



Employee Relations

To what extent a "bad" job? Employee perceptions of job quality in community aged care

Marilyn Clarke

Article information:

To cite this document:

Marilyn Clarke , (2015), "To what extent a "bad" job? Employee perceptions of job quality in community aged care", Employee Relations, Vol. 37 Iss 2 pp. 192 - 208

Permanent link to this document:

<http://dx.doi.org/10.1108/ER-11-2013-0169>

Downloaded on: 07 November 2016, At: 01:47 (PT)

References: this document contains references to 64 other documents.

To copy this document: permissions@emeraldinsight.com

The fulltext of this document has been downloaded 946 times since 2015*

Users who downloaded this article also downloaded:

(2015), "How do high performance work systems influence organizational innovation in professional service firms?", Employee Relations, Vol. 37 Iss 2 pp. 209-231 <http://dx.doi.org/10.1108/ER-10-2013-0155>

(2015), "Retaining professional workers: what makes them stay?", Employee Relations, Vol. 37 Iss 1 pp. 102-121 <http://dx.doi.org/10.1108/ER-10-2013-0151>

Access to this document was granted through an Emerald subscription provided by emerald-srm:563821 []

For Authors

If you would like to write for this, or any other Emerald publication, then please use our Emerald for Authors service information about how to choose which publication to write for and submission guidelines are available for all. Please visit www.emeraldinsight.com/authors for more information.

About Emerald www.emeraldinsight.com

Emerald is a global publisher linking research and practice to the benefit of society. The company manages a portfolio of more than 290 journals and over 2,350 books and book series volumes, as well as providing an extensive range of online products and additional customer resources and services.

Emerald is both COUNTER 4 and TRANSFER compliant. The organization is a partner of the Committee on Publication Ethics (COPE) and also works with Portico and the LOCKSS initiative for digital archive preservation.

*Related content and download information correct at time of download.

To what extent a “bad” job? Employee perceptions of job quality in community aged care

Marilyn Clarke

Adelaide Business School, University of Adelaide, Adelaide, Australia

192

Received 27 November 2013

Revised 8 July 2014

12 September 2014

5 November 2014

Accepted 17 November 2014

Abstract

Purpose – The purpose of this paper is to explore how community aged care workers evaluate job quality using a job quality framework.

Design/methodology/approach – The study uses a qualitative approach. Data were collected using semi-structured interviews and focus groups from a large aged care organisation.

Findings – Perceptions of job quality are influenced by individual motivations, match between life-stage and work flexibility, as well as broader community views of the value of this type of work. Intrinsic factors (e.g. autonomy, job content) moderate the impact of extrinsic factors such as pay and job security.

Research limitations/implications – The sample is relatively small and the study is based on data from one aged care organisation which may not reflect employment conditions in other organisations.

Practical implications – Attraction and retention of community care workers can be improved by addressing factors associated with remuneration (including employment contracts and hours of work) and career structures. Skill and experience-based career structures would help build organisational capacity as well as making these jobs more attractive.

Social implications – The demand for community care will continue to increase. Attracting, retaining and managing this workforce will be critical to meeting society’s expectations regarding the future care needs of older people.

Originality/value – This research explores an under-researched workforce group in a critical area of aged care management. It highlights two key areas with the potential to improve employee perceptions of job quality and therefore address issues related to attraction, retention, job satisfaction and ultimately organisational performance.

Keywords Retention, Job quality, Aged care

Paper type Research paper

Introduction

In developed countries, such as Australia, ageing populations and extended life expectancies are creating unprecedented demand for the provision of aged care services (Hogan, 2004; Lafortune and Balestat, 2007). A recent Australian Productivity Commission (2011) report predicted that by 2050 over 3.5 million people would be seeking some form of aged care support. It also predicted that 80 per cent of demand would be for services delivered in the community rather than residential or nursing home care, as already reflected in a 600 per cent increase in demand for community-based care between 1996 and 2004 (AIHW, 2008).

The immediate challenge for aged care organisations is to build and retain a community care workforce large enough, and with the necessary skills, to meet this demand. Care jobs are not, however, considered highly attractive. They may “involve hard, dirty or demeaning work” (Martin, 2007, p. 185) and, in general, are poorly paid (England *et al.*, 2002), attributes associated with poor quality or “bad” jobs (Martin, 2007, p. 185). Job quality is important because it impacts on attraction, retention, job satisfaction and ultimately organisational performance (Burgess *et al.*, 2013).



Evaluating job quality is a complex issue. Job quality comprises both intrinsic and extrinsic factors, not just quantitative measures such as pay (Handel, 2005; Green 2006). In fact, studies have shown that low pay may not lead to turnover (or intention to quit) among care workers if other factors (such as hours of work and supervisor/management support) are satisfactory (Fleming and Taylor, 2006; Kemper *et al.*, 2008).

In light of the growing importance of the aged care sector, and in particular community care, there is an urgent need to understand more about how care workers evaluate the quality of their jobs and the factors that contribute to this evaluation. The aim of this paper is to explore community aged care jobs from the perspective of individuals currently working in the sector using a job quality framework. The primary question to be addressed is, “how do community aged care workers evaluate the quality of their job?” The study will contribute to the job quality literature by exploring what attracts individuals to community care, the things they value about their role and the things that may need to be improved to increase attraction and retention rates. The paper begins with a description of the characteristics of the community aged care workforce in Australia to provide a context for the research. It then explores, in broad terms, the concept of job quality and the factors that influence how jobs are evaluated. The research method is explained and data from a qualitative case study in an Australian aged care organisation is presented. The paper concludes with a discussion of the practical implications for aged care providers as well as noting limitations.

The community aged care workforce

A 2012 study (King *et al.*, 2012) reported that in Australia 1,50,000 people were employed in community-based care (including nurses, community care and allied health workers) with the majority (76,046) working in community care. Community carers provide support to help older people remain in their homes for as long as possible while retaining a good quality of life and high levels of independence. Specifically they assist the elderly with tasks such as cleaning, shopping, attending medical appointments, administering medications and personal care (e.g. showering, dressing).

The community care workforce comprises primarily older female workers employed on permanent part-time or casual contracts – < 10 per cent are employed in full-time permanent positions (Richardson and Martin 2004). The Australian Bureau of Statistics defines a casual employee as someone for whom work is likely to be occasional, irregular or short term rather than regular and ongoing (ABS, 2005). In the Australian context, and in certain sectors such as the service sector, a degree of job insecurity has become the norm with a high proportion of people working in non-standard jobs or jobs based on temporary or casual contracts (van Wanrooy *et al.*, 2009). Non-standard jobs often involve irregular incomes and loss of benefits associated with standard full-time employment. For example, while permanent employees receive a range of benefits, such as sick leave and holiday pay, casual workers “can be dismissed at will, have few benefits of employment and have no binding contracts regarding future hours of work with their employer” (Wilson *et al.*, 2008, p. 474).

