



THE UNIVERSITY OF
MELBOURNE

Working in Aged Care Study

Report to the Australian Nursing Federation

Victorian Branch

Dr Leisa Sargent

Associate Professor Bill Harley

Ms Belinda Allen

October 2006

The funding for this study was provided by the Faculty of Economics and Commerce, University of Melbourne. We are also grateful to the Australian Nursing Federation, without whose assistance this study could not have been conducted. The interpretations and conclusions are those of the authors and do not necessarily represent the views of the University or the Australian Nursing Federation.

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	2
2. RESEARCH DESIGN AND METHODOLOGY	4
3. SAMPLE	4
4. FINDINGS	9
4.1. Key Findings for Organisational Climate	9
4.2. Key Findings for Management Practices	11
4.3. Key Findings for Job Characteristics	17
4.4. Key Findings for Job Stressors	20
4.5. Key Findings for Work, Psychological Health and Resident Outcomes	24
4.6. Key Findings for Group Comparisons	29
5. FINDINGS FOR JOB STRESSORS – WORK, PSYCHOLOGICAL & RESIDENT OUTCOMES	35
5.1. Job Satisfaction	36
5.2. Turnover Intentions	36
5.3. Career Commitment	37
5.4. Emotional Exhaustion	38
5.5. Psychological Strain	38
5.6. Resident Outcomes – Resident Care & Resident Voice	39
5.6.1. Resident Care	39
5.6.2. Resident Voice	40
6. RECOMMENDATIONS	41
APPENDIX A: SCALE ITEMS	42
APPENDIX B: WRITTEN COMMENTS FROM PARTICIPANTS	48

1. Executive Summary

Across the developed world, populations are ageing and this is putting more and more pressure on the aged care sector. By 2035 the United Nations projections indicate that almost 29 per cent of the more developed world's population will be 65 years or older as compared to 18 per cent in 2005 (UN Population Division, 2005). The projections are higher in Australia, where growth of the elderly population is predicted to reach unparalleled rates when the post-war baby boomers begin enter their retirement in large numbers after 2011 (Borowski & Hugo, 1997). The projected growth in the ageing population is unprecedented. These data, combined with the approximately 10,000 bed shortfall across Australia (Australian National Audit Office, 1998) indicate that the aged care industry is likely to experience more and more pressure in the future.

In concert with these demographic changes the Australian aged care sector has undergone considerable restructuring over the past few years. One of the major drivers for change has been The Aged Care Act, which was passed in Federal parliament in 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 imposition of costly quality improvement audits that again have to be financed out of operating revenue. Paradoxically, 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 nurse positions in their facilities. This has meant that there have been substantial changes in the workloads, roles and responsibilities of nurses and personal care workers. In reality personal care workers are now the front-line providers of care. It is unclear whether they are prepared for this change.

In conjunction with the Aged Care legislation, we have also seen changes to the Australian industrial relations system. The evidence suggests that enterprise agreements are being used more widely in the sector and because of this we are seeing changes to Aged Care nurses' titles, career structures, changes to the scope of their work and other working conditions such as pay. The summary of findings herein provide a snapshot of the working experiences of nurse managers, nurses and personal care workers who are members of the Victorian Branch of the Australian Nursing Federation.

The findings from 1321 union members are based on a questionnaire that was posted to a randomly selected sample (there was a 42 % response rate). The sample consisted of 10.2 % nurse managers, 66.5 % nurses and 23.4 % personal care workers. The mean age of the sample was 47 years and 94 % were female. The majority worked part-time (75 %) and were married (65 %). The respondents worked an average of 29 hours a week with almost 17 % desiring full-time work and nearly 25 % desiring more work hours. Nurse managers and nurses on average have worked in the industry for nearly 18 and 17 years respectively, while, personal carers have worked less than eight years. The respondents work in private (40%), public (37%), and not for profit (22%) facilities.

In addition to providing the sample's demographic and background information this report presents two main sets of findings. The first provides a summary of the means

and standard deviations for each of the scales and a comparison of differences between the nurse managers, nurses and personal carers on these measures. The scales cluster into five dimensions: (1) organisational climate; (2) management and human resource practices; (3) job quality; (4) job stressors and (5) work, psychological health and resident outcomes. The second set of findings examines the relationships among job stressors and work, psychological and resident outcomes (controlling for a range of demographic and facility characteristics, using regression analysis). The items that comprise these scales are presented in Appendix A.

The key findings from the descriptive analysis suggest that nurses and personal carers experience higher levels of cost cutting in Victorian facilities than nurse managers. Nurse managers report higher levels of job autonomy, say in decisions, skill variety, and task significance and work overload, while personal carers report higher levels of task identity and feedback compared to nurses and nurse managers. Nurses report lower levels of career commitment when compared to personal carers and nurse managers.

Turning to the relationships between job stressors and work, psychological health and resident outcomes, the analyses indicate that work load characteristics, role conflict and resident aggression were consistent negative predictors of job satisfaction and career commitment. In addition, they were associated with increased turnover intentions, emotional exhaustion, and psychological strain. In addition to these job stressors, co-worker aggression was also a significant and negative predictor of resident voice and resident care. The statistical results are supplemented with personal comments and letters we received when the questionnaire was returned (See Appendix B).

Recommendations highlight two matters that deserve attention – (1) cost cutting climate and (2) job stressors. Working in a cost cutting climate is related to a number of job stressors, so addressing this is a primary task, especially for alleviating resident aggression, minimising co-worker aggression and role conflict. There are also other sources for some of the stressors being experienced. Better workload management is another issue that needs attention.

To conclude, the findings tell a coherent story about the quality of working lives for nurses and personal carers who are union members in Victorian aged care facilities. They are experiencing high to very high levels of job stress. This has detrimental effects for their own well-being, is consequential in terms of work related outcomes such as turnover intentions and also appears to place quality of resident voice and care at risk.

2. Research Design and Methodology

Written questionnaires were mailed to 3136 aged care workers who were current members of the ANF. The questionnaire items were designed to assess aged care workers' perceptions of their:

- a) organisational climate – regenerative versus cost-cutting, organisational trust;
- b) management practices – training, supervision, use of teams, participative decision making, recruitment and selection practices, performance practices;
- c) job characteristics – autonomy, task identity, task significance, skill variety, feedback;
- d) work stressors – work pacing, work overload, work intensification, workload related to RCS, role conflict, co-worker aggression, resident aggression;
- e) job-related attitudes – job satisfaction, turnover intentions, career commitment;
- f) psychological health – emotional exhaustion, psychological strain;
- g) resident outcomes – resident care and voice.

3. Sample

The sample consisted of 1321 aged care workers. This represents a response rate of 42%. The table below details the different aged care positions that were represented in the sample.

Job Title	%
Mgmt	10.2
RNs	66.5
PCWs	23.4

The table details additional key demographic characteristics of the sample.

Note: % denotes figures are percentages, Avg denotes figures are averages/means.

Gender (%)	Total Sample	Mgmt	RNs	PCWs
Female	94	97	95	92
Males	5	3	4	8
Missing Data	1	0	1	0

Age (Avg)	Total Sample	Mgmt	RNs	PCWs
	47	49	47	45
Relationship Status (%)	Total Sample	Mgmt	RNs	PCWs
Single	10	7	9	14
Widowed	3	3	3	3
Married	65	73	68	59
Divorced/Separated	13	12	13	12
De facto relationship	8	5	7	11
Missing Data	1	0	0	1
Employment Status (%)	Total Sample	Mgmt	RNs	PCWs
Full-time	18	50	14	12
Part-time	75	45	78	81
Casual/Temporary	6	3	7	7
Fixed Term	1	2	1	0
Highest Nursing Qualification (%)	Total Sample	Mgmt	RNs	PCWs
Hospital Trained	38	43	51	3
Certificate III Aged Care	15	0	2	60
Certificate IV Aged Care	16	3	16	25
Advanced Certificate in Nursing	5	2	7	2
Bachelor of Nursing	10	27	10	2
Graduate Certificate/Diploma in Nursing	10	22	10	1
Masters of Nursing	1	2	1	0
None	2	0	1	4
Missing Data	3	1	2	3

Minimum Qualification Required for Current Job (%)	Total Sample	Mgmt	RNs	PCWs
Junior Secondary (up to year 10)	5	0	5	9
Senior Secondary (year 11 or 12)	12	4	14	12
A certificate	48	24	44	76
A diploma or advanced diploma	8	16	8	1
A Bachelor degree	14	33	15	0
A graduate diploma/certificate	7	12	8	1
A postgraduate degree	2	7	2	0
Missing Data	4	4	4	1

Number of Jobs (Avg)	Total Sample	Mgmt	RNs	PCWs
	1.23	1.21	1.22	1.27
Hours worked per week (Avg)	Total Sample	Mgmt	RNs	PCWs
	29.07	37	27.70	29.12
Overtime worked per week (Avg)	Total Sample	Mgmt	RNs	PCWs
Hours	2.87	5.80	2.26	3.20
Working shifts less than 2 hours (%)	Total Sample	Mgmt	RNs	PCWs
Yes	10	3	9	13
No	87	93	88	82
Missing Data	3	4	3	5
Total short shifts worked per week (Avg)	Total Sample	Mgmt	RNs	PCWs
	0.22	0.02	0.19	0.33
Desire for Full-Time work (%)	Total Sample	Mgmt	RNs	PCWs
Yes	16.95	3.51	11.82	35.93
No	83.05	96.49	88.18	64.07
Desire for more hours (%)	Total Sample	Mgmt	RNs	PCWs
Yes	24.86	6.41	21.15	40.39
No	75.14	93.59	78.85	59.61

Time working in Occupation (Avg)	Total Sample	Mgmt	RNs	PCWs
Years	14.56	17.94	16.71	7.44

Time working at current Organisation (Avg)	Total Sample	Mgmt	RNs	PCWs
Years	7.42	7.34	8.40	4.73

Organisation Ownership (%)	Total Sample	Mgmt	RNs	PCWs
Public	37	25	49	7
Not for Profit	22	33	16	31
Private	40	42	34	59

Facility Type (%)	Total Sample	Mgmt	RNs	PCWs
Chain	63	53	64	65
Stand-Alone	34	44	33	31
Missing Data	3	3	3	4

Number of Beds (Avg)	Total Sample	Mgmt	RNs	PCWs
	76.26	82.06	74.81	70.02

Care Type (%)	Total Sample	Mgmt	RNs	PCWs
Low Care	4	2	2	10
High Care	45	51	52	29
Mixed Care	48	45	43	60
Missing Data	3	2	3	1

Facility Age (Avg)	Total Sample	Mgmt	RNs	PCWs
Years	21.96	22.33	23.50	16.85

Facility distance from GPO (Avg)	Total Sample	Mgmt	RNs	PCWs
	92.30	82.70	100.81	79.02

Resident to Staff ratio AM (Avg)	Total Sample	Mgmt	RNs	PCWs
	7:1	7:1	7:1	8:1
Resident to Staff ratio PM (Avg)	Total Sample	Mgmt	RNs	PCWs
	9:1	9:1	9:1	11:1
Resident to Staff ratio Night (Avg)	Total Sample	Mgmt	RNs	PCWs
	16:1	17:1	14:1	20:1
Resident to RN ratio AM (Avg)	Total Sample	Mgmt	RNs	PCWs
	24:1	18:1	27:1	19:1
Resident to RN ratio PM (Avg)	Total Sample	Mgmt	RNs	PCWs
	15:1	21:1	13:1	19:1
Resident to RN ratio Night (Avg)	Total Sample	Mgmt	RNs	PCWs
	20:1	26:1	19:1	23:1

4. Findings

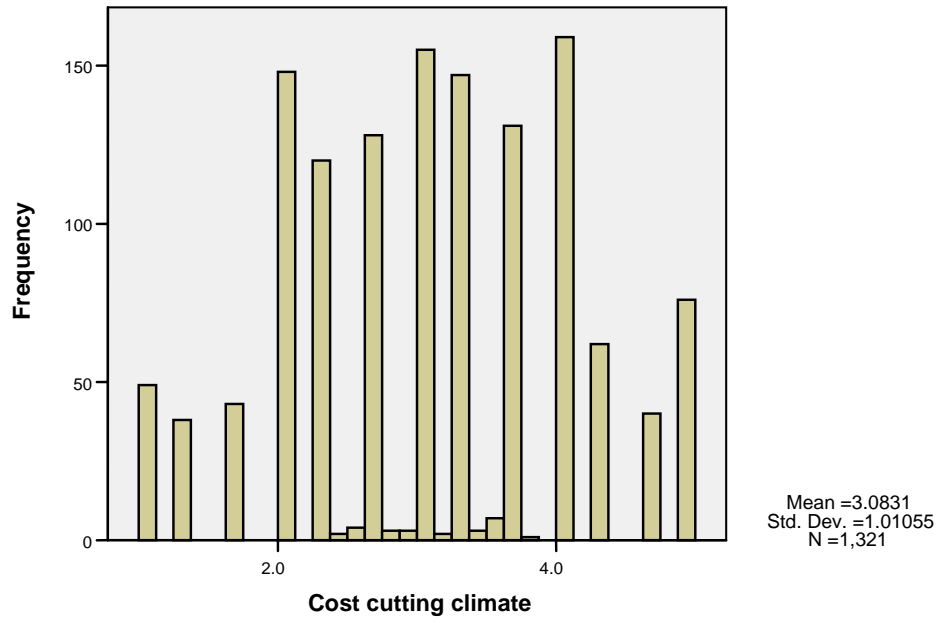
In each of the Tables in this section the first row contains the mean or average for the scale and the second row contains the standard deviation. Below each Table is a bar chart indicating the dispersion of the responses based on the entire sample. Appendix A provides the items for each of the scales.

This section provides an overview of how employees view their facilities' climate. Three different aspects were assessed: cost-cutting, regeneration and the level of trust employees feel toward their facility.

