). This situation leads to a trade-off for the employee between their personal safety and financial health. Butler (2013) who focused exclusively on financial wellbeing, noted that the low wages women HHCW earn have an impact over their entire life course with onflow effects on access to healthcare, retirement and further education.

Fragmentation of the workday in a client-centric delivery model means that the home care worker must work hours early and then late in the day with a significant unpaid break (Butler et al. 2014). This structure of work means that home care workers have a gap of unpaid time in the middle of the day that cannot be used for other purposes and essentially results in long real hours at a meagre pay rate (Bensliman et al. 2021). Travel time and mileage are often not paid or reimbursed, further reducing income (Bensliman et al. 2021; King et al. 2012). The lack of adequate rest breaks and meal breaks in the work schedule has been found to contribute to injury, chronic pain, and illness, which in turn impacts the economic wellbeing of the HHCW as they need to take time off, which could be unpaid (Doniol-Shaw & Lada 2011; Faucett et al. 2013). The articles that considered economic wellbeing were those which were more likely to identify the influence of factors external to the organization on HHCW wellbeing. This is discussed in more detail below, after the section focusing on HRM practices for wellbeing.

3.1.4 Organizational practices and wellbeing

Work organization has been identified as important stressors for HHCWs. Changes to HHCW jobs, such as fragmenting tasks and reducing employee autonomy to improve efficiency and reduce costs, increase employee stress and poor physical wellbeing (Bensliman et al. 2021; Doniol-Shaw and Lada 2011). Furthermore, these conditions impact the ability to provide quality care and can lead to a deterioration of the worker relationship which adds to healthcare worker's stress (Leverton et al. 2021). Compounding these effects was workplace stress due to inaccessible management or labour conflicts (Bensliman et al. 2021; Doniol-Shaw & Lada 2011; Franzosa et al. 2019; Swedberg et al. 2013)(Barry et al. 2023; Bensliman et al. 2021; Doniol-Shaw & Lada 2011; Franzosa et al. 2019; Minguela-Recover et al. 2022; Swedberg et al. 2013; Minguela-Recover et al. 2022; Yeh et al. 2019). Training, or lack of it, was another practice observed, noting that adequate training is crucial in order to provide HHCWs with safe working practices (Olson et al. 2015; Sayin et al. 2022).

Despite the organization and remuneration of home health care work being identified as key to physical, emotional and economic wellbeing, there were few studies that recommended HRM practices that would change these systems. For example,

only five studies recommended practices to reduce long hours, unpaid work and ensure work breaks (Cho et al. 2023; Faucett et al. 2013; Franzosa et al. 2018; Panagiotoglou et al. 2017; Shotwell et al. 2019); only three recommended reimbursing HHCWs for the direct costs associated with their work (Butler 2013; King et al. 2012; Markkanen et al. 2014); and two recommended eliminating the practices that contribute to job and financial insecurity (Hansell et al. 2018; Leverton et al. 2021). Overall, HRM recommendations referred to practices to improve the single-focus wellbeing factor of each study (See Table 2 for a summary of the recommended HR practices).

3.2 Are societal and other external influences considered integral to wellbeing and HRM?

The majority of articles in this review retained an organizational focus, and while work intensification and low wages were mentioned, analysis of how that related to social welfare systems and funding of home health care was scarce. Furthermore, while the need for recognition and respect was a repeated theme in many papers, with the sources of this recognition including clients, their families, employers, health professionals, and society (Bensliman et al. 2021; Doniol-Shaw & Lada 2011; Karlsson et al. 2020; Panagiotoglou et al. 2017), there was much less acknowledgement of the social and political norms that enforce the lack of recognition and low status of home health care and home health care workers (Tsui et al. 2024).

