



# **How Do Aged Care Workers Compare With Other Australian Workers?**



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## **Acknowledgements**

We thank our colleagues at the National Institute of Labour Studies, Peng Liu and Diana Ilsley, for invaluable assistance with data analysis, and Associate Professor Bill Martin for guidance and comments on an early draft.

This report uses confidential unit record data from the Household, Income and Labour Dynamics in Australia (HILDA) survey. The HILDA Project was initiated and is funded by the Commonwealth Department of Family and Community Services (FaCS) and is managed by the Melbourne Institute of Applied Economic and Social Research (MIAESR). The findings and views reported in this paper, however, are those of the authors, and should not be attributed to either FaCS or the MIAESR.

## Executive Summary

Using data from several national data sets, and drawing on a unique DHA/NILS survey of the residential aged care workforce, we examine how employment in the aged care industry compares with employment elsewhere in Australia on several dimensions. Because of the composition of the workforce, which is 94 per cent female, the report mainly compares the experiences of female aged care workers with all employed women.

The results are presented in three sections. In the first, which deals with individual characteristics, we show that female aged care workers are generally older than all employed women, but have consistently higher ratings of their own personal health. The workforce contains many women with industry-specific training at the level of a Certificate III, but there is little by way of difference in the ‘current’ (i.e., incomplete) educational participation of the aged care and Australian female workforces.

The second section examines the nature of aged care jobs and earnings. We find that the industry has relatively few women doing very short or very long weekly working hours, while an overwhelming majority (82%) are in continuing jobs – a remarkable rate of ‘permanency’ compared with the workforce average for other females (59%). At all levels of job experience (‘tenure’), the aged care industry offers greater job permanency to women workers than does the labour force at large.

In terms of earnings, we find that one in five female carers is a ‘low-wage earner’ (on our definition, one who had an hourly wage of less than \$14 in 2003), compared to one in *three* employed women. Young carers (16-24 year olds) are half as likely as all employed women in the same age group to be low-paid, and, across all age groups, female carers are just as likely as all employed women to be *highly*-paid (earning an hourly wage of at least \$25 in 2003). Longer tenure in the aged care industry does not appear to bring an increased chance to move into the ‘high-wage’ jobs, contrary to the ‘average’ experience for women.

The final section concerns workers’ perceptions of, and satisfaction with, their work. On an overall measure, female carers were twice as likely as all employed women to be *dissatisfied* with their jobs, and average levels of job satisfaction declined for carers as their job experience increased. Female carers have a dramatically higher

incidence of *pay* dissatisfaction than all employed women. We show that this is not due to workers having different hours to those they would prefer; nor is it because some workers are the main ‘breadwinners’ for their households while others are not. The best predictor of pay satisfaction appears to be actual hourly earnings: carers with the lowest hourly wages are substantially more likely to be dissatisfied with pay, and the rate of dissatisfaction subsides as hourly earnings increase.

The vast majority of aged care workers consider themselves to be working in jobs that make good use of their skills. Although educational attainment appears to matter little in shaping this perception, it is clear that the least skilled workers (those without any post-school qualification) have more favourable perceptions about skill utilisation than do all employed women. About half of female carers consider themselves to have some freedom in how they do their work, but job tenure does not appear to raise this perception much. Similarly, about half of the female care workforce feels under pressure to work harder. As is the case in the whole Australian workforce, this sense is most keenly held by those doing long weekly hours (in excess of 40 per week).

Numerous policy implications can be taken from the present findings. Although we have earlier argued that aged care is not an industry ‘in crisis’, in terms of its current or future labour force, clearly the issues of worker attraction and retention remain important. The industry should be promoted to young potential entrants on the basis that it provides comparatively generous working conditions without requiring long or extensive formal training. Jobs are predominantly offered on a continuing basis, with few requiring very long hours, and the potential for ‘work-life balance’ to be managed around individual preferences is – employers willing – very good. Work pressures are moderate and skill utilisation is apparently high. Attention should be directed by policy-makers to the problem of workforce advancement. At present there is no clear pay advantage from longer job tenure, but the carers who get ‘stuck’ in low-wage employment have persistently worse perceptions of their pay. They are the most liable to drift away from the industry because of poor opportunities for promotion.

## Introduction

The purpose of this report is to compare the characteristics of residential aged care workers, as captured in our 2003 survey of the workforce, with the whole Australian workforce. As part of ongoing work commissioned by the Department of Health and Ageing, we have already provided some limited information of this kind in our first report on the survey data (see Richardson & Martin, 2004). Among other things, that report showed how aged care workers are more likely to be working part-time, and less likely to be working long full-time hours, than all employed Australians.

Our aim here is to go beyond those earlier observations, by introducing new data and improving the comparability of our aged care data with the Australia-wide data. We draw on the Household Income and Labour Dynamics in Australia (HILDA) Survey, as well as the Australian Survey of Social Attitudes (AuSSA), and published and unpublished data collected by the Australian Bureau of Statistics (ABS). We are able to utilise each of these different datasets because deliberate efforts were made at the design stage of our original aged care survey to ask directly comparable questions.

In this report we explore how aged care work, and the people employed to do it, differ from similar groups in other parts of the Australian workforce. Much of the discussion is focused on females, given that women comprise the vast majority (94%) of all direct care workers in the sector. The exclusion of men also allows gender to be eliminated as a potential ‘confounding variable’ in many of the comparisons we present.

The report is organised in three sections. We first examine the personal characteristics of aged carers, focusing on their age, health, and educational attainment. We then compare the jobs offered in the aged care sector with those likely to be available to similar workers in other industries. Our interest is especially in the types of employment arrangements that are offered, including weekly working hours and the extent of ‘casualisation’, and the hourly earnings of aged carers. Finally, we look at carers’ perceptions of their jobs. Are they more or less satisfied with their jobs and pay than similar workers? Do they see their jobs as involving greater autonomy or pressure to get things done under tight time constraints? We summarise our findings in a concluding section and suggest implications for the industry and policy-makers.

## The Aged Care Workforce

It is helpful to begin by examining some demographic characteristics of the aged care workforce. These provide an immediate idea of the ‘human capital’ that aged carers possess. They also function as control variables in later parts of our analysis.