Two-thirds of community carers are older than 45 years of age and more than one-third are aged 55 and over which means they are likely to exit the workforce within the next ten years (King *et al.*, 2012). Jobs that are classified as care work (child care, nursing, aged care) tend to be poorly remunerated (England *et al.*, 2002; England, 2005). The underlying assumption is that people (very often women) who enter these fields are willing to work for lower pay than those seeking less altruistic employment

(Nelson and Folbre, 2006). An Australian study (Martin and King, 2007) found that more than 50 per cent of community care workers earned A\$500 or less per week in comparison to the average full-time adult wage of A\$1,1120 per week. This disparity reflects both the low pay rates associated with care jobs and the shorter working hours associated with part-time or casual contracts (Martin and King, 2007). Even within caring professions (such as nursing) aged care is often more poorly remunerated than other specialisations – one study noted that acute care nurses can earn up to 20 per cent more than those working in aged care (Richardson and Martin, 2004). Compensation is a recurring theme in the community care worker literature (Appelbaum and Phillips, 1990). Studies from the USA, Canada and the UK have found that pay and hours of work are the factors most likely to cause dissatisfaction (Aronson and Neysmith, 1996; Brannon *et al.*, 2007; Kemper *et al.*, 2008). Pay and conditions have also been linked to turnover in a sector known to struggle with employee retention (Howe *et al.*, 2012).

Entering the community aged care sector workforce is relatively easy. No formal qualifications are required although employees are encouraged to complete a ten week Certificate in Home and Community Care, either before or after commencing work. This provides an attractive route back into the paid workforce for older women who have been unemployed for lengthy periods while raising a family (King *et al.*, 2013). In addition, community aged care jobs tend to have flexible hours and daytime shifts (compared with night-time shifts in residential care), attributes that are attractive to women with other caring or domestic responsibilities. On the other hand, retaining carers is a challenge for aged care organisations as shown in a study that reported only 37 per cent of carers remain with the same employer for more than two years (Austen and McMurray, 2012). Turnover and retention issues have been similarly noted in other countries including the UK (Brannon *et al.*, 2007), Ireland (Fleming and Taylor, 2006) and the USA (Kemper *et al.*, 2008). One US study estimated that turnover among home care workers could be in excess of 48 per cent (Brannon *et al.*, 2007). Job factors consistently found to impact on care worker satisfaction and turnover intentions include compensation, work relationships, manager support and advancement (Fleming and Taylor, 2006; Brannon *et al.*, 2007; Karantzas *et al.*, 2012).

Job quality

Job quality in the care sector is important for many reasons. Meagher (2007) points to the social policy implications arising from labour market conditions in which an increasing number of people who are employed “to improve the lives of others” may be disadvantaged through sub-standard pay and conditions (Meagher, 2007, p. 152). This in turn may “reduce incentives for workers to enhance their skills, and thereby improve service quality” (Meagher, 2007, p. 152). For aged care organisations job quality is important because of its relationship with employee attraction and retention and its potential impact on the provision of consistent quality care (Burgess *et al.*, 2013).

There is no agreed definition or common tool for measuring job quality. There are, however, recurring themes across the job quality literature that refer to “the set of work features which foster the well-being of the worker” a definition that “is worker centred [...] (and that) refers to what is good for the worker” (Green, 2006, p. 9). Based on UK data, Green (2009, p. 9) identified the most important aspects of job quality as “pay, skill, effort, autonomy and security”. These aspects impact not only on physical well-being but also on psychological well-being. For example, meaningful, appropriately remunerated jobs

contribute to feelings of self-worth, a sense of fairness, and reduced financial anxiety about the future.

A European report selected six sub-indices that help define job quality – wages, non-standard forms of employment, working time and work-life balance, working conditions and job security, skills and career development, and collective interest representation (Leschke *et al.*, 2008). Similarly, an Australian study defined the key variables determining job quality as job prospects, extrinsic factors (such as pay and physical environment), intrinsic factors (such as the work itself and relations at work), and working time quality (Burgess *et al.*, 2013). The study identified links between job quality, job satisfaction, and innovation and productivity which highlights the importance of job quality for organisational performance as well as individual well-being.

One relatively simple approach to defining job quality is to compare “good jobs” with “bad jobs”. Burgess and Connell (2008, p. 410) describe those in “good jobs” as “usually well-paid, in receipt of an array of entitlements (holidays, sick leave, carers leave), work under safe and comfortable working conditions and have the expectation of job continuity”. High-quality jobs generally offer security, clearly defined career paths and opportunities for training and development within a framework of meaningful work that is thought to promote committed, motivated employees (Burgess and Connell, 2008). By contrast, “bad jobs” tend to have “low pay, few non-wage benefits, poor working conditions, long hours, contingent employment contracts, few prospects of progression and a lack of collective voice” (Burgess and Connell, 2008, p. 410). Job quality can also be evaluated in terms of extrinsic factors (such as material rewards and physical work environment), or on intrinsic factors including stress, workload, quality of workplace relationships (Handel, 2005), job content, how hard or difficult the job is, and future prospects (Clark, 1998).

A factor of particular relevance to the community aged care sector is job security. Poor job quality is often associated with job insecurity or precarious employment (Burgess and de Ruyter, 2000). Historically casual jobs were designed to cope with seasonal fluctuations, competitive markets and low skill requirements (Wooden and Hawke, 1998). Casual employment offers organisations numerical flexibility (Buchanan, 2004) through hiring low skilled employees as and when required which significantly reduces labour costs (Smith, 1997). In practice this has become a more typical form of employment so that individuals may be employed long term in the same role but with “flexible” hours to suit organisational needs. From an employee perspective non-standard jobs are generally seen as poorer quality than standard jobs as they typically offer lower pay and benefits, fewer opportunities for training or advancement, and higher risk due to lack of job security (Fevre, 1991; Kalleberg *et al.*, 2000).