In contrast, six articles analysed the way external influences impact worker wellbeing. Butler (2013) explicitly situated her research as feminist research, identifying that the lack of financial wellbeing of home healthcare workers is a consequence of gender discrimination and exploitation. For example, the low wages and poor conditions are sustainable because the workforce is characterized by being women, older women, migrant workers who have spent most of their lives in low wage work, with fewer opportunities for education (Bensliman et al. 2021; Butler 2013; Butler et al. 2014; Sterling et al. 2020). In turn, this creates a workforce with potentially less confidence and opportunity to move into better paid work. Drawing on similar connections, Tsui et al. (2024) found that employers' perspective of wellbeing went beyond the individual and organizational level. They took an approach related to thinking of 'social determinants' of health. In other words, factors such as economic or funding models, gender or other discrimination in work conditions and access to support contributed to HHCW wellbeing (Tsui et al. 2024). Likewise, Yanez Hernandez et al. (2024) illustrated that factors such as mental health stigma, cultural attitudes towards mental health, racism and gender discrimination could be barriers to HHCW seeking support for emotional wellbeing. Overall, articles that focused on financial wellbeing were more likely to consider external factors than those that did not include financial wellbeing.

Markkanen et al., (2014) as noted in earlier sections, highlighted how the low status of home healthcare workers has a negative impact on their physical and emotional wellbeing. Barry et al., (2023) similarly note that tensions between HHCWs and other professions such as managers and nurses had a negative impact on their wellbeing. Of interest, is that Barry et al.'s (2023) study investigated the impacts of

Table 2 Summary of HRM practices for home care worker well-being

HRM activity recommendation	HCW well-being impact	References
Improve communication and social support of the HCW e.g., management availability, meetings, social events, a community of practice	Personal work	Arlinghaus et al. (2013), Bandini et al. (2021), Bensliman et al. (2021), Craven et al. (2012), Doniol-Shaw and Lada (2011), Faucett et al. (2013), Franzosa et al. (2019), King et al. (2012), Lee and Jang (2017), Leverton et al. (2021), Mabry et al. (2018), Markkanen et al. (2014), McCaughey et al. (2012), Panagiotoglou et al. (2017), Swedberg et al. (2013) and Yeh et al. (2019)
Physical hazard identification and mitigation, including providing appropriate equipment	Personal	Arlinghaus et al. (2013), Bandini et al. (2021), Faucett et al. (2013), Hanson et al. (2015), Karlsson et al. (2020), Markkanen et al. (2014), Olson et al. (2018), Olson et al. (2015) and Quinn et al. (2021)
Education and training of HCW e.g., health and safety, self-care, de-escalation, communication, care skills	Personal work	Ahlstrom and Wadensten (2012), Barooah et al. (2019), Faucett et al. (2013), Franzosa et al. (2019), Hanson et al. (2015), Kusmaul et al. (2020), Leverton et al. (2021) and Sterling et al. (2020)
Include HCW as a respected and recognised part of the care team	Personal work	Ahlstrom and Wadensten (2012), Bandini et al. (2021), Doniol-Shaw and Lada (2011), Franzosa et al. (2018), Franzosa et al. (2019), Mabry et al. (2018) and Nielsen and Jørgensen (2016)
Encourage HCW involvement in improvements and changes	Personal work	Bandini et al. (2021), Bensliman et al. (2021), Craven et al. (2012), Doniol-Shaw and Lada (2011), Franzosa et al. (2018), Olson et al. (2015) and Olson et al. (2015)
Pay Equity and increased pay for work	Economic	Bandini et al. (2021), Butler (2013), Craven et al. (2012), Franzosa et al. (2018), King et al. (2012) and Panagiotoglou et al. (2017)
Minimise travel time and risk by scheduling	Personal economic work	Arlinghaus et al. (2013), Nielsen and Jørgensen (2016) and Panagiotoglou et al. (2017)
Paid leave e.g. sick, injury, bereavement	Personal economic	Bandini et al. (2021), Franzosa et al. (2018), Franzosa et al. (2019) and Sterling et al. (2020)
Reduce long hours, unpaid work and ensure rest breaks provided	Personal economic	Faucett et al. (2013), Franzosa et al. (2018), Panagiotoglou et al. (2017) and Shotwell et al. (2019)
Communication, support and counselling for the HCW on the death of a client	Personal economic work	Barooah et al. (2019), Boerner et al. (2016), Franzosa et al. (2019) and Yeh et al. (2019)
Reimbursement of costs for conducting their work e.g., travel, training	Economic	Butler (2013), King et al. (2012) and Markkanen et al. (2014)

Table 2 (continued)

