THE NEW ZEALAND AGED CARE WORKFORCE SURVEY 2016

Katherine Ravenswood, Julie Douglas

NEW ZEALAND
WORK RESEARCH INSTITUTE

Acknowledgements

We would like to thank all those who took the time to complete (or attempt) the survey.

This survey would not have been possible without the support of the New Zealand Work Research Institute, and this year we would also like to acknowledge the support of Careerforce.

Although the form of the survey was largely the same as in 2014, we would like to thank people from the following organisations for their input at all stages of the research (in alphabetical order):

- BUPA Care New Zealand Limited
- Care Association of New Zealand
- Careerforce
- Carers New Zealand
- E Tū Union
- Home and Community Health Association New Zealand
- Kaiāwhina Workforce Action Plan
- New Zealand Nurses Organisation
- New Zealand Public Service Association - Te Pūkenga Here Tikanga Mahi
- Terranova Care Homes Limited

We would also like to acknowledge the research assistants who worked on aspects of this project:

Huat Bin Ang

Lindsay Eastgate

Sam Short

Kakala Vainikolo

ISBN: 978-1-927184-42-4

Authored by Katherine Ravenswood and Julie Douglas

Contents

Executive Summary

This report details findings from the 2016 New Zealand Aged Care Workforce Survey, supported by the New Zealand Work Research Institute. The survey questioned healthcare assistants (HCAs), nurses and managers in both residential aged care and home and community aged care about the characteristics of their job (ie hours worked, shifts and rosters), pay and the work environment, satisfaction and quitting intentions, experience, skills and qualifications, occupational health and safety, use of technology and in-between travel time arrangements.

The survey was conducted online from May to July in 2016. There were a total of 592 home and community care respondents, 327 residential aged care respondents, 362 nurses and 187 managers.

HCAs across home and community and residential aged care as well as nurses in the majority disagreed with the statement 'My rate of pay fairly reflects the skills, responsibilities and experience needed to do my job'. They also had very high rates of dissatisfaction with their pay.

Surprisingly only 36.3% of home and community HCAs who responded have a guaranteed minimum of hours' work each week. Home and community HCAs appear to have less work and job security than residential aged care HCAs and nurses and managers. The majority of all HCAs are dissatisfied with their job security.

Respondents across all occupations surveyed overwhelmingly agree that they have the skills and abilities they need to do their job. The majority of all respondents have undertaken training provided by their employer in the 12 months prior to the survey. However, much fewer are currently studying towards qualifications and the majority would like to undertake further study towards qualifications if it were available.

Overwhelmingly, HCAs and nurses felt safe at work. A small, but perhaps important, proportion of respondents disagreed that they are told everything they need to know to do their job safely. Stress appears to be an important health and safety issue particularly for nurses and managers, but also for HCAs. Stress and fatigue were also identified as causes of workplace injuries and illnesses by HCAs and nurses.

1. Introduction

This report presents the findings of the 2016 New Zealand Aged Care Workforce Survey. In line with our approach in the 2014 survey report, we have focused on tracking trends in demographics and work experiences and conditions of the aged care workforce. This report and survey do not purport to gauge the numbers of the workforce as there are statutory organisations better suited to be able to track numbers of aged care workers in New Zealand.

In the 2014 survey, we focused solely on home and community and residential aged care healthcare assistants (HCAs). We extended the 2016 survey to include nurses and managers in aged care because of their critical role in the management of aged care and healthcare assistants. This report therefore provides a snapshot of nurses and managers in aged care: their qualifications, length of experience and perceptions of working in the sector. Together with the aged care HCA findings, this report therefore offers a more comprehensive picture of the sector than was offered in 2014.

The report is structured so that each section can be read as a standalone piece. We have divided the sections by sector for HCAs, and then by occupation for nurses and managers. Each section reports on the same issues for each of these groups. The exceptions to this are the 'In-between Travel Time' section, which addresses both employee and managerial responses, and the 'Technology' section, which reports across all the occupations included in this report. The concluding section provides some comparative commentary across the groups surveyed.

For both home and community, and residential aged care HCAs, we note where there were differences in responses from the 2014 survey. We also highlight where new questions introduced in the 2016 survey are reported. It is important to note that the 2014 and 2016 surveys did not survey the exact same respondents, and therefore the data are not linked.

We intend to run the New Zealand Aged Care Workforce Survey again in 2019 and look forward to your participation in it.

2. Background

In the 2014 survey report we noted that there was a shortage of workers in aged care in New Zealand, and that this is an international experience. As the 2014 survey and other data have indicated, the workforce is predominantly made up of women aged 45 and above, and that there is increasing utilisation of immigrants to meet these shortages.[1] This situation continues.

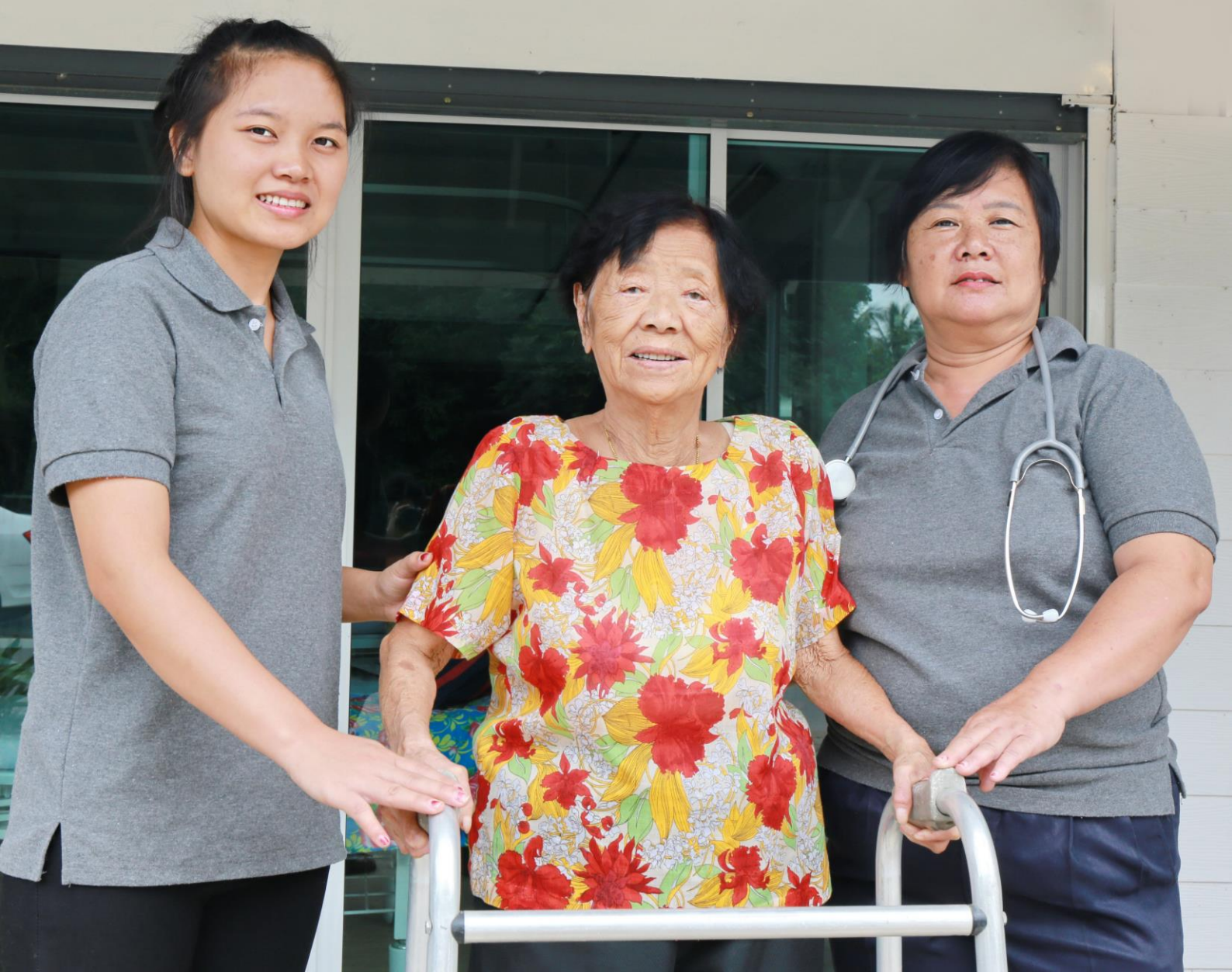
Work conditions, and particularly low pay, is still a focus in international research in the field. In the face of a lack of movement in wages internationally, research has, since 2014, increasingly focused on union strategies to gain increased and equal pay. These studies highlight increasing collaborations with other social organisations and also leveraging legal protections to fight for equal pay.[2] Further attention has also been given to the role of governments and local governments in regulation of the workforce – with their role as an indirect employer highlighted.[3] Related to increased research attention to low wages, research findings generally agree that there is a pay penalty for caring work. Studies have has often elucidated the impact of gendered stereotypes in care work (in general and in aged care) and refocused attention on how skills in aged care can be assessed without gender discrimination.[4]

Of course, work conditions (including pay and workload) can influence how employees experience job satisfaction. We outlined in the 2014 report that research has explored how much 'love of the job' can contribute to aged care HCAs' job satisfaction and their intention to quit their job. Recent research has challenged concepts of job satisfaction because until recently these concepts have not really considered the social context of low paid work: perhaps 'love of the job' is in fact something that is used by HCAs to try and justify or explain their work, rather than being an intrinsic motivation. Some recent suggestions are to incorporate different aspects (such as injury and discrimination) into 'traditional' models of job satisfaction that consider the demands and resources for HCAs.[5]

Key health and safety hazards outlined in the 2014 report in aged care appear to remain problematic:[6]

- Workload and work environment
- Physical and verbal abuse from clients
- Physical nature of the work
- Emotional distress
- Insufficient policy, training and equipment
- Isolation from the head office

As with research on job satisfaction, researchers in health and safety are beginning to consider the socio-political environment, including the role of low wages in employee outcomes.



3. Our Research Approach

In 2016 we ran two separate surveys: one for managers and one for all employees involved in direct care (with the exclusion of allied health professionals such as occupational therapists). In contrast to 2014, the survey was online and delivered via the Qualtrics survey software. The survey links were disseminated through key stakeholders in aged care in New Zealand including unions, Careerforce, the Kaiāwhina Workforce Action Plan updates and several of the provider organisations. In addition social media was used, which increased the number of 'hits' the survey received. This method was chosen in order to reduce costs associated with paper surveys and to potentially increase the reach of the surveys across the sector. It certainly achieved this, with approximately 1,500 employees starting the survey.

Again, key stakeholders were invited to provide comment on the survey instrument and process, including whether they thought new questions should be added. The survey was piloted over December 2015 to January 2016 and then conducted from May to July 2016.

The research was approved by the AUT University Ethics Committee in 2016 (Ref 14/05). All surveys were anonymous and no responses can be tracked to the individuals who completed the survey.

Responses

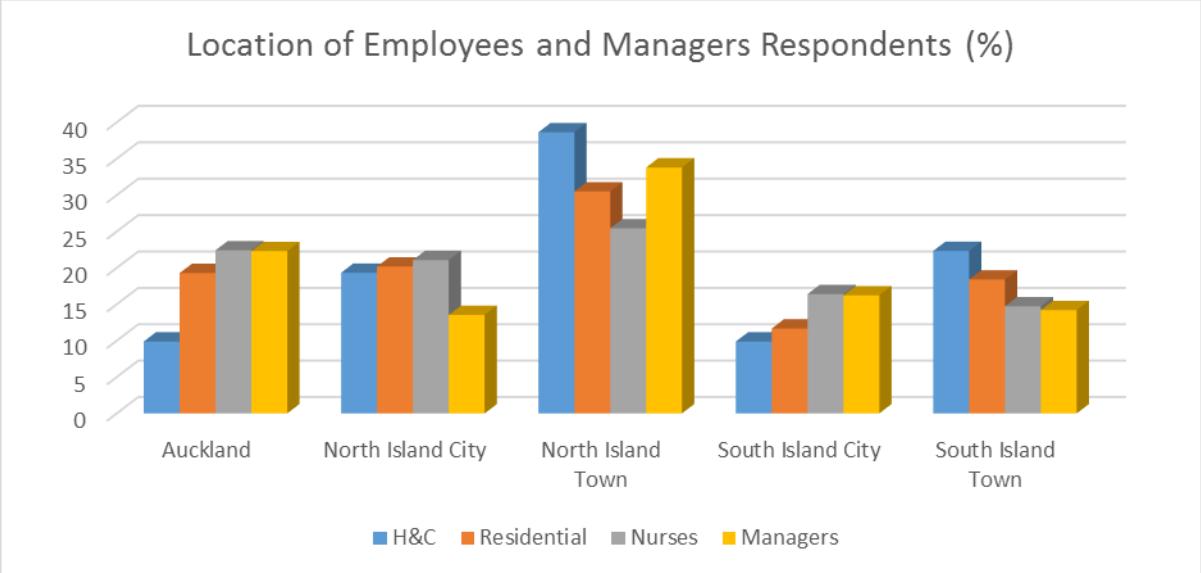
We received a total of 1,345 valid responses (more than this number started and partially completed the survey) to the employee survey across home and community care and residential aged care. This was considerably higher than the number of valid responses received in 2014. Table 1 outlines the total valid responses for HCAs and nurses in both home and community and residential aged care. The total number of valid responses from managers was 187. Responses were distributed across the North and South Island and included a mix of all types of providers: not-for-profit, profit, small and larger providers.

Table 1: Employee survey responses

	Healthcare assistant*	Enrolled nurse	Registered nurse	Total	(2014)
Home & community care	592	7	30	629	(574)
Residential care	327	57	332	716	(266)
Total	919	64	362	1,345	(840)

** Respondents were asked which 'best described' their job. 'Healthcare Assistant' also included personal care assistants, caregivers and support workers. Responses that gave the equivalent of these jobs were coded to this category.*

Nationwide coverage was achieved, with a majority of responses from the North Island, including 67.7% of home and community care HCAs; 70.0% of residential HCAs, 68.9% of nurses and 69.6% of managers. There was also a good spread between cities and smaller towns across the country.



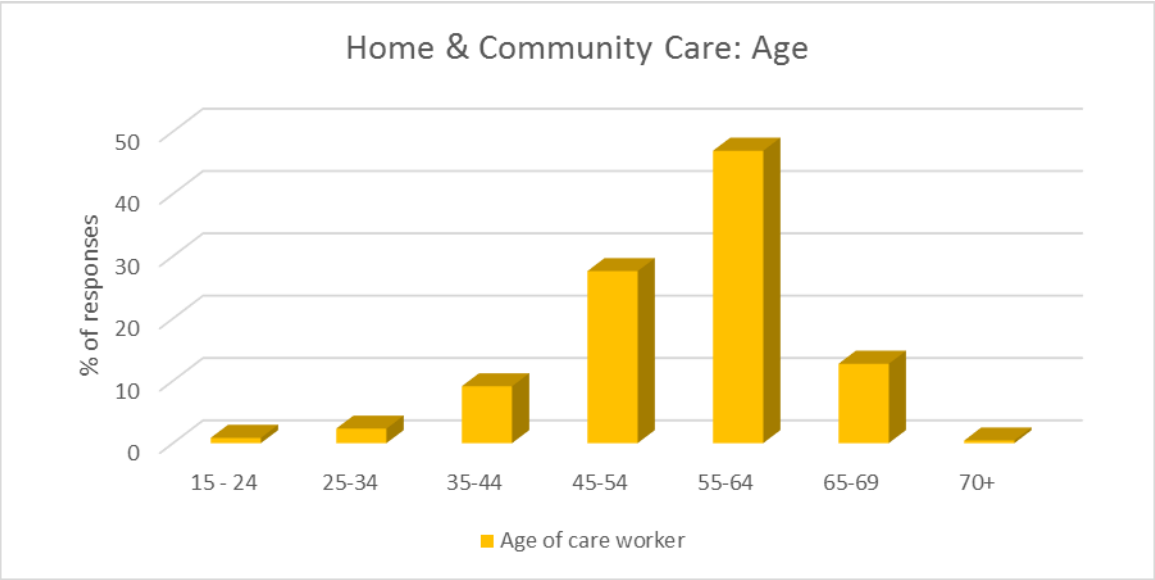
4. Home and Community Care Healthcare Assistants

4.1 The respondents

Unsurprisingly, 96.0% of HCAs who responded were female. Of the 474 who answered the question 'Are you the main earner in your family?', 53.0% answered yes and 47.0% answered no. This is lower than the 65.2% who answered that they were the main earner in their family in the 2014 survey.

The ethnic composition of the respondents was: Pākehā/New Zealand European (81.8%), Māori (12.7%), Pasifika (1.7%), European (not born in New Zealand) (1.7%), Indian (0.6%), Chinese (0.6%) and Filipino (0.6%). Only 14% of respondents said they were fluent in a language in addition to English. Those born in New Zealand comprised 83.8% of respondents.

The majority of respondents (74.5%) were aged between 45 and 64 years. Those older than 64 comprised 12.7% of respondents and 9.1% were aged between 35 and 44. The age, gender and ethnicity demographics of the 2016 respondents were very similar to those of the respondents in 2014.



Respondents were asked if they belonged to a union and, if they did, which one. Of the home and community care respondents, 74.0% said they belonged to a union. Of those belonging to a union, 60.3% belonged to the PSA, 32.7% belonged to E Tū and 4.8% belonged to the New Zealand Nurses Organisation.

4.2 The job

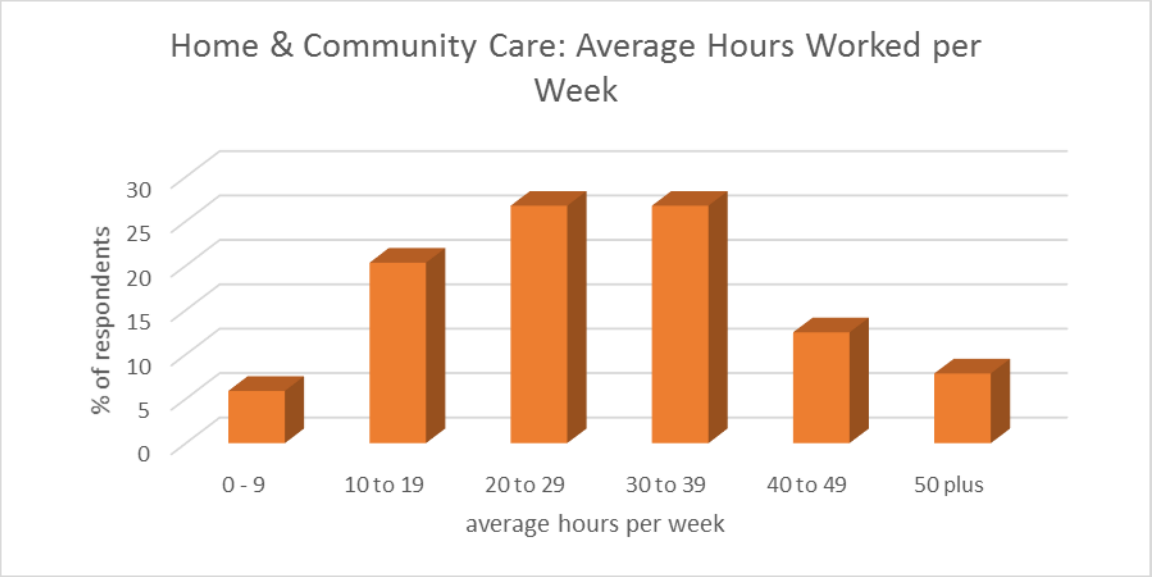
This section outlines characteristics of employment such as type of roster, average hours worked per week and the shortest shift length. It also outlines the tasks that respondents engaged in on the job.

Participants were asked about the form of their employment and in 2016 an additional option – 'Self-employed' – was added. Those employed on a permanent part-time basis comprised 51.6% of respondents to this question, 27.8% were in permanent full-time employment, 9.9% were employed on a casual basis, 7.6% worked for an agency and 1.4% were self-employed.

Of the 575 respondents who indicated the type of shift they worked:

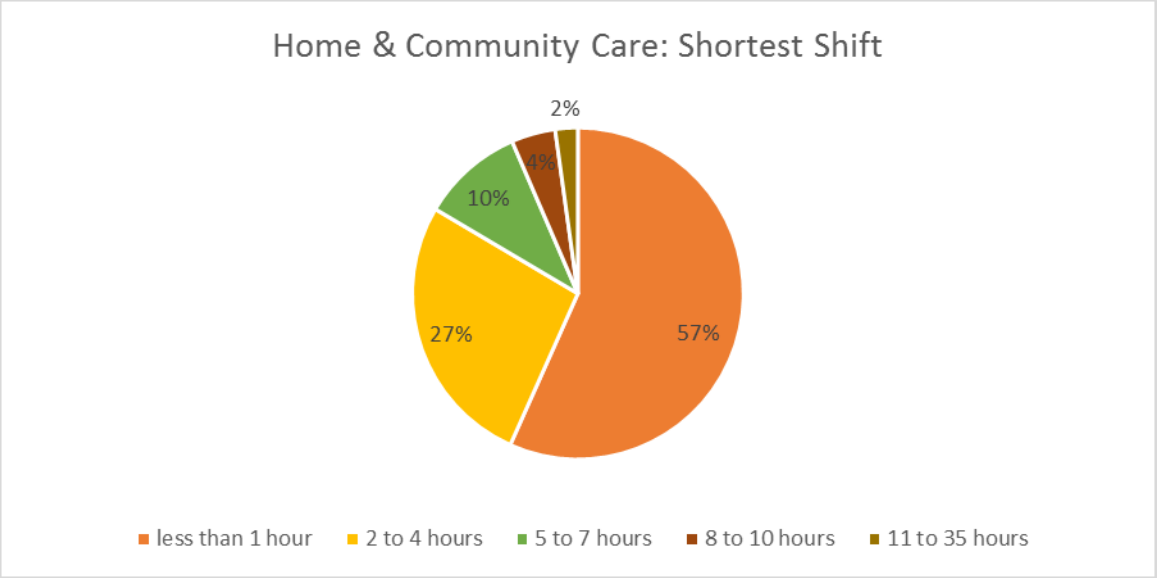
- 41.9% worked a regular day shift (2014: 67.1%)
- 24.3% worked a split shift (2014: 13.7%)
- 16.9% worked irregular shifts (2014: 10.1%)
- 4% worked rotating shifts
- 10.1% worked irregular shifts

Respondents were asked how many hours they worked on average per week. Of the 561 respondents who answered, the largest groups were those who worked 20–29 hours per week and those who worked 30–39 hours per week (26.9% each grouping). The next largest proportion (20.3%) were those who worked 10–19 hours per week, followed by 12.5% who worked 40–49 hours per week, 7.8% who worked 50 or more hours per week and 5.9% who worked 0–9 hours per week.



Of the 567 who responded to the question 'Do you have a guaranteed minimum number of hours' work each week?', 36.3% responded yes and 63.7% responded no.

There were 508 valid responses to the question 'How long was your shortest shift last week?' A clear majority of respondents (56.7%) indicated that their shortest shift was 1 hour. This may reflect how the work is organised. For example, it may be in split shifts or HCAs may have had only one or two clients on a particular day. The next biggest group were those who responded that their shortest shift last week was between 4 and 10 hours (26.8%).



Respondents were asked if their role 'involves managing or supervising direct care staff'. Of the 580 who responded, 85.5% said that they were not involved in managing or supervising.

Following on from this, respondents were asked 'What do you spend the most time doing in your job?' The majority (78.8%) responded that they spent the most time on personal care of clients, followed by 15.3% who spent the most time on cleaning/housework/domestic assistance. In 2014, 74.1% indicated that they spent the most time on personal care, followed by 21.4% in cleaning/housework/domestic assistance.

