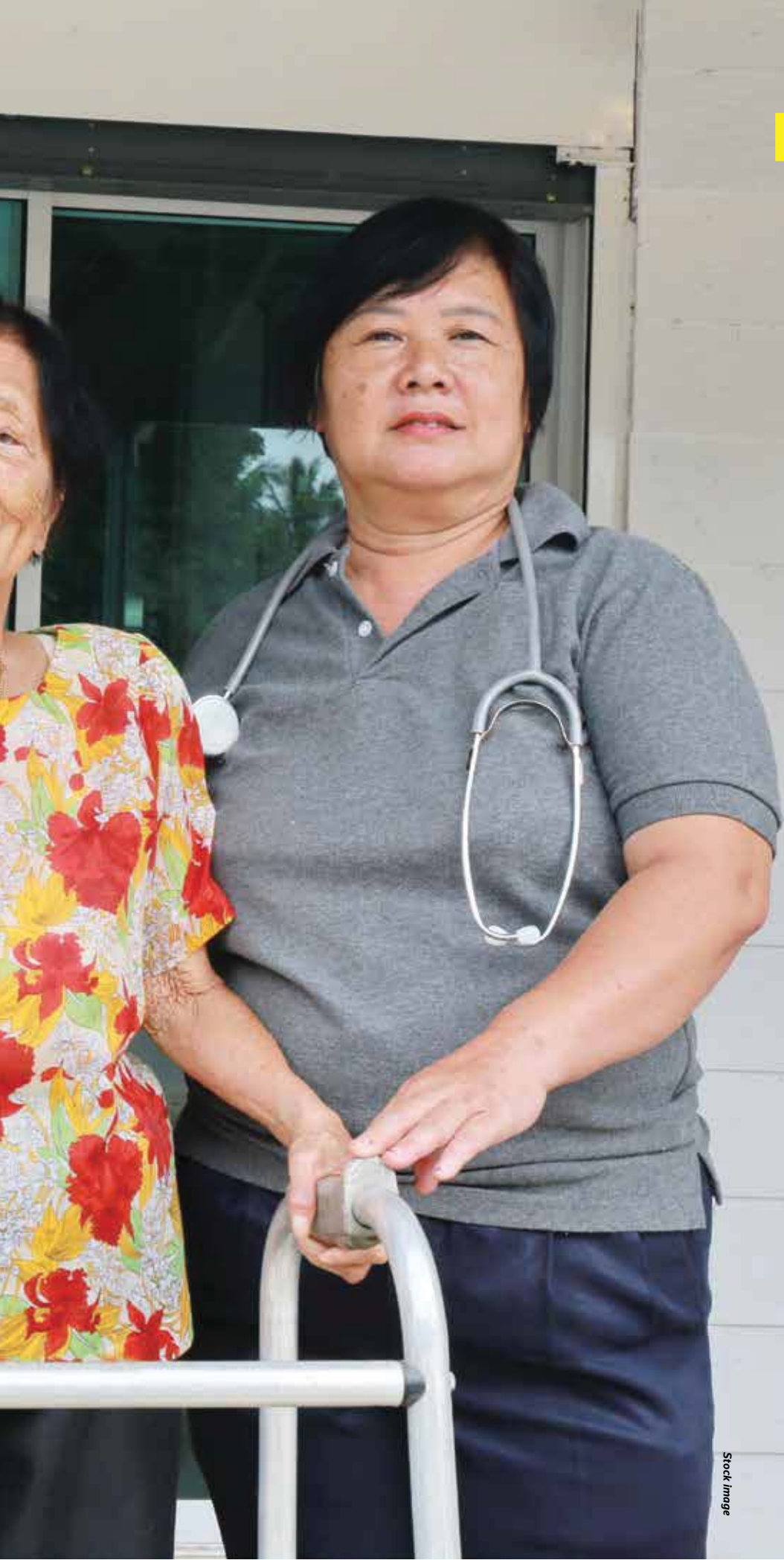
Work's broader risk factors

JULIE DOUGLAS and **KATHERINE RAVENSWOOD** argue that improving health & safety among aged care workers requires attending to broader factors, such as pay.



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It hardly needs to be said that the aged care workforce is one we want to encourage and look after as New Zealand's ageing population prompts a rise in demand for aged care workers, and, simultaneously, a reduction in the working age population.

The aged care workforce, particularly healthcare assistants, has also been in focus because of the action taken by Kristine Bartlett under the Equal Pay Act 1972. This action resulted in an unprecedented change to wages for aged care and disability healthcare assistants to rectify historic pay discrimination on the basis of gender.

What does pay have to do with health and safety? It is part of an important group of broader factors of the work environment which need to be addressed to create a healthy and safe work environment for workers.