### Workforce Age

In Table 1 we show the age distribution for four subgroups of the aged care workforce and the Australian data, with disaggregation by gender. Recall that we collected data from a randomly-sampled group of carers, as well as from a separate group of carers who were the most recently employed at their particular facilities. The ‘random sample’ group, on which we base most of the analysis that follows, contained 2580 female respondents and 173 male respondents. The ‘recent hires’ group contained a slightly higher male-to-female ratio (approx. 1:10), and was typically younger than the whole workforce represented in the random sample. The *median* female carer in the whole aged care workforce was 45-54 years old, while her counterpart in the recently hired group was 35-44 years old.

Comparing the first column in Table 1 with the column second from right, we see that women employed in aged care jobs are generally older than all employed women. They are nearly twice as likely to be over 44 years of age (59% versus 33% for all Australian female workers), and are substantially less likely to be under 35 years of age (17% versus 43%). The proportion of recently hired male carers in the youngest age group is slightly higher than for all male employees (21% versus 17%), but the same is not true of the male random sample group, which we take to be the more representative of aged carers generally.

**Table 1: Workforce age distribution by gender**

	Aged care females		Aged care males		Australia	
	<i>Random sample</i> n=2580	<i>Recent hires</i> n=2383	<i>Random sample</i> n=173	<i>Recent hires</i> n=246	<i>Females</i>	<i>Males</i>
16-24	6	11	4	21	20	17
25-34	11	16	22	24	23	24
35-44	25	29	31	28	24	24
45-54	41	33	34	18	23	21
55-64	17	11	10	9	9	12
65+	1	1	0	0	1	2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

*Source:* Australian data are from the ABS *Labour Force* (cat. no. 6203.0), Feb. 2003, p.31.

## Self-Assessed Health

Given the age structure apparent in Table 1, it is worth investigating whether the aged care workforce is any more likely to be in poor physical condition than the (typically younger) Australian workforce. This is an important issue for workforce planning, because personal health correlates with other measures of job (and life) satisfaction. Workers who suffer poor health may also have low morale, and chronic conditions may eventually force them out of the workforce altogether.

We asked aged care workers to assess their own health against a five-point scale (from 'Excellent' to 'Poor'). The basic results were given in our first report, where we noted that: 'Just over two thirds of [aged carers] rated their health as either very good or excellent'. In addition, we observed that carers: 'clearly see their health in more positive terms than does the whole adult population' (Richardson & Martin, 2004: p.26). Because the population at large will contain many non-workers (who may be in that state because of poor health or age), a better comparison group for our present purposes is the *working* members of the Australian population.

The results for *female* members of the aged care and Australian workforce are given in Table 2, with disaggregation by age. These allow us to see whether carers rate their own health differently from other employed women in similar stages of life. The bold-type numbers in the final (right-hand) column show the distribution of female carers across the five health categories. The numbers immediately below them in each row give comparable percentages for the whole female workforce. Working back across the columns, we can compare the self-assessed health of particular worker age groups, both against the overall carers' distribution and against the Australian results.

Regardless of age, carers are highly unlikely to rate their health as 'poor'. This is noteworthy because the surveys were anonymous records of workers' views and we have no reason to doubt their validity. However, much the same results are apparent for the whole female workforce. At the opposite end of the health spectrum, we see larger differences. Twenty-two per cent of female aged carers rated their health as 'excellent', compared with 15 per cent of all employed women. Across all age groups, the story is repeated: female care workers are persistently more likely than all workers in the same stage of life to rate their health as excellent. Although young carers are most likely to view their health as excellent (a result we would expect), the widest

margin between carers and other workers is apparent for 55+ year olds. In this age category, more than one fifth of carers (21%) rate their health as excellent, compared to 9 per cent of working women. The 45-54 and 35-44 year old age groups show very similar disparities between the health of the aged care female and Australian female working populations (in both cases the margin is 11 percentage points).

**Table 2: Self-assessed health by age categories**

	16-24	25-34	35-44	45-54	55+	Total
Poor						
Aged care females	0	0	0	0	0	0
Employed females	0	1	1	1	1	1
Fair						
Aged care females	6	4	3	6	5	5
Employed females	5	6	8	10	11	8
Good						
Aged care females	24	28	26	28	30	28
Employed females	35	30	37	37	36	35
Very Good						
Aged care females	40	44	48	45	44	45
Employed females	40	43	41	43	43	42
Excellent						
Aged care females	30	24	24	20	21	22
Employed females	19	19	13	9	9	15

*Source:* Data for all employed women are taken from the Household Income and Labour Dynamics in Australia (HILDA) Survey, Wave 2.

## Educational Completion and Participation

Training completion and participation rates also provide a useful basis for comparing aged carers with the wider workforce. The data collected in our original survey asked for detailed information about the nature of carers' qualifications. Separate questions dealt with secondary schooling completion and any 'post-school' qualifications later completed. For the purposes of this report, we have combined these two measures into a single variable that reflects each worker's *highest* completed qualification, from which we can more easily construct comparisons with the whole workforce.

We allocated carers to one of four categories based on their training: 'no post-school'; 'certificate' (level not further defined); 'bachelor degree'; and 'post-graduate'. Those with only a high school education were placed in the first 'no post-school' category.

We included in the ‘certificate’ group those carers who had completed ‘diplomas’ or ‘advanced diplomas’; while in the ‘post-graduate’ category we counted those who had ‘graduate certificates’ and ‘graduate diplomas’, along with those who held post-basic nursing qualifications (whether or not in aged care). The ABS typically reports each of these groups separately, but there are too few individuals in our aged care sample to warrant more than the four categories we have adopted. A final issue was how to categorise nurses who have not studied at university level, but who nevertheless have had considerable on-the-job training and experience as nurses. Because our intention is to differentiate workers by ‘human capital’, rather than strictly by credentials, we have chosen to include these nurses in the ‘bachelor degree’ category, even though they would not have described themselves as formally holding such qualifications.

As with our earlier discussion of health, we begin by comparing the qualifications of the different gender and survey (‘random sample’ and ‘recently hired’) groups in our aged care data with the whole Australian workforce. ABS data show that in the whole workforce, the largest group consists of individuals who have not studied beyond high school. This captures 47 per cent of female employees, and 42 per cent of males. The next largest group, which accounts for a further 38 per cent of male workers, and 29 per cent of females, is those who hold a certificate qualification. Males are slightly less likely than females in the whole Australian workforce to have completed study at tertiary level (20% versus 24%).