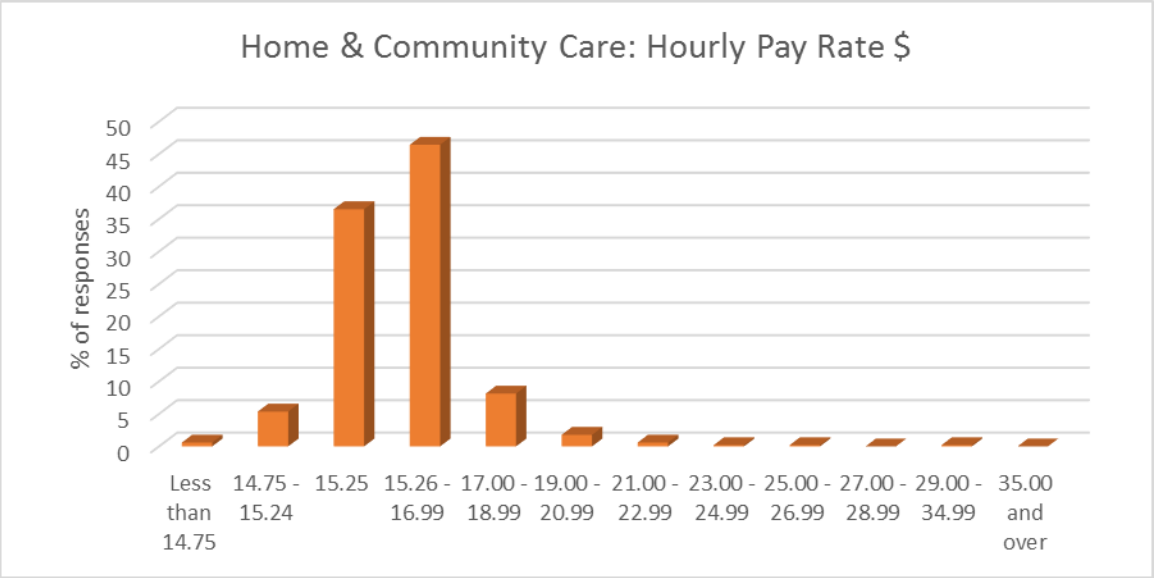
4.3 Pay and the work environment

This section outlines responses to questions on pay and the work environment, including work load, autonomy and general workplace relations.

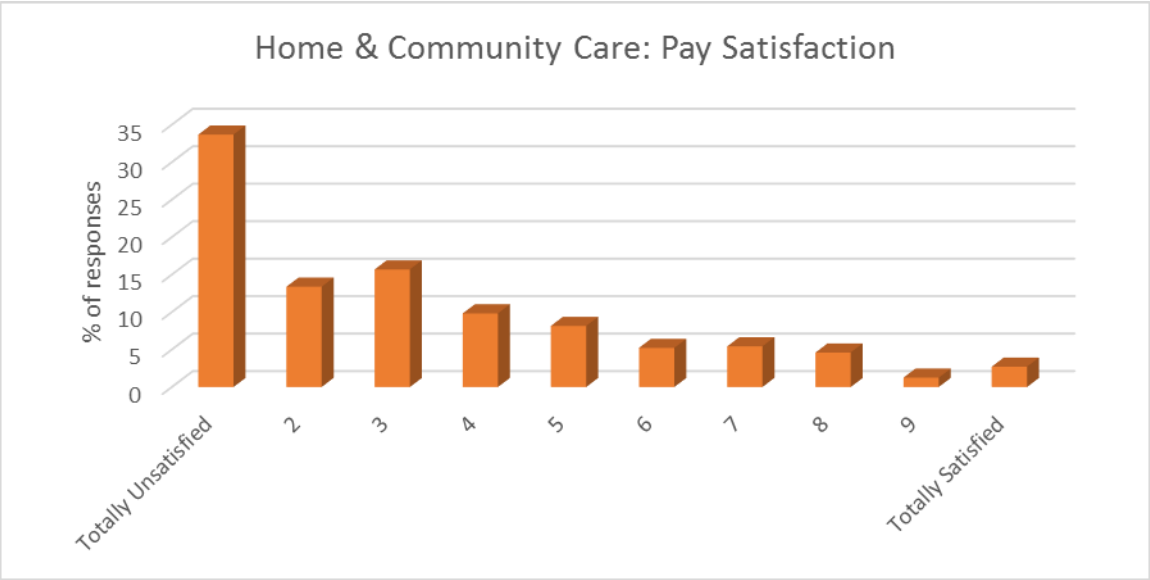
Pay

A total of 504 responded to this question in 2016. The minimum wage was $15.25 per hour at the time of the survey, and the majority (46.4%) of respondents earned between $15.26 and $16.99 per hour. A very small number earned above $20.99 per hour (0.6% earned between $21.00 and $22.99; 0.2% between $23.00 and $24.99; and 0.2% between $25.00 and $25.99). A small number earned below $15.25 per hour (5.4% earned between $14.75 and $15.24; 0.6% earned less than $14.75). 36.5% earned exactly the minimum wage of ($15.25).

In 2014, 73.3% were paid less than $15 per hour (the minimum wage from 1 April 2014 was $14.25 per hour), with 20% earning between $16 and $19 per hour.



Of the 479 who responded to the question 'to what extent are you satisfied or dissatisfied with your total pay?', on a 10-point scale, 34% of respondents indicated that they were 'totally dissatisfied'. This compares to 27.7% of respondents in 2014 who were totally dissatisfied with their pay. The graph below shows the spread of responses, with 1 indicating totally dissatisfied and 10 indicating totally satisfied.

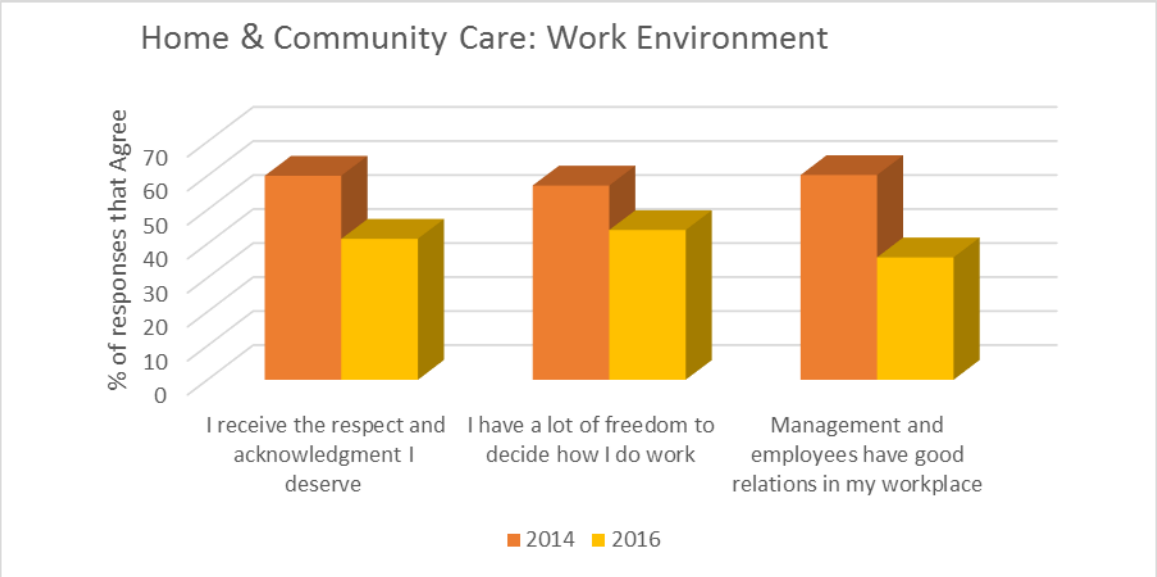


In 2016 the following question was also asked: 'To what extent do you agree with the statement "My rate of pay fairly reflects the skills, responsibilities and experience needed to do my job".' Of the 479 who responded to this question, 85.1% disagreed or strongly disagreed, 2.5% were neutral and 11.7% agreed or strongly agreed.

The work environment

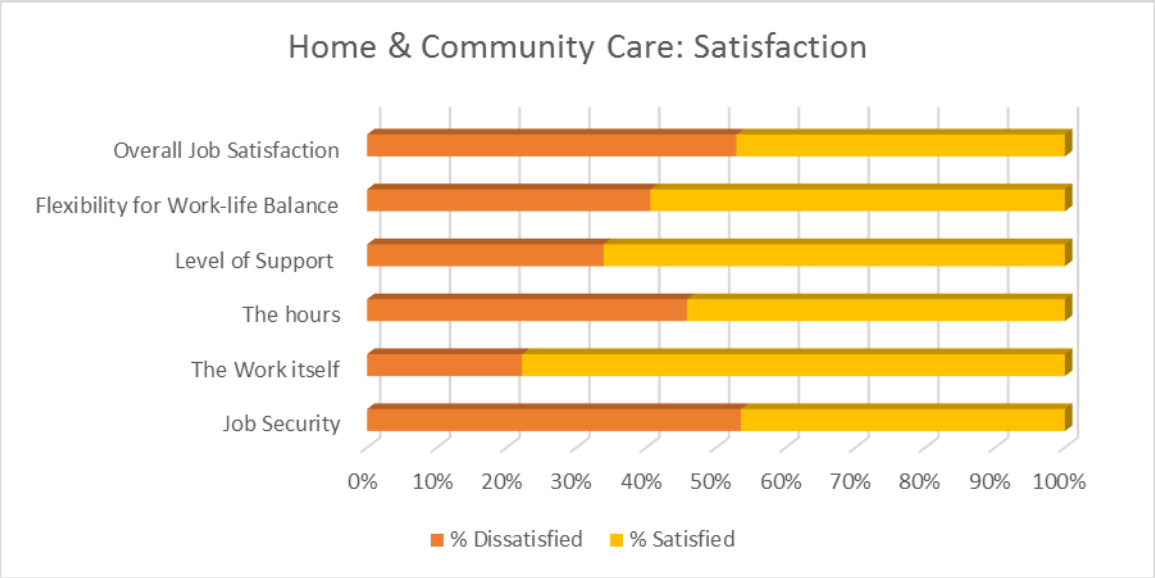
Some aspects of the work environment that are important to aged care HCAs' morale are how valued they feel, how much time they have for each client, their autonomy in the workplace, and generally how good relations are between employees and managers. There were 479 responses from home and community aged care HCAs to these questions. Almost equal proportions agreed (43.2%) and disagreed 41.8%) with the statement 'Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve'.

Compared to 2014 (detailed in the graph below), a smaller proportion of respondents in 2016 agreed that they had the respect and acknowledgement that they deserved, that they had a lot of freedom to decide how they worked, and that there were good relations between management and employees in their workplace. Similar percentages agreed that they had enough time to spend with each client in 2014 and 2016.

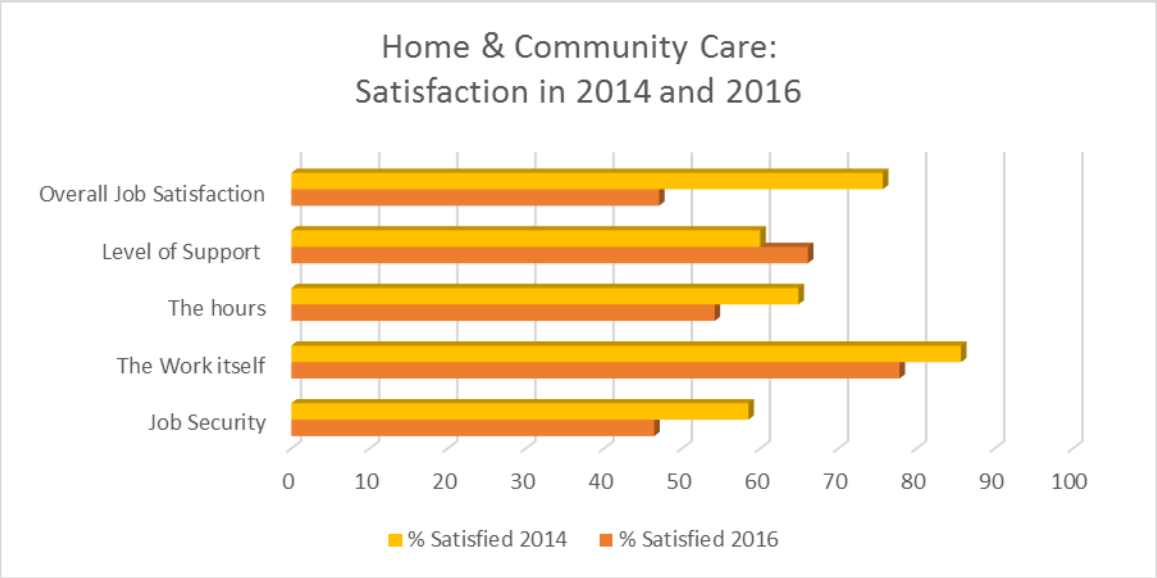


4.4 Satisfaction and quitting intentions

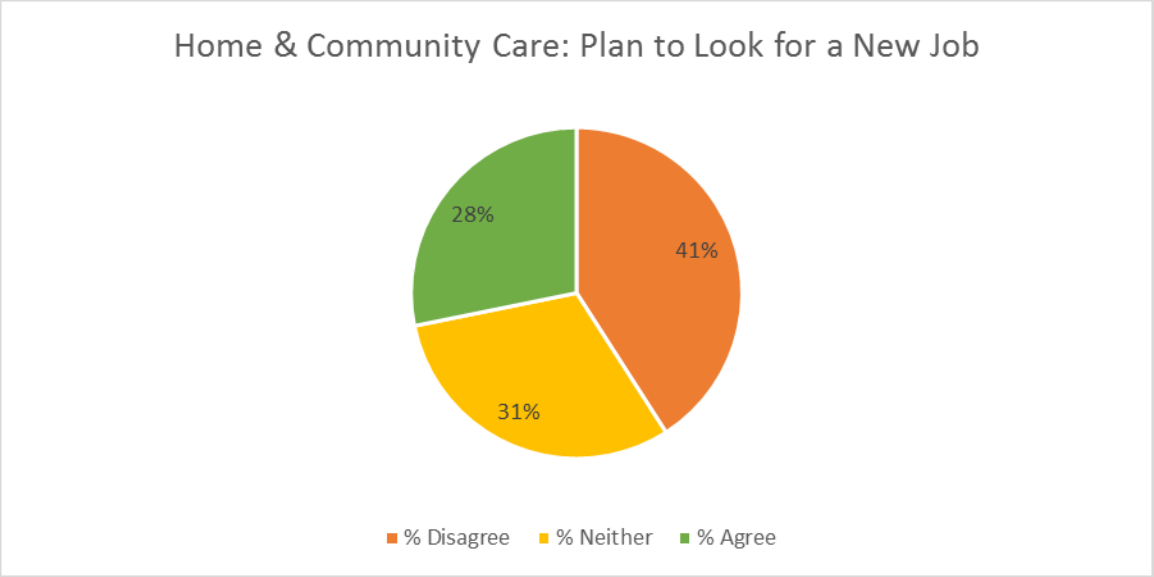
There were 478 valid responses to questions on elements of satisfaction. The factors that seem to contribute to greater satisfaction are the work itself (77.8%), the level of support from your service provider (66.1%) and the flexibility available to balance work and non-work commitments (59.4%). More than half were dissatisfied with job security (53.6%) and with the job overall (52.9%).



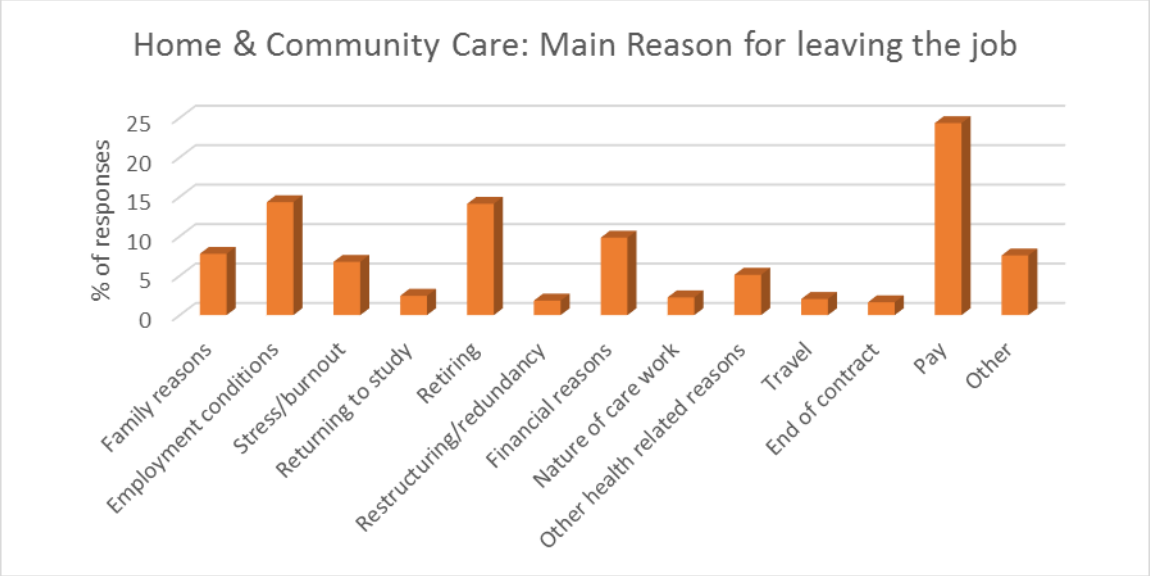
Overall, the responses in 2016 show a lower percentage of satisfaction among home and community care respondents than in 2014, with the exception of satisfaction with the level of support from the service provider.



Perhaps in relation to what might appear to be low levels of satisfaction in 2016, 40.9% of 497 respondents agreed with the statement 'I plan to look for a new job in the next 12 months'.



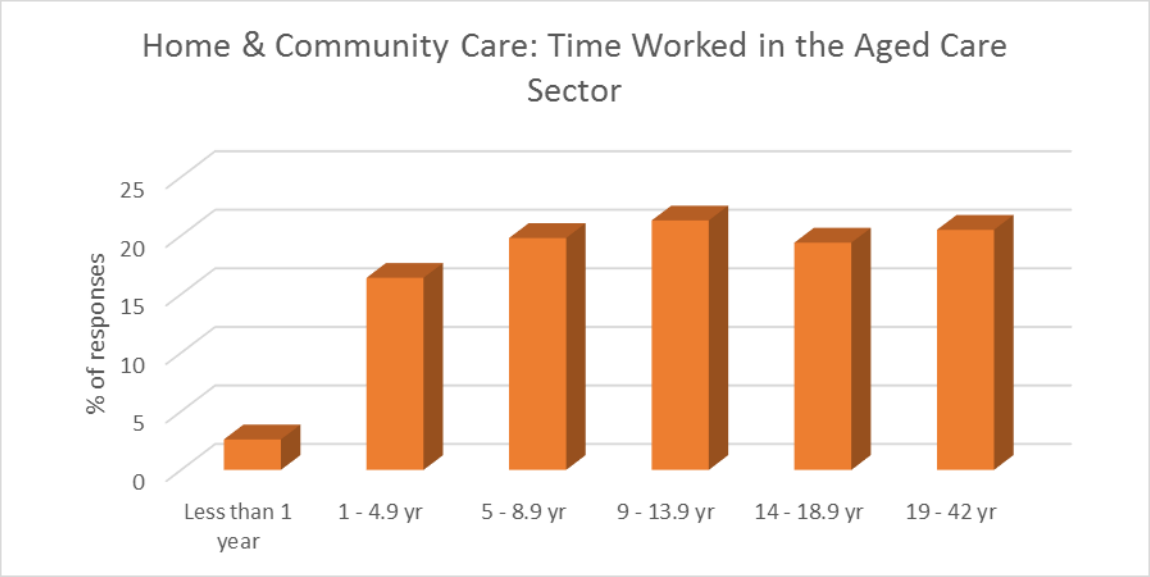
Unsurprisingly, given the low satisfaction with pay rates described above, of the 489 respondents who answered the question 'if you were to leave this job in the next 12 months, what would be the main reason'?, the most common reason (24.3%) for leaving the job (if they were to leave in the next 12 months) was low pay.



4.5 Experience, skills and qualifications

This section surveyed participants' length of experience in the sector, their skills, training available to them, and the qualifications that they had.

There were 268 who responded to the question asking how long participants had worked in aged care in total (not including any breaks). Of these, 21.3% had worked 9–13 years, 20.5% had worked for 19 or more years, 19.8% had a total of 5–8 years in aged care and 16.4% had worked 1–4 years. Just 2.6% of respondents to this question had worked less than 1 year in aged care. Despite considerable experience in aged care, 40.8% of these respondents indicated that they had been with their current employer for 1–4 years. A further 20.3% had been with their current employer for 5–8 years, 15.2% for 9–13 years, and 11.4% for less than 1 year, 9.3% for 14–18 years and just 3% for 19 years or more.



Two key questions were asked around current qualifications that respondents have:

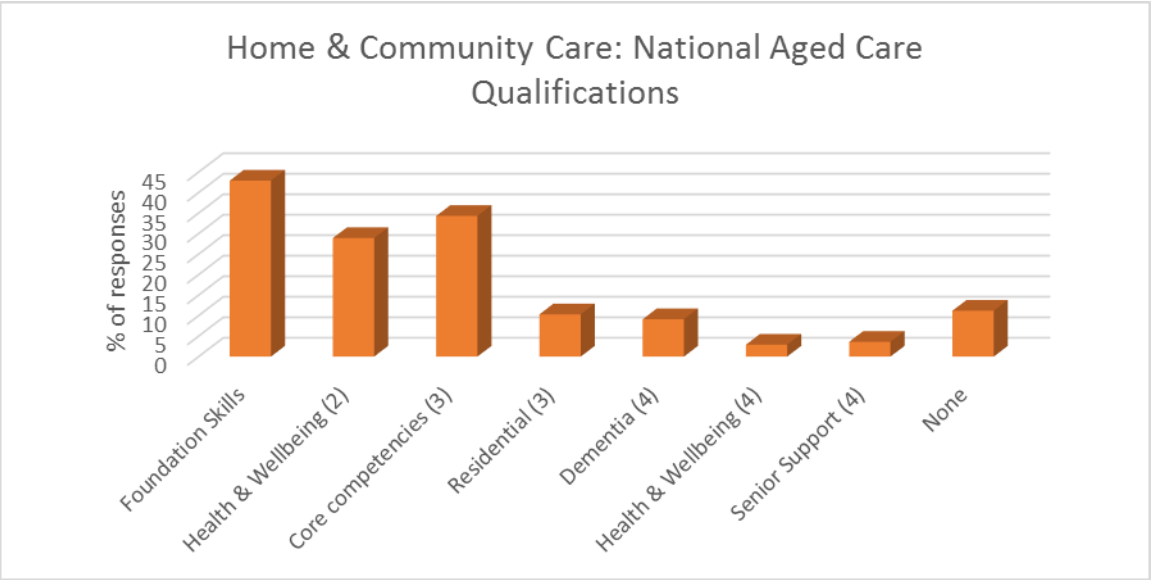
Have you completed any of the following national qualifications in aged care?

- Foundation Skills (level 2)
- Health and Wellbeing (level 2)
- Core competencies (level 3)
- Health and Wellbeing (level 3)
- Residential (level 3)
- Residential limited credit programme (dementia) (level 4) or ACE Dementia (level 4)
- Health and Wellbeing (level 4)
- Senior Support (level 4)
- Other aged care-related
- No aged care qualifications

What university or polytechnic qualifications do you have?