While job quality is important at an individual level, recent research suggests a broader impact through a relationship between job design and “individual, firm and national well-being” (Findlay *et al.*, 2013, p. 442). As Findlay *et al.* (2013, p. 443) note, “bad jobs do not provide for sustainable economies”. Policymakers are thus beginning to acknowledge that jobs growth needs to take into account quality, not merely quantity, in order to achieve national competitive advantage. For example, the OECD, EU and ILO are all urging the creation of jobs that promote “decent work”. Similarly, in the USA there has been a push to improve job quality as one way to deal with social and economic problems while in the UK the labour government has focused on the creation of high wage, high-skill jobs as one strategy for tackling a sluggish economy (BIS, 2009).

In summary, although job quality remains a contested notion (Chalmers *et al.*, 2005), there is a growing consensus over its significance as a key factor influencing individual, organisational and national performance (Green, 2009). Much of the on-going discussion, however, focuses on attempts to identify exactly which factors most influence perceptions and evaluations of job quality in both generic and specific contexts. A study by McDonald *et al.* (2009, p. 144) noted that “no less than 24 attributes of job quality have been measured in research over the last decade” which they categorise into six main traits – promotion opportunities, job autonomy, workload, management-employee relations, co-worker relations and job content. These traits mirror those identified in other studies (e.g. Leschke *et al.*, 2008; Green, 2009; Burgess *et al.*, 2013; Findlay *et al.*, 2013; Gallie, 2013). In addition, two other traits, pay and security, are consistently included in much of the job quality literature (e.g. Kalleberg *et al.*, 2000; Clark, 2005; Leschke *et al.*, 2008; Olsen *et al.*, 2010; Loughlin and Murray, 2013). This paper adopts these eight traits as a framework to explore the work experiences of community aged carers. The aim of the research is to expand our understanding of job quality in an aged care context and to address the question of how community age care workers evaluate the quality of their job. The traits and supporting research studies are described in Table I.

Research method

The research reported here forms part of a wider study of employee well-being in the community aged care workforce. This stage of the study was designed to gather a broad range of perspectives on the issues facing community aged care workers in

Job quality component	Description	Relevant studies
Pay	Wages, pension payments, sick leave	Kalleberg <i>et al.</i> (2000), McGovern <i>et al.</i> (2004), Clark (2005), Green (2006), Burgess and Connell (2008), Leschke <i>et al.</i> (2008), Olsen <i>et al.</i> (2010), Burgess <i>et al.</i> (2013)
Security	Nature of the employment contract	Burgess and de Ruyter (2000), Kalleberg <i>et al.</i> (2000), McGovern <i>et al.</i> (2004), Clark (2005), Leschke <i>et al.</i> (2008), Green (2009), Olsen <i>et al.</i> (2010), Findlay <i>et al.</i> (2013), Holman (2013), Loughlin and Murray (2013)
Advancement	Opportunities for promotion, training, skill development	Fevre (1991), Clark (1998), Handel (2005), Kelliher and Anderson (2008), McDonald <i>et al.</i> (2009), Burgess <i>et al.</i> (2013)
Autonomy	Independence, control over work	Handel (2005), Green (2006), Olsen <i>et al.</i> (2010), Gallie (2013), Burgess <i>et al.</i> (2013), Findlay <i>et al.</i> (2013)
Workload	Work intensity, stress, hours of work	Kelliher and Anderson (2008), McDonald <i>et al.</i> (2009), Olsen <i>et al.</i> (2010), Burgess and Connell (2008), Holman (2013)
Job content	Skill variety, skill complexity	Clark (1998), Kalleberg <i>et al.</i> (2000), Findlay <i>et al.</i> (2013), Loughlin and Murray (2013)
Management-employee relations	Management support, recognition, control	Handel (2005), McDonald <i>et al.</i> (2009), Olsen <i>et al.</i> (2010), Burgess <i>et al.</i> (2013)
Co-worker relations	Teamwork, support, pleasant co-workers	Olsen <i>et al.</i> (2010), Burgess <i>et al.</i> (2013), Loughlin and Murray (2013)

Table I.
Job quality characteristics

Source: Adapted from McDonald *et al.* (2009, p. 144)

relation to motivations for working in the sector, employment conditions and overall satisfaction with their job. The case study was conducted in ABC[1], a large aged care organisation offering both residential and community-based care. It employs over 300 community care workers primarily on casual contracts. ABC was invited to participate in the study because it is recognised by other aged care providers as a leader in the field and because it is actively engaged in research partnerships with local universities. It seeks to be cutting-edge in its approach to caring for older people and innovative in its human resource management practices. For example, it allocates “well-being funds” to support employee health through diet and exercise programmes and provides free physiotherapy treatments for both work and non-work-related musculoskeletal problems. Despite these initiatives ABC continues to experience turnover of around 25 per cent which is consistent with other organisations in the sector.

The study used an explicitly interpretive approach (Neuman, 1994). Data collection was via interviews and focus groups which provided an opportunity to explore work and personal issues and to gain insights into how care workers make sense of their role (Miles and Huberman, 1994). Participants were recruited by placing an information sheet in the pay envelopes of community care workers from four regional offices over two pay periods. Carers were invited to volunteer for the study by contacting a university-based research assistant.

Community carers are not office based and their work schedules tend to vary from week to week which created logistical challenges in terms of timetabling the data collection process. The most efficient way to deal with this was to organise focus groups and interviews at a particular site on a particular day and then to let volunteers choose according to personal preference and time constraints. Two researchers were involved in the data collection process which meant that interviews/focus groups could be conducted at different locations on the same day. It also facilitated different perspectives during both the data collection and analysis phases and reduced the possibility of bias in interpretation of findings (Yin, 1994).

Data collection was structured around an interview guide using questions developed from the job quality framework (Table 1). The main themes included reasons for choosing to work in community aged care, the things that were important to carers about their job in general, as well as working for ABC in particular, and the factors that impacted on their ability to provide quality care. In terms of research design, focus groups provided a means of gathering multiple perspectives in a relatively short period of time and also provided a platform for engaging participants in lively discussions that provoked both agreement and debate around conditions of employment, things that they enjoyed about their work and the frustrations they experienced. By contrast, interviews allowed for in-depth probing and discussion of more personal issues. The focus groups lasted for about an hour while the interviews were generally 30-40 minutes.

