What’s Best, What’s Worst?
Direct Carers’ Work in Their Own Words

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EXECUTIVE SUMMARY

Before 2004, Australian knowledge about workers in aged care was remarkably limited. No single data source provided an accurate and detailed appraisal of direct care employment in residential aged care facilities in Australia. In an attempt to rectify the gap in existing knowledge, the National Institute of Labour Studies was commissioned by the Department of Health and Ageing to conduct a census of all aged care facilities listed with the Commonwealth Department of Health and Ageing and two large sample surveys of their staff. This report provides additional analysis of this aged care workforce data.

This report details the findings of an analysis of the responses given to the two open-ended questions asked of a sample of employees working in aged care facilities across Australia. Employees were asked to comment, in their own words, on the things they currently most and least liked about their jobs. Such data was analysed briefly in the main project report¹. This report involves an in depth examination of the responses of workers, in their own words, to the two open-ended questions about what they liked and disliked about their jobs in the aged care industry.

**E1: Best Things About Work**

Direct care workers identify positively with a number of aspects of their work. First and foremost, direct care workers derive considerable satisfaction from the nature of the work itself. Most commonly, direct care workers enjoy caring for residents. The satisfaction derived from their work and the relationships they form with residents are important sources of positive identification for care workers. Being appreciated and valued by the residents whilst undertaking this care work and experiencing the outcomes of their labour as contributing to a social good also contributed to the job satisfaction available to these workers. In short, care work is a distinctive form of work in which many workers experience intrinsic rewards based around their relationships with those for whom they care.

The other aspect of work commonly liked by workers is the interpersonal relations with other staff and the teamwork that resulted from this synergy. They appreciated the support of other

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¹ Richardson, S. & Martin, B. 2004.
staff, both colleagues and bosses, noting particularly their willingness to share skills, their caring for residents, their friendliness, and the camaraderie and team spirit that arose from working with their particular work groups.

Some workers also reported the appreciation of the environment in which they worked. This included both the social and physical environment. The flexibility in hours and shifts was also identified as an agreeable aspect of their work, with some suggesting that this enabled a greater work/life balance. Workers were also found to desire autonomy when undertaking their work duties and variety in those duties which they performed. Many valued the ongoing training and learning afforded to them in the aged care industry, but also appreciated the opportunity to apply those skills and knowledge’s in their daily work.

**E2: Worst Things About Work**

Many direct care workers were dissatisfied with their pay. In the views of the workers, their remuneration falls a long way short of the appropriate compensation for the responsibility their job entails and the social value of their work.

Another common complaint of direct care workers was with the amount of paperwork their jobs entailed. They said that the time consuming nature of this required paperwork puts strains on their already limited time, increases their workload and takes time away from their primary duty of resident care. Such aspects of work were seen by direct care workers to negatively impact on their ability to develop appropriate caring relationships with residents or provide the care residents needed.

Many workers also felt quite strongly that the facility where they worked did not employ sufficient staff. Low patient to staff ratios not only lead to reduced time with residents but were also experienced as increasing incidence of unpaid overtime and perception of work overload. Staff shortages were also reported to lead to employees undertaking duties that were not in their job description such as cooking and cleaning and strengthen the general dissatisfaction voiced with the non-nursing and non-caring tasks required to be completed in their work.
Direct care workers sometimes found their relationships with co-workers to be problematic. An inability to form close relationships with other workers was in turn reported to impact negatively on the way tasks were carried out and the overall atmosphere of the work environment.

Finally we find that workers dislike some aspects of their current employment conditions. These range from the inflexibility of hours or shifts to the limited scope for career advancement.

The results confirm and elaborate the conclusions about what workers like and dislike in their jobs reached in our initial report (Richardson, S. & Martin, B. 2004). They indicate the major issues that the aged care sector in general, and aged care facilities in particular, must confront if they are to ensure the continuing supply and retention of an appropriately skilled workforce. For many workers, low pay and uncertain work contracts are currently being counterbalanced by the intrinsic rewards of care work, and the positive relationships they experience with others working in the facilities that employ them. The challenge of managing this workforce is clearly to ensure that the positive side of the ledger makes these important jobs attractive enough to ensure a continued retention of established workers and sufficient supply of new ones.
INTRODUCTION

Before 2004, Australian knowledge about workers in aged care was remarkably limited. No single data source provided an accurate and detailed appraisal of direct care employment in residential aged care facilities in Australia. In an attempt to rectify the gap in existing knowledge, the National Institute of Labour Studies was commissioned by the Department of Health and Ageing to conduct a census of all aged care facilities listed with the Commonwealth Department of Health and Ageing and two large sample surveys of their staff. In the primary report from this research, Richardson and Martin (2004) describe the main contours of the direct care workforce in the aged care sector. This report provides additional analysis of this aged care workforce data.

This report details the findings of an analysis of the responses given to two open-ended questions asked of a sample of employees working in aged care facilities across Australia. Employees were asked to comment, in their own words, on the things they currently most and least liked about their jobs. This report, by detailing the responses employees gave to these questions, aims to develop a more nuanced understanding of what aged care workers do and do not like about their jobs. Such an understanding is timely and original and is of unique value in informing complex workforce planning issues. The report draws on the attitudes, expressed in the words of aged care workers themselves, at a level of analysis that has not previously been made.

The first section ‘revisits’ aspects of the previous study. We begin by summarising the information the previous surveys sought to obtain. We then go on to describe some of the characteristics of the sample of employees’ surveys which were subjected to qualitative analysis and which inform this report. This sample is then compared to the original survey sample and any significant differences discussed. In the second section the findings of the qualitative analysis are explored. Emergent themes are discussed and illustrated by verbatim quotes of the employees’ responses. Such quotes are in the workers’ own words, they provide crucial insights, and enable a deeper understanding into the likes and dislikes of direct care workers’ current employment. Frequency distributions and in some cases cross tabulations are also displayed to describe the attitudes of different categories of aged care workers. The report concludes by discussing some implications of the findings of the qualitative analysis.
1. THE AGED CARE WORKFORCE SURVEY

Commissioned by the Commonwealth Department of Health and Ageing, the National Institute of Labour Studies conducted three surveys between the period August and October 2003 with the aim of developing a detailed picture of the aged care workforce in Australia. The three surveys were: 1) a census of all residential aged care facilities in Australia; 2) a survey of a representative sample of the whole direct care workforce in these facilities and, 3) a survey of a sample of the most recently hired direct care workers in these facilities\(^2\). Each survey was undertaken for specific but related purposes.

While basic information about aged care facilities already exists, a census of aged care facilities in Australia was necessary to discover the overall level and characteristics of the workforce employed in these facilities, and how it varied according to facility characteristics. Information collected from the survey of workers was also linked to the characteristics of the facilities in which they worked.

Unlike information about aged care facilities, information about direct care workers was extremely limited\(^3\). The survey of a representative sample of the whole direct care workforce\(^4\) in these facilities thus aimed to collect the first detailed information about the characteristics and experiences of this workforce. Innovatively, The National Institute of Labour Studies constructed the research design in such a way that it was able to capture the dynamism of the aged care workforce. This was accomplished by surveying a sample of recently hired direct care workers in addition to the random sample of aged care workers. Utilising such an approach enabled data to be collected from people who had been in their jobs for many years, as well as newcomers and also those in between. The self-enumerated employees’ surveys, our main focus here, consisted largely of quantifiable items covering such information as a worker’s age, sex, ethnicity, occupation, health, marital status, income, hours worked, patterns of work, and future work expectation. The survey also took advantage of having this direct contact with workers (via the questionnaire) to go beyond asking about these objective characteristics and sought information about direct care workers experience of work and the level of satisfaction with aspects of work.

\(^2\) For further information regarding the sampling, distribution and collection method of these survey see Richardson, S. & Martin, B. 2004.

\(^3\) Healy, J. & Richardson, S. (2003)

\(^4\) The survey of direct care workers does not include medical practitioners or other staff employed in the facilities who are not directly involved in caring for residents (such as purely administrative staff, gardeners and cleaners).
Employees were asked to nominate the extent to which they agreed or disagreed or were satisfied or dissatisfied with a range of statements about the type of work performed and the condition of work. Overall it was found that direct care workers were generally satisfied with their job and the tasks they performed in their work. Specifically, direct care workers were strongly motivated by the intrinsic satisfaction of providing good care to residents. It was also found that the workforce displayed extremely high levels of confidence in its skills and capacity to undertake this care. Workers also reported that they were happy with the degree of autonomy afforded to them in carrying out their daily work duties, with 80 percent agreeing to the statement that they had ‘a lot of freedom to decide how I do my work’. Direct care workers also reported being satisfied with the flexibility available to them to balance work and non-work commitments. Workers were also found to be reasonably content with the hours that they worked. Where they are not, they are more likely to want more rather than less time on the job. The major sources of aggravation reported by direct care workers was pay and an inability to spend sufficient time in providing direct care to each resident.