There were a total of 568 responses to the question on aged care national qualifications. Of the respondents, 11.1% indicated that they had no aged care qualifications, 42.9% held level 2 Foundation Skills, 34.3% held level 3 Core Competencies and 28.9% hold Level 2 Health and Wellbeing. In the 2014 survey, 69.8% of respondents held level 2 Foundation Skills and 50.9% held level 3 Core Competencies.

With regard to the question on university and polytechnic qualifications, we report on their highest attained qualification. Only a minority of respondents held healthcare-related university or polytechnic awarded qualifications: 2.4% held degrees in nursing or other health-related subjects and 3.5% held postgraduate qualification in a health-related subject. A further 10.8% had no university or polytechnic qualifications, 11.7% had general postgraduate qualifications, 11.1% held another undergraduate qualification (such as a diploma or degree). Of the 232 respondents who answered this question, 56.4% had 'other' qualifications. These were generally pre-degree level.



Of the 494 respondents who answered the question 'Are you currently studying for any qualifications?' 18% said yes and 82% said no. In comparison, of the 485 respondents who answered the question 'Would you like to undertake more study if it was available?' 55.3% said yes and 44.7% said no. In 2014 only 14.4% of respondents were currently working towards a qualification.

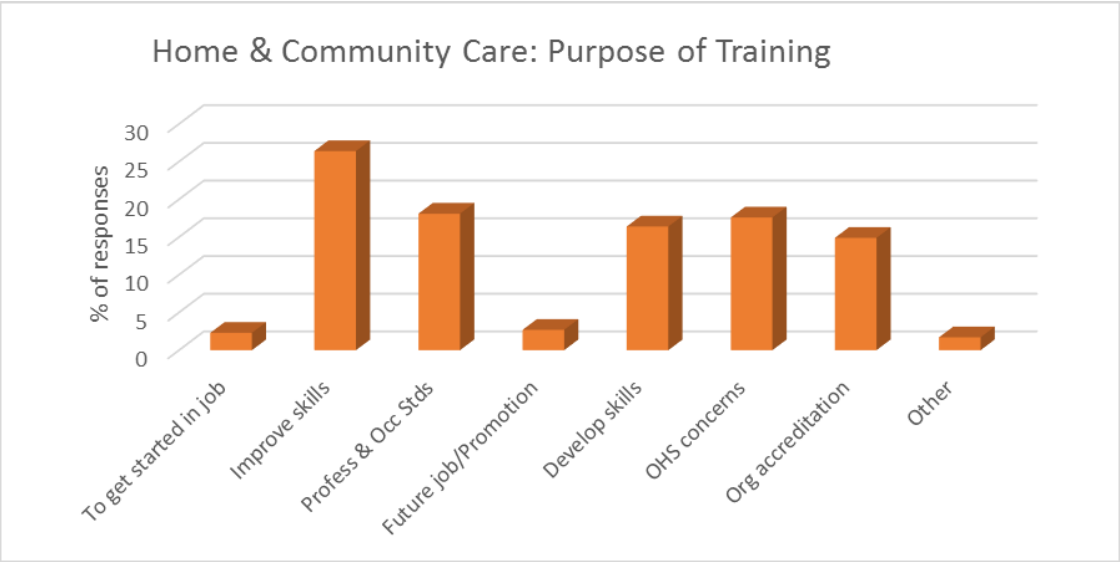
To ascertain the level of organisational support for the study towards formal qualifications, respondents were also asked 'What support did you get from your aged care provider when you studied for your aged care qualification?' Of the 510 who answered:

- 46.3% had group study sessions at work
- 24.7% had paid study time
- 17.6% had no support from their employer at all
- 6.1% had a peer mentor (study buddy)
- 3.3% had literacy support
- 2.0% had a study grant

Respondents were also asked who the provider of their aged care qualification was. Of the 409 respondents who answered this question the majority (63.6%) that responded identified Careerforce. A further 14.9% studied at other training establishments. The remainder had studied at:

- another private training establishment (PTE) (10.8%)
- a polytechnic (6.6%)
- Health Ed Trust (1.7%)
- a university or a wānanga (1.2%)

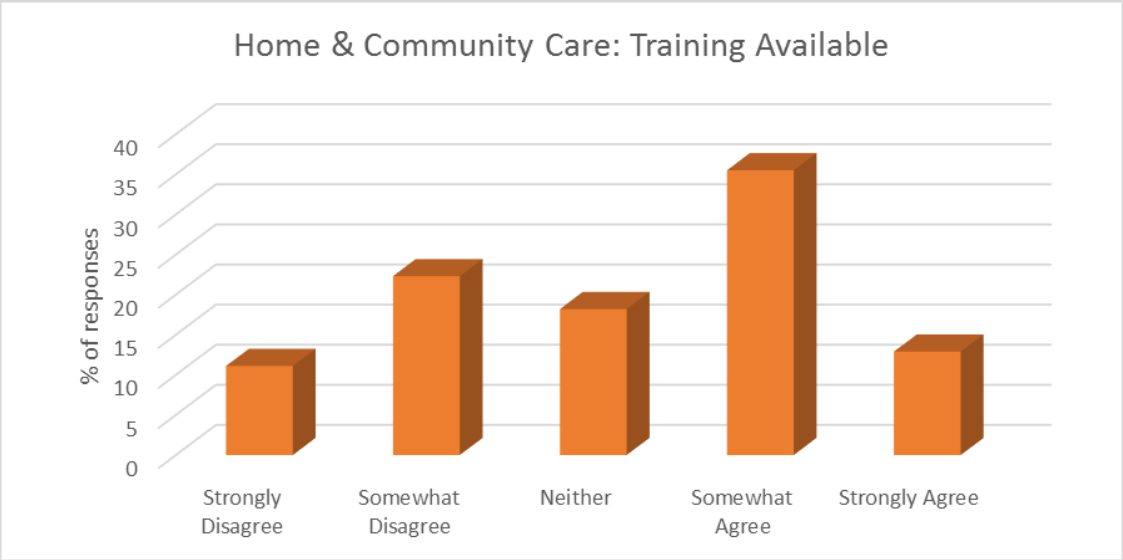
In addition to experience and formal qualifications, respondents were asked about training. During the previous 12 months, 53.7% of 492 respondents said that they had undertaken training provided by their employer. The most common reason for this training was to 'improve skills' (26.4%), followed by 'maintain professional status and/or meet occupational standards' (18.1%). Health and safety training was indicated as the purpose by 17.6% of respondents. In 2014 the main purpose for training indicated by respondents was 'to get started in my job' (84.2%).



When asked if they had paid for the training themselves, 77.9% had not, 14.1% had paid all of it and 8.0% had paid for some of it. This compares to 81.3% of respondents in 2014 whose employer paid for all of the training.

Respondents were then asked to what extent they felt they would be able to use the skills acquired in this training. Of the 263 who responded, 30.8% thought they could use them to a moderate extent, 32.7% to a great extent and 20.2% to a very great extent. Just 14.8% of respondents said they would only use the skills acquired to a limited extent and 1.1% thought they would not be able to use the skills acquired at all.

Respondents were also asked if they agreed that adequate training was available at their workplace. Although the majority agreed, nearly a quarter (22.3%) somewhat disagreed with the statement and 11.1% strongly disagreed.



Finally, having asked about the length of tenure with their current employer, their total experience, formal qualifications and training, respondents were then asked how much they agreed with the statement 'I have the skills and abilities I need to do my job'. The majority (94.1%) of the 479 who answered agreed or strongly agreed that they did. Similarly, in response to the statement 'I use many of my skills and abilities in my current job', 91% of the same respondents agreed with the statement. In 2014 a slightly higher proportion (97.3%) agreed or strongly agreed that 'I have the skills and abilities I need to do my job'.

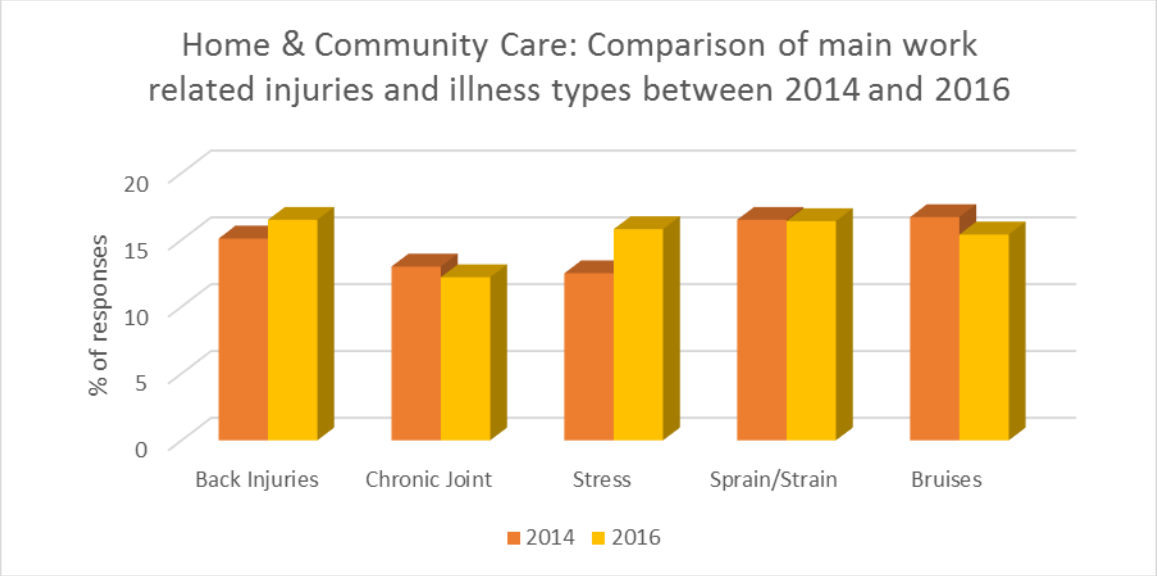
4.6 Occupational health and safety

Of the 479 respondents who responded to the statement 'I feel under pressure to work harder in my job', 37.6% did not agree or strongly disagreed. Nevertheless, 31.1% agreed or strongly agreed that they felt pressured to work harder in their jobs. In 2014, 42.9% of respondents disagreed that they feel pressure to work harder and 35.5% agreed that they did. In a response to the statement 'My job is more stressful than I had ever imagined', 41.1% disagreed or strongly disagreed and 35.0% agreed or strongly agreed.

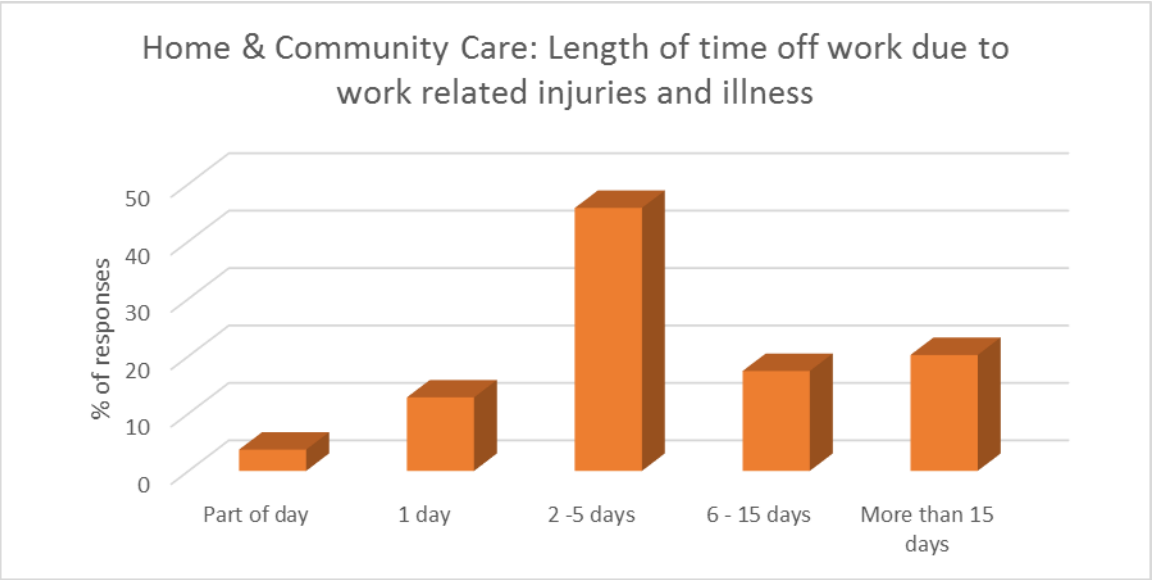
There were 532 incidents of work-related injury and illness reported in the 12 months prior to the 2016 survey from the 592 completed surveys. These included:

- 88 incidents of back injury
- 87 incidents of strain/sprain
- 84 incidents of stress
- 82 incidents of bruising
- 65 incidents of chronic joint or muscle issues
- Fewer cases of cuts, burns, fractures and other minor injuries

In 2014 bruises, sprain and strains were the most frequent injuries followed by back injuries.



Of those who responded that they had suffered a work-related injury, 39.1% (109) took time off work due to work-related injuries or other injury and illness. Most commonly, between 2 and 5 days sick leave was taken off work (45% of respondents) with 20.2% needing more than 15 days off work for recovery.



Participants who responded that they had suffered a workplace injury were then asked to indicate the cause of the injury, with multiple responses allowed. The most common causes identified were:

- Lifting, pushing, pulling and bending movements (36.8%)
- Fatigue (11.5%)
- Exposure to mental stress (9.6%)
- Repetitive movement with low muscle loading (8.8%)

Non-specified causes accounted for 16.3% of injuries. Other causes were hitting or being cut by the person in their care, falls, prolonged standing and vehicle accidents. A very small number cited exposure to chemicals and loud noise. These figures are very similar to findings in the 2014 survey.

In addition to physical injury and illness, the survey also asked whether participants experienced physical or verbal abuse from clients. In 2014 respondents did not identify physical abuse as a major issue for HCAs, with 70.3% having never experienced this and 20.5% indicating this had happened rarely. However in the 2016 survey just 55.9% of respondents had never experienced physical abuse and 30.0% had had it occur rarely. This would suggest that nearly half of all HCAs in the current survey have suffered physical abuse from clients at some point.

Figures on verbal abuse indicate that this is a more common problem for some HCAs. Of the 476 participants who answered this question:

- 26.7% never experienced verbal abuse (2014: 41.1%)
- 39.0% experienced verbal abuse rarely (2014: 32.3%)
- 24.8% reported experiencing verbal abuse sometimes (19.5% in 2014)

Although these figures appear low, 1.0% of participants experienced verbal abuse all the time, 2.0% very often, and 6.5% often. Despite the levels of physical and verbal abuse these HCAs experience, 92.0% still reported feeling safe or very safe at work.

An area not explored in the 2014 survey was HCAs' experience of their level of safety at work. Two questions were asked to gauge how well-supported and prepared respondents felt they were to carry out their work safely:

How strongly do you agree with the statement 'I have the tools and equipment to do my job safely'?
How strongly do you agree with the statement 'I am told everything I need to know to do my job safely'?

Table 2: How supported respondents feel to do job safely

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree
I have the tools and equipment to do my job safely*	2.7%	9.2%	8.6%	50.0%	29.4%
I am told everything I need to know to do my job safely*	10.3%	24.4%	8.4%	38.5%	18.5%

** These questions were answered by 476 respondents.*

With regard to the question about having the tools and equipment to do their job safely, 79.4% felt they were adequately equipped, with 12% feeling they were not well equipped. Just over half (57%) felt they were told all that they needed to know to do the job safely, with over a third (34.7%) indicating that they did not have enough information to be safe in their work.

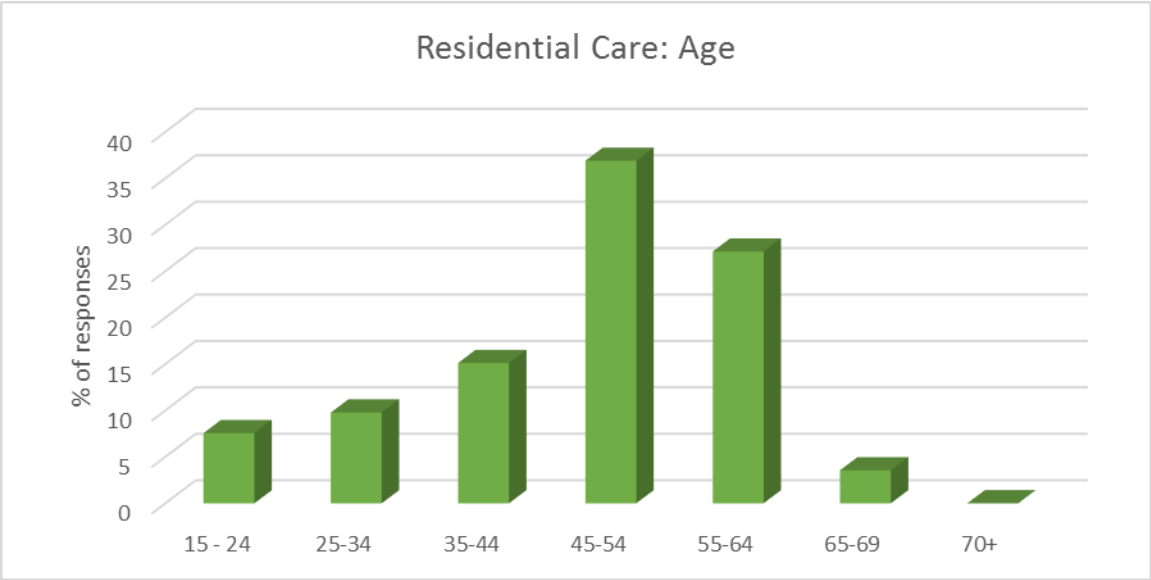
5. Residential Care Healthcare Assistants

5.1 The respondents

Unsurprisingly, 97.0% of the residential care HCAs who responded were female. Of the 228 who answered the question 'Are you the main earner in your family?' 54.4% answered yes and 45.6% answered no.

The ethnic composition of the respondents was: Pākeha/New Zealand European (59.0%), Māori (16.2%), Pasifika (7.2%), European (not born in New Zealand) (8.6%), Indian (3.1%), MELAA (Middle Eastern, Latin American and African) (2.1%) and Filipino (1.0%). Just over a quarter (26.4%) of these respondents spoke another language in addition to English. Those born in New Zealand comprised 74.9% of respondents.

Over a third (36.9%) of the HCAs that responded were aged between 45 and 54 years old. This was the largest cohort in the group. A further 27.1% were older (55–64 years) and 3.6% were aged between 65 and 70 years. Smaller numbers in younger age groups were identified with 15.1% aged between 35 and 44 and the remaining 17.4% below the age of 35. The age profile, gender and ethnicity demographics of respondents in 2016 were very similar to those of the respondents in 2014.



We asked respondents if they belonged to a union and, if they did, which one. Among residential aged care respondents, 64.6% responded that they belonged to a union. The majority of these respondents (69.1%) belonged to the New Zealand Nurses Organisation, 23.7% belonged to E Tū and 5.0% belonged to the PSA.

Most respondents (85.9%) reported that they did not have more than one paid job in the previous week. This is comparable to the 2014 survey findings (85.3%).

5.2 The job

This section outlines characteristics of employment such as type of roster, average hours worked per week and the shortest shift length. It also outlines the tasks that respondents engaged in on the job.

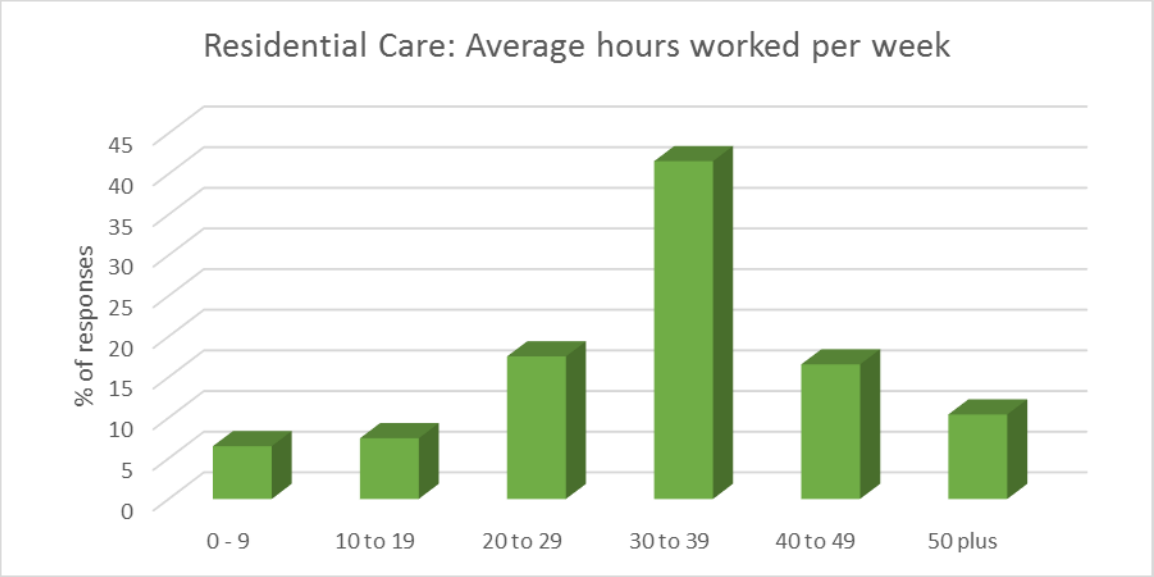
Participants were asked about the form of their employment and in 2016 an additional option – 'Self-employed' – was added. Those employed on a permanent full-time basis comprised 45.8% of the respondents to this question, while 42.4% were in permanent part-time employment, 8.8% were employed on a casual basis, 1.3% worked for an agency and 0.3% were self-employed.

Of the 319 respondents who answered the question about their current roster:

- 44.2% had a regular day shift
- 13.8% had a regular night shift
- 15.0% had irregular shifts
- 14.7% were on rotating shifts
- 2.5% were on split shifts

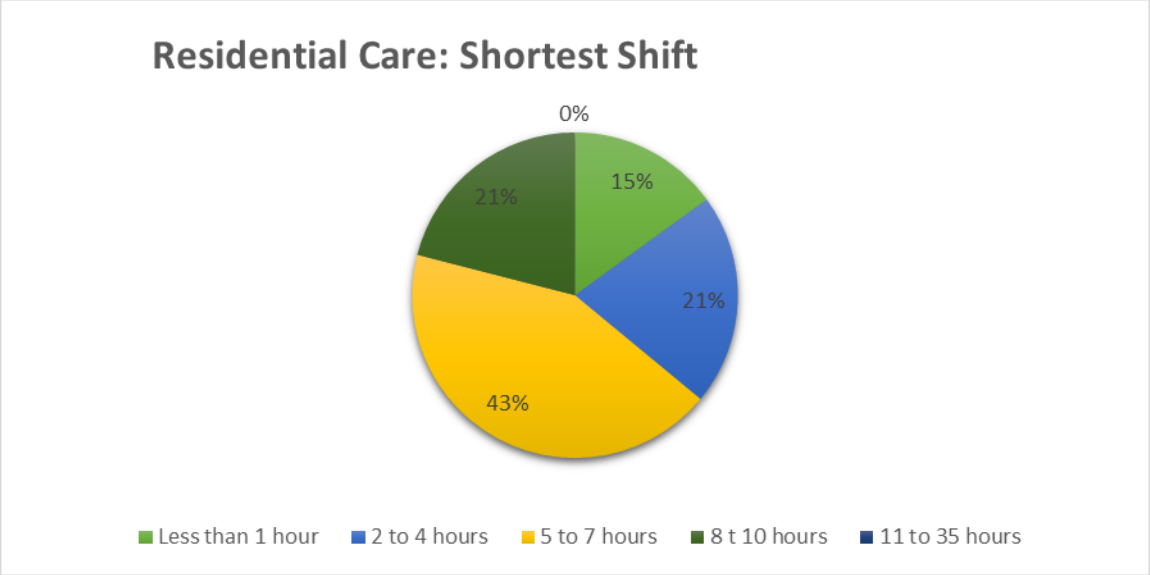
This is similar to the 2014 responses, although there is some difference in the proportion of irregular shifts (8.2% in 2014) and rotating shifts (9.8% in 2014).