Educational attainment among aged carers looks quite different to that aggregate picture. It departs most dramatically at the certificate level because, as we have noted in our earlier report on the data, large proportions of (mainly) personal care attendants have completed industry specific training at certificate level III. Concentrating on the female ‘random sample’ group, we can see the high incidence of certificate-holding very clearly in Table 3. The proportion of all female carers with this type of qualification is double that for employed females generally (59% versus 29%).

The difference appears to consist wholly of workers who have entered into and completed training at the certificate level in order to gain access to aged care employment. We can infer that these are women who, if not for wanting employment in the industry, would not have studied beyond high school. The obverse is that 15 per cent of workers in the aged care workforce have no post school qualifications,

compared to 47 per cent of female Australian employees. Almost all of this disparity is due to the high incidence of certificate-level holding among aged care workers (i.e., the 29 point difference between the two groups at certificate level is close to the 32 point difference that operates in the reverse direction at the no post-school level).

**Table 3: Highest completed qualification by gender**

	Aged care females		Aged care males		Australia	
	Random sample	Recent hires	Random sample	Recent hires	Females	Males
No post-school qualification	15	17	21	20	47	42
Certificate	59	62	54	63	29	38
Bachelor degree	16	12	15	8	17	14
Post-graduate	10	10	10	9	7	6
Total	100	100	100	100	100	100

*Source:* Australian data are from the ABS *Education and Work* Confidentialised Unit Record File (CURF), May 2003.

Still focusing on female employees, Table 4 examines whether carers of a particular age are more likely to hold particular qualifications than women employed in other areas. As with the results from Table 3, the high incidence of certificate-holding in aged care is immediately apparent. We see that younger women in aged care work are three times as likely as all employed women in their age group to have a certificate qualification. Older carers (55+ year olds) also tend to be better qualified than the typical employed woman in their age group. However, for ‘prime-age’ female carers (i.e., 25-34 year olds) the opposite conclusion applies. The likelihood of an employed female in this age group having a university degree is one in three (34% counting both the bachelor and post-graduate categories), but for female aged carers the probability is considerably less: one in seven (14%). This result, like others, is a product of the certificate-level training establishing a fairly uniform standard for entry into the industry. Potential workers intending to do only basic (sub-nursing) care work must gain such a qualifications as a prerequisite to employment, but they need go no further. Once their training is complete, the actual offer of employment is determined on the ‘demand-side’ of the labour market (i.e., by employers having jobs to fill).

A final point of interest in the area of qualifications is whether aged carers are more likely than other workers to be engaged in *current* study. The comparative data for all Australian female workers, shown in Table 5, include a small percentage (4%) who are working while in the process of completing high school. Though there may be a

very small number of aged care workers in this position, we are not able to identify them from our survey (as this asked only about post-school study). Table 5 reveals little by way of difference in the current training participation of the aged care and Australian female workforces. Consistent with the previous results, carers do appear marginally more likely than other workers to be studying towards a certificate level qualification (9% versus 6%). This is especially true of the ‘recently hired’ female group (14%). But carers are no different in terms of their participation in study for any other type of qualification.

**Table 4: Highest completed qualification by age**

	16-24	25-34	35-44	45-54	55+	Total
No post-school qualification						
Aged care females	31	17	13	13	15	15
Employed females	66	34	42	47	51	47
Certificate						
Aged care females	60	69	64	57	49	59
Employed females	22	32	32	29	30	29
Bachelor degree						
Aged care females	10	10	17	16	20	16
Employed females	11	27	18	15	12	17
Post-graduate						
Aged care females	0	4	6	14	16	10
Employed females	1	7	8	10	7	7

Source: Australian data are from ABS *Education and Work CURF*, May 2003.

**Table 5: Current study by type of qualification**

	Aged care females		All employed females
	Random sample	Recent hires	
Certificate	9	14	6
Bachelor degree	4	5	5
Post-graduate	2	2	2
High school equivalent	n/a	n/a	4
Not currently studying	85	80	83
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: Australian data are from ABS *Education and Work* (cat. no. 6227.0), May 2003, pp. 12 & 18.

## Aged Care Jobs

The ‘attractiveness’ of aged care work, and hence the ability of facilities to find and keep the workers they need, is likely to be closely linked with the general quality of employment available in the industry. In this section we focus on three aspects of the sorts of jobs offered in aged care: working hours, employment arrangements (i.e.,

casual, contract, or permanent), and hourly earnings. We relate these variables to the personal and demographic traits of workers discussed in the previous section.

## **Working Hours**

In Table 6 we report on the weekly working hours of females in the aged care and Australian workforces, with the data grouped by individual age groups. It is helpful to begin with the numbers in bold in the final right-hand column. These show the percentages of all female aged carers who fall into the various working hours categories: for instance, 30 per cent of all women employed in aged care have ‘standard’ full-time jobs in which they work 35-40 hours per week. This compares with 33 per cent of all female employees doing the same weekly hours (the number below the bold-type in the same column).

Reading across the rows of the Table for each weekly working hours grouping, we can compare both the different age groups *within* aged care, and *across* the two (aged care and Australian) workforces. To illustrate, the upper left-hand cell of the Table shows that young female carers (16-24 year olds) are the most likely sub-group of the aged care population to be employed for ‘short part-time’ hours (i.e., 1-15 per week). Thirteen per cent of the young carers have weekly working hours in this range, compared to 5 per cent of 45-54 year old carers, and 8 per cent of all female carers. But compared to other (i.e., non-aged care) employed women, these young carers are substantially *less* likely to be working on a short part-time basis. One in five (19%) female employees work 1-15 hours per week, and more than one in three (38%) younger (16-24 year old) female employees do so.

The range in which female carers least resemble other employed women is in ‘longer part-time’ hours (i.e., 16-34 per week). Over half (58%) of carers work such hours, compared with less than one third (29%) of all employed women. Again, the largest differences are for younger carers. Where at least half of 16-24 year old and 25-34 year old carers work 16-34 hours per week (56% for each group), the comparable proportions in the whole female workforce are only 23 and 24 per cent, respectively.

It is when we move upwards through the longer weekly working hours categories that the importance of these difference becomes more apparent, for in the ‘long’ hours range (i.e., 40+ per week), female carers of all ages (but especially 25-34 year olds)

are under-represented by comparison to the ‘typical’ female worker. Where one in five female employees (19%) works 40 or more hours per week, only one in *twenty* (5%) female carers does so. On the other hand, 25-34 year old female carers have lower than ‘average’ (by reference to the whole population) representation in the ‘standard full-time’ hours range (i.e., 35-40 hours per week).

While we should be wary of reading too much into these comparisons, the observed patterns may give us some perspective on the extent of progress being made towards ‘family-friendly’ workplaces in the aged care industry. This is surely of more concern to the predominantly female aged care workforce than it may immediately be for others. Table 6 shows that younger carers are less likely to work very long hours, which *suggests* that their jobs may be less time-demanding, and thus more facilitative of ‘work-life balance’, than is the norm. But individual preferences are all important. *If* the high incidence of part-time employment reflects these preferences, the effects will be different – and more favourable – than if workers are experiencing frustration at the perceived inadequacy of their working hours arrangements. We explore this in more detail in Section 3.

**Table 6: Weekly working hours by age**

	16-24	25-34	35-44	45-54	55+	Total
1-15 hrs per week						
Aged care females	13	12	9	5	10	8
Employed females	38	11	14	13	19	19
16-34 hrs per week						
Aged care females	56	56	64	58	51	58
Employed females	23	24	38	31	33	29
35-40 hrs per week						
Aged care females	29	27	23	33	32	30
Employed females	28	39	31	33	28	33
40+ hrs per week						
Aged care females	*	5	5	4	7	5
Employed females	11	27	17	23	20	19

*Source:* Australian data are from HILDA. \* denotes cells where absolute response numbers are less than five.

## Employment Status

Another major aspect of the ‘types’ of jobs available to workers in aged care is the form of employment relationship. In the Australian workforce generally, more than one quarter of employees are in ‘casual’ jobs. In general, they receive fewer of the benefits that accompany permanent or ‘continuing’ employment. The absence of paid

sick and annual leave is taken (by the ABS) to be the *identifier* of casual employment. While many casual workers are compensated by a loading on their hourly rate of pay, others are not. And there is controversy over whether they have lower job satisfaction (Wooden & Warren, 2004).

In aged care, casual employment is comparatively *uncommon*. From Table 7, below, we can see that 12 per cent of female aged carers have casual work arrangements, whereas nearly one third (31%) of all female employees do. The vast majority (82%) of female carers are in continuing jobs. This is a remarkable rate of permanency when compared with all female employment (of which 59% is continuing). Fixed-term contract employment is also less common in aged care. Our survey data may slightly underestimate the true incidence of non-continuing employment amongst direct care workers in aged care facilities, primarily because it does not cover agency staff not employed by the facility. However, previous research estimated that their inclusion would not significantly alter the picture since only 2.5 to 3.5 per cent of all shifts are worked by such staff (Richardson and Martin 2004: 48).

Table 7 shows whether workers with less experience in their current jobs (i.e., shorter ‘tenure’) are more likely than other workers to be in a particular form of employment. We find persistently higher rates of job ‘permanency’ in aged care – and hence lower rates of ‘casualisation’ – than is typical for employed women with similar experience in their current jobs. Among carers, those who have been employed at their particular facility for a short time (i.e., less than one year), are substantially more likely to be engaged on a casual basis (36%). But they are less likely to be in this position than other females with a similar amount of experience in their (non-aged care) jobs (50%). At all levels of experience, the aged care industry offers greater job permanency to women workers than does the labour force at large.

A second aspect of Table 7 is a cross-tabulation of employment status with workers’ preferences for more or less weekly hours. Our survey asked aged care workers how many hours they would prefer to work per week. We grouped the workers responses to this question into three categories depending on whether they preferred to have more paid hours each week, fewer paid hours, or no change in their existing arrangement. We have already reported the fact that around one quarter of all carers prefer more hours, while 14 per cent prefer fewer (Richardson & Martin, 2004: pp.22-

24). The results in Table 7 confirm that carers who want an increase in their weekly hours are more likely to be in casual jobs: 18 per cent of those wanting an increase in hours are casuals, compared to 5 per cent of those who want a *decrease*, and 11 per cent of those who prefer no change. We can see the same pattern in the data for all employed women. However, the finding for aged care workers must be set against the generally low incidence of casualisation in their industry. The association between employment status and hours preference is much more pronounced *outside* of aged care than inside.

**Table 7: Employment status, by tenure and hours preference**

	<i>Casual</i>		<i>Contract</i>		<i>Permanent</i>	
	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>
Tenure						
<1 year	36	50	9	14	52	36
1-3 years	14	37	3	10	83	53
3-5 years	9	26	5	8	85	66
5-10 years	8	18	6	7	86	75
10+ years	6	12	5	7	88	80
Hours Preference						
Want fewer hours	5	12	4	12	90	75
No change	11	30	6	9	83	61
Want more hours	18	59	5	7	75	34
<b>Total</b>	<b>12</b>	<b>31</b>	<b>5</b>	<b>10</b>	<b>82</b>	<b>59</b>

*Note:* We have excluded from the Table a small number of carers (n=23) whose employment status either could not be discerned, or could not be fitted into one of the above three categories.

*Source:* Australian data are from HILDA.

## Earnings

In our original discussion of the aged care workforce survey data, we showed that three quarters of nurses in the industry earn above a threshold level of weekly employment income (\$500 per week), while large proportions of the personal care attendant and allied health workforces (at least 60% in each) earn below it. The limitation of *weekly* earnings data is that they do not account for the fact that many jobs are part-time, including in the aged care industry, as we have seen above. To better evaluate the issue of pay, we need to focus on *hourly* earnings.

The calculations can be made by dividing workers' assumed weekly earnings (their wages over a typical pay period, converted to a weekly basis) by their usual weekly work hours. Once this conversion was made, we grouped carers into five hourly earnings bands. We did this by ordering the distribution of individual workers' hourly

earnings from highest to lowest and dividing into five nearly equal groups or ‘quintiles’. (The categories in Table 8 do not contain precisely 20 per cent of the workforce each, because we have attempted to set the ‘cut-off’ points at intuitive earnings boundaries. For instance, we preferred a cut-off point of \$19.50 to \$19.37).

Table 8 relates hourly earnings, as calculated above, to five job and demographic characteristics: worker age; tenure; weekly working hours; employment status; and highest completed qualification. All of these variables have been introduced earlier in the report. For each of them, we display the results for aged care workers and all workers separately, for each of the five hourly earnings bands.

**Table 8: Hourly earnings (\$), by various demographic and job characteristics**

	0–13.99		14.00–16.49		16.50–19.49		19.50–24.99		25.00+	
	<i>Aged care</i>	<i>All</i>								
Age										
16-24 years	29	62	23	16	33	13	6	6	9	4
25-34 years	26	26	22	19	17	18	22	20	13	17
35-44 years	21	26	19	21	23	15	18	21	18	18
44-54 years	16	25	19	17	21	16	20	24	24	20
55+ years	17	25	18	18	22	17	18	21	24	20
Job Tenure										
<1 year	27	48	24	16	20	15	11	11	18	10
1-3 years	18	40	20	21	22	14	17	14	23	11
3-5 years	16	34	24	20	24	20	20	14	16	12
5-10 years	19	24	21	20	23	13	20	26	18	17
10+ years	19	15	15	14	20	14	21	30	25	27
Weekly Hours										
1-15 hours	22	47	10	13	18	13	24	9	26	17
16-34 hours	17	34	24	21	22	16	18	17	20	13
35-40 hours	20	26	18	20	24	18	17	21	21	14
40+ hours	36	31	8	17	15	12	28	23	13	17
Employment Status										
Casual	19	50	17	17	23	12	18	11	23	10
Contract	28	28	18	21	26	16	10	22	18	14
Continuing	19	26	21	18	21	17	20	21	20	17
Highest Qual.										
No post-school	35	48	21	20	17	13	13	12	14	7
Certificate	22	33	26	24	29	17	17	18	6	9
Bachelor degree	3	14	4	10	10	18	27	29	56	28
Post-graduate	5	11	12	6	7	13	22	26	55	44
<b>Total</b>	<b>19</b>	<b>34</b>	<b>20</b>	<b>18</b>	<b>22</b>	<b>15</b>	<b>19</b>	<b>18</b>	<b>20</b>	<b>15</b>

*Note:* The data for weekly working hours, from which we have derived hourly earnings in the Table, relate to *all* jobs held by respondents, rather than hours in *main* job. Because the incidence of multiple job-holding is low (5%) among the relevant workers, however, the impact on the results reported above is likely to be small.

*Source:* Australian data are from HILDA.

Perhaps the most important columns in the Table are the first two on the left-hand side, which show the lowest hourly earnings range (less than \$14 per hour). In late 2003 (the time at which we collected the original aged care workforce data), the Federal Minimum Wage set by the Australian Industrial Relations Commission was equal to an hourly wage of \$11.80.<sup>1</sup> Hence, workers falling into the lowest of our five hourly earnings bands are those earning near to, or at most a little over, the minimum wage. The way we have arranged the data means that 19 per cent of all female aged care workers fell into this low earnings group, compared with fully one third (34%) of all female employees. What accounts for this difference? Does it mean that aged care work is comparatively well-paid?

Looking more closely at some of the other variables displayed in Table 8, several observations can be made:

1. Though they are the most likely to be low-paid within their particular industry, young female aged care workers (16-24 year olds) are less than half as likely as all employed females in that age group to be paid below \$14 per hour (29% versus 62%).
2. Across age groups, female carers are as likely as all employed women to be 'high-wage earners' (i.e., being paid at least \$25 per hour). The differences between aged care and all employed women never exceed 5 percentage points.
3. Among all employed females, there is a rising incidence of high pay as the length of tenure increases. Hence, employed women with 10 or more years' job experience are nearly three times as likely as those with less than one year's experience to be earning \$25 or more per hour. This relationship is *not* seen among female carers. Those with more than 10 years on the job are about as likely to be highly paid in hourly terms as those with 1-3 years' experience. However, both aged care and Australian workers are likely to receive lower rates of pay if they have only worked for a short amount of time in their current job (less than one year).

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<sup>1</sup> This is the rate for adult workers only, and is not strictly comparable to some of the workers in our data, who would be covered by lower youth rates.

4. When separated according to weekly working hours, the carers most likely to be high-paid are those with short part-time jobs (i.e., 1-15 hours per week), while those most likely to be low paid are those with the longest weekly hours (40+ per week). This paradoxical finding is not apparent in the data for all employed women, where those with short part-time hours are substantially more likely to be low paid (47%). Because our calculation of hourly earnings involved dividing each individual's imputed weekly wage by their reported weekly hours, this result may be an artefact (i.e., individuals with very long working hours will end up with a low hourly wage, and vice versa).
5. The data for female carers reveal no clear relationship between employment status and hourly earnings, in contrast to the data for all employed women. It is clear from the latter that casual workers are the lowest-paid (exactly half of them falling into the 'less than \$14 per hour' category). Among female carers, those on fixed-term contracts appear most likely to be low-paid, though, as we have earlier seen, they are relatively few in number because the industry is dominated by 'continuing' employment.
6. The results for the final variable shown in Table 8, highest qualification, are perhaps the most straightforward. We see that, for females working either in aged care or in some other industry, having not studied beyond high school level increases the likelihood of being low-paid. But the probability of earning below \$14 per hour is greater for women outside of aged care than inside (48% compared to 35%).
7. At the other end of the earnings spectrum, we can see a steadily rising incidence of high-paid employment among all employed women as the level of educational attainment rises. Although the improvement is not so clear among aged care workers, it does still hold: female aged care workers who have completed tertiary training are more likely than their peers in that industry, and their similarly-qualified counterparts in other areas of the labour force, to be highly-paid (i.e., in the '\$25 or more per hour' group).

Returning to our initial question – what accounts for the lower incidence of low-paid employment among females in the aged care industry than in the whole Australian workforce? – Table 8 suggests (but cannot definitely prove) that the difference may

be due to at least three distinguishing features of the industry. First is the small share of its total workforce that is young and in the early stages of working life (refer back to Table 1, which disaggregated the aged care and Australian workforces by age). Second there is the tendency for aged care workers to be working either in long part-time, or regular full-time, jobs, rather than in short part-time or long full-time jobs (both of which tend to increase the rate of low pay on an hourly basis). Third is the very low rate of casualisation in aged care. The industry largely avoids the problem that is readily apparent for the ‘typical’ female employee, wherein casual employment is associated with a significantly larger probability of working at a low hourly wage.

## **Perceptions About Work**

So far in this report we have considered the personal characteristics of aged carers and the ‘hard’ dimensions of their jobs (i.e., the terms of work and its financial rewards). We now consider some of the subjective or qualitative dimensions of the work, focusing on workers’ perceptions. In our original report, we paid much attention to these ‘soft’ elements. We highlighted what seemed to be a widespread frustration among staff, and particularly nurses, with their inability to provide an appropriate quantity of care to residents of their facilities (Richardson & Martin, 2004, pp.33-34).

The nature of employment in residential aged care facilities makes it difficult to precisely compare *some* of its features with work done by others in non-care industries. Questions about the amount of time staff are able to devote to their direct care duties – and whether they feel this is adequate to the task and their personal sense of responsibility – are unlikely to have much salience for those not working in jobs that require hands-on care. But other aspects of the work are amenable to a more general comparison. In this section we focus on satisfaction (both with pay and their with jobs as a whole), then on other dimensions of the work where we sought employee views: skill utilisation, ‘autonomy’ of decision-making, and work pressure.

### **Overall Job Satisfaction**

The aged care workforce survey contained a set of job satisfaction questions which we adapted from HILDA. These dealt with pay, working hours, job security, the work itself, and perceived ability to balance work and family. A final question (Q.15f on the aged care questionnaire) asked about *overall* satisfaction, taking each of the above

factors into account. Each of the six satisfaction questions required respondents to position themselves on an 11-point scale running from ‘Totally Dissatisfied’ to ‘Totally Satisfied’.

In our earlier report we examined direct carers’ responses to these questions at some length (Richardson & Martin, 2004: pp.36-42). In relation to the work itself (Q.15c), we showed that aged care workers are generally satisfied with the nature of their job (62% selected one of the ‘satisfied’ response options), but nurses are least likely of the three occupational groups to be ‘very satisfied’ or ‘totally satisfied’ with their work (e.g., 24% compared to 48% of allied health professionals). Generally speaking, carers were also content with the security of their employment, with their capacity to juggle work and family life, and (particularly for nurses) with their hours of work. The otherwise favourable picture of aged care work was punctured only by workers’ obvious dissatisfaction in relation to pay. Over half of all aged carers were unhappy with their financial remuneration, and one in five nurses and personal carers said they were ‘totally *dissatisfied*’ with pay.

In Table 9 we seek to extend some of this earlier work, focusing on responses to the overall satisfaction question, and including age and job tenure in the analysis. For simplicity, we have collapsed the 11 possible response options on the original survey into three categories: Dissatisfied, Neutral, and Satisfied. As in earlier Tables, we focus on female employees. In the bottom row, the data show that, in both the aged care and Australian workforces, large proportions of female employees expressed general satisfaction with their jobs. But aged carers were twice as likely as all female employees to be *dissatisfied* with their jobs (13% versus 6%).

Studying the final two columns of Table 9, we see that older carers (55+ year olds) expressed most job satisfaction (but were still below the typical rate for a worker in their stage of life). In terms of job tenure, carers with the least job experience were most likely to be satisfied, but in this they are identical to other female workers with short tenure in their current jobs (both 87% satisfied). Perhaps the most interesting feature of the Table is that average levels of job satisfaction *decline* for aged carers as they gain experience in their jobs, while for all employed women the rate holds steady regardless of job experience. Though the observed decline in average satisfaction is not drastic, it may warrant further exploration. Another of our earlier reports, in which

the qualitative survey responses of aged care workers were analysed, offers further insight into the sources of worker discontent (Moskos & Martin, 2005).

**Table 9: Overall job satisfaction, by age and tenure**

	Dissatisfied		Neutral		Satisfied	
	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>
Age						
16-24 years	11	5	11	8	78	87
25-34 years	11	7	11	6	78	87
35-44 years	13	6	11	6	76	88
44-54 years	15	6	13	7	72	87
55+ years	8	5	12	5	80	90
Tenure						
<1 year	6	6	7	7	87	87
1-3 years	13	5	10	8	77	87
3-5 years	14	7	15	7	71	87
5-10 years	15	6	11	6	74	88
10+ years	13	6	15	5	72	89
<b>Total</b>	<b>13</b>	<b>6</b>	<b>12</b>	<b>7</b>	<b>75</b>	<b>88</b>

*Source:* Australian data are from HILDA.

## Pay Satisfaction

Because pay is such an important issue to aged care workers, it is important that we understand the factors that generate disaffection with it. Table 10 is constructed in a manner similar to the depiction of hourly earnings in Table 8. This time we show pay satisfaction (grouped into three categories, as above) in relation to a number of job and demographic characteristics of workers. These are: whether an individual worker is their household's main income-earner; employment status; hours preference; and hourly earnings. It is especially important to include actual pay in any assessment of pay *satisfaction*, since we want to determine whether lower-paid workers are the most likely to be unhappy with their own earnings. If we expect to see strong reactions to *relative* disadvantage – that is, when workers can clearly see the inferiority of their wage to the wages of others 'above' them – then the highest-paid should be the most satisfied with their earnings. However, if these workers consider themselves undervalued relative to some *outside* benchmark, they may be equally prone to disaffection.

Examination of Table 10 aids in the understanding of these complex reactions. The 'overall' message is conveyed in the bottom row of the Table, where we can clearly see the dissatisfaction of female aged care workers compared with all employed women. The figure of 17 per cent dissatisfied among the latter group is dwarfed by

the 58 per cent dissatisfaction that applies to the former. Female carers are more than three times as likely as all employed women to be unhappy with their current pay. It appears to make little difference whether or not the worker is their household's main income earner. We might have expected that those with the principal responsibility for providing for the needs of other dependents would be most acutely aware of any pay disadvantage, but the first row of the Table does not suggest this: the 'pattern' of dissatisfaction is all but identical to the female aged care workforce in total.

**Table 10: Pay satisfaction, by various demographic and job characteristics**

	Dissatisfied		Neutral		Satisfied	
	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>	<i>Aged care</i>	<i>All</i>
Main Earner?						
Yes	59	–	13	–	28	–
Employment Status						
Casual	45	14	12	10	42	76
Contract	50	20	13	10	37	70
Continuing	61	18	14	10	26	73
Hours Preference						
Want fewer hours	61	17	13	11	25	72
No change	56	15	15	10	30	76
Want more hours	61	21	12	11	27	69
Hourly Earnings						
0-13.99	65	20	12	11	23	68
14.00-16.49	65	18	14	11	21	72
16.50-19.49	63	17	11	12	26	71
19.50-24.99	54	12	15	9	32	79
25.00+	45	12	18	7	37	82
<b>Total</b>	<b>58</b>	<b>17</b>	<b>14</b>	<b>10</b>	<b>28</b>	<b>74</b>

*Source:* Australian data are from HILDA. The data for weekly working hours, from which we have derived hourly earnings in the Table, relate to *all* jobs held by respondents, rather than hours in *main* job. Because the incidence of multiple job-holding is low (5%) among the relevant workers, however, the impact on the results reported above is likely to be small.

What, then, accounts for the very high rate of pay dissatisfaction in this industry? Hours preference is another variable that seems to have almost no bearing on it. Workers who expressed a preference for working more paid hours each week are no more likely to be dissatisfied with their pay than those who expressed a preference to work *fewer* weekly hours (both 61% dissatisfied).

In contrast, employment status does appear to exert some influence. Unexpectedly, female carers in casual jobs have the lowest rate of pay dissatisfaction. Nearly half of these workers (45%) are dissatisfied, which is well below the rate for continuing workers in the aged care industry (61%), but far outstrips the rate among all other casually-employed females (14%). It is interesting to note that, in the Australia-wide

data, there are not such differences in pay dissatisfaction between workers in casual and continuing jobs (just 4 percentage points, compared to 16 percentage points within aged care). This result may reflect the relatively small number of carers who are casual workers (as shown above), in which case we are failing to estimate their ‘real’ dissatisfaction levels. Another interpretation is that it may be due to continuing workers placing especially high value on their wages, and less on the non-financial benefits that they receive (which casuals workers are unlikely to have).

The final element of Table 10 is a cross-tabulation of pay satisfaction against the actual hourly earnings categories we derived earlier in the report. In this case the results are unambiguous. Female carers with lower hourly wages are substantially more likely to be dissatisfied with their pay, and the rate of dissatisfaction declines as hourly earnings increase. This does not prove that low earnings in themselves cause pay dissatisfaction, but it suggests a strong association. There is a wide difference in the reported pay dissatisfaction of the highest-earning female carers (45%) and their lowest-earning peers (65%). This divergence cannot be explained by sampling errors, since we deliberately arranged the hourly wage categories so they would contain equal ‘shares’ of the total aged care sample. We note also that pay dissatisfaction rates decline as hourly wages increase for all employed women, although at a slower rate, due to the low starting point (only 20% of the lowest paid female employees say they are dissatisfied with their pay, compared with 65% of low-paid females in aged care).

### **Other Dimensions of Work**

This final section of the report examines three additional dimensions of the work that aged care workers do, and their perceptions of it. First, we look at whether these workers more or less frequently agree with the notion that their skills are well-used in the jobs they are doing. We cross-tabulate this ‘skill utilisation’ variable with the highest completed qualification variable from earlier in the report. We then look at the extent of job ‘autonomy’ that carers possess. The data are taken from a question on the survey that asked workers to agree or disagree with the proposition that ‘I have freedom to decide how to do my job’. We place this ‘autonomy’ measure against job tenure and employment status, on the presumption that longer-serving employees, and those with more permanent work arrangements, will perceive themselves as having greater power over how they do their jobs. Finally, we examine perceptions of job

intensity. Workers were asked whether they ‘feel under pressure to work harder’, and we cross-tabulate their responses with the earlier measure of weekly working hours, on the basis that those with long hours may feel the greatest pressure to work harder.

An important indicator of perceived job quality is whether workers feel that they are able to make good use of their formal training at work. Aged care workers were asked a question about this facet of their jobs that was identical to one asked in much larger workforce samples. The results, comparing female carers with all employed women, are reported in Table 11.

The final row of the Table reveals that the vast majority of aged care workers (87%) consider themselves to be working in jobs that *do* make good use of their skills. Only 6 per cent feel that are not in such a job. More surprisingly, however, the other rows of the Table indicate that there is very little variation across members of the workforce with different levels of educational attainment. We hypothesised that such differences would exist but, apart from minor variations (e.g., a marginally higher proportion of post-graduate carers feel their skills are not adequately utilised), this position is not substantiated by the data.

In relation to all employed women, female carers believe they have much better opportunities to use their skills. This is most clearly for workers with the least formal qualifications. In aged care, fully 90 per cent of workers without any post-school training feel they are making good use of their skills (and this is the highest rate within the aged care industry). Among all employed women with the same level of formal skills, however, less than half (44%) agree that their skills are well-used on the job, and this is the *lowest* rate of agreement among all the qualification groups.

**Table 11: ‘I use many of my skills’ by highest completed qualification**

	Disagree		Neutral		Agree	
	Aged care	Australia	Aged care	Australia	Aged care	Australia
No post-school	4	40	6	15	90	44
Certificate	6	30	6	16	88	54
Bachelor	8	23	9	14	83	64
Post-graduate	9	20	9	12	83	67
Total	6	32	7	15	87	53

*Source:* Australian data are from HILDA.

It is well established that the ability to determine how a job is done – the nature of the work and its pace – influences employee satisfaction and organisational commitment.

Such autonomy is not, however, readily available to all types of workers. It will be withheld from those lacking experience, or those whose significant discretion is unnecessary or even potentially counter-productive. In Table 12 we report aged care workers' perceptions of their own job autonomy against variables capturing their job tenure and type of employment relationship.

We find that, overall, about half (52%) of female carers do perceive themselves as having freedom to decide how their job is done – and this is all but identical to the relevant proportion of all employed women (53%). One in four female carers (27%) do *not* perceive much room to shape the nature of their work, and another 21 per cent expressed no opinion on the matter either way. Those carers who see themselves as having some autonomy are, surprisingly, no more or less likely to have any particular amount of experience in their job. Those with 10 years' experience are just as likely to perceive some freedom over how their work is done as those with less than one year's experience. This may reflect the underlying occupational structure of the aged care workforce, which we have not explored here. It is certainly contrary to the pattern observed for employed women generally, where longer job tenure clearly is associated with a higher perception of job autonomy (62% agreement among workers with the longest tenure, versus 46% for those with the shortest).

There does not appear to be any particular relationship between employment status and perceptions of job autonomy. Casual workers are just as likely as continuing workers to agree that they have freedom over how their work is done, and neither is very different from the average for all female carers. Again, however, there is some difference with employed women generally: casuals are typically the least likely to say they do have job autonomy in the workforce at large (44% agree, versus 57% for continuing workers).

The changing nature of Australian workplaces has made work intensification a serious social and industrial issue. We asked aged care workers whether they feel under increasing pressure to work harder on the job, and in Table 13 we use data from the AuSSA to draw comparisons with the whole workforce. Our focus remains on female workers. We find that for both the aged care and total Australian workforces, there is a tendency among workers to agree with the proposition that they are under pressure to work harder. Just under half of female aged carers (48%) responded in this way, as

did 44 per cent of all employed women.

**Table 12: 'I have freedom to decide how to do my job', by tenure and employment status**

	Disagree		Neutral		Agree	
	<i>Aged care</i>	<i>Australia</i>	<i>Aged care</i>	<i>Australia</i>	<i>Aged care</i>	<i>Australia</i>
Tenure						
<1 year	26	39	19	15	55	46
1-3 years	24	36	24	15	52	50
3-5 years	27	35	25	14	49	51
5-10 years	30	24	19	16	52	61
10+ years	26	23	19	15	54	62
Employment Status						
Casual	27	41	22	15	51	44
Contract	19	26	14	17	67	57
Continuing	27	28	21	21	52	57
<b>Total</b>	<b>27</b>	<b>32</b>	<b>21</b>	<b>15</b>	<b>52</b>	<b>53</b>

*Source:* Australian data are from HILDA.

To add detail to the comparison, we disaggregate the results by workers' usual weekly working hours. It might be anticipated that those doing longer hours would be most inclined to feel under increasing pressure, unless their hours have been reduced with the expectation that the same quantity of work will be done in less time. In fact, we do find some support for this notion in Table 13, but the relationship between working hours and perception of work intensification is generally weak. An exception is for those working 'long full-time' hours (40 or more per week), among whom 64 per cent feel under increased pressure, compared to an average of 48 per cent for female carers. The greatest gap between the aged care and Australian workforces is evident for those working longer part-time hours (16-34 per week), with half of the former feeling under increased work pressure, and 37 per cent of the latter feeling likewise.

**Table 13: 'I feel under pressure to work harder' by usual weekly working hours**

	Disagree		Neutral		Agree	
	<i>Aged care</i>	<i>Australia</i>	<i>Aged care</i>	<i>Australia</i>	<i>Aged care</i>	<i>Australia</i>
1-15	37	46	20	22	43	32
16-34	34	43	16	20	50	37
35-40	39	37	18	19	44	45
40+	26	28	10	13	64	59
<b>Total</b>	<b>36</b>	<b>38</b>	<b>16</b>	<b>18</b>	<b>48</b>	<b>44</b>

*Source:* Australian data are from the Australian Survey of Social Attitudes (AuSSA), 2003.

## Conclusions

What implications can the aged care industry and public policy-makers take from the findings presented here? Our main purpose has been to form a view about the relative ‘attractiveness’ of aged care employment, by comparing it in numerous ways with other forms of employment, earnings, and so forth. We believe the results contained in the report provide an evidentiary base, if such is desired, for promoting the industry to potential future entrants, particularly young workers with few formal qualifications.

Like much of the Australian workforce, the aged care industry faces a potential labour supply problem because of its current workforce age distribution. The industry is very largely comprised of females, many of whom are approaching the end of their main years of workforce participation. If this is not necessarily the mark of a labour market ‘in crisis’, as we have earlier argued (Richardson & Martin, 2004: p.4), it at least represents one feature of the industry that may attract new workforce entrants.

Several others such features are apparent from the foregoing discussion. The health of a typical aged care worker, as evaluated by them personally, is very high, which may indicate an industry relatively free of serious occupational hazards (though this does not establish it conclusively). The prospects for employment to be found by workers with relatively little investment in formal training appear to be good. Many women who would otherwise not have studied beyond the level of high school have attained certificate-level qualifications and moved into the industry successfully.

They have tended to find jobs that are offered on a continuing basis, and which provide for fairly ‘standard’ working hours arrangements. Long working hours are particularly uncommon among female carers in the main ‘child-bearing’ years, which may indicate a preparedness to facilitate ‘work-life balance’ in a way that remains regrettably uncommon in the workforce at large. Carers face moderate levels of job intensity (their perceptions of on-the-job ‘pressure’ are not more severe than those of other employed women), and the opportunities for skill engagement are high.

On the other hand, attention should be given to an apparent lack of career paths in the industry. Unlike most of the workforce, longer job tenure for females in the aged care industry does not appear to have any steady association with higher hourly earnings. Without the *prospect* of a higher wage in exchange for their commitment to the job,

workers slowly lose interest and the incentive to attain higher skills. In aged care we see a pattern that is not repeated in the workforce at large: workers with longer service have lower job satisfaction overall. At the same time, pay dissatisfaction is rife among those who have low hourly earnings. Each of these problems is inter-related. If there were more structured opportunities for advancement and promotion to a higher wage, tenure would bring higher earnings to some, increasing their overall job satisfaction, and reducing the number who are 'stuck' in dissatisfying low-wage jobs. Obviously there are limits to how far the industry can go with such initiatives, but their value is strongly suggested by what the present inquiry has uncovered.

## References

- Moskos, M., and Martin, B., 2005. *What's Best, What's Worst? Direct Carers' Work in Their Own Words*. National Institute of Labour Studies: Flinders University.
- 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.
- Wooden, M. and Warren, D., 2004. 'Non-standard employment and job satisfaction: evidence from the HILDA survey'. *Journal of Industrial Relations*, 46:3, pp. 275-297.