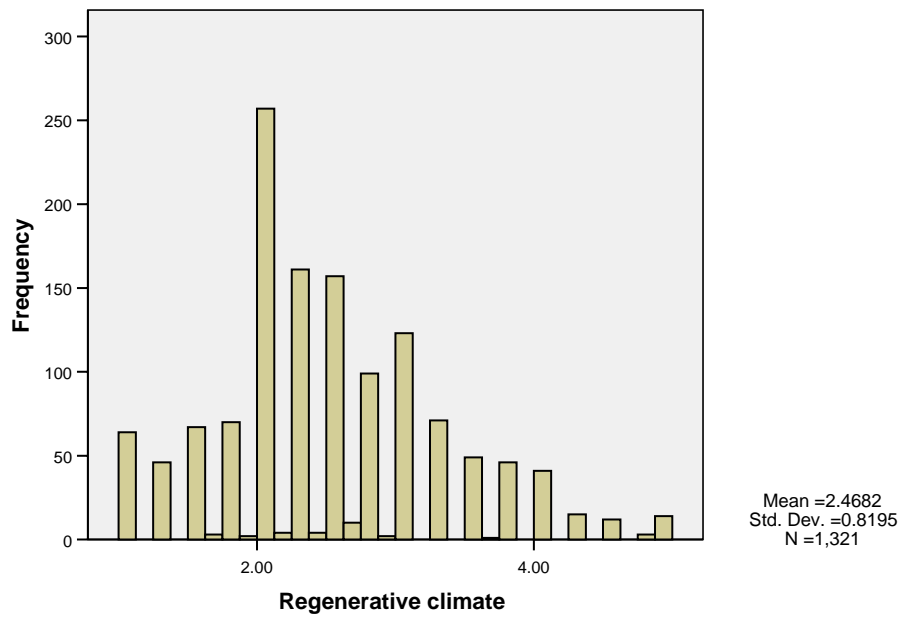
4.1. Key Findings for Facility Climate

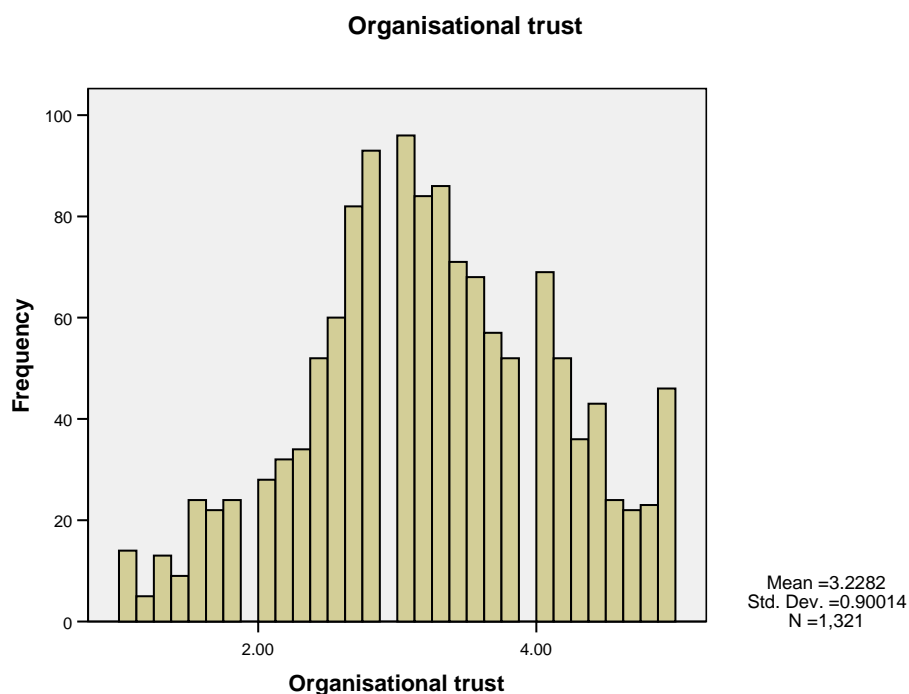
Facility Climate	Total Sample	Mgmt	RNs	PCWs
Cost-cutting Climate (Scale from 1 to 5)	2.46 0.81	2.30 0.82	2.50 0.79	2.44 0.86
Regenerative Climate (Scale from 1 to 5)	3.08 1.01	2.61 1.02	3.10 0.98	3.22 1.01
Organisational Trust (Scale from 1 to 5)	3.22 0.90	3.45 0.99	3.20 0.86	3.20 0.93

Cost cutting climate



Regenerative climate





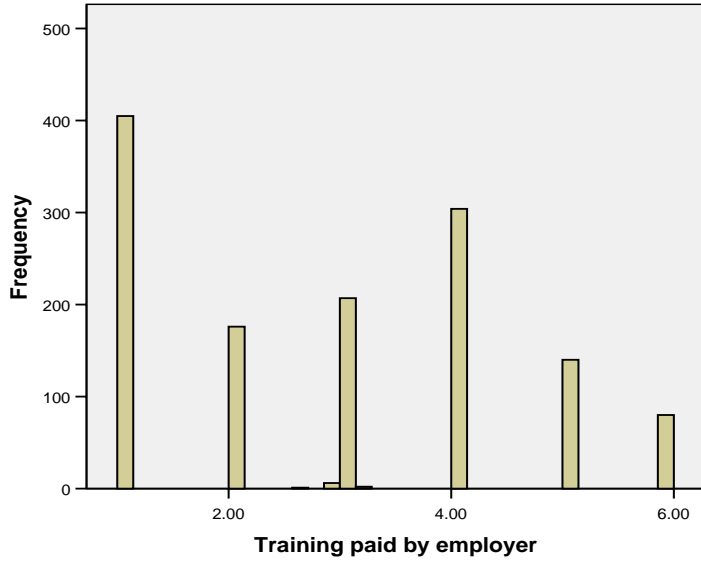
4.2. Key Findings for Management Practices

This section provides an overview of management and work practices in their facilities. Several different aspects were assessed: Training, supervision, recruitment and selection practices, performance management, decision making and team work.

Management Practices	Total Sample	Mgmt	RNs	PCWs
Training				
Paid by employer in past 12 months (scale from 1 to 6)	2.87 1.59	3.13 1.59	2.82 1.57	2.90 1.64
Not paid by employer and away from normal place of work in past 12 months (scale from 1 to 6)	2.75 1.86	2.73 1.63	2.77 1.87	2.72 1.92
You get training you need to do your job effectively (scale from 1 to 5)	3.22 1.07	3.33 1.07	3.20 1.05	3.22 1.12

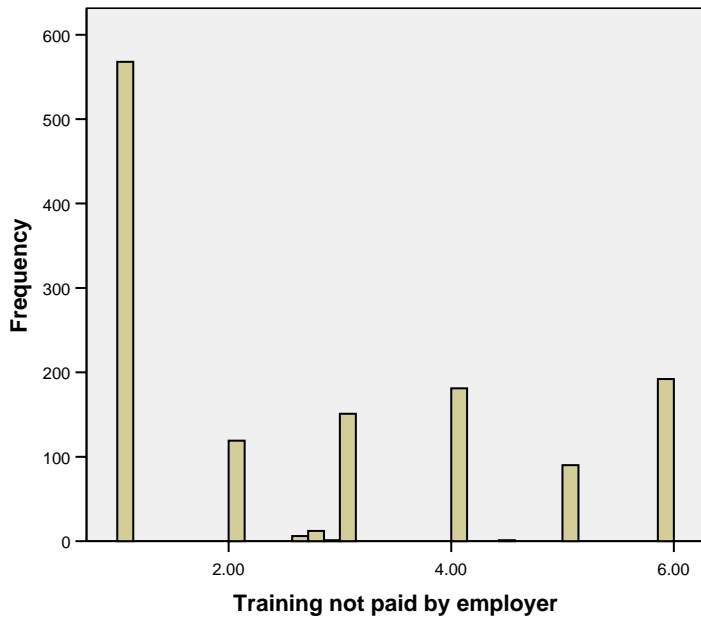
Management Practices	Total Sample	Mgmt	RNs	PCWs
Do you have sufficient training and education to do the work you're doing (scale from 1 to 5)	3.65 0.98	3.70 0.98	3.68 .96	3.54 1.03
Supervision (scale from 1 to 7)	3.11 1.75	2.73 1.62	3.12 1.77	3.28 1.76
Decision Making (scale from 1 to 3)	0.87 0.85	1.37 1.07	0.83 0.82	0.79 0.77
Recruitment & Selection practices (scale from 1 to 7)	3.18 1.20	3.49 1.25	3.13 1.18	3.20 1.24
Performance practices (scale from 1 to 7)	1.94 1.11	1.90 1.18	1.92 1.08	2.02 1.17
Are you working in a team?	Yes = 44% No = 55%	Yes = 56 % No = 44 %	Yes = 44% No = 56 %	Yes = 42% No = 58%
Teamwork depends on team members working together.	Yes = 47% No = 53%	Yes = 62% No = 38%	Yes = 46% No = 54%	Yes = 44% No = 56%
Team members appoint their own team leaders.	Yes = 12% No = 88%	Yes = 17% No = 83%	Yes = 12% No = 88%	Yes = 11% No = 89%
Team members jointly decide how work is to be done.	Yes = 38% No = 62%	Yes = 52% No = 48%	Yes = 38% No = 62%	Yes = 35% No = 65%
Teams are given responsibility for particular tasks or services.	Yes = 44% No = 56%	Yes = 59% No = 41%	Yes = 42% No = 58%	Yes = 41% No = 49%

Training paid by employer



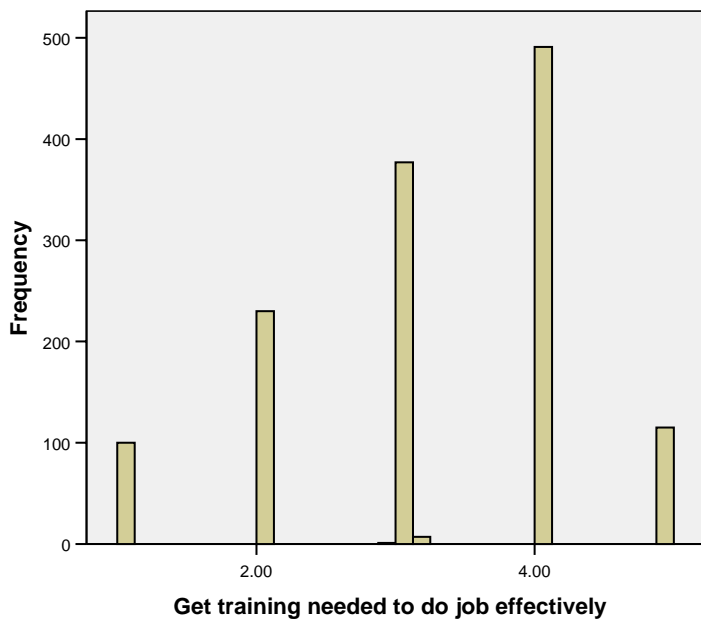
Mean =2.8768
Std. Dev. =1.59551
N =1,321

Training not paid by employer



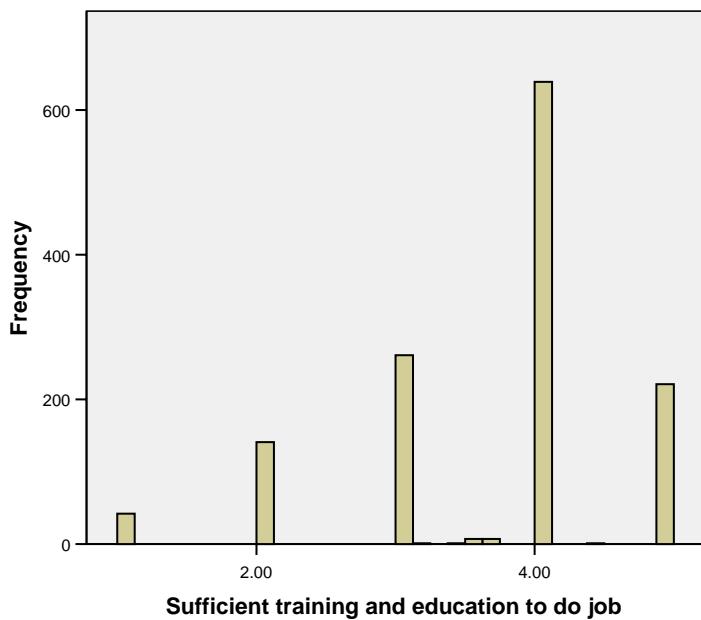
Mean =2.7568
Std. Dev. =1.86381
N =1,321

Get training needed to do job effectively



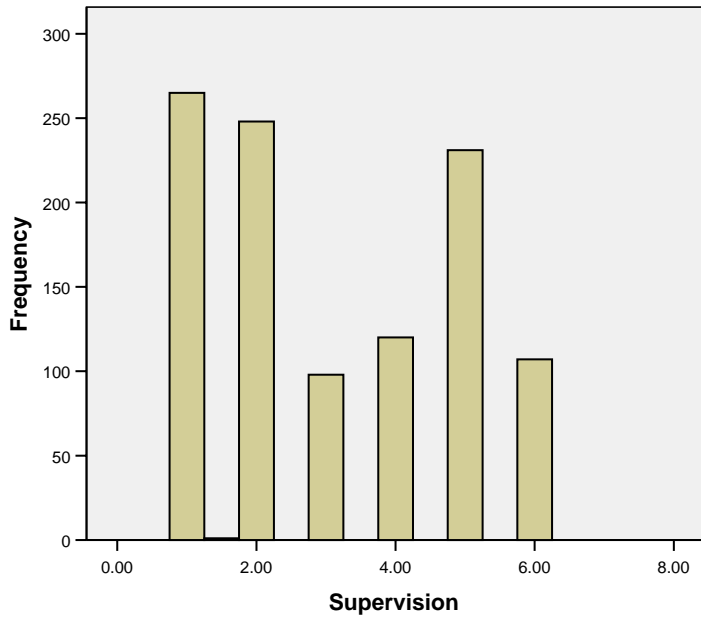
Mean =3.2216
 Std. Dev. =1.07186
 N =1,321

