

NEW ZEALAND
WORK RESEARCH INSTITUTE

THE NEW ZEALAND CARE WORKFORCE SURVEY

2019 REPORT



2021

AUTHORS

Katherine Ravenswood, Julie Douglas and Tanya Ewertowska

ACKNOWLEDGEMENTS

The authors would like to acknowledge the support of the New Zealand Work Research Institute. In particular, the work of Alexandra Turcu, Summer Staninski and Tamara Tesolin in preparing the report for publication.

This report is only possible because of the many care and support workers, nurses and managers in these sectors who took the time to complete the survey, and encouraged their colleagues to complete it also.

PUBLISHED

New Zealand Work Research Institute, Auckland

ISBN: 978-1-927184-81-3

2021

Suggested citation: Ravenswood, K., Douglas, J. & Ewertowska, T. (2021) *The New Zealand Care Workforce Survey 2019 Report*. Auckland.

CONTENTS

1	Introduction	1
2	Participant Demographics	3
2.1	Gender	3
2.2	Age	4
2.3	Country of Birth	4
2.4	Ethnicity	5
2.5	Household and family care responsibilities	5
2.6	Location	6
3	Job Characteristics	7
3.1	Hours of work and shifts	7
3.2	Hourly Pay	10
3.3	Employment Status	11
3.4	Smart Phone usage and provision	12
3.5	Primary tasks undertaken on the job	14
4	Experience and Skills, Training and Professional Development	15
4.1	Experience	15
4.2	Skills	18
4.3	Training and Professional Development	18
5	Qualifications & Formal Study	21
5.1	Currently Studying	21
5.2	Would Like to Undertake Study	22
6	The Work Environment	25
6.1	Job Security	25
6.2	Satisfaction with pay and hours of work	26
6.3	Workplace relations	29
6.4	Time, work pressure and flexibility	32
6.5	Job Satisfaction and intentions to quit	34
7	Workplace Health and Safety	40
7.1	Workplace Stress	40
7.2	Safety at Work	40
7.3	Work-related injury and illness	42

CONTENTS CONTINUED

7.4	Workplace Violence	44
8	Conclusions	51
9	References	54

LIST OF FIGURES

Figure 1. Age of respondents by occupation.....	4
Figure 2. Ethnicity of respondents	5
Figure 3. Percent of respondents from each major New Zealand city	6
Figure 4. Care and support workers' shortest shift by sector	8
Figure 5. Care and support workers' average weekly hours by sector.....	9
Figure 6. Care and Support Workers' Hourly Pay	11
Figure 7. Length of experience in each sector	17
Figure 8. Completed Training in the last 12 months provided by the employer.....	19
Figure 9. Currently studying for a work-related qualification	21
Figure 10. What support does your employer provide to study towards qualifications?	23
Figure 11. Qualifications achieved by occupation.....	24
Figure 12. My pay fairly reflects the skills, responsibilities and experience needed.....	27
Figure 13. Care and support workers' satisfaction with their hours of work	28
Figure 14. Management-employee relations are good.....	30
Figure 15. Satisfaction with team or employer support by occupation	31
Figure 16. Do respondents have enough time to spend with clients?	33
Figure 17. Care and support workers' satisfaction with the work itself, by sector	36
Figure 18. Care and support workers, recommend this job by sector	39
Figure 19. How safe care and support workers feel at work.....	41
Figure 20. Cause of the most recent work-related injury or illness	44
Figure 21. Experience of workplace violence from clients, by occupation	46
Figure 22. Experience of workplace violence from colleagues or managers, by occupation	49

LIST OF TABLES

Table 1. Number of Respondents by sector and occupation	3
Table 2. Care and support workers' employment status by sector	12
Table 3. Main tasks for care and support workers	14
Table 4. Most common 'main' reason for quitting by occupation	38
Table 5. Responses by occupation: tools and equipment, information to safely do their job	42
Table 6. Work-related injury and illness experienced in the last 12 months	43
Table 7. Experience of sexual harassment and violence at work from clients: nurses and care & support workers	47
Table 8. Experience of sexual harassment and violence at work from colleagues or managers, by occupation	50

EXECUTIVE SUMMARY

The purpose of this report is to present the work experiences of those working in residential aged care, home and community support, disability support and mental health and addiction support. Care and support workers, nurses and managers were surveyed. An online survey was conducted in late 2019. There was a sample of 2,373 respondents. Of these respondents: 1,784 were care and support workers, 229 nurses and 360 managers. This was a nationwide survey with respondents from urban and small-town settings across the North and South Islands of New Zealand.

Key Findings

Hours of work

Managers (81.4%) were more likely to work regular day time shifts than care and support workers (46.9%) or nurses (43.7%).

Amongst care and support workers, the majority of those in home and community support had 'shortest shifts' of 0 to 4 hours per shift. They were also more likely than care and support workers in the other sectors to have lower weekly hours of work. Unsurprisingly, therefore, 61.5% of home and community support workers would like to have more hours of work.

A large proportion of nurses (90.4%) and of care and support workers (88.0%) had a guaranteed minimum number of hours' work each week.

Technology

A large proportion of all occupations are required to use a smartphone, tablet or similar device for work: 65.5% of care and support workers, 67.9% of nurses and 79.9% of managers.

Of those required to use a phone or device, 37.6% of care and support workers provided their own phone or device. This compares to 11.9% of managers and 8.0% of nurses who have to provide their own phone or device.

Training and Professional Development

More care and support workers (26.1%) had not completed training provided by their employer in the last 12 months, compared to 7.1% of nurses and 8.7% of managers who had not.

Amongst those who had completed training provided by their employers, managers were more likely to have completed this training during their paid work hours. Care and support workers in home and community support were less likely than those in the other sectors to complete training during paid work time.

More managers (61.9%) than nurses (51.0%) or care and support workers (49.7%) were satisfied with the opportunity they had to develop their abilities.

Pay

Only 40.6% of all respondents agreed that their rate of pay fairly reflected the skills, responsibilities and experience needed to do their job. Fewer nurses (31.8%) agreed that their rate of pay fairly reflected the skills, responsibilities and experience needed to do their job than managers or care and support workers.

Workplace relations

Fewer than half of all respondents agreed that management and employees had good relations in their workplace.

Fewer than half of care and support workers (46.6%) and nurses (44.3%) agreed that they receive the respect and acknowledgement that they deserve considering all their efforts and achievements.

Quitting intentions

Nearly 1/3 of nurses (32.8%) and care and support workers (30.0%) said that they intended to quit in the next 12 months. Stress/burnout was the most commonly given reason for intending to quit.

Fewer than half of all respondents would recommend their job to family and friends.

Workplace Health and Safety

The majority of respondents felt safe at work. However fewer than half of care and support workers (48.1%) and nurses (48.8%) felt that they are told everything that they need to know in order to do their job safely.

Stress or other mental health conditions was the most commonly identified work-related injury or illness amongst all respondents. Fatigue and mental stress were also commonly cited as the cause of work-related injury or illness.

Nearly half of managers and care and support workers and 2/3 of nurses experience physical violence from clients sometimes, often, most of the time or always.

23.9% of care and support workers, and 28.3% of nurses have experienced sexual harassment from clients (or clients' families) at work.

10.8% of nurses and 8.1% of care and support workers have experienced sexual violence from clients (or clients' families) at work.

1 Introduction

The purpose of this report is to present the work experiences of those working in residential aged care, home and community support, disability support and mental health and addiction. This report follows The New Zealand Aged Care Workforce Survey reports 2014 and 2016. Unlike the previous two reports, this report has extended its scope beyond aged care to include the disability support and mental health and addiction support sectors. This scope was extended to reflect changes indicated through policy direction - such as the Workforce in Action Plan and the Care and Support Workers (Pay Equity) 2017 Act (and subsequent amendments) - that begin to view the health and disability workforce in its entirety.

The aim of the 2019 New Zealand Care Workforce Survey was to provide independent data that tracks trends in the work conditions and work experiences of this workforce. Although government agencies are increasingly reporting on this workforce, and employers and member-only associations survey their members, there is not yet comprehensive publicly available data on multiple facets of the work experience of the care workforce in its entirety. Importantly, this report also presents data on the experiences of managers who are, clearly, important in planning and managing those who are direct care workers. There are few other sources of information on the experiences of managers.

The two previous reports presented data sector by sector. In contrast, this report presents data on each occupation and each sector, for each topic. This is in part in response to the greater amount of data collected – as the survey now covers four, not two, sectors - and so that it is easier to compare across occupation and sector on each topic.

Methodology

This report is based on online survey data collected in late 2019. The online software Qualtrics was used to survey the occupations of manager, nurse and care and support workers. As with previous surveys, the survey was distributed through key stakeholders in these sectors, as well as in direct dissemination to publicly available emails of employers and training providers in these sectors. In addition to these measures, the survey link was also publicised through a social media campaign advertising the online survey.

Full information on the aim of the survey and respondent confidentiality was provided on the online survey in line with principles of informed consent and ethical research. In 2019, this information was also

translated into te reo Māori. This was done as a step towards meeting research responsibilities under te Tiriti o Waitangi, to ensure that research is accessible to Māori.

The survey questions largely remain the same as the 2014 and 2016 reports, based on the Australian National Aged Care Workforce Census and Survey (Mavromaras et al., 2017). Additional questions, pertinent to the regulatory environment in Aotearoa/New Zealand, are included in each survey iteration. In this 2019 survey, questions on the implementation of the 2017 pay equity settlement and its subsequent amendments were asked. These will be reported separately. Further questions were added to explore the incidence and experience of workplace violence. This issue is one that is little understood internationally in these sectors – most research into workplace violence in healthcare tends to focus on institutional settings such as hospitals. These questions were sourced from peer-reviewed published research into workplace violence in community care.

This report was supported by the New Zealand Work Research Institute.

2 Participant Demographics

There was a total of 2,373 valid responses from care or support workers, nurses (due to sample size, enrolled and registered nurses' answers have been aggregated for this report), and managers. This total was across all sectors surveyed: residential aged care, home and community support; disability support; and mental health and addiction. Of these, 1,784 were care and support workers, 229 nurses and 360 managers. **Error! Reference source not found.** below shows how many responded by sector and occupation.

The participant demographics for care and support workers broadly meet what we know of the care and support workforce (TAS, 2018; Twaddle & Khan, 2014).

Table 1. Number of Respondents by sector and occupation

Sector	Care and Support Workers	Nurses	Managers	Total
Residential aged care	283	118	158	559
Home and community support	697	16	53	766
Disability support	459	15	83	557
Mental health and addiction support	345	80	66	491
Total	1784	229	360	2373

2.1 Gender

Most of the respondents were female (87.0%). A further 12.1% identified their gender as male and 0.9% of respondents identified as gender diverse. More nurses identified as gender diverse (2.6%) than care and support workers or managers. More managers identified their gender as male (14.7%) than nurses (9.6%) or care and support workers (11.9%).

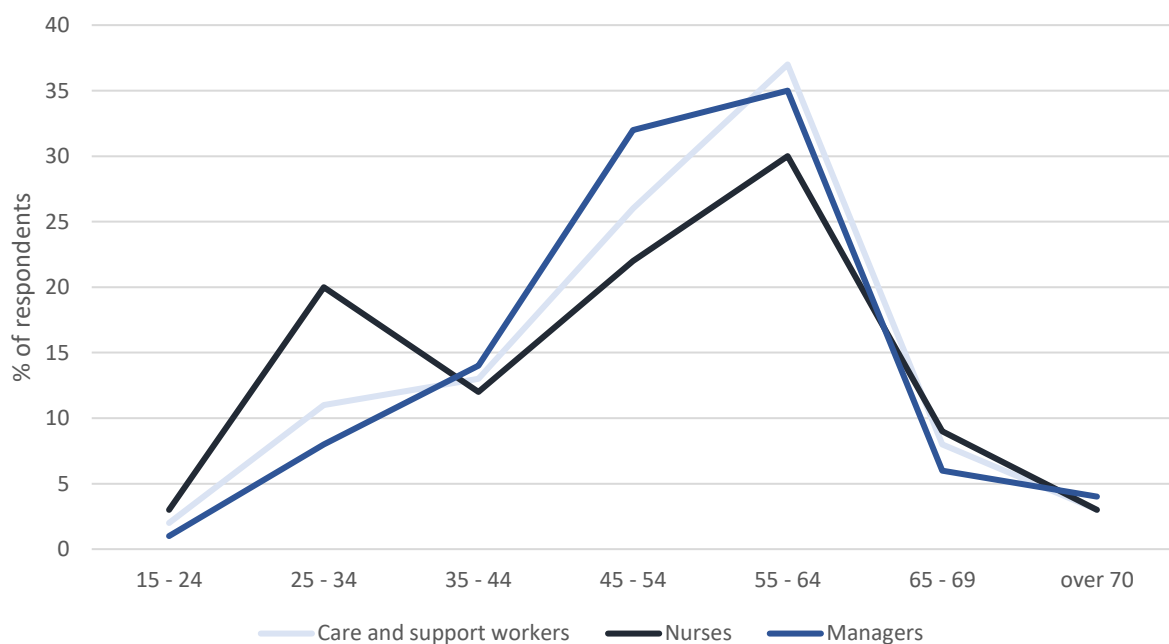
More mental health and addiction support workers (24.4%) were male than in other sectors. This was followed by disability support with 15.9% of respondents identifying their gender as male. Both residential aged care (93.6%) and home and community support (94.1%) had the highest percentage of female respondents, even more so than nurses (87.8%).

2.2 Age

The majority of respondents were in the age brackets of 45 to 54 (26.5%), and 55 to 64 (35.9 %). The smallest proportion of respondents were in the age brackets 15 to 24 (2.2%) and over 70 (3.2%). The age of respondents was similar across all occupations and all sectors. Nurse respondents were, overall, younger than care and support workers or managers.

Amongst care and support workers, mental health and addiction support workers were generally younger than those working in residential aged care and home and community support: 18.6% of respondents were aged 25 to 34, 15.7% aged 35 to 44, 27.5% aged 45 to 54, 29.0% aged 55 to 64.

Figure 1. Age of respondents by occupation



2.3 Country of Birth

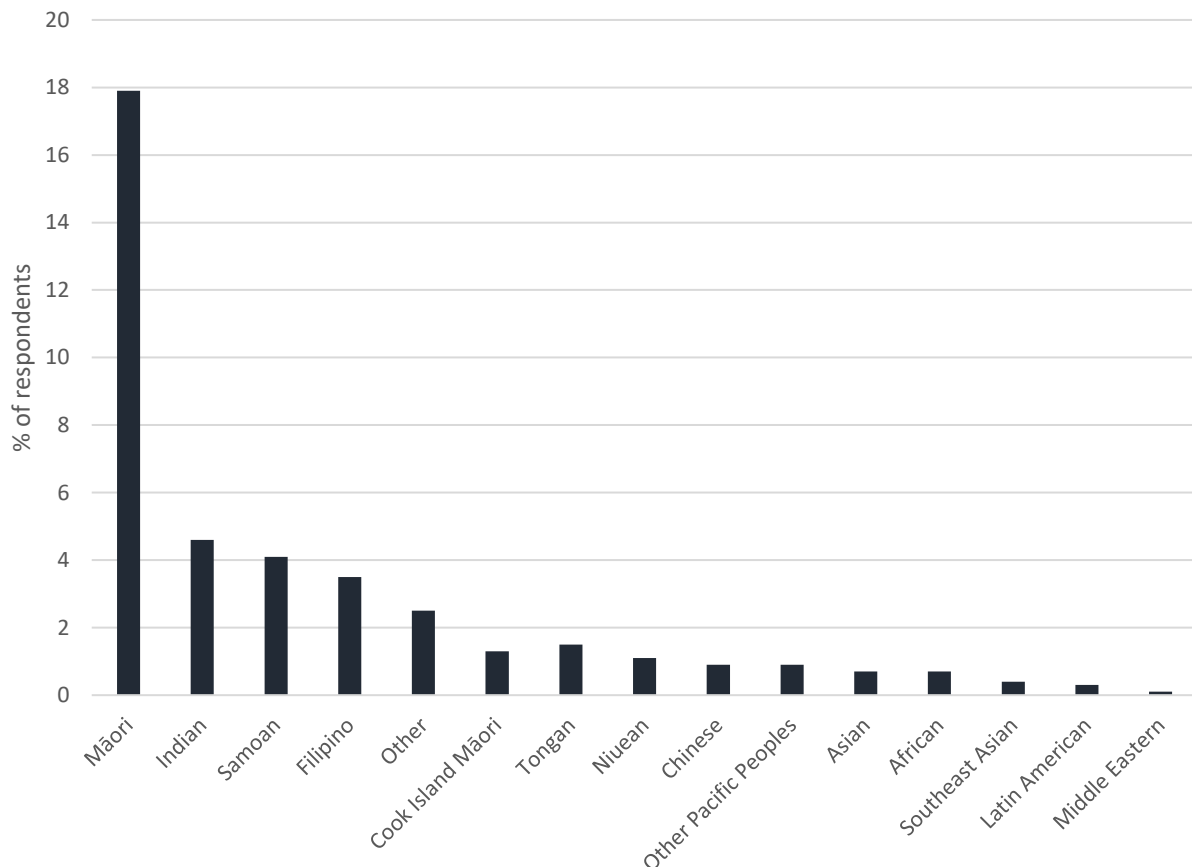
The majority of respondents were born in New Zealand (72.4%). Among nurses, 63.8% were born in New Zealand and 71.7% of managers were born in New Zealand.

Of all the care and support workers who responded, 73.7% were born in New Zealand. This differed by sector: 66.1% of care and support workers in residential aged care, 79.2% of home and community support workers, 71.0% of disability support workers, and 72.2% of mental health and addiction support worker respondents, were born in New Zealand. Of those care and support workers who were not New Zealand citizens, 82.4% were permanent residents, 2.7% on skilled migrant visas, 11.1% on essential skills visas, 1.9% on student visas, and 1.9% on post-study visas.

2.4 Ethnicity

Participants could select more than one ethnicity. Overall, the majority identified their ethnicity as pākehā, New Zealand European or European. **Error! Reference source not found.** below outlines the ethnicity of respondents, excluding pākehā, New Zealand European or European. Responses were classified using the Ethnicity New Zealand Standard Classification (StatisticsNZ, n.d.).