When asked how many hours they worked per week on average, the majority (41.6%) of respondents indicated that they worked 30–39 hours per week, with 16.6% working 40–49 hours per week and 17.5% working 20–29 hours per week. In addition, 10.4% responded that they worked 50 or more hours per week, 7.5% worked 10–19 hours per week and 6.5 worked 0–9 hours per week.



Of the 311 who responded to the question 'Do you have a guaranteed minimum number of hours worked per week?' 68.8% of residential aged care HCAs replied yes and 31.2% replied no.

There were 508 valid responses to the question 'How long was your shortest shift last week?' For 42.6% of respondents, their shortest shift was between 5 and 7 hours. Equal proportions (21.1%) had a shortest shift of either 2–4 hours or 8–10 hours, and 14.9% responded that their shortest shift was less than 1 hour in the previous week.



Participants were asked if their role 'involves managing or supervising direct care staff'. Of the 323 respondents, 56.9% were not involved in managing or supervising direct care staff. Of those who answered yes, 17.3% were but were not a team leader or care manager, 13.9% were team leaders and 8.4% were care leaders. These figures are very different to the corresponding finding in 2014, which indicated that 51.6% of responses (n=124) were involved in managing or supervising direct care workers.

Following on from this, participants were asked 'What do you spend the most time doing in your job?' Of the 322 who responded, 91.3% spent the most time in personal care, 5.3% spent time talking to clients and 2.5% spent most time doing cleaning/housework.

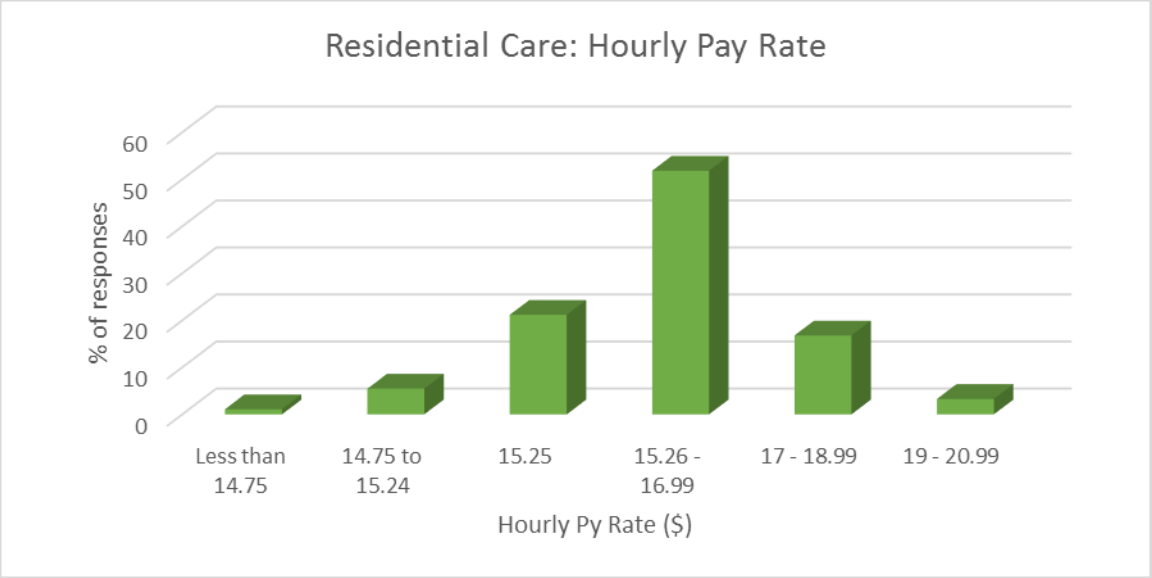
5.3 Pay and the work environment

This section outlines responses to questions on pay and the work environment, including work load, autonomy and general workplace relations.

Pay

At the time of the survey the minimum wage was $15.25 per hour. In the 2016 survey 274 people responded to this question. All except one respondent earned $20.99 or less per hour. The majority (51.8%) earned between $15.26 and $16.99 per hour and 21.17% earned exactly the minimum wage of $15.25. A further 16.8% earned between $17.00 and $18.99, and 3.3% earned between $19.00 and $20.99. A small number earned less than the minimum wage: 5.47% earned between $14.75 and $15.24 per hour and 1.09% earned less than $14.75 per hour.

In 2014 all residential aged care HCAs in the survey earned less than $19.00 per hour, with 37.7% receiving less than $15.00 per hour and 59.4% receiving between $15 and $19 per hour. The minimum wage at the time of the 2014 survey was $14.25.

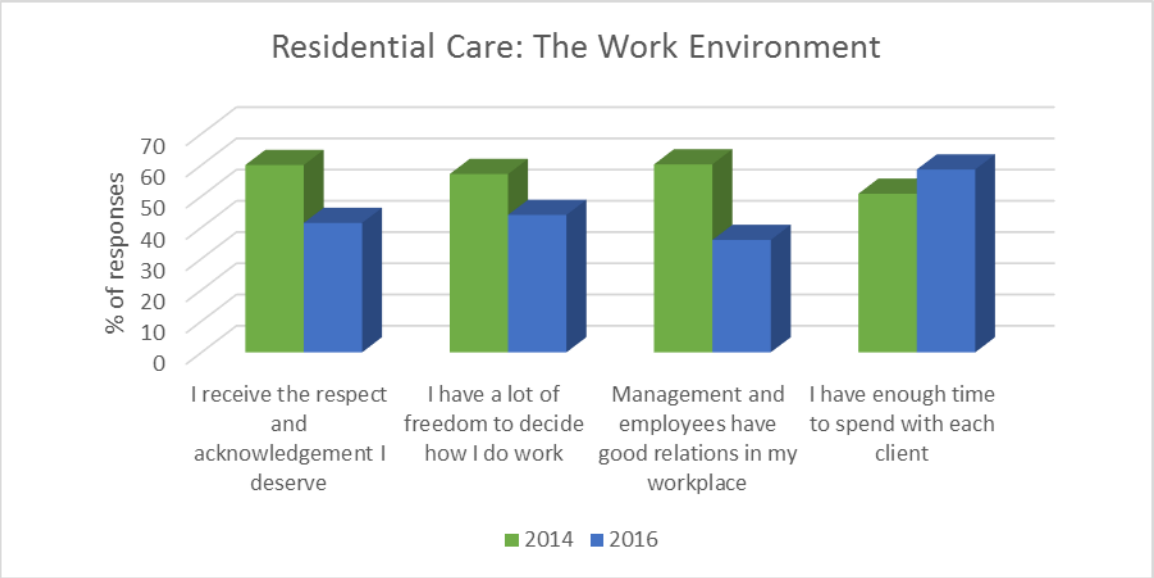


In 2014, 83.9% of residential care HCAs in the survey were not satisfied with their wages, and in 2016 this percentage (n=234) was almost exactly the same, with 83.3% dissatisfied with their wages. In 2016 the following question was also asked: 'To what extent do you agree with the statement "My rate of pay fairly reflects the skills, responsibilities and experience needed to do my job"?' Of the respondents, 85.0% disagreed with this statement, 4.7% were neutral and 10.3% agreed.

The work environment

Some aspects of the work environment that are important to aged care HCAs' morale are how valued they feel, how much time they have for each client, their autonomy in the workplace, and generally how good relations are between employees and managers. From 234 respondents, 58.6% agreed to the statement 'I am able to spend enough time with each client'. Slightly more respondents disagreed (47.0%) than agreed (41.5%) with the statement 'Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve'.

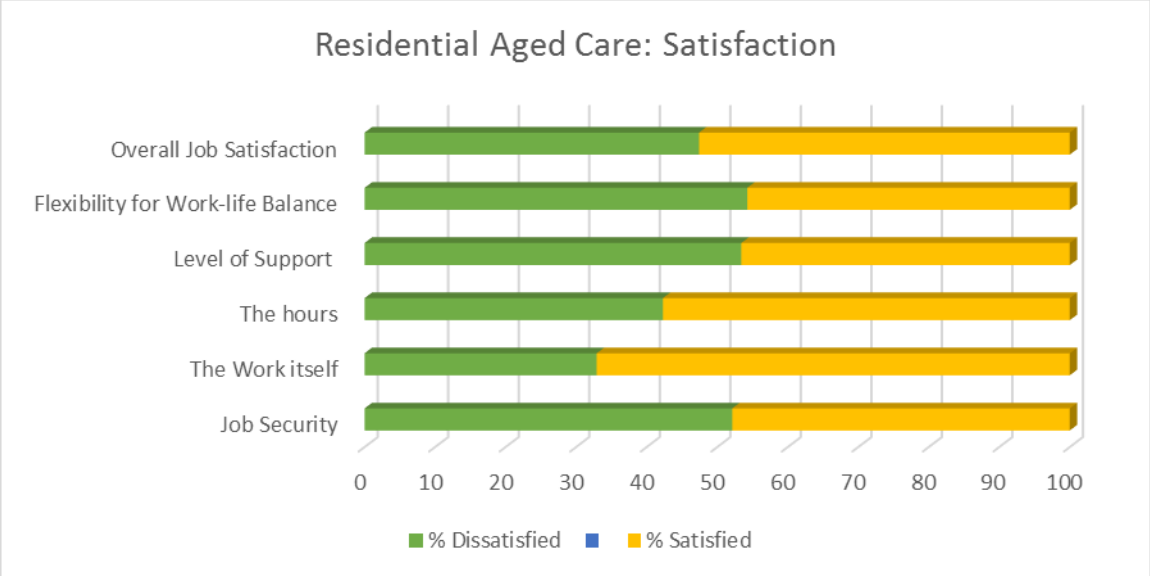
The graph below compares the proportions of respondents who agreed with the survey statements about their workplace in 2014 and 2016. It can be seen that overall fewer agreed in 2016 than in 2014. This could be due to ongoing equal pay action in their sector creating uncertainty, or because the respondents come from a different range of employers.



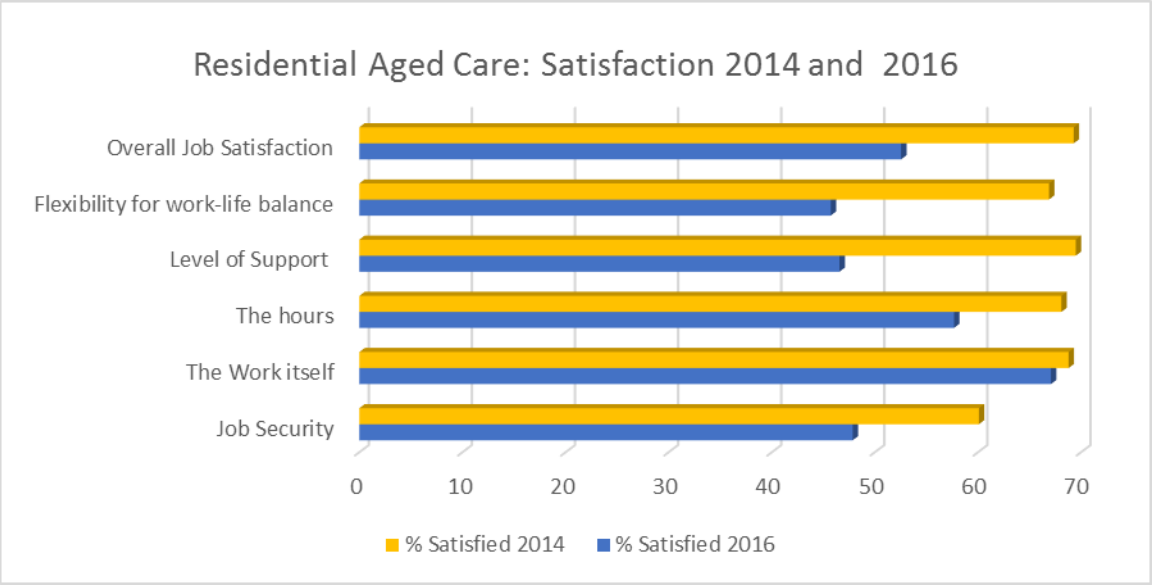
Perhaps reflecting other aspects of the work environment, fewer respondents in 2016 agreed that they received the respect and acknowledgement they deserved for their efforts and achievements. In 2016, 41.5% agreed they received the respect and acknowledgement they deserved, which is less than the 60.0% who agreed with the same statement in 2014.

5.4 Satisfaction and quitting intentions

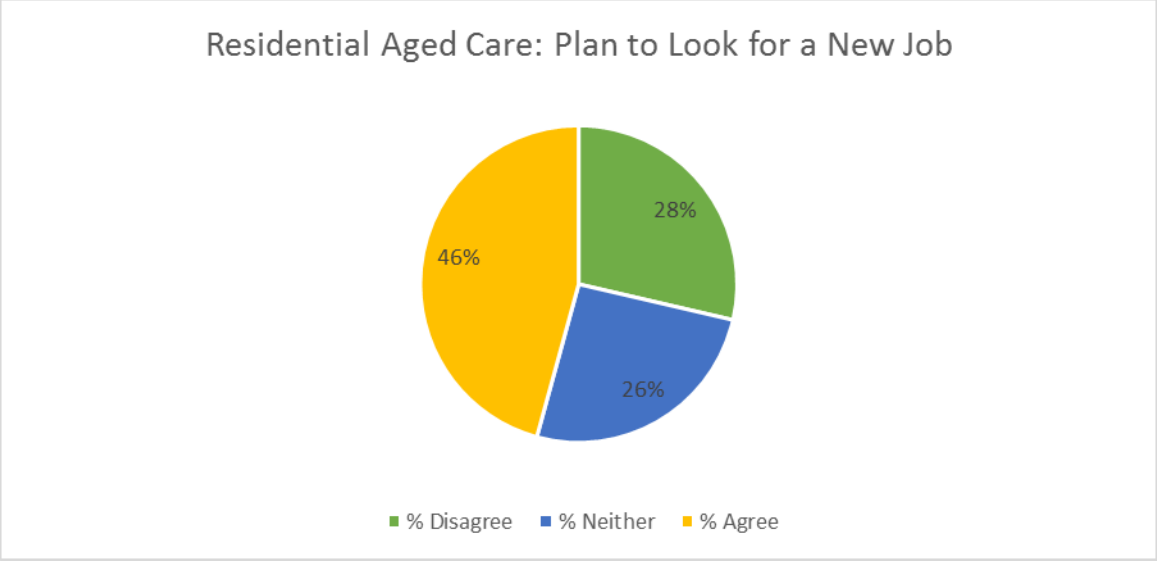
For the 234 respondents to this question, the factors that appeared to provide the greatest satisfaction were 'the work itself' (67.1%), and 'the hours' (57.7%). Approximately half (52.3%) of all responses were satisfied with the job.



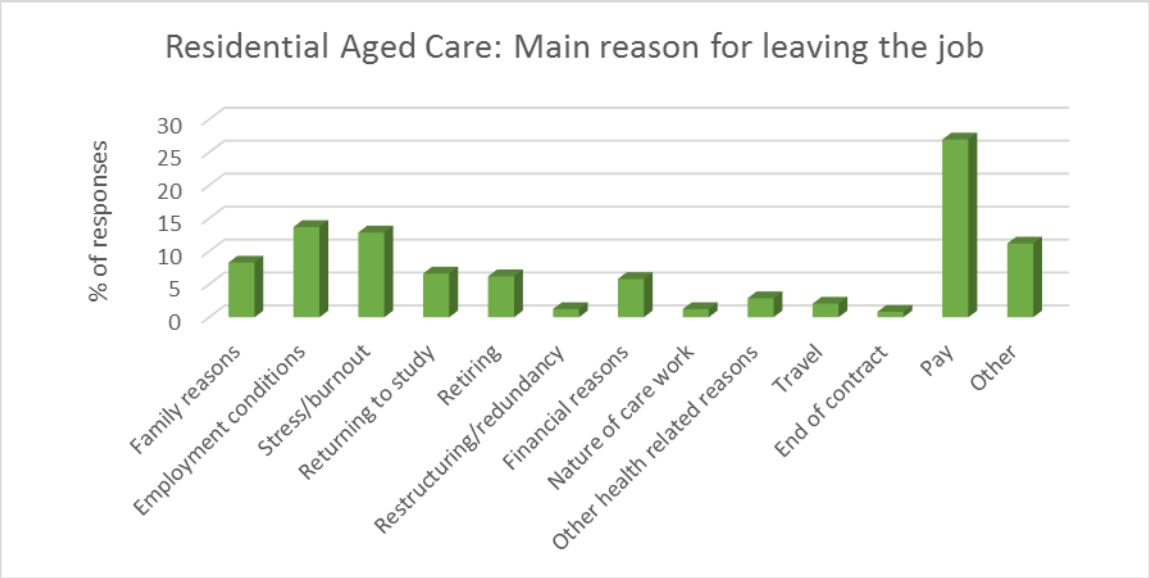
Overall, the percentage of those who were satisfied has dropped since 2014, with the exception of 'the work itself' factor, which is at very similar proportions in both years.



Of the 234 respondents, 45.7% agreed with the statement 'I plan to look for a new job within the next 12 months'.



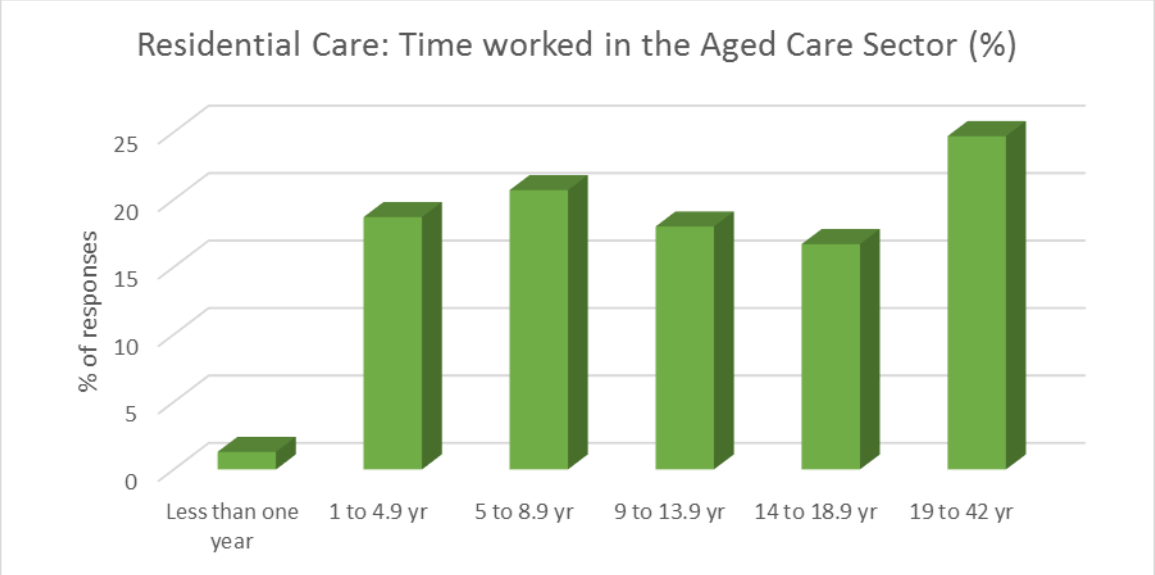
Of the 241 responses to the question 'If you were to leave this job in the next 12 months, what do you think would be the main reason?' the reason with the greatest percentage was pay (27.0%).



5.5 Experience, skills and qualifications

This section presents the responses on length of experience in aged care, participants' perceptions of their skills, the training available to them and the qualifications that they have.

There were 268 valid responses to the question that asked how long participants had worked in aged care in total (not including any breaks). Of these, 24.7% of respondents had worked for 19 or more years, 20.7% had a total of 5–8 years in aged care, 18.7% had worked for 1–4 years, 18.0% had worked for 9–13 years and 16.7% had worked for 14–19 years in aged care. Just 1.3% of respondents to this question had worked less than 1 year in aged care. Despite considerable experience in aged care, 37.6% of these respondents indicated that they had been with their current employer for 1–4 years, with 24.7% stating less than 1 year, 16.3% stating 5–8 years, 15.2% stating 9– 13 years, 6.1% stating 14–18 years and 5.3% stating 19 years or more.



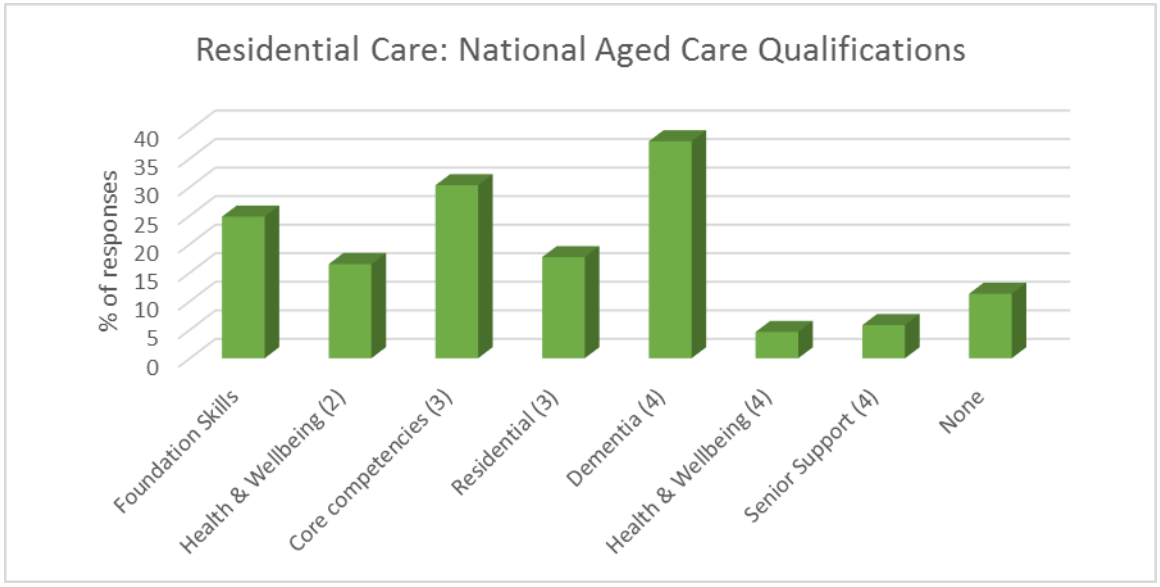
Two key questions were asked around current qualifications that respondents have:

Have you completed any of the following national qualifications in aged care?

- Foundation Skills (level 2)
- Health and Wellbeing (level 2)
- Core Competencies (level 3)
- Health and Wellbeing (level 3)
- Residential (level 3)
- Residential limited credit programme (dementia) (level 4) or ACE Dementia (level 4)
- Health and Wellbeing (level 4)
- Senior Support (level 4)
- Other aged care-related (please specify)
- No aged care qualifications

What University or Polytechnic qualifications do you have?

There were a total of 327 valid responses to this question. Of those respondents, 11.3% stated that they had no aged care qualifications. 24.8% held level 2 Foundation Skills and 30.3% held level 3 Core Competencies. A further 38% held Residential limited credit programme (dementia) level 4.



Of the 232 who responded to the question on university and polytechnic qualifications, 58.3% had 'other' qualifications. These were generally pre-degree level. A further 16.6% had no university or polytechnic qualifications, 9.0% had general postgraduate qualifications, 7.2% held another undergraduate qualification (such as a diploma or degree), 4.9% held degrees in nursing or other health-related subjects and 3.6% held postgraduate qualification in a health-related subject.

