

RESEARCH  
TO PRACTICE  
BRIEFING 1

# Caring for older Australians: Care workers and care practices that support and enable good care

Care workers provide a range of care and support services for older people in the community. This paper draws on Australian and international research to examine the working practices of paid community care workers with a focus on how care workers and managers can best support and enable good care of older people living in their own homes.

The aim of this briefing is to draw from the research evidence of promising and innovative practices that can be readily adapted and incorporated by care workers and managers into their day-to-day work.

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## Research to Practice Briefings

Research to Practice Briefings bring together lessons learned from the literature on a topical issue in community aged care as a resource for those working in this sector. As in most areas of social policy and practice, the research evidence in the literature on community aged care is continually evolving. The Briefings aim to distil key themes and messages from the research and to point to promising and innovative practices.

An advisory group of academics and expert practitioners working in the area of aged care provide advice and peer review. An advisory group of academics and expert practitioners working in the area of aged care provide advice and peer review.

### Demographic trends

There is a growing proportion and number of older Australians in the population. In 2006 an estimated 2.7 million Australian residents were aged 65 and over, equating to 13% of the population (AIHW, 2007). The Australian Bureau of Statistics predicts this proportion will double by 2051 when those aged 65 and over will make up 26-28% of the total population (ABS, 2004).

One consequence of this demographic trend has been an increase in the numbers of older Australians needing care and support to stay at home and the last two decades have seen a growth in community care services to support people in their homes (AIHW, 2007).

The number of older Australians aged 85 years and over, among whom the need for services and assistance is greatest, doubled over the past 20 years and is projected to increase more rapidly than other age groups: from 333,000 in 2006 to 1.1 million in 2036 (from 1.6% to 4.2% of the total population) (AIHW, 2007).

While family and friends provide 80% of care for older people (informal care), 20% of care is provided by organisations (formal care) using mostly paid home care workers (ABS, 2004).

### Paid care workers

As community care services have been expanding there has been a growth in employment in this sector. Paid home care workers have become a crucial part of the aged care infrastructure, providing much needed support to older people and informal carers.

The community services workforce is one of the fastest growing sectors in Australia. Employment in home care services expanded faster than in any other community services industry between 1996 and 2001. The number of women workers in this industry nearly doubled from just over 20,000 to more than 39,000 while the number of male care workers increased from 5077 to 8150 during the same period (Meagher and Healy, 2005).

Care workers are mostly employed as part time or casual workers. In 2001 over half (54.6%) of all care

workers were working part time compared with 30% of workers in similar occupations in the labour market overall (Meagher and Healy, 2006).

Care workers earn lower hourly incomes, on average, than those working in non-caring occupations in the community service industry (Meagher and Healy, 2006). However many care workers are highly skilled and experienced. On average, care workers are older than workers in comparable sectors. Meagher and Healy report that "some workers seem to be formally overqualified for their jobs" (Meagher and Healy, 2006).

In the study *The World of Care Work* (Mears, 2006), a minority of the care workers who participated in this research had formal care work qualifications. Most had come to care work later in life and many had tertiary qualifications and experience in other fields. Approximately a third came from nursing backgrounds; the other two thirds came from diverse occupations. They had been teachers, bank managers, hairdressers, shop assistants and secretaries. Significantly, all the participants had been informal carers with complex and challenging family caring responsibilities. Many continued to juggle informal caring responsibilities with part time paid care work.

The Australian literature suggests that for most care workers there are few opportunities for promotion, a paucity of training opportunities, no formal training and little formal recognition of prior knowledge or experience, paid or unpaid.

### The experiences of care workers

#### Job satisfaction

Care workers consistently report very high levels of job satisfaction (McLean, 1999; Mears, 2006; Szebehely, 2005; Twigg, 2000). Greatest satisfaction comes from the aspects of their work over which they have the most control and from activities that produce rewards for their efforts.

