



Working Conditions in Long-term Care in Austria: The Perspective of Care Professionals*

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Meeting the future demand for long-term care (LTC) services will require a substantial increase in the number of qualified LTC workers. For Austria, as for other European countries, a future labour shortage in long-term care is already predicted (see, for example, Fink et al., 2015; for Germany: Rothgang et al., 2017). Perceived bad working conditions are generally triggering absenteeism and high turnover rates as well as ensuing problems in recruiting and retaining staff in the LTC profession (Colombo et al., 2011). A decisive challenge for the LTC sector and related policies is therefore to provide decent working conditions suited to attract care professionals sustainably.

Keywords:
Long-term care,
workforce,
working conditions

This Policy Brief is based on the results of the NORDCARE survey in Austria, which has investigated the working conditions of the LTC workforce in the home care and residential care sector in three regions (Vienna, Upper Austria, Salzburg) in Austria (see Bauer et al., 2018). Following the first Policy Brief on this series (see Rodrigues et al., 2018), which provides insights into the profile of the LTC workforce, this Policy Brief addresses the assessment of specific aspects from the perspective of the LTC workforce and highlights those factors that significantly impact their working conditions.

The NORDCARE survey replicates surveys carried out in other countries (e.g. Nordic countries, Germany, Canada) using a similar questionnaire for comparison purposes (Szebehely et al., 2017; Daly and Szebehely, 2012). The Austrian survey was carried out between March and May 2017, using a mix of online and postal questionnaires sent directly to providers in the regions of Vienna, Upper Austria and Salzburg. The survey consists of a home care and residential care sample, each stratified by region and ownership type (public,

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for-profit and non-profit). The total sample consists of 1,110 workers (701 for care homes and 409 for home care), with a response rate of 28.3% (29.3% for care homes and 26.6% for home care).

Experience of burden and coping mechanisms

Physically stressful work is an integral part of work for more than half of the workforce

Working in long-term care is known to be associated with high levels of mental and physical stress. Such burdens arise because both in the home care and residential care sector **people with particularly high care needs** are cared for and looked after, e.g. in locomotion or due to dementia (Rodrigues et al., 2018). Necessary physically demanding activities, such as the movement of heavy objects or persons, as well as working in a crooked or bent position are carried out by more than half of the employees at least on a weekly basis. Therefore, the **level of physical burden** is immense, because about 68% of the employees in residential care and 41% of home care workers report permanent physical exhaustion. The risk of fatigue is significantly higher for women than for male employees. In addition, employees in the region of Vienna and those in public institutions seem to be more affected, whereas in Upper Austria the risk of fatigue is less pronounced, especially in the home care sector. A possible explanation for the increased experience of fatigue in Vienna could be attributed to the fact that employees are confronted with significantly higher care needs of clients or residents (dementia and bedriddenness), and are working in facilities that are typically larger¹ than in other regions.

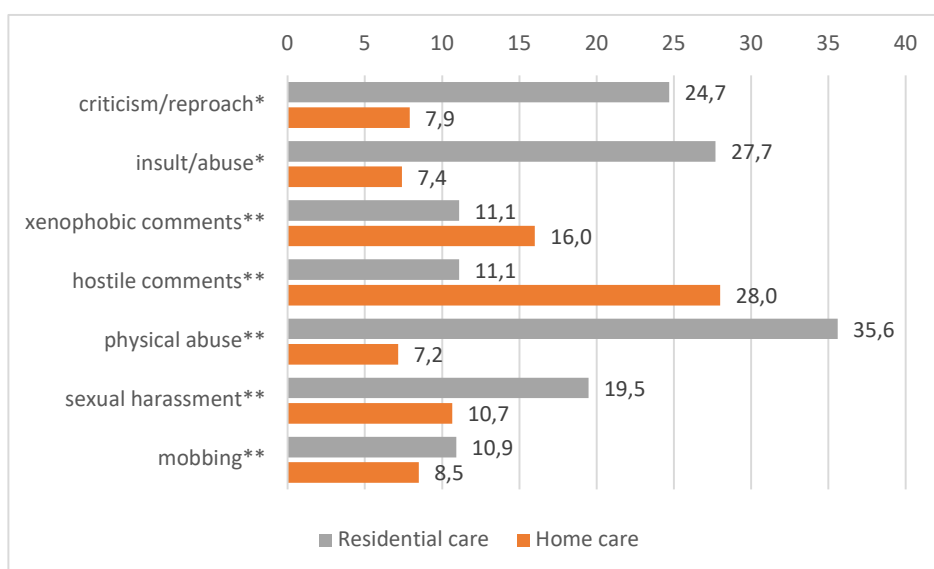
Psychological stress significantly shapes the daily work experience in long-term care, whereby this is both positively and negatively induced by the **behaviour of the people cared for**. While more than 90% of workers report in both sectors that they are highly valued by people in need of care or their relatives, they are still subject to regular **psychological stress** resulting from their behaviour (see Figure 1). Staff in residential care homes are more likely to be confronted with stressful behaviour by the persons cared for, which can sometimes be attributed to the greater care needs and, in particular, to the higher proportion of people with dementia and the associated challenging behaviour (such as aggressiveness). This goes along with a higher experienced workload for employees in residential care homes where 21% report that they are regularly exposed to physical violence (at least once a week) – in the home care sector this is only reported by 3%. In addition, more than a quarter of employees in the residential care sector are regularly confronted with criticism and reproach: 28% are insulted at least once a week by people in need of care or their relatives, whereas only 7 to 8%