There are two main distinctions in aged care: residential aged care (rest homes) and home and community care. Home and community care is located in the older person's home and a healthcare assistant visits to provide a range of personal care tasks. In community care the healthcare assistant is out in the field, largely working autonomously. They work physically, separated from administrative staff and other employees. They work in people's private homes, which adds an element of unpredictability to health and safety: it is harder to ascertain and mitigate hazards when those hazards are changeable and more diverse in nature than other workplaces (including pets, household items, and other people and so on). Community care healthcare assistants are also more vulnerable in their work as they do not have immediate backup while carrying out their job.

By contrast, residential care is based on-site – there is usually a supervisor and/or manager, a registered nurse and other health care assistants. However, a different complexity arises in that the clients often are more dependent and need more care – requiring perhaps more physical and emotional care.

> **There is evidence that some aspects of work, such as low wages and low socio-economic status, not only create stress but are linked to greater incidences of workplace injury and illness.**

The aged care workforce is significant, with estimates putting the total healthcare assistant workforce in aged care and disability at around 55,000 employees.

TWO BIG SURVEYS

The New Zealand Aged Care Workforce Survey ("the survey") surveyed employees and managers in aged care – both residential and home and community – in 2014 and 2016. The survey aims to gather information on workforce trends such as turnover, training, wellbeing and health and safety, among other factors.

Unsurprisingly in this type of physical care work, the main causes of workplace injury and illness for healthcare assistants are back injuries, sprain/strain and bruises, followed by stress. This was found in both residential and community care, although the top three changed in order for each.

Mitigating the risk of physical injury while caring for others could be a tricky balance between staffing, providing care when it's needed, and prioritising worker health. This may be more difficult when it is community-based care, which is funded and structured in a way that does not provide for immediate backup for carers. However, the Home and Community Health Association and Carers New Zealand (funded by ACC) published guidelines for both managers and employees in 2015. These guidelines show best practice for lifting and handling care recipients in their own private homes, and show how cooperation can work at a national level to improve workplace safety.

TRAINING IMPORTANT

One key determinant in creating a safety culture is training. In the 2016 survey we asked employees 1) if they have the tools and equipment to carry out their job safely and 2) if they are told everything they need to know to carry out their job safely.

In residential aged care the majority agreed that they had both the tools and equipment, and were told how to do their job safely. In home and community care, again the majority agreed they had the tools and equipment, and were told how to carry out their job safely. However, while 79.4% agreed or strongly agreed with the statement that they had the tools and equipment, only 57.0% agreed or strongly agreed that they had were told how to do the job safely. This could be explained, in part, by the remote and autonomous work environment in this sector, which may make training opportunities and communication more difficult.

Training is also important for reducing the incidence of physical and verbal abuse from clients, with analysis showing that training can reduce the number of incidents of physical and verbal abuse experienced by healthcare assistants. While physical and verbal abuse from clients may be difficult to manage and mitigate, recent media and healthcare industry attention has reminded us that it does happen and needs to be addressed.

PHYSICAL/VERBAL ABUSE

The 2016 survey found that a small but important percentage of respondents experience physical or verbal abuse from clients. For home and community care, one third of healthcare assistants (34.3%) reported experiencing verbal abuse at some point in their work, while 10% rated this abuse as all of the time, very often or often. Nearly half of healthcare assistants (44%) reported experiencing physical abuse at some point in their work; 30% reported that the abuse was rare but did occur.

Residential care respondents experienced more physical abuse. Only 10.9% of respondents indicated that they never experienced physical abuse in their job, with 26.7% stating only rarely, and 27.8% stating sometimes. However, more than one third (35.6%) reported experiencing physical abuse often or very often. This group included 4.7% who reported experiencing physical abuse all the time in their work.

