Just a job or a satisfying career? Careers in the aged care industry

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ABSTRACT
Aged care is a key industry in Australia. As a sector it is experiencing rapid growth in demand due to an aging population and longer life expectancies, yet at the same time it is facing significant issues in relation to the attraction, development and retention of staff. Using focus group data, this paper explores the reasons why people choose to work in aged care, perceptions of aged care as a job versus a career, and critical issues for employees pursuing careers in aged care. It proposes a number of areas for future research.

Key words
Skills shortages, career management

This paper presents the initial findings from a study of careers in aged care. The aim of the study was to explore the characteristics of careers in aged care and to identify factors that impact on the attraction, development, and retention of staff in this important industry sector. Aged care is a significant player in the Australian economy. In 2000 residential care alone was ranked as the ninth largest employing industry in Australia comprising approximately 1.3% of the workforce (Hogan 2004). Current predictions indicate that demand for aged care will continue to grow at a rapid rate in line with Australia’s ageing population and extended life expectancies. By 2021 it is estimated that 18% of the population will be aged 65 years and over (Cheek, Ballantyne, Jones, Roder-Allen and Kitto 2003), and as this figure increases the number of people needing some form of care, including community care and residential aged care will also rise (Hugo 2007). Further, the level of care that is required is likely to be more towards the high dependency end of the spectrum thus leading to a greater demand for well qualified and experienced nurses and support staff (Fine and Mitchell 2007).

Yet, at the same time as the sector is facing an increase in demand it is also experiencing critical staff shortages. Figures indicate that over the last ten years there has been a steady decline in the number of nurses who are choosing aged care as a career, a problem that has been exacerbated by high levels of turnover (Richardson and Martin 2004). In addition, age profiles show that the average age of nurses in the aged care sector is 45 years plus and that many experienced staff can be expected to retire within the next 10-15 years (Kilpatrick, Quynh, Johns, Millar and Routley 2007). As a consequence many are anticipating a "care deficit", particularly in the area of long-term, high-need care which requires "skilled and dedicated staff" (Fine and Mitchell 2007:157). To some extent the
problem of staffing shortages has been managed by shifting workloads from nursing staff to less qualified personal care assistants who now comprise the largest category of employees in many aged care organisations (Hogan 2004). While this offers a short-term solution, in the longer-term the problem will need to be addressed more creatively if an aged care staffing crisis is to be avoided. Within this context the attraction, development and retention of suitably qualified staff (both nurses and carers) has become a critical issue. At a federal government level a recent initiative has focused on the attraction of new staff through training, recruitment and re-entry strategies (DEST 2002). In the 2004/2005 Budget the Commonwealth Government provided $101 million over four years for aged care nursing scholarships, training of enrolled nurses and development of language skills (ACA 2007) although at this stage it is difficult to predict how many newly qualified nurses or nurses re-entering the profession will pursue a career in aged care.

Residential care services have been, and to a large extent still are, managed by not-for profit organisations. In 2007 religious organisations made up 29% of the residential care sector while other charitable organisations comprised 15% (AIHW 2008). Traditionally people who chose to work in aged care were regarded as either lacking ambition or pursuing a ‘vocation’ rather than a career (Stack 2003). Thus it was assumed that they would be willing to accept lower pay, poorer conditions and fewer career opportunities than those working in other health care specialisations. There are already indications that the next generation of aged care staff will not have the same attitudes and motivations towards their work and that they will demand different employment conditions and opportunities. This raises the question of how their demands and expectations will be met when the sector is already struggling with heavy workloads, a poor image and low rates of pay (Price, Alde, Provis, Harris and Stack 2004). One factor that has been highlighted as contributing to poor attraction and retention rates of staff in aged care is a lack of career paths in comparison to other nursing specialisations (e.g. Tishman 1993; Hogan 2004; Richardson and Martin 2004). A study by Pearson, Nay, Koch and Ward (2002:16) noted that aged care nursing did not appear to offer "clear pathways for career development and a reward system that recognises education, experience and productivity". For those working as personal carers career paths are even more limited. Martin (2007) noted that even though a relatively high proportion of carers (15% aged 30-44 and 9% aged 45 and over) were undertaking formal
training leading to recognised qualifications they could not expect to receive wage benefits nor would their qualification provide easy access to career paths in aged care nursing. This career barrier was highlighted in a recent Workforce Planning Project conducted by Home and Community Care which stressed that training and other forms of career development should be provided in order to facilitate the transition from personal carer to enrolled nurse and from volunteer to personal carer (HAAC 2006).