¹ Size of organizations refers to the number of employees per organization with the following categories: small (40 for residential care, 10 for home care), medium (between 41 and 80 for residential care, between 11 and 30 for home care), large (higher than 80 for residential care, higher than 30 for home care).

Workers in the residential care sector are regularly exposed to physical violence

of employees in the home care sector make such experiences. To a lesser extent, sexual harassment experiences are reported, but nearly 20% of residential care workers and 11% of home care workers are exposed to such behaviours at least once a month.

Figure 1: Stressful behaviour by people in need of care in %



Source: Bauer et al., 2018. Legend: * At least once a week; ** At least once a month.

The risk of mental exhaustion tends to be higher among women, full-time employees, and social care workers. While the age of workers or working in a lower skilled occupational group (home help, for example) seem to have little impact on the level of stress, those with a subjectively poorly assessed health status are particularly affected by mental and physical stress.

Work requirements in the residential care sector are assessed as too high

Strain is also caused by the particular **organisation of work**. An important factor is the number of persons to be cared for and the often associated perception of overburdening work situations. This is particularly evident in residential care, where at least half of the workforce are assessing the number of people they have to care for as too high (see Rodrigues et al., 2018). At the same time, around 20% in care homes generally rate their work requirements as too high. Again, the size of the facility seems to have a major impact on this assessment, because those employees who work in larger care homes (mainly in Vienna) have a significantly higher risk of perceiving such burdens.

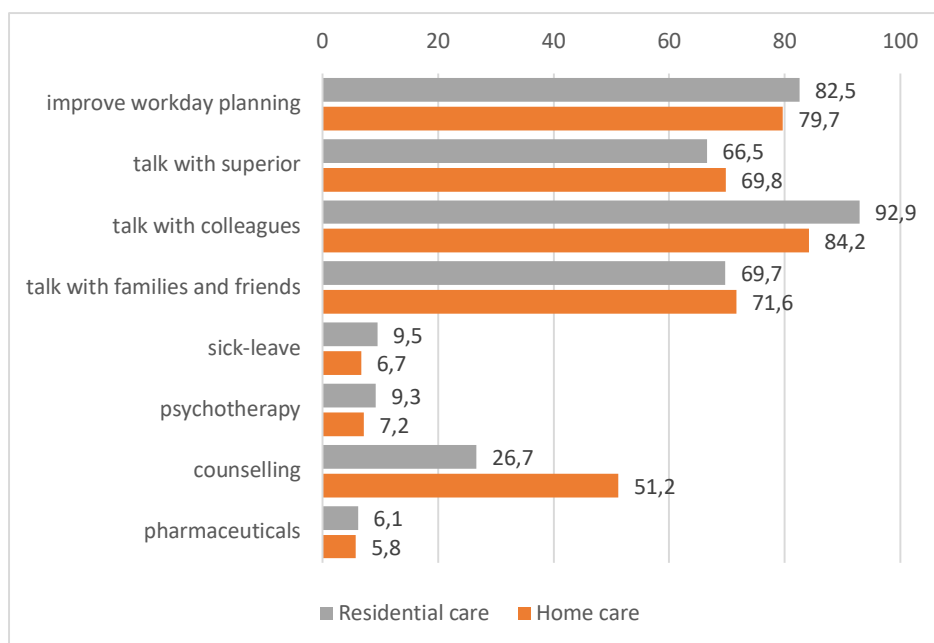
Coping with strain

In order to deal with the manifold burdens, care workers are making use of the preventive measures and resources made available at the workplace, and they develop individual coping strategies (see Figure 2).