Figure 2. Ethnicity of respondents



Managers were the least ethnically diverse amongst the respondents to this survey: 81.1% identified as pākehā, New Zealand European or European, compared to 70.2% of care and support workers, and 68.1% of nurses. Only 13.3% of managers identified as Māori (19.8% care and support workers, 10.5% nurses).

2.5 Household and family care responsibilities

Over half of the respondents' jobs provide most of or all of the income for their household or family: 32.1% answered that their job was the only income in their family or household and 23.8% responded that their job provides most of the income in their family or household. Of the total responses, 44.1% said that their job is not the only income in their family or household. A bigger proportion of care and support workers

(45.0%) than nurses (38.0%) and managers (43.6%) responded that 'their job is not the only income in their family or household.

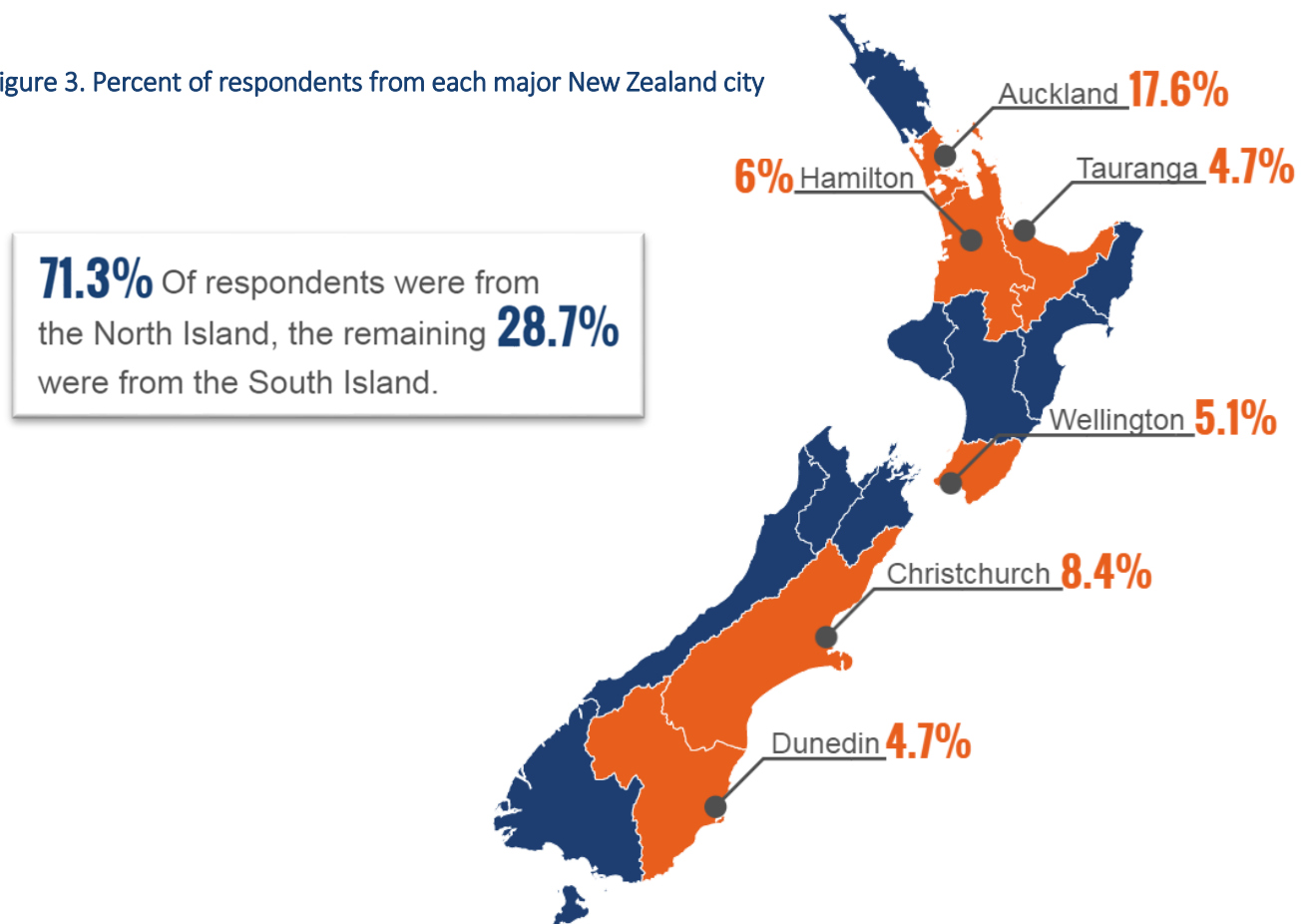
Respondents were asked how many hours they spent (unpaid) each week caring for dependent family or household members. Nearly half (47.7%) of respondents did not have any dependents (for example children, disabled or elderly relatives). Of the remaining respondents, 22.1% spent one to 10 hours caring for dependents; 10.0% spent 11 to 20 hours caring for dependents; 5.7 % spent 21 to 30 hours; and 14.5% spent 30 hours or more caring for dependents.

Respondents were also asked if they had more than one job. Only 14.5% of the respondents overall said that they had another job. This was lower for managers (8.2%) than nurses (12.0%), and care and support workers (15.9%). Of those with more than one job (across all occupations), the majority (53.8%) worked between 1 and 10 hours per week in their other job. A small proportion (10.8%) worked 30 hours or more in their additional job(s).

2.6 Location

This was a nationwide survey comprising respondents from both the North (71.3%) and South (28.7%) Island. Respondents were distributed across North Island cities, with a further 23.9% from 'other North Island towns'. In the South Island, respondents came from a range of cities, with a further 10.1% from 'other South Island towns'.

Figure 3. Percent of respondents from each major New Zealand city



3 Job Characteristics

This section provides information on key characteristics of the job and work that respondents do. In particular, it provides information on hours of work and shifts (including the length and type of shifts, hours of work per week, unpaid hours of work, guaranteed hours of work, and underemployment); hourly pay; employment status (for example, permanent full-time etc); technology usage; and key tasks undertaken.

3.1 Hours of work and shifts

This section gathered information about respondents' work hours, shift allocation and preferences. Respondents reported whether they had weekly minimum guaranteed hours, if they would increase their hours if regular hours were available, their shortest shift in the last week, how often they were expected to work unpaid hours, and their average weekly paid hours.

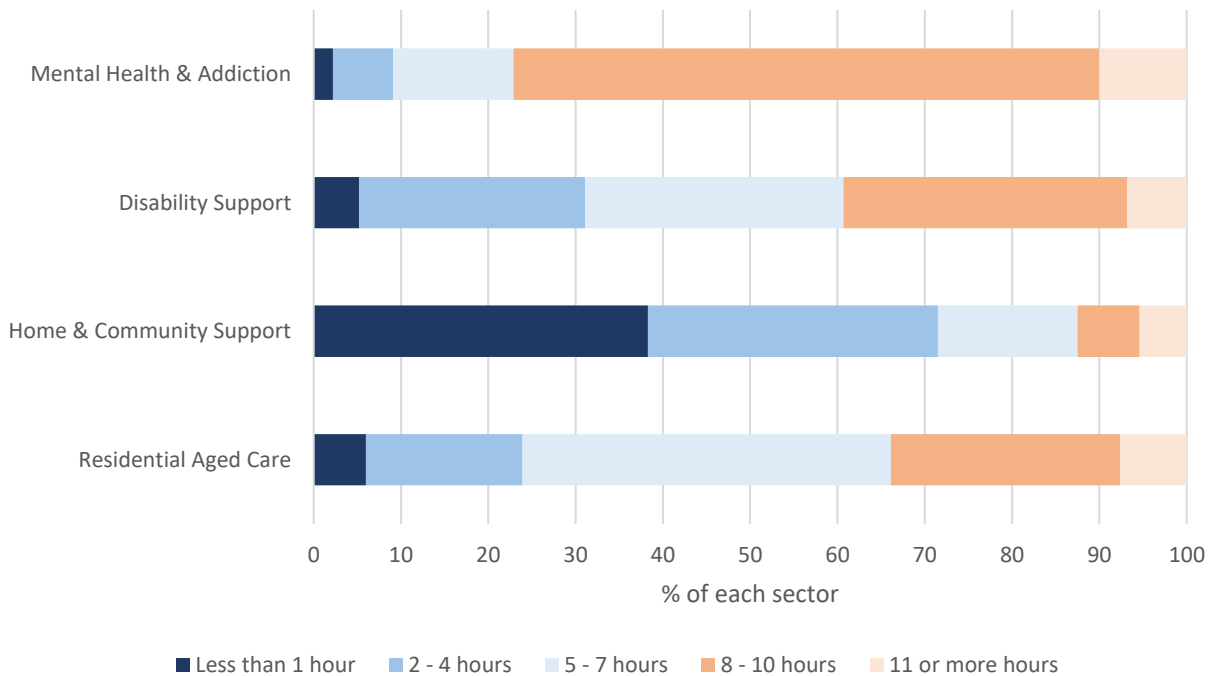
3.1.1 Shifts

Respondents were asked to select a shift type that best reflected their current roster, from the options of regular day, regular night, split shift, irregular, rotating, or other. There were 2,218 responses to this question: 306 managers, 222 nurses and 1,690 care and support workers. Across all three occupations, regular day shifts were the most common type of shift, including 46.9% of care and support workers, 43.7% of nurses, and 81.4% of managers. Rotating shifts were the next most common shift for both nurses (24.3%) and care and support workers (16.3%). Amongst care and support workers, this was followed by 13.8% working split shifts, then 10.0% in irregular shifts, 7.0% in regular night shifts, and 6.0% other. More home and community support workers responded (25.8%) that their regular shift is a split shift than care and support workers in the other sectors. For nurses, irregular shifts were the third primary shift type at 14.4%, followed by 8.1% in other shift types, 5.9% working regular night shifts, and 3.6% in split shifts. Managers who did not work regular day shifts primarily indicated working other shifts (11.4%), and few responded that they worked rotating shifts (2.6%), irregular shifts (2.0%), regular night shifts (1.6%) or split shifts (1.0%).

Nurses and care and support workers were asked how long their shortest shift was in the previous week. There was a total of 1,845 responses to this question: 218 nurses and 1,627 care and support workers. When selecting the length of their shortest shift in the previous week, respondents were able to choose between the options of less than 1 hour, 2 to 4 hours, 5 to 7 hours, 8 to 10 hours, and 11 or more hours.

Most nurses responded that their shortest shift was 8 to 10 hours (76.6%), with the next responses being 5 to 7 hours (11.5%), 2 to 4 hours (5.5%), 11 or more hours (3.7%), and less than 1 hour (2.8%).

Figure 4. Care and support workers' shortest shift by sector



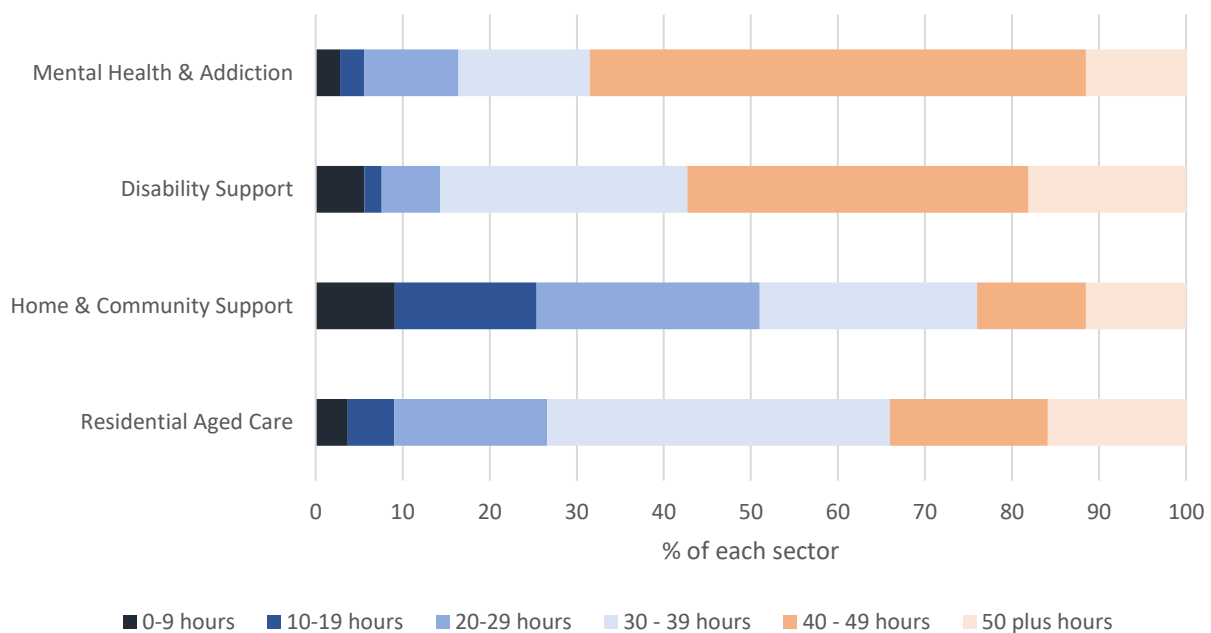
Care and support workers' responses to this question varied between sectors. As is illustrated by Figure 4 above, care and support workers in home and community support have a much greater proportion of respondents working shifts of 1 hour or less (38.3%) or 2 to 4 hours (33.2%). In contrast, the greatest proportion of support workers in the disability sector had 'shortest shifts' of 8 to 10 hours (32.5%), 5 to 7 hours (29.6%) and then 2 to 4 hours (25.9%). In residential aged care, the most common response (42.2%) was shifts of 5 to 7 hours, followed by shifts of 8 to 10 hours (26.3%). Mental health and addiction support workers mostly indicated that their shortest shift was of 8 to 10 hours (67.1%), followed by 5 to 7 hours (13.8%).

3.1.2 Hours of Work

Respondents were asked to provide information about the average paid hours they worked per week. There was a total of 1,717 responses to this question: 256 managers, 176 nurses and 1,285 care and support workers. The largest group of responses was from those who worked between 40 to 49 paid hours per week on average, made up of 37.1% of respondents. Following this, the next most common average paid hours worked were 30 to 39 per week (23.5%), then 50 plus hours (14.1%), followed by 20 to 29 hours (13.8%), 10 to 19 hours (6.5%), and 0 to 9 hours (5.1%).

Amongst managers, hours tended to be longer, with 68.8% of managers working 40 to 49 paid hours per week on average, and 16.0% working 50 plus hours per week. Fewer managers worked 30 to 39 hours (9.0%), 20 to 29 hours (3.9%), 0 to 9 hours (2.0%), and 10 to 19 hours (0.4%). The largest grouping of nurses was also those who worked 40 to 49 weekly paid hours on average (49.4%), while more nurses than managers worked 30 to 39 hours (25.6%), and fewer worked 50 plus hours (12.5%). From there, the next most common average weekly paid hours for nurses was the range of 20 to 29 hours (8.5%), then 10 to 19 hours (2.3%), and 0 to 9 hours (1.7%).

Figure 5. Care and support workers' average weekly hours by sector



As Figure 5, above, indicates, amongst support workers, the majority of care and support workers in mental health and addiction (57.0%) worked 40 to 49 paid hours per week on average, greater than any of the other sectors. A greater proportion of respondents who work in home and community support have lower weekly hours than other sectors with 25.6% responding that they worked 20 to 29 paid hours per week on average, closely followed by those who worked 30 to 39 hours (25.0%). Fewer care and support workers in home support worked 40 to 49 hours (12.5%) than in the other sectors.

3.1.3 Unpaid Hours of Work

For this question, respondents indicated how often they were expected to work extra hours that were not paid, from the options of never, sometimes, often, most of the time, or always. There was a total of 2,209 response to this question: 303 managers, 222 nurses and 1,684 care and support workers. Most care and support workers indicated that they were never (59.0%) or sometimes (24.6%) expected to work unpaid hours, with fewer reporting that it happened often (8.1%), most of the time (4.9%) or always (3.5%).

Responses from nurses followed a similar trend, although compared with care and support workers more nurses indicated that it occurred often (11.7%), most of the time (9.9%) or always (6.8%), with more nurses responding sometimes (28.8%) and fewer responding never (42.8%). Managers' responses were in a comparatively even spread, with the most common response being sometimes (26.4%), then never (23.1%), followed by always (21.1%), often (16.2%), and most of the time (13.2%).

3.1.4 Guaranteed minimum hours of work

This question was asked of care and support workers and nurses. There was a total of 1,910 responses to this question: 219 nurses and 1,691 care and support workers. Amongst care and support workers, the majority (88.0%) responded that they had a guaranteed minimum number of hours' work each week. This was slightly higher in disability support (92.9%) and mental health and addiction support (92.1%), than residential aged care (83.1%) or home and community support (84.7%). Amongst nurse respondents, 90.4% reported having weekly minimum guaranteed hours.