To date research into staffing issues in aged care has been driven primarily by government initiatives or by the nursing profession itself. Reports have highlighted the need to develop general strategies for educating and managing the aged care workforce and for improving working conditions. However, there has been very little research from a human resource management, or more specifically a career management perspective. As a result there has been no real attempt to understand the career aspirations of people working in aged care or the social and professional context within which aged care careers evolve. There is also very little evidence of the way in which clearly defined career paths might impact on the decision to enter, remain with, or leave the sector, or how careers should be managed to meet industry as well as employee needs. Understanding the context and embedding research in an “occupational community” (Walton and Mallon 2004:77) increases the richness of the data as well as helping to identify career scripts which serve as "a kind of scaffolding (both ideological and material), with which individuals negotiate in enacting their careers" (Walton and Mallon 2004:77). In keeping with a contextually embedded approach, in this exploratory study the issue of careers in aged care is addressed by considering the following questions:

1. Why do people choose to work in aged care?
2. Do they see aged care as a career or simply a job?
3. What are the critical issues for careers in aged care?

**METHODOLOGY**

The research was carried out in a medium sized not-for-profit aged care organisation in South Australia. The organisation began as a "cottage industry" funded and managed by a Christian denomination seeking to provide support for its members. Over its sixty year history it had grown...
from one small facility to become a financially independent entity comprising five residential care facilities, a Community care unit and a number of independent living units at various locations across the state. It now employs over 500 staff whose work is supported by more than 300 volunteers. Although it has adopted a corporate identity it still retains a strong commitment to the values and ethos of its founding members particularly the Christian philosophies of justice, welfare and compassion.

The research was designed as an exploratory study in which general data would be gathered to guide a larger project into career pathways in aged care. Data was collected through focus groups across each of the organisation’s five residential care facilities as well as from its Community Care unit. Participants were recruited through a flyer inserted into pay envelopes as well as posters placed on the notice board in each facility/unit. To encourage higher participation rates the researcher offered an incentive of either a double movie pass or a department store gift voucher. The focus groups were conducted by the researcher and a research assistant over a two week period in late 2008. Groups ranged in size from two to twelve participants and included registered and enrolled nurses, personal carers, and community support staff, in total 39 participants. Ages ranged from early 20s to late 50s; all participants were female which reflected the gendered nature of nursing in general and aged care in particular (Healy and Moskos 2005). In this organisation 53% of full-time staff were female increasing to 92% of part-time staff and 97% of casual staff. Discussions began with general introductions and an overview of the project and then moved into broad open-ended questions designed to elicit varied responses. The sessions (which lasted for between 60 and 90 minutes) were digitally recorded with agreement from all participants and then transcribed into a Word document for ease of analysis. The data, which also included written notes and observations made throughout the sessions, were explored and categorised in relation to the three key questions guiding the research, that is, why do people choose to work in aged care, do they see aged career as a career or simply a job, and what are the critical issues for careers in aged care? The findings are presented in the following sections.