Sufficient training and education to do job



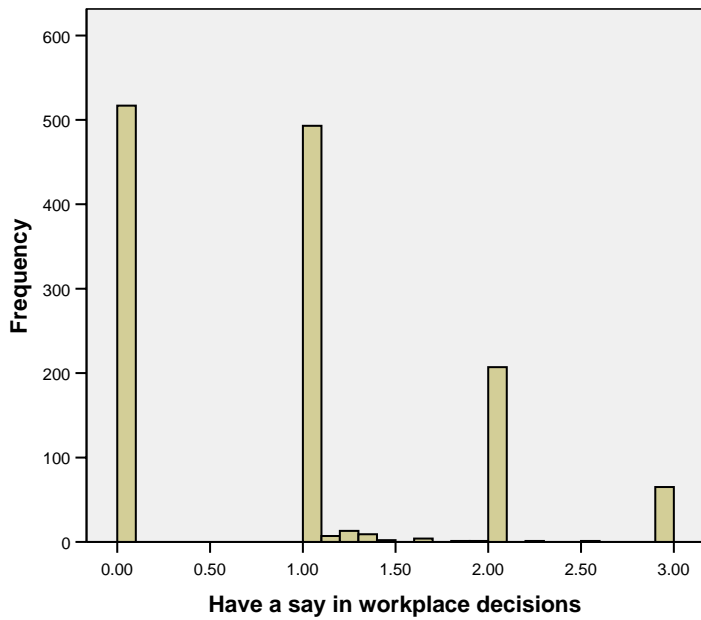
Mean =3.656
 Std. Dev. =0.98134
 N =1,321

Supervision



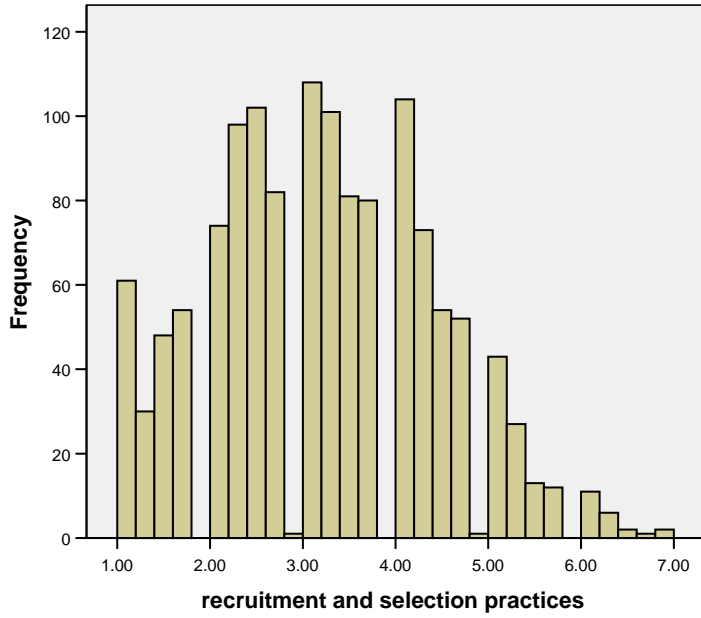
Mean =3.1154
Std. Dev. =1.75778
N =1,070

Have a say in workplace decisions



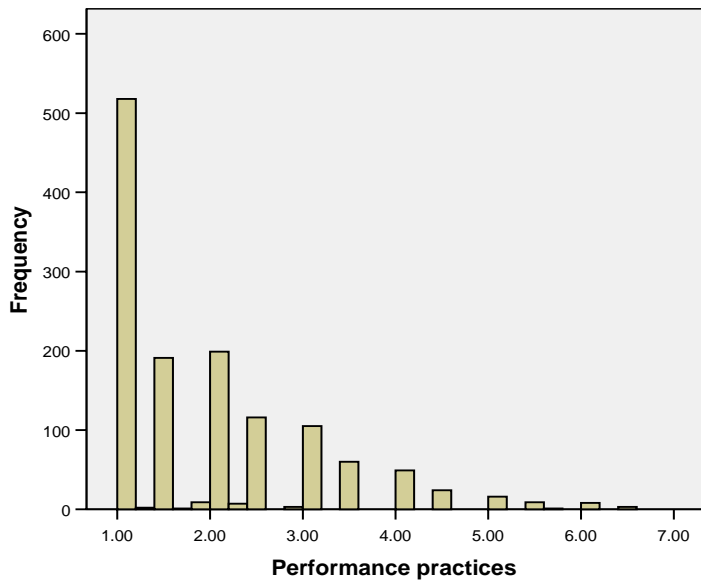
Mean =0.876
Std. Dev. =0.85884
N =1,321

recruitment and selection practices



Mean =3.186
Std. Dev. =1.20864
N =1,321

Performance practices

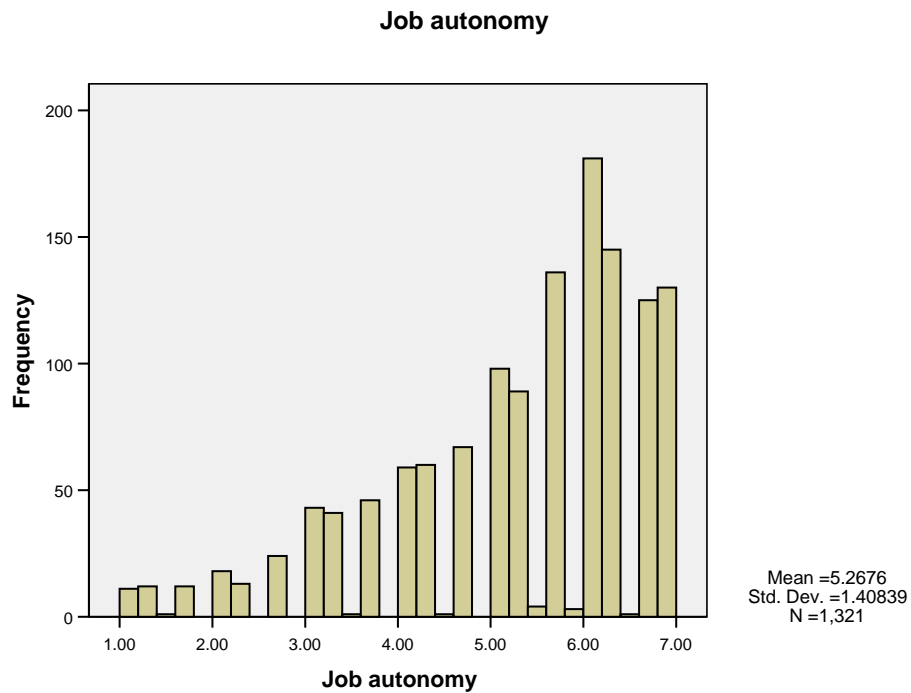


Mean =1.9462
Std. Dev. =1.11403
N =1,321

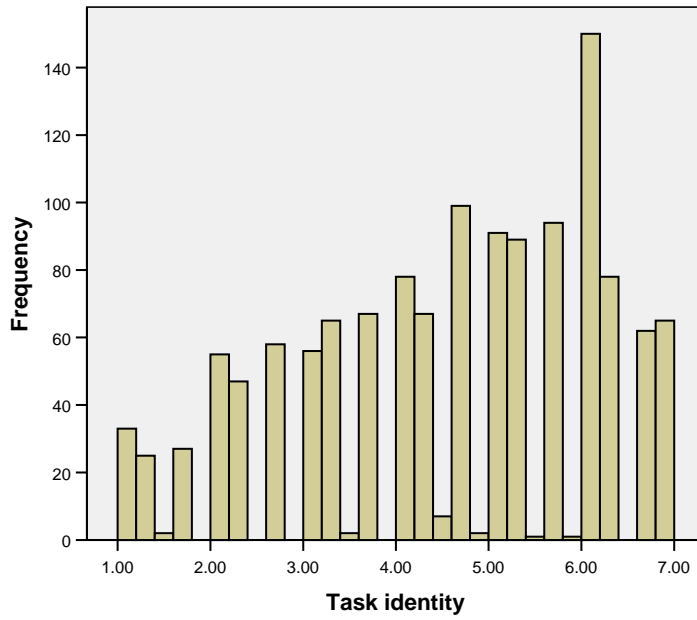
4.3. Key Findings for Job Characteristics

This section provides an overview of five critical job dimensions: autonomy, task identity, task significance, skill variety and feedback. High scores on these dimensions suggest that a job is motivating and satisfying.

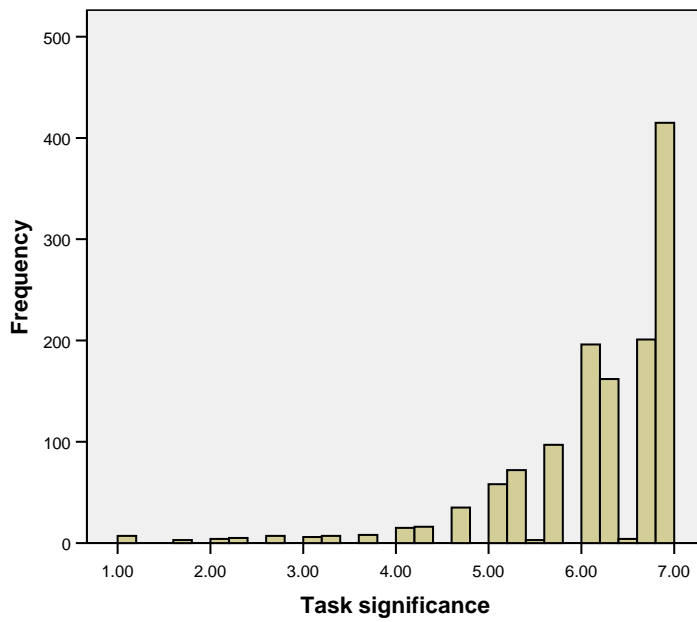
Job Characteristics		Total Sample	Mgmt	RNs	PCWs
Job autonomy (scale from 1 to 7)		5.26 1.40	5.97 1.11	5.16 1.43	5.27 1.37
Task Identity (scale from 1 to 7)		4.51 1.61	4.14 1.65	4.47 1.60	4.78 1.58
Task Significance (scale from 1 to 7)		6.15 1.01	6.58 0.72	6.08 1.01	6.16 1.06
Skill Variety (scale from 1 to 7)		5.53 1.36	6.39 0.89	5.37 1.40	5.56 1.29
Feedback (scale from 1 to 7)		4.44 1.42	4.49 1.45	4.34 1.41	4.70 1.43



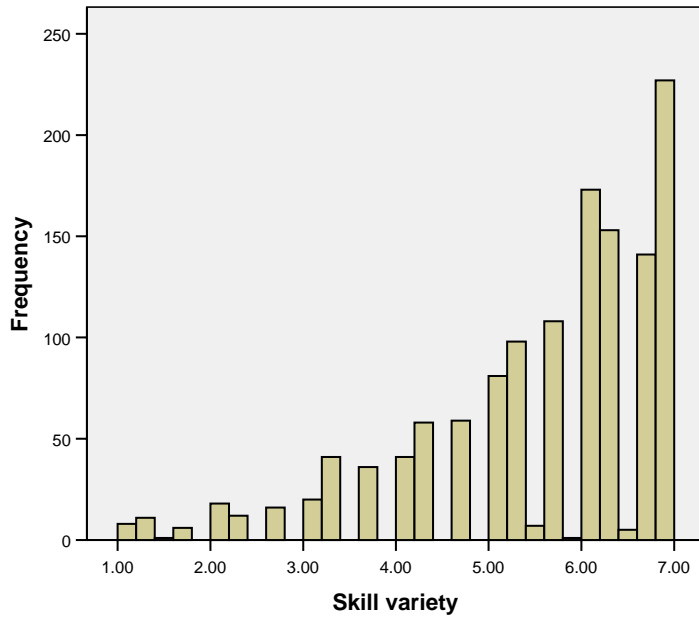
Task identity



Task significance

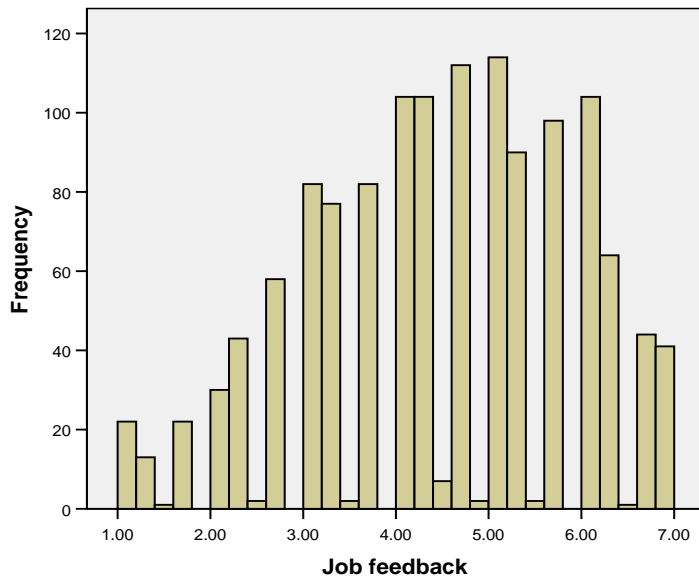


Skill variety



Mean =5,5359
Std. Dev. =1,36477
N =1,321

Job feedback



Mean =4,4445
Std. Dev. =1,42922
N =1,321

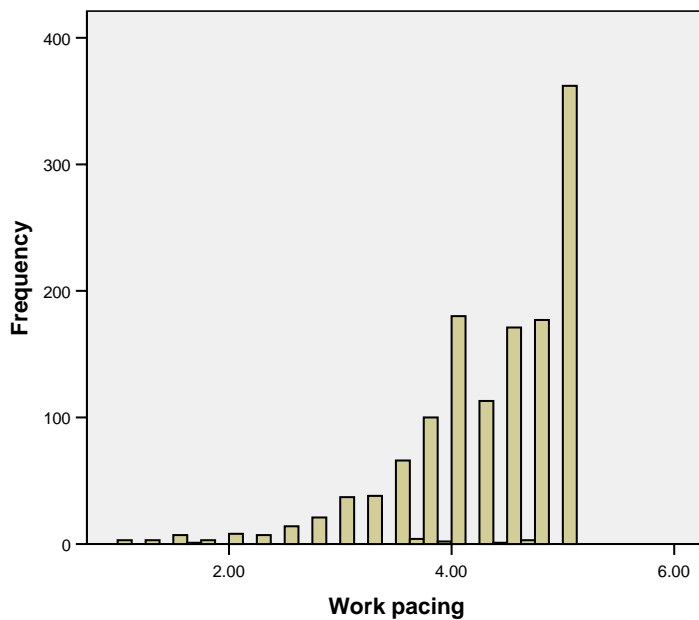
4.4. Key Findings for Job Stressors

This section provides an overview of the levels of stress reported by the entire sample as well as by occupational classification. These descriptive statistics suggest that employees are experiencing high to very high levels of work load related stressors. They also report experiencing resident aggression more than observing co-workers acting aggressively towards residents.