3.2 Hourly Pay

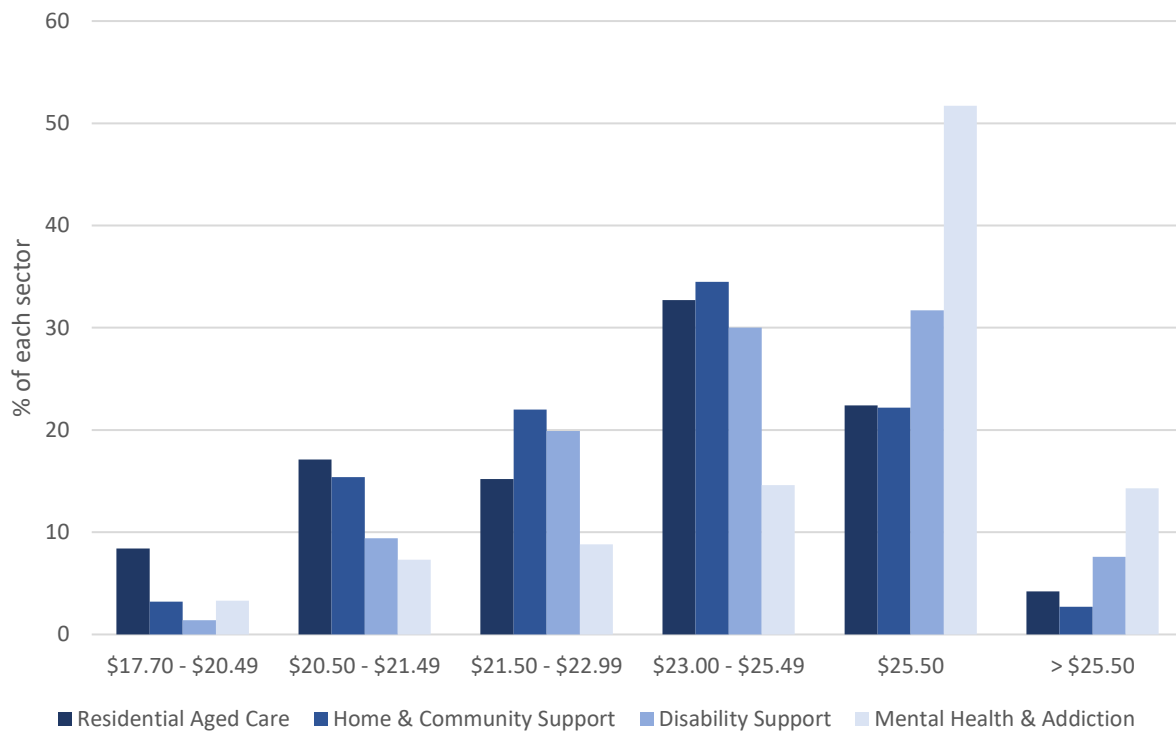
At the time of data collection, in September 2019, the adult minimum wage was \$17.70. Data was only available from care and support workers and managers for this question. There was a total of 1,985 responses to this question: 299 managers and 1,686 care and support workers.

Figure 6, below, shows the difference in proportion of care and support workers' hourly pay by sector. Overall, those who work in mental health and addiction reported higher hourly wages than other sectors: over half (51.7%) of those respondents were paid \$25.50, followed by 14.6% at \$23.00 to \$25.49, and 14.3% over \$25.50.

Disability support workers also earned higher wages than those in residential aged care or home and community support. In disability support, 31.7% of care and support workers were paid \$25.50, 30.0% were at the \$23.00 to \$25.49 range, and 20.0% at \$21.50 to \$22.99.

Compared with care and support workers in other sectors, residential aged care had the highest proportion in the lowest hourly wage bracket. Of note is that some respondents reported an hourly wage that was lower than the lowest specified by the Support Workers (Pay Equity Settlements) Act 2017 at the time of the survey.

Figure 6. Care and Support Workers' Hourly Pay



Amongst managers who responded to this question: 16.4% earned \$40.00 to \$44.99, 16.1% were paid \$35.00 to \$39.99, 15.4% were at \$30.00 to \$34.99, followed by 13.7% at \$25.00 to \$29.99, and 10.7% at \$20.00 to \$24.99. Fewer managers indicated that they earned the lowest option of less than \$20.00 (0.7%), or the higher options of \$45.00 to \$49.99 (7.0%), and \$50.00 to \$54.99 (8.0%). However, 12.0% of managers earned \$55.00 per hour and over.

3.3 Employment Status

This question asked respondents to indicate their employment status, with the option to select from:

- permanent full-time
- permanent part-time
- fixed term
- casual
- agency
- self-employed

There was a total of 2,211 responses to this question: 304 managers, 222 nurses and 1,685 care and support workers. Permanent full-time employment was the most common type for all three occupations,

though more so for managers (86.8%) than for nurses (66.7%), and care and support workers (58.9%). The second most common type was permanent part-time employment, covering 6.3% of managers, 22.5% of nurses, and 33.6% of care and support workers. Amongst care and support workers, 4.6% were in casual employment, 1.6% on fixed term contracts, and then 0.7% in agency employment and 0.6% self-employed. For nurses, 5.4% were in casual employment, 3.2% fixed term, 1.4% agency, and 0.9% self-employed. Managers differed, with their third most common employment type being self-employed (3.6%), then fixed term (2.6%) before casual employment (0.7%), with none in agency employment.

Table 2. Care and support workers' employment status by sector

Sector	Permanent full-time	Permanent part-time	Fixed term contract	Casual	Agency	Self-employed
Residential Aged Care	56.0%	34.6%	2.3%	5.6%	1.5%	0.0%
Home & Community Support	41.1%	51.5%	1.1%	4.9%	0.8%	0.8%
Disability Support	75.9%	16.7%	2.3%	3.4%	0.5%	1.1%
Mental Health & Addiction	74.1%	19.5%	1.2%	4.9%	0.3%	0.0%

As illustrated above, support workers in home and community support are less likely to be employed on a permanent full-time basis than those in residential aged care, disability support or mental health and addiction. Both disability support and mental health and addiction support workers had much higher proportions employed on a permanent full-time basis than those in the other two sectors. Home and community support was the only sector in which more than half of respondents were employed on a permanent part-time basis.

3.4 Smart Phone usage and provision

As technological advances mean that smart phones (or similar devices) are more frequently required to log hours, accept shifts, record care and so on, this question asked respondents if they were required to use smartphones in the course of their work, and then what, if any, smart phone provision was provided by their employer. There was a total of 2,216 responses to this question: 306 managers, 221 nurses and 1,689 care and support workers.

Most respondents across the three occupations indicated that they were required to use a smartphone or tablet at work. This included 65.5% of care and support workers, 67.9% of nurses, and 79.7% of managers.

This meant that those respondents not required to use a smartphone or tablet at work made up 34.5% of care and support workers, 32.1% of nurses, and 20.3% of managers.

Requirements for care and support workers to use a smartphone or tablet differed slightly across sectors, with 64.1% responding yes in mental health and addiction, 68.8% yes responses in home and community support, and 69.8% yes responses in disability support. In comparison, fewer care and support workers in the residential aged care sector were required to use a smartphone or tablet, with 51.7% responding yes, they were required to.

65.5%

More than one third of these workers use their own phone for work.

of care and support workers are required to use a smartphone for work.



In total, 1,500 respondents across the three occupations were required to use a smartphone or tablet at work, including 1,106 care and support workers, 150 nurses, and 244 managers. These respondents were asked to tick all of the following that applied to them:

- My work provides the phone or tablet (n=998)
- My work pays for the data plan (n=686)
- I have to provide my phone or tablet (n=457)
- I have to pay for the data plan (n=306)

Overall, out of those who were required to use a smart phone or other device:

- 26.0% of care and support workers provided their own data plan. This compares to 4.9% of managers and 4.0% of nurses.
- 37.6% of care and support workers provided their own phone or device. This compares to 11.9% of managers and 8.0% of nurses.
- 42.1% of care and support workers had their data plan provided by their employer. This compares to 63.5% of managers and 43.3% of nurses.
- 59.1% of care and support workers had their phone or device provided by their employer. This compares to 84.4% of managers and 92.0% of nurses.

3.5 Primary tasks undertaken on the job

Care and support workers were asked to provide information about the top tasks they spent the most time doing in their job. They were able to select up to 3 top tasks, from the following options:

- personal care
- engaging with clients or companionship
- cleaning or housework
- meal preparation
- home maintenance
- client's shopping or appointments
- social integration
- administrative tasks, and
- supervising other staff

Table 3. Main tasks for care and support workers

Sector	Personal Care	Engaging with Clients	Cleaning or Housework	Meal Preparation	Client's Shopping/ Appointments	Social Integration
Residential Aged Care	227	120	70	-	-	-
Home & Community Support	601	-	449	256	-	-
Disability Support	276	262	163	-	-	-
Mental Health & Addiction	-	272	-	-	150	147

There are some differences between sectors, with the biggest difference being that the top 3 tasks that are carried out by respondents in mental health and addiction did not include personal care or cleaning. Home and community support had different responses: it was the one sector in which most respondents did not select 'Engaging with Clients' as one of their top 3 tasks. However, 233 home and community support respondents did select 'engaging with clients', meaning that for many it was a main task. The tasks that take up the most time reflect not only the nature of the care being provided, but also the funding models that can determine a focus on physical care more than social or personal interaction.

4 Experience and Skills, Training and Professional Development

4.1 Experience

In this section, respondents were asked to provide information about the length of their experience with their current provider and their experience in each sector.

4.1.1 Length of time with this provider

This question asked respondents to indicate how long they had worked for their current provider or service, from the options of:

- less than 1 year
- 1 year up to 5 years
- 5 up to 10 years
- 10 up to 15 years
- 15 up to 20 years
- 20 years and over

There was a total of 2,111 responses to this question: 287 managers, 210 nurses and 1,614 care and support workers. Care and support workers most commonly indicated that they had worked for their provider for 1 year up to 5 years (40.9%), followed by 5 to 10 years (21.0%), and then less than 1 year (15.3%), and then progressively reducing from 10 to 15 years (12.3%), 15 to 20 years (6.3%), and 20 years and over (4.2%). Care and support workers' responses were consistent across the different sectors.

For nurses, the most common length of time working for their current provider was also 1 to 5 years (32.9%), then less than 1 year (22.9%), 5 to 10 years (16.7%), 10 to 15 years (11.4%) and 20 years and over (11.4%), and 15 to 20 years (4.8%).

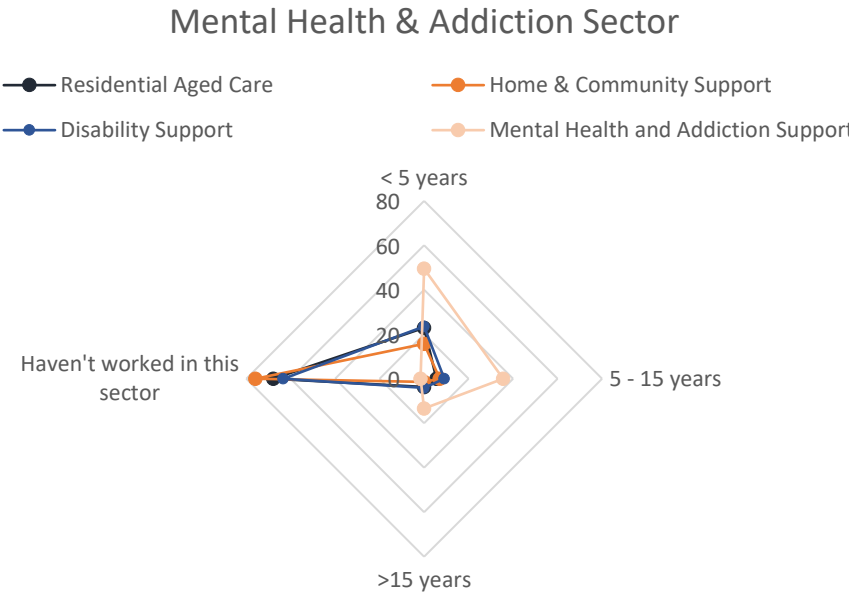
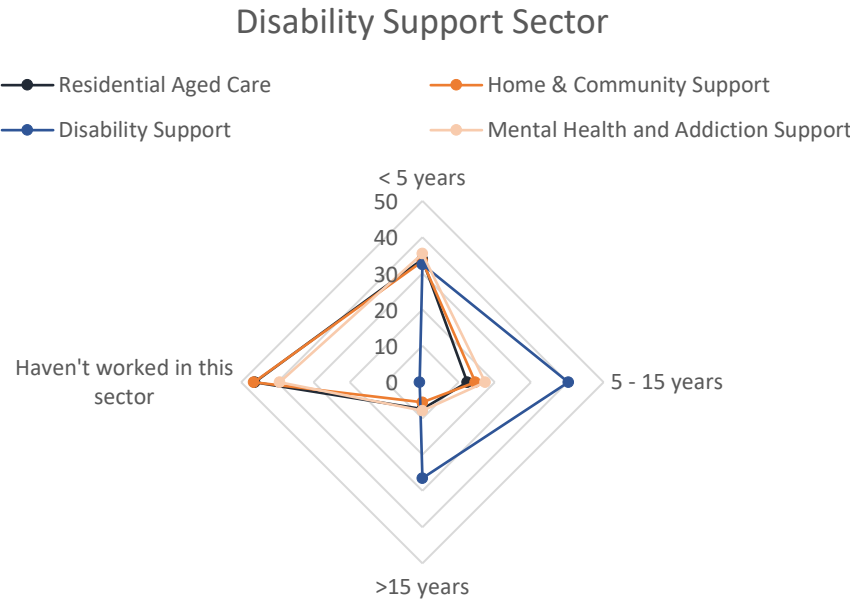
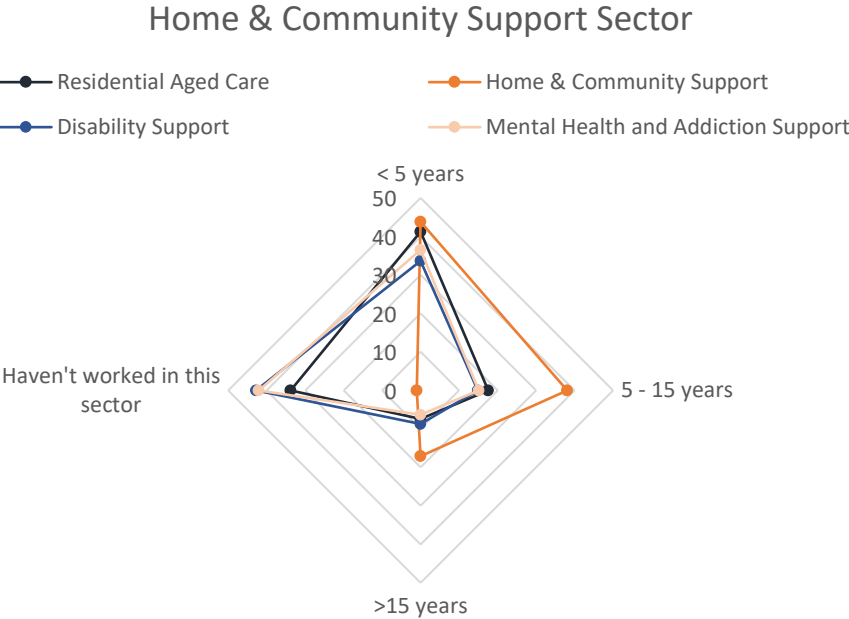
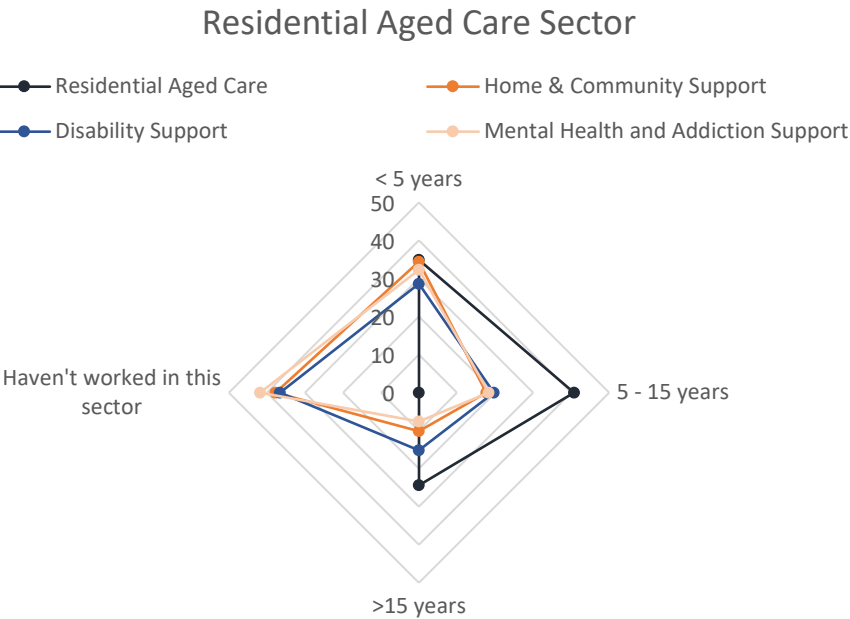
Managers' responses followed similar trends to care and support workers and nurses, with 1 to 5 years being the most common answer (42.9%), then 5 to 10 years (16.4%), followed closely by less than 1 year (14.6%), and 10 to 15 years (13.2%), and lastly 20 years and over (6.6%), and 15 to 20 years (6.3%).

4.1.2 Total length of experience

For this question, respondents provided information about the length of their experience in each sector in New Zealand, with the sectors being residential aged care, home and community support, disability

support, and mental health and addiction. The following figure illustrates the length of experience that care and support workers have in each sector. For example, the figure entitled ‘residential aged care sector’ gives the responses for care and support workers currently in that sector. It compares their total length of experience in each of the other sectors.

Figure 7. Length of experience in each sector



4.2 Skills

Respondents were asked if they had the skills and abilities that they needed to do their job. There was a total of 1,972 responses to this question: 279 managers, 197 nurses, and 1,436 care and support workers. Overall, across occupations, those who agreed or strongly agreed that they had the skills and abilities they needed made up 83.8% of respondents, with 10.4% being neutral, and 5.7% disagreeing or strongly disagreeing. Amongst the respondents who were in agreement, a much larger portion strongly agreed (59.0%) than agreed (24.8%), suggesting that there was strong agreement overall from respondents that they had the skills and abilities they needed in their job.

Respondents were then asked if they used many of their skills and abilities in their current job. As with the responses about having the skills needed for their job, most respondents indicated that they used many of their skills and abilities in their current job. Of those who responded, 85.6% agreed or strongly agreed, 7.9% were neutral, and 6.5% disagreed or strongly disagreed that they used many of their skills and abilities. Further, a considerably larger proportion of respondents strongly agreed (64.0%), than agreed (21.6%). This was similar across occupation and sector.