The study followed an iterative process consisting of initial data collection, discussion between the researchers, modification to some questions or a change in the order in which the questions were asked to improve the flow of the conversation, and then further data collection. The focus groups/interviews were digitally recorded and transcribed verbatim. Initial data analysis involved each researcher reading through the transcripts separately to identify common words and phrases within the framework of the interview guide. These words and phrases were then grouped according to relevant job quality characteristics. The next stage of the analysis was

conducted by a research assistant to increase the quality and consistency of coding. In this stage data was coded using NVivo (QSR, 2011), a qualitative software programme that facilitates coding of large amounts of data by common words and phrases as well as broad themes. The coded data (nodes) were sorted by issue importance (number of times a word or theme was mentioned) and relationships between nodes in order to make sense of the large quantity of material generated (Richards 2005).

Data were drawn from five focus groups (total of 35 participants) and 13 face-to-face, semi-structured interviews across the four different locations. The sample was made up of 42 females and six males ranging in age from early 20s to mid-60s with the majority in the 45-55 age bracket which is representative of the community care workforce. Except for one person, all were employed on casual contracts, typically working between ten and 35 hours per week. Mean tenure with the organisation was 6.2 years although ten people had worked in aged care for over a decade.

Results

In the following section the results are presented using the job quality components identified in the literature (Table I). Pay and security are presented as one theme given that for casual employees these variables are inextricably linked. Management and co-worker relations are also discussed together as there was significant overlap between these concepts.

Pay/security

In this organisation carers were generally employed on casual contracts. This provided a high degree of flexibility (which was important for carers with other family responsibilities), but at the same time hours of work, and therefore income, tended to be variable and unpredictable. If a regular client went into hospital, passed away, or moved into a residential care, then carers had to wait until coordinators allocated a new client to bring them back to their “normal” number of hours per week. As one focus group participant commented:

[...] sometimes I work about 70 hours a fortnight and then it can get down to 55, I mean you've got to adjust your lifestyle to that, you've still got to pay your bills and do everything. And that's the thing; it's not sort of knowing what's going to happen from week to week job wise and pay wise (Focus Group 2).

A critical issue was that they were only paid for the time spent with clients plus mileage costs between jobs. They might be “at work” for five or six hours per day but only receive payment for three or four hours with the remaining time comprising either down-time or travel time:

Even though you might only have four chargeable hours in the day you spend another two and a half hours driving. So at the end of the week you might have 20 chargeable hours but you've worked a 35 hour week (Interview – “Andrew”).

Casual employees were eligible for a 15 per cent loading in lieu of holiday and sick pay but this was calculated on the basis of a low hourly rate and thus take-home pay was still lower than in many other occupations. The impact of income uncertainty was moderated by personal circumstances but the majority spoke of the pressure of trying to meet expenses while not being able to plan a realistic budget. Those who wanted more hours expressed frustration that the organisation appeared to be constantly

recruiting new carers while existing employees were underutilised. An older woman who was the primary income earner in her household said:

I used to work 26, 28 (hours a week) but it's dropped down now. I just can't seem to get the work and my husband says, you know, this is ironic, they're saying on TV there's not enough care workers and you're not getting enough work (Interview – "Jill").

The increasing demand for aged care workers implied a form of job security. That is, carers believed that while there was a need for home-based care they would always find work. The majority of carers expected to be employed in aged care for at least another five years and probably in the same organisation:

I think I'll probably work here until they fire me – if they do. But I just think this is probably what I'll do now for the rest of my working life, as long as that lasts (Interview – "Sue").

Only one person in this study was employed on a permanent part-time basis, however, for other participants the lack of permanency, and associated job security, did not appear to be as important as the variability of weekly income and the inability to plan budgets.

Advancement

Career advancement can incorporate both horizontal and vertical progression within an organisation or an industry sector. Community care operates within a very flat structure and therefore vertical progression is limited. In this organisation the only way to progress from the carer role was to move into an administrative role such as a team coordinator. A few participants hoped to become a coordinator when they no longer felt physically able to do their job but the majority did not want an office-based role and thus expected to remain at the same level.

Horizontal progression was also limited by the fact that all carers were expected to undertake a broad range of tasks which included domestic cleaning, personal care and social visits. Some experienced carers felt they should be allocated more complex tasks and that their pay should reflect this. A focus group participant expressed this concern:

With our experience and expertise, like we should do the medications and the EACH (extended aged care) packages, that's where we should be, we've got all the experience and they're not using it, they're not utilising us in the right way (Focus Group 4).

While career progress was limited, the organisation was recognised for its quality training and focus on skill development. All carers were encouraged to undertake formal certificate studies in aged care which could be financially supported through a sponsorship programme. In addition the organisation provided regular training sessions on a range of topics relevant to community care workers. Additional qualifications or training did not, however, have any impact on pay or tenure.

Autonomy

Community care work is largely carried out either in the client's home or while transporting clients to various appointments and thus supports high levels of autonomy. Carers described their role as "independent", "having lots of freedom", and allowing "control over the work". Individuals who had previously worked in highly structured roles referred to their current role as a form of self-employment with the additional support of the coordinators and other office staff:

It's like you're running your own business but you have the guys in the office to do it for you in a way. You can just go and do what you want (Interview – "Claire").

Autonomy, combined with a high level of flexibility, was seen as a form of compensation for the less attractive aspects of the work:

I like the fact that I don't have a boss looking over my shoulder, I'm out there, and I'm independent (Focus Group 5).

This was particularly valued by those who had previously worked in residential care which is a much more structured organisational environment. At the same time many expressed frustration that they were limited in the extent to which they could respond to client requests due to work scheduling and health and safety policies. Time constraints made it difficult to carry out non-programmed tasks while certain activities were not allowed under the organisation's safety guidelines. They were also discouraged from becoming too friendly with clients or taking on responsibility for non-work-related issues. Carers were expected to maintain a professional relationship which they sometimes felt limited their capacity to show initiative and to anticipate problems. This engendered feelings of guilt, particularly if the client had no family support.

Workload

Community aged care can be physically and emotionally demanding. Physically demanding tasks include domestic cleaning and heavy lifting. Coordinators stressed that carers could refuse certain jobs if they felt unable to cope but in principle all carers were expected to perform across all job tasks. Carers also experienced a wide range of emotional demands, some associated solely with their jobs and others associated with the home-work interface. Job-related demands included dealing with varying levels of dementia, the effects of social isolation on client mental health and age-related depression. Carers spoke of the tensions between meeting coordinator directives, client needs and family expectations. Coordinators tended to stress the importance of performing scheduled tasks and retaining a professional client relationship while clients sometimes asked for additional tasks to be performed or perhaps to "sit and have a cup of tea and a chat" instead of cleaning. Many referred to the emotional effects of losing a client, either through death or as a result of moving into residential care.