The final two questions made up the qualitative component of the questionnaire. These questions gave employees the opportunity to use their own words to describe what they most and least liked about their jobs. The questions asked respondents ‘what are the best things about your job at the moment’ and ‘what are the worst things about your job at the moment’. Respondents were able to, and in some cases did, give more than one response to each question. Responses to these questions ranged from lengthy accounts to brief dot points of their likes or dislikes. It is this qualitative data that has been analysed here. Such data was analysed briefly in the main project report, but due to the vast amount of other rich information that was obtained, as well as the word restriction imposed on any report, escaped detailed analysis. This report involves an in depth examination of the responses of workers, in their own words, to the two open-ended questions about what it is that is liked and disliked about working in the aged care industry.

1.1 Method

The analysis of qualitative material generally involves assigning categories to units of text. In the case of this study, qualitative responses were organized into categories for both the positive and negative aspects of aged care work, as voiced by respondents. A sub sample of surveys were read and reread by the researcher to identify evolving patterns and themes. Sets of initial

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5 Richardson, S. & Martin, B. 2004.
6 Ryan & Bernard 2000
categories were developed from the emerging patterns ‘induced’ from the data. These categories were continually developed and refined throughout the coding process. Each category was carefully examined and re-examined. Criteria covering responses that should be included and excluded from the category, as well as exemplars and closely related non-exemplars, were developed and noted. This process was repeated until no new codes were discovered. In order to gain further insight into respondents’ attitudes towards aged care work, the data was quantified and further analysed using cross tabulations.

1.2 Our Sample

Due to the time consuming nature of qualitative analysis this process was undertaken with only a sub sample of the original survey sample of direct care workers. This sub sample consisted of 1,065 of the original 6,788 surveys. As shown in Table 1, compared to the original survey sample, our sub sample has similar numbers of males and female workers, similar proportions of employees employed on a permanent or casual basis and virtually an identical age distribution of workers as that which was represented in the original survey sample. Our sample also encompasses a similar proportion of recently appointed staff and randomly selected workers compared to the original survey sample. However, the sample over represents aged care workers located in Victoria. Since Victoria is distinctive in having many more State owned facilities than other States, this means that workers in such facilities are also somewhat over represented. We take account of these features of the sample analysed here in interpreting our findings.

In the section that follows, we discuss the findings of the analysis of the responses to the qualitative questions asked of workers working in aged care facilities in Australia.

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7 Figures presented in tables and charts are weighted
Table 1: Comparison of original survey sample with sub sample on certain variables of interest

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<th>Qualitative Analysis Survey Sample %</th>
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<td>Speech therapist</td>
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<td>Other</td>
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2. **FINDINGS**

It is important to note at the outset that while common themes were identified in the workers’ responses, the themes were highly interrelated with clear areas of overlap. For example, many of the workers described the best thing about their work as caring for the residents. While this is clearly acknowledged by many of the workers, the satisfaction derived from this care (which forms a separate category) is closely related to the former category, but distinct in that the workers expressed a clear relationship between caring for residents and the satisfaction experienced from doing this. Thus we found that issues related to caring for residents were also intricately interwoven with issues related to workers’ satisfaction. Indeed, as will also be shown, such interconnectedness occurs across the responses to the two open ended questions, with many of the best things about work being intimately linked to the accounts of the worst things. This signals to us that when the conditions that enabled positive identification with work were hampered, employees often experienced work negatively. Ideally the emergent themes should not be interpreted in isolation, but should be seen to highlight the interconnectedness of the aspects of work that workers described as the most and least agreeable. The report is structured to show this interconnectedness between themes, with aspects of work that workers less frequently reported to like or dislike being discussed as a way of elaborating on aspects that were more commonly mentioned.

The coded data of employees’ responses to the two open ended questions yielded 19 categories for the positive aspects of work and 29 categories for the negative aspects of work. We begin by detailing the things direct care workers articulated as being best about their work.

3. **BEST THINGS ABOUT WORK**

3.1 **Care For Residents**

Figure 1 documents the aspects of work that respondents liked and the frequency at which these aspects were reported. ‘Care for residents’ was the most commonly reported positive aspect of work, with 41 percent of respondents indicating that they enjoyed this aspect of their work. Many of the responses that informed this category solely articulated ‘caring for the residents’ in their response. However, we were able to develop a deeper understanding of what this ‘care’

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Note: The percentage figures will not add up to 100% because many respondents mentioned, and therefore were assigned to, more than one category.
entailed from other respondents who elaborated on what it was specifically that they liked about their time spent caring for residents.

**Figure 1: Best Things About Work**

*For me it is being able to help our residents with all their daily needs as a regular day shift carer. This means from shower to toilet and dressing to entertainment and Physio or to just making time to sit and listen to them as they have a great wealth of knowledge to impart*.  

*Spending time with elderly people and feeding them. Talks/laughs and interacting with them. Meeting their needs by helping them in every way possible*.  

*Being able to make the residents feel that they are still human beings and have a lot to offer*.  

*Being able to help the elderly do things they can not do any more*.  

*To personally be able to care for elderly residents, treating them with respect, encouraging independence where possible and developing a trusting friendship*.  

10
‘I enjoy caring for the residents who can’t care for themselves’.

‘Mixing with the residents and getting to know them personally and not just about their medical problems. They talk about their lives when they were younger, and what the world was like back then’.

‘Caring for the elderly. Making life as comfortable for them as possible. Listening to the stories about the good old days’.

‘Spending time with elderly people helping to provide a safe, friendly living environment. Providing quality health care’.

‘I enjoy working with the elderly. They all have a story to tell, when you have time to listen, but sometimes I just make time! I like the caring, non-nursing side’.

Some respondents regarded the time they spent caring for residents as facilitating the ongoing and better provision of care.

‘I love spending time with the residents, finding out more about them so that I can plan their individual care. I love sing-a-longs with residents and chatting with them’.

‘The contact with our residents in enabling the care they individually require’.

Table 2: Proportion of Respondents Who Mentioned Care for Residents by Occupation

<table>
<thead>
<tr>
<th>Job Type</th>
<th>RN Div 1</th>
<th>RN Div 2</th>
<th>Carer</th>
<th>Physio</th>
<th>Diversional Therapist</th>
<th>Speech Therapist</th>
<th>Other</th>
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<tbody>
<tr>
<td>Enjoy caring for residents</td>
<td>39%</td>
<td>45%</td>
<td>57%</td>
<td>24%</td>
<td>63%</td>
<td>0%</td>
<td>44%</td>
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<td>n</td>
<td>191</td>
<td>180</td>
<td>333</td>
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Table 3: Proportion of Respondents Who Mentioned Care for Residents by Age

<table>
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<tr>
<td>Enjoy caring for residents</td>
<td>44%</td>
<td>43%</td>
<td>44%</td>
<td>51%</td>
<td>58%</td>
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<td>225</td>
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As shown in tables 2 and 3, the theme ‘care for residents’ was particularly common among older workers (55 years and older) and those who worked as personal care attendants and as diversional therapists. We can speculate about the reasons for this. Perhaps carers spend a greater proportion of their time with the residents than do nurses, who presumably would have responsibility for the bulk of the paperwork and administrative tasks which may take time away from being with the residents. Such a speculation seems quite accurate when we take into account the response from one Registered Nurse.

‘As a div 1, who doesn’t have time to give hands on care, I enjoy time with residents and providing a bright friendly approachable atmosphere for my residents to live’.

Furthermore, it seems plausible that, given the nature of their jobs, diversional therapists or recreational officers would spend more time with the residents doing enjoyable activities. As indicated by one diversional therapists:

‘I enjoy spending time with the residents, and have fun introducing them to new ideas e.g. computers, painting.

In any case, we have seen above that caring for residents both directly by helping them with tasks they were unable to do for themselves and indirectly by talking to them, listening to their stories and just spending time with them, formed a major source of positive identification with work for aged care workers. Indeed, respondents specifically identified the satisfaction derived from this interaction with and provision of care to residents as another source of positive identification. Employees who reported such satisfaction made up six percent of all responses and came to inform the category which we have termed the ‘interdependence in the care relationship’. Drawing from responses that were incorporated in this category allows us to further understand why direct care workers enjoy the time they spend ‘caring for residents’.