Job Stressors	Total Sample	Mgmt	RNs	PCWs
Work Pacing (scale from 1 to 5)	4.27 0.74	4.45 0.59	4.26 0.74	4.24 0.78
Work Overload (scale from 1 to 5)	4.17 0.54	4.39 0.52	4.16 0.54	4.10 0.54
Work Intensification (scale from 1 to 5)	4.07 0.86	4.05 0.86	4.06 0.84	4.10 0.93
Workload Due to Resident Classification ¹ (scale from 1 to 7)	5.67 1.40	5.67 1.51	5.77 1.36	5.39 1.45
Role Conflict (scale from 1 to 5)	2.52 0.90	2.70 0.92	2.51 0.89	2.50 0.94
Co-worker aggression (scale from 0 to 5)	0.74 1.03	0.64 0.91	0.74 1.00	0.79 1.12
Resident aggression (scale from 0 to 5)	2.09 1.38	1.98 1.36	2.13 1.38	2.01 1.40

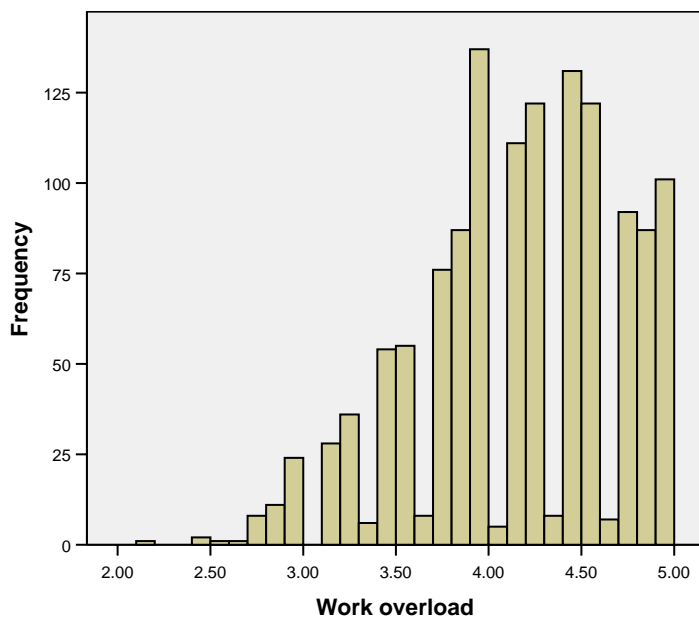
¹ 263 respondents reported not completing paper work for resident classification.

Work pacing



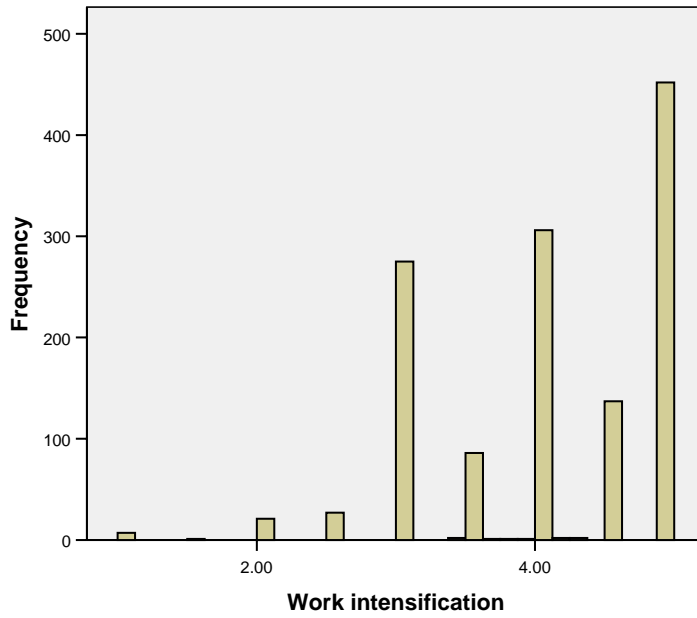
Mean =4.2777
Std. Dev. =0.74084
N =1,321

Work overload



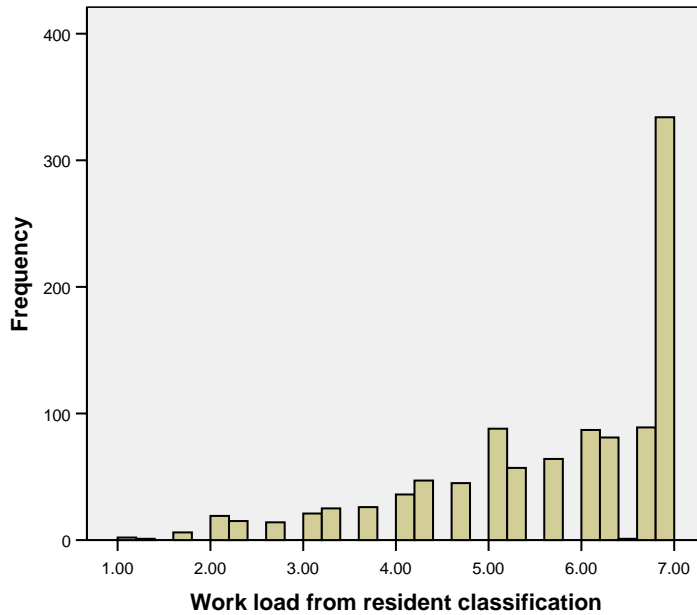
Mean =4.172
Std. Dev. =0.54669
N =1,321

Work intensification



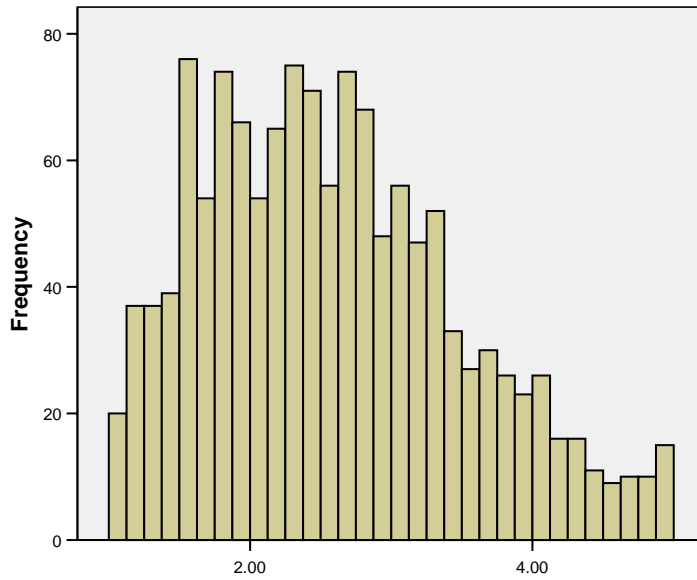
Mean =4.0726
Std. Dev. =0.86633
N =1,321

Work load from resident classification



Mean =5.6736
Std. Dev. =1.40923
N =1,058

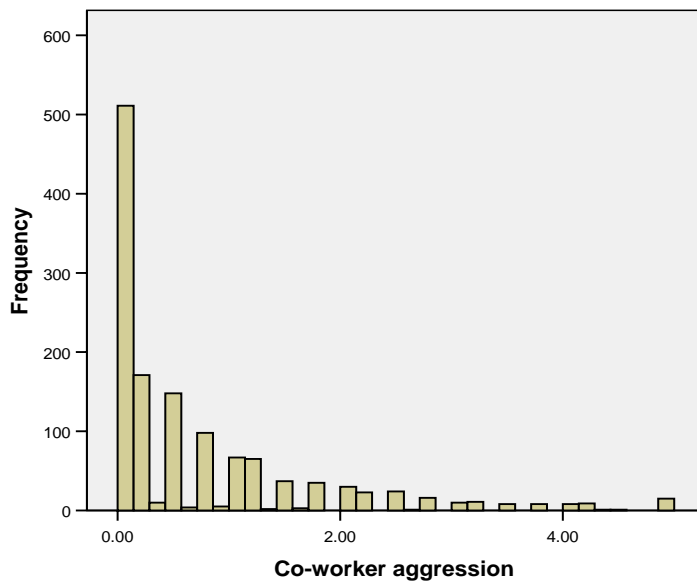
Role conflict



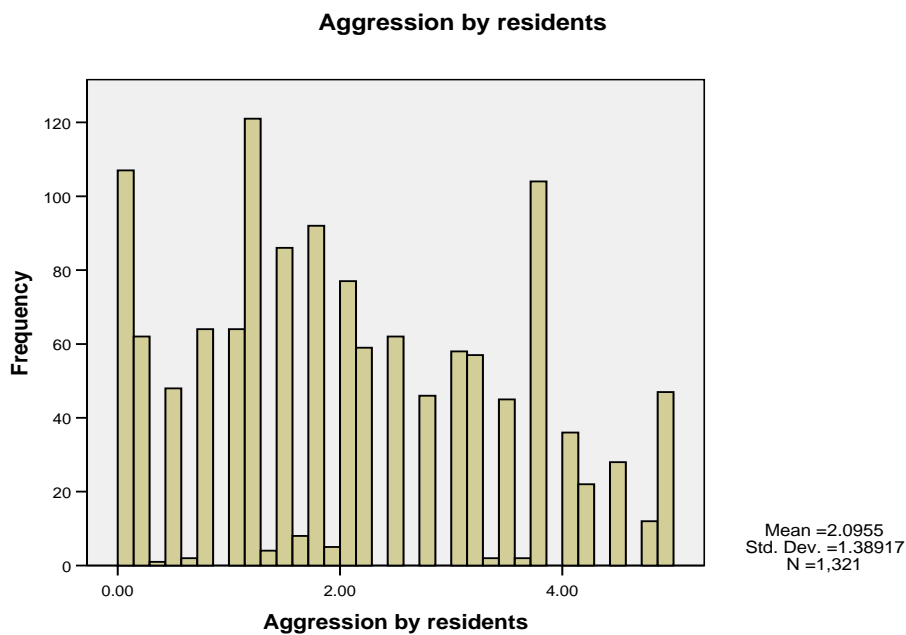
Mean =2.5292
Std. Dev. =0.90951
N =1,321

Role conflict

Co-worker aggression



Mean =0.7345
Std. Dev. =1.03136
N =1,321

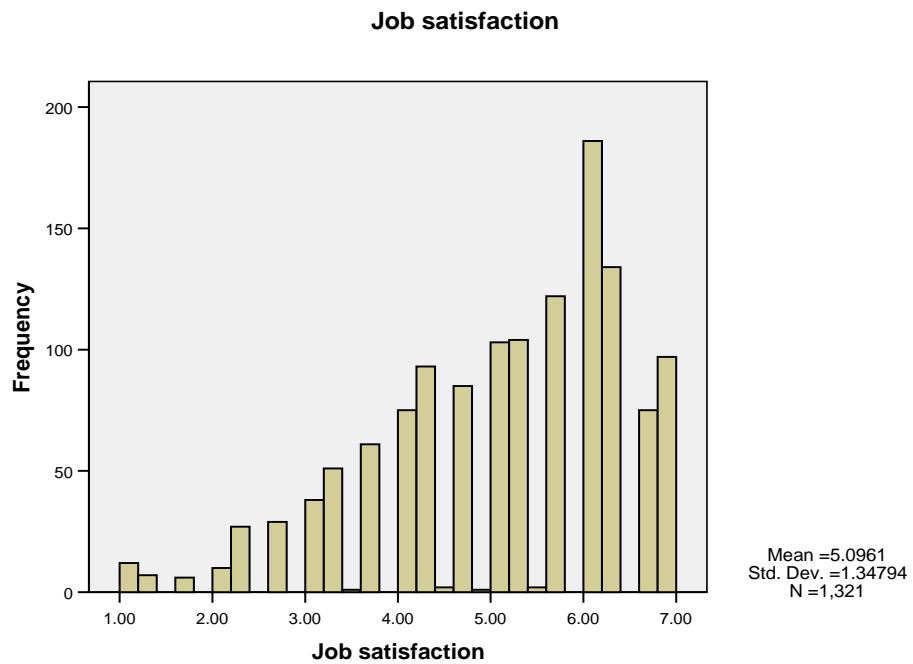


4.5. Key Findings for Work and Psychological Health and Resident Outcomes

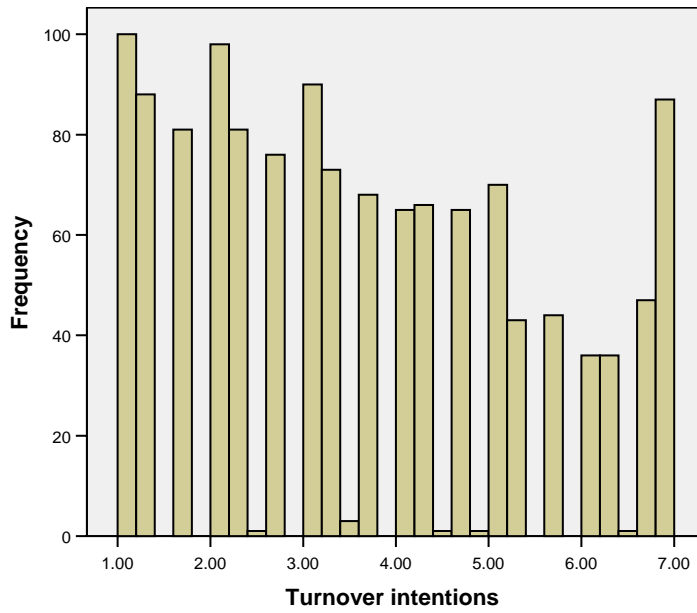
This section provides an overview of work, psychological health and resident outcomes.

