Intersections in Australian research: Older workers, women's labour supply and paid work in aged care

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Abstract

This paper compares an extended Meaning of Work framework with findings from a qualitative research project of employment retention among older women working in aged care. While there are majors areas of commonality there are also some specific points of contrast. This suggests that there are important issues relevant to the aged care sector needing particular consideration in the design of future research.

Introduction

Treasury's 2010 Intergenerational Report argues that increasing the workforce participation of older people must be a key policy response to population ageing and (Treasury 2010: xiv). Removing the barriers to the employment of older women is particularly important for labour supply growth. Compared to men and younger women, women aged 45 and over are currently much less likely to be in paid work. They are a demographic group that will grow at a very fast rate in coming years. The scope for increasing labour supply is highest for this group (OECD 2006). However, the relative invisibility of women aged 45 and over in analyses of older worker's employment undermines the capacity of Australia and similar countries to meet critical community needs as the population ages. The knowledge gap is particularly high in the aged care sector where women comprise more than 90 per cent of the workforce and the median age is already 45 and over (Martin and King 2008). It is projected that the number of full-time equivalent direct care workers needed for aged care accommodation will rise by 325 per cent between 2003 and 2031 (Hugo 2007). There has been a dramatic fall in the number of aged care nurses over recent decades, declining 22.3 per cent between the 1986 and 2001 Australian censuses.

Recent Australian research has helped fill some of the knowledge gaps relating to older women in paid work. Several studies investigated women's labour supply, and included women aged 45 and over in their analysis (Austen & Giles 2003, Austen & Ong 2010, Everingham, Warner-Smith & Byles 2007, Kelly & Evans 2002, Lundberg & Marshallsay 2007, 2008, Onyx & Benton 1996, Patrickson & Hartmann 1996, Warren 2006). A further set of Australian studies explored the recruitment, retention and remuneration of employees in the aged care workforce (Adams 2007 and 2009, Adams & Nelson 2009, Meagher 2007, Zhang & Richardson 2010).

The framework developed and applied by Shacklock, Brunetto and Nelson (Shacklock, Brunetto & Nelson 2009, Shacklock & Brunetto 2011a) is particularly useful as it focuses on issues of employment retention rather than retirement. The framework was developed with particular reference to the experiences of older workers and it considers gender as an important element of analysis. Drawing on earlier exploratory research undertaken within a tertiary education organisation (Shacklock 2008), Shacklock, Brunetto and Nelson (2009) identified the following factors as potentially important in workers' evaluation of continued employment:

- health of self and family;
- finances;
- attachment to work;
- importance of working to the individual;

- perception of personal autonomy at work;
- interpersonal relationships at work;
- flexible work arrangements;
- interests outside of work; and
- management and organisational factors, such as supervision, bureaucracy and work environment.

The researchers developed measures for each of these factors, excluding health and finances, that could be included in a survey instrument. The decision to exclude health and finances was made due to the existing volume of research that already exists in this area. The survey instrument has been used for data collection and analysis purposes among employees working in a large Australian public sector organisation (Shacklock, Brunetto & Nelson 2009, Shacklock & Brunetto 2011a) and among nursing staff working in seven private hospitals in four Australian States (Shacklock & Brunetto 2011b). The findings suggest that variables on individual perceptions of the meaning of work add insights that are not captured by health and financial factors (Shacklock & Brunetto 2011b) and that the relative importance of different variables is affected by gender (Shacklock, Brunetto & Nelson 2009) and age (Shacklock & Brunetto 2011a).

The development and application of Shacklock and Brunetto's *meaning of work (MoW) framework* has thus far been achieved through qualitative and survey analysis of three key samples: tertiary education employees (academic and administrative staff), employees in a public sector organisation and nurses. These samples are diverse in several respects, such as the physical aspects of the work, the educational qualifications required and the level of job security. However, each sample is quite different from aged care workers. This raises questions about the ability of the framework to guide an investigation of the retention of older women workers in the aged care sector.