**Careers in aged care**
Reasons for choosing to work in aged care fell into two broad categories; the role itself or the job structure and conditions. Those who were attracted to the role saw it as an opportunity to be part of a caring profession offering support to the elderly and their families. In most cases participants in the focus groups had known someone who worked in aged care or had been involved in the care of an elderly relative and had thus become aware of the challenges and rewards of working in this industry sector. A strong underlying commitment was evident in comments regarding the role such as "I believe I have the ability to make a difference" or "I don’t think you could ever get a job that would give you this kind of satisfaction, because it’s enormous, you get a huge amount of satisfaction from helping someone in palliative care". Those with formal nursing qualifications had all previously worked in general nursing in a hospital environment but had decided to move into aged care because they wanted a career change or a job with greater flexibility. In entering aged care many stated that they had found it provided them with identity and purpose and a high level of job satisfaction. The decision to continue working in aged care was described by one person in the following way:

_I had the desire to care for people who needed advocates and were very dependent. I mean, they’re going to die, but they needed to be looked after in such a holistic way that I just thought it was very rewarding._

Others were attracted to the job because of its structures and conditions. For example, aged care offers flexible work hours and a range of employment options, such as permanent part-time work, which enables employees to fit work around family commitments. Other areas of nursing were seen as much less flexible with set rosters and unattractive hours of work. Another structural issue was that it was relatively easy to enter aged care. Completion of a twelve week certificate was sufficient to begin work as a carer which made it an attractive career move for women wanting a career change or to re-enter the workforce after a period of unpaid work. Several people commented that they had begun working in aged care as volunteers but had been able to complete a certificate and then gain a paid position in the organisation.

**Job versus career**

Responses to the question of whether aged care could be considered a job or a career were quite evenly divided. For some it was clearly just a job, a means to an end. For example, several women who were single parents explained that the flexible work hours made it possible to juggle
work and family but they did not see aged care as a long-term career. In particular they commented that at this life stage they did not have the time or money to invest in further study in order to progress their careers. They also believed that the organisation was not investing in adequate levels of in-house training and development which meant that there were few reasons to see aged care as an attractive or viable career. Others were happy in their current role and did not want to progress up the career ladder if it meant taking on more paperwork, more responsibility and more time pressures. Given their family commitments they were happy to do their job and then go home.

The second group were committed to aged care as a career. They identified with the nursing/caring profession and saw themselves as having high level skills and expertise which meant that could progress either vertically or horizontally within the organisation or the sector. They felt that they were part of a growing industry that offered many opportunities for training and development as well as for career progression. This group believed that the organisation was supportive of ongoing staff development and were regularly participating in short courses and special interest workshops. Some had undertaken further study in their own time and at their own expense in order to gain better qualifications or to develop expertise in special areas. Significantly they believed that by adding to their skills portfolio they would become highly employable. Several people noted that there was a high level of turnover in aged care organisations with staff moving from organisation to organisation in search of the best opportunities and rewards. By having something extra to offer they felt they would be able to negotiate a better deal with a potential employer.

Critical issues

The final discussion question asked participants to brainstorm what they saw as the critical career issues for employees in the aged care sector. Comments were varied yet fell into two main categories; issues related to the profession and issues related to the industry sector. As a profession participant responses reinforced the findings of previous research regarding perceptions of aged care nursing. That is, in comparison to other nursing specialisations participants believed that within the general community aged care was regarded as requiring less expertise, lower qualifications and generally lower level skills. They noted that people who had family or friends in an aged care facility tended to be more positive than those with no little or no experience, yet believed that community
perceptions of aged care nursing were primarily negative. This significantly influenced how people felt about working in this sector even though they believed that they were providing a valuable and essential service. There was a strong feeling that the sector needed to find ways to revamp its image before it would become an attractive career option for nurses seeking a career change or younger people entering the nursing profession.

As a profession aged care workers comprise those with nursing qualifications, which may or may not include qualifications relevant to aged care, and those with minimal or no qualifications. Many of the nursing staff commented that in recent years the sector had begun to attract people who saw aged care as an easy way to re-enter the workforce, perhaps after a period of child rearing or unemployment, but who lacked the passion for, and interest in, older people. This was seen as reinforcing the belief that looking after the elderly required only basic skills and qualifications and a further downgrading of the profession despite the fact that overall nursing now requires a higher level of education with many nurses having some form of tertiary qualification. To address these issues participants believed that the industry and employment providers needed to set more stringent entry standards.