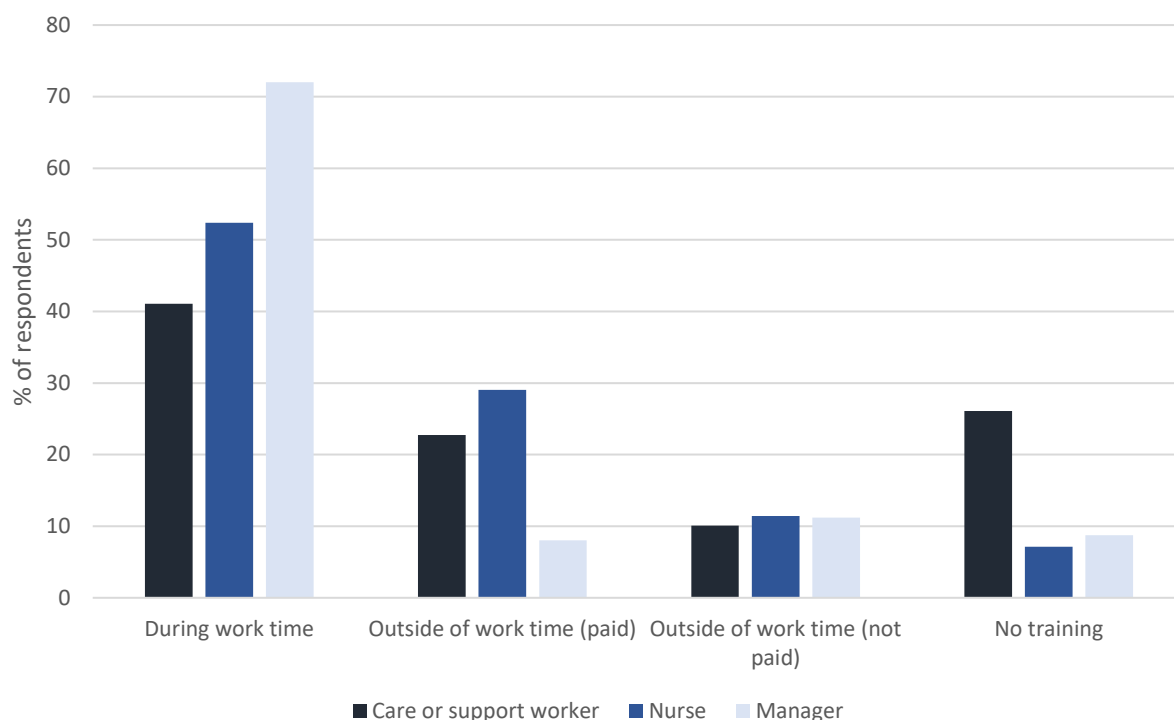
4.3 Training and Professional Development

This section reports on how many respondents had undertaken any training or professional development during the last 12 months and what the purpose of the training or professional development was. They were also asked if they thought that adequate training was available in their workplace, and if they had the opportunity to develop.

Respondents were asked whether they had undertaken any training or professional development provided by their employer during the last 12 months. There were 2,110 respondents who responded to this question: 286 managers, 210 nurses and 1,614 care and support workers. Figure 8, below, illustrates the percentage of respondents, by sector, who had not completed any training provided by their employer; or who had, and it was:

- During work time
- Outside of work time, but paid
- Outside of work time, and unpaid

Figure 8. Completed Training in the last 12 months provided by the employer



The proportion of respondents who had not undertaken employer-provided training or professional development was lowest amongst nurses at 7.1%, followed closely by managers with 8.7%, but for care and support workers was approximately triple that of nurses and managers, at 26.1%. Of the three occupations, managers were most likely to indicate that they undertook employer-provided training or professional development during work time (72.0%).

When the care and support workers' responses were analysed by sector, training and professional development was far more frequently undertaken during work time in the mental health and addiction (62.4%), disability support (47.4%), and residential aged care (40.7%) sectors, than in the home and community support sector (26.2%). Care and support workers in home support more often reported undertaking training outside of work time that was unpaid (15.1%), than those in residential aged care (10.3%), disability support (8.8%), and mental health and addiction support (1.9%). Accordingly, a smaller proportion of care and support workers in home and community support were provided paid training outside of work time (18.1%), in comparison with those in residential aged care (30.9%), disability support (26.8%), and mental health and addiction support (20.4%). The home and community support sector also had more than twice the level of care and support workers who had not undertaken any employer-provided training or professional development at 40.6%, compared with 18.1% in residential aged care, 17.1% in disability support, and 15.4% in mental health and addiction support.

4.3.1 Opportunity to develop and availability of adequate training

Respondents were asked how satisfied they were with the opportunity they had to develop their abilities. There was a total of 1,935 responses to this question: 273 managers, 196 nurses and 1,466 care and support workers. A small majority of those who answered the question were satisfied or totally satisfied with the opportunity to develop their abilities (51.6%), and the remainder of the respondents were relatively evenly spread between being neutral (25.7%) and dissatisfied or totally dissatisfied (22.7%). More managers (61.9%) were totally satisfied or satisfied with the opportunity they had to develop their abilities than nurses (51.0%) and care and support workers (49.7%).

Respondents were also asked to indicate whether adequate training was available through their workplace. There was a total of 1,925 responses to this question: 266 managers, 197 nurses and 1,462 care and support workers. A small majority of respondents, 53.4%, agreed or strongly agreed that adequate training was available, while 22.3% were neutral, and 24.3% disagreed or strongly disagreed.

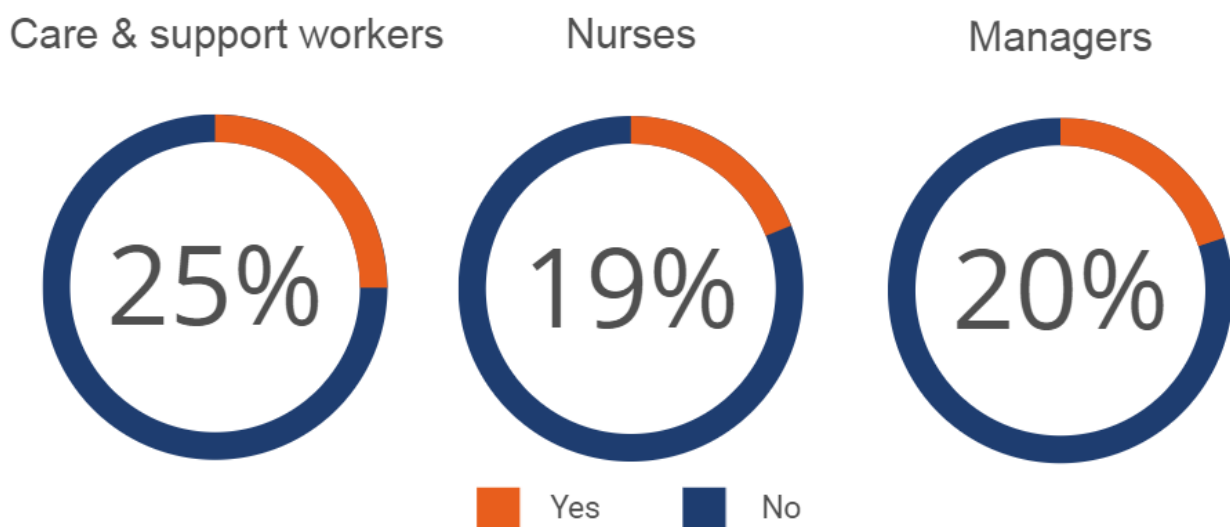
5 Qualifications & Formal Study

In this section, respondents provided information about their qualifications. Questions asked which formal qualifications they had, whether they were currently studying for a work-related qualification, if they wanted to undertake further work-related study, and what types of support their employer provided employees to study towards qualifications.

5.1 Currently Studying

There was a total of 2,101 response to this question: 285 managers, 210 nurses and 1,606 care and support workers. Across all occupations, the majority were not currently studying towards a work-related qualification. A slightly higher proportion of care and support workers were currently studying than nurses or managers.

Figure 9. Currently studying for a work-related qualification



While there were generally only slight differences between sectors in the proportions of care and support workers who were and were not studying, the home and community support sector responses indicated that a higher proportion were not currently studying. In mental health and addiction 73.4% of care and support workers were not studying (26.6% were studying). This was closely mirrored in disability support with 72.6% not studying (27.4% studying) and in residential aged care which had 71.0% not studying (29.0%

studying). In comparison, the home and community support sector had a slightly larger proportion of care and support workers not studying at 78.4% (21.6% studying).

5.2 Would Like to Undertake Study

Respondents were asked 'Would you like to undertake any further work-related study?' There were 2,102 responses to this question: 284 managers, 209 nurses and 1,609 care and support workers. Across all occupations 65.2% of respondents indicated that they would like to undertake further work-related study and 34.8% indicated that they would not. Responses to this question were generally similar across occupations, though the proportion of those wanting to undertake further study was higher amongst care and support workers (65.9%) and nurses (64.6%), compared with managers (61.6%).

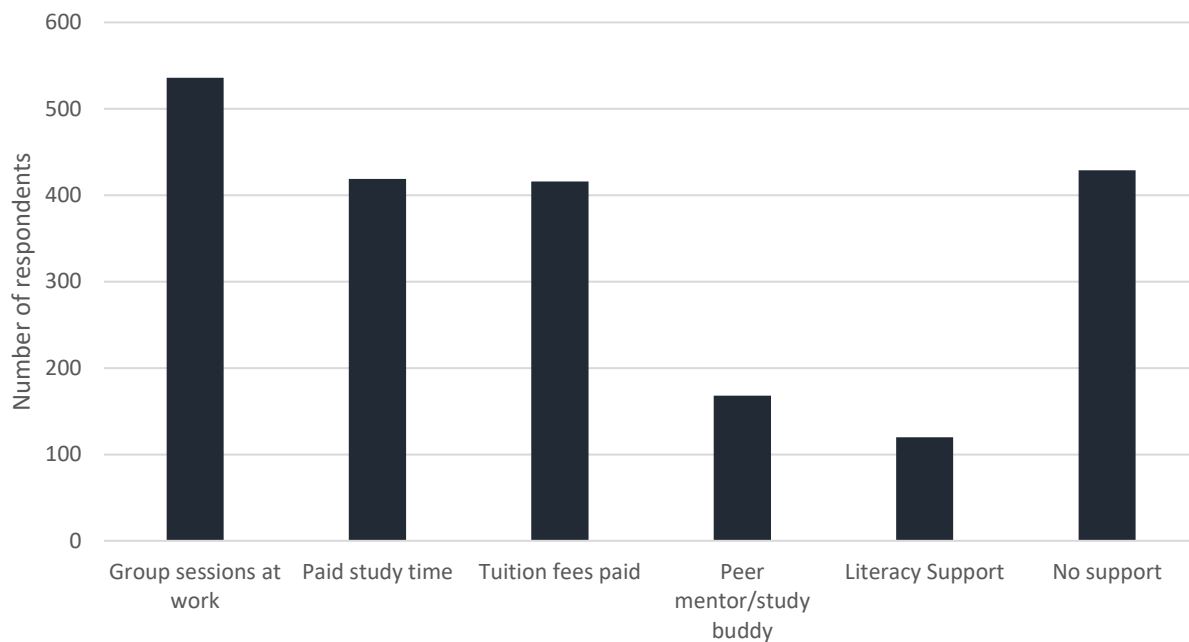
There were higher proportions of care and support workers wanting to undertake further work-related study in the residential aged care (75.4%) and mental health and addiction support sectors (71.8%), in comparison with disability support (64.3%) and home and community support sectors (60.3%).

5.2.1 Employer Support for Study

Care and support workers were also asked what support their employer provided to study towards qualifications. They could tick all responses that applied from:

- Paid study time
- Group study sessions at work
- Literacy support
- Peer mentor/study buddy
- Tuition fees paid
- No support

Figure 10. What support does your employer provide to study towards qualifications?



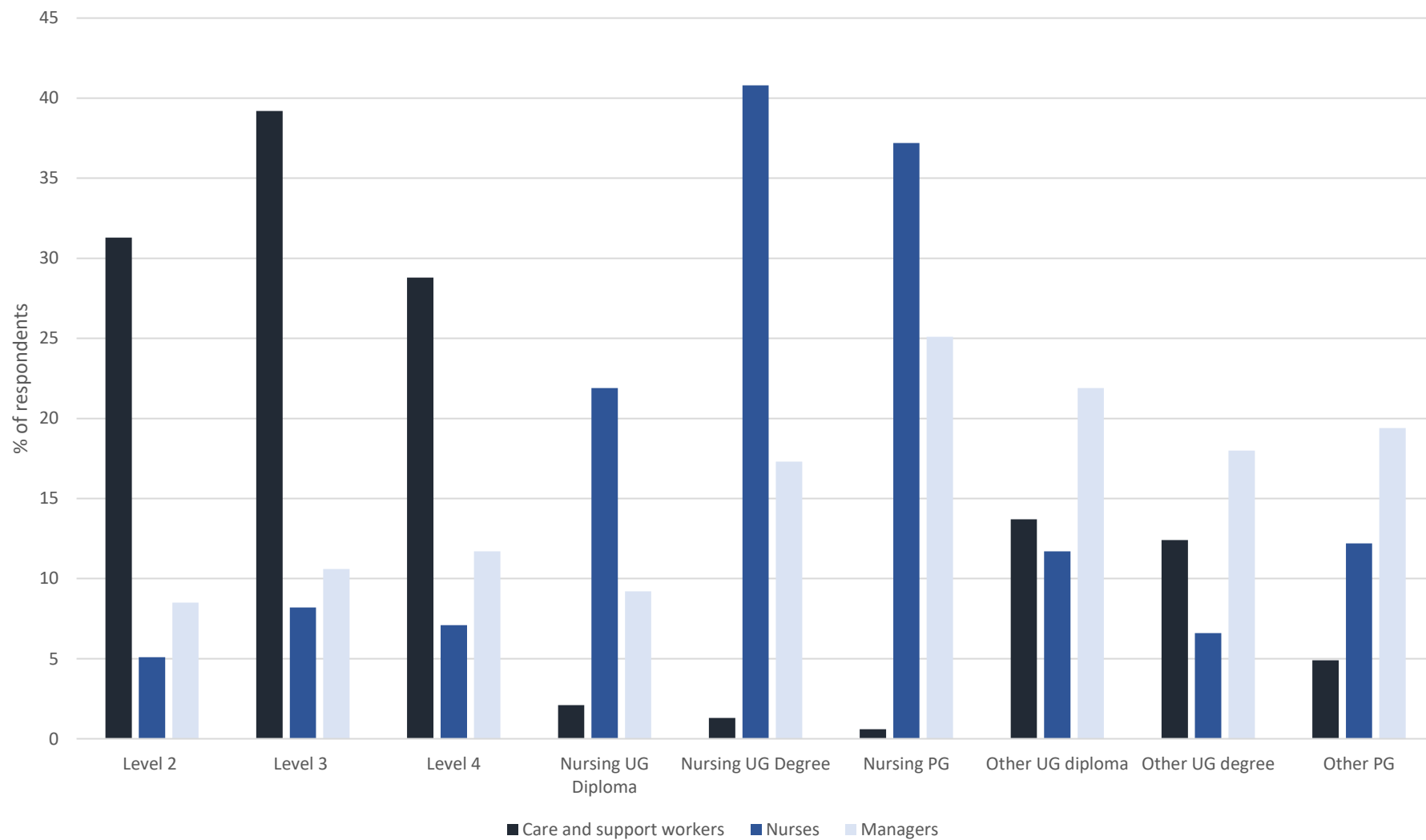
The most frequently reported support was group study sessions at work (n=536), paid study time (n=419) and tuition fee payment (n=416). 429 care and support workers answered that they receive no support from their employer, more than those who reported that they were supported with paid study time or tuition fee payment.

5.2.2 Qualifications Held

Respondents were asked to indicate all of the qualifications that they hold. A total of 2,081 answered this question: 283 managers, 196 nurses and 1602 care and support workers. Very few indicated that they held no qualifications, with 8.5% of managers, 7.2% of care and support workers and 2.0% of nurses. The percentage response for nurses is unusual in that in order to practice, nurses must have qualified in an appropriate nursing question, and therefore may indicate a mistaken response.

Figure 11, below, illustrates the qualifications held across occupations. As respondents could tick multiple responses, totals may add up to more than 100%. Level 2, 3 and 4 refers to the national qualifications for care and support workers, as indicated in the Support Workers (Pay Equity) Settlements Act 2017. Other options included nursing or other undergraduate certificate or diploma, nursing or other undergraduate degree, nursing or other postgraduate qualification. Generally, (as illustrated below) as expected, more care and support workers hold national qualifications for care and support workers, more nurses hold nursing qualifications, and more managers hold 'other' undergraduate and postgraduate degrees.

Figure 11. Qualifications achieved by occupation



6 The Work Environment

This section presents information from questions that asked about:

- job security
- satisfaction with pay and hours of work
- time, work pressure and flexibility of hours
- workplace relations
- job satisfaction and quitting intentions

6.1 Job Security

There was a total of 1,956 responses to this question: 272 managers, 197 nurses and 1,487 care and support workers. The majority of respondents were satisfied or totally satisfied with their job security (54.9%), with smaller proportions being neutral (23.6%), and dissatisfied or totally dissatisfied (21.5%). For care and support workers, 52.4% were satisfied or totally satisfied, while 25.1% were neutral and 22.5% dissatisfied or totally dissatisfied. Nurses were more frequently satisfied or totally satisfied with their job security, at 58.4%, with 21.8% of nurses being neutral and 19.8% dissatisfied or totally dissatisfied. Managers had the largest proportion of respondents who were satisfied or totally satisfied with their job security, at 66.2%, and fewer who were neutral (16.9%), and dissatisfied or totally dissatisfied (16.9%).

Care and support workers' satisfaction with job security in the mental health and addiction sector differed from care and support workers in the other sectors. Care and support workers in the mental health and addiction sector were more often satisfied with their job security, with 60.5% of them being satisfied or totally satisfied, while the proportion of those who were satisfied or totally satisfied was 53.1% in the residential aged care sector, 51.9% in disability support, and 48.4% in home and community support.