The home care sector offers counselling supervision, but there are few resources available for the prevention of physical ailments

While the majority of staff in care homes (87%) are provided with **adequate work equipment** to carry out physically demanding work at the workplace, this is much less common in the home care sector. Adequate resources for the **prevention of physical stress** are only available in about 60% of cases in the home care sector. This is largely due to the fact that adequate nursing aids and barrier-free housing cannot be provided regularly in private households. In both sectors, employees are rarely offered the opportunity for **gymnastics or fitness exercises** at the workplace (6.6% in home care, 8.6% in care homes). However, such job offerings could serve as an effective means of preventing physical ailments.

Figure 2: Coping strategies of care workers in %



Source: Bauer et al., 2018.

Note: Percentages refer to employees who 'fully agree' or 'agree' (multiple answers).

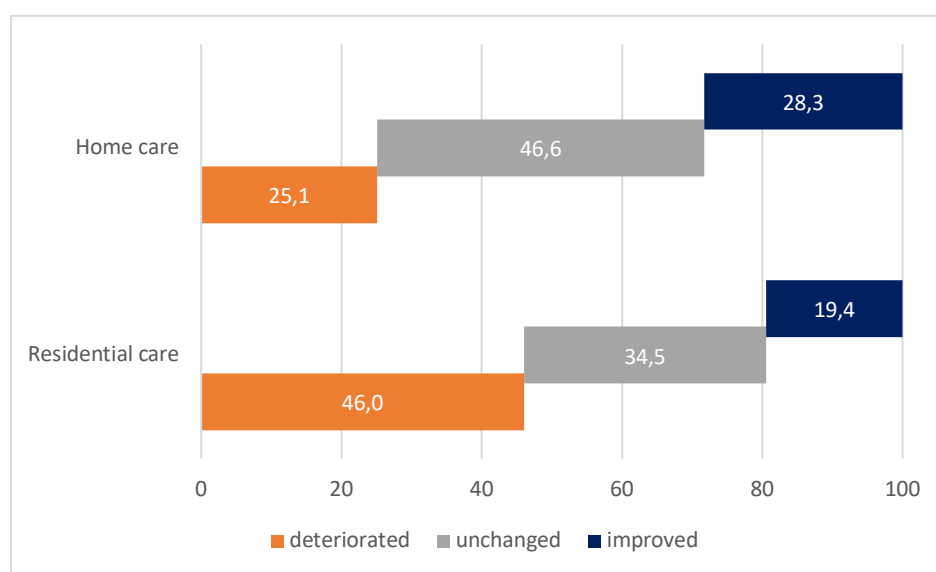
When **dealing with mental health problems** in long-term care, a high proportion of employees (84% in home care and 93% in care homes) try to seek for relief by talks with colleagues (see Figure 2). **Colleagues** are therefore a valuable resource (see also results regarding the working climate below) as well as superiors (66-69%) or family and friends (about 70%). Improving **self-organisation** in daily work can also be helpful – about 80% of employees in both sectors choose better planning of the workday as an appropriate strategy. It is striking that the **counselling supervision** offered at the workplace is of great importance, albeit with sectoral differences. Counselling supervision seems to be offered to a far greater extent in the home care sector, with more than half of those employed using this form of support, compared to only 27% in nursing homes.

Perspectives for remaining in the long-term care sector

Nearly 50% of care home workers experience a deterioration in working conditions

The perception of working conditions by employees has a significant impact on the intention to quit working in the LTC sector (Colombo et al., 2011). In Austria, in particular in care homes, almost half of the employees (46%) perceive a **deterioration in working conditions** in recent years. In the home care sector, however, the majority of employees (47%) do not notice any change, while 28% are observing improvements (see Figure 3).