Of the 247 valid responses to the question 'Are you currently studying for any qualifications?' 28.7% were in the affirmative and 71.3% in the negative. In comparison, 241 answered the question 'Would you like to undertake more study if it was available' and 58.5% responded yes, with 41.5% responding no. In the 2014 survey, 20.5% of respondents were currently studying towards qualifications.

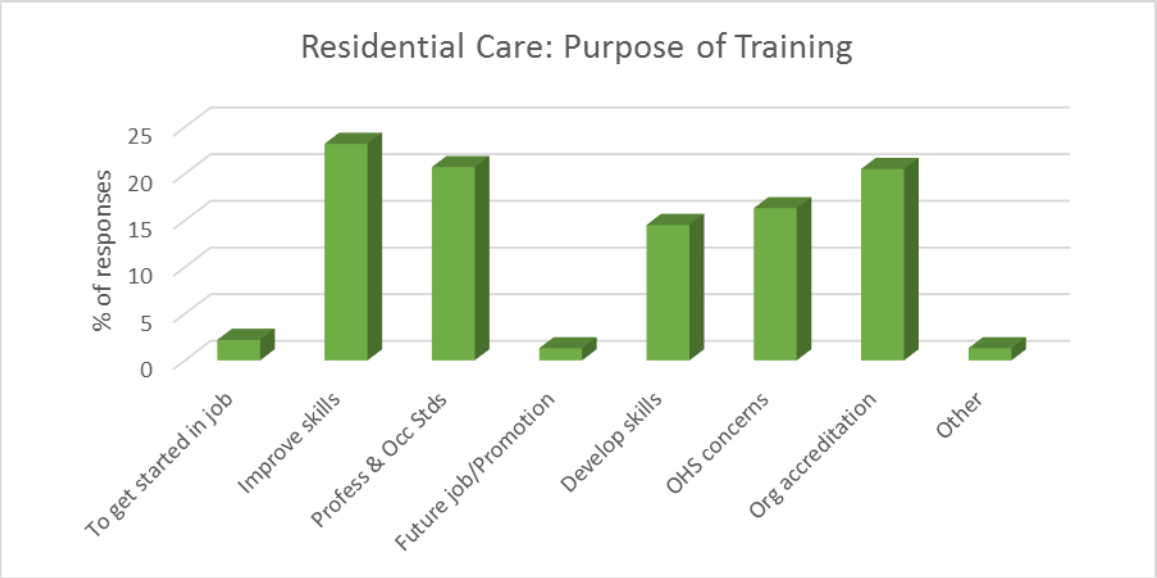
To ascertain the level of organisational support for their study towards formal qualifications, respondents were also asked 'What support did you get from your aged care provider when you studied for your aged care qualification?' Of the 249 respondents:

- 33.3% had group study sessions at work
- 15.7% had paid study time
- 10.8% had a peer mentor ('study buddy')
- 33.3% had no support from their employer at all

Respondents were also asked who the provider of their aged care qualification was. Of the 327 respondents, the majority (49.8%) stated that they studied for their aged care qualification through Careerforce. Of the remainder:

- 18.3% studied at Health Ed Trust
- 10.8% studied at a polytechnic
- 9.6% at other training establishments
- 7.8% at other PTEs
- 3.2% at a wānanga
- 0.9% at a university

In addition to experience and formal qualifications, participants were asked about training; 243 responded to this question. During the 12 months before the survey, 70.8% stated that they had undertaken training provided by their employer. The most common reason for this training was to improve skills (23.2%) followed by to maintain professional/occupational standards (20.7%) and then to maintain the provider's accreditation (20.5%). Training for the purpose of health and safety accounted for 16.3% of the responses. Respondents to the 2014 survey indicated that the two primary purposes of their training were to improve skills and to meet the accreditation requirements of the provider.



When asked if they had paid for the training themselves, 73.8% responded no, 16.9% that they had paid some of it and 9.3% had paid for all of it. Participants were asked to what extent they would be able to use the skills acquired in this training. From the 172 who responded:

- 33.7% said to a moderate extent
- 32.0% said to a great extent
- 19.2% said to a very great extent
- 14.8% said to a limited extent

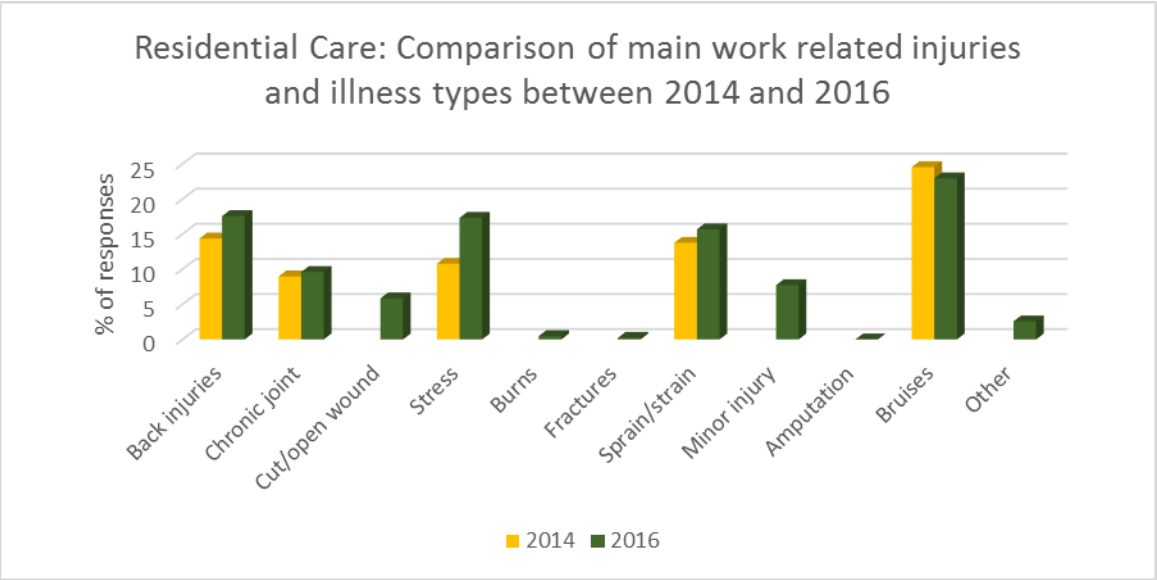
Respondents were also asked if they agreed that 'adequate training is available' at their workplace. Although the majority agreed, nearly a quarter (22.2%) somewhat disagreed with the statement and 9.0% strongly disagreed. In 2014, 82.8% of respondents agreed that adequate training was available at their workplace.

Finally, having asked about the length of tenure with their current employer, their total experience, formal qualifications and training, respondents were asked how much they agreed with the statement 'I have the skills and abilities I need to do my job'. The majority (94.0%) of the 234 valid responses were in the affirmative. Similarly, in response to the statement 'I use many of my skills and abilities in my current job', 91.5% of respondents agreed. This compares closely with the 2014 survey in which 94.5% agreed they had the skills and abilities to do their job.

5.6 Occupational health and safety

Respondents were asked if they agreed or disagreed with the statements 'I feel pressure to work harder in my job' and 'My job is more stressful than I had ever imagined'. Of the 234 respondents who answered the first question, the majority (65.8%) indicated they did feel pressure to work harder in their jobs. Only 19.7% of HCAs indicated that they did not feel pressure to work harder. In response to the second statement, a large majority (70.9%) indicated that they felt the job was more stressful than they ever imagined it would be.

A total of 427 incidences of work-related injury and illness were reported by 327 respondents in the 12 months prior to the survey. The main categories are presented in the following graph, which also compares the 2016 results with those of the 2014 survey.



The complete category list and frequencies were:

- Bruises 98
- Back injuries 75
- Stress 74
- Sprain/strain 67
- Chronic joint injuries 41
- Minor injuries 33
- Cuts/open wounds 25

There were also a very minor number of burns (2) and one fracture.

In response to the question asking if these injuries or illness had resulted in time off work, the majority of the 165 respondents (58.8%) did not take time off work, while 41.2% did require time away from work because of injury or illness.

Table 3: Comparison between 2014 and 2016 surveys for amount of time taken off

Days off work	2016	2014
1 day	17.7%	22.2%
2 – 5 days	36.8%	55.6%
6 – 15 days	22.1%	13.8%
15+ days	22.1%	7.4%

Where participants did suffer a work-related injury or illness they were asked to indicate what the cause was for the most recent one, and multiple answers were allowed. The most common causes identified were:

- Lifting, pushing, pulling and bending movements (37.0%) (2014: 43.5%)
- Hitting, being hit or cut by person, object or vehicle (12.6%) (2014: 23.9%)
- Exposure to mental stress (11.4%) (2014: 7.6%)
- Repetitive movement with low muscle loading (9.8%)
- Fatigue (9.5%)
- Prolonged standing, working in cramped or unchanging positions (4.7%)
- Non-specified causes (10.4%)

A very small number cited falls (2.8%), and long-term exposure to sound (0.4%) as causes.

In addition to physical injury and illness, the survey also asked whether participants had experienced physical or verbal abuse from clients, and 230 responses were received. Only 10.9% of respondents indicated that they never experienced physical abuse in their job, with 26.7% stating only rarely, and 27.8% stating sometimes. However, over a third (35.6%) reported experiencing physical abuse often or very often. This group included 4.7% who reported experiencing physical abuse all the time in their work.

The responses regarding verbal abuse indicate that this is a more common problem than physical abuse for residential care HCAs. Just 4.3% had never experienced verbal abuse and 16.5% said they experienced it rarely. A third (33.5%) experienced verbal abuse sometimes, and 37.0% often or very often. Nearly 9% were subjected to verbal abuse all the time in their work. So, for nearly half of these HCAs (45.7%) verbal abuse was a significant part of their working environment.

An area not explored in the 2014 survey was the level of safety at work that HCAs experience. A question was asked to ascertain their overall feelings of safety and two auxiliary questions examined the support and preparation they received for health and safety at the workplace. Despite the incidence of physical and verbal abuse these workers experienced, 81.4% of the 230 respondents still reported feeling safe or very safe at work.

Of interest are the findings on how well HCAs in this sector feel they are supported and prepared for health and safety at the workplace. These two questions were answered by 230 respondents. Of these, 69.6% somewhat agreed and strongly agreed that they 'have the tools and equipment to do my job safely'. A smaller proportion (64.8%), however somewhat agreed and strongly agreed that 'I am told everything I need to know to do my job safely'.

Table 4: How supported respondents are for health and safety in the workplace

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree
I have the tools and equipment to do my job safely	4.4%	17.0%	9.1%	45.7%	23.9%
I am told everything I need to know to do my job safely	4.3%	21.3%	9.6%	45.2%	19.6%

6. Nurses

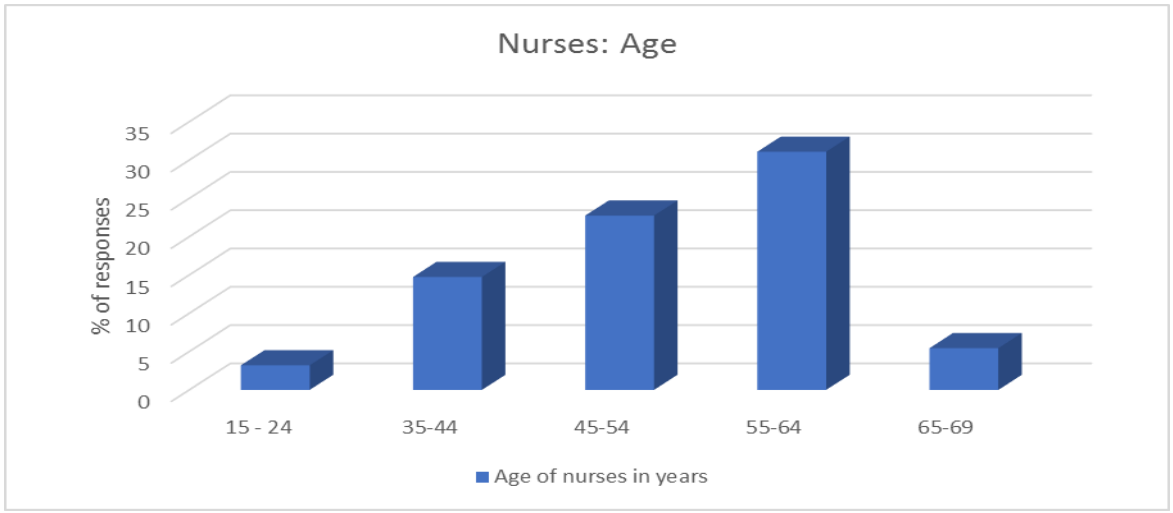
This section reports on registered and enrolled nurses across both home and community care and residential aged care.

6.1 The respondents

Unsurprisingly, 96.5% of nurses who responded identified as female. Just under two-thirds (64.2%) of the participants were born in New Zealand. Of the 314 who responded to the question 'Are you the main earner in your family?', 58.6% responded yes and 41.4% responded no.

The ethnicities of respondents included Pākehā/New Zealand European (62.2%), Filipino, (11.8%), Māori (7.6%), Indian (4.8%), Europeans (not born in New Zealand) (3.9%), Chinese (3.6%), 1.8% Pasifika, other Asian (2.7%) and MELAA (Middle Eastern, Latin American and African) (1.5%). A third of respondents (33.8%) indicated that they were fluent in a language in addition to English. Approximately two-thirds (64.2%) of respondents were born in New Zealand.

The biggest age group were those between 55 and 64 (31.1%). Nearly a quarter of respondents were aged between 45 and 54 years (22.8%) and a further 22.8% aged between 25 and 34 years. A smaller proportion (14.7%) of respondents were aged between 35 and 44 years, with just 5.4% older than 65 years of age.



We asked respondents if they belonged to a union and, if they did, which one. Of those who responded, 91.4% belonged to a union. Nearly all of those who belonged to a union belonged to the New Zealand Nurses Organisation (98.9%).

Most respondents (93.4%) reported that they had not had more than one paid job in the week prior to the survey.

6.2 The job

This section outlines characteristics of employment such as type of roster, average hours worked per week and the shortest shift length. It also outlines the tasks that respondents engaged in on the job.

Participants were asked about the form of their employment. Those employed on a permanent full-time basis comprised 56.0% of respondents, while 36.2% were in permanent part-time employment, 5.1% were employed on a casual basis, 2.3% were employed fixed term and 0.3% worked for an agency.

Of the 401 who responded to the question about their current roster, 44.4% had a regular day shift, 23.7% were on rotating shifts, 12.5% had irregular shifts, 8.2% had a regular night shift and 1.5% were on split shifts.

When asked how many hours they worked per week on average:

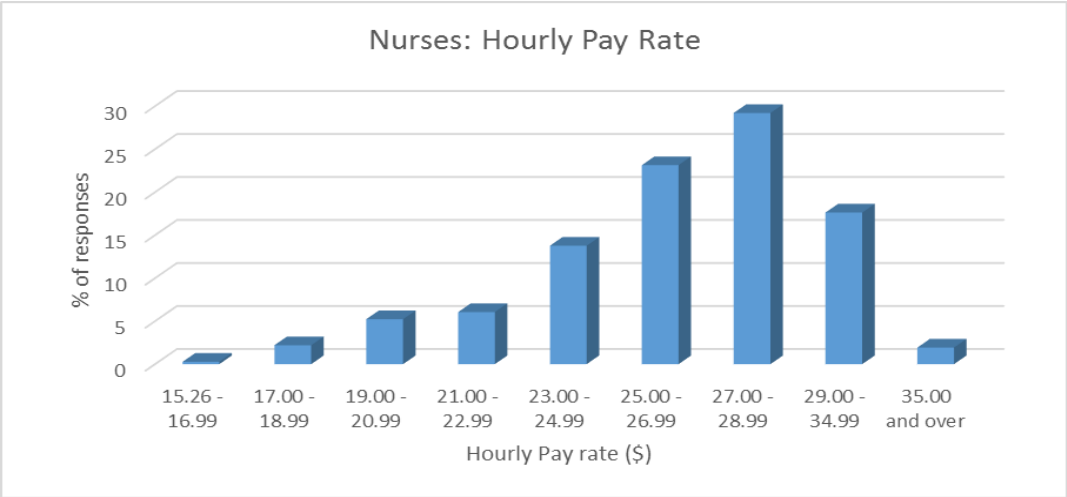
- 38.4% worked 30–39 hours
- 30.8% worked 40–49 hours
- 16.0% worked 20–29 hours
- 8.9% worked 50 or more hours
- 4.9% worked 10–19 hours
- 1.0% worked 0–9 hours

Of the 311 valid responses to the question 'Do you have a guaranteed minimum number of hours worked per week', 87.8% of nurses replied that they did and 12.2% replied that they did not. There were 354 valid responses to the question 'how long was your shortest shift last week?' Of these respondents, the majority (72.0%) had a shortest shift of 8 to 10 hours, 13.0% 5 to 7 hours, and 9.3% less than 1 hour, 4.0% 2 to 4 hours and 1.7% 11 hours or more.

6.3 Pay and the work environment

Pay

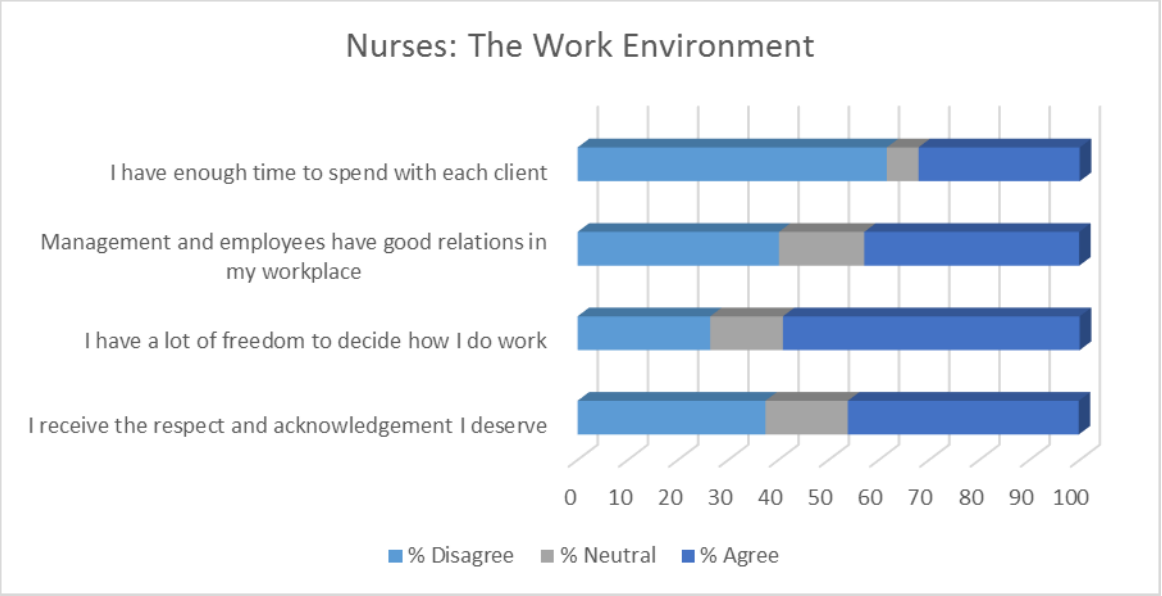
There were a total of 59 enrolled nurses and 304 registered nurses who answered this question. The hourly pay rates for nurses clustered mainly around $25.00 to $34.99 per hour, with the largest group (29.2%) earning between $27.00 to $28.99 per hour. One respondent reported earning less than $14.75 per hour and 7 reported earning more than $35 per hour.



In 2016 the following question was also asked: 'To what extent do you agree with the statement "My rate of pay fairly reflects the skills, responsibilities and experience needed to do my job".' Of the total 318 enrolled and registered nurses who responded, 68.2% disagreed with the statement, 9.1% were neutral and 22.6% agreed. Generally, nurses were not satisfied overall with their pay, as illustrated below.

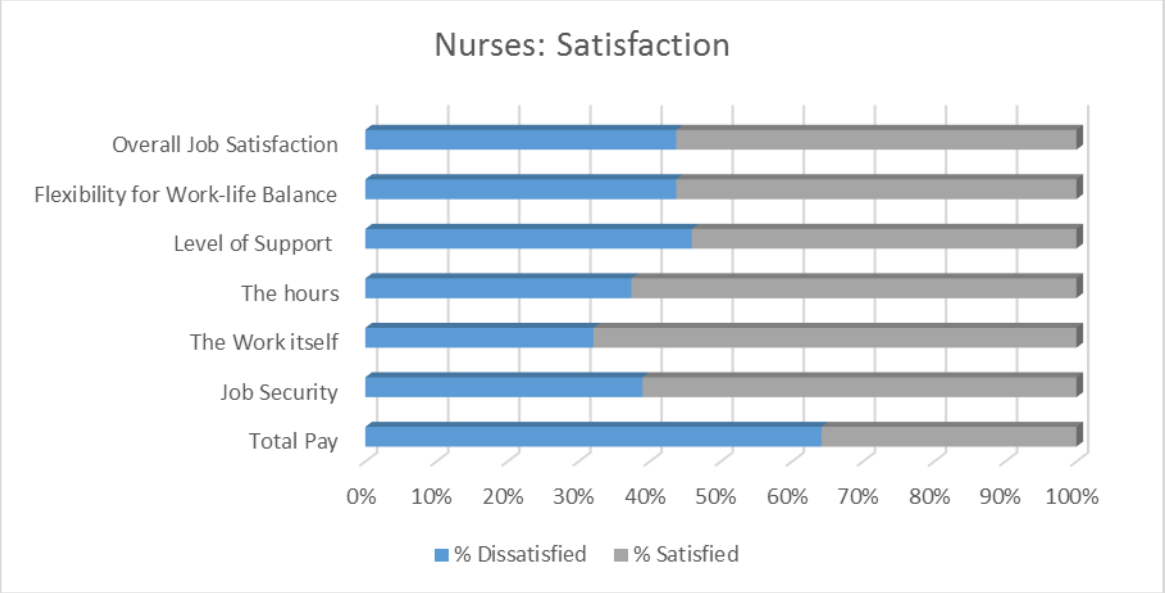
The work environment

A total of 318 nurses responded to these questions. The majority (59.1%) agreed with the statement 'I have a lot of freedom to decide how I do work'. Almost equal numbers agreed to or disagreed with the statement that 'Management and employees have good relations in my workplace'. More nurses agreed (46.2%) than disagreed (37.4%) with the statement 'Considering all efforts and achievements, I receive the respect and acknowledgement I deserve'. A large proportion (61.7%) disagreed that they had enough time to spend with each client.