Work, Psychological & Resident outcomes	Total Sample	Mgmt	RNs	PCWs
Job Satisfaction (scale from 1 to 7)	5.09 1.34	5.33 1.34	4.99 1.33	5.27 1.35
Turnover Intentions (scale from 1 to 7)	3.61 1.83	3.36 1.86	3.63 1.77	3.66 1.96
Career Commitment (scale from 1 to 5)	3.13 0.85	3.33 0.85	3.01 0.85	3.40 0.79
Emotional Exhaustion (scale from 1 to 7)	3.89 1.54	4.09 1.55	3.90 1.54	3.79 1.52
Psychological Strain (scale from 0 to 3)	1.48 0.39	1.49 0.43	1.49 0.38	1.45 0.41
Resident Care (scale from 1 to 5)	3.53 0.86	3.72 0.84	3.54 0.84	3.43 0.90

Work, Psychological & Resident outcomes		Total Sample	Mgmt	RNs	PCWs
Resident Voice (scale from 1 to 5)		3.59	3.76	3.53	3.70
		0.85	0.81	0.83	0.93

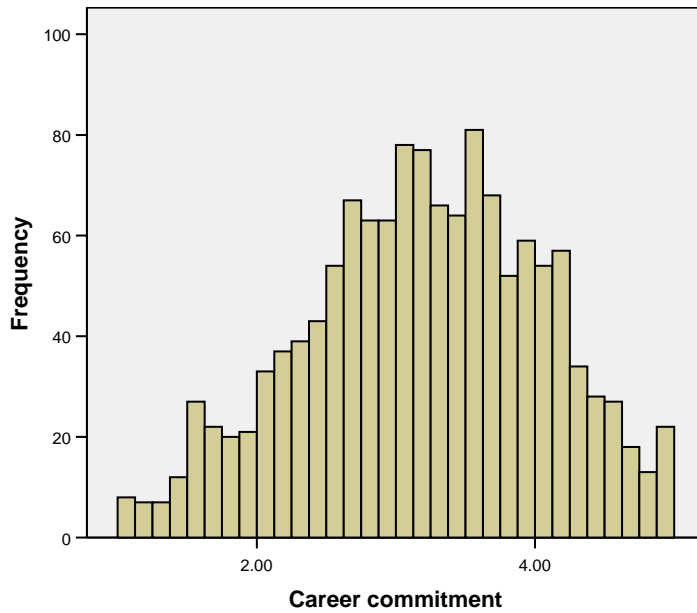


Turnover intentions



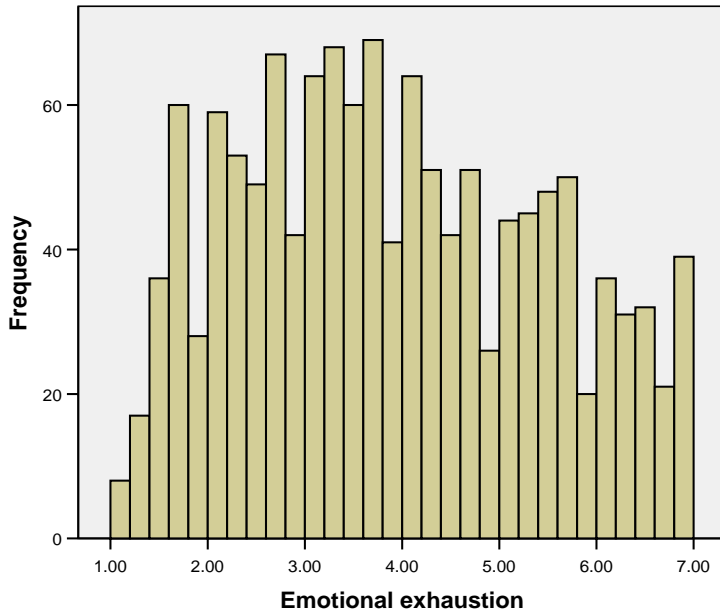
Mean =3.6156
Std. Dev. =1.83107
N =1,321

Career commitment

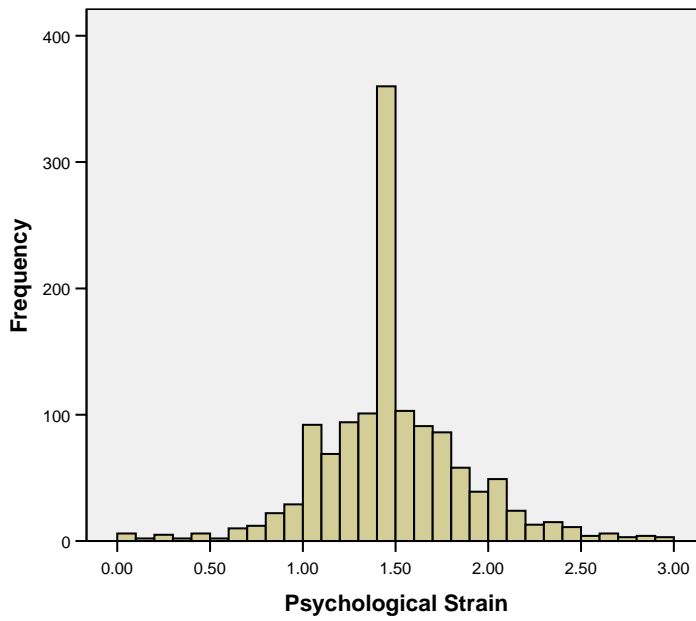


Mean =3.1397
Std. Dev. =0.85755
N =1,321

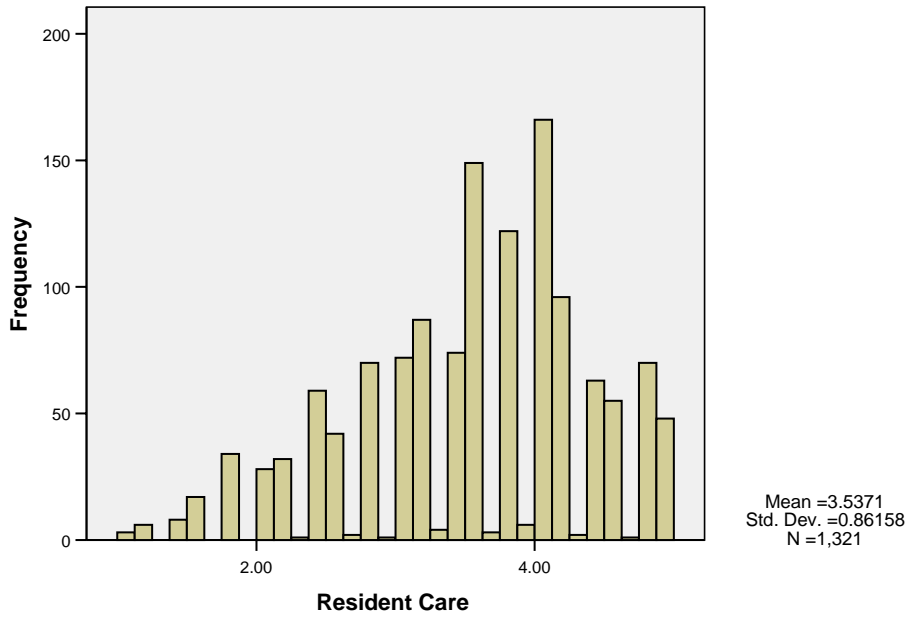
Emotional exhaustion



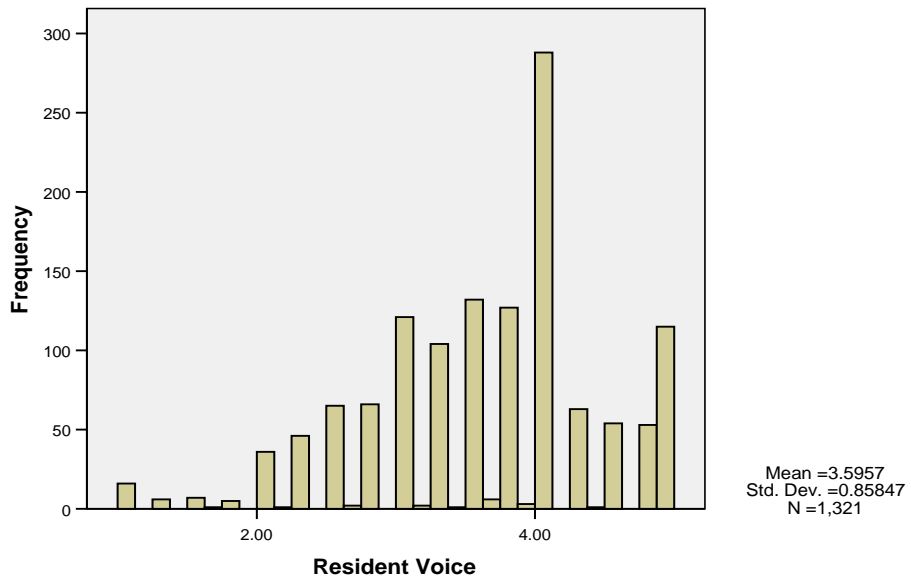
Psychological Strain



Resident Care



Resident Voice

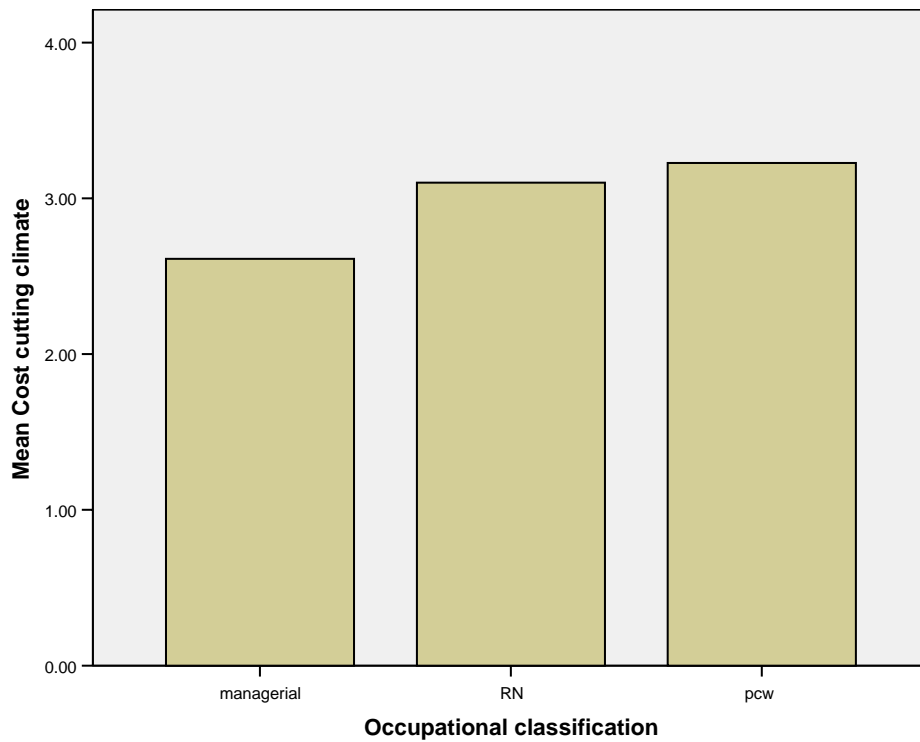


4.6. Key Findings for Group Comparisons

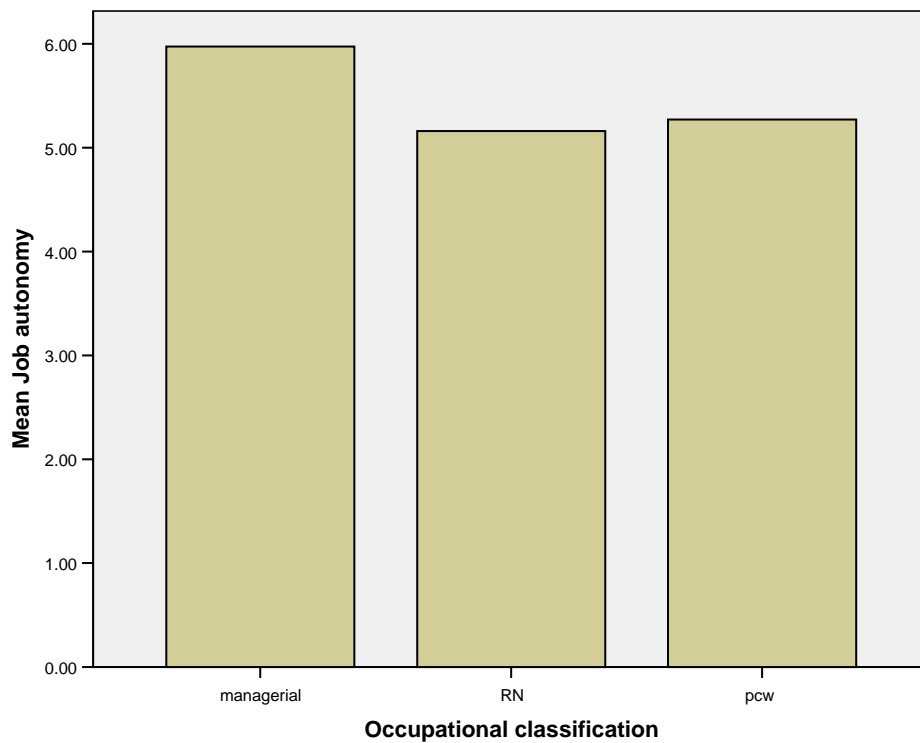
There were no significant differences among managers, registered nurses and personal care workers on the following scales:

1. Regenerative climate
2. Organisational trust
3. Supervision
4. Teams
5. Recruitment and selection practices
6. Performance practices
7. All of the training questions
8. Work pacing
9. Work intensification
10. Role conflict
11. Work load from resident classification
12. Resident aggression
13. Co-worker aggression
14. Job satisfaction
15. Turnover intentions
16. Emotional exhaustion
17. Psychological strain
18. Resident voice
19. Resident care

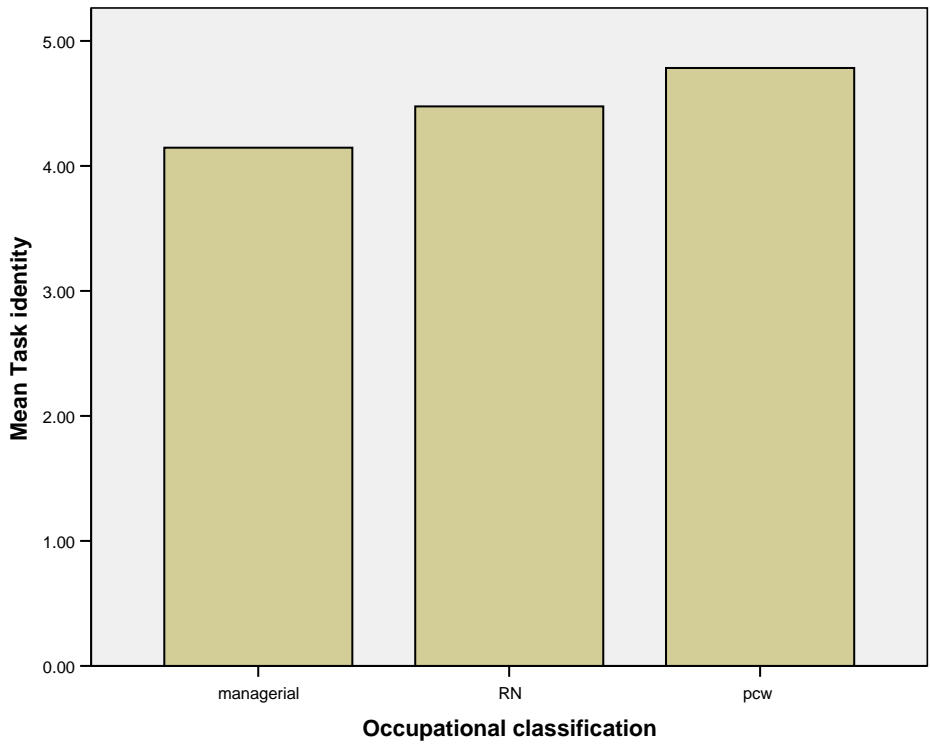
The graphs below depict the facility and work place characteristics where there were differences among the job categories.



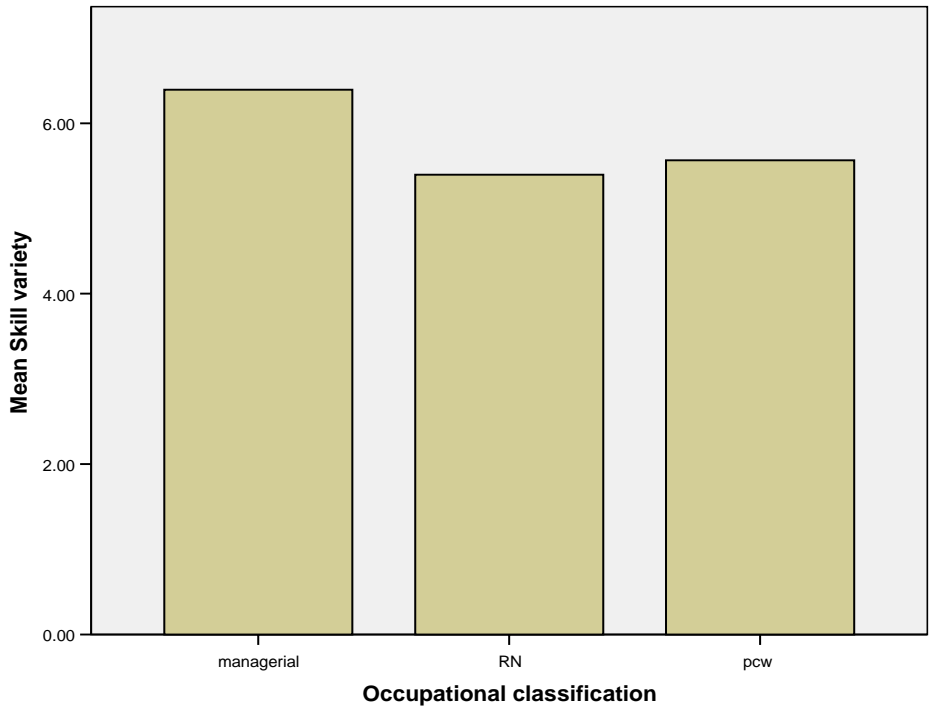
Nurses and personal carer workers reported higher levels of cost cutting in their facilities than managers.



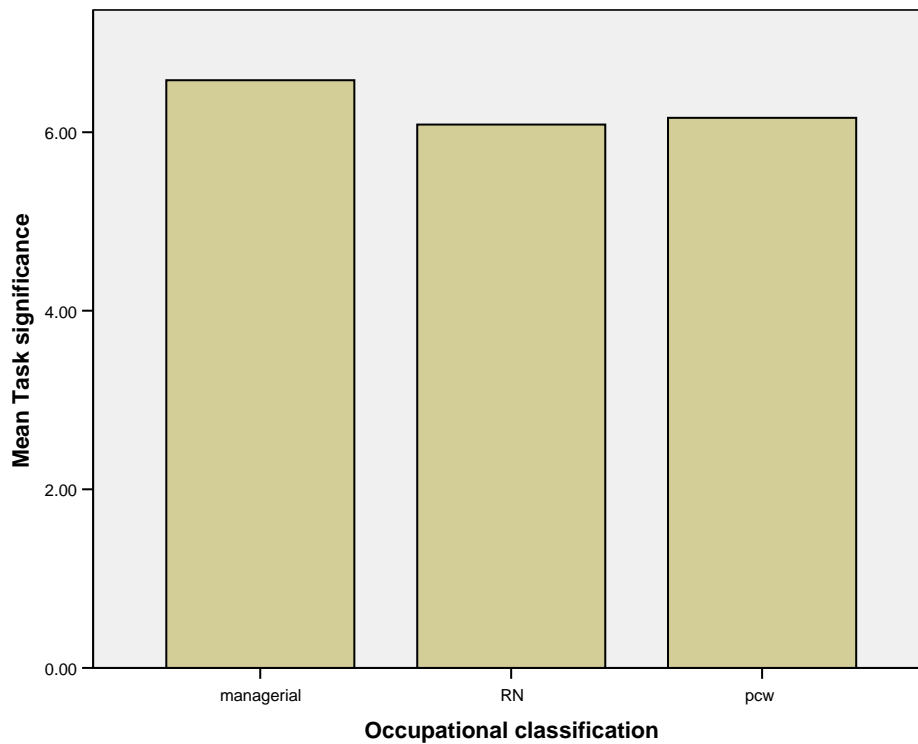
Managers reported high levels of job autonomy than nurses or personal care workers.



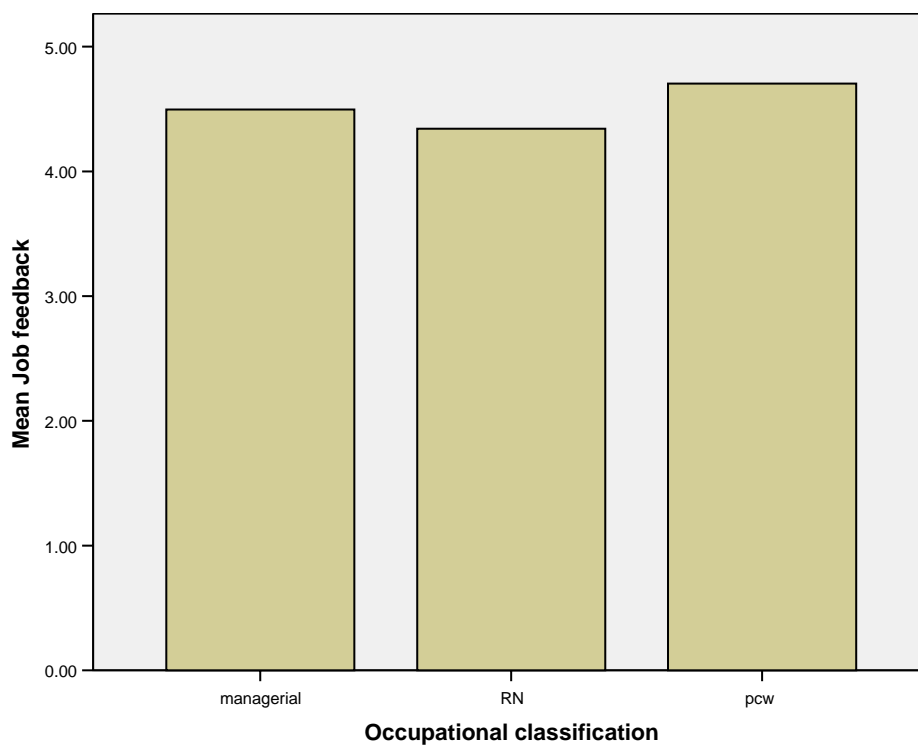
Personal care workers reported higher levels of task identity than managers. There were no differences for nurses.



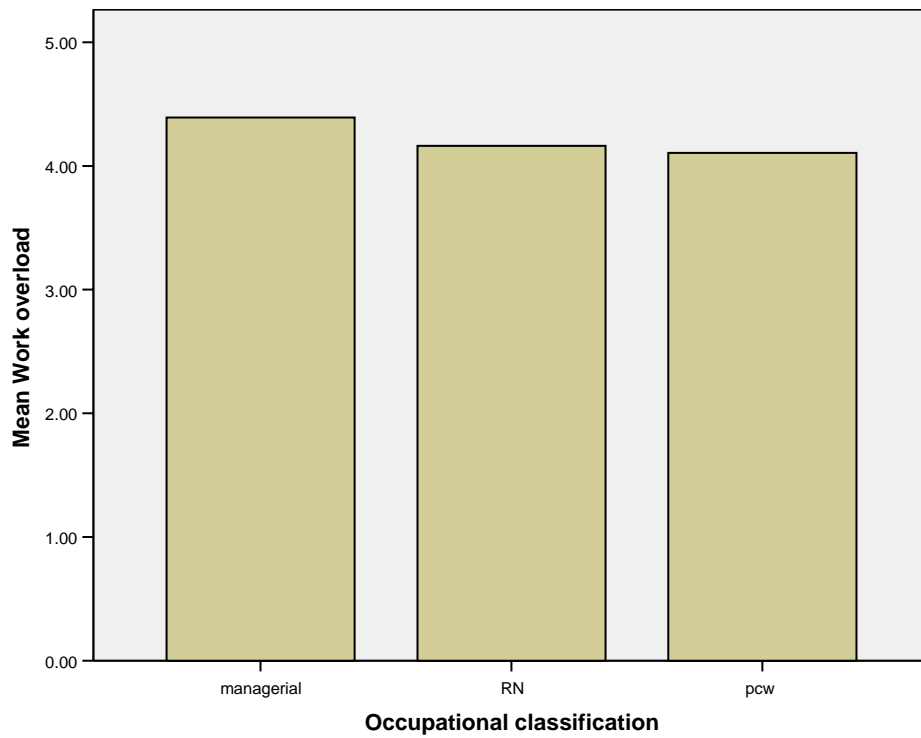
Managers reported the highest level of skill variety compared to nurses and personal carers.



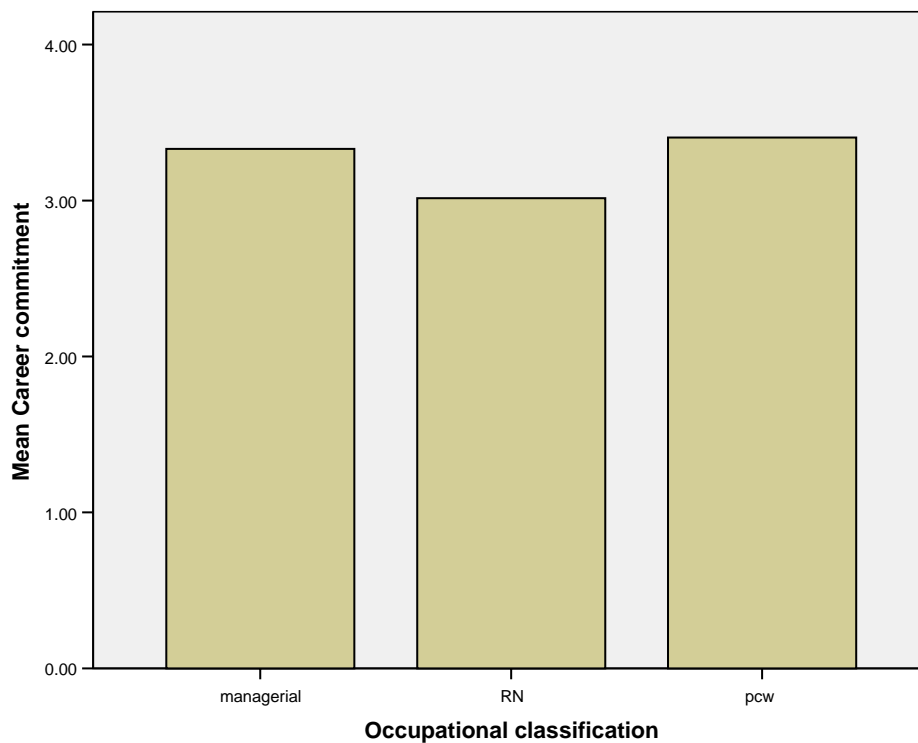
Managers reported higher levels of task significance than nurses or personal carers.