3.1.1: Interdependence in the Care Relationship

What then distinguishes care work from other types of paid work? Many academics have focused on the relational component involved in care work, explaining that care work is both a physical activity and an emotional activity. The combination of feelings of affection and responsibility results in actions that provide for an individual’s personal needs or well-being. This focus has brought attention to the way in which ‘care’ is constituted in and through the relationship of those who give and receive it.
This relational nature of care work was highlighted by some of the direct care workers surveyed. It serves here as a reminder that desire to ‘care for residents’ which was the most frequently mentioned positive aspect of work is created out of the ongoing relationship between the residents and the carers. Some examples of how this relationship may be formed in the interactions between residents and workers in aged care facilities across Australia are highlighted in the responses of workers below.

‘Having a lot of time with residents and being made to feel needed’.

‘That sometimes we are the only people in their lives and seeing them happy when you get to do that little bit extra for them makes me feel like I have achieved something for someone, and that gives my life purpose’.

‘Having aged people look to me for support which in turn helps my confidence’.

‘Being supportive and needed. Sometimes the carer is closer than family members’.

‘I enjoy what I do, sometimes it has its moments but most of the time it’s great. The communication and the caring. To be needed and feel important is so rewarding at the end of the day’.

I love to give quality time and care of the residents, they often inspire me with their lives’.

For some workers, then, being made to feel needed or important drives the desire to continually provide care for their residents. For others, it was the satisfaction they derived from caring for the elderly that fostered their desire to care. Indeed many of the responses that informed this category simply stated:

‘The satisfaction of caring for the residents’.

Others however were again found to elaborate upon what this satisfaction was actually being derived from.

‘The satisfaction of being able to bring comfort and laughter into the residents lives at the same time as providing health care’.
‘I love aged care, chatting to the residents, giving them the love and high quality of care they deserve. Putting a smile on someone's face is very rewarding’.

‘I love the satisfaction I feel when a resident who is usually unhappy smiles’.

‘The satisfaction I receive from making somebody happy’.

‘I enjoy being able to bring some happiness and lots of care to residents I look after’.

‘The residents and the happiness I get from receiving the smallest twinkle in their eyes or even the tiniest smile – a response from someone with dementia is just wonderful’.

‘I enjoy working with the elderly. I get a lot of satisfaction in knowing that I have helped make their day happy and their smiles and gratitude towards me’.

The satisfaction derived from caring for residents and the relationship developed between residents and carers as a result of undertaking this labour is not to be confused with those respondents that reported ‘job satisfaction’ as a response to the first open-ended question. Eight percent of respondents mentioned job satisfaction. Responses that informed this category explicitly mentioned job satisfaction without referring to residents. It is not appropriate then to assume that their job satisfaction is derived from or associated with the residents (although it may certainly often be the case). This is clearly highlighted when we take into account one employee’s response to the first open-ended question. She stated,

‘It’s a different kind of job satisfaction. Seeing that a resident/patient got well and you know yourself that you have been a part of that particular resident/patient’s recovery. It’s just a joy. And helping aged people is a different kind of feeling.

However, in general, we cannot make precise inferences about the relation between job satisfaction and care for residents or any other aspect of work that direct care workers have reported to identify with positively.
3.1.2: Doing Something Worthwhile

Intimately linked to the satisfaction workers derived from caring for residents and the relationship developed between residents and carers, was the belief that they were ‘doing something worthwhile’. Doing something worthwhile made up 5 percent of the responses to the first open-ended question. It is important in that it signals the social value workers attribute to their labour and, as we will see below, provides an additional source of positive self-identification for employees. It also enables us to further understand why caring for residents is such an important aspect of direct care workers’ work.

‘Feeling I am making a difference in the lives of some aged people whom I care for, as they tell me so and this makes me feel important’.

‘Sense of doing something worthwhile’.

‘Sense of contributing to people lives’

‘Enjoy working with the elderly and to help them for a better life and knowing that I am able to help those less fortunate in health and who have contributed to our society/country for many years’.

‘Knowing that we make a significant contribution to the welfare of others’.

‘I enjoy my job totally and feel as I’m doing something useful with my life’.

‘Satisfaction I can make a difference in a person’s life’.

Making a difference in a person’s life, improving a person’s quality of life and contributing to the welfare of others were all common responses that came to inform this category. The value these workers attributed to their labour not only provided them with job satisfaction but also provided the worker with a source of positive self-identification that extended outside the confines of the workplace.

3.1.3: Work being Valued and Appreciated

Some workers indicated that they enjoyed caring for residents because their work was valued and appreciated.
‘Being appreciated in your job’.

‘Appreciation from residents, families and community. Community recognition of our philosophy’.

‘Being valued for the skills I have and use’.

‘The appreciation from residents for the care I give’.

‘Direct positive feedback from someone who I have helped to have good quality of life’.

‘Appreciation form residents and family’.

Like the two preceding categories, work being valued and appreciated was mentioned infrequently and accounted for only 3 percent of respondent’s responses. However, along with interdependence in care work and the feeling of doing something worthwhile, it highlights the multiple sources of job satisfaction experienced by the direct care workers surveyed. This satisfaction, as we have seen, is intimately linked to the direct care for residents. Just over half of all respondents (52%) mentioned one or more of these aspects of work as being the best thing about their work. As we shall see below, the remaining categories arising from the analysis of the responses to the first open-ended question relate more to the environment and organisation of work rather than the positive identification derived directly from caring for residents.

3.2: Supportive Co Workers and Management

The other commonly mentioned positive aspect of work was the quality of interpersonal relations employees experienced with their work colleagues. Forty one percent of respondents stated this in response to the first open-ended question. Responses placed in this category usually occurred concurrently with ‘care for residents’. For example, many of the workers stated in response to the first open-ended question,

‘The other staff and caring for residents’.

‘Enjoy caring for the elderly. Good staff support with co-workers’.
Others however mentioned colleagues in isolation.

‘The staff and the fellowship between the staff’.

‘I have a good team at work’.

‘The other staff I work with have been extremely helpful and patient and happily share their knowledge with me’.

‘Staff are friendly and encouraging’.

‘Great working relationship with the staff I work with’.

‘Camaraderie at work. A friendly compassionate unit manager’.

For others it was specific traits of their colleagues which they appreciated.

‘Working with certain staff who join in with the team work, communicate well during the day and know what is going on’.

‘Enjoy working with staff who are dedicated to their work’.

‘Regular staff who know the residents and their needs’.

‘Girls that I work with all care for residents (and guys)’.

‘Fellow workmates are precious people that care about others’.

‘A firm but fair boss, always being there for the needs of the residents’.

The employees surveyed not only liked the people they worked with but also appreciated the way work was carried out as a result of the synergy between workers.

‘Working together with some great nurses’.

‘Working with a great team, we work very well together and support one another when needed’.
‘Teamwork’.

‘The working cooperation of staff’.

‘Good management and a supportive team’.

‘Team work, cooperation and staff relationships’.

This theme, whilst recurrent among all workers, was found to be particularly strong among permanent staff, female employees, and for those on either end of the age distributions. It was mentioned least by those employees working in public facilities and for those employees who are located in South Australia.

Table 4: Proportion of Respondents that Mentioned Supportive Co Workers and Management by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>24-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Co Workers and Management</td>
<td>45%</td>
<td>49%</td>
<td>38%</td>
<td>37%</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>n</td>
<td>98</td>
<td>129</td>
<td>225</td>
<td>271</td>
<td>81</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 5: Proportion of Respondents that Mentioned Supportive Co Workers and Management by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Co Workers and Management</td>
<td>36%</td>
<td>41%</td>
</tr>
<tr>
<td>n</td>
<td>89</td>
<td>730</td>
</tr>
</tbody>
</table>

3.3: Environment

Related to the enjoyment workers derived from their co-workers, was the enjoyment they derived from their work environment generally.

3.3.1: Social

Social environment was mentioned by 15 percent of respondents. Employees reported that they liked the social nature of their work. For some this meant the constant interaction with people: residents, co-workers and the relatives of residents.

‘Meeting new people’.
‘The social nature of the work’.

‘Social interaction with people’.

‘It is very social and I love helping the elderly’.

‘Interacting with people from all walks of life’.