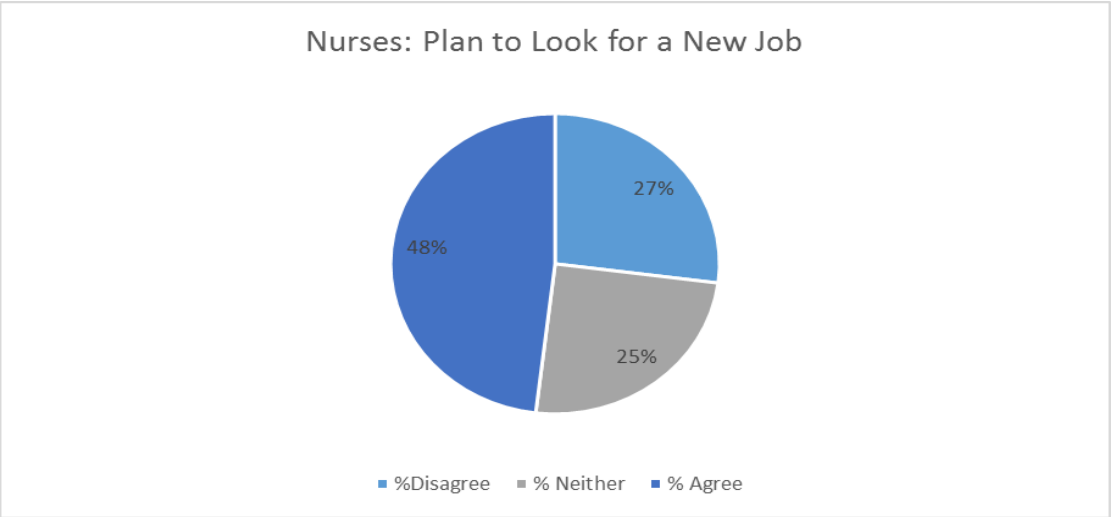


6.4 Satisfaction and quitting intentions

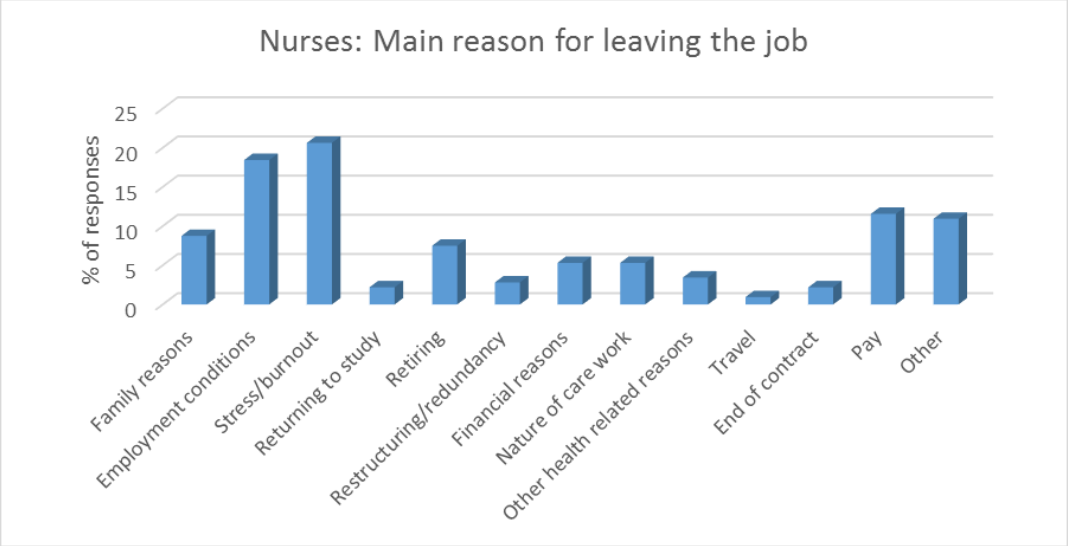
Overall a high proportion of the 318 nurses who responded to this section reported that they were dissatisfied with their total pay (64.2%). Generally, they were satisfied with their job overall (56.3%). The work itself appears to have provided more satisfaction (67.9%) than other factors.



Corresponding with the above levels of satisfaction, nearly half (48.1%) agreed with the statement 'I plan to look for a new job within the next 12 months', although 24.8% neither agreed nor disagreed with the statement.



Despite some low levels of satisfaction with pay and hours, there was no one predominant reason why the nurses would leave their job if they were to leave in the next 12 months. However, the two main reasons given among the 320 responses to this question were 'stress/burnout' (20.6%) and 'employment conditions' (18.4%). Pay was given as the main reason by 11.6% of the respondents.



6.5 Experience, skills and qualifications

This section presents the responses on length of experience in aged care, participants' perceptions of their skills, the training available to them and the qualifications that they have.

The question asking how long participants had worked in aged care in total (not including any breaks) was answered by 208 respondents. Of these:

- 24.5% had worked for 19 or more years
- 21.6% had worked 1–4 years
- 21.2% had worked 5–8 years
- 17.8% had worked 9–13 years
- 13.0% had worked 14–19 years
- 1.3% had worked less than 1 year

Despite considerable experience in aged care, 46.4% of these respondents indicated that they had been with their current employer for 1–4 years. A further 22.5% stated less than 1 year, 12.4% stated 5–8 years, 9.8% stated 9–13 years, 3.7% stated 14–18 years, and just 5.2% stated 19 years or more.

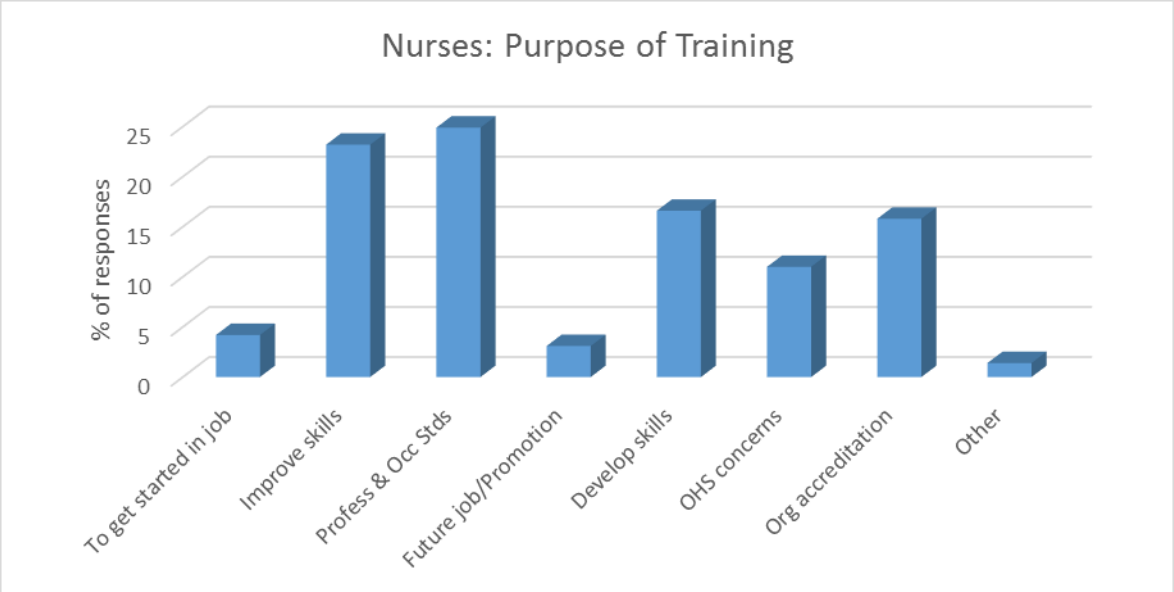
In response to the question on university and polytechnic qualifications, 49.1% of the 269 respondents held a nursing or other health-related degree, and 8.9% specified that they were 'hospital trained'. It is possible that other respondents were hospital trained and qualified but did not specify this. A further 13.0% held postgraduate qualifications in nursing or a health-related discipline, 12.3% held a diploma in nursing or a health-related discipline and 10.4% held 'other' university or polytechnic qualifications.

From the 326 valid responses to the question 'Are you currently studying for any qualifications'? 18.4% were in the affirmative and 81.6% were in the negative. In comparison, of the 321 who answered the question 'Would you like to undertake more study if it was available?' 69.8% responded yes and 30.2% responded no.

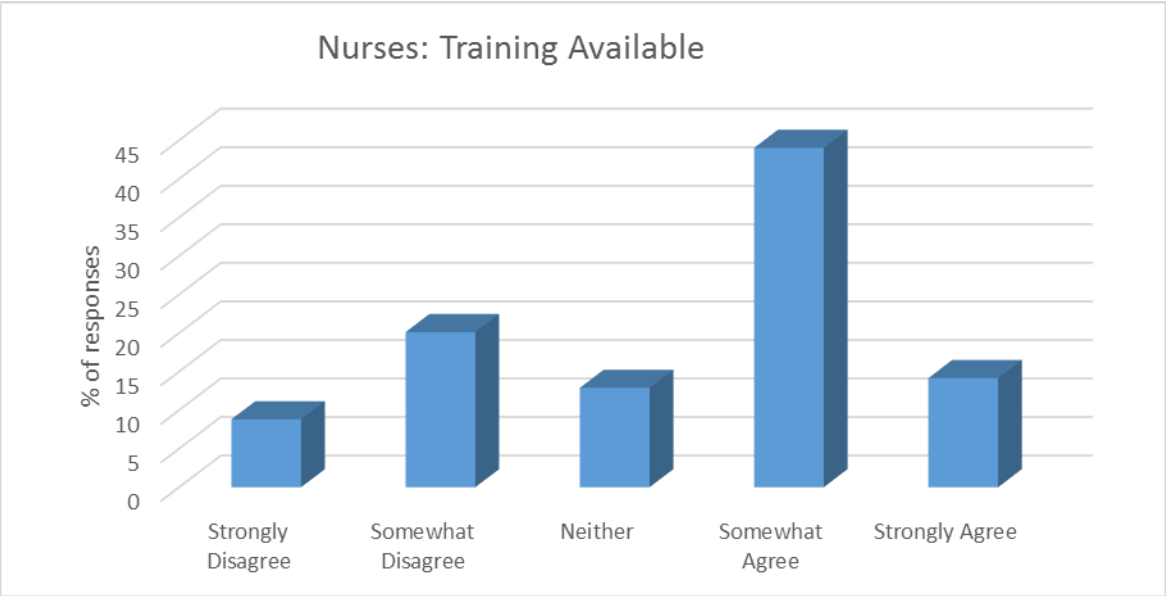
To ascertain the level of organisational support for their study towards formal qualifications, respondents were also asked 'What support did you get from your aged care provider when you studied for your aged care qualification?' Of the 230 respondents who answered:

- 35.7% had paid study time
- 22.6% had group sessions at work
- 33.9% had no support
- 3.5% had a peer mentor
- 2.6% had a study grant
- 1.7% had literacy support

In addition to experience and formal qualifications, respondents were asked about training. During the 12 months prior to the survey, 86.3% of 322 respondents said that they had undertaken training provided by their employer. The most common purpose for the training (24.9%) was to maintain professional standards, followed by to improve current skills (23.2%), to develop skills (16.6%), to meet the accreditation needs of the provider (15.8%) and for occupational health and safety concerns (11.0%).



When asked if they had paid for the training themselves, of 276 respondents 69.2% responded no, 10.9% that they had all of it and 19.9% had paid for some of it. Respondents were the asked to what extent they would be able to use the skills acquired in this training and 22.1% of the 276 who responded thought to a very great extent, 39.1% to a great extent, 27.9% to a moderate extent and 9.8% to a limited extent. Respondents were also asked if they agreed that 'adequate training is available' at their workplace. Although the majority agreed, nearly a quarter (20.1%) somewhat disagreed with the statement and 8.8% strongly disagreed.

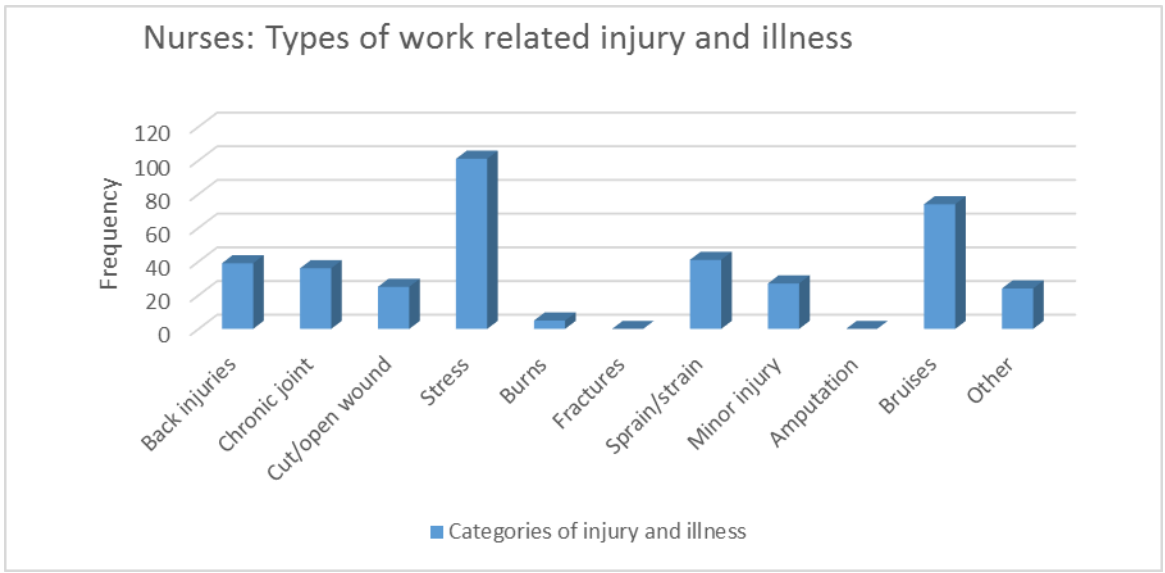


Finally, having asked about the length of tenure with their current employer, their total experience, formal qualifications and training, respondents were asked how much they agreed with the statement 'I have the skills and abilities I need to do my job'. The majority (95.9%) of the 318 respondents agreed and strongly agreed that they do. Similarly, in response to the statement 'I use many of my skills and abilities in my current job', 92.7%% of the 318 respondents agreed and strongly agreed.

6.6 Occupational health and safety

There were 318 responses to this section. The first two questions asked respondents to consider how pressured and stressed they felt in their work, using the statements 'I feel pressure to work harder in my job' and 'My job is more stressful than I had ever imagined'. Of the respondents, the majority (69.5%) indicated they did feel pressure to work harder in the jobs. Only 15.1% of nurses indicated that they did not feel this pressure around their work. Over two-thirds (67.6%) indicated they felt the job was more stressful than they ever imagined it would be.

In the 12 months prior to the survey there were 372 incidences of work-related injury and illness reported by 318 respondents. The main categories of injury and illness are presented in the following graph.



The most common issue raised by the respondents was stress (101 incidents) with the next most common issue being bruising (74). These were followed by back injuries (39), chronic joint issues (36) and sprains/strains (41).

As a result of some of these injuries and illnesses, time off work was taken by 59 respondents. Over half (54.2%) of these absences from work were for between 2 and 5 days.

Table 5: Time taken off work

Days off work	
Part of day	3.4%
1 day	17.0%
2–5 days	54.2%
6–15 days	10.2%
15+ days	15.3%

Where participants did suffer a work-related injury or illness they were asked to indicate what the cause was for the most recent one, and multiple answers were allowed. The most common causes identified were:

- Lifting, pushing, pulling and bending movements (21.4%)
- Fatigue (20.7%)
- Exposure to mental stress (18.4%)
- Hitting, being hit or cut by person, object or vehicle (11.2%)
- Other (non-specified) (11.2%)
- Repetitive movement with low muscle loading (7.2%)
- Prolonged standing, working in cramped or unchanging positions (5.9%)

A very small number cited falls (2.0%) and long-term exposure to chemicals (1.3%) and sound (0.7%).

In addition to physical injury and illness, the survey also asked whether participants experienced physical or verbal abuse from clients. Only 10.8% of 315 nursing respondents indicated that they had never experienced physical abuse in their job, 35.0% stating only rarely. However, 34.6% reported experiencing physical abuse sometimes during their work and 18.2% reported physical abuse often or very often. Also 1.6% reported experiencing physical abuse all of the time. These figures show that over half (54.4%) deal with physical abuse as part of their job.

The responses regarding verbal abuse indicate that this is a more common problem experienced by nurses. Just 3.2% had never experienced verbal abuse, 20.6% stating rarely. Nearly 40% experienced verbal abuse sometimes, and a third (33.9%) often or very often. A much smaller number (3.2%) were subjected to verbal abuse all the time in their work. So, over three-quarters of these nurses (76.3%) had experienced verbal abuse at work from clients.

Respondents were also asked how safe they felt at work. Despite the incidence of physical and verbal abuse these workers experienced, 78.8% still reported feeling safe or very safe at work.

Of interest is the information on how well nurses in the aged care sector feel they are supported and prepared for the workplace and safe working. These questions were answered by 316 respondents. Nearly three-quarters (73.5%) indicated they were happy with the tools and equipment provided for them to carry out their work safely and two-thirds (67.0%) were satisfied that they were told everything they needed to know to do their job safely. However, 18% did not agree that they were well supported with equipment and 22% did not agree they were well supported with information.

Table 6: How supported respondents feel with equipment and information provided

	Strongly disagree	Somewhat disagree	Neither	Somewhat agree	Strongly agree
I have the tools and equipment to do my job safely	3.8%	14.2%	8.5%	48.7%	24.8%
I am told everything I need to know to do my job safely	5.0%	17.0%	11.0%	48.1%	18.9%

7. Managers

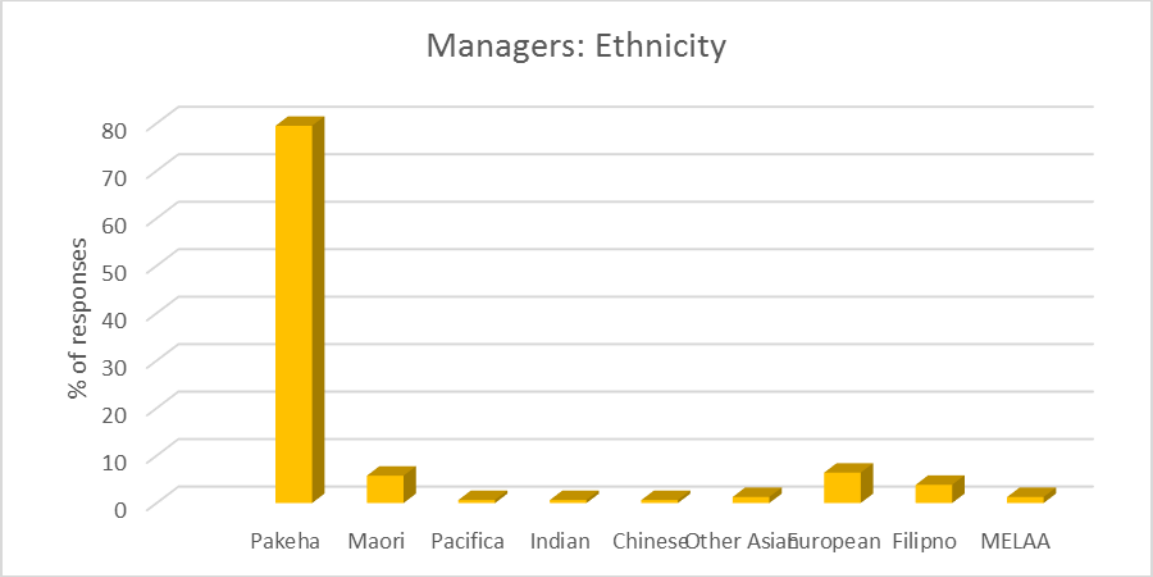
This section reports on managers across both home and community care and residential aged care.

7.1 The respondents

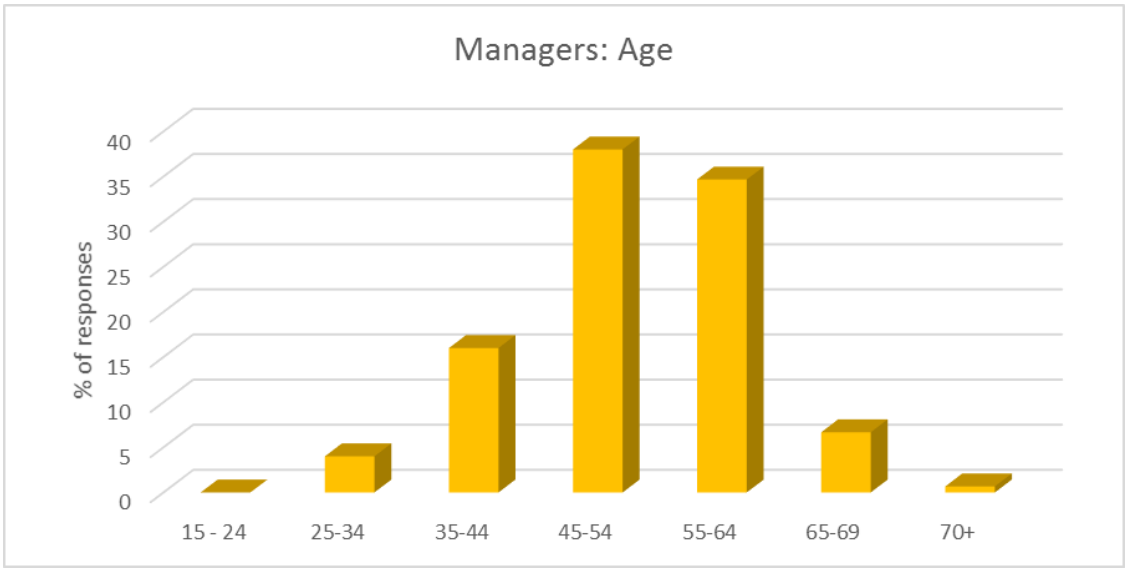
Of the 187 manager respondents, 92.9% were female and 70.7% were registered nurses.

Of the 157 managers that responded to the question on ethnicity, the majority (79.5%) identified as Pākehā/New Zealand European, with 6.4% identifying as non-New Zealand Europeans. Māori managers accounted for 5.8% of the respondents and just 0.6% were Pasifika. Filipino managers made up 3.8% of the sample, 0.6% were Chinese and 1.3% were other Asian groups. Managers identifying as MELAA (Middle Eastern, Latin American and African) accounted for 1.3% and 0.6% were Indian.

Just over two-thirds of the managers (69.7%) indicated they were born in New Zealand.



Managers' responses also indicated that 37.9% were in the age group of 45–54 years, 34.6% were aged 55–64, 15.7% were aged 35–44, 7.2% were aged 65–69, 3.9% were aged 25–34 and just 0.7% were aged 70 or older.



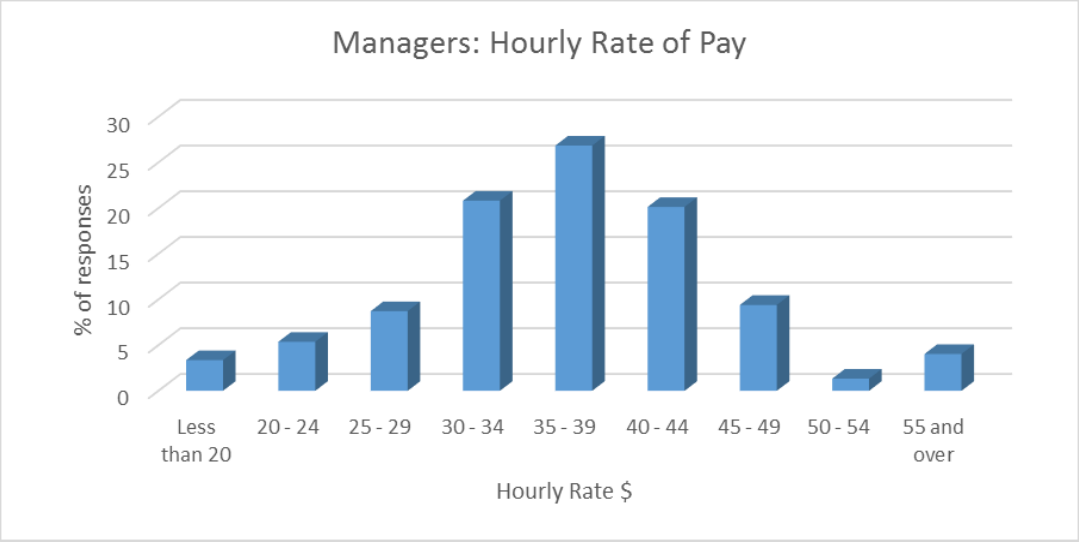
7.2 The job

Managers were asked what their average weekly hours had been over the previous four weeks. Of the 175 respondents to this question, 78.3% worked on average 40–49 hours per week, 10.3% worked 30–39 hours per week, and 5.1% worked 20–29 hours per week and 4.0% worked 50 hours or over. The majority of managers (89.3%) were employed on a permanent full-time bases. A further 9.0% were employed on a permanent part-time basis and 1.7% were employed on a fixed term contract.