6.2 Satisfaction with pay and hours of work

6.2.1 Total Pay

In this question, respondents were asked to indicate their satisfaction with their total pay. There was a total of 1,988 responses: 275 managers, 202 nurses and 1,511 care and support workers. Similar proportions of the respondents were dissatisfied or totally dissatisfied (28.8%) or neutral (27.8%), while a larger proportion were satisfied or totally satisfied (43.5%). From the care and support workers who responded to this question, 26.5% were dissatisfied or totally dissatisfied with their total pay, 29.5% neutral, and 44.0 % satisfied or totally satisfied.

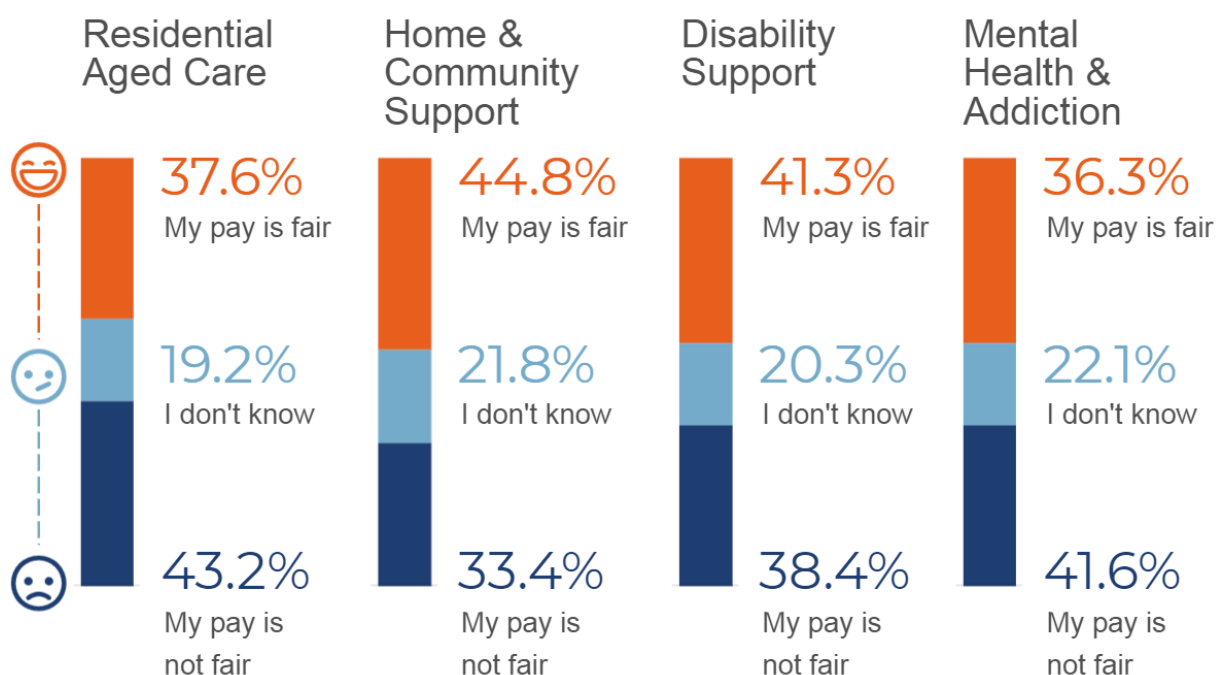
Compared with care and support workers, nurses were more likely to be dissatisfied or totally dissatisfied with their total pay (43.6%) with fewer nurses who were neutral (21.8%), and fewer being satisfied or totally satisfied (34.7%). Managers' responses were more comparable with care and support workers', with 30.5% of managers being dissatisfied or totally dissatisfied, 22.5% neutral, and 46.9% satisfied or totally satisfied. Generally, care and support workers' satisfaction (or dissatisfaction) was consistent across sectors.

6.2.2 Fair pay

Respondents were asked to report whether their rate of pay fairly reflected the skills, responsibilities, and experience needed to do their job. There was a total of 1,944 responses to this question: 272 managers, 198 nurses, and 1,474 care and support workers. Nearly equal proportions of respondents agreed as those who disagreed, with 40.6% who agreed or strongly agreed, 39.0% who disagreed or strongly disagreed, and 20.4% who were neutral.

Managers and care and support workers' responses were similar. Amongst managers, 43.8% agreed or strongly agreed that their pay rate was fair, 17.6% were neutral, and 38.6% disagreed or strongly disagreed. From the care and support workers, 41.2% agreed or strongly agreed that their pay rate was fair, 21.1% were neutral, and 37.7% disagreed or strongly disagreed. Considerably more nurses disagreed, compared with care and support workers and managers. Those nurses who disagreed or strongly disagreed made up 49.5% of the nurse respondents, while 18.7% were neutral, and 31.8% agreed or strongly agreed.

Figure 12. My pay fairly reflects the skills, responsibilities and experience needed



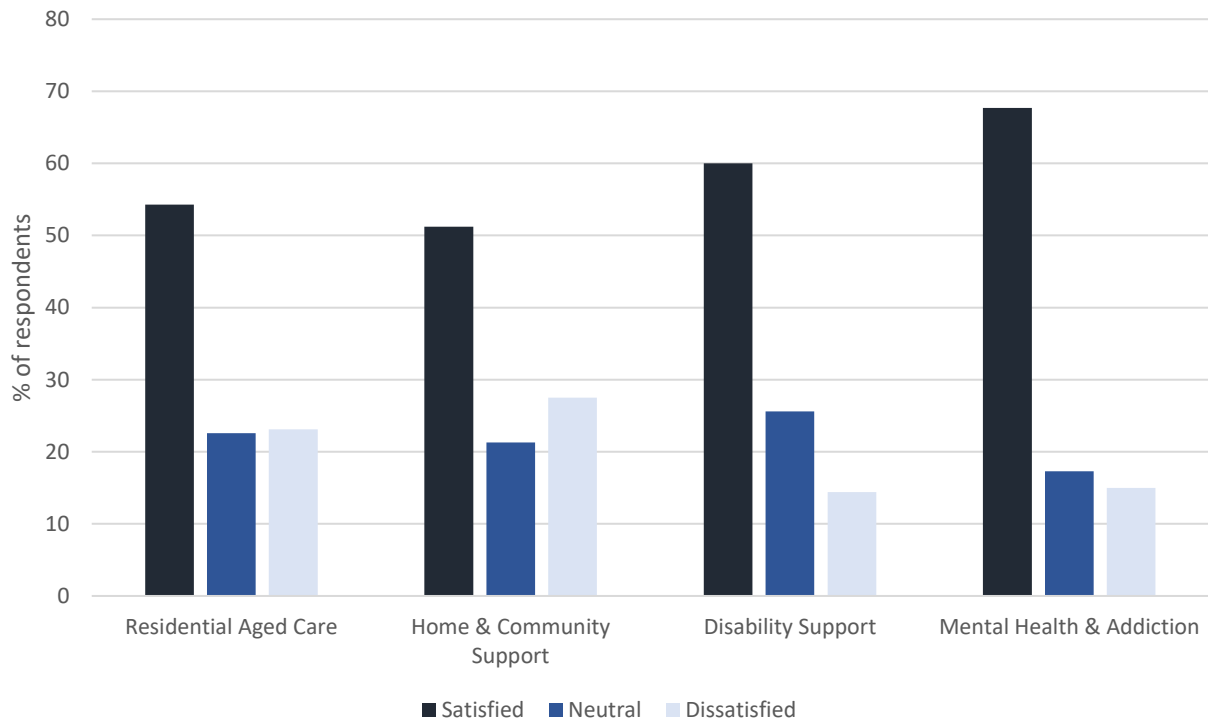
In the home and community support sector, a higher proportion of care and support workers agreed or strongly agreed that their pay fairly reflected the skills, responsibilities and experience needed for the job at 44.8% compared to: 37.6% in the residential aged care sector, 36.3% in mental health and addiction and 41.3% in disability support. It may be worth noting that in mental health and addiction a higher percentage of respondents (41.5%) strongly disagreed or disagreed than were strongly in agreement or agreed with the statement. A similar response was found in residential aged care: 43.2% disagreed or strongly disagreed, while 37.6% agreed or strongly agreed that their pay fairly reflected the skills, responsibilities and experience needed for the job.

6.2.3 Satisfaction with the hours of work

This question asked respondents to report their satisfaction with the hours they work. There was a total of 1,957 responses to this question: 275 managers, 198 nurses and 1,484 care and support workers. Of the respondents who answered this question, 58.5% reported that they were satisfied or totally satisfied, 21.6% reported being neutral, and 19.9% were dissatisfied or totally dissatisfied. In comparison with care and support workers, slightly larger proportions of nurses and managers reported being satisfied with their hours. For nurses, 64.6% were satisfied or totally satisfied with their hours, 20.2% were neutral, and 15.2% were dissatisfied or totally dissatisfied. From the managers who responded, 60.7% were satisfied or totally satisfied, 21.5% were neutral, and 17.8% dissatisfied or totally dissatisfied. Care and support workers had somewhat lower satisfaction, compared to nurses, with 57.2% of care and support workers who responded

to the question indicating that they were satisfied or totally satisfied, 21.8% who indicated being neutral, and 21.0% being dissatisfied or totally dissatisfied.

Figure 13. Care and support workers' satisfaction with their hours of work



There was some variation across sectors in care and support workers' satisfaction with their hours. Care and support workers in the home and community support sector more frequently reported being dissatisfied with their hours of work with 27.6% being dissatisfied or totally dissatisfied. Care and support workers in disability support less often reported that they were dissatisfied or totally dissatisfied, at 14.4%, while 25.6% were neutral, and 60.0% were satisfied or totally satisfied. The mental health and addiction sector had more reports of satisfaction amongst care and support workers, with 67.7% being satisfied or totally satisfied.

6.2.4 Underemployment

Respondents were asked if they would increase their hours if regular hours were available. There was a total of 2,200 responses to this question: 303 managers, 219 nurses and 1,678 care and support workers. A slight majority of care and support workers responded yes, at 53.9%. In contrast to care and support workers, more nurses responded that they would not increase their hours (69.4%) than responded they would (30.6%). Managers' responses were similar to those of nurses, with 84.8% answering no and 15.2% yes.

61.5%
of home and community support
workers would like to have more
hours of work.



There were differences between sectors in care and support workers' responses to increasing their hours. In disability support 46.4% of care and support workers indicated yes, they would like to have more hours of work, and 53.6% indicated no. Responses were similar in mental health and addiction, at 45.1% yes and 54.9% no. This differed from residential aged care (58.2% indicating yes), and home and community support (61.5% responding yes) that they would like to have more hours of work.

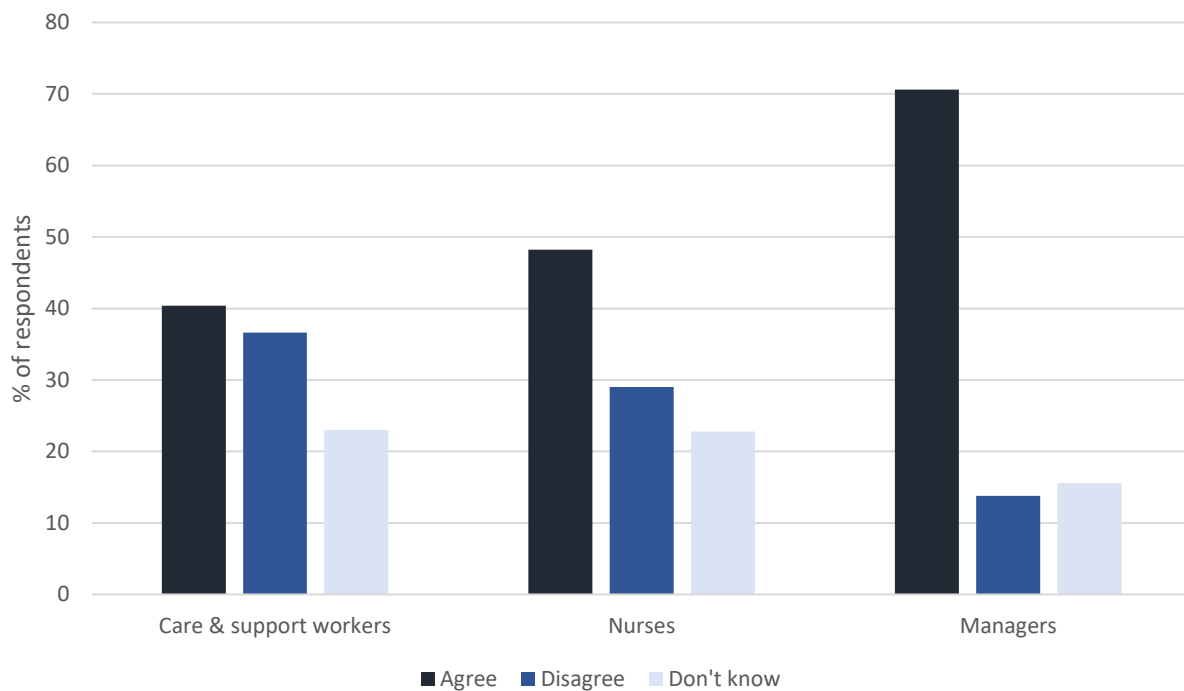
6.3 Workplace relations

This data reports respondents' experience of management-employee relations, support from their team or manager, and how respondents perceive that they receive the respect and acknowledgement that they deserve for their efforts and achievements.

6.3.1 Management-Employee relations

For this question, respondents reported whether management and employees had good relations in their workplace. There was a total of 1,929 responses to this question: 269 managers, 197 nurses and 1,463 care and support workers. More respondents agreed or strongly agreed (45.4%), than disagreed or strongly disagreed (32.6%), or were neutral (22.0%).

Figure 14. Management-employee relations are good



As illustrated in Figure 14 above, there was a large difference between responses from nurses and care and support workers, compared with managers. A large majority of managers reported that manager and employee relations were good, with 70.6% of managers who agreed or strongly agreed compared to 48.2% of nurses and 40.4% of care and support workers.

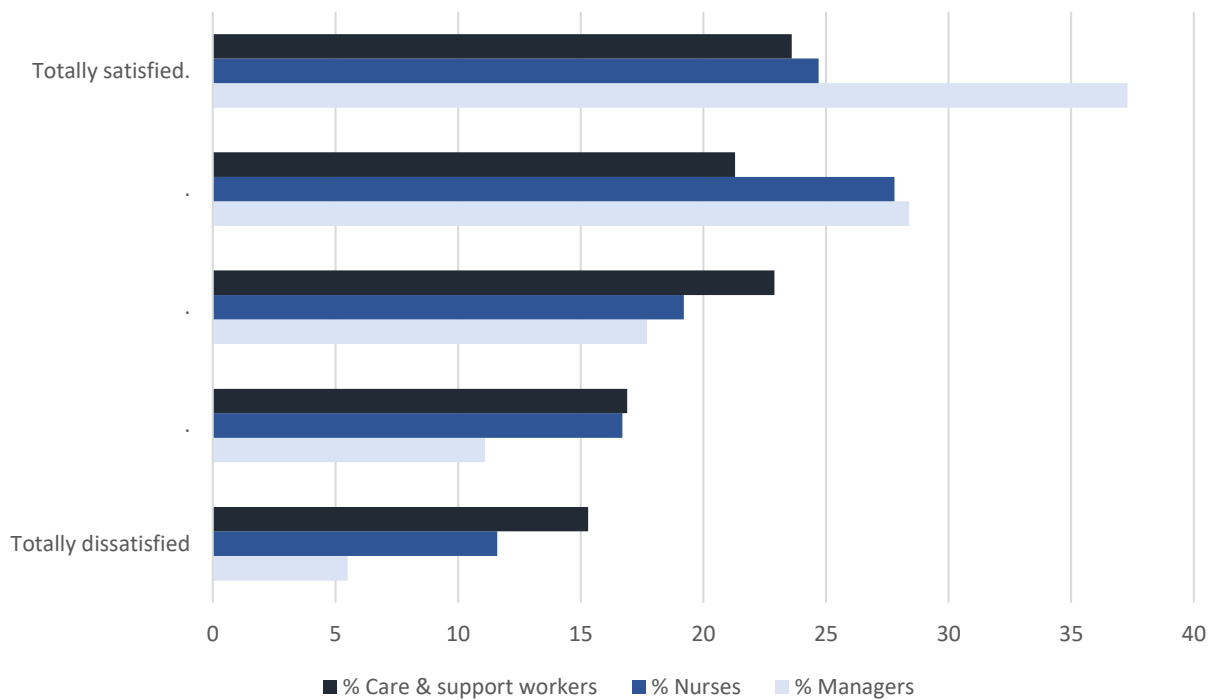
Responses from care and support workers varied between sectors. In mental health and addiction support a much larger proportion agreed or strongly agreed (51.2%), and fewer disagreed or strongly disagreed (22.6%). In home and community support, this trend was reversed, with a larger proportion of care and support workers who disagreed or strongly disagreed that management and employees had good relations (45.4%), and a smaller group who agreed or strongly agreed (34.3%). Responses in disability support were similar to the overall trend, and there were only small differences in residential aged care, with slightly more who agreed or strongly agreed (43.7%) and fewer respondents who disagreed or strongly disagreed (32.6%).

6.3.2 Support from team or service provider

For this question, respondents indicated how satisfied they were with the level of support they received from their team or service provider. There was a total of 1,944 responses to this question: 271 managers, 198 nurses, and 1,475 care and support workers. Overall, as illustrated in Figure 15 below, a greater proportion of managers reported being totally satisfied or satisfied (65.7%) with the level of support they

received than either care and support workers or nurses. Of the care and support workers who responded to this question, 44.8% were totally satisfied or satisfied, 22.9% were neutral, and 32.3% were totally dissatisfied or dissatisfied with the support they received. Nurses' satisfaction with the level of support they received from their team or service provider was slightly higher than care and support workers, with 52.5% indicating that they were totally satisfied or satisfied, 19.2% who were neutral, and 28.3% who were totally dissatisfied or dissatisfied.

Figure 15. Satisfaction with team or employer support by occupation



Compared with the overall rates across sectors, care and support workers in the mental health and addiction support sector more often indicated that they were totally satisfied or satisfied (61.0%) than disability support (46.9%) or residential aged care (46.0%). The home and community support sector had the lowest proportion of care and support workers who were totally satisfied or satisfied (35.0%) with the level of support from their team or service provider.

6.3.3 Respect and acknowledgement

In this question, respondents were asked to report whether, considering all their efforts and achievements, they received the respect and acknowledgement they deserved. There was a total of 1,936 responses to this question: 267 managers, 194 nurses and 1,475 care and support workers. From the care and support worker respondents, 46.6% agreed or strongly agreed, 22.5% were neutral, and 30.9% disagreed or strongly disagreed. Similarly, 44.3% of nurses agreed or strongly agreed, 25.8% were neutral, and 29.9% disagreed or strongly disagreed. However, managers' responses indicated that they were more likely to

feel they received the respect and acknowledgement they deserved, with 62.5% who agreed or strongly agreed, 20.6% who were neutral, and 16.9% who disagreed or strongly disagreed.



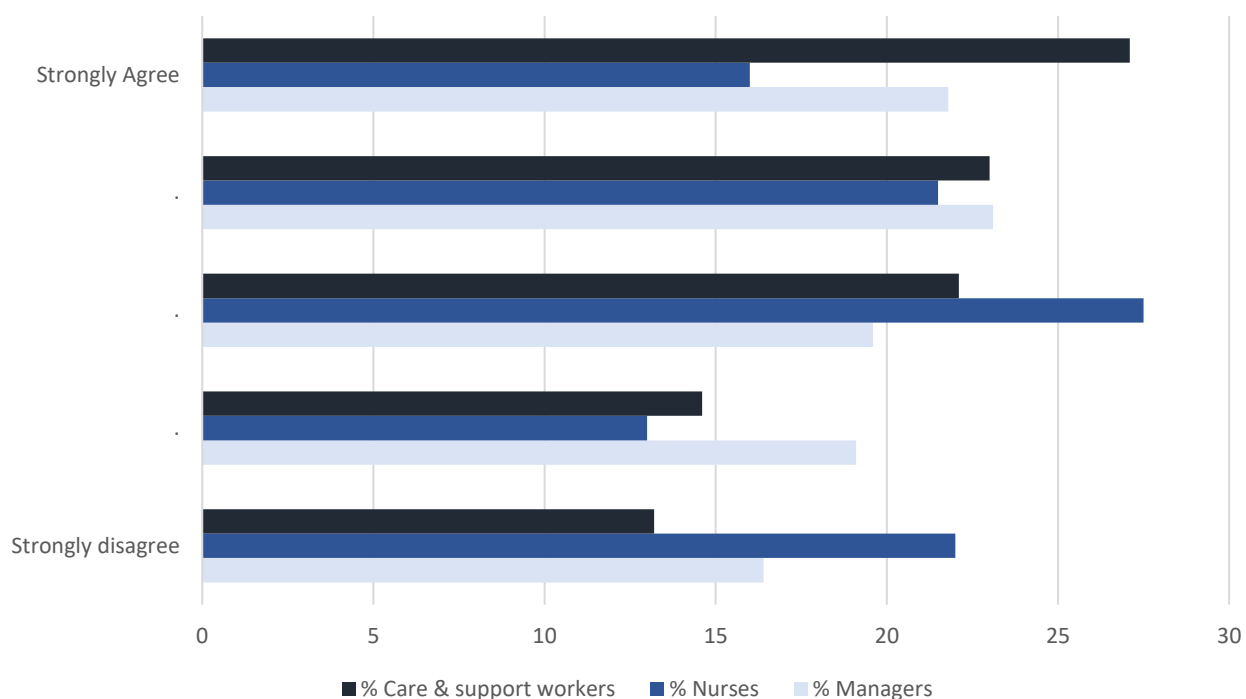
6.4 Time, work pressure and flexibility

This section gathered information about whether respondents were able to spend enough time with each client, if they felt under pressure to work harder, and how satisfied they were with the flexibility available to them to balance work and non-work commitments.

6.4.1 Client time

This question asked respondents to indicate whether they were able to spend enough time with each client. There were 1,912 responses to this question: 225 managers, 200 nurses and 1,487 care and support workers. Overall, it appears that care and support workers are more likely to feel that they have enough time to spend with clients than either nurses or managers (see Figure 16 below). However, managers were more likely to agree (44.9%) that they have enough time to spend with clients than nurses (37.5%). Given that care and support workers are more often involved in direct care and interaction with clients, this may be the reason that they generally agree that they have enough time to spend with clients.

Figure 16. Do respondents have enough time to spend with clients?



Responses by care and support workers in the mental health and addiction support and residential aged care sectors differed to the overall proportions across sectors. In mental health and addiction support, there was a larger proportion of care and support workers who agreed (27.0%) or strongly agreed (29.4%) that they were able to spend enough time with each client, and fewer who disagreed (11.3%) or strongly disagreed (6.8%). In contrast, those who disagreed (12.5%) or strongly disagreed (30.1%) made up the largest group of respondents in the residential aged care sector, with a smaller group who agreed (14.8%) or strongly agreed (22.7%) that they had enough client time.

6.4.2 Pressure to work harder

For this question, respondents reported whether they felt under pressure to work harder in their job. There was a total of 1,919 responses to this question: 270 managers, 199 nurses and 1,450 care and support workers. Managers and nurses more often reported feeling under pressure to work harder in their job, than care and support workers. From the managers who responded, 51.9% agreed or strongly agreed that they felt under pressure, and 32.6% disagreed or strongly disagreed, and 15.6% were neutral. Amongst nurses, in comparison, 47.7% agreed or strongly agreed that they felt under pressure to work harder, while 28.1% disagreed or strongly disagreed.

Amongst the care and support workers who responded, responses in the disability support sector showed that 34.6% agreed or strongly agreed, 25.5% were neutral, and 39.8% disagreed or strongly disagreed that

they felt under pressure to work harder. In residential aged care, more care and support workers agreed or strongly agreed (53.6%) that they were under pressure to work harder; fewer disagreed or strongly disagreed (28.4%). In the home and community support sector, fewer care and support workers agreed or strongly agreed (32.2%), and more disagreed or strongly disagreed (46.4%). There were similar responses in mental health and addiction as in home and community support, with 40.7% who disagreed or strongly disagreed that they were under pressure to work harder and 32.8% agreed or strongly agreed.

6.4.3 Flexibility to balance work and non-work commitments

There were 1952 respondents who reported their satisfaction with the flexibility available to them to balance work and non-work commitments: 274 managers, 199 nurses and 1,479 care and support workers. A high proportion of managers (65.3%) reported that they were satisfied and totally satisfied, 18.2% were neutral, 16.4% were dissatisfied or totally dissatisfied with the flexibility available to them. Nurses and care and support workers had much lower levels of satisfaction with the flexibility available to them than managers. From the nurses who responded, 53.3% were satisfied or totally satisfied, 20.6% were neutral, and 26.1% were dissatisfied or totally dissatisfied. For care and support workers, 53.8% were satisfied or totally satisfied, 23.1% were neutral, 23.1% dissatisfied or totally dissatisfied with the flexibility to balance work and non-work commitments.

Care and support workers' responses to this question differed between sectors. Compared with the other sectors, a larger proportion of care and support workers in mental health and addiction support were satisfied with the flexibility available, with 30.6% who were satisfied and 33.3% totally satisfied, 24.1% who were neutral, and only 6.8% who were dissatisfied and 5.1% totally dissatisfied. In contrast with mental health and addiction support, fewer care and support workers in the disability support sector were satisfied (28.4%) or totally satisfied (24.9%), and more were dissatisfied (15.0%) or totally dissatisfied (9.9%). Similarly to disability support, of care and support workers in home support who responded to the question 24.9% were satisfied and 27.9% totally satisfied; 22.8% were neutral, and 11.1% were dissatisfied and 13.3% totally dissatisfied with the flexibility available to them. In the residential aged care sector, care and support workers' satisfaction with flexibility was lower generally than the other sectors, with 18.8% being satisfied and 24.9% totally satisfied, 24.9% neutral, 9.9% dissatisfied and 21.6% totally dissatisfied.

6.5 Job Satisfaction and intentions to quit

6.5.1 Overall job satisfaction

Respondents were asked how satisfied they were with their job, all things considered. There was a total of 1,957 responses: 275 managers, 198 nurses and 1,484 care and support workers. A majority of respondents reported that they were satisfied or totally satisfied (63.4%), and 23.8% that they were

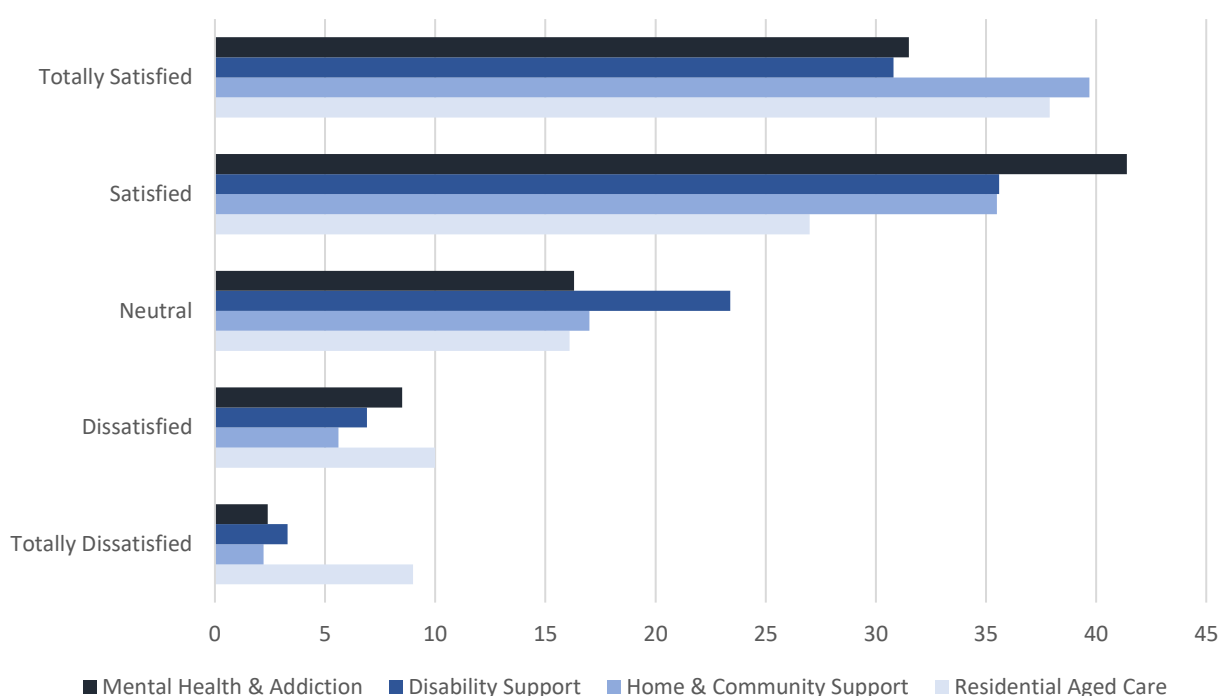
neutral. However, only 12.8% of respondents indicated that they were dissatisfied or totally dissatisfied with their job, all things considered. From the managers who reported their satisfaction with their job, all things considered, 67.6% were satisfied or totally satisfied, 23.6% were neutral, and 8.7% were dissatisfied or totally dissatisfied. Care and support workers had slightly lower rates of satisfaction, with 63.4% being satisfied or totally satisfied, 23.8% neutral, and 12.8% who were dissatisfied or totally dissatisfied. Nurses reported the lowest rates of satisfaction with their job, but still had a majority of 57.6% who were satisfied or totally satisfied, 24.2% being neutral, and 18.2% who were dissatisfied or totally dissatisfied.

For care and support workers in residential aged care, 56.8% were satisfied or totally satisfied, 26.3% were neutral, and 16.9% were dissatisfied or totally dissatisfied with their job. In contrast, care and support workers in mental health and addiction support had higher rates of satisfaction than the total across all sectors, with 70.5% being satisfied or totally satisfied, 19.5% neutral, and 9.9% dissatisfied or totally dissatisfied.

6.5.2 The Work itself

Respondents were asked in this question to report their satisfaction with their work itself, or in other words, their satisfaction with what they do. There was a total of 1,965 responses to this question: 275 managers, 197 nurses and 1,493 care and support workers. Managers had the highest satisfaction with the work itself out of the three occupations, with 77.5% being satisfied or totally satisfied, 14.5% being neutral, and 8.0% dissatisfied or totally dissatisfied. Care and support workers followed managers, with 71.0% who reported that they were satisfied or totally satisfied, 18.4% who were neutral, and 10.6% dissatisfied or totally dissatisfied with the work itself. While there was also a majority of nurses who were satisfied with the work itself, this was a smaller majority than amongst care and support workers and managers, with 63.5% of nurses being satisfied or totally satisfied, 22.3% neutral, and 14.2% being dissatisfied or totally dissatisfied.

Figure 17. Care and support workers' satisfaction with the work itself, by sector



As illustrated in Figure 17 above, there were some variations between sectors in care and support workers' satisfaction with the work itself. Care and support workers in residential aged care reported similar levels of satisfaction as nurses, so that 64.9% were satisfied or totally satisfied, however fewer were neutral (16.1%), and more were dissatisfied or totally dissatisfied (19.0%), than the nurse respondents. The sector with the next lowest satisfaction amongst care and support workers was disability support, with 66.4% satisfied or totally satisfied with the work itself, 23.4% neutral, and 10.2% dissatisfied. Care and support workers in mental health and addiction support reported somewhat higher satisfaction and had fewer neutral responses, so that 72.9% were satisfied or totally satisfied, 16.3% were neutral, and 10.8% were dissatisfied. The home and community support sector had the largest proportion of care and support workers who were satisfied with the work itself, with 75.3% being satisfied or totally satisfied, 17.0% who were neutral, and only 7.7% dissatisfied or totally dissatisfied.

6.5.3 Quitting Intentions

For this question, 1,787 respondents indicated whether they planned to look for a new job within the next 12 months: 260 managers, 189 nurses and 1,338 care and support workers. In comparison with nurses and care and support workers, a smaller proportion of managers agreed or strongly agreed that they planned to look for a new job within the next 12 months. Of the managers, 26.5% agreed or strongly agreed, while 60.0% disagreed or strongly disagreed that they planned to look for a new job. Amongst nurses, 32.8% agreed or strongly agreed that they planned to look for a new job, while 51.9% disagreed or strongly

disagreed. From the care and support workers who responded, 30.0% agreed or strongly agreed, while 55.3% disagreed or strongly disagreed. Care and support workers' responses were similar across occupations, except for the residential aged care sector. In residential aged care, more care and support workers agreed or strongly agreed (36.9%) that they planned to look for a new job than home and community support (28.6%), disability support (28.2%) or mental health and addiction (29.9%).

6.5.4 The Main reason for quitting

Each respondent was asked to select from one of the following main reasons that they would leave their job in the next 12 months:

- family reasons
- employment conditions
- stress/burnout
- returning to study
- retiring
- restructuring or redundancy
- financial reasons
- the nature of care work
- other health related reasons
- travel
- end of contract
- pay
- other

Of the 2,373 survey respondents, 2,004 responded to this question: 280 managers, 203 nurses and 1,521 care and support workers. The most selected reason across all three occupations was stress/burnout (17.5% of responses). However, amongst care and support workers, stress/burnout was equal with employment conditions as the main reason for quitting. Nurses and care and support workers indicated that 'employment conditions' was one of the three most common responses to this question. All three occupations also noted 'family reasons' as one of the most common responses. Of note is that for both managers and care and support workers overall, 'retiring' was the third most common main reason (excluding other) for why someone would leave their job.

Table 4. Most common 'main' reason for quitting by occupation

	1 st most common	2 nd most common	3 rd most common
Managers	Stress/burnout (24.6%)	Family Reasons (12.9%)	Retiring (12.1%)
Nurses	Stress/burnout (22.2%)	Family Reasons (13.3%)	Employment Conditions (12.8%)
Care & support workers	Stress/burnout & Employment Conditions (15.5% each)	Family Reasons (15.3%)	Retiring (10.8%)

When care and support workers' responses are broken down by sector, there are some interesting differences between the sectors. Stress and burnout was not the most common reason given in home and community support and was 'first equal' in responses from support workers in mental health and addiction.

In mental health and addiction, the three most common reasons given were:

- Stress/burnout and family reasons (14.7% each)
- 'Other' (not specified) (14.4%)
- Pay and 'other health related reasons' (not specified) (8.4% each)

In home and community support, the three most common reasons given were:

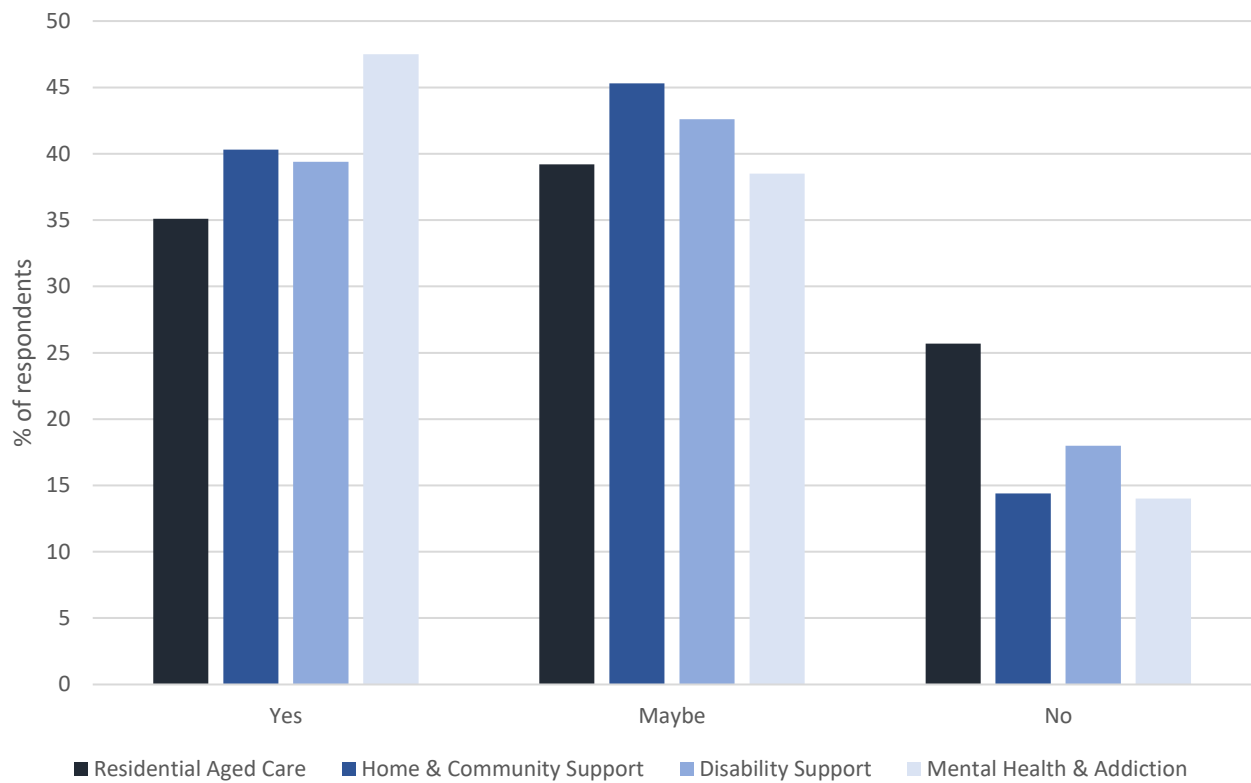
- Employment conditions (17.9%)
- Family reasons (15.2%)
- Stress burnout (13.7%) and retiring (13.6%)

The three most common responses from care and support workers in both disability support and residential aged care were: stress/burnout, family reasons and employment conditions.