Industry factors impacting on aged care included administrative issues, pay and conditions, staff shortages and the structure of the workforce. In recent years there had been an exponential growth in administrative processes as a result of new and ever increasing government and industry regulations designed to ensure quality care and efficient management of facilities and services. Whilst recognising the importance of these controls participants commented that this had placed significant pressure on staff who now felt that they were unable to focus on the caring role as well as meeting their administrative obligations. Many felt that keeping up to date with the paper-work was at the expense of doing their ‘real job’. Pay and conditions were also frequently mentioned as critical issues for the future of aged care in Australia. For example, many noted the lack of wage parity with general nursing and the fact that aged care nurses received lower wages than those working in other specialisations (such as emergency nursing or intensive care). Although the sector had been able to negotiate special conditions for salary sacrificing into superannuation this was not seen as adequate compensation for poor wages. A further issue was in relation to staff shortages which impacted on
current employees in various ways. Many commented that their work was physically demanding and emotionally draining and that staff shortages (often caused by stressed staff taking sick leave) and heavy workloads were exacerbating these problems. Shortages also meant that staff tended to work unpaid overtime on a regular basis, something they resented but felt unable to avoid. This combined with low wage rates only reinforced the perception that aged care workers were undervalued. There was a clear sense that the aged care sector survived on the goodwill of its staff but also that many staff were reaching breaking point. A number of people who did see aged care as a career commented that workloads and staff shortages meant that at the end of the day there was little time or energy left to update skills or qualifications.

The demographic profile of aged care workers was also seen as a critical issue. Although aged care is a rapidly growing industry sector it is failing to attract younger, suitably qualified nurses or support staff. Those who are entering aged care as a second or third career are often in their 40s or 50s. This means that they are not always able to cope with the physical demands associated with heavy lifting and also that the life-span of an aged care worker is likely to be shorter than in other sectors. At the same time there was a perception that younger people generally lacked the life experience, patience and empathy to work with older people. At one residential care facility focus group participants commented that there had been extremely high staff turnover levels in recent years due to younger people being directed to jobs by private employment providers or government agencies that were more interested in placing clients quickly than in placing clients in the right job. One Director of Nursing commented; "it’s a huge issue that people are completely inappropriate and they don’t really want to be here in that compassionate and really committed role". In several focus groups there were lively discussions regarding the work ethic of Generation X and Y compared with older workers. There was a strong perception that current generations were unwilling to "put up with the demands" associated with aged care and that when the mature workforce retired there would be no-one to take their place.

DISCUSSION

The pattern and structure of careers has changed significantly over the last two decades (Arthur and Rousseau 1996; Mirvis and Hall 1996). Baruch (2004a; 2004b) describes the traditional
career as characterised by environmental stability, once-off career choices, an organisationally
managed career path, loyalty to a single organisation, advancement according to tenure, and training
through formal, generalist programs. By contrast, contemporary careers, which he refers to as the
‘transformed deal’, operate within a dynamic environment, are managed by the individual, span
multiple organisations, progress according to results and knowledge, are associated with an inner
feeling of achievement, focus on employability rather than job security, and are supported through on-
the-job, company specific training (see table 1).

Insert table 1 here

Careers in aged care reflect the transformed deal much more than traditional organisational
careers as shown in table 1. They operate in very dynamic environments characterised by industry,
government and labour force pressures. From this study it was evident that individuals often enter
aged care in the mid to late stages of their working lives after having pursued other career options in
either paid or unpaid work. This means that career horizons, when measured in terms of time, tend to
be relatively short. The traditional ‘single life-long learning cycle’ as proposed by (Super 1957) is
replaced by "a series of shorter learning cycles" (Hall and Chandler 2005:158), a pattern that not only
reflects the new careers but also the more fragmented career paths followed by many women. The
nature and intensity of the work further impacts on career horizons. A number of participants in this
study commented that it was difficult to work in aged care until retirement age due to the amount of
heavy lifting required, the pace of work, and the stresses associated with emotional labour inputs.
Similarly, career horizons, in terms of workplace, tend to be relatively short with individuals often
choosing to remain within the aged care sector but moving between organisations on a regular basis.