‘All the friends I have made with residents and their relatives’.

For others however it was the warm and friendly nature of the workplace which they liked.

‘Feeling of a big family’

‘Nursing home is small and very caring’.

‘It has a nice friendly atmosphere being a small facility’.

‘Family feel about the home’.

‘A very relaxed and homely atmosphere’.

3.3.2: Physical

Other respondents reported their satisfaction with the physical environment in which they worked. This theme was less commonly mentioned with only 6 percent of respondents stating this in response to the first open-ended question. Physical environment was usually associated with the modern facility in which they worked.

‘Being in a five star new facility’.

‘Supply of excellent equipment and aids for residents. Spacious rooms and spaces for residents’.

‘Nice new hospital’.

‘The facility is new, bright and clean’.
However, for some it was the small size and rural location of the facility that they found pleasant.

‘Working in aged care in a small rural hospital. Locals caring for locals’.

‘Enjoy working in a facility that is in a rural community and a smaller place of employment’.

3.4: Flexibility in Hours/shifts

Another commonly recurring theme that emerged from the responses given by workers related to the pattern of work found in aged care. Sixteen percent of respondents particularly liked their current work hours. For some this was a direct expression of being happy with their hours.

‘The hours suit me and I do not have to work on a rotating roster’.

‘I work Monday to Friday with public holidays off’.

‘The hours I work are very convenient’.

For others however it was the flexibility they were afforded in working time, the organization of shifts, and the ability to pick up additional shifts they appreciated.

‘Am able to change shifts easily if times are not good for me’.

‘Flexible hours and the ability to pick up extra shifts’.

‘Flexibility, can work my own hours providing I work 30 a week’.

‘Can gain extra shifts if needed’.

Table 6: Proportion of Respondents that Mentioned Flexibility in Hours/Shifts by Sex

<table>
<thead>
<tr>
<th>Flexibility in Hours/Shifts</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>89</td>
<td>730</td>
</tr>
<tr>
<td>11%</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>
Table 7: Proportion of Respondents that Mentioned Flexibility in Hours/Shifts by Employment Status

<table>
<thead>
<tr>
<th>Flexibility in Hours/Shifts</th>
<th>Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Casual</td>
</tr>
<tr>
<td>n</td>
<td>184</td>
</tr>
</tbody>
</table>

Interestingly, the liking of the flexibility of the hours of work in aged care was particularly common among casual workers. Such a finding lends support to the general claim that some people prefer casual work. Why this is so can be speculated on by drawing from further cross tabulations that indicate that women, more than men, were likely to state this as a response to the first open ended question. It is well established that women take responsibility for providing primary care to other family members. It is also well established that casual work provides people the opportunity to combine work with other responsibilities such as caring for children. Flexible roster systems are also purported to facilitate a more equal work/life balance. We can only speculate here that the above comments may actually be the expression of the appreciation of being able to combine work with family commitments.

3.4.1: Work/Life Balance

Some respondents did make this direct link between the satisfaction of the hours they worked and the ability to attend to family commitments. The balance participants were able to achieve between their work and family or in some cases study commitments formed a separate category. Work/life balance was mentioned positively by 4 percent of respondents. For these respondents, their current work pattern enabled them to combine their work life with parenting or other caring responsibilities or further education pursuits.

‘Having flexibility to attend to family/person commitments’.

‘Working nights suit me because I have children’.

‘Flexibility while studying and caring for family’.

‘Hours that suits my family’.

Others acknowledged that employers made specific provisions that enabled this work-life balance to be achieved.
‘Work understands how important my studies are, therefore they understand that I’m only available to work certain days of the week’.

The employer is flexible enough to encourage us to work the hours that suit us best’.

Interestingly those that stated this response did not vary by employment status. However it was again found that this response was more common for women, indeed no men at all were found to report this response. Taking both the approval expressed by workers about the flexibility in their hours and the appreciation workers expressed about their ability to combine work and non work commitments one would assume that workers are actually expressing their satisfaction about one and the same thing. When we group these two categories together we find that 18 percent of direct care workers are satisfied with their ability to combine work with non work commitments as a result of the flexibility in hours afforded to them.

3.5: Independence/ Autonomy and Responsibility in Work

Direct care workers expressed an appreciation for the autonomy that was afforded to them in undertaking their work and contentment with the level of responsibility accorded to their work. Such comments were reported by 9 percent of respondents.

‘Minimal supervision. To be trusted to do your work’.

‘I am allowed autonomy/independence with the organization of my workload’.

‘The responsibility to co-ordinate care requirements for my residents’.

‘Ability to work and achieve set tasks in my way and time frames’.

‘Freedom to make decisions’.

‘I enjoy the responsibility I have as an RN, knowing how aged care works e.g. standards, RCS etc.’
This theme was particular common among younger workers and workers aged 55-64. Interestingly, permanent staff and those who had been in the job for a longer period of time were more likely to give this as a response to the first open-ended question. It would seem then that the appreciation of undertaking work with minimal supervision strengthens as one remains in a job for a longer period of time. Unsurprisingly, it was also found to be more commonly reported by diversional and speech therapists who would arguably experience a higher level of autonomy in their job than other occupational groups represented in the aged care sector.

Table 8: Proportion of Respondents that mentioned Independence/Autonomy and Responsibility in Work by Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Independence/autonomy and responsibility in work</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual</td>
<td>3%</td>
<td>184</td>
</tr>
<tr>
<td>Permanent</td>
<td>12%</td>
<td>629</td>
</tr>
</tbody>
</table>

Table 9: Proportion of Respondents that mentioned Independence/ Autonomy and Responsibility in Work by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>24-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence/autonomy and responsibility in work</td>
<td>16%</td>
<td>4%</td>
<td>8%</td>
<td>10%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>n</td>
<td>98</td>
<td>129</td>
<td>225</td>
<td>271</td>
<td>81</td>
<td>10</td>
</tr>
</tbody>
</table>

3.6: Variety in tasks

Direct care workers also enjoyed having variety in their work tasks. This theme was mentioned by only 4 % of respondents. Many simply stated ‘diversity of daily work’. Others however elaborated on the variety in work that aged care workers experienced.

‘At present my duties are focused on medications which I enjoy, with some one on one personal care. The blend of duties suits me.

‘Variety- able to do hands on personal care, dressings and paperwork’.

Some attributed the variety they experience in their work life to the type of resident for whom they cared.

‘Working in a dementia unit, every day is different’.
3.7: **Learning, Training and The Application of Skills**

Responses also indicated that aged care workers appreciated the continuous training undertaken in their work and the ongoing learning of caring for the elderly. Eight percent of respondents mentioned this as a positive aspect of their job. For example, many of the workers responded to the first open-ended question by stating that the best thing about their work was the:

- ‘*Continuous learning process acquiring new knowledge*’.
- ‘*Constantly learning new things everyday regarding residents and medical*’.
- ‘*Lots of training*’.
- ‘*In house education*’.

Concurrently aged care workers also expressed the desire to apply these skills and new knowledge in their current work activities.

- ‘*Chance to use various skills acquired*’.
- ‘*Putting the skills I learnt during my course into action*’.
- ‘*Using professional skills*’.

3.8: **Job Security**

Some respondents simply articulated their appreciation of having a job. However for others, the increase in public statements and concern about the looming ageing crisis facing Australia made them feel secure in their prospects for future employment. Job Security was referred to by 5 percent of respondents.

3.9: **Less Frequent Responses**

Other less frequent responses given to the first open-ended question related to workers approval of their pay and general employment conditions, such as paid overtime and holiday pay. Another quite surprising response was the appreciation of the proximity of work to their home. Three percent of all responses however suggested that there were no positive aspects about their work.

In summary, we have seen that direct care workers like a variety of things about their work, but two aspects dominate. Most commonly, direct care workers enjoy caring for residents. The
satisfaction derived from this and the relationship formed between carers and residents is an important source of positive identification for care workers. As we have also seen however it is not the only source of job satisfaction experienced by direct care workers. Having their labour valued and respected by both residents and work colleagues and experiencing the outcomes of their labour as contributing to a social good also contributed to the job satisfaction available to these workers.