7.3 Pay and the work environment

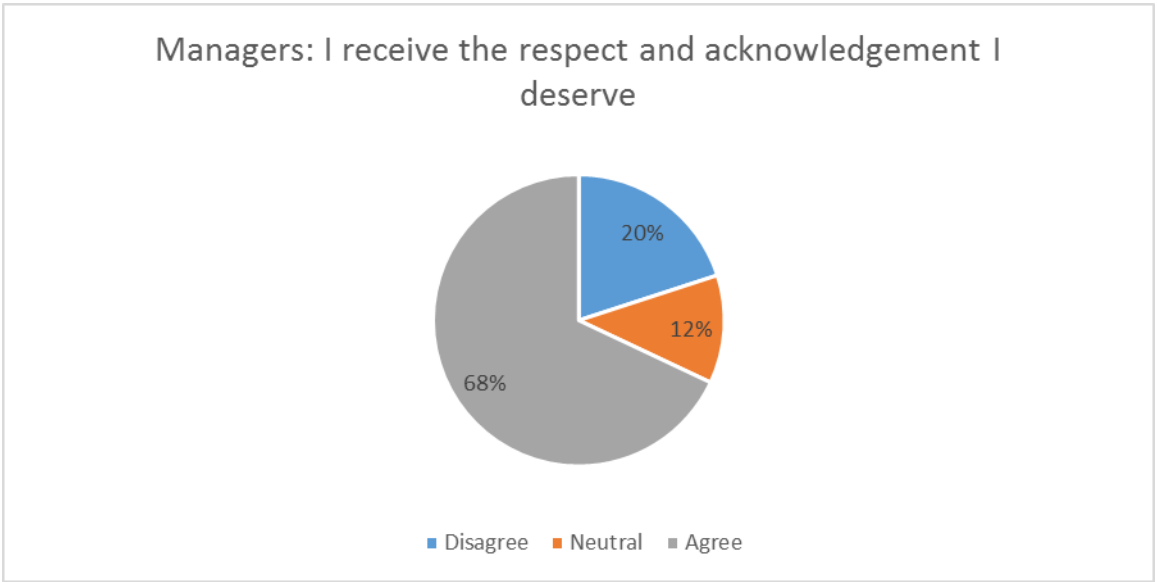
Pay

A total of 149 managers answered questions on their hourly rate of pay before tax. Five respondents earned $20 or less per hour, and 6 earned $55 or more per hour. The majority earned between $30 and $44 per hour. Of the 154 respondents who answered the question regarding their satisfaction with their pay, 60.4% were satisfied with their pay and 39.6% were dissatisfied with their hourly rate of pay before tax.



The work environment

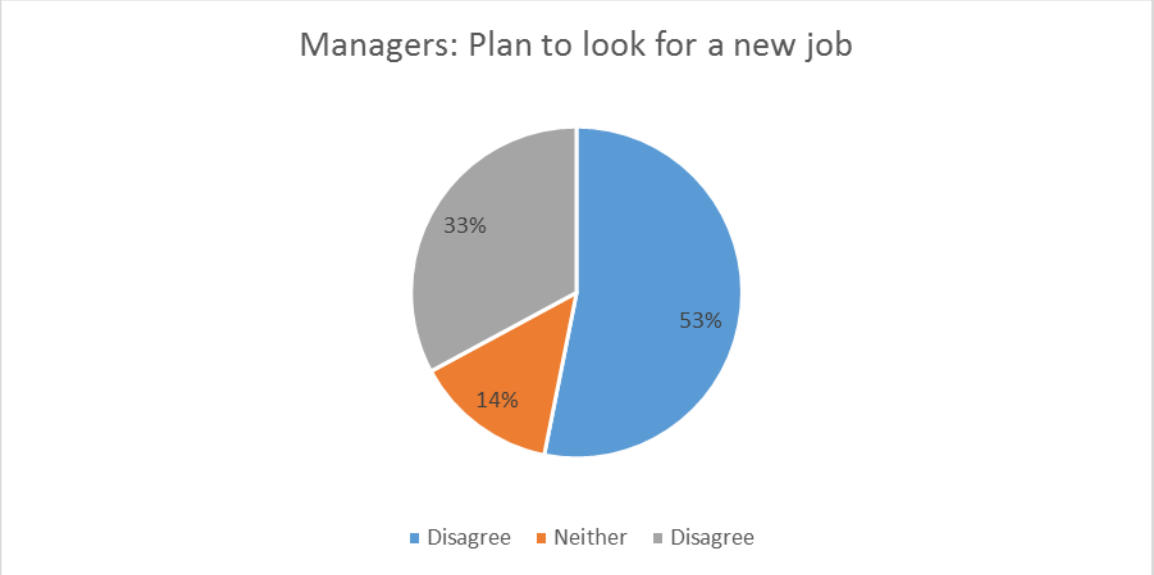
Similar questions were asked of managers as were asked of employees. Generally, managers reported a positive work environment: 83.1% of 154 respondents agreed with the statement that 'Management and employees have good relations in my workplace'. Managers, unsurprisingly, experienced a high rate of autonomy: of the 154 respondents to this question, 80.0% agreed that 'I have a lot of freedom to decide how to do work'; the majority also agreed with the statement 'Considering all my efforts and achievements, I receive the respect and acknowledgement I deserve'.



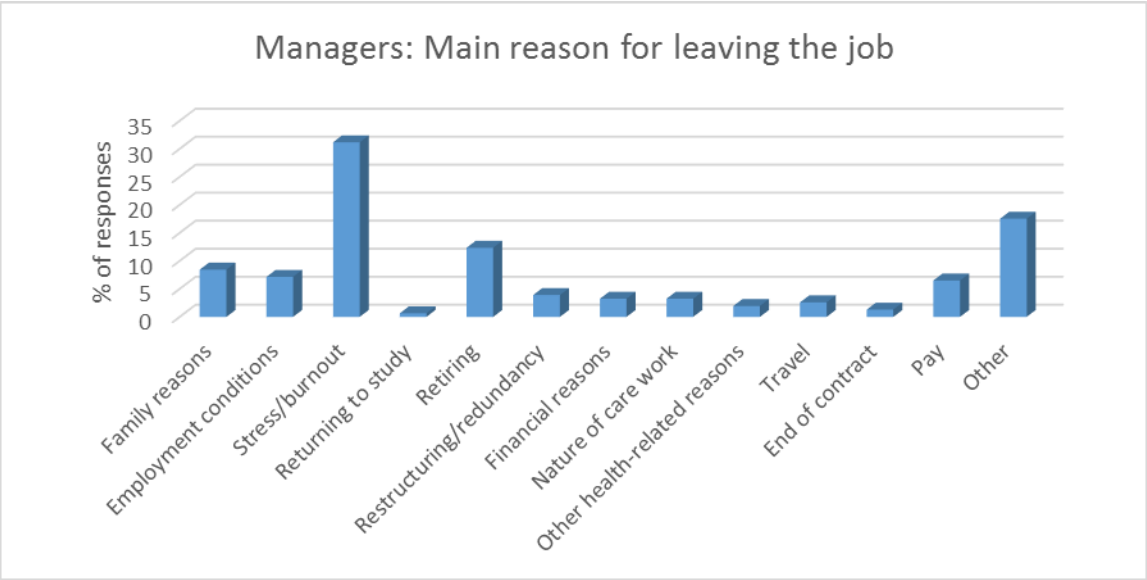
7.4 Satisfaction and quitting intentions

Overall managers experience high amounts of satisfaction with aspects of their jobs (from a total of 154 responses). Two of the factors that show the most dissatisfaction are 'The flexibility available to balance work and non-work commitments' and 'The hours you work'.

Given the above levels of satisfaction among managers, it is not surprising that the majority (49.4% of 154 responses) disagreed with the statement 'I plan to look for a new job within the next 12 months'. Nevertheless, nearly a third (30.5%) stated that they planned to look for a new job within the next 12 months.



If managers were to leave their job within the next 12 months, the most common reason given for this was 'stress/burnout' (31.2%). This coincides with 'flexibility for work-life balance' and 'the hours you work' having higher levels of dissatisfaction than other factors mentioned above.



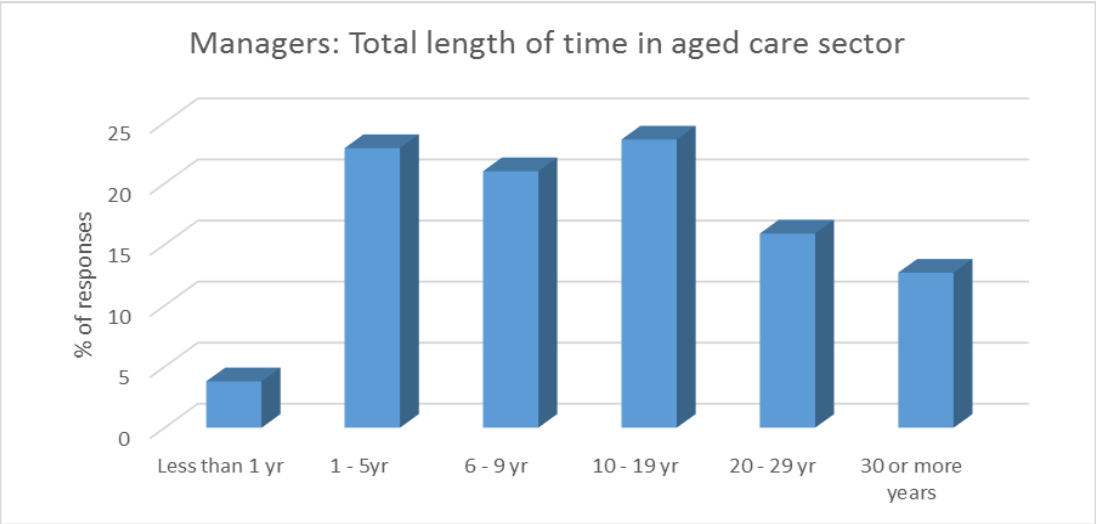
7.5 Experience, skills and qualifications

Managers were asked about their length of tenure as a manager with their current aged care provider, their total experience in aged care and their total experience as a manager in aged care. Of the 155 respondents to the question about their tenure as a manager with their current aged care provider:

- 49% had worked there for 1–5 years
- 21.9% had worked there for less than a year
- 14.2% had worked there for 6–9 years
- 12.3% had worked there for 10–19 years
- 1.9% had worked there for 20–29 years
- 0.6% had worked there for 30 or more years

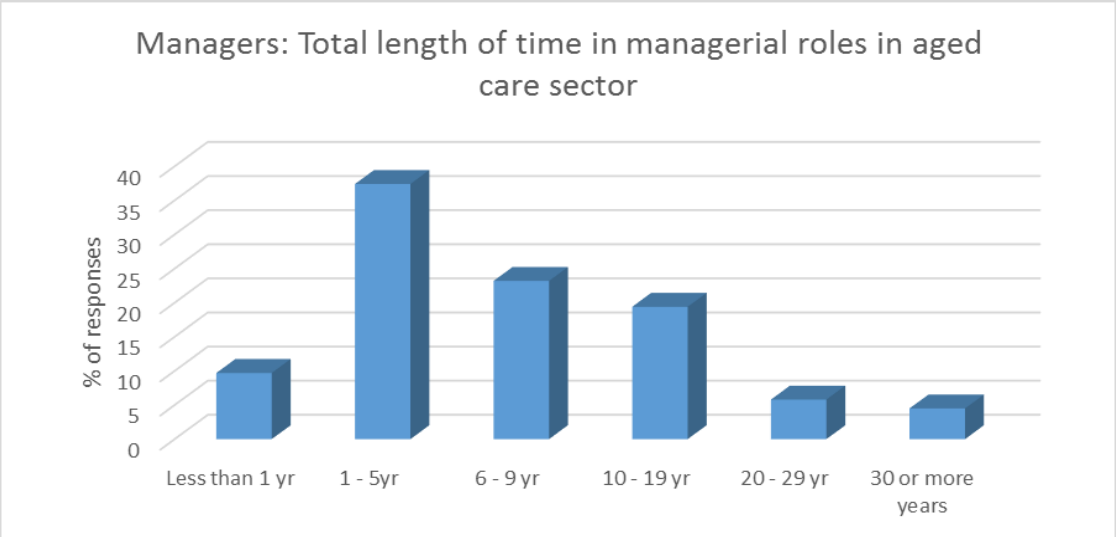
When asked how long in total (not including any breaks) they had been a manager in aged care:

- 37.4% stated 1–5 years
- 23.2% stated 6–9 years
- 19.4% stated 10–19 years
- 9.7% stated less than 1 year
- 5.8% stated 20–29 years
- 4.5% stated 30 or more years



When asked about total length of time they had worked in aged care in any role (not just managerial roles):

- 23.6% stated 10–19 years
- 22.9% stated 1–5 years
- 21.0% stated 6–9 years
- 15.9% stated 20–29 years
- 12.7% stated 30 or more years
- 3.8% stated less than 1 year



Managers were asked about what university or polytechnic qualifications they had. Those most frequently listed by the 128 respondents were:

- postgraduate nursing or health related qualifications (26.6%)
- other university or polytechnic qualifications (21.9%)
- a nursing or health-related degree (21.1%)
- a nursing or health-related diploma (11.7%)
- a business diploma (6.3%)
- a business degree (4.7%)
- a healthcare management qualification (3.9%)
- a postgraduate business qualification (3.9%)

Managers were asked 'Are you currently studying for any qualifications?' Of the 157 responses to this question, only 13.8% were in the affirmative. A further question asked if they had undertaken any professional development as part of their employment in the last 12 months. Of the 157 respondents, 68.8% had done so. The main purposes of the training were to:

- maintain professional standards (41.3%)
- develop leadership skills (22.0%)
- develop management skills (15.6%)
- meet the employer's accreditation requirements (9.2%)
- for other purpose (9.2%)
- help them get started in their job (1.8%)
- prepare them for a future job or promotion (0.9%)

Of those who had undertaken professional development in the last 12 months, 79.6% did not personally pay for any of it themselves, 12.0% paid for some of it and 8.3% paid for all of it. When asked about future study, 52.0% of 152 respondents indicated that there was further professional development or education that they would like to undertake.

Managers overwhelmingly agreed (98.8%) that they 'have the skills and abilities I need to do my job' and 98.7% of managers responded that they used 'many of my skills and abilities in my job'.

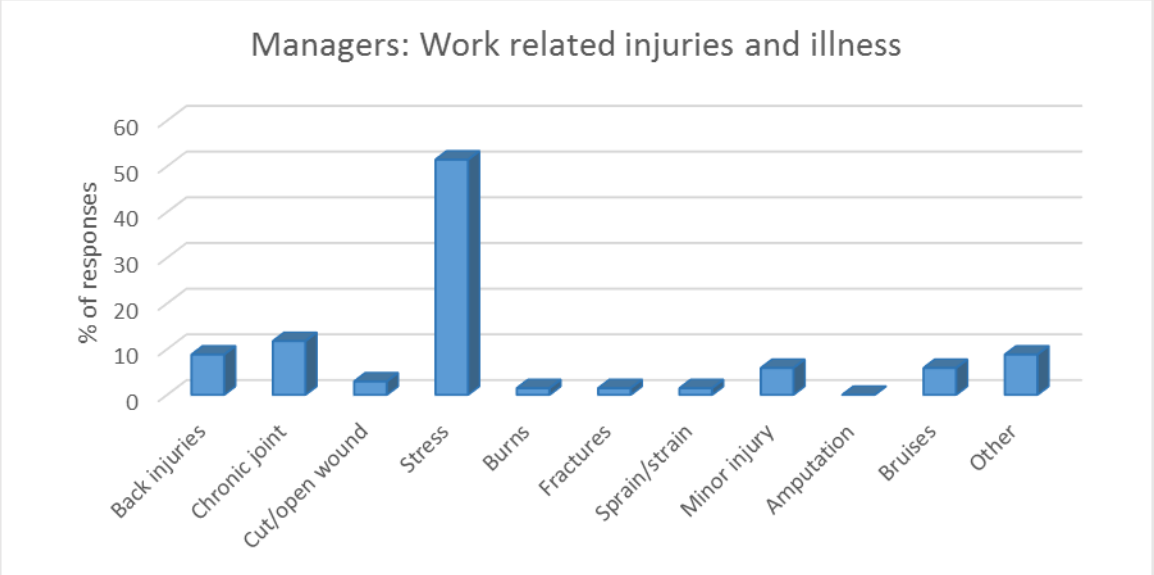
7.6 Occupational health and safety

The survey asked how participants felt about the pressure and stress they experienced while completing their work. Of the 184 respondents who answered these questions, nearly three-quarters (70.6%) indicated they strongly agreed or somewhat agreed they felt pressure to work harder. Regarding stress in their jobs, 64.9% indicated feeling that the job was 'more stressful than they had imagined it would be'.

There were 68 incidents of work-related injury and illness reported in the 12 months prior to the survey by 184 respondents, including:

- 35 illnesses of mental stress
- 8 reports of chronic joint or muscle issues
- 6 incidents of back injury
- Fewer cases of bruises (4), cuts (2), burns (1), fractures (1), sprains/strains (1), and other minor injuries (4)

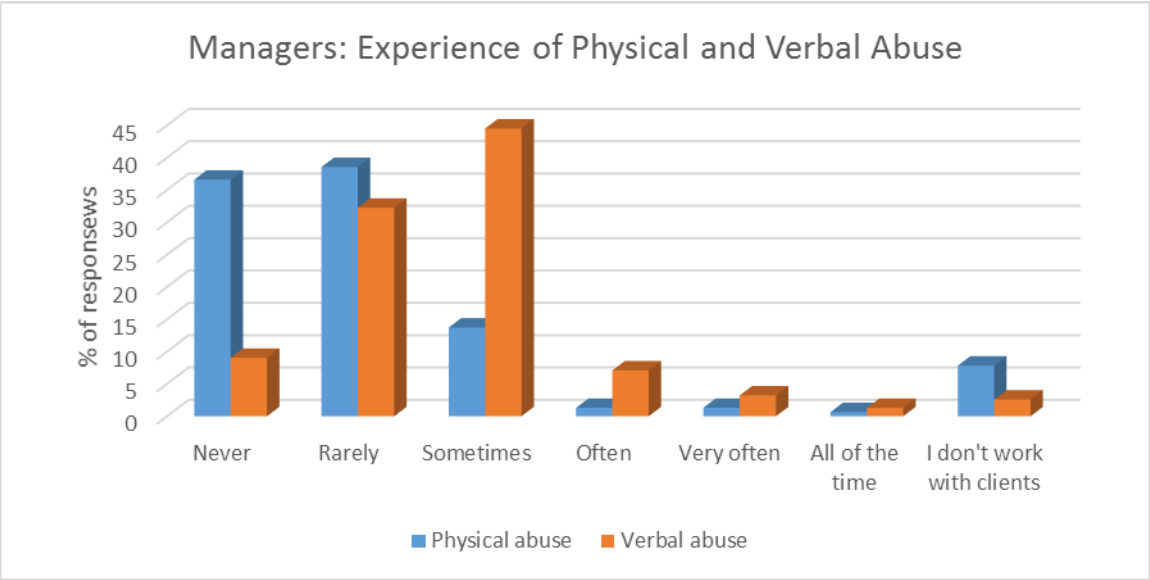
In addition to physical injury and illness, the survey also questioned whether participants experienced physical or verbal abuse from clients.



For the managers who worked with clients, verbal abuse was more commonly reported than physical abuse. As the graph below shows, only 9.0% reported never experiencing verbal abuse from clients and 32.3% experienced verbal abuse only rarely. However, nearly half (44.5%) reported experiencing verbal abuse sometimes, with 7.1% reporting experiencing verbal abuse often, 3.2% very often and just 1.3% all the time.

Physical abuse appears to be a lesser problem for these managers as 75.2% responded that they experience physical abuse either never or rarely. Nevertheless, 13.7% did report having to deal with physical abuse

sometimes. Just 1.3% reported physical abuse as a problem often and 1.3% very often, with 0.7% reporting it occurred all the time.



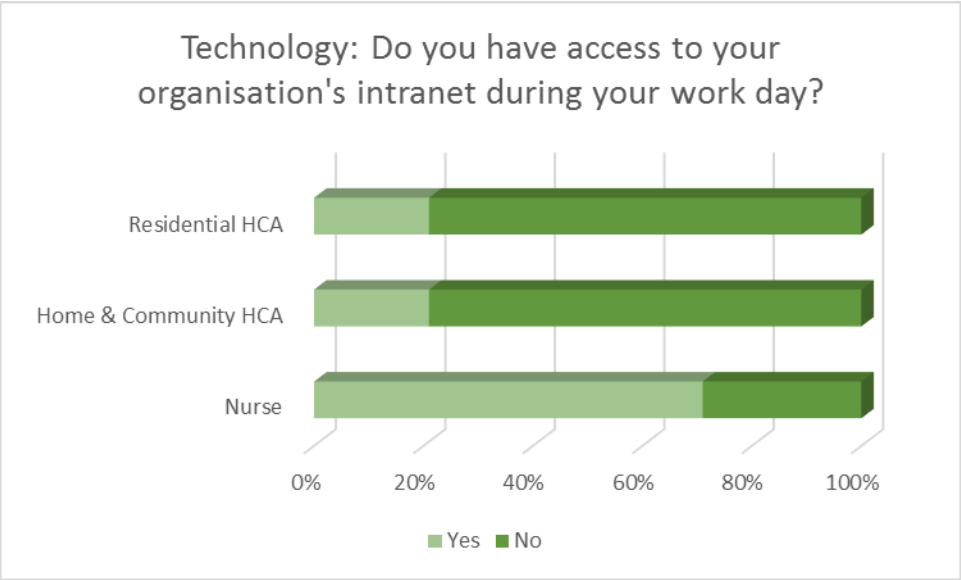
8. Technology

This section reports on the availability of technology across both home and community care and residential aged care. We are reporting on this in one section (rather than splitting by sector and occupation) because this is an issue which affects the whole sector and which employees and managers have corresponding perspectives on.

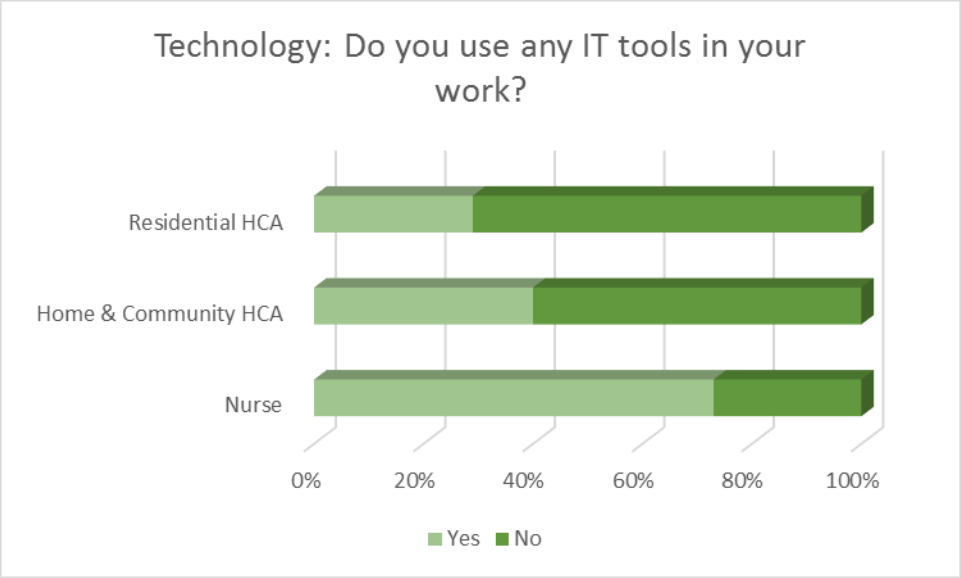
Greater numbers of home and community HCAs responded (535) than residential HCAs (290). A total of 374 nurses responded.