This paper addresses these questions by considering the areas of commonality and contrast in the insights provided by Shacklock, Brunetto and Nelson (Shacklock, Brunetto & Nelson 2009; Shacklock & Brunetto 2011a) and an exploratory study based on interviews among older women working in aged care.

An exploratory study of older women's experiences and perceptions of work in aged care

An exploratory research project, approved by Curtin University's Human Research Ethics Committee, was undertaken to investigate the experiences of carers or nursing assistances aged 45 and over in the aged care sector. A program of interviews was conducted in late 2009 and early 2010 with a convenience sample of fourteen employees working in two aged care facilities in Perth, Western Australia.

Participants were recruited with a letter of invitation sent to a random sample of carers and nursing assistants aged 45 and over. Taken together, the two occupations represent important contributors to aged care provision. A recent census of the Australian aged care workforce (Martin & King 2007: iii) shows that these two occupational groups compose approximately 82 per cent of all direct care workers in the aged care sector (the remainder comprising nurses and allied health workers). Although the group of participants in the study was small in size, it reflected the characteristics of carers and nursing assistants. The group featured women: employed in residential and community settings; from a range of cultural and linguistic backgrounds (including migrants from Singapore and the Philippines); with a variety of job tenures (ranging from three months through to 23 years); and in a variety of age groups (ages ranged from 47 to 79).

The aged and community care organisations involved in this study were also broadly representative of the sector. One organisation, which had, at the time of writing, been operating for more than 100 years, had a workforce of close to 2,500 in 2007 and provided care to almost 40,000 people in both community and residential settings. The other organisation, which had operated since 1970, had a workforce of 870 in 2009 and focused on the provision of care in community settings. Data were collected from the carers/nursing assistants in via semi-structured, in-depth interviews. Interviews were arranged at participants' homes or a nearby café or other venue nominated by the participant

as convenient for them. Each interview lasted for approximately 40 – 60 minutes and were taped and transcribed.

A set of semi-structured questions guided discussion with participants about their work in the sector. These broadly followed the pattern outlined below:

- How long have been working at [your organisation]?
- How long have you worked in the age and community care sector
- Could you tell me about the work you do; what is your current role; how many hours do you work each week?
- Can we talk about some of the things that you enjoy about your work?
- Can we talk about some of the things that make your work difficult?

Follow up questions were used to facilitate discussion.

Comparing an extended MoW framework with insights from the exploratory study

At the outset it is worth noting that there are likely to be some points of commonality between the factors highlighted as important to employment retention in the MoW framework and the findings of our exploratory study of aged care workers. The largely feminised nursing workforce surveyed in Shacklock and Brunetto (2011b) has several similarities with the carer and nursing assistant workforce (Martin & King 2008: ii). However, our evidence may diverge from the MoW framework because of particular differences with the samples used in the development of the extended MoW framework. First, the carers and nursing assistants are part of a highly casualised workforce. Second, they are relatively unlikely to have post-school educational qualifications (Martin & King 2008: ii). Third, carers[i] are typically employed by agencies to assist elderly people still living at home, meaning that part of this workforce is geographically dispersed rather than located within a common workplace.

We discuss each of the MoW factors considered by Brunetto and Shacklock (2011a) with reference to our interviews with aged care workers. Our aim is to convey key points of commonality, identifying the usefulness of the MoW framework in studies of employment retention, but also to explore contrasts, with a view to identifying possible extensions of the framework. We preface each part of the discussion with a selected quote from the interview data.

Health of self and family
'The gentleman when I actually did my back, I hadn't been told how bad he was, I hadn't been told that he also got out of the bed on his stroke side so he could not weight-bear so consequently the day that I was there he started to fall, backwards, and he would have hit the back of his neck on the rail of the bed so I had to grab him and I felt it tear in my back.'
Shacklock and Brunetto (2009) note that health has a significant effect on people's decision to retire citing previous research that has investigated the link (AARP 2005, ABS 2006, Humphrey et al 2003, Phillipson & Smith 2005). This link has also been identified in analyses which specifically focus on women's retirement decisions and health (Warren 2006, Austen and Ong 2010).
Among the women we spoke with, the capacity to continue meeting the physical requirements of their work was of particular importance. Discussions suggested three different types of links between health and the physical capacity to undertake aged care work. The first was an identified need by some workers to ensure that they looked after their health so that they could continue to work. That is, potentially adverse health events were seen by some participants as something they could actively manage to ensure continuity of employment. A particular practice included the use of proper procedures when lifting clients. The training and supports provided by the employer were important determinants of this factor. The second involved particular challenges that could arise from aggressive or violent clients. The immediate health effects of potential injury were combined with ongoing concerns about safety at work and the desirability of working in the sector. The third