Figure 3: Perception of changing working conditions by sector in %



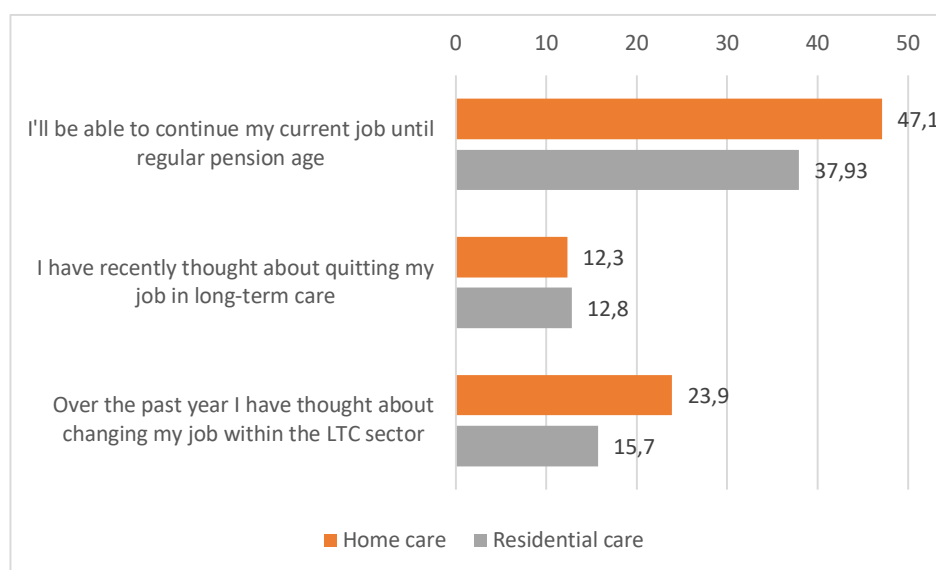
Source: Bauer et al., 2018.

The main reasons for the perception of deteriorating working conditions are the low number of staff, the lack of time for appropriately performing nursing and care activities, and a noticeable increase in occupational requirements. These results are in turn due to the perceived pressures of increased care needs and a too large number of people to be cared for, especially in care homes (see Rodrigues et al., 2018). Deterioration is particularly noticeable for workers over the age of 35 with several years of work experience, but also for those who report physical strain. Apart from the perceived burden, it is the experience of autonomy in the workplace that plays an important role, because negative assessments are primarily voiced by those employees who are overburdened with simultaneously limited freedom of action.

**Younger employees,
in particular, do not
see any long-term job
perspective in the
LTC sector**

The manifold strains and requirements have a significant impact on the **retention of workers in the LTC sector** (see Figure 4). The survey results show that more than half of the workforce (53%) in the home care sector and even 62% in the residential care sector do not intend to work in this sector until reaching retirement age, or assume that they are physically and/or mentally unable to do so. In particular, there are younger employees under the age of 25 who do not see any future perspective in long-term care. In the case of employees over the age of 25, there seems to be a higher level of identification with the profession, resulting in longer-term job prospects. It should be noted that working in relatively lower skilled care professions (home help, for example) is likely to have a positive effect on remaining in long-term care, which may be due to a lack of occupational alternatives. Decisive for employees considering to stop working in the long-term care sector, is in any case the state of health. The likelihood of giving up care work significantly increases with deteriorating health and increased levels of stress. Last but not least, the organisation size could be identified as an additional factor – above all those employees who work in larger long-term care organisations are playing with the idea to leave their current job and the sector.

Figure 4: Continuity of career prospects in long-term care in %



Source: Bauer et al., 2018.

Working environment and work experience

The assessment of working conditions, the experience of strain and the intentions of employees to quit the LTC sector are influenced, not least, by general workplace factors such as the working environment or the experience

of autonomy. The perception of the working environment is strongly influenced by the relationships with superiors and colleagues as well as the extent and the possibility for exchange and discussions at the workplace.