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

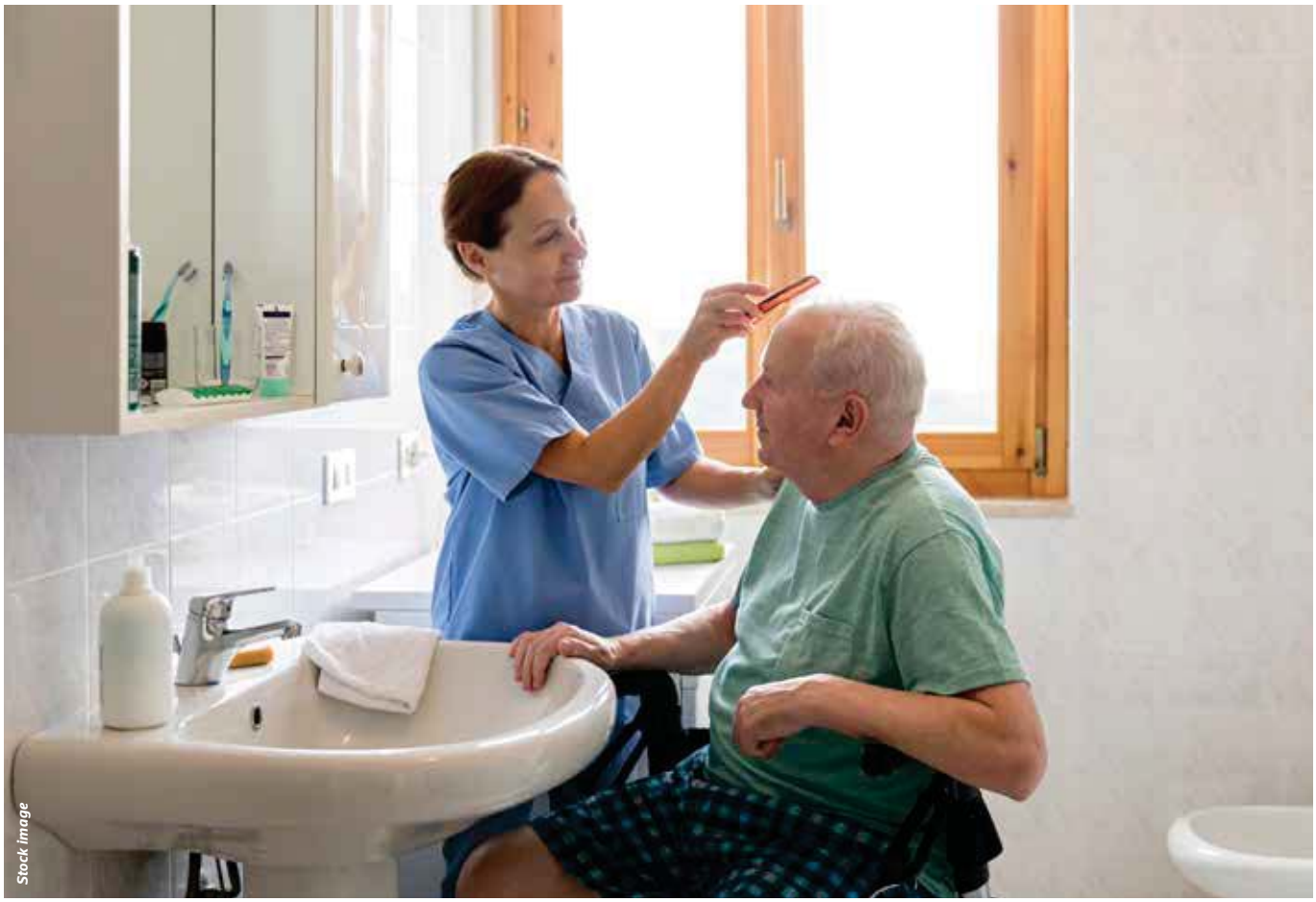
EXPERIENCE OF STRESS

Physical injury is not the only aspect of a safe and healthy workplace. In the same survey, nurses identified stress and bruises as the two main types of workplace injury and illness, and managers reported stress as the main work related injury and illness.

As part of worker health, stress is an important consideration in aged care. In the 2016 survey, in response to the statement 'This job is more stressful than I imagined it to be', here are the proportions of respondents who agreed or strongly agreed:

- 64.9% of managers;
- 67.6% of nurses;
- 70.9% of residential aged care healthcare assistants;
- 35.1% of home and community care healthcare assistants.

Particularly for residential aged care, it is important therefore to identify particular aspects of the work and work environment that may cause stress. While some causes may be more obvious, such as workload and work relationships, it is important to look to a broader consideration of the work environment and its relationship with workplace stress. For the healthcare assistants and others in aged care who earn low wages, that aspect of the work environment could contribute to workplace stress. For example, it is not uncommon that employees take on extra shifts in order to increase their take home pay, creating a vicious cycle of working longer hours (and suffering stress or fatigue), or suffering stress through difficult financial circumstances caused by low wages.



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LOW STATUS LINK TO INJURY

Indeed, international research is beginning to link low socio-economic status with increased incidence of workplace injury and illness. In New Zealand the government's 2017 Equal Pay Settlement to carers in the aged care and disability sectors will hopefully ameliorate some of the workplace factors contributing to stress. Further to that, collaborative work in the home and community sector to implement payments for travel time between clients, and to work towards the regularisation of the work for home care workers, should also contribute to reduce stress caused by the work environment.

Some of the health and safety challenges in aged care are similar to other healthcare settings, and some – such as physical and verbal abuse, stress and fatigue – are difficult to pinpoint and mitigate. There are added challenges in home and community work, where employees go to private homes to carry out their jobs.

The broader work environment also requires attention as there is evidence that some aspects of work, such as low wages and low socio-economic status, not only create stress but are linked to greater incidences of workplace injury and illness. However, it is hoped that recent changes within the sector, such as the Equal Pay Settlement, in-between travel time pay and regularisation of work could well improve the health and safety of employees in aged care. Ongoing monitoring of these initiatives will be important to gauge their effectiveness. ■

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To what extent should pay and conditions be viewed as factors influencing H&S risk? Give us your feedback! **See page 69.**

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