Helping carers to care: Job quality, safety and care quality in aged care

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1. Introduction

A growing body of literature has examined the link between the quality of jobs and the quality of care in healthcare, but less so in aged care. Worker health and safety (WHS) is a key determinant of job quality and where workers are safer, consumers are more likely to benefit through greater quality of care. Aged care workers sustain high rates of musculoskeletal disorders due to lifting, pushing, pulling and bending activities (Parvazian, Charlesworth, King, & Skinner, 2014), and stress due to time pressure and dealing with consumers with challenging behaviours (WorkCover Corporation South Australia, 2012). In studies in Norwegian nursing homes, positive relationships have been found between the intrinsic quality of jobs including WHS and care quality. Work culture, leadership style, and worker empowerment were positively associated with improvements in care (Andre, Sjovold, Rannestad, & Ringdal, 2014). Facilities that empowered nurses had positive associations with nurse-assessed quality of care and predicted fewer consumer falls and nurse-assessed risks.

To improve the sustainability of aged care services in the midst of growing service demands and rising costs, a capable and committed workforce is essential and likely to benefit worker retention and improvements in care. This presentation describes a case study which examines WHS, job quality and quality of care, responding to the question: how do residential aged care workers create safety for themselves and their residents?

2. Method

This ethnographic research took place in two sites of a residential aged care facility in an Australian capital city. Observational shifts were conducted across day and evening shifts with 24 shifts and 33 shifts being conducted at sites A and B respectively. Fifty-one worker and 22 resident participants engaged in semi-structured interviews about their experiences of care and WHS. Parvazian and colleagues (2014) derived job quality benchmarks for WHS from the National Aged Care Workforce Census and Survey (NACWCS) (King et al., 2013). These benchmarks allow comparison between the study site and national data. WHS benchmarks can be correlated with quality of care outcomes, such as incidence of falls and wounds, to examine associations between job quality measures and resident care.

3. Results

The results revealed two significant themes related to job quality and WHS: managing safety while caring and working well together to provide care.
In terms of managing safety while caring, care workers recognised care work as being physically and emotionally demanding and that the demands of the work created risks to residents and workers due to the job and task design. Care workers mostly found intrinsic value and reward in delivering care, but acknowledged that the work environment was time-pressured and that their residents’ needs were becoming greater and more complex, creating higher workloads.

The theme working well together highlighted WHS as an enacted practice that arises from producing care work on a daily basis. This theme described how effectively nurses, care workers and residents cooperated and collaborated to achieve mutually safe outcomes. It included concepts like teamwork, friendliness, feeling 'safe' to raise issues or clarify expectations and be treated fairly. It was important to workers to feel supported by their management and colleagues; to have a sense of belonging; to be able to rely on colleagues for help; to receive constructive and respectful feedback; and to be able to discuss and solve problems together.

4. Discussion

Using WHS benchmarks revealed that the quality of workers’ jobs is related to the quality of care delivered to residents. WHS benchmarks derived from the NACWCS focus on the incidence of work-related injuries and illnesses, however job quality indices relating to intrinsic work factors such as time pressure and job satisfaction provide a more global understanding of WHS experience and its interface with the nature of care that workers are able to provide. Qualitative methods also extend our interpretation of WHS benchmarks by revealing more nuanced information on how work and care are enacted and experienced by workers and residents.

Key words
Job quality, quality of care, workforce, aged care, residential care

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References