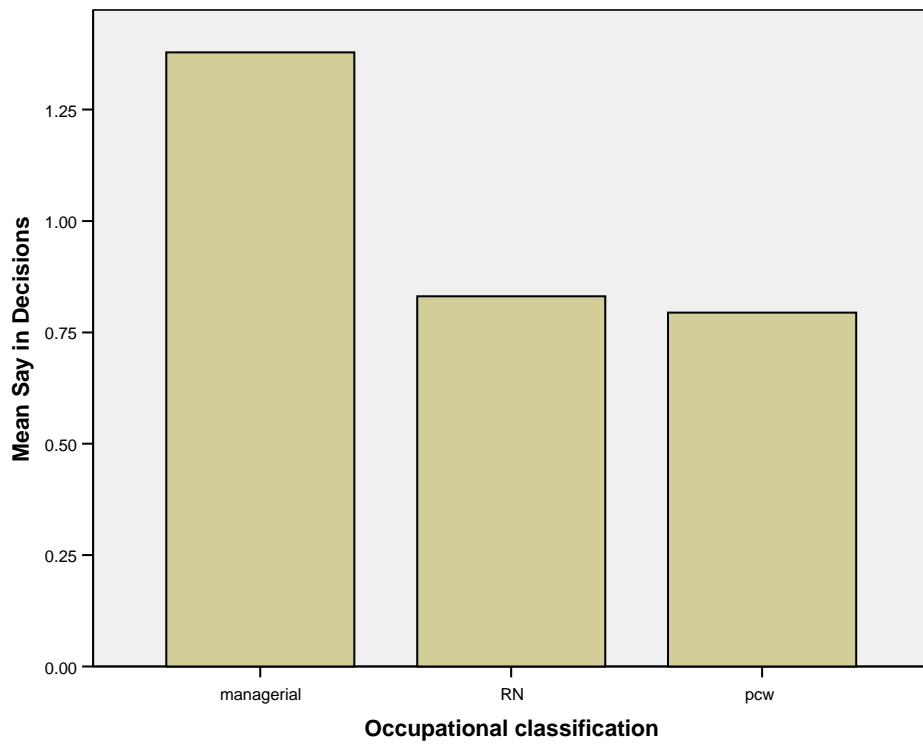
Nurses reported getting less feedback than personal carers. There were no differences for managers compared to the other two occupational groups.



Managers report higher levels of work overload as compared to nurses and personal carers.



Nurses report the lowest level of career commitment as compared to personal carers and managers.



Managers report high levels of say in decision making compared to nurses and personal carers.

5. Findings for Job Stressors – Work, Psychological Health & Resident Outcomes Relationships

A set of statistical analyses were run to determine how well the job stressors predicted the outcomes after a number of different demographic variables had been controlled for (for full listing of variables see below). Overall the job stressors were much stronger predictors, than the demographic variables, of the outcomes. Role conflict emerged as a central variable with many of the job stressors resulting in increases in role conflict which in turn negatively impacted the outcome variables. Detailed information on the results for each of the outcome variables is provided on the next page.

Demographics	Job Stressors	Outcomes
Gender	Work Pacing	Job Satisfaction
Age	Work Overload	Turnover Intentions
Relationship Status	Work Intensification	Career Commitment
Highest Qualification	Workload due to RCS	Emotional Exhaustion
Employment Status	Role Conflict	Psychological Strain
Hours worked per week	Co-worker Aggression	Resident Care
Occupation Time	Resident Aggression	Resident Voice
Organisation Time		
Organisation Ownership		

5.1. Job Satisfaction

- Significantly predicted by:
 - Demographics
 - Age: Older workers were more satisfied with their job.
 - Hours worked per week: The more hours an individual worked per week the more likely they were to be satisfied with their job.
 - Occupation Time: The longer an individual had been working in their current occupation the less likely they were to be satisfied.
 - Work Stressors
 - Work Pacing: Individuals who felt they had to work very quickly reported higher levels of role conflict which in turn led them to also report lower levels of job satisfaction.
 - Workload due to RCS: Individuals who felt their workload had increased as a result of RCS also reported higher levels of role conflict which in turn led them to report lower levels of job satisfaction.
 - Role Conflict: Individuals who experienced high levels of role conflict reported lower levels of job satisfaction.
 - Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents also reported higher levels of role conflict which in turn led them to report lower levels of job satisfaction.
 - Resident Aggression: Individuals who experienced aggression from residents also reported higher levels of role conflict which in turn led them to report lower levels of job satisfaction.
 - Overall the demographic variables accounted for 3.2% of the variance in job satisfaction, while the work stressor variables accounted for an additional 14.4% of the variance.

5.2. Turnover Intentions

- Significantly predicted by:
 - Demographics
 - Age: Older workers were less likely to leave their current job.
 - Employment Status: Casual employees were more likely to leave their current job.
 - Work Stressors
 - Work Pacing: Individuals who perceived they had to work very quickly were more likely to leave their current job.
 - Work Intensification: Individuals who reported an increase in the intensity of their work over the last 12 months also reported higher

levels of role conflict which in turn led them to be more likely to leave their current job.

- Role Conflict: Individuals who reported high levels of role conflict were more likely to leave their current job.
 - Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents were more likely to leave their current job.
 - Resident Aggression: Individuals who experienced aggression from residents also reported higher levels of role conflict which in turn led them to be more likely to leave their current job.
- Overall the demographic variables accounted for 6.8% of the variance in turnover intentions, while the work stressor variables accounted for an additional 13% of the variance.

5.3. Career Commitment

- Significantly predicted by:
 - Demographics
 - Age: Older workers were more committed to a career in aged care.
 - Employment Status: Casual employees were less committed to a career in aged care.
 - Occupation Time: The longer an individual had worked in their current occupation the less committed they were to a career in aged care.
 - Organisation Ownership: Individuals who work in privately owned (as compared to public) facilities were more committed to their career in aged care.
 - Work Stressors
 - Work Pacing: Individuals who felt they had to work very quickly also experienced higher levels of role conflict which in turn led them to be less committed to a career in aged care.
 - Role Conflict: Individuals who reported high levels of role conflict had lower levels of commitment to a career in aged care.
 - Resident Aggression: Individuals who experienced aggression from residents were less committed to a career in aged care.
- Overall the demographic variables accounted for 3.7% of the variance in career commitment, while the work stressor variables accounted for an additional 4.1% of the variance.

5.4. Emotional Exhaustion

- Significantly predicted by:
 - Demographics
 - Age: Younger workers were more emotionally exhausted.
 - Highest qualification: Workers with higher qualifications were less likely to be emotionally exhausted.
 - Hours worked per week: The more hours an individual worked per week the more likely they were to be emotionally exhausted.
 - Work Stressors
 - Work Pacing: Individuals who perceived that they had to work very quickly reported higher levels of emotional exhaustion.
 - Work Overload: Individuals who felt they frequently had too much work to do reported higher levels of emotional exhaustion.
 - Workload due to RCS: Individuals who felt their workload had increased as a result of RCS also reported higher levels of role conflict which in turn led them to report higher levels of emotional exhaustion.
 - Work Intensification: Individuals who felt the level of work expected of them had significantly increased over the last 12 months reported higher levels of emotional exhaustion.
 - Role Conflict: Individuals who perceived high levels of role conflict also reported high levels of emotional exhaustion.
 - Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents also reported higher levels of role conflict which in turn led them to report higher levels of emotional exhaustion.
 - Resident Aggression: Individuals who experienced aggression from residents experienced higher levels of emotional exhaustion.
- Overall the demographic variables accounted for 2.7% of the variance in emotional exhaustion, while the work stressor variables accounted for an additional 35.5% of the variance.

5.5. Psychological Strain

- Significantly predicted by:
 - Demographics
 - Gender: Females experienced higher levels of psychological strain.
 - Age: Older workers experienced less psychological strain.
 - Highest qualification: Workers with higher qualifications experienced lower levels of psychological strain.

- Organisation Time: The longer an individual had been working at their current organisation the more likely they were to experience psychological strain.
- Work Stressors
 - Work Overload: Individuals who felt they frequently had too much work to do reported higher levels of psychological strain.
 - Work Intensification: Individuals who felt the level of work expected of them had significantly increased over the last 12 months also reported higher levels of role conflict which in turn led them to report higher levels of psychological strain.
 - Role Conflict: Individuals who reported high levels of role conflict also reported high levels of psychological strain.
 - Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents also experienced high levels of role conflict which in turn led them to report higher levels of psychological strain.
 - Resident Aggression: Individuals who experienced aggression from residents also experienced high levels of role conflict which in turn led them to report higher levels of psychological strain.
- Overall the demographic variables accounted for 1.8% of the variance in psychological strain, while the work stressor variables accounted for an additional 12.1% of the variance.

5.6. Resident Outcomes – Resident Care & Resident Voice

5.6.1. Resident Care

- Significantly predicted by:
 - Demographics
 - Hours worked per week: The more hours an individual worked per week the higher they perceived resident care to be at their workplace.
 - Organisation Time: The longer an individual had been working at their current organisation the higher they perceived resident care to be at their workplace.
 - Organisation Ownership: Individuals who worked in privately owned facilities reported lower levels of resident care at their workplace.
 - Work Stressors
 - Work Pacing: Individuals who felt they frequently had to work very quickly also reported higher levels of role conflict which in turn led them to report lower levels of resident care at their current workplace.

- Work Intensification: Individuals who felt the level of work expected of them had significantly increased over the last 12 months also reported higher levels of role conflict which in turn led them to report lower levels of resident care at their workplace.
- Role Conflict: Individuals who reported high levels of role conflict also reported lower levels of resident care at their current workplace.
- Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents also perceived there to be lower levels of resident care at their current workplace.
- Overall the demographic variables accounted for 4.7% of the variance in resident care, while the work stressor variables accounted for an additional 21.1% of the variance.

5.6.2. Resident Voice

- Significantly predicted by:
 - Demographics
 - Highest Qualification: Workers with higher qualifications perceived that residents had low levels of voice at their workplace.
 - Hours worked per week: The more hours an individual worked per week the more likely they were to perceive residents to have high levels of voice at their workplace.
 - Work Stressors
 - Work Overload: Individuals who felt they frequently had too much work to do also reported higher levels of role conflict which in turn led them to report lower levels of resident voice at their current workplace.
 - Role Conflict: Individuals who reported high levels of role conflict also reported lower levels of resident voice at their current workplace.
 - Co-worker Aggression: Individuals who witnessed co-workers behaving aggressively towards residents also perceived there to be lower levels of resident voice at their current workplace.
 - Resident Aggression: Individuals who experienced aggression from residents also reported higher levels of role conflict which in turn led them to perceive there to be lower levels of resident voice at their current workplace.
 - Overall the demographic variables accounted for 2.8% of the variance in resident voice, while the work stressor variables accounted for an additional 18.1% of the variance.

6. Recommendations

First the results suggest that developing interventions that reduce job stress may be an important way forward. Four types of interventions may be required: (1) the reduction of cost-cutting; (2) related to this is the management of workloads; (3) managing the stress experienced from caring for residents that are aggressive; (4) developing mechanisms to facilitate employees *voicing* concerns regarding witnessing co-worker aggression.

In terms of primary interventions, nursing homes need to develop alternative strategies to cost-cutting. The evidence suggests that cost-cutting in private facilities is leading to more negative consequences for the quality of resident care than in public facilities. If this change is untenable then nursing homes need to develop low cost strategies for improving the quality of care and quality of working lives, for example, the engagement of volunteer and local communities in “care” activities. Evidence from the United States suggests that regenerative type climates have far better outcomes for the well-being of employees as well as residents.

Workload management is very important concern and nurse managers appear to experience higher levels of work overload, though all three occupational classifications are reporting high to very high loads and work intensification. Assessing staffing levels and staffing ratios may well be a valuable way forward, though it is acknowledged that cost-cutting strategies may need to be addressed before this issue can be tackled.

Third, with the ageing population we are likely to see more complex health and mental health issues which may be related to progressively more aggressive residents. Employees need to have realistic expectations about what it is like to work in nursing homes and also develop coping strategies that externalize the attributions regarding resident aggression.

Last, witnessing co-workers being aggressive appears to create ethical and moral tensions for employees, putting in place mechanisms for addressing this is fundamental. Here though there needs to be a three-pronged approach. Specifically, like with police officers, selecting employees who are low on provocation (or hostility) is important; thus, reducing the likelihood of aggression occurring. Second, having in place reporting mechanisms is also critical. Third, training employees on the subject of their duty of care to residents is also likely to reduce aggression in nursing homes.

In summary, the findings from this study highlight the very real work, health and care issues for nurse managers, nurses and personal carers working in the Victorian aged care industry. Based on these findings, retention of employees and broader resident outcome problems such as hospital readmissions are likely to become greater as the Australian population ages and greater demand is placed on a sector already under significant strain.

Appendix A: Scale Items

Organisational Climate

Cost-Cutting Climate

1. My nursing home focuses on cost saving at the expense of resident care.
 2. My nursing home emphasises getting the job done as quickly as possible.
 3. My nursing home cuts corners to get the job done.
-

Regenerative Climate

1. My nursing home focuses on care which emphasises dignity, choice and growth for residents and employees.
 2. My nursing home encourages social interactions among staff, residents and visitors.
 3. My nursing home develops a community feeling among the residents and employees.
 4. My nursing home is all about maximising the health and regeneration of its residents.
-

Note: Response scale ranged from 1 “Strongly Disagree” through to 5 “Strongly Agree”.