A key factor in how carers felt about their job was the way in which work was scheduled and the number of hours worked per week. Too few hours and they were frustrated, dissatisfied and financially stressed. Too many hours and they struggled to cope. If jobs were scheduled too closely then carers felt pressured to complete tasks as quickly as possible even if this meant not providing the level of service or care they would like to offer:

If you had all day there would be no stress but it's that time constraint because you have a roster and you have somewhere else to be in 35-40 minutes time (Interview – "John").

Many participants complained that their schedule did not allow adequate travel time between clients despite frequent feedback to their coordinators. This impacted on their capacity to interact socially with clients, thus reducing the job to a more transactional relationship. On the other hand, if jobs were too far apart then they may be left with unpaid down-time. A major issue, however, was not just coping with the work but also the effect that it had on other parts of their lives:

I can get through the day but when I get home I just can't do anything else (Interview – "Mary").

Others commented on the negative impact on their physical health of spending so much time in the car between jobs and their poor diet due to eating snacks between jobs.

A further issue was that many community carers were also dealing with a complex range of demands at home such as looking after aging parents, partners with health issues, teenage children or grandchildren. One way to increase income was to take on extra shifts but the physical and emotional demands of community care work meant that they risked becoming burnt out. A 35-hour week, plus travel time, could end up becoming 45 hours or more.

Job content

The community carer role was seen as providing opportunities for skill variety and skill complexity. Variety was associated with job satisfaction and a sense of meaning and purpose. A focus group participant commented:

I think people think it's dirty and horrible and that you go in there just to clean a house but you go in there and you'll sit and have a cup of tea with them and talk to them (Focus Group 1).

Skill complexity is built into the role through the need to support people with physical and mental health issues. Taking a client to a medical appointment could require the carer to be a spokesperson or advocate for those with impaired communication skills. Carers frequently referred to the challenges of dealing with dementia clients which may require varied communication styles, the adoption of strategies to deal with emotional outbursts, or the ability to diffuse physical violence. The job appealed to people who wanted to make a difference. Care workers spoke of "loving the job" and "finding it extremely rewarding". The intrinsic rewards associated with helping older people stay in their own homes were clearly important and community care was seen as providing a valuable service rather than just a job:

I've always liked to help people and work with people. And that's what you do, you're out in the community, you're working with people, having that contact all the time and helping at the same time is very, very rewarding (Interview – "Lyn").

Management and co-worker relations

The majority described the organisation as a good employer. Carers acknowledged the high degree of practical support at the local office level as well as excellent ongoing training and development in all aspects of their work. Each regional office employs coordinators who are responsible for allocating clients to carers and supervising job allocations and work schedules. It was evident that the relationship between coordinators and carers as well as regular two-way communication was critical to the success of community care. Coordinators were required to have previously worked as community carers to ensure that they understood the issues and challenges involved in this type of work. Most participants described their coordinator as caring and empathetic:

The coordinators say you and your family come first, look after you and your family first and fit in what you can. They don't want us going out stressed and not doing our job properly and not being happy doing what we're doing (Focus Group 3).

Participants differentiated, however, between support at the local level and support from senior management. Long-term employees noted that as the aged care sector had become more competitive there had been a cultural shift. One focus group participant commented, "It used to be very client focused, now it's very money focused, it's all down to the dollar". A number of people referred to the imminent introduction of consumer directed care which would allow clients to choose where they spent their care

dollars instead of being allocated to a provider based on availability of care packages. They felt this would increase pressure to provide quality care but without any additional funding.

In comparison to the coordinator-carer relationship, co-worker relationships were quite fragmented. The independent nature of community care work meant there were few opportunities for interactions with other carers. Staff meetings tended to be structured and formal and generally focused on communicating information rather than providing an opportunity for more informal communication between carers. Client care plans (kept in the client's home) provided a way for carers to communicate critical information with each other but there were few opportunities for face-to-face interaction. Turnover was also cited as a reason why it was difficult to develop a sense of belonging to a team or to develop relationships with other carers.

Discussion

So, how do community aged care workers evaluate the overall quality of their jobs? Do they see them as "bad jobs" (Martin, 2007) or do they see them as providing meaningful, rewarding and suitably recompensed work? Various aspects of job quality as proposed by Green (2009), namely pay, skill, autonomy and security, were common themes within the study. These themes fit with the definition proposed by Burgess *et al.* (2013, p. 2) of job quality as "a set of job attributes" that impact on "workers' well-being in their work and non-work roles". Working in aged care has the potential to be valuable and self-affirming because it supports a vulnerable group in society (Tuckett *et al.*, 2009). At the same time the complex nature of the work (e.g. dealing with clients who have dementia), physical demands, dealing with client family expectations (Stack, 2003) and the emotional stress of coping with client mortality (VonDras *et al.*, 2009) creates significant pressures with a likely spill-over effect to an individual's non-work life. In this study there were clear indications that intrinsic factors (e.g. autonomy and job content) were valued highly whereas extrinsic factors (notably issues associated with pay and hours of work) made the job much less attractive.

While many stated that they loved the work because they were able to "make a difference" the issue of pay permeated the interviews and focus group discussions. Participants felt that the hourly rate of pay failed to reflect the importance of their role (to both clients and the community) and the level of responsibility associated with that role. Low wage rates tend to reinforce the notion that care work requires minimal skills, and that low skilled women will work "for love, not money" (Palmer and Eveline, 2012, p. 267). The combination of a low rate of pay and variable hours of work made it difficult to plan and budget with evident impacts on non-work life. Wages are not only important in terms of purchasing power but they also influence an individual's capacity to participate in society (Leschke *et al.*, 2008) which in turn impacts on self-perception and social status. That is, pay is linked to employee well-being which is one reason why studies into job quality all include this as a key variable (Green, 2009). Pay is also an important indicator of the value that others place on work.

This perception contrasts with the way that community carers see themselves. Carers acknowledged that it was relatively easy to move into aged care but they did not classify their work as low skilled, instead describing their work as interesting, varied and requiring good interpersonal skills, adaptability, patience, mediation skills and sensitivity. Intrinsic factors, such as interesting work, skill variety and autonomy are important elements for perceived job quality (Burgess *et al.*, 2013). For community carers the opportunity to contribute to society while operating semi-autonomously was

critical to their evaluation of job quality. The fact that much of the work takes place in the client's home rather than in an organisational context gives them a sense of control that may be lacking in other low pay jobs and that enhances perceptions of job quality.