HRM activity recommendation	HCW well-being impact	References
Workplace violence protocols	Personal	Hanson et al. (2015) and Lee and Jang (2017)
Covid specific infection control, including improved communication between HCW, management and clients	Personal	Bandini et al. (2021) and Sterling et al. (2020)
Job design techniques and person job-fit to improve HCW	Work	Doniol-Shaw and Lada (2011)
Eliminate employment practices that contribute to job and financial insecurity e.g., zero hour contracts	Personal economic	Hansell et al. (2018) and Leverton et al. (2021)
Education and training of clients e.g., health and safety	Personal	Hanson et al. (2015) and Karlsson et al. (2020)

Recommendations are presented in order of number of times they were recommended in the articles reviewed

a groundbreaking pay equity settlement that legally acknowledged gender discrimination in home health care work in New Zealand. The resulting increased wages—when other professions did not increase—created poor work relationships. This indicates just how acceptable low wages are for HHCWS: other professions perceive increased wages and conditions for HHCWs as a threat to their own status. It could be argued that the lack of recognition and status of HHCW also informs the lack of research that centres on employees' concepts and experiences of wellbeing, seeking their ideas for wellbeing-oriented organizational practices (Bensliman et al. 2021).

It is well established that care work, particularly non-professional care work such as this experiences poor work conditions, low status and low recognition because of gender discrimination. Given this, it is surprising, that although participants in the research projects were predominantly women across all the studies, the role of gender discrimination in wellbeing was overlooked. Furthermore, few articles focused on HHCW themselves, and their concept of wellbeing, what was important to them, and their suggestions for solutions (Bensliman et al. 2021; Butler 2013; Craven et al. 2012; Tsui et al. 2024).

3.3 Does the research consider how HRM practices impact outcomes beyond the organizational 'walls'

Tsui et al.'s study (2024) noted that when employers shifted their understanding of wellbeing to include 'social determinants', it led them to reconsider their role as employers. Specifically, this incorporated a concept of wellbeing that included employer advocacy for increased funding to better support working conditions and wellbeing of HHCW. Franzosa et al. (2018) found that organizations had a role in ensuring that the 'cost' and value of carefully encompassed the relational elements, as well as physical care to better inform funding models. Butler (2013), in contrast, viewed the responsibility for wages as belonging to the State, who was the funder and regulator of home healthcare. However, aside from these studies, this review found little evidence of a shift in focus of HRM and organizational responsibilities beyond the organizational boundaries.

4 Discussion

In this review, we sought to understand how research addressed wellbeing in a gendered occupation. Furthermore, addressing concerns raised both within the wellbeing and Common Good HRM literature, we also investigated whether or not wellbeing was conceptualized (1) to include external factors to the organization and (2) as HR practices that could have impact beyond the organizational walls. Our review identifies four distinct gaps in this multi-disciplinary body of research, which provide fertile ground for future research. First, despite home healthcare being a highly feminized workforce (England and Alcorn 2018; Hartmann and Hayes 2017), gender is not addressed explicitly in the extant research. Second, the literature on HHCW well-being mainly focuses on a single wellbeing dimension, for example, emotional *or* physical wellbeing, with

some consideration of work-life balance and financial wellbeing. Almost none of the literature links personal wellbeing to community or societal wellbeing. While there was no evidence that the articles in this review incorporated environmental concerns, articles that included financial wellbeing appeared more likely to take into consideration external factors and their relationship with the organizational setting. These were also the articles that were more likely to include qualitative research methods (See summary in Appendix 1). Third, the literature overwhelmingly focuses on the workplace level of analysis, a focus which is mirrored in single organizational responses and initiatives to address HCW wellbeing. Therefore, there is a significant gap in multi-level analysis of HCW wellbeing, particularly those which take a sector-wide approach and take into account wider societal and macro environmental factors. Furthermore, this review illustrates that research into wellbeing of HCW largely fails to center the experiences of HHCWs themselves (Butler 2013; Craven et al. 2012; Tsui et al. 2024). Finally, there is a tendency to focus on organizational benefits of wellbeing such as retention, risk of injury, absenteeism, and the quality of care for the clients, mirroring the gaps identified in the broader wellbeing literature (Guest 2017; Jang et al. 2017).

We see a Common Good HRM view as a gateway to address some of these gaps. Firstly, Common Good HRM advocates for an 'outside in' approach, which focuses on grand societal challenges occurring outside the organizational walls (Aust et al. 2020). Gender equality has been identified as a grand societal challenge (SDG5), yet, the UN (n.d.) reports that we are not on track to achieve gender equality for at least another 140 years. The HHCW workforce, and other marginalized occupations, could benefit from further research that directly leads to HRM policies that address macro factors of inequality and wellbeing.