area of concern related to longer term effects of working in aged care which was perceived as consuming considerable personal energy.

These broad findings suggest that the links between health and continued employment for older women can be nuanced according to particular work environments. In the case of aged care there appears considerable scope to consider specific occupational risks – and how these risks can be minimised through training and planning - as an integral factor affecting employment continuity.

Finances
'... the cost of rent and an old age pension doesn't go very far'
The literature pertaining to older workers in many cases assumes that the key options are for workers to remain with their current employer or retire. Thus, inadequate finances are often linked to continued employment. Our study produced similar findings in that many of the women that we interviewed needed to keep working as they did not have a financial capacity to make any other choice. However, in contrast with the typical scenario of other studies of older workers, the low wages available to workers in our study and their insecure working hours caused many to consider the option of moving to a new occupation or industry. Three particular issues characterised discussions of finances with the workers in our study. First, they recognised that they received relatively low pay for their work (some mentioned rates of under $20 an hour) and, with that in mind described their work as undervalued. Second, the issue of salary packaging arose as a relevant issue in this sector and a potentially useful way of increasing the purchasing power of a relatively small wage. However, this was tempered by a third issue, which was the unpredictability of earnings each pay period. Uncertain wages meant that for some workers it was not viable to salary package, as they did not know how much their salary would be in any particular period. In some cases it also led to considerable difficulties in meeting financial commitments and, among some workers, this linked with a sense of dissatisfaction with working in the sector. Shacklock and Brunetto's extensions to the MoW framework did not specifically examine financial factors. However, the above insights into the aged care sector appear particularly relevant to investigations on intentions to continue working in the sector.

Attachment to work
'It doesn't matter whether it is low care or high care. That's my interest, passion and love.'
Shacklock and Brunetto describe how the role of 'passion' about work links with people's desire to continue working. Attachment to work is linked closely with the content of particular jobs and the extent to which this content facilitates a sense of commitment and satisfaction among workers. This was an area of high congruency between the extended MoW framework and the experiences of aged care workers in our study. Many of the workers in our interviews were enthusiastic and passionate about their work. This can be a valuable insight because it suggests that workers in relatively low paid work can find high intrinsic motivation from the tasks that they undertake. It also means that the content of the work in the aged care sector might be viewed as a positive aspect that, if well managed, can provide a source of satisfaction and a motivation to continue working.

One of the potentially unique issues that arose in discussions was the extent to which some aged care workers maintained an attachment to their work despite recognising that it was often described as 'demeaning' or 'dirty' by friends or family. For others, such views contributed to a feeling of dissatisfaction with their work and a motivation to change employment. While attachment to work is clearly an important factor for the aged care workforce, there appears to be scope to extend this factor to include the extent to which perceptions from 'outsiders' can affect this attachment. This is clearly a complex issue worthy of further research. However, our small program of interviews suggests that there are links between attachment to the content of a job and perceptions about its worth by society.

Importance of working to the individual

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'…the fact is they're really trying hard, working at jobs and doing personal care that a lot of people would not ever touch, that needs someone who is very good at being with people, who does not make that person feel as though they're a nuisance or a pain in the butt or just a waste of space and to do all of those things.'

This factor is linked with whether workers consider work as an important aspect of their life and is linked with both their well-being and identity (Shacklock & Brunetto 2011a). In this context the importance of the work appears to have some variations of meaning. Some people might consider their work important because of its importance to others. On the other hand, the work might be important because of its importance to the individual in terms of one's identity and perception of one's self.