Employment security is another important determinant of job quality (Findlay *et al.*, 2013). On objective measures the majority in this study could be classified as having a precarious and insecure employment contract. However, unlike many casual jobs their work was frequent, not occasional, somewhat irregular, and long term, not short term. Demand for community carers meant that there was a strong expectation of job continuity and thus job security was evaluated more positively than is normally associated with casual employment (Burgess 2005). Surprisingly, very few spoke about leaving ABC despite obvious dissatisfaction with pay and work scheduling. The reasons for this are unclear but may have been because participants were unwilling to divulge turnover intentions, or because they had few viable job alternatives. At an individual level concern with the nature of the employment contract appeared to relate more to uncertainty over when they would work rather than if they would continue to be offered work and what impact this would have on their pay. In other words, they were more concerned with income security than job security.

Non-standard employment has potential benefits for both organisations and individuals in that it allows a high degree of flexibility. As Burgess *et al.* (2013, p. 3) note, individuals have different needs and preferences which means that "being employed part-time is not in itself a feature of low quality work, but rather hours of work have to be assessed relative to workers' preferences". Individual perceptions of job quality are embedded in a social context so that specific job characteristics assume relative importance depending on factors such as age, preferred lifestyle and domestic circumstances (Pocock and Skinner 2012; Cooke *et al.*, 2013). Combined with good supervisor support, flexible employment made this type of work attractive for women with child care responsibilities and other non-work commitments. Flexibility (extrinsic factor) and autonomy (intrinsic factor) created a greater sense of control over both work and non-work life domains thus enhancing perceptions of job quality (Kelliher and Anderson, 2008). On the other hand, this study highlights significant differences between part-time and casual employment. While part-time work offers some degree of security and certainty, casual employment can lead to psychological and financial stress. Work scheduling and the need to be available as required can create tensions between work and non-work activities. In this organisation, the fact that casual care workers were only paid for time spent with clients and not for time travelling between clients was seen as unfair and a major disincentive to remaining with the organisation.

Other factors that influence perceived job quality (Burgess and de Ruyter, 2000) as well as employee retention (Wilson *et al.*, 2008) are access to training and development and the availability of career paths. Community care work can be physically and psychologically demanding and thus organisational support is important for maintaining overall well-being. ABC was seen as a good employer because it offered significant amounts of support through interactions with coordinators and regular staff training seminars. Training was seen as important for ensuring quality of care and also for its psychological value. That is, it demonstrated that the organisation valued employees enough to invest in their ongoing development. On the other hand there was little evidence of career paths and training did not lead to career advancement or pay increases. Opportunity for advancement is an important element in job quality (Kelliher and Anderson, 2008). Very few participants spoke about advancing up a career ladder, preferring to remain in a direct client-carer role rather than moving into a coordinator role,

however, many expressed dissatisfaction over the lack of recognition for skills and experience. The more experienced carers, in particular, felt they should be allocated complex tasks that provided an opportunity to utilise their skills and knowledge.

In essence, community carers do not regard their job as “good” or “bad”. The picture is much more nuanced and reflects the nature of the work, the context in which it takes place, the characteristics of the workforce, and how the work is recognised and rewarded. In keeping with previous research, this study found that pay is a core dimension of job quality, but not simply in relation to the hourly rate of pay. More importantly, carers felt constrained by casual employment contracts, work schedules and flat career structures.

Recommendations for aged care organisations

The findings highlight two key areas that aged care organisations need to address to improve job quality – remuneration and opportunities for advancement. For carers a critical issue is the fact that pay is embedded in structures (such as casual contracts and variable hours of work) that limit the possibility of earning fair and reasonable wages (Palmer and Eveline, 2012). Aged care organisations operate under tight financial constraints; nevertheless, a heavy reliance on casual staff has implications for job satisfaction and turnover. Labour costs (encompassing pay rates, casual vs part-time employment, payment for hours at work vs time spent with clients) need to be weighed up against the costs associated with the recruitment and training of new staff and the potential cost to employee morale when carers are stressed by inadequate incomes or when they feel they are unfairly rewarded for their contributions. Although turnover did not emerge as a significant factor in this study, ABC data indicates that its turnover levels are consistent with other organisations in the sector. While some of their HR practices may have addressed job quality issues (e.g. training and manager/supervisor support) high turnover would suggest the need for this organisation (and others) to focus on the more difficult problem of pay and employment conditions.

Second, the current flat career structure offers very little scope to develop and utilise a more complex set of skills or to have those skills recognised and appropriately remunerated. Career progression is an important contributor to job quality (Leschke *et al.*, 2008) and skill-based career structures offer significant benefits for aged care organisations. As demand for in-home care increases, the level of care is also expected to increase (Cheek *et al.*, 2003; Meagher, 2007). Carers will be dealing with a more complex mix of age-related conditions (such as dementia), conditions that require advanced skills and experience. Identifiable career structures that are linked to skill development and expertise have the potential to make community aged care a more attractive career option and to build organisational capacity.

Findings from this study also have implications at a social policy level in terms of how developed countries can best care for their older people. Governments acknowledge the value of in-home care but current funding policy places it in the “cheaper option” basket. However, if community-based care is to remain sustainable then the way in which it is funded will need to be re-evaluated. Possible alternatives include a higher level of government funding without reducing funding for other aged care services – a major challenge in light of aging populations, and an increased contribution from clients to support their preference to remain at home. Both alternatives would seem logical given that evidence points to both the need for more care and the need for higher level community care. Importantly, funding policy will need to take into consideration direct funding to aged care providers as well as more targeted funding for training and

development within the community aged care workforce. Tackling these concerns will have a flow-on effect to organisational-level policy so that the employment-related issues discussed above can be addressed, in particular issues related to fair remuneration. By taking into account the job quality framework policy initiatives can focus on key areas that support the creation of better quality jobs and ultimately better quality community-based care, issues that are critical to individual, organisational and national performance (Green, 2009).

The author recognises the limitations of this study. It is based on data from a single case study and the sample is relatively small. Participants were self-selecting and managers were not included in the interviews which may have biased the results. At the same time the demographic range is representative of the aged care workforce in terms of ages and years of experience and the organisation is a significant player in the provision of community care and thus a suitable context for the research. Despite these limitations the study makes an important contribution to our understanding of job quality in a previously under-researched sector of the aged care industry.

Community-based carers work at the coal-face of aged care. They make an invaluable contribution to society and the individual. They are not highly trained yet they take care of some of the most vulnerable members of society. As demand for community care increases, the management of this group of workers will be critical to the provision of quality care. Enhancing job quality is one way to attract and retain a committed, competent and skilled, care workforce.

