



THE UNIVERSITY OF

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**SENATE COMMUNITY AFFAIRS REFERENCE
COMMITTEE INQUIRY INTO AGED CARE**

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1.0 Introduction

Recently there have been significant upheavals in the Australian Aged Care Sector. Of particular note have been pervasive industrial reforms and changes in the organisation of work within the sector. One of the major drivers for change has been *The Aged Care Act 1997*. This Act had several effects, two of which are important here:

- The first was a set of provisions that made it imperative for operators to cut costs. These included: a) the removal of funding for capital costs, which now have to be financed through operations; and b) the implementation of quality audits that again have had to be financed out of operating revenue.
- The second change removed the pre-existing requirement for “round the clock” registered nurse coverage in facilities with eight or more high care residents.

These changes encouraged home operators to reduce the number of registered nurse positions in their facilities. This has meant that there have been substantial changes in the roles and responsibilities of registered nurses and aged care workers. In reality aged care workers, rather than registered nurses, are now the front-line providers of care. It is unclear whether the majority of aged care workers are willing or prepared for this work-organisation change. In addition to this, the Australian Bureau of Statistics (1994) projections indicate that there will be a surge in the ageing population in the next decade, leading to increased pressures on the industry and its workers. Given these reforms and care demands, our project sought to predict aged care nurses and workers well-being and turnover intentions by assessing the work and occupational demands that are characteristic of the Aged Care sector.

1.1 Work and organisation changes in Aged Care

Previous empirical research on changes to the Aged Care sector is scant, though the sector has received significant media attention, especially as it relates to quality of resident care in Australia. There is evidence that Aged Care nurse status changes (such as title changes from being a “nurse” to a “team member”) is detrimental to nurses’

perceptions of their own career success, as well as levels of resident care (Sargent, 2003). While the focus of this research was on job status changes in the Aged Care sector, the other striking (and unanticipated) finding related to the implementation of job design changes. These changes were also consistent with qualitative research undertaken in the United States (Eaton, 2000). The research suggests that some facilities are implementing deskilling and work intensification strategies (Eaton, 2000). By work intensification, we mean that workers are being required to work longer hours and achieve more at work, while deskilling refers to the tendency to design jobs so that can be done by relatively low-skilled staff. In the Australian context, some of the greatest concerns for workers in the sector revolve around the use of cost cutting strategies in nursing homes, the long term strain of working with abusive residents as well as the pervasive experience of work overload (Sargent, 2000).

1.2 Focus for further research

Based on these previous qualitative findings the current study sought to examine more thoroughly the effects of three recent changes to aged care work.

- First we sought to examine the effects of a cost cutting climate in aged care homes.
- Second to assess whether experiencing abuse from residents was detrimental.
- Third to assess the extent to which increases in paper work, as well as the amount of work, and pace at which employees are working, as well as job insecurity were related to emotional exhaustion and the likelihood that workers would leave their jobs.

Emotional exhaustion occurs when a person feels fatigued in the morning, drained by work, and generally frustrated by the day's work events (Malach, Schaufeli & Leiter, 2001). It is an on-going detrimental consequence of stressful working conditions which can lead to burnout. Two of the longer term consequences of burnout are (1) "stress leave" and (2) an individual leaving the job or occupation. Earlier qualitative work indicated that nursing staff were leaving the sector because of burnout and moving to

other types of nursing work (e.g., moving to acute care) or allied health work (Sargent, 2000).

2.0 Overview of Research Project

The findings presented here are part of a large cross-sectional study completed in November 2004. The results summarise the reported experiences of 1076 Victorian registered nurses and aged care workers. The study was carried out by posting a questionnaire to a randomly selected group of aged care workers and nurses who belonged to the Victorian Branch of the Australian Nurses Federation. The study was supported by a research grant from The University of Melbourne.

Specifically the study provides insights into the effects of excessive work demands and work climate on those working in aged care. To this extent the submission relates to *Terms of Reference (b) (iii)*. “*The performance and effectiveness of the Aged Care Standards and Accreditation Agency in implementing and monitoring accreditation in a manner which reduces the administration and paperwork demands on staff*”. It also sheds light on why workers are leaving the industry.

3.0 Key Findings¹

The findings have been divided by occupational group. We focus on two groups: aged care nurses and aged care workers (those who have completed a certificate III in aged care). We have provided separate results to examine whether there are distinct demands for each of these occupational groups. The details of the regression models are located in the Appendix (Tables 1-4). The measures used in the study have all been validated and are psychometrically sound. This means that they have either been used in other large scale studies or have been developed based on focus groups and academic research.

¹ We only provide an abridged summary of the findings here. A fuller account of our study will be published in due course.

The purpose of this section is to provide a summary of the findings for each of the occupational groups: 807 aged care registered nurses and 269 aged care workers. The analysis accounted for several demographic, home and industry characteristics prior to assessing the extent to which work demands predicted emotional exhaustion and the extent to which then emotional exhaustion is related to turnover intentions (which is a strong predictor of people working in aged care leaving their jobs).

3.1 Relationship between work demands and emotional exhaustion

Registered Nurses

Based on our data, emotional exhaustion was significantly and positively related to:

- experiencing resident abuse,
- working in a climate of cost cutting and job insecurity,
- having to do more than they use to do (work intensification),
- dealing with a high volume and pace of work.

In addition to this, having to fill out paper work and spend less time engaged in caring for residents was also related to emotional exhaustion. This effect chiefly reflected the fact that paperwork demands meant that nurses felt that they had to work extremely quickly (see Table 1).

Aged Care Workers

For aged care workers, emotional exhaustion was significantly and positively related to:

- working in a cost cutting climate,
- having to complete paper work rather than caring for residents,
- job insecurity and the
- speed or pace at which they had to work.