While these aspects closely reflect Baruch’s model other aspects of aged care careers reveal
a more complex picture. One critical area relates to the underlying psychological contract, or the
unwritten agreement as to what the employer will offer and what the employee can expect from the
employment relationship (Rousseau 1995; Rousseau 2004). The traditional career was based on
loyalty and commitment from the employee in return for job security from the employer whereas the
transformed deal sees employees offering long working hours in exchange for investment in
employability. Aged care reflects elements of both these models. Employees have maintained a high degree of loyalty and commitment, often to the profession rather than the organisation, but at the same time they are working long hours, not always willingly and very often unpaid. It was unclear what the employer was offering in return for this level of input or how the psychological contract had been rewritten in an aged care context. It was clear however, that both the written contract and the psychological contract were not meeting the needs and expectations of many in the organisation with poor pay, long hours, increasing administrative demands and stressful work all contributing to feelings of frustration and dissatisfaction.

Another source of dissatisfaction for some employees was in the area of training and development. The provision of training and development opportunities has been shown to improve employee performance by ensuring that staff have the necessary knowledge, skills and attitudes and the ability to cope with change in the work environment (Guest 2002). It has also been associated with higher levels of job satisfaction and better retention rates (Edgar and Geare 2005). Training in aged care comprises a blend of formal training undertaken off-site, such as nursing or carer’s qualifications, ongoing on-the-job training in specific areas of client management, and organization specific training to update knowledge in relation to policies and procedures. While some participants in this study believed that the organisation was doing a good job in terms of staff development others felt that there was inadequate in-house training and development, that time pressures and staff shortages made it difficult to attend courses that were offered, and that it was unrealistic to expect busy people with family commitments to study in their own time. Interestingly, those who described aged care as ‘just a job’ were more likely to describe this aspect of their work in negative terms whereas those who saw it as a career were more positive about opportunities for training and development and for upgrading of skills and qualifications.

Two aspects that were unclear were in relation to how career progress and career success are measured in aged care. Baruch (2004a; 2004b) argues that in traditional organisations progress was according to tenure whereas now it is based on results and knowledge. Success used to be seen as climbing the organisational ladder whereas now it is more likely to be linked to feelings of achievement. In this study nursing staff commented that progress normally involves taking on
administrative and supervisory roles, roles that take them away from hands-on caring as well as reducing the flexibility of their work hours. Thus career progress, when measured in objective terms (Judge, Cable, Boudreau and Bretz 1995), was likely to conflict with subjective measures of career success (Judge et al. 1995) such as acquiring expertise in specialist areas in order to provide exceptional levels of care, acting as an advocate on behalf of elderly clients and developing relationships with client’s families. These subjective measures are intrinsically linked to nursing as both a profession and a vocation and perhaps help explain why nurses remain committed to an industry sector that is inadequately resourced and suffers from a poor image. For enrolled nurses and carers career progress is contingent on attaining relevant qualifications. Without these qualifications there are few, if any, opportunities to move into higher level positions although it may be possible to take on additional responsibilities. As one carer noted "we get [pay] increments for years of service but there are no career paths for personal carers". Again, subjective success appeared to be measured in terms of job satisfaction gained from helping patients and building relationships with colleagues, clients and client’s families, but objective progress and success were much more difficult to define.

Hall and Chandler (2005:159) suggest that although objective and subjective success are often linked, "under certain conditions, task success can lead to psychological failure". For example, they cite the example of a person who is successful in public life but as a result loses touch with his or her family. In exploring careers in aged care it would seem that objective, or task, success has the potential to conflict with subjective success. Nicholson and De Waal-Andrews (2005:141) provide a non-exhaustive list of measures that have been associated with subjective success; pride in achievement, intrinsic job satisfaction, self-worth, commitment to work role or institution, fulfilling relationships and moral satisfaction. These measures reflect comments from many of the focus group participants, adding further weight to the importance of subjective success for aged care workers. At the same time, it is unclear to what extent subjective measures were used to rationalise the decision to work in this sector and to validate the worth of what is often an undervalued profession.