The other aspect of work commonly liked by workers is the interpersonal relations with other staff and the teamwork that resulted from this synergy. They appreciated the support of other staff, both colleagues and bosses, noting particularly their willingness to share skills, their caring for residents, their friendliness, and the camaraderie and team spirit that arose from working with their particular work groups. In these respects, aged care workers resemble the overall workforce, for whom the day to day interactions with others in the workplace are central determinants of how much they like their jobs.9

Some workers also reported the appreciation of the environment in which they worked. This included both the social and physical environment. The flexibility in hours and shifts was also identified as an agreeable aspect of their work, with some suggesting that this enabled a greater work/life balance. Workers were also found to desire autonomy when undertaking their work duties and variety in those duties which they performed. Many valued the ongoing training and learning afforded to them in the aged care industry, but also appreciated the opportunity to apply those skills and knowledge’s in their daily work. We have established then the major likes of direct care workers. In light of these responses we turn now to consider the aspects of their work that direct care workers were found to dislike.

4. THE WORST THINGS ABOUT WORK

The distribution of negative aspects of aged care work is shown at Figure 210.

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9 See Martin and Pixley 2005.
10 Note: The percentage figures will not add up to 100% because many respondents mentioned, and therefore were assigned to, more than one category.
4.1: Pay

As we can see ‘pay’ was the most frequently mentioned dislike reported by 22 percent of respondents. Many of the workers simply stated in response to the second open-ended question ‘pay’. Others however evaluated and justified the expression of their dissatisfaction with the remuneration offered to them as aged care workers by making comparisons to the remuneration offered in other occupations.

Figure 2: Worst Things about work

‘The wages for RND1 supervisors in aged care is way behind other RND1 positions. You are required to manage 60 residents’ health problems and care, along with carers and a few RN2 for a minimum wage’.

‘The pay. 20 years experience, six years study and I could earn more as a barmaid. And I have with a lot less stress involved’.
‘That my 22 year old daughter gets paid more working at a supermarket checkout than I get caring for the elderly’.

‘I’m also dissatisfied with the current wages in aged care. Checkout operators in supermarkets earn more than us and that is no joke. We do the same duties as a nurse but get paid soooo much less!’

Some employees expressed disgust at the pay they received for the level of responsibility their job entailed.

‘Pay is poor for the responsibility of the position’.

‘Remuneration – this is extremely accountable job with high risk’.

‘The pay. Disgusting and an insult for the qualifications and duties we are expected to perform’.

‘The pay is pathetic for the responsibilities we are given, not much of an incentive to work in this field’.

Others also made the link between the poor pay and the lack of incentive to work in aged care.

‘With the amount of money we get an hour ($12.98) for the work we do is not near enough. I believe AIN is the lowest paid job in Australia. Take Canada; to be an AIN over there you get $25.00 an hour. Please consider the AIN pay because this will be the reason that there will be no AIN working in this facility’.

The remuneration offered to aged care workers often had consequences for taking on extra work.

‘Need to work weekends in order to earn flat $500 and to be able to maintain living standards. Rent, bills etc’.

‘The amount of hours you have to work to make up a weekly income’.

The resentment at the low levels of pay offered to workers in aged care was a particular concern for more permanent staff and staff who had been working for a longer period of time. One
The possible reason for this is that casual rates of pay are higher than permanent rates. Moreover, some workers may have a casual job whilst studying or to supplement the family income. For these people, whose job is not a permanent career or not relied on as a sole income, their pay level may not be such a concern.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Casual</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with pay</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>n</td>
<td>184</td>
<td>629</td>
</tr>
</tbody>
</table>

Table 11: Proportion of Respondents that Expressed Dissatisfaction with Pay by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Dissatisfaction with pay</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td></td>
<td>89</td>
<td>730</td>
</tr>
</tbody>
</table>

Interestingly the dissatisfaction expressed with current levels of pay was also slightly more commonly reported by males and those working in for profit facilities. The findings presented in the preceding section of this report suggested that women were more likely than men to derive satisfaction from aspects of their work. This may then be one possible reason that men were found to express greater pay dissatisfaction than women. As one woman states:

‘Pay is not enough, but my job gives me enough satisfaction to compensate for this’.

Many of the respondents also suggested that public sector employment paid better than the private or not for profit sectors going some way in accounting for the tendency of those working in these sector to be more likely to express dissatisfaction with their levels of pay.

‘Private pays less than public for the same job’.

‘The pay – No one will want to work in aged care when the pay in the public sector is so much higher’.
Table 12: Proportion of Respondents that Expressed Dissatisfaction with Pay by Sector of Employment

<table>
<thead>
<tr>
<th>Dissatisfaction with pay</th>
<th>For Profit</th>
<th>Not For Profit</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>279</td>
<td>374</td>
<td>166</td>
</tr>
</tbody>
</table>

4.2: Too Much Paper Work

The second most commonly reported source of aggravation, mentioned by 18 percent of respondents, was that generated by the amount of documentation and paperwork involved in direct carers’ work. Many direct care workers expressed their frustration with the amount of documentation required to be completed in their daily work lives and viewed it as being excessive.

‘Paperwork, paperwork, paperwork, paperwork’.

‘The amount of paperwork required by the department of health and aging’.

‘Documentation. Whilst some documentation is obviously necessary, it seems to have gone overboard and it is very time consuming’.

‘Paperwork, new forms to be filled out, changes in paperwork, bloody paperwork!’

‘Documentation – the fear that if it is not written it did not happen’.

‘The pressure of continuing forms and paperwork required to keep this job’.

‘Paperwork, paperwork, paperwork. Writing nursing care plans, making up distortions in RCS, NCP’s just so everything appears satisfactory, just to placate funding bodies and out of touch bureaucratic policy makers’.

‘Documentation. It should be simplified allowing more time to be spent with residents. Our aim is to care for residents not sitting and doing paperwork’.

This theme was found to be of much greater concern for nurses and diversional therapists, with a third of Division one nurses highlighting the issue. It was of much less concern for personal
carers, and only 8 percent mentioned it. This is not surprising since nurses are generally responsible for much of the paper work within the aged care industry. It was also found to be more of a concern for those who were permanent workers and was of notably less a concern for those working in for profit facilities.

Table 13: Proportion of Respondents that Expressed Dissatisfaction with Paperwork by Sector of Employment

<table>
<thead>
<tr>
<th>Sector of Employment</th>
<th>For Profit</th>
<th>Not For Profit</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with paperwork</td>
<td>13%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>n</td>
<td>279</td>
<td>374</td>
<td>166</td>
</tr>
</tbody>
</table>

Table 14: Proportion of Respondents that Expressed Dissatisfaction with Paperwork by Occupation

<table>
<thead>
<tr>
<th>Job Type</th>
<th>RN Div 1</th>
<th>RN Div 2</th>
<th>Carer</th>
<th>Physio</th>
<th>Diversional Therapist</th>
<th>Speech Therapist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with paperwork</td>
<td>34%</td>
<td>22%</td>
<td>8%</td>
<td>8%</td>
<td>21%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>n</td>
<td>191</td>
<td>180</td>
<td>333</td>
<td>20</td>
<td>55</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

Table 15: Proportion of Respondents that Expressed Dissatisfaction with Paperwork by Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Casual</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with paperwork</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>n</td>
<td>184</td>
<td>629</td>
</tr>
</tbody>
</table>

4.2.1 Too Much Paperwork and Not Enough Time To Care For Residents.

As alluded to in the workers’ narratives above, some direct care workers saw the time being spent completing paperwork as time taking away from resident care. Such concerns were voiced by only 3 percent of respondents but are drawn upon here as they offer an explanation for why direct care workers expressed such dissatisfaction with the amount of paperwork required to be completed by them. Responses that informed this category stated to the second open-ended question;
‘Not enough time to do the paperwork with out foregoing one on one care with residents’.

‘Not enough time to spend with elderly residents due to the excessive documentation and bookwork in general’.

‘Too much paperwork which takes away time that could be spent with residents’.

‘Doing the paperwork to prove what has been done even though the care was actually carried out. Having to spend time on paperwork that could be spent giving TLC to residents’.

‘Too much paperwork describing what we are supposed to be doing with the residents rather than us actually doing it’.

There is evidence here of something of a paradox in the effect of regulations designed to ensure that facilities meet performance targets and standards set by government. The focus on reporting and documenting work activities that this requires has arguably changed the objective nature of care work and ‘can reorient the activities of care workers away from their primary role of responding to the diversity and complex needs of individuals to a focus on audits of paper-based policies and infrastructure’ (Stack, S. 2003: 146). Such a paradox is clearly identified by one respondents who states,

‘Too much time is spent writing charts and plans that no-one has time to read, time that takes us away from residents. It could be perceived that it is more important to document the care that you give than actually giving it. More time needs to be spent with the elderly’.