Team meetings are seldom and opportunities for interdisciplinary exchange are rare

While weekly **meetings** between employees and supervisors are common for 56% of the employees working in care homes, such meetings take place to a much lesser extent (20%) in the home care sector due to differences in work organisation. In any case, it is noticeable that a majority of employees in both sectors state that there are hardly any or no team meetings. The same applies to exchange across sectors (62% in home care respectively 54% in residential facilities). There is little time available for inter-professional or interdisciplinary communication as only 25% of employees in both sectors indicate to have such an exchange. This is a clear sign for very restricted networking between occupational groups, between organisations, but also between the health care and the LTC sector, as confirmed by the analysis of long-term care tasks (see Rodrigues et al., 2018).

Long-term care workers feel highly appreciated and supported

Employees in both sectors feel supported to a high degree by **superiors** (more than 80%), they feel to a large extent to be sufficiently informed about changes in the workplace, and they also receive a high level of appreciation from their superiors. The relationship with **colleagues** is also rated as positive, as about 90% of the employees feel supported and appreciated by their peers. However, it becomes apparent that the possibility of discussing problems with colleagues is insufficient for about 25% of employees, mainly due to lack of time. This is highly critical as this resource is essential for employees to deal with stress in the workplace. Overall, however, the working environment is being assessed positively by care workers in both LTC sectors.

Home care workers have more autonomy

Being given leeway in decision-making and the possibility of **autonomous work organisation** are essential motivational factors that characterise individual work experience (see also Leichsenring et al., 2015; Schulmann et al., 2016). In this context, home care workers report a significantly higher degree of autonomy than employees in care homes. An advanced working age and an often associated long-standing professional experience significantly contribute to a higher sense of autonomy. The same applies to employees in smaller organisations where – compared to larger organizations – less pronounced hierarchical structures are likely to allow for more autonomous decision-making. The fact that employees born abroad perceive less professional autonomy is significant, especially for those employed in Vienna, the region with the highest proportion of workers born outside the country. Further measures for enhanced integration and promotion of this group of employees in both sectors of LTC would therefore be recommendable.

Fields of action to improve working conditions in LTC

High levels of demand and strain, health impairments and the prevalent readiness to quit are major challenges

Given the growing need for LTC professionals in the future, the results of the study are calling for immediate action. For instance, the widespread intentions of workers to quit their job or even the long-term care sector early in their career, are alarming. The study has shown that it is not older employees, but young professionals under the age of 25 who do not see any long-term job prospects in long-term care. Worsening health conditions or physical limitations significantly increase the risk of leaving because it significantly limits the ability to perform certain types of work. However, the psychological and physical stress level is already very high among younger employees.

Employees with a longer experience in LTC work are perceiving an increase in occupational strain due to more demanding needs of users. On the one hand, employees experience a high level of appreciation by people in need of care, but on the other hand they are exposed to regular physical violence. This is a substantial challenge as it is likely to increase further, not least due to the rising number of people with dementia. Further training in dementia care and in preventing abuse could be a first step to mitigate this situation.

Prevention and health promotion to secure human resources for the long term

To promote a positive image, to ensure sustainability by appropriate staffing levels and individual career perspectives, and to minimize health problems at an early stage, the expansion of health-promoting programmes in the long-term care sector is definitely recommended. The high psychological and physical burdens must also be countered by appropriate preventive measures. Particular attention must be paid to the dimensions of LTC organisations, as size proves to be an essential factor influencing the experience of (negative) working conditions. Of particular concern, therefore, is the lack of counselling supervision and other forms of support especially in large care homes where the most negative assessments have been observed regularly. It is therefore necessary to expand such support services and other ways to help individuals develop strategies for coping with stress, especially in the residential care sector.

Autonomous and person-centred forms of work as a key factor in improving working conditions

In addition, the results show that, from the perspective of the LTC workforce, good working relationships and a fully positive working environment are essential features of working in the long-term care sector (see also Leichsenring et al., 2015; Schulmann et al., 2016). The overall positive assessment of care workers regarding their working environment therefore provides a good basis for further developments, especially when it comes to enabling autonomous and person-centred work that goes hand in hand with positive effects for the employees. At the same time, this could also result in more flexibility in terms

of time since the focus on person-centred work offers employees more possibilities for activities of social care (see Rodrigues et al., 2018). Such transformations in work organisation require significant organisational changes (for example, work in smaller units, flat hierarchies) to achieve positive effects for employees as well as for persons in need of care.

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