Yet, careers do not occur in isolation but are enacted within broad contexts shaped by social, cultural, economic, organisational and labour market forces (Walton and Mallon 2004). These forces often determine not only who engages in certain careers but also how those careers are perceived.
within the community. Traditionally nursing was regarded as ‘women’s work’ (Bolton 2005). Other areas within the profession have made significant progress in terms of promoting nursing as a career for both men and women but it appears that aged care continues to suffer from outdated social and cultural norms and from image and identity problems (Hogan 2004). The significance of these issues should not be underestimated in an industry already feeling the pressure of labour shortages.

At an individual level careers are shaped by forces such as family responsibilities, economic circumstances, physical characteristics, personal motivations and professional identity (Arthur, Inkson and Pringle 1999; Arthur 2008). Family responsibilities and personal motivation emerged as key reasons why people enter and then remain in aged care but will these factors prove motivational for the next generation of carers? A recent global survey of job values among personal carers indicated a significant difference between those aged 15-29 years and those aged over 50 years with younger carers placing much greater importance on good pay, chances for promotion, interesting work and a job without too much pressure (Inglehart 2000). It is likely that these results would be mirrored in the nursing profession.

CONCLUSION

What do these career issues mean in terms of the attraction, development and retention of staff in the aged care industry? When evaluated from a human resource management perspective it is evident that the sector has unique characteristics that will need to be addressed if it is to develop and retain its current labour force as well as attracting a new, younger labour force to care for the next generation of clients. Preliminary data from this study indicates a need for further research into how measures of objective and subjective career success impact on career choices, how people in an aged care context view their career success and how they would like to be supported in, recognised, and rewarded for, their contributions. More specifically, as Heslin (2005) argues, we need more qualitative research to find out exactly what current or potential employees want from their career. Finally, further research is needed to learn how best to update the image of aged care and to make it a more attractive option for those entering the workforce or seeking a new career. By identifying and then addressing these issues, as well as by building on the existing positives associated with aged
care, there is a much greater likelihood that the sector will be seen as offering satisfying careers with identifiable pathways rather than 'just a job'.
Table 1: Traditional v. Transformed deals v. Aged care careers

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Traditional deal</th>
<th>Transformed deal</th>
<th>Aged care sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental characteristics</td>
<td>Stability</td>
<td>Dynamism</td>
<td>Dynamic</td>
</tr>
<tr>
<td>Career choice made</td>
<td>Once, at early age in career</td>
<td>Series, at different stages</td>
<td>Multiple at different life stages</td>
</tr>
<tr>
<td>Main career responsibility lies with:</td>
<td>Organization</td>
<td>Individual</td>
<td>Individual</td>
</tr>
<tr>
<td>Career horizon (workplace)</td>
<td>Single organization</td>
<td>Several organizations</td>
<td>Several organizations in same industry</td>
</tr>
<tr>
<td>Career horizon (time)</td>
<td>Long</td>
<td>Short</td>
<td>Short</td>
</tr>
<tr>
<td>Employer expects/Employee gives:</td>
<td>Loyalty and commitment</td>
<td>Long-time working hours</td>
<td>Commitment to profession, long work hours</td>
</tr>
<tr>
<td>Employer gives/Employee expects:</td>
<td>Job security</td>
<td>Investment in employability</td>
<td>?</td>
</tr>
<tr>
<td>Progress criteria</td>
<td>Advancement according to tenure</td>
<td>Advancement according to results and knowledge</td>
<td>?</td>
</tr>
<tr>
<td>Success means</td>
<td>Winning the tournament, i.e. progress on the hierarchy ladder</td>
<td>Inner feeling of achievement</td>
<td>Job satisfaction from helping others plus?</td>
</tr>
<tr>
<td>Training</td>
<td>Formal programs, generalist</td>
<td>On-the-job, company specific, sometimes ad hoc</td>
<td>Formal, on-the-job, organization specific</td>
</tr>
</tbody>
</table>

Adapted from Baruch (2004a; 2004b)
References:


