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Satisfied Workers, Retained Workers: Effects of Work and Work Environment on Homecare Workers' Job Satisfaction, Stress, Physical Health, and Retention

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Satisfied Workers, Retained Workers: Effects of Work and Work Environment on Homecare Workers' Job Satisfaction, Stress, Physical Health, and Retention

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Participants in the Research

The home support workers, nurses, therapists, office staff, case managers, supervisors, co-ordinators, and managers participating in our focus groups, key informant interviews, and responding to our survey

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Key Implications for Decision Makers

- Occupational health problems of stress, burnout, and musculoskeletal disorders experienced by workers in this study are preventable. Sufficient government funding to provide services, avoid continuous changes in the work environment, and make rational restructuring decisions based on input from all stakeholders can contribute to healthier workplaces and healthy workers.
- Stress, high workload, and job insecurity are factors that contribute to decreased job satisfaction among homecare workers. Experiencing emotional labour (that is, the work involved in dealing with other people's feelings), satisfaction with pay and work schedules, feelings of organizational and co-worker support, working one-on-one with clients, and high levels of mastery contribute to increased job satisfaction.
- The implementation of market-based or managed competition increased the turnover rate for homecare workers in our study agencies. The causalization of work, low pay, poor benefits, and job insecurity are the reasons given by homecare workers for leaving their agencies. To decrease high turnover in the homecare sector, governments need to divert sufficient resources to the homecare sector so jobs may be restructured to be full-time with good pay and benefits matching those provided by long-term care institutions and hospitals and so workers can have continuity in hours, schedules, and place of work.
- Increased stress is significantly associated with self-reported musculoskeletal disorders. Policy makers are recommended to focus on factors that create stress in order to have a healthy working population in homecare and to retain these workers in the labour force.

Executive Summary

The goal of this project was to assist health system managers and policy makers develop policies and strategies to recruit and retain human resources in the homecare sector and have a satisfied, healthy workforce. Researchers worked in partnership with the agencies and the unions representing workers in the agencies to examine the effects of work and work environments on homecare workers' emotional, mental, and physical health and intention to leave their workplaces.

The overall research question was: *How do the work characteristics of homecare workers and the work environment in homecare contribute to job satisfaction, stress, physical health, and retention?* The factors we examined were job characteristics (non-standard work, flexible work, flexible pay, and flexible work schedules), physical and psychosocial work factors (physical work environment, heavy workload, work intensification, job insecurity, and social support), and factors related to organizational change (restructuring and perceived impact on clients). More specifically, we explored the impact of these factors on employee and organizational outcomes.

The project had two phases. In the first phase of this study (reported elsewhere) we examined the impact of healthcare restructuring and other organizational changes on the mental and physical health of homecare workers. In the second phase, we focused on a set of factors affecting employee and organizational outcomes. Employee outcomes are represented as job satisfaction, stress, physical health problems, and musculoskeletal disorders. Retention is the organizational outcome and refers to the workers' intention to leave and, for those who have already left, their reasons for leaving and reasons for getting a different job.

The research is designed as a mixed-method approach with both qualitative and quantitative data. We collected the data under a previous grant from the Workplace Safety and Insurance Board. For the qualitative data we used interviews and discussion groups, and for the quantitative data we used the “Health and Worklife Questionnaire” (a survey of all workers) and the “Survey of Former Employees.” This triangulation of data collection gives us a more in-depth, comprehensive picture of the study findings.

Results showed that restructuring and organizational change in the homecare sector has contributed to both mental and physical health problems (including job stress and musculoskeletal disorders), job dissatisfaction, and retention problems. The study provided convincing evidence that the change to a market-based model of homecare, known locally as “managed competition,” and the corresponding shift to a business-like work environment is taking a toll on homecare workers. Other factors that contribute to these problems are the lack of resources in the homecare sector; government budget cuts; dissatisfaction with hours of work, levels of pay, and benefits; wage inequalities compared to the hospital and nursing home sectors; work intensification; and perceived decline in the quality of care given to clients. The study shows that there are differences in working condition between non-profit and for-profit agencies in terms of pay, benefits, and continuity of hours, yet for-profit visiting homecare workers seem to have experienced fewer impacts of healthcare restructuring than their non-profit counterparts.

Factors that contribute to higher levels of satisfaction and the propensity to stay with the organization include organizational and peer support, working one-on-one with clients, doing emotional labour (that is, the work involved in dealing with other people’s feelings), and satisfaction with schedules, pay, and benefits. This study also addressed the association between

job flexibility and job insecurity and self-reported musculoskeletal disorders. While stress was identified as an important source of musculoskeletal disorders, we found no relationship between having a flexible type of job (working part-time or casual), having a flexible schedule, job insecurity, and musculoskeletal disorders.

There are several implications of our study for managers, unions, and policy makers. Our findings show the work and work environment are major factors affecting worker and workplace outcomes. Occupational health problems experienced by workers in this study are preventable.

Managers and unions are recommended to pay attention to the negative effects of stress, workload, and job insecurity on job satisfaction. Further, they are recommended to pay attention to the positive effects of experiencing emotional labour, satisfaction with pay and work schedules, organizational and co-worker support, and working one-on-one with clients on job satisfaction. High levels of mastery also positively affect job satisfaction.

It is important for policy makers to acknowledge occupational stress resulting from incremental changes in the work and external work environment, and the resulting effects on physical health, work-related stress, job dissatisfaction, and propensity to leave the workplace. Sufficient government funding to provide services, avoiding continuous changes in the work environment, and making rational restructuring decisions based on input from all stakeholders can contribute to healthier workplaces and healthy workers. In addition, providing resources in homecare to provide more permanent jobs with wages and benefits that match the acute and long-term care system will help to improve retention and recruitment in the homecare sector.