6.5.5 Would you recommend your job?

In this question, 1,996 respondents indicated whether they would recommend their job to their friends and family: 271 managers, 200 nurses and 1525 care and support workers. Amongst care and support workers, 40.7% reported that they would recommend their job. In comparison, fewer nurses (39.5%) would recommend their job. Managers were more likely to recommend their job (44.6%), compared with nurses and care and support workers. This means that across all of the sectors surveyed, and across all three occupations, fewer than half of all respondents would recommend their job to friends and family.

Figure 18. Care and support workers, recommend this job by sector



Respondents from mental health and addiction, had a higher response (47.5%) who would recommend their job, compared to home and community support (40.3%), disability support (39.4%) and residential aged care (35.1%). Respondents from residential aged care had a bigger proportion than the other sectors who would not recommend their job (25.7%).

7 Workplace Health and Safety

This section reports on findings related to health and safety. The survey asked for responses on stress, perceptions of safety at work, and how well respondents are supported with equipment and knowledge to undertake their work. Respondents were also asked about their experience of workplace related injuries and illnesses and workplace violence.

7.1 Workplace Stress

Respondents were asked in this question to indicate whether they agreed, disagreed, or were neutral about the statement 'my job is more stressful than I had ever imagined'. There was a total of 1,917 responses to this question: 267 managers, 195 nurses and 1455 care and support workers.

Amongst managers who responded, 48.3% agreed or strongly agreed that their job was more stressful than they had ever imagined, 19.1% were neutral, and 32.6% disagreed or strongly disagreed. Slightly fewer nurses (42.6%) agreed or strongly agreed, 26.2% were neutral, and 31.3% disagreed or strongly disagreed. Care and support workers had the smallest proportion who agreed or strongly agreed, at 36.6%, while 23.3% were neutral, and 40.1% disagreed or strongly disagreed. However, responses in the residential aged care sector differed. The majority of care and support workers residential aged care agreed or strongly agreed (53.1%) that their job was more stressful than they had ever imagined. This meant that in residential aged care, fewer care and support workers disagreed or strongly disagreed (26.3%) or were neutral (20.6%).

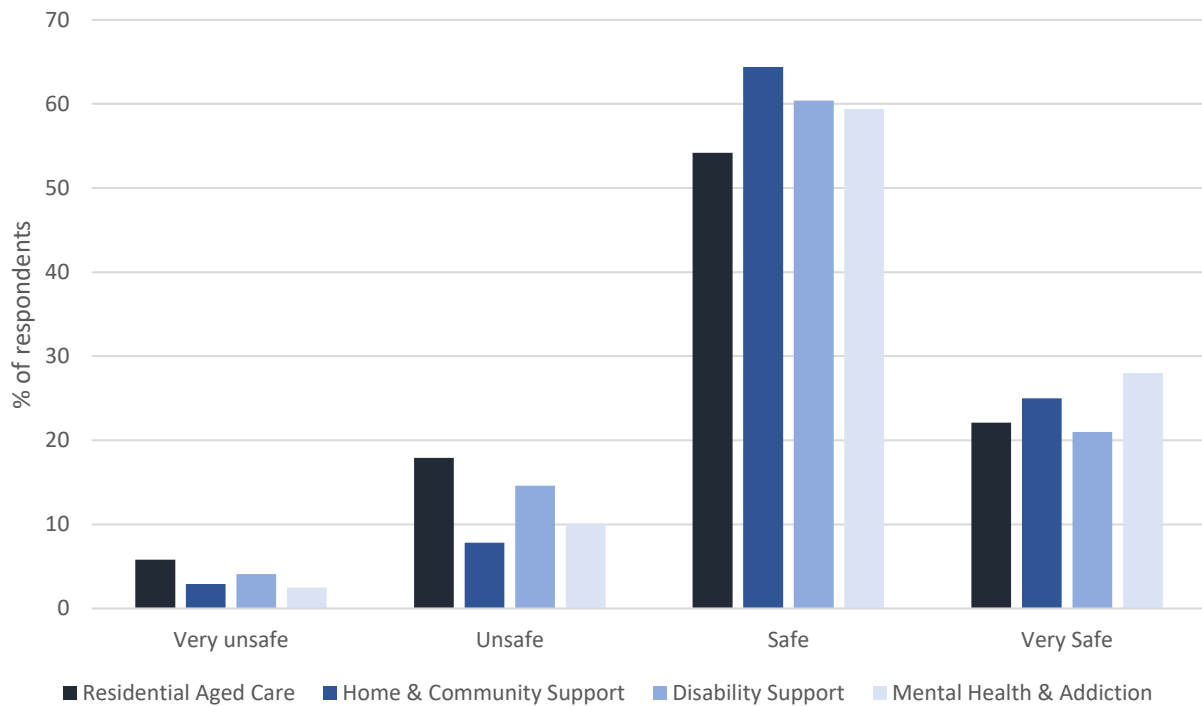
7.2 Safety at Work

Respondents were asked 'How safe do you feel at work?' The options given for responding were very unsafe, unsafe, safe and very safe. A total of 2,100 respondents answered this question: 285 managers, 209 nurses, and 1,606 care and support workers.

Amongst managers the majority (87.0%) indicated that they felt safe or very safe in their workplaces. Similarly, the majority (72.2%) of nurses, although smaller, felt safe or very safe at work. Amongst care and support workers overall, 61.1% felt very safe or safe at work – a much smaller majority than managers or nurses. As Figure 19 below illustrates, a greater proportion of respondents who work in home and community support (89.3%) reported feeling very safe and safe than in residential aged care (76.3%) and disability support (81.4%). Mental health and addiction respondents reported similar feelings (87.4%) of

safety to those in home and community support. Respondents who work in residential aged care felt less safe than the other sectors with 23.8% feeling very unsafe or unsafe.

Figure 19. How safe care and support workers feel at work



There were two questions that gauged if respondents were provided with the resources they need to do their job safely:

- 1) I have the tools and equipment that I need to do my job safely (2,092 total responses: 285 managers, 210 nurses and 1,597 care and support workers).
- 2) I am told everything I need to know to do my job safely (2,065 total responses: 282 Managers, 209 nurses and 1,574 care and support workers).

Table 5 below details the responses by occupation.

Table 5. Responses by occupation: tools and equipment, information to safely do their job

	Care & support workers (%)	Nurses (%)	Managers (%)
I have the tools & equipment I need to do my job safely			
Strongly disagree	5.6	7.1	3.5
Disagree	9.4	13.8	9.8
Neither agree/ disagree	27.1	21.0	19.6
Agree	26.2	29.0	23.9
Strongly Agree	31.6	23.3	43.2
I am told everything I need to know to do my job safely			
Strongly disagree	8.8	11.5	5.0
Disagree	16.6	15.3	12.1
Neither agree/ disagree	26.6	24.4	23.8
Agree	23.1	27.3	23.0
Strongly Agree	25.0	21.5	36.2

Generally, more than half of all responses across all three occupations agreed or strongly agreed that they have the tools and equipment that they need to do their job safely. However, less than half of nurses and care and support workers agreed or strongly agreed that they are told everything that they need to know to do their job safely. When broken down by sector, just over half of residential aged care respondents (53.9%) and mental health and addiction respondents (55.6%) agreed or strongly agreed that they are told everything they need to know to do their job safely. Just under half (49.9%) of those in disability support agreed or strongly agreed, and only 40.8% of those in home and community support agreed or strongly agreed with the statement.

7.3 Work-related injury and illness

Respondents were asked to identify any of the work-related injuries or illnesses that they had suffered in the last 12 months. Table 6 below illustrates the total number of responses for each category available to choose from, listed from the most common response at the top, to least common at the bottom. Regardless of occupation or sector 'stress or other mental health condition' was the most frequently identified work-related injury or illness.

Table 6. Work-related injury and illness experienced in the last 12 months

Work-related injury/illness	Total number of responses	Number of care & support workers	Number of nurses	Number of managers
Stress or other mental health condition	562	426	67	69
Bruising	267	232	25	10
Back injury	262	231	23	8
Chronic joint or muscle	260	217	24	19
Strain/sprain	258	225	19	14
Minor injury	169	147	11	11
'Other'	71	54	11	6
Cut/slash/open wound	70	60	6	4
Fracture	25	18	4	3
Burns	24	22	2	0
Needle stick injury	17	12	2	3
Amputation	2	2	0	0

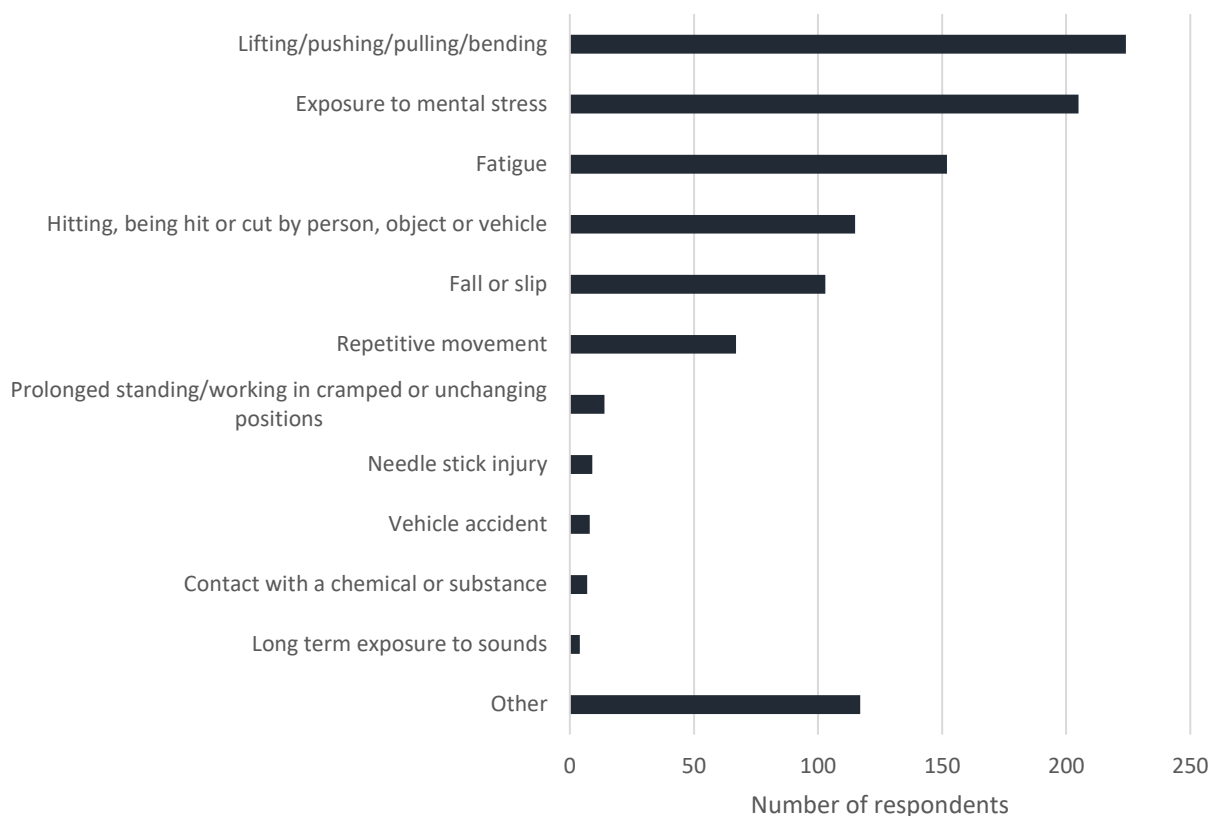
Some examples of 'other' work-related injury or illness identified by respondents included: animal bites, infectious diseases (such as cold, flu, norovirus), sun burn and electrocution.

When comparing care and support workers by sector the three most commonly identified work-related injuries or illness, after stress, were:

- *Residential aged care*: bruising, back injury, chronic joint or muscle problems.
- *Home and community support*: sprain/strain, back injury, chronic joint or muscle problems.
- *Disability support*: bruising, sprain/strain, back injury
- *Mental health and addiction*: back injury, chronic joint or muscle problems, sprain/strain.

Respondents were also asked to identify the cause of the most recent work-related injury or illness. There were 1,025 responses to this question: 92 managers, 103 nurses and 830 care and support workers. Figure 20 shows the most frequently identified causes of work-related injury or illness identified across occupation.

Figure 20. Cause of the most recent work-related injury or illness



Lifting, pushing, pulling or bending was the most frequently identified (n=224), followed by exposure to mental stress (n=205), and fatigue (n=152). Some examples of 'other' causes that were identified include: workload, clients' pets, the client themselves, and bullying.

Finally, respondents were asked if the *most recent* workplace injury or illness had resulted in them taking time off work. There were 1,067 responses to this question: 97 managers, 105 nurses and 865 care and support workers. Of managers, 42.3% responded that their most recent workplace injury or illness had resulted in time off work. This compares to 38.1% of nurses and 49.0% of care and support workers saying that their most recent workplace injury or illness had resulted in them taking time off work.

7.4 Workplace Violence

Respondents were asked to consider their experience of workplace violence. They were asked about their experiences of workplace violence received from 1) clients and clients' family; and 2) colleagues and managers. Specifically, they were asked how often they experienced the following types of violence:

- **physical violence** – for example, hitting, pushing, slapping

- **verbal aggression** – for example, swearing, yelling and shouting
- **emotional abuse** – for example, name calling, bullying and threats
- **sexual harassment** – for example, unwanted sexual attention
- **sexual violence** – for example, unwanted physical sexual contact

These questions were derived from peer-reviewed studies on workplace violence in home and community support (Hanson et al., 2015; Nakaishi et al., 2013).

7.4.1 Workplace violence from clients and their families

Figure 21, below, illustrates the experience of violence from clients and their families across the occupations.

Physical Violence

There were 2006 responses to this question: 270 managers, 189 nurses, and 1547 care and support workers. More than half of managers (54.1%) and care and support workers (53.8%) never experienced physical violence from clients or clients' families. However, only just under a third of nurses (31.7%) never experienced physical violence from clients or their families. Consequently, nearly half of all managers and care and support workers experience physical violence from clients, sometimes, often, most of the time, or always. Amongst nurses this was nearly two thirds of the responses.

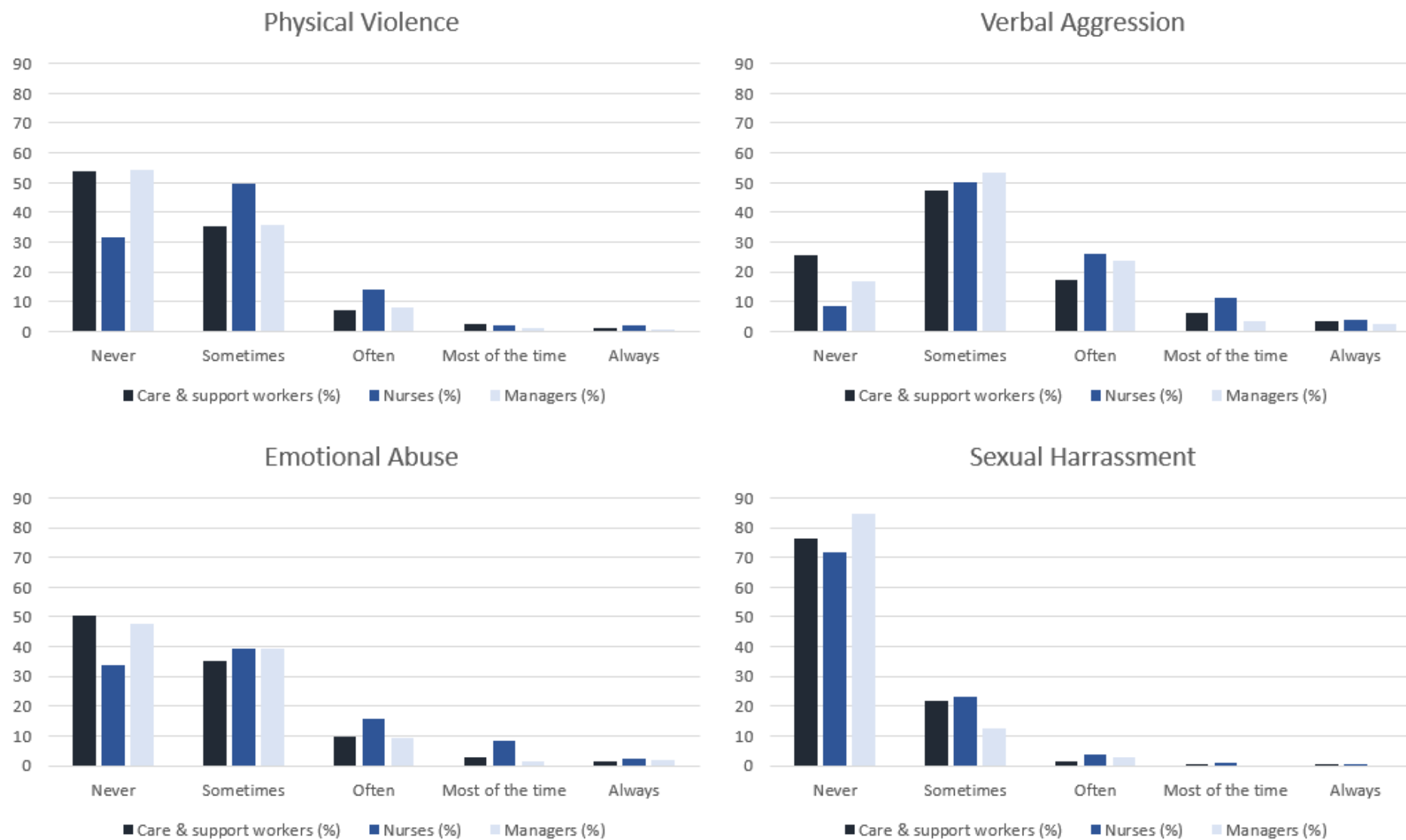
When care and support workers' responses are analysed by sector, those in home and community support report lower incidences of physical violence from clients or clients' families with 75.7% stating they never experience it. This compares with 58.3% of respondents from mental health and addiction, 27.1% of care and support workers in residential aged care and 33.3% of disability support workers who never experience physical violence from clients or clients' families.

Verbal Aggression

There were 2,010 responses to this question: 270 managers, 196 nurses, and 1,544 care and support workers. The majority (managers – 53.3%; nurses – 50.0%; care and support workers – 47.2%) experience verbal aggression from clients 'sometimes'. A small proportion in each occupation reported 'always' experiencing verbal aggressions: managers (2.6%), nurses (4.1%) and care and support workers (3.6%).

When care and support workers were analysed by sector, there were some key differences between sectors. Home and community support responses had a higher proportion (42.3%) of those who 'never' experience verbal aggression compared to those in disability support (16.8%), mental health and addiction (13.8%) and residential aged care (12.3%).

Figure 21. Experience of workplace violence from clients, by occupation



Emotional abuse

There were 1,970 responses to this question: 268 managers, 190 nurses and 1,512 care and support workers. Care and support workers had the highest proportion (50.3%) who never experienced emotional abuse compared to nurses (33.7%) and managers (47.8%). Amongst managers 1.9% always experienced emotional abuse, compared to 1.7% of care and support workers and 2.6% of nurses.

Sexual harassment and sexual violence

There were 1,952 responses to the question asking how often respondents experienced sexual harassment: 265 managers, 187 nurses and 1,500 care and support workers. A strong majority across all occupations 'never' experienced sexual harassment: 84.5% of managers, 71.7% of nurses and 76.1% of care and support workers never experience sexual harassment at work. No managers responded that they 'most of the time' or 'always' experienced sexual harassment at work from clients or their families. While the percentages of care and support workers who experience sexual harassment from clients at work is small, it does mean that there are workers who regularly experience sexual harassment.

There were 1,927 responses to the question asking how often respondents experienced sexual violence: 261 managers, 185 nurses, 1,481 care and support workers. The majority across all occupations reported that they never experienced sexual violence from clients or their families (managers – 95.8%; nurses – 89.2%; care and support workers – 91.9%). No managers reported experiencing sexual violence from clients often, most of the time, or always. No nurses reported experiencing sexual violence from clients most of the time, or always. Small proportions of care and support workers experienced sexual violence from clients often (0.3%), most of the time (0.2%), and always (0.1%). While a very small percentage of responses, it is sobering to note that some care and support workers experience sexual harassment and sexual violence from clients or clients' families *always*.

Table 7, below, provides the responses of nurses and care and support workers to these two questions.

Table 7. Experience of sexual harassment and violence at work from clients: nurses and care & support workers

	Never	Sometimes	Often	Most of the time	Always
How often do you experience sexual harassment from clients or their families?					
Care & support workers (%)	76.1	21.8	1.6	0.3	0.3
Nurses (%)	71.7	23.0	3.7	1.1	0.5
How often do you experience sexual violence from clients or their families?					
Care & support workers (%)	91.9	7.4	0.3	0.2	0.1
Nurses (%)	89.2	10.3	0.5	0	0

7.4.2 Workplace violence experienced from colleagues or managers

The previous section addressed the experience of violence inflicted by clients or clients' families. This section addresses workplace violence experienced from colleagues or managers. As in the previous section it addresses physical violence, verbal aggression, emotional abuse, sexual harassment and sexual violence. Figure 22 below illustrates the responses across occupations, excluding those who answered 'never'.

Physical violence

There were 2,048 responses to this question: 279 managers, 206 nurses and 1,563 care and support workers. The majority responded that they 'never' experience physical violence from colleagues or managers: 96.4% of managers, 89.3% of nurses and 93.0% of care and support workers.

Verbal aggression

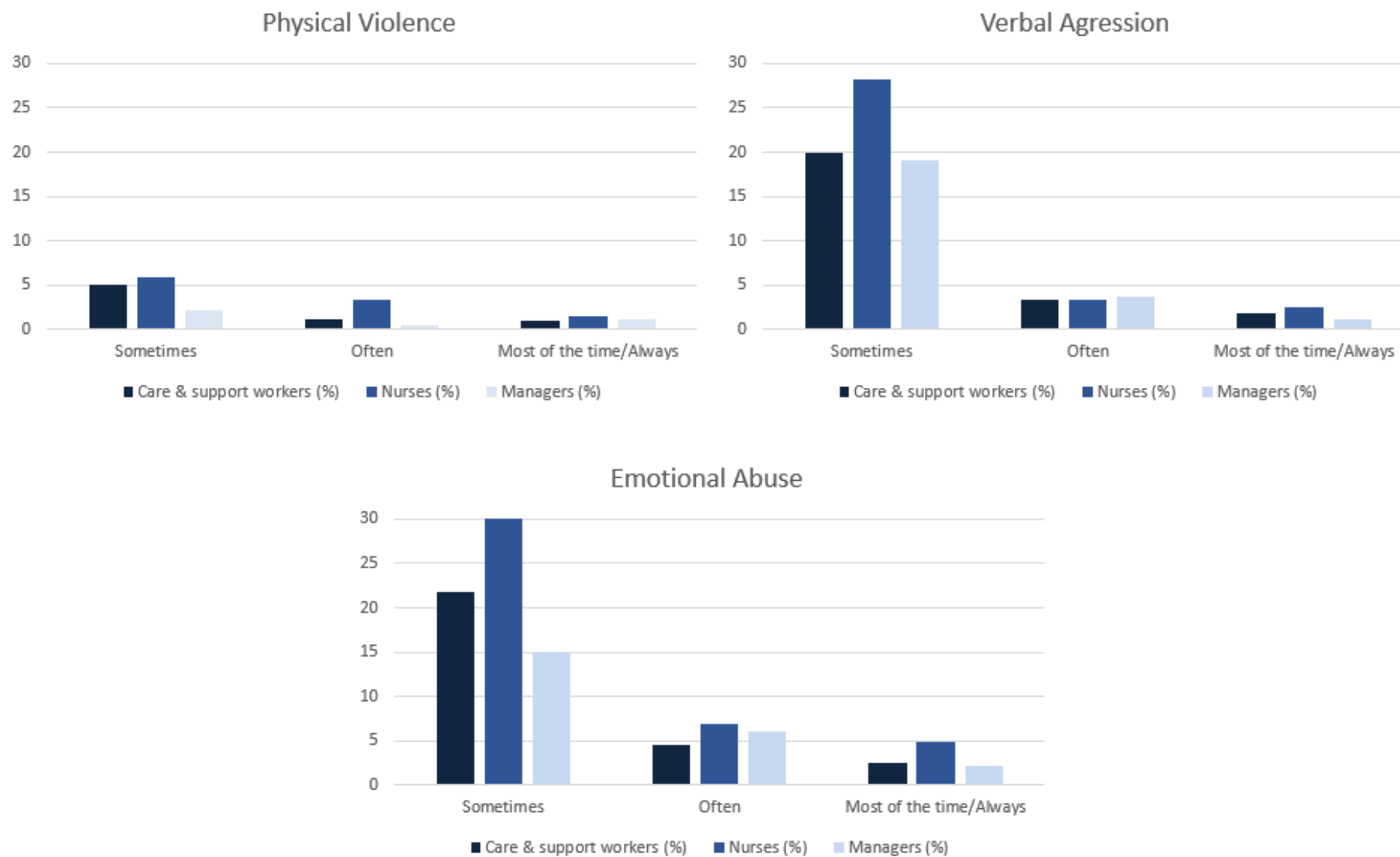
There were 2,026 responses to this question: 279 managers, 206 nurses and 1,541 care and support workers. A majority replied that they 'never' experience verbal aggression from colleagues or managers: 76.3% of managers, 66.0% of nurses and 75.1% of care and support workers never experience verbal aggression from colleagues or managers. However, 19.9% of care and support workers, 28.2% of nurses and 19.0% of managers sometimes experience verbal aggression from colleagues or managers.

When care and support workers' responses were analysed by sector a higher proportion of home and community support workers (81.6%) and mental health and addiction support workers (78.7%) never experienced verbal aggression from colleagues or managers than those in residential aged care (64.3%) or disability support (68.7%).

Emotional abuse

There were 2,022 responses to this question: 279 managers, 206 nurses and 1,537 care and support workers. Unlike physical violence and verbal aggression, there was not a similar pattern across occupations. Amongst nurses only 56.8% of them reported 'never' experiencing emotional abuse from colleagues or managers. This compares to 71.0% of care and support workers, and 76.7% of managers who reported that they never experience emotional abuse from colleagues or managers. There were 0.7% of care and support workers, 0.7% of managers and 1.9% of nurses who 'always' experienced emotional abuse from colleagues or managers.

Figure 22. Experience of workplace violence from colleagues or managers, by occupation



Sexual harassment and Sexual violence

There were 2,001 responses to the question asking if respondents ever experienced sexual harassment from colleagues or managers: 279 managers, 205 nurses, 1,517 care and support workers. The vast majority 'never' experienced sexual harassment (94.3% of managers, 90.7% of nurses and 95.0% of care and support workers). However, some did experience sexual harassment sometimes (3.9% of managers, 5.9% of nurses and 4.2% of care and support workers). Smaller proportions experienced sexual harassment from colleagues or managers often, most of the time or always.

There were 1,978 responses to the question asking if respondents ever experienced sexual violence at work from colleagues or managers: 276 managers, 202 nurses, 1,500 care and support workers. The vast majority (97.1% of managers, 94.1% of nurses and 97.7% of care and support workers) *never* experienced sexual violence from colleagues or managers. Very small proportions of care and support workers and managers always experience sexual violence from colleagues or managers. Table 8, below, provides the responses across occupation of how often respondents experienced sexual harassment and sexual violence perpetrated by colleagues or managers.

Table 8. Experience of sexual harassment and violence at work from colleagues or managers, by occupation

	Never	Sometimes	Often	Most of the time	Always
How often do you experience sexual harassment from colleagues or managers?					
Care & support workers (%)	95.0	4.2	0.5	0.3	0.1
Nurses (%)	90.7	5.9	2.4	0.5	0.5
Managers (%)	94.3	3.9	0.4	1.1	0.4
How often do you experience sexual violence from colleagues or managers?					
Care & support workers (%)	97.7	1.6	0.4	0.2	0.1
Nurses (%)	94.1	3.5	2.0	0.5	0.0
Managers (%)	97.1	1.1	0.4	1.1	0.4

8 Conclusions

Standard or regular work is work that best supports workers in reliable, consistent work conditions that provide stable incomes and the opportunity to ensure that they can balance work commitments with their home and personal life. Standard work can be measured on elements related to the number of regularly worked hours per week, a daytime regular shift, and permanent full-time work. Across the occupations of managers, nurses and care and support workers, the results from this survey illustrate that managers and nurses enjoy much more standard work in general than care and support workers. Managers and nurses have more regular, daytime shifts and higher weekly average hours. The majority are employed in permanent, full-time work. For managers, it could be that for some, average weekly hours in excess of 40 hours per week contribute to negative outcomes such as stress.

Amongst care and support workers, respondents in mental health and addiction had the most standard work with more of those respondents likely to be in permanent, full time work with regular weekly hours most likely to be around 30 to 40 hours per week. Respondents from mental health and addiction were also more likely to be on the higher hourly rates than care and support workers in the other sectors. It is interesting to note that a greater proportion of care and support workers from mental health and addiction identified their gender as male than the other sectors.

As a sector, home and community support stands out as being the least standard and regular for care and support workers than the other sectors. They experience short shifts, more split shifts, lower average weekly hours, and are less likely to be on permanent, full time employment contracts. Compared to the other sectors and occupations reported on here, home and community support workers had the lowest levels of satisfaction with job security, with less than half of respondents satisfied with their job security. Unsurprisingly, therefore, 61.5% of home and community support respondents would like to have more hours of work per week.

Less than half of all respondents, across all occupations, agreed that their pay was fair in relation to their skills, responsibilities, and experience. Nurses had much higher rates of dissatisfaction with pay than the other occupations, with 43.6% of nurses dissatisfied with their total pay. In contrast, 44.0% of care and support workers were satisfied with their total pay (26.5% dissatisfied and 29.5% neutral). Interestingly, given the overall poorer reported outcomes for home and community support workers, more care and support workers from this sector than the other sectors agreed that their pay was fair with respect to the skills, responsibilities and experience required to do their job. However, at 44.8% this was still less than half of respondents in this sector. There is cause for concern in that less than half of nurses and care and

support workers agreed that they receive the respect and acknowledgement that they deserve considering their efforts and achievements at work.

The introduction of the Care and Support Workers (Pay Equity) Settlement Act 2017 brought a stronger focus on training and qualifications in this workforce. Most respondents to this survey indicated that they had completed training provided by their employer in the last 12 months. However, care and support workers were the least likely occupation to have completed training provided by their employer (26.1%) in the last 12 months. Managers were more likely to be given training during their work time, than either nurses or care and support workers. Among care and support workers, those in home and community care were least likely to be given training during work time, or to be paid if it occurred outside of work time. Two thirds of this workforce (across all occupations) would like to undertake work-related study.

Although home and community support workers have poorer work conditions in general than those in the other sectors surveyed here, care and support workers in residential aged care were less likely to feel safe at work – 23.8% did not feel safe at work. Across all occupations, stress or other mental health conditions was the most commonly reported workplace health and safety issue. However, nurses overall were more likely to experience workplace violence, both from clients and from colleagues. Worryingly, although in small proportions, workers in residential aged care, home and community support, disability support and mental health and addiction *do* experience sexual harassment and sexual violence at work: 24.0% of care and support workers, and 28.3% of nurses experience sexual harassment from their clients or their clients' family; 8.1% of care and support workers, and 10.8% of nurses suffer sexual violence from clients or clients' family. Care and support workers and nurses, therefore, experience unwanted sexual attention and unwanted physical sexual contact at work. This is an issue that needs further investigation.

Given increasing attention to retention and recruitment of the care and support workforce and sectors it is important to note that approximately one third of nurses, and one quarter of care and support workers indicated that they intend to quit in the next 12 months. When looking at care and support workers by sector, more than one third (36.9%) of those in residential aged care intend to quit. Stress/burnout, employment conditions, family reasons, and retiring were commonly given reasons across all respondents for the intention to quit their job. Fewer than half of all respondents would recommend their job to family or friends.

The evidence presented in this report suggests that more work needs to be done to ensure that the care workforce (including nurses and managers) have work and workloads that are safe, and do not contribute to stress and poor mental health. This is particularly important given that stress is one of the key reasons given for survey respondents wanting to quit their job. Care and support workers in mental health and addiction, as well as managers, report better experiences at work overall. Home and community support

is still a sector that does not provide regular or reliable work to care and support workers despite regulatory changes aiming to 'regularise' this work. Overall, the care workforce is a well-qualified workforce that would like the opportunity to further their skill and knowledge which indicates considerable good will and motivation that with good policy can be leveraged to create a thriving workforce providing high quality care to clients across multiple sectors.

9 References

- Central Region's Technical Advisory Service (2018). Health Workforce Information Programme data for Kaiawhina - November 2018. Retrieved from <https://www.workforceinaction.org.nz/resources/research/>
- Hanson, G. C., Perrin, N. A., Moss, H., Laharnar, N., & Glass, N. (2015). Workplace violence against homecare workers and its relationship with workers health outcomes: A cross-sectional study. *BMC Public Health*, 15(11), 11–23. <https://doi.org/10.1186/s12889-014-1340-7>
- Mavromaras, K. et al. (2017). 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016. The Department of Health, Australian Government. ISBN: 978-1-76007-314-5
- Nakaishi, L., Moss, H., Weinstein, M., Perrin, N., Rose, L., Anger, W. K., ... Glass, N. (2013). Exploring workplace violence among home care workers in a consumer-driven home health care program. *Workplace Health and Safety*, 61(10), 441–450. <https://doi.org/10.3928/21650799-20130916-17>
- StatisticsNZ (n.d.). Ethnicity New Zealand Standard Classification 2005 V2.0.0. Retrieved from www.aria.stats.govt.nz
- Twaddle, S. & Khan, M. (2014). Health and Disability Kaiawhina Worker Workforce. 2013 Profile. Wellington: BERL Economics. Retrieved from <https://www.workforceinaction.org.nz/wp-content/uploads/2014/05/2013-Health-and-Disability-Kaiawhina-Worker-Workforce-Profile.pdf>



NEW ZEALAND WORK RESEARCH INSTITUTE



facebook.com/workresearch



[@NZWorkResearch](https://twitter.com/NZWorkResearch)



[NZ Work Research Institute](https://www.linkedin.com/company/nz-work-research-institute)

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

AUT