As part of an outside-in approach, Common Good HRM recognizes that personal wellbeing is intrinsically linked to community wellbeing (Lu et al. 2025). This prompts organizations to acknowledge and strategize for the long-term wellbeing of their stakeholders and society-at-large through considering wider spiritual, ecological, cultural and economic wellbeing goals as well as ensuring stakeholder participation. Common Good HRM encourages business to accept broader responsibility to collective wellbeing (Aust et al. 2024; Lu et al. 2025). Given the nature of home health care, these organizations and their workers are already engaged in services that have a direct impact on community wellbeing. This makes the sector a valuable context for exploring how HRM practices can enhance the community.

Common Good HRM also recognises that equal and fair employment relationships are fundamental to organizational success, coupled with need for organizations to protect human dignity within these relationships (Aust et al. 2020). In the context of the HHCW sector, which is highly feminized/gendered and low status, low wage work, ensuring that these workers are supported and thriving is essential for delivering quality care that supports wellbeing. Our findings support the call for wellbeing research and conceptualization to include employee-centred perspectives of wellbeing, and how factors beyond the organizational walls influence wellbeing.

5 Research agenda

We still know less about what employee-centred wellbeing looks like for workers, and how it can be conceptualized within research. As outlined above, single factor wellbeing studies tend to focus more on wellbeing as a means to improved organizational outcomes, rather than on something to be valued within itself. Furthermore, wellbeing needs to be understood as the complex, dynamic phenomenon that it appears to be. Therefore, we suggest a future research agenda which investigates wellbeing as a holistic concept, taking into account the dynamic interaction between organizational and external factors. Within this broad focus, research that investigates wellbeing in marginalized occupations within their broader context, such as feminized occupations, or those that rely upon high proportions of migrant workers, for example, may uncover the relationships between these factors that can negatively impact employee wellbeing. Thus, we propose a framework of employee wellbeing that encourages researchers to look beyond what we already know and to extend past our disciplinary and organizational boundaries. Our framework of employee-centred wellbeing explicitly includes the relationship between employees, organizations and external factors (See Fig. 2).

Our findings suggest that research methods are also key to new knowledge and theoretical development. For example, as noted above, qualitative studies were more likely to take a broader view of wellbeing, to focus on employees rather than organizational outcomes and to include external factors in their analysis. Therefore, focusing on research methods is important to address the calls from within wellbeing

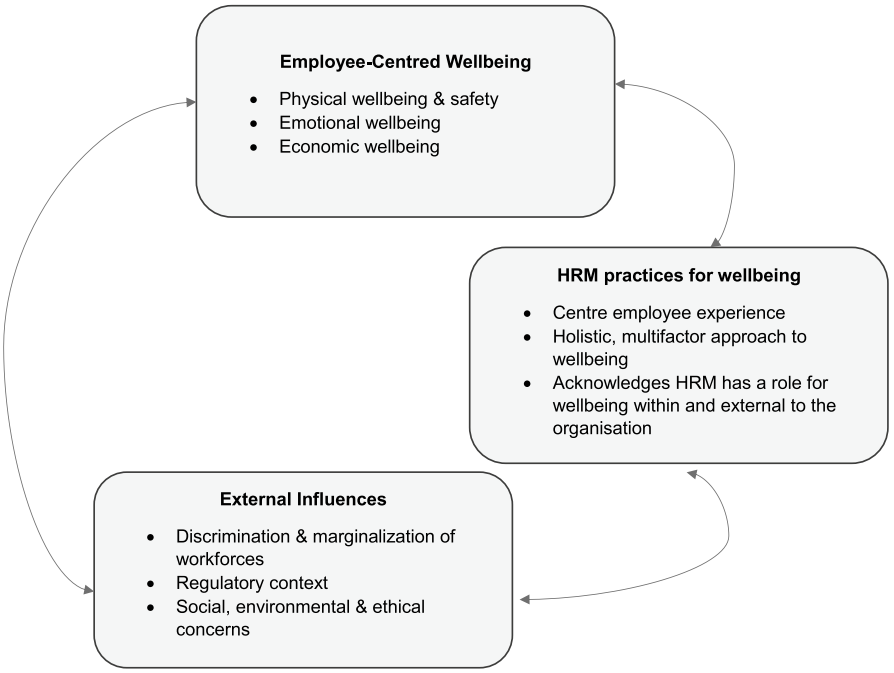


Fig. 2 A framework for employee-centred wellbeing

research (Guest 2017; Hauff et al. 2020; Xiao et al. 2022) and Common Good HRM (Aust et al. 2024; Aust et al. 2024; Lu et al. 2025) to expand our understanding of employee-centred wellbeing, and the relationships between organizational practices/outcomes and ethical, social and environmental factors. Consequently, we recommend that research into employee-centred wellbeing, that incorporates social, environmental and ethical concerns should address researcher reflexivity, 'most likely' contexts, and qualitative research with employees:

- *Reflexivity.* Our findings indicate that intentional use of researcher reflexivity (Berger 2015) facilitates researchers to investigate more complex issues–taking into account phenomena, such as gender discrimination, that might not appear obvious within the extant field. Greater reflexivity and commensurate positioning and transparency, such as Butler's (2013) enables different theoretical perspectives, such as feminism to be employed as a tool to discover what we do not yet know. Reflexivity encourages researchers to question and identify whose interests they are investigating before they begin the research.
- *'Most likely' contexts.* Our review focused on HHCW because it is a gendered, low status and low wage sector globally. Arguably, this context will be more likely to reveal the way in which macro factors such as gendered power and discrimination influence the wellbeing of marginalized workers (Calvard and Sang 2017). Thus, we recommend that researchers consider not only the phenomenon of study, but the contexts which might provide in-depth information on the processes of the wellbeing of marginalized employees.
- *Qualitative research with employees.* We found that qualitative research was more likely to reveal the complexity of wellbeing, and the way in which individual, organizational and external factors interacted. While qualitative research operates on a spectrum from more post-positivist research (including tools such as structured interviews and pre-determined coding), we recommend that wellbeing research pivots towards qualitative research that sits within more critical traditions, focusing on participant experiences and knowledge (Carspecken 2008; Kincheloe and McLean 2000).

Table 3 provides suggested research questions that, informed by our proposed employee-centred framework, will address the gaps in research.

6 Conclusion

This review has systematically reviewed the wellbeing literature within the marginalized occupation of home health care workers and proposed a future research agenda aligned with the Common Good HRM agenda, offering tangible benefits to this sector. We find there is still a significant research lacuna in relation to understanding the wellbeing from the perspective of employees—in this study, home health care workers. Moreover, although this review is constrained to one occupational group, the characteristics of this workforce hold potential for the wider understanding of worker wellbeing within marginalized occupations.

Table 3 Future research questions to investigate employee centred wellbeing

Research gap	Potential research questions and focus
Qualitative, employee focused research	What is our standpoint as researchers? Which stakeholder interests does our research serve? How can we design our research to investigate social, environmental and ethical factors of wellbeing? Which cohorts of workers/occupations/industries are less studied in wellbeing? Is it because of systemic issues such as gender, race, migrant status etc.?
Gendered aspects of well-being HR initiatives	How do gendered assumptions of care work limit HRM practices? What HRM initiatives have sought to address the gendered aspects to improve wellbeing? Does empowering employees improve their wellbeing and address gender discrimination at work?
Interrelationship of well-being dimensions	How is well-being defined by employees? How does the structure and organisation of work in particular industries/occupations/professions impact employee well-being?
Analysis of wellbeing beyond organisational level	How do institutional forces (industry norms, policy decisions) shape HRM practices? How can a Common Good HRM approach re-frame gender and wellbeing? How do stakeholders view the balance between worker wellbeing and organisational outcomes? How does employment insecurity and transience impact well-being?
Worker, family and community outcomes of wellbeing initiatives	How do wellbeing initiatives incorporate workers' family and community? How do wellbeing initiatives impact social connections in a dispersed workplace?

However, the challenge of organizing work in ways that uphold human dignity and promote wellbeing is a global concern. We therefore encourage other researchers to explore other marginalized occupations, in order to expand our understanding of worker wellbeing beyond the current focus on corporate and professional workers.

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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