The questions asked of employees were:

- If your organisation has an intranet do you have access to it during your working day?
- Do you use any IT tools in your work? (e.g. a smartphone, tablet, PC or patient management software)
- Does your organisation provide you with IT training of any sort?



Nurses (71.1%), perhaps unexpectedly, had greater access to their organisation's intranet during the working day than either residential (21.0%) or community (21.5%) HCAs.



Again, given the nature of the work it is perhaps unsurprising that more nurses (72.7%) than HCAs used IT tools during their workday. Home and community HCAs (44.3%) used IT tools more than residential HCAs (28.6%).

Again, a greater proportion of nurses (50.1% of 367 responses) than home and community (14.2% of 527 responses) and residential (19.2% of 276 responses) HCAs reported that they had received some sort of IT training.

8.1 Organisational provision of technology

In order to gain managers' perspectives on the use of technology, they were asked the following questions:

Do healthcare assistants/caregivers/support workers in your organisation have access to technology for (select all that apply)?

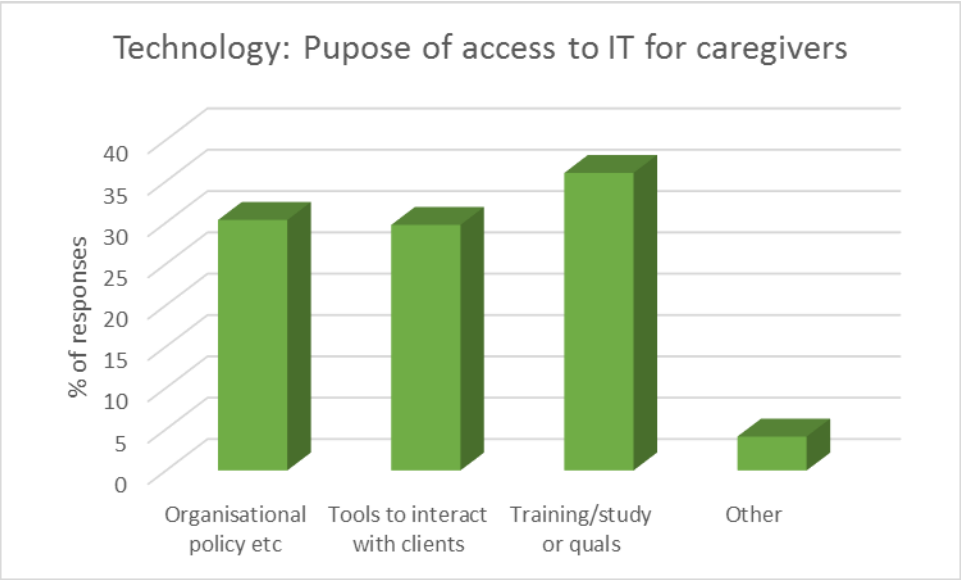
- Accessing organisational information, policies and procedures, intranet etc.
- Tools for their interaction with clients
- Communicating with managers
- Training/studying for national qualifications

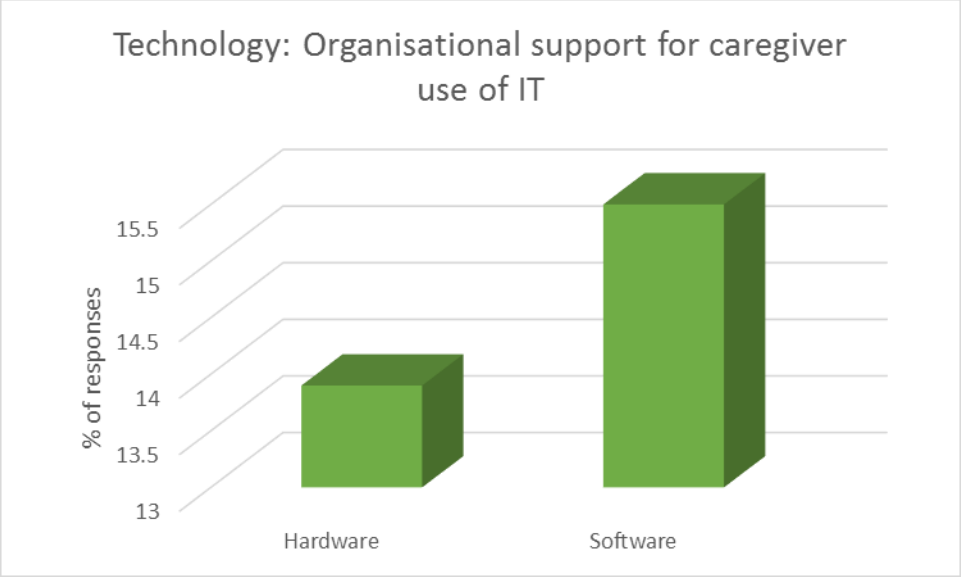
Does your organisation provide healthcare assistants/caregivers/support workers with training in technology?

- For hardware e.g. using computers, tablets, other IT equipment
- For software e.g. intranet, email system, word, client management software etc

A total of 326 managers answered these questions. It is important to note that the manager and employee data are not linked. In other words, the managers do not necessarily come from the same organisation as the employees. Thus the employee and managerial responses on organisational provision of technology may differ.

Approximately one-third of managers responded that HCAs had access to IT in their organisations. The reason most managers gave for HCAs having access to technology was for HCAs to do their training or studying towards national qualifications.





When asked if their organisation provided support to HCAs to use technology, 13.9% of managers responded that their organisation provided hardware support and 15.5% responded it provided software support.

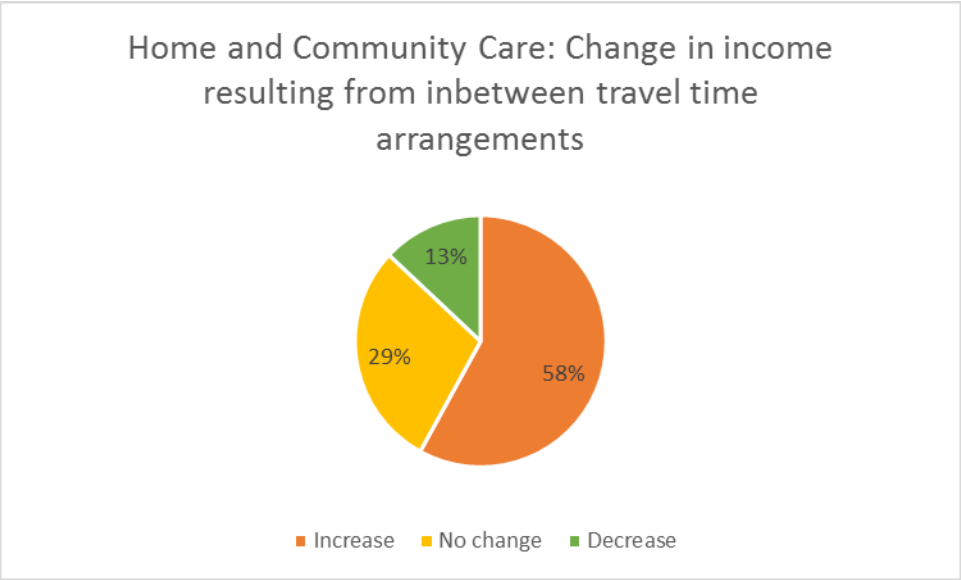
9. In-between Travel Time

From 1 July 2015 interim arrangements were made between the Ministry of Health, unions and providers to reimburse employees under the settlement for in-between travel time[7] until full implementation of the settlement in April 2016. The settlement was formalised through the Home and Community Support (Payment for Travel between Clients) Settlement Act in February 2016.[8] The settlement addressed the funding which previously had not recognised the full mileage cost to employees of travelling between clients. The Act sets out not only the mileage rate to be paid but also qualifying travel distance and time for in-between travel payments, as well as maximum travel distance.

In the 2016 survey we asked three questions of home and community care HCAs to gauge the impact these changes had had on their work:

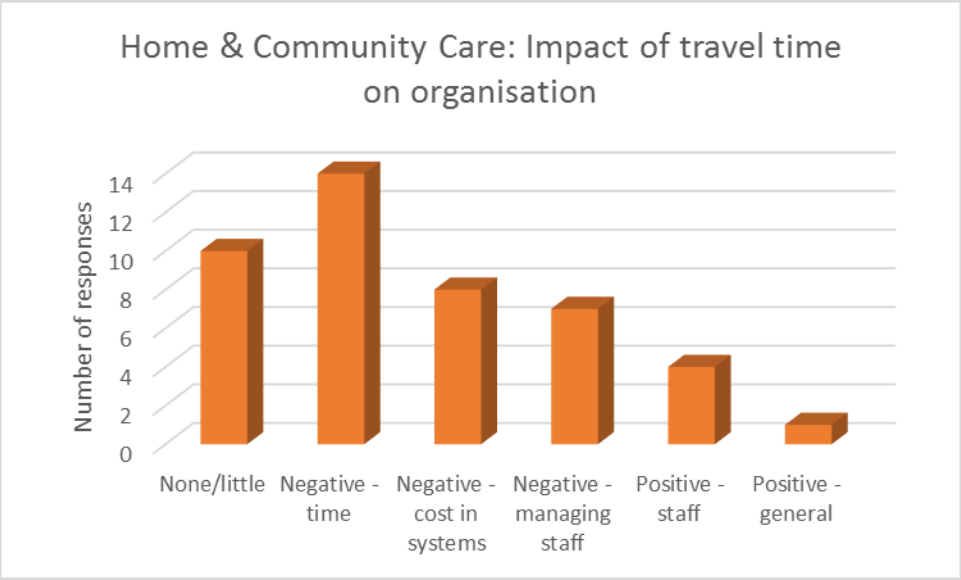
1. Do you get paid for the time travelling between clients?
2. Have you noticed any change in your income from home support as a result of the in-between travel time arrangements?
3. Has your roster or work arrangements changed as a result of the in-between travel time arrangements?

Of the 542 respondents to the first question, 85.8% stated that they did get paid for time travelling between clients and 14.2% stated they did not.



There were 541 respondents to the second question. Of those, 58.2% responded that yes, their pay had increased; 29.0% responded that no, it did not change their income; and 12.8% responded that their income had decreased. Finally, in relation to whether or not the in-between travel time arrangements had changed their roster, of the 535 who answered this question, 18.9% said yes, and 81.12% said that it had not changed their roster or work arrangements.

Managers were also asked 'What impact has travel time had on your organisation?' Thirty-six managers in home and community care responded to this question which was open ended. A summary of the responses (which adds to more than the total responses because multiple reasons were given) is below:



The biggest impacts identified appeared to be negative and associated with the change in systems, with the increased amount of time to set up and account for the changes and the cost in updating and installing new software identified by a number of managers. The following comment is representative:

"Despite the implementation funding provided at the beginning and the small percentage that organisations take for administering the system, this has barely covered our costs and it has not been sufficient to make the necessary changes to our electronic system."

Some also highlighted the difficulties in rostering staff around distance between clients (where clients were in rural areas, for example, or had higher needs and skill requirements). A few identified uneven impacts on HCAs, for example some rural workers had been disadvantaged, as had some workers who had previously been paid for mileage by their employers:

"Some support workers benefit greatly, others have almost no change from previous pay. Workers on long shifts with one client have no benefit; workers who live far from clients also worse off."

10. Conclusion

In this final section we have chosen some areas of the findings that we think are important and compare them across the occupations of healthcare assistant (home and community care and residential), nurses and managers. This is by no means an exhaustive list of comparative points and we encourage policy makers and industry stakeholders to identify and address the issues that they note as important arising from this research.

The job and the work environment: Job and work security

The first broad area that we raise is that of the work environment, and particularly work conditions. There is an occupational divide around factors that indicate security of work conditions: guaranteed hours, shortest shift, hourly pay, total hours and satisfaction with job security. This divide is on a continuum from home and community care HCAs at the lower end through to Managers.

Most of our respondents were on either part-time or permanent agreements which provides more security of work than casual, agency or perhaps self-employed employment arrangements. For example:

- Home and community HCAs: 27.8% permanent full-time, 51.6% permanent part-time
- Residential HCAs: 45.8% permanent full-time, 42.4% permanent part-time
- Nurses: 56.0% permanent full-time, 36.2% permanent part-time
- Managers: 89.3% permanent full-time, 9.0% permanent part-time

Table 7: Do you have a guaranteed minimum of hours' work each week?

	Yes (%)	No (%)
Home & Community HCAs	36.3	63.7
Residential HCAs	68.8	31.2
Nurses	87.8	12.2

Aside from regulatory requirements, having regular hours of work as a minimum each week can aid in particularly low wage workers being able to better plan and balance their work and personal lives. The table above shows the disparity across these occupations. Similarly, having very short shifts can make it more difficult for employees to be able to plan and organise their work and personal lives. It can also potentially negate some of the benefits of paid work if the cost and time involved in transport for a very short shift begins to outweigh the money spent. Again, looking across the direct care employees, home and community care HCAs have the shortest shift (56.7% it was 1 hour) compared to residential HCAs (21.1% each had shifts of 2-5 hours or 8 – 10 hours), and nurses (72.0% had a shortest shift of 8 to 10 hours).

When we consider the average weekly hours, managers have the highest number of hours (78.3% worked on average 40 to 49 hours per week), followed by nurses (38.4% worked 30 – 39 hours, and 30.8% worked 20 – 29 hours). Residential HCAs had slightly lower average weekly hours than nurses (41.6% work 30 - 39 hours per week, 17.5% 20- 29 hours, and 16.6% working 40 – 49 hours). Home and community care had the lowest average weekly hours (26.9% each worked 20 – 29 and 30 – 39 hours). Too low hours can provide financial uncertainty and pressure for those who earn low wages such as the HCAs. However, at the other end of the spectrum while the hours worked may be less of a financial problem for those on higher wages such as nurses and managers, too many hours per week can create issues for stress and wellbeing. The table below summarises responses to whether respondents are satisfied or not with their job security.

Table 8: Satisfaction with job security

	Satisfied	Dissatisfied
Home & Community HCAs	46.4%	53.6%
Residential HCAs	47.9%	52.1%
Nurses	61.0%	39.0%
Managers	79.2%	20.8%

When looking at wages across the occupations, one way of comparison is the proportion of respondents who earn the minimum wage. Among home and community care HCAs 36.5% of respondents earned the minimum wage; 21.17% of residential HCAs earned the minimum wage; 0.0% of nurses earned the minimum wage and 0.0% of managers earned the minimum wage. There has been a considerable focus on the low wages of HCAs in aged care since the legal case between Kristine Bartlett and Terranova began. At the time that the survey was implemented, the sector was awaiting a government decision to finalise negotiations over wages and gender equality in the sector. At the time of writing, the government has announced their proposal for increased wages to be implemented over several years, and to also be tied to formal qualifications and experience[9].

This 2016 survey asked direct care respondents how much they agreed with the statement 'My rate of pay fairly reflects the skills, responsibilities and experience needed to do my job':

- 68.2% of nurses disagreed
- 85.0% of residential HCAs disagreed
- 85.1% of home and community HCAs disagreed

Given the above discussion, it is indeed very timely that stakeholders in the sector have worked towards increased and fair pay for HCAs and the regularising of work hours. The next survey will offer an interesting comparison of the 2016 results which is prior to most of the regulatory change in aged care, and a point in time several years after implementation of these changes.

Training

The respondents to the 2016 survey overwhelmingly agreed across all occupations that they 'have the skills and abilities I need to do my job':

- 94.1% of home and community HCAs agreed
- 94.0% of residential HCAs
- 95.9% of nurses
- 98.8% of managers

Many respondents indicated that they undertake training provided by their employer during the 12 months prior to the survey. There were differences across the occupations however with 86.3% of nurses, 70.8% of residential HCAs, 68.8% of managers and 53.7% of home and community HCAs.

A majority of respondents across the occupations also indicated that they would like to undertake further study if it was available:

- 55.3% of home and community HCAs
- 58.5% of residential HCAs
- 18.4% of nurses
- 13.8% of managers

This is not surprising perhaps given the reasonably low numbers that are currently studying for any qualifications: 18% of Home and community care HCAs, 28.7% of residential HCAs, 18.4% of nurses and 13.8% of managers.

When looking at core units of the national aged care qualifications, slightly higher proportions of home and community care respondents held these than residential HCA respondents:

- Level 2 Foundation Skills: 24.8% of residential HCAs, 42.9% of home and community HCAs
- Level 3 Core Competencies: 30.3% of residential HCAs, 34.3% of home and community HCAs
- Level 4 Residential Limited Credit programme (Dementia): 38.0% of residential HCAs, 9.1% of home and community HCAs

The data we have compared here suggests that all of the workforce surveyed in aged care would welcome further investment in training and development.

Occupational health and safety

Overwhelmingly, employees felt safe at work: 78.8% of nurses, 81.4% of residential healthcare assistants and 92.0% of home and community healthcare assistants felt safe at work. However, one aspect we want to highlight is the percentage of HCA respondents who identify that although they have the tools and equipment to do their job safely (69.6% of residential HCAs, 79.4 % of home and

community HCAs agreed and strongly agreed), a smaller but possibly important percentage disagreed that they 'are told everything I need to know to do my job safely' (25.6% of residential HCAs, 34.7% of home and community HCAs). This indicates that while they have the equipment necessary perhaps communication and training around using the equipment and being safe and healthy in the workplace could be improved.

The results across all occupations in the 2016 survey indicate that stress is an increasing problem for both direct care workers and managers, although it was significantly more so for nurses and managers than health care assistants for whom bruises, sprains and back injuries occurred more than stress as a work related injury or illness.

When asked to what extent they agreed 'the job is more stressful than I ever imagined', residential aged care healthcare assistants (70.9%), nurses (67.6%) and managers (64.9%) all agreed in similar proportions, but this was much less so for home and community care healthcare assistants (35.0%). When asked if they felt under pressure to work harder, 70.6% of managers, 69.5% of nurses, 65.8% of residential healthcare assistants and 31.1% of home and community care healthcare assistants.

Fatigue and Stress were as also noted as causes of workplace injury and illness. Stress was noted by 18.4% of nurses, 11.4% of residential healthcare assistants and 9.6% of home and community healthcare assistants. Fatigue was noted by 20.7% of nurses, 9.5% of residential healthcare assistants and 11.5% of home and community healthcare assistants. The higher incidence of stress reported by managers is possibly linked to their longer hours of work, and indeed the major (31.2%) reason identified by respondents that would cause them to leave their job in the next 12 months was stress/burnout.

Concluding comments

We have identified in this conclusion that particularly for home and community care HCAs job and work security is an important issue that hopefully the work on the regularisation of their work will address. Clearly, wages are an issue for all HCAs and we anticipate that should the Government's 2017 pay and funding proposition be ratified by unions and providers, satisfaction with wages and perceptions of feeling acknowledged and respected will increase among HCA respondents in 2019. This appears to be a workforce that is open to, and wanting further opportunity for study. It will be interesting to track how changes in the sector through, for example, the Kaiāwhina Workforce Action Plan, impact on responses around training and qualifications in 2019. We also highlight training in OHS and the increasing incidence of stress as a workplace occupational health and safety issue in the sector.

This report provides a broad range of data on the work conditions and environment, skills, qualifications and training, and health and safety of healthcare assistants, nurses and managers in aged care in New Zealand. We have summarised only a few comparative issues here, and leave it to those of you in the sector to make the most of this data source. We appreciate the cooperation and support we receive from the Sector and look forward to working with you again in the build up to the next planned New Zealand Aged Care Workforce Survey in 2019.

References

[1] Callister Associates et al. (2014). *Reliance on migrant caregivers, a 2014 update.* Wellington, NZ: Author. Nana, G. (2014). Health and disability kaiāwhina workforce 2013 profile. Paper presented at the Careerforce Workforce Development Conference, Wellington, NZ. Cangiano, A. (2014). Elder care and migrant labor in Europe: A demographic outlook. *Population and Development Review*, *40*(1), 131–154. https://doi.org/10.1111/j.1728-4457.2014.00653.x

[2] Bailey, J., Robertson, M., & Hulme, L. (2014). Challenging the "care penalty": The Queensland pay equity campaign for community services workers. *Journal of Industrial Relations*, *56*(1), 43–61; Boivin, L. (2016). Cash for care in Quebec, collective labour rights and gendered devaluation of work. *Journal of Industrial Relations*, *58*(4), 491–501. Hardy, J., Calveley, M., Kubisa, J., & Shelley, S. (2014). Labour strategies, cross-border solidarity and the mobility of health workers: Evidence from five new Member States. *European Journal of Industrial Relations*, *21*(4), 315–333.

[3] Ravenswood, K., & Kaine, S. (2015). The role of government in influencing labour conditions through the procurement of services: Some political challenges. *Journal of Industrial Relations*, *57*(4), 544–562.

[4] Bolton, S. C., & Wibberley, G. (2014). Domiciliary care: The formal and informal labour process. *Sociology*, *48*(4), 682–697; Briar, C., Liddell, E., & Tolich, M. (2014). Still working for love? Recognising skills and responsibilities of home-based care workers. *Quality in Ageing and Older Adults*, *15*(13), 123–135; Kessler, I., Heron, P., & Dopson, S. (2015). Managing patient emotions as skilled work and being "one of us." *Work, Employment & Society*, *29*(5), 775–791. Ravenswood, K., & Harris, C. (2016). Doing Gender, Paying Low: Gender, Class and Work–Life Balance in Aged Care. *Gender, Work & Organization*, *23*(6), 614–628.

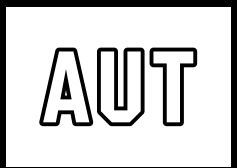
[5] Hebson, G., Rubery, J., & Grimshaw, D. (2015). Rethinking job satisfaction in care work: looking beyond the care debates. *Work, Employment & Society*, *29*(2), 314–330. Jang, Y., Lee, A. A., Zadrozny, M., Bae, S.-H., Kim, M. T., & Marti, N. C. (2015). Determinants of Job Satisfaction and Turnover Intent in Home Health Workers: The Role of Job Demands and Resources. *Journal of Applied Gerontology*, *36*, 56–70. Morgan et al. (2013). The quality of healthcare jobs: can intrinsic rewards compensate for low extrinsic rewards? *Work, Employment & Society*, 27(5), 802-822.

[6] Houston, A., Young, Y., & Fitzgerald, E. F. (2013). Work-related injuries: An old problem revisited in the first representative U.S. sample of home health aides. *Journal of Aging and Health*, *25*(6), 1065–1081. Kim, I.-H., Noh, S., & Muntaner, C. (2012). Emotional demands and the risks of depression among homecare workers in the USA. *International Archives of Occupational and Environmental Health*, *86*(6), 635–644. Quinlan, M., Bohle, P., & Rawlings-Way, O. (2015). Health and safety of homecare workers engaged by temporary employment agencies. *Journal of Industrial Relations*, *57*(1), 94–114.

[7] Ministry of Health. (2017). *Questions and answers for employees about in-between travel payments.* Retrieved from http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/between-travel-settlement/between-travel-time/questions-and-answers-employees-about-between-travel-payments

[8] Ministry of Health. (2016). *In-Between Travel Settlement.* Retrieved from http://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/between-travel-settlement

[9] Ministry of Health. (2017). *Employer factsheet. Care and Support (Pay Equity) Settlement Agreement.* Retrieved from http://www.health.govt.nz/system/files/documents/pages/final-employer-factsheet-pay-equity.pdf



New Zealand Work Research Institute
AUT University, Auckland, New Zealand

work.research@aut.ac.nz | www.workresearch.aut.ac.nz