Organisational Trust

1. I believe my employer has high integrity.
 2. I can expect my employer to treat me in a consistent and predictable fashion.
 3. My employer is not always honest and truthful.
 4. In general, I believe my employer’s motives and intentions are good.
 5. I don’t think my employer treats me fairly.
 6. My employer is open and upfront with me.
 7. I am not sure I fully trust my employer.
-

Note: Response scale ranged from 1 “Strongly Disagree” through to 5 “Strongly Agree”.

Management Practices

Training

1. During the past 12 months, how much training have you had, paid for by your employer? Include only training away from your normal place of work, but it could be on or off the premises.
 2. During the past 12 months, how much training have you had, NOT paid for by your employer? Include only training away from your normal place of work, but it could be on or off the premises.
 3. To what extent do you agree or disagree that you get the training needed to do your job effectively?
 4. To what extent do you agree or disagree that you’ve had sufficient training and education to do the work you’re doing?
-

Note: Response categories for questions 1 & 2 were 1- none, 2- less than one day, 3 – one to less than two days, 4 – two to less than five days, 5- five to less than ten days, 6 – ten or more days. The response scale for questions 3 & 4 ranged from 1 “Strongly Disagree” through to 5 “Strongly Agree”.

Supervision

When you are working, how often does a supervisor or manager check on your work?

- Never
 - Less than once a week
 - Once a week
 - Several times per week
 - Daily
 - More than once a day
 - Don't know
-

Decision Making

1. Suppose there was going to be some decision made at your place of work that changed the way you do your job. Do you think that you personally would have any say in the decision about the change? Yes No Don't Know
 2. If you answered YES, how much say or chance to influence the decision do you think you would have?
 1. A Great Deal
 2. Quite a Lot
 3. Just a Little
-

Recruitment & Selection Practices

1. How rigorous is the employee selection processes for a job in this organisation? (e.g. Does the process involve tests, interviews etc?)

Response scale ranged from 1 "Not rigorous" through to 7 "Very rigorous".

2. How much money is generally spent selecting people for a job?

Response scale ranged from 1 "Very little" through to 7 "A great deal".

Performance Practices

3. How much effort is given to measuring employee performance?

Response scale ranged from 1 "Very little" through to 7 "A great deal".

4. How often is performance discussed with employees?

Response scale ranged from 1 "Rarely" through to 7 "Daily".

5. How closely are raises, promotions, etc., tied to performance appraisal?

Response scale ranged from 1 "Not closely" through to 7 "Very closely".

Use of Teams

1. Are you a member of a formally designated work team? (i.e. Do you work with the same group of people on an ongoing basis in a team?) Yes No

2. Which of the following statements apply to the team which you are a member of?

- Teamwork depends on team members working together. Yes No
 - Team members appoint their own team leaders. Yes No
 - Team members jointly decide how work is to be done. Yes No
 - Teams are given responsibility for particular tasks or services. Yes No
-

Job Characteristics

Listed below are a number of statements that could describe a job. Please indicate whether each statement is an **accurate** or **inaccurate** description of **your job**. Try to be as objective as you can in deciding how accurately each statement describes your job – regardless of whether you like or dislike your job.

Autonomy

The job gives me almost complete responsibility for deciding how and when the work is done.
The job gives me the chance to use my personal initiative and judgement in carrying out the work.
The job gives me considerable opportunity for independence and freedom in how I do the work.

Task Identity

The job involves doing a whole piece of work from start to finish, and the results of my activities are easily seen in the final product or service.
The job is arranged so that I can do an entire piece of work from beginning to end.
The job provides me with the chance to completely finish the pieces of work I begin.

Task Significance

The job is highly significant and the outcomes of my work can affect other people in very important ways.
This job is one where a lot of other people can be affected by how well the work gets done.
The job itself is very significant or important in the broader scheme of things.

Skill Variety

The job requires me to do many different things, using a variety of different skills and talents.
The job requires me to use a number of complex or high-level skills.
The job is quite complex and varied.

Feedback

The job is set up so that I get almost constant “feedback” as I work about how well I am doing. Just doing the work required by the job provides many chances for me to figure out how well I am doing.
After I finish a job, I know whether I performed well.

Note: Response scale ranged from 1 “Very Inaccurate” through to 7 “Very Accurate”.

Job Stressors

These questions deal with different aspects of work. Please indicate how often these aspects appear in your job.

Work Pacing

1. How often does your job require you to work very fast?
2. How often does your job require you to work very hard?
3. How often does your job leave you with little time to get things done?
4. How often is there a great deal to be done?

Note: Response scale ranged from 1 “Rarely” through to 5 “Very Often”.

Work Overload

- How much slowdown in the work load do you experience?
How much time do you have to think and contemplate?
How much work load do you have?
What quantity of work do others expect you to do?
How much time do you have to do all your work?
How many projects, assignments, or tasks do you have?
How many lulls between heavy work load periods do you have?

Note: Response scale ranged from 1 "Hardly Any" through to 5 "A Great Deal".

Work Intensification

1. Would you describe the effort you have to put into your job as compared to 1 year ago as:
 - a lot higher
 - a little higher
 - about the same
 - a little lower
 - a lot lower
2. Generally how does the intensity or the pace of work for most workers here compare with 1 year ago:
 - a lot higher
 - higher
 - about the same
 - lower
 - a lot lower

Workload due to RCS

1. Completing RCS paperwork prevents me from spending as much time as I would like on resident care activities.
2. I often feel torn between caring for residents and completing RCS paperwork.
3. Having to complete RCS paperwork doesn't interfere with my ability to care for residents.

Note: Response scale ranged from 1 "Strongly Disagree" through to 7 "Strongly Agree".

Role Conflict

1. I have to do things that I believe should be done in a different way.
2. I receive an assignment without the manpower to complete it.
3. I have to break a rule or policy in order to carry out my job.
4. I work with two or more groups who operate quite differently.
5. I receive incompatible requests from two or more people.
6. I do things that are likely to be accepted by one person and not accepted by others.
7. I receive an assignment without adequate resources and materials to execute it.
8. I work on unnecessary things.

Note: Response scale ranged from 1 "Rarely" through to 5 "Constantly".

Co-worker aggression towards residents

Sometimes when conflicts occur with residents, the staff may find it difficult to respond in ways they are supposed to. Please use the scale to indicate how frequently in the past 6 months you have seen **others** act in each of the following ways towards residents?

1. Pushed, grabbed, shoved, or pinched a resident.
2. Yelled at a resident in anger.
3. Insulted or swore at a resident.
4. Isolated a resident beyond what was needed to control him or her.

Note: Response scale ranged from 0 "Never" through to 5 "Five or more times".

Resident Aggression

Please indicate how often each of the following events have occurred over the past 6 months:

1. Been threatened with an object e.g. walking frame or stick, wheelchair, furniture.
2. A resident tried to hit you with something e.g. cup, saucer, plate, furniture, walking stick.
3. Had a door abruptly shut in your face by a resident.
4. Been yelled, shouted or sworn at by a resident.

Note: Response scale ranged from 0 "Never" through to 5 "Five or more times".

Work, Psychological & Resident Outcomes

Job Satisfaction

All in all, I am satisfied with my job.

In general, I don't like my job.

In general, I like working here.

Note: Response scale ranged from 1 "Strongly Disagree" through to 7 "Strongly Agree".

Turnover Intentions

How likely is it that you will look for a job outside of this organisation during the next year?

How often do you think about quitting your job at this organisation?

If it were possible, how much would you like to get a new job?

Note: Response scale ranged from 1 "Very Unlikely" through to 7 "Very Likely".

Career Commitment

1. If I could get another job different from being a nurse and paying the same amount, I would probably take it.
2. I definitely want a career for myself in nursing.
3. If I could do it all over again, I would not choose to work in the nursing profession.
4. If I had all the money I needed without working, I would probably still continue to work in the nursing profession.
5. I like this vocation too well to give it up.
6. This is the ideal vocation for a work life.
7. I am disappointed that I ever entered the nursing profession.
8. I spend a significant amount of personal time reading nursing-related journals or books.

Note: Response scale ranged from 1 "Strongly Disagree" through to 5 "Strongly Agree".

Emotional Exhaustion

How often do you feel:

1. Emotionally drained from your work.
2. Used up at the end of the workday.
3. Fatigued when you wake up and have to face another day on the job.
4. Working with people all day is really a strain for you.
5. Burned out from your work.
6. Frustrated by your job.
7. You're working too hard on your job.
8. Working with people directly, puts too much stress on you.
9. Like you're at the end of your rope.

Note: Response scale ranged from 1 "Never" through to 7 "Everyday".

Psychological Strain

We would like to know how your health has been in general, over the past few weeks. Please answer the following questions by circling the answer which most nearly applies to you. Have you recently...

1. Been able to concentrate on whatever you are doing?
2. Lost much sleep over worry?
3. Felt that you were playing a useful part in things?
4. Felt capable of making decisions about things?
5. Felt constantly under strain?
6. Felt that you couldn't overcome your difficulties?
7. Been able to enjoy your normal day-to-day activities?
8. Been able to face up to your problems?
9. Been feeling unhappy and depressed?
10. Been losing self-confidence in yourself?
11. Been thinking of yourself as a worthless person?
12. Been feeling reasonably happy, all things considered?

Note: Response scale ranged from 0 "Much less than usual" through to 3 "Much more than usual".

Resident Care

1. All staff have the appropriate knowledge and skills to perform their roles effectively.
2. Residents receive appropriate clinical care.
3. Residents' specialised nursing care needs are met by appropriately qualified nursing staff.
4. Residents' medication is managed safely and correctly.
5. My nursing home has more hospital readmissions because of poor quality care.

Note: Response scale ranged from 1 "Strongly Disagree" through to 5 "Strongly Agree".

Resident Voice

1. Residents maintain friendships and participate in the life of the community within and outside the facility.
2. Residents can participate in a wide range of activities of interest to them.
3. Individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.
4. Each resident (or his or her representative) exercises choice and control over his or her lifestyle while not infringing on the rights of other people.

Note: Response scale ranged from 1 "Strongly Disagree" through to 5 "Strongly Agree".

Appendix B: Written Comments from Participants

SID 284

I have a lot of trouble with one DIV 1 and her “friends” to the point where I have mentioned the A.N.F. and bullying to them. They have become at least polite.

The unit manager is great. Easy to approach and she will listen.

My record for leaving a facility was two hours. I refused to watch people being treated like they were.

SID 314

Thank you for the opportunity (rare event) for the airing of one’s views in a “seemingly” safe format.

SID 442

I’ve recently been given a job in country Hospital. I feel very angry that I’ve been made to leave the aged care facility - the working conditions were appalling and NO-ONE CARES especially the A.N.F.

I accepted a lower grade in the hospital, the work is good, ratio’s fantastic, wages better.

SID 562

I am writing to you today to offload a lot of negative feelings about my job, in particular care of the dying resident.

I have worked in Aged Care all my nursing career, that being 27 years and wish to draw your attention to the situation as it is at my facility. We claim to care for our residents but everyday I go home feeling emotionally drained and wrecked because we are run off our feet and receive not much support. I am a Div 2 with a ratio of 6-1; we have 5 staff on the AM shift and our Div 1 do not have a list or resident work load other than paperwork, supervising and dispensing drugs, also dressings.

My biggest beef with this system is that we are not providing emotional support for these residents or able to care for them properly because we don’t have the time. The facilities are not out there for emotional support, money is the factor, our residents need someone they can talk to about their lives or beefs other than the staff at the facility.

There is no-one.

More recently, a resident died who had been at the facility for as long as it had been opened. This resident could be difficult and was able to ask for what she wanted or didn’t want. She had a lot of medical problems and ended up dying in Hospital rather than in her own care facility. She became anxious and distressed but nothing was done until the last minute, (this situation becomes more complicated because I have an ageing mother and dread when she has to go into care).

The resident that died was sent off to hospital in my opinion too late and she could have been given some medication to calm her down and ease her anxiety. The doctor was called when she would be home from church. Not good enough. I feel we the nursing staff let her down, she was not properly cared for. Is this a case of tough luck you are dying anyway?

Or is it a case of I don't have time to look after you or does the doctor care anyway? Or you are old and your family is not advocating for you?

This lady was difficult but regardless of that she still deserved to be treated with better care, respect and dignity. This is where I feel like these old people are being cheated out of their care and respect they deserve.

We should be able to care for our elderly better. This health system is letting them down big time. I see cases of egos and dictatorship at work. We Div 2 have to ask for medication or oxygen for the resident. Are the Div 1s not familiar with Palliative care or don't they care, or they haven't got time to do their work?

I don't feel a resident's last moments in their life should be any less than when they are living. I feel this needed to be said and I feel better for having said it.

The health system is chewing up nurses and residents alike. My facility meets all its standards and we the staff are conscientious but we need more staff. our ratio needs to be dropped to 1-5 at least. My facility has high level care residents 50% of them are strokes or illness that require high level care of which is straining us to the max. To be able to give our resident's the care they deserve, we need more staff at our facility.

SID 693

I am on workcover due to workplace harassment and bullying by management since April 7 2004. I have since been made "Surplus" to the organisation.

SID 1003

I am very disillusioned with the treatment I am getting as a casual div 1 in aged care. I have worked virtually the last 12 years in the same place, sometimes doing double shifts. I have been sidelined for a permanent part-time position by a younger div 1. Dedication, Caring and doing long hours in the past stand for nothing. My age is obviously part of my believed unsuitability. Although I have put I am getting 16 hrs working weekly, I don't know from month to month if I will get some or nothing at all in the way of shifts!

SID 1143

Since receiving this questionnaire, I have resigned due to depression brought on by stress. I am still under medical care for same.

The stress was brought upon by heavy workloads, management's attitude towards staff, management's strategies to reduce costs.

I was unable to give what I felt was an adequate standard of care towards the residents, adequate time for relatives, junior staff and staff from other disciplines.

I became completely demoralised.

SID 1301

The stress of my job as a team leader, RW2, working in aged care has increased my BP, caused friction with my family. My children tell me I don't smile anymore. It is hard to take time off as it is difficult to fill the gap.

As the facility is private for profit, work hours have been cut - putting pressure on staff.

I am very seriously thinking of getting out of nursing.