4.3: Not Enough Time to Care for Residents

Whilst some respondents made a specific link between not having enough time with residents and the documentation required to be completed, others just stated that they did not have enough time to spend with residents. Within these comments it was not specified any further why this was so. For example, many simply stated that,

‘Not enough time to sit down and listen to the residents and their concerns’.

31
‘Not always enough time to give one to one care. There are many residents who do not join in group activities but do enjoy time spent with them on a one on one basis’.

‘Not being able to spend enough time with the residents in the facility’.

‘Not able to spend enough time with residents one on one like sitting talking or taking them out for walks etc’.

‘Time constraints mean that personal communication time is restricted for some residents who would love to have a long chat’.

Such a concern was quite common, being reported by 13 percent of respondents. Given that, as we saw in the preceding section of this report, time spent caring for residents was a positive source of identification with work, it is not surprising to hear that not being given enough time to do this causes great aggravation among direct care workers. Like ‘caring for residents’ this was a particular concern for older workers (55+). It was also found to be more of an annoyance for women than men.

| Table 16: Proportion of Respondents that Mentioned Not Enough Time to Care For Residents by Sex |
|--------------------------------------------------|---------------------------------|-----------------|
| | Sex | Male | Female |
| Not Enough Time to Care For Residents | 7% | 14% |
| n | 89 | 730 |

| Table 17: Proportion of Respondents that Mentioned Not Enough Time to Care For Residents by Age |
|--------------------------------------------------|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | Age | 16-24 | 24-34 | 35-44 | 45-54 | 55-64 | 65+ |
| Not Enough Time to Care For Residents | 7% | 8% | 14% | 12% | 25% | 16% |
| n | 98 | 129 | 225 | 271 | 81 | 10 |

4.4: Time Constraints

The time consuming nature of paperwork, which for some was experienced as taking time away from resident care, as well as the general dissatisfaction with not having enough time to care for residents were not the only time restrictions encountered by direct care workers. The workers
surveyed also reported dissatisfaction in the time constraints imposed on carrying out other work tasks.

‘Not enough time, it always seems like a rush to get all the residents up in the morning or to bed in the evenings’.

‘Expectation that certain jobs have to be completed at certain times’.

‘Unable to complete task properly due to lack of time allowed’.

‘Lack of time to do the job I want to do’.

‘My hours have been cut (it’s across the board) and I am the main wage earner and we still have managed our designated tasks in the shorter time frame’.

‘Getting the residents ready by a particular time’.

‘As a multi-skilled carer, rushing to get cleaning duties completed in a set time, in order to arrive on time for dining room duties. Residents may require assistance, which has to be attended to immediately (duty of care). After delays occur, cleaning must be completed in own time’.

Complaints about time constraints were reported by 13 percent of respondents. Such complaints can be seen to be related to two other issues that informed separate categories in the analysis, namely workload and unpaid overtime.

4.4.1: Workload and Unpaid Overtime

Concerns about workload and unpaid overtime were both reported by 3 percent of respondents. Some respondents mentioned that they were currently working a lot of unpaid overtime to complete the tasks required of them in a satisfactory way. Others believed that they had too many tasks to complete and responded accordingly.

‘The amounts of extra hours I have to put in to be able to do my job properly’.

‘Time spent out of hours on paperwork, organising activities, finding volunteers, shopping for residents etc, etc.'
‘I give an exceptional amount of my own time (approximately 15-20 hours a week) just keeping up with my workload. I know I am not the only one doing this’.

‘The amount of extra hours I have to put in to be able to do my job properly (my own time)’.

‘Workload is equal to two staff’.

‘Too many different job descriptions’.

‘Workload overload’

It is interesting that one of the responses above linked unpaid overtime with catching up on the paperwork required of them. For some this was a conscious decision and enabled them to spend time with the residents whilst ‘on duty’.

‘I always work extra so as to complete my paperwork as I try to spend time with residents and their families which I feel is a major part of my role’.

For others however it was an obvious source of frustration and led one respondent to propose an alternative.

‘Doing too much paperwork. RCS are a pain and take far too long. It should be quicker, for example tick boxes instead of writing sentences on every part of care and staying back doing paperwork an hour longer each night’.

The frequency at which workload and unpaid overtime were reported clearly highlights that these are not major concerns for all direct care workers. Such complaints have been utilised here to illustrate how workers have experienced the consequences of some of the other aspects of work that they are reported to dislike e.g. amount of time constraints or (as we turn to now) staff shortages. It may be the case that such complaints could simply be a reflection of people being too committed to the job. However, if complaints about work overload and unpaid overtime are elaboration of the consequences of time constraints experienced by workers then such concerns were be mentioned by 18 percent of respondents.
4.5: Staff Shortages/Staff Patient Ratio/Understaffed

A number of staff felt quite strongly that the facility where they worked did not employ a sufficient number of staff. This theme was quite a common complaint among the workers surveyed, with 15 percent of respondents mentioning it. Many simply stated in response to the second open-ended question

‘Staff shortages’.

‘Understaffed’.

‘Skeleton Staff’.

‘Insufficient numbers of staff on all shifts and in most positions’.

However, others explained the consequences of these staff shortages. As we shall see these accounts make clear the association between the perceived lack of staff and other aspects of work that direct care workers reported disliking.

‘Shortage of staff, hence quality of care decreases’.

‘Not enough staff, have to care for 7 residents which is very hard’.

‘Having enough qualified Div 1 RNs employed so workload can be equalised’.

‘Trying to entertain over 70 residents five days a week with no help. There are usually two staff members doing this’.

‘Being on night shift with only one staff member to 50 residents is a great concern’.

‘Increased number of high care residents without increased number of staff’.

Perceived shortages of staff were also found to hinder the positive aspects of work reported by direct care workers.

‘Lack of RDN1 – unable to cut back hours I work’.

35
'The ratio of carers to residents does not allow enough time for quality care. One carer to six residents – morning shift, one carer to ten or twelve residents – evening shift and one carer to fifteen residents for night shift is not the best'.

'Working with dementia residents requires a lot of one on one time to improve their quality of life. Staff are unable to do this as short staffed and don’t have the time'.

This theme was a source of frustration for both males and females, newly appointed staff and the whole workforce, and for workers in different sectors. Permanent workers were found to report this as a concern at a similar rate to casual workers.

Concerns about staff numbers then can obviously be seen to be interwoven with the above mentioned aspects of work that direct care worker reported to dislike. For example, insufficient numbers of staff mean that the expected workload is distributed among less people heightening perception of work overload, increasing the amount of time workers spend completing tasks out of work hours and contributing to workers perception of time constraints. Increased work load due to staff shortages also means that less time can be spent doing things that workers reported to enjoy such as time spent caring for residents. Satisfaction derived from such activities is thus threatened and combined with workers’ perception of the poor remuneration afforded to their labour, motivation to continue to work in aged care may be affected.

4.5.1: Staff shortages, Stress and Heavy Work

The aggravation caused by workers perceptions of understaffing also appeared to heighten the dissatisfaction associated with other aspects of work not yet mentioned. For some workers lack of staff made their work life stressful. As one respondent reported.

‘Stress from understaffing’.

For others it intensified the physical labour involved in the work. Heavy work was mentioned by 5% of respondents.

‘Lack of staff is frustrating when residents need to be transferred as two people are needed for this and you have to do it by yourself a lot of the time’.
It was also reported that activities outside the job description were being undertaken as a result of the facility not employing enough staff.

‘Due to lack of staff, nurses are now doing things outside of their job description – cleaning tables, emptying linen skips’.

4.6: Domestic Tasks/Non-Nursing Tasks

About 3 percent of respondents complained about being required to undertake tasks outside their job descriptions, an issue apparently not linked to other features of work that they disliked. A few respondents disliked the domestic duties that they had to undertake in combination with their primary duty of resident care.

‘Taking care of 18 residents alone and also working in the kitchen’.

‘The fact that I am practically doing a job of a hotel maid’.

‘Too much domestic work’.

‘The pay is not as much as I would like and working in the kitchen doing dishes is not my ideal role’.

‘Nursing Staff having to do kitchen, laundry and cleaning jobs’.

‘I was surprised at the amount of domestic/cleaning tasks to be completed in addition to meal service, laundry as well as direct care’.

Undertaking domestic duties was experienced by some workers as again taking time away from direct care for the residents and increasing an already heavy workload. It was also thus understood by workers to be a dissatisfying aspect of their job again impinging on the time allowed to undertake activities that they positively identified with.

‘Balancing personal care with cleaning and laundry duties as we do all this, so time is limited to care for residents’.
4.6.1: Dirty Work

For some workers (1% of respondents) it was the more unpleasant aspects of this cleaning that they disliked.

‘Cleaning faecal incontinence’.

‘Cleaning up faeces’.

‘Cleaning up some unpleasant messes’

‘I guess the only thing I can say that I don’t like about job is cleaning up some of the unpleasant messes that some residents make and to change those who are incontinent’.

Such statements informed the category we termed ‘dirty work’, those aspects of the work that are unpleasant and as such not frequently spoken about.

The dissatisfaction with the domestic or non caring aspects of work expressed by direct care workers is not surprising considering the value they assigned to their labour and the experiencing of their labour as contributing to a social good. Activities such as undertaking domestic tasks impinge on time spent caring for residents and in turn hinder the feeling of importance workers derive from their work.

4.7: Status/Lack of Public Recognition for Work

The importance workers derive from understanding their work as contributing to a social good is indicated in that the general devaluing of aged care work is itself a source of dissatisfaction. Three percent of respondents stated this as a current dislike.

‘Aged care workers are not valued in the community and as such are not financially rewarded’.

‘I don’t feel my job is a problem but as a personal carer we are not recognised and we work very hard’.

‘Lack of recognition of the skills required to work in aged care’.
Some workers specified that it was the devaluation of their work by work colleagues, counterparts and those that are involved in the aged care industry more generally that was a current source of dissatisfaction.

‘Being belittled by Commonwealth Department personnel and accreditation assessors’.

‘Being made to feel inadequate by accreditation assessors’.

‘Working in aged care is devalued by other RN’s who work in other areas’.

‘Lack of respect for therapy – occupational therapy in particular. We don’t even have a category in question one’.

‘Lack of recognition for enrolled nurses’.

‘Nursing is an unrecognised profession which is why young people do not enter the training now’.

‘Nurses do not respect PCA’s and do not support them properly’.

‘RN Div 2 not respected by co-workers’.

‘being treated like a second class citizen by RN’s’.

Indeed, it was not only this lack of respect that some workers experienced from their colleagues but, as we will see below, the direct care workers surveyed also expressed other frustration about their co-workers.

4.8: Co Workers/Other Staff’s Attitude

It is quite interesting that relationships with co-workers could be a feature of work that workers liked as well as what they disliked. However as we saw with caring for residents, things that negate the positive aspects of work identification usually informed the experiences of work dissatisfaction. Thus, as we will see below, respondents were found to report a disliking of the things about other workers that prohibited good relationships from forming.
‘Working with staff who don’t share my passion for aged care’.

‘Many staff work to suit themselves and not the residents’.

‘When you work with someone that is really not interested in aged care’.

‘Seeing some staff try and rush residents when showering and dressing’.

‘Staff that are neither kind nor compassionate towards residents. Trouble makers. Staff bitching’.

‘Working with a third world workforce who struggle with language and cross cultural concepts’.

Working with staff that did not conform to other workers expectations was also experienced as creating an unpleasant work environment

‘Working with people that have a bad attitude to their work. They forget that they will be old one day. Some days it is very uncomfortable working as these people make it an awful atmosphere’.

‘Other staff frustrations create a very negative work environment’.

Frustrations with other workers were mentioned by 12 percent of respondents. Co-workers were thus more often reported to be experienced as a positive rather than a negative aspect of work. We suggest then that workers in aged care tend to experience more of a quality relationship with other staff than they have frustrations with other colleagues. Interestingly Enrolled Nurses were most likely to report this as a current dislike of their job. The theme was also found to be more common among those workers aged 45-54. Those who worked in public facilities also more commonly reported dissatisfaction with co-workers.
Table 18: Proportion of Respondents that Expressed Dissatisfaction with Co-workers by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>24-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Co-workers</td>
<td>9%</td>
<td>12%</td>
<td>7%</td>
<td>19%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>n</td>
<td>98</td>
<td>129</td>
<td>225</td>
<td>271</td>
<td>81</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 19: Proportion of Respondents that Expressed Dissatisfaction with Co-workers by Sector of Employment

<table>
<thead>
<tr>
<th>Sector of Employment</th>
<th>For Profit</th>
<th>Not For Profit</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with co-workers</td>
<td>11%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>n</td>
<td>279</td>
<td>374</td>
<td>166</td>
</tr>
</tbody>
</table>

Table 20: Proportion of Respondents that Expressed Dissatisfaction with Co-workers by Occupation

<table>
<thead>
<tr>
<th>Job Type</th>
<th>RN Div 1</th>
<th>RN Div 2</th>
<th>Carer</th>
<th>Physio</th>
<th>Diversional Therapist</th>
<th>Speech Therapist</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Co-workers</td>
<td>9%</td>
<td>20%</td>
<td>11%</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>33%</td>
</tr>
<tr>
<td>n</td>
<td>191</td>
<td>180</td>
<td>333</td>
<td>20</td>
<td>55</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

4.9: Abusive Residents/ Clients

Some direct care workers also disliked their care being obstructed by physically or verbally abusive behaviours of residents. Responses recording such dislikes were made by 5 percent of respondents.

‘Verbal and physical aggression from residents’.

‘When the residents punch, hit you. Where is the safety for us. We don’t get danger money.’

Others took a more pragmatic view of this aggression displayed by residents.

‘We have a couple of aggressive people and sometimes I don’t duck fast enough’.

4.9.1: Residents Sick/Dying / Unable to be Helped

For a few employees it was the inability to help residents, or seeing residents pass away or get sick that they disliked.
‘If residents are depressed and you can’t get through to them. When residents are extremely ill and you can’t help them to improve’.

‘Losing a resident’.

‘Seeing a resident pass away as they become your family’.

‘Seeing a resident you care for deteriorate’.

Not being able to help residents or seeing them deteriorate, pass away or get sick was reported by only 1 percent of respondents and is mentioned specifically here to highlight the dual sources of dislikes that relate to residents that were reported by some workers.

4.10: Employment Conditions

Twelve percent of respondents expressed dissatisfaction about their current employment conditions. Workers reported a variety of concerns. These ranged from the hours they worked to the lack of benefits they were afforded as permanent workers. For example, many workers responded to the second open-ended question that asked them what they currently felt was the worst aspect of their job by stating:

‘Shifts aren’t long enough, would like 8 hour shifts’.

‘Not enough hours, I need at least 8 shifts per fortnight’.

‘Not being contracted to a certain amount of hours’.

Others however felt that their hours were too long and reported a desire to decrease the amount of shifts they were expected to work.

‘Long hours’.

‘I want to cut back my shifts but am unable to because there is no-one to replace me’.

For some it was the inflexibility of the hours that they disliked.

‘Inflexible hours’.
‘Lack of freedom to work the hours I would like, due to commitments with my family the hours (shifts) do not fit in well i.e. day care does not cover such early or late hours’.

The complaint about hours not fitting in with other caring responsibilities was not an uncommon response and informed a separate category we term work/life balance. This theme, reported by 2 percent of respondents, included comments related not only to finding it hard fitting work around the need to care for children but also further education that workers were completing.

Another concern with employment conditions related to the insecurity they experienced in their work lives.

‘The insecurity of not knowing when I will be working and when I won’t’.

‘Not having a contract. I am working 40+ hours per fortnight and feel that I should be offered a permanent part-time position. These are available at the campus where I work, but they have me at times doing more than 8 shifts per fortnight on a casual rate.

‘I have to work two jobs until I get permanent at the aged care facility’.

Whilst the above insecurity was reported by the workers to be generated by the contract of employment offered to them, others reported it to arise as a result of organisational change.

‘Organisational change to the facility to low care. Almost all Div 1 input will no longer be required. I must find another position in another facility or another area’.

‘Currently we are threatened with take over and the instability re jobs, money is causing a great deal of unrest thus making work conditions difficult. Plus a recent cut in hours for carer’s’.

For other workers, lack of opportunity for career advancement was the major concern.

‘There is no room to rise thru the ranks in this position i.e. to become team leader’.

‘I feel at the moment there is no incentive for enrolled nurses to stay in aged care. I feel that aged care is now interested in AIN’s’.
Still for others it was the lack of benefits afforded to workers that they disliked.

‘No Job Share, No child care facilities, No rewards (monetary, goods etc) similar to business world for work and time given by employees and the loyalty shown’.