Note

1. Pseudonym for the real organisation.

References

- ABS (2005), *Australian Bureau of Statistics Catalogue No. 4102.0 – Australian Social Trends*, Canberra.
- AIHW (2008), *Nursing and Midwifery Labour Force 2005*, Australian Institute for Health and Welfare, Canberra.
- Appelbaum, R. and Phillips, P. (1990), “Assuring the quality of in-home care: the ‘other’ challenge for long term care”, *The Gerontologist*, Vol. 30 No. 4, pp. 444-450.
- Aronson, J. and Neysmith, S.M. (1996), “‘You’re not just in there to do the work’: depersonalizing policies and the exploitation of home care workers’ labor”, *Gender and Society*, Vol. 10 No. 1, pp. 59-77.
- Austen, S. and McMurray, C. (2012), “Retaining workers in an ageing population: insights from a representative aged and community care organisation”, *Australasian Journal on Ageing*, Vol. 32 No. 1, pp. 41-46.
- Australian Productivity Commission (2011), *Caring for Older Australians: Overview*, Australian Government, Canberra.
- BIS (2009), *New Industries, New Jobs*, Department for Business, Innovation and Skills, London.
- Brannon, D., Barry, T., Kemper, P., Schreiner, A. and Vasey, J. (2007), “Job perceptions and intent to leave among direct care workers: evidence from the better jobs better care demonstrations”, *The Gerontologist*, Vol. 47 No. 6, pp. 820-829.
- Buchanan, J. (2004), *Paradoxes of Significance: Australian Casualisation and Labour Productivity*, ACCIRT, University of Sydney, Sydney.
- Burgess, J. (2005), “Exploring job quality and part-time work in Australia”, *Labour & Industry: A Journal of the Social and Economic Relations of Work*, Vol. 15 No. 3, pp. 29-40.

- Burgess, J. and Connell, J. (2008), "HRM and job quality: an overview", *The International Journal of Human Resource Management*, Vol. 19 No. 3, pp. 407-418.
- Burgess, J. and de Ruyter, A. (2000), "Declining job quality in Australia: another hidden cost of unemployment", *The Economic and Labour Relations Review*, Vol. 11 No. 2, pp. 246-269.
- Burgess, J., Connell, J. and Dockery, M. (2013), Quality of work research project report, Australian Workplace and Productivity Agency, Curtin Business School, Perth, WA.
- Chalmers, J., Campbell, I. and Charlesworth, S. (2005), "Part-time work and caring responsibilities in Australia: towards an assessment of job quality", *Labour and Industry*, Vol. 15 No. 3, pp. 41-66.
- Cheek, J., Ballantyne, A., Jones, J., Roder-Allen, G. and Kitto, S. (2003), "Ensuring excellence: an investigation of the issues that impact on the registered nurse providing residential care to older Australians", *International Journal of Nursing Practice* Vol. 9 No. 2, pp. 103-111.
- Clark, A.E. (1998), "Measures of job satisfaction: what makes a good job? Evidence from OECD countries", occasional paper, OECD Labour Market and Social Policy, OECD Publishing, Paris.
- Clark, A.E. (2005), "Your money or your life: changing job quality in OECD countries", *British Journal of Industrial Relations*, Vol. 43 No. 3, pp. 377-400.
- Cooke, G.B., Donaghey, J. and Zeytinoglu, I.U. (2013), "The nuanced nature of work quality: evidence from rural Newfoundland and Ireland", *Human Relations*, Vol. 66 No. 4, pp. 503-527.
- England, P. (2005), "Emerging theories of care work", *Annual Review of Sociology*, Vol. 31, pp. 381-399.
- England, P., Budig, M. and Folbre, N. (2002), "Wages of virtue: the relative pay of care work", *Social Problems*, Vol. 49 No. 4, pp. 455-473.
- Fevre, R. (1991), "Emerging 'alternatives' to full-time and permanent employment", in Brown, P. and Scase, R. (Eds), *Poor Work*, Open University Press, Milton Keynes, pp. 56-71.
- Findlay, P., Kalleberg, A.L. and Warhurst, C. (2013), "The challenge of job quality", *Human Relations*, Vol. 66 No. 4, pp. 441-451.
- Fleming, G. and Taylor, B.J. (2006), "Battle on the home care front: perceptions of home care workers of factors influencing staff retention in Northern Ireland", *Health and Social Care in the Community*, Vol. 15 No. 1, pp. 67-76.
- Gallie, D. (2013), "Direct participation and the quality of work", *Human Relations*, Vol. 66 No. 4, pp. 453-473.
- Green, F. (2006), *Demanding Work: The Paradox of Job Quality in the Affluent Economy*, Princeton University Press, Princeton, NJ.
- Green, F. (2009), "Job quality in Britain", Praxis, UK Commission for Employment and Skills, London.
- Handel, M.J. (2005), "Trends in perceived job quality, 1989 to 1998", *Work and Occupations*, Vol. 32 No. 1, pp. 66-94.
- Hogan, W.P. (2004), *Review of Pricing Arrangements in Residential Aged Care*, Australia Department of Health and Ageing, Commonwealth of Australia, Canberra.
- Holman, D. (2013), "Job types and job quality in Europe", *Human Relations*, Vol. 66 No. 6, pp. 475-502.
- Howe, A.L., King, D.S., Ellis, J.M., Wells, Y.D., Wei, Z. and Teshuva, K.A. (2012), "Stabilising the aged care workforce: an analysis of worker retention and intention", *Australian Health Review*, Vol. 36 No. 1, pp. 83-91.

- Kalleberg, A.L., Reskin, B.F. and Hudson, K. (2000), "Bad jobs in America: standard and nonstandard employment relations and job quality in the United States", *American Sociological Review*, Vol. 65 No. 2, pp. 256-278.
- Karantzias, G.C., Mellor, D., McCabe, M.P., Davison, T.E., Beaton, P. and Mrkic, D. (2012), "Intentions to quit work among care staff working in the aged care sector", *The Gerontologist*, Vol. 52 No. 4, pp. 506-516.
- Kelliher, C. and Anderson, D. (2008), "For better or for worse? An analysis of how flexible working practices influence employees' perceptions of job quality", *The International Journal of Human Resource Management*, Vol. 19 No. 3, pp. 419-431.
- Kemper, P., Heier, M.S., Barry, T., Brannon, D., Angelelli, J., Vasey, J. and Anderson-Knott, M. (2008), "What do direct care workers say would improve their jobs? Differences across settings", *The Gerontologist*, Vol. 48 Special Issue No. 1, pp. 12-17.
- King, D., Mavromaras, K., Wei, Z., He, B., Healy, J., Macaitis, K., Moskos, M. and Smith, L. (2012), *The Aged Care Workforce 2012*, Commonwealth Department of Health and Aging, Canberra.
- King, D.S., Mavromaras, K.G., He, B., Healy, J., Macaitis, K., Moskos, M., Smith, L. and Wei, Z. (2013), "The aged care workforce 2012: final report", Commonwealth Department of Health and Ageing, Canberra.
- Lafortune, G. and Balestat, G. (2007), "Trends in severe disability among elderly people: assessing the evidence in 12 OECD countries and the future implications", Health Working Papers No. 26, OECD Publishing, available at: <http://dx.doi.org/10.1787/217072070078>
- Leschke, A., Watt, A. and Finn, M. (2008), *Putting a Number on Job Quality? Constructing a European Job Quality Index*, European Trade Union Institute for Research, Education and Health and Safety (ETUI-REHS), Brussels.
- Loughlin, C. and Murray, R. (2013), "Employment status congruence and job quality", *Human Relations*, Vol. 66 No. 4, pp. 529-553.
- McDonald, P., Bradley, L. and Brown, K. (2009), "'Full-time is a given here': part-time versus full-time job quality", *British Journal of Management*, Vol. 20 No. 2, pp. 143-157.
- McGovern, P., Smeaton, D. and Hill, S. (2004), "Bad jobs in Britain: nonstandard employment and job quality", *Work and Occupations*, Vol. 1 No. 2, pp. 225-249.
- Martin, B. (2007), "Good jobs, bad jobs? Understanding the quality of aged care jobs, and why it matters", *Australian Journal of Social Issues*, Vol. 42 No. 2, pp. 183-197.
- Martin, B. and King, D. (2007), *Who Cares for Older Australians?*, National Institute of Labour Studies, Flinders University, Adelaide.
- Meagher, G. (2007), "The challenge of the care workforce: recent trends and emerging problems", *Australasian Journal of Social Issues*, Vol. 42 No. 2, pp. 152-167.
- Miles, M.B. and Huberman, A.M. (1994), *Qualitative Data Analysis*, Sage, Thousand Oaks, CA.
- Nelson, J.A. and Folbre, N. (2006), "Why a well-paid nurse is a better nurse", *Nursing Economics*, Vol. 24 No. 3, pp. 127-130.
- Neuman, W.L. (1994), *Social Research Methods: Quantitative and Qualitative Approaches*, Allyn and Bacon, Boston, MA.
- Olsen, K.M., Kalleberg, A.L. and Nesheim, T. (2010), "Perceived job quality in the United States, Great Britain, Norway and West Germany", *European Journal of Industrial Relations*, Vol. 16 No. 3, pp. 221-240.
- Palmer, E. and Eveline, J. (2012), "Sustaining low pay in aged care work", *Gender, Work and Organization*, Vol. 19 No. 3, pp. 254-275.
- Pocock, B. and Skinner, D. (2012), "Good jobs, bad jobs and the Australian experience", in Warhurst, C., Carre, F., Findlay, P. and Tilly, C. (Eds), *Are Bad Jobs Inevitable? Trends,*

- Determinants and Responses to Job Quality in the Twenty-First Century*, Palgrave Macmillan, London and Basingstoke, pp. 61-77.
- QSR (2011), *NVivo (Application Software Package)*, Qualitative Software and Research, Melbourne.
- Richards, L. (2005), *Handling Qualitative Data : A Practical Guide*, Sage, London.
- Richardson, S. and Martin, B. (2004), *The Care of Older Australians: A Picture of the Residential Aged Care Workforce*, National Institute of Labour Studies, Flinders University, Adelaide.
- Smith, V. (1997), "New forms of work organization", *Annual Review of Sociology*, Vol. 32, pp. 315-340.
- Stack, S. (2003), "Beyond performance indicators: a study in aged care", *Australian Bulletin of Labour*, Vol. 29 No. 2, pp. 143-161.
- Tuckett, A., Hughes, K., Gilmour, J., Hegney, D., Huntington, A. and Turner, C. (2009), "Caring in residential aged-care. Qualitative findings from an e-cohort sub-study", *Journal of Clinical Nursing*, Vol. 18 No. 18, pp. 2604-2612.
- van Wanrooy, B., Wright, S., Buchanan, J., Baldwin, S. and Wilson, S. (2009), *Australia at Work: In a Changing World*, Workplace Research Centre, The University of Sydney, Sydney, NSW.
- VonDras, D.D., Flittner, S., Malcore, S.A. and Pouliot, G. (2009), "Workplace stress and ethical challenges experienced by nursing staff in a nursing home", *Educational Gerontology*, Vol. 35 No. 4, pp. 323-341.
- Wilson, K., Brown, M. and Cregan, C. (2008), "Job quality and flexible practices: an investigation of employee perceptions", *The International Journal of Human Resource Management*, Vol. 19 No. 3, pp. 473-486.
- Wooden, M. and Hawke, A. (1998), "Factors associated with casual employment: evidence from the AWIRS", *The Economic and Labour Relations Review*, Vol. 9 No. 2, pp. 82-104.
- Yin, R.K. (1994), *Case Study Research: Design and Methods*, Sage Publications, Thousand Oaks, CA.

Further reading

- Ashford, S.J., George, E. and Blatt, R. (2007), "Old assumptions, new work", *The Academy of Management Annals* Vol. 1 No. 1, pp. 65-117.
- Holzer, H. (2007), "Better workers for better jobs: improving worker advancement in the low-wage labor market", The Hamilton Project, Policy Brief No. 2007-15, Brookings Institute, Washington, DC.
- MacDonald, C.L. and Merrill, D. (2002), "'It shouldn't have to be a trade': recognition and redistribution in care work advocacy", *Hypatia*, Vol. 17 No. 2, pp. 67-83.

About the author

Dr Marilyn Clarke is a Senior Lecturer in the Business School at the University of Adelaide where she teaches Human Resource Management and Management of Change. Her research interests include job loss, employability, careers, and employee well-being. Dr Marilyn Clarke can be contacted at: marilyn.clarke@adelaide.edu.au

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgroupublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com

This article has been cited by:

1. 2016. Care in the community?. *Human Resource Management International Digest* **24**:1, 35-37.
[\[Abstract\]](#) [\[Full Text\]](#) [\[PDF\]](#)