In our study both meanings were apparent. When participants discussed their work as important, some emphasised how it satisfied their preferences for engaging in particular activities or helped them find meaning in their life. However, most discussed the importance of their work to their clients and to the broader community, rather than to themselves. This is an important contrast because the link between the importance of work and the intention to keep working *was not* direct or uncomplicated for these women. Specifically, because the participants' knowledge of the social importance of their work was often not matched with a sense that the value of their work was acknowledged in the community, frustration and dissatisfaction often arose. This suggests a paradox in which the importance of the work could, in some circumstances, cause relatively high dissatisfaction and become a motivation to leave the sector.

Perception of personal autonomy at work
'… there are no clear rules [about] what a carer should do – no clear command structure.'

Shacklock and Brunetto (2011a) note that early retirement has been linked with low levels of autonomy at work. Autonomy is viewed as a factor that can contribute to satisfaction and work and is positively associated with workers' intentions to continue in their employment. In the context of our study, some carers had considerable discretion over how to carry out their tasks. However, this type of autonomy was perceived by different workers as both a positive and negative factor. Those who responded positively expressed viewpoints that align with previous studies in that their autonomy gave them a sense of decision-making that they enjoyed and appreciated. However, others associated it with a lack of guidance or concern with how they met the requirements of their tasks. This linked with concerns about inconsistent practices and a perceived lack of appreciation about the quality of the work they were performing. There may be particular contexts, including the aged care sector, where perceptions of high autonomy are not necessarily associated with positive outcomes in terms of employment continuity.

Interpersonal relationships at work
'…you build up a relationship with them and I always find everybody I go to always very interesting, inspiring and for me that's the enjoyment I get from my job.'

Relationships in care work are often with clients rather than colleagues. While some workers felt relatively neglected by supervisors or managers and worked in relative isolation from co-workers, they described important relationships with their clients. This aspect of workplace relationships is not unique to the aged care sector, and might be found in relationships between nurses and patients, teachers and students and so forth. However, this aspect does suggest that the provision of work schedules allowing for communication and for developing relationships between carers and clients might be an important way to enhance employment retention in the sector. In contrast to the usually positive comments about relationships with clients, several workers mentioned some challenging relationships with their clients' family members. This was not a common theme but suggests that the potential role of relationships at work which involve neither clients nor colleagues is a particular issue that may need to be considered.

Flexible work arrangements

'The last few weeks I've found very hard because one week I got five hours and I was just stunned – I just thought 'This can't be. How can this happen?' We should be looked after. There should be a minimum wage that we should be getting still.'

Flexible working arrangements are frequently portrayed in a relatively positive light, allowing employees to transition from full-time employment to retirement over time. This approach implicitly assumes that workers have at least an adequate level of confidence in being offered hours of work and discretion in accepting those hours. Discussions with aged care workers presented stark contrasts and were an important area of discussion. Workers described a view of flexibility that was associated with uncertain rosters, lack of guaranteed minimum working hours (and income) and a lack of capacity to plan leave or attend to unexpected events such as illness among family members. It is difficult to succinctly convey the extent to which workers expressed frustration with the lack of predictability and consultation about their working hours. However, the vulnerability caused by 'flexible' hours is conveyed in the following quote from one of the women we interviewed. Asked whether she had discussed her health problems and injuries with her employer, she responded with the following:

> No, no. Not yet. I feel… and it's quite separate to my lower back problem or my arms and things at this stage. I went and pulled a muscle in my lower back...I guess I should have complained then too but I had got to the stage where I lost a lot of confidence way back then with all this worker's comp stuff and I just thought 'I've got a job, I just have to keep going' And then you get to the stage where like with me complaining about the vacuuming, saying 'I just can't do that, it's so bad on my arm', but it was also bad on my back - it's very hard to go back and complain about these things all the time because I was getting a lot of hours – I was getting up to 36 hours a week and I was working all the hours that they needed me to work.