‘Staff’s sick leave and annual leave are not covered’.

Unsurprisingly concerns about current employment conditions were particularly common among casual workers, with a quarter of these workers expressing such concerns. It was also more of a concern for younger workers, workers who were the most recently employed and workers working in a public facility.

Table 21: Proportion of Respondents that Expressed Dissatisfaction with Employment Conditions by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>24-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Employment Conditions</td>
<td>19%</td>
<td>5%</td>
<td>15%</td>
<td>12%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>n</td>
<td>98</td>
<td>129</td>
<td>225</td>
<td>271</td>
<td>81</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 22: Proportion of Respondents that Expressed Dissatisfaction with Employment Conditions by Sector of Employment

<table>
<thead>
<tr>
<th>Sector of Employment</th>
<th>For Profit</th>
<th>Not For Profit</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Employment Conditions</td>
<td>8%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td>n</td>
<td>279</td>
<td>374</td>
<td>166</td>
</tr>
</tbody>
</table>

Table 23: Proportion of Respondents that Expressed Dissatisfaction with Employment Conditions by Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Casual</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Employment Conditions</td>
<td>27%</td>
<td>7%</td>
</tr>
<tr>
<td>n</td>
<td>184</td>
<td>629</td>
</tr>
</tbody>
</table>

Table 24: Proportion of Respondents that Expressed Dissatisfaction with Employment Conditions by Employee Survey Sample

<table>
<thead>
<tr>
<th>Employee Survey Sample</th>
<th>Random</th>
<th>Most recently employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissatisfaction with Employment Conditions</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>n</td>
<td>440</td>
<td>379</td>
</tr>
</tbody>
</table>
4.11: Nothing

On the positive side, 12 percent of it was found that of employees stated that there was currently nothing that they disliked about their work. Men more than women were likely to state that nothing was wrong with their current employment. It was also found that workers most recently employed, workers working for the profit sector and workers aged 25-34 and 65+ were more likely to report no current dislikes about their work.

Table 25: Proportion of Respondents that Expressed No Dissatisfaction with Employment by Sector of Employment

<table>
<thead>
<tr>
<th>Sector of Employment</th>
<th>For Profit</th>
<th>Not For Profit</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Dissatisfaction with Employment</td>
<td>16%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>n</td>
<td>279</td>
<td>374</td>
<td>166</td>
</tr>
</tbody>
</table>

Table 26: Proportion of Respondents that Expressed Dissatisfaction with Employment by Employee Survey Sample

<table>
<thead>
<tr>
<th>Employee Survey Sample</th>
<th>Random</th>
<th>Most recently employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Dissatisfaction with Employment</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>n</td>
<td>440</td>
<td>379</td>
</tr>
</tbody>
</table>

Table 27: Proportion of Respondents that Expressed No Dissatisfaction with Employment by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>16-24</th>
<th>24-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Dissatisfaction with Employment</td>
<td>11%</td>
<td>21%</td>
<td>10%</td>
<td>10%</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>n</td>
<td>98</td>
<td>129</td>
<td>225</td>
<td>271</td>
<td>81</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 28: Proportion of Respondents that Expressed No Dissatisfaction with Employment by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Dissatisfaction with Employment</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>n</td>
<td>89</td>
<td>730</td>
</tr>
</tbody>
</table>
4.12: Less Common Responses

Other less frequently mentioned dislikes about work included complaints about management, politics within the workplace, the lack of funding afforded to aged care in Australia and the dislike of the money making motives of some facilities in which workers were employed. Also reported was a dissatisfaction with the equipment available within the facility to assist workers with their work. Workers were also found to dislike repetitive or monotonous work and work that did not enable them to utilise their individual skills. Some workers surveyed voiced frustration about the limited learning opportunities available to them and with the accreditation procedure which all aged care facilities need to undergo to gain additional funding. Workers were also reported to dislike lengthy travel distances between work and home. Such complaints made up less than five per cent of all responses.

In summary, direct care workers are very dissatisfied with the remuneration afforded to them. In the views of the workers, their remuneration falls a long way short of the appropriate compensation for the responsibility their job entails and the social value of their work. Direct care workers are also dissatisfied with the amount of documentation they are expected to complete. The time consuming nature of this required paperwork puts additional strains on their already limited time, increases their workload and takes time away from their primary duty of resident care. Combined with workers’ dissatisfaction with the number of staff employed by the facility, such experiences can lead to increasing incidence of unpaid overtime and perception of work overload. Staff shortages were also reported to lead to employees undertaking duties that were not in their job description such as cooking and cleaning. Such non-caring duties were experienced negatively by employees, arguably because they did not conform to the value they attributed to their work. The perception of the social usefulness of their work was so important to care workers that when it went unrecognised by either work colleagues or society generally it was reported to be a source of dissatisfaction. Direct care workers also disliked specific attributes about their co-workers that prohibited quality relationships developing. An inability to form close relationships with other workers was in turn reported to impact negatively on the way tasks were carried out and the overall atmosphere of the work environment. Finally we saw that workers disliked certain things about their current employment conditions. These ranged from the inflexibility of hours or shifts to the limited scope for career advancement. Optimistically, it
was concluded that 12 percent of respondents could not identify any aspect of their work that they currently disliked.

In light of these findings we conclude by discussing some implications for the aged care industry in Australia.

5. CONCLUSION AND IMPLICATIONS

The results of our detailed analysis of responses to the open questions confirm and elaborate the conclusions about what workers like and dislike about their jobs reached in our initial report (Richardson and Martin 2004). They provide strong indications of the major issues aged care facilities must confront if they are to ensure the continuing supply of appropriately skilled labour they require.

The considerable satisfaction direct care workers derive from their work arises first and foremost from the nature of the work itself. They unmistakeably described the intrinsic rewards they draw from providing care for others who are no longer able to care for themselves. The commitment of direct care workers to their jobs is deeply connected to the distinctive nature of the work they do, to the interpersonal relationships between carer and resident through which care is provided. Having the time and work arrangements that allowed them to provide quality care, and to feel that they were engaged in fundamentally worthwhile work, were clearly essential to the positive feelings they had about their work. When workers described the worst aspects of their jobs, many were related to impediments to their ability to develop the appropriate caring relationships, or to provide the care they felt residents needed. Thus, having insufficient time to care for residents caused frustration, whether it arose because of staff shortages, the demands of other aspects of their jobs (the burden of paperwork amongst nurses is notable), or simply because funding constraints and staffing levels meant that they felt rushed in providing care. If those making policy in the sector, and those managing facilities, wish to maximise workers’ commitment to their jobs and the provision of high quality care, a clear priority is to ensure that workers have scope to develop the caring relationships that are at the core of their work, and that they feel they have sufficient time to provide the care that residents need.

In common with other workers, the day to day work experience of many direct care workers in aged care is greatly affected by the quality of their relationships with co-workers and
management. In general, aged care facilities seem to be faring quite well on this score, with far more workers referring to positive relationships with other employees than negative ones. Nevertheless there are clearly difficulties in some cases. Some arise because workers feel that other employees do not recognise their skills, or share the same commitment to care that they have. Some arise when their workplace superiors, regulators or other government representatives appear not to accord their work sufficient status or respect. Some may arise because tight staffing policies create tensions between overstretched workers. Some will arise simply because relations between workers are not managed as well as they might be. In general, these are matters to be managed at the facility level, and they are often closely related to ensuring that the workplace provides sufficient opportunities for workers to provide the care that they regard as necessary.

Some aspects of the formal work contract make a considerable difference to workers feelings about their jobs. Unsurprisingly, the first of these is pay. Many workers clearly feel that their pay is low for the skill and commitment they show, and they are able easily to make comparisons to demonstrate this. To the extent that pay levels in the sector ensure that it remains a source of complaint, other features of the workplace experience will be of great importance in insuring that sufficient people are willing to work in the sector. It seems clear that many workers in the sector are prepared to trade off their low pay against the intrinsic rewards of their jobs. So that maintaining and enhancing opportunities for experiencing these positive features of work is essential if workers are to be retained in the sector.

Other aspects of their work contract than pay are also important to workers. A sizeable number employed on a casual or part-time basis find the flexibility these arrangements provide to be important. This is hardly surprising given the fact that women dominate in all the relevant occupations. However, workers’ comments remind us that flexibility arises only where they have significant influence over the setting and arrangement of work hours. Clearly some casual and part-time workers do not experience this flexibility, instead receiving unsympathetic treatment that makes them less committed to their workplaces.
References