In addition to this, the negative effect of resident abuse on emotional exhaustion seems to work indirectly through how quickly aged care workers felt they have to work (see Table 2).

3.2 Relationship between work demands stressors, emotional exhaustion and turnover intentions

Registered Nurses

In order to predict turnover intentions, that is, the likelihood that nurses will leave their jobs, we assessed whether work related demands had their effects indirectly via emotional exhaustion. The evidence suggests that job insecurity and having to work quickly worked indirectly through emotional exhaustion. That is, nurses who experience job insecurity and a high pace of work become exhausted and their response is to leave their jobs. Working in a facility that had a cost cutting climate was also positively related to nurses wanting to leave their job (see Table 3).

Aged Care Workers

Working in a cost cutting climate and job insecurity were positively related to aged care workers' likelihood of leaving their job. We also found that the negative effects of resident abuse and how quickly aged care workers had to do their duties were also related to emotional exhaustion which in turn predicted turnover intentions. Interestingly, aged care workers were more likely to leave if they worked in a high care facility. There was also a positive association between number of beds and the likelihood of leaving the job, suggesting that larger facilities placed greater pressure on aged care workers. In terms of demographic predictors, aged care workers who worked more hours per week were less likely to leave but those who were more qualified reported that they were more likely to leave. This was not the case for registered nurses (see Table 4).

4.0 Conclusions

These results indicate that recent changes to the way nurses and aged care workers do their jobs are likely to have had detrimental effects on their emotional well-being which has in turn increased the likelihood that they will leave their jobs in aged care. Specifically, increased paper work and fewer people to do the work has led to significantly increased work loads and conflict as it relates to having less time to care for

residents because they have paperwork to complete. Exposure to resident abuse and nursing homes that have employed cost cutting strategies are also related to emotional exhaustion in workers. For both nurses and aged care workers, a cost cutting work climate is also related directly to intentions to leave your job.

The results of this study have important implications for the functioning and management of aged care workers and nurses in Australia. Our findings suggest that there need to be increases in the numbers of staff working in aged care facilities and the demands of paper work need to be reduced, chiefly by making the requirements less onerous and the procedures more user-friendly. Developing mechanisms to deal with resident abuse will also be important. Encouraging facilities to have a well-being enhancing rather than a cost cutting approach to resident management will create more positive environments both for workers and residents.

5.0 References

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Appendix

Table 1
 Predicting perceptions of emotional exhaustion in aged care registered nurses from work demands

Predictors	Model 1	Model 2	Model 3
Age	-.06	-.05	-.06
Work hrs per week	.09**	.09**	.08**
Tenure in occupation	.04	.04	.03
Tenure at current home	-.03	-.02	-.01
Highest qualification	-.09**	-.07*	-.06
Organization type	.04	-.03	-.03
Facility type	.04	.00	.00
Mixed care	.32*	.22	.13
High care	-.28*	-.18	-.10
Number of beds	.00	.00	-.01
Resident abuse		.14***	.11***
Cost cutting climate		.23***	.16***
Paper work-care conflict		.15***	.05
Job insecurity		.13***	.11***
Work intensification			.13***
Pace of work			.24***
Amount of work			.12**
ΔR^2	.03	.15	.14
Total R^2 (17, 790)		.18	.32
ΔF	2.46**(10, 797)	37.44***** (4, 793)	53.89*** (3, 790)

N= 807

Table 2
 Predicting perceptions of emotional exhaustion in aged care workers from work demands

Predictors	Model 1	Model 2	Model 3
Age	-.11	-.09	-.09
Work hrs per week	.16*	.08	.10
Tenure in occupation	.11	.05	.05
Tenure at current home	.04	.03	.00
Highest qualification	.02	.00	.01
Organization type	.00	-.02	-.03
Facility type	-.04	-.01	-.02
Mixed care	.16	.08	.07
High care	-.15	-.07	-.06
Number of beds	.02	.02	-.02
Resident abuse		.14*	.09
Cost cutting climate		.20**	.17**
Paper work-care conflict		.18**	.12*
Job insecurity		.21***	.18**
Work intensification			.09
Pace of work			.33***
Amount of work			-.03
ΔR^2	.05	.20	.11
Total R^2 (17, 252)		.25	.36
ΔF	1.53* (10, 259)	16.70*** (4, 255)	14.81*** (3, 252)

N=269

Table 3
 Predicting turnover intentions in aged care registered nurses
 from work demands and emotional exhaustion

Predictors	Final Model
Age	-.15***
Work hrs per week	-.03
Tenure in occupation	-.10**
Tenure at current home	-.07*
Highest qualification	.03
Organization type	.02
Facility type	-.03
Mixed care	.08
High care	-.06
Number of beds	-.01
Resident abuse	-.01
Cost cutting climate	.27***
Paper work-care conflict	.02
Job insecurity	.05
Work intensification	.00
Pace of work	-.00
Amount of work	.02
Emotional exhaustion	.39***
Total R ² (18, 789)	.39
F	27.53***

N= 807

Table 4
 Predicting turnover intentions in aged care workers
 from work demands and emotional exhaustion

Predictors	Final Model
Age	-.09
Work hrs per week	-.18***
Tenure in occupation	-.02
Tenure at current home	.00
Highest qualification	.13**
Organization type	-.05
Facility type	.03
Mixed care	-.05
High care	.16*
Number of beds	.15**
Resident abuse	.10
Cost cutting climate	.30***
Paper work-care conflict	.02
Job insecurity	.14**
Work intensification	-.05
Pace of work	.01
Amount of work	-.02
Emotional exhaustion	.34***
Total R ² (18, 251)	.47
F	12.50***

N=269