Traditionally it has been posited that women in relatively low paid jobs sometimes undertake these positions because they offer 'flexible' working hours that fit with their other household commitments. The discussions with aged care workers suggested that flexibility is operating in a quite different manner from this 'traditional' interpretation. Extensive discussions about too few working hours were not envisaged as a major focus of the interviews and emerged largely as a result of concerns raised by interview participants. For this reason there was a lack of specific questions as to whether participants would prefer full-time working hours or regular part-time hours rather than casual working arrangements. This remains a key area for future research being planned by the authors.

Interests outside of work
'... I've had something to think about in the evenings if I'm with a client…'

There was relatively little discussion by aged care workers about the links between their outside interests and their intention to continue working in the sector. This potentially reflects the omission of questions directly related to this issue in the interview schedule. In any case, it did not emerge as a major area of discussion in what were quite open-ended discussions that included specific opportunities for workers to raise issues of importance to them. The most relevant discussions to this factor involved discussions of how participation in work helped to fill voids in the women's lives, family responsibilities outside of work, including care of parents, children and grandchildren.

Management and organisational factors, such as supervision, bureaucracy and work environment
'I've got no idea. I'm here today – that's as much as I know.'

Issues relevant to supervision, bureaucracy and work environment were important areas of discussion and the range of issues raised suggests that in some contexts this area needs to be considered as more than a single 'variable'. Reflecting above-referenced discussions, one of the major causes of concern was management of rosters and working hours. The 'forceful use of casualisation of jobs' (2011a) has been recognised as a reason many people retire. The extent and implementation of casualisation among aged care workers we spoke to was a major source of

dissatisfaction and could, as Shacklock and Brunetto hypothesise in their extended model, be a significant barrier to retaining workers in this sector.

However, casualisation was not the only management or organisational factor raised by workers we interviewed. Poor communication with respect to organisational policies and practices was mentioned repeatedly as a source of frustration and dissatisfaction. This was evident in discussions of insufficient guidelines for ensuring an appropriate standard and consistency of practice in the care provided; inadequate training and induction; a 'top down', hierarchical approach to management; and a lack of respect for carers. Regardless of whether such criticisms reflect the intentions or usual behaviour of managers and supervisors in the sector, the strong perceptions of unfavourable management practices is an area of concern in the context of retaining workers in aged care. This area of management and organisational factors requires further research.

Conclusions

The qualitative study outlined in this paper was not initially constructed specifically around a MoW framework. As an exploratory study, its key aims were to gain insights into the experiences and perceptions of women aged 45 and over working in aged care. However, the inductive nature of the research program provided a method for key themes to emerge from the data. It was these themes that provided key points of intersection with research that had specifically utilised and adapted a MoW framework to examine specific dimensions of work and meaning for particular groups of workers. By comparing the findings from the two different types of study we are able to identify key areas of commonality.

One of our key conclusions is that comparing data from our interviews with the MoW framework emphasises the framework's value. There were areas of overlap in the findings developed from the two different approaches, with both studies suggesting that attachment to work and importance of working to the individual were important dimensions for considering employment decisions. However, our second conclusion is that there are considerable points of contrast that indicate fruitful avenues for further investigation and extension of the MoW framework in particular workforce contexts. Some contexts make it quite difficult to separate financial and health considerations from aspects of work that are more usually associated with the MoW framework. This was particularly important in the qualitative study of aged care workers where employees on relatively low rates of pay moved between discussion of finances, health and other aspects of their working context. In this particular working context, it is questionable whether a clear understanding of the meaning of work could be obtained without integrating issues of finances and health into a research agenda. In addition, nuanced differences in the meaning attached to terms such as autonomy, flexibility and the importance of work also demonstrate the value of considering the context and experiences of particular sectors of the workforce when undertaking research on the retention of older workers. Our final conclusion is that we look forward to further opportunities to explore further intersections between projects that focus specifically on the workforce participation decisions and experiences that purposefully focus on women in the 45 and over age group.

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[i] Job classifications in the Australian aged care sector vary widely. Some agencies refer to 'carers' as community care workers, home care workers or domestic assistants. Similarly, 'nursing assistants' are referred to in some organisations as personal care attendants, assistants or aides.