One study reported that workers obtained satisfaction from keeping older people comfortable, seeing them make progress, being missed when off duty and being confided in (McLean, 1999). As Twigg has stated "the rewards of care work are direct and immediate and

few jobs can offer such strong positive feedback. Care is something that brings its own rewards, seeing the pleasure that your help gives; knowing your work is valuable and important to someone” (Twigg, 2000).

### **Caring relationships and professional autonomy**

What care workers like most about their jobs is the autonomy and freedom of working alone and the opportunity to exercise judgement about how they can best meet the individual needs of the older person (Szebehely, 2005).

Mears’ study found that it was important to care workers that their work was structured in a way that enabled them to form good relationships. Knowing the older people well enabled care workers to monitor and vary the care according to the changing needs of the older person. Care workers reported that it was these aspects of the work that kept them working in the sector (Mears, 2006).

### **Boundaries and tensions**

Mears’ study, however, also found that there were tensions between care workers and care managers in regard to establishing and maintaining ‘boundaries’ between personal and professional relationships. The care managers said that they needed to be constantly vigilant to ensure that care workers did not breach these boundaries, or ‘break the rules’, in ways that could lead to abuse and exploitation of the care worker or the older person.

The care workers acknowledged the managers’ concerns and the need for some guidance from care managers and clear policies and guidelines. However, they were confident they could successfully negotiate these boundaries and provide, in their judgement, good care (Mears, 2006).

### **Flexibility and time**

What care workers like least about their work are those aspects over which they have little control. This included working under conditions where there is no flexibility to change the care they are providing, where there is not enough time to complete tasks, and where

there are insufficient resources for care workers to provide the care they would like to provide.

Job satisfaction and enjoyment decline when care workers have less time to spend with older people and as tasks become more instrumental (Aronson and Neysmith, 2006; McLean, 1999; Szebehely, 2005). Under these conditions, care workers will typically do all that they can to provide what they judge to be good care, including ‘breaking the rules’ and working unpaid overtime (Mears, 2006).

Other themes which run through the Australian and international research are care workers’ concerns in regard to the poor rates of pay, and the perception of care work as a low status profession (McLean, 1999; Mears, 2006; Szebehely, 2005).

### **Some conclusions**

The research reviewed for this paper shows that the vulnerability of older care recipients is decreased when the provision of care is centred on strong, respectful and positive relationships between the care worker and the person receiving care.

“Positive relationships which mirror everyday social relationships are highly desired between elderly people and formal care providers and result in fewer physical symptoms and increased longevity. Consequently strong professional relationships between workers and clients should be viewed as a strength to be harnessed, not a weakness to be avoided” (Marsh, 2007).

Under conditions where the centrality of relationships in care provision are acknowledged and enabled to flourish, care workers report that they are able to provide what they regard as good care to older people without ‘breaking the rules’. Moreover, these are the conditions in which high levels of job satisfaction and a desire to continue working in the sector are reported.

## Practice implications

The research reviewed suggests that service providers, managers and policy makers can support community care workers in caring for older people in the following ways.

### Valuing care workers

- Recognise and value the knowledge and skills that care workers have acquired through informal caring experiences.
- Take into account care workers' skills and preferences when matching care workers with clients.
- Acknowledge the importance of the professional relationship between the care worker and the older person.

### Flexibility

- Provide the time and opportunity for care workers to talk to and listen to their older clients regarding their needs and wishes, and to tailor the care accordingly.
- Trust care workers to implement agreed care plans but enable them to vary the care plans, if appropriate.

### Continuity

- Organise rosters so that care workers are able to care for one person over a period of time, as far as possible.

### Organisational policies and processes

- Organise the work to enable maximum time to be spent on direct care, through strategies such as minimising paperwork and travel time.
- Take the views, knowledge and experience of care workers into account when reviewing and refining policies affecting care workers.
- Organise regular staff meetings with care workers to exchange ideas and solve problems.
- Maintain good lines of communication between care managers and care workers.
- Provide supervision sessions for care workers to discuss difficulties and challenges.
- Organise short training courses in response to care workers' requests.

**We welcome feedback on this Briefing.**

**A full list of references can be accessed on The Benevolent Society's website.**



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